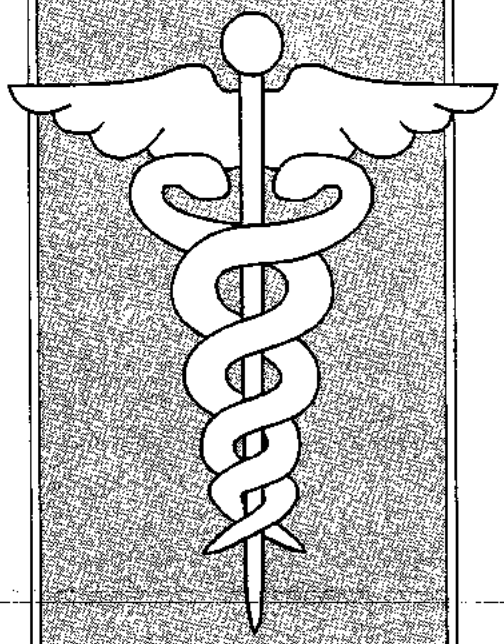
Long Term Care
Network,
A Division of
PRIMEDIA Healthcare



Dealing With Difficult Residents

EDA 311-0152

presenter
Debra Bass-Chambless, MSN, RN, CS, A/GNP
Consultant
Cedar Hill, Texas

DEALING WITH DIFFICULT RESIDENTS

BEHAVIORAL MODIFICATION

People are often placed in long term care facilities because of dementia, confusional states, strokes, or brain damage. The majority of these residents are elderly and often have behaviors that make it difficult to care for them. Altering their behavior, or *behavioral modification*, can aid in caring for residents.

Behavioral modification has its roots in psychology. To achieve a change in behavior, it is necessary to identify a need for change and formulate a plan to modify the behavior. In cases described here, a resident is unable to see a need for change, nor does he or she have the ability to change that behavior. A nursing assistant who spends a great deal of time with these residents can play a key role in both identifying and modifying the behaviors.

DEMENTIA AND ACUTE CONFUSIONAL STATES

The two most common causes for inappropriate behaviors on the part of residents are *dementia* and *acute confusional states*. Dementia, regardless of the cause, is a slow loss of previously acquired intellectual or behavioral function without an alteration in the level of awareness. Acute delusional states have an acute or subacute onset of disorientation with alterations in level of awareness, including hyperalert and drowsy states. These states often disrupt day/night cycles and can be accompanied by delusions. Acute confusional states can coexist with dementia.

Dementia

In dementia, you may see one or more of these losses:

- recent memory loss (may affect job/learned skills).
- difficulty performing familiar tasks.
- disorientation of time and place.
- poor or decreased judgment.
- problems with abstract thinking.
- misplacing things.
- changes in mood or behavior.
- changes in personality.
- loss of initiative.

Acute Confusional States

Acute confusional states can be caused by:

- infections.
- metabolic disorders.
- tumors.
- trauma.
- toxic causes:
  - drugs.
  - chemicals.
- alcohol.
- vasculitis.
- sensory deprivation.

Residents with dementia and acute confusional states often cope with losses in a negative way, resulting in inappropriate behaviors. Regardless of the cause for a change in behavior, report it to the charge nurse. Many acute confusional states are reversible, and early treatment can make a difference.

Behavioral Problems

Behavioral problems result from many causes, including:

- insomnia.
- depression.
- anxiety.
- agitation.
- paranoid delusions.
- psychoses.

Symptoms frequently seen include:

- confusion of day/night.
- crying.
- pacing.
- aggression.
- combativeness.
- hyperactivity.
- hoarding.
- disinhibition.

Night/Day Confusion

Caregivers are required to deal with residents who want to sleep all day, making it difficult to bathe, groom, and feed them and who are up all night disturbing other residents and interfering with staff routines.

Crying

Residents who cry frequently upset other residents and staff who are often at a loss as to how to console them. Also, it is disturbing for family members who come to visit to find their loved one crying.

Pacing

Pacing may not seem to be much of a problem; however, residents who pace may become so tired that they fall. They also use up a lot of calories. Pacing places a resident at risk for serious injuries.

Aggression, Combativeness, and Hyperactivity

Aggression, combativeness, and hyperactivity place both residents and staff members at risk for injuries. Aggression and combativeness are most likely seen during bathing, dressing, oral hygiene, or any activity that requires intruding in a resident's personal space. Many residents with dementia have an aversion to water and do whatever it takes to stay out of a tub or shower, placing both themselves and staff at risk for falls and other injuries.

Hoarding

Residents who hoard pose a special problem for staff members because the reason for hoarding is difficult to understand. The resident may hoard food, papers, or other residents' belongings.

Disinhibition

Disinhibition may present itself as foul language, undressing in areas other than their room, or sexual acting out.

INTERVENTIONS

There are many nonpharmacologic ways to manage these behaviors. All behaviors can be improved with structure, a consistent routine, and familiar staff members.

Night/Day Confusion

Those residents who have reversed their days and nights can gradually be reconditioned to sleep at night. This can be accomplished by keeping the resident awake a little more each day. Involve the resident in activities such as exercise, singing, games, and other activities on the unit. Reduce stimulation and light at night to encourage sleep.

Crying

Residents who cry may be depressed, anxious, or lonely. One-on-one conversations with a resident that allow him or her to talk about the past or family memories can help to validate feelings and also distract the resident. Participation in activities, soothing music, and nature sounds may also help. Allow the resident to keep a familiar object that is special to him or her during activities. Calm conversation and a caring touch can assist in decreasing depression.

Pacing

Pacing is a difficult behavior to modify. It may require placing a resident in a time-out such as an hour in his or her room so the resident can rest. Reduce stimulation, attempt to distract the resident, and provide for quiet activities. Also, provide finger foods so the resident does not miss meals because of the pacing.

Aggressiveness, Combativeness, and Hyperactivity

Aggressive and combative residents who physically act out may hit, scratch, bite, and kick caregivers; those who are verbally combative curse and call their caregivers names. None of this should be taken personally; these behaviors are caused by

the dementia or acute confusional state. It often works to ask before touching them. For example, you can ask, "May I take your blood pressure now?"

Speak calmly and distinctly when talking with residents, and be firm and consistent in actions. As mentioned previously, these residents are difficult to shower or bathe. It only compounds the problem if three or four nursing assistants physically force a resident to bathe or shower. This often results in injuries to a resident or the staff. The nursing assistant most trusted by a resident should be in charge of his or her hygiene. An anti-anxiety medication given 30 minutes before bathing is often helpful.

Residents who are hyperactive are prone to repeating tasks and bothering other residents. Reducing stimulation and distraction and giving a resident a task to do such as folding a towel is often useful. It may be necessary to place these residents in a time-out to give the other residents a break or to stop confrontations between residents.

Hoarding

Residents who hoard items often think they are having their belongings stolen when staff clean their rooms. Remove items when a resident cannot see them being taken from his or her room. Inspect rooms daily for other residents' belongings and for food which may spoil. Some residents place food in their purses. Have the family bring a resident two identical purses that can be washed, and change out the purses often. Eating spoiled food places a resident at risk for food poisoning.

Disinhibition

Residents who lose inhibition can cause problems for nursing assistants. Ignore foul language whenever possible. If it gets really bad, the resident can be placed in his or her room. It is not likely this behavior can be changed. Residents who undress in common areas of a unit need to be re-dressed and calmly reminded that they must be dressed when out of their room. Repetition of this reminder may prove successful in changing the behavior.

Sexual acting out is frustrating for staff members and residents alike. It may be suggestive language, inappropriate fondling of others, public exposure of genitals or masturbation, and attempts at sexual intercourse. Distraction, structured activities, and time-outs may prove helpful. However, it may be necessary to use pharmacological intervention to stop these behaviors.

SUMMARY

A nursing assistant can play a key role in modifying behavior of residents in long term care facilities. Regardless of the behavior, the goal should always be to protect a resident from injury, maintain optimal health, and provide physical and intellectual stimulation. The result is a happier resident and a more satisfied staff member.

BIBLIOGRAPHY

Brown, F.W. (1998). Case report: Sexual aggression in dementia. *The Annals of Long-Term Care, 6* (8), 248-9.

Christ, M.A., & Hohloch, F.J. (1993). *A study and learning tool: Gerontologic nursing* (2nd ed.). Springhouse, PA: Springhouse Corporation.

Dambro, M.R. (Ed.) (1995). *Griffith's 5-minute clinical consult.* Baltimore: Williams & Wilkins.

Grosberg, G.T. (1998). Psychiatric symptoms of Alzheimer's disease: Focus on agitation and aggression. *Alzheimer's Disease: Management Today, 1*, 4-7.

Alzheimer's Disease and Related Disorders Association, Inc. (1996). *Is it Alzheimer's?: Warning signs you should know.* Chicago: Author.

Kane, R.L., Ouslander, J.G., & Abrass, I.B. (1994). *Essentials of clinical geriatrics.* New York: McGraw-Hill, Inc.

Moore, B.G. (1992). Reminiscing therapy: A CNS intervention. *Clinical Nurse Specialist, 6* (3),170-3.

Noble, J. (Ed.). (1996). *Textbook of primary care medicine.* (2nd ed.). St. Louis: Mosby.

Small, G.W., Rabins, P.V., Barry, P.P., Buckholtz, N. S., DeKosky, S.T., Ferris, S.H., Finkel, S.I., Gwyther, L.P., Khachaturian, Z.S., Lebowitz, B.D., McRae, T.D., Morris, J.C., Oakley, F., Schneider, L.S., Streim, J.E., Sunderland, T., Teri, L.A., & Tune, L.E., (1998). Diagnosis and treatment of Alzheimer's disease and related disorders: Consensus statement of the American Association for Geriatric Psychiatry, the Alzheimer's Association and the American Geriatrics Society. *Primary Psychiatry, 6,* 72-8, 81-4.

Uphold, C.R., & Graham, M.V. (1994). *Clinical guidelines in adult health.* Gainesville, Florida: Barmarrae Books.