MANAGING DIFFICULT BEHAVIOR RESIDENTS WHEN DECREASING PSYCHOTROPIC MEDICATIONS

***

MN-DONA SPRING CONFERENCE

***

THURSDAY, APRIL 10, 2014

***

DR. JOHN BROSE, Ph.D., L.P.

---

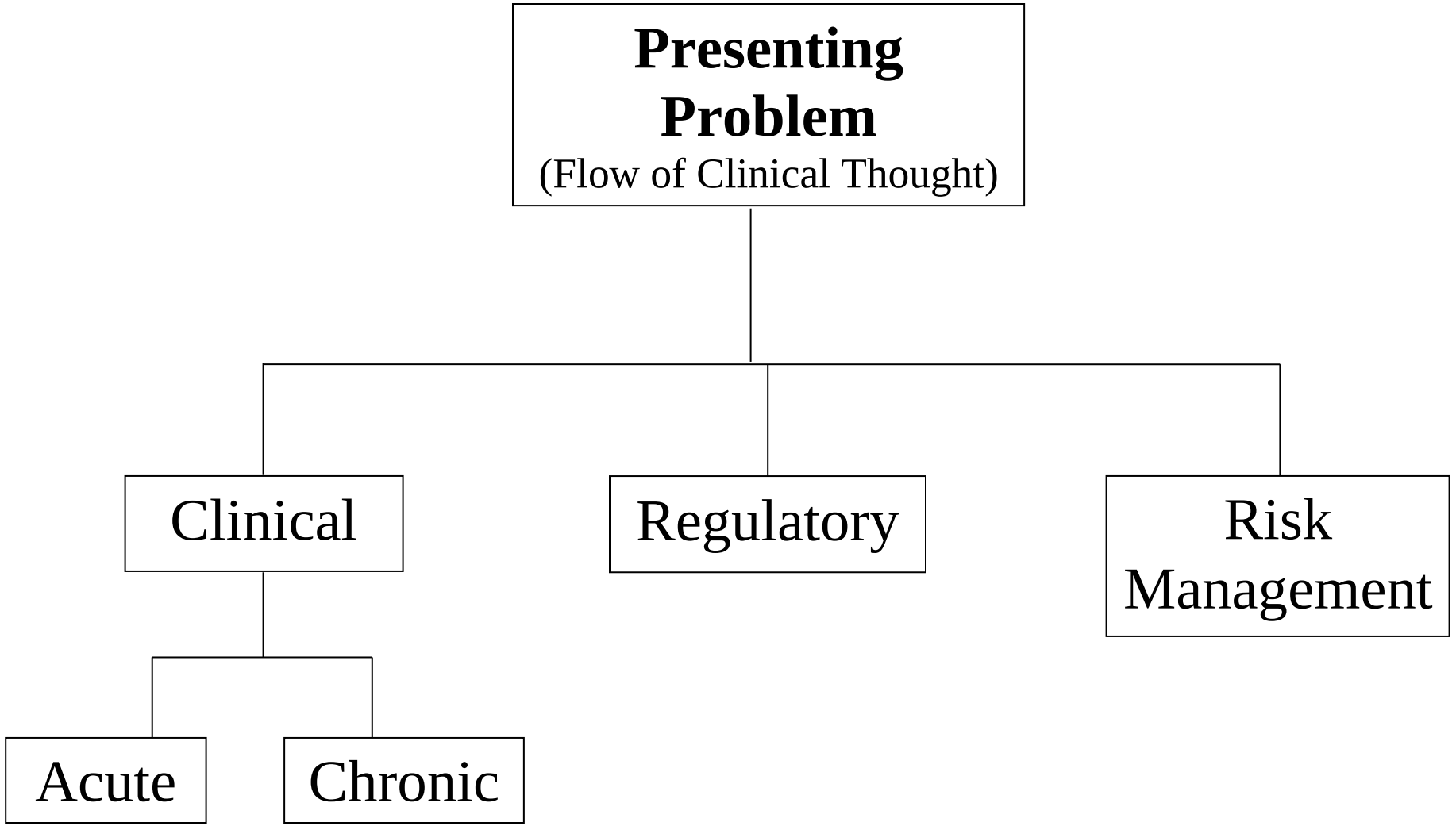
*PSYCHOLOGICAL ASSESSMENT*PSYCHOTHERAPY*INTERDISCIPLINARY
*TEAM CONSULTATION*TESTING*WORKSHOP & TRAINING IN-SERVICES
*ORGANIZATIONAL CONSULTATION

ACP
ASSOCIATED CLINIC OF PSYCHOLOGY

3100 West Lake Street, Suite 210
Minneapolis, Minnesota 55416
Phone: (612) 925-6033
Fax: (612) 925-8496
www.jbrose@acp-mn.com

Common “Medications” In Healthcare Facilities

TYPE	SIDE EFFECT PROFILE
CHEMICAL: *The type in med carts*	Positive/Neutral/Negative
ENVIRONMENTAL: *Building, Space, Noise*	Positive/Neutral/Negative
INTERACTIONAL: *People to people*	Positive/Neutral/Negative



Types of Strategies

Self

Staff

General

Specific

Physical Functions
Mental Functions

DEMENTIA

STM
Judgment
Insight
Abstract Reasoning
Planning
Impulse Control
Low Frustration Tolerance
LTM

Pacing
Disrobing
Striking Out
Screaming
Emotionally Labile
Sexual
Poor Hygiene
Relationships Less Important
Meaningless Behavior

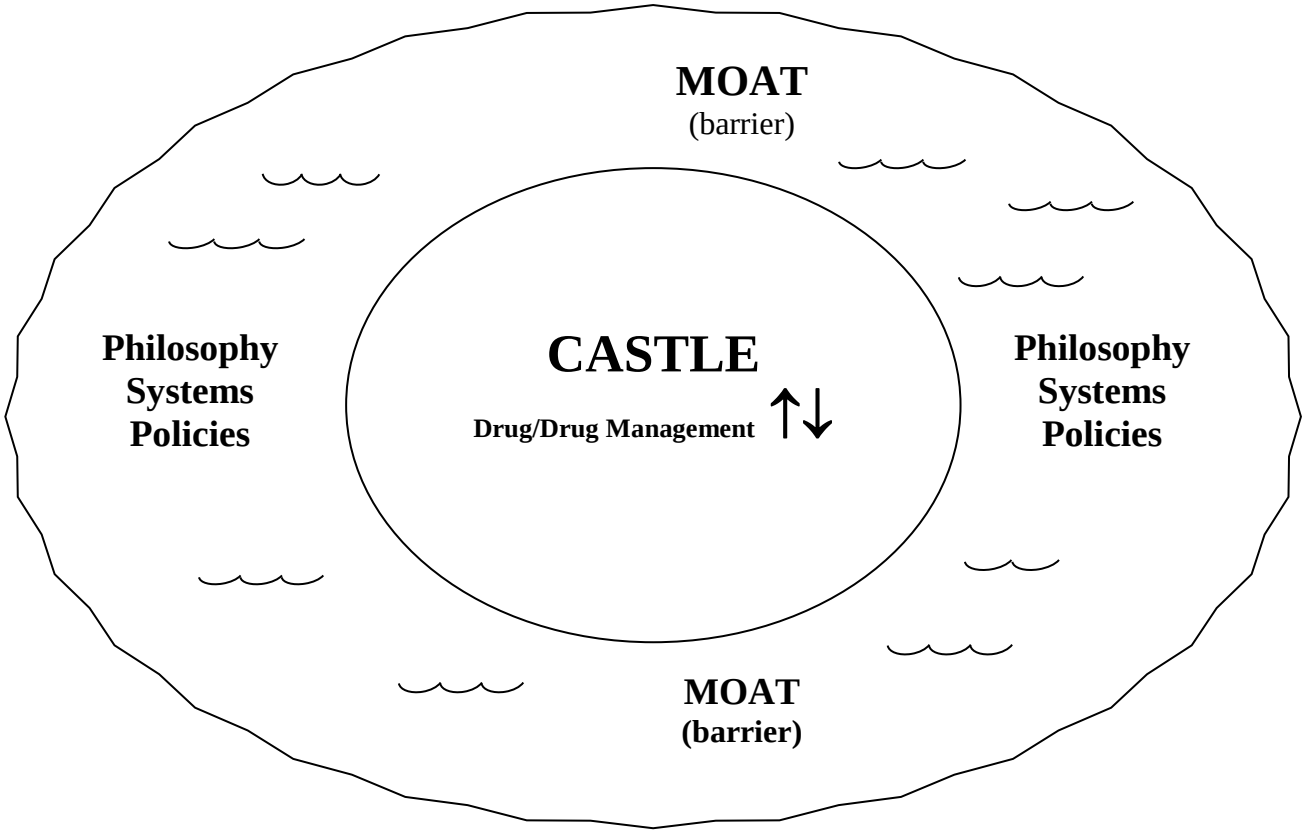
MENTAL HEALTH CONTINUUM

Adjustment Disorders	Mood Disorders	Thought Disorders	Personality Disorders
1. Time	1. Time	1. Medication	1. Staff Training
2. Education	2. Education	2. Skills Training	2. Skills Training
3. Support	3. Support	3. Staff Training	3. Education
	4. Cognitive Behavioral Therapy	4. Structural Environment	4. Cognitive Behavioral Therapy
	5. Medication	5. Support	5. Limits
		6. Education	6. Limited Use of Medication for Mood

Creative Thinking About Medications

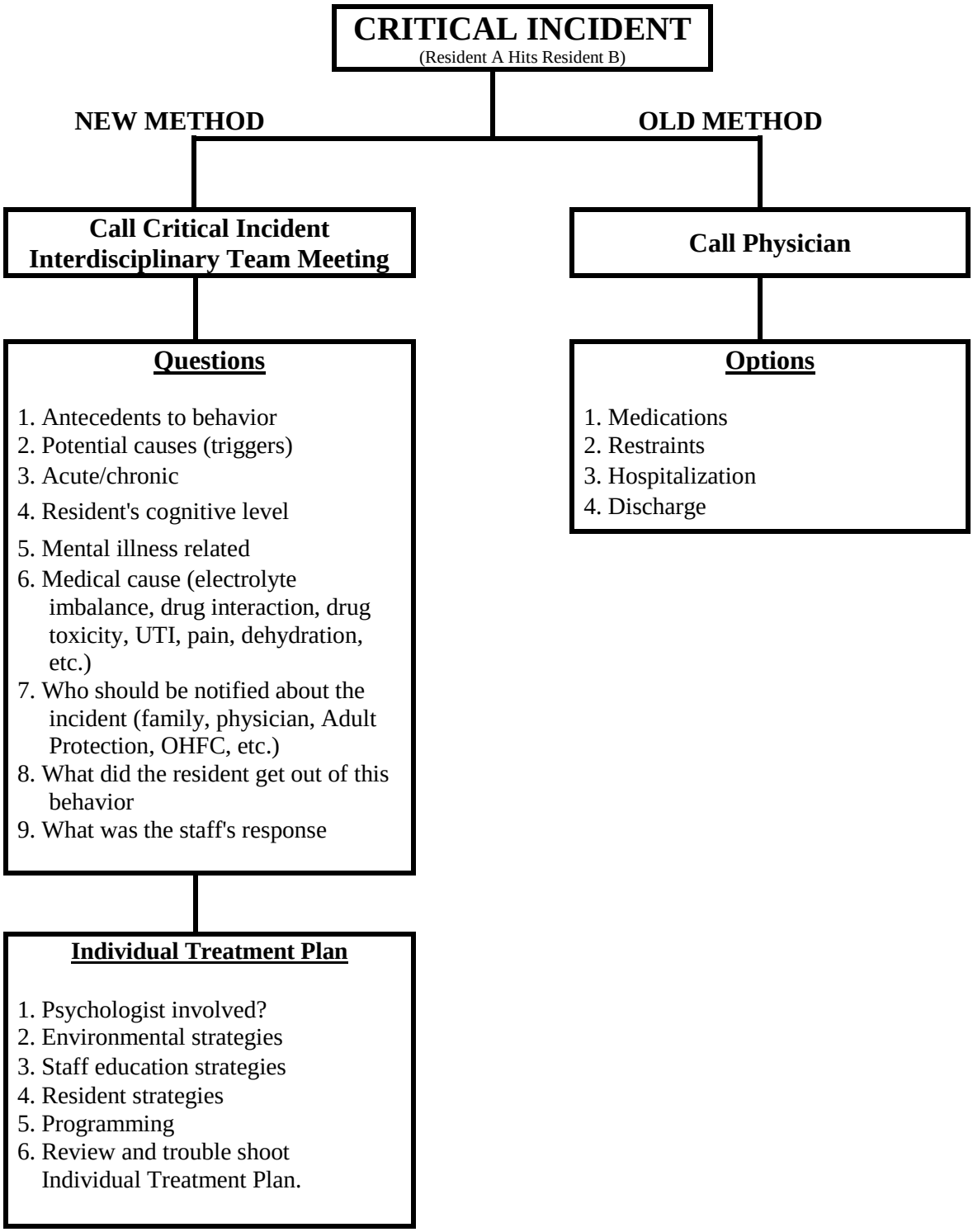
LAND
(stay out here)

LAND
(stay out here)



LAND
(stay out here)

LAND
(stay out here)



UNIT AGGRESSION CATEGORIES

NON AGGRESSIVE	INTERMITTENT AGGRESSIVE	FREQUENT AGGRESSIVE
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

DIRECTIONS: Put each resident that lives on your unit into one of the categories (Non Aggressive, Intermittent Aggressive, Frequent Aggressive). Use these categories in strategic planning for your unit.

Things to Remember:

- We can lead a horse to water but cannot make the horse drink.
- Most Americans do not follow doctor's orders.
- 76% of Americans do not take antibiotics as prescribed by their doctor.
- We need to accept our powerlessness and the need to control others.
- People can resist as a way to establish a boundary.
- Explore if resistance is related to fear, denial, cost, dysfunction, power struggle, lack of knowledge/information, different value system, ageism, not time to digest to reality of the current situation.
- People tend to overestimate their capabilities.
- Dependency and cod liver oil are highly correlated. Might be good for you but you do not like it.

Strategies:

- If services are truly needed – adult protection may need to be contacted.
- Make request in a concerned and respectful manner.
- Give information – Educate.
- Use those with influence – pastor, family, friend, doctor, etc.
- Avoid those with influence.
- Document/document/document/document.
- Back off and try later.
- Be proactive regarding the expectations of your facility. Create a handout that outlines what the triggers may be that signal the need for extra services.
- Learn how to use the healthcare system – it is very complicated.

Dealing Effectively with Behavior Problem Residents

What is Behavior Problem?

- A behavior problem is in the *Eye of the Beholder*.

Causes of Behavior Problems:

- Adjustment reaction (Recent loss)
- Schizophrenia
- Environmental Mismatch
- Physical Disorder
- Depression
- Stress
- Personality Disorders
- Dementia
- Drug Interaction
- Pain
- Power Struggles
- Anger

General Strategies:

- Anticipate Problems
- Team Approach
- Give Choices versus Orders
- Know your Resident (social, personality, and medical history)
- Understand and Explore the Resident's View of the World
- Rule out Medical Problems
- Structure Leisure Time
- Reinforce Appropriate Behaviors
- Be Proactive versus Reactive
- See the Problem as Interesting
- Pace and Lead
- Be a Good Listener
- Recognize Small Successes
- No Threats be Respectful
- Do Not Judge or Moralize
- Do Not Personalize Behavior, Threats, etc.
- Set Realistic and Practical Goals
- Emphasize the Positive
- Minimize the Negative
- Stay Calm
- Validate Resident's Feelings (reflective listening)
- See Professional Consultation

RESISTANCE TABLE

Rate on a scale 0 - 10 with 10 being the worst (use group to get scores)

	Resident Name	Bathing	Dressing	Grooming	Med. Compliance	Eating	Toileting	Therapy	T.R.	Wandering	Verbal Aggression	Physical Aggression								Global
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				

John E. Brose, Ph.D.
Licensed Psychologist

Dr. John E. Brose is the owner and director of Associated Clinic of Psychology (ACP), Minneapolis, MN.

ACP employees and 140 clinicians provide behavioral health services to various clinical populations in their five outpatient clinics within the Twin Cities area. ACP also provides services to 170 nursing homes, group homes, and assisted living facilities. Dr. Brose and his colleagues also serve many long term care residents in both Minnesota and Wisconsin through telemedicine.

Dr. Brose's career has predominantly focused on interaction between medical and psychological issues. He is considered a pioneer and leading national authority on aging and behavioral health issues. He also lectures locally and nationally on a regular basis and has received many awards. Dr. Brose is a member of the Veterans Health Care Task Force.

Dr. Brose is an avid sailor, horseman, and plays in the local classic rock group, The Emily Marrs Band (emilymarrsband.com).