

FACILITATOR INSTRUCTIONAL MODULE 10 FACILITATOR GUIDE

FIM 10:

CONSTRUCTIVE
DE-ESCALATION:

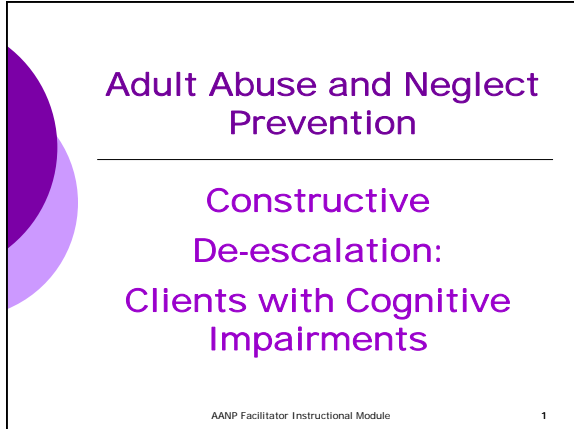
CLIENTS WITH
COGNITIVE
IMPAIRMENTS



AANP
2007

FIM 10: CONSTRUCTIVE DE-ESCALATION

CLIENTS WITH COGNITIVE IMPAIRMENTS



LEARNING OBJECTIVES:

By the end of this module, participants will be able to:

- Identify effective methods to deal with challenging client behaviors

INTRODUCTION:

This module offers strategies to de-escalate conflict situations when caring for clients with cognitive impairments. Participants are introduced to the basics of communication as well as an overview of changes in communication that occur with cognitive impairments. Finally, specific techniques are identified for use with clients with cognitive impairment.

PREPARATION:

Arrange the room so each participant can see the trainer and other participants

TIME:

5 minutes for the title page welcome and review of the session goals

INSTRUCTIONS:

Warmly welcome participants to the session, and say the title.

SUPPLIES:

Flip chart and markers

LCD projector and computer

Screen or wall space

PowerPoint slides

“Janet Says” Scripts

FIM 10: CONSTRUCTIVE DE-ESCALATION CLIENTS WITH COGNITIVE IMPAIRMENTS

NOTE:

This module begins with a group warm-up. A group warm-up is like an icebreaker. It is an opportunity for participants to get to know each other, get comfortable sharing with one another, and to get acquainted with active participation in the session.

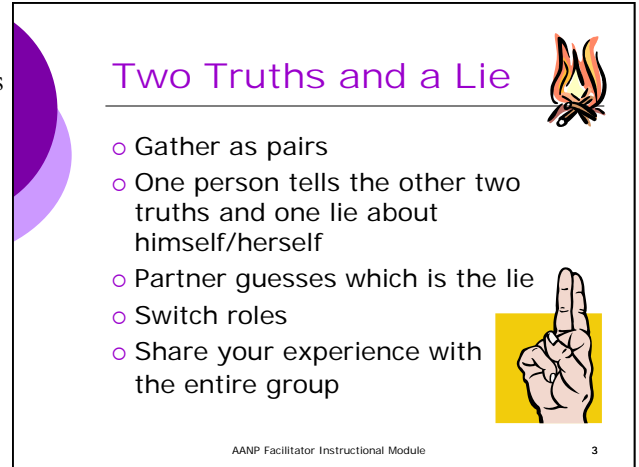
TIME:

10 minutes which includes slides 3 – 4

INSTRUCTIONS:

Explain that a group warm-up, like an icebreaker, is an opportunity to get to know each other. Ask the participant to gather in pairs. If there is an uneven number of participants, ask one group to have three participants. Tell them that at the end of the exercise you are going to ask for a few volunteers to share their experience with the whole group.

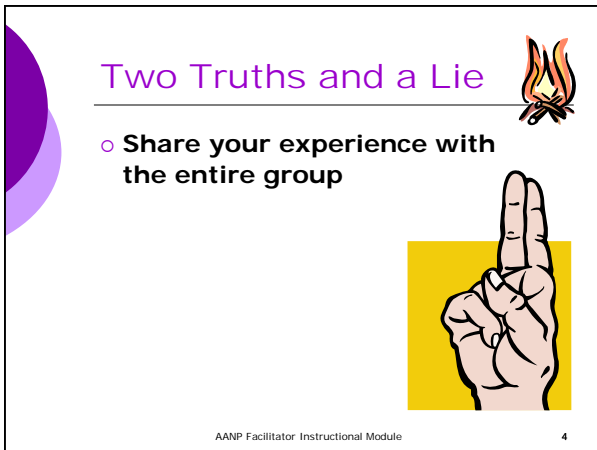
Instruct each partner to tell the other two truths and one lie about himself/herself. He/she is not to indicate which are the truths and which is the lie. The partner is then to guess which statement is the lie. Have the pairs switch so the teller becomes the guesser.



Two Truths and a Lie

- Gather as pairs
- One person tells the other two truths and one lie about himself/herself
- Partner guesses which is the lie
- Switch roles
- Share your experience with the entire group

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Two Truths and a Lie

- Share your experience with the entire group

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INSTRUCTIONS:

Ask the participants to share their experiences. Did you guess correctly? Why did you or did you not guess correctly? (Probe for “I knew the other person.” “I didn’t know the other person well enough.” “I didn’t have enough information to know.” “I thought I could guess correctly based on what I knew about him/her or what I could see.”)

DEBRIEF:

We all jump to conclusions and make assumptions about other people. It is only when we get to know the other person, when


we develop open and honest relationships that we can really understand what he/she is all about; why she is the way she is; why he does things a certain way, etc.

NOTES:

FIM 10: CONSTRUCTIVE DE-ESCALATION CLIENTS WITH COGNITIVE IMPAIRMENTS

Getting to Know Our Clients with Cognitive Impairment

- How easy is it to really know any of our clients?
- How do clients' cognitive impairments make this more difficult?



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TIME:

10 minutes for slides 5 – 12

INSTRUCTIONS:

Probe the participants for answers to these questions.

Move directly to a discussion on the topic of cognitive impairment.

NOTE:

It may be beneficial to have a presentation for staff regarding cognitive impairment/dementia prior to this module as this module offers only a quick overview of cognitive impairment.


INSTRUCTIONS:

Discuss with the participants that cognitive impairment is not just about Alzheimer's disease nor is it a normal part of aging. Understanding this lets us recognize that cognitive impairment is part of a disease process.

Explain that it is important to understand why a person with cognitive impairment is behaving in a certain way. Only by developing relationships with our clients can we begin to understand what types of stress they are under and what is causing certain behaviors. And, only then might we intervene to effectively de-escalate a situation

What is Cognitive Impairment?

- Normal aging?
- Disease process?
- Understanding *why* those with cognitive behavior act as they do can increase our compassion for them



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Great Day-to-Day Relationships are at the Heart of De-Escalation

- If you know how to communicate effectively day-to-day with clients with cognitive impairment... You are laying the groundwork for successfully handling situations when he/she is stressed and agitated.
- *So, let's focus on everyday communications first...*

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NOTE:

Module 1 addresses person-centered care as the foundation for abuse prevention. Person-centered care focuses on the unique and individual needs of the clients as well as the importance of the development of individual relationships. It is recommended that you present module 1 prior to teaching module 10. At a minimum, the facilitator should review module one before teaching module 10.

INSTRUCTIONS:

Review the contents of the slide with the participants.

FIM 10: CONSTRUCTIVE DE-ESCALATION CLIENTS WITH COGNITIVE IMPAIRMENTS

Communication also...

- Helps us express who we are
- Is much more than talking and listening
- Involves attitude, tone of voice, facial expressions, and body language



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INSTRUCTIONS:

Highlight that a statement such as, *“It is time to go now,”* made to someone in a calm, low tone, with a smile is interpreted one way and said while scowling, brows furrowed, stomping feet, hands at the hips, and yelling, *“It is time to go now,”* is interpreted quite another way.

As an example: Stand with your arms folded and a scowl on your face and say, *“I’m really glad to be here today”* in an angry tone of voice. Ask for participants’ responses to the statement and body language/tone. Invite one or two responses.

Communication is attitude, tone of voice, facial expression, body language, and eye contact. If these do not match the verbal communication, it can be very confusing for the listener, especially someone with cognitive impairment.

NOTE:

This slide is a “fade in.” You will need to click the mouse to bring up each percentage *after* participants have had a chance to guess the correct percentage for each.

INSTRUCTIONS:

Ask participants what they think the percentage of each communication method is. Reveal each percentage one at a time. Research suggests that we receive communication in the following percentages:

- 7% is verbal (the words we use)
- 38% is vocal tone, intonation, and volume
- 55% is non-verbal (facial expression and body language)

While this information may not hold true in every situation, it does point out that communication is more than just words. In order to effectively communicate, we need to pay attention to all parts of communication. Communicating with someone with a cognitive impairment, who may not be able to make sense of the words, means you have to consider other parts of communication even more strongly.

NOTES:

How Do We Receive Communication?

- 7 % ○ **Verbal**
 - words we use
- 38 % ○ **Voice**
 - Tone
 - Loudness
- 55 % ○ **Non-verbal**
 - facial expression
 - body language

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INSTRUCTIONS:

Remind the participants about person-centered care and the need to treat each client as an individual. The way in which cognitive impairment affects communication will vary with each person. Here are some examples of communication issues for persons with dementia:

The person with dementia may find it increasingly difficult to express him/herself in words and have trouble understanding what has been said.

- Saying “that thing, that doohickey” instead of naming the object.
- Calling a “pen” a “pip.”
- Disjointed sentences. Incomplete sentences. Mixing two thoughts into one.

Clients with Cognitive Impairment Will...

- Have difficulty finding the right words
- Use familiar words repeatedly
- Invent new words to describe familiar objects
- Easily lose their train of thought
- Have difficulty organizing words logically



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11

Clients with Cognitive Impairment May Also...

- Revert to speaking their native language
- Use curse words
- Speak less often
- Rely on non-verbal gestures more often

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12

INSTRUCTIONS:

Continue the discussion of communication issues for clients with cognitive impairments by reviewing the slide. Explain that someone born and raised in Frankfurt, Germany who then emigrated to the U.S. in his/her teens may revert back to speaking German instead of English or may combine the two languages. This is because language is stored in the long-term memory.

Offer these example of relying on non-verbal gestures: pointing (instead of answering what they want, they point to it), shrugging (instead of saying they do not know.)

NOTES:

FIM 10: CONSTRUCTIVE DE-ESCALATION CLIENTS WITH COGNITIVE IMPAIRMENTS

TIME:

5 minutes for role play

INSTRUCTIONS:

Prior to the session, prepare five copies of the role play. Identify four or five volunteers (four if the trainer reads the narrator role). Give volunteers a few minutes to review the script.

While players are reviewing the script, tell the audience they are going to see a role play with elements of effective and ineffective communication. Ask the audience to pay attention so that we can brainstorm what was identified in the role play.

Perform role play.

What are Effective Communication Strategies?

- Volunteers read “Janet Says” role play
- Participants listen to identify ineffective and effective communication strategies



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13

Ineffective Ways to Communicate

Did we think of these?

- Rushing
- Quizzing
- Showing impatience on face
- Body language/facial expressions and tone of voice not matching

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14

NOTE:

This slide is a “fade in.” You will need to click the mouse to bring up each bullet point *after* participants have had a chance to brainstorm examples of ineffective communication strategies displayed in the role play.

TIME:

5 minutes for the group brainstorming and review, including slides 14 – 17

INSTRUCTIONS:

Prior to the brainstorm activity, prepare a flip chart with two columns, one labeled “Ineffective Communication,” the other labeled, “Effective Communication.” Brainstorm with the full group examples of ineffective communication strategies exemplified in the role play. Write the responses on the first column of the flip chart. Following the brainstorming of ineffective methods, reveal the examples listed on the slide. Highlight only those the group missed.

NOTES:

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Effective Ways to Communicate

Did we think of these?

- Identify yourself
- Address the person by name
- Use short, simple, familiar words and sentences
- Talk slowly and clearly
- Give one-step directions
- Ask one question at a time

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NOTE:

This slide is a “fade in.” You will need to click the mouse to bring up each bullet point after participants have had a chance to brainstorm examples of effective communication strategies displayed in the role play.

INSTRUCTIONS:

Brainstorm with the full group examples of effective communication strategies exemplified in the role play. Write the responses in the second column of the flip chart. Following the brainstorming of effective methods, reveal the examples listed on the slide. Highlight only those the group missed. Slides 18 – 20 offer communication tips.

Use the following information to expand on the list. As cognitive impairment progresses, communication can become increasingly challenging. Sensitive, ongoing communication is important, no matter how difficult it may become, or how confused the person may appear. Although she/he may not always respond, she/he still requires and benefits from continued communication.

Choose your words carefully.

Approach him/her from the front and tell him/her who you are.

Address the person by name; it helps orient and get his/her attention.

Lengthy requests can be overwhelming. Speak concisely and keep to the point; aim for speed and clarity.

Break tasks and instructions into clear, simple steps, giving one step at a time. (Think about brushing your teeth, this task seems simple, but it actually has over 20 steps!)

Don't overwhelm or confuse with too many questions at once.

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NOTES:

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INSTRUCTIONS:

As you go through these tips, take some time using the following points to expand on this list:

Repeat information or questions: If she/he doesn't respond, wait a moment and ask again. Use the same phrasing and words as before.

Turn questions into answers: Try providing the solution, rather than the question. For example say, "The bathroom is right here" instead of asking, "Do you need to use the bathroom?"

Avoid literal expressions: Directions such as "Hop in!" may be taken literally and cause unnecessary confusion.

Avoid pronouns: Instead of saying, "Here *it* is," try "Here is *your hat*."

Emphasize key words: Stress words that are most important such as, "Here is your COFFEE."

Make negatives more positive: Instead of saying, "Don't go there," try saying, "Let's go here."

Pay attention to body language: Approach the person from the front, and avoid sudden movements. Maintain eye contact. Be aware of your stance to avoid sending a negative message. Use positive and friendly facial expressions. Use non-verbal cues such as pointing, gesturing, and touching.

More Communication Tips...

Did we think of these?

- Give visual cues
- Avoid quizzing
- Provide simple explanations
- Write things down
- Try again later
- Always be respectful and honor each person's dignity

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INSTRUCTIONS:

As you go through these tips, take some time using the following points to expand on the list:

Give visual cues: Demonstrate your request by pointing, touching, or beginning the task for the person.

Avoid quizzing: Some reminiscing can be healthy, but avoid the question, "Do you remember when...?" or using statements like, "You should know who THAT is."

Provide simple explanations: Avoid using logic and reason at great length. Provide thorough responses in a clear and concise way.

Write things down: Try using written explanations as reminders or when verbal ones seem too confusing.

Try again later: If he/she looks like he's/she's not paying attention, try to communicate again a few moments later.

Always be respectful and honor each person's dignity: Avoid talking down to him/her or talking as if she/he is not there.

More Communication Tips

Did we think of these?

- Repeat information or questions
- Turn questions into answers
- Avoid literal expressions
- Avoid pronouns
- Emphasize key words
- Make negatives more positive
- Pay attention to body language

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Check for Underlying Causes

Don't Jump to Conclusions!

- Are any of these causing stress?
 - Physical or medical conditions
 - Social or emotional triggers
 - Environmental conditions

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20

TRAINER TIP:

The following is information from: Module 6: Understanding Stress Triggers in Myself and Others - Client Behaviors Stress trigger busters. If the participants have completed this module, remind them of what they learned about client behavior. If they have not done this module, please review the information below.

Potential Reasons for Client Behaviors: Acknowledge that client behaviors are challenging for the DAS. We often jump to conclusions about why a challenging behavior is occurring. Ask the participants if there might be potential reasons for the behaviors. Most

will acknowledge that often there are reasons why specific client behavior occurs. Explain that there may be physical, social and emotional, or environmental issues causing these behaviors. Using the lists, discuss potential causes of client behaviors. Ask the participants to brainstorm likely reasons for a number of individual behaviors you point out on the flip chart.

INSTRUCTIONS:

Review the next three slides discussing potential reasons for client behaviors.

INSTRUCTIONS:

Discuss with the participants the physical or medical reasons for client behaviors:

- Is the person in pain?
- Is there an infection?
- Is the person hot, cold, hungry?
- Are there any medications that may be causing the behaviors?
- Are there cognitive deficits?
- Does the person have dementia?
- Does there appear to be depression?
- Can the person understand questions or requests?

Client Behaviors

- **Physical or Medical Reasons**



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21

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Client Behaviors

- o **Environmental reasons**

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INSTRUCTIONS:

Discuss with the participants the environmental reasons for client behaviors:

- Is it loud?
- Is it hectic?
- Is it cold/hot?
- Is the client in an area he/she doesn't like?
- Is the client surrounded by people s/he doesn't like?

- Does this behavior typically happen at a certain time each day?
- Is the client rebelling against an institutional schedule?

Learning the reasons: Note that there may be many reasons for challenging client behaviors. Ask the participants how they determine the reason for the behaviors. Hopefully some will say that they know their clients and can identify life patterns or changes in the individual (again, noting that something is “not right” as with identifying abuse is important). Refer back to Person-Centered Care as Abuse Prevention. Knowing clients and having a relationship with clients and their families is the first defense against being an abuser. For example, “Normally Mrs. Jones is pleasant but the last couple of days she has been striking out at me. She’s also not eating well. Perhaps there is something going on medically that is causing her behavior.”

Stress that behavior that causes the DAS stress can lead to an environment with potential for abuse. Identifying a cause can help eliminate behavior that can lead to stress. Ask if anyone was surprised by what this exercise prompted them to think of. Ask if knowing the reasons behind the behavior affects their feelings about the client or about the behaviors.

INSTRUCTIONS:

Discuss how damaging it can be to reason with someone whose reality is different from ours. Review the techniques above and give examples:

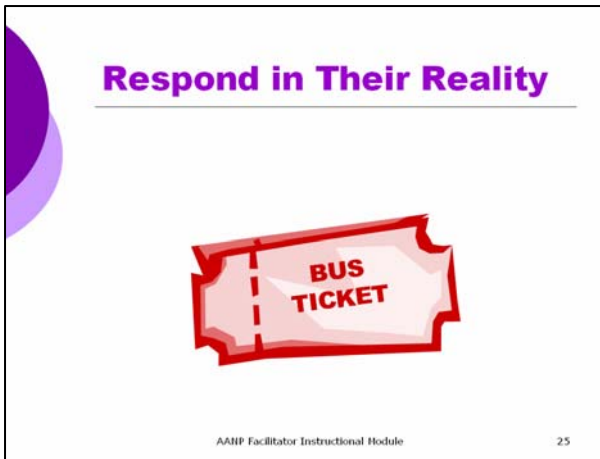
- Draw attention to another subject: *“Would you like something to eat?”*
- Explore emotions: *“You sound like you feel lonely.”*
- Little white lies: *“I’m sure he’ll be here soon.”*

Respond in Their Reality

- o **Redirection:**
 - Draw attention to another subject
 - Explore the triggers of the client's behavior
- o **Fiblets:**
 - Use “little white lies”
 - Engage in their story

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INSTRUCTIONS:

Read the following scenario and explain it as an example of redirection and fiblets.

Respond in their Reality

“Everyday at 5 p.m. Edith becomes agitated. She paces and wrings her hands. She mutters over and over, “I have to get home to the children.” When you ask her, she says her shift is over, and she needs to catch the bus home. So, you explain to her that she is 95 years old and living in a nursing home. She bursts into tears because you don’t understand. She has to catch that bus.

Jim, a caregiver, comes along and gives her a piece of red construction paper 2” X 6” that says “BUS TICKET”. He tells her to wait at the end of the hall for the bus. Edith takes the ticket, thanking Jim profusely, and goes to the end of the hall. About 10 minutes later, distracted by the smell of dinner, Edith comes to the dining room and takes a seat. She has forgotten she needs to catch the bus.”

Ask the participants if they think Jim did the right thing. Allow for one or two responses. Ask if anyone is uncomfortable telling “little white lies”. Discuss with the participants the need to respond to the reality of the client. The client with cognitive impairment’s perception of reality is very real to them.

INSTRUCTIONS:

Review the slide with these additional comments. We are taught from an early age not to lie and to take people at their word. These ideas don’t work for people with a cognitive impairment that affects their ability to communicate.

Rather than just listening to what they are saying, listen and look at how they are saying it. Do they sound angry, frustrated, sad, happy, tired?

How could you tell what Janet was feeling in the role play? Did her words make sense? No, we needed to also think about how she was feeling. Susan saw Mary rush in with Janet in tow. She could see the confusion and frustration on Janet’s face. Susan guessed that Janet was upset and appropriately responded by slowing things down, making eye contact, and trying to respond to the feelings Janet was expressing.

Knowing the person helps with this detective work. Having a relationship with the person makes understanding their feelings and picking up on subtle clues easier.

Look for Meaning

- Feeling not just words
- Look at body language and facial expression
- Given what you know about the person, what might they mean?

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INSTRUCTIONS:

Review these techniques. When people get angry and agitated, it can be important to pay attention to the body in different ways. Explain that the goal is to meet the needs of the client while remaining safe as a caregiver.

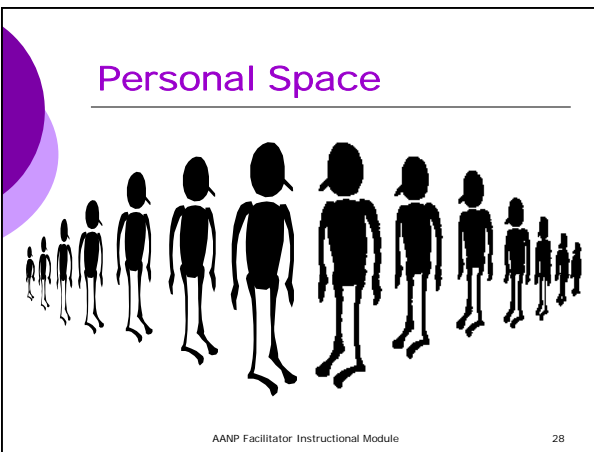
Standing to the side of the other person: This protects the caregiver from a direct hit if the client is aggressive.

Standing with feet 18 inches apart: This offers the caregiver a balanced stance in case the client becomes aggressive.

Keeping a distance of 6 feet: Ask participants how they feel when someone suddenly invades “their space.” How close can a person, who for example does not know them well, get to them without making them feel uncomfortable? And, does this space need to be even farther apart when feeling threatened or emotional? Generally six feet is a safe distance for our comfort as well as others.

Remove objects that could harm: When you remove the object at which the other person is directing emotions, you calm that person.

Keep client safe: Offer examples of “keeping the client safe,” which includes observing without touching and accompanying the client if he/she tries to leave, if you can, redirecting him/her away from dangerous areas, and calling on co-workers or the client’s friends/family, for help.



TIME:

5 minutes for slide 28

INSTRUCTIONS:

As a demonstration of the importance of personal space instruct everyone to stand up and form two lines so that they are directly across from another person (ideally a person they don’t know very well), about 10 feet from each other. Instruct one line of participants (group A) to remain still. Instruct the other line of participants (group B) to slowly move toward the partners until they are approximately one foot from their partners. Participants in group A

must remain still until the partner gets within one foot. At that time, instruct group A to step back to a distance they feel safe and don’t feel like their personal space has been invaded. Return participants to the original positions, this time group B is to remain still as the participants from group A move toward their partners. This time, however, participants in group B may raise his/her hand when their partner is at an acceptable space. The partner is to then stop immediately. Discuss with the participants how personal space issues are individualistic, and we need to have a greater awareness of the personal space needs of each client and how that space need changes during times of anxiety or aggression.

Control the Environment in High-Risk Situations

- Stand with feet 18 inches apart
 - Stand to the side of the other person
 - Keep a distance of 6 feet
- Move others out of harm’s way
- Remove objects that could harm
- Watch client without touching
- Keep client safe

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TIME:

5 minutes for slides 29 - 31, including a written evaluation (if applicable).

INSTRUCTIONS:

As a summary to the session, review the slide. It is our belief that person-centered care is the most effective antidote to abuse and neglect with persons with cognitive impairment.

Person-centered Relationships and Care Are Our Choice

It takes **WORK** to build caring, constructive relationships and keep a positive attitude:

- Teamwork and mutual support among staff
- Communication across all shifts
- Consistent assignments

Person-centered relationships
– and our intention to maintain them –
prevent abuse and neglect.

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29

So What?



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30

INSTRUCTIONS:

Review the tendency we all have to jump to conclusions and how this is true especially with our cognitively impaired clients. Explain the need to develop relationships with clients to understand what might be triggering stress for them. Knowing the losses clients with cognitive impairment experience, such as changes and loss in communication, can help us learn to work with them and thus minimize the risk of abuse and neglect.

INSTRUCTIONS:

Ask participants to go around the room offering one thing they will take away from this program that will help them prevent abuse and neglect.

Thank them for actively participating in the activities of the session.

De-escalation with the Cognitively Impaired

- Wrap up



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31

Communication Strategies with persons with cognitive impairment resources:

- Mehrabian, Albert, and Ferris, Susan R. "Inference of Attitudes from Nonverbal Communication in Two Channels," *Journal of Consulting Psychology*, Vol. 31, No. 3, June 1967, pp. 248-258.
- Mehrabian, A. (1971). *Silent Messages*, Wadsworth, California: Belmont.
- Mehrabian, A. (1972). *Nonverbal Communication*. Aldine-Atherton, Illinois: Chicago.

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32



Acknowledgements

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- Continuing education credits may be available for nurses and other disciplines. Please contact your licensing body or the contact below for more information. At this time, credit may be available only to individuals participating in sessions utilizing an approved AANP Specialized Trainer. For more information, contact Cathy Macomber at macombe2@charter.net.

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