

Long Term Care
Intensive Train the Trainer Series

Managing Difficult Behaviors

Meeting the Challenges Of Catastrophic Reactions

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Meeting the Challenges of Catastrophic Reactions

Teaching Cues	Content	Resources
Title	Meeting the Challenges of Catastrophic Reactions	Meeting the Challenges of Catastrophic Reactions
	<p>One of the most challenging aspects of care is maintaining control when a person with dementia becomes combative. This module will look at emotions expressed by the person with dementia and review strategies for preventing catastrophic reactions. We will recognize that a person with dementia that is angry or agitated is expressing a need.</p>	
Objectives	<p>The objectives for this module are:</p> <ol style="list-style-type: none"> 1. Recognize why people with dementia become angry and agitated. 2. Describe strategies for staff to assist a person who is anxious. 3. Identify reasons for vocal behavior. 4. Describe strategies for dealing with physical or verbal aggression. 5. Identify steps in the problem solving process. 	Objectives
Introductory Comments	<p>The best way to deal with catastrophic reactions is to prevent them. Staff must become detectives and try to figure out why they occur. Understanding what need the person is expressing will offer clues about why this behavior is happening.</p>	
Discussion Questions (10 minutes)	<p>All of us have stressful days, when we feel like we are at the “end of our ropes.”</p> <p>What are some of the ways that you feel stress? (Example: headache, stiff neck or shoulders, loss of appetite)</p> <p>What are some of the things that you do to relieve stress? (Example: taking a bubble bath, reading a book, exercise, eating, going for a walk)</p>	

	<p>After examples are given, ask: How many of these things could we do if we lived in a nursing home?</p> <p>The need for security is very strong for a person with dementia. Because of the brain changes associated with dementia, the world can be unpredictable and frightening. The fear and embarrassment felt by the person can lead to debilitating anxiety. When the person tries to regain some control over the situation, it can be a disaster. Sometimes they may be just going back to a familiar coping mechanism.</p>	<p>Stress and dementia</p>
<p>Anger and agitation</p>	<p style="text-align: center;">Anger and Agitation</p> <p>There are many reasons why a person may become angry or agitated. With the brain changes from dementia, a person may not be able to interpret what is being said or done to them. With some forms of dementia, visual hallucinations are one of the symptoms. They may have impaired vision or hearing. A person with dementia can become very fatigued and loose control more easily. The person may not be able to interpret the messages from their bodies and be able to tell you that they have pain. A urinary tract or other infections, and constipation are factors to consider. Medications may also be reviewed, and evaluated for side effects, especially if the person has just begun to take them. We must become detectives and think about the need the person is expressing. Some of these things would make us angry and agitated, too. Like all of us, sometimes the person with dementia is just having a bad day.</p>	<p>Anger and agitation</p>
<p>The environment</p>	<p>When a person with dementia becomes upset, we need to step back and</p>	<p>The</p>

	<p>look at the situation. Thinking carefully about what is going on around the person can give us clues to the need they are expressing. Sometimes it can be sensory overload. The number of people around, the noise level, sudden movements and startling noises all can be factors. They may not be able to recognize noises, or the people around them. All this can contribute to a person feeling vulnerable and insecure.</p>	environment
Our approach	<p>Sometimes caregivers can feel under a lot of pressure. They can become preoccupied with the task that they need to, and forget about the needs of the person with dementia. Talking too fast & asking questions that require memory can be agitating. Repeating the person's name over and over can be agitating. Asking too many questions and not allowing the person time to respond can be frustrating. Approaching someone from behind or touching them when they are not expecting it can frighten them and make them angry. People with dementia are very sensitive to body language and nonverbal communication. If we are impatient or under stress, they will pick up on it and respond. It is important to treat the person with respect, and never scold, confront or try to argue with the person.</p>	Our approach
Strategies for prevention	<p>Make sure that the person is wearing their glasses and hearing aide. Review all medications for side effects especially if they are new. Check to see if the person is comfortable. Tight clothing, pain or the need to use the bathroom can all contribute. Stick to the person's familiar routine. Plan activities for when the person is rested, and break tasks down into small manageable steps.</p>	Strategies for prevention

	<p>Tell the person what you are doing and give cues to help them understand.</p> <p>Limit choices.</p> <p>Approach the person slowly from the front, and use their name.</p> <p>Introduce yourself and take a moment to set the mood and tone for what you are trying to do.</p> <p>Give the person plenty of time to respond to whatever you are doing and saying.</p> <p>Use their life story to give them familiar cues and offer distractions in stressful situations.</p> <p>Know their stressful time of day, and plan activities around it.</p> <p>If a person does become angry or agitated, speak to them in a calm, reassuring voice.</p> <p>We can acknowledge their feelings and offer a comforting touch.</p> <p>If you are able, try to gently guide them to another area that does not have a lot of stimulation.</p> <p>Medications for agitation are considered as a last resort after all other options have been tried.</p> <p>We can think like detectives and look at our approach, the environment and what is happening to figure out what need the person is expressing.</p>	
<p>Prevention strategies</p>	<p>Prevention strategies</p>	
	<p>Anxiety and Paranoia</p> <p>Why does the person with dementia become anxious or paranoid?</p> <p>Did you ever wake up in a hotel, and for a moment, could not remember where you were?</p> <p>A person with dementia wakes up in an unfamiliar environment every day. They depend on familiar cues to help them feel oriented.</p> <p>Did you ever reach down to grab your purse or into your pocket to find your wallet and it was gone? Remember the feeling of panic that sweeps</p>	

	<p>over you as you try to think where it might be?</p> <p>A person with dementia can have moments of debilitating anxiety. Sometimes it is because of paranoia, delusions or hallucinations.</p>	
Definitions	<p>Paranoia-unrealistic, blaming beliefs, the inability to separate fact from fiction</p> <p>Delusions-beliefs that are contrary to fact which remain fixed in spite of contrary evidence</p> <p>Hallucinations-sensory experiences that cannot be verified by anyone else, most common are visual or auditory.</p>	Definitions
Reasons why	<p>Sometimes a person's poor vision or hearing can help to add to the confusion. Poor lighting can make a person feel disoriented.</p> <p>They may not be able to interpret what is happening or recognize people or objects.</p> <p>Physical causes can be infection, fever or having an impaction.</p> <p>Poor nutrition or lung disease may also contribute.</p> <p>Medications should always be evaluated especially if they are new.</p>	Reasons why
The environment	<p>When a person is moved to a new setting, they lack familiar, comfortable cues in the environment.</p> <p>If a caregiver is new, or unrecognized, a person with dementia can resist care.</p> <p>The disruption of the normal routine will raise a person's anxiety level.</p> <p>When there is poor lighting or lack of contrast, the person has a hard time interpreting the environment.</p>	The environment
When something is lost	<p>Sometimes the person with dementia will think that something is lost.</p> <p>They become anxious as they search for that purse, or other important possession.</p> <p>Taking the time to acknowledge the feelings that the person is expressing can be reassuring.</p>	When something is lost

	<p>Offering to help the person look or having a duplicate replacement can relieve their anxiety.</p> <p>We can also learn and alert caregivers about favorite hiding places.</p> <p>A gentle approach and recognition of the need expressed will validate their feelings of insecurity.</p> <p>If the thing they are looking is in storage, gently assure them that it is stored in a safe place.</p> <p>If we know the person's life story, we can offer a meaningful distraction such as ice cream or looking at favorite photographs.</p>	
<p>Strategies to help</p>	<p>Insecurity and accusations are part of the disease.</p> <p>We don't take it personally when someone accuses us of something we did not do.</p> <p>Look for noises or things the person may be misinterpreting that may be causing anxiety. Make sure there is adequate light.</p> <p>Think about disruptions in the routine that have occurred.</p> <p>We can look for a history of phobias, past history of abuse or traumatic events.</p>	<p>Strategies to help</p>
<p>Hallucinations</p>	<p>Hallucinations can be one of the symptoms of some forms of dementia.</p> <p>Many of them are seeing people or animals.</p> <p>The person with dementia may not be upset by the hallucination, but will be upset if you argue with them.</p> <p>Many hallucinations are harmless, and offering reassurance and a gentle touch is what the person needs.</p> <p>For example, if the person is afraid that someone is looking in the window, going to check outside and closing the drapes can relieve anxiety.</p>	<p>Hallucinations</p>
<p>Wanting to go home</p>	<p>When a person with dementia says they want to go home, do they really</p>	<p>Wanting to go</p>

	<p>want to go to a place? What need is the person expressing? The feelings evoked by home-comfort, security and acceptance are ones we can all relate to.</p> <p>A woman may be worried about making dinner for her children, or anxious that her mother is looking for her.</p> <p>Recognizing her desire to be a responsible parent, or talking to her about her mother's cooking can invoke feelings from past memories.</p> <p>The more we know about the person's life story, the more we can offer comforting and familiar cues, and meaningful distractions.</p>	home
	<p>Screaming and Other Vocalizations</p>	
A definition	<p>In the manual, <i>Understanding Difficult Behaviors</i> (see Resources) this definition is offered: "any vocal behavior which is disturbing to others, for which a meaning or significance is unclear. This may include screaming, repetition of recognizable words, nonsensical verbal noises, talking incoherently, moaning or whistling."</p>	A definition
Expressing a need	<p>A person with dementia has an impaired ability to communicate and to be understood because of changes in the brain.</p> <p>This is one of the most challenging times for caregivers to be detectives and try to understand what need is being expressed.</p> <p>It could be hunger, fatigue or the need to use the bathroom.</p> <p>Sometimes people sit in wheelchairs for a long time and need someone to help them change position.</p> <p>The brain damage associated with dementia can affect person's vocalizations. Sometimes the person will say the same word over and over, or put together sentences that don't make sense.</p>	Expressing a need
The environment	<p>The person with dementia may be responding to the environment.</p> <p>The noise level in the room can lead to sensory overload.</p> <p>They may be responding to the behavior of others in the room.</p>	The environment

	<p>Sometimes there is not enough stimulation in the environment and a person may be frustrated.</p> <p>Not having any feeling of meaning or purpose can promote fear, anxiety and the need for vocalizations.</p>	
<p>Our approach</p>	<p>It is important to know the life story of the person with dementia. This information may offer clues about why the person is expressing distress. We can provide soothing music, and talk to the person in a calm voice.</p> <p>We can assess the person for pain.</p> <p>Most of all, we need to think like detectives, & try to determine if the person is in pain, upset by the environment, or needing some one on one attention.</p>	<p>Our approach</p>
<p>Discussion question (5 minutes)</p>	<p>Ask the group if they have any examples of when she or another caregiver was able to connect with a person who was screaming or making noise. What was special about their approach? Did you find out what need was being expressed? (Example: A person yelling for help over and over needed some one on one attention.)</p>	
<p>More strategies</p>	<p>We can prevent distress by having a regular toileting schedule, and making sure their clothes are dry and comfortable.</p> <p>Sometimes there is a particular caregiver that is able to connect with the person.</p> <p>Permanent assignments of these caregivers can decrease a person's distress.</p> <p>We can use the person's life story to develop a meaningful activity.</p> <p>A consistent, predictable routine and making sure the person is wearing their glasses and hearing aides can also prevent vocalizations</p> <p>We ask ourselves what need the person with dementia is expressing.</p>	<p>More strategies</p>

<p>Physical and verbal aggression</p>	<p>Physical and Verbal Aggression</p> <p>When a person with dementia becomes physically or verbally aggressive, they feel like they have lost control.</p> <p>The anger and anxiety takes over and caregivers need to respond in a way that is compassionate, and safe for all involved.</p> <p>We need to stay calm and avoid angry body language-hands on hips, frowning or pointing fingers at the person.</p> <p>Respect their personal space. Some people feel much more comfortable if you stay a “handshake away” or arms length. If you come too close, the person may feel threatened, become angry and strike out.</p> <p>Assess the other residents to see if their behavior is making the person upset. Remove others if necessary if their safety is a concern.</p> <p>If you feel like you need to involve other caregivers, they can approach slowly. Don’t overwhelm the angry or aggressive person by having too many caregivers involved.</p> <p>Sometimes we need to give the person with dementia some time to themselves. Acknowledge their feelings of anger and allow them some time to cool down before you approach them again.</p>	<p>Physical and verbal aggression</p>
<p>Discussion question (5 minutes)</p>	<p>Has anyone been hit by a person when providing care? What emotions did the caregiver feel? How did the person cope with these feelings? What are the policies about communicating combativeness in our own setting?</p>	
<p>Identify the problem</p>	<p>When a person with dementia has a catastrophic reaction, staff are motivated not to have it happen again. We can structure a problem solving model that can be used to map out the possible causes, potential solutions and develop an action plan.</p>	
<p>Identify the problem</p>	<p>The first step is to identify the problem. Think about what is really happening. We can ask those familiar questions, who, what, when,</p>	<p>Identify the problem</p>

	where, why.	
Who	<p>Is there something from the person's life story that can give us a clue about their reaction?</p> <p>What feelings are being expressed?</p> <p>Is it a problem for the person with dementia, or is a problem for the caregiver?</p>	
What	<p>Were there triggers just before the situation?</p> <p>Was the task or activity too complicated?</p>	
When	<p>Did the activity occur during a time of day when the person is fatigued?</p> <p>Was it during or just before a bath, a meal or getting dressed?</p> <p>Were there warning signs that this would occur? Did the person show verbal or non verbal signs of agitation, such as tapping hard on a table or frowning?</p>	
Where	<p>The environment affects the behavior of a person with dementia.</p> <p>Where did it occur?</p>	
Why	<p>What was the noise level, or was lighting a factor?</p> <p>Above all, we must look at the feelings being expressed, and figure out what need is being expressed.</p>	
Developing a plan	<p>Thinking of possible solutions requires brainstorming among all of the people who care for the person. It is essential that the caregiver has input in identifying the problem and offering solutions.</p> <p>We can think about what strategies have worked in the past and what has not been successful.</p> <p>The goal of what we want to accomplish is important. It is the person with dementia that is important. It is not the comfort or convenience of others, or getting the job done.</p> <p>Sometimes the goal is to have the problem occur less frequently. We</p>	Developing a plan

	<p>may not be able to make it stop completely. Not all proposed solutions will work. They may work for a time, and then another solution will have to be tried. The most important thing in the problem solving process is communication. Every person on every shift has to be a part of the plan. If not, there will be no consistency, and the plan will fall apart. Remember that people with dementia do things for a reason. Often they are performing a role or reacting to a situation, & the secret lies in their life story.</p>	
<p>Problem solving form In conclusion</p>	<p>Here is an example of how a problem-solving sheet can look. Catastrophic reactions can be upsetting for people with dementia and their caregivers. We can look for clues in the environment and our approach that may contribute to angry or agitated behavior. We can try to figure out what need is being expressed. Problem solving can help us to look at the situation and come up with possible solutions.</p>	<p>Handout In conclusion</p>

Resources

- Robinson, A., and Spencer, B., *Developing Meaningful Connections with People with Dementia, A Training Manual*, Ypsilanti, MI: Eastern Michigan University, 2002
- Robinson, A., Spencer, B., White, L., *Understanding Difficult Behaviors*. Ypsilanti, MI: Eastern Michigan University, 1994
- Smith, M., and Buckwalter, K., *Choice and Challenge: Caring for Aggressive Older Adults Across Levels of Care*. Washington DC, American Psychiatric Nurses Association, 1998 A Training Video with Support Printed Materials, Terra Nova Films
- Zgola, J., *Doing Things, A Guide to Programming Activities for Persons with Alzheimer's Disease and Related Disorders*. Baltimore, John Hopkins University Press, 1987

Problem Solving Outline

Date and Time	Warning Signs	Possible Triggers	Proposed Solutions	Result

Managing Difficult Behaviors

Meeting the Challenges of
Catastrophic Reactions

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Objectives :

1. Recognize why people with dementia become angry and agitated.
2. Describe strategies for staff to assist a person who is anxious.
3. Identify reasons for vocal behavior.
4. Describe strategies for dealing with physical or verbal aggression.
5. Identify steps in the problem solving process.

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Stress and Dementia

- Strong need for security
- World unpredictable and frightening
- Fear and embarrassment
- Debilitating anxiety
- Need to gain control
- What were their past coping mechanisms?

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Anger and Agitation

- Not able to interpret words or actions
- Visual hallucinations
- Impaired vision and hearing
- Fatigue
- Pain
- Infections, constipation
- Medication side effects

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The Environment

- Sensory overload
- Too many people
- Noise level
- Sudden movements
- Startling noises
- Unable to recognize noises or people
- Feel vulnerable and insecure

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Our Approach

- Pressure to get task done
- Talking too fast, repeating name
- Asking too many questions
- Not giving the person time to respond
- Can startle when approach from behind
- Unexpected touch
- Nonverbal communication

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Strategies for Prevention

- Glasses and hearing aide
- Medications, especially if new
- Check for tight clothing, pain, need for bathroom
- Stick to familiar routine
- Plan activities when person is rested
- Break tasks into small manageable steps
- Tell the person what you are doing

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Prevention Strategies

- Limit choices
- Approach from front, use name
- Set the mood and the tone
- Give the person time to respond
- Use life story
- Know stressful time of day
- Acknowledge feelings, comforting touch

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Definitions

- Paranoia-unrealistic, blaming beliefs, the inability to separate fact from fiction
- Delusions-beliefs that are contrary to fact which remain fixed in spite of contrary evidence
- Hallucinations-sensory experiences that cannot be verified by anyone else, most common are seeing and hearing

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Reasons Why

- Poor vision or hearing
- Poor lighting can increase disorientation
- Unable to interpret words or actions
- Infections, fever
- Impactions
- Poor nutrition, lung disease
- Medications

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The Environment

- Lack of familiar comfortable cues
- Not recognize caregiver
- Disruption of normal routine
- Poor lighting, lack of contrast
- Fear that they have lost a valuable possession

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When Something is Lost

- Fear loss of a valuable possession
- Acknowledge the feelings being expressed
- Offer to help the person to look
- Have a duplicate replacement
- Learn favorite hiding places
- Gentle approach
- Offer meaningful distraction

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Strategies to Help

- Insecurity and accusations part of disease
- Don't take accusations personally
- Look for causes of anxiety
- Adequate lighting
- Disruptions in routine
- Phobia, history of abuse, traumatic events

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Hallucinations

- Symptom of some forms of dementia
- Seeing people or animals
- May or may not bother the person
- Don't argue or deny
- Offer reassurance and a gentle touch

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Wanting to Go Home

- Expressing a need
- A place of comfort, security, control
- Not necessarily a place
- Acknowledge feelings being expressed
- Use life story to develop meaningful distraction that will provide comfort

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Screaming and Vocalizations

- Any vocal behavior which is disturbing to others, for which a meaning or significance is unclear.
- This may include screaming, repetition of recognizable words, nonsensical verbal noises, talking incoherently, moaning or whistling

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Expressing a Need

- Impaired ability to communicate
- Hunger, fatigue
- Need to use bathroom
- Uncomfortable positioning
- Vocalizations result of damage to the brain
- Same words repeated

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The Environment

- Noise level
- Sensory overload
- Responding to behavior of others
- Not enough stimulation
- Fear and anxiety from lack of meaning or purpose

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Our Approach

- Know the life story of the person
- Look for clues why person is distressed
- Provide soothing music
- Talk in calm voice
- Is the person in pain?
- Upset by something around them
- Need for one-on-one attention

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More Strategies

- Regular toileting schedule
- Clothing is dry and comfortable
- One caregiver able to connect
- Consistent reliable routine
- Wearing glasses and hearing aide
- What need is being expressed?

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Physical and Verbal Aggression

- Loss of control
- Anger and anxiety take over
- Avoid angry body language
- Respect personal space
- Another person may be causing distress
- Minimal number of caregivers involved
- Acknowledge feelings being expressed

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Identify the Problem

- Who-can life story give us a clue?
- What-triggers just before, task too hard?
- When-time of day, during activity?
- Where-room, lighting, noise
- Why-feelings being expressed, what need is being expressed

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Developing a Plan

- Brainstorm possible solutions
- Have all staff involved
- Strategies that worked in the past
- Those not successful
- Remember the goal
- Not all solutions will work forever
- Communicate among all caregivers

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In Conclusion

- Catastrophic reactions upsetting for person with dementia and caregivers
- Look for causes of agitation
- What need is being expressed?
- Problem solving helps us look at causes and come up with possible solutions
