3-266 Smoking risk

TIPS Question:

We have a 50+-year old female resident with a profound cognitive deficit and who needs constant monitoring. She smokes cigarettes but needs to be watched as she is at risk of starting a fire. To minimize this risk we have established a cigarette schedule – she receives one every 2 hours. The problem we have is that sometimes the resident has outbursts for books or for something to eat. One staff member has given her a cigarette as a means of settling her and others want this staff to stop giving her cigarettes because now she is having outburst just to get a cigarette. If you offer her other things like a snack, a game, a book or other things she will not stop yelling. The yelling stops only when she is given a cigarette. My question is: As a health care provider, I cannot stop this woman from smoking without being punitive as she needs to smoke. Are there strategies to decrease her yelling outbursts?

Response:

You have acknowledged that this lady needs to smoke and it is her right. Also, if she were not to smoke she would go through nicotine withdrawal, which would have an impact on her agitation and subsequent behaviour. Judging from the information you supplied I am going to assume that it has been seen unequivocally from the DOS charting that this lady does in fact stop yelling only when given a cigarette. I do caution you and your care team to be absolutely certain of that before it is declared a known fact.

The following are common considerations when presented with a resident who smokes and the risk and behaviours associated:

First of all, you have described the behaviour as the yelling outbursts that she exhibits when not given a cigarette. You have inferred that this behaviour has intensified with inconsistent responses from staff. This had occurred to the point that "the yelling stops only when she is given a cigarette." It would be important to validate this sequence of behaviours. This can be done by working through a P.I.E.C.E.S. assessment.

- When running through your P.I.E.C.E.S. assessment note her cognitive status.
- Is she high enough functioning that she is able to manipulate her behaviours according to rewards?
- Don't forget there are many reasons for behaviours and these reasons fluctuate.
- Does your DOS charting indicate that she quite consistently acts out and only settles for a cigarette? Look at the other factors involved: time of day, staff member involved, response from staff, and environment around her. How consistent is the two-hour smoking schedule?
- Does this lady have proper time concept? Does 5 minutes seem like three hours and she can't understand why staff are withholding her cigarette?
- We have to always try to look at the circumstances in the way the resident would see them. Our perceptions of the situation could be incredibly different that the residents' perceptions. It is up to staff to stretch our way of thinking and attempt to see how the resident feels and what she might understand about the situation. Often, we are never completely sure how the resident perceives the world around them, so we have to settle with acknowledging that our logic may not seem logical to them, hence the behaviours.

Whether the resident truly acts out solely for a cigarette, or acts out because of the way she is interpreting her environment, the staff must decide and implement as consistent a response as possible. Look to see what type of responses that various staff members are giving to this lady's behaviours. If it is decided that she exhibiting outbursts as a method of obtaining more cigarettes, you may want to see why this may be the case.

Working with the U-First! Wheel can assist in this process. You may want to work with staff to *understand* that behaviours have meaning. Support staff in looking at these outbursts as symptoms of something else that is going on with her, not just as manipulative behaviour so that she can receive more cigarettes. It will help staff to be consistent and patient with these behaviours if they understand that her behaviours have meaning. Staff should ask themselves "what is this person trying to tell me".

Also, it may be helpful to use the P.I.E.C.E.S. assessment to look for unmet needs and stressors. What observations should the staff *flag* when monitoring this person's behaviours? Is she not receiving her scheduled cigarettes? Does she not have the concept of time? Does she forget that she has had a cigarette immediately after she is finished one? Does she see other people smoking? Does she enjoy the 1:1 attention that she may get when staff monitor her smoking? Could she be completely bored? Is she even aware of her actions? Does she feel a complete lack of control in her world and therefore is acting out in an attempt to get some control over what happens to her?

Have staff observe themselves and think about how their responses and *interactions* could be interpreted by this lady. You can do this through an open discussion and have staff explain how they respond and why. Hold these short, informal discussions around report each day if it the easiest way to get everyone's thoughts. There is no bad or wrong answer. What you are asking is how do people react to the behaviours. This will be the most important step you take. Once you see the variety, compare the responses to the information you know about this woman (as learned through the assessment).

Through this information you and your care team could *reflect on and report* what they should stop doing and what they should start doing. Consult with the front-line staff on what would be the best response that they could give with the information they now know. Importantly, note what must be communicated to others with regards to responses to her behaviours. To simplify this, see if it is possible to schedule a minimum amount of staff to work with this lady. This will help immensely with consistency.

With regard to *support*, what strengths does this lady have that could be utilized? For example, if she is higher functioning cognitively than the other co-residents how can this be used to everyone's advantage? It is actually a strength to know what this lady enjoys. Knowing that she wants her cigarettes gives the staff the opportunity to increase her quality of life by ensuring that she gets to regularly indulge herself in this activity. Think about how many residents we have that we have no idea what activity they would enjoy.

Lastly, think about what the care *team* can do together. Point out that everyone has the same goal: to maintain the highest quality of life for this person as they can. This can be operationalized in different ways. Think about how the staff can work together to understand the meaning of her behaviour, share observations with others and identify what support staff need to work in the best interests of this resident.

You asked how you could control her yelling outbursts. In actuality you cannot, but what you can do is decrease her yelling outburst though various interventions. Various responses can be discussed. Does staff want to make sure that absolutely no one gives her an extra cigarette, especially based on outbursts? Or does staff want to increase her smoking schedule for now to see if this relaxes her? Interventions include:

- consistent responses
- acknowledging appropriate behaviours
- implementing a Pro-Attention Plan and/or Perceived Control

When a response is determined together, it is hoped that staff will realize the importance of following the plan. Because they have helped in the assessment and subsequent discussions, it will be easier for them to understand why it is best if they are all consistent.

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.*