



Dealing with Difficult Behaviors in Dementia – Follow-Up Training

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Goals/Objectives from last time

- ❖ Be able to identify the five “usual” causes of challenging behaviors
- ❖ Demonstrate skill in effectively communicating with people who have dementia
- ❖ Learn and utilize non-medication techniques for managing challenging behaviors

Goals/Objectives for Training from last time

- ❖ Be able to lead the audience in role-playing scenarios
- ❖ Identify the main techniques for managing behaviors and learn different ways of teaching them

Goals/Objectives for Training for this time

- ❖ Understand and be able to utilize behavioral tracking or logs as a tool in behavior management
- ❖ Learn and utilize specific techniques for specific behavioral manifestations

Goals/Objectives for Training for this time

- ❖ Be able to incorporate other media into presentations to engage the audience
- ❖ Set the stage for your audience on why these discussions are the most difficult to address



Base rate and behavior tracking

- ❖ Base rates or baselines refer to the frequency, duration, and intensity of the target behaviors. Behavior principles require an objective assessment of the problem behavior, and recording the rates of behavior will be more objective. Subjective or approximate ratings are more difficult to validate.
- ❖ A Behavior Log is used to record the rate of behavior both before and after the intervention, so that the extent and direction of change can be determined.

Day of the week	Type of Behavior	Triggers: who, where, what was happening	How did the person witnessing respond?	What happened after response?
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



Behavior

- ❖ Identify triggers – where and when does B happen, what was going on before and during the B; who was there; what basic need might be involved
- ❖ Identify the reinforcer – what was staff's response; what made the B stop; how did patient gain from the B
- ❖ Intervention – respond to B before it occurs or when it is occurring, or reinforce positive behaviors

Cultural Diversity in the U.S.

<http://www.census.gov/2010census/data/>





Cultural competence

- ❖ Culture may be defined as the behaviors, values and beliefs shared by a group of people, such as an ethnic, racial, geographical, religious, gender, class or age group.
- ❖ Everyone belongs to multiple cultural groups, so that each individual is a blend of many influences.
- ❖ Culture includes or influences dress, language, religion, customs, food, laws, codes of manners, behavioral standards or patterns, and beliefs. It plays an important role in how people of different backgrounds express themselves, seek help, cope with stress and develop social supports. Culture affects every aspect of an individual's life.



Cultural competence

- ❖ Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds. Culturally competent services respond to the unique needs of members of minority populations and are also sensitive to the ways in which people with disabilities experience the world.
- ❖ Cultural competence recognizes the broad scope of the dimensions that influence an individual's personal identity. Service providers should be familiar with how these areas interact within, between and among individuals. These dimensions include:
 - race
 - disability
 - class/socioeconomic status
 - education
 - religious/spiritual orientation
 - age
 - ethnicity
 - language
 - sexual orientation
 - gender

Setting the Stage with your audience

- ❖ Angry outbursts/-ism slurs and sexually inappropriate behaviors
- ❖ Questions for the audience
- ❖ Why do you think these behaviors are the most difficult to handle or address with clients?
- ❖ Why is it so hard to apply the fundamentals in these situations?
- ❖ Set the expectation that this type of behavior will likely occur in some way, shape, or form at some time with at least one client. Staff will not get in trouble, instead use these experience for training, growth, and potentials for collaboration.

Scenario 1

- ❖ Mrs. X is an 89 year old Caucasian, widowed female whose family recently hired a caregiver in the home to provide help with ADLs and IADLs (including medication management). Mrs. X has not had any behavioral problems. The family selected the caregiver because she has years of experience and came highly recommended by another family in their neighborhood. The caregiver introduces herself and Mrs. X refuses to shake her hand and says very loudly, “I am NOT working with her, she is a foreigner. She is probably not even a citizen and is here to take all my money because she has 12 people in her family living with her.”



Angry outbursts or racial slurs

Context:

- ❖ Remember Mrs. X grew up in a time when there wasn't much ethnic diversity or cultural awareness. Segregation was still common practice. This comment may have come out of fear.
- ❖ In dementia, short-term memory is impacted, but long-term memory is not, so some of their beliefs from childhood or early adulthood may be permeating their current experience. Additionally, executive function (that mental filter) is often impaired – so, disinhibition is common.



Angry outbursts or racial slurs

What to do:

- ❖ Stay present and in the moment – can take 10 seconds to breathe before reacting.
- ❖ Validation of feelings – having a new caregiver is scary.
- ❖ Provide a brief explanation to calm some anxiety – she also works with your friend Betty Jones.
- ❖ Redirection and distraction – Music
- ❖ Give it some time – usually by the 3rd or 4th time the person comes in, the client comes to recognize the routine.
- ❖ Check-in with the caregiver afterwards

MUSIC AND MEMORY

http://www.youtube.com/watch?feature=player_embedded&v=fyZQf0p73QM

Angry outbursts and racial slurs

- ❖ Remember the fundamentals!
- ❖ Questions, feedback?

Scenario 2

- ❖ Mr. Y is a 72 year old, divorced male with Lewy Body dementia and Parkinson's disease. His family placed him in a SNF 6 months ago when his physical care needs became more than they could handle. Since moving to the SNF, he has not had any behavioral problems. However, yesterday when a female CNA on staff was giving Mr. Y a sponge bath he grabbed her breast and started masturbating. When asked about the incident later, he did not remember it.

Sexually inappropriate behaviors

Context:

- ❖ Alagiakrishnan et al (2004) found that sexually inappropriate behavior occurs in only 1.8% of dementia patients. Harris and Weir (1998) found that sexually inappropriate behaviors occurs in 2.6% - 8% of patients with Alzheimer's disease.
- ❖ People crave human contact and touch.
- ❖ Derouesnee et al (1996) found that of all people with Alzheimer's type dementia:
 - ❖ 87% will experience decreased sexual activity
 - ❖ 13% will experience increased sexual activity
- ❖ A minority will exhibit a decreased sense of decency or do embarrassing things

Sexually inappropriate behaviors

Some of the feelings of the caregiver:

- ❖ Disgust or distaste
- ❖ Upset
- ❖ Confused
- ❖ Angry
- ❖ Guilty
- ❖ Embarrassed



Sexually inappropriate behaviors

What to Do:

- ❖ Do not overreact or confront.
- ❖ Respond calmly and firmly.
- ❖ When inappropriate during ADL's, distract while performing personal care and bathing – use comments like, “I am going to step out and return in 5 minutes to resume care.” Go in with another staff member.
- ❖ Meet basic needs for touch and warmth and model appropriate touch outside of that setting.
- ❖ When self-stimulating, provide privacy and remove from inappropriate setting.
- ❖ Distract and redirect to patient's own room.

Angry outbursts and racial slurs

- ❖ Remember the fundamentals!
- ❖ Questions, feedback?

Keys to Success

Remember the fundamentals:

- ❖ Behaviors are not targeted at you or other providers
- ❖ Behaviors are a direct result of dementia process
- ❖ What works today may not work tomorrow, but it may work another day
- ❖ Develop a bag of tricks for interventions, utilize the skills of your team and creatively problem-solve interventions
- ❖ Each patient with dementia is unique in his or her presentation of symptoms/behaviors and in the interventions that may work



Questions, comments, feedback

