

Caring for Difficult Patients

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Faculty

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Caring for Difficult Patients

- **How many times have you been assigned to a patient you just can't get along with?**
- **Have you found yourself in a difficult situation where family members are upset or angry and you didn't know what to do?**

Caring for Difficult Patients

- **Has a patient suddenly behaved in a strange way and you didn't know what to do?**

Objectives

- **Identify medical and psychosocial factors that increase stress**
- **Understand caregiver issues and concerns that increase stress for the patient and family**
- **Develop ways to respond to patients and caregivers under stress**

Objectives

- **Identify negative behaviors related to depression and learn ways to communicate with depressed patients**
- **Identify negative behaviors related to dementia and delirium**

Objectives

- Develop methods to better communicate and care for patients with dementia and delirium

Medical Factors Contributing to Stress

- Medical condition
 - Constant pain and discomfort
 - Lack of sleep
 - Inability to care for oneself
 - Rapid decline
 - Poor prognosis

Psychosocial Factors Contributing to Stress

- Loss of independence
- Isolation
- Role changes
- The fear of the unknown
 - What will happen to me?
- Financial strain due to medical costs

Factors Contributing to Stress

- Caregiver stress
 - Sandwich generation
 - Caring for a parent and children
 - Loss of income/financial strain
 - Loss of normal routine
 - Change in living arrangements
 - Multiple doctor appointments

Factors Contributing to Stress

- Family conflict, particularly regarding the care of a loved one
- Health problems
- Lack of sleep
- Lack of concentration
- Anger/frustration at situation

Caregivers for Alzheimer's Patients

- Patients diagnosed with Alzheimer's live with the disease for 7 – 20 years
- 32% of caregivers provide assistance for 5 years or longer
- 12% provide care for 10 years or longer

Caregivers for Alzheimer's Patients

- 30% of caregivers of patients with Alzheimer's and other dementias have children or grandchildren under age 18 living at home

Caregivers for Alzheimer's Patients

- More than 40% of caregivers of patients with Alzheimer's and other dementias rate emotional stress as high or very high
 - Compared to 28% of caregivers of other older people
- About 1/3 of caregivers of Alzheimer's patients experience symptoms of depression

Reactions to Stress

- Anxiety
- Anger
- Frustration
- Depression
- Fear

Responding to Stress

- Remain calm, even when others around you are not
- Demonstrate empathy
- Speak in a low, calm voice
- Do not argue or become defensive
- Lend a sympathetic ear
 - Listen carefully to what they are saying

Responding to Stress

- Stay focused on the care of the patient
 - Do not get involved in family conflicts
- Reduce stimuli in the room, such as a radio and TV

Responding to Stress

- Watch your posture and hand motions to avoid looking threatening and angry
- Contact supervisor, if necessary

Depressed Patients

- **Behaviors associated with depression:**
 - Demanding behavior
 - Poor hygiene
 - Memory problems
 - Confusion, delusions, or hallucinations
 - Anxiety and nervousness

Responding to Depressed Patients

- **Discuss concerns regarding symptoms with the skilled nurse or the primary physician**
- **Be an active listener**
 - Give your full attention to the patient at each visit

Responding to Depressed Patients

- **Encourage the patient to share stories about the past**
 - Reminiscing can help people learn and grow from their experience and can be a reminder of how much they are loved, and how they have helped others

Responding to Depressed Patients

- **Don't change the subject when the patient pauses**
 - Depression often slows a patient's responses
 - They need additional time to gather their thoughts

Responding to Depressed Patients

- **Acknowledge the sadness, irritability, or withdrawal**
- **Do not judge the patient**
 - Be careful not to place your values on the patient
- **Do not give advice**

Responding to Depressed Patients

- **Praise every accomplishment no matter how small**
- **Be honest and promote realistic expectations**
- **Encourage patient to maintain a healthy diet**

Responding to Depressed Patients

- Encourage the patient's interests such as gardening, music, pets, books
- Encourage exercise at the level they can accomplish

The Three Step Approach Alzheimer's Association

- The three step approach to helping identify common behaviors and their causes:
 - Identify and examine the behavior
 - Explore potential solutions
 - Try different responses

The Three-step Approach

1. Identify and examine the behavior
 - What was the behavior? Was it harmful to the individual or others?
 - What happened just before the behavior occurred? Did something trigger it?
 - What happened immediately after the behavior occurred? How did you react?

The Three-step Approach

2. Explore potential solutions
 - What are the needs of the person with dementia? Are they being met?
 - Can adapting the surroundings comfort the person?

The Three-step Approach

- How can you change your reaction or your approach to the behavior? Are you responding in a calm and supportive way?

The Three-step Approach

3. Try different responses
 - Did your new response help?
 - Did you need to explore other potential causes and solutions? If so, what can you do differently?

Behaviors Related to Dementia

- Aggression
- Anxiety and agitation
- Confusion
- Repetition
- Suspicion
- Wandering
- Unpredictable behavior
- Sleep problems
- Hallucinations

Aggression

- Verbal
 - Shouting or name-calling
- Physical
 - Hitting or pushing
- Aggression can occur suddenly, with no apparent reason, or can result from a frustrating situation

Aggression: How to Respond

- Try to identify the immediate cause
 - Is the patient tired because of lack of sleep?
 - Are medications causing side effects?
 - Is the patient unable to tell you they are in pain?

Aggression: How to Respond

- Is the patient over stimulated by loud noises, an overactive environment, or physical clutter?
- Does the patient feel lost?
- Are you asking too many questions or making too many statements at once?

Aggression: How to Respond

- Are your instructions simple and easy to understand?
- Is the patient picking up on your own stress and irritability?
- Are you being negative or critical?

Aggression: How to Respond

- Focus on feelings, not facts
- Don't get upset
- Limit distractions
- Try a relaxing activity
- Shift the focus to another activity
- Decrease level of danger
- Avoid using restraint or force

Anxiety

- **Patients with Alzheimer's may become restless and need to move around or pace**
- **Patients may also become upset in certain places or focused on specific details**

Anxiety

- **Causes may include:**
 - **Moving to a new residence or nursing home**
 - **Changes in the environment or caregiver arrangements**
 - **Fear and fatigue resulting from trying to make sense out of a confusing world**

Anxiety: Prevention

- **Create a calm environment**
 - **Remove stressors, triggers, or danger**
 - **Move person to a safer or quieter place**
 - **Offer rest or privacy**
 - **Limit caffeine use**

Anxiety: Prevention

- **Provide opportunity for exercise**
- **Develop soothing rituals**
 - **Bath or back rubs**
- **Use gentle reminders**

Anxiety: Prevention

- **Avoid environmental triggers**
 - **Includes noise, glare, insecure space, too much background distraction such as TV**
- **Monitor personal comfort**
 - **Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections, and skin irritations**

Anxiety: Prevention

- **Simplify tasks and routines**

Anxiety: How to Respond

- Listen to the frustration
 - Try to understand what the cause may be
- Provide reassurance
- Involve the person in activities such as art, music or other activities to relax

Anxiety: How to Respond

- Modify the environment
- Find outlets for energy

Confusion

- Patient's with Alzheimer's may not recognize familiar people, places, or things
- Patients may forget relationships or call family members by the wrong name
- Patients may be confused about where home is

Confusion

- Patients may forget the purpose of common items such as a pen and fork

Confusion: How to Respond

- Stay calm
- Respond with a brief explanation
- Show photos and other reminders
- Offer corrections as suggestions
- Try not to take it personally

Repetition

- Repetition may include:
 - Repeating a word, question, or activity
 - Telling the same story again within just a few minutes
 - Pacing
 - Undo what has just been finished

Repetition: How to Respond

- Look for a reason behind the repetition
- Focus on the emotion, not the behavior
- Turn the action or behavior into an activity
- Stay calm, and be patient

Repetition: How to Respond

- Provide an answer
- Engage the person in an activity
- Use memory aids such as pictures, calendars, etc.
- Accept the behavior and work with it

Suspicion

- Memory loss and confusion may cause the patient to perceive things in new, unusual ways resulting in suspicion
- Patients may accuse loved ones or caregivers of theft, infidelity, or other improper behavior

Suspicion: How to Respond

- Don't be offended
 - Listen to what the person is saying and try to understand the reality
 - Be reassuring and show you care
- Don't argue or try to convince
 - Allow the patient to express their ideas and acknowledge their opinions

Suspicion: How to Respond

- Offer a simple answer
- Switch the focus to another activity
- Duplicate any lost items

Wandering

- Alzheimer's patients often become confused and wander or become lost
- Patients may be trying to go home
- Patients may be attempting to recreate a familiar routine such as going to school or work

Wandering: How to Respond

- **Encourage activity**
 - Involve the patient in daily activities such as washing dishes, folding laundry, or preparing dinner

Wandering: How to Respond

- **Inform others**
 - Make sure friends, family, and neighbors are aware the patient has Alzheimer's and that wandering may occur
- **Make the home safe**
 - Limit access to potentially dangerous areas

Unpredictable Situations

- **Bold behavior**
 - Flirtatious or inappropriate advances toward others
 - Try to distract the patient or lead him or her to a private area
 - Avoid getting angry or laughing at the patient

Unpredictable Situations

- **Inappropriate dressing**
 - The patient may forget how to dress or take clothes off at inappropriate times
 - Help the patient by laying out clothes in order that they put them on

Unpredictable Situations

- **Shoplifting**
 - Alzheimer's patients may forget to pay for merchandise
 - Patients should carry a card in their wallet explaining that they are memory-impaired

Sleep Problems

- **Inform the primary physician of any sleep problems**
- **Make a comfortable environment**
 - Comfortable temperature, nightlights or security objects, discourage TV watching in bed
- **Maintain a schedule**

Sleep Problems

- Encourage family members to discuss sleep disturbances with their physician
- Avoid stimulants such as alcohol, caffeine, and nicotine

Hallucinations

- Patients with Alzheimer's may see, hear, smell, taste, or feel something that isn't there
- Hallucinations in Alzheimer's patients are a result of changes in the brain
- The hallucinations may or may not be frightening to the patient

Hallucinations: How to Respond

- Inform primary physician of hallucinations
- Ask yourself if the hallucinations are a problem for you or the patient
 - Is it upsetting to them? Is it leading them to do something dangerous?

Hallucinations: How to Respond

- Offer reassurance
 - Respond in a calm supportive manner
 - Gentle patting may divert the patient's attention to you
 - Acknowledge the feelings behind the hallucination

Hallucinations: How to Respond

- Use distractions
 - Try to take a walk or sit in another room
- Frightening hallucinations often subside in a well-lit area with other people present

Hallucinations: How to Respond

- Turn the patient's attention to music, conversation, or activities they enjoy
- Modify the environment
 - Check for sounds that may be misinterpreted
 - Look for lighting that casts shadows

**Hallucinations:
How to Respond**

- Cover mirrors with cloth so the patient does not think they are looking at a stranger

**Summary:
Responding to Behaviors**

- Remain flexible, patient and calm
- Respond to the emotion, not the behavior
- Don't argue or try to convince
- Use memory aides
- Acknowledge requests, and respond to them

**Summary:
Responding to Behaviors**

- Look for reasons behind behaviors
- Encourage the family to consult a physician to identify any causes related to medications or illness
- Explore various solutions
- Don't take the behavior personally
- Share your experiences with others

References

Alzheimer's Association
www.alz.org

National Alliance on Mental Illness:
Depression in the Elderly
http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=7515

References

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