

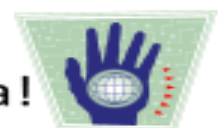
Challenging Situations and Scenarios

Examples of Challenging Situations

- No financial/health care Power of Attorney
- Losing Important Things
- Getting Lost
- Unsafe task performance
- Repeated calls and contacts
- Refusing
- Bad mouthing you to others
- Making up stories
- Resisting/refusing care
- Swearing/cursing, sex talk, racial slurs, ugly words
- Making 911 calls
- Mixing day and night
- No solid sleep time or sleeping all of the time
- Not following care/rx plans
- No initiation
- Perseveration
- Paranoid/delusional thinking
- Shadowing
- Eloping or Wandering
- Seeing things and people
- Getting into things
- Threatening caregivers
- Undressing in public
- Not changing clothes or bathing
- Problems w/intimacy & sexuality
- Being rude
- Feeling sick
- Use of drugs or alcohol to cope
- Striking out at others
- Falls and injuries
- Contractures and immobility
- Infections and pneumonias
- Problems eating or drinking



Top TEN REAL ISSUES for the Person Living with Dementia!



Unmet Physical Needs

- Hungry or Thirsty
- Tired or Over-energized
- Elimination – need to/did
- Discomfort – not right for me
 - Temperature, texture, fit, senses
- **IN PAIN!!!**

Unmet Emotional Needs

- Angry
- Sad
- Lonely
- Scared
- **BORED**

LOOK AGAIN – What Makes SITUATIONS Happen?

- SIX pieces...
- **The Person:**
 - The person and who they have been
 - Personality, preferences, and history
- **Health, Wellness, and Fitness:**
 - Other medical conditions, sensory status, and medications
- **Brain Changes:**
 - The type and level of cognitive impairment ... NOW
- **The Stakeholders:**
 - People - How the helper helps
 - Approach, behaviors, words, actions, and reactions
- **The Environment:**
 - setting, sound, sights
- **Time:**
 - The whole day... how things fit together.....

How do you get someone else to start to consider the Six Pieces of the Puzzle for problem solving?

Practice Scenarios

Getting Curious NOT Judgmental...

- Exploring Consulting with an Open Mind
- Identifying the Six Pieces of the Puzzle
- Developing Options to Change the Game

Putting It All Together

- Look at the Scenario
- Use the PAC tools to assess
 - Personality Traits
 - GEMS®
 - Six Pieces of the Puzzle
 - Multiple Intelligences
 - AELC
- Investigate
- Decide who you will work with
- Role play through your investigation
- Gather your data
- Work out a plan with your partner/team

Scenario #1

A resident is losing the ability to feed himself. He has lots of trouble using utensils and tends to ignore them once he starts picking things up with his hands. He is very slow with his chewing and doesn't swallow meat (spitting it back out on the floor or onto the table). He is able to finger feed himself some food items. He eats about 3-5 bites at a time.

His daughter is very offended when he gets messy eating with his hands. She visits every evening at around dinner time and tries to get him to eat with his spoon and fork. He sits at a table with 3 other residents. He typically gets up and down several times during a meal and leaves the eating area. Staff bring him back and he becomes more and more agitated with each repeat. Sometimes he shoves the caregivers away and other times shakes his fist at them until they leave him alone.

He eats about 10-50% of a meal with lots of verbal intervention and forcing him to sit down and eat. He spends most of his day roaming around the pathway with little social interaction with others. He was a salesman and traveled a lot, selling 'tobacco processing equipment'. He has dry eyes and has lost 15 lbs. recently. He is on lasix, potassium, ativan (tid), excelon patch, namenda, seraqueel qhs and prne.

Scenario #2

A resident has broken his hip, gone through rehab, and returned. The wife states that, “If he falls again I’ll sue you.” He is getting up and walking around the community asking where his wife is and when he needs to be ready to go to work. He used to be a business man and did a lot of calls to others’ offices and buildings.

He played bridge & golf previously. He is able to do some parts of his personal care and dressing, but has trouble getting all the way through it, makes lots of mistakes, and gets easily frustrated with staff and his family when they visit. He calls his wife “mom” sometimes and tries to kiss and hug his daughter calling her by his wife’s name.

Scenario #3

The resident used to work as a nurse in a long term care facility. She tries to make rounds and refuses to sleep at night. She is interested in having things to do to help you out. She tends to sleep for long periods during the morning and afternoon and often refuses meals and activities during those times.

She becomes easily angered and loud if she is told she can't come with you or help OR that she should get up and come to eat or activities during the day.

Her husband wants you to get her back on a 'regular' schedule.

Scenario #4

A resident keeps taking off her incontinence pad and urinating on the floor and in trash cans. She gets into trash cans and other people's rooms and things if she can. She shreds tissues and hides cookies and candy in her clothing and drawers. She used to be a homemaker on a farm in the country.

She is able to use only a few words at a time and spends most of her time walking around the facility, going into others rooms and spaces and getting into their things and moving them around and taking some of them with her.

Scenario #5

Two residents are starting to get angry about the music on the CD player. One keeps turning it off and the other keeps asking an aide to turn it back on.

They both like to sit in the dayroom and tend to sit near one another. They typically bicker some, but it can become more violent if they are left alone. One woman likes classic music and the other likes gospel or country.

Scenario #8

Frances is a 59 yo white, divorced female who was admitted two weeks ago. She came in with her daughter, who used leave from the Air Force to place her mother after receiving a call from Protective Services regarding her inability to stay in her home.

Frances had been living out in the country in a small community. She had lived there for over 15 years and had gradually alienated all of the neighbors because of her 15 dogs. She previously worked as a computer data input person on the night shift, but had been fired from that job 3 months ago, due to inability to correctly enter the one line of data and arguments with her telephone supervisor. She had not been eating well and weighed about 110 lbs, while standing 5'8" tall.

She reportedly drank 2-4 glasses of wine a night and was on two heart medications for control of heart rate and hypertension (the daughter wasn't sure whether her mother had taken those medications recently). She had never been a social person and had several episodes of delusional behavior around her dogs and fear of thieves. Frances refuses to leave her room and threatens to call her daughter or the police if anyone tries to force her to come out.

She is able to do most of her personal care with supervision and some help with details, but is refusing to let people come in to help her. She is keeping clothing on from day to day and just adding another layer. She refuses to eat in the dining area and picks at her food when she is served in her room.

Your Scenario and Plan:

Your Scenario #: _____ Your Partner/Group Members: _____

What is going on? _____

Why might this be happening? _____

How is this related to something you have seen/done before? _____

What are some options you have? _____

Try one of the options (role-play): _____

How did that go? _____

What would you do differently the next time something like this happens? _____

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