



Early Intervention to Prevent Behavior Problems in Nursing Homes

Nov. 14, 2013
2:00 – 3:00 p.m. ET

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Reflection for Today's Program

God of the Ages – You who have known us since before our births and will remember us throughout all eternity:
We come before you in this day with hearts filled with gratitude for life.

On this day, we especially honor those among us who are aged and those who serve them.

May we genuinely honor their lives as we serve together in ministry and mission as your Church.

Amen.

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Your Presenter for Today's Program

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.

Sister 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. Sister 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.

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



Your Presenter for Today's Program

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

Mr. 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.

He 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.

Early Intervention to Prevent Behavior Problems in Nursing Homes

CHA Long-term Care
Webinar

November 14, 2013

2:00-3:00 PM ET

**Sr. Peter Lillian Di Maria,
O.Carm.**

*Director, Avila Institute of
Gerontology, Inc.*

Alfred W. Norwood

President, Behavior Science, Inc.

Why Behaviors?

What is Behavior?

- Reaction to change in environment
 - Internal & External
- Conscious vs. Non-conscious behavior
 - Conscious behavior – intended/thought out
 - Non-conscious behavior – habit/automatic
- Conscious behavior impacted by age
- Conscious behavior lost in dementia
- Some decline can be reversed

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What is a Behavior Problem?

When a Person is Out of Control
AND
Caregiver has to take over control
for the person.

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Behaviors: 4 Contributing Factors

- The person's life-long **personality**
- The **disease process**
- The **caregiver**
- The **environment**

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Personality

Ask the family or friend what this person was like before dementia?

- **Controlling?** Or **easy going?**
- **Grumpy?** Or **happy?**
- **Abusive?** Or **loving?**
- **A loner?** Or a **social butterfly?**

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Personality

- You **cannot change** the person's life-long personality
- Some forms of dementia
 - Accentuate pre-existing personality traits
 - "She always was unhappy"
 - Change life-long personality traits
 - "She used to be so neat"

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The Disease Process

- The person with dementia often needs more frequently scheduled rest periods than the person without dementia.
- In dementia, being tired is associated with:
 - Shorter attention spans
 - "When tired, thirsty, or cold, residents may communicate their discomfort through behavior"

Sutor, Bruce, Teresa A. Rummans, and Glenn E. Smith. "Assessment and management of behavioral disturbances in nursing home patients with dementia." Mayo Clinic Proceedings. Vol. 76. No. 5. Elsevier, 2001.

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The Disease Process & Stress

- *“The person with dementia has a lower tolerance for stress, similar to your lowered tolerance to stress when you go without sleep.”*
- What seems to be an ordinary thing to us may trigger stress in a person with dementia.

Gerdner, Linda A., Geri Richards Hall, and Kathleen C. Buckwaller. "Caregiver training for people with Alzheimer's based on a stress threshold model." *Journal of Nursing Scholarship* 28.3 (1996): 241-246.

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The Disease Process & Stress

- Our bodies are designed for short term stress
- “structural plasticity in response to repeated stress starts out as an adaptive and protective response, but ends up as damage if the imbalance in the regulation of the key mediators is not resolved”
- Not reducing Resident stress leads to more:
 - Rapid mental decline (depression, dementia, delusions)
 - Increased assistance with ADL's
 - More frequent/intense behaviors

McEwen, Bruce S. "Plasticity of the hippocampus: adaptation to chronic stress and allostatic load." *Annals of the New York Academy of Sciences* 933.1 (2001): 265-277.

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The Disease Process

- Different dementias affect the person in different ways.
- Individuals with dementia tend to lose the ability to remember recent events first; later distant memories fade away.
- Different portions of the brain affected by the dementia may lead to different behaviors.
- Different environments generate different behaviors

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The Caregiver's Expectations

- You can control what you expect the person with dementia can do.
- If you demand too much of the person with dementia, you will see difficult behaviors.
- If you confuse the person with dementia, or do not pay attention to what that person is trying to tell you, you will see difficult behaviors.

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The Environment

- You have some control over the environment of care.
- Do not over-stimulate the senses with too much noise, too many flashing lights, fast moving objects.
- Do not under-stimulate the senses, leading to boredom and self-stimulating activities.
- Keep things simple.

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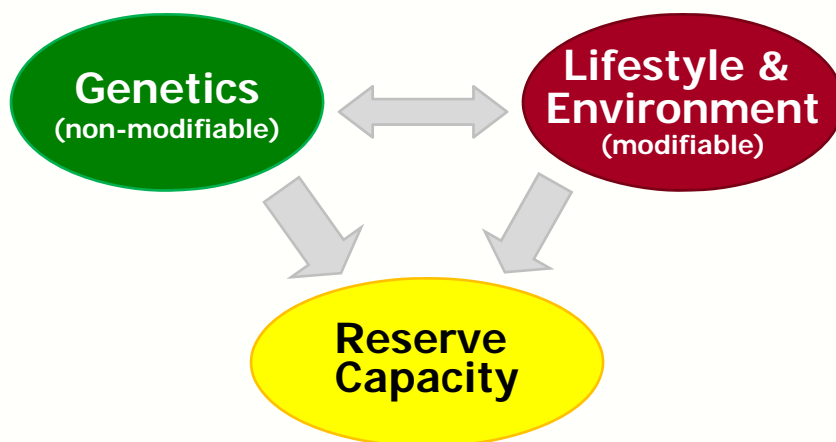
Dementia & Behaviors

Behaviors	NO Dementia	Dementia
Depression	8%	72%
Anxiety	6%	68%
Apathy	16%	82%
Agitation	48%	71%
Aggression	11%	45%

Sytse Zuidema Prevalence and Predictors of Neuropsychiatric Symptoms in Cognitively Impaired Nursing Home Patients; Journal of Geriatric Psychiatry and Neurology, Vol. 20, No. 1, 41-49 (2007)

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Normal Age-Related Changes



Issues in Gerontological Nursing: The John A. Hartford Foundation, Institute for Geriatric Nursing;
<http://www.nyu.edu/education/nursing/hartford.institute/course>

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Emerging research data concludes:

- As we grow older, the influence of environmental factors on our health become more important, and the influence of genetic factors becomes less important.
- Our course in older age is not predetermined.
- The frailty of old age is essentially avoidable and largely reversible.
 - Harvard Medical School Report 2001

In other words we control how our residents age

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Normal Age-Related Changes

- Decreased reserve capacity due to
 - passage of time
 - ability of body to maintain normal ranges
- Causes Increased
 - Exposure to disease - causing factors
 - Susceptibility & incidence to disease

Normal Aging DOES NOT automatically need to include disease

Issues in Gerontological Nursing: The John A. Hartford Foundation, Institute for Geriatric Nursing;
<http://www.nyu.edu/education/nursing/hartford.institute/course>

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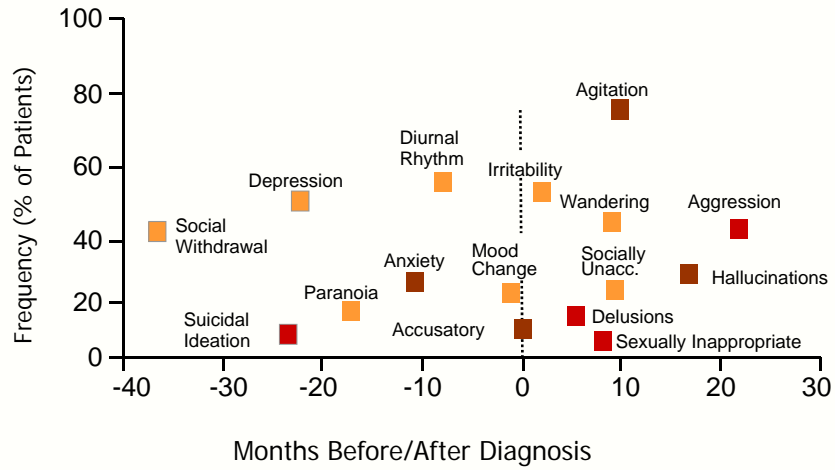
Stress accelerates aging

- Everybody's trying to figure out what causes aging and premature aging
- We all know that stress seems to age people – just look at the aging of our presidents after four years
- The new study “demonstrated that there is no such thing as a separation of mind and body – the very molecules in our bodies are responsive to psychological environment.”

Elissa S. Epel*,†, Elizabeth H. Blackburn‡, Jue Lin‡, Firdaus S. Dhabhar§, Nancy E. Adler*, Jason D. Morrow¶, and Richard M. Cawthon//; Accelerated telomere shortening in response to life stress; PNAS December 7, 2004 vol. 101 no.49 17312-17315

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Behaviors & Decline



Jost BC, Grossberg GT. J Am Geriatr Soc. 1996; 44:1078-1081

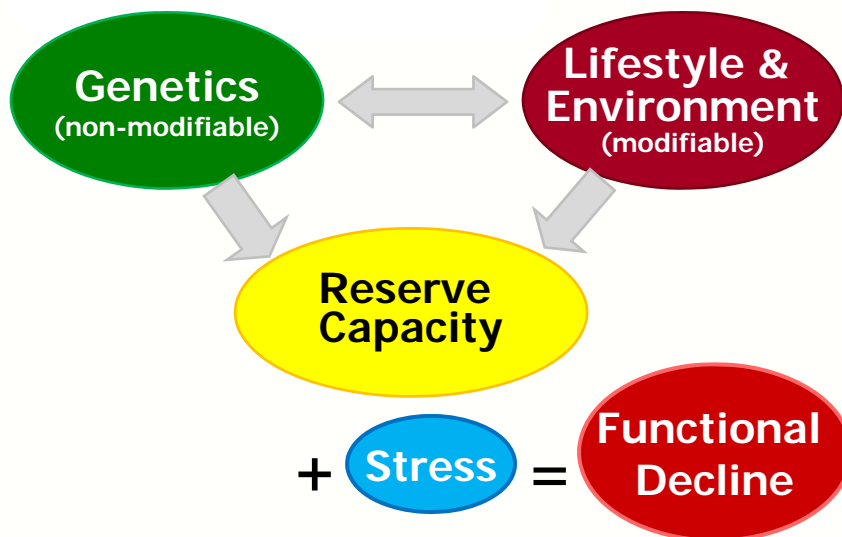
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What Triggers Behaviors?



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Abnormal Age-Related Changes



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Institute for Geriatric Nursing: <http://www.nyu.edu/education/nursing/hartford.institute/course>

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Stress Triggers Behaviors

In Dementia stress triggers

- **Autonomic nervous system**
 - Hypothalamo-pituitary-adrenal (HPA)
- **“Fight-flight or freeze” response**
 - Behavioral/physiological response to a threat from a
 - Perceived dangerous situation,
 - Predator, a mugger,
 - Accident, or natural disaster.
- **Normal stress hormone response**
 - Assures survive
 - Inadequate or excessive response results in death
- **Only humans can have chronic stress**
 - Prolonged stress due to constant exposure to;
 - noise, pollution, and interpersonal conflict
 - Incomplete work
 - changes in life-style health-related behaviors

Sapolsky RM. *Why Zebras Don't Get Ulcers*. New York: Henry, Holt, 2004.

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Stress Causes and Cures

CAUSES	CURES
Novelty	Prior exposure
Unavailable control or coping response	Acquire control
Lack of social buffering	Access to help
	"Stress management" training (Breathing, Mindfulness, Meditation)

Abelson, J; Liberzon, I; Young, E; Kahn, S; Cognitive modulation of the endocrine stress response to a pharmacological challenge in normal and panic disorder subjects; Archives of General Psychology, V 62, June 2005 pp668-675.

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Stress & the New Resident

CAUSES	NEW RESIDENT
Novelty	Everything is new <ul style="list-style-type: none"> • Useless habits • No starting points
Unavailable control or coping response	Staff controls all <ul style="list-style-type: none"> • Lowers self image • Frustrates/Angers
Lack of social buffering	Lost social support <ul style="list-style-type: none"> • Everyone is new • No one cares • Abandonment

Abelson, J; Liberzon, I; Young, E; Kahn, S; Cognitive modulation of the endocrine stress response to a pharmacological challenge in normal and panic disorder subjects; Archives of General Psychology, V 62, June 2005 pp668-675.

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THERE ARE ONLY
TWO TIMES
I FEEL STRESS:

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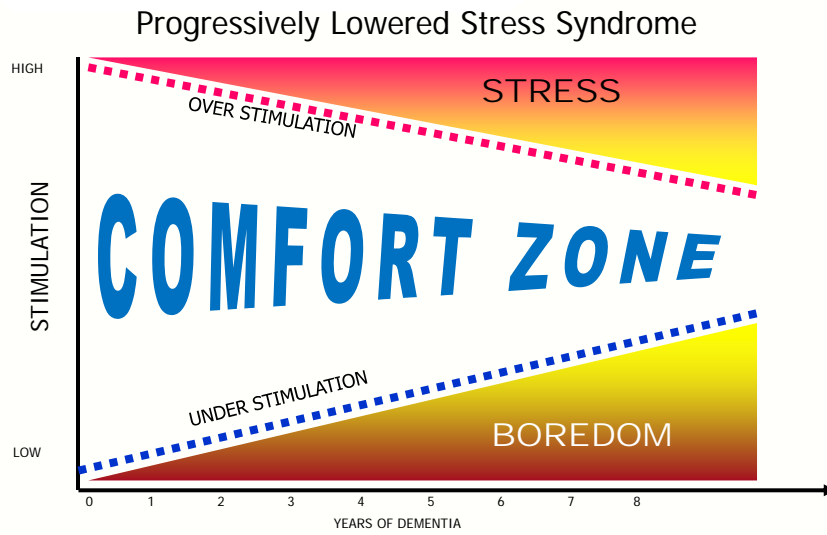
THERE ARE ONLY
TWO TIMES
I FEEL STRESS:



DAY AND NIGHT.

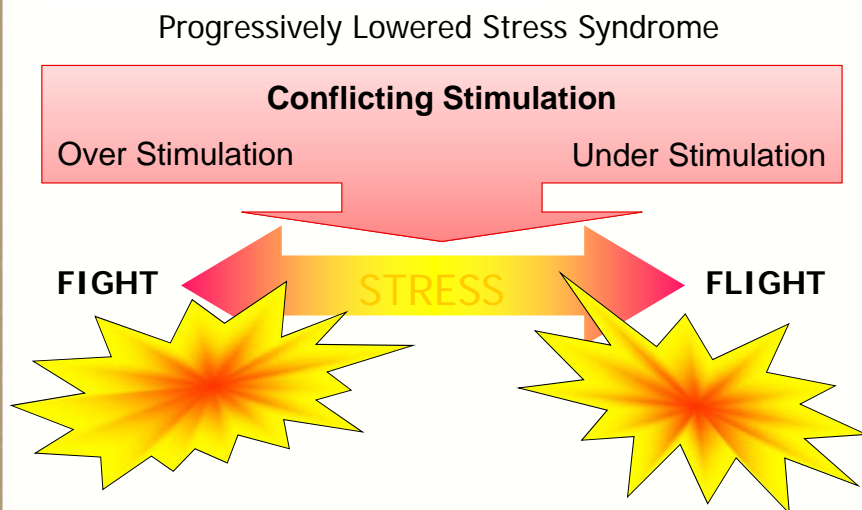
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Over/Under Simulation



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Stress and Behaviors



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Greater Loss, Greater Behaviors

- 98% of dementia patients “behaviors”
- Magnitude/frequency correlates with
 - Cognitive performance
 - Early executive deficits
 - Language
 - Functional performance
 - Delusions and/or hallucinations
 - Wandering,
 - Agitation
- Find out the history
- Monitor for early signs

Jose Maria Garcia-Alberca et al: Can impairment in memory, language and executive functions predict neuropsychiatric symptoms in Alzheimer's disease? Findings from a cross cultural study: Archives of gerontology and geriatrics 2011, 52, 264-269

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Understanding Behaviors using ABA

What is the “Stress” triggering the behavior:

- Sensory
 - Too much, too little or conflicting stimulation
 - Taste, touch, smell, hear, see, movement
- Tangible
 - Needing water, food, doll
 - Defending territory
- Escape
 - Avoiding tasks/demands/places/people
 - Retaining isolation
- Attention
 - Who will take care of me
 - Establish recognition or dominance
- Medical
 - Pain, Drug Intoxication, Infection etc.

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Conventional Reactive Tools

- | | | |
|---|--|---|
| <p>Increased Structure</p> <ul style="list-style-type: none"> • Tightened Schedule • Simplified Instructions • Create a Ritual <p>Sensory</p> <ul style="list-style-type: none"> • Music • Improve ADLs • Induce Relaxation • Enhance Dining • Divert person Attention • Dispel Apathy • Improve Sleep • Improve Awakening • Tap Religion • Sing Along Album | <p>Tangibles</p> <ul style="list-style-type: none"> • Water/Food • Clothing Modification • Cognitive Bins (busy boxes) • Doll Therapy • Environment Modification <ul style="list-style-type: none"> - General - persons Room - Bathroom/Toilet • Photo Album <p>Escape</p> <ul style="list-style-type: none"> • Build in breaks • Increase exercise • Pseudo-religious Ceremony • Reminiscence Therapy | <p>Attention</p> <ul style="list-style-type: none"> • One on one time • Behavior Modification • Increased Cuing/Prompting • Hand Massage • Humor • Simulated Presence • Therapeutic Touch • Modify Communications • Modify Exercise • Modify Work • Modify Positioning • Multi-Sensory Stimulation • Rocking or Glider Chairs • Social Dancing |
|---|--|---|

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MDS Triage

Using the MDS for triage

- I1q – Check if Alzheimer’s (17.5% nationally)
- I1u – Check if other dementia (38% nationally)
- E1b – Check if verbal stress/questions (7% nationally)
- N2 – Check if involved in activities (90%, 33% of time)
- F1e – Check if has friends/new activities (15.7% nationally)
- E1o – Check if withdrawal/no interest (5% nationally)
- E0100 – Hallucinations/Delusions
- E0300 – Behavioral Symptoms
 - E0500 – Impact on Resident
 - E0600 – Impact on others
 - E0800 – Rejection of Care
 - E0900 - Wandering

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Behavioral Triage

Tier 1 – No Dementia, no behaviors

- Universal prevention

Tier 2 – Dementia, no behaviors

- Preventative or delaying interventions

Tier 3 – Dementia w/mild behaviors or AACI/MCI behaviors

- Apathy, low-repeated verbalization/questioning, shadowing, circadian disruption
- Management by CNA's using Resident Behavior Guidelines

Tier 4 – Dementia w/severe behaviors

- Verbal Aggression, Screaming, Severe depression, up all night, refusals
- Management by CNA's using Behavior Team's Behavior Support Plan

Tier 5 – Dementia w/Extreme or Psychotic behaviors

- Physical Aggression, Suicidal, Extreme depression, Extreme SIB
- Management by Psychiatrists/Specialist Care

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Proactive Team Tools

- For All Staff
 - Dementia Simulation
- For Clinical Staff
 - Converting individual care to team care
 - Converting care staff to clinical care staff
- For Direct Care
 - Understanding Aging & Dementia
 - How to observe & report behavior change

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Proactive Direct Care Tools

- Gaining Empathy
 - Queen for a day
- Managing the environment
 - The Comfort Zone
 - Exploiting Music
 - Choosing
 - Scheduling
- Managing ADL's
 - Using Rituals

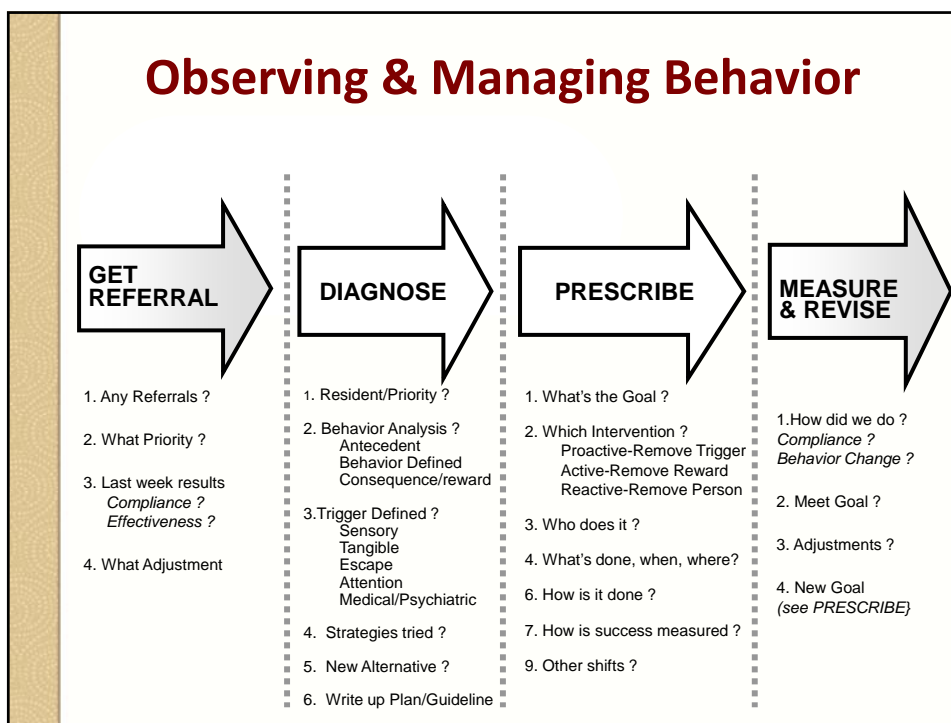
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Observing & Managing Behavior

“Martha yells all the time”


- Why did the behavior occur?
- How can we alter the setting to avoid the behavior?
- What tools could we use to avoid the behavior?
- What steps can we take to avoid the problem?
- What should we do once the behavior starts?
(State who will do what, when, where & how?)

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Summary

- **Not all Behaviors are Problems**
- **All Behavior Problems can be stopped before they get started**
 - Except those cause by medical problems
 - Drug intoxication, Delirium, Pain, Infection
 - If we know the person
 - If we observe & track behaviors
 - If we agree on strategies we can use:
 - Proactively – to avoid person getting upset
 - Actively – What to do if we see triggers
 - Reactively – If we can't avoid the behavior
- **Proactive is better for person/staff**



Q&A

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