PARTICIPANT HANDBOOK

Understanding and Responding to Behavioral Symptoms of Dementia: A Guide for Direct Care Workers

This teaching package was developed through a grant from the SCAN Foundation. The content was developed by Linda Redford, R.N., Ph.D. in collaboration with Aging Services of California and the Institute for the Future of Aging Services of the American Association of Homes and Services for Aging. The staff of three nursing facilities in California graciously offered their time for focus groups to assist in shaping the content of these modules. These groups also participated in pilot tests of the curriculum and offered insights to make the curriculum most relevant to their needs.

INTRODUCTION

This Handbook contains information to supplement the presentations on Dementia. It contains notes pages for the presentation slides and additional readings and videos that you can access on the Internet. The Modules to be presented will provide you information on behavioral symptoms of dementia. These modules will help you to understand how dementia affects the brain, the behaviors that result from the damage to the brain, and how you can best care for residents who display various behavioral symptoms of dementia.

Module 1 provides you with an overview of normal memory changes with aging and the memory and behavior changes that are found in dementia. You will learn what dementia means, the types of dementia, and how the different types of dementia may result in unique behavioral symptoms.

Module 2 discusses the common behavioral symptoms of dementia and the factors that should be examined as potential triggers for various behaviors. You will learn about behavioral assessment and have the opportunity to work in teams to conduct a behavioral assessment on a resident and report your finding to the group for discussion.

Module 3 introduces strategies for addressing various behaviors. The approaches to effective interventions generally depend on the factor(s) that triggered or exacerbate the behavior. This module highlights the causes/triggers most commonly associated with particular behaviors and the strategies for addressing them.

You are encouraged to utilize the readings and watch the videos suggested before each slide presentation in this manual. These materials will reinforce the information from the presentations and further your knowledge and skills in caring for residents with dementia.

Power Point Module 2

Common Behaviors and Behavioral Triggers Associated with Dementia: What You Need to Know

Learning Outcomes:

By the end of this activity, you will be able to:

- Identify at least four behavioral symptoms that may be present with dementia.
- Describe currently accepted ways of talking about behaviors displayed by residents with dementia.
- Identify at least two needs of a resident with dementia that can trigger behavioral symptoms.
- Discuss at least three common environmental triggers for agitated or aggressive behaviors in residents with dementia.
- Describe and apply the components of a behavioral assessment.

Content Outline:

- I) Current views on behavioral symptoms in dementia.
 - a. Evolution in understanding of behaviors.
 - b. How changes in our views of behaviors results in changes in our response.
- II) Common behaviors displayed by persons with dementia.
 - a. Wandering
 - b. Rummaging/Hoarding
 - c. Repetitive
 - d. Verbal
 - e. Physically aggressive
 - f. Inappropriate
- III) Conducting a behavioral assessment
 - a. General overview of behaviors
 - i. Usual behavioral patterns
 - ii. Characteristics of current behaviors
 - b. Assessment of specific behaviors
 - i. When started
 - ii. Frequency and consistency
 - iii. Associated events
 - iv. Strategies for intervention that work
- IV) Common triggers of behavioral symptoms in dementia.
 - a. Needs or problems of the person
 - i. Pain/discomfort
 - ii. Illness
 - iii. Medication
 - iv. Fatigue

- v. Sensory problems
- vi. Fear/Anxiety
- b. Environmental Triggers
 - i. New or unfamiliar setting
 - ii. Noise
 - iii. Large numbers of people
 - iv. Lighting changes
 - v. Staff changes

Online Resources for Additional Information:

Readings

Alzheimer's Association. Educational Materials.

http://www.alz.org/professionals and researchers resources for your patient s.asp

Dementia Care Notes. Handling Challenging Behaviors. http://dementia-care-notes.in/caregivers/toolkit/behavior-challenges

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Video #1- "How to Identify Behavioral Triggers in Patients with Alzheimer's and Dementia" provides written and video materials about behavioral triggers in persons with dementia.

Power Point Module 2

Common Behaviors and Behavioral Triggers Associated with Dementia: What You Need to Know

Understanding and Responding to Behavioral Symptoms of Dementia:				
Developed by Linda J. Redford, R.N., Ah.D				
In collaboration with Aging Services of California, Sacramento, CA and the LeadingAge Center for Applied Research, Washington, D.C.	_			
the SCAN Foundation	_			
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Slide	3

Objectives

- By the end of this activity, participants will be able to:
- Identify at least four behavioral symptoms that may be present with dementia.
- Describe currently accepted ways of talking about behaviors displayed by residents with dementia.
- Identify at least two needs of a resident with dementia that can trigger behavioral symptoms.

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Objectives

- Discuss at least three common environmental triggers for agitated or aggressive behaviors in residents with dementia.
- Describe and apply the components of a behavioral assessment.

Slide 5

In dementia, changes in the brain cause changes in how people communicate.

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Slide 6			
	Neither the person nor the behavior is the problem– the		
	problem is the need or feeling that the person is trying to communicate with the		
	behavior.		
Slide 7]	
	Changing Language and Attitudes • LABELS reflect ATTITUDES		
	STOP language that blames the victim! Do NOT use terms like "hitter", "screamer", "dementia resident"		
	- Talk about the behavior (wandering, screaming) Use the term "residents with dementia"		
Slide 8		1	
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	Behavioral Symptoms of Dementia		

Slide 9	They may display a lack of good judgment.		
	To the second se		
Slide 10	They can no longer understand how to change their behavior based on the response of others.		
Slide 11	They are no longer able to interpret		
	They are no longer able to interpret and communicate their feelings in the usual way.		
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Slide 12	People become more likely to do things that irritate, offend, or embarrass others.	
Slide 13	Common Behaviors • Wandering – Orbiting	
	VisitingShadowingRummaging & Hoarding	
Slide 14	Common Behaviors	
	 Repetitive Behaviors Repeating the same activity or motion over and over Pacing Fidgeting 	

Slide 15	Common Behaviors • Verbal Behaviors (Non-aggressive) - Repeating questions, comments - Babbling incoherently - Screaming - Moaning		
Slide 16]	
	COMMON BEHAVIORS • Verbal Behaviors (Aggressive) - Cursing - Sexual or racial slurs - Name calling		

Common Behaviors

- Physical Aggression
 - Hitting
 - Biting
 - Kicking
 - Pushing
 - Spitting

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Slide 18	Common Behaviors		
	Inappropriate Behaviors		
	- Inappropriate touching		
	– Sexually suggestive acts– Relieving self in public		
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Slide 19		1	
Shac 15			
	Assessment is a critical step in		
	understanding and responding		
	to behaviors in persons with		
	dementia.		
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Slide 20]	
	Examine each behavior individually		
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Assessing the Behavior

- What was the resident like prior to development of dementia.
- Personality- friendly, mild mannered, angry, abusive
- Ways coped with problems- avoided, became anxious, depressed, angry
- Past history of psychiatric illness

Slide 22

Assessing the Behavior

- Is this a new behavior?
- Does the behavior pose danger for the resident or others?
- Whom is it really a problem for? Resident? Staff? Family?
- Look at each behavior as a separate challenge.

Slide 23

Direct Care Workers--

- You are with the residents every day and know them well.
- You are in the best position to figure out what is triggering behavioral symptoms.
- You are the eyes and ears of the unit and the advocate for the resident.
- You are the detective.

You are the detective--

- When did the behavior start? How often does it occur?
- Is it continuous or does it just happen occasionally?
- Does it occur or is it worse at a particular time of the day?
- Is it associated with a particular activity?

Slide 25

You are the detective-

- Does the resident appear to be uncomfortable, fearful, anxious?
- What is going on in the surrounding environment when the behavior occurs?
- Have there been changes in routines or staff?
- Has it been possible to reduce or eliminate the behavior before?

Slide 26

ALWAYS BE LOOKING FOR WHAT IS CAUSING OR **TRIGGERING** THE BEHAVIOR!

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Slide 27	Triggers may be a clue to an appropriate intervention.		
Slide 28	Pain		
	Acute or chronic Physical or mental		
Slide 29			
	Illness or injury		

Slide 30	A change in medication or reaction to a current medication		
Slide 31		1	
5ac 31	Overlay of psychiatric illness • Anxiety or depression		
Slide 32		1	
Silue 32	Unmet Needs		
	Need to use bathroom Fatigue Hunger/thirst		

Unmet Needs

- Need for human interaction/touch
- Need for stimulation
- Need for socialization



Slide 34

Fear and Confusion

- Hallucinations/delusions.
- Unable to understand what is happening around them.
- Medication



Slide 35

Sensory Impairments

• Sensory impairments

Vision



Hearing



Slide 36]	
	Triggers may be changes or		
	disruptions in the environment		
Slide 37		1	
Silde 37	Activities that invade privacy or cause pain -Bathing		
	- Dressing - Grooming		
Slide 38		ı	
Slide 38	Move to a new location		

Slide 39	Loud or chaotic activities
	ASS FROM
Slide 40	A disruption in daily patterns



Slide 42	Changes in staff		
Slide 43	REMEMBERBehaviors are		
	communication. They tell us • "Something is not right!" • "This is a warning!" • "Pay attention!"	- <u></u>	
	"Do something to help me!"		
Slide 44			
	QUESTIONS??		
	*		