

# Managing Challenging Behaviours: Choosing the Right Intervention

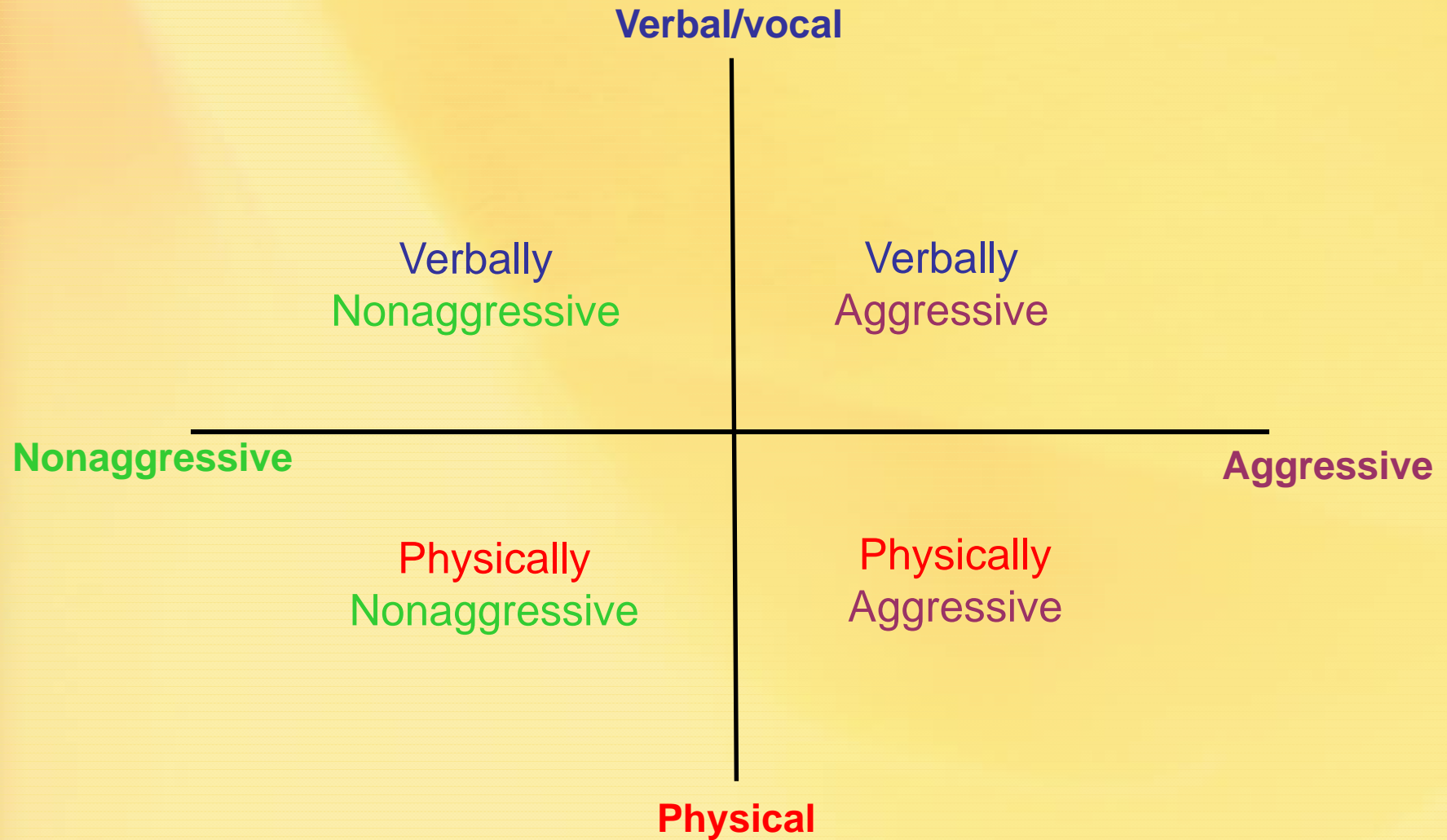
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# Behavioural Symptoms of Dementia

- Great challenge to caregivers
- Direct and indirect impact on the individual with dementia
- Even when not disruptive, behaviours can be indicators of the internal experience of the older person
- Important to separate the person from the problem
  - Thinking of the person as the problem interferes with problem solving and further impacts relationship with caregiver

# Subtypes of Challenging Behaviours (CMAI)



# Subtypes of Problem Behaviours

## ***VERBAL BEHAVIOURS***

- Aggressive:
  - Cursing and verbal aggression
  - Making strange noises
  - Verbal sexual advances
  - Screaming
- Nonaggressive:
  - Complaining
  - Negativism
  - Repetitive sentences or questions
  - Constant, unwarranted requests for attention or help

# Subtypes of Behaviors (Con't)

## ***PHYSICAL BEHAVIOURS***

### Aggressive:

- Physical sexual advances
- Hurting self or others
- Throwing
- Tearing
- Scratching
- Etc.

### Nonaggressive:

- Repetitious mannerisms
- Handling things inappropriately
- Trying to get to a different place
- Pacing
- General restlessness
- Hoarding

# Why does Dementia Lead to Behavioural Challenges?

- Much of our behaviour is directed at meeting our own needs
- Normal needs:
  - Physiological – physical comfort, preventing/managing pain, health
  - Safety – safe, comfortable environmental conditions
  - Love and belonging – need for social contact
  - Esteem, self-actualization – need for stimulation

# Dementia Leads to an Inability to Meet Needs

- Cognitive impairment leads to:
  - Difficulty communicating needs
  - Decreased insight to be able to recognize needs
  - Inability to use prior coping mechanisms
  - Inability to obtain the means for meeting the need
- In addition, the environment often does not comprehend the needs or provide the opportunity to meet the need

## Example from Staff Perspective

1. Staff member approaches resident
2. Staff says “it’s time for your bath, Mr. Aggressive”
3. Mr. Aggressive appears to ignore staff
4. Staff member begins to unbutton Mr. Aggressive’s shirt
5. Mr. Aggressive growls and pushes nursing assistant away
6. Staff moves closer to Mr. Aggressive and resumes unbuttoning
7. Mr. Aggressive punches nursing assistant in face

## Example from Mr. Aggressive's Perspective

1. A stranger approaches (short term memory impairment)
2. The stranger speaks a language that cannot be understood (aphasia)
3. The stranger begins to undress Mr. Aggressive (abstract thinking and judgment impaired; fails to recognize PCH setting, staff, and care being given)
4. Mr. Aggressive attempts to get the stranger to stop by pushing the stranger (loss of language skills; uses only behavior available)
5. The stranger continues
6. Mr. Aggressive strikes the stranger to get him to stop

# Treatment Routes for Exploring Agitation (TREA; Cohen-Mansfield, 2000)

- Individualization of treatment
- Detective approach
  - Search for the person within the dementia
- Commitment to understanding the person through communication with the individual and informants
  - Discover past daily habits and identities
  - Listen to underlying message, not exact words
- Focus on prevention, accommodation, and flexibility in planning interventions

# Thorough Behavioural Assessment

- Describe the behaviour in a specific measurable way
- Then assess:
  - What conditions make it MORE likely that the behaviour will occur?
  - What makes it LESS likely that the behaviour will occur?
  - Who is involved?
  - When and where does it occur?
  - What aspects of the person's history might help understand the behaviour?

# Verbally Agitated Behaviour: Common Needs

- **Pain, discomfort**
  - ✓ Medical treatment or nursing intervention
- **Depression**
  - Low level of reinforcement, boredom?
    - ✓ Try to find meaningful, pleasurable activities
  - Lack of control over environment?
    - ✓ Offer choices, try to find tasks that allow for control
  - Low level of sunlight?
    - ✓ Take outside or use bright light therapy

Cohen-Mansfield (2000)

## Verbally Agitated Behaviour: Common Needs

- **Delusions** (misinterpretation of situation)
  - ✓ Clear communication, consistent caregivers, better transition cues
- **Hallucinations**
  - ✓ Check hearing, vision
- **Boredom/Inactivity**
  - ✓ Structured activities, increased stimulation
- **Social isolation**\*\*\*
  - ✓ Social interaction, real or taped

# Physically Non-Aggressive Behaviours: Common Needs

- **Akathesia?**
  - ✓ Change medications
- **Does the person seem upset?**
  - **Looking for a home?**
    - ✓ Make the place look and feel more like home
  - **Restless, seem to be looking for something?**
    - ✓ Find activities that are meaningful
  - **Uncomfortable?**
    - ✓ Change position or address other sources of discomfort

# Physically Non-Aggressive Behaviours: Common Needs

- **Need for self-stimulation or exercise?**
  - Safety concerns?
    - ✓ Use safety alarms, large enclosed environments, change look of exit doors
  - Trespassing, bothering others?
    - ✓ Camouflage entrances/doors, try to find a more inviting place for the person to walk

## Aggressive Behaviours: Common Needs

- **Trying to communicate discomfort?**
  - ✓ Change environment to make more comfortable
- **Delusions or hallucinations?**
  - ✓ Check vision, hearing, or other causes of misinterpretation
- **Could the person feel that you invaded his/her personal space?**
  - ✓ Try new approaches for getting closer to the person

## Aggressive Behaviours: Common Needs

- **Is the person trying to refuse an ADL?**
  - ✓ Accommodate by performing ADL at a different time or in a different method
- **Being bothered by another resident?**
  - ✓ Try to separate people who tend to trigger negative responses in each other

# Choosing Activities to Fulfill Needs

- Identify the most prominent need:
  - Social contact
  - Family contact, familiarity of home
  - Stimulation
  - Physical exercise, self-stimulation
  - Meaningful activity, increased sense of identity
- Then consider primary abilities – seeing, hearing, moving, touching

### Choice of Activity by Needs and Abilities

#### Needs/Activity Domains

Abilities: Primary Modality		Social contact	Family contact/Home environment	Stimulation	Physical exercise/ Self stimulation	Meaningful activity/ increased sense of identity
	Seeing	home movies (H)  mirror (L)  videotape of someone talking to the person (E)	videotape of family (E)  picture album of family (E)  increase family visits (E)	show old movies (H)  place near a window with view to street or other activity (L)  display moving objects, such as bubbles and strands (L)  flower arranging, sorting shapes and colors, coloring (L)	dancing (E)	sheltered workshop (H)
	Hearing	one-on-one social interaction (H)  group activities (H)  audiotape of someone talking to person (L)	telephone calls with family (H)  audiotape of family member (L)  simulated presence therapy (L)	books on tape (H)  trivia (H)  card games (H)  tapes of music the person used to like (E)	moving to music (E)	listening to religious services or music (E)
	Moving	arrange social visits (tea) (H)  go to religious services (H)		rocking chair (E)	walking in sheltered area (E)  going outside (E)	assembling materials (H)  cooking (H)  simulating work environment (H)
	Touching	use of soft dolls (L)	use of object from home (E)	massage therapy (E)	handling different materials (L)	caring for a pet (H)
		massage therapy (E)		Jacuzzi (E)	activity apron (L)	

# The Case of Mr. M

- 74 year-old male living in PCH
- Grade 11 education, retired railroad employee, widower, no children
- Mixed Alzheimer's disease and vascular dementia
  - Strokes in frontal lobe – difficulties with inhibiting behavior
- Repetitive questioning is primary challenging behaviour
  - Where is my billfold?
  - Can I have a cigarette?
  - Will somebody clean out my ears?

# Behavioural Assessment

- Questions occurs frequently regardless of time of day
- Resident ambulates to nurses' station and repeats questions until he gets a response from staff
- Questions do not occur when resident is involved with competitive, challenging activities
- Questions increase when resident has been on the unit for extended periods of time without a break or when he is participating in "passive" activities (e.g., TV, music, radio)
- Hypothesized etiology: Need for stimulation, boredom, social contact plus decreased ability to inhibit his responses

# Intervention

- Resident introduced to another resident who enjoyed playing card games (e.g., Uno, Fish, etc.)
- Resident provided with a model train to manipulate and simulate
- 1:1 staff or volunteer to take resident off the unit daily for a break and change of environment
- Staff to limit their responses to his questions and engage him in conversation during times when he is not asking questions
- Successful Outcome – staff reported significant reductions in questioning and improvements in their own frustration and exasperation!

## The Case of Mrs. B

- 90 year-old widow, diagnosis of possible AD
- Living in a PCH
- MMSE score of 0
- Most problematic behaviours were:
  - verbal aggression, spitting, constant requests for attention or help, trying to get to a different place, general restlessness

Cohen-Mansfield (2000)

# Behavioural Assessment

- Pain was ruled out as likely contributor
  - Mrs. B was already taking Tylenol regularly. Physical exam did not suggest need for additional pain meds.
- Most of Mrs. B's time was spent in dining room, whether there was a meal or not
- Limited involvement in activities or social contacts
- Occasionally seen moaning/calling out after episode of incontinence and sitting in wet clothes
- Hypothesized etiology: Need for stimulation, discomfort

# Intervention Selection

- Family members were interviewed about her earlier life:
  - Wife of a minister, homemaker, involved with community work, reading, studying
  - Used to enjoy ethnic music, religious activities
- Severe hearing and visual limitations
- Chosen activities: ethnic music, a prayer tape, dressing a doll, arranging artificial flowers, folding towels, sorting cards
- Nursing intervention to address frequency of toileting

# Intervention Outcomes

- She showed no response to ethnic music or to taped prayers
  - She repeatedly took off headphones
- She did not want to undress the doll – she questioned why she was given a doll and whether there was a child nearby!
- Enjoyed folding towels, arranging flowers (“beautiful for a table”, asking for a basket)
- Very interested in sorting cards that had large pictures of fruit and vegetables – willing to do task day after day
- Outcome: Behaviours decreased when engaged with activities, but resumed when she was inactive again

# Conclusions

- Individualized interventions are critical
  - Uncover the person underlying the dementia
  - Each person has history, life experiences, and relationships that shape their needs and ultimately the effectiveness of interventions
- Determining the need is half the battle
  - Limitations in availability of treatments, system's ability to deliver treatment, and in older person's ability to receive it
- Greatest improvements will come from a shift in the philosophy of care and practice