



For **ALL EMPLOYEES**, the goal of PMDB training in the area of Geriatrics is technical competency.

For **CLINICAL STAFF**, this PMDB training section focuses on skills for working effectively with dementia patients and the elderly.

- This module can also be used as a stand alone for clinical orientation or additional training for clinical staff.
- Trainers may want to use the video “Look at Me” during the stand alone training module.

OBJECTIVES:

- ✓ All participants will demonstrate an understanding of age-specific competencies and characteristics of the geriatric population.
- ✓ All participants will demonstrate techniques for managing disruptive behavior of older adults.
- ✓ All participants will recognize predisposing and precipitating factors that contribute to increased levels of stress and disruptive behavior in elderly individuals or persons who have dementia.
- ✓ All participants will demonstrate techniques for interacting with elderly individuals or those who have dementia.

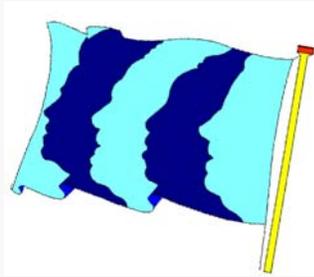


COMPETENCY DEVELOPMENT

VA is utilizing competency development to build a highly skilled workforce that will provide quality service to our veterans, families and the community.

COMPETENCY DEVELOPMENT

- Competency development is one of the six tracks of the High Performance Development Model (HPDM), a national education initiative and performance measure.
- Age specific competencies fall under the heading of technical competencies. Organizations identify the age groups they serve, such as early adulthood, adult, older/geriatric adult.
- Competency is one of the tools the VA is using to develop a highly skilled workforce to meet the ongoing changes of our veterans and employees.
- The older adult/geriatric group will be discussed in this section, with particular attention given to interaction with individuals who have some level of dementia.



Growing Geriatric Population

- Upcoming Baby Boomers
- Veterans – Average 60-70
- VA Employees – Average 50's

GERIATRIC POPULATION

- Our nation's geriatric population is rapidly expanding as baby boomers reach retirement age. In anticipation of large numbers of patients, we need to increase our understanding and skills in working with this age group.
- In the VA, the average age of patients is between 60 and 70 years. The average employee is in his fifties. Do these numbers differ at your facility?
- We need to anticipate the needs of our customers and employees. Do we have services to provide for those needs?

Predisposing Factors in Elderly	Predisposing Factors in Elderly
<ul style="list-style-type: none"> ■ Loss of Autonomy ■ Coexisting Illness / Pain ■ Lack of Family Support ■ Death of Spouse, Relatives, Friends ■ Pain, Fear or Embarrassment 	<ul style="list-style-type: none"> ■ Depression ■ Toxic Reactions to Drugs ■ Mental Instability ■ History of Assaultive Behavior ■ Sensory Changes ■ Hallucinations

Predisposing Factors in the geriatric setting include all those factors that apply to the general population. They are **the individual characteristics a person brings into a situation which may contribute to a violent incident.**

Predisposing Factors for the elderly may include:

Loss of Autonomy	Coexisting Illness / Pain
Lack of Family Support	Death of Spouse, Relatives, Friends
Pain, Fear or Embarrassment	Depression
Mental Instability	History of Assaultive Behavior
Sensory Changes	Hallucinations

- The elderly may experience a decrease in their ability to remain independent.
- Their pain tolerance may be reduced.
- They may experience a decrease in mobility.
- They may be concerned about their health.
- Like up to 40% of patients with dementia, the elderly patient may experience stress. This stress can be due to concern about upcoming events or situational changes.
- They may be responding to hospitalization.
- The elderly may experience depression, anxiety, or brief psychotic / delusional symptoms due to acute illness, disorientation, medication, or brain injury.

- Depression is common among the geriatric patient population. Symptoms include:
 1. increased cognitive impairment;
 2. social withdrawal;
 3. weight loss;
 4. disruptive behavior;
 5. tearfulness;
 6. or overall functional decline.
- The elderly may experience a decrease in eye sight, hearing, taste, and smell.

ALL THESE CAN PREDISPOSE AN ELDERLY PERSON TO DISRUPTIVE BEHAVIOR.

Additional Factors in Elderly

- Disinterest in Surroundings
- Regressed Behavior
- Poor Impulse Control
- Institutional Restrictions
- Disorientation
- Restlessness / Agitation
- Violation of Space

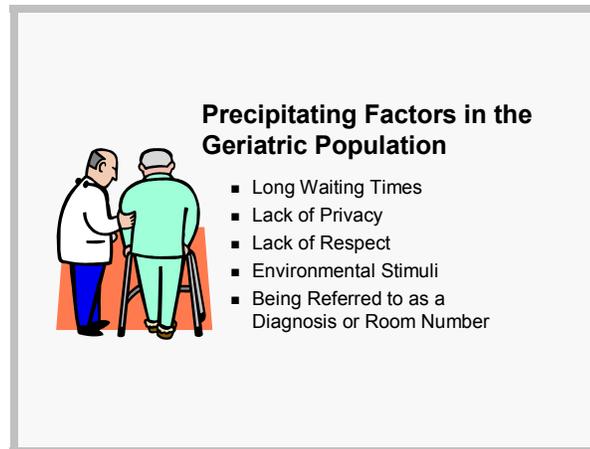
ADDITIONAL PREDISPOSING FACTORS include:

Disinterest in Surroundings	Regressed Behavior
Poor Impulse Control	Institutional Restrictions
Disorientation	Restlessness/Agitation
Violation of Space	

- The elderly, especially those who are ill, have more time to fill and less physical ability to participate in activities; therefore, they may become bored.
- Fatigue is also a significant factor in frustration over not “being able to do what you want to do.”
- Disorientation may result from a change of environment.

QUESTIONS:

- Can you relate to these predisposing factors?
- Have you ever been sick or confined to bed due to an injury or surgery? It is very difficult to give up our routines and activities, even for a short amount of time.



Precipitating Factors in the elderly may include:

Long Waiting Times	Lack of Privacy
Lack of Respect	Environmental Stimuli
Being Referred to as a Diagnosis or Room Number	

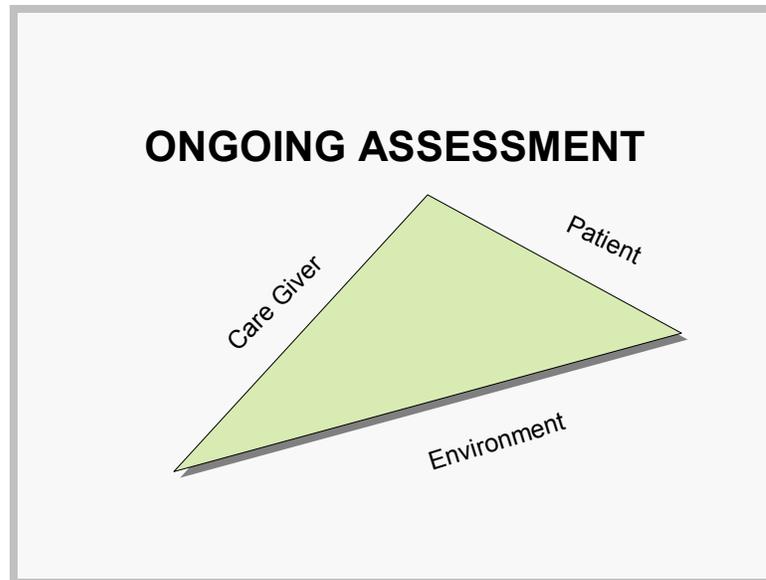
- Wait times for outpatient, inpatient or nursing home patients may increase fear and frustration and decrease the level of comfort.
Ask yourself:
 - How long has the patient been sitting?
 - Is he feeling cold?
 - Is he hungry? Did he miss a meal?
- Bathing and dressing are behaviors that raise privacy and respect issues.
- People are not diagnoses or room numbers. Refer to the person by name (Mr. Jones, Mrs. Smith) unless requested otherwise.
- Condescension and belittling can precipitate disruptive behavior. Avoid using terms such as “honey,” “sweetie,” or “dear.”

Caregiver Factors

- Feeling Personally Attacked
- Challenging Residents
- Challenging Family, Members and Visitors
- Staff Burnout
- Lack of Team Building
- Personal Problems

Caregiver Factors are those factors that contribute to the clinical staff's stress level.

- Healthcare can be one of the more stressful professions. Ongoing organizational changes, economic issues, limited resources and a growing geriatric population increase the level of stress in the healthcare field.
- We need to take care of ourselves and be supportive of one another.
- Our goal is to effectively provide quality of care to veterans and their families while maintaining a balance of professional development, a sense of accomplishment, and pride in the services we provide.



Ongoing Assessment

- The use of ongoing assessment is necessary for all clinical and administrative staff working with the geriatric population and those individuals who have some level of dementia.
- Utilize PMDB assessment skills pertaining to the person, yourself, and the environment.
- Note that wheelchairs, canes, and walkers may be used as weapons, therefore, approach from the side or from a right angle.

Communicating with the Elderly



- Provide Clear Explanation and Allow Time for Response
- Speak Clearly, Slowly and Concisely
- Include Family Members or Caretaker in Conversation When Appropriate
- Check for Understanding
- Demonstrate Willingness to Listen
- Remember Verbal and Nonverbal Skills

Using communication skills is important when interacting with the elderly.

- Consider how you are presenting yourself.
- Use a calm, gentle, matter of fact approach.
- Use a non-demanding, cheerful tone.
- Use a physical touch on the arm or shoulder when appropriate.
- Ask yes or no questions for individuals with significant hearing loss or cognitive impairment.
- If a person doesn't immediately understand us, we have a tendency to shout. Use the lowest pitch possible for understanding.
- Remember verbal and non-verbal skills such as attentive listening.
- Use visual clues, such as hall signs and symbols, if they are available.
- If you are having trouble understanding what is being said, pay attention to the person's emotional tone.

Environmental Factors



- Over Stimulation
- Under Stimulation
- Lack of Familiar Cues
- Absence of Personal Items
- Violation of Space
- Weekend vs. Weekday

Over stimulation can result from multiple, simultaneous or unnecessary stimuli. These stimuli may be difficult to interpret and can overwhelm the person.

- Loud buzzers/bells, overhead pages may be disturbing.
- TV or radio programs may be perceived as reality and cause fear, anger, or an emotional outburst. Consider the programming being selected by patients or staff.

Under stimulation can also lead to undesired behaviors. The bored individual may wander off or begin self-stimulating behaviors such as yelling or pacing.

Familiar or personal items provide a sense of security. For example, children may use a transitional item, such as a favorite stuffed animal, as they change home or school settings.

Weekend vs. weekday makes a difference. Consider the changes in schedule, staff, caretakers, activities, sleep schedule, and other changes that may contribute to acting out behaviors.

- Striving for consistency and predictability seven days a week can help prevent disruptive behavior. Consistency not only reduces the individual's stress level; it also puts a stop to the need for patients and staff to adapt to a new schedule or system.

Environmental Suggestions



- Use Bright Lighting in Areas
- Eliminate Background or Competing Noises
- Maintain Clear Hallways and Walkways
- Provide Privacy and Respect
- Seating Available at Entrances, Pay Phones
- Assisted Devices – Wheelchairs or Other
- Use Large Print on Signs or Paperwork

Simple, effective Environmental Suggestions include:

- Proper lighting. This is important with the elderly, since depth perception decreases with age.
- Elimination of background noise. Talk to the individual in a location free from distractions.
- Look directly at the person and make sure you have his attention before you begin speaking.
- Provide orienting information, such as a clock or calendar.
- Use a night light during the evening for residents.

CLINICAL STAFF SECTION



*The following section is for all staff in the clinical areas:
physicians, physician assistants, nurse practitioners, nurses,
nurse's aides, healthcare technicians, and clerk/receptionists.*

Dementia

- Dementia is a Severe Loss of Thinking Abilities – Especially Memory
- Over 10% of Population over Age 65 has Dementia – over 4 Million Americans!

- Dementia typically occurs in individuals over 85 years of age. It can have a slow, moderate or rapid progression.
- Dementia is caused by an underlying disease that damages the brain, such as Alzheimer's, strokes, or less common diseases such as Parkinson's, alcoholism, or head injuries.
- Living or being a caretaker of someone who has dementia can be painful, confusing, and stressful.

Agitation

Irritability or Anger	Constant Pacing
"Blowups"	Stubborn or Refusing
Constant Attention or Reassurance	Yelling or Screaming
Repetitive Questions or Telephone Calls	Hitting, Biting or Kicking

Many people with dementia experience increased stress or behavioral changes, which are expressed in **agitation**.

- Mild agitation may appear as a personality change or uncharacteristic or inappropriate behaviors.
- The slide refers to a more severe agitation.
- Agitation may persist and become worse over time. This is often the reason family members decide to place the loved one in a nursing home.

Causes of Agitation

Physical / Medical Problems	Psychosis
Environmental Stresses	Anger and Aggression
Sleep Problems	Depression
Psychiatric Syndromes	Anxiety

The factors that can contribute to disruptive behavior with any individual are compounded by emotional and physical factors of dementia.

Interventions for Agitation

- Provide Positive Environment
- Supervise Activities
- Communication Skills
- Supportive Services for Families, Caregivers
- Medication

There are five categories of intervention for agitation.

1. Positive Environment
 2. Supervised Activities
 3. Communication Skills
 4. Supportive Services for Families, Caregivers
 5. Medication
- Awareness and early identification remain very important.
 - Dementia is a chronic condition with fluctuating symptoms.
 - A realistic goal may be to lessen the agitation and prevent a significant disruptive episode.
 - As healthcare providers, we need to notice what steps appear to work with each individual. This knowledge assists in planning for the next intervention.

1. Positive Environment

Is the area safe?	Need to use restroom?
Thirst or hunger?	Air temperature tolerable?
Physical discomfort?	Area / opportunity to walk?
Predictable routine?	Feeling rushed, fatigues or scared?

1. POSITIVE ENVIRONMENT

- Assess the environment for potential weapons.
- Use safety latches on doors.
- Secure cleaning items.
- Consider registering person with “SAFE RETURN” program through the Alzheimer’s Association in case the individual wanders.
- Individuals with dementia often forget to eat. Offer frequent snacks or beverages.
- Physical discomfort may be a cause for agitation. Has the patient neglected to use the bathroom? Has he been sitting too long in one position?
- A predictable routine provides a more secure environment while unexpected changes or last minute rushing can cause fear or disorientation.
- Simplify and break down complicated or multiple step tasks, such as getting dressed. Use simple fasteners on clothing and shoes.

- Good lighting provides a safe environment and reduces an individual's disorientation and confusion. Use nightlights.
- Remember the elderly are more sensitive to heat and cold.

2. Supervise Activities		
Structure and Routine	Pleasant Activities	Keep it Simple
Redirect	Distract	Be Flexible
Soothe	Compensate	Reassure

2. SUPERVISE ACTIVITIES

- Predictable, pleasant routines are best. Remind the person that everything is going as scheduled or planned.
- Keep things simple. Focus on one step or task at a time. Allow time for frequent rests.
- Redirection. A simple way to deal with agitated behavior is to substitute it with something else. For example, if someone is restless, you can ask him to sweep. If someone is rummaging through items, you can offer him a group of items to sort or arrange.
- Distraction. At times offering a snack, a favorite TV show, or music can interrupt the agitated behavior.
- Be flexible with your plans or schedule.
- Soothe an agitated person with repetitive activities such as a massage or hair brushing.
- Reassure the person you will keep him or her safe. Fear or insecurity may cause the agitation. It may also cause him to shadow you.

3. Communication Skills

Avoid Showing Frustration	Talk About Feelings	Identify Yourself by Name
Refer to Yourself by Name	Approach the Person Slowly	Talk in a Quiet Place
Speak Slowly and Clearly	Be Positive	Offer Choices

3. COMMUNICATION SKILLS

- It is understandable that staff or family members may feel angry or frustrated when working with individuals with dementia. **Remember: emotions are contagious!** Take a break if you need one. Step back from the situation and ask yourself, “What may be going on with this individual?” Ask them what is going on.
- Focus on feelings rather than arguing over facts. For example, if the individual is convinced you didn’t see him yesterday, focus on his feelings of insecurity today. “I won’t forget you; I’m here to take care of you today.”
- The person may not always remember you. Avoid asking “don’t you remember me?”
- Approach the person from the side or right angle. Use eye contact. A gentle touch may help. Remember to keep your personal distance with an angry or severely agitated individual.
- TV’s, conversations and office machines may be overlooked as competing background noises.
- Speak slowly and clearly, using short sentences and familiar words.
- Be positive. “Let’s go outside now.” “Would you like to wear your blue or red jacket?”

4. Supportive Services for Families and Caregivers



4. SUPPORTIVE SERVICES are essential for family and caregivers, since fatigue and burnout are increased in residential settings. Taking care of ourselves physically and emotionally and taking supportive measures are necessary for the wellbeing of ourselves and our patients.

- Support to staff by managers AND support among staff members are equally important. Support measures range from staffing to balance workloads to assisting one another with a challenging patient.
- What measures do you find helpful from managers or coworkers?
- Remember the family's adjustments of having a parent or other with dementia. Respite care and community support groups are helpful.
- Patient and family education serve to help family members normalize the situation and the emotions they may be experiencing. This approach facilitates shared decision making between healthcare providers and family members.



5. Use of Medication

- Acute Management
- Long-Term Management

4. Medication

Research is being conducted regarding the management of dementia with medication.

- **Acute management** is used over a short period of time to manage an exacerbation of symptoms.
- **Long-term management** refers to both intervention and ongoing maintenance.

Follow care treatment plans and policy in working with dementia patients.



TEAMWORK

- Assist Each Other
- Be Flexible
- Alert for Assistance
- Documentation of Incidents

Team development and good communication among all staff, in person and through documentation, is essential in providing a safe work environment.

This includes:

- from one shift to another....
- from weekdays to weekends...
- and when referring or transporting to another VA facility or community organization.