Resources from the
Alzheimer's Disease Subfile
of the Combined Health
Information Database (CHID)

Behavior Management: Non-Drug Approaches

CHID Database
March 1997

ALZHEIMER'S
DISEASE
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Each citation in the search provides the author, title, and source of the item, along with a summary of its contents. Depending on the type of item, the citation also may include where to obtain a copy of the material, the item's price, and other relevant information.

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Behavior Management: Non-Drug Approaches
Updated Literature Search
March 1997

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Behavior Management: Non-Drug Approaches

1.
Creating Harmony from Discord: Strategies for Calming Residents With Dementia.

Gold, M.F. Provider. p. 66-74. March 1996.

This article reviews methods for meeting the needs of long-term care residents with Alzheimer's disease or other dementias. Strategies that calm or distract disruptive residents may enable staff to accomplish their jobs in a more efficient manner. The article suggests that the cause of a client's disruptive behavior be identified through the use of behavior logs. According to the author, music therapy may calm agitated and depressed residents, redirect wanderers, and bring meaningful communication to those who are confused about time. The author recommends validation therapy as a tool for improving communication between staff and residents. Lifestyle profiles may be used to recreate a client's routine prior to the onset of Alzheimer's disease. The article concludes with a discussion of staff assessment and training. (AZJA05911)

2.
Difficult Dementia: Six Steps to Control Problem Behaviors.

Banazak, D.A. Geriatrics. 51(2): 36-42. February 1996.

This article outlines a six-step approach to controlling problem behaviors in patients with a diagnosis of dementia. The approach includes both drug and non-drug therapies. According to the author, a systematic approach starts with describing the nature of the specific behavior, reviewing possible physical and emotional stressors, and checking for coexisting affective or psychotic disorders. Other strategies that may help include reducing environmental stimulation and making the patient's tasks easier. Drug therapy with an antipsychotic or benzodiazepine is suggested when a clear-cut behavioral strategy has not proven fully effective, the behavior is well documented, or the behavior presents a clear danger to the patient or others. Specifically, the steps include defining the behavior; reviewing the possible physical etiologies; reviewing possible environmental etiologies; reviewing the possible psychiatric etiologies; using behavioral approaches; and administering drug therapy. 3 tables, 16 references. (AZJA05912)

3.

Behavioral Complications in Alzheimer's Disease.

Lawlor, B.A. ed. Washington, DC: American Psychiatric Association. 1995. 272 p.

Available from the American Psychiatric Association. 1400 K Street, NW, Washington, DC 20005. (800) 368-5777. PRICE: $35.00.
ISBN: 0880484772.

This book focuses on identification, measurement, and treatment of behavioral symptoms in patients with Alzheimer's disease (AD). It is divided into four sections. The first section on the phenomenology of behavioral disturbances describes the most common behavioral complications encountered in AD patients (including agitation, psychosis, and depression); the description, assessment, and proper diagnosis of agitation in AD patients; underdiagnosing and undertreating depression; and psychotic symptoms in AD and the diverse phenomenology of psychosis in the illness. The section on biomedical and quantitative aspects reviews the need for careful coordination between physicians in the treatment of patients with dementia, discusses the use of behavioral rating scales in AD, and examines pathological changes commonly reported in AD studies. The third section on management strategies provides guidelines for the treatment of behavioral manifestations of AD, including cautionary comments in treating depression in patients with dementia and the use of non-drug approaches in treating behavioral disturbances; and a review of new pharmacological approaches in managing AD. The fourth section focuses on the psychosocial implications of behavioral symptoms of AD, e.g., caregiver burden and disposition dilemmas. It discusses the rapidly expanding data on caregiver strain and its relationship to severity of dementia, and draws a connection between behavioral disturbances in AD and institutional support. (AZBK05628)

4.

Behavioral Problems in Nursing Home Residents: Safe Ways To Manage Dementia.

Jarrett, P.G.; Rockwood, K.; Mallery, L. Postgraduate Medicine. 97(5): 189-191, 195-196. May 1995.

This article addresses behavioral problems in nursing home residents and the use of patient assessment and treatment options, both pharmacological and non-pharmacological, that can help control these behaviors. Non-pharmacological treatment options include environmental changes, bright-light treatment, and restraints and behavior modification. Pharmacological options involve the use of neuroleptics, benzodiazepines, and other agents such as beta-blocker therapy, carbamazepine, lithium,

trazodone hydrochloride, and buspirone hydrochloride. According to the authors, patients should be assessed to differentiate delirium from dementia, and possible precipitants of disturbed behavior should be investigated. The authors suggest that ultimately, long-term success with patients with dementia may depend in part on realistic expectations. 21 references. (AZJA05805)

5.

Decisions About Behavior-Modifying Medications for People With Dementia.

Miller, C.A. Geriatric Nursing. 16(3): 143-144. May-June 1995.

This paper discusses the decisions that nursing staff may make about the safety and comfort of people with dementia before using behavior- modifying medications. The author provides a list of questions that may be considered when diagnosing patient behavior prior to use of behavior- modifying medications. These questions force the nurse to observe more closely other contributing factors to the behavior, such as the environment being too stimulating, physiological factors, or adverse medication effects. The paper suggests that nonpharmacological interventions should be considered first in rectifying the behavior before using modifying medications, and can be used in combination with behavior-modifying medications. (AZJA05553)

6.

Dementia in Acute Units: Agitation.

King, B.; Watt, G. Nursing Standard. 9(21): 25-27. February 15-21, 1995.

This article examines the causes and management of restlessness and agitation in people with dementia and proposes a holistic approach for dealing with these problems. The article discusses strategies designed to ensure that many of the causes of agitated behavior are identified and addressed quickly. These strategies include one-to-one attention, environmental approaches, interpersonal approaches, reality orientation, and purposeful activity. Issues surrounding one-to-one contact between caregiver and patient are discussed. 7 references. (AZJA05753)

7.

Effects of Calming Music on the Level of Agitation in Cognitively Impaired Nursing Home Residents.

Tabloski, P.A.; McKinnon-Howe, L.; Remington, R. American Journal of Alzheimer's Care and Related Disorders and Research. 10(1): 10-15. January-February 1995.

This study examines the use of music as a strategy to decrease agitated behavior in cognitively impaired nursing home residents. Twenty nursing home patients, aged from 68 to 84 years, were assessed for their level of

agitation for 15 minutes before, 15 minutes during, and 15 minutes after the musical intervention using the Agitated Behavior Scale developed by Corrigan. The scale is comprised of 14 behaviors which signify agitation. Each behavior is rated on a point scale signifying the degree of agitation encountered from none to extreme. No effort was made to limit or restrict normal unit activities or access to the resident, with the exception of closing the resident's door, if the test was done in their room, to discourage walk-in visits due to curiosity. Results of the analysis suggest that a statistically significant reduction in agitated behavior occurs both during and after the musical intervention. These findings provide evidence of the effective use of nonpharmacologic means to alter this particular adverse behavior. 17 references. (AZJA05509)

8.

Efficacy of Hand Massage in Decreasing Agitation Behaviors Associated With Care
Activities in Persons With Dementia.

Snyder, M.; Egan, E.C.; Burns, K.R. Geriatric Nursing. 16(2): 60-63. March-April 1995.

This study explores whether administering hand massage before nursing care activities that were often associated with agitation behaviors would reduce the frequency and intensity of these behaviors during the care activities. Twenty-six patients with Alzheimer's disease, aged 60 to 97 years, and who exhibited agitation behaviors during nursing care activities, participated in the study. Baseline data were collected for 5 days on the frequency and intensity of selected behaviors during care activities in the morning and afternoon. Staff then administered hand massage before these morning and afternoon care activities for 10 days and recorded data on the frequency and intensity of agitation behaviors. Staff also recorded data during the 5 days following the interventions. Findings suggest that hand massage produced a reduction in the intensity and frequency of agitation behaviors in the morning but not in the afternoon. Hand massage for males increased the frequency and intensity of agitation behaviors, while the opposite was found for females. 1 figure, 1 table, 16 references. (AZJA05551)

9.

Geriatric Psychopathology: Behavioral Intervention as First Line Treatment.

Smith, D.A. Alexandria, VA: Newsletter Book Services. 1995. 69 p.

Available from Newsletter Book Services. 919 Duke Street, Alexandria, VA 22314. (703) 684-4057 or (800) 382-0602; FAX (703) 684-4059. PRICE: $39.95 plus $5.95 shipping. ISBN: 1884937209.

This report presents guidelines on nonpharmacological therapies for behavioral problems in older people. The author discusses steps for examining a problem behavior, defining it, and identifying its causes; and lists five of the most common behavioral problems and the most effective interventions for each one. The report also provides techniques for reducing wandering, approaches for assaultiveness, resistiveness, and combativeness; ways to deal with screaming, banging, and repetitive noisemaking; and innovations for sleep problems in older patients. The author discusses strategies from environmental design in attitude therapy and ways nursing home staff can be trained to use psychotherapeutic techniques. (AZDC05710)

10.

Interventions for Decreasing Agitation Behaviors in Persons With Dementia.

Snyder, M.; Egan, E.C.; Burns, K.R. Journal of Gerontological Nursing. 21(7): 34-40. July 1995.

A pilot study explored the efficacy of hand massage, therapeutic touch, and presence (control group) in producing relaxation and decreasing agitation behaviors in persons with dementia. An experimental crossover design was used to study the effects of these interventions in 17 residents in one Alzheimer's disease Care Unit. Participating patients ranged in age from 66 to 90 years old, all but four were on psychotropic medications; no differences in problem behaviors were found between those on medication and those who were not. Instruments used in the study were the Haycox Rating Scale and the Relaxation Checklist developed by Luiselli and colleagues. Repeated measures analysis of variance and post hoc t-tests were used to analyze changes in the outcome measures. Hand massage and therapeutic touch were administered once a day in late afternoon for 10 days while presence was administered for 5 days. Significant differences were found in the level of relaxation from pre- to post-intervention with the use of hand massage and therapeutic touch. However, no decrease in agitation behaviors was observed. 22 references. (AZJA05442)

11.

Interventions in Dementia Care: Responding to the Call for Alternatives to Restraints.

Taft, L.B. American Journal of Alzheimer's Care and Related Disorders and Research. 10(2): 30-38. March-April 1995.

This study describes and classifies interventions used in caring for people with dementia without resorting to the use of restraints, and explores selected factors influencing caregiving approaches. It presents descriptive findings on interventions used by family and professional caregivers to respond to agitated behaviors and to support personal strengths in people with dementia. Using examples from caregiving contexts in adult day care and home environments, the author describes seven domains of caregiving approaches: social, psychological, functional, behavioral, environmental, medical, and cognitive. The most frequently reported interventions are social and psychological approaches. These findings support the application of a social model for dementia care. 2 tables, 26 references. (AZJA05517)

12.

Nursing Interventions To Promote Functional Feeding.

Van Ort, S.; Phillips, L.R. Journal of Gerontological Nursing. 21(10): 6-14. October 1995.

This study focuses on functional feeding in older people with cognitive impairment and tests the efficacy of two nursing interventions, one contextual and one behavioral, designed to promote functional feeding and maintain adequate nutritional status in older people with dementia who live in a long-term care facility. Seven older people who required feeding assistance and 18 staff feeders participated in the study. Participants were given either contextual treatment (e.g., noise reduction and seating at tables) or behavioral treatment (e.g., simple verbal prompts, pantomiming the desired behavior, and praise). According to the authors, the study indicates the following simple nursing actions in modifying the environment that promoted self-feeding without extending the time for meals: reducing interruptions and distractions, placing residents at a dining table, using placemats and namecards, using finger foods, placing food directly in front of residents, and maintaining consistency in mealtime activities. During the study, no decrease in subjects' weight occurred with either the contextual or behavioral intervention. 6 charts, 21 references. (AZJA05720)

13.

Simulated Presence Therapy: Using Selected Memories To Manage Problem Behaviors in Alzheimer's Disease Patients.

Woods, P.; Ashley, J. Geriatric Nursing. 16(1): 9-14. January-February 1995.

This study determined what impact simulated presence therapy (SPT) intervention had on patients with dementia of the Alzheimer's type who manifested problem behaviors. The sample consisted of 27 cognitively impaired residents from 4 different nursing homes. Researchers used personalized 15 minute SPT audiotapes whose subject matter was based on the interests identified in each patient. Three types of problem behaviors were identified by the nursing staff for intervention: social isolation, agitation, and verbal or physical aggression. Findings suggest that 81.5 percent showed positive responses to SPT. Twenty patients (74 percent) showed positive responses to the use of SPT regardless of the behavior problem being treated. Only five patients (18 percent) showed no positive response. A more controlled pilot study using nine patients, in which staff documented resident's behavior before the application of SPT and again at the conclusion of SPT intervention, showed that residents' behavior was significantly improved following the use of SPT. Researchers concluded that the lack of negative responses shows the audiotape is not a source of overstimulation. Additionally, nurse managers and directors believed SPT helped reduce stress and burden among the nursing staff. 3 tables, 25 references. (AZJA05548)

14.

Standardized Care Plan: Managing Alzheimer's Patients at Home.

Hall, G.R.; et al. Journal of Gerontological Nursing. 21(1): 37-47. January 1995.

This article describes a standardized in-home care plan based on the Progressively Lowered Stress Threshold (PLST) model. The model proposes that persons with dementia-causing illness need environmental demands modified because of their declining cognitive and functional abilities and the presence of secondary behavioral symptoms, such as agitation, that lead to caregiver depression, burden, and breakdown. A major objective of the care plan is to improve the family's competence in managing problematic behavioral symptoms, which may decrease caregiver stress, delay institutionalization of the person with Alzheimer's disease and related disorders (ADRD), and possibly reduce the costs of ADRD care. The PLST model identifies six areas of stress for people with ADRD: fatigue; change of caregiver, environment, or routine; demands to achieve beyond capability; multiple and competing stimuli; affective responses to perceived losses; and

physical stressors, such as illness or pain. The article describes the theoretical framework behind the PLST, and it presents a care plan for people with ADRD that lists the problems or needs encountered, the short-term progress goals for the patient, and the recommended interventions needed to reach those goals. The authors specifically address the problem of wandering by listing the types of wandering behavior, describing the behavioral characteristics associated with each type, and presenting the appropriate interventions to deal with each type. According to the model, reduction of environmental stress through caregiver training and care planning may result in a slower rate of deterioration of the ADRD patient's physical and behavioral functions. Implications for nurses are addressed. 2 figures, 48 references. (AZJA05439)

15.

Using Validation Techniques To Improve Communication With Cognitively Impaired
Older Adults.

Fine, J.I.; Rouse-Bane, S. Journal of Gerontological Nursing. 21(6): 39-45. June 1995.

This study examined the clinical implications of linking specific validation approaches to specific identified stages of confusion in nursing home residents. Staff members of a 44-bed dementia unit participated in validation training. The pre- and post-training samples included residents categorized in four stages of confusion: malorientation, time confusion, repetitive motion, and vegetation. To test treatment effects on resident behaviors, researchers observed interactions between staff and residents on the dementia unit before and after training in the use of specified validation techniques. Effectiveness was determined by a decrease in or an absence of the behavior problem. Findings suggest that the frequency, appropriateness, and effectiveness of focused communication techniques increased dramatically. Approaches chosen after staff training were more appropriate for the behavior residents exhibited than just using the most familiar response. Data indicate staff were better able to ameliorate problem behaviors, and better able to work with worsening levels of confusion after training. There also was some reduction in the use of psychotropic medications. Results support that when validation techniques are appropriately matched to confusional stage the effectiveness of the intervention may be improved. 4 tables, 6 references. (AZJA05583)

16.

ABCs of Behavior Change: Skills for Working With Behavior Problems in Nursing Homes.

Cohn, M.D.; Smyer, M.A.; Horgas, A.L. State College, PA: Venture Publishing, Inc. 1994. 236 p.

Available from Venture Publishing, Inc. 1999 Cato Avenue, State College, PA 16801-3238. (814) 234-4561; FAX (814) 234-1651. PRICE: $29.95. ISBN: 091025169X.

This book presents a program for managing behavior problems in nursing homes that has been field tested and improved over 8 years of development. It is designed to guide classroom instruction and on-the-job practice sessions for staff trainers in long-term care facilities, focusing on behavioral strategies for mental health care of residents by nonlicensed staff. The goal is to have staff observe, understand, and respond to residents in ways that support effective resident behavior and resident-staff interactions. The manual outlines each classroom session, including objectives, key content, teaching strategies, handouts or audiovisual aids, exercises, activities, and background references for instructors. The A-B-C's of behavior change are defined as 'Activities, BeCauses, and Consequences.' The curriculum consists of the following unit topics: communicating with nursing home residents; observing the A-B-C's of behavior; guiding less confused behavior; encouraging less depressed behavior; reducing agitated behavior; and using the A-B-C's to make changes for caregivers and their families. The curriculum is designed to be adapted to the specific circumstances of the care facility. (AZBK05949)

17.

Behavioral Approaches for Managing Patients With Alzheimer's Disease and Related Disorders.

Gugel, R.N. Medical Clinics of North America. 78(4): 861-867. July 1994.

This article reviews the literature on the use of behavioral therapy in managing people with Alzheimer's disease (AD) and presents specific behavioral procedures in an operant learning model. To change behavior purposely, the author states that the meeting of needs by a different specific behavior, or the reinforcement of a new behavior, needs to be consistent for the entire daily environment. The use of the behavioral approach in modifying behavior is suggested as being more appropriate for use with patients with AD and related diseases in long-term care settings. Implementation would require caregiver training and consistency of use. 32 references. (AZJA05138)

18.

Behavioral Treatment of Depression in Patients With Dementia.

Teri, L. Alzheimer Disease and Associated Disorders: An International Journal. 8(Supplement 3): 66-74. 1994.

This article provides an overview of the theory, clinical application, and research data on behavioral treatment of depression in dementia patients. Behavioral theory of depression in adults without dementia indicates that decreased positive person-environment interactions initiate and maintain a cycle of depression that may be amenable to treatment. Discussion of this same cycle, as it appears in adults with dementia, includes treatment suggestions. Treatment focuses on altering aversive events and interactions that maintain patient depression by increasing pleasant events and interactions, maximizing cognitive abilities, and teaching caregivers strategies for behavior change and effective problem solving. A 9-week clinical research protocol provides specific session-by-session content. Preliminary data from a controlled clinical trial of this approach show that effective behavioral treatment reduces depression in patients with Alzheimer's disease and reduces the level of depression in their caregivers. The article describes the implications of these findings on future clinical care of patients and research directions are discussed. 1 figure, 1 tables, 28 references. (AZJA05066)

19.

Bible Therapy: A Treatment of Agitation in Elderly Patients With Alzheimer's Disease.

Khouzam, H.R.; Smith, C.E.; Bissett, B. Clinical Gerontologist. 15(2): 71-74. 1994.

This article describes two World War II veterans diagnosed with senile dementia of the Alzheimer type whose aggression and agitation were difficult to control until 'bible beliefs therapy' was integrated as part of their treatment. The authors suggest that when patients' biblical beliefs were introduced as a therapy, there was a decline in agitation. They also note that spiritual beliefs and religious behaviors may help protect older people from depression and enhance morale, and that church attendance, prayers, and scripture reading may help older people cope with problems of adjustment. 7 references. (AZJA05542)

20.

Bringing Focus to the Mind of Dementia.

Gold, M.F. Provider. 20(5): 43-44, 46, 122. May 1994.

The author discusses long-term resident care of patients with dementia or Alzheimer's disease (AD). She provides examples of how specific caring strategies work at Manor Care, Inc., a long-term care company in Silver Spring, Maryland. Since AD is not a normal aging process, it requires different strategies for coping with behavioral problems. The author contends that knowing the specific disease pathology is not as important as knowing how to respond to it. Using a psychosocial model rather than a traditional medical model is the first step to responding appropriately. According to the author, validation therapy, based on the knowledge that a patient's present-time functioning eventually will disappear, can reduce adverse behaviors. Strategies that include meaningful activities for residents from sunup to sundown or whenever the resident is awake are important. These activities are not always intended to entertain but merely to involve residents during their waking hours. Therapeutic activities such as art, music, and dance offer patients with AD and other dementias nonverbal methods of expression. To avoid behavioral problems when residents are together, such as during communal dining, the author recommends that residents be paired according to their stage in the disease, since different stages exhibit different behavioral manifestations. The author states that a resident's resistance to care is a sign of distress and that these behaviors should be viewed as normal. (AZJA04779)

21.

Ethics of Behavior Control: A Panel Discussion.

Post, S.G. Alzheimer Disease and Associated Disorders: An International Journal. 8(Supplement 3): 156-158. 1994.

This article summarizes conclusions from a panel discussion about using social and environmental approaches to behavioral problems before resorting to pharmaceutical or other more invasive solutions in a caregiving environment. It concludes that behavior control can be effected through social, environmental, and activity-based care. However, dementia can manifest itself in agitation, aggression, and other behaviors that ultimately may require invasive treatments. Caregivers also may request the best pharmacologic agents available for specific purposes. The ethics of behavior control requires balancing the needs of people with dementia with the needs of caregivers. (AZJA05076)

22.

Interventions for Treating Disruptive Behavior in Demented Elderly People.

Beck, C.K.; Shue, V.M. Nursing Clinics of North America. 29(1): 143-155. March 1994.

This article reviews the literature on different techniques used to manage disruptive behaviors. It discusses behavioral techniques, multimodal approaches, environmental modifications, group programs, the use of light and sound, social interaction, psychosocial activities, and nursing assistant training. Each section outlines anecdotal information, descriptive studies, case studies, and intervention studies. The authors suggest that current efforts in explaining and decreasing disruptive behaviors need to be designed within conceptual frameworks. These may improve our understanding of the dynamics of disruptive behavior and may eventually result in a common multicausal conceptualization of its cause. The authors state that this developing conceptualization of causes must encompass biologic and psychosocial explanations. As interventions are designed for decreasing disruptive behaviors, systems of care that use these interventions should be evaluated for their cost effectiveness and their impact on quality of life. 66 references. (AZJA05434)

23.

Managing Challenging Behaviors at Home.

Gwyther, L. Alzheimer Disease and Associated Disorders: An International Journal. 8(Supplement 3): 110-112. 1994.

Problem behaviors of patients with Alzheimer's disease may have negative effects on the mental health and life satisfaction of family caregivers. These behaviors should be treated as symptoms of the disease or a meaningful response of the patient to an environment that may be perceived as threatening. Changes in the human and physical environment and unforced, indirect changes in the patient's behavior have brought about immediate and observable, positive changes in patient and family behavior, function, and mood. AD causes increased fears, frustration, time distortions, and loss of impulse control. The reappraisal of inappropriate behaviors helps the family be more sensitive to feelings and more creative in individualizing strategies to cope with these behaviors. Ineffective responses to the irrational fears and accusations of AD patients include rational explanations or moral indignation. More effective responses include reassurance; distraction; and attempts to understand the source and respond to the feeling generated by the delusion, hallucination, or suspicion. (AZJA05071)

24.

Nursing Challenge: Assessment and Management of Agitation in Alzheimer's Patients.

Gerdner, L.A.; Buckwalter, K.C. Journal of Gerontological Nursing. 20(4): 11-20. April 1994.

The authors discuss agitation in patients with Alzheimer's disease (AD). They focus on behavioral manifestations, effects, and antecedents of agitation in AD patients; tools for assessing agitation or similar problematic behaviors in AD patients; and various nursing management strategies. Agitation in AD patients is a pervasive problem sometimes having detrimental effects on the patient, health care providers, and other patients within the immediate environment. It can manifest itself in aggressive behavior; physical nonaggressive behavior (restlessness, pacing, and inappropriate robing and disrobing); and verbally agitated behaviors (complaining, negativism, and repetitious phrases). The identification of causative factors is the first step in determining management techniques for problematic behavior. Standardized, systematic approaches for assessing agitation in AD patients include: the Cohen-Mansfield Agitation Inventory, the Pittsburgh Agitation Scale, Evans' Confusion Inventory, Ryden Aggression Scale, and Winger's Behavior Inventory. Interventions must be individualized based on assessment data. Basic principles for agitation management include making patients physically safe, providing a sense of control and comfort for patients, providing basic health needs, compensating for patients' sensory and cognitive deficits, presenting reassuring therapies, and safely administering pharmaceutical agents. 2 figures, 2 tables, 43 references. (AZJA04775)

25.

Sundown Syndrome: Will the Specialized Training of Nurse's Aides Help Elders With Sundown Syndrome?

Wallace, M. Geriatric Nursing. 15(3): 164-166. May-June 1994.

This 4-week long pilot study determined whether specialized training of nurse's aides would result in a decrease in the number of sundown behaviors experienced by residents of a long-term care facility. For this study, sundown syndrome was defined as verbal outbursts; wandering; acts of violence toward self, staff, or others; upset behavior or agitation; and/or resistance to or refusal of care occurring between 3 p.m. and 7 p.m. in residents in whom these behaviors did not exist at other hours. The training involved a half-hour session, lecture, and discussion. The session included a description of sundown syndrome and specific management techniques. Researchers used a 60-bed long-term care facility affiliated with a continuing care retirement community as the study site. They used the Nursing Home Behavior Problem Scale, a 29-item inventory assessing changes in the behaviors of nursing

home residents on an ongoing basis, to develop the Sundowning Behavior Flowsheet. While no statistical analysis was done due to sample size, data show that the total number of sundown behaviors may be decreased when nurse's aides are trained to manage these behaviors and to use the interventions learned during the training session. 1 table, 2 boxes, 9 references. (AZJA04856)

26.

Understanding Difficult Behaviors of Nursing Home Residents: A Prerequisite for Sensitive Clinical Assessment and Care.

Zandi, T. Alzheimer Disease and Associated Disorders: An International Journal. 8(Supplement 1): S345-S354. 1994.

This article discusses the evaluation and testing of nursing home residents with dementia. It considers the etiology of several types of disturbed behaviors, such as wandering, agitation, and sundowning. The article outlines strategies that may be used prior to and during an evaluation to minimize the possibility of encountering agitated and uncooperative behavior and maximize the potential for obtaining valid data describing the person's function. Concluding sections discuss ways to anticipate and avoid patient agitation, how to handle patients who display agitated behavior, and techniques for briefing and ending the evaluation process. 1 table, 27 references. (AZJA04896)

27.

Cognitive Disability: Managing the Sundowning Patient.

Duckett, S. Journal of Rehabilitation. 59(1): 24-29. January-March 1993.

This article attempts to assist rehabilitation teams in caring for patients with dementia exhibiting sundown syndrome (an increase in confusion, disorientation, and agitation at sunset for older and/or cognitively-impaired patients). It outlines a treatment strategy that addresses the patient's needs and ensures appropriate use of team resources. Assessment and intervention strategies are listed sequentially. Important considerations include determining if the patient's condition is a reversible medical condition, such as dehydration; ensuring that staff and patients communicate appropriately to avoid staff/patient conflicts over care agendas; accounting for the physical and social environments and psychological factors; determining if patients can understand what is being asked of them; and ensuring that the treatment is structured appropriately and allows for continuity with patients' scheduled activities. The authors recommend that caregivers consider each patient's emotional adjustment after traumatic changes in lifestyle or loss of independence due to the disease. Intervention in such cases may need to include supportive counseling. 1 figure, 3 tables, 27 references. (AZJA04832)

28.

Sexual Behavior in Residents with Dementia: Guidelines Explain How To Respond.

Sloane, P. Contemporary Long Term Care. 16(10): 66, 69, 108. October 1993.

This journal article presents guidelines for the staff of nursing homes and other long term care facilities on managing problems arising from the sexual behavior of residents with dementia. The guidelines include a set of principles regarding patient rights and staff responsibilities in the area of patient sexuality. Responses appropriate to different types of sexual behavior are outlined; these types include companionship/courtship behaviors, self-stimulation behaviors, unwanted verbal and/or physical sexual advances, and sexually intimate behaviors. The author recommends obtaining a sexual history of the resident from family members upon admission. If sexual behaviors are observed, they should be documented in the patient's record, and an individualized plan of care should be developed to address the behaviors. In general, private self stimulation behaviors and consensual sexual behaviors are regarded as acceptable, unless the behaviors are judged to be harmful, or unless family members object, or if one party involved has not given or does not have the capacity to give consent. (AZJA04624)

29.

Managing and Understanding Behavior Problems in Alzheimer's Disease and Related Disorders.

Teri, L. Seattle, WA: University of Washington Alzheimer's Disease Center. 1991. 10 1/2 in VHS videocassettes (8 to 30 min each), color; with manual, 77 p.

Available from the Northwest Geriatric Education Center, University of Washington, HL-23, Seattle, WA 98195. (206) 685-7478. PRICE: $250.00 (includes 10 videotapes, written manual, shipping and handling. Washington State residents add 8.2 percent sales tax).

This training kit includes 10 videotapes and a written manual geared toward institutional staff, such as nurses and nurses aides, as well as toward families and home health aides responsible for the daily care of a dementia patient. The program provides background information about Alzheimer's disease and other dementias, teaches skills necessary to assess and modify behavior problems, and identifies and addresses the needs of caregivers. Caregivers learn the ABC (antecedent/behavior/consequence) approach to understanding behaviors and designing a plan for change. Titles of the videotapes are: "Overview Part I: Alzheimer's Disease and Related

Diseases," "Overview Part II: Delirium and Depression," "ABCs: An Introduction," "Managing Aggressive Behaviors: Anger and Irritation, Catastrophic Reactions," "Managing Psychotic Behaviors: Language Deficits," "Managing Psychotic Behaviors: Hallucinations/Delusions and Paranoia and Suspiciousness," "Managing Personal Hygiene: Bathing and Dressing," "Managing Difficult Behaviors: Wandering and Inappropriate Sexual Behaviors," "Managing Difficult Behaviors: Depression," and "Caregiver Issues." (AZAV03155)

30.

Understanding Difficult Behaviors: Some Practical Suggestions for Coping With Alzheimer's Disease and Related Illnesses.

Robinson, A.; Spencer, B.; White, L. Ann Arbor, MI: The Alzheimer's Program, Eastern Michigan University. 1989. 73 p.

Available from the Alzheimer's Education Program. Eastern Michigan University, P.O. Box 981337, Ypsilanti, MI 48198-1337. (313) 487-2335. PRICE: $14.00.

This manual was designed to help family caregivers of Alzheimer's disease patients better understand the various causes of behaviors such as wandering, resistance to care, incontinence, and agitation to enable better management in caregiving. Problem-solving strategies also are discussed. The manual presents information about the importance of understanding the causes of difficult behaviors and how behaviors can be managed, the importance of good caregiver-patient communication skills, and information about specific behavioral problems. Behaviors discussed include angry or agitated behavior; hallucinations or paranoia; incontinence; problems with bathing, dressing, eating, sleeping, and wandering; repetitive actions; screaming or verbal noises; and unwillingness to remain in the care setting. Lists of selected readings and audiovisual materials are appended. (AZDC02358)

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