



Rehabilitation saves life.

Understanding Responsive Behaviours as a Way to Enhance Care

CDRAKE – July 2011

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Toronto Rehab is a teaching and research hospital
fully affiliated with the University of Toronto.



OBJECTIVES

- **Develop a systematic approach to understanding responsive behaviours**
- **Increase our repertoire of management strategies to enhance care**
- **Acquire increased confidence as advocates for individuals with dementia**

RESPONSIVE BEHAVIOURS

“a response to something negative, frustrating, or confusing in the resident’s environment. It places the reasons or triggers for challenging behaviours outside, rather than within, the individual, thereby recognizing that problems in the social or physical environment can be addressed and changed”

Murray Alzheimer Research and Education Program

<http://marep.uwaterloo.ca/>



Revolutionizing Rehabilitation — Maximizing Life!



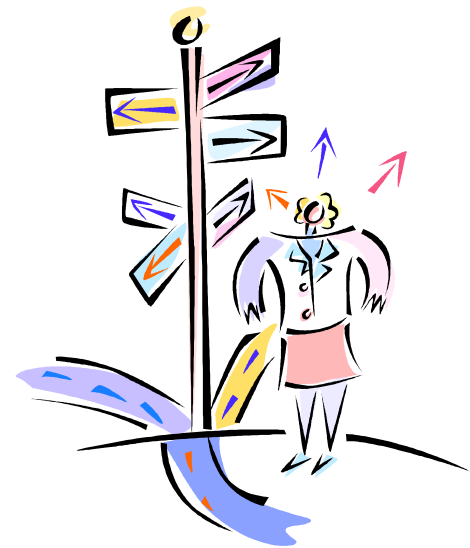
Gentleman Y

	Comments
Admit	Acute care, end of May 2011
Background	83 yrs old Retired salesman, did some acting Previous diagnosis of dementia Driving up until March, 2011 Married, 3 children
Key Issues	Very agitated if left alone Verbally and physically aggressive Restrained when in bed, geri chair with lap tray, 1:1 for past 45 days Has day/night reversal
Plan	Wife might be prepared to take him home again IF behaviours improve and sleep improves

Pause for Poll

- 2 questions

The importance of a systematic approach.



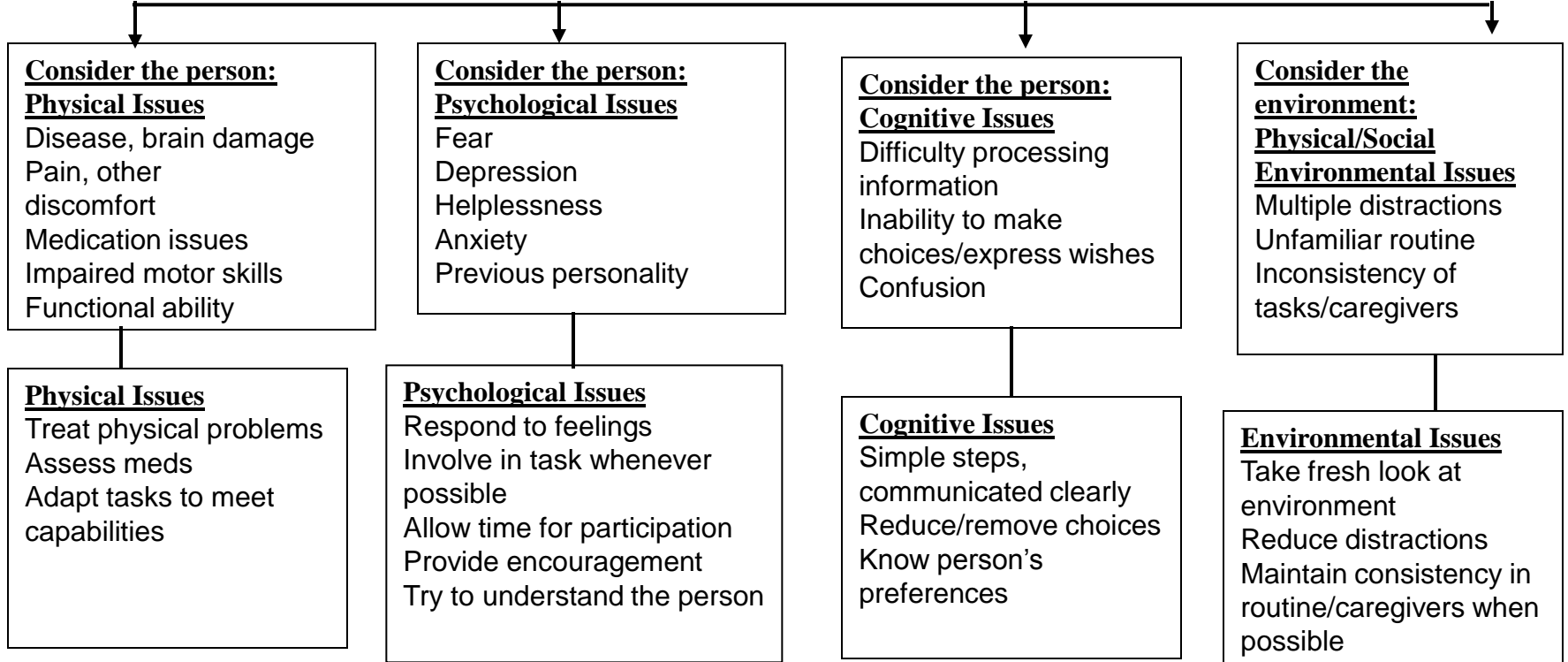
Responsive Behaviour



Take a breath, & think!

Objective examination of problem
(possible triggers, patterns, etc)

Examine own feelings, response to behaviour



Monitor effectiveness of interventions

Behaviour improves

Behaviour remains

Document & communicate

Reassess



Gentleman Y

- **Objective examination of problem**
 - Sleep record
 - Dementia Observation System (DOS)
 - Pittsburgh Agitation Scale (PAS)
 - A B C's
 - Medication Administration Record (MAR)

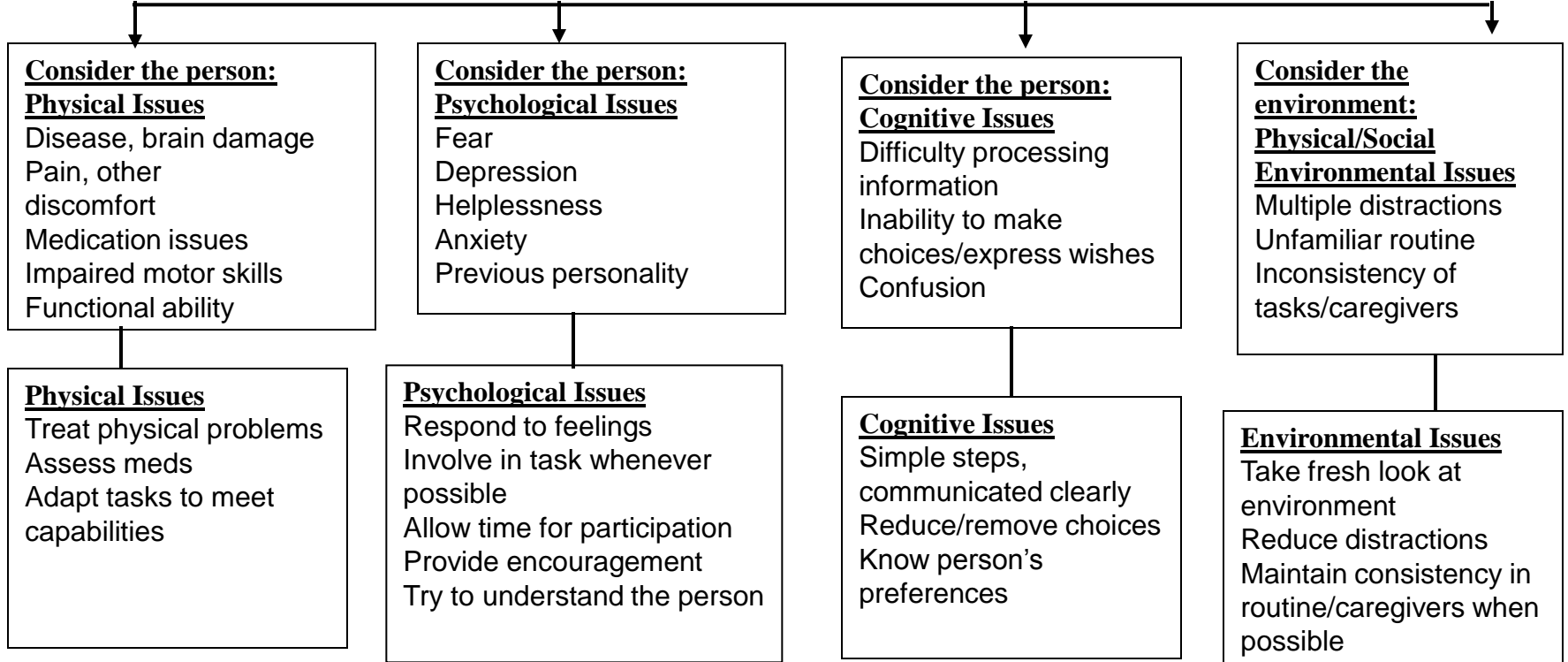
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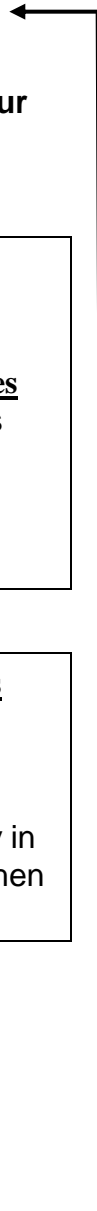
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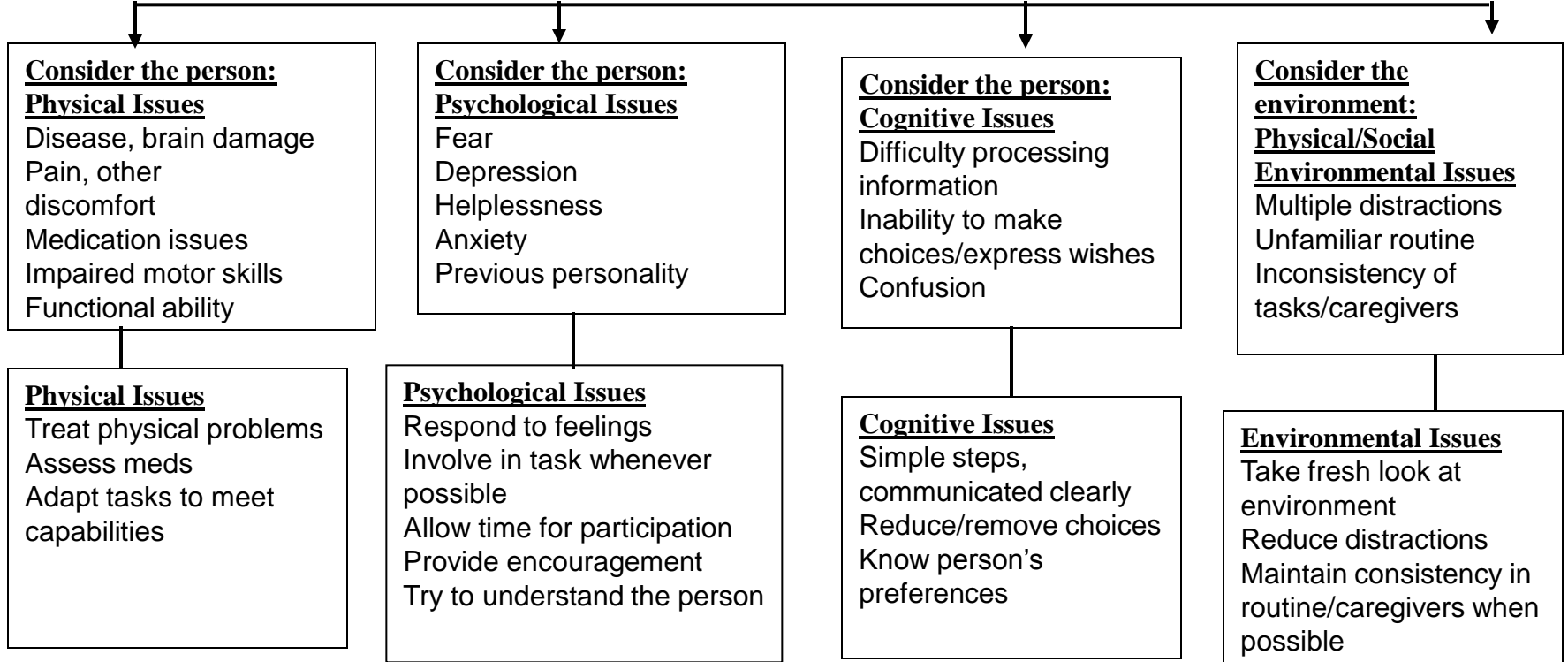
- **Physical** issues
 - Pain makes ambulation difficult
- **Cognitive** issues
 - Presents as higher functioning than testing suggests
- **Physical/social/environmental** issues
 - Other patients trigger his agitation
 - Being restrained makes him more agitated

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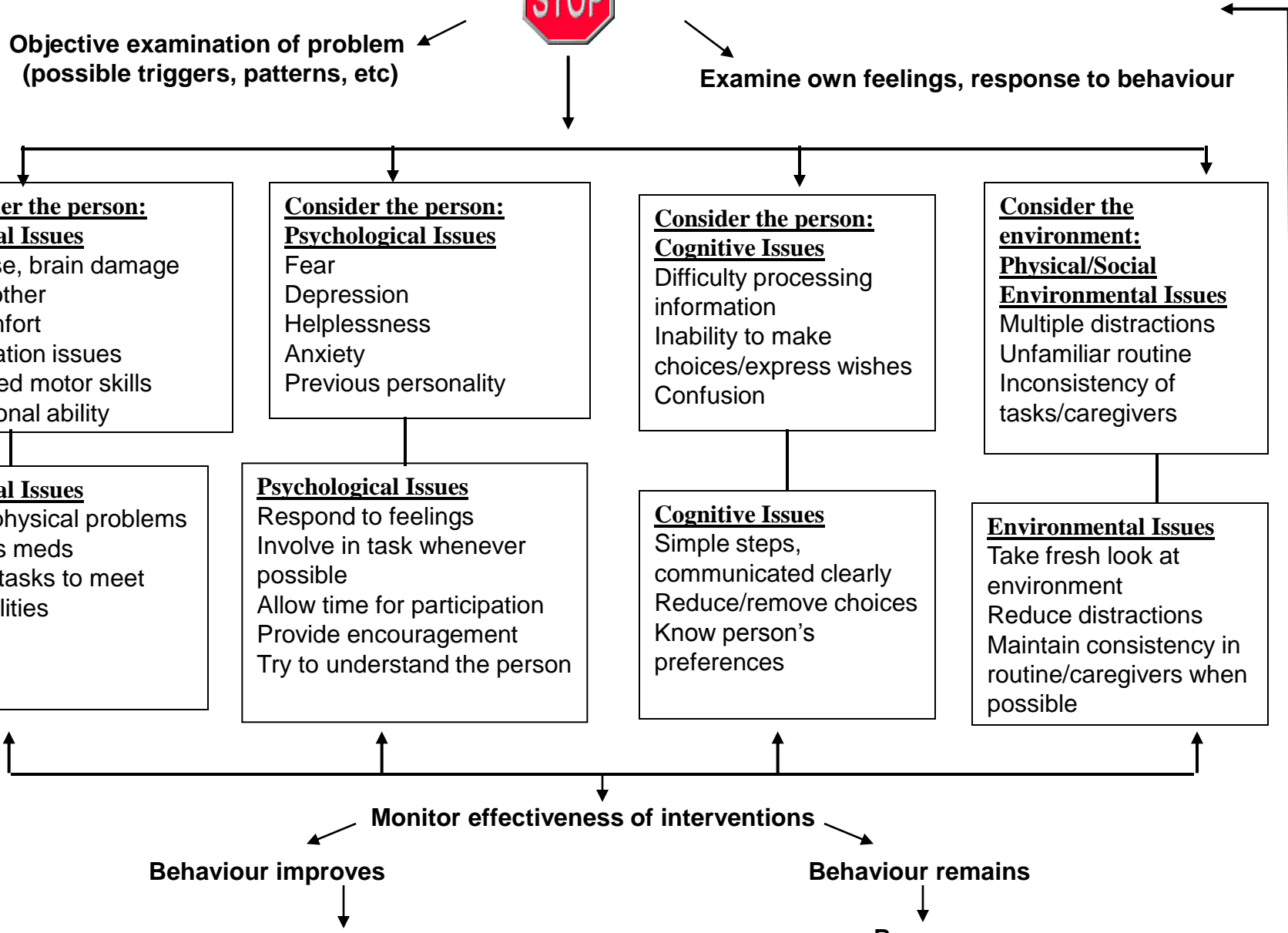
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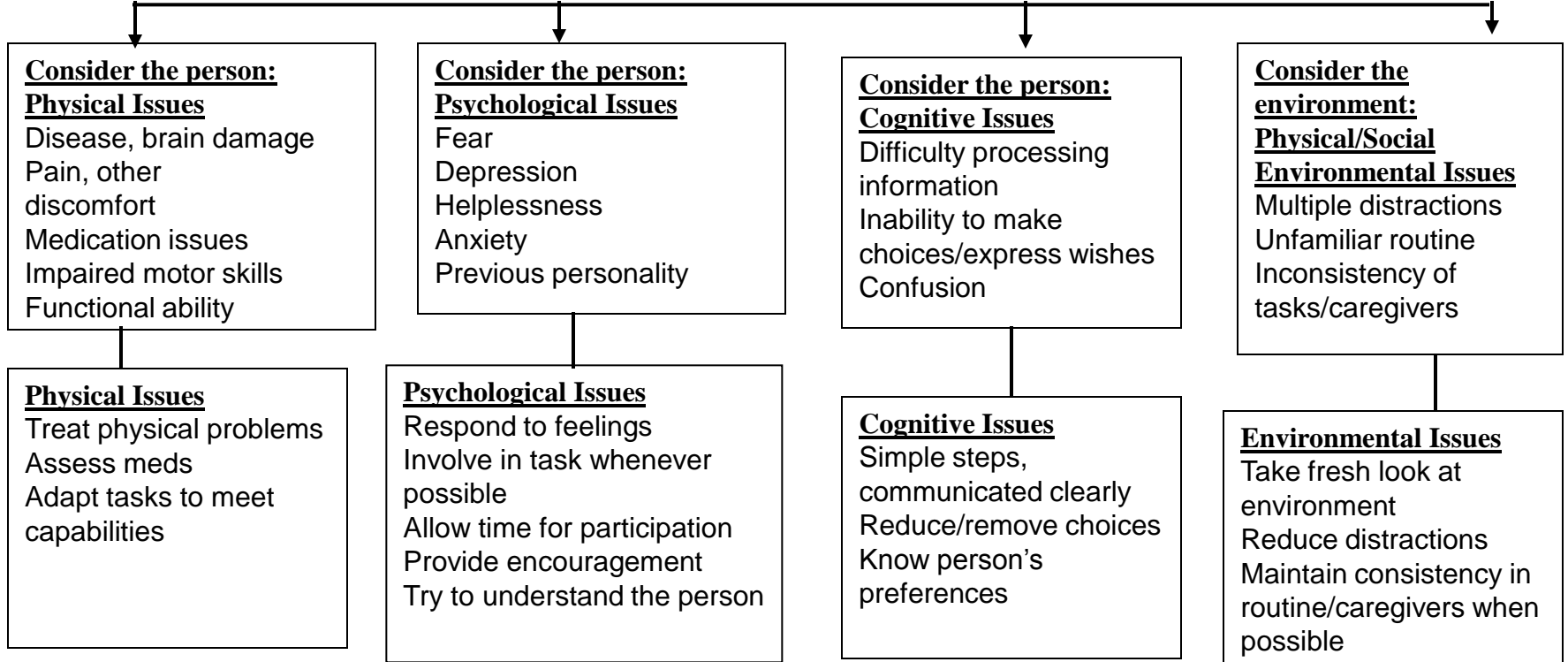
- **Physical**
 - Pain meds now providing relief
- **Cognitive**
 - Needs clear instructions
- **Physical/social/environmental**
 - Initially taking him for a walk when he is restless
 - Monitoring of other patients

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Pause for Poll

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- Psychological issue
 - Sexually inappropriate comments

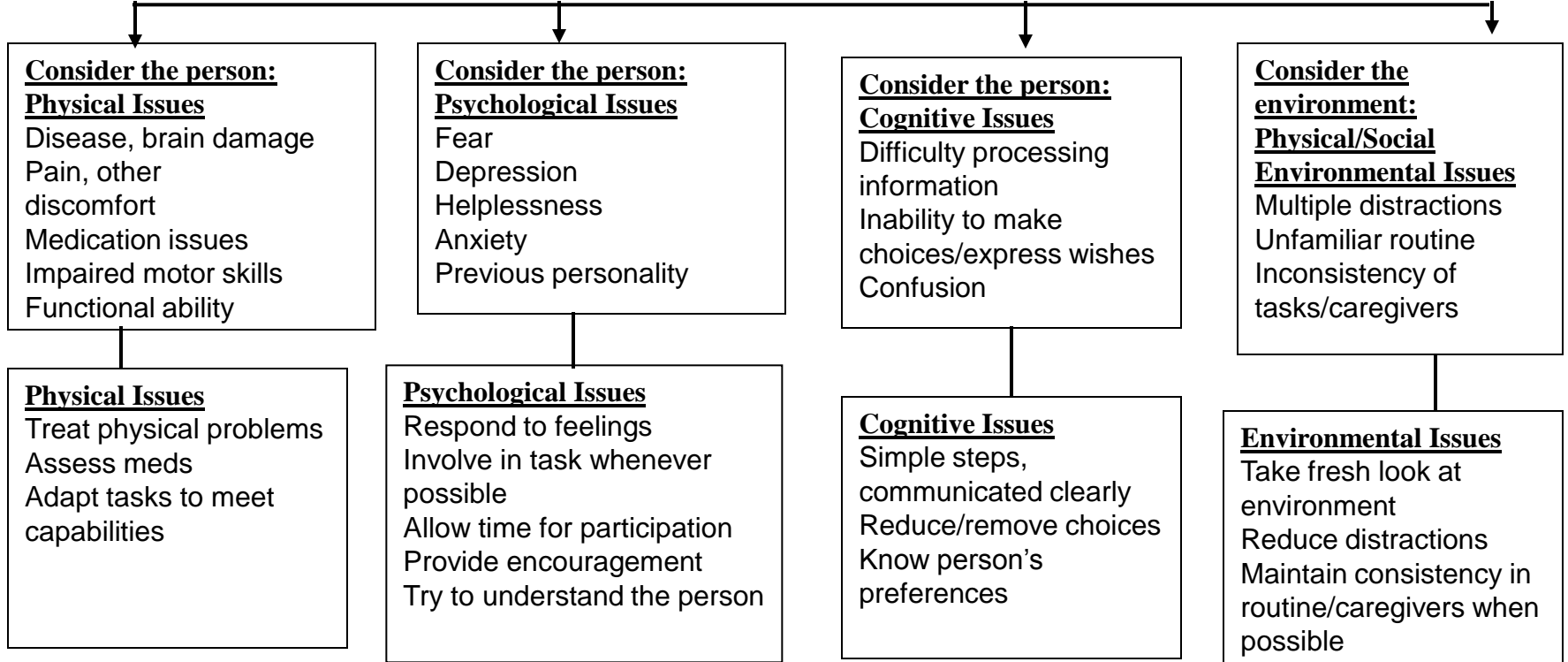


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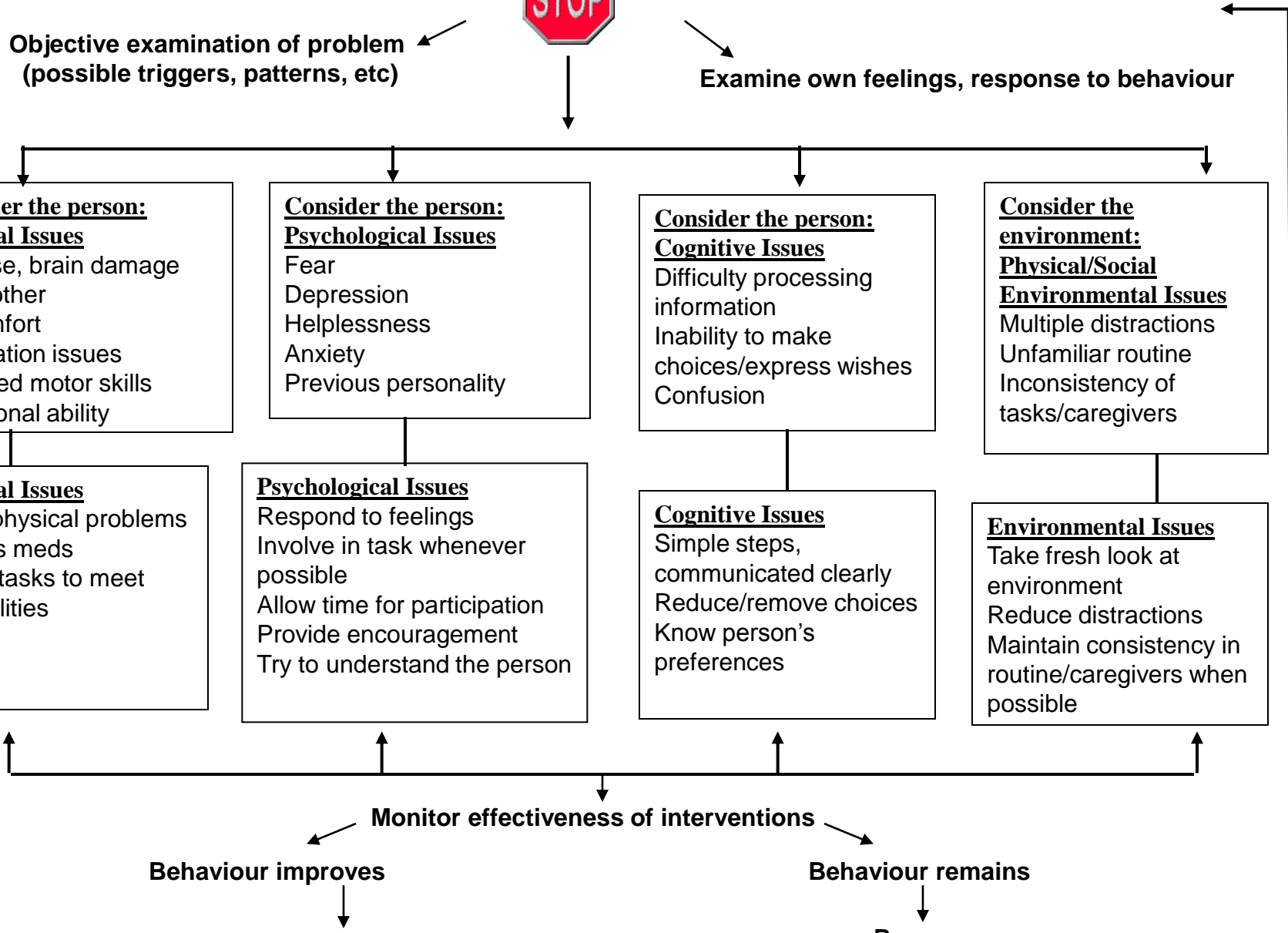
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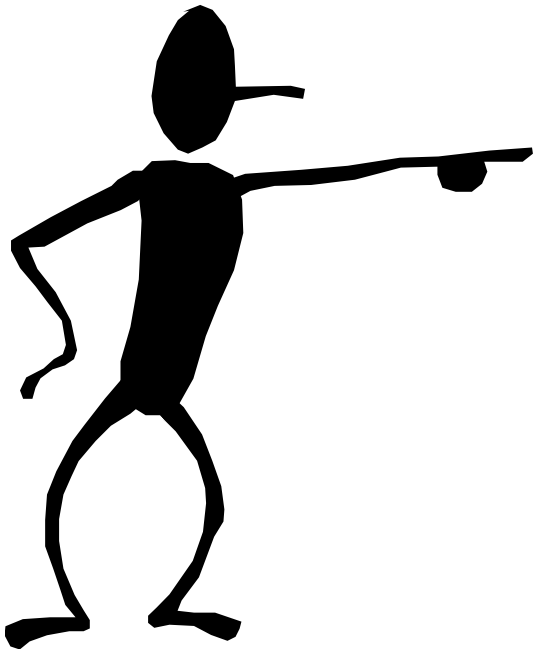
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- Understand where this behaviour might be coming from
- Consistent approach
- Firm redirection

ENHANCING CARE



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- **Alarm bed & Chair alarm**
- **Consistent encouragement re: use of 2 wheeled walker**
 - **“Let him walk!”**
- **Consistent engagement in activity**
 - **Functions better early in day**
- **When engaged during day, sleeps well at night**
 - **Will not initiate most activity and benefits from step-by-step instruction**

Pause for Poll

REMEMBER

- Persons with dementia *respond* to what is going on within and around them



STRATEGIES - KEY POINTS

- **Revise our goals**
- **Consider the person's abilities**
- **Consider how the person feels**
- **Don't take behaviour personally**
- **Avoid confrontation – reassure instead**
- **Provide structure & routine BUT be flexible**

What does it take to be an advocate?

- In the community
- In acute care
- In long term care

Ask yourself the question:
am I doing this for the patient?

SUMMARY POINTS

- **We must:**
 - **take time to try and understand the behaviour**
 - **examine our own issues**
 - **have a systematic approach**
 - **communicate!**



**Focus on
abilities
rather than
losses**



Questions?

