Appropriate Responses: Resident to Resident Altercations

2013 Long Term Care Provider Meeting

Presented By: Zoe Dearing, BME,MT
Professional Education Coordinator
Alzheimer’s Association St. Louis Chapter

Understanding Behavior- A Paradigm Shift

**Previous Belief**
a direct result of the disease
cannot be changed, only managed
A reason to medicate

**Current Belief**
A means of communication
Anxiety because of inability to express needs/desires
Can be alleviated 90% without the use of medication
Classification of Behavioral Disturbances

Abilash K. Desai, M.D. and George Grossberg, M.D. article: Recognition and Management of Behavioral Disturbances in Dementia Journal of Clinical Psychiatry 2001

1. Primary Behavioral Disturbances

- Caused by underlying neurochemical changes in the brain
- Pharmacotherapy HAS NOT been effective or beneficial in treating behaviors such as: wandering; pacing; hoarding/rummaging; apathy; disinhibition
- Pharmacotherapy HAS been effective in treating behaviors such as: syndromes of psychosis, depression, and anxiety

2. Secondary Behavioral Disturbances

- Caused by co-morbid medical illness; delirium; medication side effects/adverse reactions; pain; unmet personal needs; intolerance of environmental factors

3. Mixed Behavioral Disturbances

- Many times primary behavioral disturbances are exacerbated by secondary disturbances and vice versa

*Physical Aggression most often has both primary and secondary causes*
Behavior Is Communication

• A person’s way to tell us something when they struggle with verbal communication

• A way to indicate a person’s unmet needs or wishes

• All behavior happens for a reason

• All behavior is neutral - NO BAD BEHAVIOR!

Behaviors are a concern when...

• Safety or well being of the individual or another person is compromised

• A trigger or cause cannot be identified
Our first reaction is to...

• Solve the problem quickly
• Get “rid of the behavior”

The answer has always been to:
MEDICATE or SEND OUT!

Outcomes of those approaches

• Use of inappropriate medications causing increased confusion, decreased functioning and increased potential for life threatening illness or death

• Hospitalization resulting in transfer trauma, inappropriate use of medication and risk of the elder not being able to return to their home- Results in family panic and fear!

• Sets up a vicious cycle of trauma- behavioral response - inappropriate intervention-trauma, etc…

So...
Neither are good options for the elder with dementia, their family member(s) or YOU!
So, what are you supposed to do?

Remember… about 90% of all behavior can be eliminated or reduced without the use of “behavior management ”medication

• Identify the cause rather than focus on eliminating the behavior
• Eliminating the trigger will result in eliminating the behavior

Dr. Desai and Dr. Grossberg: “…behavioral interventions are the first line of defense…”

Anger and Aggression

• Understanding PLST- progressively lowered stress threshold
• Dementia causes one to lose their normal ability to control their impulses- disinhibition
• Aggression may result if a person misunderstands or misinterprets another’s actions- feels threatened or feels ignored
• May result from a loud, chaotic or uncomfortable environment
When should medication be used

- If the person with dementia or others close by are in EMINENT danger, medication should be temporary and given in small doses.
- If the person with dementia is in prolonged distress and all potential triggers have been eliminated.
- If there are clear signs of psychosis that is disturbing (if hallucinations/delusions are NOT disruptive, rule of thumb is DO NOT treat).
- Remember, behavior challenges will eventually go away—do not need medication intervention forever!

Caring for someone who has a tendency to become aggressive

- Remember the agitation that often results in aggression is NOT the fault of the person with dementia.
- Treat everyone with the respect they deserve as an individual.
- Determine if the behavior is aberrant behavior or something unusual.
- It is more important to be cognizant of the triggers that cause a catastrophic reaction than become focused with “behavior tracking” Proactive vs. Reactive philosophy.
- It is very important to provide a calm, safe, nurturing, and caring environment that embraces celebration of life. PCC model.
- Utilize outdoor and indoor quiet spaces—purposeful and meaningful activity.
Caring for someone who has a tendency for aggression

- Get proper staff education- a half hour video is NOT going to do the trick!
- Be sure staffing is adequate to care for the people you are serving- you may need to go beyond minimal staffing requirements.
- Use available resources to problem solve ie. Ombudsman Program
- Alzheimer’s Association: staff/family education; case studies; environmental & programmatic design consultation, etc.

Want to know more?

Visit www.alz.org

Call 1-800-272-3900 (helpline)

E-mail Zoe at zdearing@alz.org or your local Alzheimer’s Association chapter for questions or other help