



Approaching Dementia with Compassion

Consistent practices benefit residents,
their families, care teams and the organization

By Anne Geske

With the occurrence of Alzheimer's expected to rise from 5.8 million Americans today to nearly 14 million by 2050,¹ senior care organizations will need to staff up to handle the demand for specialized dementia care units. In an industry already experiencing a shortage of trained caregivers despite growing demand, this is no small task.

In memory care units (also known as specialized care units) and skilled nursing facilities, burnout contributes to staffing shortages, and staffing shortages contribute to burnout—and on it goes. Not only do care team members increasingly need to fill gaps through overtime and double shifts, but verbal abuse and other challenging behaviors are common for residents with Alzheimer's and other types of dementia, further driving burnout for caregivers.

Lori Atkinson, RN, BSN, CPHRM, CPPS and patient safety expert at Constellation, notes that residents and families often have substantial concerns related to staff shortages and disruptive behaviors. "Residents

with challenging behaviors may be avoided by their fellow residents and their caregivers," she says, "which contributes to safety concerns and poor resident and family experience."

A case example

The following case illustrates several problems that can occur with a resident's challenging behaviors and no intervention plan:

An 82-year-old woman with severe dementia is frequently loud and uses inappropriate language in the common areas of her senior living community. The loud yelling is upsetting and disruptive to other residents, families and the care team. Members of the care team respond in various and random ways to her disruptive behavior and don't communicate effectively with each other about their efforts. The care team reports a high level of frustration in caring for her.

Random responses and lack of communication between team members about this woman's challenging dementia-related behaviors may inadvertently reward and perpetuate it. Without a plan, the behavior will likely continue. When effective behavioral interventions are in place, however, the severity and frequency of caregiving challenges can be reduced.

Behavioral interventions

A growing body of evidence supports nonpharmacological treatments for neuropsychiatric symptoms (NPS) of dementia as a first line of therapy over antipsychotic and sedative medications, which have historically been used to help manage these symptoms. NPS is a specific category of symptoms that affect almost all people with dementia at some point during their illness, and that can cause many of the challenging behaviors. The symptoms include excesses such as agitation, aggressiveness, repetitive vocalizations and pacing, as well as withdrawal and failure to engage in self-care or social activities. These behaviors can range from annoying to dangerous.²

Behavioral interventions—also referred to as person-centered care (PCC) interventions—have been shown to reduce agitation and other NPS. These interventions, Atkinson says, should be developed according to each individual resident's assessed condition and outlined in their care plan. "Individualized intervention plans empower team members, who are frustrated when they're unable to impact challenging resident behavior," Atkinson says.

One might ask, "How is it possible that residents with Alzheimer's and other dementias—progressive diseases of the brain—can benefit from interventions aimed at behavior?" It's because people with dementia still retain the ability to form implicit memories through associative learning. Interventions, such as avoiding physical and environmental triggers and forming positive associations with caregivers, can be tailored specifically to dementia-related NPS.²

Implementation of these practices is time-consuming and requires dedication, training and adherence to a plan. It also follows that two significant barriers to PCC interventions are staff shortages and lack of education. On the other hand, care team education that promotes PCC intervention skills can truly enhance residents' quality of life, ensure sustainability of the interventions, and have a positive influence on caregiver stress and burnout, increasing job satisfaction.³

A strong plan involves these key elements:

- ✓ **A team-based care model** Use an expanded team including behavioral health professionals, social workers, pharmacists and therapists
- ✓ **Teamwork training, processes and tools** TeamSTEPPS, huddles, daily briefings and SBAR
- ✓ **Team education and training** Include cognitive disorders, dementia and behavior modification strategies
- ✓ **A structured behavior modification care plan** Tailored for each resident based on assessments and agreed upon by the care team

Key facts about dementia

- ✓ Someone turning age 65 today has almost a 70% chance of needing some type of long-term care services and support in their remaining years⁴
- ✓ One-third of today's 65-year-olds may never need long-term care support, but 20 percent will need it for longer than 5 years⁴
- ✓ Women typically need care longer (3.7 years) than men (2.2 years)⁴
- ✓ Overall, more people use long-term care services at home, and for longer, than in facilities⁴
- ✓ Dementia is a syndrome in which there is deterioration in memory, thinking, behavior and the ability to perform everyday activities⁵
- ✓ Although dementia mainly affects older people, it is not a normal part of aging⁵
- ✓ Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases⁵

- ✓ **Environmental modifications** Important to ensure safety
- ✓ **Family care conferences** Discuss the behavior modification plan and get families on board

When care teams become adept at modifying resident behavior, it's a positive outcome not only for the resident but for the care team as well.

References

1. Alzheimer's Association. **Alzheimer's and dementia: facts and figures.** bit.ly/31X1G0A. Accessed February 21, 2020.
2. McConnell ES. **Improving dementia care through behavioral interventions.** *NC Med J.* 2014;75(5):355-358.
3. Kim SK, Park M. **Effectiveness of person-centered care on people with dementia: a systematic review and meta-analysis.** *Clin Interv Aging.* 2017;12:381-97.
4. [LongTermCare.gov](https://www.longtermcare.gov). U.S. Department of Health and Human Services. **How much care will you need?** bit.ly/2vE1PvU. Published October 10, 2017. Accessed February 21, 2020.
5. World Health Organization. **Dementia: key facts.** bit.ly/31X0lZO. Published September 19, 2019. Accessed February 21, 2020.



ANNE GESKE

Health Care Feature Writer

This article originally appeared in the Summer 2020 issue of *Common Factors*,[™] published online twice each year by Constellation. Together with member companies MMIC, UMIA and Arkansas Mutual, Constellation is a growing portfolio of medical professional liability (MPL) insurance companies offering innovative products and services that reduce risk and support care teams. For more articles, providing health care leaders and professionals with data-driven insights and solutions, plus malpractice claims analysis and more on the latest health care topics, visit [ConstellationMutual.com](https://www.constellationmutual.com)