


Challenging Behaviors in Dementia Care: Recognizing Unmet Needs

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Teepa Snow's
Philosophy



The Positive Approach to Care encourages Care Partners to:

- Respond to a person's change in cognition and abilities in a way that is not hurtful or offensive.
- Understand that, with practice, common *reactions* to the person with dementia can become thoughtful *responses* that improve the quality of life for everyone involved.
- Recognize that the person with dementia is *doing the best they can* and that if something isn't working, it's the responsibility of the Care Partner to change their approach and behaviors toward the person with dementia.
- Notice the environment surrounding the person with dementia and make changes as necessary.



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Today's Agenda

- What are challenging behaviors?
- What makes these situations happen?
Examining the 6 pieces of the puzzle.
- 10 human unmet needs
- It's all about the amygdala
- Visual, verbal and touch connections
- Looking at our role and needs

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When we talk situations, What are we talking about?

- Think about the situations that come to mind
- Crisis! Problems! Behaviors!

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Examples of Challenging Situations

- No financial/health care Power of Attorney
- Losing Important Things
- Getting Lost
- Unsafe task performance
- Repeated calls and contacts
- Refusing
- Bad mouthing you to others
- Making up stories
- Resisting/refusing care
- Swearing/cursing, sex talk, racial slurs, ugly words
- Making 911 calls
- Mixing day and night
- No solid sleep time or sleeping all of the time
- Not following care/rx plans
- No initiation
- Perseveration
- Paranoid/delusional thinking
- Shadowing
- Eloping or Wandering
- Seeing things and people
- Getting into things
- Threatening caregivers
- Undressing in public
- Not changing clothes or bathing
- Problems w/intimacy & sexuality
- Being rude
- Feeling sick
- Use of drugs or alcohol to cope
- Striking out at others
- Falls and injuries
- Contractures and immobility
- Infections and pneumonias
- Problems eating or drinking

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Introduction: Beliefs

- The relationship is MOST critical
NOT the outcome of one encounter
- We are a KEY to make life WORTH living
- People living with **Dementia** are Doing the BEST they can
- We must be willing to CHANGE ourselves

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Believe:

***It Takes TWO to Tango ...
or Tangle***

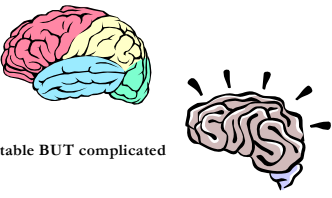
- Learn to DANCE with our partner
We must be willing to STOP & BACK OFF
- Being 'right' doesn't necessarily translate into a good outcome

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Why Is Life So Difficult for Those Involved?

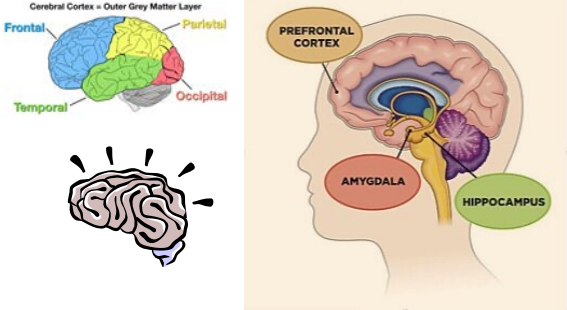
- **MANY** abilities are affected
 - Thoughts
 - Words
 - Actions
 - Feelings
- **It is progressive...**
 - More brain dies over time
 - Different parts get hit
 - Constant changing
- **It is variable**
 - Moment to moment
 - Morning to night
 - Day to day
 - Person to person
 - Place to place
- **Some changes are predictable BUT complicated**
 - Specific brain parts
 - Typical spread
 - Some parts preserved



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It's All About Brain Change



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Understanding and Responding to Challenging Situations and Unexpected Behaviors

- What is happening?
- Why is it happening?
- What helps?
- What Makes it WORSE/BETTER?
- What can we do to MAKE IT BETTER?
- How can we PREVENT it in the first place?

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LOOK AGAIN – What Makes SITUATIONS Happen?

- **SIX pieces...**
 - **The Person:**
 - The person and who they have been
 - Personality, preferences, and history
 - **Health, Wellness, and Fitness:**
 - Other medical conditions, sensory status, and medications
 - **Brain Changes:**
 - The type and level of cognitive impairment ... NOW
 - **The Stakeholders:**
 - People - How the helper helps
 - Approach, behaviors, words, actions, and reactions
 - **The Environment:**
 - setting, sound, sights
 - **Time:**
 - The whole day... how things fit together

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<p>The Person</p> <p>Think of the person first and the brain change second. Consider:</p> <ul style="list-style-type: none"> • Who they were <p>Personal history: joys/traumas</p> <p>Life Roles: professional/family</p> <ul style="list-style-type: none"> • Who they are becoming <p>Preferences: likes/dislikes</p> <p>Personality traits</p> <p>Core values</p>	<p>Fitness, Health, Wellness</p> <p>Remember other health challenges and previous lifestyle choices contribute to the situation. Consider:</p> <ul style="list-style-type: none"> • Ability to intake food/fluid • Medication/supplement side effects • Emotional/psychological stressors • Sensory system function/sensitivity • Personal healthy beliefs/choices • Recent change: acute illnesses 	<p>Brain Change</p> <p>Dementia is a syndrome, a collection of symptoms. Consider:</p> <ul style="list-style-type: none"> • Diagnosed type(s) of dementia • Delirium might present as dementia • Self-awareness of change • Onset and duration of Symptoms • Current GEMS™ ability level • Retained and changed abilities
<p>Stakeholders</p> <p>All individuals who interact with a person living with dementia (PLWD). Consider their:</p> <ul style="list-style-type: none"> • History with PLWD • Awareness of the whole situation • Knowledge of a changing brain • Hands on dementia skill training • Current relationship with PLWD • Personal Agenda 	<p>Environment</p> <p>Brain change impairs the nervous system and affects experience. Consider the four Fs and Se of a setting:</p> <ul style="list-style-type: none"> • Does it feel Friendly and Familiar? • Is it Functional and Fulfilling? • Functional: preferred, fun and playful • Familiar: gives self-care • Fulfilling: calms and recharges • Functional: non-natural or comfortable • Familiar: becomes curious about a person's experience of place and time of day 	<p>Time</p> <p>Are days structured and meaningful for a person? Notice if someone is experiencing time differently than you are. Consider these categories of time:</p> <ul style="list-style-type: none"> • Timeless: offers value and purpose • Timeless: preferred, fun and playful • Timeless: gives self-care • Timeless: calms and recharges • Timeless: non-natural or comfortable • Timeless: becomes curious about a person's experience of place and time of day

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Top Ten Unmet Needs of People Living with Dementia

<p>Five Expressions of Emotional Distress</p> <p>Angry irritated – angry – furious</p> <p>Sad dissatisfied – sad – hopeless</p> <p>Lonely solitary – lonely – abandoned/trapped</p> <p>Scared anxious – scared – terrified</p> <p>Bored disengaged – bored – useless</p>	<p>Five Physical Needs</p> <p>Intake hunger or thirst</p> <p>Energy tired or revved up</p> <p>Elimination need to go or did</p> <p>Discomfort temperature or sensations</p> <p>PAIN!!! joints, internal or external systems</p>
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To Communicate...

When Someone is DISTRESSED

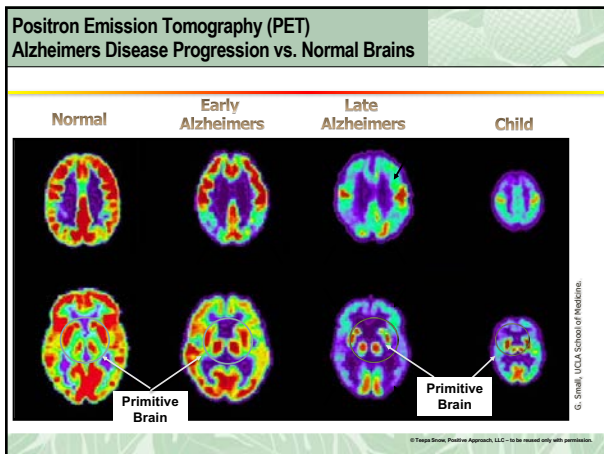
- **First – CONNECT with the Positive Physical Approach**
- **Then – Try Supportive Communication**
- **Finally – Move together to a NEW place**

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For ALL Communication

- If what you are trying is NOT working...
- STOP
- Back off
- THINK IT THROUGH... THEN
- Re-approach –
- Try something slightly different

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Primitive Brain is in Charge of:

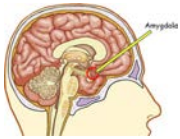
- Survival –
 - Autonomic protective – fright, flight, fight
 - Pleasure seeking – needing joy
- Thriving – Running the Engine
 - Vital systems
 - Wake-sleep
 - Hunger-thirst
 - Pain awareness and responses
 - Infection recognition & control
- Learning New and Remembering it
 - Information
 - Places Awareness
 - Time Awareness

The diagram shows a sagittal view of the brain. The top part is labeled 'Neocortex'. Below it is the 'Limbic' system, and at the bottom is the 'Reptilian' brain. The primitive brain regions are highlighted in red and yellow.

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It's all about our AMYGDALA

- **The Amygdala:**
 - Part of our Limbic System
 - Threat perceiver
 - Pleasure Seeker
 - Part of the *engine* controlled by the Neo-Cortex
 - Two parts – left and right
 - Left Amygdala –
 - Right Amygdala –



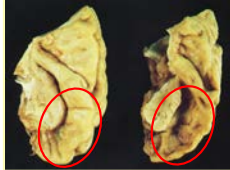
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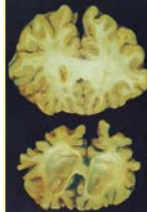
Amygdala in Control

When your primitive brain takes over...


Left Temporal Lobe- Language and Speech



Frontal Prefrontal Cortex- Emotions, Behavior, Judgement, Reasoning



Occipital Lobe- Tunnel Vision



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DANGER!

Left Amygdala turns ON

and.....

Fight, Flight, Fright

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When I'm *HURTING*...
I Need *RELIEF*

Right Amygdala turns ON

and.....

I NEED IT NOW!!!

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Amygdala

<p>Right</p> <p>NEED ↑</p> <p>Want</p> <p>Likes</p>	<p>Left</p> <p>DANGEROUS ↑</p> <p>Aroused/ Risky</p> <p>Alert/ Aware</p>
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Visual Verbal Touch: How you help... connect

-  • Sight or Visual cues
-  • Verbal or Auditory cues
-  • Touch or Tactile cues

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Confrontational

- If we stay standing in the front instead of moving to the side we can accidentally be perceived as confrontational. The person may feel trapped and threatened.
- If we lean in closer so we can be seen clearly, it can feel like you are confronting them and is unsettling.



...vs Supportive Stance

You are not blocking their visual field and they don't feel trapped.




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Visual Cues

- Signs
- Pictures
- Props – Objects
- Gestures
- Facial expressions
- Demonstrations




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Verbal Cues

- Keep it simple
- Directed
- Matched to visual cues




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Touching Cues

- Place an item or tool in hand
- Touch with a finger or hand
- Hand guidance
- Hand on shoulder or back
- Hand-under-Hand™ contact
- Hug




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GEMS™ States...

Where is the Person in the progression?


Sapphires – True Blue – Slower BUT Fine
 Diamonds – Repeats & Routines, Cutting
 Emeralds – Going – Time Travel – Where?
 Ambers – In the moment - Sensations
 Rubies – Stop & Go – Big Movements
 Pearls – Hidden in a Shell - Immobile





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How do you go between Sapphire and Diamond?



Your triggers for GOING DIAMOND... 

 Your strategies for REGAINING SAPPHIRE...

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When we don't have the help we need, we tend to...

- We miss early signals
- We ignore it or put up with it
- We see if it gets worse
- We worry
- We react or over-react instead of responding

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Who are the stakeholders?

YOU...

AND OTHERS

The Stakeholders

- People around the person living with dementia
- Staff
- Friends
- Family
- Everyone who might have an impact

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What should stakeholders avoid???

- Arguing
- Ignoring problem behaviors
- Trying a possible solution only once
- Giving up
- Letting them do whatever they want to
- Forcing them to do something

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So WHAT should we do???

Build... and use Skills!

Remember... who has the healthy brain!

Believe... People with dementia are doing The BEST they can in any given moment!

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Remind yourself and others... you WILL make mistakes

- Learn to recognize Your UH-OH's!
 - STOP what you are doing!
 - Back OFF & Re-think!
 - Possibly Change Something
 - Try Again!
 - Let it go...
- FORGIVE Yourself! – You are HUMAN!

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GET HELP!

- Support for YOU
- Help with the person
- Check out options – home care, day care, residential care
- Check out places – visit, observe, reflect
- Plan ahead – **when NOT if**
- Act before it is a crisis
- Watch yourself for signs of burn-out
- Set limits... It's a marathon!

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Specifically for Care Partners of Someone Living with Dementia

- You need HELP
 - From someone who understands
- You need TIME
 - Truly away—physically, emotionally and spiritually
- You need to try to LISTEN!!!

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Let Go:

- How it “used to be”
- How it “should be”
- How you “should be”
- I am who I was, but I’m different!

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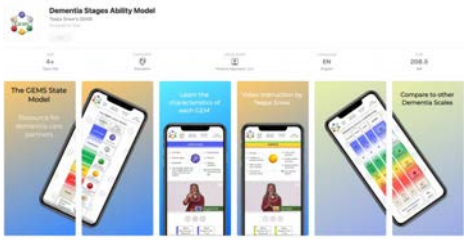
Identify

- What you’re good at...and what you’re not
- Who can help...and how they can help
- What really matters
- Not EVERYONE is meant to be a care partner for someone with dementia!

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GEMS App – Apple & Google



Apple – bit.ly/GEMSappApple


Google – bit.ly/GEMSappGoogle

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Next Workshop

Session 5 – June 17th, 10am – noon



Part II: Challenging Behaviors Putting Together the Pieces of the Puzzle

- Examine the Six Pieces of the Puzzle, a tool that helps us to look at the person living with dementia with a new perspective.
- Explore what factors are fixed, and which ones we can impact.
- Look closely at the roles and impact of the physical environment, structure of the day, and those who interact with the person living with dementia.
- Learn how to be more effective and helpful in challenging situations by focusing our energy on the elements we CAN change vs. those we CANNOT.

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Thank you!

Thank you so much for your desire to learn and your commitment to making a positive difference!

To learn more about the Hawaii Circle of Care for Dementia visit, <https://www.catholiccharitieshawaii.org/hawaii-circle-of-care-for-dementia/>

To learn more about the Teepa Snow and the Positive Approach to Care visit www.teepasnow.com

Hale Ku’ike is committed to dementia education for staff, and for the wider Hawaii community. Starting in 2020 Hale Ku’ike co-sponsored dementia education webinars with Catholic Charities and the recordings are available on-line at <https://www.catholiccharitieshawaii.org/caring-for-persons-living-with-dementia-webinars-and-presentations/>. Additional 2021 dementia workshop series recordings are available on our website at <https://www.halekuike.com/videos/#webinar>.

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