NEW MEXICO HEALTH CARE ASSOCIATION

NEW MEXICO CENTER FOR ASSISTED LIVING

40-Hour Basic Course For Activity Directors

Alzheimer's Communication, Aging, Death and Dying, and Nutrition

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ALZHEIMER'S DEMENTIA: COMMUNICATION AND ACTIVITIES

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New Mexico Health Care Association 2016

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What is Alzheimer's?

- Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior.
- Symptoms usually progress slowly and worsen over time.
- Progression of the disease can become severe enough to interfere with daily tasks.

Brain cells die and are not replaced

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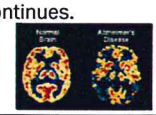
Alzheimer's and Dementia Basics:

- Alzheimer's is the most common form of dementia
- Alzheimer's worsens over time
- Alzheimer's is not a normal part of aging
- Alzheimer's has no current cure, but treatments for symptoms are available and research continues.



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Communication and Alzheimer's:

- Alzheimer's disease and other dementias gradually diminish a person's ability to communicate.

  - communication with a dementia resident requires patience, understanding and good communication skills

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Communication and Alz. Cont'd:

- Changes in Communication:

- Using familiar words repeatedly
- Inventing new words to describe familiar objects
- Easily losing his or her train of thought
- Reverting back to a native language
- Having difficulty organizing words logically
- Speaking less often

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Helping the person with Alzheimer's communicate:

1. Be patient and supportive
2. Offer comfort and reassurance
3. Avoid criticizing or correcting
4. Avoid arguing
5. Offer a guess
6. Encourage unspoken communication
7. Limit distractions
8. Focus on feelings, not facts

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Best ways for you to communicate:

- Eye level, meet resident at their level i.e. chair, bed etc.
- Identify yourself- frequently if needed
- Call the person by name
- Use short, simple words and sentences
- Speak slowly and distinctly
- Patiently wait for a response
- Repeat information or questions as needed
- Turn questions into answers- i.e., "the bathroom is right here," instead of asking "do you need to use the bathroom?"

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Best ways to communicate cont'd:

- Avoid confusing and vague statements- i.e., "Here it is" say "here is your hat."
- Turn negatives into positives- i.e., instead of saying "don't go there," say "let's go here."
- Give visual cues- point or touch item you want resident to use or begin task with
- Avoid quizzing- avoid "do you remember when...?"
- Write things down- as a reminder and report to others
- Treat the resident with dignity and respect
- Convey an easygoing manner- be aware of your feelings and attitude!

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Activities and Dementia Residents:

- A person with dementia doesn't have to give up the activities that he or she loves
- Many activities can be modified to the person's ability
- Activities can reduce behaviors like wandering or agitation- behaviors are "coping mechanisms"
  - hunger, thirst, cold/hot, fatigue, boredom
  - pain, wet, uncomfortable shoes/clothing
  - dirty glasses, hearing aid batteries not working

- May withdraw from activities previously enjoyed- engage residents, need to know what they used to enjoy- activity information sheet

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Behavioral Problems

- 1. Aggression- overt behavior involving intent to inflict noxious stimulation or to behave destructively
- 2. Agitation- inappropriate verbal, vocal, or motor activity that is not explained

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Common Behavioral Problems:

- Yelling, screaming, moaning
- Fighting
- Wandering
- Resisting care
- Sleep problems
- Cursing, arguing
- Entering other's room
- Anxiety, fearfulness
- Biting, spitting
- Pacing
- Delusions, Hallucinations

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Coping strategies for behaviors:

- Let the person with best relationship with resident respond
- Approach slowly and calmly from side or front
- Use gentle but firm tone of voice, don't try to reason or be condescending
- Verbal reassurance, redirection
- Guide the resident to a quiet place if necessary
- Don't call attention to the behavior, DON'T TREAT THE RESIDENT LIKE A CHILD!
- Give resident something to eat
- Distract by bringing up favorite topic, favorite activity
- Comfort objects- dolls, stuffed animals
- If resisting care, try later! Not "lets take a bath", take rsd. on walk, stop by shower room
- AVOID CATASTROPHIC REACTIONS! USE HELP OF OTHER STAFF MEMBERS!

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Activity Tips for dementia residents:

1. Keep person's skills and abilities in mind
2. Pay special attention to what the person enjoys
3. Consider if the person begins activities without direction
4. Be aware of physical problems
5. Focus on enjoyment, not achievement
6. Relate to past work life- Security guard story, mailman story
7. Look for favorites-drinking coffee and reading paper in morning

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Activity tips cont'd:

8. Consider time of day and season
9. Adjust activities to disease stages
10. Be flexible- don't force an activity, use a different way
11. Encourage self expression- painting, drawing, music-Music/Memory program
12. Try again later-if something isn't working, may be wrong part of the day or activity may be too complicated. Adapt the activity- sewing cards
13. You are so important and valuable with the national agenda to decrease anti-psychotic usage for our elderly residents!

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Summary:

- Remember to:
  - Connect with residents
  - Assess behavior- "coping mechanisms", what can or can't residents do
  - Respond appropriately
  - Evaluate what works
  - Share with others

Essentialz training program with Alzheimer's Association, certified x 3 years

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Resources:

1. http://alz.org/care/dementia-communication-tips.asp
2. http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp#
3. http://alz.org
4. http://alz.org/care/alzheimers-dementia-activities.asp

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PROBLEM BEHAVIORS

Katie Benson, R.N., Nursing Consultant
Highland Healthcare Pharmacy

A. Behavior Problems

1. Aggression - overt behavior involving intent to inflict noxious stimulation or to behave destructively.

2. Agitation - inappropriate verbal, vocal, or motor activity that is not explained.

B. Common Behavior Problems

1. Yelling, screaming, moaning
2. Fighting
3. Wandering
4. Resisting care
5. Sleep problems
6. Cursing, arguing
7. Unsafe movement
8. Unjustified complaining
9. Entering other individual's rooms
10. Constant request for attention
11. Muttering or strange noises
12. Anxiety or fearfulness
13. Biting
14. Spitting
15. Inappropriate sexual behavior
16. Pacing
17. Delusions
18. Hallucinations

C. Causes

1. Intermittent explosive disorder
2. Minimal brain dysfunction
3. Temporal lobe epilepsy
4. Traumatic brain injury
5. Brain tumors and lesions
6. Cerebral infarction
7. Fasting hypoglycemia
8. Infections
9. Stress and change
10. Feelings of hopelessness, helplessness and frustration

D. Prevent Behavior Problems

1. Know the individual
2. Improve communication skills
   a. Verbal messages
   b. Non-verbal messages
3. Reduce stress caused during caregiving
4. Structure the environment
5. Interact with the family

ask family help - shower

E. Behavior Management Plan

1. Immediate action
2. Medical evaluation
3. Behavior assessment
4. Care plan (treatment plan) development

F. Common Behavior Problems

1. Catastrophic reaction

   a. Let the person who has the best relationship with the individual respond.
   b. Approach slowly and calmly from the side or front. Do not startle the person.
   c. Use a gentle but firm tone of voice.
   d. Do not try to reason with the person.
   e. Use touch if the person is open to it. Rest your hand on the person's shoulder or gently pat them. If the person is not open to touch, stay a few feet away to give them enough distance to feel safe.
   f. Give verbal reassurance. Tell the resident they are safe ant that you understand they are upset. Assure them that you will take care of them.
   g. Use distraction by getting the person involved in conversation or an activity.
   h. Guide the resident to a quiet place if necessary. Use a quiet, controlled space as a place for time out.
   i. Help the person save face by not calling attention to the behavior.
   j. If you are not able to calm the person and you need to protect yourself, get out of range or leave the room if the person is safe. Get help from another staff member or give the person a cooling off period.

2. Yelling and screaming

   a. Give the person something to eat or suck on, such as hard candy.
   b. Distract the person by bringing up a favorite topic or by getting the resident involved in a favorite activity.

c. Provide comfort in the following ways:
   * touch, such as holding hands, back rubs, or cuddling
   * music or a soothing tone of voice
   * comfort objects, such as dolls or stuffed animals

3. Fighting

a. Separation is the first concern. Use more than one staff member if needed. Remove the person(s) from the situation to a quiet place for time out.

b When personal space is a concern of the individual, stay back a few feet from the person. Keep a safe physical distance between you and the person. Give the resident time and space to calm herself.

c. Do not try to shame the individual. Tell the person clearly what is and is not acceptable.

d. Use techniques for approaching and dealing with the resident that were outlined in immediate management for *Catastrophic Reactions.*

4. Wandering

a. Approach the person from the side or front.

b. Gently redirect the person back to the supervised area or away from other rooms by suggesting that it is time to return. Use your body gently to show direction.

c. Distract the resident. Bring up a favorite topic. Focus their attention on something else, such as an interesting object from your pocket, while you guide them back.

d. Respond to what the person is trying to do and what you think the resident is feeling. Look for a *personal agenda.*

e. If the individual does not respond to distraction or guidance back to the unit, allow them to finish what they are trying to do. Stay with the individual to ensure safety. What the resident is trying to do may not be based on reality. This is their *personal agenda* and is a way the individual is trying to meet a need. Personal agenda behavior is usually self-limiting and will not last longer than 30 minutes. Wait until the individual is open to the suggestion of returning and guide them back into the home without criticizing them.

5. Resisting Care

a. Let the staff member who has the best relationship with the individual give care.

b. When possible, avoid situations that are known triggers for resistance. Change how you introduce activities that cause problems.

c. When in a situation that usually triggers resistance, distract the resident. Use another staff member to keep the resident focused on something else

while you give care.

d. Explain what you are doing. Let the person use remaining skills. Back up and explain again what you are doing if there is resistance. When resistance continues or worsens, stop. Return later.

e. When an individual bites or hits, try to stay out of range. Use pads or towels underneath clothing in the shoulder or chest area to prevent contact.

f. If the individual is grabbing or using their hands to resist care, put something in the person's hands, such as a washcloth or an interesting object.

6. Sleep Problems

a. Reorient the person, place, and time if the individual is confused. Explain that it is time for sleep.

b. If the person is frightened when they awaken, give comfort and reassurance by telling them they are safe. Use a quiet soothing tone of voice. Use touch if helpful.

c. When the person insists on getting out of the bed or makes loud noises, guide them out of the room to an area where they cannot disturb other residents. Bring the person into a well-lit area if they are fearful.

d. Bring the person close to the nurse's station. Provide interaction or activities that may distract them. Provide busy boxes of interesting objects and textures. Ask the person to do a simple repetitive task like folding linens. Provide music by earphones. Use TV or offer a snack.

7. Verbal Aggression

a. If the verbal aggression is directed toward another resident, try distraction. If that does not work, separate the two by taking one of both to quiet places for time out. Use more than one staff member if needed.

b. Do not try to settle an argument or try to reason with the individual(s).

c. Use non-threatening body language. Use touch if the person is open to it. If not, stay a few feet away from the person at a distance that does not upset the resident.

d. If the verbal aggression is directed toward you and the resident is safe, you can leave. Explain your actions and that you will return later. When you return, take something in to use as a distraction.

e. Techniques listed for management of *Catastrophic Reactions* may also be helpful.

8. Unsafe Movement

a. When an individual is about to do something that puts them at risk, approach them calmly. Do not startle them.

b. Give the help needed or distract the person while you make the situation

safer.

9. Unjustified Complaining

   a. Listen. Be sure the individual feels heard.
   b. Assure that an appropriate and complete medical evaluation has been done before.
   c. Set limits on how many times you will listen.
   d. Don't ask the resident how they feel.
   e. Give lots of reassurance.

10. Manipulative Behaviors

   a. Give choices whenever possible about daily routine, schedule of activities, or treatments. Know how flexible you can be while meeting your work schedule.
   b. Provide information and encourage residents to ask questions. Explain what you need to do and why it is important.
   c. Help residents to make decisions, to take actions, and to see results. Encourage personal responsibility.
   d. Provide positive reinforcement or rewards for healthy appropriate behaviors.
   e. Avoid power struggles. Know what makes you feel angry.

G. Drug treatment for problem behavior

1. Antipsychotic - Haldol, Mellaril, Thorazine, Trilafon, Navane

   a. Side effects -

   b. Potential drug interactions -

2. Antianxiety agents - Benzodiazepines - Valium, Ativan, Xanax, Librium, Paxipam, Serax, Centrax

   a. Side effects -

Normal Aging Process

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Myths About Old People

- Old people are sick
- Old people cannot learn new things
- Old people are not sexual
- Old people put a drain on society
- Old people are senile
- Most old people are isolated from their families
- Most old people are unhappy

Demographics

- Today, 40.3 million people are 65 or older (13% of the population)
- By 2030, projected is 71 million 65 and older
- Today, over 70,00 in USA are 100 >
- By 2030, projected is 381,000 100 >

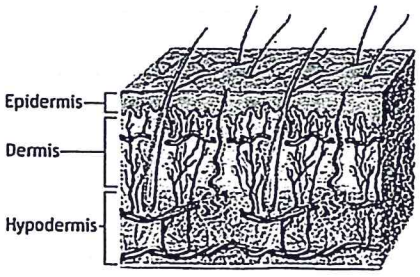
Life Expectancy

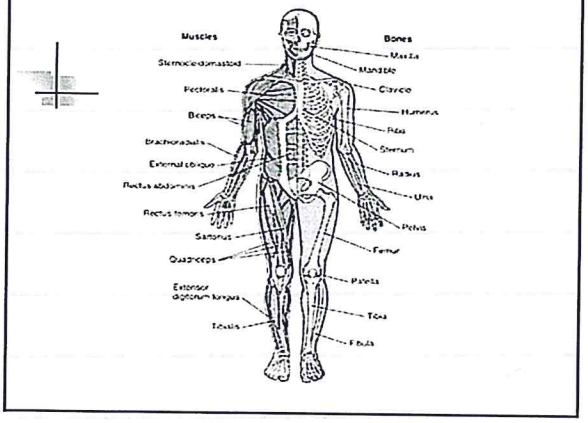
- >65 life expectancy is 85.8 years for males and 87.8 for females
- Leading cause of death 65> is heart disease, cancer, respiratory disease, stroke, pneumonia and influenza
- More than 1/3 of US deaths are preventable

Society of Actuaries 2016

Normal Physical Changes Integumentary: Skin, Hair, Nails

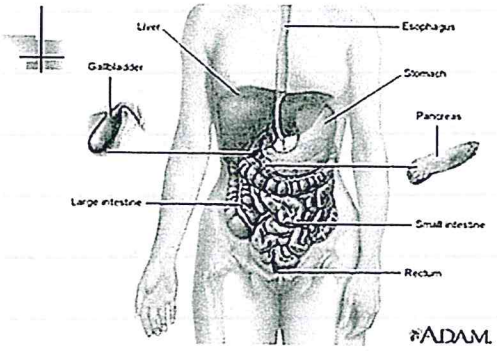
- Loss of elasticity
- Age spots
- Thinner, drier skin- oil glands decreased
- Slowed rate of hair and nail growth
  - Loss of pigment
- Loss of subcutaneous fat, cap. Fragility
- Sweat glands are reduced





Normal Physical Changes Musculoskeletal

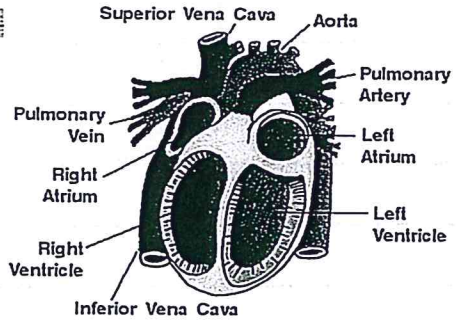
- Decreased bone calcium-osteoporosis
- Joint changes- Degen. Joint Disease (DJD)
- Thinned intervertebral disks- decreased height
- Decreased muscle mass
- Less elasticity of ligaments and tendons
- Degeneration of cartilage- bone/bone
- Posture changes: kyphosis (stooping over)



Normal Physical Changes Gastrointestinal

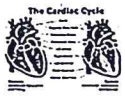
- Periodontal disease, loss of teeth
- Decreased secretion of saliva and other digestive enzymes
- Decreased esophageal muscle action- aspiration
- Slowed peristalsis- constipation
- Slowed liver and pancreatic functions
- Reduced absorption of nutrients

The Heart

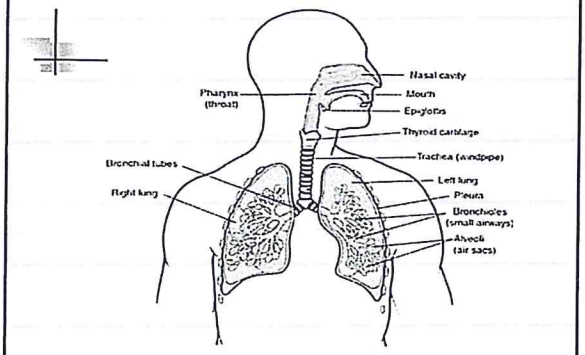


Normal Physical Changes Cardiovascular

- Decreased cardiac output, decrease blood flow
- Thickened heart valves and narrowing of blood vessels
- Less elasticity of blood vessels
- Slower blood cell production
- Slower immune response

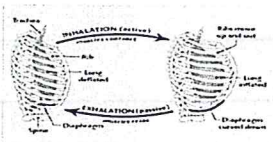


Respiratory System

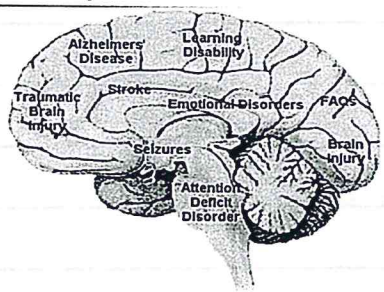


Normal Physical Changes Respiratory

- Thickened alveolar walls, less elasticity
- Weakened and stiff respiratory muscles
- Rib cage changes, more rigid
- Stiffer pharynx and larynx



Nervous System



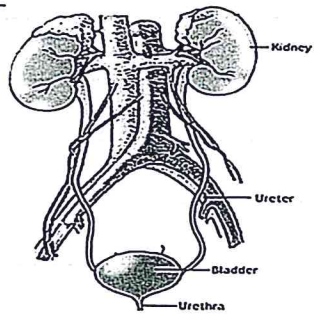
Normal Physical Changes Neurologic

- Vision- far-sighted (presbyopia), cataract development, decreased peripheral vision, and depth perception,
- Hearing- hearing loss, thicker eardrum, increased wax production, decreased hair cells in inner ear canal
- Taste, smell, touch- decreased receptors, unable to taste sweets/salt

Normal Physical Changes Neurologic cont'd

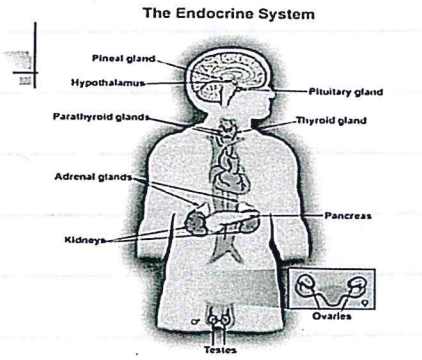
- Loss of neurons (nerve cells)
- Decrease in rate of nerve impulses
- Decrease in neurotransmitters.
- Reflexes- slowed reaction time- driving?
- Balance- decreased due to circulation, need wider gait

Urinary System



Normal Physical Changes Urologic

- Loss of function of kidneys, loss of nephrons, decrease in blood flow
- Decreased bladder capacity and tone
- Decreased sphincter control



Normal Physical Changes Endocrine

- Slowed production of hormones
- Decreased metabolic rate
- Delayed insulin response
- Male- enlarged prostate

Normal Physical Changes Reproductive

- Decreased hormone production
- Atrophy of ovaries, uterus, vagina
- Slowed sexual response

Psychosocial Problems

- Confusion
- Delirium- acute confusional state
- Dementia- usually a permanent condition
- Depression- isolation, withdraws from activities, socialization, speech lessens

Dementia, Depression

- **Dementia**

Onset- gradual
Orientation- disorientation
Affect/mood-Inappropriate
Behavior- Agitation/apathy, unable to perform ADL's
Speech- sparse, repetitive
Prognosis- poor, no cure
Medications can slow sxs.
Memory- Impaired recent, intact remove

- **Depression**

Onset- gradual/rapid with events
Orientation- oriented/disoriented
Affect/mood-despairing, worry
Behavior- apathy, agitation, self-neglect, appetite change
Speech- coherent, may not want to talk
Prognosis- resolves with tx.
Memory- impaired, diff. with concentration

Depression

- Incidence of depression in older adults can be as high as 77%- situational
- Factors contributing to depression:
  - Medications
  - Medical conditions
  - Psychological conditions- Bipolar
  - Losses- people/pets/homes, prior lives
  - Seasonal depression

Signs of Depression

- Ongoing sadness, an empty feeling
- Tired, lack of energy
- Loss of interest in everyday things
- Difficulty sleeping/sleeping too much
- Aches and pains that do not respond to treatment

Signs of Depression cont'd

- Difficulty focusing
- Feeling helpless, unworthy
- Being grumpy or irritable
- Thoughts of death/suicide; may or may not have a plan

Psychosocial Approaches for Confusion/Disorientation

- Reality Orientation
- Reminisce
- Re-motivation
- Re-socialization

Pharmacology Treatment of Dementia, Depression

Psychotropic drugs:

1. Antipsychotics- for hurtful behaviors towards self or others; Haldol, Risperdal, Zyprexa, Seroquel
2. Anti-anxiety- Valium, Buspar, Ativan
3. Anti-depressant- Elavil, Wellbutrin, SSRIs: Prozac, Paxil, Zoloft, Effexor, Lexapro, Celexa, Remeron

Nutrition and the Elderly

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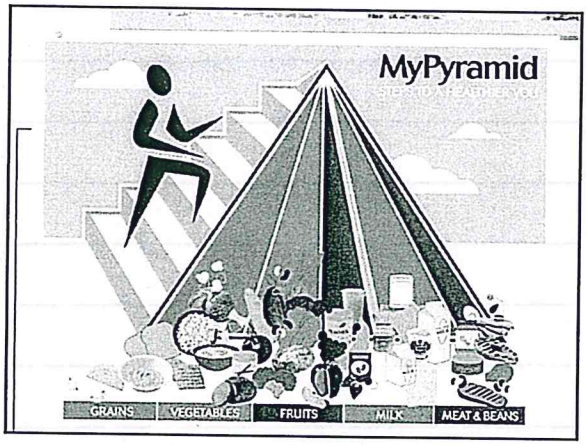
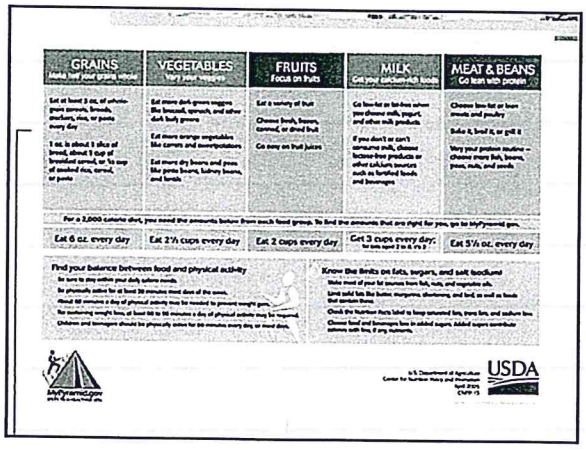




Activities Related to Nutrition Concerns

- Diet Orders: Know your resident diets!
- Regular, mechanical soft, pureed, NPO
- No Concentrated Sweets
- No added salt
- Low fat
- Low protein-renal diet

Activities Related to Nutrition Concerns

- Liquid orders:
- Thin liquids-regular liquids
- Thickened- nectar, honey consistency
- Fluid restrictions- heart

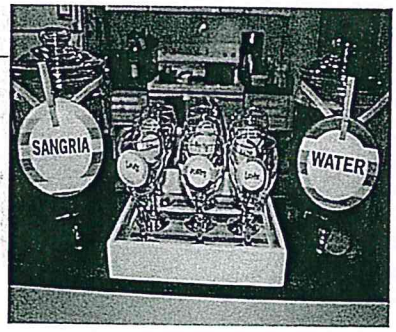
Activities and Nutrition

- Plan, Plan, Plan, Plan
- Work with Dietary and Nursing
- Know who is on what diet restrictions
- Always offer sugar-free alternatives
- Assist volunteers be "successful" in providing nutritional activities
- Walkable snacks for dementia residents

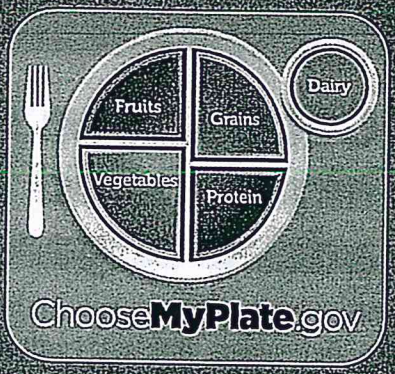
Resident Rights

- Remember, residents have rights! Can a diabetic resident decline sugar-free alternatives? Can the facility offer alcohol at Happy Hours and special events?

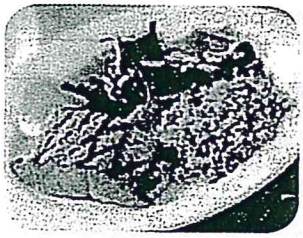
Why or why not?



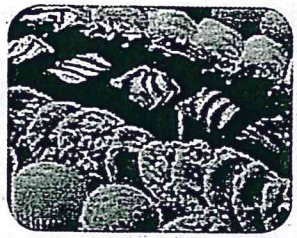
Let's eat for the health of it



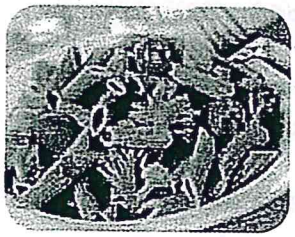
Start by choosing one or more tips to help you...



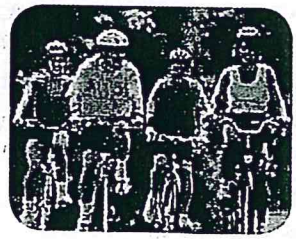
Build a healthy plate



Cut back on foods high in solid fats, added sugars, and salt



Eat the right amount of calories for you



Be physically active your way

Build a healthy plate

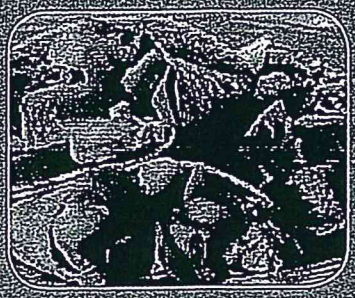
Before you eat, think about what goes on your plate or in your cup or bowl. Foods like vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods contain the nutrients you need without too many calories. Try some of these options.

Make half your plate fruits and vegetables.

- Eat red, orange, and dark-green vegetables, such as tomatoes, sweet potatoes, and broccoli, in main and side dishes.
- Eat fruit, vegetables, or unsalted nuts as snacks—they are nature's original fast foods.

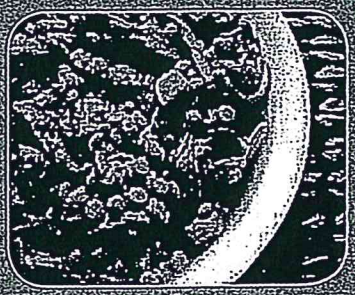
Switch to skim or 1% milk.

- They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.
- Try calcium-fortified soy products as an alternative to dairy foods.



Make at least half your grains whole.

- Choose 100% whole-grain cereals, breads, crackers, rice, and pasta.
- Check the ingredients list on food packages to find whole-grain foods.

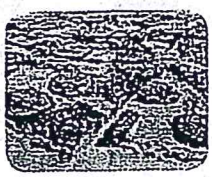


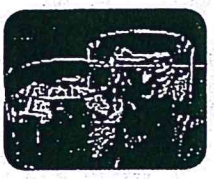
Vary your protein food choices.

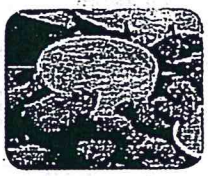
- Twice a week, make seafood the protein on your plate.
- Eat beans, which are a *natural* source of fiber and protein.
- Keep meat and poultry portions small and lean.

Keep your food safe to eat—learn more at www.FoodSafety.gov.

Cut back on foods high in solid fats, added sugars, and salt







Many people eat foods with too much solid fats, added sugars, and salt (sodium). Added sugars and fats load foods with extra calories you don't need. Too much sodium may increase your blood pressure.

Choose foods and drinks with little or no added sugars.

- Drink water instead of sugary drinks. There are about 10 packets of sugar in a 12-ounce can of soda.
- Select fruit for dessert. Eat sugary desserts less often.
- Choose 100% fruit juice instead of fruit-flavored drinks.

Look out for salt (sodium) in foods you buy—it all adds up.

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.
- Add spices or herbs to season food without adding salt.

Eat fewer foods that are high in solid fats.

- Make major sources of saturated fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not everyday foods.
- Select lean cuts of meats or poultry and fat-free or low-fat milk, yogurt, and cheese.
- Switch from solid fats to oils when preparing food.*

*Examples of solid fats and oils

Solid Fats	Oils
Beef, pork, and chicken fat	Canola oil
Butter, cream, and milk fat	Corn oil
Coconut, palm, and palm kernel oils	Cottonseed oil
Hydrogenated oil	Olive oil
Partially hydrogenated oil	Peanut oil
Shortening	Safflower oil
Stick margarine	Sunflower oil
	Tub (soft) margarine
	Vegetable oil

Eat the right amount of calories for you

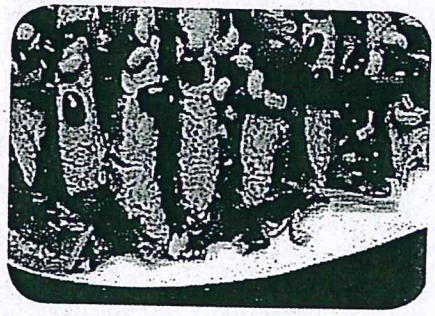
Everyone has a personal calorie limit. Staying within yours can help you get to or maintain a healthy weight. People who are successful at managing their weight have found ways to keep track of how much they eat in a day, even if they don't count every calorie.

Enjoy your food, but eat less.

- Get your personal daily calorie limit at www.Choose**MyPlate**.gov and keep that number in mind when deciding what to eat.
- Think before you eat...is it worth the calories?
- Avoid oversized portions.
- Use a smaller plate, bowl, and glass.
- Stop eating when you are satisfied, not full.

Cook more often at home, where *you* are in control of what's in your food.

When eating out, choose lower calorie menu options.



- Check posted calorie amounts.
- Choose dishes that include vegetables, fruits, and/or whole grains.
- Order a smaller portion or share when eating out.

Write down what you eat to keep track of how much you eat.

If you drink alcoholic beverages, do so sensibly—limit to 1 drink a day for women or to 2 drinks a day for men.

Be physically active your way

Pick activities that you like and start by doing what you can, at least 10 minutes at a time. Every bit adds up, and the health benefits increase as you spend more time being active.

Note to parents

What you eat and drink and your level of physical activity are important for your own health, and also for your children's health.

You are your children's most important role model. Your children pay attention to what you ***do*** more than what you ***say***.

You can do a lot to help your children develop healthy habits for life by providing and eating healthy meals and snacks. For example, don't just ***tell*** your children to eat their vegetables—***show*** them that you eat and enjoy vegetables every day.

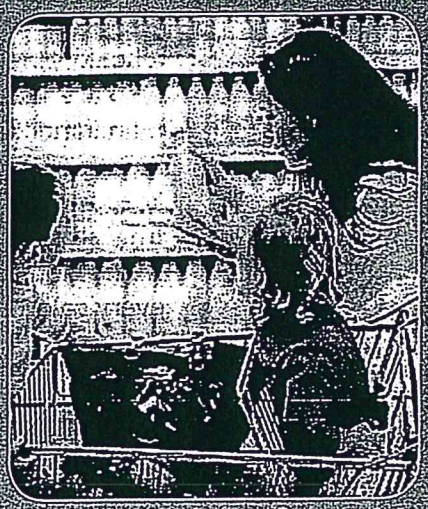
Use food labels to help you make better choices

Most packaged foods have a Nutrition Facts label and an ingredients list. For a healthier you, use this tool to make smart food choices quickly and easily.

Check for calories. Be sure to look at the serving size and how many servings you are actually consuming. If you double the servings you eat, you double the calories.

Choose foods with lower calories, saturated fat, *trans* fat, and sodium.

Check for added sugars using the ingredients list. When a sugar is close to first on the ingredients list, the food is high in added sugars. Some names for added sugars include sucrose, glucose, high fructose corn syrup, corn syrup, maple syrup, and fructose.



Dietary Guidelines for Americans

The *Dietary Guidelines for Americans, 2010* are the best science-based advice on how to eat for health. The Guidelines encourage all Americans to eat a healthy diet and be physically active.

Improving what you eat and being active will help to reduce your risk of chronic diseases such as diabetes, heart disease, some cancers, and obesity. Taking the steps in this brochure will help you follow the Guidelines.

For more information, go to:

- www.DietaryGuidelines.gov
- www.ChooseMyPlate.gov
- www.Health.gov/paguidelines
- www.HealthFinder.gov

USDA Publication number: Home and Garden Bulletin No. 232-CP
HHS Publication number: HHS-ODPHP-2010-01-DGA-B

June 2011

Behaviors and Unmet Needs: Understanding at the Activities Level

New Mexico Health Care Association
April 2023, Activities Class Training
Pat Whitacre, RN

Objectives:

1. Identify the common unmet needs leading to undesirable behaviors, and their likely origin
2. Examine contributing factors to behaviors we can impact right away, to reduce power struggles and promote a more positive environment for activities in the nursing facility
3. Explore tools you can use to proactively anticipate resident preference and de-escalate unwarranted, triggered behaviors of residents, especially those with dementia and/or cognitive decline

What are Behaviors and what are Unmet Needs?

-Behaviors are a range of actions and mannerisms made by individuals in conjunction with themselves or their environment which includes other systems around as well as the physical environment- Wikipedia

-Unmet needs stem from a decreased ability to communicate needs/wants and to provide for oneself. Most common Unmet Needs may pertain to:

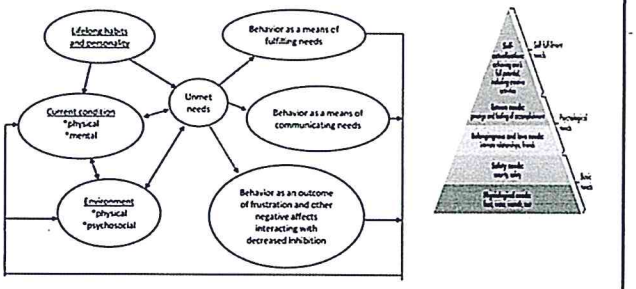
a. Pain/health/physical discomfort- pain, illness, wet, cold/hot, hungry, thirsty, tire
b. Mental discomfort- delusions, psychosis, hallucinations, scared
c. Need for social contacts- touch, speaking with others
d. Uncomfortable environment- clutter, too bright/dim lighting, too loud
e. Inadequate level of stimulation (bored) or a combination of any of the above

Unmet Needs Model

Cohen-Mansfield and Werner, 1995

The model, developed by Cohen - Mansfield and Taylor postulates that the majority of unmet needs occur mostly because the facility environment and care staff, in turn, either do not provide for the needs of a resident or do so in a way that does not accommodate one's preferences, **ROUTINES** and disabilities

What is the level of confidence that you have in the ability to determine resident unmet needs? What is the difference between "want" and "need"? Do residents require both?



How can you assist or anticipate unmet needs if you don't know what the resident needs are to begin with?

What does "Customer Service" have to do with unmet needs?

- The definition of "customer service" is the ability to meet the need of a customer before that need is actually identified by the customer.
- Car rental example
- Hotel rooms and services example
- Good customer service always leads to customer satisfaction

Non-Pharmacological Approaches to Care Addressing Resident Issues:

1. Assess the problem- must be mixed team effort, include activities, dietary, housekeeping, admin., maintenance etc. instead of just clinical staff
2. Hypothesize the cause (i.e., Root Cause Analysis)
3. Analyze the treatment options- first look at non-pharmacological approaches, physiological problems, lab results, medication review, resident preference summary
4. Treat...keep trying
5. Assess success

Non-Pharmacological approaches to consider include:

- Assess and manage comfort (i.e., temperature, resident's position)**
- Offer food and fluids (walkaround foods are excellent)
- Provide one-on-one social interactions
- Provide music based on preferences
- Offer walk outside, if resident restless
- Offer walking program and gentle exercises
- Play videotapes provided by family (Skype, Facebook, family albums)
- Introduce distracting stimuli such as reading, conversation, touch
- See Non-Pharmacological Interventions handout

How do you as an Activity Director identify your resident preferences?

How many of you have a resident summary form?

Who collects the resident information? Who do you obtain the information from? Part of your admission process, MDS?

How does the facility disseminate resident information to all staff and where will information be accessible? (computer, binder)

Who is responsible to ensure the information is up to date?

Resident Information Summary

* To be filled out by staff, resident or family/friends/significant others

How does resident prefer to be addressed by staff? _____
Resident-preferred activities before admission: _____
Favorite foods: _____
Any food allergies or special diet, dentures? _____
Dislikes in foods: _____
Favorite beverages: _____
Dislikes in beverages: _____
Former occupations: _____
Where was resident born? _____
Resident's native language, 2nd language _____
What is resident faith, if any: _____
Bathing time preference, shower or bath: _____
Important health condition history: _____
_____
_____
Important medications/side effects:
1. _____
2. _____
3. _____
How does resident prepare for bed? _____
What are the resident sleep patterns and moods? _____

Is resident using any incontinence items? Name of product/s and size: _____
_____
Any visual, hearing or ambulatory devices used before admission/presently? _____
_____
Any skin breakdown in last year? _____
Any falls in the last year? Any injury? _____

*To be filled out by staff, resident or family/friends/significant others

Does resident experience pain? What helps their pain? What makes their pain worse?
_____
How does resident prefer to take their medications? _____
Does resident receive any Hospice services? _____
History of oxygen use (how often, how many liters, name of current O2 company?)
_____
Does resident need assistance with ambulation? _____
When irritated, what calms the resident? _____
What triggers resident behaviors? _____
_____
Family involvement? Spouse/Partner? _____

Please give the staff two suggestions that would make the resident happy during their stay:
1. _____
2. _____

Any other pertinent information:
_____
_____
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How to ensure staff knowledge and training supports the Resident Summary information:

- Who determines the need to educate staff on process in on-going identification of needs/preference
- Excellent information for facility assessment, MDS assessment, resident-centered care plans, families, volunteers, Hospice
- Staff competencies include knowing resident preferences, can initiate better outcomes through the identification of issues, and ability of staff to follow through with interventions. Can your staff adequately initiate a response/action to residents unmet needs?
- Suggestion> at monthly staff meetings, activities canchoose one resident summary for detailed discussion and input from staff

- FOCUS ON WHAT THE RESIDENT "CAN" DO AND NOT ON WHAT THEY "CAN'T
- Residents aren't giving you a hard time, they are having a hard time.

H-A-L-T P(3)

- Before someone is identified as having a "behavior"- HALT!
- H- Are they hungry?
- A- Are they angry, frustrated?
- L- Are they lonely?
- T- Are they Tired?
- P(1)- Do they have to poop?
- P(2)- Do they have to pee?
- P(3)- Do they have PAIN? #1 trigger for behaviors

Bonnie ZeBet, LPN

We Label Persons as Having Behaviors- but what if:

- Wandering is: EXERCISING?
- Resistance to care is: MODESTY?
- Hoarding is: SHOPPING?
- Intrusiveness is: VISITING

Bonnie Zieler, LPN

SO... What works?

- #1- KNOW YOUR RESIDENT! what is their pattern, anticipate the unmet need
- #2- H-A-L-T P(3)
- #3- Recreation with a Purpose- What do they LIKE to do?
- #4- Don't expect them to fit into our world, fit into THEIR world
- #5- Validate feelings and thoughts
- #6- Aromatherapy, music therapy (ALIVE INSIDE video)
- #7- Try soft touch, hand massage, lotion to back of neck
- #8- LISTEN... their needs are expressed in their words/actions which are otherwise known as BEHAVIORS!

The most common unmet needs of residents:

1. IF VOCAL/VERBAL BEHAVIORS:
   a. Pain/Discomfort (what kind of pain scale are you using for dementia residents?)
   b. Loneliness/Fear (recent death in family, fear of abandonment)
   c. Depression (must alert clinical staff if symptoms are identified by others)
   d. Boredom
2. IF PHYSICALLY NON-AGGRESSIVE BEHAVIORS:
   a. Need of activity and stimulation (appropriate activities, not always current events)
3. IF AGGRESSIVE BEHAVIORS:
   a. Evasion of discomfort (wet, hungry, tired, cold/hot, fatigued, illness)
   b. Attempt to communicate needs (be patient, don't play charades, watch non-verbals)
   c. Personal space

Monitoring and Identification processes r/t unmet needs would be an excellent QAPI project- aimed towards the goal of decreasing antipsychotic medication usage, and improving the quality measure in your facility. Take a few residents at a time especially if behaviorally complex

Let's begin to look at our residents as "human beings with needs, not as "residents with problems".