Back to the A-B-C’s

Understanding and Responding to Behavioral & Psychological Symptoms in Dementia
Culture Shift in Dementia Care

Old Culture

- **Focus**: illness, loss, disability
- **Attitudes**: “nothing can be done,” “incurable,” “no hope”
- **Behaviors**: caused by disease
- **Labeling**: negative terms
  - Disruptive, aggressive
  - Hitters, feeders
**New Culture**

- **Focus**: retained abilities, strengths
- **Attitudes**: Person-first (aka, person-centered); continued meaning in living
- **Behaviors**: brain changes PLUS unmet needs, longstanding traits & habits, environmental influences
- **Labeling**: behavior as SYMPTOM
Caution: “Labeling” = Attitudes

- Adjust language to reduce negative labels
  - Imply person is “responsible”
  - Create attitudes beyond behavioral symptoms
    - “Bad person”
    - “Manipulative” – “Purposeful” – “Mean”
    - “Unworthy of time, assistance, caring, support”
Caution: “Labeling” = Attitudes

- Yes, behaviors may be troubling . . .
  - To staff . . .
  - To family . . .
  - To others around the person . . .

- But MOST IMPORTANT . . .
  - Behaviors signal that the person with dementia is UN-comfortable, DIS-stressed, and UN-able to communicate in another manner!!!!!
Caution: “Labeling” = Attitudes

- REFRAME dementia care
  - Person-centered = Person FIRST
  - Ask → Who is THIS person? What are his/her longstanding traits, abilities, preferences, experiences, habits?
  - Use alternative labels:
    - Person with dementia
    - Person
Caution: “Labeling” = Attitudes

- REFRAKE dementia care
  - Behavior = SYMPTOM
  - **ASK** → Why now? Why here? Why at all?
  - Use alternative labels:
    - Behavioral and Psychological Symptoms of Dementia or BPSD
    - Need-Driven-Dementia-Compromised Behavior or NDB
    - Behavior, behavioral symptom
Caution: “Labeling” = Attitudes

- REFRAME dementia care
  - Intervention = Understand & respond vs. control or “manage” behaviors
  - ASK → Who as the “problem”?
  - Use alternative labels:
    - Respond vs. manage
    - Promote function & comfort
    - Pleasurable activities
    - Distraction, reassurance, comfort
Behavioral symptoms

- Are a form of **COMMUNICATION**
- Signal **DISCOMFORT** and distress
- May be an expression of **UNMET NEEDS**
  - Physical discomfort
  - Emotional discomfort
- **ASK:** “What is the person telling me?”
Behavioral Symptoms

- May be a component of a wide variety of illnesses, diseases, disabilities
- Become manifest in different ways
- Differ SUBSTANTIALLY in
  - Frequency, intensity, duration
  - Degree of threat to person, others
  - Amenability to current interventions
PREVENTION IS THE BEST "MEDICINE"!!

Effective management relies on accurate assessment
Intervene early, to DE-FUSE the situation
A-B-C Approach

Antecedents

Consequences

Behaviors
A-B-C Approach

Assess the PERSON and the SITUATION

...watch for warnings that signal difficulty ahead!
A-B-C Approach

“Check it Out, Sherlock!”

GET THE FACTS

- Stop and question the behavior
- Look for clues about what is going on and why
- Listen and talk to others to get the whole picture
Assessment: Everyone’s job!

Well, at least it’s the NURSE’s job!

Assessment?
That’s the DOCTOR’s job!!

Not my job for sure!!!
A-B-C’s: Start with **Behavior**

**DESCRIBE THE BEHAVIOR**

- Is it safe? Dangerous?
- How long, how often?
- Can we reduce or eliminate?
- Who is it really a problem for? Resident? Staff? Family?

...*look at each problem as a separate challenge!*
A-B-C’s: Next, Antecedents

ASSESS ANTECEDENT CONDITIONS

- Where does the behavior occur?
- What else is going on?
- Who is there? What are they doing?
- What is going on in the environment?
- Has the person had a “change in status”? Physical? Mental? Social?

Remember! Not “just dementia”!!
A-B-C’s: Antecedents

Where, when, with whom??

Also called “TRIGGERS”
A-B-C’s: Antecedents

Understanding complex factors leading to behavioral symptoms is the KEY.
ANTECEDENTS

- Cognitive impairment due to dementia
  - leading cause
  - lost and impaired abilities
ANTECEDENTS

- Comorbid psychiatric illness:
  - Delirium
  - Depression
  - Paranoid disorder
ANTECEDENTS

- Sensory impairment/misinterpretation
  - Visual
  - Auditory
ANTECEDENTS

- Level and type of stimulation
  - Too much
  - Too little
  - Wrong type
    - Noise
    - Confusion
    - Misleading
ANTECEDENTS

- Internal biological tensions
  - Pain
  - Hunger
  - Thirst
ANTECEDENTS

- Unmet psychological needs
  - Loneliness
  - Sadness
  - Boredom
ANTECEDENTS

- Health status
  - Comorbid medical illness
  - Pain
  - Infections
  - Hypoxia
ANTECEDENTS

- Medications
  - Side-effects
  - Interactions
  - Toxicity
  - Wrong dose
    - Too much
    - Too little
ANTECEDENTS

- Facility routines
  - Requests contrary to lifelong pattern
  - Not used to being told when to
    - Rise
    - Eat
    - Dress, bathe
    - Go to bed
ANTECEDENTS

- Facility routines, continued
  - Focus on “efficiency” vs. individualization
  - Care in 8 hour shifts vs. 24 hour continuum of living
ANTECEDENTS

- Staff approach
  - Doing “to” person vs. cueing
  - Failure to explain precipitates reaction/perception of threat
  - Assume Disabled = Unable
ANTECEDENTS

Staff approach, continued . . .

- Hitting, biting, grabbing, other physical behaviors are often RESISTANCE
  - Occurs while providing personal assistance to cognitively impaired individuals
  - Is a REACTION to the *perception of threat* rather than having the intention of harming the caregiver
Staff approach, continued . . .

- Resistance is frequently related to:
  - touch or invasion of personal space
  - frustration related to declining abilities
  - anticipation of pain
  - loss of personal control or choice
  - lack of attention to personal needs or preferences
Staff approach, *continued* . . .

- Know the person
  - ✓ His/her “baseline”?
  - ✓ Behaviors that are “out of ordinary”?
- Prevent, minimize risks
  - ✓ Adjust approaches
  - ✓ Avoid catastrophic reactions
A-B-C’s: Now **Consequences**

- Consequences or **REACTIONS** to the behaviors can
  - allow it to continue
  - allow it to increase
  - help reduce or eliminate the behavior!
A-B-C’s: Consequences

Do WE “fuel the fire?”

Maybe if I ignore him he’ll stop!
Common Caregiver RESPONSES

- **Feelings**: anger, resentment, frustration; “Doing it to me on purpose”
- **Beliefs**: person could control behavior if he/she wanted to
- **Reactions**: withdraw, ignore, walk way to “extinguish” negative behavior; scold, retaliate, passive aggression
"A-B-C’s: Consequences"

- Check out REACTIONS:
  - What happens after the behavior occurs?
  - What does the resident do next?
  - How do others respond to the behavior?
    - Staff??
    - Family??
    - Other residents??
  - Are any of these things making it worse?
A-B-C’s: Make a PLAN!

Develop an ACTION PLAN

✓ Set BEHAVIORAL GOALS

✓ Add or subtract ANTECENDENTS & Triggers

✓ Change CONSEQUENCES & reactions

✓ Evaluate progress, try again!
A-B-C’s: Set Behavioral Goals

- Sounds “easy” but often is difficult!!
- Be SPECIFIC!
  - Eliminate behavior? Or decrease frequency?
  - Single step? Or break into pieces?
  - Is the goal realistic?
  - Do we need to adjust our expectations?
A-B-C’s: Change Antecedents

- Eliminate or change identified antecedents and triggers
  - Health
  - Stimulation
  - Facility-related
- Add new cues to promote function
  - Staff approaches
A-B-C’s: Change Consequences

- Eliminate or change identified consequences and reactions
- Add new positive responses
  - Simple language, “friendly” look
  - Distract, reassure, redirect, comfort
A-B-C’s: Know the person well

- Primary goal: Prevent behaviors!
- Know the person WELL
  - Habits
  - Preferences
  - Life long activities

Interact thought-FULLY!
A-B-C’s: Evaluation

- Did the plan work?
- Did any PART work?
- Why? Why NOT?
- What got in the way?
- What made the difference?
- What now?
Still, we get caught “off guard”

- Then, follow basic principles!!!
  - Tune in to your attitudes and feelings
  - Keep track of your body language
  - Think about what you say/how you say it
  - Use directions & explanations that the person (and others) can understand
  - LISTEN to what the person is saying
  - Try to calm/soothe – *but also protect yourself and others*
Summary

- Prevention is the best medicine
  - Describe the behavior
  - Change antecedents & triggers
  - Change consequences & reactions
  - Know the PERSON “behind the disease”

Good!
Now put on your trousers. That’s great.
How about a pair of shoes now?
You look wonderful!