


**Responsive Behavior Coaching – Case Scenario**

- 1) Read the scenario below
- 2) Identify what type of responsive behaviors could be causing the situation and write them on back (use Responsive Behavior  cards as a reference and as a guide for step 3) (1 min)

- 3) Discuss answers to the question below and record key points on back (3 mins)
- 4) Read stock answer and discuss (1 min)
- 5) Write down resulting comments or questions
- 6) Collect initials of participants and put card in envelope on the nursing station wall

Alice is a resident who comes to the staff and asks frequently if the train is coming. This repeated question is frustrating the staff.

What would you do?


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During a visit with his wife, Jim fidgets, picks at his clothes and seems restless. He can't sit still and his wife is getting upset with his behaviour<sup>1</sup>.

What are some actions to avoid?  
What are some ideas to help?

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<sup>1</sup>Shifting Focus, Guide to Understanding Dementia Behaviors, Alzheimer's Society

Initials of Participants:

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behaviors:**

**What ideas did your team come up with (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Anxiety**

The nurses made a note saying:

With great apologies, the train company informs you that the train isn't coming due to weather. You can stay here until the weather clears up.

So when she is being repetitive they can show her the note and this settles her down. They also ask about what she is worried about and discuss this with her. Is there a pattern? Can the environment be simplified? Are there meaningful activities?

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**


Responsive Behavior: **Agitation**


**Don't:** Ask him to stop picking, tell him to calm down or raise your voice.

**Do:** Give him something to hold, distract his attention with music, have his wife ask him about a happy moment in his life or take him for a walk.

Consider the environment; is it too noisy, hot, dark? Has something changed in his routine? Is he tired? Recent medication change? Is he unwell? Think P.I.E.C.E.S..

**Other questions or comments?**

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<p>Susan gets up and wanders the halls of her long-term care home throughout the night. She is often found in another resident's room and is creating a disturbance among those she lives with<sup>1</sup>.</p> <p>What are some actions to avoid?</p> <p>What are some ideas to help?</p>			
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<p>Roger continually removes his pants at the breakfast table, exposing himself<sup>1</sup>.</p> <p>What are some actions to avoid?</p> <p>What are some ideas to help?</p>			
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**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**

**Responsive Behavior: Sleep Disturbance**

**Don't:** Ask the nurse to give Susan a sleeping pill before bed or to give Susan a prn to help her settle.

**Do:** Address triggers and ask questions about why she might be engaging in this behaviour (e.g. is she in need of the washroom? Is she thirsty? Did she used to get up early in the morning?). Make the environment less encouraging to wandering (e.g. put slippers and house coat out of immediate sight), shut the door or ask that a yellow privacy band be placed over her fellow residents' doors. Ensure Susan engages in light exercise throughout the day and exposed to bright light to increase the need for rest at night. Is her roommate waking her? Can she go to sleep later?

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**


**Stock Answer**


**Responsive Behavior: Disinhibition**

**Don't:** Tell him that his actions are inappropriate, restrain his arms or make him feel upset, punished or embarrassed.

**Do:** Return him to his room quietly and check for physical triggers (e.g. his pants may not be fitting correctly, a tag may be bothersome, the material may be irritating to his skin or he may be hot), check his skin. Consider his past history, what did he usually wear to breakfast? Does he seem irritated or anxious? Consider dressing him in zipperless pants or with suspenders. Provide space for meals that is more private. What different food, activity, or company seems to change this behavior?

**Other questions or comments?**

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<p>After a short visit, Hannah struggles to maintain a conversation with her daughter. She becomes upset, paces in her room and says, “I want to get out of here NOW.” Her daughter notes that her mom experienced similar distress yesterday and the day before around 4:30pm, as she arrives for a visit after work.<sup>1</sup></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">What are some actions to avoid? What are some ideas to help?</p>			
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<p>Bill masturbates every morning in the common area of the long-term care home, which is causing distress to his fellow residents<sup>1</sup>.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">What are some actions to avoid? What are some ideas to help?</p>			
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**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Agitation**

**Don't:** Request that Hannah is prescribed a medication to calm her, which results in her sleeping much of the day.

**Do:** As late afternoon approaches, turn on bedroom lights and lamps. Close drapes to limit shadows. Request a morning exercise program to reduce restlessness in the afternoon. Consult with staff for strategies that provide a sense of purpose, like setting the dining room tables or doing some sweeping or gardening. See if the daughter's visit can be in the morning to reduce pm stress. Have her medications or routine changed? Is she struggling with self-expression now? Is she unwell or constipated or too hot?

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**


**Stock Answer**


Responsive Behavior: **Disinhibition**

**Don't:** Yell at him to stop, explain this is inappropriate, restrain his arms or make him feel upset or embarrassed.

**Do:** Quietly take him to his room, close the door and provide privacy as his sexual needs need to be met. Offer an activity that may redirect his attention by occupying his hands and mind (e.g. sorting screws from washers, folding washcloths etc.). Is it staff or resident triggered? Do other activities prevent the behavior? Where does he think he is? Is he anxious?

**Other questions or comments?**

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<p style="text-align: center;">Lily continually asks why her mother hasn't visited, even though she passed away many years ago<sup>1</sup>.</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;"><b>What are some actions to avoid?</b> <b>What are some ideas to help?</b></p>			
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<p style="text-align: center;">Adam steadily taps his fingers on the arm of his wheel chair...tap, tap, tap... from morning until bed<sup>1</sup>.</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;"><b>What are some actions to avoid?</b> <b>What are some ideas to help?</b></p>			
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*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**      Responsive Behavior: **Anxiety, Depression**

**Don't:** Say things like, "Don't you remember? Your mother died 25 years ago. You know better than that. Your mother would be 113 if she was still alive!" She will respond as if she was hearing it for the first time, every time, and grieve.

**Do:** Respond to the emotion behind the question. Is she feeling insecure? Family photos and stories often restore a sense of intimacy and feelings of warmth about the person who is being missed. Lily may be experiencing agnosia and amnesia. Try, "Lily, what was your mother like?". Try increasing enjoyable activities. Find if something in the environment is making her think of needing motherly comfort.

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**


**Stock Answer**      Responsive Behavior: **Agitation, VDB variation**


**Don't:** Ask him to stop repeatedly or restrain his hands.

**Do:** Ask yourself who is bothered by the behavior. If it isn't bothering anyone else, do nothing! Turn the behaviour into an activity (e.g. give him a cloth and ask for help with dusting) or play music and get his tapping to match the beat. Try to determine why is he tapping...his way of telling us something? Is it too quiet, bored or maybe he used to be a drummer? Change the material he taps to be quieter.

**Other questions or comments?**



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<p>Josie is convinced that a staff member has stolen her purse. She always keeps it in her bedside table and this morning it was gone! She is sure that “new girl with the funny eyes” took it<sup>1</sup>.</p> <hr/> <p><b>What are some actions to avoid?</b>  <b>What are some ideas to help?</b></p>			
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<p>Kate is fearful at night because she sees spiders crawling on her bedroom walls<sup>1</sup>.</p> <hr/> <p><b>What are some actions to avoid?</b>  <b>What are some ideas to help?</b></p>			
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**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Psychotic**

**Don't:** Tell no one stole her purse and, just like last time, she lost her bag.

**Do:** Validate her feelings and make the experience normal. Try distraction and redirection. Try to support and then alleviate the distress (e.g. look for the "stolen" purse and then distract her). Investigate suspicions that could be true. She could be a victim. But if this paranoia continues, have similar purses ready as replacements. She may be experiencing amnesia. If delusions become persistently disturbing, look for illness such as infection or increases in pain or environmental changes.

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**


**Stock Answer**


Responsive Behavior: **Psychotic**

**Don't:** Tell her nothing is on her walls or say, "You see Kate; nothing is there. Go back to bed."

**Do:** Validate the fear by saying, "That must be very frightening for you." Do not get angry and argue. This is real to her. Check for shadows that could be misinterpreted as spiders and try to remove them (e.g. increase lighting). Distract with music, exercise, playing cards or photos. Make sure any hearing or vision problems are being corrected. If psychosis becomes persistently disturbing, look for illness such as infection or increases in pain or environmental changes.

**Other questions or comments?**

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<p>Frank has recently moved to a long-term care home and is constantly asking to go back “home” <sup>1</sup>.</p> <hr/> <p><b>What are some actions to avoid?</b>  <b>What are some ideas to help?</b></p>			
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<p>Dora becomes distraught and grabs her husband when he goes to leave after a visit. Her husband feels guilty and questions whether moving her into a long- term care home was the right decision<sup>1</sup>.</p> <hr/> <p><b>What are some actions to avoid?</b>  <b>What are some ideas to help?</b></p>			
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*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Anxiety, Depression**

**Don't:** Explain to him that this is his home now and he has nowhere else to go.

**Do:** Acknowledge his feelings. "It must be hard to want to go home. Can you tell me about your home? Where did you live? What did you like doing there as a kid? Do you have any siblings?" Reminisce even if you know all the answers; you want him to feel safe and at ease as if he was at home. You might even hear a new story! Is there something that triggers these thoughts? Is there something from home we can add to his day?

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What actions to avoid?**

**What actions to try (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Agitated, Anxious**

**Don't:** Have the husband explain that he will be back in a few days and she doesn't need to cry.

**Do:** Arrange an activity at the end of the visit. Have the husband walk her to the new activity location and even join in for a round or two. When she is enjoying herself, have the husband say a quick "see you soon" in her ear and leave. Ensure that the staff member running the session knows of the plan. Provide support for husband. Try a note from her husband explaining when he'll return. Get her to imagine where he is and how he always comes back to visit her. Try music or pet therapy.

**Other questions or comments?**

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One man screamed every morning. His family explained he had always eaten a peanut butter sandwich for breakfast. However, he can no longer chew and swallow sandwiches.

**What are some ideas to help?**

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- 5) Write down resulting comments or questions

Two ladies in LTC were good friends until one of them began having difficulty communicating and resorted to her native language. This caused friction, which escalated into daily verbal and physical confrontations. Extra resources were needed to keep the women apart.

**What are some ideas to help?**

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**Responsive Behavior:**

**What ideas did your team come up with (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Vocally Disruptive**

**Idea:** The staff brought in a blender and made him a peanut butter banana chocolate smoothie. He stopped yelling immediately. Provide peanut butter ice cream? Try distracting sensory activities (interesting things to touch and see). Try a companion. Try relaxing activities. Discuss goals of care and risk vs. reward of eating crustless peanut butter sandwiches.

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What ideas did your team come up with (use point form summary words)?**


**Stock Answer**


Responsive Behavior: **Aggression**

**Intervention:** Support positive experiences together, versus trying to keep these ladies apart. The team identified activities both women would enjoy. A staff member brought the women together for a shared activity and facilitated friendly conversation. Their time together gradually increased from 10 to 30 minutes twice per day.

By the end of 3 weeks, the ladies looked forward to their meeting and required little cueing to attend. There was just one observed aggressive incident. No medications were needed to manage the aggression. Look for other environmental irritants or medications causing stress or discomfort.

**Other questions or comments?**

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<p>An elderly patient came to the facility after a hip replacement, due to his advancing dementia. He often was restless and complained of being bored but found the activities on the activity apron to be insulting. At a weekly multidisciplinary meeting, his nurse shared that he was a former bus driver.</p> <p style="text-align: center;"><b>What are some ideas to help?</b></p>			
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<p>One man missed his wife the most each evening when going to bed. He rang the call bell frequently asking where is his wife.</p> <p style="text-align: center;"><b>What are some ideas to help?</b></p>			
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*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What ideas did your team come up with (use point form summary words)?**

**Stock Answer**

Responsive Behavior: **Agitation**

**Idea:** The nurse asked about creating a steering wheel, similar to those found on shopping carts. The occupational therapist and her aide worked with engineering to fashion a table top with a steering wheel for his wheelchair. The patient could remove the apparatus whenever he chose, but never did. his patient was happiest in his wheelchair, driving his school bus.



George Martin continues to enjoy his steering wheel. Image used with consent

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What ideas did your team come up with (use point form summary words)?**

**Stock Answer**


Responsive Behavior: **Sleep Disturbance, Anxiety**


**Idea:** His wife was encouraged to bring a photograph, along with a shirt and blanket that smelled like her. The shirt was put on a teddy bear. Once settled with blanket and bear, he commanded staff to "Get out!" and fell asleep.

Try other sleep hygiene techniques. Increase light exposure during the day. Play familiar songs.

**Other questions or comments?**



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<p>Remember a patient that had challenging behaviors you solved without long term use of medications. It can be a patient from your unit or experience of one of your team members.</p> <hr/> <p style="text-align: center;"><b>What is the situation?</b> <b>What are some ideas did you try?</b> <b>What ultimately succeeded?</b></p>			
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<p>Heather screamed and screamed for her milkshake first thing in the morning and during personal care. She swore at staff during shower times saying “fuck you, you bitch”.</p> <hr/> <p style="text-align: center;"><b>What are some ideas to help?</b></p>			
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*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**Describe the problem:**

**What ideas did you try and what worked?**

**Stock Answer**

**Responsive Behavior:**

**Support the principles of human centered care.**

**Other questions or comments?**

*Responsive Behavior Coaching-Case Scenario*

**Responsive Behavior:**

**What approaches and ideas did you team come up with?**

**Stock Answer**

**Responsive Behavior: Agitation**

**Idea:** The dietician brought in ice cream that was made into milkshake for Heather and given to her before she started to scream.  
Heather loves Elvis so during shower times, Elvis's life size cardboard poster was brought into the shower along with Elvis's music and her shower was smoother. Heather gets very calm with the Elvis songs. You could try to better understand what bothers her about bathing. Ask her family for ideas. Look for fear or pain. Examine bath situations that go better and those that go worse to learn her needs. Try slower or different equipment, music or smells.

**Other questions or comments?**

**Responsive Behavior Coaching – FUN FACTS!**

- |  |   |
|--|---|
| 1) Read the question<br>2) Solicit answers from the team<br>3) Provide answer on the back. | 4) Write down the name of the person who got the answer the closest<br>5) Put card in envelope on the nursing station wall for prizes |
|--|---|

What are the Canadian Alzheimer’s Society criteria for using antipsychotics for residents with dementia are?

Hint: There are 3 of them

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**Responsive Behavior Coaching – FUN FACTS!**

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|--|---|

How many people with dementia are harmed, and how many helped if you give 100 of them antipsychotics?

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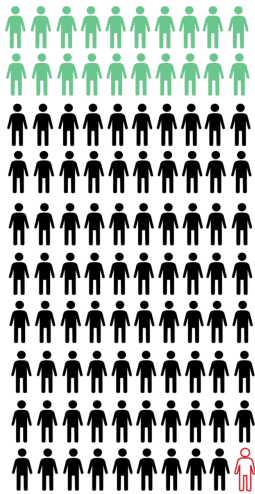
Initials of Participants:




Answer

- 1) Their behavior is not improved with non-drug approaches, and
- 2) The person is at risk to harming themselves or others, and
- 3) They are not used more than 3 months

Who got the closest answer?

Answer



-  : Likely to be helped by antipsychotics
-  : Likely to have **no benefit** from using antipsychotics
-  : Likely to have a stroke or die\*

\*There is research to show that for every 100 people with dementia who take antipsychotics one person is likely to have a stroke or die (mostly related to heart failure, sudden death, pneumonia). However, it is hard to tell if the antipsychotic medicine was the cause, because those with dementia are often at high risk even when not taking an antipsychotic.

Who got the closest answer?

**Responsive Behavior Coaching – FUN FACTS!**

- 1) Read the question
- 2) Solicit answers from the team
- 3) Provide answer on the back.

- 4) Write down the name of the person who got the answer the closest
- 5) Put card in envelope on the nursing station wall for prizes

What are the side effects of antipsychotics?

Date:

FFA / FFB / Chand / Rich

Day / Evening / Night

'

Initials of Participants:

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Which behaviors do not minimize or decrease with antipsychotics?

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**Answer**

- Feeling sleepy or groggy
- Confusion
- Weight gain
- High blood sugar
- High cholesterol
- Falling
- Constipation
- Swelling, usually in lower legs
- Problems urinating (more common in men)
- Tight muscles that make the person shuffle or take short steps

**Who got the most number of answers?**

*Responsive Behavior Coaching-FUN FACTS!*

**Answer**

**Confused**

- Wandering
- Socially Inappropriate
- Being intrusive
- Repeat vocalization.

**Distressed**

- Hitting out
- Yelling
- Trying to leave
- Crying

What are others?

Hint: Only 1) Hallucinations, 2) Delusions, 3) Hitting, screaming, biting aggression may be helped

**Who got the most number of answers?**

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For each behavior name some common misinterpretations and then some alternative, reinterpretations.  
The first one is given as an example.

Behaviour	Misinterpretation	Re-interpretation
Asking repetitive question	They can control this but they are trying to annoy me	They cannot keep track of time
Accusing caregiver of stealing		
Hitting		

Date:	FFA / FFB / Chand / Rich	Day / Evening / Night	'
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Use the progression of dementia to explain when and how antipsychotics are best used.

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**Answer**

<b>Behaviour</b>	<b>Misinterpretation</b>	<b>Re-interpretation</b>
Asking repetitive question	They can control this but they are trying to annoy me	They cannot keep track of time
Accusing caregiver of stealing	They are paranoid and trying to embarrass me	This is due to memory failure
Hitting	They're cruel and just want to hurt me on purpose	This is loss of control due to brain damage

There are many possible answers

**Remember:** All behavior has meaning.

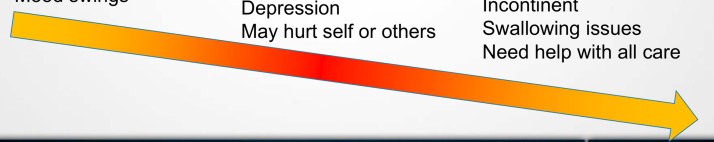
**Who had the most creative answers?**

*Responsive Behavior Coaching-FUN FACTS!*

**Answer**

**Expected Progression of Dementia**

<b><u>Early stage</u></b> Memory loss Language difficulties Irritable Withdrawn Abusive language Mood swings	<b><u>Middle stage</u></b> Getting lost Delusions Hallucinations Agitation/Anxiety Aggression Depression May hurt self or others	<b><u>Late stage</u></b> Lose speech Moving difficulty Incontinent Swallowing issues Need help with all care
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In the early stage of dementia the person is often not confused enough to generate psychosis. They understand it's not reasonable thinking. Behavior problems are more likely anxiety or depression about their medical health and prognosis.

In the late stages the person does not have enough cognitive power to generate psychosis. Their behavior is usually based on perceived threats and primitive brain reflexes to run or fight. Any antipsychotics started previously are no longer helpful. They are causing sedation and reducing their ability to interact with the world or their family.

In the middle stage of dementia, a person may believe their psychosis and behave dangerously.

**Who got the closest answer?**