

Handouts

- 4A. A Hierarchy of Needs
- 4B. Ten Steps to Describe Behavior Accurately
- 4C. Verbal Communication Strategies
- 4D. Non-verbal Communication Strategies

Video Places and Faces

Cobble Hill Nursing Home, Brooklyn, New York

Daisy Chong, *Resident*

Margaret Diver, *Assistant Coordinator, Alzheimer's Program*

Maria Gomez, *Certified Nursing Assistant*

Angela Lenon, *Certified Nursing Assistant*

Robert Levey, M.D., *Attending Physician, Alzheimer's Program*

Hermine Mitchell, *Certified Nursing Assistant*

Isabella Pagan, *Resident*

Lucille Roselle, *Resident*

Frank Roselle, Jr., *Mrs. Roselle's son*

Tony Yang-Lewis, C.Q.S.W., *Director, Alzheimer's Program*

Marian Estates at Sublimity, Oregon

Rodney Banta, *Environmental Services*

Tonya Baxter, *Certified Nursing Assistant*

Doreen Bodda, *Certified Nursing Assistant*

Donna Bullick, R.N., *Resident Care Manager*

Russell Davis, *Resident*

Evelyn Gray, *Resident*

Pam Johnson, *Certified Nursing Assistant*

Josephine Lutke, *Resident*

Vernon Music, *Resident*

Ann Marie Myers, *Certified Nursing Assistant*

Mary Small, *Resident*

Lorria Welch, *Certified Nursing Assistant*

Debra Wescott, R.N., *Resident Care Manager*

Benedictine Institute for Long Term Care, Mt. Angel, Oregon

Joanne Rader, R.N., M.N., F.A.A.N., *Clinical Research Fellow*

Overview

Caring for nursing home residents can be especially challenging when residents are agitated or hostile. This video shows that residents who exhibit aggressive or agitated behavior often are responding to unmet needs.

- Lucille Roselle strikes out at people because she has difficulty communicating.
- Josephine Lutke and Russell Davis both resist being helped with personal care because they are uncomfortable or embarrassed.
- Evelyn Gray screams during her shower because the feeling of water on her face frightens her.

Caregivers demonstrate creative responses to these behaviors and emphasize the importance of understanding the specific needs of each individual.

Objectives

Analyze the statement, "All behavior fulfills a need" in the context of caring for older adults with aggressive or agitated behavior.

Identify needs basic to all humans, e.g., physical needs, psychological needs, social needs, intellectual needs, and the needs for self-esteem and self-actualization.

Show how assessing the extent to which these needs are being met can identify the kinds of restraint-free interventions that are likely to be useful.

Demonstrate how to describe specific behaviors accurately and objectively: what actually occurred, what occurred just prior to the incident, what time of day it occurred, where it occurred, how intense it was, how long it lasted, what was going on when it stopped, and what were the consequences.

Demonstrate a clear procedure for responding to the behavior of agitated residents.

Model a variety of restraint-free interventions, including changes in medical management, physical environment, scheduling or sequencing of events, and communication techniques.

Demonstrate the use of music to calm agitated residents.

Devise procedures to train all levels of staff in appropriate responses and interventions, and in communicating across shifts the interventions that can help calm agitated and upset residents.

Background

Nursing home residents may behave in ways that can be frustrating to caregivers. These behaviors can best be viewed as symptoms. They may endanger the resident, their caregivers, or others; be socially unacceptable (e.g., repeating phrases over and over, masturbating in public); or be stressful, frightening, or frustrating for the resident. Such behavior is especially likely in residents with dementia, which decreases impulse control, typically includes frustration with one's inability to perform, and increases the likelihood of being overstimulated by the environment.

Agitated and hostile behavior increases stress on staff members, which leads to staff burnout, absenteeism, and turnover. Other residents also may feel the stress caused by one resident's agitation. This could lead to more distress and agitation, which in turn may cause injuries and property damage. Another problem is the emotional cost to the residents themselves, who may develop a negative reputation and become alienated and avoided by others.

Past practice has been to control the behavior of such residents through physical restraints and medication. Rather than reducing the severity of the behavior, however, this practice often

intensifies it. The key to finding effective, restraint-free solutions for such residents lies in understanding what motivates them.

All behavior fills a need.

Residents of nursing homes have the same needs as all people, including:

- physical needs — for food, water, comfort, and freedom from pain
- psychological needs — for feeling safe and secure
- social needs — for feeling appreciated, respected, and loved
- intellectual needs — for understanding surroundings
- self-esteem needs — for feeling one is liked and respected
- self-actualization needs — for feeling a sense of purpose and fulfillment

Psychologist Abraham Maslow grouped these needs into a hierarchy where physical needs must first be satisfied before the other needs, in turn, are addressed.

Knowing a resident's needs may help identify effective, individualized solutions. And one way to learn such needs is to obtain a complete history of the person.

By carefully observing a person's behavior and consulting with his or her family members, caregivers can discover possible explanations for disruptive behavior. Ask

questions like the following:

- Who is this person?
- What has been his/her lifetime pattern of living?
- What are his/her preferences in sleeping, eating, companions, dressing, and activities?
- What are the major events or losses in the resident's life?
- Who are the people most important to the resident?

Answers to these questions provide important information that can help caregivers respond to agitated residents with individualized, restraint-free solutions. In one nursing home, where a particular resident was unusually agitated every time she had to take a shower, the staff learned that she was Jewish and had once been in a concentration camp. Being led to a shower by a person she didn't recognize aroused significant fear in the resident. Once a reliable relationship was established, her fear — and her agitation — were reduced.

Other methods also may be effective in responding to agitated residents.

If a resident has a need that is not satisfied, and he or she has difficulty communicating, the person may express frustration by hitting, grabbing, or threatening others. Residents who are disoriented in time or place seek to feel

secure, needed, in control, and familiar with their surroundings. When they feel lost, they often create a plan of action or an agenda (such as to go home and care for their children or mow the lawn). Their agenda is not usually linked with current reality but their needs are real. When residents' plans of action or agendas are thwarted, they often express their frustration by yelling, hitting, or threatening others. By helping them to meet the underlying need in another way, such as by talking with them about their children or finding a task they can do to feel needed, you avoid thwarting their agenda or plan.

Attitude is contagious.

Residents sense the attitude and mood behind the words and actions of caregivers. If a caregiver gets upset, a resident's emotions often will intensify. Remaining calm and using a gentle, friendly approach is more likely to be effective in diffusing a difficult situation than exhibiting stress or anger.

Look for help in different places. Music is sometimes effective for stimulating cognitive abilities and soothing agitated behaviors.

Using familiar music with residents can promote reminiscing, singing, clapping, and relaxation, and bring comfort and calm to new residents in unfamiliar circumstances. For residents with dementia, music provides a successful experience that can renew their sense of purpose and self-worth. To maximize the effects of music, it is best to have it on for short intervals throughout the day rather than continuously. Lightweight headphones help to shut out distracting environmental sounds and increase the resident's ability to hear and relate to the music.

Video also may be helpful. A recent study examining the management of verbally disruptive behaviors, conducted by The Research Institute of The Hebrew Home of Greater Washington, found that viewing family-generated videotapes successfully reduced the manifestation of these agitated behaviors by 43 percent among 32 residents. The Institute is now studying what the most effective content of the video would be. (Hebrew Home of Greater Washington. "Studies Look at Ways to Soothe Agitated Residents." *Homefront* (September 1994).)

As a last resort, psychotropic medications may help modify and control the most disruptive or dangerous behaviors. Psychotropic medications include drugs that alleviate psychotic behavior, help people to sleep, reduce worry and anxiety, and elevate mood. As the video demonstrates, however, such medications have no useful effect on many conditions and may, in fact, place certain residents in greater jeopardy than they would be unmedicated.

Training is an effective way to help resident care staff deal with difficult behavior.

Most often, agitation occurs during personal care when residents may react to an invasion of their personal space. Nursing assistants can minimize confrontations by knowing each person individually and by learning how to bathe, move, and dress each resident in a manner that is familiar and comfortable. This requires flexibility on the part of the facility and staff; for instance, in scheduling baths throughout the day rather than at a set time in the morning. In addition, training in verbal and nonverbal communication skills will help build relationships of trust with residents and minimize their fears.

Before Viewing

Ask trainees: *What behaviors do you find most difficult to handle? What strategies do you find to be*

most effective? Alert trainees that the video presents numerous specific strategies for working

with residents, particularly those useful when performing personal care.

Discussion

In what ways could you care for residents that would encourage their well-being and decrease their agitation?

1. The new nursing assistant felt threatened when Russell Davis yelled at her and raised his fist. How do you feel about the fact that she asked for help? Was it appropriate? Why? Whenever a staff member feels threatened by a resident, it is important for him or her to ask for help. If a staff member is frightened or anxious, the resident is likely to perceive it, and this could increase his or her fear and discomfort and intensify the behavior. In this case, the assistance of another staff member who is familiar with Russell Davis helped calm the situation. Having someone model how to handle difficult situations is one of the best ways to educate a new staff member and improve his/her skills and comfort level.

2. Residents like Lucille Roselle, who have seemingly unprovoked episodes of aggression, are rare. Usually, aggressive behaviors in persons with dementia occur in response to

an unwanted invasion by a staff member trying to provide care, or by other residents. In this video, what were some of the ways in which the staff tried to keep Mrs. Roselle calm and to protect other residents from her outbursts?

Staff were persistent in problem solving and in trying new approaches. After numerous other interventions had been tried and failed, and because it was thought that her agitated behavior might have been caused by fear and distress related to her own thinking processes, Lucille Roselle was given medication to try to control her outbursts. It was not helpful. Next, staff gathered information from her family about her history, likes, and dislikes and tried showing her some pictures of cats, in an attempt to appeal to her gentler side. While this approach often calms Mrs. Roselle, the staff continues to look for other creative ways to prevent her outbursts, seeking input from

many sources. The staff also remains vigilant — when Mrs. Roselle becomes distressed, they try to distract and redirect her to protect other residents.

3. How do you feel about the woman who moves the chairs and table down the hall? What do you think is the meaning behind her behavior? Can you think of other examples in your experience where enabling the resident to play out his or her agenda has been helpful in avoiding outbursts? Moving the furniture is a satisfying activity for her, although it is unclear why. When staff try to help or stop her, she becomes angry and upset. It may remind her of being busy and useful at various stages in her life, perhaps acting as a hostess or preparing dinner for her family. A discussion with a family member could help clarify this need. But in any case, by enabling her to play out her wish to move the tables while also assuring the safety of other

residents, the staff is making possible a meaningful activity and avoiding angry outbursts.

4. How does the nursing assistant protect others when Lucille Roselle pushes the overbed table down the hall?

She tries to distract Lucille Roselle and reduce her level of stimulation by asking if she would like to lie down, but backs off when she observes that trying to stop her only escalates Mrs. Roselle's agitation. She then steps in to maneuver the table away from other residents and stays vigilant to be sure that no other persons are put at risk.

5. Behavioral symptoms reflect the unmet needs of residents, and often are the only way some residents have of communicating their needs. What are some examples of behavioral symptoms seen in the video, and what unmet needs might they be a symptom of?

Lucille Roselle is seen yelling, striking, and threatening others. In her case, the needs behind the behaviors are unclear, but staff feel she might be frightened and need reassurance.

Josephine Lutke's yelling and resistance during personal care expresses her need for love, affection, touch, and a feeling of being connected to her caregivers.

Russell Davis is seen yelling, threatening, and resisting care. These behaviors express his need for having familiar, consistent caregivers, and approaches that respect him as a man, including being told what is happening.

Evelyn Gray is seen yelling and resisting her shower. The yelling communicates her fear of having water on her face, or perhaps of being cold.

Vernon Music's grabbing, yelling, and striking indicates that he is fearful and distressed by the shower, and is overwhelmed by the experience.

6. Many residents have difficulty with baths or showers, finding them uncomfortable or frightening. They respond, therefore, with resistance or aggression toward the caregiver. What suggestions were made in the video that might be useful in making it a more pleasant experience for all involved?

The nursing assistant told Evelyn Gray when the water was being turned on, asked if the water was the right temperature, and offered her a washcloth to cover her eyes. Providing the washcloth seemed to be the most useful intervention. Giving her the washcloth before entering the shower might have done even more to decrease

her distress. Choosing the time of day and method of bathing most familiar to the resident also is helpful.

For Vernon Music, it appears there is no way to make his bath or shower more pleasant. For some individuals, a bath or shower is just too overwhelming or painful to tolerate. If a number of approaches have been tried, yet the individual remains distressed at bath time, the person's behavior may be communicating "I can no longer tolerate a bath or a shower as a means of maintaining my hygiene. Please find another way that I can tolerate, instead of making me repeat this experience." Staff then need to try another means of maintaining hygiene. The towel bath is just one of many ways to keep a person clean. Staff creativity and flexibility are the keys to all personal care. Point out to trainees that once they know the residents they care for as individuals with unique personalities and life experiences, they can choose a strategy from among those suggested in the video that is most appropriate.

7. In several of the stories, staff members asked for assistance. What types of suggestions were made that might make it easier for them the next time they are

providing care?

Because she knows Josephine Lutke, Debra, a resident care manager, suggests staff give Josephine affection, touch her, and provide reassurance before starting her care. Debra also has identified that appealing to Mrs. Lutke's motherly nature is helpful.

Ann, a nursing assistant, reminds us that getting to know the resident is critical. She passes along the information that Russell Davis has stated that he likes to know what is going on with his care. So Ann talks with Russell while she is providing care, reassures him, and reinforces that he is an adult, not a baby.

Rodney Banta, a member of the housekeeping staff, provides friendly, soothing conversation and touch to Mary Small while another staff member goes calmly, but purposefully about the task of changing her shirt. In the future, it may be possible for one staff member to provide both warmth and personal care, or it might work better to continue assigning two staff members to the task.

The goal is to acknowledge each resident's feelings and to complete personal care tasks calmly and with dignity.

8. How do permanent assignments help prevent and eliminate aggressive behaviors?

With permanent assignments, nursing assistants get to know the residents they care for. They learn their moods, routines, likes, and dislikes and develop caring relationships with the residents to whom they are assigned. Nursing assistants often can identify when a resident's behavior is beginning to get worse, and usually know the strategies that will calm the resident or avoid angry outbursts. On any particular day when a resident is distressed or in a bad mood, having a permanent assignment also can offer the nursing assistant the flexibility of postponing certain tasks, such as bathing, until the resident is calmer. With their familiarity of the resident, nursing assistants also are able to better identify the underlying needs behind the behavioral symptoms and to make

suggestions for appropriate interventions.

9. Think back on the residents and staff in the video and the wide variety of approaches that were used to resolve difficult situations. Contrast what you saw with what you imagine would have occurred if physical restraints had been used instead.

Successful approaches reflected staffs' knowledge about the residents, and were individualized, rather than routine.

Staff approaches focused on understanding and responding to the meaning and underlying causes of the behavioral symptoms, rather than just trying to stop the behavior.

The use of restraints is likely to cause the residents to become more agitated and combative, rather than less. Further, the use of restraints might lessen a resident's ability to walk, as well as generate numerous other negative effects.

Applications

- Return to the list of behaviors trainees found difficult to deal with and work as a group to determine which needs of the resident probably were not being met when they acted out. You may wish to incorporate Handout 4A, “A Hierarchy of Needs,” in your discussion. Recognize that a particular behavior may be explained in several ways.

- Practice describing specific incidents of agitated behavior accurately and objectively: what actually occurred, what occurred just prior to the behavior, what time of day did

it occur, where did it occur, how intense was it, how long did it last, what was going on when it stopped, what were the consequences. Consider duplicating and distributing Handout 4B, “Ten Steps to Describe Behavior Accurately,” as a reminder to be specific.

- For each agitated behavior trainees identify, generate and role-play a variety of restraint-free strategies that might be used to calm a resident. Have trainees alternate between the roles of residents and staff and encourage them to reflect on how different strategies make them feel in each role.

- Demonstrate each of the communications strategies on Handouts 4C and 4D.

- Review personal care procedures at your facility. Identify residents who have the most problems during personal care and brainstorm new ways of providing such care in light of what you know (and can learn) about this person. Identify people in your facility — regardless of position — who have special relationships with residents who get agitated and whose assistance might be called upon to help calm residents in distress.

Special Footage provided by Philip D. Sloane, M.D., M.P.H, Department of Family Medicine, University of North Carolina at Chapel Hill

MODULE 5

Length: 12 minutes, 22 seconds

STAYING RESTRAINT FREE EVENINGS, NIGHTS, AND WEEKENDS

Handouts

- 5A. Comprehensive Siderail Assessment
- 5B. Questions to Ask Yourself When Residents Are Awake at Night
- 5C. Alternative Activities and Ideas for Evenings, Nights, and Weekends

Video Places and Faces

**Crystal Coast Rehabilitation Center,
Morehead City, North Carolina**

Margaret Daniels, R.N.,
Patient Care Coordinator

Beverly Jorgenson, *Administrator*

Cindy Murphy, L.P.N.

Valerie Ann Saari, A.D.C.,

C.T.R.A., T.R.A., *Activity Director*

Marjorie Shelor, *Resident*

Alan Shelor, *Mrs. Shelor's son*

**Health Alliance – The Highlands,
Fitchburg, Massachusetts**

Betty Beaumont,

Recreational Therapy Assistant

Father Bernard Dillon, *Resident*

Adele Driscoll, *Resident*

Margaret Grauff, *Resident*

Beth Hemingway, R.T.A.,

Activities Department

Joyce Hurd, R.N., *Evening Nursing
Supervisor*

Kristi Mendoza, *Recreational Therapy
Assistant*

Anne Marie Rondinone, *Resident*

Tekla Soderling, *Resident*

**Florence Nightingale Nursing
Home, New York, New York**

Marie Germain, *Resident*

**The Jewish Home and Hospital for
Aged, New York, New York**

Camille Cohen, R.N., M.A.,

Clinical Research Associate

Overview

Reduced nursing home staffing during evenings, nights, and weekends often poses special challenges for providing restraint-free care. In this video, caregivers discuss how to serve the needs of residents during these hours by using volunteers and swing shift staff, maximizing residents' safety and comfort in bed, providing individualized care, and planning evening and weekend activities that engage residents but have a calming effect. Video segments include the following:

- Evening and Weekend Activities
- Innovative Staffing
- Safety and Comfort in Bed
- Individualized Care
- Observation
- Supervision and Communication Across All Shifts

Objectives

Describe behaviors often seen in nursing homes during the late afternoon and early evening.

Identify ways in which staffing patterns and schedules might be arranged to provide quality coverage, supervision, and a relatively continuous program during evenings, nights, and weekends.

Discuss strategies for ensuring that evening, night, and weekend staff are committed to the same goals as day staff, receive the same training as day staff, and are supervised in the same way as day staff.

Show a variety of ways in which residents can be safe in bed without the use of restraints.

Determine and legitimize various reasons why residents may not want to or may not be able to sleep.

Discuss strategies that can accommodate a resident's need for activity during evenings, nights, and weekends without disturbing those who wish to sleep.

Develop policies that are likely to result in a reduction in the use of restraints at night when they are not in use during the day.

Background

The evening, night, and weekend shifts often face special challenges in providing restraint-free care to residents. Both physical and verbal behavior may be increasingly restless as evening approaches. Residents may start to pace, become agitated and confused, and begin to wander about or scream. As the day progresses, noise levels increase and environmental lighting changes. Staffing often is reduced during these time periods, making the challenge to care for residents without using restraints greater than at other times of the day or week.

Instead of using restraints, however, staff members can learn strategies to reduce residents' agitation and help them to feel comfortable and secure. Knowing each resident well can help staff members understand specific behaviors and respond appropriately to address the resident's needs. In particular, past activity patterns will provide valuable information on a resident's preferred sleep schedule. When residents are awakened frequently during the night, these cycles may be disrupted, adding to their confusion. This suggests that if monitoring is needed, it should be accomplished with the least disruption to the resident's sleep cycle as possible.

Residents who cannot or do not wish to sleep should be helped to engage in other activities as long as they do not disturb those who are sleeping. If you have residents who once were night workers, they may simply need to walk around. Others may like sitting near the nurse's station so they can be around other people. The quiet of the wee hours of the morning may be just the time to get to know a resident on a highly personal basis — to talk about the people in the photographs in his or her room, for example, or to reminisce about a pet. Some residents may enjoy listening to their favorite music using headphones, or might like a cup of soup or tea. Confusion may be linked to dehydration and residents may have lost the ability to know when they are thirsty. You also will want to see if an awake resident is positioned comfortably, has adequate medication for pain, is warm enough, or is troubled by a light.

For those residents who would be at risk if they tried to leave bed without assistance, bed alarms can alert staff that help is needed. Lowered beds, however, may actually decrease the risk and enable residents to leave the bed safely and independently.

Creative uses of volunteers, swing shift workers, and part-time assistants can strengthen individualized care and ease the residents' transition from the day shift to the night shift. Staff consistency also will improve the quality of resident care. Evening, night, and weekend staff should be committed to the same goals as day staff, receive the same training, and be supervised in the same way. Each shift should take care to complete all paperwork that communicates essential resident care information to the next shift, in particular noting what agitates residents or makes them restless and what techniques help calm them. Such communication will not only improve the quality of resident care, but also will reaffirm the nursing home's commitment to providing quality care without restraints.

It also is important to ensure that procedures regarding restraint use are clearly documented for those shifts that have less supervision. Consider making restraints physically unavailable unless special procedures are followed; for example, requiring the consensus of several individuals before a restraint is issued. Publicize the success of the daytime restraint-reduction program. Involve evening, night, and weekend staff in brainstorming sessions as you

work to eliminate restraint use for specific residents. Visit the facility at unannounced times to provide supervision and support.

You also will want to look carefully at whether your facility automatically uses siderails. The use of siderails remains a serious issue in many nursing homes that have

otherwise committed to restraint-free care. The use of full siderails will nearly always be considered a restraint by surveyors and indeed may pose a serious danger to residents who try to get out of bed by climbing over them. While some residents may request a rail for their own sense of security or to enable them to pull themselves to a

sitting position, this objective often can be achieved by a single half-rail. Raising siderails automatically at bedtime is a practice that needs to be seriously reconsidered. Current Health Care Financing Administration guidelines call for long-term care facilities to reduce the use of siderails in a systematic, gradual manner.

Before Viewing

Coordinate the training session, if possible, to include members of the day, evening, night, and

weekend staffs. See if trainees can identify half a dozen differences between the day,

evening, night, and weekend programs.

Discussion

How could you organize evenings, nights, and weekends so that residents can remain restraint free 24 hours a day?

1. In the video, Camille Cohen notes several situations that seem to contribute to late-afternoon agitation in nursing homes. What are they, and how true are they for your facility?

Among the factors Camille Cohen mentions are noise, the change in light, the change in activity, and the fact that fewer people are around to give attention to residents. Change of staff also may increase agitation in residents.

2. What are the benefits of the late afternoon and evening activities seen in the video?

Residents are seen arranging flowers, playing bingo, singing,

being entertained, and doing creative crafts. These activities provide focus and structure at a time when residents tend to become more restless. They also provide a way for staff to observe and supervise a number of residents at one time. Such activities also give residents a sense of community and purpose, decreasing their sense of being alone and lost.

3. How does knowing the backgrounds of Margaret Grauff and Marjorie Shelor help with developing their care plans for evenings, nights, and weekends?

Because Margaret Grauff was a nurse, her behavior of getting up at night and trying to help the staff with their work makes sense and was used in planning her care. Marjorie Shelor continues to have the ability to play the piano in spite of her Alzheimer's disease. Knowing this, the staff encourages her to play. It also keeps her active and utilizes her talents to help others. This helps her to feel better about herself and diminishes her fears and restlessness.

4. What creative staffing solutions are shown in the

video to help eliminate the need for restraints while maintaining a safe environment? What are some ideas you could try?

The video reports on several staffing strategies: utilizing volunteers on weekends and evenings to run activities; strategically placing night shift staff in their assigned halls to allow them to see and hear what is going on while doing their charting; being sure that useful information, especially information about any change in status, is communicated across shifts; creating split shifts and part-time positions to cover evening hours; creating a new job configuration such as having a staff member work half a shift as a nursing assistant and half as an activity aide; and using permanent staff assignments.

5. How would you determine whether a siderail is a useful device for the resident or an inhibiting physical restraint?

If the resident requests to have the siderail up because it contributes to a sense of safety or assists him or her in moving in bed, then the siderail may be useful. It is important, however, that such residents have the cognitive ability to ask for the rail to be lowered when they wish to get out of bed. If the siderail prevents the person from getting out of bed when he or she wants to, it is not only a physical restraint, but also a safety hazard. It is important to remember that it often is possible to meet the needs for both mobility and security using only one rail or a half-rail.

6. What are some of the ways that the bed area can be modified to make it safer for a resident without the use of siderails or physical restraints? The video mentions keeping the rails down, as it is less dangerous to fall from the mattress level than over the rail. Taking the casters off the bed is another way to

lower the bed and make it more stable. Additional ways the bed area can be individualized include placing the mattress on the floor, or putting a nonskid rug or commode next to the bedside. Providing a night light also might be useful for some residents.

7. Change of shift can be a stressful time for residents. What ideas are presented to improve care at these times? The video recommends decreasing noise; assigning one staff member to monitor activity in the lounge area during shift changes; using volunteers to provide activities; conducting a group activity so residents are involved and not aware that the change is occurring; having a staff member take around a “busy box” of familiar objects; and interacting with residents on a one-on-one basis. Other ideas may include having staff put their coats on away from the residents’ view, or playing relaxing music.

Applications

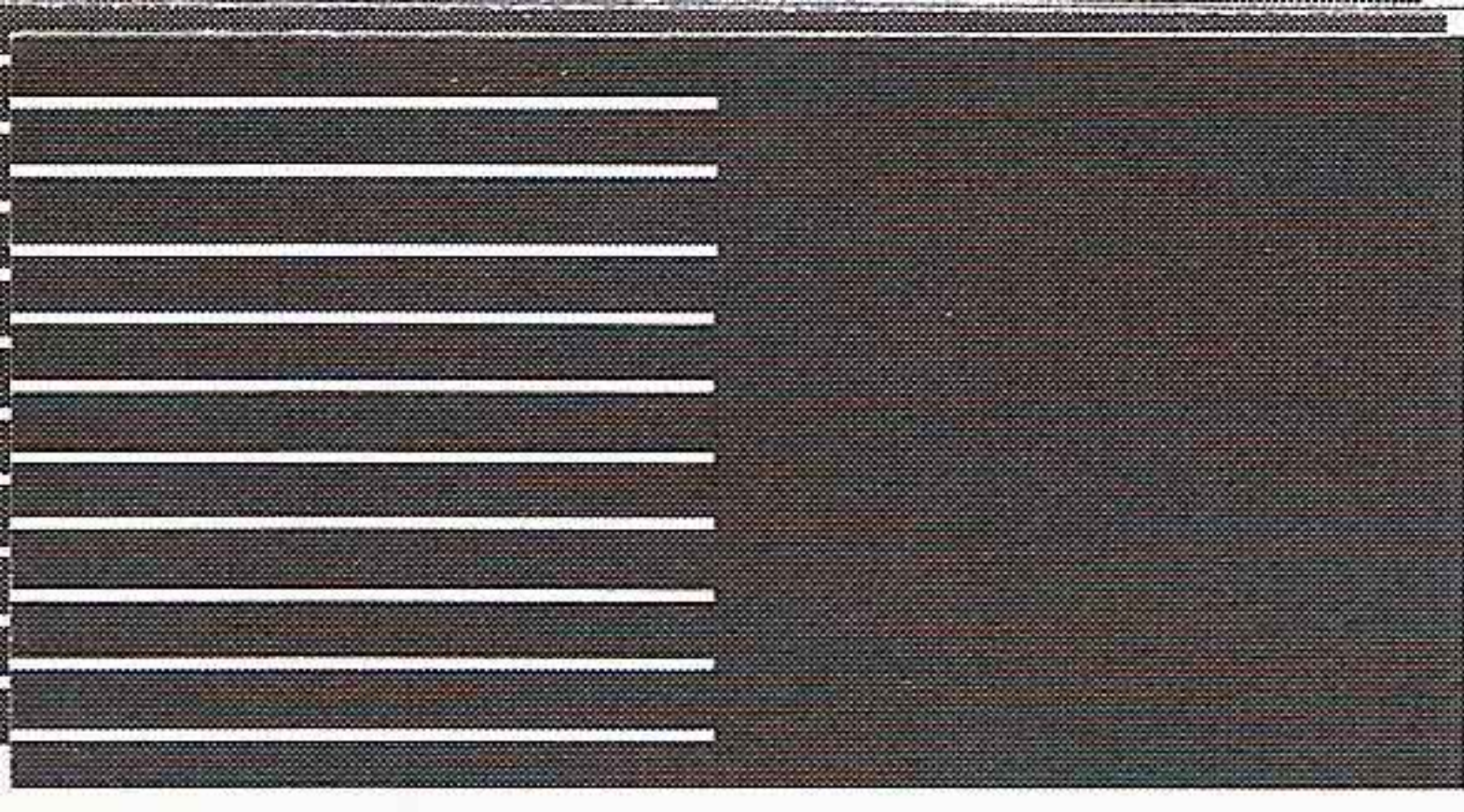
■ Discuss various ways that residents can be safe in bed without the use of restraints, such as using water beds, low beds, and alarmed beds. Include a discussion of siderails and their potential for harm rather than safety. Use Handout 5A, “Comprehensive Siderail Assessment,”

to review the need for all bedrails currently in use and to decide what score you will use to determine that a siderail is needed.

■ Review your nursing home’s procedures for communicating across shifts. Create a list of what

the shifts are doing that effectively communicates the needs of residents. Develop a second list with suggestions of how this communication could improve.

■ Identify a resident that is sometimes awake at night. Ask those who care for the resident to



explain why he or she is awake. Have members of the day, evening, and night shifts describe the care they provide for the resident and determine effective ways to respond to this person without restraints. Post Handout

5B, "Questions to Ask Yourself When Residents Are Awake at Night," in a prominent location.

- Examine the use of volunteers and the scheduling of activities in your facilities.

- Develop a list of strategies to use when residents do not wish to go to sleep at a prescribed time. Handout 5C, "Alternative Activities and Ideas for Evenings, Nights, and Weekends," is a good starting place.

Handouts

- 6A. Why Increase Your Activity Program?
- 6B. Activity Starters
- 6C. Discovering the Strengths of Volunteers

Video Places and Faces

Menorah Park Center for the Aging, Cleveland, Ohio

Jenifer Hudak, *Therapeutic Recreation Specialist/Activities Director*

Ruth Plautz, *Director of Rehabilitation Services*

Mary Rinas, *Coordinator, Occupational Therapy*

Donna Sartain, *Registered Music Therapist*

Dorothy Willen, *Resident*

Marian Estates at Sublimity, Oregon

Marion Boice, *Resident*

Linda Sue DeLassio, *Certified Nursing Assistant*

Kris Grunseth, *Restorative Assistant*

Joy Keating, R.N., Ph.D., *Nursing Services Director*

Steven Ray Lyons, *Maintenance*

Three Fountains Nursing and Rehabilitation Center, Medford, Oregon

Helen Daun, *Volunteer*

Rick Hazen, *Volunteer*

Dawn Howell, *Activities Assistant*

Alta Scott, *Resident*

Overview

Removing restraints gives residents a fresh start. As they experience new freedom and independence, success and safety can be maintained by keeping residents fulfilled and physically able. This video shows how getting to know each resident helps caregivers design and utilize the right combination of activity and therapy to make residents stronger, happier, and safer. The following three residents are featured:

- Alta Scott expresses her creativity through painting.
- Dorothy Willen strengthens her body through specialized therapies.
- Marion Boice feels useful when he talks with maintenance workers.

Objectives

Discuss the unique roles of the activities director, occupational and physical therapists, and social worker in maintaining a restraint-free environment.

Demonstrate the ways in which mobility programs help residents regain strength for increased independence.

Analyze how activities can be scheduled to help maintain a restraint-free environment.

Evaluate a variety of activities, including individual tasks, one-on-one activities, and small group activities.

Examine the use of community volunteers and resources in an activities program.

Background

Residents who live in a restraint-free environment enjoy the freedom to express themselves and move around. To maximize their quality of life and to prevent injuries that could result from increased freedom, residents need to have access to stimulating activities and to maintain their best possible physical condition. A well-designed activities program can greatly increase a resident's sense of purpose, stimulate high-level thinking skills, decrease agitated behavior, promote self-esteem, help residents to feel part of a supportive group, and contribute to an overall feeling of well-being. In addition, mobility programs used in occupational and physical therapies help residents regain strength that can lead to increased independence and safety. The goal of such programs is to help individuals be as self-sufficient in personal care, work, and leisure activity as their capabilities allow.

Consider that residents need to feel that they have a meaningful social role, that they have some control over their lives, that they can perform a valued service or produce an object of value, and that they have meaningful relationships. Purposeful activity that includes a full range of daily tasks (dressing, grooming, caring

for belongings, reading the newspaper) promotes wellness and prevents such debilitating effects of inactivity as muscle atrophy, constipation, depression, and confusion. An effective program includes a variety of activities, including individual tasks, small-group activities, and one-on-one activities that involve a resident and an assistant.

To design a personalized activity plan for each resident, social services, the occupational therapist, physical therapist, and activities coordinator should work together to evaluate each resident.

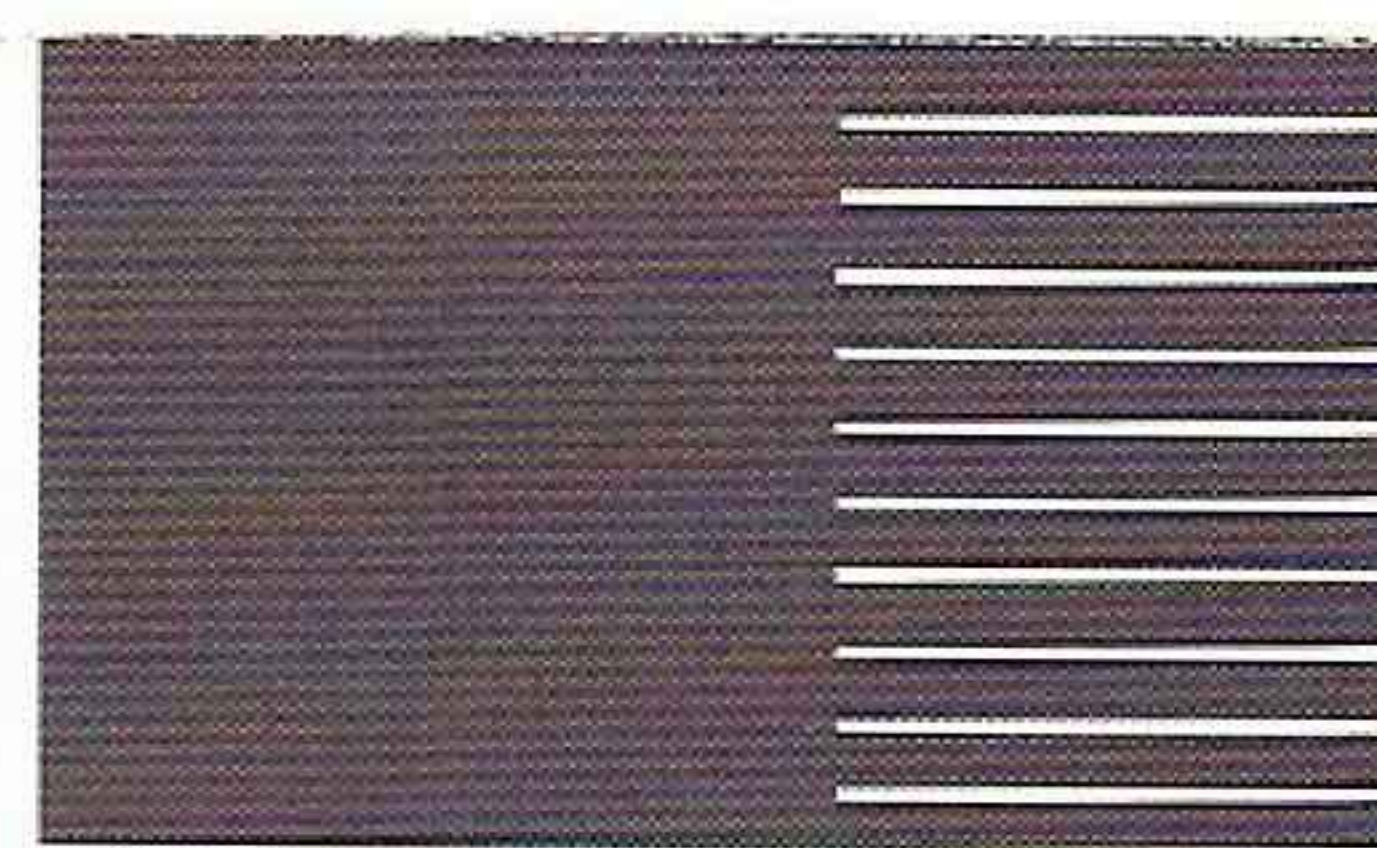
- **Social services** can provide insight into family history, past likes and dislikes, the life of a resident prior to nursing home admission, and so forth.

- The **occupational therapist** assesses a person's everyday functional capabilities and limitations to determine a resident's level of physical function, physical and emotional needs, likes and dislikes, and the effects of medication. This information can be used to customize activities to meet specific needs. The occupational therapist also helps residents find their personal balance between activity and inactivity. Too little

activity can cause a resident to be sluggish, but too much activity can bring confusion and stress.

- The **physical therapist** focuses on all major physical characteristics that affect a resident's ability to function at his or her highest level. The therapist assesses a resident's physical movement and then designs an effective treatment program that covers both general conditioning (range-of-motion exercises, strengthening and endurance exercises, coordination, and balance training) and functional activity (bed mobility, transfer training, stance training, wheelchair training, and locomotion training).

- The **activities coordinator** creates programs that improve residents' quality of life. Activities can include such informal small group activities as meals or walks, such one-on-one activities as visits from family members or volunteers, or such formal, large-group activities as music and movement or crafts. An activities coordinator incorporates the recommendations of the physical and occupational therapists in the design of activities appropriate for each individual. As Jenifer Hudak, Activities Director of the Menorah Park Center for the Aging, says in the video: "Activi-



ties is so much more than punch and cookies . . . Activities definitely give the person a reason to live. It gives them something to look forward to. It gives them a purpose.”

Other departments also should be consulted in your quest for a restraint-free environment. The pharmacist, for example, can explain how particular medications enhance or inhibit function and mobility. Further, the environment should provide many opportunities that residents can explore safely. Having things in the environment for residents to touch, pick up, rummage through, and take apart is very important. Careful consideration of how and

when activities are scheduled will maximize their benefits. Activities should be voluntary, relevant to a person’s interests, have a purpose that is obvious and acceptable to the participant, be related to the person’s life experiences, and offer the resident a reasonable chance of success. The length of the activity should be flexible to accommodate varied attention spans. Highly effective activities for nursing home residents invite participation, provide immediate feedback on success or failure, use previously learned patterns of movement from such activities as winding yarn or putting a golf ball, have a rhythmic component, and are repetitive in nature, such as the

action of drying dishes. Many brief activities can be incorporated into daily routines by nursing assistants. Scheduling small-group activities late in the afternoon can help reduce the increased agitation and restlessness that often is seen among residents at this time of day.

An active volunteer program can provide important opportunities for residents. Community volunteers can serve in a number of ways, including visiting with residents one-on-one, helping to organize activities and field trips, or applying specialized skills in such group programs as sing-alongs or art classes.

Before Viewing

- Have a social worker, activities coordinator, physical therapist, and occupational therapist each provide a brief explanation of his or her role in resident care.

- Gather materials used in mobility programs (e.g., bowling sets, Velcro dart sets, plastic horseshoes) and demonstrate how these activities help residents regain strength that can lead to increased independence.

- Ask trainees how activities and specialized therapies can improve a resident’s quality of life in a restraint-free environment.

Discussion

What can you do to enable residents to enjoy the highest quality of life possible?

1. What are some examples of ways staff in the video utilized knowledge of residents' past interests and skills in their individualized daily care?

In Marion Boice's case, the maintenance staff validates his background as an engineer by asking for his assistance and advice when they are working on the unit. Other residents work with occupation-specific activity kits put together from donated items. Such kits give residents familiar items to touch and manipulate, and trigger reminiscences that may further reveal a residents' background and aid in individualizing his or her care. A simple kitchen or laundry area gives residents who are interested a chance to engage in such daily tasks as folding laundry or washing dishes.

Staff may need to find ways to simplify an activity so that residents feel successful, but as with Marion Boyce, holding the flashlight and clipboard meets his needs to be useful, of service, busy, interacting with others, and giving help instead of receiving it. It also keeps him physically active.

2. In the video, Dawn Howell,

an activities assistant at Three Fountains Nursing and Rehabilitation Center, points out that "we all need to work together for the same goal."

How is this teamwork concept applied in the case of Dorothy Willen, a resident with Parkinson's disease?

In occupational therapy, Dorothy Willen works with a pegboard that encourages her to lift her shoulders, lift her arms, and build her endurance to strengthen her upper body. In physical therapy, Mrs. Willen practices walking, is learning to use a walker, and is doing exercises to strengthen her lower extremities. By playing the piano, she increases her finger dexterity and strengthens her neck muscles as she looks up to read the music. Further, playing the piano leads to reminiscing about good times and is an outlet for her energy and creativity.

3. In the video, the importance of creating an environment that is as familiar and natural as possible is discussed. Give some examples from the video and your own experience that support this idea.

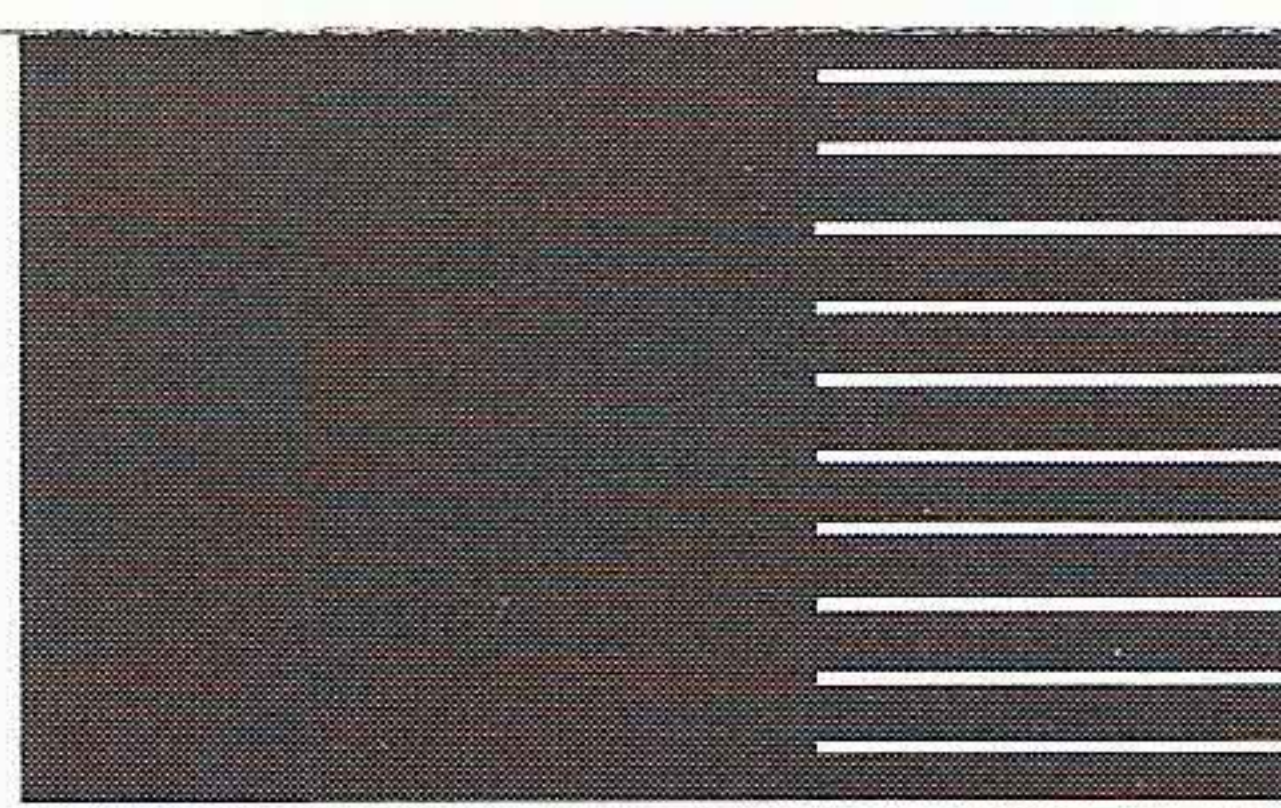
Among the examples seen in the video are the following: having a piano available, establishing

kitchen and laundry areas that are accessible to residents, and taking groups of residents out for coffee.

4. When residents are restrained, they are not able to achieve their highest level of function or sense of well-being. They become demoralized and dependent. How do you think Alta Scott's outlook and functioning would be altered if she were restrained? Her zest for life and creativity would probably be destroyed. She might become confused and disoriented as a result of having her mobility and freedom curtailed, and might become immobile as a result of not using her arms and legs.

5. What needs are addressed through such simple activities as having coffee and conversation with other residents and staff?

Having coffee or tea with friends creates a sense of normalcy and familiarity and often allows the individual to function at a higher level. Many people with dementia retain social skills. When these are tapped through activities, the person becomes more of his or her former self. This enhances the



resident's self-esteem and meets his or her needs for connectedness, laughter, being important to others, and having a purpose. Getting out and going somewhere for coffee also provides exercise.

6. In what ways did facilities utilize volunteers to enhance the activities program?

In the video, we see volunteers bring in animals to visit residents at the afternoon change of shift, a time when residents often become more restless and need more attention and structure. We also see a volunteer teaching a painting class. Alta Scott's finished

product and smile attest to the success of the class. Scheduling volunteers to provide activities to supplement staff at key times can be very useful. A cooking project late in the afternoon, for example, might generate conversation about family and coincide with many residents' interests at that time of day.

7. How can the physical therapy, occupational therapy, social services, and activities departments help eliminate the use of restraints?

Physical therapy and occupational therapy can provide specific

exercises to improve strength and endurance. They also can help staff develop better ways of seating and positioning residents so that they are more functional and comfortable. Social workers can add information about the person's occupation, interests, and values. The activities department can provide such tools as bowling sets, special occupational kits, and piano music, and can organize group activities like a walking club or exercise group to help people achieve and maintain their highest level of function.

Applications

- Apply the concepts of Handout 6A, "Why Increase Your Activity Program?" to the resident cases seen in the video.

- Ask each trainee to select a particular resident, conduct some research about the individual's life experience, and suggest at least one activity to promote the resident's increased independence and functioning. Implement these activities and discuss their effectiveness. Trainees might consult Handout 6B, "Activity Starters," for ideas. This handout might also be used to stimulate the development of a much longer list.

- Ask a few trainees to demonstrate mobility activities in slow motion. Have other trainees point out what benefits could come from participating in each activity. Discuss which residents might benefit from specific exercises.

- Discuss when residents in your nursing home are most active, restless, or agitated. Determine the optimum time to plan specific activities and therapies. Review such plans with nurses, who may need to perform personal care or administer medication at specific times.

- Identify a volunteer at your nursing home who has made a positive contribution. Determine what characteristics make working with this individual a successful experience, e.g., the person's attitude, skills, specific motivations, proximity to the nursing home, etc. Based on the group's analysis, where could the activities director go to recruit other volunteers with similar traits?

- Consider how Handout 6C, "Discovering the Strengths of Volunteers," could be an effective tool for increasing volunteer satisfaction in their work.

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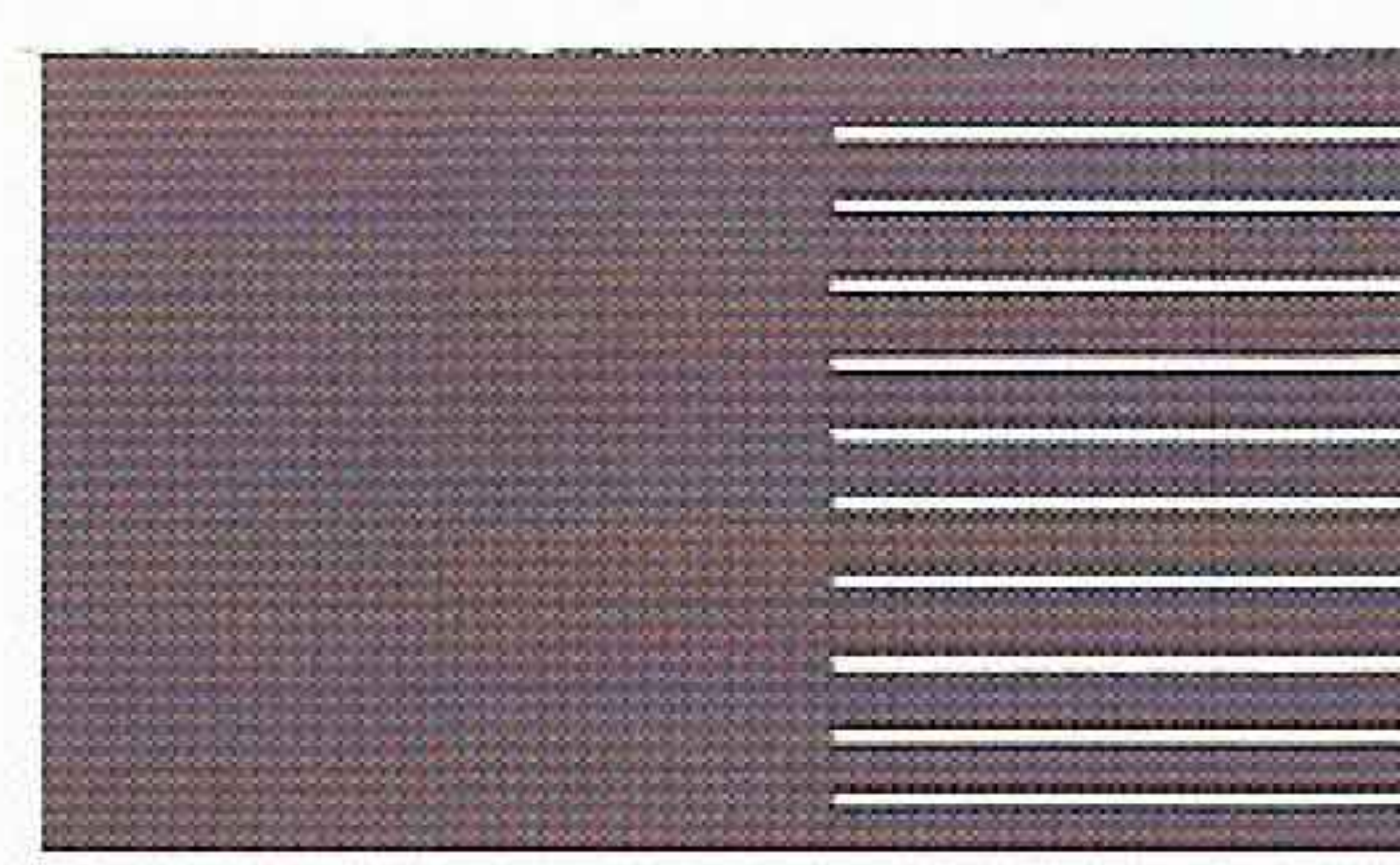
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