

Hartman's

In-Service Education SourceBook Series



The Challenge of Dementia

Managing Activities of Daily Living and Difficult Behaviors in Dementia Victims

Charles A. Illian, RN, BSN



The Challenge of Dementia

Managing Activities of Daily Living and Difficult Behaviors in Dementia Victims

Contributor

Charles A. Illian, RN, BSN
Infection Control Practitioner & Consultant
Staff Development Educator
Orlando, Florida

The publisher gratefully acknowledges the contributions
of the following individuals who reviewed this material:

Paula S. Elberhousi, RN, BSN, MS
Educator and Creative Consultant
The Creative Pen
New York, New York

Gloria N. Ristvedt, RN, BSN, BS Ed
Director of Staff Development
Jenkins Living Center
Watertown, South Dakota

Debra A. Hillenbrand, RN, C

Deborah Snyder, RN

Ciarán O'Sullivan, RN, MS
Director of Nursing, Lake Forest Place
Lake Forest, Illinois
and Adjunct Faculty, Nursing Division
Oakton Community College
Des Plaines, Illinois



Albuquerque, NM

NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

The publisher, author, editors, and reviewers cannot accept any responsibility for errors or omissions or for any consequences from application of the information in this book and make no warranty, express or implied, with respect to the contents of this book.

Publisher does not warrant or guarantee any of the products described herein or perform any analysis in connection with any of the product information contained herein.

CREDITS

Contributor: Charles A. Illian
Development Editor: Celia McIntire
Copy Editor: Susan Alvare
Design: John W. Davis
Composition: Celia McIntire
Illustration: Thaddeus Castillo

THANKS

The publisher would like to extend special thanks and appreciation to all our reviewers, **especially Gloria Ristvedt**, for their help with this project.

ISBN 1-888343-31-1

©1999 Hartman Publishing, Inc. All rights reserved. Limited permission to photocopy the labeled handouts in this text is granted to direct purchasers of this book from the publisher. **Copies can only be made for employees or students at ONE LOCATION of a multi-site employer or school.** No other part of this book may be reproduced, in any form or by any means, without permission in writing from the publisher.

Table of Contents

FYI	4	Handouts: Interventions for Combative, Disruptive, or Inappropriate Behavior (43) Case Study: Combative Behavior (46) Sample Behavior Analysis Form (47)	
Introduction and Assessment	5	Transparencies: Combativeness and Catastrophic Reaction (48) Sundowning (49) Disruptiveness (50) Inappropriate Social Behavior (51) Inappropriate Sexual Behavior (52)	
1: List the four main causes of difficult behaviors in dementia victims	13	Handouts: Why Problem Behaviors Occur (14) DOs and DON'Ts (15) Word Search (16) Word Search Answer Key (17)	
2: List and describe interventions for problems with common activities of daily living (ADLs)	20	Transparencies: Why Problem Behaviors Occur (18) DOs and DON'Ts (19)	
3: List and describe interventions for mental problems	34	Handouts: Problems with Incontinence (21) Problems with Bathing (22) Problems with Dressing (24) Problems with Eating (25) Interventions for Incontinence (26) Interventions for Bathing Problems (27) Interventions for Dressing Problems (28) Interventions for Eating Problems (29)	
4: List and describe interventions for combative, disruptive, or inappropriate behaviors	41	Transparencies: Problems with Incontinence (30) Problems with Bathing (31) Problems with Dressing (32) Problems with Eating (33)	
		5: List and describe interventions for anxiety and restless behaviors	53
		Handouts: Interventions for Anxiety and Restless Behavior (54)	
		Transparencies: Anxiety and Restless Behavior (57) Sleeplessness/Insomnia (58) Wandering (59) Pillaging and Hoarding (60)	
		6: List and describe interventions for apathy, withdrawal, and depression	61
		Handout: Apathy, Withdrawal, and Depression (62)	
		Transparencies: Apathy and Withdrawal (64) Depression (65) John Doe (66)	
		Closing and Assessment	67
		Handouts: Assessment B (68) Assessment B Answer Key (70)	
		References	71
		In-Service Evaluation Form	72
		Certificate of Completion	73
		Record Keeping Form	74
		For More Information	75

Four million Americans currently suffer from Alzheimer's disease and an estimated six to nine million will have the disease by 2040 if a cure is not found. Because half of nursing home residents are living with Alzheimer's, and an even greater number of people with Alzheimer's are living at home, it is essential that all healthcare workers, whether they are nursing assistants, home health aides, or others, be trained and supported in providing the best possible care for people living with Alzheimer's disease.

We have designed this in-service to help you ensure that your clients or residents with Alzheimer's or other dementias receive the best possible care. Since our attitudes as caregivers greatly affect the care we give, it is important for caregivers to recognize difficult behaviors and be able to respond appropriately to maximize quality care and minimize disruptions or other problems. This can be extremely difficult to do day after day, especially when caregivers do not always understand *why* an Alzheimer's patient is behaving a certain way.

This SourceBook strives to address specific behavioral problems when dealing with dementia and give some concrete suggestions for dealing with those problems. Participants are also challenged to think about the *reasons* for difficult behaviors, so that they can practice responding to the need, rather than reacting to the behavior. The interventions discussed in this in-service are a "must have" for every caregiver who works with Alzheimer's patients, whether in long term care, home health, or elsewhere. We hope these materials will help make your job easier and more rewarding.

This in-service is organized by learning objectives. Each objective follows a lesson

plan, which is built around learning activities and teaching tools, such as transparency masters, handouts, and assessments. You may decide to use none or all of these tools in your presentation.

Because the in-service covers a lot of material, you may wish to divide your presentation into two parts:

1. Learning Objectives 1-2
2. Learning Objectives 3-6

Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard, flip chart or dry erase board.

A companion video entitled, *Nurses' Aides - Making a Difference: Skills for Managing Difficult Behaviors in Dementia Victims* is also available through Hartman Publishing, Inc. See "For More Information."

Happy Teaching!

Introduction and Assessment

Estimated Time: 10 minutes

Tools: Handout Intro-1 Assessment A
Handout Intro-2 Assessment A Answer Key
Handout Intro-3 Key Terms
Handout Intro-4 Note-Taking Worksheet

**Distribute
Handout Intro-1
Assessment A**

Allow enough time for participants to finish the assessment. If you decide to use the same assessment as a post-test at the end of the in-service, withhold the answers for now. Use the assessment to lead into a discussion of difficult behaviors seen in Alzheimer's patients.

**Distribute
Handout Intro-3
Key Terms**

This handout is for the participants' reference.

**Distribute
Handout Intro-4
Note-Taking
Worksheet**

Encourage participants to take notes during the lecture, as this will help them learn and remember the information.

Assessment A

Name: _____ Date: _____

True or False. For each of the following statements, write “T” for true or “F” for false.

1. ___ Poor physical or mental health does not cause problem behaviors.
2. ___ Physical touch can be reassuring to a confused resident or client.
3. ___ If a resident or client is incontinent, you should limit fluid intake to prevent “accidents.”
4. ___ Before bathing, never tell the person with Alzheimer’s that you are going to give him a bath, because this will give him time to become anxious or combative.
5. ___ Sometimes people with Alzheimer’s disease have actually forgotten how to get dressed, so you may have to show them how.
6. ___ While eating, an Alzheimer’s resident or client will enjoy a variety of foods, with many different dishes and utensils. This keeps her interested in eating.
7. ___ Hallucinations and delusions are always harmless and should not be reported to your supervisor.
8. ___ If a resident or client accuses you of stealing something from her, you should defend yourself angrily, so that she will not accuse you again.
9. ___ The best intervention for aggressive or combative behavior is prevention.
10. ___ Sundowning is a word that describes confusion, restlessness, and agitation that happens in the late afternoon or evening.
11. ___ If a resident or client is behaving in an inappropriate sexual way in front of others, you should attempt to distract the person, direct the person to a more private area, and notify your supervisor.
12. ___ Residents who wander may be lost, uncomfortable, or distracted by noise and confusion.
13. ___ People with Alzheimer’s disease often steal from other residents.
14. ___ A resident or client who seems withdrawn should be left alone. He or she probably does not want to be bothered.
15. ___ There is nothing you can do for a resident or client who seems depressed or lonely.

Assessment A Answer Key

1. False. Poor physical or mental health can be a contributing factor to difficult behaviors.

2. True.

3. False. Unless prescribed in the care plan, do not limit fluid intake, as this can cause dehydration.

4. False. Always tell the person what you are going to do, using visual cues as necessary (handing the person a washcloth, shampoo, etc.). Sometimes you may have to be indirect about it, such as walking past the bath or tub room and suggesting a nice bath.

5. True.

6. False. Too many types of food or utensils can be overwhelming. Limit the food to simple finger foods, and only offer one or two items at a time.

7. False. Sometimes a hallucination or delusion can be harmful to the person or to others. Always report if the hallucination/delusion is harmful or if it happens frequently.

8. False. Never argue or become defensive if a confused resident or client accuses you of something like stealing. This will only make the person more agitated. Try distraction.

9. True! Prevention *is* the best intervention for aggressive or combative behavior.

10. True.

11. True.

12. True.

13. False! People with Alzheimer's disease cannot and do not steal! They may collect interesting items and carry them around, but there is no conscious thought of stealing.

14. False. If you notice someone who seems withdrawn, attempt to draw her out with conversation, reassurance, and activities. Do not simply leave her alone because she is not "bothering" anyone.

15. False. There are many things you can do for someone who is depressed or lonely. Provide reassurance, encouragement, and understanding. Listen actively, and encourage social activities, reminiscing, and family visits.

Key Terms

Activities of Daily Living (ADLs): The things we do everyday, such as eating, bathing, grooming, dressing, and toileting, that become increasingly difficult for people with dementia.

Aggression: Aggressive behavior is hitting, pushing, or threatening that commonly occurs when a caregiver attempts to help a person with daily activities, such as dressing. Keeping this type of behavior under control is important, because aggressive persons can cause injury to themselves or others.

Agitation: Behavior that is disruptive, unsafe, or that interferes with care, such as screaming, shouting, complaining, moaning, cursing, pacing, fidgeting, wandering, etc.

Alzheimer's disease: A progressive, degenerative, and irreversible disease that causes dementia. Alzheimer's disease is the most common cause of dementia.

Anxiety: A feeling of apprehension, fear, nervousness, or dread, accompanied by restlessness or tension.

Apathy: Lack of interest, concern, or emotion.

Catastrophic reaction: Overreacting in an unacceptable way. For example, yelling and hitting a caregiver who suggests a bath.

Combative: Becoming physically aggressive.

Degenerative: Becoming gradually worse. Degenerative diseases eventually cause a breakdown of the body system(s) affected, causing lower and lower levels of mental and physical health, and sometimes even death.

Dementia: A loss of mental abilities, such as thinking, remembering, reasoning, and communicating, that is severe enough to cause difficulty in performing activities of daily living. Dementia is not a disease itself, but rather a group of symptoms which may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood, and behavior. Dementia is irreversible when caused by disease or injury, but may be reversible when caused by drugs, alcohol, hormone or vitamin imbalances, or depression.

Delusion: A belief in something that is not true or that is out of touch with reality.

Depression: Feeling sad, hopeless, and inadequate. A common emotional state of people with Alzheimer's disease, as they begin to lose their independence and self-esteem.

Hallucination: Hearing or seeing something that is not really happening.

Hoarding: Collecting and putting things away in a guarded manner.

Incontinence: Loss of bowel or bladder control.

Insomnia: Chronic or prolonged inability to sleep.

Memory: The ability to remember past experiences or facts that were previously learned.

Pacing: Aimless wandering, often triggered by agitation, confusion, or distractions in the environment.

Perseveration: Repeating words, phrases, or movements over and over.

Pillaging: Taking things that belong to someone else. A person with dementia may honestly believe something belongs to them, even when it clearly does not. This is not stealing, since it is not intentional.

Reassurance: Encouragement and praise which is meant to relieve tension, fear, and confusion that result from dementia.

Reminiscence therapy: Encouraging your resident or client to remember and talk about the past, focusing on positive memories and experiences.

Sundowning: Restless or agitated behavior which often occurs in the late afternoon or early evening.

Suspiciousness/paranoia: Believing someone is guilty of doing something wrong or harmful, with little or no proof. Also, believing that one is being persecuted or harassed by others. Common in people with Alzheimer's as their memory becomes progressively worse. For example, believing their glasses or other belongings have been stolen because they forgot where they left them, or thinking their spouse is "spying on them."

Wandering: Moving around aimlessly because of discomfort, distraction, or confusion.

Note-Taking Worksheet

Name: _____ Date: _____

1-1 List the four main causes of difficult behaviors:

1. _____
2. _____
3. _____
4. _____

1-2 List one simple DO: _____

1-3 List one thing you should always do when SPEAKING: _____

1-4 List one way to do the task TOGETHER with your resident/client: _____

1-5 List one thing you can do to help your resident/client UNDERSTAND you better: _____

1-6 List one definite DON'T: _____

2-1 List three interventions for incontinence:

1. _____
2. _____
3. _____

2-2 List three interventions for bathing problems:

1. _____
2. _____
3. _____

2-3 List three interventions for dressing problems:

1. _____
2. _____
3. _____

2-4 List three interventions for eating problems:

1. _____
2. _____
3. _____

3-1 Define the following in your own words:

1. Hallucinations: _____