

The Caregiver Link

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QUOTES

“A hero is someone who has given his or her life to something bigger than oneself.”

~Joseph Campbell

“These martyrs of patriotism gave their lives for an idea.”

~Schuyler Colfax

“How important it is for us to recognize and celebrate our heroes and she-roes!”

~Maya Angelou

“The cost of all war is ultimately peace.”

~Saint Augustine

Caring For the Combative Patient

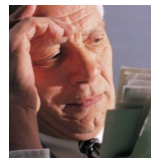
There are few things in life more disturbing than watching a dearly loved family member become hostile and combative toward those responsible for his care. Combativeness, in the broad sense, can run from the verbal (swearing, name calling) to the non-verbal (refusal to cooperate) to the sexual (inappropriate sexual remarks or behavior) to the physically violent (hitting, punching, kicking). Although combativeness can appear with a number of illnesses, it is most common with dementia patients. In some situations, it becomes so serious that it's dangerous for the caregiver to keep their loved one at home, yet many care facilities are reluctant to take on such a patient. Fortunately, nursing home experts have found safe and effective techniques to address combativeness, techniques that can be successfully adapted to care in the home.

The breakthrough discovery has been that, for a dementia patient, actions ~ even violent ones ~ are nothing more than that patient's attempt to communicate something they need (called “need driven behaviors”). To realize this, you must think of the diminished abilities of a person who suffers from dementia. Words ~ at least the right words ~ don't come easily. Short term memory is compromised or even gone so that she may find a caregiver angry and exasperated with her for not honoring a request she doesn't even remember receiving. What's more, when the request is repeated, it may contain more options (“I asked you if you want to wear the green, blue or purple shirt”) than the patient's damaged mind can process. Frequent confusion and the inability to problem-solve add to the dementia patient's struggles in daily living. Add to that the progressive nature of dementia ~ so that a task accomplished only a month ago may be impossible today ~ and you have an almost

unbearable situation for **both** the patient and the caregiver.

What do dementia patients try to communicate about?

Professor Lynn Chenoweth of the University of Technology in Sydney Australia said in a presentation in April of 2010 that patients communicate about what matters most to them, which is:



- ◆ A sense of security ~ feeling safe in their environment
- ◆ A sense of continuity that is accomplished by links between past, present and future
- ◆ A sense of belonging ~ having a “place”
- ◆ A sense of purpose ~ having direction
- ◆ A sense of fulfillment ~ feeling of getting somewhere meaningful
- ◆ A sense of significance ~ feeling they matter

Looking at this list, it is clear that dementia patients are simply people who want the same things we want. Because their means of communication has changed so drastically, it is easy to forget this basic fact. But how do we use this realization ~ that combative behavior is simply the person's attempt to communicate ~ to make life easier for both the patient and the caregiver? Lets take the above needs one at a time and see how caregiving affects them.

A sense of security. This is the need that, when not taken into consideration, may produce the most extreme or violent responses from a dementia patient. Imagine, for example, you are a patient being cared for by a husband you no longer remember and he begins removing your clothing to bathe you. Under the circumstances,



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fighting back would be a normal response! In order to deal with this, it may help to:

- ◆ Speak slowly and gently to your loved one.
- ◆ Explain everything you are going to do clearly before you do it.
- ◆ Try to distract the patient ~ “Oh, look how all the bubbles are popping around you.”
- ◆ Treat the patient with dignity and respect, responding to complaints gently and with reassurances.
- ◆ If none of this works, give up for today. As one nursing home social worker put it, “A missed shower is better than a broken jaw.”
- ◆ If a particular care need ~ such as giving a bath or shower ~ is especially frightening to the patient, try an alternative such as a bed bath.
- ◆ If all else fails, have someone else (such as a female to bathe a female) accomplish this task.

A sense of continuity. Take time to reminisce with your patient and encourage other family members to do likewise. Until late stage dementia, your loved one may clearly remember people and events from many years ago. The events and achievements of the past help him remember who he is and where his place is in the world. Listen to the old stories, over and over if necessary, to give this very special gift to your loved one. Keep picture albums with old and new pictures of important people in his life so he can hold on to these connections as long as possible. Borrow books from the library with lots of pictures of an important time in your loved one's history, say World War II. Play music from that bygone era. These soothing activities are particularly powerful when your patient has been agitated.

A sense of belonging. Create a space for your loved one that is meaningful for her. If she is able to choose what pictures to hang and what color the drapes are, all the better. You aren't decorating for a spread in *House Beautiful*. You're making a loved one feel at home in her often bewildering world.

Doctor Chenoweth tells a powerful story of how creating a sense of belonging can reverse violent behavior. Mr. Con Soulos, a patient in a nursing home, had been a CEO for a large company. In his mind, his room was his “office” and the other residents walking by and the staff trying to care for him were intruders who never seemed to give him the respect an important CEO deserved. He began to attack these people, becoming more and more violent until everyone avoided him and he didn't receive the care he needed. He became so anxious to defend his “office” that he ate little and lost a great deal of weight.

The nursing home brought in a specialist who was able to help them see what Con's behavior was communicating. On the specialist's advice, they began respectfully calling him Mr. Soulos and explaining personal care by saying they were preparing him for a business meeting. He was encouraged to make his own choices as to what to wear to the meetings, which were held in the dining room where Con began interacting with other residents. As long as the staff was able to “hear” what Mr. Soulos's behavior was telling them, the violent behavior became unnecessary. Con was again where he felt he belonged.

A sense of purpose. When you walk down the halls of a nursing home, you will see dementia patients cuddling baby dolls or folding napkins over and over again. Some visitors find this sad. But how much sadder is it if someone who, in her own mind, is a young mother with children and her baby has disappeared? People often withdraw to a period when they did very important work. Scientists have found that one of the most powerful keys to happiness is having meaningful work. We are all unhappy and difficult to deal with without it. If your loved one can help you dust, sing to the grandchildren or otherwise perform a service, she will be much happier. This factor is intricately linked to the next one, **a sense of fulfillment.** Acknowledging the helpfulness of your loved one can help extinguish unhelpful behaviors.

A sense of significance. It is wise to let your loved ones know they matter every day. In the early stages of dementia, he may be feeling like a “burden” to you. Let him know he is an important part of your family and your life. This is something we all need.

If you are still wondering what your loved one is trying to communicate with negative behaviors, start a journal of those behaviors. With each entry, write what happened just before the behavior. This is called a “trigger” and you may find a definite pattern. Grace for example, fought like a tiger each time her husband tried to bathe her. He was very hurt by this until talking to a cousin, who told him about their “funny uncle” who may have abused Grace when she was a child. Her husband then hired a woman to provide personal care and the problem was solved.

This example also highlights the importance of being aware of your loved one's history. Current events that may seem meaningless may take on a whole new importance when viewed in the light of earlier events that may make up a large part of your loved one's mental world at this time.

Other tips that may help:

- ◆ Keep bright lights on all day. Studies have found that increasing the lighting improves mood and behavior without the risk of any side effects.

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- ◆ Never argue with your loved one. It will frustrate you both and do no good.
- ◆ Evaluate your home to make sure a violent patient does not have access to objects such as knives or fireplace equipment that could be a danger to your loved one or anyone else.
- ◆ Give your loved one clear requests by avoiding the use of complex sentences, double negatives, open ended questions or offering too many choices. If need be, repeat the request after giving the loved one ample time to process it (Remember: his mental wheels aren't turning as fast as they used to).
- ◆ When you speak your loved one, get in her line of vision. Maintain eye contact and get down to her level. Making a request from behind the patient will do no good.
- ◆ Try to listen to the meaning and emotion under the words your loved one uses and validate it with statements like, "It sounds like you are feeling frustrated today." This lets him know he's been heard.
- ◆ When you see frustration or anger bubbling up in your loved one, try to redirect her attention with a snack or another activity.
- ◆ Avoid upsetting your loved one's world by moving furniture or changing his schedule. With short term memory loss, he is far less able to cope with these changes than he was in the past.
- ◆ Have realistic goals for your loved one and adjust them as the disease progresses. She may have been able to make her own bed last month but is no longer able to do so. Help her to do as much as she can but accept that the losses are the result of the dementia, not any desire on her part to frustrate you.
- ◆ Ban negative behaviors such as nagging, arguing, making threats or engaging in power struggles from your caregiving. Behave in the way you would like to see your loved one behave.
- ◆ Many caregivers hesitate to use medication to control a violent patient's behavior. But there are medications that can help if carefully prescribed and used.
- ◆ It doesn't matter what promises you made to your loved one in the past; if you are in danger from the patient's behavior, you need to place him in a secure setting, at least until those behaviors are brought under control.

All this makes it sound like you can change things with a snap of your fingers and have a pleasant, compliant patient with whom to cope. Obviously not. Caregiving for a combative loved one is one of the toughest jobs on earth, even with the best of advice. And so it brings us to perhaps the most important tip of all. You need to take good care of yourself. Whether it means

hiring extra help, asking church friends for support or placing your loved one in a controlled setting so you can take a break, you need time off. Caregivers coping with combative loved ones have more than earned it!

By Andrea Heeres

Caregiver Training Opportunities

Five Week Session - Two Locations!

May 18, 2011 – June 15, 2011

2:00-5:00

Tanglewood Park,
560 Seminole Rd
Muskegon, MI 49444

or

August 17, 2011 – September 15, 2011

1:00-4:00

Oceana County Medical Care Facility,
701 East Main St.
Hart, MI 49420

To register or for more information call Jillian from Gerontology Network at 616-855-9867 or 888-243-3144.

Free respite services available - inquire at registration

What you will learn:

Impact of stress on the caregiver
Managing demands of caregiving
Caregiver Notebook
How to manage medications
Nutrition
Fall Prevention
And much more

No Charge to class participants

Class is presented by Gerontology Network made possible through a grant from Senior Resources

**The Mission Of Senior Resources
An Area Agency on Aging**

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa counties — a mission compelling us to target older persons in greatest need but to advocate for all.

**To contact us, please call
Amy or Mary at:**

May's website: www.ehow.com/caregivers

Five Minute Stress Relief Ideas

- ◆ Do a lap or two around your house
- ◆ Stand up and stretch
- ◆ Look at a picture from a recent (fun) event
- ◆ Read something that takes your mind off the issue
- ◆ Listen to music that calms you
- ◆ Close your eyes and clear your mind
- ◆ Get some fresh air
- ◆ Laugh or make someone else laugh
- ◆ Breathe deeply



Readers Corner:

Circles of Care: How to Set up Quality Care for Our Elders in the Comfort of Their Own Homes

by Ann Cason, Reeve Lindbergh

Through exercises, care studies, and numerous examples and suggestions, *Circles of Care* shows how to:

- Work out a plan of care
- Assemble and foster a caregiving team
- Create an uplifting daily routine—and vary it creatively
- Plan nutrition, medical needs, finances, and outings
- Improve the elder's personal care and physical environment
- Ease conflicts between elders and their caregivers or families
- Avoid caregiver burnout
- Work with mood swings, confusion, and memory loss

