

3-310 Dealing with flash-backs

TIPS Question:

How would you encourage a resident to come to the dining room for meals and provide stimuli when this resident often refuses meals, becomes aggressive, and is very introverted d/t flash-backs to World Wars? Could you recommend some reading material on the elderly and memories of World Wars? When his wife visits he often does not recognize her and attempts to hit her during his episodes.

Response:

As the Psychogeriatric Resource Person (PRP) in the facility, you have found a great deal of information by working through the 6- question template, including WWII "flash-backs", & agnosia (doesn't recognize wife). You've done a DOS to help you describe the rhythm of his day and also to objectively look at the striking out behaviour.

In investigating the possible causes of the behaviour, under "I" for intellectual, you can look at the 7As. You have described someone who may have anosognosia, i.e. he does not know his reference for time because he only has access to long-term memories of WWII. He could believe that he is in the middle of the war, just as other residents may have firm beliefs that they are on the farm. Both stem from having access, at times, to only long-term memories. This is different however, from post-traumatic stress disorder, and you may want the assistance of a psychiatrist to help distinguish between the two. The pharmacological treatment may also be different (there is reference to Post-Traumatic Stress Disorder on page in your P.I.E.C.E.S. Guide). As a PRP, there are always other experts out there who can be your Partners In Care.

The P.I.E.C.E.S. Resource Guide (see question #6) lists three behavioural strategies to trial: Pro-Attention Plan, "Your Response" and Perceived Control. These may be worth exploring for this gentleman and his wife. Also, you may find it helpful to think in terms of ABCs, Antecedents, Behaviours and Consequences. It is helpful to alter our care, if we know what has triggered behaviour, such as too much noise in the dining room, pain etc. You may want to use the ABCs to begin to look at the dining room situation. What happens, as if you were observing with a video camera, prior to his agitation in the dining room? Thinking in terms of ABCs may help you develop strategies such as, facing toward the wall instead of the activity in the dining room, changing table mates, being the last to the dining room and the first to leave, having Tylenol on a regular basis, etc.

You asked for a book on WWII flash backs, think about Partners In Care in your area who might be of help. Where is the nearest hospital for veterans? People there will have much experience with resident flash backs. One resource that you may find helpful for this gentleman's wife is called the Best Friends Approach to Alzheimer's Care, by David Bell and Virginia Troxell. It encourages and coaches family members to assume the role of friend, and helps them through times when their loved one does not know them. It offers practical advice on how to have the "knack" in relating to those with dementia and places much emphasis on life story (the "S" of P.I.E.C.E.S.) You may find this book helpful in your PRP role in assisting families in relating in a new way to the resident with dementia.

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.