

A Guide to De-Escalating **RESIDENT BEHAVIOR**

ACCA

ATHENS COMMUNITY COUNCIL ON AGING

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LONG TERM CARE
RESIDENTS' ADVOCATE

A Guide to De-Escalating **RESIDENT BEHAVIOR**

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Agitated behaviours

CHANGED BEHAVIOURS AND DEMENTIA

Agitated behaviours can be a very concerning symptom of dementia. This Help Sheet discusses some of the causes of agitated behaviours and suggests ways to prevent and manage them if they occur.

What is agitated behaviour?

Changes in the behaviour of people with dementia are very common. Sometimes they can become upset and display behaviours such as pacing and fiddling. Constant vocalisations such as talking constantly, repeating words and phrases, crying or cursing and screaming are also types of agitated behaviours. Repetitive questioning, such as being asked continually what day it is, or when dinner will be ready, is another type.

All of these behaviours can be distressing and a constant annoyance for families and carers.

Remember they can also be a sign of some distress for the person with dementia, so it is important to be able to understand why these behaviours occur and ways to manage them.

What causes these behaviours?

There are many reasons why behaviours change. Every person with dementia is an individual who will react to circumstances in their own way. Sometimes the behaviour may be related to changes taking place in the brain.

In other instances, there may be events or factors in the environment triggering the behaviour. In some situations a task, such as taking a bath, may be too complex. Or the person may not be feeling well.

Understanding the behaviours

It is important to try to understand why the person with dementia is behaving in a particular way. If family members and carers can determine what may be triggering the behaviour, it may be easier to figure out ways to prevent the behaviour happening again.

Some frequent causes of agitated behaviours are:

Health factors

- Fatigue
- Disruption of sleep patterns causing sleep deprivation
- Physical discomfort such as pain, fever, illness or constipation
- Loss of control over behaviours due to the physical changes in the brain
- Adverse side effects of medication
- Impaired vision or hearing causing the person to misinterpret sight and sounds
- Hallucinations

Defensive behaviours

A person with dementia may feel humiliated because they are forced to accept help with intimate functions such as bathing, toileting and dressing. They may feel their independence and privacy are being threatened.

Failure

Because they are no longer able to cope with everyday demands, a person with dementia may feel pressured.

Misunderstanding

No longer understanding what is going on may lead to bewilderment, or the person may become distressed by an awareness of their declining abilities.

Fear

They may become frightened because they no longer recognise certain places or people. They may be recalling an earlier life experience that is frightening or uncomfortable to remember.

Contact the National Dementia Helpline on **1800 100 500**

Need for some attention

A person with dementia may be trying to let someone know that they are bored, distressed, have an excess of energy or feel ill.

What to try

- A medical examination will help identify any physical problems, or unwanted side effects of medications
- Agitation can be a symptom of depression. If you suspect that depression may be a problem for the person with dementia discuss it with the doctor. It is important to investigate and treat depression where it is suspected
- Be aware of the warning signs of agitated behaviour and try strategies to stop its development
- Try to reduce the demands made on the person whilst still enabling them to make worthwhile contributions
- Ensure that there is an unrushed and consistent routine
- If possible, address the underlying feeling
- Spend time explaining what is happening, step by step, in simple sentences. Even if they can't understand your words your calm tone will be reassuring
- Avoid confrontation. Either distract their attention or suggest an alternative activity
- Make sure the person gets enough exercise and participates in meaningful activities
- Make sure they are comfortable

Preventive measures may not always work. Do not blame yourself if the person still becomes agitated. Concentrate instead on handling it as calmly and effectively as possible.

When agitated behaviours occur:

- Stay calm. Speak in a calm, reassuring voice
- A simple activity such as having a cup of tea or looking at a magazine together may help. Distraction and avoidance are often the most useful approaches

- Use what works for you. Answering repetitive questions works for some. For others, ignoring the question helps. It can be useful to look behind the questions to see whether the person needs some reassurance about something they are unable to express verbally

Agitated behaviours can be very difficult for families and carers. The behaviours are symptoms of dementia and are not meant to deliberately upset you. Remember to look after yourself and take regular breaks.

Who can help?



Someone to Stand by You

Atlanta Area Chapter
1841 Clifton Road, N.E.
Atlanta, Georgia 30329-4049
Phone 404-728-1181

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This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case. Alzheimer's Australia is not liable for any error or omission in this publication.

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BEHAVIOR TRIGGERS: HEART

Remember! Behaviors are part of the disease.

Health	<ul style="list-style-type: none"> • Behaviors can be signs of pain; look for possible sources, refer to nurse. • Check for depression. Dementia and depression often-occur together. • Review medications – request MD review if needed. • Develop a routine for medications. <ul style="list-style-type: none"> ◦ Make sure medications are swallowed; Mix w/applesauce, etc. • Check skin for red areas, rashes, sores, and dryness. • Check feet. • Look for signs of dehydration. • Monitor weight, continence, and signs of possible constipation. • Check urinary frequency or for possibility of UTI. • Have vision and hearing checked. • Promote exercise.
Environment	<ul style="list-style-type: none"> • Maintain a calm, quiet, clutter-free environment. • Maintain a comfortable temperature. • Minimize loud noises. • Experiment with soothing music, aromatherapy, stuffed animals. • Create safe space for pacing, if needed. • Create a space for client to "reenact" job, if needed. • Create a safe place with client for things if client loses items or fears stealing. • Keep substitutes for items that tend to get lost. • Obtain bracelet ID, recent photo and wander-proof home • Use signs to help: <ul style="list-style-type: none"> ◦ Direct client: toilet, bedroom ◦ Avoid: stop sign on door ◦ Remind: names, answers to questions, time (label clock), events
Attitude	<ul style="list-style-type: none"> • Stay calm and patient. • Adjust expectations about time to dress, leave the house, eat. • Avoid stressful situations for you and client (loud restaurants). • Be creative; use bribery, distractions. • Encourage conversation and discussing feelings. • Use simple sentences. • Try to maintain a routine, prepare for stressful time of day if it occurs. • Discourage daytime napping. • Plan activities: folding clothes; participate with client on occasion to reduce need for attention. • Keep outings short and simple; have a plan to leave if necessary. • Adjust expectations w/ disease progression and/or as client becomes more frail.
Reaction	<ul style="list-style-type: none"> • Distract them and try again later. • Provide reassurance and validate their statements. • Don't dismiss feelings of frustration or sadness. • Do not argue, try to reason or overpower them. • Adapt to hoarding: retrieve items when client is distracted, trade, or gradually discard. • Step away from client if combative. • Try relaxation techniques. • Try not to be embarrassed by behaviors (being sexually inappropriate). • Know your limitations: if you need a break, seek help.
Tasks	<ul style="list-style-type: none"> • Always inform client as to what you are preparing to do. • Try to adapt to client's routine. • Give simple step-by-step instructions; demonstrate if necessary. • Always use the same words. • Allow sufficient time for the client to do what he/she can. • Limit choices, bribe, give praise.



Created by researchers at the Rollins School of Public Health of Emory University as part of a grant from the Public Health Practice Program Office, Centers for Disease Control and Prevention.



TIPS FOR ADL-RELATED PROBLEM BEHAVIORS

Being difficult about taking medication	<ul style="list-style-type: none"> • Develop a routine for giving the medication: time of day and process. • Explain in simple terms the kinds of medications being taken and why. • Give clear instructions: "Here's the pill for you high blood pressure. Put it in your mouth and drink some water." • Hide pills in other foods. • If the client has trouble swallowing pills, mix w/ applesauce or cottage cheese. • See if medication is available in liquid or extended release form. • Supervise ingestion of medication.
Being hard to dress	<ul style="list-style-type: none"> • Simplify clothing: velcro for laces, sweat suits, elastic band pants. • Check clothing fit: tightness, length, privacy, and ease of removal. • Prepare: lay out clothes in the order the person will put them on. • Give simple instructions; take it piece by piece. • If appropriate, give client simple choices about what to wear. • Remove excess clothing from the closet. • Give the client's feet adequate support; encourage shoes over slippers. • Simplify shoes, have an extra pair in case feet swell.
Being hard to bathe	<ul style="list-style-type: none"> • Client may resist a bath w/ an unfamiliar caregiver/opposite sex. • If the individual resists, distract and/or reassure and try again. • Check bathroom safety to minimize risk of slipping or falling. • Prepare the bathroom: check room temp, have towels ready, draw the water, test the temperature, pre-measure the shampoo, develop a soap pocket in the washcloth so that the person can wash him or herself. • Give simple step-by-step instructions about where to wash. • Make sure that the person washes the genitals and skin folds. • Consider showers. If client prefers shower, install grab bars and use a tub seat. • Consider using a hand-held shower. • Plan to do hair washing in the morning when the person is well rested. • Avoid using hard or fragrant soaps. • Lotion may be soothing. • If the individual resists deodorant, try baking soda.
Being hard to help go to the bathroom	<ul style="list-style-type: none"> • Ask regularly and encourage the client to tell you when she/he "needs to go". • Encourage or take to toilet after meals. • Watch for cues –restlessness, unusual sounds or faces, or pacing. • Arrange the environment to make it easier for the person to use the bathroom: appropriate light, toilet paper in easy, reachable space, no rugs. • If accidents occur at night, consider a portable commode or urinal near the bed; consider a night-light. • Consider using products such as pads, protective bedding or adult diapers. • Make sure the person uses the bathroom. You may need to assist in removing clothes, wiping or flushing. • You might also want to stimulate urination by running water in the sink. • For night incontinence, limit the person's intake of liquids/caffeine after dinner.
Being difficult with eating	<ul style="list-style-type: none"> • Avoid patterned plates, tablecloths and placemats; use plain white plates/bowls. • Give step-by-step instructions: "Pick up your fork." Demonstrate if needed. • Explain that the person should chew the food, eat slowly, and swallow. • If the person resists eating, take breaks and return to eating later. • Try snacks instead of three full meals. • Minimize problems with chewing/swallowing by avoiding nuts, etc. • Grind foods, cut into bite-size pieces, or puree. • Check to see that the person swallowed the food. • Client may not remember eating. Use signs, break up meals and give snacks.



Created by researchers at the Rollins School of Public Health of Emory University as part of a grant from the Public Health Practice Program Office, Centers for Disease Control and Prevention.



DE-ESCALATING A RESIDENT BEHAVIOR CRISIS

The LTCO staff often gets calls about how to handle residents in long-term care facilities with behavioral problems. The following was written by Kathy Grebb, RN, for staff of long-term care facilities. The article gives the following suggestions for handling a behavior crisis:

The resident who is angry is anxious. This is a crucial statement to remember whenever you are dealing with an angry individual. Residents who are anxious begin to feel powerless or as if they are losing control. How can you recognize and help your residents when they become anxious or angry? Here are some practical reminders:

Recognize the signs of potentially violent behavior:

- Increased Activity (pacing, etc.)
- Shouting
- Cursing
- Threatening
- Clenched teeth
- Clenched fists
- Throwing objects
- Irregular breathing
- Shaking
- Becoming less rational

Know what to do:

- Listen
- Ask questions: *“John, you look upset – is something bothering you?”*
- Provide understanding: *“I know you are upset. I understand how you must be feeling.”*
- Give the person space. Stand off to the side, and the other residents out of the room (never stand directly in front of an upset person).
- Stand just beyond your resident's reach. No one likes to have other people crowding in on them.
- Stay with your resident. He/She needs you. Give as much emotional support as possible. *“I understand how upsetting this is to you but throwing things (or whatever the behavior is) is not helping. Let's sit down and talk about how you are feeling.”* Be as non-judgmental as you can. Provide clear, concise explanations for rules. An upset resident cannot concentrate on lengthy messages. Short direct statements are best.
- Use a positive approach – make suggestions rather than giving commands. Invite participating rather than making demands. Foster trust. Respond positively to reasonable demands.
- Try diversions. *“Let's take a walk outside and talk this over.” “Why don't we get a cup of coffee and talk about this.”*
- Identify the precipitating event if you can. *“Exactly what happened this morning that made you so upset?”*
- Use open-ended questions. *“Tell me more about...”*

Have a plan in place before an incident happens. You have a plan for a fire, you need a plan for a violent outburst also. Practice controlling your voice so that you promote a sense of calm. Practice your non-verbal messages and your body posture. Never isolate yourself in a room with a person who has a potential for violence. State by the door so you can escape if necessary. Know who to call if the person does not calm down and becomes a danger to themselves or other. Safe, non-injurious control is the key.

Practice is the best way to be prepared for these situations. Your residents will benefit from your efforts.



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COMMUNICATION TIPS WITH THE ALERT ELDERLY

- ** Face the person and make eye contact.
- ** Get on the same level with the person.
- ** Use touch to get attention.
- ** Speak slowly, clearly, and in a low tone of voice. DO NOT SHOUT.
- ** Repeat the same statement if the person does not understand or hear the first time.
- ** Use short phrases and common words.
- ** Use gestures and body language to help clarify.
- ** Allow more time for the person to process information and respond.
- ** If person uses a hearing-aide, encourage to put on before the conversation..
- ** DO NOT TALK DOWN TO THE PERSON !!!!! Watch tone of voice.
- ** Converse in a well-lighted area.
- ** Realize that lack of emotional response, facial expression, or gestures may be due to a disease process not lack of comprehension or concern.
- ** Do not automatically dismiss strange or unlikely comments. Check them out.
- ** Encourage person to talk about his/her feelings. Allow anger, sadness, grief or bitterness. ALL feelings should be acknowledged.
- ** Use humor. Don't be afraid to joke or laugh with the person.

Counseling Services

(/counseling/)Division of Student Affairs (<http://www.sjsu.edu/studentaffairs/>)

De-Escalating Aggressive Behaviors

Additional Tips for De-escalating Aggressive Behavior

In cases of direct threat to you or others, call the University Police Department (408) 924-2222 immediately. (Consider saving this phone # into your cell phone.)

Ensuring your own safety:

- Prior to the meeting, alert a colleague or supervisor that you may be meeting with a potentially violent person, so that your colleague may be ready to call the police or others for assistance.
- Consider holding the meeting in a more public arena, perhaps having another colleague or supervisor in the meeting with the person.
- If you decide to meet with the person privately, keep your door open when meeting with a potentially violent person.
- Arrange your office furniture so that you have a clear path to the door to exit if need be, and the other person won't be as easily able to block your path.

If a person becomes aggressive or seems potentially violent, **first ensure your own safety**. Take long, deep breaths to stay as calm as possible.

DO:

- It is generally helpful to meet with a disruptive person in private. Reduce stimulation. This provides an opportunity for the faculty or staff to address issues directly without interruption or shaming the person.
- Use low, deeper tones, and avoid raising your voice or talking too fast.
- Use gentle, soft voice, speaking slowly and confidently.
- Allow the person to tell you what is upsetting them.
- Acknowledge the person's strengths (e.g., good attendance, desire to perform well, etc.)
- Stay calm and paraphrase your understanding of the person's experiences. Set aside your own thoughts and responses and focus on what you are hearing.
- Validate the person's possible emotions and what is upsetting them.

Continued on Next Page...

- Be specific and gentle, but firmly directive about the behavior that you will accept. For example, “Please sit down.” Or, “Please lower your voice and do not scream at me.” Or, “Please do not thrash your arms like that. Please keep them lowered.”
- Explain your intent before making any moves (e.g., “I’d like to get some water. Would you like some?” Or, I’m going to move behind you to close that window.)
- Take deep breaths, slowing down your breathing so that you remain calm.
- If the tension in the room is not dissipating, consider taking a quick break. (Apologize in a calm tone for needing to step out just for a couple of minutes, stating for example that you would like to consult with a supervisor; that you would like to get a glass of water, and offer one to the person; etc.)
- Ask the person what would be helpful from you. Ask for permission to problem-solve the issue. The person may just be venting and may not want you to problem-solve with them.
- Summarize what the person has said, and summarize any agreed upon resolutions.

Do NOT:

- Do not argue. When a person is already agitated or angry, he/she may escalate if they do not feel heard. Even if you are correct, arguing at this point will likely increase aggression. It is more helpful to show that you heard them and to de-escalate than to be correct.
- Do not focus on the person, and do not use adjectives or labels to describe the person. Instead, do focus on the specific behavior.
- Do not restrict the person’s movement. If he/she wants to stand, allow them. Do not corner them.
- Do not meet behind closed door if you foresee possible danger.
- Do not touch the person or make sudden moves.
- Do not threaten the person. Threatening could increase someone’s fear, which could prompt defense or aggression.
- Do not press for explanation about their behavior. Avoid “why” questions; these tend to increase a person’s defenses.
- Do not take the person’s behavior or remarks personally. Disruptive or aggressive behavior generally results from other life problems.

References:

- Campus Civility and the Disruption of Learning: A Guide for Faculty and Staff, CSU Long Beach, CA

http://www.csulb.edu/divisions/aa/grad_undergrad/senate/documents/Civility_Final.pdf
[\(http://www.csulb.edu/divisions/aa/grad_undergrad/senate/documents/Civility_Final.pdf\)](http://www.csulb.edu/divisions/aa/grad_undergrad/senate/documents/Civility_Final.pdf)

- First Aid for Aggressive Behavior, Mental Health First Aid

A Positive Physical Approach for Someone with Dementia

1. **Knock** on door or table - to get attention - signal your approach
2. **Stop moving** at the boundary between public & personal space – **6 ft out** - get permission to enter or approach
3. **Open hand motion near face and smile** – look friendly and give the person a visual cue – make eye contact – open hand near face – cues eyes to look there
4. Call the person by preferred **name** OR at least say “**Hi!**” – avoid endearments
5. Move your hand out from near your face to a greeting **handshake** position – make sure they notice you hand out to shake – then stand tall and move forward **SLOWLY**
6. Approach the person from the **front** – come in within 45 degrees of center - visual
7. **Move slowly** – one step/second, stand tall, don't crouch down or lean in as you move toward the person
8. Move toward the **right side of the person** and offer your hand - give the person time to look at your hand and reach for it, if s/he is doing something else – offer, don't force
9. Stand to the side of the person at arm's length – respect intimate space & be supportive not confrontational – but don't go too far back' – stay to the front - visual
10. **Shake hands** with the person – make eye contact while shaking
11. Slide your hand from a 'shake' position to **hand-under-hand** position – for safety, connection, and function
12. Give your name & greet – “I'm (name). It's good to see you!”
13. **Get to the person's level** to talk – sit, squat, or kneel if the person is seated and stand beside the person if s/he is standing
14. **NOW**, deliver your message...

Approaching When the Person is DISTRESSED! -Some CHANGES –

1. *Look concerned* not too happy, if the person is upset
2. *Let the person move toward you*, keeping *your body turned to the side* (supportive – not confrontational) –
3. *If the person is seated & you DON'T* get permission to enter personal space – turn sideways & kneel at 6' out – offer greeting & handshake again – look for an OK to come into their personal space – it will usually come at this time (submissive posture)
4. After greeting... try one of *two options*...
 - a. “Sounds like you are (give an emotion or feeling that seems to be true)???”
 - b. Repeat the person's words to you... If s/he said, “Where's my mom?” you would say “You're looking for your mom (pause)... tell me about your mom...”
If the person said “I want to go home!”, you would say “You want to go home (pause)... Tell me about your home...”.

BASIC CARD CUES – WITH Dementia

- Knock – Announce self
- Greet & Smile
- Move Slowly – Hand offered in 'handshake' position
- Move from the front to the side
- Greet with a handshake & your name
- Slide into hand-under-hand hold
- Get to the person's level
- Be friendly -make a 'nice' comment or smile
 - Give your message... simple, short, friendly



Personal History

Areas to Explore	What Did You Find Out?
Preferred Name	
Preferred Hand	
Living Situations & history (where are you from today & originally, who do & did you live with, what type places did you live in (house, apt, farm...))	
Marriage history & status (who's involved, has been involved, and how do you feel about them?)	
Family history & membership (who's who and how do you feel about them? Think about several generations....)	
Work history (what jobs have you had in your life? How did you feel about them? What are some jobs you would have loved to do, but never did?)	
Leisure history (what do and did you do for fun and in your spare time? How do you feel about 'having fun'? What would you like to do if you had the money? time? Skill?)	
Spiritual history (what religion do you and did you follow, how involved are you and were you, and how important is it to you? How do you feel about other religions?)	
Personal care practices & history (eating habits, sleeping habits, grooming habits, bathing habits...)	
Time Use History (schedules & routines.... When do you and would you like to do things?)	
Important Life Events (what are some things that were very important to or happened to you? Do others know about these events?)	
Hot Buttons (what are things/activities /topics/ actions that really tend to upset you?)	

Having a Conversation

To Start Talking.....

First –

- **Recognize** the person and their situation or feelings (don't lie and don't be cruel...)
- **Use EMPATHY** – “it looks like...”, “it sounds like....”, “it seems like...”

Then –

- If in *early stages* of the disease, gently offer orienting information
- If in the *middle or later stages* of the disease, figure out the meaning of the behavior or words and use...
 - ◆ ***Redirection*** – same type of activity in a more acceptable manner, or with 'safer' materials, or in a safer space (Example: cleaning out cabinets rather than the crash cart)
 - ◆ ***Distraction*** – changing to a different but equally valued activity (Example: looking for her cat that no longer exists to helping to put away dishes from the dish drainer and clean up the dining room)

When having a conversation...

- use familiar phrases or words to help the person 'talk'
- use familiar objects or actions to give a focus for the interaction
- be prepared to have the SAME conversation over, and over, and over.....
- use your non-verbal interaction skills to show interest and engagement
- be prepared for unexpected emotional shifts and outbursts
(*remember* - it's part of the disease)
- don't try to correct the person... GO WITH THE FLOW! - use empathy not reality!

Communication - When Words Don't Work Anymore...

Keys to Success:

- Watch movements & actions
- Watch facial expressions and eye movements
- Listen for changes in volume, frequency, and intensity of sounds or words
- Investigate & Check it out
- Meet the need

It's all about Meeting Needs...

- Physical needs
- Emotional needs

Probable Needs:

Physical

- Tired
- In pain or uncomfortable
- Thirsty or Hungry
- Need to pee or have a BM or already did & need help
- Too hot or too cold

Emotional

- Afraid
- Lonely
- Bored
- Angry
- Excited
- In Pain

What Can You Do?

- *Figure it out...Go thru the list*
- *Meet the need... Offer help that matches need*
- *Use visual cues more than verbal cues*
- *Use touch only after 'permission' is given*

Connect – Visually, Verbally, Tactilely

Protect Yourself & the Person – use Hand Under Hand & Supportive Stance techniques

Reflect – copy expression/tone, repeat some key words, move with the person

Engage – LISTEN with your head, your heart, and your body

Respond – try to meet the unmet needs, offer comfort and connection

***** IF IT DOESN'T seem to be working – STOP, BACK OFF – and then TRY AGAIN – changing something in your efforts (visually, verbally, or through touch/physical contact)*****

Progression of the Disease – Levels of Cognitive Loss

Diamond – Early Loss – Running on Routine – Repeating Stories

Some word problems and loss of reasoning skill
Easily frustrated by changes in plans or routines
Seeks reassurance but resents take over
Still does well with personal care and activities
Tends to under- or over-estimate skills
Seeks out authority figures when upset or frustrated
Points out others' errors, but doesn't notice own behavior
May have some awareness – "Just not right" – might blame others or self
Can't remember 'new' rules, locations, plans, discussions, facts – does back to the familiar

Emerald – Moderate Loss - Just Get It Done! – Wanting a Purpose and a Mission

Gets tasks done, but quality is getting to be a problem
Leaves out steps or makes errors and WON'T/CAN'T go back and fix it
Can help with lots of things – needs some guidance as they go
Likes models and samples – uses others' actions to figure out what to do
Asks "what /where/when" LOTS
Can do personal care tasks with supervision & prompts – often refuses "help"
Still very social BUT content is limited and confusing at times
May try to 'elope' /leave to get to a 'older' familiar time or situation OR get away from 'fighting'
Can't remember what happened AND can mis-remember it – goes back in time, at times

Amber – Middle Loss - See It – Touch It – Take It – Taste It – Hunting & Gathering

Touches and handles almost anything that is visible
Does not recognize other's ownership – takes things, invades space, gets 'too close'
Can still walk around and go places – 'gets into things'
Language is poor and comprehension very limited - does take turns
Responds to tone of voice, body language and facial expression
Loses the ability to use tools and utensils during this level
Does things because they feel good, look good, taste good – refuses if they don't
Stops doing when it isn't interesting anymore
Can often imitate you some – But not always aware of you as a person

Ruby – Severe Loss – Gross Automatic Action – Constant GO or Down & Out

Paces, walks, rocks, swings, hums, claps, pats, rubs....
Frequently ignores people and small objects
Doesn't stay down long in any one place
Often not interested in/aware of food – significant weight loss expected at this level
Can grossly imitate big movements and actions
Generally enjoys rhythm and motion – music and dance
Doesn't use individual fingers or tools (more eating with hands)
Either moves toward people and activity (feels like a shadow) or leaves busy, noisy places (ghost)
Chewing and swallowing problems are common – soft, ground, or puree food may be needed
May not talk much at all, understands demonstration better than gestures or words

Pearl – Profound Loss - Stuck in Glue – Immobile & Reflexive

Generally bed or chair bound – can't move much on own
Often contracted with 'high tone' muscles - primitive reflexes reappear
Poor swallowing and eating
Still aware of movement and touch
Often sensitive to voice and noise - startles easily to sounds, touch, movement...
Difficulty with temperature regulation
Limited responsiveness at times
Moves face and lips a lot, may babble or repeatedly moan or yell
Give care in slow, rhythmic movements and use the flats of fingers and open palms
Keep your voice deep, slow, rhythmic and easy as you talk and give care
Move into the central field of vision to communicate
Use rotation and slow motion, not 'prying' or 'pulling' to get to hard to reach areas for care

Article provided by Teepa Snow MS, OTR/L, FAOTA

Creating Meaningful Activities for People with Different Levels of Cognitive Ability

Topic: PET THERAPY	Pearl reflexive function	Ruby big movements	Amber hands on - touch & taste	Emerald just get it done	Diamond routines & errors	No Loss plan & do
Typical Actions or Behaviors	automatic movements; reflexes, automatic responses, total body responses, ignore the animal, stroke something soft, move away	total body movements; pacing, rocking, repeats actions, may walk at same time as pet, may trip on animals, may be rough in handling	repeated hand and mouth movements; touching, rubbing, manipulating, stoking, brushing, talking to pet, give treats, clean and fill bowls	fast actions, poor quality, uses routines /rituals, what they see is what they want and DO, brush, play, walk the pet, feed pet, let out... over & over.....	does familiar tasks, complains about the unfamiliar and the too familiar, may forget to come, likes to place & time to stay the same, can help fix or plan & do pet activities	likes to have a say in everything, plans out what and when, may make errors, but can usually correct over time – may forget stuff, may not get along with others
What can they 'follow' or understand ... What cues help?	can process touch, body temperature, motion, some music,... body experiences	do along side, show what you want, use hand-under-hand cues to get action started, keep visual distractions down, go slow, always try to engage a hand	able to copy simple hand use with demo and hand-under- hand to modify; may need help to switch, limit chit- chat, but stay social	limit what the person sees – offer concrete/visual choices, use social familiarity to start off, honor choices,	able to copy steps to follow your example, after the first time through may add own variations, like to repeat projects with slight changes	can follow verbal directions or may be able to figure things out on their own based on past experience, likes different things to do
Examples of what the key points are for each level given this activity	<ul style="list-style-type: none"> ♦ use only animals that you can protect and move away as needed ♦ use known pets ♦ use soft/stuffed animals ♦ place stuffed animal close ♦ use warmed, bean-sock 	<ul style="list-style-type: none"> ♦ use sturdy animals ♦ clear walking areas ♦ always provide supervision ♦ walk out with pet and person ♦ consider stuffed animals ♦ keep sessions short 	<ul style="list-style-type: none"> ♦ model, & demo then encourage stroking ♦ brushing with demo ♦ feed treats ♦ help with feeding, watering ♦ monitor for pet safety ♦ watch play sessions 	<ul style="list-style-type: none"> ♦ help with grooming, feeding, bathing, exercise ♦ ball playing sessions ♦ help with prep and clean-up of pet activities ♦ use check-off schedule to avoid errors 	<ul style="list-style-type: none"> ♦ follow schedule for grooming, exercise, feeding, toileting, & rest with supervision ♦ establish & follow a regular planned routine for who does what ♦ monitor for accuracy and adequacy 	<ul style="list-style-type: none"> ♦ plan pet care sessions ♦ demo grooming ♦ run visits from community or on units ♦ provide care ♦ attend pet/ animal shows ♦ supervise pet sessions

** created by Teepa Snow based on the Cognitive Disability Theory for NC Eastern Chapter Alzheimer Association



Georgia Crisis Response System for Individuals with Developmental Disabilities

DBHDD Division of Developmental Disabilities

The Georgia Crisis Response System for Individuals with Developmental Disabilities (GCRS-DD) is a system of care that is accessed through a single point of entry, which is the Georgia Crisis Access Line (GCAL). The GCRS-DD provides community-based crisis supports as an alternative to institutional placement, emergency room care, or involvement of law enforcement (including incarceration). GCRS-DD serves individuals with developmental disabilities aged 5 years and older in *acute crisis situations* who

- Have documented evidence of an intellectual/developmental disability prior to age 18 or a closely related disability prior to age 22 or
- Have had a screening suggesting a developmental disability.

What Caregivers Should Do in a Crisis Situation

- First attempt to resolve and/or return the individual to a pre-crisis state.
- If the individual has a behavior plan, use the strategies in the plan to resolve the crisis.
- If unable to resolve the situation and the individual or others are at risk of harm, call GCAL (1-800-715-4225).
- If there is a medical emergency or a crime is being committed, call 911.

GCAL intake personnel will assess the situation and resolve the crisis by telephone or dispatch a Mobile Crisis Team if a face-to-face intervention is needed.

Mobile Crisis Team

At a minimum, a Mobile Crisis Team includes a licensed clinical social worker (LCSW), a behavior specialist, and direct support staff. Other team members may include a registered nurse, safety officers, additional social workers and support staff. Physicians are available for consultation.

The Mobile Crisis Team arrives at the scene of the crisis within 1½ hours to assess the crisis situation. Following an assessment of the individual in crisis, the LCSW communicates all recommendations for continued interventions and referrals for additional supports within 24 hours to the individuals, families/caregivers, and other stakeholders (i.e., Support Coordinators, State Service Coordinators, Planning List Administrators, and Intake and Evaluation).

Support Services

The Mobile Crisis Team coordinates intensive in-home and out-of-home supports provided on a time-limited basis (not to exceed 7 days) to resolve the crisis. Any extension beyond 7 days has to be approved by the Regional Service Administrator, Developmental Disabilities, in the region of the individual's residence.

- Out-of-Home Crisis Support Homes are for adults and serve no more than 4 individuals at a time.
- Temporary and Immediate Support (TIS) Homes are for children/youth 10–17 years old and serve no more than 4 individuals at a time.
- Intensive In-Home Supports are provided for children aged 5–9 years old.

For additional information, contact DBHDD, Division of Developmental Disabilities:

(404) 463-8037

COUNSELING

Advantage Behavioral Systems

Phone: 706-389-6768

- Locations:
 - Athens-Clarke County Clinic
 - 250 North Avenue, Athens, GA 30601
 - Intake/Emergency Services
 - 195-B Miles Street, Athens, GA 30601
 - Alcohol & Other Drug Services
 - 195 Miles Street, Athens, GA 30601
 - SED/Child & Adolescent Services
 - 2085 South Milledge Avenue, Athens, GA 30605
- Website: advantagebhs.org
- Counties served: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, and Walton counties
- Hours: Monday - Friday: 8:00AM – 5:00PM
- Services: Adult mental health, developmental disabilities, community employment, residential services, child and adolescent services, and addictive diseases.
- Appointments: Patients should set up an appointment to be seen
- Eligibility: no eligibility requirements, patients may have a self-referral or a physician referral
- Payment: Payments are based on a sliding fee scale by the Department of Human Services (self-pay). Advantage Behavioral Health Systems also accepts Medicaid, Medicare, and some private insurance.

AK Counseling and Consulting

Phone: 706-613-5290

- Website: akconline.com
- Location: 1 Huntington Road, Suite 201, Athens, GA
- Email: info@akconline.com
- Services: Individual, couples, and group counseling is offered to help explore areas of personal growth and to help people address a number of life's personal challenges, such as depression, anxiety, relationships, life transitions, and career concerns. Organizational consulting is provided to assist public and private businesses and groups evaluate and resolve workplace issues.

The Aspire Clinic

Phone: 706-542-4486

- Website: fcs.uga.edu/aspire
- A unit of the UGA College of Family and Consumer Sciences serving the Athens area
- Services: Individual, couple, & family therapy; financial education & counseling; home environment & design consultation; nutrition education & counseling; and legal problem solving
- Appointments: For an appointment or for more information, please call the number listed above
- Email: aspire@uga.edu

A Guide to De-Escalating RESIDENT BEHAVIOR

Resources

Alzheimer's Australia - <http://www.fightdementia.org.au/>

Rollins School of Public Health at Emory University - <http://www.sph.emory.edu/>

Kathy Grebb, RN

Atlanta Chapter of Alzheimer's Association - <http://www.alz.org/georgia/>

San Jose State University Counseling Services - <http://www.sjsu.edu/counseling/>

Teepa Snow MS, OTR/L, FAOTA

Georgia Department of Developmental Disabilities - <http://dbhdd.georgia.gov/>

Athens Community Council on Aging - <http://www.accaging.org/>

Useful Magazines for CNAs

4CNAS Magazine - <http://www.4cnas.com> -

Nursing Assistants Monthly - <http://solutions.cengage.com/nursing-assistant-monthly/>

About Athens Community Council on Aging

Founded in 1967 by local citizens, the Athens Community Council on Aging (ACCA), a non-profit 501(c)3 organization, aims to maintain and enrich the lives of older persons in the 12 counties of Northeast Georgia.

ACCA's programs enable older persons to live independently at home and offer opportunities for employment, volunteerism, and other activities. ACCA is a resource for education, information, referral, counseling, and general assistance.

ACCA's Mission:

To promote a lifetime of wellness through engagement, advocacy, education & support.

About ACCA's Long-Term Care Ombudsman Program

ACCA's Long-Term Care Ombudsman Program advocates for the rights of nursing home and personal care home residents, provides educational opportunities, and investigates and resolves complaints in long-term care facilities.



135 Hoyt Street, Athens, GA 30601
www.accaging.org • 706.549.4850