DEALING WITH COMBATIVE BEHAVIORS OF DEMENTIA/ALZHEIMER’S RESIDENTS
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PRIMARY LEARNING OBJECTIVES
- The participants will be able to identify triggers that can cause combative or aggressive behaviors
- The participants will comprehend the importance of verbal and non-verbal communication strategies that are therapeutic and emphasize individual relationships in resident-centered care
- The participants will be able to apply their knowledge of behaviors/communication in devising solutions in small groups for combative behavior

REFLECTIONS ON AGING
- Mark with an X the number representing the age you think is OLD.
  I I I I I I I I I I I I I I I I
  40 50 60 70 80 90 100 110 120

- WHY DID YOU CHOOSE THIS AGE?-------------------
- --------------------------------------------------

- IF I HAVE DEMENTIA, -------------------------------
- --------------------------------------------------

DISCUSSION
- YOU HAVE ARRIVED IN FRANCE TO STAY WITH YOUR DAUGHTER AND HER FAMILY. YOU FALL AND BREAK A HIP AND HAVE TO GO TO A REHAB CENTER AFTER SURGERY. EVERYONE SPEAKS FRENCH AND YOU KNOW ONLY 3 WORDS: BON JOUR, MERCI, AU REVIOIR.

- DISCUSS AS THE RESIDENT/PATIENT, FAMILY AND THE STAFF TOOLS FOR BETTER COMMUNICATION: HOW WILL YOU TELL THE STAFF YOU ARE IN PAIN?? DO YOU THINK YOU MAY EXPERIENCE AND EXPRESS SOME FRUSTRATION, ANGER, AGITATION??

DEMENTIA AND AGITATION
- DEFINITION OF DEMENTIA & HOW IT LEADS TO AGITATION
  Dementia refers to loss of cognitive abilities, particularly memory.
  Dementia is always caused by an underlying brain disease that damages brain tissue, causing disturbed brain functioning.
  The most common diseases are Alzheimer’s Disease and Strokes (Vascular Disease)
  Other causes of Dementia are Parkinson’s Disease, Head Traumas, Substance Abuse, Alcoholism, Huntington’s Disease etc.

ALZHEIMER’S DISEASE
- Alzheimer’s Disease causes gradual death of brain tissue due to biochemical problems inside individual brain cells.
- Many patients with DEMENTIA of the ALZHEIMER’S TYPE (DAT) experience emotional distress and behavioral changes that are collectively described as agitation and combative behaviors.
- Agitation leads to behavioral symptoms which include being anxious, restless, fearful, and stubborn.
- Severe agitation leads to aggressive and combative behaviors, wandering, and psychotic symptoms like hallucinations, delusions, and paranoia.
REASONS FOR LONG TERM CARE PLACEMENT

- Agitation, combative, and psychotic behaviors often persist and tend to grow worse over time.
- Severe agitation in combination with psychotic behaviors and incontinence are usually the reasons for long term care placement.
- Caregiver exhaustion and burnout are also reasons for seeking long term care placement.

WHAT CAUSES AGITATION & COMBATIVE BEHAVIORS?

- PHYSICAL AND MEDICAL PROBLEMS
  - A) A variety of health problems and chronic diseases cause pain, discomfort, anxiety and insomnia and lead to agitation, causing the patient/person to be combative or fatigued
  - B) Common medical problems like UTIs, colds, bronchitis, dehydration, malnutrition, and flare-ups of chronic diseases like diabetes, heart disease, rheumatoid-osteoarthritis, can make the person more agitated or combative.

ATTENTION TO THE FOLLOWING ARE NECESSARY:

1. Nutrition and hydration
2. Impaired vision and hearing: sensory deficits
3. Sleep patterns
4. Arthritic pain
5. Constipation
6. Sitting in an uncomfortable position all day
Looking at these factors for each resident with behavior problems and addressing resident needs may potentially lessen combative behaviors by making resident more comfortable.

MORE ENVIRONMENTAL FACTORS

- A physically comfortable environment with no/very little noise, soothing lighting and proper heating is essential, since physical discomfort or high stimulus can cause agitation.
- Medical/dental procedures or hospitalizations are also very disruptive and can lead to agitation or confusion.

SLEEP PROBLEMS

- Sleep problems and disturbances are common in Alzheimer’s Disease. Alzheimer’s patients usually don’t sleep well, since they don’t go through all the sleep stages and wake up in REM sleep.
- One common sleep problem is insomnia. Depression and arthritic pain can also cause insomnia which can lead to fatigue and frustration during the day.

SUNDOWNING

- Sundowning is described as another type of sleep problem caused by a damaged internal clock in people with Dementia of the Alzheimer’s type (DAT) that cannot differentiate between day and night.
- This kind of confusion leads to disorientation, agitation and combative behaviors. These behaviors begin in the late afternoon/early evening hours in a person with Alzheimer’s Disease who may not be agitated during the day.
PSYCHIATRIC PROBLEMS

- Even though Alzheimer’s Disease is an organic disease in the cells of the brain and not a mental illness, it is characterized by some psychotic symptoms. Some examples are as follows:
  1. Anxiety and fear
  2. Anger and aggression
  3. Depression
  4. Psychosis: delusions and hallucinations

AN ALTERNATIVE VIEW OF DISRUPTIVE BEHAVIORS

- NEED-DRIVEN DEMENTIA COMPROMISED BEHAVIOR: THREE CATEGORIES WHICH ARE VOCALIZATIONS, AGGRESSION & WANDERING.

- TAKING EACH OF THESE BEHAVIORS, EFFECTIVE AREAS WILL BE IDENTIFIED FOR POTENTIAL INDIVIDUAL INTERVENTIONS.

AGGRESSION

- WHEN A RESIDENT WITH DEMENTIA IS UNABLE TO MEET THEIR OWN NEEDS, SHE/HE MAY BECOME AGGRESSIVE IN DEALING WITH THEIR FRUSTRATION.
- THEREFORE, AGGRESSION MIGHT REFLECT DIMINISHED ABILITY TO DEAL WITH FRUSTRATION.
- SOME NEUROPSYCHOLOGICAL CHANGES SUCH AS LACK OF INHIBITIONS, MAY INTERFERE WITH THEIR ABILITIES TO REGULATE THEIR BEHAVIORS.
- A PERSON WITH A HOSTILE PERSONALITY MAY BECOME MORE AGGRESSIVE AS DAMAGE TO THE CEREBRAL CORTEX RESULTS IN THEIR LACK OF SELF REGULATION OF THESE TENDENCIES.
- MORE IMPORTANTLY, INADEQUATE AND INAPPROPRIATE ASSISTANCE WITH ADL’S MAY CAUSE FRUSTRATION AND LEAD TO AGGRESSION.

VOCALIZATIONS

- IN DEMENTIA, DISRUPTIVE VOCALIZATIONS MAY REPRESENT A LOWERING IN THE ABILITY TO COMMUNICATE. MEMORY LOSS CAUSES RESIDENTS TO FORGET THEIR RECENT EXCHANGES & DIALOGUES, LEADING TO REPETITIVE QUESTIONS.
- NOISY BEHAVIORS MAY ALSO REPRESENT A NEED FOR SENSORY STIMULATION OR A MEANS OF DRAWING ATTENTION TO DISCOMFORT.

ROLE PLAYING SCENARIOS

- Mrs. Jones feels she is up at 3 a.m. and someone is asking her to eat fish. All she can say is “I don’t like fish”. It is 9 a.m. and the nurse is trying to give her some medication. Convince her to take her medicines.

- Mrs. James is trying to go out to meet her mom for lunch. She does not want to eat. You are trying to persuade her to eat. How do you convince her?

WANDERING

- FOR USING EFFECTIVE INTERVENTIONS, IN DEMENTIA, WANDERING MAY REFLECT DIMINISHED WAYFINDING ABILITIES IN PURSUIT OF A NEED OR GOAL.
- A LIFETIME PREFERENCE FOR MOTION AS A STRESS REDUCER MIGHT INDUCE WALKING, EVEN WITHOUT A DESTINATION.
- ENVIRONMENTAL FACTORS SUCH AS NOISE OR BRIGHT LIGHTS MIGHT DRAW ATTENTION AND CAN DRAW PWD TOWARDS THEM OR SOCIAL SPECTS SUCH AS CROWDING MAY INDUCE DISCOMFORT AND TAKE THE PERSON AWAY.
- INTERVENTIONS HAVE TO CONSIDER NEEDS, ENVIRONMENTAL FACTORS, NEEDS, & GOALS, PARTICULAR RHYTHMS AND PATTERNS OF WANDERING IS A GOOD FOUNDATION
PROVIDING THE RIGHT ENVIRONMENT

- It is important to do a survey within the framework of a care environment to see if any of the following are contributing to the agitation and combative behaviors:
  1) Thirst, hunger and toileting needs
  2) Sensory deficits: hearing loss and vision loss
  3) High stimulus environment
  4) Lack of physical activity
  5) Problems with care

ENVIRONMENTAL FACTORS

- Persons with Dementia are extremely sensitive to their immediate environment, and are less able to deal with uncertainty and changes.
  - The ideal environment is a calm, consistent and comforting structure with a clear routine, since changes in schedule can cause frustration, anger, anxiety and fear.

Caring for the person with Dementia

- Be flexible
- Keep things simple
- Provide a structure and a consistent routine with pleasant activities
- Distract, Redirect, Reassure
- Soothe, Compensate, and Reassess
- Communicate, non-verbally, if necessary

MANAGING COMBATIVE BEHAVIORS

ANGER/FRUSTRATION: This is often due to the inability to communicate feelings or wishes. Try to find out what the person is trying to say, or their needs, as best as you can. Get to know the person. Be patient and show some kindness and warmth.

ANXIETY/RESTLESSNESS: This is often due to fear and insecurity. Help the person feel loved, safe and secure.

A RESIDENT’S STORY

IT IS A THURSDAY EVENING IN 2011, BUT MR. SMITH THINKS IT IS A SUNDAY MORNING IN 1965 AND HE NEEDS TO WEAR A SUIT TO THE CHURCH SERVICE. HE IS LOOKING THROUGH HIS CLOSET AND A NURSE COMES TO HIS ROOM TO TAKE HIM TO SUPPER. MR. SMITH STARTS HITTING AT HER TO PROTECT HIMSELF AND HIS WIFE FROM AN INTRUDER.

WHAT SHOULD THE STAFF PERSON DO TO HELP THE RESIDENT?

DISCUSSION OF A RESIDENT’S STORY

- THE NURSE SHOULD LEAVE FOR A FEW MINUTES AS LONG AS THE RESIDENT IS SAFE AND RETURN IN A FEW MINUTES: NEVER LEAVE THE RESIDENT IN AN UNSAFE PLACE
- THE NURSE CAN BRING IN A SECOND STAFF MEMBER
- SPEAK IN A CALM VOICE TO REASSURE
BEHAVIOR MANAGEMENT STRATEGIES

- Person centered approach to behavior management for Dementia residents
- Knowing each person’s interests, abilities and impairments can lead to good care management: No substitute to individualized resident centered care
- Dealing with combative behaviors: Trying to redirect the person. Helping the resident to calm down before doing care.

COMMUNICATION TIPS

- VERBAL COMMUNICATION
  - Use key words and short sentences
  - Give one direction at a time
  - Call the person by their name and get his/her attention
  - Speak slowly in a calm tone of voice
  - Make sure that the person with Dementia can see facial expressions and body language
  - Validate the person’s feelings as true by not contradicting them constantly and going along with what the person is saying; Naomi Feil & her use of VALIDATION THERAPY

- NON-VERBAL COMMUNICATION
  - Always approach a person with Dementia from the front, where they can see
  - Maintain eye contact
  - Use warm facial expressions and body language
  - Try to use a calm, consistent and gentle approach
  - Try to understand the person’s emotions

Case Studies in long term care

1) Mrs. Harris, 80, refuses to take a shower without her purse. Her nursing assistant has tried a few times to take her for a shower and she has refused. Write 3 ways you can persuade her to take the shower.

2) Mr. Smith, 75, is always looking forward to Mrs. Smith’s visits. He asks the staff over and over again when his wife will visit. When Mrs. Smith arrives, he says to her “when is my wife coming”? This upsets his wife and he still remains anxious about seeing his wife. Find 3 strategies of dealing with the situation.

3) Mrs. Collins, 70, is always agitated at 4p.m. She walks up to the Nursing station and asks the nurse to call “Sue”. She keeps wandering in the halls looking for Sue. Find 3 ways of redirecting her and comforting her.
Case Studies in long term care

4) Mr. Walker, 85, is trying to leave the dining room and walking towards the front door, looking for his brother. He will not sit down to eat and is becoming agitated. Write down 3 ways of trying to persuade him to eat.

Case studies in long term care

5) Mrs. Andersen, 90, is looking for her mom who passed away when she was 15. She often cries out for her “Mom” when she is agitated. Write down 3 ways of comforting her and lowering her agitation.

Case studies in long term care

6) Mr. James is very combative during an activity of daily living, especially his showers, or getting dressed or undressed. Write down 3 ways of dealing with his behaviors.

BASEC GUIDELINES

- Try to keep the person with Dementia as healthy as possible
- Use familiar routines and be flexible
- Simplify and break down tasks in easy steps
- Get to know the person and his/her limitations and compensate for it
- Give only positive reinforcement: Instead of saying “don’t go there”, tell them “where to go”
- Treat the person with kindness and respect

FAMILY ISSUES

- Dementia of the Alzheimer’s Type is a family disease, since it affects the entire family.

- Families want skilled staff caregivers who know about the demands posed by their loved ones.

FAMILY ISSUES

- Families need validation that they are doing the best they can in a difficult situation and wish for reassurances about the care of their loved ones. Encouraging support group participation is important.

- Families also expect to be kept informed about their loved ones. The staff have to be careful in communicating with families. It is important not to volunteer unsolicited information about internal issues of the facility, like staff shortages or staff disagreements, since it will lead to the families worrying about the facility’s ability to care for their loved ones.
CONCLUSION

- There is no substitute to personal knowledge about the person with Dementia/Alzheimer’s Disease
- Communication with co-workers is essential to a team approach in care
- Treating each resident as an individual and upholding their dignity and self-worth is vital to the mission of long-term care and helpful in dealing with combative behaviors.

REFLECTIVE EXERCISES

- Mark with an X the age that you think is old:
  - 60
  - 65
  - 70
  - 75
  - 80
  - 85
  - 90
  - 100
  - 105
  - 110
- Why did you choose this age:____________
- ______________________________________
- Choose two words that describe old:_______
- Finish this sentence: When I am old,_______