3-274 Risk of inappropriate behaviour

TIPS Question:

A resident in our facility has presented us with numerous challenges over the past year. He is diagnosed with Korsakoff's dementia. Family reports a past of being sexually abusive towards children. Within the Nursing Home, he's had several sexual encounters with other residents, both male and female, both consensual and non-consensual. In an effort to protect our residents who aren't able to consent, this man was at one time restrained in a geri-chair around the clock and sedated. This man is now supervised 1-1 when out of his room and has an alarm on his door to notify staff when he leaves his room. He is not on psychotropic medication, has gained weight, is continent and initiates conversations. His routine consists of the same activities each day and has had no physical sexually abusive behaviours in 4 months. He has requested sexual favours from staff in the past 4 months approximately 5 times at which time he's advised that it's not appropriate. Should a plan be developed to allow more freedom or is the degree of risk too great?

Response:

You have described a very difficult resident, but you did so in a professional non-judgemental manner. It is always good to speak of residents in a respectful tone, free from judgement, even when the behaviours are as difficult as these. I'll assume the information from family and staff is correct. Whenever I receive information about sexually inappropriate behaviour I'm inclined to question the validity and sources of the information. This is because it is such a controversial subject that has very opposing views and definitions of what is inappropriate sexual behaviour. Your information appears validated so I'll assume the documentation is consistent and objective.

It sounds positive that this individual no longer is sedated in a geri-chair and appears to be much more independent with his ADL's. Consistent routines every day is a very powerful approach to decreasing agitated behaviours. People respond well to consistency because then they know what to expect, feel less anxious and are not overwhelmed by their environment. It is good that you and the care team have identified this as an important approach. It also sounds like his behaviours are being monitored in a consistent and objective way. It makes care decisions easier when you know detailed information such as: there has not been any sexually inappropriate behaviours in the past 4 months and the sexual comments to staff have only been approximately 5 times. It is good to see that staff have a planned response to his sexual requests and seem to have delivered the message quite consistently and clearly.

Your question about developing a plan that allows more freedom is a good one. You and the care team have recognized that his inappropriate sexual behaviours are under control and you want to see if he can be moved to the next stage of increased independence. It's good that you don't feel the need to keep a tight hold of him "just in case". Unfortunately, when people start talking about the possibility and degree of RISK, opinions vary. Sometimes it just seems easier to not take chances and keep residents on a fairly constrictive plan. In this situation you will have to take your cue from staff. It is these people that have to deal with any situation that may develop. Undoubtedly you will have conflicting opinions amongst the staff as to whether or not this individual should have more freedom.

When you are facilitating discussions with staff around this topic, be sure to have staff look at this situation objectively. Using the U-First! Wheel will help lead staff through the important factors to consider when planning care for this gentleman. It is important to try to *understand* why the person is exhibiting these behaviours. Continue to monitor the behaviours and *flag* change. It is sometimes very difficult, but you can try to objectively look at how staff are *interacting* with this person. Try not to forget that we often present differently to others than we intend. *Reflection and Reporting* will help you when evaluating the care plan and improving it according to what you see and learn. *Support* his strengths, which it sounds like you are ready to do. Finally, try to always think about the *team* helping each other with the resident's best interests in the forefront. Try not to get too focused on 'punishing' this person for past behaviours or potential behaviours. During these discussions remind staff that he does have a disease process that affects his behaviours, that he is not a person that deserves to have his activities restricted. You may want to suggest that he is given more freedom in a gradual,

consistent manner. Continue with your detailed documentation and formally review this with front-line staff frequently. Try not to get discouraged if there are some small setbacks, this does not mean that he should unequivocally stop receiving more freedom**.**

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*