



# An Individualized Approach to Responding to Challenging Behaviours

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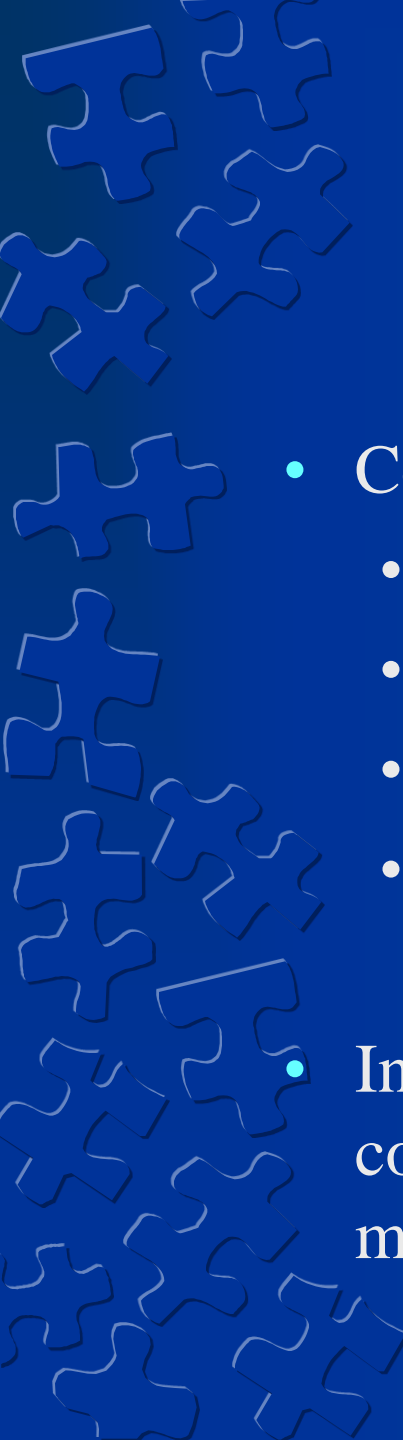
# Behavioural Symptoms of Dementia

- Great challenge to caregivers
- Direct and indirect impact on the individual with dementia
- Even when not disruptive, behaviours can be indicators of the internal experience of the person
- Are a form of communication
- May signal discomfort/distress
- Often an expression of unmet needs



# Why does Dementia Lead to Behavioural Symptoms?

- Much of our behaviour is directed at meeting our own needs
- Normal needs:
  - Physiological – physical comfort, preventing/managing pain, health
  - Safety – safe, comfortable environmental conditions
  - Love and belonging – need for social contact
  - Sense of fulfillment, sense of purpose – need for stimulation



# Dementia Leads to Difficulty Meeting One's Needs

- Cognitive impairment leads to:
  - Difficulty communicating needs
  - Decreased insight to be able to recognize needs
  - Inability to use prior coping mechanisms
  - Inability to obtain the means for meeting the need
- In addition, the environment often does not comprehend the needs or provide the opportunity to meet the need

# Example from Caregiver Perspective

1. Caregiver approaches resident
2. Caregiver says, “It’s time for your bath”
3. Mr. Aggressive appears to ignore caregiver
4. Caregiver begins to unbutton Mr. Aggressive’s shirt
5. Mr. Aggressive growls and pushes caregiver away
6. Caregiver moves closer to Mr. Aggressive and resumes unbuttoning
7. Mr. Aggressive hits caregiver in face



# Example from Mr. Aggressive's Perspective

1. A stranger approaches (short term memory impairment)
2. The stranger speaks a language that cannot be understood (aphasia)
3. The stranger begins to undress Mr. Aggressive (abstract thinking and judgment impaired; fails to recognize “bath time” cues and care being given)
4. Mr. Aggressive attempts to get the stranger to stop by pushing the stranger (loss of language skills; uses only behavior available)
5. The stranger continues
6. Mr. Aggressive strikes the stranger to get her to stop

# The ABC Model





# Assessment: Get the Facts!

- Be a detective!
- Start with the **Behaviour** (B)
- **DESCRIBE** the behaviour using precise terms
  - Avoid general terms like “agitated” or “confused”
  - How often, how long?
  - Is it safe or dangerous?
  - Who is it a problem for?
  - Can we eliminate or reduce?
- Are you expecting more from the person with dementia than he/she is capable of?
- Focus on addressing one behaviour at a time. Prioritize!



# Antecedents = Triggers

- To understand the underlying need, identify the **antecedents** of the behaviour:
  - What conditions make it MORE likely that the behaviour will occur?
  - What makes it LESS likely that the behaviour will occur?
  - When, where, and with whom?
  - What aspects of the person's history might help understand the behaviour?
  - Has the person had a change in "status" (physical, mental, medication, social)?

# Antecedents

- Understanding complex individual factors that lead to behavioural symptoms is the **KEY** to changing behaviour



# Antecedents: Biological Factors

- Always rule out physical factors as contributors to behaviours:
  - Pain
  - Hunger
  - Thirst
  - Fatigue



# Antecedents: Medical Factors

- Co-morbid medical illnesses
- Infections
- Hypoxia
- Medications
  - Side-effects
  - Toxicity
  - Interactions
  - Wrong dose (too much or too little)



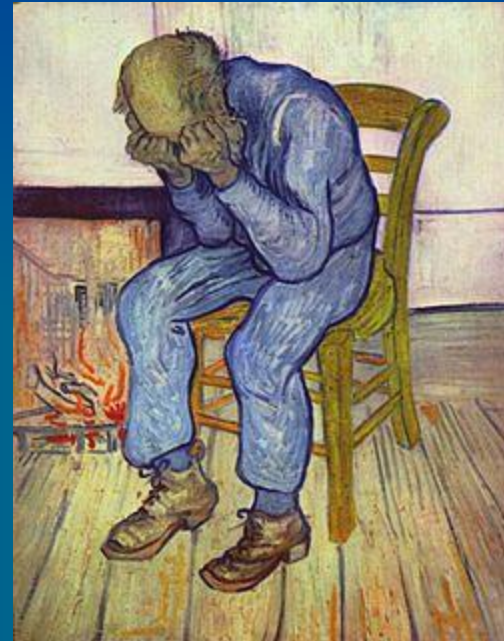
# Antecedents: Sensory Loss

- Sensory Impairment
  - Vision and Hearing
  - Misinterpretation of environment
- What does the person with dementia see or hear?



# Antecedents: Psychiatric Factors

- Depression
- Delirium
- Psychosis
  - Paranoia
  - Delusions
  - Hallucinations



# Antecedents: Unmet Psychological Needs

- Loneliness
- Sadness/grief
- Boredom
- Worrying



# Antecedents: Level of Stimulation

- **Too much?**

- Crowds
- Noise
- New environment, new people
- TV/radio





# Antecedents: Level of Stimulation

- **Too little?**

- Boredom
- Lack of meaningful activity
- Losing sense of purpose/identity
- Lack of attention
- Lack of exercise





# Antecedents: Direct Care

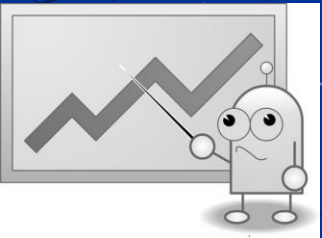
- Resistance to personal care related to:
  - Touch or invasion of personal space
  - Frustration related to declining abilities
  - Anticipation of pain
  - Loss of personal control or choice
  - Lack of attention to personal needs/preferences

(Hoeffler, 1997)

# Consequences:

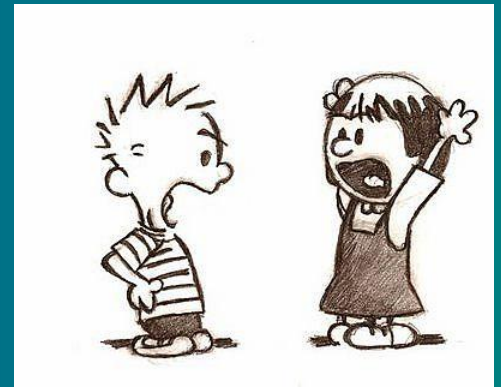
## What happens after the behaviour?

- Reactions or responses to the behaviour by others (e.g., family, friends, staff, etc.)
- Consider verbal and nonverbal responses
- What you DO or DO NOT DO
- Causes the behavior to increase, decrease, or stay the same
- Ask yourself: does your reaction “fuel the fire”?



# Consequences: Caregiver Reactions

- Common caregiver responses:
  - Feelings: anger, resentment, frustration; “Doing it to me on purpose”
  - Beliefs: person could control behavior if he/she wanted to
  - Reactions: withdraw, ignore, scold, try to “reason” with the person



# Develop an Action Plan



- Set behavioural goal
  - Be specific!
  - Eliminate behaviour or reduce frequency?
  - Identify healthy/adaptive behaviour to increase
  - Be realistic/adjust expectations
- Modify **antecedents**/triggers
- Change **consequences**/reactions
- Evaluate progress

# Interventions: Antecedents

- Prevention is KEY
- Eliminate or change **identified antecedents and triggers**
- Add **new cues** to promote comfort, engagement, reassurance, function





# Interventions: Add Meaningful Activity

- “Treasure boxes” to sort through (e.g., shoe shine, jewelry, greeting cards)
- Folding/matching laundry
- Sorting: cards, coins, tickets, poker chips
- Sweeping, dusting, wiping counters
- Wash plastic dishes
- Simple jigsaw puzzles
- Moving to music
- Polish shoes, silverware
- Water plants
- Rake leaves
- Family photo albums
- Flip through catalogues
- Sketch book, color by number, coloring books
- Hardware “activity” boards
- Arrange silk flowers

# Interventions: Consequences

- Eliminate or change **identified consequences/reactions** that maintain/increase behaviour
- Add **new responses**
  - Simple language, calm/reassuring tone
  - Distract, reassure, redirect, comfort
- Reward alternative functional/adaptive behaviour with attention, praise, affection



# Conclusions



- All behaviour has **meaning**
- Search for the underlying “**need**”
- Use your knowledge of person’s history and preferences to understand the need
- Modify antecedents to **prevent** behaviours
- Hard work! Sometimes can’t get complete resolution of behaviour

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Questions?