Managing Behaviours

A non-pharmacological approach to responsive behaviours

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Experiencing Dementia

• Imagine going to work one cold morning and finding a female resident/patient wandering in the street in her nightie and slippers

• You approach the lady, take her arm and tell her you will take her back somewhere nice and warm and have a cup of tea

• She looks at you and starts hitting out, screaming “get away from me you bitch...”
Experiencing Dementia

• Imagine that you wake up in a bed that is not yours and there is nothing you recognise in the room

• There are noises outside that are frightening: someone who is calling for help, someone who is laughing...is this a madhouse? Will you be hurt?

• There is a rattle and a bang at the door and suddenly a stranger comes in. They talk so fast that all you understand is that they want to undress you. They leave.

• You are out of the door and out the corridor. You manage to get out of the building as someone in a hurry comes in

• You just start to think you have escaped a fate worse than death when some woman tries to stop you.
People with dementia are often working hard to make sense of their environment
Responsive Behaviours

• All personal expressions (words, gestures, actions) have meaning

• Personal expressions are an important means of communicating meanings, needs, and concerns

• Care partners require a multidimensional lens that seeks understanding of others’ expressions.
“Look, I am aware that I have a moderate to severe dementia but I really feel that I should be at home where I feel comfortable, surrounded by my own things, with my family to care for me, because to be honest (and this is no reflection on you personally), but I am not happy here. In fact, this place is scary and particularly at night I get so frightened what with the noise and the people wandering around and so on.”
Aggression – aggressive resistance, physical aggression, verbal aggression

Agitation – trailing, wandering, walking aimlessly, disturbed sleep wake cycle, culturally inappropriate, sexual disinhibition, dressing/undressing behaviour, repetitive actions, restlessness, vocalising

Apathy – withdrawn, lack of interest, amotivation, inability to initiate

Depression – sad, tearful, hopeless, low self esteem, anxiety, guilt

Psychosis – hallucinations, delusions, misidentification
Responsive Behaviours

• “Managing behaviours” is about understanding the *meaning* of the personal expression

• It is also about developing skills in active listening, being truly present, using alternative ways to communicate, being open, non-judgmental, and compassionate

• Good “behaviour management” requires empathy, pre-empting and responding *before* the behaviour happens
Aggression

• Anxiety and agitation can be precursors of aggression
• Anxiety – thoughts of worry, fear
• Agitated behaviour – restlessness, fight or flight response
• Intervene early – don’t wait for anxiety to turn to agitation and then into aggression
• Exhaustion
• Not sleeping well...
• Constantly stressed...pain...
• Stretching their limited brain to cope...
• May try to behave in socially acceptable ways...
• Will watch everyone and the environment carefully for clues as to what they should be doing...
• Exhaustion...irritability...restlessness.. wandering...aggression!!
Identify **triggers** & **strategies** using Alzheimer’s Australia – **CAUSED** problem solving approach:

- **C**ommunication
- **A**ctivity
- **U**nwell or Unmet need
- **S**tory
- **E**nvironment
- **D**ementia
What CAUSED the BPSD?
C for Communication skills

What’s the behaviour communicating?

What’s behind the behaviour?
C for Communication skills

• Allow time for the person to process your information

• Use short sentences
  • Use demonstration

• Avoid confrontation, instead use distraction

• Be creative

• Be aware of body language

• Remain calm & go with the flow
Using all of the senses to connect, stimulate or comfort...

- Smell
- Touch
- Hearing
- Sight
- Taste
- Any sensory experience:
- Favourite scents, tactile objects, music, family voices, art, photos, favourite food...
"Touch gives reassurance, warmth, pleasure, comfort and renewed vitality. It tells us we are not alone”  
(Lidell, 1989)
“You cannot exhibit a behavioural expression (or BPSD) when you are engaged in meaningful activity”

Cameron Camp (in person) 2013
A for Activity

• We all have the need to be stimulated and occupied
• Expectations may need to be modified
• Activity may need to be adapted or simplified to meet their abilities
• Activity is more about the doing than the result of the activity (e.g. Product)
A for Activity

The need to be occupied, purposeful and active

• Encourage family to visit and bring in anything to keep the person occupied

• Books, photos, bags with items to rummage through

• Provide opportunities to exercise
A for Activity

• Ensure the person eats and drinks well

• A person with dementia may look as though they should be able to eat and drink without assistance, but may need help

• Difficulty with initiation, recognition, visuo-spatial awareness, memory, anxiety
A for Activity: Repetitive Tasks

Activities with 1-2 steps that are repeated

- Folding activities
- Sorting activities – poker chips, cards etc.
- Stuffing envelopes
- Cleaning
- Picking activities
- Winding
- Tearing/Ripping
- Stringing activities
- Knotting activities
- Stacking activities
- Knitting & handwork
- Apron/sensory tray table cover
- Sensory boxes and tablecloths
- Physical activities
Individualised Sensory Activities:

• Rocking or recliner chair
• Sensory vibrating cushion / massage chair
• Rummaging through suitcase, memorabilia boxes
• Listening to music with a strong uplifting beat and singing familiar songs
• Quiet music (through headphones) for relaxing, singing
• Eating familiar food with good odours e.g. raisin bread or good coffee
• Exercise: Dancing, Walking, Sweeping
A for Activity:  Sensory Activities

• Stimuli to primary senses
• Use of lighting, tactile surfaces, meditative music and odour of relaxing essential oils
A for Activity: Sensory Activities
Music has been shown to decrease:

- Verbal agitation
- Bath-time aggression
- Agitation
A for Activity: Pet Therapy

• Reduction in stress, depression
• Improved socialisation, mood
• Reduced aggression, isolation
• Source of distraction
• Promotion of play
• Reminiscence
• Promotion of balance
• Promotion of mobility
• Sensory stimulation
Opportunity to express emotion
Meaningful communication opportunities
A sense of validation
Role and purpose
Reminiscence
Tactile/sensory experiences
U for Unwell

- Illness
- hunger
- thirst
- hot or cold
- toilet
- exercise
- rest
- sleep
- activity
See behaviour as communicating a need
Is the person:
• In pain?
• Afraid?
• Feeling lost?
• Overwhelmed by too much activity?
• Not having enough activity to stimulate?
• Hungry, thirsty, needing the toilet?
• Trying to find something familiar?

• Remember a sedative used to control behaviour will not meet any of these underlying needs
• There is evidence that people with dementia receive less pain relief than those without dementia

• Pain can trigger shouting, aggression, agitation & wandering

• Don’t rely on the person with dementia to answer accurately when questioned about pain

• All too often anti-psychotic medication is prescribed rather than pain relief

• Consider a trial of regular pain relief instead of PRN
What about Social... Emotional... Spiritual... Sexual... Psychological needs...?

E.g. “the need to be needed”
Helping Australians with dementia, and their carers.
S for Story: Roles
Finding Meaning in Aging

• We all need purpose in our lives
• What purpose do I serve?
• What roles do I play?
Identity

• The need to know who one is, in feeling and thought
• To have a sense of past
• Our identity is often given to us by others

• Find out as much as you can from family
• Family may provide insight and explain behaviours
  • e.g. refusal of fluids may be solved by bringing in a favourite cup
• Make sure information is shared across the care team.
Make the environment as stress-free as possible

• Continuity and familiarity
• Try to avoid repeated moves wherever possible
• Try to make surroundings as calm and familiar as possible
• Make use of signage for toilets and other rooms – use pictures and words.
E for Environment: Cue wanted behaviours

Toilet this way

CAUTION
DO NOT ENTER

DO NOT
PEE HERE!
E for Environment: Cue wanted behaviours
E for Environment: Cue wanted behaviours
E for Environment: Optimise helpful stimulation

Reduce unhelpful stimulation

Optimise helpful stimulation
E for Environment: Colour Contrast
Remove familiar cues for leaving
E for Environment: Signs for orientation

- Use words and pictures
- Contrasting colours
E for Environment:  Aim for the familiar

- Encourage presence of family / friends
- Encourage possessions from home e.g. bed throw, photo, clock, cuddly toy etc.
Click on ? to find out more or click on the principle buttons to view the relevant principle.

www.enablingenvironments.com.au
D for Dementia:

• Dementia is progressive, and unpredictable; assess and reassess cognitive function regularly.

• Keep asking:
  • what are the cognitive/functional abilities?
  • what strategies can be used to get around disabilities?
– know when to refer clients whose needs the organisation and team cannot meet fully;
– know where to find expert help for clients and families

Dementia Support Australia (DSA)
Ph: 1800 699 799
References

- Alzheimer’s Australia Tip Sheets [www.alzheimers.org.au](http://www.alzheimers.org.au)


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• University Hospital of Leicester, 2011 “Caring for People with Dementia in Acute Care Settings: A resource Pack for Staff”
Thanks for listening