Behavior Problems: Dementia and Mental Illness in Long Term Care and Assisted Living

Module IV

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Presenter:

Dr. David A. Smith, M.D., FAAFP, CMD
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Objectives: Module IV

- Describe activities: primary and secondary that may be used to address mental illness prevention.
- List eight (8) or more behavioral interventions that can be utilized as alternatives to drugs in the resident with dementia and/or mental illness.
Module IV

SURVIVAL GUIDE

• History forms (res, family, staff)

• Psych tests (MMSE, GDS, Cornell, Ham A, etc…)
  • Coding appropriately – comprehensive, change in condition

• Document time between visits into visits

• Medically necessary f/u to evaluate titrations – efficacy and side effects
Activities: Primary and Secondary Mental Illness Prevention

• Socialization to decrease loneliness, increase self-esteem and well-being.

• Integrating with family, community, intergenerational.

• Resident-to-resident centered, not always resident-to-staff.
Activities: Primary and Secondary Mental Illness Prevention *cont’d*

- When resident-to-staff – break down dichotomy

- Exercise to increase strength and vigor, therefore, increase opportunities for more interaction

- Exercise to decrease depression, increase self-esteem and well-being
Preventative Mental Health in Long Term care

- Staff attitudes/staff development
- Patient rights (privacy, personal belongings)
- Visitation by family and friends (inclusion in family events)
- Outings and activities
- Work therapy/Community service projects
- Worship
- Funerals
Preventative Mental Health in Long Term Care

- Cocktail hour
- Pets
- Intergenerational activities
- Touching, one-on-one, TLC
Preventative Mental Health in Long Term Care \textit{cont’d}

- Including patient and family in developing Rx plan
- Minimizing drugs with potential CNS side effects
- Architecture, decoration, odor control, colors, sound
Non Pharmacologic Therapy
Behavioral Interventions: Alternatives to Drugs in the Nursing Home Resident

• Milieu and attitude therapy
• Distraction
• Validation
• Reminiscence and milestone
• Reframing the problem
• Desensitization
• Relaxation training
• Hypnosis
• Group Therapy

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Behavioral Interventions: Alternatives to Drugs in the Nursing Home Resident

- Family therapy
- Brief directive psychotherapy
- Behavior contracting
- Behavior modification and token systems
- Paradoxical therapy
- Time out
- Restrictive and aversion therapy

Milieu Therapy

Overall environment, formal and casual interactions with staff and other patients.

Use: All pathologies
Activities: Primary and Secondary Mental Illness Prevention

- Exercise to fatigue elders, to decrease wandering, agitation, pestering, re-synchronize with nursing facility schedule.
- Variety of choices – resident-centered.
- Fun or worthy or fostering reminiscence, or fostering relationships.

Can change nursing facility from a place to die into a place to live!!!
Validation

To agree with the feelings expressed verbally or non-verbally by the patient.

Use: Depressed patients
Distraction

Beginning with an interpretation of the patient’s behavior, motives, feelings and then gradually shifting the conversation until the patient’s thoughts are distracted away from their problematic train of thought.

Use: Any pathology, but especially valuable for emotionally labile, “organic”, patients.
Reminiscence

Encouraging memories that improve self-esteem, feelings of happiness or tranquility.

Use: Depressed patients, mild to moderately demented patients.
Behavior Modification,

Token Systems

Systems of positive and negative reinforcement or punishment contingent on patient behavior.

Use: An pathology. Patients with or without insight. Best for clearly definable behaviors that are under some volitional control of the patient.
Behavior Contracting

Writing a formal contract for a desired behavior or against a problem behavior and providing rewards and/or negative consequences as appropriate.

Use: Competent patients who do have some control of their behavior.
Reframing

Interpreting a patient’s emotions or the life circumstances responsible for their emotions in a different context.

Use: Patients with some insight, especially depressed patients.
Prescribing Behaviors, Double Bind or Paradoxical Therapy

Extinguishing a behavior or emotion by requiring a patient to voluntarily perform the behavior or experience the emotion in a new context.

Use: Non-demented patients with little insight. Patients whose problems have been unresponsive to other approaches.
Brief Directive Psychotherapy

A form of psychotherapy wherein the therapist is more directive and active; steering the conversation to elucidate the problems, giving guidance, information, and reassurance.

Use: Transient situational disturbance, neuroses, depression, grief in elders.
Desensitization

Gradual exposure to a noxious stimulus until its negative consequence is reduced.

Use: Phobia
Relaxation Training

Various modalities to promote relaxation / tranquility.

Use: Anxiety disorders, anxiety associated with depression.
Family Therapy

Collective and separate meetings with patient and family for therapeutic crisis intervention, restructuring pathological family dynamics or other strategies.

Use: Any pathology where the recruitment of family resources, transfer of information, or changing of family dynamics will assist in recovery.
Group Therapy

Collected groups of patients with similar or dissimilar problems for therapeutic conversation.

Use: Any pathology especially those improved when patient gains a sense of not being unique or alone in their problem. Withdrawn patients. Situations where one to one therapy is too time intensive.
Hypnosis

Inducing a hypnotic trance to obtain “locked in” information, or to place a post-hypnotic suggestion.

Use: Depression from repressed guilt, differentiation of physiologic and psycho logic mutism or other conversion reaction, breaking habits.
Highly Restrictive Procedures & Aversive Therapy

- Behavior modification using physical restraint or punishment.
- Usually not appropriate or necessary.
- Usually not very effective.
- Sometimes needed if consequences of behaviors are extremely dangerous to self or others.

BEWARE – PATIENT RIGHTS
Behavioral Approaches

- Mutt & Jeff
- Maternal (Paternal)
- High Touch & Positive
- Available & Positive
- Kind Limit Setting
- Mechanical
- Giving Space
- Tender Loving Care
High Touch and Positive:

Used with withdrawn patients and some depressed patients. Patient is actively sought out. This is used to build self-esteem and increase patient’s socialization skills.
Available & Positive:

Used with paranoid or suspicious patient. Caregiver available, but patient takes the first step.
KIND LIMIT SETTING:

Used with the depressed, withdrawn patient.

Caregiver takes control and sets up expectations. Doesn’t take “no” for an answer.
Mechanical:

Used for manipulative or seductive patients. Patient receives in an mechanical, non-emotional fashion, the natural consequences of their actions.
Maternal (Paternal):  

Use with mildly organic, childlike, or dependent patients.

Staff with rapport lavish praise or “scold” the patient as appropriate with the implication of strengthening or weakening the bond of affection between them.

CAUTION: May increase dependency if misused!
MUTT & JEFF:

Use with antisocial patients or manipulative patients. One or more staff with whom patient has rapport encourage positive behavior or discourage problem behavior forming an alliance with the patient, while one or more staff without rapport with the patient take opposition.

CAUTION: Borders on “brainwashing” if misused!
GIVING SPACE:

Used for the patient who has lost control.
No demand is placed on the patient until he/she regains some reason and de-escalates.
TENDER LOVING CARE:

Used for patients with no rehabilitation potential or terminal patients. Patient’s needs are anticipated and met. Provides a sense of security for patient.
Implementing Behavioral Approaches:

Consistency – most important
Thank you!