Toward Better Behavior:

Yours, Mine, & Everyone Else's

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What Keeps Us from Better Behavior?

"When you don't get what you want,
you get an attitude."

-Regina, (57), Brooklyn, NY
Nursing Home Resident

Living in Retrograde

“I want what I had”

What is Quality of Life?

- Subjective, multidimensional, encompassing positive and negative features of life.
- A dynamic condition that responds to life events

http://www.forbes.com/sites/iese/2013/09/04/quality-of-life-everyone-wants-it-but-what-is-it/

Quality of Life & Residents' Rights

- Privacy and Dignity
- Religious Beliefs
- Cultural Beliefs
- Ethnic Customs

NEW FEDERAL REGULATIONS
FINAL RULE, PHASE 2 (11/28/17)

F675
§ 483.24 Quality of life

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

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INTENT

The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by:

- Ensuring **all staff, across all shifts and departments**, understand the principles of quality of life, and honor and support these principles for each resident; and
- Ensuring that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs.

Quality of Life Concerns in Long Term Care

- Many facilities try to avoid admitting residents with complicated psychosocial issues;

- Staff is often unprepared to care appropriately for residents with dementia, mental disorders, addictions or psychosocial challenges

SYSTEM FAILURES

- Diagnosis is not always known at the time of admission screening or condition is misdiagnosed as simply dementia

- Staff education and training in caring for the mentally ill is lacking; care of residents with dementia is weak in many environments

- Staff lack basic understanding of symptoms and how this impacts all aspects of function

- Assessment procedures often fail to distinguish symptoms from behaviors

SYSTEM FAILURES

- Assessments often fail to identify the antecedents to behavior
- Communication between disciplines is weak in tracking behavioral patterns
- Care teams are weak in practicing behavior modification
- Medication is the often the preferred intervention
- Little consideration is given to how boredom and a lack of meaningful activity impact behavior and function

Changing Demographics

- The Woodstock Generation
- Opioid Addiction and Substance Abuse
- Mental Health Challenges
- Young adults
- Ethnic and Cultural Groups
- Homelessness

What Is Behavior?

Symptom – Reaction - Personality

Understanding the Individual

Who is the person behind the behavior?

- *Personality*
- *Ego*
- *Responses*
- *Rituals*
- *Preferences*

Relationships

- How well do staff interact with residents?
- How well does the team do at pairing roommates?
- How effective are the procedures for resolving grievances and conflicts?

SOCIAL REACTIONS

Have you ever:

- Declined an invitation because you didn’t know anyone else who would be attending or because you learned someone you didn’t like would be there?
- Moved from your original seat because of the behavior of someone else at the table?
- Left a gathering or program because you found it wasn’t as interesting as you’d thought it would be or because another guest arrived wearing your dress?

Is Your Family Dysfunctional?

The Nature of Relationships

- Assessing personalities, office politics, and respect issues.
- What sort of first impression does your organization make?
- What resources or support systems does your organization foster to improve relationships?

Assessment

When, Where, and How…

When…

- Consolidate the interview process among disciplines to minimize repetition;
- Allow the primary CNA the first hour to become acquainted and begin the care profile;
- Plan to interview the resident several times over the first 30 days to get an accurate picture of cognition and skills;

Where…

Whenever possible, conduct the interview somewhere other than the resident’s bedroom.

How…

- Identify and address all sensory needs;
- Avoid question and answer sessions – have a conversation;
- Know who you're talking to;
  - Dementia: Do you work?
  - Mental Disorders: Listen and observe patterns.
  - Addictions: Explore the history – how did it start?

Regulatory Expectations

- Final Rule – Trauma Informed Care
- Identification of Stress-Related Illness
- Recognition of Substance Use and Addictions
- Dementia Care Standards/Dementia Focused Survey
- PASRR Coordination
- Non-Pharmacologic Interventions

Assessment

- Impact of neurodegenerative disease, mental disorders, and stress on behavioral health and social functioning;
- Assessment of symptoms and behavioral triggers;

The Dementia Epidemic

- Alzheimer's disease is the most common form of dementia;
- Every 66 seconds someone in the U.S. is diagnosed with Alzheimer's disease;
- Increasing numbers of younger, physically able residents; and
- Incidence of dual-diagnosis (i.e TBI, mental disorders) is increasing.

THE GLOBAL DETERIORATION SCALE

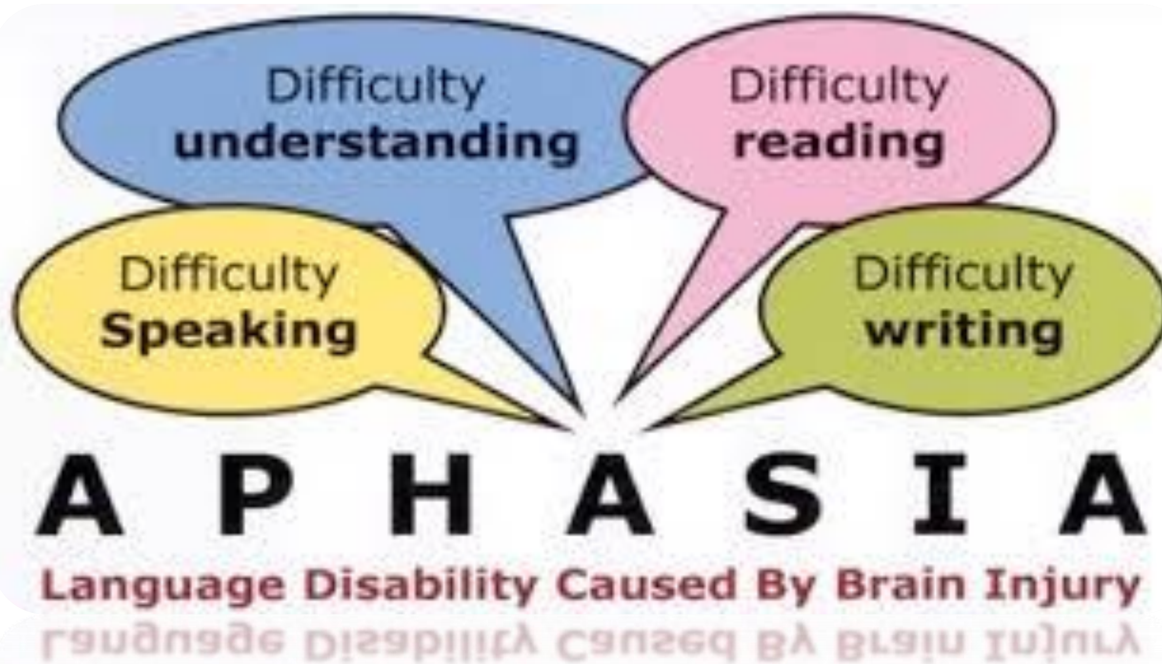
Assessing The Degree Of Dementia

GLOBAL DETERIORATION SCALE (GDS)

Stage	Deficits in cognition and function	Usual care setting
1	**Subjectively and objectively normal**	Independent
2	Subjective complaints of mild memory loss. Objectively normal on testing. No functional deficit	Independent
3	**Mild Cognitive Impairment (MCI)** Earliest clear-cut deficits. Functionally normal but co-workers may be aware of declining work performance. Objective deficits on testing. Denial may appear.	Independent
4	**Early dementia** Clear-cut deficits on careful clinical interview. Difficulty performing complex tasks, e.g. handling finances, travelling. Denial is common. Withdrawal from challenging situations.	Might live independently – perhaps with assistance from family or caregivers.
5	**Moderate dementia** Can no longer survive without some assistance. Unable to recall major relevant aspects of their current lives, e.g. an address or telephone number of many years, names of grandchildren, etc. Some disorientation to date, day of week, season, or to place. They require no assistance with toileting, eating, or dressing but may need help choosing appropriate clothing.	At home with live-in family member. In seniors' residence with home support. Possibly in facility care, especially if behavioural problems or comorbid physical disabilities.
6	**Moderately severe dementia** May occasionally forget name of spouse. Largely unaware of recent experiences and events in their lives. Will require assistance with basic ADLs. May be incontinent of urine. Behavioural and psychological symptoms of dementia (BPSD) are common, e.g. delusions, repetitive behaviours, agitation.	Most often in Complex Care facility.
7	**Severe dementia** Verbal abilities will be lost over the course of this stage. Incontinent. Needs assistance with feeding. Lose ability to walk.	Complex Care

Adapted by Dr. Doug Drummond from Reisberg B, Ferris SH, Leon MJ, et al. The global deterioration scale for assessment of primary degenerative dementia. American Journal of Psychiatry 1982;139:1136-1139.

Communication



Apraxia of Speech

Agnosia

Vision

Perception - Motion
Depth - Color

Evaluate Existing Medications

- Consider the following issues:
  - Drug induced cognitive impairment
    - **Anticholinergic Load**
  - Medication induced electrolyte disturbance
  - Recent medication additions that may alter metabolism of a drug that the person has been taking for a while
  - Withdrawal reaction to a recently discontinued medication

What to Ask a New Resident

Significant social/personality information:

- How do you feel about being in large groups of people?
- Are there any specific things that turn you off about other people?
- How do you express yourself when you are angry, frustrated or upset?
- What things do you do to comfort yourself at times when you feel this way?

What to Ask a New Resident

- How do you feel about needing help with your personal care?
- Things the resident finds stressful
- Resident’s feelings about noise and sharing living space
- Current life goals and aspirations

What to Ask a New Resident

- Are you sexually active?
- Is there anything about your sexual needs or preferences that you want to share?
- Do you need education on safe sexual practices or infection control?
- Do you require private time with a spouse or significant other?

Assessing a New Resident with a Mental Disorder

Schizophrenia

Positive symptoms: “Positive” symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may “lose touch” with some aspects of reality. Symptoms include:

- Hallucinations
- Delusions
- Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

Schizophrenia

Negative symptoms: “Negative” symptoms are associated with disruptions to normal emotions and behaviors. Symptoms include:

- “Flat affect” (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

Schizophrenia

Cognitive symptoms: For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

- Poor "executive functioning" (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with "working memory" (the ability to use information immediately after learning it)

Improving Communication
Schizophrenia

Good communication involves:

1. Knowing when to communicate
2. Knowing what to communicate
3. Knowing how to communicate

http://www.schizophrenia.com/pdfs/communicate.pdf

When to Communicate

- Don't discuss something important when you are angry or upset;
- Be prepared to think clearly, listen well, and focus on constructive solutions; and
- Before talking to the person, take as much time as you need to calm down.

What to Communicate

Choose one problem area that is really important, then focus on a specific behavior you'd like your relative to change.

For example, say, "John, please stop playing your radio so loudly after 10 p.m." Don't say, "John, you're too noisy at night."

How to Communicate

Verbal and Non-Verbal Communication

- Keep all your verbal communication simple, brief, and specific.
- Nonverbal communication refers to how you say it--your tone of voice, posture, eye contact, facial expression, and physical distance between speakers.

Guidelines For Non-verbal Communication:

1. Stand close to the person, but don't crowd his/her personal space.
2. Convey interest, concern and alertness through your body posture and facial expression.
3. Maintain eye contact with the person.
4. Speak calmly and clearly

How to Communicate

- Expressing positive feelings: Maintain eye-contact; say exactly what pleased you and how it made you feel.
  – Use phrases like "I would like you to...." or "I would really appreciate it if you would....."
- Expressing negative feelings. Maintain eye-contact; say exactly what upset you and how it made you feel.
  – ex. "I get very nervous when you pace around the room."

Active Listening

1. Look at the speaker.
2. Attend to what is said.
3. Nod head, say, "Uh-huh".
4. Ask clarifying questions.
5. Check out what you heard

STATEMENTS OF ENCOURAGEMENT

Phrases that display confidence:

- "I know you'll do fine." you can handle it.
- " I'll trust you will work it out "You'll make it!“

Phrases that recognize effort and improvement:

- "Look at how much you accomplished so far.“
- "Looks like you put a lot of work into that.“

STATEMENTS OF ENCOURAGEMENT

Phrases that display acceptance:

- "I like the way you approach that."
- "I'm glad you enjoy learning.“

Phrases that acknowledge appreciation, strengths, and contributions:

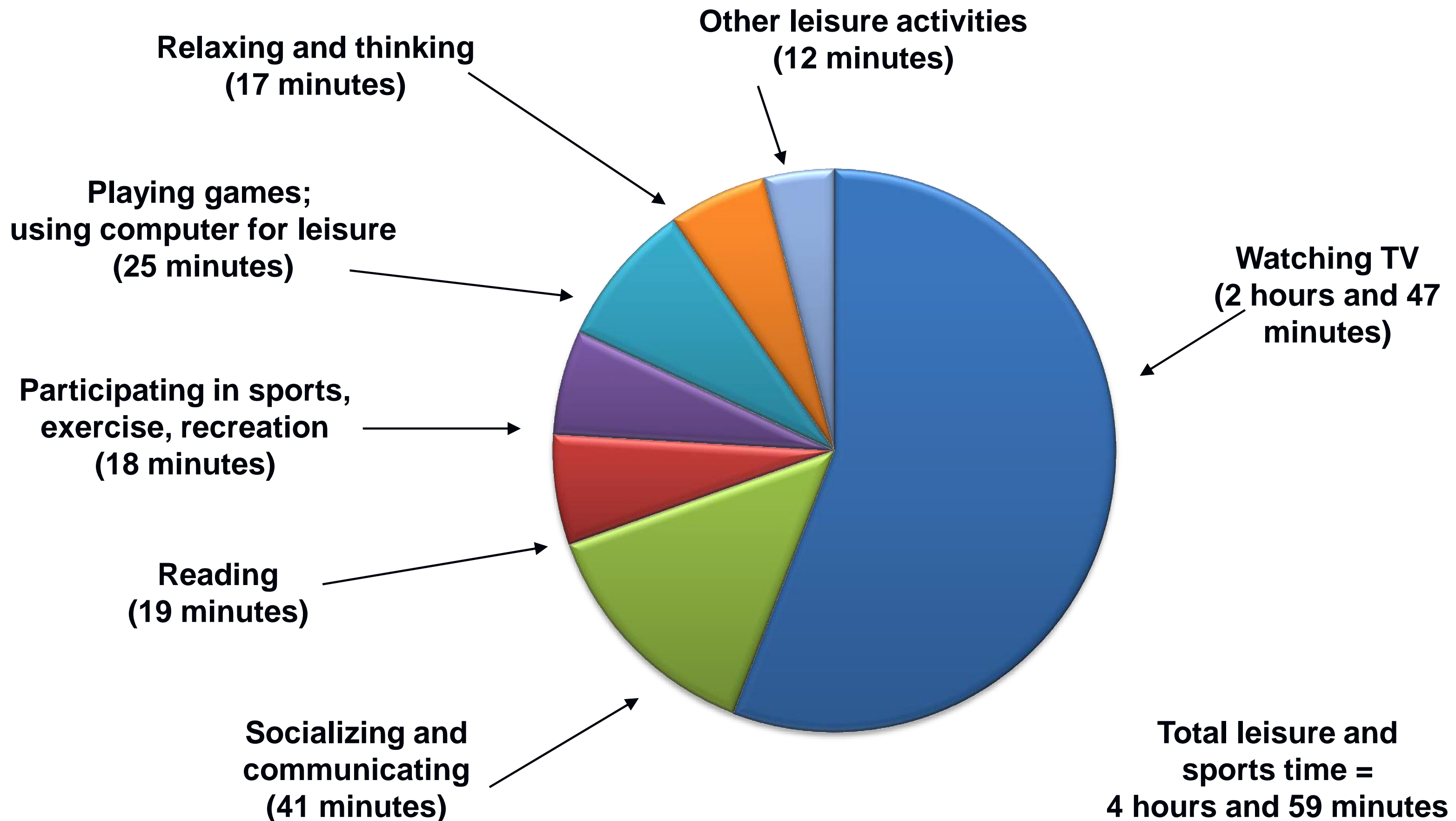
- "I really appreciated your help; it made my job a lot easier and I was able to get everything completed."
- "Your idea really helped us think things through."

What is Activity?

- A personal encounter
- Naturally offered by the environment
- Daily housekeeping routines
- Self-care activities
- Planned scheduled events
- Spontaneous activities

Source: www.alz.org

Leisure time on an average day



NOTE: Data include all persons age 15 and over. Data include all days of the week and are annual averages for 2015.

SOURCE: Bureau of Labor Statistics, American Time Use Survey

Benefit of Conversation

University of Exeter:

"One Social Hour a Week in Dementia Care Improves Lives and Saves Money: Person-centered activities combined with just one hour a week of social interaction can improve quality of life and reduce agitation for people with dementia living in care homes, while saving money."

ScienceDaily, 16 July 2017

Behavioral Health Care Plan Strategies

Appropriate treatment and services for psychosocial adjustment difficulties may include:

- Providing residents with opportunities for self-governance;
- Systematic orientation programs;
- Arrangements to keep residents in touch with their communities, cultural heritage, former lifestyle, and religious practices; and
- Maintaining contact with friends and family.

Appropriate treatment for mental adjustment difficulties may include crisis intervention services; individual, group or family psychotherapy, drug therapy and training in monitoring of drug therapy and other rehabilitative services.

Improving the Dining Experience

Which Meal Do You Want?

101 ACTIVITIES ANYONE CAN DO

1. Listen to music
2. Make homemade lemonade
3. Count trading cards
4. Clip Coupons
5. Sort poker chips
6. Rake leaves
7. Write a poem together
8. Make a fresh fruit salad…

Source: Alzheimer's Association Web Site – www.alz.org

Examples Of Tasks Dependent Upon Procedural Memory

- Playing piano
- Skiing
- Ice skating
- Playing baseball
- Swimming
- Driving a car
- Riding a bike
- Climbing stair

http://www.livescience.com/43595-procedural-memory.html#sthash.sgerS8rA.dpuf

Bernie

IDENTITY BOARDS

"I used to cry because I didn't have new shoes, until I met the man with no feet."

“Sheltered Workshops"

“Sheltered Workshops"

A facility or program, either for outpatients or for residents of an institution, that provides vocational experience in a controlled working environment.

- For residents with dementia the workshop also offers the opportunity to find comfort in doing familiar tasks.
- For the non-traditional resident who plans to return to the community, the workshop provides an opportunity education, life skills programming, and helps prepare the resident for community reintegration.

JOURNALING

Combining ADL, Leisure, and Therapeutic Activity

The simplest way to begin improving the manner in which meaningful activity is made available to residents is by redefining what "meaningful" is.

Find ways to turn ADL activity into activity that occurs between leisure and therapeutic groups. Consider all the disciplines that could contribute real and valuable programming to the day. There may be more resources than you think.

There are hundreds of tasks that make up a person's daily routine. Evaluate what already happens in your environment with regard to common sense ADL and leisure tasks.

Activities for a New Age

- Diversify therapeutic activity offerings to include education, self-help, and support programs;
- Collaborate with community addiction services;
- Promote positive self-esteem through meaningful socialization and therapeutic activity;
- Collaborate with community vocational services organizations in discharge planning;
- Foster opportunities for volunteerism.

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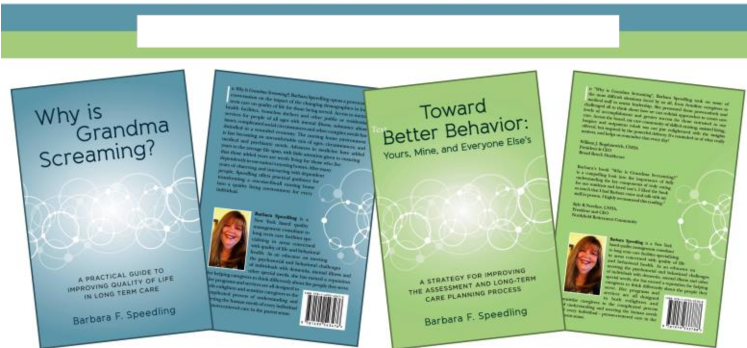

Creating Meaningful, Satisfying Lives One Person at a Time