Behavior Management in Catholic Long-Term Care Facilities: A Compassionate Approach to Caring for Residents with Challenging Behaviors

March 11, 2013 @ 1 – 2 p.m. ET

Education of staff and caregivers is critical when caring for residents with challenging behaviors. When these behaviors are approached in a compassionate and pro-active manner, caregivers can limit and even eradicate these unwanted, often difficult behaviors. This webinar will discuss a team approach for diagnosing behaviors and developing alternative interventions and techniques. Tools will be provided on how to track behaviors, measure resident progress and achieve best outcomes.

WEBINAR OBJECTIVES
As a result of this program, participants will be able to:

- Identify the underlying causes of challenging behaviors.
- Develop alternative non-pharmaceutical interventions.
- Implement a team approach to address resident behaviors and track resident progress.

FACULTY
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President and Founder of Behavior Science, Inc.

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DISCLAIMER
This webinar is intended for educational purposes only. It is not a substitute for formal medical training in one of the health care professions, nor is it a substitute for professional medical advice. For more specific information you may have to consult a health care professional.

DISCLOSURE OF VESTED INTEREST
The presenters have no personal, professional or financial disclosures to make in relation to this presentation.

DISCUSSION OF UNLABELED USE
There will be no discussion of off-label use of medication during the presentation.
Behavior Management in Catholic Long-Term Care Facilities:
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What We Will Cover

- The Aging Process
- The Aging Process & Behavior
- Human Behavior Basics
- The role of stress
- Building Person Centered Care TEAM
- Becoming Proactive

We are Born to Age

- Do I look old in these Genes?
  - All Cells programmed to reproduce X times
  - Telomeres protect gene length/accuracy
  - Age/Stress decrease replication & accuracy
  - Bonus aging; 85+ >100
- Childhood is mostly unconscious
  - We learn & are guided by others
- Adulthood is conscious?
  - We fare for & control ourselves
  - Until entering long term care
  - Others care for us – control our environment
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The Aging Process & Behavior

Brain Function & Behavior

All Brains Aren’t Equal

Avila Institute of Gerontology, Inc.  www.avilainstitute.org  (518) 537-5000
We all Age Differently

Training Can Alter Brain Aging

Activities That Can Alter Aging

- Aerobic Exercise
- Weight Lifting - The Passavent Experience
- Recreation & Aging
  - The Framingham Study
  - The Need for Individualization
- Functional Training
  - Aging, Exercise, Falls & Death
  - The get up and go test
  - The trend toward clinical assistant caregivers
- Assistive Technology
Aging Behavior Research

“The research proves tall rats are more confident than short rats. At least I think it does. I’ve never been good at this.”

Environment & Aging

- Aging & Primes
  - Anagrams, Sorted pictures, Pace measurement
  - Age Primed group walked more slowly
- Aging & Culture
  - 3 Cultures
  - 3 Views of the Aged
  - Aging functionality follows expectations
- Aging & Activity (Mindless Institutional Living)
  - 70-80 year old males
  - Two Groups
    - Control – Have a nice vacation + current photo
    - Experimental – Live in 1980 + 20 yr old photo
    - Photographed & tested before & after
    - Experimental Group tested younger

Who Controls Resident Aging?
Human Behavior Basics

- **All Human Behavior**
  - Is a Reaction to change in environment:
    - A perceived change
    - Aging impacts perception
      - Sight, hearing, taste, balance etc.
    - Aging Disease impacts perception interpretation
      - Dementia – sees/hears but doesn’t understand
      - Delusions – sees things that aren’t there
  - **Change in the environment can be:**
    - Internal = pain, med errors, disease, thirst etc.
    - External = over/under stimulation, cold etc.

Behavior & Consciousness

- **Conscious Behavior**
  - Conscious behavior – intended/thought out
    - Internal/External Change Awareness->Behavior
    - Conscious behavior is purposeful
  - **Conscious processes gradually lost in Dementia**
    - May be regained in Pseudo-dementias

- **Non-conscious Behavior**
  - Accounts for 90+ of human behaviors
    - Habitual, automatic primed behaviors,
    - Hard wired due to repeated use
    - Try brushing your teeth with the opposite hand
  - **Not lost due to Aging or in Dementia**
    - Instant Dementia in new/hospitalized residents

Unconscious Behavior Dominance

- All behavior is learned through repetition
- Rewarded behavior is repeated
- Punished/non rewarded behavior not repeated
- Behavior repetition increases behavior strength
  - Neurons that “wire together fire together”
- Habitual behavior has three stages
  - Cue -> behavior -> reward
  - Once formed, difficult to eliminate
    - Order changed Cue -> reward anticipated
    - Missing elements creates stress
  - Unconscious/habitual behaviors
    - Not lost in aging & dementia
    - Doesn’t require a file clerk; is widely distributed
Stress & Behavior

- Stress is
  - Another response to environmental change
  - Internal stress – inflammation, meds, temp
  - External stress – social pressure, confusion
  - The brain can’t differentiate between sources
- A little stress
  - Enhances learning
  - Increases performance
- Too much stress
  - Decreases learning
  - Decreases performance
  - Increases Aging, Disease & Brain Dysfunction

Stress & Resident Behavior

- Stress caused by
  - Novelty (After transfer everything is novel + medical primes)
  - Loss of Control (Faster to do ADLs than preserve self skills)
  - Lack of Social Support (Abandonment + New people)
- Automatic response
  - Adrenaline–> Fight/flight response –>Cortisol
  - Chronic stress causes
    - Disease (reduced immunity, more inflammation)
    - Disorders (depression, delusions, drug reactions)
- What can we do to avoid stress?

Stress Management Perspectives

- Medical Model Perspective
  - Symptom
  - Diagnosis
  - Prescription
- Person Centered Approach Perspective
  - Know person – Look at strengths/weaknesses
  - Be Proactive – Prevent don’t react
  - Know triggers – Have a planned response
  - Monitor Planned Responses (People change)
    - For Implementation (where they done)
    - For Efficacy (Did they prevent behaviors)
Stress & Behavioral Stages

- **Stage 1**
  - Resident is unstressed; in Control of their Behavior

- **Stage 2**
  - Resident starts feeling stressed; displays warnings
    - Novelty
    - “I don’t want to be here”
    - “Why are you undressing me?”
  - Control
    - “I am hungry, I want to eat now”
    - “I can do it myself”
  - Social Support
    - “No one loves me, I am alone”
    - “I have been abandoned”
  - If needs are not met, resident escalates

- **Stage 3**
  - Resident loses control & exhibits behavior problems
  - Staff has to take over control to help resident calm down.
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The Behavior Warning - Stage 2

Stresslessness – Stage 1

What is Behavior Management?
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PROACTIVE CAREGIVING
Stopping Behaviors BEFORE they Start

- AVOID THE BEHAVIOR
- KNOW THE RESIDENT
- HAVE & FOLLOW A PLAN
- KEEP THEM BUSY

ACTIVE CAREGIVING
Stopping Behaviors WHEN they Start

- KNOWING THEIR WARNING SIGNS
- HAVE "GO TO" GUIDELINES
- HAVE DESCALATION STRATEGIES
- VERIFY EFFICACY MONTHLY

REACTIVE CAREGIVING
Stopping Behaviors AFTER they Start

- TRY TO CATCH AT WARNING SIGNS
- RULE OUT MEDICAL ISSUES
- FOLLOW A BEHAVIOR PLAN
- VERIFY EFFICACY MONTHLY
**STEAM Fuels Behaviors**

**HANDOUT A: STEAM Analysis Behavior Worksheet**

- **Sensory**
  - Over, under or confusing sensory information
- **Tangible**
  - Hungry, Thirsty, Dry Diaper, etc.
- **Escape**
  - Over, Under or Conflicting Stimulation
- **Attention**
  - Loneliness, Scared, Bored, etc.
- **Medical**
  - Pain, Drug Intoxication, Infection etc.

**Evaluation Tool Handout B**

- Daily Resident Behavior Log

**What is the Behavior ?**

1st She yells all the time  
2nd Yells mostly at meals  
3rd Yells as soon as she gets to the table  
4th Yells if not served  

BEHAVIOR: VERBAL DISRUPTION

1st He refuses to go to bed  
2nd He goes in others rooms  
3rd He plays with doorknobs going from door to door  
4th He talks about fires  

BEHAVIOR: WANDERING
Observations are Key
HANDOUT C Behavior Analysis Form

What was the Behavior? – Include a description of the behavior.

• Aggression
• Agitation
• Anger
• Anxiety
• Apathy/Withdrawal
• Bathing Problems
• Bilting and/or Spitting
• Catastrophic Reaction
• Delusion/Hallucinate/Misidentify
• Depression
• Dressing/Dressing Problems
• Eating & Digestion Problems
• Elipement
• Excessive Illness
• Falls and Problems following
• Hides, Hoards, Intrudes, Shadows
• Incontinence
• Mood Swing & Personality Change
• Morning Disorientation
• Paranoia
• Repetitive Behaviors
• Resists Medications and/or Care
• Sexual Difficulty
• Sleeping Difficulty
• Sundownering
• Verbal Disruption, Confabulation, Wanting to go Home
• Wandering
• Other

Observations are Key

• Setting?
  • Include a description of the setting in which the behavior occurs (e.g. physical setting, time of day, persons involved). Include a description of the settings associated with a high probability of nonoccurrence.

• Antecedents?
  • Include description of relevant events & circumstances preceding the target behavior.

• Consequences?
  • Include a description of the consequences that resulted from the target behavior.

• Environment variables?
  • Include a description of any environmental variables that may affect the behavior (e.g. health, medication, stimulation levels, sleep, diet, schedule, social factors etc.).

Building a Hypothesis?

• Why did the behavior occur?
  • What was the Setting
  • What happened before the behavior?
  • Were there any warning signs?
  • What fueled the behavior? (STEAM)

• How can we alter the setting to avoid the behavior?
  • Change the setting, staff, time of day, etc.
  • Change the complexity or duration
  • Offer an alternative or choice

• What steps can we take to avoid the problem?

• What could we do if we see any warning signs?

• What should we do once the behavior starts?

• State who will do what, when, where & how?
What is the Behavior?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Events</th>
</tr>
</thead>
</table>
| Verbal Disruption | 1st She yells all the time  
2nd Yells mostly at meals  
3rd Yells as soon as she gets to the table  
4th Yells if not served  |
| Wandering | 1st He refuses to go to bed  
2nd He goes in others rooms  
3rd He plays with doorknobs going from door to door  
4th He talks about fires  |

Alternative Interventions

<table>
<thead>
<tr>
<th>Sensory – Increased Structure</th>
<th>Tangibles</th>
<th>Attention</th>
</tr>
</thead>
</table>
| Tightened Schedule  
Create a Ritual  
Music  | Water/Food Modification  
Cognitive Bins (busyboxes)  
Call Therapy  
Environment Modification  | One on one time  
Behavior Modification  
Hand Mealage  
Simulated Presence  
Therapeutic Touch  |
| Induce Relaxation  
Enhance Dining  | General  
Resident’s Rooms  
Bathroom/Tub  | Reminiscence Therapy  
Modify Communications  
Modify Overview  
Modify Work  |
| Decrease Restless Attention  
Doze Apetly  | Pseudo-religious Ceremony  
Aromatherapy Therapy  |
| Improve Sleep  | Escape  
Build in breaks  
Increase exercise  | Simulated Presence  
Therapeutic Touch  
Modify Communications  |
| Improve Awakening  |        |
| Sing Along Album  |

The Fine Art of Assessments

- Define the “Check Mark”
- Mary is being Mary
- Designing the Program
Program Development

- Assigning residents to groups
- Trial and error
- Family input
- Volunteers
- How often programs
- Variety vs. Consistent
- Conducting Programs – Music

Evaluation

- Ask each other for ideas
- Be willing to make changes
- Flexibility is the key

References

**Handout A**  
**STEAM Analysis Behavior Worksheet**

**Instructions:** For each FUNCTION area add the numerals & place it's sum on the line marked Total. The highest score function suggests a primary function of any behavior.

Score each answer: 0=Never, 1=Seldom, 2=Occasionally, 3= Usually, 4=Almost Always, 5= Always

### Function: SENSORY

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</thead>
<tbody>
<tr>
<td>1. Would this behavior occur continuously if your resident was left alone for long periods of time (e.g., one hour?)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Does this behavior occur repeatedly, over &amp; over, in the same way (e.g. rocking back and forth for 5 minutes)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Does it appear to you that the resident enjoys performing this behavior or appears unaware of anything else going on around her/him?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Does this behavior occur only when the environment is highly stimulating, loud or when it is extremely quiet e.g. night?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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**TOTAL SCORE SENSORY FUNCTION:**

### Function: TANGIBLE

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</thead>
<tbody>
<tr>
<td>1. Does the behavior communicate a desire for drink, food, or preferred item?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Does the behavior occur when a preferred item, drink or food is taken away?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Does this behavior stop occurring shortly after you give the resident the preferred item, drink food they have requested?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Does this behavior seem to occur when the resident has been told that they can’t do something they wanted to do?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

**TOTAL SCORE TANGIBLE FUNCTION:**

### Function: ESCAPE

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</thead>
<tbody>
<tr>
<td>1. Does this behavior occur after asking the resident to perform any task?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Does the behavior occur any time requiring your resident’s attention?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Does the resident seem to do this behavior to upset, annoy or distract you to avoid having any demands placed on them?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Does the behavior stop after demands on them are reduced or eliminated?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**TOTAL SCORE ESCAPE FUNCTION:**

### Function: ATTENTION

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</thead>
<tbody>
<tr>
<td>1. Does this behavior occur if you are paying attention to other resident’s or staff in the room?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Does this behavior occur if you stop paying attention to the resident?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Does the resident seem to do this behavior to upset or annoy you when you leave the area the resident is in? (e.g. leaving the room)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Do you think the behavior is designed to get you to spend time with them?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

**TOTAL SCORE ATTENTION FUNCTION:**

### Function: MEDICAL

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</thead>
<tbody>
<tr>
<td>1. Is this behavior new or unusual for this resident?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. In addition to this behavior does the resident appear sick / disoriented?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Could movement, positioning, disease or infection be causing pain depression or disorientation?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Is this resident on a high number of medications or multiple psycho-medications?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**TOTAL SCORE MEDICAL FUNCTION:**
<table>
<thead>
<tr>
<th>Behavior</th>
<th>PRN Administered</th>
<th>NAME: ____________________________________________________________________________</th>
<th>MONTH/YEAR: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions of Behaviors:</td>
<td></td>
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<td></td>
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</tbody>
</table>

- **Physical Aggression:** Characterized by slapping, hitting, biting, spitting on staff or peers.
- **Verbal Aggression:** Characterized by moaning, yelling, name calling, or threatening staff or peers.

**PRN:** Please record if a PRN is given and if more than once the number of PRNs given each day.

Please indicate the number of times each target behavior occurs each day.
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www.avilainstitute.org
(518) 537-5000

Target Behavior

| NAME: ______________________________________________________ | MONTH/YEAR: _______________

Definitions of Behaviors:

<table>
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<th>Handout B</th>
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</table>

Daily Resident Behavior Log

| TARGET BEHAVIOR |

A Compassionate Approach to Caring for Residents with Challenging Behaviors

Behavior Management in Long-Term Care Facilities
Behavior Management in Catholic Long-Term Care Facilities: A Compassionate Approach to Caring for Residents with Challenging Behaviors

Handout C
Behavior Analysis Form

Resident Name: ___________________________ Date: __________ Shift: __________ Initials: __________

Complete when gathering information a resident’s behavior to determine the need for a Behavioral Intervention Plan.

Team Members (List)

1. ___________________________ 4. ___________________________
2. ___________________________ 5. ___________________________
3. ___________________________ 6. ___________________________

1 TARGET BEHAVIOR – Include a description of the intensity, frequency, and duration of the behavior.

☐ Aggression ☐ Dressing/Undressing Problems ☐ Repetitive Behaviors
☐ Agitation ☐ Eating & Digestion Problems ☐ Resists Medications and/or Care
☐ Anger ☐ Eloquence ☐ Sexual Difficulty
☐ Anxiety ☐ Excessive Illness ☐ Sleeping Difficulty
☐ Apathy/Withdrawal ☐ Falls and Problems falling ☐ Sundowning
☐ Bathing Problems ☐ Hides, Hoards, Intrudes, Shadows ☐ Verbal Disruption, Confabulation
☐ Biting and/or Spitting ☐ Incontinence ☐ Wanting to go Home
☐ Catastrophic Reaction ☐ Mood Swing & Personality Change ☐ Wandering
☐ Delusion/Hallucinate/Misidentify ☐ Morning Disorientation ☐ Other:
☐ Depression ☐ Paranoia

Description:

Intensity: [ ] 1) Annoying [ ] 2) Disruptive [ ] 3) Self injurious [ ] 4) Injurious to others
Duration: [ ] 1) Less than a minute [ ] 2) 1-3 minutes [ ] 3) 4-5 minutes [ ] 4) 5-10 minutes [ ] 5) Over 10 minutes

2 SETTING – Include a description of the setting in which the behavior occurs (e.g. physical setting, time of day, persons involved). Also include a description of the settings associated with a high probability of nonoccurrence.

3 ANTECEDEMTS – Include a description of the relevant events and circumstances that preceded the target behavior.

4 CONSEQUENCES – Include a description of the consequences that resulted from the target behavior (e.g. identify what happens after the behavior occurs).

5 PERSONAL VARIABLES – Include a description of any personall variables that may affect/cause the behavior (e.g. change in health, medication, medical conditions, sleep, diet, schedule, staffing, death of friend-relative or other social factors).
6 WHAT IS THE FUNCTION OF THIS BEHAVIOR? (Hypothesis based on STEAM analysis (Sensory, Tangible, Escape, Attention, Medical))

7 HOW COULD WE ALTER THE SETTING TO AVOID THE BEHAVIOR?

8 WHAT TOOLS COULD WE USE TO AVOID THE BEHAVIOR:

<table>
<thead>
<tr>
<th>Sensory</th>
<th>Tangibles</th>
<th>Attention</th>
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</thead>
<tbody>
<tr>
<td>Music</td>
<td>Clothing Modification</td>
<td>One on one time</td>
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<td></td>
<td>Induce Relaxation</td>
<td>Behavior Modification</td>
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<td></td>
<td>Enhance Dining</td>
<td>Increased Cuing/Prompting</td>
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<td></td>
<td>Divert Resident Attention</td>
<td>Hand Massage</td>
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<td></td>
<td>Dispel Apathy</td>
<td>Humor</td>
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<td></td>
<td>Improve Sleep</td>
<td>Simulated Presence</td>
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<td></td>
<td>Improve Awakening</td>
<td>Therapeutic Touch</td>
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<td></td>
<td>Tap Religion</td>
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<td>Sing Along Album</td>
<td>Resident’s Room</td>
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<td></td>
<td>Modify Communications</td>
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<td>Modify Exercise</td>
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<td>Modify Work</td>
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<td>Modify Positioning</td>
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<td>Multi-Sensory Stimulation</td>
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<td>Rocking or Glider Chairs</td>
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<td>Social Dancing</td>
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<td>Music</td>
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<td>Induce Relaxation</td>
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<td>Divert Resident Attention</td>
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<td>Dispel Apathy</td>
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<td>Improve Sleep</td>
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<td>Improve Awakening</td>
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<td>Tap Religion</td>
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<td>Sing Along Album</td>
<td>Resident’s Room</td>
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<td>Modify Communications</td>
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<td>Modify Exercise</td>
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<td>Modify Positioning</td>
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<td>Multi-Sensory Stimulation</td>
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<td>Rocking or Glider Chairs</td>
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<td>Social Dancing</td>
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9 WHAT STEPS CAN WE TAKE TO AVOID THE BEHAVIOR? (Proactive Planning)

10 WHAT SHOULD WE DO ONCE THE BEHAVIOR HAS STARTED? (Reactive Planning)

11 STATE WHO SPECIFICALLY WILL DO WHAT, WHEN, WHERE & HOW
Meet the Speakers

Sr. M. Peter Lillian Di Maria, O.Carm., LNHA, CDP
Director, Avila Institute of Gerontology, Inc. Germantown, N.Y.

Sr. M. Peter Lillian Di Maria, O. Carm., LNHA, CDP, has been the director of the Avila Institute of Gerontology in Germantown, N.Y., since January 1997. The Avila Institute is the education arm of the Carmelite Sisters for the Aged and Infirm. The institute creates opportunities for individuals to share experiences and knowledge regarding their work with the aged and contributes to the field of gerontology through workshops, publications and studies.

Sr. Peter Lillian has been in the continuing care ministry for 30 years, often working in many administrative capacities. She has lectured many times on Alzheimer’s disease, palliative care, geriatric spiritual care, family care issues, stress reduction and team building. She has developed successful dementia care programs, dementia care curriculums and assisted in developing a palliative care resource manual that is specific for geriatric care. Sr. Peter Lillian has lectured in the United States and Ireland. She has consulted and developed two studies in conjunction with SUNY. The program “Promoting Positive Behaviors” resulted in a CD series for caregivers of people afflicted with dementia. She has also worked with SUNY to study a team approach that assesses the needs of dementia residents at end of life. The advance illness care teams were studied over an 18-month period.

Sr. Peter Lillian has been a member of the CHA Board of Trustees since 2008.

Alfred W. Norwood, MBA
President and Founder of Behavior Science, Inc.

Alfred Norwood is the president and founder of Behavior Science, Inc. (1997–present). He is a behavioral psychologist who uses primarily ABA techniques and neurological research to resolve behaviors in community and institutional-based dementia patients.

Mr. Norwood has worked as a consultant for long-term care systems and facilities and trained staff in the use of non-pharmaceutical, individualized care plans for residents with moderate to severe dementia. He is the author of Sound and Loving Care, a home caregiver’s guide to avoiding and resolving unwanted behaviors commonly experienced in dementia. The book is an outgrowth of years of working with home caregivers and dementia home care organizations.

He has a master of business administration degree from the University of Chicago and a bachelor of arts degree in social psychology from Michigan State University.