3-217 Self-care behaviour concerns

TIPS Question:

What can we do to manage/ minimize resident frequently disempacting self, cleaning self with clean clothing, hoarding of soiled items and smearing stool on equipment & counters?

Response:

This is a challenging scenario, which can be distressing to resident, staff, co-resident and family.

The behaviour you describe occurs in small children at times and may be related to the regression that some persons with dementia experience. They are unaware of the inappropriateness of their behaviour and then perseverate once the behaviour starts. Everyone else may be very distressed by the behaviour but not necessarily the person themselves!

There are a lot of questions that come to mind when presented with a scenario such as this. In order to prompt staff on the steps of a thorough assessment, use the U-First! Concepts to lead discussions. First of all, approach this behaviour with the *understanding* that "all behaviour has meaning". This resident is exhibiting behaviours that should have staff asking "what is the person trying to tell me?". Recognition that this resident probably has cognitive decline is important as they see their world in a completely different way.

Note how the behaviour affects the resident, the family/caregiver, your peers and yourself. Perhaps some are oblivious to the behaviours and others are more affected. In keeping with *understanding* the behaviours, look at the many causes for behaviour. Use the U-First! Wheel to help staff consider the **P**hysical, **I**ntellectual, **E**motional, **C**apabilities, **S**ocial aspects of this person (P.I.E.C.E.S.). For example, you have identified that this resident did not discard the toilet paper in the toilet bowl which is part of his **S**ocial history. Can we provide him with a wastebasket like they usually had at home and even old rags if that will help? Do the clean clothes need to be in a secure closet? Family should be helpful in filling in the social history if the resident is unable to. Knowing as much about this person will be very important in enhancing staff *interactions* with this resident so everyone looks beyond this challenging behaviour.

Flagging these behaviours is important during this assessment. Is this person experiencing constipation? What worked at home to keep this resident regular? Warm water or coffee each morning? Bran cereal and fruit? A walk? How does your team address this very common condition in the elderly? Diet, exercise, fluids, medication review and bowel protocol for starters? Involve a dietician if possible.

Have staff check their own *interactions* with this resident. Frontline staff may have some observations and interventions that are successful but haven't been shared with the team. Remind everyone to look at the world through the resident's eyes and to watch their own reactions to the behaviours. Remind them to remain non-judgemental and respectful. This resident is not doing these behaviours to be bothersome.

Reflect on what has been learned about this resident so far. Think about ways to *report* this information. Communicating all the information to staff will be important so that all team members have a better *understanding* of the meaning of this behaviour in relation to this resident and how the disease process is influencing it. Consider the following questions: how often does this behaviour occur? Would a DOS help identify a pattern of bowel function? Is this resident being toileted regularly? Is this a long-standing behaviour? Does this happen when the resident is bored? Have staff noted some behavioural cues that indicate the resident needs to have a bowel movement

Effective communication must occur before care interventions can be identified and implemented. Through the assessment look at this resident's strengths and think about how they can be *supported*. Often we tend to take away independence in an attempt to decrease inappropriate behaviours.

Finally, everyone on the care *team* has the same goal: working in the best interest of this resident. Ask your team what support they need to work through this situation. Encourage constant communication by sharing observations with others. Remind staff to look at this behaviour as an expression of a need that this resident has: all behaviour has meaning.

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.*