Alzheimer's Disease: Behavior Management

2.0 Contact Hours

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.Alzheimer's Disease: Behavior Management

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Objectives:

At the completion of this course, the learner will be able to:

1. Explain the relationship between the brain and behavior and articulate why it is important when caring for someone with Alzheimer's disease.
2. List the three components of the A-B-C Behavior Chain.
3. Describe how to use the A-B-C Behavior Chain to manage challenging behaviors exhibited by individuals with Alzheimer's disease.
4. Name at least seven challenging behaviors associated with Alzheimer's disease and at least two strategies for managing each behavior.

Introduction

Because Alzheimer's disease affects the way a person thinks, how a person feels, and what a person does, providing care to someone with Alzheimer's requires flexibility and an appreciation for the unpredictable nature of the disease. Individuals with Alzheimer's can behave in ways that are uncharacteristic for the person; for instance, the person may become angry, suspicious, or extremely dependent, even though these qualities were never a part of the person's personality before the development of Alzheimer's. Although people with Alzheimer's disease cannot control or prevent these behaviors, they can still cause frustration and stress for those who care for them.

This course will help health care professionals understand the relationship between the brain and behavior, especially when the brain is affected by a disease such as Alzheimer's. The course also explains the A-B-C Behavior Chain and how to use it to manage challenging behaviors among clients and patients. Specific behaviors associated

with Alzheimer's are discussed, including suggestions for addressing particularly challenging behaviors among people with Alzheimer's disease.

The Brain-Behavior Relationship

Before learning how to manage challenging behaviors using the A-B-C Behavior Chain, it is important to understand the relationship between the brain and behavior, particularly in relation to Alzheimer's disease. This relationship can be summarized in nine building blocks:

1. The brain is the source of our thoughts, emotions, personality, and behavior; therefore, the brain affects how we think, what we feel, who we are, and what we do.
2. Because Alzheimer's is a disease of the brain, the disease will naturally affect what a person thinks, how a person feels, who that person is, and what that person does.
3. Even if a person with Alzheimer's disease does not appear sick, the person is still suffering from a physical illness. Alzheimer's often does not affect a person's appearance until the later stages of the disease.
4. Alzheimer's disease affects different parts of the brain at different times and at different rates. This makes it very difficult to predict how an individual with Alzheimer's will behave on any given day.
5. Tasks that seem simple to us are actually made up of many small steps that might be overwhelming to a person with Alzheimer's. For instance, most of us think that getting dressed is one simple task that we perform each morning. However,

dozens of small steps are involved in getting dressed (e.g., choosing a shirt, putting on the shirt, buttoning the shirt, tucking in the shirt, etc.). If a person with Alzheimer's does not remember all of the steps involved in getting dressed – or does not remember the correct order of the steps – the person will not successfully perform this seemingly simple task.

6. Behavior problems among people with Alzheimer's – such as aggression, suspicion, or wandering – are caused by damage to the brain and are not something that people with the disease can control, "keep in check," or prevent. It is especially important to remember this when individuals with Alzheimer's do or say things can be interpreted as hurtful.
7. It is extremely difficult, if not impossible, for someone with Alzheimer's disease to learn, reason, understand, or remember. This is why it is futile to try to argue with someone who has Alzheimer's.
8. People with Alzheimer's disease experience a progressively lowered *stress threshold*, which is the amount of stress or tension one can endure and still maintain an adequate level of social and/or occupational functioning. In other words, individuals with Alzheimer's become distressed more easily over time; additionally, because of communication difficulties, they are less able to explain why they are distressed.
9. The key to managing challenging behaviors among Alzheimer's individuals is to accept the brain-behavior relationship so that the difficult behaviors can be viewed through a compassionate lens and with a non-judgmental attitude.

The A-B-C Behavior Chain

The A-B-C Behavior Chain is a model that can be used to track and analyze challenging behaviors in order to devise new ways to approach and respond to them. There are three components to the model:

- *Antecedent* – The "A" in the A-B-C Behavior Chain stands for *antecedent*, which is anything that happens before a challenging behavior or "sets the stage" for it to occur. Antecedents can be internal (e.g., the Alzheimer's individual's thoughts or physical feelings) or external (e.g., characteristics of the environment). Some examples of antecedents include physical discomfort like hunger or pain, loud noises, room temperatures that are too hot or cold, a chaotic environment, fluorescent lights, unfamiliar surroundings, tasks that are overwhelming, or frustration over not being able to communicate an idea or need.
- *Behavior* – The "B" stands for behavior, which is the action being targeted as problematic. Examples of challenging behaviors, which will be discussed in more detail later, include agitation, aggression, repetition, hallucinations, suspicion, apathy, confusion, sundowning, and wandering.
- *Consequence* – The "C" stands for consequence, which is anything that happens directly after the behavior. Consequences can be "positive," meaning that they reinforce the behavior by encouraging or rewarding it; consequences can also be "negative," meaning that they discourage the behavior and decrease the chances of it being repeated. Examples of consequences are yelling, offering calm reassurance, giving the person with Alzheimer's an item like food or a photo album, taking something away from the person with Alzheimer's, or removing the person from the situation in which the behavior occurred.

How to Use the A-B-C Behavior Chain

The A-B-C Behavior Chain can be used in several ways. First, the model is a useful way to observe and track difficult behaviors. Long term care facilities can create a simple chart on which antecedents, behaviors, and consequences are recorded for each individual with Alzheimer's. Each time a challenging behavior occurs, it can be captured in real time.

After the behavior has been recorded several times, the chart can be analyzed for patterns among antecedents and consequences. For example, does the person always become agitated after interacting with a particular resident or staff person? Is the person calm in her room, where there is soft lighting and relatively little noise, but wanders when she is participating in a chaotic activity? Does the person start moving repetitively when he has to go to the bathroom or has an upset stomach?

What about consequences? How do you respond to the person after the difficult behavior? Do you remain calm, or do you try to engage the person in an argument? Do other residents in the room become agitated, or do they try to comfort the person? Look at several incidents over time to see if a particular antecedent or consequence is triggering or reinforcing the behavior.

After the behavior has been tracked and analyzed, the A-B-C Behavior Chain can be used to develop new strategies for dealing with the difficult behavior. The key is to modify the antecedents and/or consequences you have determined are contributing to the behavior. Remember, the person with Alzheimer's cannot control or prevent behaviors on

his or her own. It is up to you to change what happens before or after the behavior in order to effectively manage it.

Strategies for Specific Challenging Behaviors

While the A-B-C Behavior Chain is useful for all challenging behaviors, it helps to be aware of specific tools for addressing some of the most common – and difficult – behaviors among people with Alzheimer's disease.

- *Agitation.* Those with Alzheimer's might become restless, anxious, or upset, which can also elicit pacing, dependency, or a tendency to obsess over details of a particular situation. To address agitation, it is helpful to really listen to the person as she expresses her frustration. She may give you a clue about what is upsetting her, which can then be used to devise a new strategy or approach. It is also helpful to reassure the person that you are there to provide help and comfort. If it seems like the person needs something to do, redirecting him to an enjoyable activity (e.g., a game or art project that you know he finds pleasurable) can often ameliorate the behavior. Agitation is also commonly due to a noisy or distracting environment, so relocating the person to a calmer area may be all that is needed.
- *Aggression.* Aggressive behavior can take the form of shouting, cornering, raising a hand to someone, or actually pushing or hitting. Unfortunately, aggression among people with Alzheimer's can occur suddenly and seemingly without warning. It is very important to try to identify what triggered the aggression so that the antecedent can be eliminated or modified. Focus on the person's feelings and react in a calm, reassuring way. Be sure that all environmental distractions,

such as loud noises or potentially frightening shadows or movements, are reduced as much as possible. Redirecting an aggressive person to a pleasant activity can be a remarkably effective strategy.

- *Repetition.* People with Alzheimer's disease might repeat a sound, word, question, or action over and over again. While this is usually harmless, it can become extremely unnerving for those who are caring for the person. Repetition is usually a sign of insecurity, and people are often looking for something comfortable and familiar – something they have some semblance of control over – when they engage in repetition. To address repetition, look for a specific antecedent or reason for the repetition as well as for the emotion behind the behavior. This can reduce your chances of responding impatiently with the person. If the repetition takes the form of an action, try to turn it into an activity that makes the person feel useful. For instance, if the person is constantly fidgeting with his hands, try giving him some laundry to sort or some napkins to fold.
- *Hallucinations.* Hallucinations are sensory experiences that seem real to the person with Alzheimer's disease, yet they are not really happening. The most common hallucinations are visual (i.e., seeing something that is not really there) and auditory (i.e., hearing something that is not really there), but hallucinations can also occur in regard to taste, smell, and touch. Because hallucinations seem so real to those with Alzheimer's, it is not helpful to try to convince the person that they are imagining things. Instead, acknowledge the person's feelings, try to reassure the person that you are there to help them, and redirect them to a pleasant activity. Another thing to consider is whether the hallucination is actually

bothering the person. If it is a “nice” hallucination (e.g., they see birds and flowers outside of their window that are not really there), there may be no benefit in trying to discourage or squelch the behavior.

- *Suspicion.* A combination of memory loss and disorientation can cause a person with Alzheimer’s disease to perceive situations in atypical ways. They may become suspicious of others – even those close to them – and make accusations of theft, infidelity, or other offensive behavior. As hard as it may be to be accused of something you did not do, try not to become offended. Remember that the behavior is due to the way the disease is affecting the person’s brain. Do not try to argue with the person or convince him or her of your innocence. Instead, share a simple answer or response with the person (e.g., “I see that you’re upset about your missing wallet; I’ll do my best to find it for you.”) and avoid giving wordy or complicated explanations. Redirection to another activity can be very effective in these situations. It is also helpful to store “back-ups” of items previously misplaced (e.g., baseball caps, purses).
- *Apathy.* While listlessness or passivity may not seem like a behavior problem, it can be very troubling to care for someone with Alzheimer’s who does not want to do anything. Even though the person is ill, it is important to keep her moving and active as much as possible in order to maintain physical health and to prevent depression. Try engaging the person in enjoyable activities, but adapt them so the person can participate at a level that is comfortable and not overwhelming. Even just a small amount of activity is better than none at all.

- *Confusion.* Alzheimer's disease often causes a person to become confused about person, place, and time. In other words, he may still know who he is, but he may not recognize others; he might also be unable to identify where he is or name the current time, date, or year. People with Alzheimer's also become confused about the purpose of objects, such as keys or pencils. As frustrating as this can be for those who care for Alzheimer's individuals, the best way to respond is to stay calm and provide simple, clear, positive answers when the person asks for help. For instance, if the person seems confused about the purpose of a coffee cup, simply say, "Here's your cup for drinking your coffee." Never scold the person for becoming confused about things she used to know.
- *Sundowning.* Sundowning is a phenomenon unique to Alzheimer's disease that involves the person becoming more confused and agitated in the late afternoon and early evening. Several theories have been proposed about why sundowning occurs, such as increased confusion due to darkness and shadows, fatigue, and the progressively lowered stress threshold mentioned earlier. The best way to approach sundowning is to make late afternoons and evenings as simple and relaxing as possible. Reduce distractions or unscheduled activities, and keep rooms well-lit until bedtime.
- *Wandering.* One of the more dangerous behaviors among individuals with Alzheimer's, wandering may be goal-directed (i.e., the person may think that they are going to work or going "home" to a childhood residence) or non-goal-directed (i.e., the person wanders aimlessly). Making sure the person has plenty of supervised activity to channel her energy can reduce the frequency of wandering.

Redirecting the person to another activity can also work well for some individuals. Interestingly, Alzheimer's disease affects perception in such a way that environmental interventions can help curb wandering. For instance, a black square or grid painted on the floor in front of a doorway may be perceived as a hole, preventing the person from exiting.

Conclusion

Difficult behaviors can create significant challenges for those providing medical and personal care to people with Alzheimer's disease. Understanding and accepting the brain-behavior relationship can help health care professionals approach difficult behaviors with compassion and a non-judgmental attitude. Additionally, utilizing the A-B-C Behavior Chain will help create more therapeutic environments that effectively manage behavioral challenges.

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