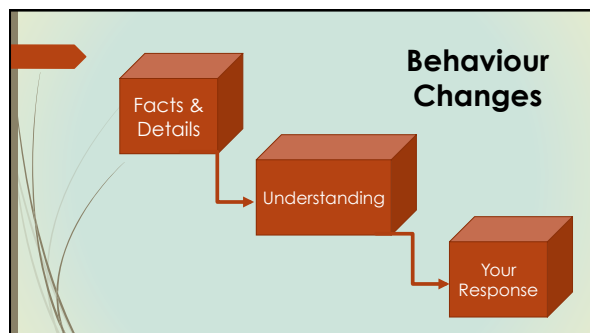


Changes in Behaviour

A Relationship Centered Approach



Facts & Details

- Any behaviour that constitutes a change from their usual everyday behaviour.**
- Example in my office:
 - Open the window occasionally during the day = usual behaviour
 - Keep the window closed the whole day = a change in behaviour
 - Meeting my need to keep warm because I have a cold!

- Types ...**
- Passive
 - Withdrawal from their surroundings
 - Uncommunicative

- Active
 - Walking to the point of exhaustion or leaving a safe area
 - Shouting; Bad language
 - Spitting; biting; kicking
 - Physical aggression – hitting, pinching etc.
 - Sexually disinhibited
 - Socially inappropriate behavior & comments
 - Agitation

Understanding

- Not everyone with dementia has a negatively impacting change in behaviour
- Some behaviours are simply just 'a change'
- Relatives and professionals need to examine their own perception and values regarding the behaviour.
- Question: who is this affecting?

Language – what terms are there?

- Problematic/Disruptive behaviours
- Anti-social/catastrophic behaviours
- Behavioural & Psychological Symptoms of Dementia (BPSD)
- Challenging behaviours
- Behaviours that challenge
- Stress related behaviours
- Responsive behaviours

Responsive Behaviours

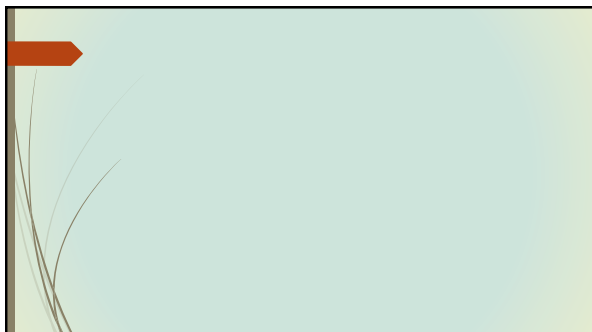
- Reflects a response to something in the environment that is negative, frustrating or confusing to the person.
- It places the reasons or triggers for this change in behaviour outside rather than within the individual.
- It recognises that the problems in the physical & social environment can be changed.
- However internal triggers can also give rise to a change in behaviour.

Alzheimers Society Ontario, 2011

Understanding Responsive Behaviours

- An attempt to communicate unmet needs
- Coping mechanism(s) – strange environment
- Individual's effort to maintain his own well-being
- Expression of their experience of stress & attempts to reduce stress
- Some – brain pathology of dementia e.g.
 - Neurotransmitter changes
 - Neuropathological changes

Responding



Traditional Response

- ▀ Control and contain
- ▀ Environmental and mechanical restraint
- ▀ Chemical restraint

... being challenged on ethical & safety grounds and their evidence base

<p>What is she feeling? What is she thinking? What might she need?</p>	<p>What type of person is she? What is happening around her? What does she understand?</p>
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Biopsychosocial Approach

- Need to examine the causes/origins/triggers
 - Biological
 - Social
 - Environmental
 - Psychological & emotional

Other Health Care Professionals' Response: RAGSTER

- ▀ **R**ULE – out depression, pain & delirium
- ▀ **A**GREE – on which behavior(s)
- ▀ **G**ATHER – information e.g. use ABC, NCB etc (guiding frameworks)
- ▀ **S**ELECT some possible solutions
- ▀ **T**RIAL – intervene
- ▀ **E**VALUATE – has it worked?
- ▀ **R**EVIEW – start the process again?

NO QUICK FIX!

- Not realistic in this situation to identify the triggers, origins or unmet needs
 - Complex origins to these behaviours – most times
- Possible interventions at this stage will be determined by the type and intensity of the behaviour
- Ideally, the changes in behaviour i.e. evidence that their needs are not being met should be addressed BEFORE they attend.

Five Ways of Responding in this situation

- 1. Relationship building
- 2. Their background as a resource
- 3. Prevention
- 4. Approach/Attitude/Focus
- 5. Communication Skills

1. Relationship building

- Develop a positive relationship
- Create TRUST
- Do you know anything about their background?
- Try to find out what they are thinking - question gently
- Give timely, small pieces of information about what is happening
- Go at their pace
- Make every effort to 'get on' with the individual
- Follow up on areas of interest they may voice
- Non-verbal ways of communicating
- Adapt your response to what you see, hear and feel

2. Their Background

- Make a connection with what is familiar
- Have they any stories to tell you
 - Pick up on them & follow through
- Perhaps they may have a folder of stories about themselves – use it
- Ask the relatives, staff etc. about their social life
- Have they any topic/hobby/interest etc. you can talk about
- Folder for pictures of well known 'Irish Places' or stories etc..
 - Nelson's Pillar
 - Bells of Bandon
 - Rock of Cashel

3. Prevention

- Environment
 - Homely and Familiar
 - User friendly – lighting; easy recognition; easy use;
 - Pleasant & interesting e.g.
 - Rummage boxes; magazines etc; draws with articles
 - Interesting wall pictures/murals; window views etc.
- Calm – psychologically and emotionally – no alarms
- Ear phones?
- Meet their immediate needs e.g.
 - Thirsty? Bathroom? Hungry? Frightened? Confused?

4. Approach, Attitude & Focus

- Person centered approach
 - Focus on the PERSON not the behavior or the task
 - Respond to their needs & not the needs of the Unit etc.
 - 'Park' the dementia- a diagnosis which helps OUR needs mainly!
 - Take a positive approach

- Attitude
 - Be respectful
 - Treat the person as an adult
 - Be patient
 - Slow down – don't rush
 - Value their input – listen to them
 - Recognise their rights

- Focus
 - Their body language – what are they saying you?
 - Recognise their feelings
 - What are their needs? More information, rest, a break etc.
 - Become aware of how they perceive the situation
 - What can you use within the environment to help?
 - Focus on your response to them

5. Communication Skills

- What are the effects of dementia on the individual?


- Memory – forgetful
- Poor Judgement – of what to do, how to act etc...
- Attention – easily distracted...
- Language - Difficulty in finding the right word.
- Spatial awareness – misjudging steps, distances etc..
- Understanding - can't understand what's happening

- - Repeat what you say
- - Remind them of where they are
- - Tell them who you are
- - Make sure they understand
- - Reassure them
- - Don't demand they remember – they may or may not.

FORGETFULNESS

- - Be honest with them
- - Be aware of your body language
- - Respect their decisions
- - Reassure
- - Don't rush
- - Be patient.

POOR JUDGEMENT




- ▶ - Help them to explain what they mean
- ▶ - Gently suggest words
- ▶ - Don't rush
- ▶ - Be patient
- ▶ - Understand they may become frustrated.

LANGUAGE DIFFICULTIES




- ▶ - Assist them to maintain their balance
- ▶ - Give them confidence
- ▶ - Don't rush
- ▶ - Be patient
- ▶ - Promote their independence

SPATIAL DIFFICULTIES



- ▶ - Quiet place
- ▶ - One subject/focus at a time
- ▶ - Minimise distractions
- ▶ - Speak slowly
- ▶ - Allow time
- ▶ - Position yourself so they see you speaking.

ATTENTION




- ▶ - Look at their facial expression
- ▶ - Check they know what's happening
- ▶ - Explain again, using different words
- ▶ - Does their behaviour concur with their understanding?

UNDERSTANDING



Communication tips
Some helpful principles ...



It depends which phase the individual is at.

Adapt your communication as you go along

General Helpful Tips

- Repeat, repeat, repeat!
- Get their attention
- Face the person
- Same level

- No shouting (distorts your voice).
- Minimise background noise.
- Actively listen.
- Short conversations - limited attention span.

- If instructing - one instruction at a time.
- Allow more time to respond.
- Check for other disabilities.

- Do you think that your accent might cause a difficulty?
- Don't always reinforce reality - it may cause upset.
- Always include the person - even if the topic is of no concern to them.

- Never interrupt the person.
- Never contradict or argue.
- Eye contact - how often? How much?

- Questioning:
 - Initially use open ended questions
 - Later on use closed or leading questions (decreased word capacity)
- Too many questions may upset the person.
- Make your conversation personal.

