

Strategies for Programs

Minimizing Agitation and Aggression

STRATEGY	DESCRIPTION	SUGGESTION
<p>Policy and Procedure</p>	<ul style="list-style-type: none"> • If certain prevention and intervention strategies are integral parts of your facility's delivery of care, they can be described in P&P documents or a <u>mission statement</u>. 	<ul style="list-style-type: none"> • Print a short glossary of terms that families new to your facility should know – life skills, validation, etc. • Make key strategies part of new employee orientation and staff in-services.
<p>Assessment</p>	<ul style="list-style-type: none"> • Information on the social history and preferences of a resident is useful but may have enough depth to help staff manage agitation and aggression. • Consider what information is actually needed. • Your facility may decide to go beyond the minimum standards of Virginia. 	<ul style="list-style-type: none"> • Encourage the direct care staff to develop an assessment form that captures data useful for behavior management. • This doesn't have to be a separate piece of paper. Questions could be added to existing assessment tools. • Included could be: life-long behavior patterns; biases; triggers; fears; potential rewards; social irritations.
<p>Behavior Tracking</p>	<ul style="list-style-type: none"> • A page with columns for describing the A-B-Cs of behavior is useful for staff-to-staff communication and problem-solving. • <u>This is not required by regulations.</u> • Such forms are valuable when help is needed from other providers. • They are also helpful for describing behavior problems and interventions to family members. The forms keep the information more objective. 	<ul style="list-style-type: none"> • Assists prevention by helping staff members understand and anticipate behavior. • Team members caring for the individual should share in the problem-solving process. • Make 3 columns on a page, one for A, one for B, and one for C. Add two small columns for date/time and initials.

STRATEGY	DESCRIPTION	SUGGESTION
<p>Life Skills</p>	<ul style="list-style-type: none"> • These are the everyday tasks that become an integral part of adults' lives. • Overlearned, almost automatic, repetitive movements that live in long-term memory. Helping with the tasks of 'home' brings a sense of meaning and usefulness to residents' lives. • These activities increase feelings of competence and independence. • <u>Staff members should work along with residents doing these tasks.</u> Otherwise the benefits of social contact are lost, and the task is just busy-work. 	<ul style="list-style-type: none"> • Life Skills can be a formal part of the activity program. Time blocks for them can be designated on the activity calendar. (Call it 'dinner preparation.' Ask for volunteers. Have a committee.) • Other departments can participate by helping residents work alongside them. Housekeeping, maintenance, and the kitchen are examples. • Staff in these ancillary departments need some orientation and training. They also need to know 'what's in it for them.' • Inclusion in decision-making can bring all the facility's departments into the home team.
<p>Routine or Schedule</p>	<ul style="list-style-type: none"> • People with cognitive impairment do best with a routine – events that occur one after the other in a predictable pattern. • <u>Residents may become agitated when they are rushed or confused about what to do next.</u> • Time slots for activities should be larger to allow for a slower, more relaxed pace and assistance managing transitions. • People who are cognitively intact may want a tighter schedule that allows them to plan their day. • Residents may develop different sleep patterns during the course of their disease. Programming appropriate to nighttime should be available to those who need it. 	<ul style="list-style-type: none"> • The regulations must be met, but partner with inspectors to follow best practices for dementia care. • Within a large block of time (from 4-5 PM) several different activities could be listed. Ex: life skills – salad prep; and musical instrument group. • It is likely that people may need to move from one activity to another depending on need. • <u>This is the flexibility that will minimize agitated and aggressive behavior.</u> • Nighttime programming could include: a box or stack of attractive magazines; availability of a light snack; closeness to a staff member; a quiet life skills activity like sock sorting. • Night waking in dementia is not a behavior problem. It is a part of the disease that some people experience. Others do not. Programs should support the needs of those who are wakeful.

STRATEGY	DESCRIPTION	SUGGESTION
<p>Person-Centered Care</p>	<p><i>This is a philosophy of dementia care that can apply to all people in assisted living.</i></p> <ul style="list-style-type: none"> • P-C C holds that the resident’s feelings and preferences are more important than completing a task on time. • The care focus is on the resident as a whole human being regardless of cognitive ability. • The life history, patterns, and preferences of the person are used to guide their care. • Staff approaches and communication will be tailored to each resident. • The resident is encouraged to do everything for himself that is within his ability. • This approach is in direct opposition to task-focused care, where personal care activities are completed, then the staff waits for the next ones. • Agitation is reduced because P-C C respects dignity and individuality. Frustration and isolation are lessened. 	<ul style="list-style-type: none"> • Task breakdown is an important part of P-C C. So are the techniques of prompting and cuing. • Residents’ personal histories are used to spark conversation and to distract the individual. • P-C C eliminates an institutional environment. • Reminiscence, using knowledge of the person’s past is a big part of P-C C. • An example of the P-C C approach during ADLs: “Mrs. Brown, can you help me wash your arm? You know, I like baths. I loved to bathe my babies. How did you wash your babies?”
<p>Relaxation Activities</p>	<ul style="list-style-type: none"> • Daily structured relaxation activities can be a part of the activity schedule. • Controlled breathing and muscle relaxation can combat the stress response that can build up during the day. • Reading a script for an activity is appropriate for the cognitively intact. • Demonstrations and props can yield similar results for the cognitively impaired. 	<ul style="list-style-type: none"> • Plan a relaxation session at a time that is good for the residents. A session after lunch could result in a restful nap. • It may become evident that more active diversions are needed at difficult times: before dinner; in the morning. Or not. Assess and plan. • If a group of residents is not able to follow the exercise, encourage closing of eyes while the staff leader leads a slow, relaxing mind journey. • A relaxation exercise can get a wakeful resident ready to go back to bed.

STRATEGY	DESCRIPTION	SUGGESTION
<p>Music and Movement</p>	<ul style="list-style-type: none"> • Even in a damaged brain, music and movement are connected. • Research has shown that not all music is a quieting influence on agitation. Personal preferences have a strong therapeutic edge over generic classical or easy-listening music. • Not every elder wants to hear big bands. • Research has also shown that big, sweeping movements that <u>resemble</u> the intensity of aggressive movements can release tension in a preventive way. (Like imitating an elephant’s trunk sweeping the ground) • <u>If any style of music or movement exercise over-stimulates a resident, lead the person quietly out of the room.</u> Use that information for future activity programming. • Music often stimulates movement. Sousa marches can initiate walking. • Music can soothe or stimulate according to resident need and staff goals. • <u>Music doesn’t have to come from an electrical device.</u> It can be part of staff-resident communication. 	<ul style="list-style-type: none"> • Use a variety of tempos. Sway with scarves and bandanas. March in place. • Start a collection of genuine rhythm instruments – not the sets from catalogs. Ethnic shakers, tambourines, drums with skin heads of different sizes. • Sometimes families who want to contribute to the program can donate instruments. • One of the most valuable assets to one documented program was a marimba. It was on an adjustable stand, and made a soft muted sound when struck with a felt mallet. • An established corner with safe instruments that residents can visit at will is one weapon against agitation. • <u>Remember that people with cognitive impairment will need to be guided to such an area, and the activity initiated for them.</u> • Music can be a comforting part of any activity of the day. Staff members can hum or softly sing as personal care is given. Walks outside, activities inside – all can sometimes be accompanied by spontaneous music. • The residents may join in!
<p>Daily Outdoor Activity</p>	<ul style="list-style-type: none"> • Sunshine is needed for production of some vitamins. • Outdoor air invigorates and stirs memories. • The activity and stimulation of being outdoors can combat agitation. • The openness of outdoor spaces can release the stress that can build up and precipitate aggression reactions. 	<ul style="list-style-type: none"> • Try to make outdoor excursions a part of the daily routine. • Discuss any health concerns with a healthcare provider. • Avoid very cold, very windy, and very hot and humid conditions. • Even getting dressed appropriately for the outdoors is an activity, and can be documented as such. Allow plenty of time, and treat it as an ADL activity that can use task breakdown to foster independence.