Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

Nursing Home Leadership Roundtable: Behavioral Management

Claudia Drossel, Ph.D., Ph.D., L.P.
Eastern Michigan University

June 28, 2023

EASTERN MICHIGAN UNIVERSITY

Behavioral Management

Claudia Drossel, Ph.D., Ph.D., L.P.

Overview

- The Basics
  - Ruling out delirium
  - Addressing quality of life
- Problem-solving
  - Systematic steps
  - Rules of thumb

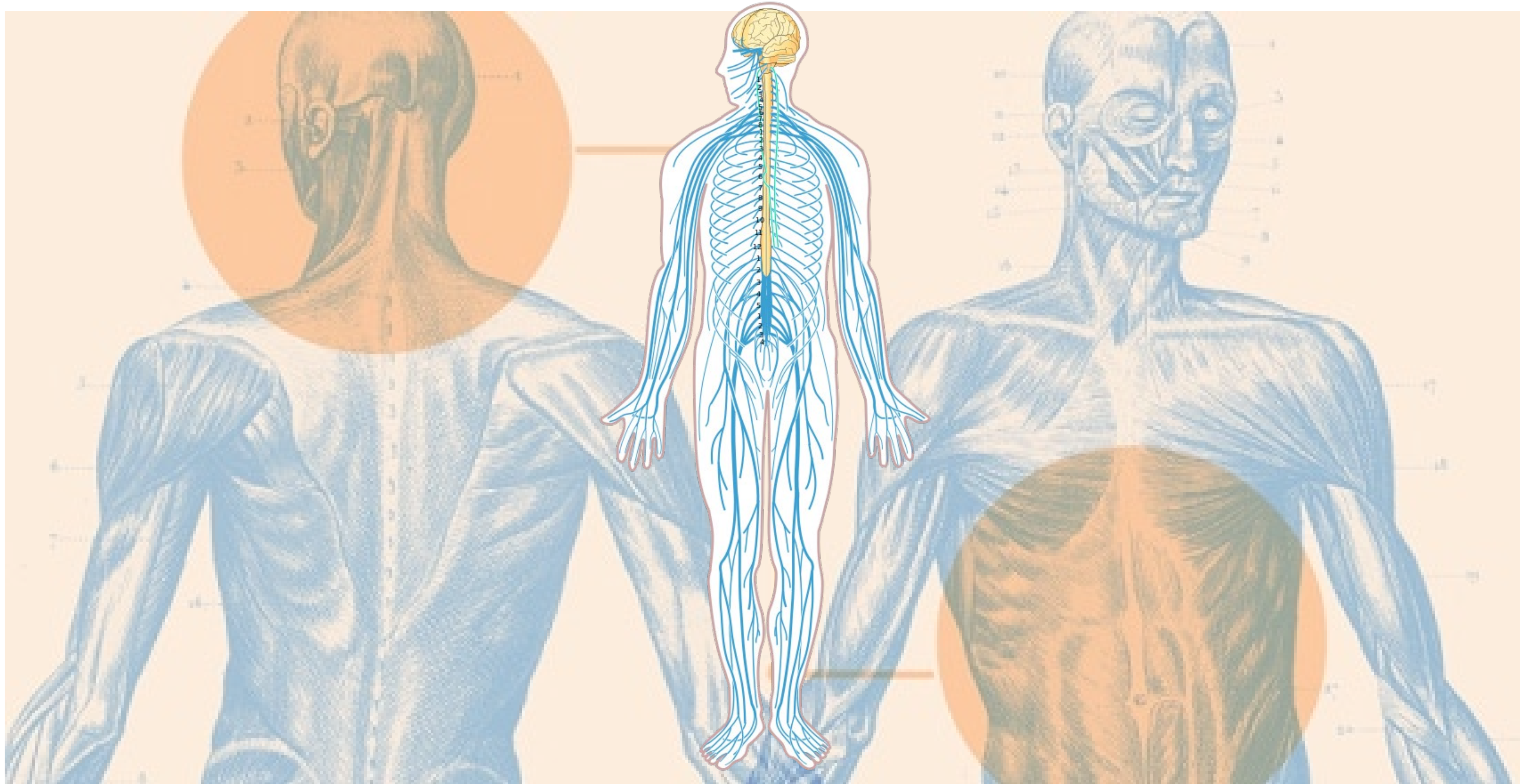
Attendees will be able to

- Recognize delirium superimposed on cognitive loss
- Define excess disability
- Describe three heuristics for addressing behavioral challenges associated with cognitive loss

Financial Disclosures

- Author – royalties
  - American Psychological Association Books
  - Springer
- Past funding – Michigan Health Endowment Fund

Diseases of the Nervous System



This Photo by Unknown Author is licensed under CC BY-ND

This Photo by Unknown Author is licensed under CC BY-SA

Criteria: Major Neurocognitive Disorder

Evidence of significant cognitive decline from previous level of performance in at least one cognitive domain, based on

- Concern of the individual, informant, or clinician
- Standardized neuropsychological testing or another quantified assessment

Interference with everyday activity of daily living

- At a minimum, instrumental activities (e.g., paying bills, managing medications, cooking, laundry, transportation, phone use)

Delirium has been ruled out

Not better explained by another disorder

Rule Out Delirium

Often overlooked: Disturbance in attention and awareness

Key diagnostic features:

- Acute onset
- Fluctuating course of symptoms
- Inattention / distractibility
- Impaired consciousness
- Disturbance of cognition (e.g., disorientation, memory impairment, language changes)

Supportive features:

- Disturbance in sleep–wake cycle
- Perceptual disturbances (hallucinations or illusions), delusions
- Psychomotor disturbance (hypoactivity or hyperactivity)
- Unusual or inappropriate behavior
- Emotional changes

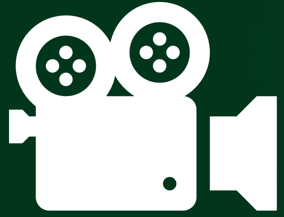
Delirium → Excess Disability

Greater decline
than that predicted by the neurodegenerative disease alone
(Kahn, 1965)

Many people with cognitive loss live in conditions that hasten decline.

Delirium: Predisposing Factors	Delirium: Precipitating Factors
Major NCD, cognitive impairment	Medications (polypharmacy, psychoactive medication use, sedative-hypnotic use)
History of delirium	Use of physical restraints
Functional impairment	Use of bladder catheter
Sensory impairment (vision impairment, hearing impairment)	Physiologic and metabolic abnormalities (elevated BUN/creatinine ration; abnormal sodium, glucose, or potassium; metabolic acidosis)
Comorbidity/severity of illness	Infection
Depression	Any iatrogenic event
History of transient ischaemia/stroke	Major surgery
Alcohol abuse	Trauma or urgent admission
Older age	Coma

Fong, et al. (2015). https://doi.org/10.1016/S1474-4422(15)00101-5



Thank you to our clients.

Please respect their gift to training.

Intervention: Delirium

- Use of glasses and hearing aids
- Encourage mobilization
- Review medications with pharmacist
- Check bladder/bowel functioning
  - Constipation?
- Promote nutrition (dentures?) and hydration
- Promote sleep

- Consult with physician
  - Discontinue bladder catheter as soon as appropriate
- Manage pain
- Conduct medical assessment
  - Infection?
  - Inflammation?
- Orient to current reality (if person benefits), modify environment

The Basics

- Rule out delirium

!!! Proper diagnosis is important !!!

- Remember that an underlying condition may be reversible.

https://lluh.org/sites/medical-center.lomalindahealth.org/files/featured-image/mc-neurology.jpg?rsource=medical-center.lomalindahealth.org/sites/medical-center.lomalindahealth.org/files/featured-image/mc-neurology.jpg

Further Systematic Rule-Outs

Delirium rule-outs

- Are co-morbidities managed? What do the data say?
- Have discomfort and pain been ruled out?
- Is a referral for medication review indicated?
- Are proper nutrition and hydration guaranteed?
- Have voiding schedules been implemented?
- Is sensory loss corrected?
- Is a regular sleep regimen in place?

What is the person's quality of life?

Quality of Life Indicators

- Does the person's current lifestyle honor and respect their preferences, for example …
  - Wake and bedtimes
  - Privacy
  - Meals and meal schedules
- Are exercise regimens in place?
  - Is there access to the outside?
- Is there regular access to meaningful activities?
  - Social activities
  - Activities in line with values and preferences
- What is the quality of the person's relationships?

Staff Training

Provide supportive environment
for working with a severely medically compromised population

Relationships

Patience

Organization

Laughter

Ignore what you can

Tone of voice

Eye contact

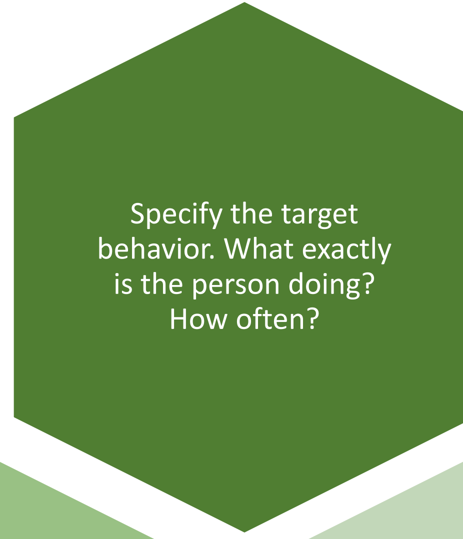
- Caring detachment
- If the person does not benefit from problem-solving or reality orientation: Compassionate misinformation
  - "Exit with Dignity"

McCurry (2006)

Staff Training

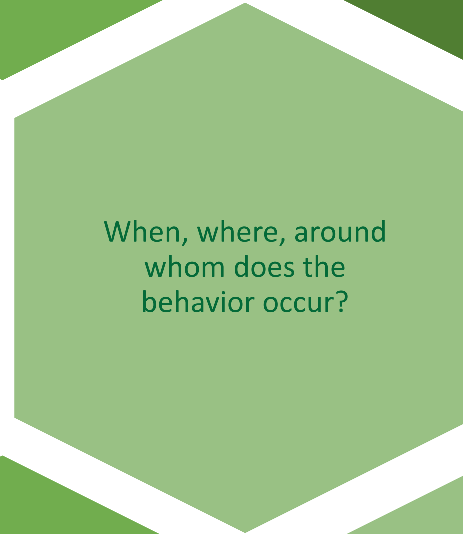
Problem-solving stance: Nothing comes out of the blue!

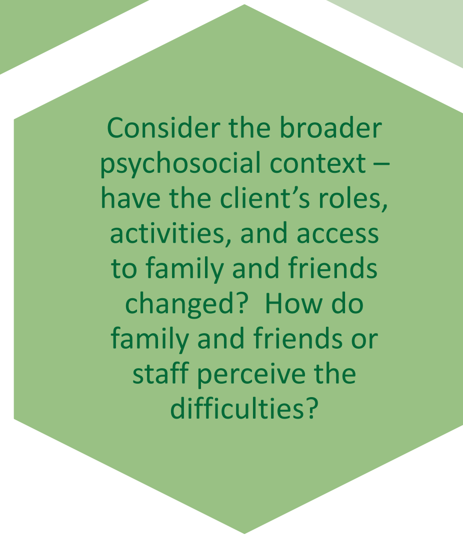
Step-by-step problem-solving



is this behavior uncharacteristic, or has it happened before? Does it fit a longstanding pattern? Is it of a sudden or gradual onset?

Record immediate consequences – how do people respond? What does the behavior accomplish?





Conduct a general preference assessment – does the client have access to meaningful activities? Is the behavior consistent with the client's values?

Important Rule I:

Behavior can be understood in terms of its history and its current context,

even when severe impairment is present.

This Photo by Unknown Author is licensed under CC BY-SA

Important Rule II:

Even when a person cannot describe his or her past, past behavior patterns are likely to be repeated – even when the situation does not call for it.

This Photo by Unknown Author is licensed under CC BY-NC-ND

Important Rule III:

- Respect and take into account person's preferences, history, and social sensitivities.
  - Beware of pathologizing behaviors that make sense, given the person's context.
- Examples

Examples

Pathologizing	Normalizing/de-stigmatizing
Aggressive behavior	Self-protective behavior
Wandering	Seeking meaningful events Avoiding unpleasant circumstances
Being delusional, *hallucinating	Confabulations Making sense *Altered perception
Hoarding or other unusual behavior	Confusion Inability to discern rules of conduct/etiquette

*Forthcoming webinar

Important Rule IV:

People with neurocognitive disorders and their care partners are doing the best they can.

Thank you.

EMU Contextual Behavioral
Science Lab

cdrossel@emich.edu

Referral: (734) 627-7620

EASTERN MICHIGAN UNIVERSITY

Resources

Drossel, C., & Fisher, J. E. (2006). Dementia: The role of contingencies in excess disability. *European Journal of Behavior Analysis, 7*(2), 177-180.

Drossel, C., Fisher, J. E., & Mercer, V. (2011). A DBT skills training group for caregivers of persons with dementia. *Behavior Therapy, 42*(1), 109-119.

Drossel, C., & Trahan, M. (2015). Behavioral interventions are first-line treatments for managing changes associated with cognitive decline. *The Behavior Therapist, 38*(5), 126-131.

McCurry, S., & Drossel. C. (2011). *Treating dementia in context: A step-by-step guide to working with individuals and families*. Washington, D.C.: American Psychological Association.

McCurry, S. (2006). *When a family member has dementia: Steps to becoming a resilient caregiver*. Westport, CT: Praeger.

SUPERIOR HEALTH
Quality Alliance

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
12SOW-MI/MN/WI-NH-23-70 062723

Empowering patients, families and caregivers to achieve health care quality improvement