

Angry Behavior

Refusal, yelling, and angry behavior all say, "I need something."

Discover clues through careful observation. Is the behavior caused by pain, the environment or the approach of the caregiver?

Understand their likes and dislikes.

Ask yourself: What did the resident do, when did it happen and what happened right before? Then you can discover why. Investigate physical and emotional health, medications and where it happened.

Did some communication provoke the action? Is a task too difficult, confusing or embarrassing for the resident? Are there unmet needs?

Consider whether you may remind residents of someone in their past, and whether this memory sparks disruptive behavior. If so, discover who can help. The person's life story offers answers. Check your attitude, tone of voice, and body language.. Solve the mystery! Discover how to prepare for, prevent, and respond to this action.

Wandering

Imagine a resident, Betsy, is up and about every day at 4 p.m. Could she be worried and pacing? Watching for her kids to get off the bus, as she did 50 years ago?

Care partners who know Betsy's routine will walk along side and calmly redirect her. Maybe Betsy feels lost or confused. Maybe she needs exercise, companionship or a visit to the bathroom. A good care partner will help guide Betsy's path, ask her to help with an activity and give her a sense of purpose. We all want meaningful lives, a sense of identity and a feeling of connectedness.

Seniors may need medical assessments to rule out physical causes for "wandering." Stimulants like caffeine, medication and disorders can create an urge to use the restroom frequently or pace. Wanderers may be in pain or feel too hot, cold, hungry or thirsty. Sometimes they only need a warm blanket, a snack or a hand to hold.

Never use antipsychotic medication for wandering. This can actually cause severe motor restlessness, increase confusion, and put the person at risk for heart attack, stroke or death.

Bathing

To reduce resident and care partner distress, take the time to examine and modify the bathing routine to best accommodate the wishes of each person.

Without effective communication, the person may feel they are being assaulted or they may be in pain. In self defense, a person may resist, hit, pinch, or use hostile language due to their perception of the bathing process.

Think beyond a shower or tub bath. A "cat bath" (sponge bath) is often the most familiar and comfortable for elders. A bed bath is a "gentle, private alternative" that "requires less movement in transfer" and is "easier to do in segments if a person tires or becomes agitated quickly" (Bathing without a Battle, Person-Directed Care of Individuals with Dementia , p.119).

Dr. Power recommends using the same care partner, with give and take communication, for success in the bathing process. In this trusting relationship,ask for feedback such as,
"Do you want to wash your feet or shoulders,"
"Is the water warm enough,"
"Would you like to hold this washcloth?"

