

The Chinese University of Hong Kong The Nethersole School of Nursing CADENZA Training Programme

CTP 004 – Evidence-based Practice for Dementia Care

Web-based Course for Professional Social and Health Care Workers

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Chapter Four

Behavioural Management in Dementia

Content

- **What is behavioural management?**
 - Definition and principle
 - A-B-C approach to behavioural management
- **Common challenging behaviours and coping strategies**
 - Factors leading to common challenging behaviours
 - Suggestions for managing wandering, repetitive behaviour and aggressive behaviour

Behavioural Management

- The term 'behavioural management' refers to structured, systematically applied and normally time-limited interventions carried out by caregivers or staff of the elderly services under professional supervision.



Behavioural Management

- Utilisation of the interpersonal, social and physical environment to meet the needs of clients in an individualised, responsive, and caring manner, resulting in increased satisfaction, function and improved clinical outcomes.

Principles of Behavioural Management

Principles of Behavioural Management

- The principles of behavioural management in dementia include:
 - correcting sensory impairment, acceptance, non-confrontation, optimal autonomy, simplification, structuring, multiple cueing, repetition, guiding, reinforcement, reducing choices, optimal stimulation, using over-learned skills, avoiding new learning, minimising anxiety and using redirection.

Correcting sensory impairment

- If there is any suspicion that older people with dementia have impairment in their vision or hearing
 - adequate evaluation is needed for their vision and/ or hearing
 - appropriate treatment is needed to correct any sensory impairment

(Zec, R. F. & Burkett, N. R., 2008)

Correcting sensory impairment

- Many older people with dementia will still have impairments in vision and hearing even after the correction.

(Zec, R. F. & Burkett, N. R., 2008)

Acceptance

- To recognise and accept the patient's current level of functioning.
 - Valuing what is still preserved instead of what has been lost.

(Zec, R. F. & Burkett, N. R., 2008)

Non-confrontation

- Interacting with older people with dementia using a non-confrontational approach can decrease their agitation.

(Zec, R. F. & Burkett, N. R., 2008)

Optimal autonomy

- To minimise danger through environmental change, e.g., remove poisons from locations where they might be confused with foods.
- Optimise autonomy to the level of the individual's needs and coping ability.

(Zec, R. F. & Burkett, N. R., 2008)

Simplification

- Reducing the number and complexity of environmental demands.
- Providing instructions one step at a time.

(Zec, R. F. & Burkett, N. R., 2008)

Structuring

- To structure daily activities and the environment for older people with dementia, especially for those with severe cognitive impairment.
- A structured environment, including a daily routine, can provide environmental constancy or predictability.

(Zec, R. F. & Burkett, N. R., 2008)

Multiple cueing

- Multiple external cueing, including nonverbal cues, can initiate and maintain an activity.

(Zec, R. F. & Burkett, N. R., 2008)

Repetition

- Because of attention/ concentration problems and slow information processing speed, repetition is needed.

Guiding and demonstration

- Guiding and demonstrating verbal commands can reinforce communication and acts as a reminder of how to do something.

Reinforcement

- Immediate positive feedback can encourage positive behaviours.

Reducing choices

- Lessen the confusion of older people with dementia by reducing the number of choices.

Optimal stimulation

- Optimal stimulation level should depend on level of cognitive functioning, alertness, and emotional status.

(Zec, R. F. & Burkett, N. R., 2008)

Determining and using over-learned skills

- Over-learned skills should be identified and utilised.
- Over-learned activities provide stimulation to the patient without feelings of frustration or failure.

Avoiding new learning

- Older people with dementia have severe impairment in new learning and memory.

(Zec, R. F. & Burkett, N. R., 2008)

Minimising anxiety

- Sometimes, older people with dementia cannot comprehend their environment, and this can increase their suspicions and delusions and lead to anxiety.

(Zec, R. F. & Burkett, N. R., 2008)

Minimising anxiety

- Keeping the environment simple, providing a structured routine, reducing choices, avoiding new learning, and keeping the patient focused on the current day can minimise anxiety.

Using redirection

- Manage anxiety, anger or depression by interrupting self-perpetuating emotional cycles to help the patient calm down.

(Zec, R. F. & Burkett, N. R., 2008)

The A-B-C approach of behavioural management

The A-B-C approach to dementia care

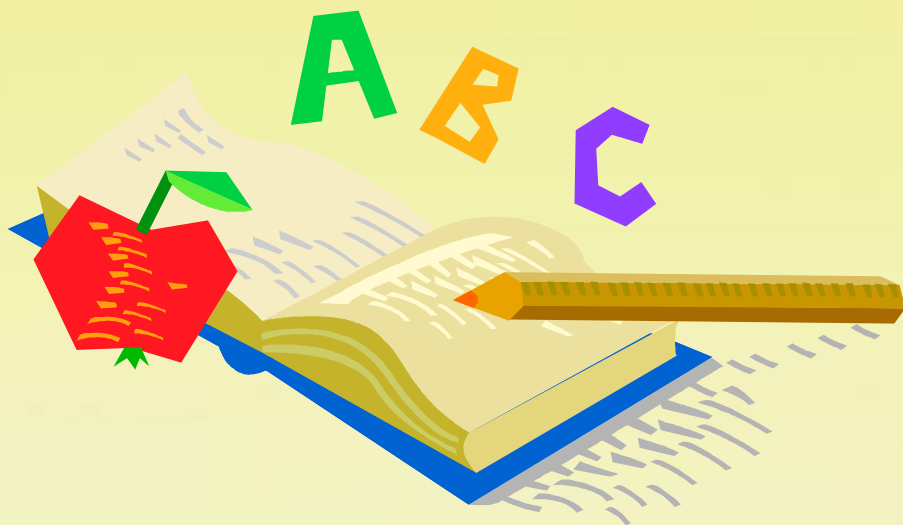
- Changing what happens directly before or directly after a problem behaviour in order to alter or decrease the frequency of problem behaviour.

The A-B-C Behaviour Chain

- The A-B-C Behaviour Chain can be used to track and analyse challenging behaviours, and then to develop new ways to approach and respond to them.

The A-B-Cs Defined

- Three components in the A-B-C approach:
 - **A: Antecedent**
 - **B: Behaviour**
 - **C: Consequence**



Antecedent

- The 'A' stands for 'Antecedent', which is anything that happens before a challenging behaviour.
- Antecedents can be internal (e.g., thoughts or physical sensations occurring within the person with dementia) or external (e.g., environmental characteristics).

Antecedent

- Examples of antecedents:
 - hunger
 - pain
 - frustration at not being able to communicate
 - loud noise
 - hot or cold room temperatures
 - a busy environment
 - fluorescent lights
 - unfamiliar surroundings
 - overwhelming tasks

Behaviour

- The 'B' - problematic or challenging behaviour.
- Examples of challenging behaviours:
 - agitation
 - aggression
 - repetition

Behaviour

- Examples of challenging behaviours:
 - hallucinations
 - suspicion
 - apathy

Behaviour

- Examples of challenging behaviours:
 - confusion
 - sundowning
 - wandering

Consequence

- The 'C' stands for 'Consequence', which is anything that happens right after the behaviour occurs.
- This includes all the reactions and responses for the person with dementia and their caregivers.

Consequence

- Consequences can 'reinforce' the behaviour (i.e., increase the chances that the person will behave in the same or similar fashion in the future) by encouraging or rewarding it.
- Consequences can also 'punish' the behaviour (i.e., decrease the chances of it being repeated in the future).

Consequence

- Examples of consequences include
 - providing calm reassurance
 - offering the person a desirable item like food or a photo album
 - yelling
 - taking something away from the person
 - removing the person from the situation in which the behaviour occurred

A-B-C Assessment



Assessment: checking it out

- Describe the behaviour in detail
- Identify possible antecedents and triggers
- Describe reactions and responses

Describe the behaviour in detail

- What is your real concern?
- What is it happening?
- How often does it happen?
- How long does it last?
- Does it seem to get worse over time?
- Who is it really a problem for? The patient? The family? The staff?



Describe the behaviour in detail

- Is the behaviour safe or dangerous?
- Are our expectations realistic?
- Are the patient's or family's expectations realistic?
- Are we (or the family, or their roommate, or whoever) wanting more from the patient than is practical, given their limitations?

Identify the possible antecedents and triggers

- Where does the behaviour occur?
- What else is going on around the person?
- Who is there? What are they doing?
- What is going on in the environment?



(M. Smith 2005)

Identify the possible antecedents and triggers

- Has the person had a 'change in status'?
Physical? Mental? Social?
- Did someone just say or do something to the person with dementia?
- Did the behaviour occur while trying to provide personal care?
- Does it happen at a certain time of day?
- What might be going on inside the patient?

Common Antecedents and Triggers



Common antecedents and triggers

- Cognitive impairment
- Psychiatric illness
- Sensory impairment
- Level and type of stimulation
- Internal biological tensions
- Unmet psychological need
- Health status
- Medications
- Facility routines/ characteristics
- Staff approaches

Describe reactions & responses

- What happens after the behaviour occurs?
- Who responds, reacts to the behaviour?
Staff? Other residents? Family? Visitors?
- What is said (in words and nonverbally)?
How do people look, sound and act?
- What does the person with dementia do next?



Describe reactions & responses

- Are automatic reactions (consequences) 'making it worse' instead of better?
- What are the alternatives? What other reactions and responses are possible?
- What might be said or done to comfort, reassure or redirect the person?



COMMON “UNHELPFUL” AUTOMATIC REACTIONS

- Avoiding or ignoring the person.
- Becoming defensive in our words or actions.
- Forgetting or being slow to answer their calls or respond to their requests.
- Being indifferent, cold or silent.



COMMON “UNHELPFUL” AUTOMATIC REACTIONS

- Feel angry at, resentful about and frustrated by the person.
- Blaming the person, thinking that he or she is ‘doing it on purpose’ and could stop if he/she only wanted to.
- Allowing ‘low level’ behaviour to continue, hoping will just ‘go away’ on its own.



COMMON “UNHELPFUL” AUTOMATIC REACTIONS

- Trying to correct or set limits with the person.
- Expecting them to remember what we tell them.

(M. Smith 2005)

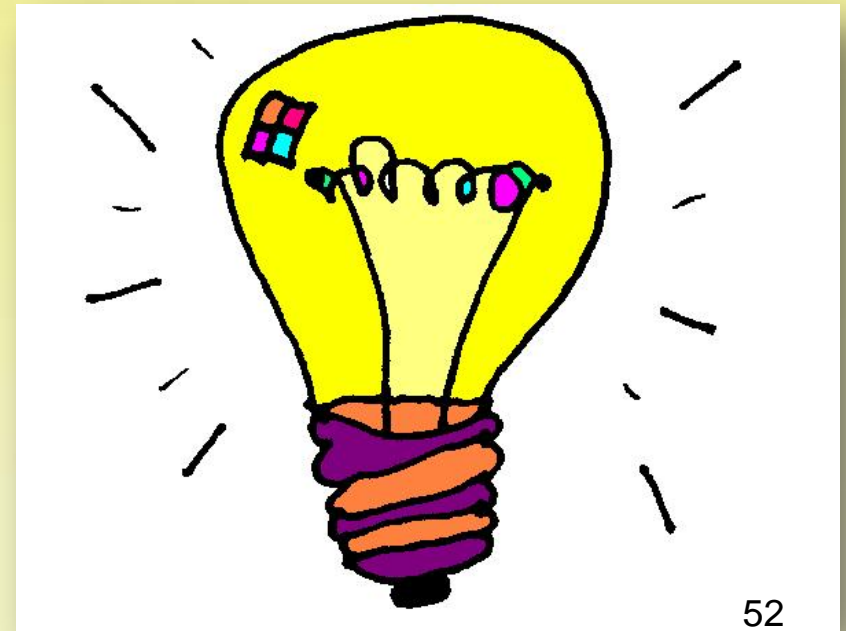


COMMON “UNHELPFUL” AUTOMATIC REACTIONS

- Increasing the person’s level of frustration or anger by trying to ‘rationalise’ with them.
- Threatening the person with facial expression, gestures or our tone of voice.



A-B-C Interventions



A-B-C Interventions

- Set behavioural goals.
- Change the antecedents and triggers.
- Change consequences and reactions.
- Evaluate their response to the interventions.



Common challenging behaviours and coping strategies



Factors leading to challenging behaviours

1) Factors related to environment

- Environmental influences
 - loud noise
 - large space
 - unfamiliar or new environment

(Elderly Health Service, Department of Health)

Factors leading to challenging behaviours

2) Factors related to physical and emotional health

- Persons with dementia have difficulty in expressing their feelings, such as physical discomfort, which may cause emotional disturbance and agitation.

(Elderly Health Service, Department of Health)

Factors leading to challenging behaviours

2) Factors related to physical and emotional health

- Drugs can cause confusion and physical discomfort.
- Symptoms related to impaired vision or hearing may cause confusion.
- Cognitive decline may cause spatial disorientation of time, place and person.

Factors leading to challenging behaviours

3) Factors related to communication

- Difficulty in receiving and understanding the message during communication may lead to agitation and anger.

(Elderly Health Service, Department of Health)

Factors leading to challenging behaviours

4) Factors related to task-induced stress

- Unable to perform simple tasks such as bathing or grooming, may lead to withdrawal and frustration.

(Elderly Health Service, Department of Health)



MANAGEMENT OF COMMON CHALLENGING BEHAVIORS

Wandering
Repetitive Behavior
Aggressive Behavior

Wandering

Wandering

- A common problem among people with dementia.
- Tend to walk and wander aimlessly for a variety of reasons, such as boredom, or a need to 'escape.'
- Also seek to fill a physical need such as a visit to the bathroom or the kitchen.

Wandering

- they might wander a bit too far, out of the house, or even down the street
- they often forget why they even left the house, or how to get back home
- could pose a number of dangers on them such as walking in front of a moving vehicle

Suggestions to manage wandering

- Immediately redirect restless behavior into productive activity or purposeful exercise.
- Get them plenty of exercise and movement.
- Reassure them if they appear disoriented

Suggestions to manage wandering

- If wandering tends to occur at a particular time of day, distract the person at that time
- Reduce noise levels and confusion

Suggestions to manage wandering

- If disorientation is becoming a problem, consult the doctor if necessary. To see whether it is the medication side-effects
- If you moving the patient to a new environment, disorientation can be reduced by acclimating them ahead of time with several visits.

Repetitive Behavior



Repetitive Behavior

- People with dementia may say things over and over again, and also ask the same question or repeat certain actions frequently.
- It would be very upsetting and irritating for the caregiver.

Suggestions to manage repetitive behavior

- To determine whether the person is experiencing the side-effects of medication or whether there is any acute physical illness or pain by a medical examination
- Try to distract them by a walk, food or other favourite activities

Suggestions to manage repetitive behavior

- try to respond to the emotion and feeling rather than the content of the question.

Suggestions to manage repetitive behavior

- Try to use a calm voice
- Divert the person to another activity rather than remind them that they have asked the question
- Use some memory aids such as calendars and white board with the daily schedule written on it

Suggestions to manage repetitive behavior

- Remove triggers in the environment which may lead to repeated questions
- Giving the person something else to do

Aggressive Behavior



Aggressive Behavior

- People with dementia may have one or two of the following aggressive behavior:
 - Being verbally abusive or threatening
 - Being physically threatening
 - Lashing out violently at people or property
 - Overreacting to a situation

Suggestions to manage aggressive behavior

- Try to understand the reason behind the behaviors.
- Is there any ways which can calm down without making the situation more difficult?

Suggestions to manage aggressive behavior

- Reassure them that everything is okay
- Speak with comforting words and let them know that they are safe and you are there to protect them
- Try touching them softly on the arm or back

Suggestions to manage aggressive behavior

- Make physical contact while taking so as to reassure them you are not angry with them and you want to help them only
- let them settle down first if they are extremely angry

Suggestions to manage aggressive behavior

- don't try to argue with them or explain why their behavior is unacceptable

Suggestions to manage aggressive behavior

- Redirect their attention to an area or topic that is more acceptable and calming
- Give them time to calm down and find a more pleasant area of the home or space to spend their time.

Suggestions to manage aggressive behavior

- Watch for patterns in their behavior for finding a trigger.

Suggestions to manage aggressive behavior

- Maintain calm within yourself.
- Let the person play out the aggression. But make sure that you are safe and that they are safe themselves.
- Don't take the aggressiveness personally.

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