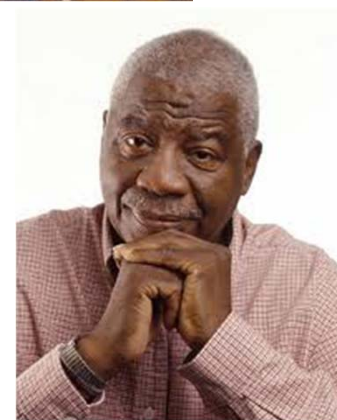


Managing the Complex Psychiatric and Mental-health Needs of Residents in All Health-care Settings

Elisabeth Micich Otero, MSN, RN-BCCC
Clinical Educator and Quality Manager
Christian Health Care Center
Wyckoff, NJ

"Youth is the gift of nature, but age is a work of art." - Garson Kanin



Common Mental Illnesses in Older Adults

- ☪ **Dementia**: Terminal, neurodegenerative disorder which affects the brain
- ☪ Loss of intellectual or cognitive functions
- ☪ Memory, thinking, reasoning, judgment, attention, language, perception, personality, and behavior are affected.

Source: www.alz.org



The Impact of Dementia

- ☯ Our brain is who we are. It defines us as an individual. It is the control center of our intellectual, motor, emotional, voluntary, and involuntary functions.
- ☯ It is an essential part of our functioning and impacts everything we do at all times.



The Impact of Dementia

- ⊗ When the brain is injured, compromised, or deteriorates, it has serious potential to change who we are.
- ⊗ The effects of dementia can be devastating.
- ⊗ The impact of the disorder has far-reaching implications on daily living, personal and family life, and often results in the need for 24-hour care.



Christian
Health Care
Center

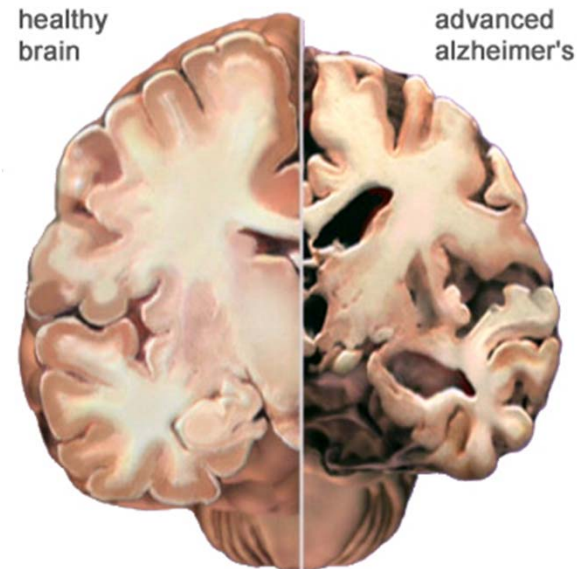
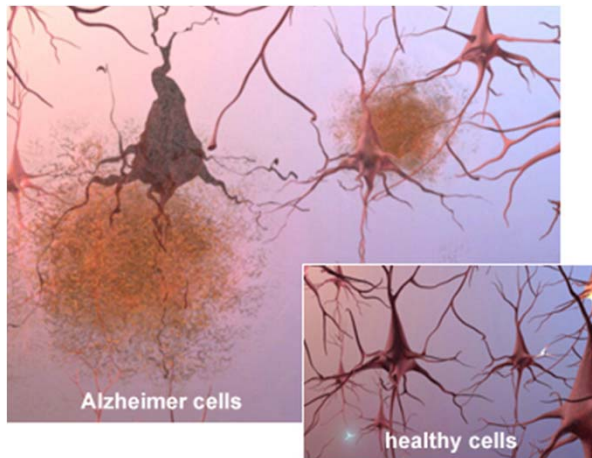
301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: www.alz.org



Types of Dementia

- ☉ Alzheimer's disease – the most common type of dementia, accounting for 60 to 80 percent of cases (www.alz.org)



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Other Causes of Dementia

- ☐ Vascular dementia
- ☐ Mixed dementia
- ☐ Frontotemporal dementia
- ☐ Lewy body dementia
- ☐ AIDS
- ☐ Creutzfeldt-Jakob disease
- ☐ Wernicke-Korsakoff syndrome
- ☐ Huntington's disease
- ☐ Pick's disease
- ☐ Normal pressure hydrocephalus
- ☐ Parkinson's disease



Signs and Symptoms of Cognitive Impairment

- ☒ Memory loss
- ☒ Speech and language problems
- ☒ Difficulty performing familiar tasks
- ☒ Changes in personality
- ☒ Changes in mood and/or behavior
- ☒ Problems with reasoning, planning, organizing, and problem-solving
- ☒ Misplacing things
- ☒ Loss of initiative
- ☒ Changes with judgment
- ☒ Difficulty with object recognition, manipulation, and placement
- ☒ Disorientation to time and/or place



Source: Smith (2006).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Common Psychological Symptoms Manifested in Dementia

- ☐ Hallucinations
- ☐ Misidentifications (simple delusions)
- ☐ Depression
- ☐ Anxiety
- ☐ Apathy



Source: Smith (2006).

Common Behavioral Symptoms Manifested in Dementia

- ❖ Wandering
- ❖ Agitation
- ❖ Catastrophic reactions
- ❖ Complaining
- ❖ Disinhibition
- ❖ Intrusiveness
- ❖ Resistiveness



Source: Smith (2006).

Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Common Mental Illnesses Encountered in Health-care Settings

- ☉ Personality disorders
- ☉ Depression
- ☉ Anxiety disorders
- ☉ Bipolar disorder
- ☉ Schizophrenia
- ☉ Schizoaffective disorder
- ☉ Traumatic brain injury
- ☉ Alcohol abuse and dependence
- ☉ Substance abuse and dependence
- ☉ Developmental disorders



Problem Behaviors



Physical aggression

- Hitting/punching
- Pushing/shoving
- Grabbing clothing, hair
- Kicking/tripping
- Scratching
- Biting
- Smearing feces
- Throwing objects/
property damage
- Using objects as a weapon
- Sexual advances

Verbal aggression

- ☹ Swearing
- ☹ Name calling
- ☹ Racial, cultural, gender-specific, and religious insults
- ☹ Yelling out
- ☹ Sexual comments
- ☹ Repetitive words or sentences
- ☹ Howling noises or strange laughter
- ☹ Threats to harm others or self
- ☹ Refusal



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Identifying the Root Cause of Problem Behaviors: Common Triggers

Internal triggers

- Physical discomfort/pain
- Toileting needs
- Hunger
- Thirst
- Feeling tired
- Feeling overwhelmed
- Sensations/feelings
- Sensory deficits
- Emotional feelings; fear, frustration, anxiety, anger, sadness
- Underlying medical conditions

External triggers

- ☼ Too much noise
- ☼ Too many people
- ☼ Chaotic environment
- ☼ Shift change
- ☼ New or unfamiliar staff
- ☼ Change in routine
- ☼ Lack of stimulation
- ☼ Demands to achieve beyond ability
- ☼ Communication style used by staff, visitor, or other residents
- ☼ Changes in time of day



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Factors which Interact with and Contribute to Problem Behaviors

- ⊗ Medical conditions
- ⊗ Overall physical well-being
- ⊗ Psychiatric/mental-health status
- ⊗ Co-existing dementia with another mental illness
- ⊗ Sensory deficits
- ⊗ Medication side effects
- ⊗ Life history – childhood and adult experiences, relationships, family, career, hobbies
- ⊗ Age, gender, culture, language, religion
- ⊗ Long-standing personality
- ⊗ Values and beliefs



When does Behavior become a Problem?

- ☒ Poses a threat to safety, care, and welfare of other residents, staff, visitors, and the unit environment
- ☒ Violates the rights of others
- ☒ Interferes with basic human needs: eating, drinking fluids, personal hygiene, and sleep
- ☒ Contributes to resident demise: medical and/or psychiatric complications



Strategies to Manage Problem Behaviors

Remember : All behavior has meaning.

Identify triggers that cause potential problem behaviors and intervene before a problem begins.

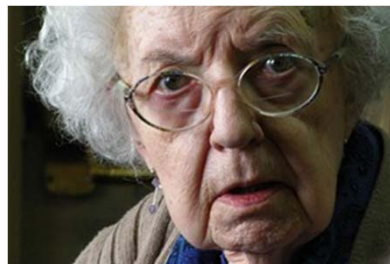
- Maintain a calm, patient, positive, and flexible approach.
- Tailor your approach to the individual based on his/her history, likes, dislikes, and personality.
- Focus on the person, not the task.
- Break tasks/directions into small, understandable steps.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: Cohn, Smyer,&Horgas (1994).



Strategies to Manage Problem Behaviors



- ⊗ Speak to resident in short, simple sentences.
- ⊗ Avoid long explanations.
- ⊗ *Always* explain step-by-step what you are going to do before assisting with personal-care/intrusive procedures.
- ⊗ Do not rush; take time and monitor the resident's responses.
- ⊗ Use gestures, body language, and facial expressions to facilitate communication.
- ⊗ Allow residents to do what they can for themselves.
- ⊗ Offer encouragement and positive feedback.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Strategies to Manage Problem Behaviors

- ☯ Always be aware of your body language, facial expression, tone of voice, and behavior:
"What you give is what you get."
- ☯ Offer choices.
- ☯ Gently direct and cue as needed.
- ☯ Use validation techniques and reorientation as needed.
- ☯ Avoid becoming defensive when resident reacts with anger, yells out, name calls, or swears.
- ☯ Address resident by name used in past by family members/friends.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org



Strategies to Manage Problem Behaviors



- ❖ Ensure resident has necessary adaptive devices in use (hearing aide, eyeglasses, cane, etc.).
- ❖ Keep environment calm and relaxed.
- ❖ Avoid overcrowding in dining, activity, and lounge areas.
- ❖ Maintain consistent staffing assignments as much as possible.
- ❖ Adjust daily schedules and routines according to the needs of the residents.
- ❖ Always use a team approach when a resident displays threatening or dangerous behaviors.

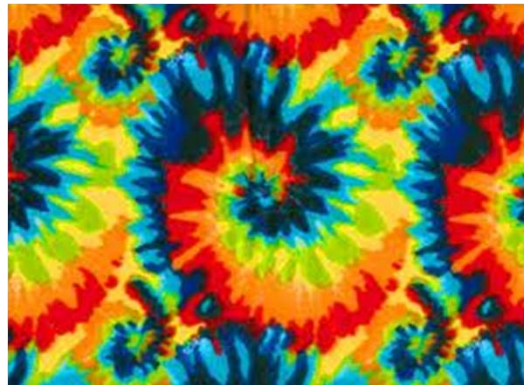


Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Strategies to Manage Psychological Symptoms

- ⊗ Psychological symptoms are not voluntary reactions. Residents with dementia cannot just stop feelings, beliefs, or behaviors.
- ⊗ Trying to reason with, explain, or argue a point when a resident has dementia is pointless.
- ⊗ Instead, use validation, reassurance, redirection, distraction.



Source: Smith (2006).

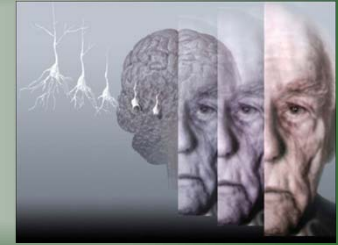
Strategies to Manage Hallucinations



- ⊗ False sensory beliefs – seeing, hearing, tasting, or smelling things that others do not.
- ⊗ Resident may report seeing others in their room who are not really there.
- ⊗ Reassurance is helpful: “I don’t see anyone now, come with me. I’ll ask Mary to check it out.”
- ⊗ Medication may be necessary for persistent, disturbing, false sensory beliefs.

Source: Smith (2006).

Strategies to Manage Misidentifications



- ❖ False fixed beliefs based on something real or that is misinterpreted are common with dementia.
- ❖ Examples: thinking staff or family members are imposters or part of the mafia, not recognizing themselves in a mirror and telling others a stranger is in their room
- ❖ Do not argue with or challenge the resident's belief.
- ❖ Take steps to reduce opportunities for misidentifications to occur.
- ❖ Reassure, redirect, and validate as needed.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: Smith (2006).

Strategies to Manage Depression



- ⊗ Depression is a common overlapping diagnosis with dementia.
- ⊗ The loss of ability to experience pleasure in nearly all things in combination with dementia symptoms makes the dementia appear worse.
- ⊗ Untreated depression can increase verbal and physical aggression.
- ⊗ Secure a psych consult to evaluate for underlying depression.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: Smith (2006).

Strategies to Manage Anxiety



- ☯ Apprehension and worry about things that previously were not troubling may become pronounced in dementia.
- ☯ Address anxiety promptly to help contain the severity of the symptoms.
- ☯ Reassurance, validation, and supportive listening are helpful interventions.
- ☯ Medication may be necessary for ongoing, severe symptoms which fail to respond to staff interventions.

Source: Smith (2006).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Strategies to Manage Apathy

- ☉ Lack of interest in daily activities, loss of motivation, and initiative are common in dementia.
- ☉ The undemanding, docile, and withdrawn resident is at risk for isolation and neglect.
- ☉ Include resident in activities and care planning.
- ☉ Monitor resident carefully for changes.
- ☉ One-to-one visits may be helpful.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Strategies to Manage Behavioral Symptoms

- ☯ Memory impairment, language difficulties, object misidentification, loss of ability to use objects correctly, and impaired ability to problem solve contribute to increased behavioral symptoms.
- ☯ Long-standing personality/characteristics, the approach used by staff and visitors, and environmental factors impact the severity and frequency in which these behaviors are displayed.



Source: Smith (2006).

Strategies to Manage Wandering

- ⊗ Wandering may be recreational. Other times it is purposeful.
- ⊗ It is often environmentally or thought cued.
- ⊗ Residents who wander must be assessed for elopement risk.
- ⊗ Frequent redirection, diversional activities, and environmental modifications can help to minimize this behavior.

⊗ Wander guards are essential for residents who wander.

Source: Smoth (2006).

Strategies to Manage Agitation

Four types of agitation:

- Physical non-aggression
- Verbal non-aggression
- Physically aggressive
- Verbally aggressive



Assess for underlying depression, physical and medical issues.

Reassure, redirect, validate, medication may be necessary at times, use team approach, crisis intervention code may be necessary for dangerous behaviors

Source: Smith (2006).

Strategies to Manage Catastrophic Reactions



- ⊗ Excessive emotional response to something in the environment; being pushed to perform beyond abilities
- ⊗ Appears suddenly: yelling-out, screaming, crying, physical aggression
- ⊗ Common during personal care
- ⊗ Focus on prevention; approach used with resident can make a significant difference. Explain before doing. Talk to resident while performing task. Use a gentle, calm approach. Offer to assist as needed. Offer positive encouragement.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: Smith (2006).

Strategies to Manage Complaining



- ☯ Repeated accusations and negative protests are common behaviors in dementia.
- ☯ Use empathetic response grounded in validation principles: “I am sorry your wallet is missing. Let’s look for it together.”
- ☯ Offer to assist the resident with his/her concerns rather than “correct” his/her behaviors.

Source: Smith (2006).

Strategies to Manage Disinhibition

- ⊗ Acting impulsively without regard for consequences, verbalizing sexual remarks, swear words, and insensitive comments
- ⊗ These behaviors are not planned; they are the result of the person's inability to regulate social behaviors.
- ⊗ More commonly seen in frontal-lobe dementia, TBI, certain mental illnesses, and developmental disorders
- ⊗ Redirection, non-judgmental approach, and diversional activities are often helpful. Medication may be necessary to target impulsive behaviors.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: Smith (2006).

Strategies to Manage Intrusiveness

- ☯ Many residents and family members complain about the demanding, impatient, or intrusive behaviors of individuals with dementia.
- ☯ Rummaging, following another resident, and interrupting conversations are common behaviors.
- ☯ Interventions should focus more on reassuring the offended resident and family member.
- ☯ Gentle redirection and distraction is recommended for a resident who displays these behaviors.

Source: Smith (2006).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Strategies to Manage Resistiveness or Refusal

- ⊗ May be verbal or physical
- ⊗ Frequently associated with personal-care tasks
- ⊗ Assess for environmental issues or approaches used by staff/family/sponsor
- ⊗ Often present when there is a co-existing mental illness such as Schizophrenia, paranoid type
- ⊗ Use calm, matter-of-fact approach. Explain before doing. Try again when attempts are not successful. Have another person talk to patient. Be careful; resident may become physically aggressive and hurt others if pushed too far.
- ⊗ Medication may be necessary to improve these symptoms if it becomes ongoing problem. Consult with a psychiatrist.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Source: Smith (2006).

Personality Disorders in Older Adults

- ④ Approximately 20 percent of long-term care and assisted-living populations have some type of personality disorder. The rate can be as high as 60 percent for facilities with large psychiatric populations (Beiber, 2000).
- ④ Personality disorders can cause a great deal of disruption in residential settings. The type of disruption directly related to the nature of the personality disorder.
- ④ Effective interventions are almost always behavioral and non-pharmacologic.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Personality Disorders



- ⊗ Be on alert for personality traits that are extreme or create so much difficulty in life as to be considered disabling.
- ⊗ More severe than negative personality traits we all show at various times of our lives
- ⊗ Medically defined as long-term, pervasive, inflexible patterns of thoughts that are not well adapted. Behavior is considered outside the range of “normal behavior.”
- ⊗ Leads to significant difficulties in the ability to reason or interact with others or to behave appropriately



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Personality Disorders



Cluster A: (odd and eccentric)

- **Paranoid**: suspicious, mistrustful, defensive, resistant to control, skeptical of most things, copes by projection, attributes shortcomings to others to justify actions
- **Schizoid**: Aloof, introverted, seclusive, uninterested in social activities, apathetic, unengaged, copes by intellectualizing
- **Schizotypal**: Odd, bizarre, strange, secretive and private, socially anxious, easily overwhelmed by stimulation, many bizarre thoughts/acts

Source: Arnold & Kverno (2009).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Personality Disorders



Cluster B: (dramatic and emotional)

- **Borderline**: Unstable, intense affect, manipulative, demanding, unpredictable, impulsive, may commit self-damaging acts, chaotic relationships, demonstrates rageful reactions, poor judgment, tests boundaries, copes by regression, projection, and denial
- **Histrionic**: Dramatic, seductive, sexualizes all relationships, attention-seeking behaviors, superficial, difficulty in maintaining deep relationships, gregarious, copes by creating facades

Source: Arnold & Kverno (2009).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Personality Disorders



Cluster B: (dramatic and emotional)

- **Narcissistic** : Egotistical, preoccupied with power and prestige, sense of superiority, arrogant, entitled, copes by rationalizing, repressing, and using fantasy
- **Antisocial** : Receives pleasure from swindling or using others, little or no regard for feelings of others, history of delinquent or criminal behaviors, irresponsible, thrill-seeking, manipulative, may attempt to use charm as a means to get his/her way, acts-out when do not get his/her way

Source: Arnold & Kverno (2009).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Personality Disorders



- ☞ **Cluster C: (anxious and fearful)**
- ☞ **Avoidant:** Withdrawn pattern, sensitive to rejection/humiliation, slow and constrained speech, shy and uncomfortable with others, sees self as inferior
- ☞ **Dependent:** Submissive pattern, clingy, relies on others to help with everything, avoids responsibilities, wants others to manage his/her life, naïve, regressed, child-like
- ☞ **Obsessive–compulsive:** Meticulous, conforming, rigid, disciplined, focused on order and conformity, stubborn, becomes anxious and upset when things are out of his/her control

Source: Arnold & Kverno (2009).



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Interventions for Personality Disorders

- ⊗ There are no cures for personality disorders. Pervasive, long-term, crisis driven
- ⊗ Mood-related symptoms can be managed with medications.
- ⊗ Establish trusting relationship, set clear and fair boundaries, reinforce positive behaviors, and address unacceptable behaviors.
- ⊗ Patience and objectivity are essential.



Educating Health-care Staff about Complex Psychiatric and Mental-health Needs of Residents

- General orientation
- Mock Code Gray
- Annual education
- Annual CNA update
- Mental-health clinical competencies
- Nursing clinical competencies
- Dementia-education programs
- Grand rounds
- Case studies
- Educator rounding on unit
- Psychiatric diagnosis, behaviors, interventions
- Evidence-based practice updates
- Computer-based learning modules
- Crisis-prevention training
- Unit-specific orientation
- Annual employee safety fair
- Education provided on all three shifts and days of week



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org



Educating Residents about Complex Psychiatric and Mental-health Problems

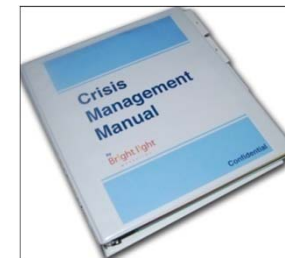
- 🌿 Multi-disciplinary resident-education programs
- 🌿 Resident council
- 🌿 Annual resident/family/sponsor safety and wellness fair
- 🌿 Support groups
- 🌿 IDC meetings with resident/family/sponsor



Implementing a Crisis-management Program Health-care Settings

Assess the needs of your facility

- Types of units in your organization
- Resident diagnosis
- Acuity
- Population mix
- Track and trend resident to resident assault/injury and resident to employee assault/injury.
- What processes do you have in place at present to manage problem behaviors: education, ongoing training, security, drills, and policies and procedures?
- Is safety of all residents, staff, visitors a philosophy, embedded in and embraced by your organization, or is it just something on “paper?”



Developing a Crisis-management Program for Your Facility

- ☯ Collaborative effort which includes administration, risk/quality management, education, nursing, social services, activities and other resident-care departments.
- ☯ Evaluate crisis-management programs and select one which meets facility needs: Non-violent Crisis Intervention; Handle with Care.
- ☯ Select staff trainers to attend program and become certified instructors.
- ☯ Develop policies and procedures for managing problem behaviors/behavioral emergencies.
- ☯ Develop facility-wide education program for managing problem behaviors/behavioral emergencies.
- ☯ Educate all staff on process for managing problem behaviors/behavioral emergencies: initial education, general orientation, annual education, and core competency for all direct care providers.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org



Evaluating the Effectiveness of Your Crisis-management Program

- ☒ Conduct periodic drills – Code Gray Security. Be sure to include *all shifts*.
- ☒ Track and trend resident-to-resident and resident-to-employee assault/injury rates. Compare results before/after program implementation.
- ☒ Conduct debriefing sessions after behavioral emergencies to evaluate team effectiveness and opportunities for improvement.
- ☒ Evaluate all aspects of crisis program yearly to identify what is working well versus areas where improvements need to be made.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org



Evaluating the Effectiveness of Your Crisis-management Program

- ☯ Ongoing process which *never stops*.
- ☯ Do not implement program and expect it to work if you do not perform ongoing education, training, analysis, and evaluation.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Evaluating the Effectiveness of Your Crisis-management Program

How do you know when your program is successful?

- Evidence of reduced assault/injury rates
- Increased confidence and success with management of problem behaviors/behavioral emergencies
- Program becomes a philosophy which is embedded in, and embraced by, the entire organization.



Crisis-management Programs

Crisis Prevention Institute Inc.

3315-K North 124th St.

Brookfield, WI 53005

(800) 558-8976

Email: info@crisisprevention.com

Website: www.crisisprevention.com

Non-violent Crisis Intervention for Long-term

Care Providers is the program specifically for

long-term care, assisted-living, and adult day services providers.



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Crisis-management Programs

☯ **Handle with Care Crisis Intervention and Behavior Management**

184 McKinstry Road

Gardiner, NY 12525

(845) 255-4031

Email: bchapman@handlewithcare.com

Website: www.handlewithcare.com



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

References

Alzheimer's association. www.alz.org

Arnold, E., Kverno, K. (2009). *Psychiatric-mental health nursing*. Silver Spring, MD: American Nurses Credentialing Center.

Beiber, M. (2000). Personality disorders in older adults. *American Journal of Psychiatry*, 157:297- 298. American Psychiatric Press.

Cohn, M., Smyer, M., & Horgas, A. (1994). *The ABC's of behavior change: skills for working with behavior problems in nursing homes*. State College PA: Venture Publishing, Inc.

DSM-IV-TR. www.dsmivtr.org



Christian
Health Care
Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

Smith, M. (2006). *A new look at the old – dementia focus: the person behind the disease*. Trinity Healthforce Learning.