

Guidelines for Assessment and Interventions for Residents Who Exhibit Behaviors

Common Behavior Problems

- Physical aggression (hitting, kicking, biting, scratching, grabbing)
- Verbal aggression (threatening others, screaming at others, cursing)
- Wandering
- Inappropriate sexual behavior
- Disruptive vocalizations (calling out, yelling)
- Other behavioral symptoms not directed toward others (hitting or scratching self, pacing, public sexual acts, disrobing in public)
- Rejection of care

Managing Behavior Problems

- **Staff communication and reporting is essential when a behavior occurs**
 - Take immediate action to control a threatening or dangerous behavior problem. Consider the safety of all residents including the individual displaying the behavior
 - Complete a Behavior Assessment
 - Observe, describe, track, and trend the behavior
 - What is the specific behavior exhibited
 - Does the behavior occur during a certain time of day/night
 - Does the behavior occur in certain locations
 - Is the behavior directed to particular residents
 - Does the behavior occur with only certain staff
 - Are the circumstances which triggered the behavior
 - What interventions work
 - Care plan realistic and specific goals for behavior change and then evaluate if intervention is working
- **Completing an Assessment will assist staff in developing a specific plan of care. An assessment includes but is not limited to:**
 - Diagnosis
 - Medical Evaluation (see Attachment A)
 - Evaluation of unmet needs, environmental changes, social changes, psychosis/depression/mood changes (see Attachment A)
 - Actively listen to what resident says and what is nonverbally communicated
 - Likes and dislikes
 - Past/present family situation
 - Past lifestyle
 - Past behavior problems
 - Preferred routines and habits
 - Physical limitations (hearing, vision, speech, mobility)
 - Identify things that provide comfort to resident

- **Prevention**
 - Take immediate action to control a threatening or dangerous behavior problem
 - Care should reflect interventions to prevent (as much as possible) behaviors from occurring and to ensure the safety of the resident and others
 - Develop an individualized care plan and describe the specific steps needed to address the behavior
- **Investigation**
 - Complete an investigation, if applicable
 - Collect and review evidence/information that describes and explains the event
 - Document who, what was done/seen/heard/smelled, when, where, etc.
 - If needed, take immediate action to protect the resident or others from harm
- **Possible Interventions**
 - Assign new roommate
 - Assign resident to a different unit in the facility
 - Move resident closer to nurses' station
 - Move resident to a secured unit
 - Pain management
 - Provide food as resident may exhibit behaviors due to hunger
 - Provide comfort objects, such as dolls or stuffed animals
 - Provide comfort by covering with warm blankets
 - Provide a quiet environment (due to overstimulation)
 - Involve resident in activities (due to not enough stimulation)
 - Utilize communication cards for residents with hearing loss
 - Use validation verses orientation
 - Aromatherapy
 - Provide simple repetitive tasks such as folding linens or rolling yarn into a ball
 - Provide routine toileting
 - Provide one-on-one oversight during needed times based on assessment.
 - Install building alarm system
 - Make environmental changes (lighting, decrease noise level)
 - Ensure safe environment (lock up chemicals/cleaning supplies and unsafe objects, walking areas clear of objects)
 - Provide indoor and outdoor areas for the resident to wander
 - Supervised walks
 - Check on resident
 - If resistive to cares, provide an object for resident to hold
 - Provide busy boxes
 - Provide snacks
 - Provide planned phone calls to family or friends who can provide reassurance
 - Use family photos/albums
 - Provide recorded messages from family or friends
 - Provide naps or reduce naps

- Reduce caffeine
- Provide back rubs
- Provide soothing music
- Use staff who have the best relationship with the resident
- Use two staff to provide cares
- Attach an alarm to resident's bed, door, or chair (if thoroughly assessed)
- Provide opportunities for exercise

Rejection of Cares

Activities that may cause a resident to be resistant to cares include bathing, dressing, eating, and medication administration. Techniques that may alleviate resistance include:

- Bathing
 - Give baths only when actually needed. Elderly may not need a complete bath more than once a week
 - Adjust bath schedule to the resident's former habits. Resident may have strong feelings about nudity, create a feeling of privacy. Ex: If resident refuses to take gown off before showering, leave it on. When it becomes wet and uncomfortable, the resident may agree to remove it. Or, wrap a towel around the resident's shoulders when washing the lower half of the body.
 - Use tub or shower depending on which one causes least resistance
 - Make the bathing room home like
 - Make the water and room temperature agreeable to the resident
 - Make sure the gender of the aide is acceptable to the resident
 - Don't ask resident to undress ahead of time. Wait until resident is in shower room or about to get into tub
 - Have only one staff member assist with the bath
 - Let the resident hear the noise of running water first. Then start washing the feet and work up slowly
 - Give a sponge bath at resident's bedside
 - Don't argue with resident over the need for a bath. Proceed calmly, one step at a time. If severe resistance occurs, stop and try again later
 - Resident may have strong fears of bathing and/or water. Try switching to a new method of bathing or try a program such as:
 - Take the resident to shower room and just sit with him/her
 - Let resident hear the noise of the water running
 - Let resident get toes wet and slowly work up the body a little more each time
 - Reward the resident for each step with praise and encouragement
- Dressing
 - Limit the choice the resident has
 - Lay clothes out in order that resident will put them on

- Simplify clothing and closures. (pants with elastic waistbands, slipover blouses, slip on shoes, Velcro instead of buttons, snaps, or zippers)
- Eating
 - Try different textures of food. The resident's sense of smell or taste may be gone and texture may be the only way to judge the food.
 - Give foods that are familiar and reflect cultural and ethnic habits
 - Resident may not know what is edible and what is not or may not know how to eat
 - Ensure resident can see the plate or food (mashed potatoes or white chicken, on white plate, on white table cloth)
 - Gently remind resident and begin the action for the resident
 - Give finger foods that resident can pick up easily
 - Remove noise and activity that may distract resident. Arrange eating in small groups if resident is easily distracted
 - Limit the number of foods and utensils. Try one food at a time, offer one utensil instead of 3