

Responding to Challenging Situations



caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect *clients* *dignity*

PARTICIPANT GUIDE

DHS/DQA/OCQ

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Learning Points

Let's review the main learning points:

- Enhancing the Quality of Life for Persons in Your Care
- Understanding the Facts about Dementia and Other Conditions
- Responding to Challenging Situations

Introduction

Challenges are many in the daily life of a caregiver. You may be providing care not only at your workplace, but also at home. It might seem that you spend all of your time caring for others, leaving little for yourself. If you work with elderly residents, situations can become even more challenging due to behavior that results from a variety of disorders. The resident who knew you and loved you yesterday may see you as a stranger and a threat today.

Activity: Think of a Challenging Situation

Before we get started today, please take a moment to think of a challenging situation that you have encountered with a person in your care. Please describe the situation on the card that we've provided for you. When you're finished, just put the card aside—you'll have a chance to look at the card again later.

Activity: Just Imagine



Please sit back, close your eyes and listen to the following image exercise by Tom Kitwood:

You are in a swirling fog, and in half-darkness. You are wandering around in a place that seems vaguely familiar; and yet you do not know where you are. You cannot make out whether it is summer or winter, day or night. At times the fog clears a little, and you can see a few objects really clearly. But as soon as you start to get your bearings, you are overpowered by a kind of dullness and stupidity, your knowledge slips away and again you are utterly confused.

While you are stumbling in the fog, you have an impression of people rushing past you, chattering like baboons. They seem to be so energetic and purposeful, but their business is incomprehensible. Occasionally you pick up fragments of conversation, and have the impression that they are talking about you. Sometimes you catch sight of a familiar face; but as you move towards the face, it vanishes, or turns into a demon. You feel desperately lost, alone, bewildered, frightened. In this dreadful state, you find that you cannot control your bladder or your bowels.

This is the present reality. Everything is falling apart, nothing gets completed, nothing makes sense. But worst of all, you know it wasn't always like this. Behind the fog and darkness, there is a vague memory of good times, when you knew where and who you were, when you felt close to others, when you were able to perform daily tasks with skill and grace. Once the sun shone brightly and the landscape of life had richness and pattern. Once you were a person who counted. Now you are a nothing and good for nothing.

Empathetic Relationships



There are three emotions that many people might feel when listening to the story we just heard:

- Empathy
- Sympathy
- Pity

Empathy is a powerful emotional tool for caregivers. Empathetic listening can improve both the care of the resident and the satisfaction of the caregiver. What is empathy?

Empathy means considering another person's feelings and being ready to respond to that person's needs--without making the problem your own. The caregiver identifies with the resident, *but from a distance*. Empathy is sometimes called "walking in the shoes" of someone else.

Two other emotions may be involved in a caregiver's approach to a resident:

Sympathy is where the caregiver actually "owns the shoes" of the resident and experiences feelings as if the caregiver *is* the resident. The caregiver shares the suffering of the resident.

Pity is an emotion in which the caregiver feels sorry for the resident's situation, but separates herself/himself from the resident's feelings. With pity, the caregiver may feel dislike, disapproval or even fear of the resident.

Discussion

What are the dangers of caregivers sympathizing with or pitying residents?

What are the positive outcomes for viewing this story with empathy?

When we develop the ability to empathize with residents, it helps us think about care in a different way.

Enhancing the Quality of Life of Those in Your Care

Person-Centered Care



It really IS all about the resident! Person-centered dementia care focuses on several facts.

Persons with dementia:

- Are alive and responsive
- Are able to relate to and interact with people
- Need to have meaningful activities and experiences
- Have behavior changes due to damage to the brain
- Retain the need for love, comfort, joy, and social interaction
- Want to feel needed and useful

Changing Attitudes

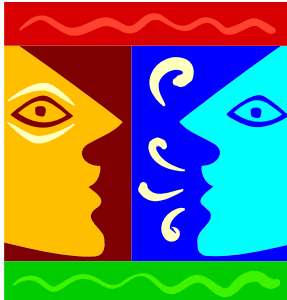
Sometimes there is a lot of pressure on caregivers to get the job done. We are focused more on the task than the person. In person-centered care, it's important to shift priorities! How do we accomplish that?

- Learn the person's life story. Persons with dementia have rich histories that will give you clues to current behavior.
- Understand that there is a reason behind the action/reaction of each person with dementia. It's a puzzle that needs solving!
- Encourage the person to participate in their care. Focus on ability, not disability.
- People with dementia live in the moment. Holding hands, sharing a joke, giving a compliment can mean a lot and give the person a feeling of well-being.

Discussion

If you had dementia, what would you want your caregivers to know about you? What personal preferences or parts of your life story would you want included in your care plan?

Positive Communication With Residents



Whenever possible, we should respond to residents as adults, on an equal level. When people communicate on an equal level, the communication is straightforward and reasonable. There is no attempt to control the other person nor is there any emotional component. Adult to adult communication is respectful of self and of the other person.

However, when a resident behaves in a manner we see as being child-like, it is natural for a caregiver to take on the role of the parent. A caregiver in a positive parent mode might respond to the resident by encouraging, soothing, calming, or supporting the person. This will make the resident feel safe, protected, and capable.

Tips for positive communication include:

- Body Language: Attentive, tilted head, concerned, compassionate, encouraging
- Verbal Language: "How can I help? Tell me about how you are feeling? You are okay. I am here for you. You are safe."

Another type of response to child-like behaviors might be in a negative parent mode, in an attempt to control the person or force the resident to do something that seems to be in the resident's best interest. If the caregiver responds by controlling or criticizing, the resident feels insecure, incompetent, and dependent.

When we treat another adult like a child -- through criticism or controlling behavior (the negative parent role), we are likely to receive a negative

response in return. Adults who are treated as children may respond by getting angry or becoming defensive and uncooperative.

Behaviors and language to avoid include:

- Body Language: Rushed, impatient movements; finger pointing, hands on hips, scowl on face
- Verbal Language: "Stop it! What are you doing? Do what I say. You always... You never... Why can't you just...?"

Person-Centered Approaches

Medical science is still a very long way from giving us any cures for dementia. I believe that when we care for someone who has dementia there is only one solution within our grasp, one way we can help, and that is through genuine kindness and love, and real understanding.

Jane Verity, Dementia Care Australia

Always a Wise Reason



Persons with dementia can slowly withdraw into the past. While calling someone by the name of someone else who is long dead may seem odd to you, Jane Verity says, "The thing to remember is that there is always a wise reason behind anything a person with dementia might do or say."

As an example:

Carlos was an 85 year-old resident with dementia. He was not talking much anymore but communicated more with body language and actions. Every night in the dining room, Carlos would pick up whatever was on his plate, break it into little pieces and throw the pieces on the dining room floor.

From the caregivers' view, Carlos's behavior was annoying because they had to clean up after him. And from a nutritional viewpoint, he wasn't getting much to eat, although he never threw his breakfast or lunch on the floor. The other residents were upset or angered by Carlos throwing food on the floor and tried to ignore him.

Looking for the Wise Reason

Even though Carlos was well-cared for, there were some emotional needs that weren't being fulfilled: to feel useful, needed, special, to care for someone and exchange love. Those needs never disappear because we get old or have dementia. What changes is our ability to express those needs or have the needs fulfilled.

As it turns out, Carlos grew up on a small farm in south Texas. When he was a child, it was his job—just before dinner—to feed the chickens in the yard. Carlos's father would often pat Carlos on the head and tell him what a good boy he was. So by "feeding the chickens," Carlos was recreating a time when he felt useful by feeding the chickens and loved by his father. Carlos felt special.

Feeling special and unique is all about self-esteem and is key to giving the best care possible.

Building Self-Esteem-The Poker Chip Theory



Two writers, Cumfield and Wells, came up with the theory that a person's level of self-esteem is like a game of poker—the more poker chips you have, the higher your confidence level. When you're holding lots of poker chips in the game of life, you're more willing to take risks and try new things.

When someone makes us feel special, poker chips get added to our stack. Statements like, "I'm proud of you for..." or "Thank you for your help..." can make those chips add up!

Unfortunately, the reverse is also true. When we rush in and take over for a resident who is dressing too slowly, what are we really saying to the resident? "You're helpless!" "You're too old, too slow, worthless?" Both actions and words steal poker chips, or self-esteem, from the person. When we have lots of poker chips in our stack, we can allow ourselves to risk a few. It's not so scary. We can try new situations, even if we might not succeed.

But what happens when only a few poker chips remain? We become careful about risking even one or two, worried that we might lose them all. Persons with dementia usually have a pretty small stack of poker chips and are very careful about taking chances. Boosting self-esteem by supporting, cheering on, and paying compliments can allow the person to expand their experiences and feel joy, accomplishment, and self-satisfaction!

Simple Solutions

Let's go back to the story of Carlos. Carlos' "wise" actions were trying to show us that he had needs that were not being met. It's wonderful to figure out the story behind the behavior, but what happens next? It's important to try to rebuild Carlos' positive feelings in the present.

For example, Carlos' care plan was revised. When Carlos woke up in the morning, the caregiver and Carlos would go down the hall to the facility's pet canary cage. Carlos and the caregiver would remove the cover and say good morning to the bird. Later in the day, a caregiver would take Carlos back to the cage where he fed the bird a bit of seed. And in the evening, Carlos and the caregiver returned to the cage to cover it for the night.

So that addressed Carlos' need to feel useful. But how about feeling special, unique? That's where the caregivers came in. When the bird sang, a caregiver might say to Carlos, "Thank you for taking such good care of the bird! He sings beautifully thanks to you!"

The moral of this story is: When we can fulfill people's emotional needs, they don't have to withdraw into the past.

Understanding the Facts about Dementia and Other Conditions



Caring for residents with dementia can be especially challenging because you can't actually see the effects of the disease. A resident with dementia doesn't automatically lose their hair, have trouble breathing, break out in a rash, lose weight, or run a fever.

In fact dementia may only become obvious because of a change in a person's behavior. And many of us believe that others have the ability to control their own behavior.

Only when we learn the effects of dementia on the brain can we begin to understand that behavior can't be controlled when dementia is the culprit. Let's start out by defining dementia.

What is Dementia?

The term "dementia" describes a group of symptoms that are caused by changes in brain function. People with dementia lose their abilities at different rates.

Dementia symptoms may include:

- asking the same questions repeatedly
- becoming lost in familiar places
- being unable to follow directions
- getting disoriented about time, people, and places
- neglecting personal safety, hygiene, and nutrition

Dementia is caused by many conditions. Some conditions that cause dementia can be reversed, and others cannot. The two most common forms of dementia in older people are Alzheimer's disease and multi-infarct

dementia (sometimes called vascular dementia). These types of dementia are irreversible, which means they cannot be cured.

Alzheimer's Disease

Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. The most common form of dementia among older people is Alzheimer's disease (AD), which initially involves the parts of the brain that control thought, memory, and language. Although scientists are learning more every day, right now they still do not know what causes AD, and there is no cure.

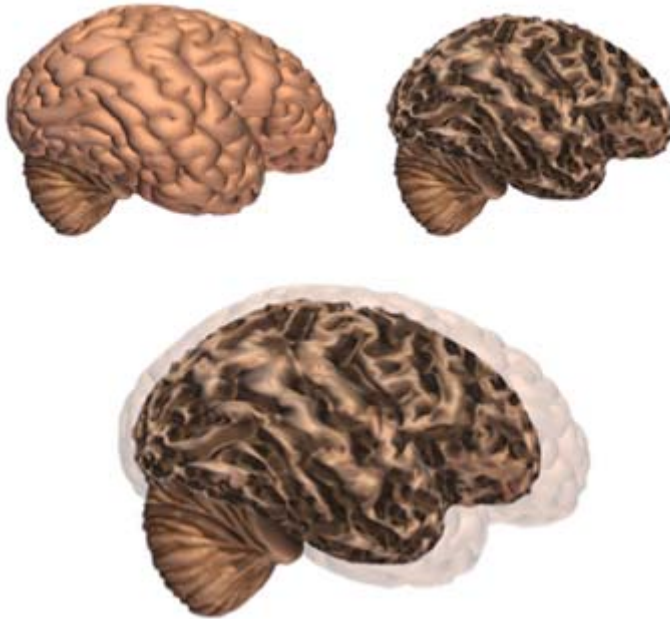
Scientists also have found other brain changes in people with AD. Nerve cells die in areas of the brain that are vital to memory and other mental abilities, and connections between nerve cells are disrupted. There also are lower levels of some of the chemicals in the brain that carry messages back and forth between nerve cells. AD may impair thinking and memory by disrupting these messages.

Scientists think that up to 4.5 million Americans suffer from AD. The disease usually begins after age 60, and risk goes up with age. While younger people also may get AD, it is much less common. About 5 percent of men and women ages 65 to 74 have AD, and nearly half of those age 85 and older may have the disease. **It is important to note, however, that AD is *not* a normal part of aging. Not every elderly person will have dementia or AD.**

AD is a slow disease, starting with mild memory problems and ending with severe brain damage. The course of the disease and how fast changes occur vary from person to person. On average, AD patients live from 8 to 10 years after they are diagnosed, though the disease can last for as many as 20 years.

Let's take a look at some slides that show the effects of Alzheimer's disease on the brain.

Alzheimer's changes the whole brain



Alzheimer's disease leads to nerve cell death and tissue loss throughout the brain. Over time, the brain shrinks dramatically, affecting nearly all its functions.

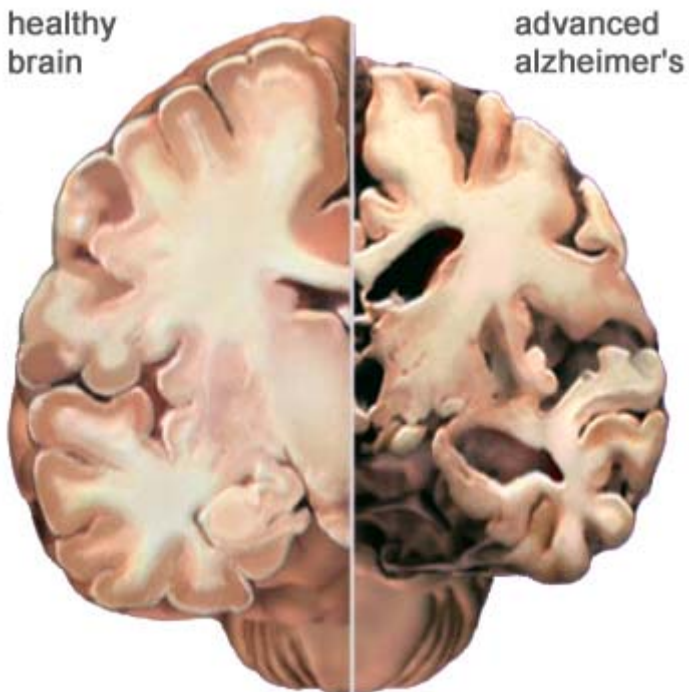
These images show:
A brain without the disease (upper left)

A brain with advanced Alzheimer's (upper right)

How the two brains compare (bottom)

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More brain changes



Here is another view of how massive cell loss changes the whole brain in advanced Alzheimer's disease. This slide shows a crosswise "slice" through the middle of the brain between the ears.

In the Alzheimer brain:

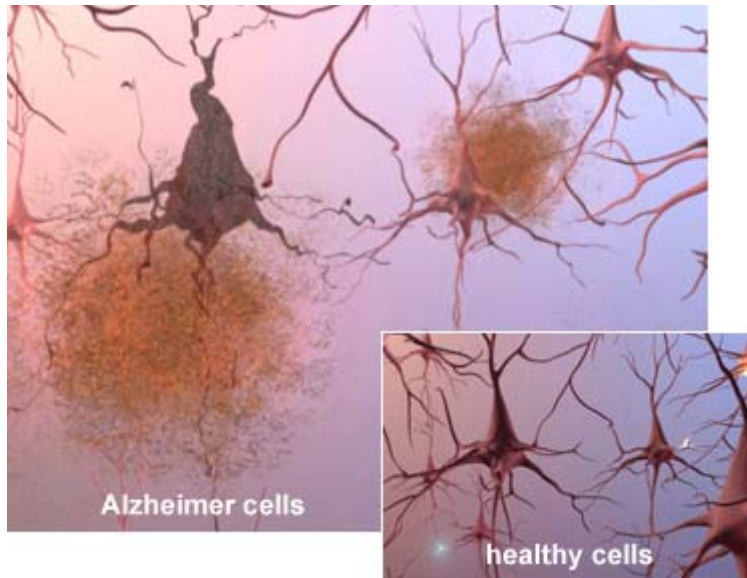
The **cortex shrivels up**, damaging areas involved in thinking, planning and remembering.

Shrinkage is especially severe in the **hippocampus**, an area of the cortex that plays a key role in formation of new memories.

Ventricles (fluid-filled spaces within the brain) grow larger.

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Under the microscope



Scientists can also see the terrible effects of Alzheimer's disease when they look at brain tissue under the microscope:

Alzheimer tissue has many fewer nerve cells and synapses than a healthy brain.

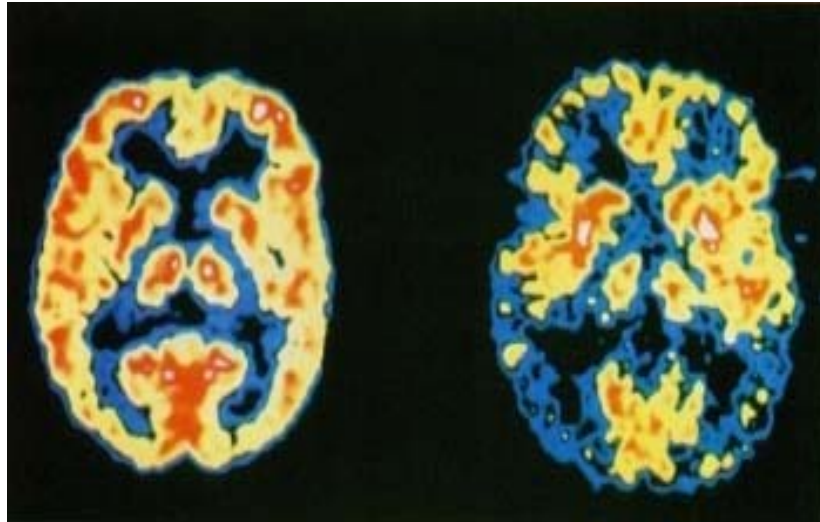
Plaques, abnormal clusters of protein fragments, build up between nerve cells.

Dead and dying nerve cells contain *tangles*, which are made up of twisted strands of another protein.

Scientists are not absolutely sure what causes cell death and tissue loss in the Alzheimer brain, but plaques and tangles are prime suspects.

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Brain Activity



Healthy Brain

Brain with AD

A PET¹ scan shows brain activity.

Brain activity is indicated in the scan in yellow and red.

The healthy brain on the left shows a normal level of activity.

The brain of a person with AD on the right shows a much lower level of brain activity.

Photo Researchers, Inc.

¹ Positron Emission Tomography

Types of Dementia

About dementia

Dementia is a general term for a group of brain disorders. Alzheimer's disease is the most common type of dementia, accounting for 50 to 70 percent of cases. Briefly discussed below are some facts about Alzheimer's and some other dementias.

All types of dementia involve mental decline that:

- occurred from a higher level (for example, the person didn't always have a poor memory)
- is severe enough to interfere with usual activities and daily life
- affects more than one of the following four core mental abilities:
 1. recent memory (the ability to learn and recall new information)
 2. language (the ability to write or speak or to understand written or spoken words)
 3. visuospatial function (the ability to understand and use symbols, maps, etc., and the brain's ability to translate visual signals into a correct impression of where objects are in space)
 4. executive function (the ability to plan, reason, solve problems and focus on a task)

Alzheimer's disease

Although symptoms can vary widely, the first problem many people with Alzheimer's notice is forgetfulness severe enough to affect their work, lifelong hobbies or social life. Other symptoms include confusion, trouble with organizing and expressing thoughts, misplacing things, getting lost in familiar places, and changes in personality and behavior.

These symptoms result from damage to the brain's nerve cells. The disease gradually gets worse as more cells are damaged and destroyed. Scientists do not yet know why brain cells malfunction and die, but two prime suspects are abnormal microscopic structures called plaques and tangles.

Mild cognitive impairment (MCI)

In MCI, a person has problems with memory or one of the other core functions affected by dementia. These problems are severe enough to be noticeable to other people and to show up on tests of mental function, but not serious enough to interfere with daily life. When symptoms do not disrupt daily activities, a person does not meet criteria for being diagnosed with dementia. The best-studied type of MCI involves a memory problem.

Vascular dementia (VaD)

Many experts consider vascular dementia the second most common type, after Alzheimer's disease. It occurs when clots block blood flow to parts of the brain, depriving nerve cells of food and oxygen. If it develops soon after a single major stroke blocks a large blood vessel, it is sometimes called "post-stroke dementia."

Mixed dementia

In mixed dementia, Alzheimer's disease and vascular dementia occur at the same time. Many experts believe mixed dementia develops more often than was previously realized and that it may become increasingly common as people age. This belief is based on autopsies showing that the brains of up to 45 percent of people with dementia have signs of both Alzheimer's and vascular disease.

Dementia with Lewy bodies (DLB)

In DLB, abnormal deposits of a protein called alphasynuclein form inside the brain's nerve cells. These deposits are called "Lewy bodies" after the scientist who first described them. Lewy bodies have been found in several brain disorders, including dementia with Lewy bodies, Parkinson's disease and some cases of Alzheimer's.

Parkinson's disease (PD)

Parkinson's is another disease involving Lewy bodies. The cells that are damaged and destroyed are chiefly in a brain area important in controlling movement. Symptoms include tremors and shakiness; stiffness; difficulty with walking, muscle control, and balance; lack of facial expression; and impaired speech. Many individuals with Parkinson's develop dementia in later stages of the disease.

For more information on these and other types of dementia, go to the Alzheimer's Association website at www.alz.org. ©2006 Alzheimer's Association

Understanding the Stages and Symptoms of Dementia

Dementia, including Alzheimer's disease, develops slowly and causes changes in the brain long before there are obvious changes in a person's memory, thinking, and use of words or behavior. The stages and common changes that a person often goes through are outlined below.

Common Changes in Mild Dementia

- Loses spark or zest for life - does not start anything
- Loses recent memory without a change in appearance or casual conversation
- Loses judgment about money
- Has difficulty with new learning and making new memories
- Has trouble finding words - may substitute or make up words that sound like or mean something like the forgotten word
- May stop talking to avoid making mistakes
- Has shorter attention span and less motivation to stay with an activity
- Easily loses way going to familiar places
- Resists change or new things
- Has trouble organizing and thinking logically
- Asks repetitive questions
- Withdraws, loses interest, is irritable, not as sensitive to others' feelings, uncharacteristically angry when frustrated or tired
- Won't make decisions. For example, when asked what she wants to eat, says "I'll have what she is having."
- Takes longer to do routine chores and becomes upset if rushed or if something unexpected happens
- Forgets to pay, pays too much, or forgets how to pay - may hand the checkout person a wallet instead of the correct amount of money
- Forgets to eat, eats only one kind of food, or eats constantly
- Loses or misplaces things by hiding them in odd places or forgets where things go, such as putting clothes in the dishwasher
- Constantly checks, searches or hoards things of no value

Common Changes in Moderate Dementia

- Changes in behavior, concern for appearance, hygiene, and sleep become more noticeable
- Mixes up identity of people, such as thinking a son is a brother or that a wife is a stranger
- Poor judgment creates safety issues when left alone - may wander and risk exposure, poisoning, falls, self-neglect or exploitation
- Has trouble recognizing familiar people and own objects; may take things that belong to others
- Continuously repeats stories, favorite words, statements, or motions like tearing tissues
- Has restless, repetitive movements in late afternoon or evening, such as pacing, trying doorknobs, fingering draperies
- Cannot organize thoughts or follow logical explanations
- Has trouble following written notes or completing tasks
- Makes up stories to fill in gaps in memory. For example might say, "Mama will come for me when she gets off work."
- May be able to read but cannot formulate the correct response to a written request
- May accuse, threaten, curse, fidget or behave inappropriately, such as kicking, hitting, biting, screaming or grabbing
- May become sloppy or forget manners
- May see, hear, smell, or taste things that are not there
- May accuse spouse of an affair or family members of stealing
- Naps frequently or awakens at night believing it is time to go to work
- Has more difficulty positioning the body to use the toilet or sit in a chair
- May think mirror image is following him or television story is happening to her
- Needs help finding the toilet, using the shower, remembering to drink, and dressing for the weather or occasion
- Exhibits inappropriate sexual behavior, such as mistaking another individual for a spouse. Forgets what is private behavior, and may disrobe or masturbate in public.

Common Changes in Severe Dementia

- Doesn't recognize self or close family
- Speaks in gibberish, is mute, or is difficult to understand
- May refuse to eat, chokes, or forgets to swallow
- May repetitively cry out, pat or touch everything
- Loses control of bowel and bladder
- Loses weight and skin becomes thin and tears easily
- May look uncomfortable or cry out when transferred or touched
- Forgets how to walk or is too unsteady or weak to stand alone
- May have seizures, frequent infections, falls
- May groan, scream or mumble loudly
- Sleeps more
- Needs total assistance for all activities of daily living

Other Conditions that Affect Behavior



Dementia-like symptoms may also appear due to reversible conditions such as a high fever, dehydration, vitamin deficiency and poor nutrition, bad reactions to medicines, problems with the thyroid gland, or a minor head injury.

Medical conditions like these can be serious and should be treated by a doctor as soon as possible.

In addition to dementia--which affects behavior and disturbs memory--delirium and depression are two other disorders that may affect behavior.

Delirium

Delirium affects awareness and usually causes abrupt changes in behavior rather than the slower changes seen in dementia. Delirium may be caused by infection, medication or other illnesses. Because direct caregivers spend large amounts of time with residents, they are good resources for detecting delirium.

Some medical experts report that the **most common cause** of delirium in residents is urinary tract infection. Other causes include respiratory infections, electrolyte imbalance, congestive heart failure, and drug interactions.

Symptoms may include:

- Reduced awareness of surroundings
- Can't maintain focus or attention
- Disoriented
- Hallucinations (seeing or hearing persons or things no one else can see/hear)
- Symptoms come on quickly

Depression

Depression affects mood and is signified by sadness and a loss of interest for at least two weeks. At least 5 of the following symptoms must be present to diagnose depression:

- Tearful or sad feelings
- Weight change (usually loss of weight)
- Trouble sleeping
- Psychomotor (bodily movements triggered by the brain) agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Inability to concentrate
- Can't make decisions

If you notice any of these symptoms, notify your supervisor or charge nurse. Someone who is qualified to diagnose delirium or depression can then make the appropriate treatment decision. Both delirium and depression can be treated successfully, so early detection is important.

Responding to Challenging Situations



It is important that caregivers see challenging responses by a resident as an expression of unmet need, not poor behavior. When a person with dementia is unable to express their needs and wants with language, they will often use other ways to communicate, such as body language, facial expressions, etc.

Unmet Need

Dementia reduces a person's ability to deal with stress. The key to managing difficult behavior is to try to keep the environment as free of stressful conditions as possible.

The behavior will seem easier to handle if you remember these steps for finding the most helpful response.

- Identify the behavior
- Try to understand the unmet need the person is trying to express
- Change the environment (not the person) to improve the situation

Try to figure out if there is a pattern to the behavior.

- Did it happen just once, or does it happen often?
- Does it happen at the same time of day?
- Does a certain setting seem to trigger the behavior?
- Have there been recent changes to the resident's environment, a new roommate or caregiver?

Getting to know the person behind the dementia is the key to providing successful care. Learn about the resident's lifetime habits, preferences, and ways of coping. People with dementia usually function better with a simple, regular routine. Avoid too much noise, too much activity, and too

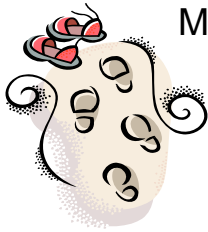
many people. Provide plenty of time for residents to do things at their own pace. Many residents enjoy listening to familiar music, or they might have a special, quiet place with a favorite chair. Other helpful strategies for managing resistance include the following:

- Begin by identifying yourself and calling the resident's name
- Approach the resident from the front
- Maintain good eye contact
- Offer a guess. If the person uses the wrong word or cannot find a word, try guessing the right one.
- Encourage unspoken communication. If you don't understand what is being said, ask the person to point or gesture.
- Avoid distractions
- Avoid complicated questions or instructions
- Use short sentences and simple words
- Speak slowly
- Give a resident plenty of time to respond and don't interrupt
- Don't criticize or argue
- Use a calm, gentle manner
- Keep tone of voice low and pleasant
- Use warm and friendly facial expression

When a resident is confused, it helps to show what you mean rather than just trying to explain it in words. For example, take a resident to the toilet and point to it before asking if he or she needs to go to the bathroom.

Towards the end of the day, confusion, agitation, calling out, and wandering tend to increase. This is commonly known as "sundowning." It is best not to plan activities like bathing at this time of day. Encourage calm, quiet time in the evening in order to promote good quality sleep.

The Reasons Behind the Behavior



Many behaviors result from the loss of cognitive ability or functional decline. Put yourself in the resident's shoes for a moment.

What do you think your response would be if:

- You could no longer button your shirt
- You could no longer tie your shoes
- You couldn't find the words to tell anyone what you need or want or what hurts
- A complete stranger asked you to undress for a bath
- A caregiver gave you instructions and you only understood half the words
- Your surroundings seem unfamiliar or even scary
- You don't recognize people who say they are your family
- You don't even recognize yourself

Dementia affects the parts of the brain that involve thinking, reasoning, and memory. People with dementia still have feelings, need love and support, and retain the ability to feel sadness or anger.

Be aware that people with dementia are not going to learn new things or relearn old skills, no matter how hard you try. Instead of trying to correct a person with dementia, it is far more helpful to direct them away from the negative or frustrating experience. This can be done by directing the person to an enjoyable activity or opening a discussion of a memory that gives pleasure to the resident.

Calming Techniques



No matter what the situation, it's important to reduce stress and frustration for residents in order to meet their needs. Let's discuss two major techniques for caregivers to use when encountering difficult situations:

Validation

Validation adds truth to the resident's reality. An example would be if the resident firmly believes it is his or her birthday she is waiting for guests to arrive at the party.

In validation:

- Remember that a resident with dementia is getting information from the brain that is wrong
- The goal is to make the resident comfortable, not to correct beliefs
- Respond to the situation the resident is in. For example, "Tell me about your birthday party."

Redirection

Redirection attempts to replace the resistant behavior with another action. For instance, if a resident is banging on a door and trying to leave, you might ask her if she would like to go for a walk or have a snack. People with dementia have short attention spans. They are likely to forget what they were upset about when they are directed to another activity or topic.

In redirection:

- Know the resident's history. If a resident loved to go bowling, you could ask about the best score he ever had or who his bowling partners were.
- Encourage talking about a pleasant event in the resident's past. Because residents with dementia have trouble with recent memories, they are naturally drawn to events long past.

- Even residents who can no longer talk may enjoy hearing about their pasts or looking at photographs from times gone by
- One thing is for sure: to be successful in redirecting a resident, you can't be a stranger to the resident's past!

Trying to correct a person with dementia will only increase resistance. Redirection involves “changing the subject” or redirecting the negative behavior.

For example, Lucy believes her son is coming to get her and has been standing at the front door with her coat and purse for over an hour. Instead of telling Lucy that her son isn't coming, ask Lucy to tell you about her son and suggest they return to her room to look at some pictures of him. It should calm Lucy to engage in an activity and it distracts her from her current “reality.” Sometimes just moving to another room or going for a walk is enough.

Let's move on to talking about some common situations that caregivers may experience with older adults with dementia or others with cognitive disabilities.

10 Common Challenging Situations

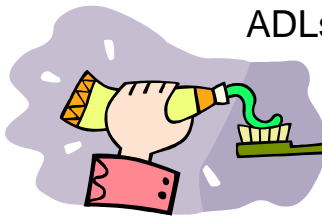
Let's take a brief look at ten frequent challenges associated with caring for people with dementia, Alzheimer's disease and other cognitive disabilities.

Bathing



A combination of factors including unfamiliar surroundings, fear, and modesty can make bath time a stressful experience for both the resident with dementia and the caregiver.

Activities of Daily Living (ADLs)

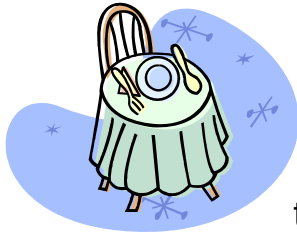


ADLs may include dressing, toileting/incontinence care, oral hygiene, grooming, shaving, or hair care. While you may be tempted to rush through ADLs with residents, many persons in your care retain the ability to complete some of their own self-cares. Why?

Because most residents with dementia retain “**procedural memory**” until the latest stages of the disease.

- Procedural memory is defined as “remembering how”
- Habits and skills that we learn over a lifetime become automatic, e.g. tying shoes, shaking hands
- Only in the later stages of dementia do residents lose these abilities

Mealtime



Activities around mealtime can be very stressful for people with dementia and their caregivers. Caregivers are busy escorting residents to the dining room or making arrangements to assist with feeding residents in their rooms. And residents with dementia can become anxious and confused, resulting in challenging situations.

Anger and Agitation



We all have days when we feel stressed out. Persons with dementia experience stress, too, and may lack the ability to relieve stress in a healthy way. The result may be anger, aggression, agitation and other challenging behaviors.

Physical and Verbal Aggression



Some persons in your care may actually take anger and agitation a step further. They may become verbally aggressive or threatening. In some cases, a resident may strike out at a caregiver or family member.

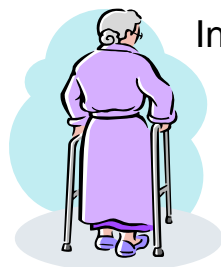
Disruptive Vocalizations (DV)



Disturbing vocal responses by residents with dementia are sometimes called Disruptive Vocalizations or DV. DV includes screaming, swearing, threatening, repeating words over and over, making noises, speech that makes no sense, moaning, and whistling.

Caregivers report that DV is among the most stress-causing behaviors of persons with dementia. It also can lead to anxiety and agitation for other residents. Unfortunately, some facilities handle DV by isolating the person. But in a little while, we'll explore some other solutions that may work better.

Wandering

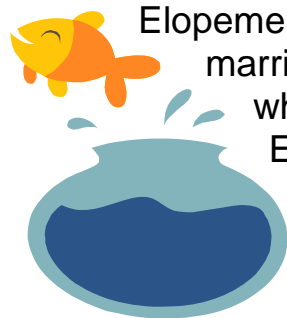


In the book, *My Journey Into Alzheimer's Disease*, Robert Davis kept a journal about his experience. His words help us understand some of the feelings that persons with dementia experience. Consider this quote from his book:

“When the darkness and emptiness fill my mind, it is totally terrifying. I cannot think my way out of it. It stays there, and sometimes images stay stuck in my mind. Thoughts increasingly haunt me. The only way I can break the cycle is to move.”

When a person with dementia wanders, it can lead to challenging situations. Often to us, it may seem that the wandering has no purpose. But as we can see from Robert Davis, the resident does have a reason.

Elopement



Elopement can mean two people running away together to get married. But with dementia, we are talking about a resident who leaves a facility unescorted and sometimes unseen. Elopement can be one of the most dangerous behaviors for a resident with dementia.

Sexual Responses to Intimate Cares



People with dementia still have the basic desire for intimacy. Intimacy does not always mean sexual intimacy. Caregivers can meet a resident's need to feel supported and safe by providing nonsexual touch and active listening. But some of the cares that caregivers do for residents are very personal such as bathing, dressing, and incontinence care. Unwanted responses such as fondling or inappropriate touching by residents can be disturbing for caregivers.

Families and Caregivers



Sometimes relationships between family members and caregivers in long-term care facilities can become strained when family members transfer the responsibility for their loved one to a stranger.

Meeting the Unmet Need of Persons in Your Care

Please select the handout called, “Person-Centered Approaches to Challenging Situations.” In this handout, the ten challenging situations we just reviewed are listed on the left hand side. In the middle column, examples of the unmet need causing the challenging behavior are listed. And finally, in the third column, you will find some strategies and person-centered approaches for dealing with the situation successfully.

Activity: Person-Centered Responses to Challenging Situations



Now we’re going to take all the information we’ve covered today and apply it to some specific situations.

Life Histories

Please meet 5 new people who are in your care. After each resident’s life history, you will find two examples of a challenging situation involving that resident.

Mrs. Rose Rondoni – Life History



Rose is a 91 year old woman who moved to Honeysuckle Haven one week ago. Rose is considered the head of her family and has spent her entire life caring for others. Rose is the one everyone comes to with their problems. After she raised her own children, she raised 5 of her grandchildren and also helped care for several of her nieces and nephews.

Rose has always been very independent and resourceful. When she first began forgetting things and misplacing things, she was very impatient with herself. Things have now progressed to the point where Rose has trouble finding the right word. She also has made several mistakes writing out checks to pay bills. Recently she lost her way going to her granddaughter's house which is only 3 blocks away.

When her family first approached Rose about moving to Honeysuckle Haven, she was very resistant. She said, "I was born in this house and I'm gonna die in this house." Suddenly Rose made a complete turn around and said, "All right, I'll do whatever you say." The family made arrangements for Rose to move to Honeysuckle. The family told the staff that Rose was a very independent person who liked to make her own decisions and do for herself. They told the staff that Rose had surprised them by agreeing to move to Honeysuckle Haven.

When Rose arrived at Honeysuckle, she was very quiet and kept to herself. She did whatever the staff asked of her and seemed to be a model resident.

Challenging Situation: Physical and Verbal Aggression (Rose Rondoni)

On Thursday, Teresa, the CNA, came to Rose's room to help her dress for the day. Teresa knocked on the door and entered the room. "Good morning, Rose", she said. Rose looked up at her and said nothing. Teresa got out the washcloth and washed Rose's face. Then Teresa chose an outfit for Rose from her closet and helped her put it on. Finally, Teresa held up Rose's toothbrush and toothpaste. Suddenly, Rose grabbed the toothbrush out of Rose's hand. Rose yelled at Teresa, "I hate you. Get the hell out of my room!" Then Rose threw the toothbrush at Teresa. Teresa was very surprised at Rose's behavior. She ran crying from Rose's room.

What might be some of the Unmet Needs that Rose is expressing?

What are some of the Person-Centered approaches that Teresa might use?

Challenging Situation: Wandering (Rose Rondoni)

It is Rose's seventh day at Honeysuckle Haven. At Rose's one week evaluation meeting with staff, CNA Ashanti mentions that Rose seems to do a lot of walking up and down the halls. She just seems to walk aimlessly. Ashanti is afraid that Rose will hurt herself and always escorts Rose back to her room, telling her to stay put. This wandering usually occurs about 5:00 in the afternoon.

What might be some of the Unmet Needs that Rose is expressing?

What are some of the Person-Centered approaches that Ashanti might use?

Mrs. Ruth Stone – Life History



Mrs. Ruth Stone is an 82 year-old woman who has been living at Golden Meadows nursing home for a little over a year. Before coming to Golden Meadows, Ruth lived with her husband in the home the couple built when Mr. Stone retired.

The couple has been married for almost sixty years. They enjoyed a lot of good times together and had many friends. Over the years, their social circle became smaller, but up until Ruth began to exhibit signs of dementia, they still enjoyed going out with a few close friends for dinner and playing cards.

For many years, Ruth volunteered for the local blood drive and for their church. She especially enjoyed her weekly visits to the homes of church members who lived alone and couldn't get out much. They looked forward to her visits because she was so easy to talk with. Ruth insisted she got more out of the visits than anyone.

About three years ago Ruth was diagnosed with Alzheimer's disease. The disease progressed fairly quickly. Mr. Stone cared for his wife at home until she began leaving the house on her own and getting lost. Twice she was missing for more than an hour. After the second incident, Mr. Stone decided he could no longer ensure his wife's safety at home and she was admitted to Golden Meadows.

It was not an easy decision for him to make and he still feels guilty about not caring for her in their home. Their two daughters, who do not live in the area but are very supportive of their parents, agreed it was the best thing to do, given the circumstances.

Challenging Situation: Activities of Daily Living (Ruth Stone)

Sally, a CNA at Golden Meadows Nursing Home, knocks and enters the room of Ruth Stone to help her get dressed in the morning. For the second day in a row, she finds clothing and shoes thrown around on the floor. Sally thinks Ruth’s family must have brought every item of clothing Ruth ever owned. Ruth’s closet and drawers are stuffed full.

Sally hurriedly selects Ruth’s clothing for the day and without a lot of small talk, puts it on her. Then Sally puts away all the clothing and shoes on the floor. Ruth is not very cooperative, but finally Sally is able to get her dressed and ready for breakfast. On her way out, Sally tells Ruth she doesn’t need to worry about getting clothes out in the morning -- that she will do it for her. The next morning, Sally discovers even more clothing thrown around the floor of Ruth’s room.

What might be some of the Unmet Needs that Ruth is expressing?

What are some of the Person-Centered approaches that Sally might use?

Challenging Situation: Anger and Agitation (Ruth Stone)

Ruth is in the sun room, acting very restless and agitated. She is moving about the room, wringing her hands and obviously searching for something. She stops to talk to another resident who is sitting there. The other woman does not understand what Ruth is saying and she is starting to get angry with Ruth for bothering her. Sally, the Resident Assistant, has been observing Ruth and the other woman while dispensing medications to the other residents in the room. She approaches the two women and asks Ruth if she can help.

Ruth says someone has stolen her purse and she needs her purse because she has to go out. She says “Mary” is waiting for her and if she doesn’t go now, she will be late and Mary will be upset with her. She asks Sally if she can help her find her purse so she can go now. She is close to tears.

What might be some of the Unmet Needs that Ruth is expressing?

What are some of the Person-Centered approaches that Sally might use?

Mrs. Betty Matthews – Life History



Mrs. Betty Matthews is 75 years old. She has been at Countryside Manor for two weeks. As a young woman, Betty was a stay-at-home mom. After her children were grown, she finished her degree and took a job as librarian in the local library. She was also very active in the community and volunteered at her church. She especially enjoyed the time she spent with her 3 grandchildren.

Betty has moderate dementia. Betty's husband, Samuel, was her caregiver until her wandering and resistance to care became too much for him to handle alone. He and their children finally decided that it would be better for Betty and for him if she moved to the Countryside Manor.

When Betty lived at home, the only person she would allow to do her personal care was her husband. Betty depends on him and does not want him out of her sight. Betty's husband visits her regularly. Betty is always happy to see him, but she becomes upset when he leaves. Betty needs help with some cares, such as bathing, but can do other things for herself.

Challenging Situation: Elopement (Betty Matthews)

Although Betty has only been at Countryside Manor for 2 weeks, the staff is already aware that Betty has been going to the front door of Countryside Manor whenever she can. Her caregivers have tried without success to get her to stay away from the door. They are extra careful about making sure that the door alarm is always on. One afternoon, a caregiver props open the front door in order to go out to her car and return quickly. The caregiver believes Betty is napping in her room. Somehow, Betty chooses just that moment to make her escape, unseen by the caregiver.

What might be some of the Unmet Needs that Betty is expressing?

What are some of the Person-Centered approaches that the caregivers might have used to prevent the elopement?

Challenging Situation: Bathing (Betty Matthews)

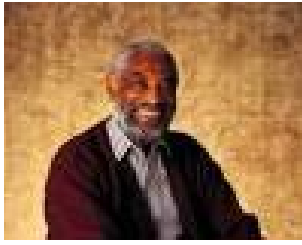
Latasha, the CNA, is helping Betty get ready for her bath. This is the first time Latasha has helped Betty with bathing. Latasha asks another caregiver, Peter, to help her out. As Latasha and Peter walk Betty into the bathroom, they chat about how much overtime they have each worked lately. Both admit that they are tired of working and need some time off.

Latasha says, "Everything is ready, Betty. You can get undressed now." Betty scrunches up her face and wraps her arms around her clothed body. Latasha reaches her hand out toward Betty and asks, "Can I help you undress?" Betty says, "No! No!" She begins to cry.

What might be some of the Unmet Needs that Betty is expressing?

What are some of the Person-Centered approaches that Latasha might have used?

Mr. Thomas Beal – Life History



Thomas Beal has been a resident of Pleasant Meadows nursing home for three years. He is 91 years old and has a diagnosis of Alzheimer's disease. His wife of over sixty years died a year after he came to Pleasant Meadows. He still looks for her, sometimes mistaking his two daughters for his wife. His daughters live nearby and visit him often.

He also has one son, Rollie, who lives in Washington D.C., and does not get home very often. He has not seen his father in over a year, but he calls his sisters occasionally, to ask how his father is doing.

Although Rollie and his father are not close, he has fond memories of going to several major league baseball games with his father and they always enjoyed talking about sports. He is grateful to his father for all the hard work he did to support his family.

Thomas was a carpenter for a large family-owned construction company. He took a lot of pride in his work and eventually became a foreman, supervising many projects. His crew liked working for him, because he was a hard worker and he treated them fairly.

One day a large crane malfunctioned and hit a nearby power line, killing the crane operator. Although he knew the accident was not his fault, deep down Thomas still felt responsible and could not talk about the tragedy, even many years later.

Until recently, Thomas was ambulatory. He can still walk, but he refuses to take more than a few steps. He is very bent over, tires easily, and is often disoriented. Lately, staff has decided to assist him with a wheel chair to get to the sun room down the hall and to the small dining room at the other end of the hall.

Challenging Situation: Disruptive Vocalizations (Thomas Beal)

Paul, the CNA at Rolling Meadows Nursing Home, hears loud cries coming from the sun room. He goes to the room and finds Thomas Beal rocking back and forth in his chair, screaming over and over, “Help, help. Somebody help!” Thomas is very loud and the two other residents who are in the room look upset. Paul approaches him and tries to get his attention, but it’s hard, because he is rocking so vigorously. Thomas has his arms wrapped tightly around himself and his eyes are closed. He continues to scream, “Help, help. Please, somebody help.” Paul sees that he is crying.

What might be some of the Unmet Needs that Thomas is expressing?

What are some of the Person-Centered approaches that Paul might use?

Challenging Situation: Families and Caregivers (Thomas Beal)

Thomas Beal's son, Rollie, is visiting his father at Golden Meadows Nursing Home. Rollie lives in Washington D.C. and has not seen his father for over a year. Although his sisters have told him of his father's deterioration, Rollie is not prepared for the changes he sees in his father.

Rollie tries to talk with his father, but his father is not very responsive. Toua, a CNA, enters the room to assist Mr. Beal to the dining room. Rollie is visibly upset and asks in an angry tone, "What's going on with my dad? What is he doing in a wheel chair?" Rollie tells Toua that neither of his sisters told him his father could no longer walk. He says it's obvious that his father is sedated, because he can't even carry on a basic conversation. He implies the staff is taking the easy way out in caring for his father and not thinking about what is best for him.

What might be some of the Unmet Needs that the son Rollie is expressing?

What are some of the Person-Centered approaches that Toua might use with this family member?

Juan Escamilla – Life History



Juan Escamilla is 83 years old. As a young man, Juan worked hard as a plumber and eventually opened his own plumbing business. He was very proud when two of his sons followed him into the business and he has a picture in his room of the new sign (Escamilla and Sons) he had made when they joined him in the business.

Juan was proud of his large family and he especially looked forward to the family gatherings, which always included a meal. His wife, Maria, was an excellent cook and Juan always looked forward to the delicious meals she prepared. He remembers mealtime as a pleasant time.

When Juan began to need help with his bathing, dressing, Maria was right there to help him. Juan began to look forward to this time of the day as a special time for him and Maria. Some days he would ask Maria to help him have a second bath.

Juan came to Sunshine Manor after Maria died. Juan comes from a very concerned, loving family, and they feel guilty that they are not able to arrange things so he can remain in his own home. They are concerned that a new environment will increase his confusion. His children and grandchildren visit him regularly and they talk to him about the happy times they have had together. He enjoys their visits although he is not always sure who they are. Juan has been at Sunshine Manor for 8 months and seems to be adjusting to the new routine.

Challenging Situation: Sexual Response to Intimate Cares (Juan Escamilla)

CNA Sarah has been assigned to Juan since the first day he arrived at Sunshine Manor. She enjoys helping Juan because he always smiles when he sees her. One day, Sarah is helping Juan bathe. Juan smiles at Sarah and reaches up and gently strokes Sarah's face and neck. Sarah is uncomfortable with this touching. She frowns at Juan, slaps his hand away, and leaves the room.

What might be some of the Unmet Needs that Juan is expressing?

What are some of the Person-Centered approaches that Sarah might use?

Challenging Situation: Mealtime (Juan Escamilla)

It's dinner time at Sunshine Manor. Juan is seated at a table of people who are strangers to him. Someone puts a tray in front of him. Juan sits there, staring at the tray, trying to identify the food on his plate. Someone walks up to Juan and says, "Juan, eat your dinner. It's getting cold."

Juan tries a spoonful of mashed potatoes and gravy. The gravy dribbles onto Juan's shirt. Another person rushes up, cleans off Juan's shirt and puts a bib on him.

Juan tries another bite of food. Suddenly, he starts to choke. He reaches for some water and takes a glass of water off the tray of the woman who is sitting next to him. She yells, "Leave my water alone!" She starts hitting Juan on the arm. Juan puts his hands over his face and begins to moan.

What might be some of the Unmet Needs that Juan is expressing?

What are some of the Person-Centered approaches that caregivers might have used with Juan?

Closing Activity—Index Card

Please take the card out, read your original statement and then, based on what you've learned here today, jot down some thoughts that:

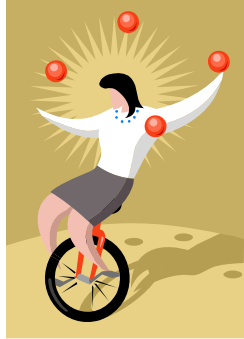
- 1) may identify the unmet need the resident is expressing and
- 2) give you new approaches.

Would anyone like to share the challenging situation and new approaches you have developed?

Does anyone have a situation that was not addressed today?

Stress Reduction and Relaxation Techniques

Introduction

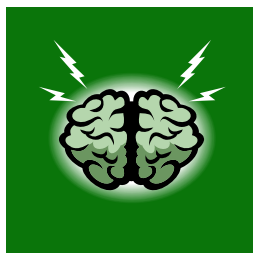


A caregiver’s workday is seldom easy. Even though most caregivers take pride in knowing they are caring for some of society’s most vulnerable people, their days are often filled with challenging and stressful situations.

What are some common work-related stressors that caregivers experience on a regular basis?

Looking at this list we can see that there are many work related stressors impacting on the caregiver. This is in addition to the stressors we all have in our personal lives.

The Fight or Flight Response



When we say, “The adrenaline was really pumping,” to describe the way we felt in a threatening situation, we are really describing the fight or flight response. At such times, stress hormones like adrenaline, noradrenaline, and cortisol are automatically released into our bloodstream, preparing us to do whatever is needed to deal with the

situation. A scientist by the name of Walter Cannon, working in the 1920's, was the first one to describe how the fight or flight response works, and it has been studied by many scientists since then.

Just as the name implies, the changes our bodies experience in the fight or flight mode are those that make it possible for us to stay and fight or to run away. We start breathing faster, and blood is directed to the muscles of our arms and legs so we can act quickly. We hardly notice if we are in pain and sometimes find strength we never knew we had.

All of this is just as nature intended. But what if it seems like we are always under attack or threatened in some way? That's what stress does to us. When we can't relax and think we must always be on-guard for the next assault, it's likely that our fight or flight response is always turned on, like a water faucet. After awhile, we run out of energy and the ability to care—classic signs of burnout.

Recognizing the Signs of Stress

Sometimes stress buildup is gradual and we may not even recognize just how stressed we are. That's why many people report that they can feel stress melting off them after a few days of a relaxing vacation, stress they didn't even know they were carrying.

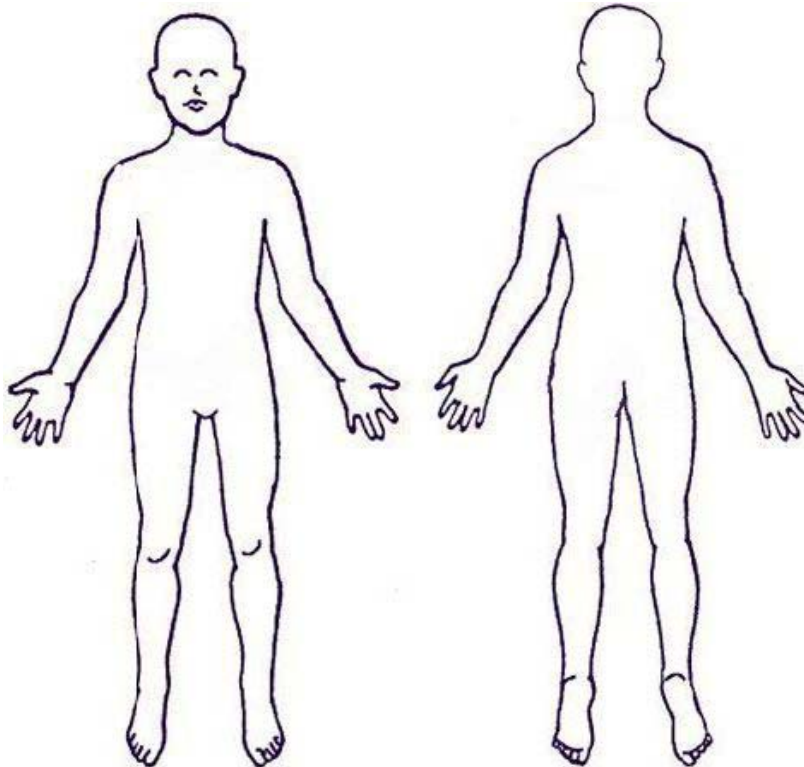
Do you ever find yourself angry, sad, anxious, or fearful, for little or no apparent reason? Or perhaps you are unable to concentrate or become easily frustrated. If so, it may be time to ask yourself if stress is a contributing factor. Likewise, many of our undesirable habits, like over eating or excessive drinking and smoking, may have roots in stress. Recognizing the signs and symptoms of stress is the first step to a healthier lifestyle.

Activity: Locating the Stress in Your Body

Stress shows up in different ways for each of us. Even if we don't recognize the psychological and emotional symptoms of stress described above, our bodies will tell us. We may experience tension in our muscles,

headache, upset stomach, racing heartbeat, deep sighing or shallow breathing. Where do you experience stress in your body?

On the “paper doll” outlines below, mark with an “x” the places that you experience stress in your body. Describe how the stress feels.



What Are the Saber Tooth Tigers of Today?



Sometimes we face actual physical dangers today. Thankfully, they are far fewer than our ancestors coped with, such as jungles full of saber tooth tigers on the prowl! Nonetheless, the automatic fight or flight response is there for us when we sense danger or need especially sharp minds to react quickly in a particular situation. Think about stories of a heroic parent protecting a child—or a first responder defying all odds to rescue a victim.

When saber tooth tigers retreat (and toddlers take naps), the hyper-vigilant state of fight or flight can return to normal. The problem comes when modern-day “tigers” – rush hour traffic, household bills, disagreements with partners or loved ones, or work-related stressors – don’t go away. Even though most stressors today are not life-threatening, our bodies react to them in the same way our ancestors did when their very survival was threatened, dumping the fight or flight hormones into the bloodstream to ready us to act. Unless we take steps to bring ourselves back to a state of calm, the buildup of stress hormones becomes toxic over time, undermining our health and sense of well-being.

Reducing Stress to Prevent Abuse and Neglect

Getting a handle on stress is important for many reasons. One of the most important is reducing the potential for stress-related abuse and neglect. When we are caught up in the physical and emotional consequences of stress, we are “not ourselves” and tragically, may do things we will regret later when we come back to our senses.

A caregiver may be “stress contagious,” negatively affecting everyone with whom they come in contact. Think of the person who waits on you in a restaurant or a store. Most of us consciously or unconsciously pick up on the energy of that person and are affected by it in ways big or small, and for better or worse. Now consider more closely the impact caregiver stress might have on the client or resident. Consider some of the stressors that we just identified on the paper doll outline.

How might a stressed caregiver behave or respond to a challenging resident? Jot some possibilities below:

What are some approaches that a caregiver can take immediately when a situation with a resident or client seems out of control? Take a moment to jot down some strategies that you have used or observed.

It's easy to see that not managing our personal and work-related stress, can lead to a situation where it is possible for us to be neglectful and even abusive to those we care so much about. Knowing ourselves is the key, which also means knowing when to get professional help with stress—we don't always have to go it alone.

To help you manage your stress, we will explore some strategies that you might find useful. We encourage you to listen with an open mind and after you have been exposed to all the strategies we will be learning about today, you will have an opportunity to identify those that might work for you.

Reducing Stress Symptoms and Restoring Calm

Life is stressful—there's no getting around it! Sometimes the stress is even what we might call "good stress," caused by positive and exciting things happening in our lives (like getting married or moving to a nicer house.) More commonly, stress is caused by what we see as negative or difficult situations, some of which are a part of everyday life.

Some people seem naturally able to take things in stride. But we can all learn to incorporate helpful practices to reduce stress symptoms and help us stay centered when difficulties arise. Sometimes, our habits contribute to our stress levels. Consider the following information.

Habit	Effect on Your Body
Too Little Sleep	New research says that your immune defense system functions best during sleep (7-8 hours is recommended). Sleep deprivation increases susceptibility to colds, flu viruses, disease, illness and even allergic reactions.
Drinking Caffeinated Beverages	Caffeine increases heart rate and blood pressure; triggers insomnia; causes coldness in hands and feet; and increases lactic acid in skeletal muscles resulting in stiffness, achiness and increases susceptibility to strains and sprains.
Consuming Sugar	Sugar increases heart rate and blood pressure and causes an “alarm reaction” in your glucostatic (blood sugar) system. The pancreas responds by over-secreting insulin, thus bringing your blood sugar level down to a hypoglycemic (abnormally low) level. Results include moodiness, fatigue, sleep difficulties, reduced mental alertness and increased sugar cravings. Sugar also weakens physical strength, endurance and the immune system just like any other addictive substance.

Activity: What Do You Do to Relax?



Most people have some favorite stress-relieving habits. These habits probably all work in the short run, but some (such as smoking and too much alcohol) can be harmful in the long-run. Think of one of your favorite, healthy ways to relax and write a few sentences describing it, being specific about where the activity takes place and when, how often, colors, smells, texture, etc. When you finish, share that habit or practice with a partner.

Peaceful Reality



What do you think of when you hear the word “peace”? For some, our thoughts turn to the international symbol. Others might imagine a tranquil lake or complete silence.

Whatever our perceptions, we can all agree that peace is a desirable state, absent of stress and tension.

Sometimes we need to change our lives to achieve a peaceful state-of-mind, perhaps by leaving a particular environment or finding ways to make it safer—physically, emotionally, or spiritually. Often, however, there is little we can do to change a difficult reality, and in those cases we may need to change the way we look at that reality. As the old saying goes, *“When life gives you lemons, make lemonade.”*

A good way to get to that peaceful reality is to first become aware of the many negative, anxiety-producing thoughts we routinely entertain. Let’s look at a few examples of some common negative thought patterns.

Negative Thought Patterns

1. **“I have to be perfect.”** Unless your performance is flawless, you see yourself as a complete failure.
2. **“I can’t do anything right.”** You view a simple mistake as evidence that you are incompetent and take the opportunity to mentally punish yourself over and over.
3. **“If they only knew the real me.”** You reject positive feedback from others because you couldn’t possibly deserve it. You keep that belief firmly in place even in light of everyday events that tell you otherwise.
4. **“That person must think I’m an idiot.”** You decide arbitrarily that someone is judging you negatively or dislikes you. You don’t use facts to get to this decision. In truth, you discount facts and assume you can read minds.
5. **“What if ‘x’ happens?”** You forecast disasters and worry excessively about situations that almost never happen. This negative thought process is likely to manifest itself in the middle of the night, when you can’t do anything about the “problem” anyway.

6. **“I can’t believe I did that. I’ll probably get fired.”** You put the smallest slip-up under your personal microscope and focus in until it becomes a huge catastrophe. In the reverse, you put others’ achievements under that same microscope until they are blown completely out of proportion as well.
7. **“I trust my feelings.”** While acknowledging your feelings is important, you sometimes see negative feelings as facts. Just because you feel a certain way doesn’t mean that it’s based on actual circumstances.
8. **“I should have done…”** You apply an emotional yardstick to past actions. When your actions don’t measure up, the result is guilt. When you use “should have” statements with others, you are usually conveying anger, resentment and/or frustration to that person.
9. **“It was all my fault.”** You take responsibility for some negative incident that you weren’t responsible for in the first place
10. **“I’m such a dope!” or “S/he’s a lazy bum.”** You verbally beat up yourself and others by applying labels. Sometimes you say these things in jest, sometimes not. In any case, it’s a negative thought pattern that casts a dark shadow over your perception of yourself and others.

More Stress-Reducing Practices



The remainder of this training is devoted to examples of stress-reducing practices. While not every practice will appeal to you, try to find a way to incorporate some favorites into your daily routine.

IMPORTANT NOTE: Consult your doctor or other health care professional before beginning any physical exercise routine.

Let’s start by becoming aware of how tense our muscles become when we are feeling stressed.

Activity: Muscle Relaxation

As you begin to read this, FREEZE.
 Don't move a bit!
 Now pay attention to your body.

- | | |
|--|--|
| Can you drop your shoulders? | If so, your muscles were unnecessarily raising them. |
| Are your forearm muscles able to relax more? | If so, your muscles were unnecessarily raising them. |
| Is your body seated as though you are ready for action? | If so, your muscles may be unnecessarily contracted. |
| Can your forehead relax more? | If so, those muscles were tense for no useful purpose. |
| Are other parts of your body contracted unnecessarily? | Check your stomach, buttocks, thighs and calf muscles. |

Unnecessary muscular contraction can cause tension headaches, neck aches, or bad backs. Be mindful of contracted muscles as you go through your day and concentrate on letting your muscles relax as much as possible.

Physical Exercise



Remember that the fight or flight response is intended to induce vigorous physical activity—either fighting to protect ourselves or running away from a life-threatening situation.

Physical exercise can take the place of fighting or fleeing, neutralizing those stress hormones and restoring our body and mind to a calmer, more relaxed state. Five minutes of vigorous exercise—

50 jumping jacks or sit-ups, running up or down stairs, or just running in place—can do wonders.

Longer exercise periods are needed to achieve fitness and contribute greatly to our overall well-being, but mini-exercise sessions are very helpful when needed to relieve stress and short enough and easy enough to fit into any busy schedule.

Meditation



If you've ever tuned in on your everyday mind, you understand why the term “monkey mind” is such a good description for what goes on in there—the mind is constantly chattering and jumping from one branch of thought to another.

Some of that chatter is very useful, of course, as we navigate through our day and plan for picking up the kids from school, preparing dinner, etc. But we can also get stuck in unproductive worry and anxiety, at times becoming “expert worriers.” As Mark Twain said, “I’ve experienced many terrible things in my life, a few of which actually happened.”

The good news is that underneath that constant stream of ever-changing thought is a place of calm and quiet, sometimes known as the “observer” or “witness.” We can learn to access that quiet place through meditation.

Meditation has been used by many to relieve stress and achieve a more peaceful sense of well-being. Its many benefits, such as lowered blood pressure and pulse rate, and increased alpha brain waves (associated with relaxation), can be easily measured. Just ten or twenty minutes once or twice a day spent meditating can reap these benefits.

Some of us have never practiced meditation. Here’s a quick activity that will help you decide whether it might appeal to you!

Activity: Practice Meditation

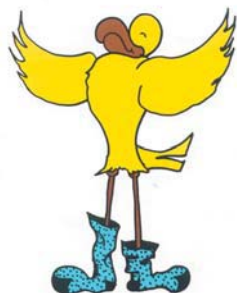
1. Sit quietly in a chair with your back straight, your shoulders relaxed, and your feet on the floor.
2. Close your eyes.
3. Release any tension you may be holding in your feet, legs, abdomen, hands, shoulders and face.
4. Breathe naturally through your nose, keeping your shoulders still and focusing your breath in the abdominal region. (When you breathe abdominally, the belly rises with the in-breath.)
5. Now start counting to ten with each breath, gently saying to yourself “now” on the in-breath, and “one” on the out-breath,” “now” on the in-breath again, “two” on the out-breath, and so on, to ten.
6. Continue breathing this way, mentally counting to ten with each in-breath and out-breath, and then start over again with “one.”
7. If you find yourself distracted (actually “when” you find yourself distracted), simply say “oh well”, or “thinking” and return your focus to the breath and counting.
8. Continue for ten or twenty minutes. You can check the clock by opening your eyes briefly.
9. When you’re finished, don’t open your eyes immediately. Just sit quietly for a moment or two before opening your eyes, and wait a few more moments before standing up.

Note: You can replace the “now” and numbers with any quieting words you like, or not even have words, simply focusing on the in-breath and out-breath.

Remember, the point of meditation is not to stop your mind from thinking (Good luck with that!) but rather to just let go of your thoughts without getting caught up in them. When you realize your mind has wandered, it’s

important not to become frustrated or judgmental. Simply acknowledge the fact by saying “oh well” or “thinking” to yourself and return to the breath.

Breathing



When we become anxious or stressed, we tend to hold our breath or breathe very shallowly, both of which are associated with the fight or flight response. The simple act of deepening and slowing down our breathing is the easiest, most immediate, and effective stress reliever we can employ—remembering to do it in the middle of an anxious moment is not so easy, however.

The way we ordinarily breathe, even when we are not feeling stressed, is important also. To find out how you breathe, try this: simply take a deep breath—which expands more with the in-breath—your chest or your belly? (If you can’t tell sitting up, try lying down.) Most people would have to say their chests. Chest breathing utilizes only the middle and upper portion of the lungs, resulting in an inefficient exchange of oxygen as compared to when we bring air down into the lower portion of the lungs. Learning to breathe like a baby again—all infants are abdominal breathers—can relax our muscles, calm our minds, and relieve stress.

There are many simple variations on the basic deep breath which can be used to relax and relieve stress. These are “mini-vacations” we can give ourselves anytime to refresh our bodies and minds, and they don’t cost a cent. Let’s take a look at four examples:

Activity: Three Breathing Exercises

1. Take a deep breath through your nose. With mouth still closed, slowly let it out, and relaxing your jaw and shoulders at the same time. Continue breathing slowly and deeply through your nose into your abdomen, making your abdomen rise with the in-breath while your chest and shoulders remain still, and following the in-breath with a slow, even exhalation.

2. Close your eyes and breathe in through your nose, becoming aware of the air coming into your nostrils. As you breathe out, become aware of the air passing back out. Notice that the air coming in is a little cooler than the air passing out (in...cool, out...warm). Continue to breathe for a few minutes in this way, focusing on the air coming in and out of your nostrils.
3. Inhale deeply through your nose...count to 8. With pursed lips, exhale slowly through your mouth...count to 16 (or for as long as you can concentrate on the long sighing sound and feel tension dissolve).

Self-Acupressure

Self-Acupressure
Handout



The roots of acupressure date back to ancient Chinese medicine. It is a simple technique of applying pressure with the fingertips on certain points of the body, while breathing slowly and deeply with eyes closed, for three to five minutes.

Let's take a look at some different places on the body where pressure can help relieve stress. Please refer to the handout.

More Acupressure Points

Two Points on Eyebrow-Nose Ridge

Look for these two points on the face where the bridge of the nose meets the ridge of the eyebrow: above and behind the area where eyeglasses rest on the nose.

Two Points on Back of Neck

These points are located approximately a half an inch below the base of the skull between the muscles of the neck, about one half inch outward from either side of the spine.

One Point at Base of Skull

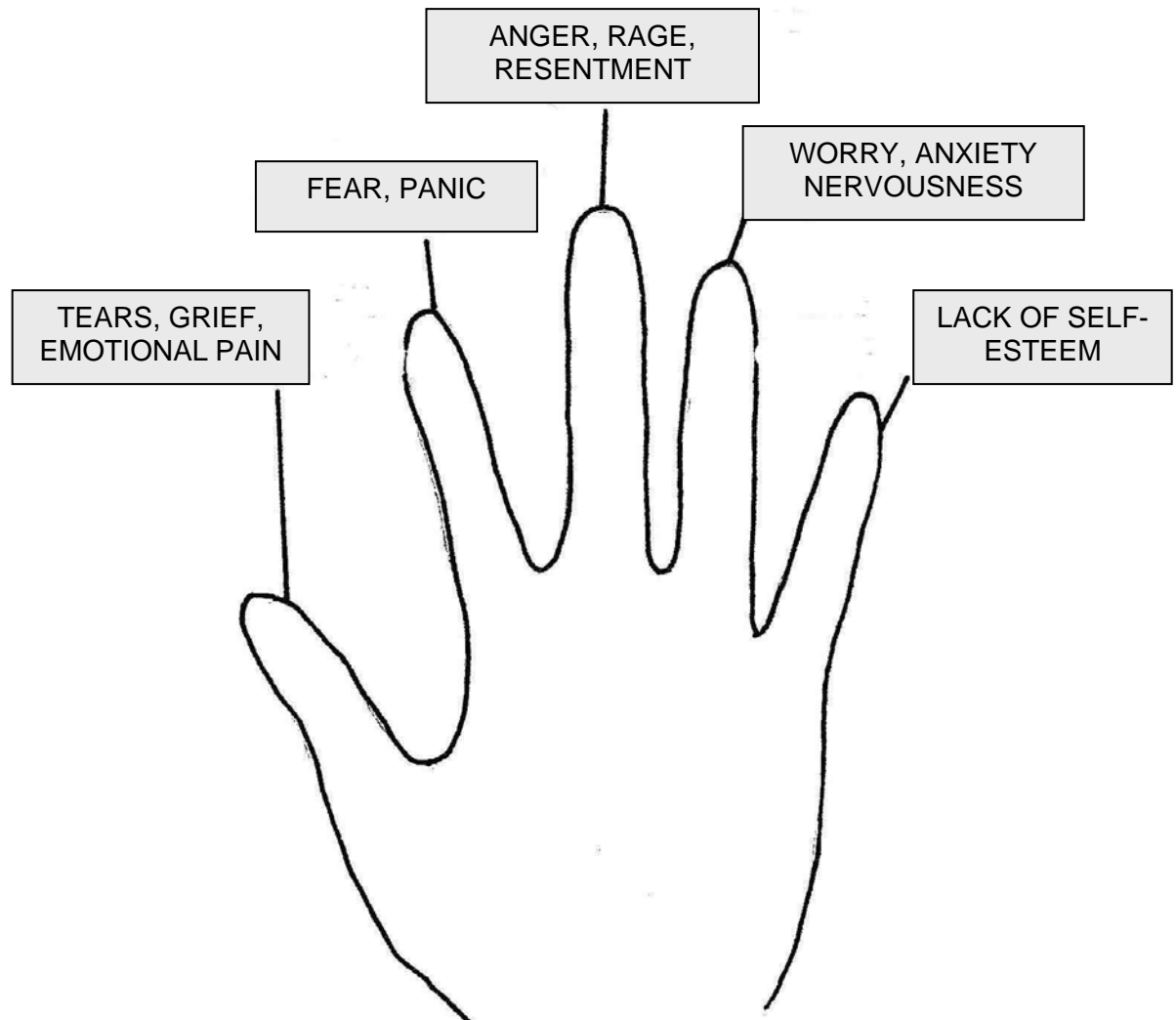
This point is found at the base of the skull at the center of the back of the neck.

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Finger Holds to Balance Emotional Energy

The theory behind the practice is that through each finger runs a channel or meridian of energy connected with the different organs of the body. As you hold a finger, usually within a minute or two you will feel an energy pulse or throbbing sensation. This indicates that the energy is flowing and balanced, and usually the strong feeling or emotion passes.

The practice may also be done for relaxation with music, or used before going to sleep to release the problems of the day and to bring peace to body and mind.



Activity: Finger Holds

Take a moment to practice any finger hold of your choice. You may do the finger holds with either hand. NOTE: The hold should be firm, but not too tight or painful in any way.

Begin to be aware of how you hold your hands and fingers at different times, and how this may relate to your feelings. Many of these finger holds are done naturally without consciousness.

Thumb

For tears, grief, emotional pain

Hold the thumb, breathe deeply and exhale all the grief and sorrow you feel. Breathe in to fill yourself with **peace** and **comfort**. Hold until you feel a pulsation of energy.

Index Finger

For fear

Use of the index finger is a good way to learn how to work with fear, rather than be a victim in the grip of fear. While holding the index finger, exhale and let go of fear, and inhale **courage** and **strength of being**.

Middle Finger

For anger and rage

Hold the middle finger, exhale and let go of all anger and rage, inhaling **compassion, energy, and creative passion** into your life.

Ring Finger

For anxiety and nervousness

Breathe deeply holding the ring finger. Exhale, letting go of all worry and anxiety. Inhale a deep sense of **peace** and **security** in the midst of life's problems, knowing that you are held and cared for in spirit.

Small Finger

Low self-esteem, feelings of unworthiness

Hold the small finger, breathe deeply, exhaling and letting go of insecurity and unworthiness. Breathe in **gratitude** and **appreciation** for the gift of life.

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Tai Chi and Yoga



The ancient mind-body disciplines of tai chi and yoga originated in China and India thousands of years ago and began gaining momentum in this country in the 1960's. While quite different, they both consist of graceful, fluid body movements synchronized with the breath, and they both have many health benefits, including stress relief.

You have probably seen yoga demonstrated on television or, if you've ever visited a large city on the west coast, such as Oakland, California, you may have seen the slow, beautiful choreography of tai chi practiced daily in public parks by the many Chinese people living there. It can be relaxing just to watch them move together in this meditative way.

Many communities offer classes in tai chi and yoga and there are many videos, as well as television shows, demonstrating these practices for all levels and abilities. You can try meditative movement right now while you're sitting reading this:

- Slowly straighten your upper body and relax your shoulders and jaw.
- Soften your gaze, relax your belly and begin to take a slow, deep breath while raising your arms over your head, wrists limp.
- Then with a long, slow exhalation, lower your arms.
- Repeat this movement, focusing on your breathing, three times. Notice how you feel when you've finished!

Journaling



Some people find it helpful to keep a daily journal, writing for a few minutes first thing in the morning or at night before turning out the light. Recording our thoughts and questions about life can be like talking with a good friend, and reading past journal entries spanning weeks and months may help us recognize patterns in our lives we might otherwise miss.

One very effective method of journaling which takes practically no time at all is to keep a gratitude journal. Naming the things that make you happy in a day—the smile of a particular resident, a delicious homemade cookie, a warm shower—is an excellent way to practice seeing the glass half-full. An even simpler version of this is to just name those “happy-making” things as you close your eyes to go to sleep. Getting in the habit of noticing the small things we often take for granted can make a big difference in our attitude about life in general.

Seven Quickies



Here are some quick relaxation techniques that you can practice almost anywhere. You may even get a chuckle or two when you're practicing!

Rag Doll

- Sit down and pretend for a few seconds that you are a rag doll.
- Your legs are like spaghetti.
- Your arms are dangling.
- Your head is hanging.....you are completely relaxed.

Eye Rolls

- Roll eyes clockwise, starting at 12:00 position.

Tongue Stretch

- Open your mouth wide, stick out your tongue as far as you can.

Full Body Stretch

- Stand on tiptoe.
- Lift your arms over your head with fingers pointing toward the ceiling.
- Inhale and stretch for the count of 10.
- Exhale and let your body drop to a slouched position.

Neck Roll

- Roll neck in full circles, first one way, then the other.

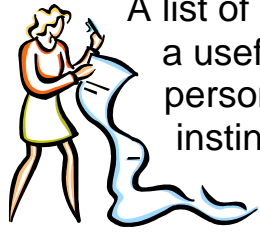
Turtle

- Raise shoulders up to ears as you inhale, release, exhale.

Shoulder Roll

- Roll right shoulder forward- center- back 10 times. Repeat with the left shoulder.

Your Personal Network



A list of people who touch our lives in a significant way can become a useful tool when we feel the need for more support in our personal or work lives. We often turn to certain people instinctively for help, but identifying others as mentors, teachers, etc., can help us realize an even broader support network. If you are interested in expanding your support network, it may be useful to use the chart below to help identify areas where you have support as well as areas where you might look for more support.

NOTE: This is very personal information and it is suggested that you use this as a “take home” activity.

Activity: Personal Network Profile

Take a look at the following Personal Network Profile and see how many people you can identify as members of your personal network.

1. In each category, write the names of up to 4 people you turn to for support in that category.
2. Assign each person a number based on how helpful they are (1=not helpful, 5=very helpful).
3. Circle the categories where you feel that you need, or would like, more support.
4. Put an X by members of your network you rely on too much.
5. Put a star by people you might rely on more often.

Personal Network Chart

The People I Turn To:

1. For Close Friendship	_____	_____	_____	_____
2. For Expert Advice	_____	_____	_____	_____
3. To Socialize With	_____	_____	_____	_____
4. To Energize Me	_____	_____	_____	_____
5. When I Am Hurting	_____	_____	_____	_____
6. As Helpers	_____	_____	_____	_____
7. As Mentors	_____	_____	_____	_____
8. For Acceptance and Approval	_____	_____	_____	_____
9. To Help Me Discover and Try New Things	_____	_____	_____	_____
For Professional Contacts and Access	_____	_____	_____	_____

As you fill out the chart, ask yourself the following questions:

- Are there areas where I need more support?
- Do I rely on one person too much (need a broader perspective?)

Stress Reducing
Exercises
Handout

Closing Activity: Choose an Exercise

Just as stress comes from many different sources in our lives and affects each of us differently, the effectiveness of stress management practices will vary from person to person. Which exercises appeal most to you? Selecting and learning those exercises which are best for you is a major step forward in taking control of the stress in your life.

Take a few moments to look at the list of stress reduction exercises on the handout and check those which have appeal and which you are willing to try.

Stress-Reducing Exercises

- Relaxing tight muscles in face, arms, legs, and shoulders
- Changing negative thought patterns
- Five minutes of intense physical exercise as needed
- Meditation
- Breathing exercises
- Self-Acupressure
- Finger Holds
- Tai Chi and/or Yoga
- Rag Doll
- Eye Rolls
- Tongue Stretch
- Full Body Stretch
- Neck Roll
- Turtle
- Shoulder Roll

Additional Resources

Additional resources for caregivers and facilities are listed below:

Wisconsin Dept. of Health and Family Services

<http://dhs.wisconsin.gov/aging/Genage/ALZFCGSP.HTM>

Two webcasts introduce the concepts of person-directed care, appropriate for all facility staff, with information on how to replicate the care in long-term care facilities. Demonstrates an actual activity program designed to maintain cognitive abilities, boost self esteem, and facilitate rejuvenation of residents. Contains a role playing exercise, demonstrating the importance of care planning based on person directed care concepts. Also includes an extensive assessment tool designed to successfully implement person-directed dementia care in long-term care.

University of Iowa

<http://www.medicine.uiowa.edu/igec/index.html>

E-learning for certified nursing assistants and other direct caregivers; publications about issues dealing with dementia care, etc.

Wayne State University

http://www.iog.wayne.edu/training_difficultbehaviors.php

Funded by the Michigan Department of Community Health Long-Term Care Initiative, the Wayne State University Institute of Gerontology, in partnership with Hospice of Michigan and Lutheran Social Services of Michigan, has developed a series of training modules on managing difficult behaviors in persons with dementia.

Dementia Care Australia PTY Ltd

<http://www.dementiacareaustralia.com/index.html>

A website devoted to “rekindling the spark of life” for persons with dementia; headed by Jane Verity.

National Institute on Aging

<http://www.nia.nih.gov/Alzheimers/AlzheimersInformation/GeneralInfo/>

Facts and data regarding dementia and Alzheimer's disease as well as recommendations for dementia care for family and formal caregivers.

Alzheimer's Association

<http://www.alz.org/index.asp>

Facts and data regarding dementia and Alzheimer's disease as well as recommendations for dementia care for family and formal caregivers.