QUICK TIPS
Understanding Behavior as Communication

Susan Wehry, MD, Chief of Geriatrics at University of New England College of Osteopathic Medicine, Maine (https://www.susanwehrymd.com) teaches that behavior is a form of communication. She says that when we see a resident demonstrating verbal or behavioral distress, we should ask, "what is this person trying to tell me" rather than "how do I get them to stop." Many residents with dementia will use call out or use gestures and action to try to tell us what they need. We need to figure out what is their unmet need.

The two "behaviors" that nursing home staff find the most challenging are what Dr. Wehry calls agitation and aggression.

1. Agitation:

Agitation is behavior that Dr.Wehry describes as "self- referred." Self-referred behavior is behavior that makes us look, such as clapping, slapping thighs, yelling or screaming. It is behavior that makes you look and means that something is wrong and the resident needs you to do something. In these situations, the best thing to do is try to figure out what the resident needs. Run through the things that the person usually needs. They may need to use the bathroom. They may be hungry, lonely, bored, tired and wanting to lay down, or many other common needs. Once you have figured out what they are trying to tell you, meet their need and the distressed behavior or verbalization will likely go away.

2. Aggression:

Dr. Wehry describes aggression as a behavior that comes from fear, and calls it "other-referred." The behavioral signs are clear signals that the resident wants to be left alone. Hitting, kicking, biting, threatening and swearing are behaviors that clearly indicate that the resident wants you to back off and leave them alone. Quite often this behavioral communication happens when care is attempted and the resident is afraid and doesn't understand or for any other reason does not want the care at that time. This typically happens when a resident is awoken out of a sound sleep in the morning and attempts are made to give morning care before the resident is ready. Rejection of care in the shower process is another common occurrence. The resident is communicating fear and discomfort in these situations and needs what is being done to stop. In the face of the first sign of such distress, it is essential that staff step back so that the resident can feel safe again. Proceeding with care or getting assistance from a co-worker to continue with care will intensify the resident's distress.

Deep Dives for Residents Expressing Distress

To understand why a resident may be distressed, look into the resident's personal history and customary routines. When nursing homes maintain rigid schedules for when residents are

awakened in the morning, it is too early for many residents with dementia but they are unable to tell you so in words. Their push away is their communication. Find out what their routines for waking were before they came to your nursing home. Follow those routines and the distress may well ease up.

A deep dive draws on the residents social history and routines, as these may shed light on triggers of distress and on ways to alleviate distress. A resident who loves the outdoors may return to peacefulness when she gets into the sunshine.

In a deep dive, huddle with staff and choose a resident to discuss who is triggering for off-label antipsychotic use and who is rejecting care. Dr. Wehry outlined this process for examining what is contributing to a resident's distress and determining what to do about it.

- **Discuss what is known about that resident.** What were their customary routines, what's been important in their lives before coming into long term care: who were their important relationships; what kind of work, including homemaking did they do; what spiritual practices did they have; are they veterans. **Help them come alive as people.**

- **Discuss what is known about that resident's current behaviors.** Tell them you want to understand more about what happens. This is an exploratory discussion. Ask:
  - What is the resident doing during care: what do you see? Hear?
  - When during care do the behaviors occur? Ask for details about what happens. Does it happen every day? With all staff?
  - What do you think the resident is trying to tell us through their behavior?
  - What do you do when the resident behaves this way? Does it change the behavior? Make it better? Make it worse?
  - Does the resident strike out? Bite? Kick? Hit? When does this happen?

- Then, **discuss the CNA's response**. Make sure they know that this is not a punitive discussion. You are seeking to understand how the residents' behaviors affect the staff because it's natural to have a physiological response. Explore this with the staff. Ask:
  - How does it make you feel emotionally? (Prompts: Scared? Frightened? Angry? Worried?)
  - How does it make you feel physically? (Prompts: Racing heart? Sweaty hands? Nervous stomach? Clenched jaw? Tight muscles?)
  - How does the CNA respond?
    - What they do and say to the resident
    - Ask for details about what happens.
  - Ask others who care for this resident to discuss how it makes them feel and how they respond.

- **Discuss strategies staff use to ease their own distress and their resident's distress**.
  - What works best? What doesn't help?
  - What help do they need?

- **Ask staff to learn more about the resident this week.** Agree to pay closer attention to the resident for the next week. Ask all staff to:
    - observe and make note of *what's going on right before* any time that the resident becomes aggressive
    - make note of what the resident actually does or says that is being labelled as aggressive.
    - come up with as many details as they can about *what happened after* the resident became aggressive
    - make note of what staff did or said
    - pay attention to anything that helped or made it worse

- In the next huddle, **have staff share what they learned by observing this resident**.

- **Together with staff, come up with a plan of different approaches to try**.

- **Check back in during the next weekly huddle on how the interventions have worked and what is needed to support them.**

- Repeat for next resident triggering for AP use and rejecting care.