

Person-Centered Approaches to Dementia Behaviors

Including de-escalation techniques



caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect *clients* *dignity*

PARTICIPANT GUIDE

Developed by:

University of Wisconsin Oshkosh

Center for Community Development, Engagement & Training (CCDET)

Wisconsin Department of Health Services

Division of Quality Assurance

Permission is granted to reproduce these training materials with proper attribution for internal use within healthcare organizations or government agencies at no cost to the training participants. Other reproduction is prohibited without written permission from UW Oshkosh CCDET. All rights are reserved.

For information on reproducing these materials, please contact UW Oshkosh CCDET at

caregiver@uwosh.edu

Table of Contents

Learning Points 3

Introduction 3
 Activity: Think of a Challenging Situation 3

Recognizing Unmet Needs 3
 Walk in the Shoes of a Resident 5

Cognitive and Environmental Changes 5
 Thinking Processes Impaired by Dementia 6
 Scenarios 7
 Physical Changes that Affect Perception of the Environment 7
 Scenarios 8
 Three Steps to Person-Centered Care 9

**Common Behaviors, Possible Causes, Person-Centered
 Approaches 10**
 Activity: Person-Centered Responses to Challenging Situations 10
 Life Histories 10

Closing Activity—Index Card 17

Wrap Up 17

Learning Points 17

Learning Points

Let's review the main learning points:

- Recognize common behaviors that result from changes in the brain due to dementia
- Interpret common messages the person living with dementia may be communicating through behavior
- Design person-centered responses to meet the unique needs of people living with dementia

Introduction



As caregivers, we frequently find ourselves in the position of caring for a resident whose behaviors are difficult to understand. These behaviors can be stressful to the resident, the caregiver, and the other residents in the facility. By improving our skills in recognizing the need behind the behavior and applying person-centered approaches to care, we will become more successful in responding to the challenges we encounter.

Activity: Think of a Challenging Situation

Before we get started today, please take a moment to think of a challenging situation that you have encountered with a person in your care. (Please don't write/say the resident's name.)

Please describe the situation on the index card. When you finish, put the card aside—you'll have a chance to look at it again later.

Recognizing Unmet Needs



Dementia reduces a person's ability to deal with stress. By keeping the environment as free of stressful conditions as possible, we will often be able to reduce the number and intensity of difficult behaviors.

The behavior will seem easier to handle if you remember these steps for finding the most helpful response:

- ✓ Identify the behavior

- ✓ Try to understand the unmet need the person is trying to express
- ✓ Change the environment (not the person) to improve the situation

Try to figure out if there is a pattern to the behavior:

- Did it happen just once, or does it happen often?
- Does it happen at the same time of day?
- Does a certain setting seem to trigger the behavior?
- Have there been recent changes to the resident's environment such as a new roommate or caregiver?

Getting to know the person behind the dementia is the key to providing successful care. Learn about the resident's lifetime habits, preferences, and ways of coping. People with dementia usually function better with a simple, regular routine. Avoid too much noise, too much activity, and too many people. Provide plenty of time for residents to do things at their own pace. Many residents enjoy listening to familiar music. They might have a special, quiet place with a favorite chair.

Other helpful strategies for managing resistance include:

- Begin by identifying yourself and calling the resident by his or her preferred name
- Approach the resident from the front
- Maintain good eye contact
- Offer a guess (If the person uses the wrong word or cannot find a word, try guessing the right one)
- Encourage unspoken communication (If you don't understand what is being said, ask the person to point or gesture)
- Avoid distractions
- Avoid complicated questions or instructions
- Use short sentences and simple words
- Speak slowly
- Give a resident plenty of time to respond and don't interrupt
- Don't criticize or argue
- Use a calm, gentle manner
- Keep your tone of voice low and pleasant
- Use warm and friendly facial expressions

When a resident is confused, it helps to show what you mean rather than just trying to explain it in words. For example, show the resident the toothbrush before asking if she would like to brush her teeth.

Walk in the Shoes of a Resident



Many behaviors result from the loss of cognitive ability or functional decline. Put yourself in the resident's shoes for a moment. What do you think your response would be if:

- You could no longer button your shirt?
- You could no longer tie your shoes?
- You couldn't find the words to tell anyone what you need, you want or what hurts?
- A complete stranger asked you to undress for a bath?
- A caregiver gives you instructions and you only understand half the words?
- Your surroundings seem unfamiliar or even scary?
- You don't recognize people who say they are your family?
- You don't even recognize yourself?

Dementia affects the parts of the brain that involve thinking, reasoning, and memory. People with dementia still have feelings, need love, and support, and retain the ability to feel sadness or anger.

Be aware that people with dementia are not going to learn new things or relearn old skills, no matter how hard you try. Instead of trying to correct people with dementia, it is far more helpful to redirect them away from the negative or frustrating experience. This can be done by offering an enjoyable activity or opening a discussion of a memory that gives pleasure to the resident.

Cognitive and Environmental Changes

Dementia affects the parts of the brain that involve thinking, reasoning, and memory. People with dementia still have feelings, need love, and support, and retain the ability to feel sadness or anger.

Thinking Processes Impaired by Dementia



When a person is living with dementia, thinking processes (cognitive functioning) may be diminished. An individual can be said to have a dementia when at least two of the functions with an asterisk (*) next to them are impaired and declines are severe enough to interfere with social or occupational functionality. Importantly, the decline must represent a decline from a previously higher level of functioning.

1. **Judgment***: problem solving, consideration of outcomes, consequences & risks.
2. **Attention***: ability to stay on task, to concentrate.
3. **Perception***: ability to interpret sensory information (sights, smell, touch, taste, and sounds)
4. **Reasoning***: cause and effect realization, ability to bargain and negotiate, perception or appreciation of levels of danger and risk
5. **Organization***: planning, initiating, following through with an activity
6. **Memory***: ability to store, retain and retrieve information (especially short-term memory)
7. **Communication***: giving and receiving verbal and non-verbal language
8. **Abstract Thinking***: ability to perceive concepts, hold multiple thoughts simultaneously
9. **Orientation to Time and Place**: know current day, date, time, location, purpose
10. **Awareness of Socially Appropriate Norms**: impulse control, respecting others' space, values, etc.
11. **Ability to Filter Emotional Responses**: use 'common sense' or other information to gauge emotional reactions

Originally compiled by WI Bureau of Aging and Disability Resources, Department of Health Services
2002. 10/08/13 rev

Scenarios



Consider the following scenarios involving people living with dementia.

Which of the cognitive challenges (one or more) listed above might contribute to the behavior?

Maria enters the kitchen at 9:00 a.m. and asks the cook why breakfast is late. Kitchen staff recall seeing Maria eating breakfast in the dining room just an hour earlier.

Robert insists on walking in the garden area without a coat even though it is a cold, windy day.

When caregiver Joan asks Mitchell if he would like to watch a movie or read the paper, Mitchell ignores her.

Samuel points at the salt and asks his tablemate to pass the ketchup.

Physical Changes that Affect Perception of the Environment



People living with dementia might experience some physical changes that affect their perceptions of the environment.

These challenges can also relate to aging in general.

- 1. Sensory Overload** – too much information coming at the person for them to process it and make sense of it – can cause catastrophic reaction
- 2. Out of Sight, Out of Mind** – things outside the person's visual field are not perceived as present or in the person's awareness
- 3. Tunnel Vision** – narrowing of the perimeters of the visual field (peripheral vision)
- 4. Depth Perception Problems** – items that don't have much contrast are perceived as being continuous; patterns or color contrasts are perceived as having different depths even when they don't

5. **Preoccupation with Small or Busy Patterns** – small prints may seem to resemble a lint or bugs; person may try to remove them from the fabric
6. **Visual Cliffs** – dark or black surfaces are perceived as cliffs or holes
7. **Loss of Reading Skills** – unable to read sentences first, then eventually words
8. **Visual Cues** – when items are in the person’s line of sight, they trigger the person’s attention, and association with a particular response or activity
9. **Repetitive Themes** – subjects or situations that the person tends to return to frequently through questioning, talking about, searching for, or rummaging for, etc. They usually relate to important people, emotionally charged events, fears, occupations, habits/routines, or things that provide/provided the person with a sense of security or importance
10. **Heightened Intuition** – loss of reasoning ability to navigate the environment leads to heightened sensitivity to others’ emotions and non-verbal communication.

Originally compiled by WI Bureau of Aging and Disability Resources, Department of Health Services
2002. 10/08/13 rev

Scenarios



Consider the following scenarios involving people living with dementia.

Which of the environmental challenges listed above might contribute to the behavior?

Louise is sitting on the couch. Suddenly she becomes agitated, repeatedly brushing the sleeves of her new sweater.

David is walking outdoors. As he approaches the entrance to the building, he stops suddenly at the welcome mat and refuses to continue.

When approached from the side, Maureen cries out.

Joseph becomes agitated when he enters the common area.

Three Steps to Person-Centered Care

Step 1: Define the Situation	Step 2: Explore the Possible Cause	Step 3: Offer a Person-Centered Approach
<ul style="list-style-type: none"> a) Who is involved? b) What is happening? What was going on immediately before/after the behavior? c) Where is it taking place? d) When is it happening? e) How is the resident behaving? 	<ul style="list-style-type: none"> a) Could the person be lonely, confused, sad, scared, angry, in pain, hungry, thirsty, need to use the bathroom? b) Do the person’s life history or known preferences provide any clues? c) Has an unmet need been identified in the past in a similar situation? 	<ul style="list-style-type: none"> a) Change the environment—not the person; reminding or correcting doesn’t work. b) Ensure that your own response is calm and measured; don’t contribute to the challenge. c) Put yourself in the person’s shoes—what might ease or lessen the behavior for you? d) If one approach doesn’t work, try another. e) Document the event and any successful approaches...spread the word to other caregivers!

Common Behaviors, Possible Causes, Person-Centered Approaches

We have discussed how thinking processes and environmental responses can produce challenging situations. Next, let's review some common behaviors and possible unmet needs.

Please refer to the handout titled: **“Common Behaviors, Possible Causes & Person-Centered Approaches.”**

Activity: Person-Centered Responses to Challenging Situations

Next, we'll take the information we've covered today and apply it to some specific situations.

Life Histories

Please meet three people who are in your care. After each resident's life history, you will find an example of a challenging situation involving that resident along with three questions to answer.

Please refer back to the handout and other information to form your responses.

Marian Rossi – Life History



Mrs. Rossi is a 91-year-old woman who moved to Honeysuckle Haven one week ago. Mrs. Rossi's family considered her the head of her family; she spent her entire life caring for others. She was the one that everyone came to with their problems. After she raised her own children, she cared for five of her grandchildren and several nieces and nephews.

Mrs. Rossi has always been very independent and resourceful. When she first began forgetting things and misplacing items around the house, she was extremely impatient with herself. It has now progressed to the point where Mrs. Rossi has trouble finding the right word. She also has made several mistakes writing out checks to pay bills. Recently, she lost her way going to her granddaughter's house, which is only three blocks away.

When her family first approached Mrs. Rossi about moving to Honeysuckle Haven, she was very resistant. She said, "I was born in this house and I'm gonna die in this house." Suddenly, Mrs. Rossi made a complete turn around and said, "All right, I'll do whatever you say."

The family arranged for her to move. They told the staff that Mrs. Rossi was a very independent person who liked to make her own decisions and do for herself. They also told the staff that Mrs. Rossi had surprised them by agreeing to move to Honeysuckle Haven.

When Mrs. Rossi arrived at Honeysuckle, she was very quiet and kept to herself. She did whatever the staff asked of her and seemed to be a model resident.

Challenging Behaviors - Marian Rossi

Caregiver Teresa entered Mrs. Rossi’s room to help her dress for the day. Teresa knocked on the door and entered the room. “Good morning, Mrs. Rossi. Let’s get you ready for the day,” she said. Mrs. Rossi looked up at her and said nothing.

Teresa got out the washcloth and washed Mrs. Rossi’s face. Then Teresa chose pants and a sweater from the closet and helped her get dressed. Finally, Teresa held up Mrs. Rossi’s toothbrush and toothpaste. Suddenly, Mrs. Rossi grabbed the toothbrush out of Teresa’s hand and yelled, “I hate you! Get out of my room!” Then Mrs. Rossi threw the toothbrush at Teresa. Teresa was shocked at Mrs. Rossi’s behavior. She ran crying from the room.

What challenging behavior(s) might apply to this scenario?

What might have caused Mrs. Rossi’s behavior?

What are some of the person-centered approaches that Teresa might try?

Juan Escamilla – Life History



Mr. Escamilla is 83 years old. As a young man, he became a plumber and eventually opened his own plumbing business. Mr. Escamilla was very proud when two of his sons followed him into the business. He has a picture in his room of the sign he had made when they joined him: Escamilla and Sons.

Mr. Escamilla stayed close to his large family. He especially enjoyed family gatherings, which always included a special meal. His wife was an excellent cook, and Mr. Escamilla looked forward to the delicious foods she prepared. He remembers mealtime as a pleasant experience.

Mr. Escamilla came to Sunshine Manor after his wife died. He is part of a very concerned, loving family. The family feels guilty that they are not able to arrange things so he can remain in his own home. They are concerned that a new environment will increase his confusion.

His children and grandchildren visit him regularly and talk to him about the happy times they spent together. He enjoys their visits, although he is not always sure who they are. Mr. Escamilla has been at Sunshine Manor for eight months and seems to be adjusting to his new routine.

Challenging Behaviors: Juan Escamilla

It's dinner time at Sunshine Manor. Mr. Escamilla is seated at a table with people who are strangers to him. Someone puts a tray in front of him. Mr. Escamilla sits there, staring at the tray, trying to identify the food on his plate. Someone walks up to him and says, "Mr. Escamilla, eat your dinner. It's getting cold."

Mr. Escamilla tries a spoonful of mashed potatoes and gravy. The gravy dribbles onto his shirt. Another person rushes up, cleans off his shirt and puts a bib on him.

Mr. Escamilla tries another bite of food. Suddenly, he starts to choke. He reaches for some water and takes the glass of water belonging to the woman sitting next to him. She yells, "Leave my water alone!" and starts hitting Mr. Escamilla on the arm. He puts his hands over his face and refuses to eat anything more.

What challenging behavior(s) might apply to this scenario?

What might be causing Mr. Escamilla's behavior?

What are some of the person-centered approaches that caregivers might use?

Carol Jacobson – Life History



Carol (she prefers that caregivers use her first name) is 65 years old and recently moved into Prairieland Healthcare Center. Carol is single and lived at home with both parents while she attended college and later entered the workforce.

When her father became ill, she stayed home to help care for him. Both he and Carol's mother are now deceased, but Carol continued to live in the family home.

Six months ago, Carol was diagnosed with Alzheimer's disease. When she moved into Prairieland recently, she brought many photos of her parents, sisters and her nieces and nephews. She proudly talked about them and clearly enjoyed family visits.

Lately, Carol's symptoms seem to be progressing more rapidly. Staff notice that Carol has more trouble with word-finding and often seems unfamiliar with her surroundings. When her sister last visited, Carol seemed embarrassed that she couldn't recall her sister's name.

Challenging Behaviors: Carol Jacobson

Latasha, the CNA who is working with Carol, is helping her get ready for her bath. This is the first time that Latasha has helped Carol with bathing. Latasha asks another caregiver, Peter, to help her out. As Latasha and Peter assist Carol into the bathroom, they chat about how much overtime they have each worked lately. Both admit that they are tired of working and need some time off.

Latasha says, “We are ready, Carol. You can get undressed now.” Carol purses her lips and wraps her arms around her clothed body. Latasha reaches her hand out toward her and asks, “Can I help you undress?” Carol says, “No! No!” She begins to cry.

What challenging behavior(s) might apply to this scenario?

What might be some of causes of Carol’s behavior?

What are some of the person-centered approaches that Latasha and Peter might use?

Closing Activity—Index Card

Please go back to your card, read your original statement and then, based on what you learned here today, jot down some thoughts that:

- may identify the unmet need the resident was expressing
- identify person-centered approaches to meeting that need

Would anyone like to share their challenging situation and new person-centered approaches to meeting the resident's need?

Does anyone have a situation that was not addressed today?

Wrap Up

Many residents in your care, especially those with dementia, may have difficulty expressing their needs. Because of your close working relationship with residents, you are in a key position to help identify those needs and offer recommendations on how to increase their comfort and reduce their stress.

Learning Points

- Recognize common challenging behaviors that result from changes in the brain due to dementia
- Interpret common messages the person living with dementia may be communicating through behavior
- Design person-centered responses to meet the unique needs of people living with dementia

This material was developed by University of Wisconsin Oshkosh – Center for Community Development, Engagement and Training (CCDET) in collaboration with Wisconsin Department of Health Services - Division of Quality Assurance.