

# Appropriate Responses: Resident to Resident Altercations

## 2013 Long Term Care Provider Meeting

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## 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

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## Classification of Behavioral Disturbances

### 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***

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## 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!**

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## Behaviors are a concern when...

- Safety or well being of the individual or another person is compromised
- A trigger or cause cannot be identified

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## Our first reaction is to...

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

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

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## 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!**

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## 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](http://www.alz.org)**

***Call 1-800-272-3900 (helpline)***

***E-mail Zoe at [zdearing@alz.org](mailto:zdearing@alz.org) or your local Alzheimer's Association chapter for questions or other help***