Non-Pharmacologic Approaches for Managing (and preventing!) Challenging Dementia Behavioral Symptoms

Presented by:

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Presented for:

North Dakota
Symposium on Adults, Aging and Disabilities
April 18, 2024

Introductions & Instructions

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- Dementia Educator & Dementia Communication Coach
- Experiences in SNF, Assisted Living, Memory Care & Home Care

- **Philosophy**
- **About Today's Session**
- **Thank You!**

Module A

Key Concepts for discussion 'behavior.'

Key Discussion with Our Teams

Who's problem is it?

Are we all using the same definitions of 'behavior'?

.Getting up from dining room table a few times before meal is served.

Repeatedly asking what time lunch will be.

Refusing to get into bed, sleeping in a recliner instead.

Refusing to change into pajamas at bedtime.

Sleeping-in until mid-afternoon.

Getting up to 'work' in the middle of the night.

Refusing to get into a shower.

Routinely asking for a second dessert.

Walking around calmly, looking into others' rooms and checking out exit doors

Reference for Today's Discussion: **Potential Behavioral Symptoms** (Partial List)

Repeatedly or loudly saying unkind things to other residents

urgent and repetitive questions/concerns

urgently gathering, packing and moving items

urgently and repetitively attempting to leave the building

urgently pacing - seeking

repeated refusals to accept necessary assistance with urgent care

unsafe actions related to hallucinations / delusions

cursing loudly – hollering out – verbally aggressive sounds

physical combativeness (shoving, hitting, kicking, grabbing)

sexual comments and behavioral actions in public, or toward others

disrobing – shedding – shredding

repetitious movements that are distracting or unsafe

repetitious sounds that are bothersome for other residents

putting unsafe items in mouth

unsafe shadowing

Key Concepts for Today's Discussion:

#1 **All 'behavior' is communication. The person is using their remaining abilities to tell us something.**

- If a person 'always' does something, unfortunately that means we are always missing something.
- For some of our team members, the **word 'behavior'** has come to mean: *"Oh, that's just something he does because of his dementia. Can't you order something for it?"*
- For too many of our team members, the phrase **'inappropriate behavior'** has become synonymous with being ***'bad'*** or ***'naughty,'*** thus triggering their urge to express disapproval or scold the person.
- We need to be 'on alert' for these **lenses,** because can greatly limit our team's ability to do thorough **behavioral detective work** and **creative, non-pharmacologic problem-solving.**

Key Concepts for Today's Discussion:

#2 **Regarding non-pharmacologic behavior management, often we are asking the wrong question.**

The question isn't: "What should we do **when** the person does _____"

The question is: "What should we do **before** the person does _____"

#3 **Our everyday communication patterns do not work for the person with dementia.**

Even if we are communicating in a way that is pleasant and professional, our communication may well be the 'trigger' for many behavioral expressions.

Module B

Non-Pharmacologic Management of Behavioral Symptoms:

Examples of Dementia Communication Skills for 'Behavior' Prevention

Our everyday communication patterns do not work for the person with dementia.

Even if we are communicating in a way that is pleasant and professional, our communication may well be the 'trigger' for certain behavioral expressions.

Here's an example…

Giving Medication: Version 1

Using pleasant, every day communication skills

- What were some of the '**nuggets of reality**' in this scenario?
- The team member was **very pleasant**. But what things did she **do** or **not do** that contributed to this outcome?
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____

guiding to shower
•
guiding to bathroom
•
inviting to activity
•
assisting with exercise
•
doing an assessment
•
entering for a visit

Is this really an 'inappropriate behavior'? Or, is it a **rational response** that any of us might have in the exact same situation?

What are some of the labels that might be used on this person now?

- _____
- _____
- _____

So what can we do?

Treat every interaction as if it is the first
(because it may feel that way to the person)

Use thoughtful, deliberate dementia communication
(not just pleasant communication)

Giving Medication: Version 2

Using intentional dementia communication skills

- What were some of the **intentional dementia communication skills** you identified in this scenario?
  - _____
  - _____
- The Standard, 4-Step Approach
  - **Step 1:** Easy approach, sparkle, down below eye level, clear offer of handshake..
  - **Step 2:** (*Playful!*) "You must be…" or "Ah… the one and only…"
  - **Step 3:** I'm _____ [pause] I'm _____ (concrete description)
  - **Step 4:** Simple statement(s)
  - *Endorphin Boost

Using this approach for 'behavior' prevention

LPN
Uses this approach to give medication to a person who is reluctant.

CNA
Uses this approach with a person who becomes easily frustrated with ADL care.

Physical Therapy Aide
Uses this approach to guide reluctant person to Therapy Room

Plant Services Director
Standard, 4-Step Introduction to minimize suspicion / paranoia – instead of 'passing through'

Our everyday communication patterns do not work for the person with dementia.

Even if we are communicating in a way that is pleasant and professional, our communication may well be the 'trigger' for certain behavioral expressions.

Here's another example…

Chime In!

housekeeper leaves room (version 1)

- What were some of the **'nuggets of reality'** in this scenario?
- What effect might the **mask** have had on this situation?
- What are some of the many things we might have in our **hand** as we leave a person's room or apartment?
- What **behavioral symptoms** might we observe following this interaction (later in the day)?
  - _____
  - _____
  - _____
- The housekeeper was **very pleasant**. But what things did she do or not do that may trigger behavioral symptoms?

Key Point:
All 'behavior' is **communication**.
- — What is she communicating in the moment?
- — What might she be communicating through her behavioral symptoms later in the day?

Chime In!

housekeeper leaves room (version 2)

- What were some of the **intentional dementia communication skills** you identified in this scenario?
  - _____
  - _____
  - _____
  - _____
  - _____
- **Coaching Tip:** The little inspection…

What if we don't get the opportunity to use our dementia communication skills to prevent 'the behavior' – then what?

We can still use intentional dementia communication skills to prevent further escalation of the situation – and even reduce the intensity of the challenging 'behavior'.

Here's an example…

Klaus: *"I've got to get that second load in!"*

anxiety – agitation – repetition – perseveration – sundowning

Polite – Pleasant – Reminding – Reassuring – Encouraging

- *"Arlen called and said you don't have to do two loads today…"*
- *"I think you got those two loads in already, so you can just rest now, that sounds pretty good, huh?"*
- *"It's getting pretty close to dark now, so I don't think you'll be able to fit another load in today, so you might as well stay and have supper with us!"*
- *"The truck is broken down, we'll have to wait until it gets fixed…"*

Increased agitation & questions

Detective Work + Intentional Dementia Communication + Consistency

- Heavy energy to mirror mood,
- *"Klaus, Arlen just called with some pretty bad news… The belt just snapped on that de-twigger. The whole darn thing."*
- Validate the ***emotional*** reality,
- In it together:
  "That is no good at all. Not at all."
- Settling & silence,
- Look for distraction after agitation/questions have begun to decrease.

Plateau the escalation, then decrease

Basic Skills for Dementia Communication

What's the Connection to Behavior Prevention?

Avoid Shock or Uncertainty	• Approach in an easy way, from the front, • Get below eye level (using a chair is okay!), • Use a warm, sparkling facial expression (except in certain cases where this would be a trigger) • When needed, use a gentle, gracious reminder to introduce yourself and your role in the person's world.
Ensure Comprehension	• Describe what you will be doing – and wait for person to process (and agree to!) what will happen next, • Use simple statements (7 words or less) and ZIP IT! • Use familiar, concrete words, • Use a respectful & easy-to-hear tone of voice – avoid up-talking
Relate to Emotional Reality	• Use positive wording instead of negative, • Validate the person's emotional experience • Sit in silence together.

Examples of Outcomes…

Dementia Communication Coaching for 'Behavior' Prevention

Outcomes

- 31 long-term care sites in the Midwest, including 14 with Memory Support
- 2 Year Outcomes

Antipsychotic Use

- Health Services overall: **-29%**
- Memory Support communities: **-26%**

Behaviors Affecting Others

- Health Services overall: **-39%**
- Memory Support communities: **-34%**

Dementia Communication Coaching for 'Behavior' Prevention

Outcomes

- 31 long-term care sites in the Midwest, including 14 with Memory Support
- 2 Year Outcomes

In 2 years there has been a
50% reduction
in team member injuries related to 'combative' resident(s).

Module C

Non-Pharmacologic Management of Behavioral Symptoms:

Examples of Individualized Programming for 'Behavior' Prevention

Key Concepts for **Individualized Programming for 'Behavior' Prevention**

1) Often, behavioral symptoms are the result of **boredom** or **under-stimulation.**

2) Often, behavioral symptoms are connected to a **loss** of genuine purpose or genuine connection with others.

3) Addressing these unmet needs ***preventively*** with **purposeful, individualized programming** is at the heart of non-pharmacologic approaches to 'behavior' prevention.

Marie & Mary: Background

- **About their Assisted Living with Dementia Care Center**
- **Afternoons with Marie**
  - She became increasingly restless & agitated,
  - Reverted to speaking her first language – German,
  - In activity or dining areas, certain other residents became agitated by her speaking German and moving about – creating conflicts,
  - Frequent refrain: *"Can't you give her something??"* (i.e. medication)
  - The belief was: *"She's not appropriate for activities!"*
  - In a person-centered model, how should this be reframed?
- **Life with Mary**
  - Absolutely EVERYTHING delighted her!
  - She showed her delight by laughing loudly and with her whole body!
  - She was very talkative and loved talking to people,
  - But, her talk was largely 'word salad,' which agitated certain other residents,
  - The belief was: *"Nobody can understand her!"*
  - In a person-centered model, how should this be reframed?

Marie & Mary: Creating Genuine Social Connection

- An established **system** for engaging persons with dementia,
- A focus on **social partners** – not 'busy work,'
- A focus on existing **strengths**,
- An intervention used **prior** to the emergence of challenging behavioral symptoms,
- **Coaching** and competency evaluation to ensure **skilled facilitation** & safety awareness,
- Did not replace the group activities that benefitted other residents.

How does this example relate to best practices in our field?

- Services provided in a person-centered manner that promotes resident choice, dignity and sustains the person's abilities,
- Non-pharmacological practices that are person-centered and evidence-informed,
- Identification of activities for behavioral interventions.

(Excerpts from Minnesota Assisted Living statutes)

Toshiko: 'Behavior' or 'Strength'?

- **About her Care Center**
- **A Day-in-the-Life**
  - She was always on the go! **Exploring**, **moving**, going to other people's rooms,
  - She spoke Japanese, with only a few peers and no staff members that spoke the language,
  - She delighted in **finding**, **unrolling**, and **collecting** toilet paper!
  - **Sometimes** this created conflict with other residents (though not frequently),
  - But, staff members felt this was a ***'behavior' to be stopped*** – and they tried many ways of stopping this 'behavior' – though none were very successful.
  - In a person-centered model, **how could this be reframed?**

Let's provide an even more delightful opportunity!

- An established **system** for engaging persons with dementia,
- An intervention used **prior** to the emergence of challenging behavioral symptoms,
- Change the lens from '**stop** the behavior' to '**support** the strength,'
- Change the lens from **reactive** to **proactive**,
- **Coaching** and competency evaluation to ensure skilled facilitation & safety awareness.

'She's always getting into trouble'
Stealing
Bad
'She's our little thief'
Hoarding
Naughty
Rummaging
'She can be so naughty.'
'She's our little hoarder!'
Hoarding Behavior
'You've got to keep an eye on her!'

Medical Model Lens and Labels

"This is a problem to be stopped."

"Margaret experiences a sense of security, safety and fulfillment by collecting things, packing things, storing things and holding things close."

Person-Centered, Strength-Based Lens

"This is a strength to be celebrated and supported."

If this is our **lens** / **philosophy**, then it would make sense that we would provide Margaret even **more** opportunities to gather and collet items – including items that will spark delight and provide her pleasure.

[Coaching, Skilled Facilitation, Systems for Supervision & Storage – all required to ensure safety and effectiveness]

'He's always going in other resident rooms!'

Bad
'He's pretty sneaky'
Naughty
Stealing
'He digs in all their stuff.'
Rummaging
Behaviors
Wandering

'You've got to keep an eye on him!'

Medical Model Lens and Labels

"This is a problem to be stopped."

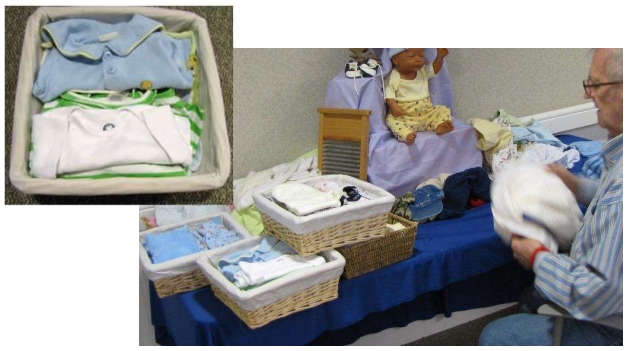
"Ken experiences a sense of purpose, fulfillment, and calm by keeping things nice & orderly, tidying up living areas, and generally keeping busy. He learned the value of orderliness when he served in the Army."

Person-Centered, Strength-Based Lens

"This is a strength to be celebrated and supported."

If this is our **lens** / **philosophy**, then it would make sense that we would provide Ken even **more** opportunities to tidy-up and keep things orderly – including items that may spark conversation with folks passing by.

[Coaching, Skilled Facilitation, Systems for Supervision & Storage – all required to ensure safety and effectiveness]



'Preventing the Opportunity for the Response to Occur by Using a Strength'

Strength-based activities are an essential component of a preventive approach to challenging behavioral situations.

Not merely 'busywork' – but a **critical tool** for helping persons with dementia experience genuine pleasure, purpose & peace.

When the person is experiencing these things, they are far less-likely to exhibit challenging behavioral symptoms.

Outcomes

Falls	52.8%
Anti-psychotic Medication Usage	32.7%
Residents Leaving Unattended	100%
Resident-to-Resident Incidents	37.5%

Savings
Thousands is drugs costs
Nursing paperwork reduced

Stakeholder Satisfaction

CCN Staff Members	Strongly Agree	Agree
I am more satisfied with my job	43.8%	43.8%
Caring for CCN Residents is easier now	17.6%	41.2%
My knowledge of dementia has improved	37.5%	56.3%

'He's always trying to escape!'

'He's always at the door!'

'He tries to sneak out with visitors'

Naughty

'He's always banging on the door.'

Wandering

Behaviors

Wandering

'You've got to keep an eye on him!'

Medical Model Lens and Labels

"This is a problem to be stopped."

"Carl has never liked being cooped-up! In his work as a construction crew foreman he was always out and about – checking-up on everything and everyone. Carl has enjoyed outdoor past-times his whole life, such as fishing hunting, and snowmobiling.
Carl also is passionate about vehicles – especially his green Ford pick-up."

Person-Centered, Strength-Based Lens

If this is our **lens** / **philosophy**, then it would make sense that we would provide Carl even **more** opportunities to get out and about – especially to go check-out vehicles.

"This is a strength to be celebrated and supported."

Person-Centered Plan:

- Get moving!
- Go outside if possible,
  (what if it is cold, raining or snowing?)
- Walk and walk,
- Get a change of scenery,
- Look for cues that the person is growing tired, cold or thirsty. When you see that cue, provide a 'mirroring cue' yourself.

Engagement Ideas

- These ideas require very few specialty supplies or purchases – these can often be implanted with **items already on-hand**.
- Most of these ideas can work well not only for providing pleasure, purpose and peace – but also as **'behavior' prevention tools** – because so often challenging behaviors have **boredom** or **under-stimulation** as a root case.
- Remember this key principal regarding 'behavior' management: It's not what do we do ***when***… It's "What do we do ***before***…"

Challenge the Automatic 'No' by Reframing the Statement

"She wouldn't be able to do that…"
vs.
"She could do that if we adapted it by…"

"Our residents wouldn't like that…"
vs.
"The resident who might really benefit from this is…"

"We would never be able to do that at our place because…"
vs.
"That would work at our place if we…"

Meal-Time & Food Prep

- Selecting a recipe to make
- Copying a recipe to share
- Setting the table
- Washing & Drying Dishes
- Wiping & Clearing Tables
- Sweeping up the kitchen
- Frying a hamburger
- Peeling potatoes & carrots
- Snapping beans, husking corn
- Shelling peanuts
- Chopping nuts
- Making muffins
- Baking brownies
- Slicing a banana for cereal
- Making scrambled eggs
- Buttering toast
- Measuring ingredients
- Breaking eggs
- Greasing a pan
- Stirring batter
- Pouring liquids
- Kneading dough
- Forming meatballs
- Assembling a sandwich

Household Chores

- Watering indoor plants
- Cleaning leaves of indoor plants
- Tending Plants & Gardens
- Caring for Animals
- Cleaning Leaves of Plants
- Dusting
- Swiffering - Sweeping
- Washing windows or mirrors
- Wiping down countertops
- Polishing shoes
- Folding clothes & towels
- Putting clothes & towels away
- Organizing a drawer
- Clipping coupons
- Walking the dog
- Brushing cat/dog
- Feeding cat/dog

Outdoors: Nature & Weather

Experiences

- Taking a walk outside,
- Sitting outside together,
- Having lemonade outside,
- Checking the rain gauge,
- Checking the temperature,
- Checking the forecast,
- Watching birds at a feeder,
- Watching birds in a bird bath,
- Feeding squirrels,
- Watching a rabbit,
- Checking on a vegetable garden,
- Enjoying a flower bed,
- Smelling lilacs or cutting a lilac bouquet,
- Making a dandelion crown,
- Watching a thunderstorm move-in,
- Listening to thunder,
- Watching the rain.

Why do these sensations matter?
Warm sun
Cool breeze
Damp air
Crunchy leaves
Fresh cut grass
Cold air

Outdoor Chores

- Planting bulbs,
- Planting vegetables or flowers,
- Pulling weeds,
- Watering outdoor plants,
- Filling bird feeder,
- Filling a bird bath,
- Sweeping sidewalk,
- Raking leaves.

Enjoying Time Together

Experiences at Home

- Blowing bubbles
- Whistling
- Reading jokes from a joke book
- Tic-Tac-Toe
- Playing marbles
- Simple jigsaw puzzles
- Reading out loud
- Playing solitaire together
- Working on a model together

Going for Drives

- Visit homesteads, farms, lakes, rivers, houses, construction projects, Main Street, churches, schools, sculpture gardens, parks, walking paths, etc.
- Trip to Diary Queen, McDonalds, etc.
- Going to a walking track, walking trail, etc.
- Go shopping at the mall, hardware store, etc.
- Attend community events, concerts, etc.
- Experience the seasons: Spring, Summer, Fall, Winter

Module D
Environmental Triggers

Key Concepts for Understanding Environmental Triggers

1) Often, behavioral symptoms are the result of **environmental triggers.**
2) Often, **we** are the triggers.
3) Managing **triggers** in the environment is a **critical** part of managing many of the most challenging **behavioral symptoms** of dementia.

How many of these triggers might someone with dementia be exposed to in our setting?

How many times a day?

What is the very concrete message we are sending with these triggers?

What behavioral symptoms may we see as a result of these triggers?

Reducing Environmental Triggers: We are **all** part of the **team**

- Marketing & tours
- Central supply
- Dining
- Plant Services
- Housekeeping
- Laundry
- Contractors / Vendors
- Families / Volunteers
- Leadership
- Nurses & Caregivers
- Recreation, Social Services
- Therapies

Key Points

Managing **triggers** in the environment
is a **critical** part of managing the most challenging
behavioral symptoms of dementia.

Managing **stimulation** in the environment
is a **critical** part of providing pleasure, purpose and peace
for the person with dementia and their families and guests.

Every one of us is part of this effort.
It takes a **team**.

Module E

Involving the Whole Team

Ideas for Interviewing Team Members & Tapping into Their Wisdom

Behavioral Detective Work: Ideas for Interviewing & Involving Team Members

- How would you describe John's behavioral symptoms?
- What do you think is going on?
- What do you think John might be trying to tell us with this 'behavior'?
- Do you think there are certain times & places when the behavioral symptoms are worse?
- Do you think there are certain times & places when the behavioral symptoms aren't as bad?
- Do you think there are times when John is having pain or seems uncomfortable?
- Do you think there are some team members who have a harder time working with John? Do you think there is anything about their approach that may be making the situation worse?
- Do you think there are some team members who have an easier time working with John? Do you think there is anything about their approach that causes them to have an easier time?

- What are some of the 'tricks' you've found that work well with John?
- When do you think John seems the most content? happy?
- What does John like to talk about when you are working with him?
- Would it be okay if I watch you interacting with John, to see what you are doing that works well?
- What advice would you give someone who is working with John for the first time?
- If we can make time on the schedule, would you be willing to be my partner in making some observations of John? To see if we might get some more clues about what is going on?
- Would you be willing to help me trial a few new ideas for working with John?

Judy: Refusal to shower, bathe or 'wash-up' at sink.

Things we learned from team interviews:

- Her room is her 'safe space,'
- When she is calm, she is most-often resting in her recliner,
- She is most-likely to be calm for a time following breakfast and again following lunch,
- She absolutely refuses to step across the threshold into her bathroom if she is 'guided,' but will enter on her own to use the toilet and to brush her teeth.
- Modesty is **very** important for her,
- She enjoys singing 'this little light of mine,' and talking about children (she was a Kindergarten assistant.)
- There are two team members who might be considered her 'trusted care partner.'

Upcoming Trial:

- Modified "Recliner Bath" + "7-Day Bath" using no-rinse products,
- Will be trialed during a calm time, in her recliner – by one of her trusted care partners.

Thank You

About the Presenter. As the Founder and Lead Coach of Gemini Consulting, Erin Bonitto provides hands-on dementia communication coaching at partner communities across the nation, including skilled nursing homes, assisted living centers and memory care providers. Using the 'Buddies Forever Dementia Communication Coaching System,' Erin's partner communities learn how to provide persons with dementia the gifts of pleasure, purpose and peace – while making measurable impacts on clinical and operational goals related to psychotropic use, behavioral outcomes, fall rates, team member morale and family satisfaction. These projects have been grant-funded in several states and described by providers as their 'missing link' to culture transformation. Her educational background includes an M.S. in Gerontology and an Activity Director Certification – but her true education began with jobs in dietary and caregiving, throughout her high school and college years. When Erin is not providing coaching, she can be found as a popular featured speaker at aging services conferences. She has been described as a speaker who "can bring tears to your eyes and make you laugh out loud," all while delivering real-world, nuts and bolts tools that participants can put to use immediately.

Contact Info

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