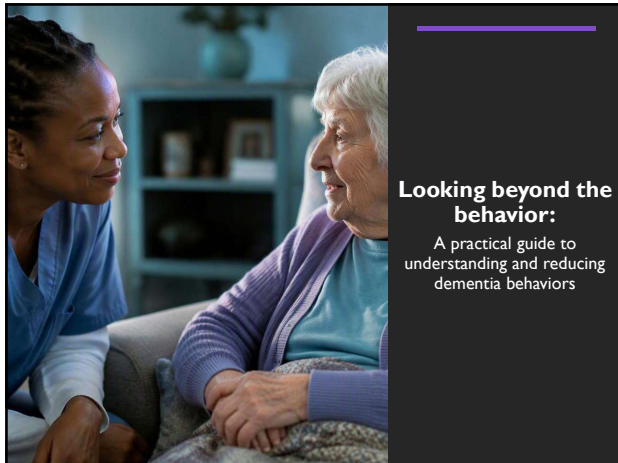




1

OBJECTIVES

- ❑ Identify conditions and triggers that may lead to challenging behaviors in the older adult.
- ❑ Prevent challenging behaviors by setting up and maintaining an environment that reduces common triggers.
- ❑ Explain how staff responses can reduce or increase distress.
- ❑ Apply behavior-management techniques including appropriate approaches, de-escalation and positive reinforcement.
- ❑ Reflection on the behavior: What did we learn from this behavior? What can we do differently going forward?

2

STAFF HANDOUT

STEPS FOR UNDERSTANDING AND REDUCING DISTRESS

1. Prevention/Environment
2. Identify/Eliminate/Minimize the Triggers
3. Approach
4. Dealing with behaviors/Reinforcement to stop the behavior
5. De-escalation of behavior
6. What did we learn from this behavior?
7. How can we pass this information along to all co-workers?

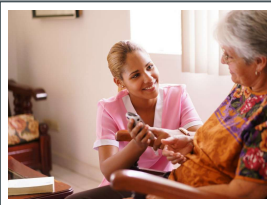
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KNOWING THE RESIDENT: BASELINE, HISTORY AND TRIGGERS

- Caregivers should “know their resident”. Learn about the older adult’s life history as much as possible, including likes and dislikes.
- Learn a resident’s ‘normal behavior’ so that a change can be communicated to the Nurse.
- Know the older adult’s triggers to symptoms/behaviors and get as much information as possible about previous issues during shift change/report.

4

REPORT CHANGES IMMEDIATELY



- Report a sudden change in confusion, attention, alertness or behavior to the nurse immediately. The nurse should do a prompt assessment for possible underlying causes
 - UTI (Urinary Tract Infection)
 - Pain
 - Medication side effects
 - Infection
 - Dehydration
 - Constipation
 - Other illnesses

5

PREVENTION BEGINS AT BASELINE

For a resident who is comfortable and emotionally regulated, they may be generally able to communicate, engage with others, make some choices, and participate in some of their daily routine.



- How can we keep them in this baseline of calmness?
- Build connection and trust- be positive when engaging, show interest, listen and be supportive.
- Routine and structure to their events in the day is crucial: Create an environment where rhythm is solid and flows smoothly while respecting and incorporating their choices into their routine.
- Recognize what works for a resident and always keep looking for more things they **CAN** do.
- Praise for positive engagement/interaction- Offer opportunities for the resident to be successful at activities and social interactions. When the resident completes them well, offer immediate praise. In a world full of ‘I can’t do this task anymore’, giving praise for accomplishing something is a BIG deal!

6

Staff Handout

WHY IS A TRIGGER IMPORTANT?



A "trigger" is what happens before the concerning or challenging behavior.



It is important to pay close attention to the "triggers" that lead to the challenging behavior as this allows us to prevent a crisis situation.



Document the "triggers" for each resident & include in their behavior support plan. If you identify a trigger, report it to the nurse. This is important because as a caregiver, we are in the best positions to know what may have triggered a behavior.



Usually, the "trigger" happens just before the behavior does, sometimes there may be a delay.



7

TRIGGERING SITUATIONS

- Events or changes in a person's surroundings often play a role in triggering behavioral symptoms.
- Change can be stressful for anyone and can be especially difficult for a person with Dementia. Situations affecting behavior may include:
 - Moving into RCF, Memory Care or other unfamiliar setting
 - Changes in a familiar environment or caregiver. Shift change: staff grab coat, purse, etc and say 'goodbye'; family visit ends and the family says 'goodbye'. Staff should distract resident so family can leave easily, so staff can leave the floor at the end of their shift and avoid triggers like gathering items to leave.
 - Misperceived threats
 - Being asked to bathe or change clothes; don't spoil the ending! Instead start initiating the tasks while having a pleasant conversation and asking the resident to help you.
 - Identifying what has triggered a behavior can often help in selecting the best approach to deal with it.

8

Staff Handout

TRIGGERS

Overheard Conversations

Loud Noises or abrupt noises

Asking the resident to wait

Teasing, sarcasm, inappropriate humor/joke

Crowded Environments or overstimulation

Boredom

Unmet need: Hunger, thirst, need to toilet, already incontinent, fear, pain, etc.

Sundowner's: Exhaustion

Shift change, family leaving after a visit

'Goodbye', 'See you tomorrow', 'No', 'You can't do that', 'Hold on', 'Don't you remember', 'Remember?', 'Calm down', 'Do not _____'

Crisis behavior may be prevented by eliminating the trigger or helping the patient respond more appropriately.

Resident vs resident

9

MANAGE THE ROOM AND THE FLOW

- Offer quiet spaces and build time in for calmer things- Activities matter- Stimulation, then calm
- If delays in response time is anticipated, give residents individual activities they can do on their own. TV is not an activity.
- Staff consistently and assign familiar staff continuously.
- Sundowners in the afternoon= quiet activities (not the time of day for entertainers)



10

WHAT TO WATCH FOR

Staff Handout

- Monitor personal comfort (monitor during rounds).** Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation. Maintain a comfortable room temperature.
- Avoid being confrontational and never argue.** For example, if a person expresses a wish to visit a parent who died years ago, don't point out that the parent is dead. Instead, say, "Your mother is a wonderful person, so I am told. What is your favorite thing about her?" (avoid power struggles)
- Redirect the person's attention.** Try to remain flexible, patient and supportive by responding to the emotion, not the behavior. (diversion techniques)
- Redirect to:** a walk, a change of room/stimuli, an activity, food, drink, busy work tasks (folding, sorting, sensory stimulation).



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WHAT TO WATCH FOR (CONTINUED).

Staff Handout



- Create a calm environment.** Avoid noise, glare, insecure space and too much background distraction, including television. **TELEVISION IS NOT AN ACTIVITY!**
- Allow adequate rest** between stimulating events.
- Provide a security object.** (blanket, doll, favorite sweater, photo album, etc)
- Acknowledge requests** and respond to them properly and in a helpful manner.
- Look for reasons behind each behavior.** Identify any causes related to medications or illness, pain or unmet need including boredom.
- Explore various solutions.** Keep trying!
- Don't take the behavior personally** and share your experiences with others.

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EARLY BEHAVIOR WARNING SIGNS

- Watch for little changes
 - Increase in anxiety, restlessness, pacing, jitters, shaking or exhaustion.
 - Dramatic responses, or changes in tone of voice and even facial expressions
 - Increase in self isolation or more withdrawn from activities they normally enjoy
 - Delusions, Hallucinations increase or change, increase or change in suspiciousness or paranoia
 - Pay attention to the time of day: Is it sundowner's time (early afternoon-night)?
 - Make sure your staff are educated about Sundowner's and what they can expect



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STAFF HANDOUT

A RESIDENT MAY BE PRONE TO BEHAVIORS, WHAT DO I DO?

You don't want to wait for a behavior to begin, you want to prevent a behavior. Can I prevent behaviors all the time? NO! Absolutely not. People are human and can always do unexpected things and that's ok! **Realize that staff approach & environment cause a majority of behaviors.** When learning about behaviors there are some things to keep in mind:

- You are going to get it wrong until you learn how to get it right and that is okay- KEEP TRYING!
- Try not to grow a behavior by being over-dramatic- This solves nothing and is guaranteed to make any behavior worse.
- Calmness, is everything. Stay Calm. Your attitude will influence the resident's attitudes; if you are happy they likely will be happy (residents with confusion are likely to mimic what they see).
- **Validate the concern.** No matter what it is. If the resident sees an imaginary spider (*hallucination*) help the resident by stepping on the imaginary spider and killing it (*Yes, jump into the resident's reality*). If the resident is upset that a loved one died and they are just remembering it- validate that feeling. *'Goodness that is so awful, come here and let's get a drink and you can tell me all about it', provide loving words, hugs, kindness*). If the resident is believing that the staff are certainly in here to kill him (*delusion*) help the resident by redirection of the topic in a kind way: 'you seem frightened, I am here to help you feel safe'.
- Be ready, always for a sudden change of the day. **Boredom will create behaviors!**
- Unmet needs create behaviors: Hunger, Thirst, Urge to toilet, Sitting in soiled incontinent product, uncomfortable clothing/temperature, etc.

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STAFF HANDOUT

APPROACH

USE A WARM, CALM EXPRESSION THAT MATCHES THE RESIDENT'S EMOTIONAL STATE

- HAVE A POSITIVE ATTITUDE
- POSITIVITY CREATES POSITIVITY, NEGATIVITY CAN CREATE BEHAVIORS



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APPROACH

- Approach a person slowly and let them know who you are. Example: "Hi Mrs. Smith, it's Susie your nurse for today, can you come with me for a walk?" *Your destination is the bathroom, but because she likely would refuse to go to the bathroom with you, you've chosen to omit that.*
- Approach a resident in their field of vision. Do not approach from behind it may startle them.
- Don't reach or lean in front of a person. Stay within eye contact and smile!
- Make sure to position yourself so that you can get away if needed. Keep a clear path for yourself to leave safely. Give space without cornering the resident.
- Lower yourself at the knees or bend at the hips when speaking with someone who's eye level is lower than yours- **DO NOT** hover over someone-this is a dominant position.

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STAFF HANDOUT APPROACH

1

If you have to sit, sit on a chair or stool, not on the floor (this is a vulnerable position).

2

Use a chair without arms so you don't get trapped.

3

If you can, position your chair to the side of the person or across the table from them.

4

Stay out of a person's "bite zone" also be aware if the person you are caring for has a history of being as a behavior.

5

Hold a person's hand or arm with your hand underneath. (Teepa Snow technique for hand under hand)

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STAFF BEHAVIORS AND REACTIONS: A REVIEW!



- Be aware of how you approach your resident-most people are more comfortable being approached from the side than front or behind
- Maintain personal space/boundaries
- Move at a moderate pace to portray calm
- Use a calm expression that matches the situation
- Be peaceful and gentle
- Never be over-dramatic. You cannot reach a solution when someone is so hyper they cannot think straight. Keep your voice and movements calm.
- Pause and give the resident time to respond.

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STAFF COMMUNICATION AND BODY LANGUAGE

01 Say "please" and "thank you"	02 Be clear when communicating and give one step requests and TALK SLOWLY	03 DO NOT "bark" orders or nag	04 Be careful with humor: this can be effective to motivate a resident in some cases, but can also be insulting to a resident	05 Facial Expressions: Keep them calm, neutral, confident, positive	06 Posture: Don't cross your arms or stand over a resident. Maintain a confident posture, but not an intimidating posture
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■ Here's a video about how to approach Behaviors (Teepa Snow)

- <https://www.youtube.com/watch?v=xylQr7TxDwo>

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Behavior	Early Prevention Tactics	Avoid These Responses
Uneasiness, wandering, inability to sit still	Quiet the environment, reduce stimuli, soft classical music or nature sounds, take on a walk, give busy work	Do not respond with a crowd of staff- only one person responds, don't rush, don't tell them to sit still or stop walking
Refusing to participate, isolating themselves, failure to thrive	Visit with the resident, converse, offer simple activities, respect their boundaries, offer 1:1 activity, give praise when they accomplish something	Do not force a resident to enter a crowd, Don't assume they won't participate, Don't ignore the problem, Do not criticize the resident for not participating or isolating themselves.
Repeating words/questions/statements	Give short and sweet answers, ask an easy follow up question or ask a completely unrelated question, write down a different question or sentence to repeat, give comfort and praise	Do not get frustrated, Don't argue, don't give answers that are too long or too complex for them to understand.
Physical/Verbal outburst, Irritation	1:1 interaction at a safe distance, remain calm , remove resident to a quieter area or remove the stimulation, deep slow breathing (demonstrate deep breathing and they may mimic you), exercise (walking or range of motion), validate the emotion, show compassion in facial expression, give reassurance that you will help them solve the problem and give reassurance that they are safe, you may need to take breaks from intervention and swap staff if prolonged	Do not argue, do not tell the resident they are wrong, do not allow or participate in power struggle (separate them if resident vs resident), Do not raise voice or yell, do not swarm resident (will activate fight or flight response) , Do not get too close initially- maintain safe distance.
Refusals (to take meds, of care, or to eat/drink)	Don't spoil the ending! Distract with cheerful conversation, give short and simple steps, give praise, offer choices (2 at the most), swap staff for a different face if need be, try again later, make the resident feel safe and comfortable (respect modesty if they don't want to be seen naked- divert eyes, hold up a towel, pull a shower curtain closed, etc.)	Don't give ultimatums, Do not give consequences or threats, Do not rush, Do not give so many options/choices that resident is unable to make a decision, Don't get frustrated/upset, Do not take it personally or feel it's just you.

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BEHAVIOR ESCALATION

Typically starts with a small trigger. Without early support, distress may intensify

Look for a pattern; example: the resident continually responds a certain way to loud noises (verbal response or physical response)

One person's escalating behavior can trigger behaviors in others!

Observe changes and encourage staff to intervene early



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BEHAVIOR CRISIS LEVEL: NOW WHAT?

- DO NOT RESPOND IN NUMBERS! One person approach with another at a distance, observing. You can switch places if needed
- Limit verbal communication- this is the time for listening, validating, and solutions
- Give space and reduce noise, stimulation, etc. Keep safety in mind.
- Stay calm. Think. Execute one idea at a time. You want calm, peaceful, removal of trigger, remove the individual from this environment.
- Avoid: arguing, reasoning, teaching, reality orientation, absolutely no yelling at a resident, no hyper or overdramatic response.
- Reinforcing positive behavior as soon as it happens will help de-escalate and make it more likely that those behaviors will occur more often.
- Ignore negative behavior when you are trying to de-escalate.
- Protect nearby residents and follow the facility's emergency response process when there is immediate danger.

Staff Handout



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DE-ESCALATION

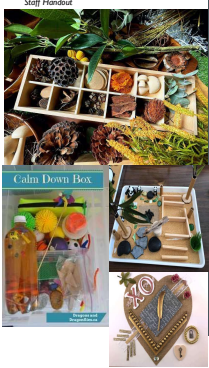
Staff Handout

Meet them in their reality

- Pause and identify the need of the resident. Hunger, thirst, need to toilet, pain, boredom. Ask yourself 'why is this happening' and scan the environment. *Could also be loneliness, wanting purpose or looking for familiar things and fear.*
- Validate the emotion- avoid correcting. 'I have to pick my kids up from school'--worry, responsibility that she is not meeting, urge to be needed, anxiety.
- No need for 100 questions, correcting, arguing or repeating things they cannot retain.
- Reassure and create emotional safety. 'Everything is taken care of' or 'let me take care of that for you' or 'you are safe here with me. Let's move somewhere quieter, together'.
- Redirect to something purposeful.
 - Folding, sorting, gentle music, sensory stimulation, conversation, food, cleaning, photographs, sing a long, stretching, walking, rest, massages to hands or feet, aromatherapy, etc.



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WAYS TO DE-ESCALATE A CRISIS

- Music Therapy
- Exercising, stretching, range of motion, any physical activity that releases endorphins
- Activities, Diversion
- Rest and sleep
- Structure and routine
- Offering food and fluid
- Watch for signs of pain that can cause agitation
- Social contact
- Massages, comfort touches
- Aromatherapy
- Pet therapy/children therapy
- Tray Play

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DE-ESCALATING A CRISIS RESOURCES

- 10 ways to de-escalate a crisis (Teepa Snow)
 - <https://www.youtube.com/watch?v=xNznZ2MnY3I>

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WHEN DO WE COMMONLY SEE BEHAVIORS?

- Refusal to Bathe
 - <https://www.uclahealth.org/dementia/refusal-to-bathe>
- Refusal to take Medications
 - <https://www.uclahealth.org/dementia/refusal-to-take-medications>
- Repetitive Behaviors
 - <https://www.uclahealth.org/dementia/repetitive-behaviors>
- Repetitive Questions
 - <https://www.uclahealth.org/dementia/repetitive-questions>
- Sleep Disturbances
 - <https://www.uclahealth.org/dementia/sleep-disturbances>
- Sundowning
 - <https://www.uclahealth.org/dementia/sundowning>
- Wandering
 - <https://www.uclahealth.org/dementia/wandering>

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BEHAVIOR FINISHED: WHAT DID WE LEARN?

- What is the first thing you noticed?
- What was our response? Did it help?
- What made the situation better?
- What made the situation worse?
- What intervention can we put in place? How can we prevent this from happening again?
- How did the environment contribute? Overcrowded, too loud, tv blaring, alarms sounding, poor lighting?
- Did we have an issue with too long of a wait time? Did we have an issue transitioning from one thing to another?
- Positive reinforcement for the staff if it was successful
- Update chart/ISP document and notify family/physician as necessary.
- EDUCATE, EDUCATE, EDUCATE!** All staff need to know what works for each resident.



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TRAIN STAFF TO ACT EARLY, BEFORE A PROBLEM STARTS!



Conduct drills and exercises with staff: Use real behaviors that have occurred

What did you see happen first?

What was our first little clue that we missed?

What should we do if we miss the early warning signs and a behavior starts?

How were we able to successfully stop the behavior from further escalation?

What did we do/should we have done differently?

What did we do/should we have done after the behavior is finished?



PRACTICE MAKES PERFECT!



Recognizing early changes creates opportunities to reduce distress before escalation

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QUESTIONS?



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