



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



VCU

Gerontology

College of Health Professions

Medication Best Practices in ALFs

Part IV: The HEAR response approach to meeting residents' needs

Developed by Tyler Corson, PhD

for the VCU Department of Gerontology &

Virginia Department of Social Services, Division of Licensing Programs

November 2018

PART IV: The HEAR response approach to meeting residents' needs

Presenter:



Tyler Corson, MS, PhD

Gerontologist

Adjunct Faculty

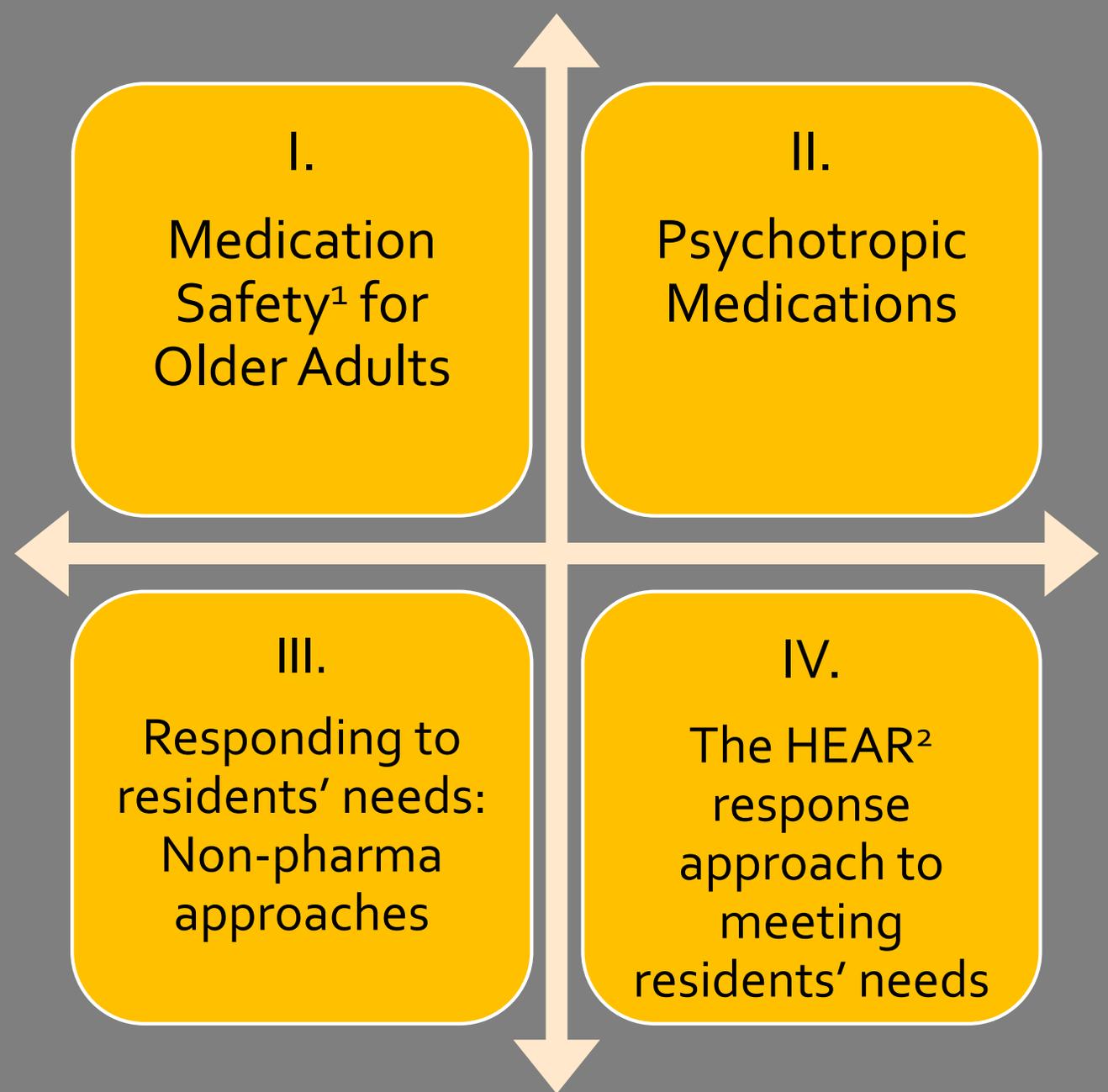
Virginia Commonwealth University,

College of Health Professions

corsontr@vcu.edu

agingstudies@vcu.edu

Series Overview



¹The Medication Safety Curriculum is based on a revision of Dr. Patricia Slattum's DSS training PowerPoint, "Nutritional Needs of Older Adults and Medication Safety"

²The HEAR approach was developed by Dr. Andrew Heck, Geropartners. Used with permission.

AT the end of this series, you will have an increased understanding of :

Strategies to prevent medication-related problems

Healthcare providers' **role** as partners in maintaining and improving medication safety

Resources for improving medication safety in ALFS

Psychotropic medications and why they are used.

The **warnings** concerning antipsychotic use, especially in persons living with dementia.

Antipsychotics as part of a **comprehensive care plan** for persons with diagnosed mental illness.

Behaviors and psychological **symptoms of dementia** (BPSD) as communication efforts

Underlying causes of people's **behaviors**

The impact of approaches/attitudes when **responding** to residents' needs

Person-centered, non-pharma **techniques** for responding to residents' needs

Webinar 4: Changing the Culture of Antipsychotic use in ALFs

As a result of attending this webinar, you will:

1) Understand the value of using a systematic approach to investigating residents' needs

2) Recognize the impact of staff approaches and attitudes on minimizing and responding to residents' needs

3) Know person-centered, non-pharmacologic techniques for responding to residents' needs

Behavioral and Psychological Symptoms of Dementia (BPSD)

Wandering & pacing

Hoarding

Unfocused screams & cries

Sundowning

Inappropriate sexual contact or language

Verbal insults

Catastrophic reactions

Hallucinations or delusions

01

Identifying triggers for emotional and behavioral responses

- Difficult encounters
- Enjoyable encounters

02

Cracking the code to:

- Identify causes
- Correctly interpret communication
- Fulfill unmet needs

Finding and Filling Unmet Needs



Investigating residents' behaviors to determine their needs requires:

- Patience
- Detective work
- Persistence
- Trial and error

Fully explore the specific behavior(s)

Carefully observe:



Type of behavior

- Duration
- Frequency
- Intensity



Triggers, or times the
behavior DIDN'T happen

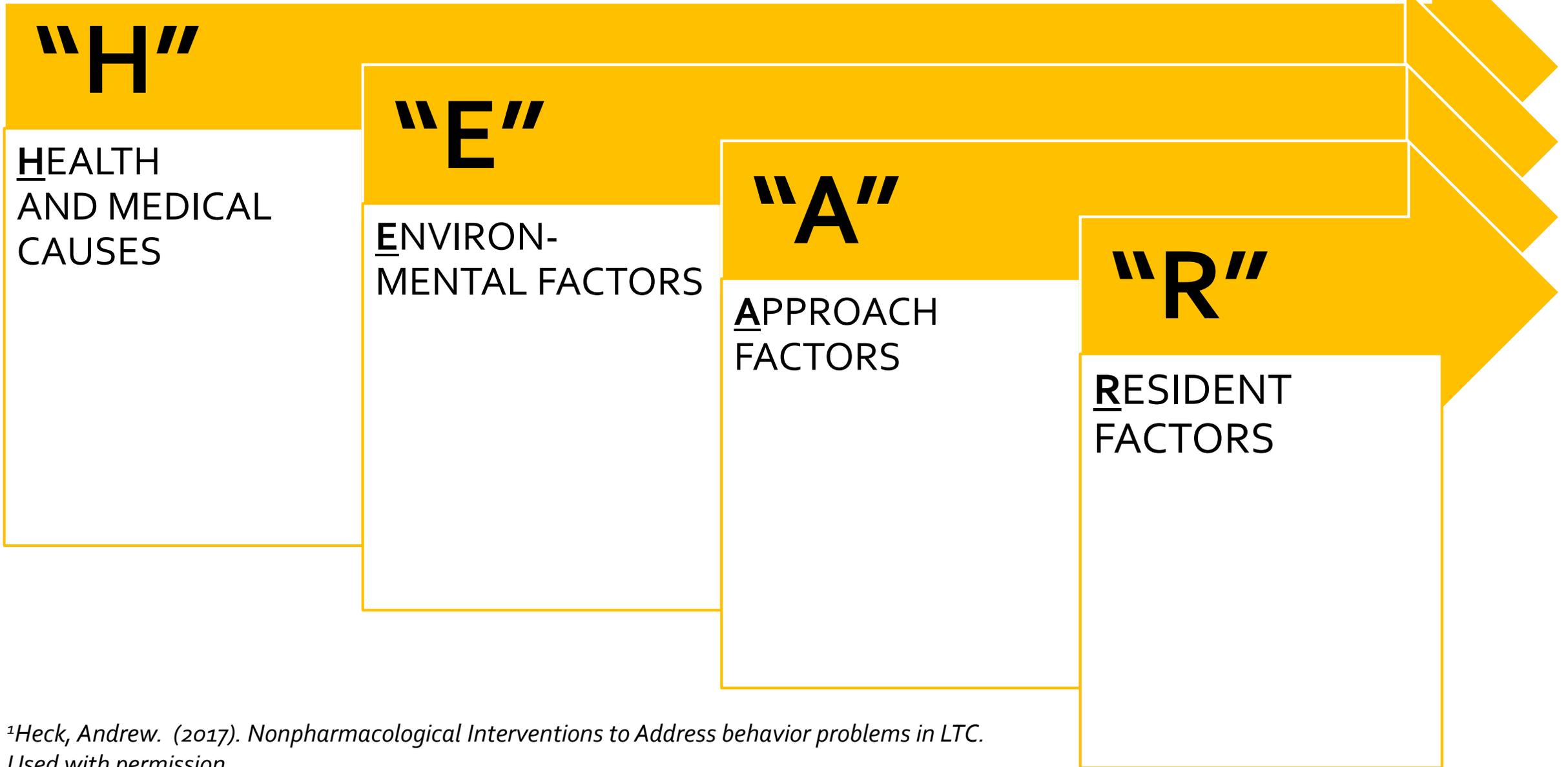


Result

- What function did the behavior have?
- Was there a consequence?



The HEAR approach¹



¹Heck, Andrew. (2017). *Nonpharmacological Interventions to Address behavior problems in LTC*.
Used with permission

HEAR: Health

Definition:

- Medical or other physical factors that cause or influence behavioral problems

Common Health Factors

- SENSORY LOSS
- PAIN/DISCOMFORT
- HUNGER OR THIRST
- CONSTIPATION AND/OR IMPACTION
- DELIRIUM

Delirium¹

Delirium
has 3
primary
features:

ACUTE

- it comes on suddenly

TRANSIENT

- lasts a short time

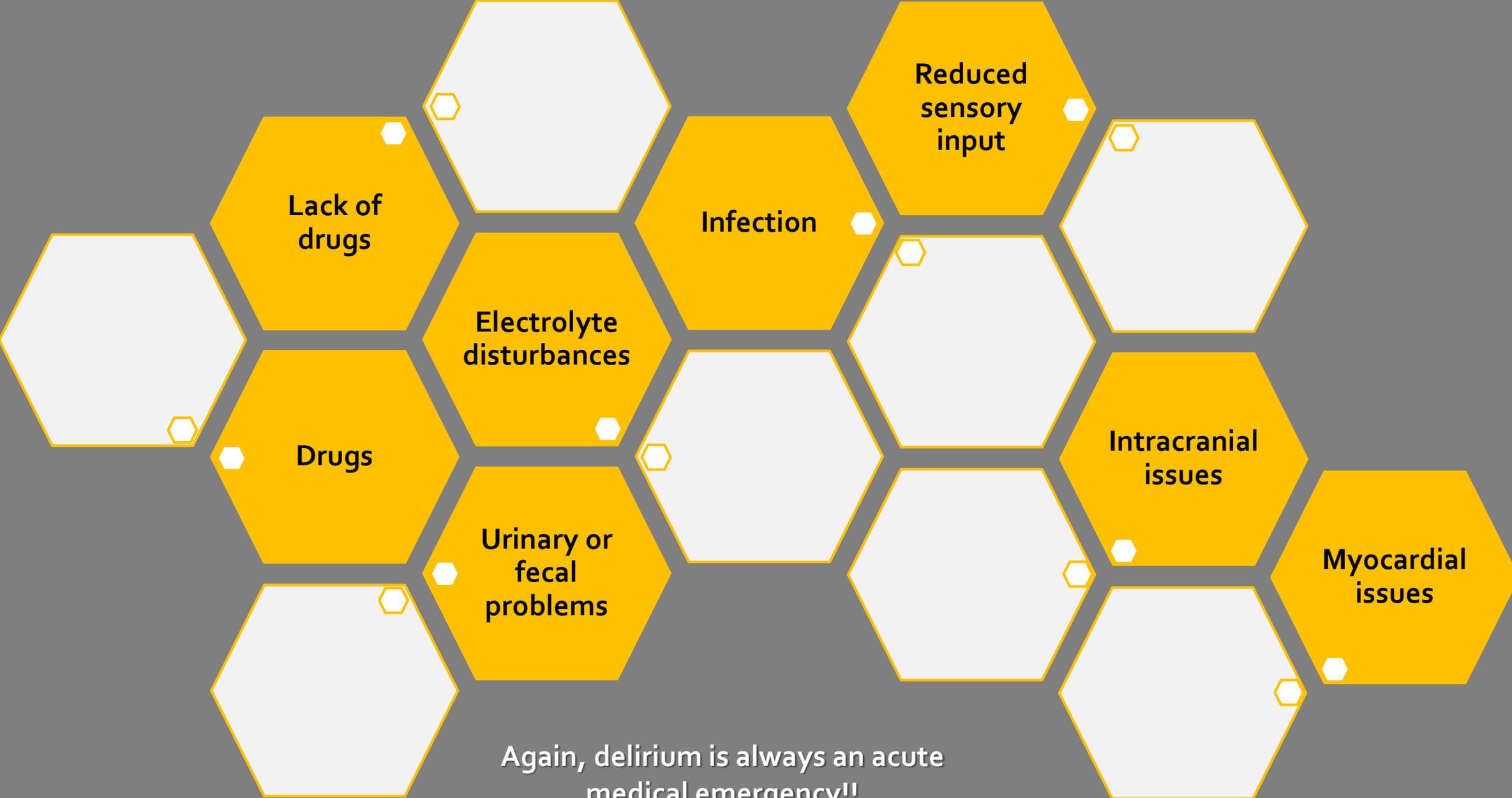
REVERSIBLE

- typically no permanent effects

Delirium is always an acute medical emergency!!

¹Preston, D., Heck, A., White, J. *Mental health in Later Life Part II: Psychosis and Substance Abuse*. DSS training, 2015.

Reversible Causes of Delirium



Again, delirium is always an acute medical emergency!!

HEAR: HHealth Factors

When a new behavior problem suddenly emerges:

Obtain a thorough
medical evaluation
(including labs)

Arrange a
comprehensive
pharmacy review of
medication regimen

Review common
health factors

Case study: Meet Jane

Jane has lived in AL for 3 years.

She is confined to a wheelchair and experiences depression related to her disability.

2 weeks ago, Jane lost her beloved cat, a companion of 14 years. Just after the loss, Jane complained that her back pain was worse, and the doctor prescribed Ultram for pain.

Recently you've noticed that Jane often seems agitated, spills food and beverages, and sometimes has trouble finding her room. She even becomes combative with staff members when they came to help her with showers or dressing.

This is not normal behavior for Jane.

Her niece thought that her grief over losing her pet might be contributing to the behaviors, so she took Jane to see her MD.

He increased Jane's antidepressants.

Soon after, Jane's symptoms worsened, and within a few days, Jane fell when transferring from wheelchair to bed.

Summary of Jane's case:

Chronic back pain

Depression, takes SSRI (antidepressant)

Recently lost pet

Increased back pain, pain Rx added

Recent, sudden, unpredictable confusion

Clumsiness, aggression

Potential Interventions in Jane's case

Ask pharmacist
for medication
review

Investigate for
allergic reaction
to new Rx

Get
psychotherapist
to meet with Jane

Recommend a
full physical

Grief counseling

Refer to support
group

Therapy pet visits

Other

HEAR: Environmental

Definition:

- Any aspects of an individual's surroundings that influence BPSD

Irritation + compromised self-control = BPSD

Environmental changes are relatively easy

- No adverse effects
- Inexpensive to implement
- Reversible

HEAR: Environmental

Common Environmental Factors:

- Physical elements
- Noise and activity level
- Space issues
- Exposure to light

Environmental Factors

General strategies:

Carefully inspect physical environment

Propose individual, targeted changes

Observe behavioral changes

If it works-great!

Otherwise, try something else

Case Study: Meet George

George relocated into your ALFs memory care unit from the regular AL wings about 4 months ago.

Due to water damage in his room two weeks ago, George had to move across the hall and in with a roommate.

Almost every night since his move, George yells repeatedly for help from the staff.

His yells wake the roommate and cause him anxiety.

It often takes staff 15-20 minutes to respond, and George becomes more and more agitated.

By the time the staff arrive in his room, he is verbally assaultive yelling, "You are going to let me die!" and "This place is awful, get me out of here!"

This has gone on for more than a week, and all parties are frustrated with the situation.

Summary of George's case:

Moved to new room 2 weeks ago

Yells repeatedly for help in night

Wakes roommate

Agitation grows

Staff takes 15-20 mins to respond

Verbally assaultive: "You're going to let me die!"

Potential Actions in George's case

Examine room for possible contributors to behavior

Interview George, the roommate, and night staff

Move George to private room

Make a diary of what happens before and after George goes to bed

Talk to the family about things that have calmed George in the past

Devise ways to reduce the response time

Get a prn order for anti-anxiety medications?

Try This! Alternative Therapies



Video link <https://www.youtube.com/watch?v=tAUf7aajBWE>

HEAR: Approach

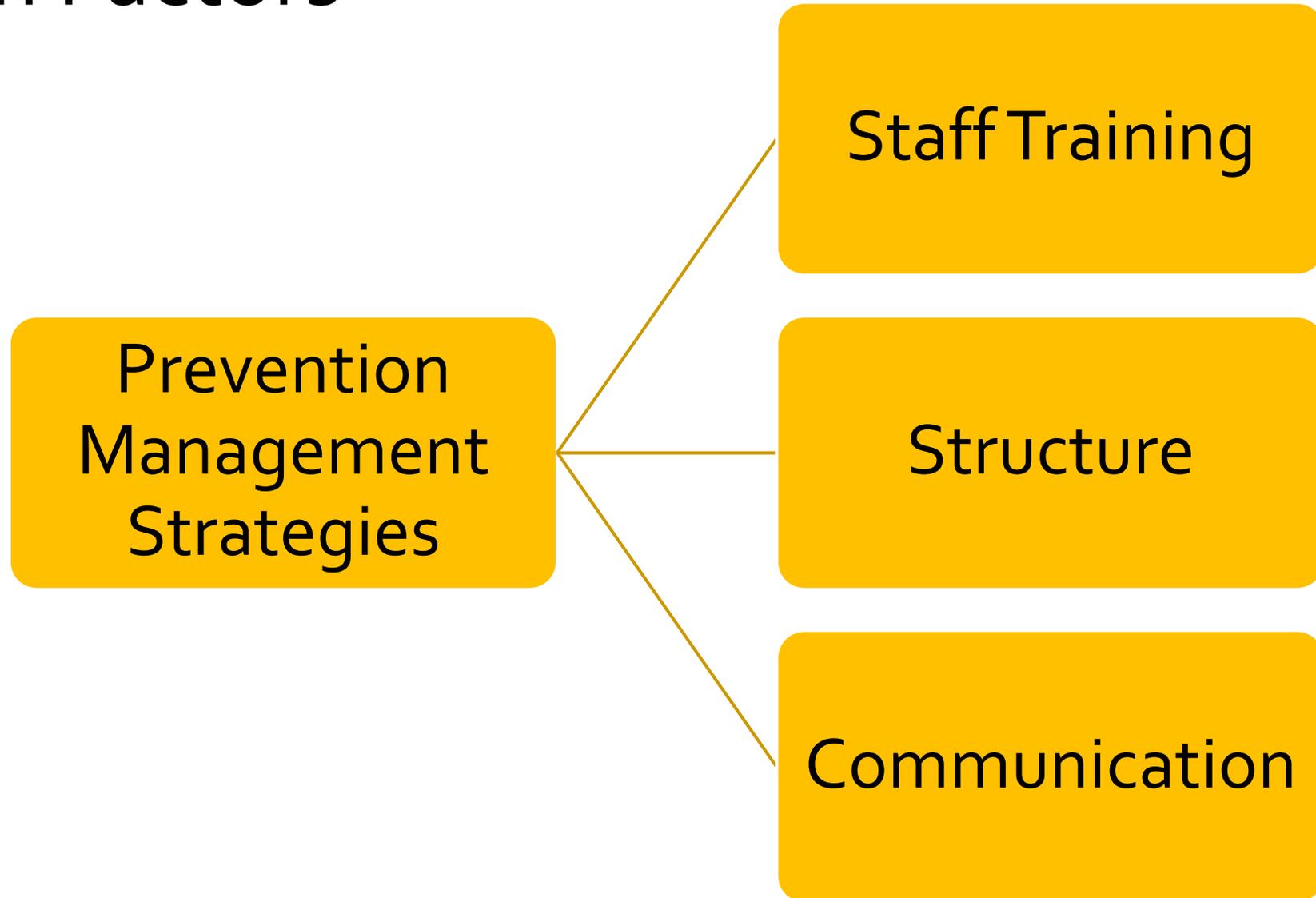
Definition:

- The method(s) by which individuals are addressed by their caregivers that can influence BPSD

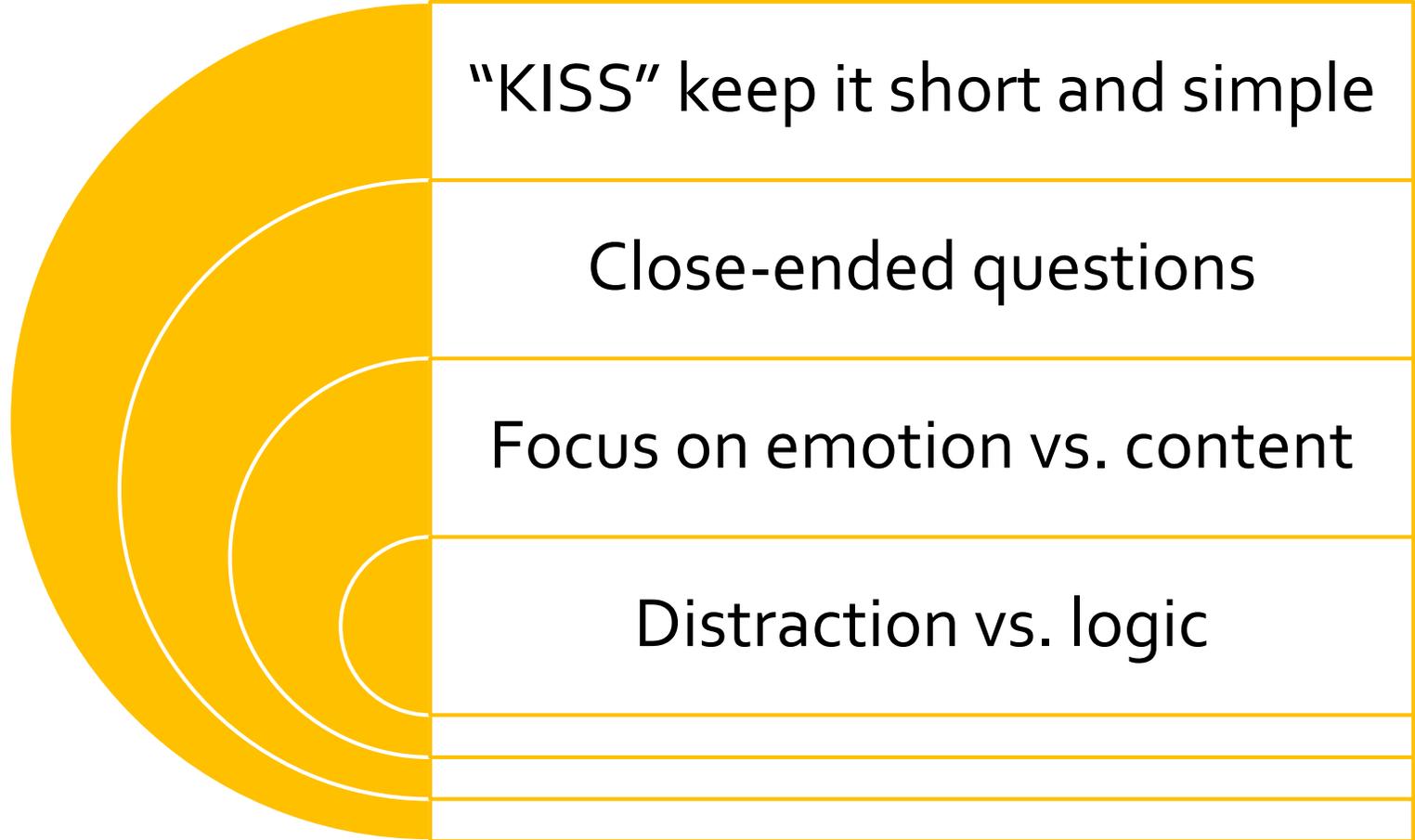
Common Approach Factors

- Violations of personal space
- Caregiver attitudes and reactions
- Stance and body positioning
- Verbal approaches
- Physical touch (esp. during ADLs)
- Unpredictable daily structure

Approach Factors



Communication:



Teepa Snow's Approach

<https://www.youtube.com/watch?v=xylQt7TxDwo&feature=youtu.be>

Case study: Meet Maria

Maria has mid-stage dementia and compromised comprehension and communication skills.

Maria has a doctor's order to toilet every 2 hours.

She needs help with toileting, and is consistently combative when staff helps her in the bathroom.

She deeply scratched a staff member on the face. Even with 2 staff members assisting, the problems remain.

Staff members are afraid of Maria's assaults. As a result, her disposable briefs are always soaked, leading Maria to have painful rashes and broken skin.

Because the area is so sensitive, it makes toileting even more traumatic, and there is a vicious cycle of combativeness every 2 hours.

Maria has a prescription for "as needed" Risperidone, which staff have been giving her more and more frequently in response to her aggressions.

Case study: Meet Maria

Lives with cognitive impairment

Strikes out during toileting

History of staff injury

Toileting schedule not followed

Severe skin irritation and pain

Has Rx for PRN Risperidone

Possible Intervention in Maria's case

Devise a new care plan

Supervisor should observe toileting

Observe environment for clues

Try alternative therapies

Ask for input from family, other staff

Consult with behavioral specialist to investigate

Consult with MD who ordered toileting routine

HEAR: Resident-specific Factors

Definition:

- The needs, wants, desires, or habits of an individual that influence behavioral problems
- This covers a very broad array of potential causes for BPSD
- Emphasizes need to get to know each our residents well



**NOTHING ABOUT ME
WITHOUT ME**

HEAR: Resident-specific Factors

Common Resident-Specific Factors

Learned behaviors and thinking

Boredom

History of trauma

Lack of autonomy/privacy/intimacy

Moods

Distress/feeling abandoned

Emotional unease

Fear

Lack of socialization

Misinterpretation or miscommunication

Therapist can help
develop protocols
for responding to
BPSD

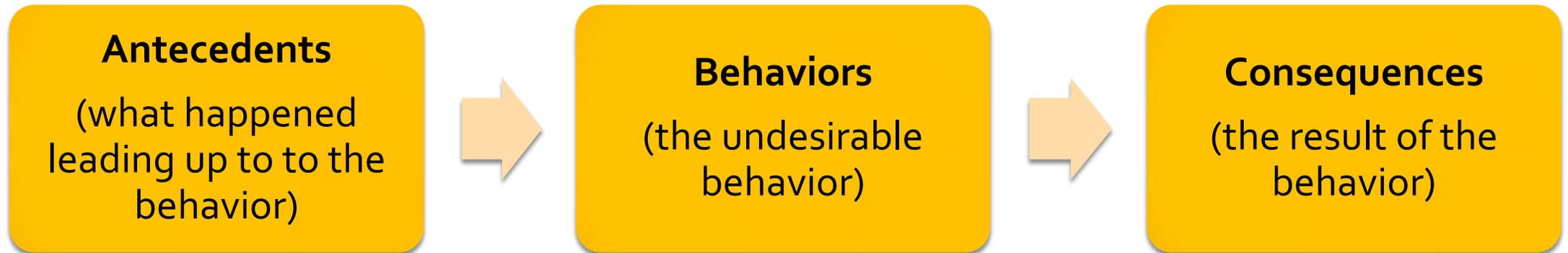
Individuals with
early-stage
dementia or
cognitively intact

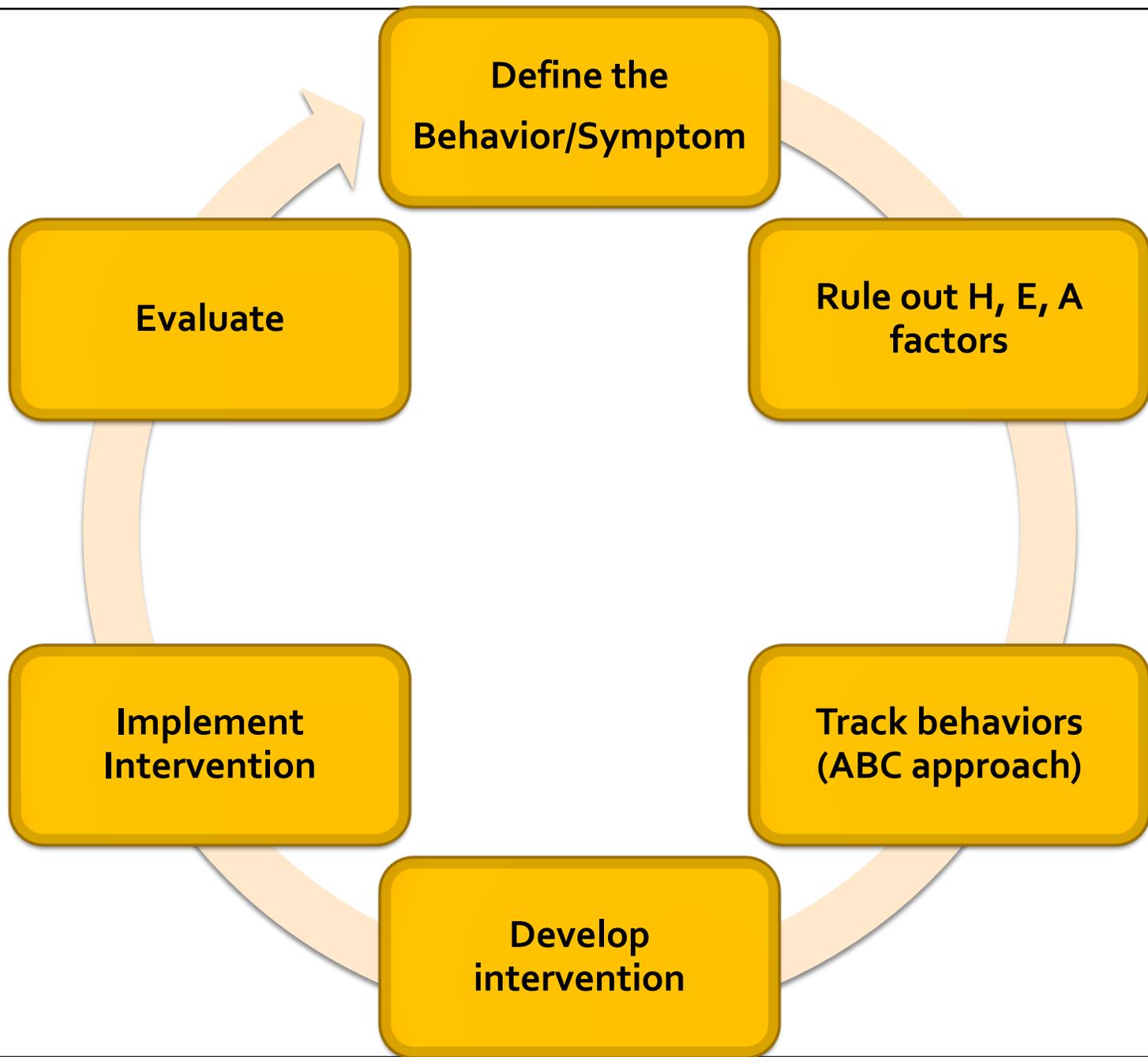
Provide *written*
info/observations
to therapist

Gather collateral
information

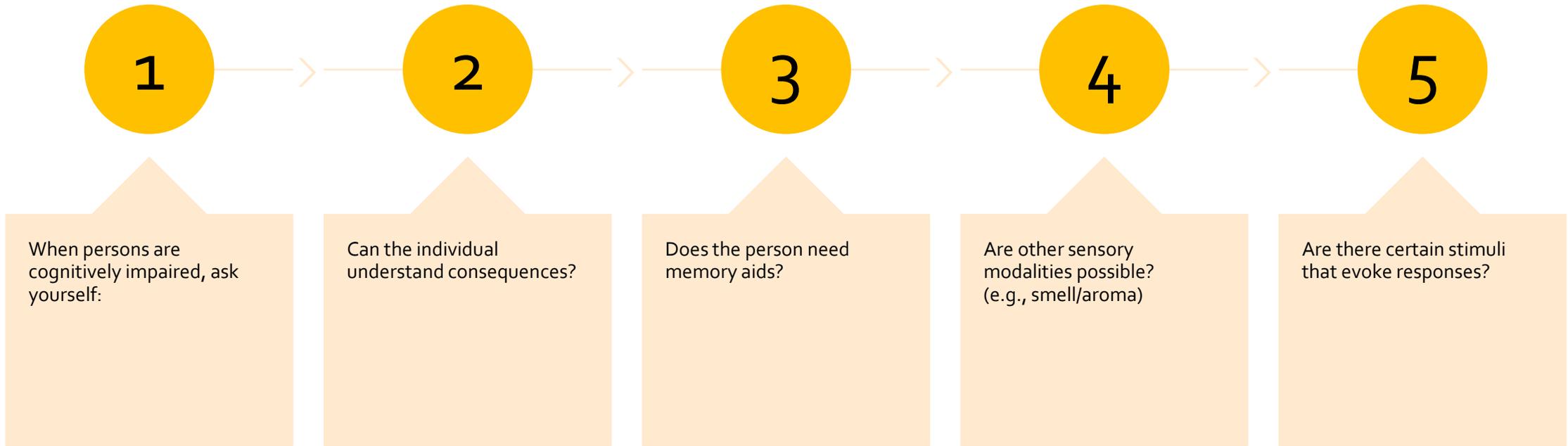
Psychotherapy May Help

A-B-C approach





HEAR Approach: Action plan



HEAR: Resident Factors

The HEAR Approach: Summary



No "silver bullet" addresses the spectrum of BPSD



Common causes of BPDs should be systematically ruled out



Communities may enlist help: mental or behavioral health professionals



The HEAR approach guides clinicians toward the nature of behaviors, and informs necessary interventions



Other approaches also available



Summary and Wrap-up

Goal is culture of person-centered responses to behaviors

Avoid using meds as first-line approach

Be a detective; make a thorough review

Use ISPs as a tool

Follow HEAR or other systematic approach to responding to BPSD

Ask for specialized professional help as needed

**Big takeaway:
Avoid using meds as first-line approach**



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



VCU

Gerontology
College of Health Professions

THANK YOU!

Phone: (804) 828-1565

Website: www.sahp.vcu.edu/gerontology/

Email: agingstudies@vcu.edu

Be sure to "like" us on Facebook

<https://www.facebook.com/vcugerontology>