



“What Makes A House A Home?”

Part 6: Understanding Behavior: Identifying And Addressing The Triggers To Common Behaviors Associated With Cognitive Loss Or Emotional/Mental Illness.

Throughout this series, we've looked at life in the nursing home from a fresh perspective. If you have found yourself nodding in recognition, then you know that the human issues we've talked about are common and worthy of discussion.

It was my objective to bring you to a new understanding of “behavior” by focusing you on the little things that spark reactions. If you can focus on the common needs and expectations of those you care for, on the small things that push an individual's buttons, then you can begin to develop an environment that satisfies the common emotions of people forced into dependence by age or disability. You can begin to truly define a quality existence.

I have found that addressing challenging behaviors, such as those associated with memory loss or mental illness, must begin at this same common level. Even where a disease process affects an individual's behavior, there remain common human circumstances that contribute to the way in which the behavior manifests.

Consider that behavior generally falls into one of three categories: 1) a **symptom** of a disease process, such as Alzheimer's disease or schizophrenia, 2) a **reaction** to something occurring in the environment, or 3) a **preference** for something or **personality trait** that is contrary to the standards or beliefs of the caregiver or community.

This last type of *behavior* is common to most nursing homes. When caregivers describe the “behavior” of patients receiving short-term rehabilitation services for example, they often describe situations in which they dislike the patient's personality, or the patient wants things that the caregiver feels they either don't need or don't need in the way they are asking for it. In other words, it's a conflict of personalities, power or control, *not* behavior on the patient's part.

To successfully begin to address behavioral challenges, caregivers should work from this foundation of common thinking. What situations can be identified as reaction or preference/personality? Once you've identified that it's something other than a symptom, you can look beyond the individual resident/patient for the triggers to the behavior. You may find that it's an external irritant, such as noise or excessive motion that is causing the reaction. Addressing the trigger will minimize or resolve the reaction.

Understanding how a disease process impacts behavior is paramount to developing an effective plan of care. Further, understanding that certain behaviors will not be modified, but managed, is essential to a realistic plan of care. How and when to apply management strategies and modification plans should be understood by the care plan team.

A person with Alzheimer's dementia does not have the memory recall to participate in a modification plan. You could not bargain with him or her to better control the identified behavior. On the other hand, a person diagnosed with obsessive-compulsive disorder who presents with hoarding behavior will have the ability to work cooperatively with clinical staff to try and modify his or her behavior. Offering a positive reinforcement in exchange for efforts to minimize the behavior will often motivate a successful response.

To illustrate the difference, examples of management strategies for the wandering behavior of a resident with dementia might include electronic monitoring systems, secured units, pharmacological intervention and structured activity. An example of a modification strategy for the fear of bathing demonstrated by a resident with paranoid schizophrenia might include addressing the identified aspect of the bath that is frightening and planning with the resident to minimize the triggers to the fear.

Once an agreement on how to proceed is reached with the resident, a positive reinforcement is offered for successful implementation of the plan. The care plan team must agree that the terms of the plan are fair and that the resident understands and is in agreement with the plan. The positive reinforcement involved should be something the resident and caregiver share, such as a special snack together after the bathing has been accomplished.

It has been my experience that identifying the type of behavior, and the potential triggers to the manifestation of the behavior are the two things care plan teams are most challenged by. Unless there is a solid process for evaluation, one that looks at the behavior from a broad perspective, it will be difficult to develop interventions that are specific and reasonable.

Begin by looking at diagnosis and working from the team's common knowledge of symptomatic behavior. For example, a person with Alzheimer's disease will likely ask repetitive questions, wander, wear several layers of clothing at once, eat with his/her fingers, or rummage through others' things. Understanding that these are symptomatic behaviors will help the team to anticipate and better plan to manage these common behaviors associated with the disease.

Similarly, the team might expect someone with a diagnosis of paranoid schizophrenia to be suspicious of the other people, react defensively when asked to many questions, be over-protective of belongings, hear voices, or recount fantastic events fueled by his/her hallucinations.

Again, knowing what to expect based on the diagnosis will help the team to develop and implement a plan before a behavior spirals out of control. Assessing from this perspective will also help the facility to better educate and train staff in symptomatic behavior. Too often, ignorance fuels this kind of behavior. If the staff fails to understand that the person with schizophrenia is likely to have hallucinations, the behavior is often labeled as "personality", something he or she *always* does, complicating the team's ability to apply consistent intervention.

The most important aspect of behavioral care planning is recognizing that symptoms are complicated by the normal, human circumstances we've been discussing. So, if the average person would be unhappy about sitting in the dayroom where it's loud and overcrowded, the person with dementia or mental illness will be doubly affected.

Look first at environment, what aspects of the environment, or the goings on in the environment, are contributing to the exacerbation of the behavior? Next, look at approach. Do caregivers understand the difference between reality orientation and validation, and when to apply which approach? Lastly, look at boredom. When there is no structure, people are more likely to go inside themselves, giving way to escalation of their behaviors that might be fueled by confusion, fear or anxiety.

Behavioral interventions should be specific to the individual and spelled out clearly in the plan of care. For example, when referring to "diversion" be clear about the type of diversion intended. There are countless ways to divert someone's attention, describe the approach so everyone understands how to carry out the plan.

Another key aspect of behavioral care planning is understanding that behaviors are fluid. The plan should be revisited often to prevent stagnation. Be mindful of the fact that the behaviors are

likely to change as our understanding of what triggers escalation grows and our interventions become more specific and realistic. Too often, care plans end up being merely paper compliance, rather than a useful tool.

Lastly, communicate the behavioral plan of care to all staff working in the resident's environment. To be effective, the behavioral plan must be carried out consistently by anyone coming in contact with the resident. Clarity, communication and consistency are the keys to successfully addressing challenging behaviors.

Epilogue

It has been both a pleasure and a privilege to share these thoughts with you. I hope that you have found these discussions provocative and useful. More importantly, I hope you have been challenged to look differently at the people you care for. It was my intent to bring you to a new perspective on what people need to thrive. I hope you'll go back to your work environment and look with this fresh pair of eyes. Challenge everyone you work with to consider the thousands of small things your organization could do to create a more livable environment.

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