



**Hand in Hand: A Training Series for Nursing Homes
Instructor Guide**

Module 4: Being with a Person with Dementia: Actions and Reactions

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Methodology

This module uses lecture, interactive discussion and exercises.

(Total Time: 60 minutes)

Estimated Time	Lecture/Discussion	Page
1 minute	Opening Exercise	4
1 minute	Welcome	8
1 minute	Module Objectives	18
2 minutes	Actions and Reactions: Introduction	20
10 minutes	I Want to Go Home	28
10 minutes	Actions and Reactions: Why?	42
15 minutes	Actions and Reactions: Ways to Respond.....	82
15 minutes	Brainstorming.....	128
5 minutes	Conclusion.....	162

Appendix

	Page
Handout: Brainstorming Worksheet	A-3

Training Resources

- Television with DVD player or computer with DVD player and LCD projector.
- Module 4 DVD.
- Module 4 Instructor Guide.
- Pens, pencils and writing tablets.
- Handout.
- Easel chart.
- Post-it® notes and markers.

Instructor Preparation

- Review the Instructor Guide and DVD. Practice exercise delivery. Rehearse with DVD. Print copies of the handout.

I. Opening Exercise



Opening Exercise—Slide 1 of 7

Instructor Guidance:



As participants enter the classroom, hand each one three Post-it® notes and a marker. Once they are seated, ask them to write down three behaviors of persons with dementia, one on each Post-it®. Then ask them to post their notes on an easel chart or wall at the front of the room.

If participants need clarification, try asking these questions:

- What behaviors do you see in people who have dementia?
- What are common behaviors of people who have Alzheimer's or dementia?

Note to instructor: The purpose of this exercise is to have participants identify behaviors of persons with dementia. Likely answers will include yelling, hitting, kicking, wandering, hoarding, exit seeking and so on. Later in the module, the point will be made that the term *behavior* suggests mostly negative things. In this opening exercise, there are no wrong answers. Participants might also identify positive behaviors, like hugging, and these should be included.

Notes:

Once everyone has finished, read aloud some of the responses, especially if they are not visible to the entire group. Do not label behaviors as negative or positive at this point—just read them from the list.

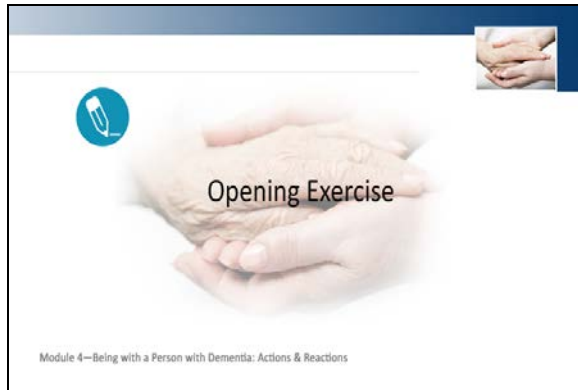
You will come back to the responses on the Post-it® notes later in the training.

Materials Needed

- Post-it® notes and markers.

Notes:

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Slide 1 of 7

Opening Exercise

DO

As participants enter the classroom, hand each one three Post-it® notes and a marker. Once they are seated, ask them to write down three behaviors of persons with dementia, one on each Post-it®. Then ask them to post their notes on an easel chart or wall at the front of the room.

Notes:

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II. Welcome



Welcome to Module 4: Being with a Person with Dementia: Actions and Reactions—Slide 2 of 7

Instructor Guidance:



If the participants do not know each other, have each participant state his or her name, position and where he or she works in the nursing home. Be sure to pass out a sign-in sheet to track attendance.

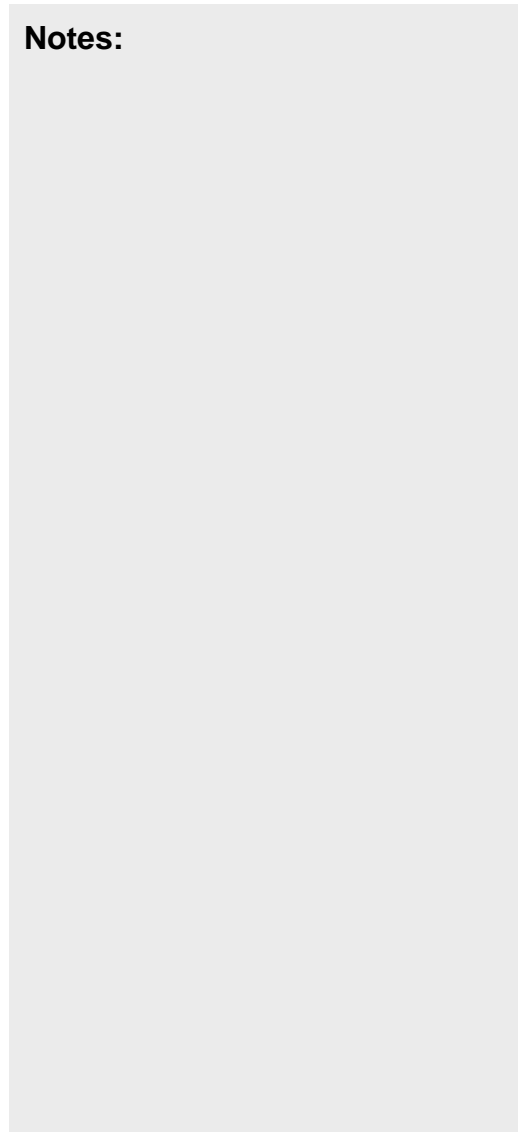
You will want to ensure that participants are comfortable and that they know who you are. When you introduce the module, be sure to cover the points in the SAY section.

Note: Module 4 may take longer than one hour, especially if the video clips and exercises generate in-depth discussion or questions. If you have only one hour and cannot complete the entire module in that time, you may choose to conclude the presentation after the third lesson, *Actions and Reactions: Ways to Respond*, and to complete the final lesson, *Brainstorming*, in a separate training session. You will want to complete that lesson as soon as possible; it allows participants to practice what they have learned and then summarizes the module's learning objectives in a video. Providing adequate time to practice the brainstorming skills is important.

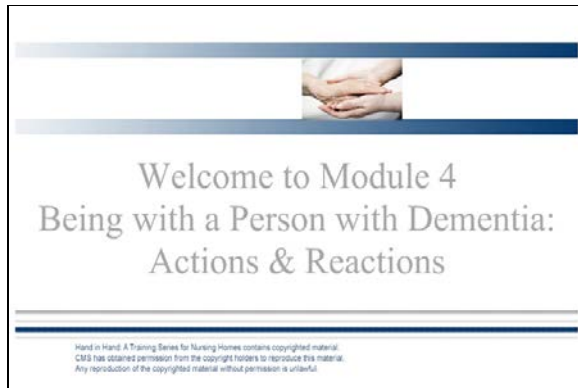
Notes:

Module 3 provides an overview of communicating with persons with dementia. It is suggested that students complete Module 3 before Module 4. If this is not possible, you might find it helpful to review Module 3. A summary review of all six modules is found in the Orientation Guide.

Notes:



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Slide 2 of 7

Welcome to Module 4: Being with a Person with Dementia: Actions and Reactions

DO

- Greet participants.
- Welcome participants to the training.
- Have participants introduce themselves (if they don't know each other).

SAY

This module is about understanding the behaviors of persons with dementia. Behavior, or how a person acts, is a form of communication. It is important to look at all the possible reasons behind a person with dementia's actions to understand what the person might be trying to tell us.

Notes:



Throughout this training you will notice that we use the term *person with dementia* rather than dementia patient or Alzheimer’s patient. The term person with dementia reminds us to put the person first and to look beyond the diagnosis.

Notes:

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Being with Persons with Dementia Overview—Slide 3 of 7**Instructor Guidance:**

Four of the modules in this Hand in Hand training series are about caring for persons with dementia. Three of their titles share a common introduction: Being with a Person with Dementia.



Being with a person with dementia means understanding his or her world by trying to see it from his or her perspective—trying to be with the person where he or she is. Being with a person with dementia is different from doing for. Being with persons with dementia recognizes them as whole individuals, who have strengths as well as weaknesses, unique needs, preferences and histories. By building on strengths and knowing who they are as individuals, we support persons with dementia to do as much as they can and to live meaningfully.

Here are the titles in the Being with a Person with Dementia series:

Module 1: Understanding the World of Dementia: The Person and the Disease

Module 3: Being with a Person with Dementia: Listening and Speaking

Module 4: Being with a Person with Dementia: Actions and Reactions

Module 6: Being with a Person with Dementia: Making a Difference

Notes:

Being with Persons with Dementia Overview

Being with persons with dementia means:

- > Understanding things from their perspective
- > Being with them where they are
- > Recognizing them as whole & unique individuals
- > Building on their strengths
- > Connecting with them

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 3 of 7

Being with Persons with Dementia Overview

SAY

This module is one of four modules on dementia. Three of the module titles begin with *Being with a Person with Dementia*. Being with a person with dementia means:

- Understanding the world of persons with dementia by trying to understand things from their perspective.
- Being with persons with dementia “where they are.” This means meeting them in their world, in their understanding of what is happening around them, and in what they are able to do and what they need help with.
- Recognizing persons with dementia as whole individuals, who have strengths as well as weaknesses, unique needs, preferences and histories.

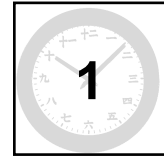
Notes:

- Building on strengths and knowing who they are as individuals.
- Supporting persons with dementia to do as much as they can and to live meaningfully.
- Connecting with persons with dementia through communication, laughter, touch and so on to validate them as human beings and as equals.
- Recognizing that sometimes the best way we can support persons with dementia is to just be with them, to sit with them, and to listen to them.

Notes:

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III. Module Objectives



Module Objectives—Slide 4 of 7

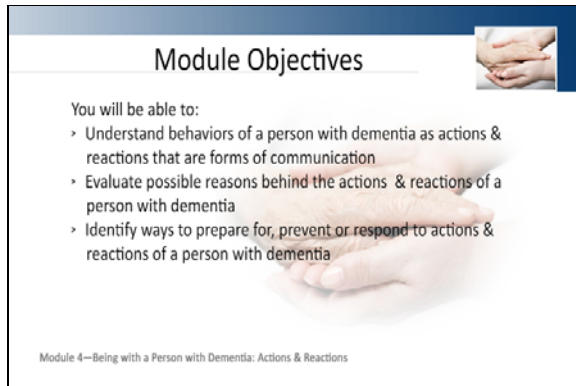


Instructor Guidance:

It is important to set participant outcomes by stating the module objectives. It is not necessary to explain the objectives on this screen; you are only introducing the anticipated instructional outcomes. Remember, this screen should take only one minute.

Notes:

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Module Objectives

You will be able to:

- > Understand behaviors of a person with dementia as actions & reactions that are forms of communication
- > Evaluate possible reasons behind the actions & reactions of a person with dementia
- > Identify ways to prepare for, prevent or respond to actions & reactions of a person with dementia

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 4 of 7

Module Objectives

SAY

We will be looking at behaviors a little differently in this training. At the end of this training, you will be able to:

- Understand behaviors of a person with dementia as actions and reactions that are forms of communication.
- Evaluate possible reasons behind the actions and reactions of a person with dementia.
- Identify ways to prepare for, prevent or respond to actions and reactions of a person with dementia.

Notes:

IV. Actions and Reactions: Introduction



Actions and Reactions: Introduction—Slide 5 of 7

Instructor Guidance:



This slide is the framework for our discussion of behaviors throughout this training. It is important to make the point that when we think of behaviors of persons with dementia, we typically think of negative or problematic ones.

In this training we will look at behaviors differently; we will look at them in terms of actions and reactions—the way we act and the way we respond to others and react to situations. When we reframe behaviors as actions and reactions, it helps us to see them not just as problematic or negative. It also reminds us to look for the meaning behind the actions.

Traditionally, certain behaviors have been associated with persons with dementia. Refer to the Post-it® notes written during the opening exercise and point out that many of the behaviors identified are considered “problems.” Behaviors that are considered problematic might include:

- Wandering.
- Yelling.
- Agitation.
- Repeating questions.

Notes:

- Saying the same thing over and over again.
- Forgetting words.
- Aggressive behavior (hitting, kicking, biting).
- Sundowning.
- Hoarding.
- Exit-seeking.
- Repetitive actions.
- Paranoia/suspiciousness.
- Refusing care (refusing to bathe, dress, etc.).
- Hallucinating.
- Anxiety.
- Trouble sleeping.

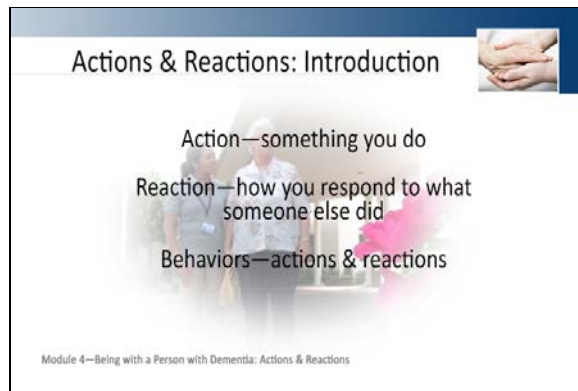
If participants identified behaviors that are clearly positive (for example, hugging, singing, dancing, smiling), point these out and emphasize that we know behaviors can be positive as well.



In person-centered care, behaviors are seen as a form of communication. Understanding what a behavior means helps us meet the needs of persons with dementia.

Notes:

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Slide 5 of 7

Actions and Reactions: Introduction

SAY

What do we think of when we think about behaviors of persons with dementia?
Let's look at the behaviors you identified earlier.

DO

Refer to the Post-it® notes from the opening exercise. Read out loud the behaviors that participants identified.

SAY

When we think about behaviors of persons with dementia, we almost always think of them as negative, bad or challenging.

When we think about the way *we* behave, we don't think of behaviors in the same way. In fact, we don't usually think of them as behaviors—they are just the way we're acting.

Notes:

So, let's think about behaviors of persons with dementia in a different way. Let's think of them as the person's actions and reactions to the world around him or her.

We all have actions and reactions. An action is something you do. A reaction is how you respond to what someone else has done or to a situation.

When we think of behaviors as actions and reactions it helps us understand that behaviors are a form of communication. It also helps us understand that the behaviors we see in persons with dementia may well be reactions. It forces us to dig deeper to try to understand why a person is acting that way.

Notes:

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Module 4 Menu

Module 4 Menu—Slide 6 of 7

Instructor Guidance:



The menu screen allows you to easily navigate through the module lessons. It is intended for the class to go through all the lessons in order so that participants can build upon what they learn. However, you can easily return to any of the lessons or video clips for a refresher. At the end of the module, you can click the forward arrow at the bottom of the screen to go to Module 4 Video Clips. These are the same video clips used in the lessons; they are available to you for review and discussion once all lessons have been covered.

Notes:



Slide 6 of 7

Module 4 Menu

SAY

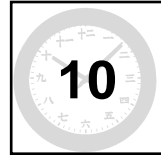
Let’s start with “I Want to Go Home.”

DO

On the menu, click the first lesson, “I Want to Go Home.”

Notes:

V. I Want to Go Home



I Want to Go Home: Goal—Slide 1 of 6

Instructor Guidance:



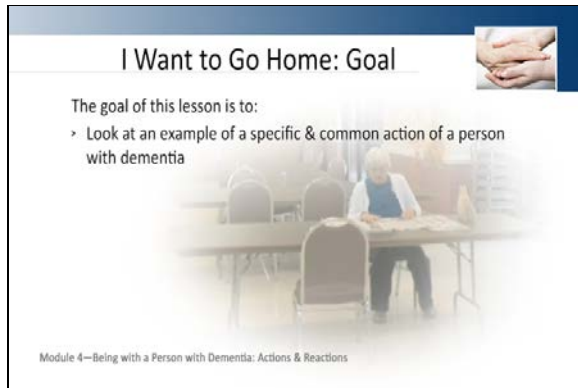
The goal of this lesson is to begin to understand the meaning behind the actions of persons with dementia by looking at an example of a specific action. Saying “I want to go home” is a common action of persons with dementia.

Asking the participants whether they have observed this action is not intended to start a lengthy discussion, but to validate that this is an action they have experienced.

If the participants have never experienced this action, tell them they will see an example in this lesson.

Notes:

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Slide 1 of 6

I Want to Go Home: Goal

SAY

We regularly see certain actions in persons with dementia. One common action is a resident saying “I want to go home.”



ASK

Have any of you heard that from one of your residents with dementia?

Notes:

Large gray rectangular area for taking notes.

Exercise—Slide 2 of 6**Instructor Guidance:**

In this exercise, the class will brainstorm what *home* means to them. The purpose of this exercise is to show the participants that home means many things to people.

When a resident with dementia says “I want to go home,” she may be trying to communicate many things about what home means to her. Understanding what home might mean to a resident with dementia will help participants know how to respond to this action.

Materials Needed

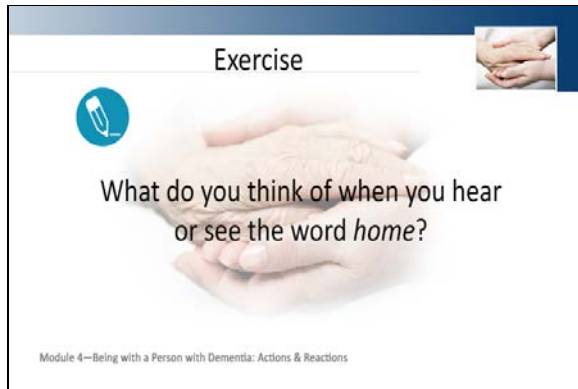
- Easel chart.
- Markers.

Ask, What do you think of when you see or hear the word *home*? What does home mean to you?

(Note: To get the discussion started, you might want to volunteer what home means to you. For example, “Home means being with my dog, eating the food I like, and relaxing.”)

Write participants’ responses on the easel chart. Note that there are no right or wrong responses in this exercise and that responses are all different.

Notes:



Exercise

What do you think of when you hear or see the word *home*?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 2 of 6

Notes:

Exercise



ASK

What do you think of when you hear or see the word *home*? What does home mean to you?



DO

Write participants' responses on the easel chart.

SAY

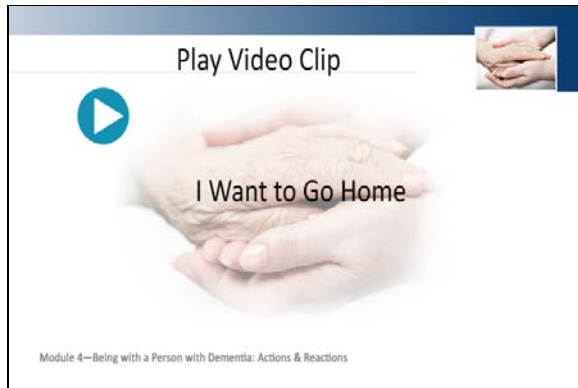
As we look at the responses, notice how different they are. Home means something different to each of us. It means more than just the physical place we live in. We are going to come back to this a little later.

Play Video Clip: I Want to Go Home—Slide 3 of 6**Instructor Guidance:**

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen. Use the questions to lead a discussion about the clip.

This clip shows Mrs. Caputo, a nursing home resident with dementia, who wants to go home. It will prompt additional discussion about the reasons persons with dementia might say they want to go home.

Notes:



Slide 3 of 6

Play Video Clip: I Want to Go Home

SAY

Home means different things to all of us. Let's look at an example of a resident who wants to go home.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 4 of 6**Instructor Guidance:**

After the clip, facilitate a group discussion, using the questions below in the order given.



What were Mrs. Caputo's actions?



Possible answers are:

- She said she wanted to go home.
- She tried to leave the building.
- She banged on the glass.
- She said she needed to get to her children.



Note: It is important that participants recognize Mrs. Caputo's saying that she wanted to go home as an action. If they do not identify this, ask a more direct question: What specifically was Mrs. Caputo saying? When they respond that she wanted to go home, make the point that Mrs. Caputo's behavior of saying she wants to go home can be seen as an action.



What was the aide's (Arthur's) reaction?

Notes:



Possible answers are:

- He told her she lived in the nursing home.
- He tried to get her out of the room and away from the door.
- He tried to distract her with a movie.



For a more guided discussion (if you have time), use the following questions in the order given.

What emotions was each person experiencing? How did Mrs. Caputo seem to feel?



Possible answers are:

- Anxious.
- Angry.
- Frustrated.
- Desperate.
- Determined.
- Agitated.

(Note: If the participants seem focused on describing her behavior as “agitated,” ask them to describe it in other ways. Although we tend to label this type of action as agitation, it is important for participants to try to see it differently, particularly the emotion behind the action.)



How did Arthur seem to feel?

Notes:



Possible answers are:

- Frustrated.
- Angry.
- Impatient.
- Tired.



Can you relate to Arthur or Mrs. Caputo?

If participants have difficulty responding to this question, ask some follow-up questions to help them see that both Mrs. Caputo and Arthur had needs with which participants can identify.

For example, ask, What did Arthur want?



- He wanted to get off work so he could pick up his kids.



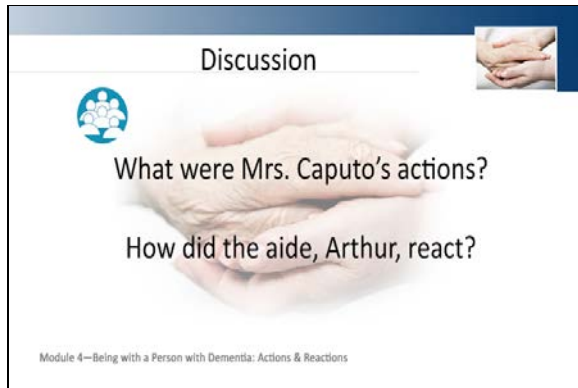
What did Mrs. Caputo want?



Possible answers are:

- She wanted to go home.
- She wanted to get to her children.

Notes:



Slide 4 of 6

Notes:

Discussion

SAY

Let's talk about what happened in this clip.



ASK

- What were Mrs. Caputo's actions?
- How did the aide, Arthur, react?
- What was Arthur feeling? What was Mrs. Caputo feeling?
- Can you relate to Arthur or Mrs. Caputo?

Understanding the Action—Slide 5 of 6

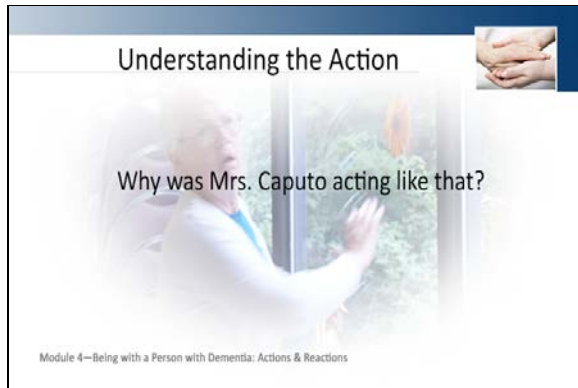
Instructor Guidance:



This slide sets the stage for the next lesson. Understanding the reasons behind a person with dementia’s actions will help us understand what he or she is communicating. When we understand what the person is communicating, then we can determine how to respond.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 5 of 6

Understanding the Action

SAY

If all behaviors or actions are a form of communication, we must try to understand their meaning.

Why was Mrs. Caputo acting like that? What was she trying to tell us through her actions? Let's take a step back and look at the possible reasons behind the actions of persons with dementia. Then we'll come back to Mrs. Caputo.

Notes:

I Want to Go Home: Summary—Slide 6 of 6

Instructor Guidance:



In this lesson participants saw a specific example of a person with dementia saying she wanted to go home.

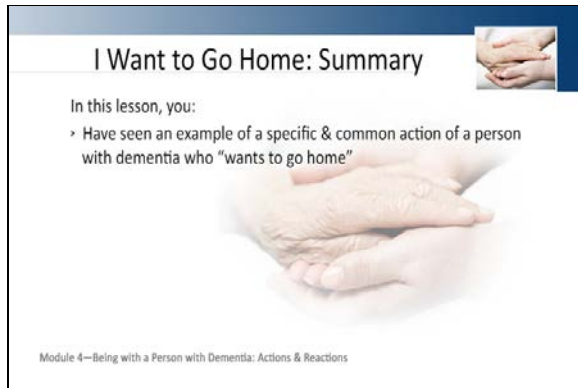


To review, ask the participants:

What one thing have you learned or relearned from this lesson?

Notes:

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Slide 6 of 6

I Want to Go Home: Summary



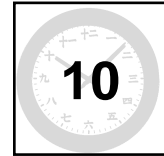
ASK

What one thing have you learned or relearned from this lesson?

Notes:

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VI. Actions and Reactions: Why?



Actions and Reactions: Why?: Goal—Slide 1 of 14


Instructor Guidance:



The goal of this lesson is to understand reasons why a person with dementia might act, or react, in a certain way.

Notes:

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Actions & Reactions: Why?: Goal

The goal of this lesson is to:

- > Understand reasons that might cause a person with dementia to act, or react, in a certain way

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 1 of 14

Actions and Reactions: Why?: Goal

SAY

There are many reasons why persons with dementia might act the way they do. All actions are a form of communication. Whatever the action, we must first try to understand *why*. Even though we may never know exactly why, trying to understand the world of a person with dementia helps us better understand what he or she is experiencing and what he or she needs. Then we can brainstorm how to respond.

Notes:

Reasons—Slide 2 of 14

Instructor Guidance:



This slide is an overview of some possible reasons behind the actions of persons with dementia.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 2 of 14

Reasons

SAY

In this lesson we'll look at a number of possible reasons behind the actions of a person with dementia, including health conditions, medications, communication, the environment, the task, unmet needs, the resident's life story and you (caregivers).

Notes:

Health Conditions—Slide 3 of 14

Instructor Guidance:



Many health conditions and symptoms may cause persons with dementia to act a certain way. This lesson mentions just a few. Make the point that a person’s emotional and physical health may impact how he or she acts.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.

Health Conditions

- > Physical & emotional
- > Pain
- > Vision/hearing
- > Acute illness
- > Chronic illness
- > Dehydration
- > Constipation
- > Fatigue
- > Anxiety

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 3 of 14

Health Conditions

SAY

Consider how you may act when you are not feeling well. The reasons behind the actions of a person with dementia may be related to his or her health—both emotional and physical. Maybe he or she is depressed, in pain, or just not feeling well. A common health condition that causes people to act differently is a urinary tract infection. Some other health reasons could be:

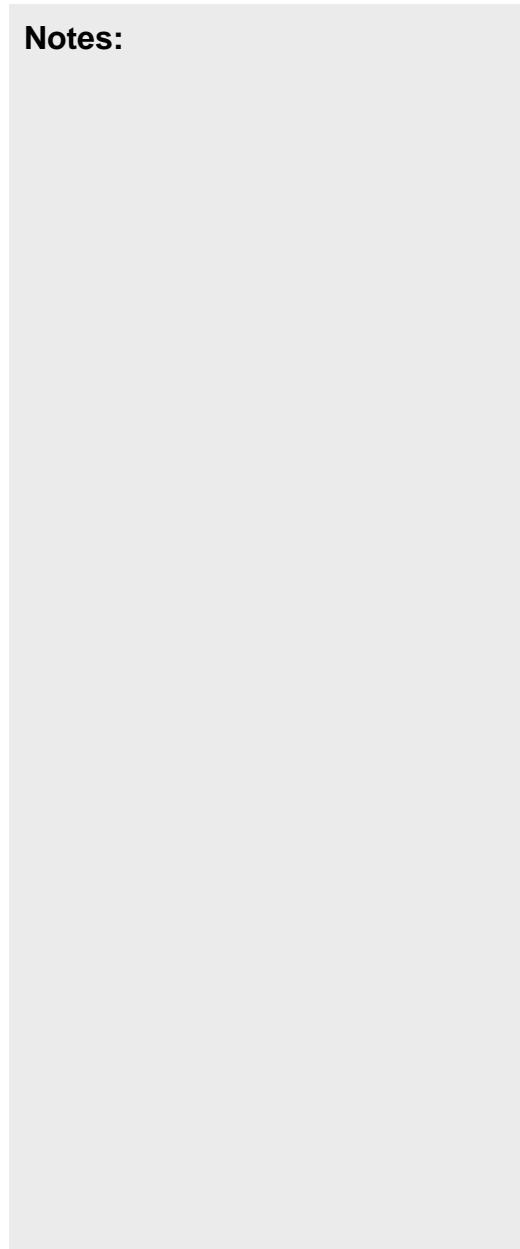
- Pain.
- Problems with vision or hearing.
- Acute illness (short-term conditions like colds, stomach upsets, diagnostic procedures).
- Chronic (ongoing) illness such as diabetes or arthritis.

Notes:

- Dehydration.
- Constipation.
- Fatigue.
- Anxiety.

Note that these are just examples and many other health conditions could be the cause.

Notes:



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Medications—Slide 4 of 14**Instructor Guidance:**

All medications, not just those used specifically to treat dementia, can affect the way a person with dementia acts. Caregivers need to observe residents for any changes when medications are adjusted or new medications are started. Any changes in behaviors or conditions (including physical, mental and emotional) must be reported to a supervisor. This should also be documented in the resident's record.

Notes:



Medications

- > Side effects of new meds
- > Change in behavior from adjusted dosage of current meds

Module 4—Being with a Person with Dementia: Actions & Reactions

The slide features a blue header with the title 'Medications' and a small inset image of hands. Below the title is a list of two bullet points. To the right of the text is a photograph of several medicine bottles and containers. At the bottom left, there is a small text label: 'Module 4—Being with a Person with Dementia: Actions & Reactions'.

Slide 4 of 14

Medications

SAY

Medications can cause persons with dementia to act in certain ways. A new medication might have side effects that cause a person with dementia to act differently. For example, he or she might be more confused, angry or disoriented. Report any changes in behaviors or conditions you observe (including physical, mental and emotional changes) to your supervisor and ask whether the resident has started a new medication or whether a medication has been adjusted. This should be documented in the resident's record. When trying to understand the actions of a person with dementia, consider that medications, both new and existing, could be the source.

Notes:

Communication—Slide 5 of 14**Instructor Guidance:**

We have to look at all actions of persons with dementia as a form of communication. Actions might be telling us something that a person with dementia cannot communicate with words.

Also, the way *we* communicate with persons with dementia can cause reactions, sometimes negative ones.

In Module 3, we looked at effective and ineffective ways of communicating with persons with dementia. Although we are not reviewing them in this module, here is a summary of communication strategies in case you need to provide examples.

- Always identify yourself.
- Call the person by the name he or she prefers.
- Keep in mind that, depending on where that person is in his or her dementia, he or she might not respond to certain names. For example, a resident who thinks she is in a time before she was married might not think of herself as “Mrs.____.”
- Be at his or her eye level.
- Make eye contact with him or her.
- Sit down with him or her if possible.
- Really listen to him or her. Give him or her your complete attention.
- Pay attention to your body language. Is it showing you are “present”?

Notes:

- Use visual and verbal cues to get your message across.
- Look at the body language of the person with dementia to see what he or she might be trying to communicate.
- Speak slowly.
- Speak in short, simple sentences.
- Be patient.
- Give him or her enough time to talk or to respond.
- Be specific.
- Ask one question at a time.
- Give one direction at a time.
- Repeat questions or instructions if necessary.
- Ask how you can help.
- Tell him or her what you are doing or going to do.
- Reassure with words and touch.
- Look for the feelings behind the words or actions.
- Laughing with someone is a universal way to connect.
- What are some things to avoid?
 - Using *no*, *don't* or other negative words.
 - Arguing with someone with dementia, even when you know that what he or she says is wrong. It might be right to him or her!

Notes:

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Communication

- > What is the resident trying to tell us?
- > Were you:
 - Calm?
 - At eye level?
 - Speaking clearly?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 5 of 14

Communication

SAY

Because behavior is a form of communication, we must try to identify what a person's behavior or action is trying to tell us. For example, when a person with dementia is "wandering," he or she may be looking for something or someone—a bathroom, an aide or a family member—or something to do.

Dementia causes changes in the way people send and receive messages. Their reactions to our actions, including what we say and how we do things, might also be seen as behaviors.

When you're trying to understand the reaction of a person with dementia to something you have said or done, think about how you approached her. Were you calm? Were you at eye level? Did you speak simply and clearly? Could her reaction be related to the way you communicated with her? Remember, we must change the way *we* communicate because persons with dementia might not be able to.

Notes:

Environment—Slide 6 of 14**Instructor Guidance:**

The environment, or a person's surroundings, is another reason behind the actions and reactions of persons with dementia. Understanding how the environment affects the reactions of a person with dementia can help us determine how to respond. It might be helpful to avoid or modify environments that cause negative reactions.

Notes:



Slide 6 of 14

Environment

SAY

Their environment, or surroundings, can cause reactions in persons with dementia.

When we talk about the environment, it means many things. The environment includes the way things look and are laid out, sounds, smells, temperature and even people. A person with dementia might react negatively to an environment that is:

- Too large.
- Excessively stimulating.
- Not easy to get around.
- Cluttered.

Notes:

- Noisy.
- Unfamiliar.
- Poorly lit.

For example, a person with dementia in a dark hallway or room might react to the environment with fear. In a noisy environment, he or she might have a negative reaction because the noise is too loud.

The environment also has emotional aspects that residents can feel. For example, a resident with dementia might try to leave an environment that feels harried and busy.

Notes:

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The Task—Slide 7 of 14

Instructor Guidance:



Persons with dementia might react negatively to being helped with certain tasks. It helps to see things from their perspective. If we think about why they are reacting to a task, then we can modify or avoid that task.

Notes:

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The Task

- > Not enjoyable
- > Embarrassing
- > Painful
- > Too complicated
- > Unclear
- > Not broken down enough
- > Unfamiliar
- > Difficult



Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 7 of 14

The Task

SAY

A person with dementia might react to doing, or being helped with, certain tasks. The task itself might be the reason behind the person's actions and reactions if the task is:

- Not enjoyable.
- Not something he or she wants.
- Embarrassing.
- Painful.
- Too complicated or has too many steps.
- Unclear or confusing.

Notes:

- Not broken down enough to be accomplished successfully.
- Unfamiliar.
- Generally difficult.
- Something he or she would like to do, but is not able to do. For example, if a person with dementia is frustrated during meals, it might be because he or she cannot use the utensils easily or is confused about where to start.

Notes:

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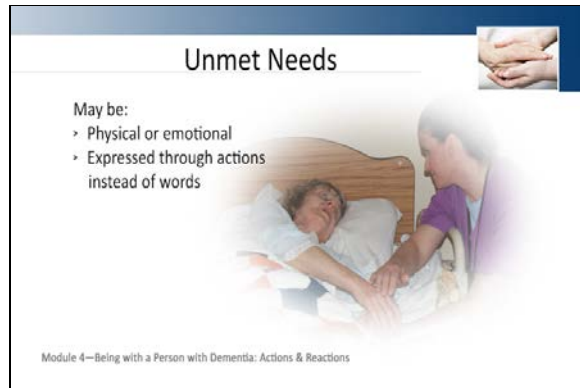
Unmet Needs—Slide 8 of 14**Instructor Guidance:**

An unmet need can be the reason behind actions and reactions. An unmet need might be as simple as a physical need to go to the bathroom, but it might also be an emotional need for security, control, love or companionship. Because a person with dementia might not be able to clearly articulate what he or she needs, he or she might communicate through actions.

Refer back to the “Home” exercise. Review participants’ responses to what home means to them. For many of us, home means much more than the physical space in which we live. It is also the things that are important to us, such as our families, pets or favorite things. It can also be security or comfort.

Make the point that sometimes when persons with dementia talk about going home, they are talking about an unmet need. They might be talking about wanting to feel comfortable, safe or secure. They might be remembering the things about home that were important to them and wishing they could have those things again.

Notes:



Slide 8 of 14

Unmet Needs

SAY

A person with dementia might act in a certain way if he or she has needs that are not being met. Sometimes these needs might be as simple as needing to go to the bathroom. If the resident is unable to use words, he or she might have to use actions instead. Knowing your resident will help you recognize these signs.

Unmet needs can also be emotional. We all need safety, security, a sense of control, love and companionship. A person with dementia who is sad or anxious might not be able to verbally express these emotional needs, but might do so through his or her actions.

Think back to the exercise we did earlier about the meaning of home.

DO

Refer back to the easel chart used for the “Home” exercise. Read aloud some of the things people said home means to them.

Notes:

SAY

As we saw in this exercise, home means different things to each of us. It is much more than just the physical space we live in.

ASK

Think about a person with dementia who wants to go home. Is it possible that he or she is talking about an unmet need? That he or she just wants to feel safe and secure, like we do at home? That he or she is missing family and wanting to be with people he or she loves? Is he or she lonely? For many of us, going home at the end of the day is a habit. Maybe a person with dementia wants to do familiar activities that were always a part of his or her life.

Notes:

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Life Story—Slide 9 of 14

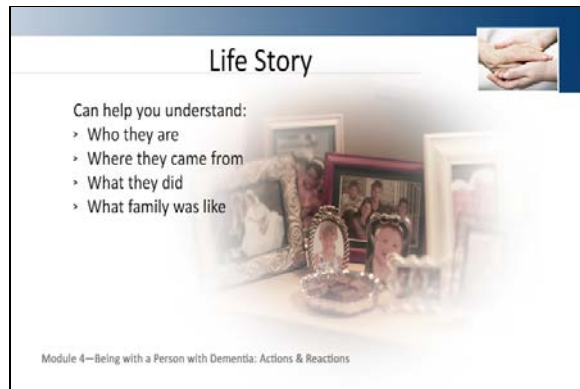
Instructor Guidance:



Knowing residents, who they are now and who they were, is fundamental to understanding their actions and reactions.

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Slide 9 of 14

Life Story

SAY

Every person who lives in a nursing home has a life story—who they are, where they came from, what they did, what their family was like, where they lived—and we do not always know the whole story. Persons with dementia might not be able to tell us their whole life story, but their actions might be related to their pasts.

For example, a resident with dementia might get up at 4 a.m. and want to go to work. Perhaps that resident was a farmer, or a nurse who wants to do rounds on the other residents. Knowing your residents and understanding their life stories will help you understand what they need and how to respond to those needs.

Notes:

You—Slide 10 of 14

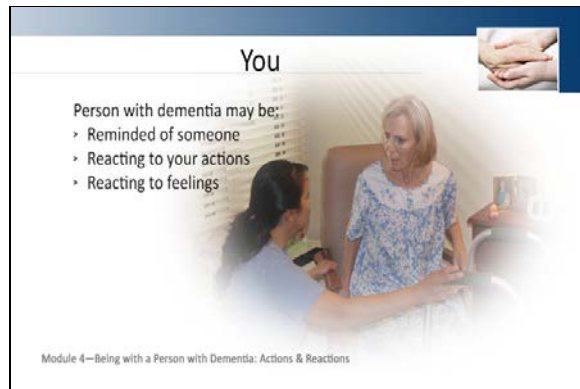
Instructor Guidance:



Staff can also cause persons with dementia to act or react in a certain way—they may “trigger” reactions. All of us, including persons with dementia, connect with certain people more easily than with others.

Notes:

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Slide 10 of 14

You

SAY

It is possible that a person with dementia is reacting to you. Perhaps you remind a resident of her favorite granddaughter and she wants to see you all the time. Or maybe you remind her of someone she didn't like earlier in her life.

Perhaps she is reacting to your actions. Are you impatient? Rushing around? Can the resident sense your frustration? Maybe she is reacting to that. Or maybe, for no reason you can understand, you are unintentionally upsetting her and she wants nothing to do with you today!

Notes:

Understanding the Reasons—Slide 11 of 14

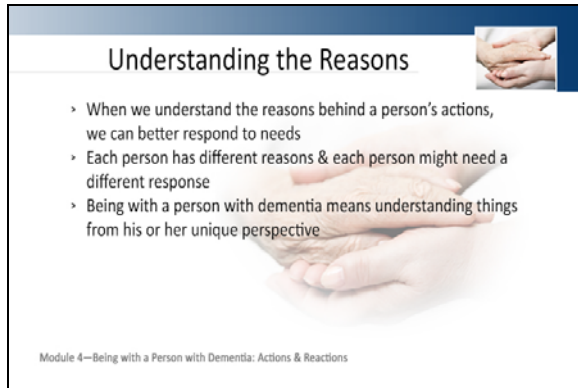
Instructor Guidance:



This slide reinforces the importance of understanding the reasons behind residents' actions and reactions. When we know why a person is acting in a certain way, we can consider how to respond in a way that meets that person's needs.

Notes:

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Understanding the Reasons

- > When we understand the reasons behind a person's actions, we can better respond to needs
- > Each person has different reasons & each person might need a different response
- > Being with a person with dementia means understanding things from his or her unique perspective

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 11 of 14

Understanding the Reasons

SAY

So, why is it important to understand *why*? There might be a number of reasons why a person with dementia is acting a certain way. Whatever the actions, we need to understand that they are a form of communication. When we understand the reasons behind the person's actions, we can better respond to his or her needs. Even when we are unable to determine a reason, actions tell us something about who the person is. Sometimes they may simply tell us where the person is in his or her experience of dementia, and they might be a sign that he or she is progressing. Our response might be to reassure and just be with the person.

Keep in mind that each person is an individual. Each person has different reasons for his or her actions and might need a different response. Being with a person with dementia means seeing things from his or her unique perspective and responding to that person as an individual.

So let's take a look back at how to respond to one individual—Mrs. Caputo.

Notes:

Play Video Clip: I Want to Go Home—Slide 12 of 14

Instructor Guidance:

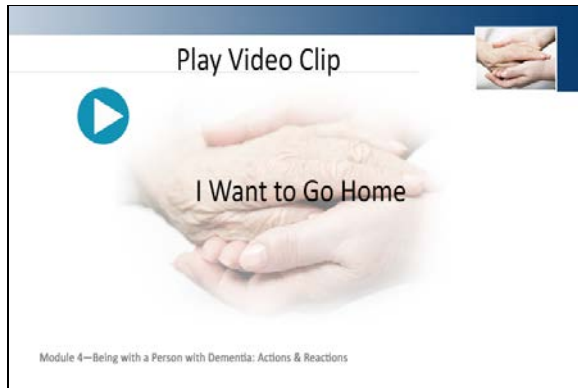


Show the clip of Mrs. Caputo again—I Want to Go Home. After the clip, lead a brief discussion with the participants.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

Notes:

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Slide 12 of 14

Play Video Clip: I Want to Go Home

SAY

Now that we have considered the possible reasons behind the actions of a person with dementia, let's look again at Mrs. Caputo's specific situation.



DO

Click the forward arrow to play the clip.

Notes:

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Discussion—Slide 13 of 14**Instructor Guidance:**

Why might Mrs. Caputo be saying she wants to go home?



Possible answers are:

- She remembers a time when she had to pick up her kids from school.
- She is homesick.
- She is bored.
- She is lonely.



Think about other residents. What are some other things a resident might mean when she says she wants to go home?



- She might be remembering her home. Home could be any home she lived in throughout her life—her childhood home, her home with her husband and children, or the home she left before she came to the nursing home.
- She could be talking about going home, as in dying.
- She may have a sense of going home at the end of a workday, which is a normal adult activity.

Notes:

- She could be talking about one of the meanings of home that participants mentioned in the activity earlier (refer to the easel chart).

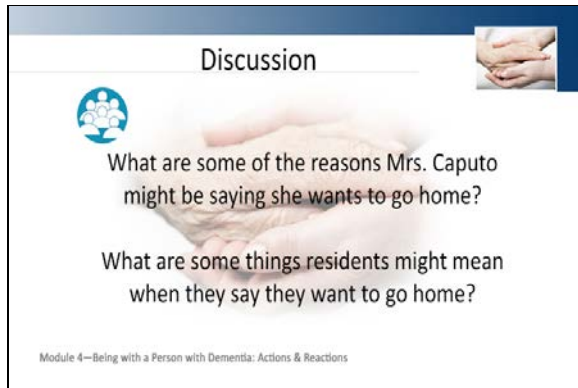


If participants need a reminder, review the reasons behind a person’s actions that we discussed in the lesson: health (physical and emotional), medications, communication, environment, the task, unmet needs, life story and you.


Notes:

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Discussion



What are some of the reasons Mrs. Caputo might be saying she wants to go home?

What are some things residents might mean when they say they want to go home?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 13 of 14

Discussion



ASK

- What are some of the reasons Mrs. Caputo might be saying she wants to go home?
- Think about other residents. What are some things residents might mean when they say they want to go home?

SAY (after participants have answered questions)

As we pointed out earlier, home means many things to each of us, as it may for a resident with dementia. Knowing your residents will help you understand the *why* behind their actions.

Notes:

Actions and Reactions: Why?: Summary—Slide 14 of 14

Instructor Guidance:



In this lesson we have discussed a number of reasons behind the actions and reactions of a person with dementia.

Notes:

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Slide 14 of 14

Actions and Reactions: Why? Summary



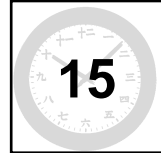
ASK

What is one thing you have learned or relearned from this lesson?

Notes:

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VII. Actions and Reactions: Ways to Respond



Actions and Reactions: Ways to Respond: Goal—Slide 1 of 14

Instructor Guidance:



The goal of this lesson is to describe and demonstrate ways to respond to the actions of a person with dementia. It is important for participants to understand that each person with dementia is an individual. Although two residents might have the same action, there may be distinctly different reasons for their behaviors, and caregivers need to respond to each person individually. Being with a person with dementia means responding to that individual in a way that honors his or her unique perspective and needs.

Notes:

Large gray rectangular area for taking notes.



Slide 1 of 14

Actions and Reactions: Ways to Respond: Goal

SAY

This lesson will provide examples of ways to respond to actions of persons with dementia.

It will also teach you questions to ask about a resident's action that will help you think of your own person-centered responses.

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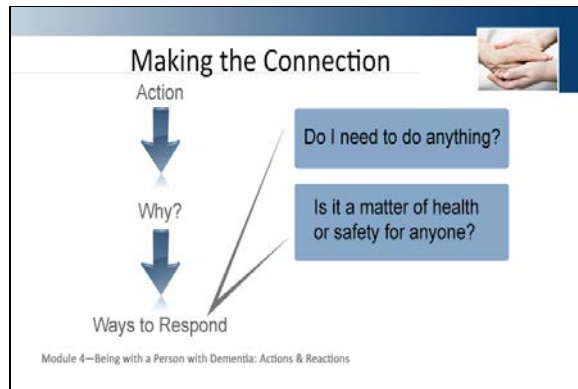
Making the Connection—Slide 2 of 14**Instructor Guidance:**

The purpose of this slide is to make the connection between understanding the reasons behind an action and responding to the action in a person-centered way.

Earlier in the training we noted that behaviors in people with dementia are typically seen as problematic. However, it is important participants understand that before they determine how they will respond to an action, they need to evaluate whether the action is truly a problem in the first place. For example, we may label a resident's walking around the building as "wandering behavior." But if the resident walks around the building because he enjoys walking, is this "behavior" a problem? Is it a matter of health or safety for anyone?

In evaluating these questions, a team approach works best. Teams include people from all departments—dining, housekeeping, nursing, administration and so on. Encourage participants to recognize the value of a team discussing the resident's actions and possible responses. Each member of the team has a different perspective and has something different to offer.

Notes:



Slide 2 of 14

Making the Connection

SAY

We understand that persons with dementia might act or react in certain ways, and we have looked at a number of reasons behind the actions of persons with dementia. Understanding the why helps us with the next step—identifying how to respond.

As you are thinking about how to respond to an action, ask yourself, Do I need to do anything? Is this a matter of health or safety for anyone? If it is a question of health and safety, then you need to intervene. Another way to ask this is, Whose problem is it? If the action is not hurting the resident or anyone else, perhaps it is not a problem for anybody—it is just the way the resident acts. For example, we may label a resident’s walking around the building as “wandering behavior.” But if the resident walks around the building because he enjoys walking, is this “behavior” a problem? If it is not a matter of health or safety, perhaps the response is simply to let the resident walk around.

Notes:

Ways to Respond—Slide 3 of 14

Instructor Guidance:




This slide introduces questions participants can ask themselves to identify ways to respond to the actions of a person with dementia.

We can think about them as the three P's: prepare, prevent and respond in the present.

Notes:

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Ways to Respond 

Prepare	<ul style="list-style-type: none">• How can I prepare myself or others to respond?
Prevent	<ul style="list-style-type: none">• How can the action or reaction be prevented?
Present	<ul style="list-style-type: none">• How can I respond to the action "in the present"?• How can I be with the person?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 3 of 14

Ways to Respond

SAY

In coming up with ways to respond to actions and reactions, there are a few questions you can ask yourself. Let's think about them as the three P's. How can you prepare, prevent, be present?

We'll look at each of these ways to respond.

Notes:

Prepare—Slide 4 of 14**Instructor Guidance:**

Prepare: There are some actions and reactions of persons with dementia that you might anticipate. You might ask yourself:

- Knowing that this person will act or react in a particular way, are there things I can do to prepare myself or others to respond to the action?
- Do I need to ensure I am available to a person with dementia at a certain time of day if that is when his or her action occurs?
- Do I need to prepare others to know how to respond to this action if I am not available?

Here are some examples:

- You know that the overhead paging system confuses Mr. C, a resident with dementia. He thinks it is the loudspeaker at the factory where he used to work, announcing that it's time to leave. How might you prepare for when this inevitably happens?

Notes:

One way to respond might be to say, “Mr. C, it is okay. I understand. I need you here.” (Note: This might be a good opportunity to discuss with the class the distinction between lying and being with someone in his or her world. An example of lying to a person with dementia in this situation would be saying, “Mr. C, the factory needs you to stay and work late.” This is untrue and might further confuse the person with dementia. If the person with dementia suspects that you are lying to him or her, it also threatens your trusting relationship. Being with someone in his or her world means truly trying to understand the person’s emotion and what he or she needs. In this situation, the person with dementia expresses anxiety and confusion because he thinks it is time to leave work and go home. Being with him in his world necessitates a caring response to try to relieve his anxiety and reassure him that he does not need to leave.)


- Mrs. B, a resident with dementia, gets very sad when her daughter leaves after a visit, crying and asking to go see her daughter. How can you prepare for Mrs. B’s action?

One way to respond might be to prepare an activity in which you can engage Mrs. B after her daughter leaves. The activity needs to be meaningful to her.

Notes:

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Prepare



- › Knowing that this person will act or react in a particular way, are there things I can do to prepare myself or others to respond to the action?
- › Do I need to ensure I am available to a person with dementia at a certain time of day if that is when his/her action occurs?
- › Do I need to prepare others to know how to respond to this action if I am not available?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 4 of 14

Prepare

SAY

Prepare: There are some actions and reactions of persons with dementia that you might anticipate. When you understand the reason behind an action, you might be able to prepare your response to that action. You might ask yourself:

- Knowing that this person will act or react in a certain way, are there things I can do to prepare myself or the person with dementia to respond to the action?
- Do I need to ensure I am available to a person with dementia at a certain time of day when his or her action occurs?
- Do I need to prepare others to know how to respond to this action if I am not available?

Notes:

Prevent—Slide 5 of 14**Instructor Guidance:**

Prevent: You may be able to prevent some actions and reactions of persons with dementia altogether. Some questions you might ask yourself are:

- How could this action be prevented?
- How could I redirect the person with dementia to avoid this action?
- Is there a need I can meet (so that the person with dementia does not have to express his or her need through these actions)?
- What seems to trigger the action? How could I intervene to prevent the action when I see that trigger?

Here are some examples:

- Mr. R, a resident with dementia, walks up and down hallways and into other people's rooms. You have identified that this happens when he needs to go to the bathroom. How might you prevent Mr. R's action?


One response might be taking Mr. R to the bathroom on a regular and frequent basis so that he does not need to look for a bathroom.

- You have noticed that Mrs. J, a resident with dementia, becomes very upset at shift change. As staff are leaving and new staff are coming, she starts to verbalize loudly, "Don't go," and tries to leave the building. How might you prevent Mrs. J's actions?

One way might be to invite Mrs. J. to a quieter place during shift time.

Notes:

Prevent



- › How could this action be prevented?
- › How could I redirect the person with dementia to avoid this action?
- › Is there a need I can meet (so that the person with dementia does not have to express his/her need through these actions)?
- › What seems to trigger the action of a person with dementia?
How could I intervene to prevent the action when I see that trigger?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 5 of 14

Prevent

SAY

Prevent: There are some actions and reactions of persons with dementia that you might be able to prevent altogether. Some questions you might ask yourself are:

- How could this action be prevented?
- How could I redirect the person with dementia to avoid this action?
- Is there a need I can meet (so that the person with dementia does not have to express his or her need through these actions)?
- What seems to trigger the action? How could I intervene to prevent the action when I see those triggers?

Notes:

Present—Slide 6 of 14**Instructor Guidance:**

Present: You might not be able to prepare for or prevent some actions and reactions of persons with dementia. Your response will be “in the present” as the action is happening or has happened. To determine your response, you might ask yourself:

- How can I respond to the immediate need of this person?
- How can I be with this person?
- How can I redirect this person?
- How can I remove the source of the frustration or remove the person from the source of the frustration?
- How can I make sure everyone is safe?

Here is an example:

- Mr. K, a resident with dementia, gets very upset at different times of the day when he is reminded of his wife in some way. It is hard to pinpoint what triggers this, and there is not much that can be done to prepare for his actions as they are often unanticipated. How might you respond to Mr. K in the present moment when he is upset?

One response might be to touch him on the arm, make eye contact and reassure him you understand and are there for him.

Notes:

As you think through these questions, think about having a toolkit of responses that are ready for you when you need them. There are some general responses you can have in your toolkit that might be helpful in all of these situations. They are things you can say to residents to respond to their emotions, redirect them, and so on. For example:


- I need your help.
- I need you.
- Will you please help me?
- May I help you?
- I understand.
- I understand what you are saying.
- I understand how you feel.

In thinking through these questions, it works best to brainstorm as a team why a resident might be acting a certain way and how you can respond to him or her. Teams include people from all departments—dining, housekeeping, nursing and administration, for example.

Notes:

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Present



- › How can I respond to the immediate need of this person?
- › How can I be with this person?
- › How can I redirect this person?
- › How can I remove the source of the frustration or remove the person from the source of the frustration?
- › How can I make sure everyone is safe?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 6 of 14

Present

SAY

Present: There are some actions and reactions of persons with dementia that you might not be able to prepare for or prevent. Your response will be “in the present” as the action is happening or has happened. To determine your response, you might ask yourself:

- How can I respond to the immediate need of this person?
- How can I be with this person?
- How can I redirect this person?
- How can I remove the source of the frustration or remove the person from the source of the frustration?
- How can I make sure everyone is safe?

Notes:

In the next few clips we will show some specific examples of ways to respond to Mrs. Caputo using the guide of prepare, prevent, be present.

Notes:



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Responding to the Action—Slide 7 of 14**Instructor Guidance:**

In the last few slides we made the connection between identifying the reasons behind actions and developing responses to actions. We looked at the thought process in developing responses to prepare, prevent and be in the present. To pull this all together, we'll go back to the example of Mrs. Caputo and consider ways we might respond to her actions. In the last lesson we talked about the reasons why she might be saying she wants to go home. In thinking about how to respond, participants should identify that they need to respond as it would be dangerous for Mrs. Caputo to attempt to leave the building unattended. Mrs. Caputo's need to go home also causes her frustration and anxiety, so responding to her emotional needs is equally important.



Mrs. Caputo commonly says she wants to go home so this is an anticipated action. How might you prepare yourself or others for Mrs. Caputo's action?



Some possible answers:

- You are having a particularly bad day and do not think you will be able to respond to Mrs. Caputo with the patience she needs, so you might consider asking someone else to respond to her.
- You might identify an activity or event that Mrs. Caputo would enjoy, and use the activity to redirect her.



How might you prepare other staff to respond to Mrs. Caputo's action of wanting to go home?

Notes:



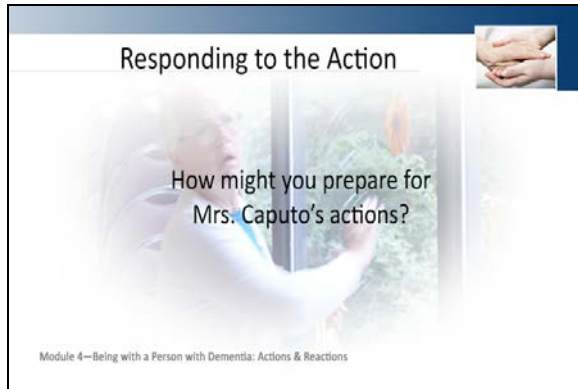
Some possible answers are:

- Share ways of responding to her with your coworkers.
- Communicate with your coworkers the possible meanings of Mrs. Caputo's action of wanting to go home.

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Slide 7 of 14

Notes:

Responding to the Action

SAY

Let's look at Mrs. Caputo again and use her as an example of how to respond.

When we ask ourselves, Do I need to do anything? or Who is this action hurting?, it is clear that we need to respond to Mrs. Caputo's actions. She is distressed and we want to help her feel better. We also want to prevent her from going outside unattended since that is unsafe.

Because this is a common action that you can anticipate for Mrs. Caputo, let's talk through how you might prepare for this action.



ASK

- How might you prepare yourself for responding to Mrs. Caputo's action of wanting to go home?
- How might you prepare other staff to respond to Mrs. Caputo's action of wanting to go home?

Play Video Clip: I Want to Go Home: Preventing—Slide 8 of 14

Instructor Guidance:

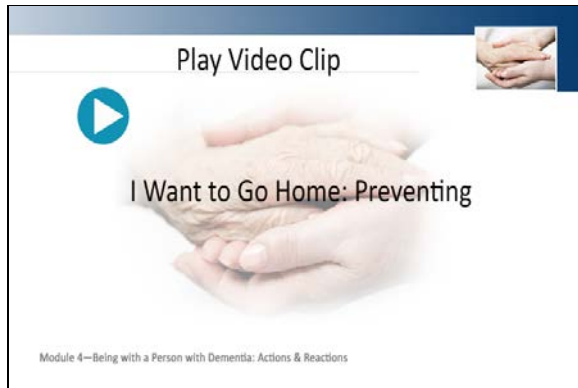


Show the clip. After the clip lead a brief discussion with the participants.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

Notes:

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Slide 8 of 14

Play Video Clip: I Want to Go Home: Preventing

SAY

Another way to approach the situation would be to try to prevent it. If we know that Mrs. Caputo acts this way at a certain time of day, we might think about how to distract her at this time to prevent her thinking about going home. Let's look at an example.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 9 of 14**Instructor Guidance:**

After you show the clip, facilitate a brief discussion.



How did the aide, Maria, respond to Mrs. Caputo?



Possible answers are:

- She reassured her.
- She listened to her.
- She invited her to participate in cooking.
- She distracted her before she tried to go home.

Note: It is important to point out that Maria found Mrs. Caputo before she normally started wanting to go home and prevented her action by validating and distracting her.



How did Mrs. Caputo react?



- She was interested in cooking and went with Maria.

Notes:



How was this different from the clip we saw earlier?

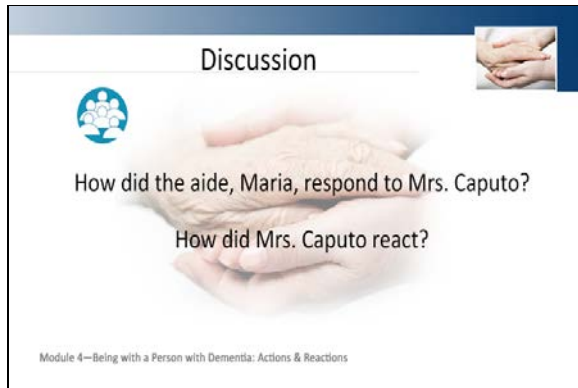


- Maria prevented the situation from escalating.
- Maria did not argue with Mrs. Caputo or physically stop her from leaving.
- Maria did not say “no” or “you can’t.” She validated Mrs. Caputo’s need and redirected her.


Notes:

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Discussion



How did the aide, Maria, respond to Mrs. Caputo?
How did Mrs. Caputo react?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 9 of 14

Discussion



ASK

- How did the aide, Maria, respond to Mrs. Caputo?
- How did Mrs. Caputo react?
- What was different from the first clip we saw?

SAY

Notice that the activity the aide used to redirect Mrs. Caputo was something that was meaningful to Mrs. Caputo—she liked baking. If the aide had tried to redirect her with something that was not important to her or something she couldn't do, the redirection might have worked only for a few minutes or not at all.

Notes:

Play Video Clip: I Want to Go Home: Being Present—Slide 10 of 14**Instructor Guidance:**

Now we'll look at a way of responding to Mrs. Caputo in the present moment. In this example, the aide, Gloria, responds to her need by going outside with her. This validates Mrs. Caputo's feelings of anxiety and her need to go home and get her children by letting her know that someone is listening to her and willing to help her. Gloria responds to her by simply being with her. This response might be more reasonable if her actions do not seem preventable.

Caregivers accompanying a resident outside is an acceptable response to a situation in which a resident wants to go outside but needs supervision to do so. It is suggested that nursing homes develop a procedure for this situation so that caregivers know what they can do and who to notify if they leave the building. For example, if a nurse aide leaving the building with a resident cannot notify the licensed nurse upstairs directly, she might notify the receptionist in the lobby or another caregiver that she is leaving so that the caregiver can alert the nurse. The policy or procedure should clearly state that a caregiver must inform the licensed nurse on duty that the nurse aide left the building with a resident and provide both the nurse aide's and the resident's names.

Notes:



Slide 10 of 14

Play Video Clip: I Want to Go Home: Being Present

SAY

Sometimes you might not be able to prevent Mrs. Caputo's actions or easily redirect her. You might not be able to gauge when she is going to act this way because it happens at different times of the day. Also, this action might be very important to Mrs. Caputo and preventing it would not meet her needs. Here is an example of a way to react to Mrs. Caputo's action by being with her in the present.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 11 of 14**Instructor Guidance:**

Facilitate a brief discussion about how the aide, Gloria, responded to Mrs. Caputo and how walking with Mrs. Caputo seemed to help her.



How did Gloria respond to Mrs. Caputo?



- Gloria first tried to distract Mrs. Caputo from leaving.
- When Gloria was not able to distract Mrs. Caputo, she accompanied Mrs. Caputo out the door.
- Gloria walked with Mrs. Caputo out the front door and focused Mrs. Caputo's attention on flowers.
- Gloria led Mrs. Caputo back inside by saying it was time for dinner.



How did Mrs. Caputo react?



- Mrs. Caputo was determined to go outside.
- She appeared relieved when Gloria went outside with her.
- She let Gloria take her hand.
- She went back in with Gloria to have dinner.

Notes:



How did walking with Mrs. Caputo help her?



- It calmed her down.
- It allowed her to safely accomplish what she wanted to do (go outside).
- It gave her some control in the situation.



Note: Gloria’s question about Mrs. Caputo’s daughters might trigger her action again. Gloria could have asked a different question.

Notes:

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Discussion



How did the aide, Gloria, respond to Mrs. Caputo?

How did Mrs. Caputo react?

How did walking with Mrs. Caputo help her?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 11 of 14

Discussion



ASK

- How did the aide, Gloria, respond to Mrs. Caputo?
- How did Mrs. Caputo react?
- How did walking with Mrs. Caputo help her?

SAY (after the discussion)

Sometimes it is not easy to deter a person with dementia from her actions—like any of us, she has an “agenda” and will work hard to do what she needs to do. We need to just be with her. As we saw in the clip, Mrs. Caputo might only need to walk around the parking lot before being guided back into the building. Another time, however, she might need to walk farther.

Notes:

One Size Does Not Fit All—Slide 12 of 14**Instructor Guidance:**

We have presented some specific examples of ways to respond to the actions of a person with dementia. However, it needs to be clear that there is no one-size-fits-all way to respond to persons with dementia. There are a few things aides need to keep in mind:

- Each person with dementia is unique. Different people might have different reasons for their actions and need different responses. For example, one person with dementia who says “I want to go home” might be thinking of her childhood home. Asking her “Where is home for you?” or “Tell me about where you grew up” might be ways of reminiscing with her about her childhood. That response might be what she needs to validate the story she wants to tell about herself. Another person with dementia who says “I want to go home” might think that his wife is waiting for him for dinner. In this case, redirection might work. Sometimes just telling someone “I understand” and sitting with him or her responds to a need to be understood and listened to.
- A certain response might not work all the time. What works one day might not work another day. For example, distracting Mrs. Caputo with baking might work one day. But maybe the next day the aide, Maria, tries this approach and Mrs. Caputo still insists she needs to go home. To prepare for this, Maria would need to have ideas of other ways to respond.

Notes:

- A response might work for one aide but not another. For example, Gloria has found that walking outside with Mrs. Caputo really helps calm her. If Gloria walks outside with her, Mrs. Caputo does not talk about going home for the rest of the day. However, Arthur, another aide, might find that when he walks outside with Mrs. Caputo, he has difficulty getting her back inside and she continues to insist she has to go home.
- It is only through knowing the resident with dementia and seeking to understand what she is trying to communicate that we can find ways to respond. Patience is key in trying a response, seeing whether it's effective and, if necessary, trying a different response. Communicate your findings of what works in de-escalating a situation to the rest of the team to empower them and help create a calm, proactive approach.

Notes:

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One Size Does Not Fit All

An approach:

- > May not work every day
- > May not work for another staff member
- > Must fit the action & individual

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 12 of 14

One Size Does Not Fit All

SAY

Each person with dementia is a unique individual. Each person has different reasons for his or her actions, so your response needs to fit the action and needs of each individual. There is no one-size-fits-all way to respond to persons with dementia. Keep in mind that your approach to someone with dementia might work one day and not the next. And what works for you might not work for your coworker. You might be able to successfully redirect Mrs. Caputo with baking, but your coworker may not have any luck with the same approach.

It is only through knowing the resident with dementia and seeking to understand what he or she is trying to communicate that we can find ways to respond. Patience is key in trying a response, seeing whether it's effective and, if necessary, trying a different response.

Notes:

Out of Control—Slide 13 of 14**Instructor Guidance:**

In most cases, knowing the person, understanding the meaning of his or her actions, and preparing, preventing, and being present are ways to respond to a person with dementia that avoid his or her actions or emotions from escalating into extreme aggression or violence. All of us can understand having moments when we might become very upset and we all have different ways of handling that. However, there might be times when a situation gets out of control and a person with dementia might become very upset, aggressive or violent.

Here are some things to consider when responding to that situation:

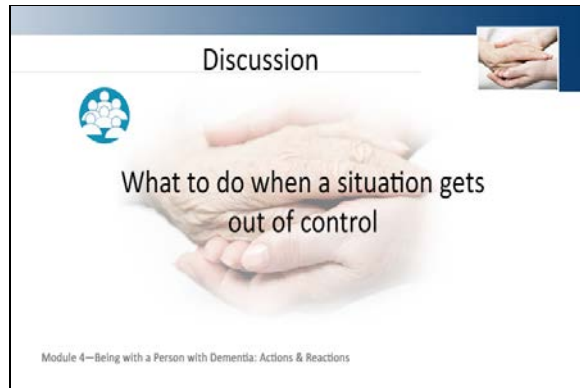
- Stop what you are doing with that person. Your first goal is to keep everyone safe and let everyone in the situation calm down.
- Give the person with dementia space. If you are physically close to him or her, step away.
- Do not argue with the person or respond to the person in a way that will fuel his or her anger.
- Be calm and provide gentle reassurance.
- To calm the situation, be the opposite of where the person with dementia is emotionally. For example, if the person with dementia has escalated to a “10,” a high level of being upset, you need to be a “1”—very calm, slow movements, etc.

Notes:

- Say calming things to let the person know you are not upset. For example, say “It’s okay,” or “Everything’s fine.”
- Sometimes it helps to apologize to the person while you are backing away.
- If there are others in the room, try to remove them from the area or distract the upset person away from the other people.
- Call for help if needed.
- Report the situation to your supervisor.
- After the situation has passed, brainstorm as a team what happened, why you think it happened, the possible reasons behind the actions of the person with dementia, and what you might try to do differently in the future to prepare, prevent, or be present.

Notes:

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Slide 13 of 14

Out of Control

SAY

In most cases, knowing a person with dementia, understanding the meaning of his or her actions, and preparing, preventing, and being present are ways to respond to a person with dementia that avoid escalations in a person's actions or emotions to extreme aggression or violence. All of us can understand having moments when we might become very upset, and we all have different ways of handling that. However, there might be times when a situation gets out of control and a person with dementia might become very upset, aggressive or violent.

Here are some things to consider when responding to that situation:

- Stop what you are doing with that person. Your first goal is to keep everyone safe and let everyone in the situation calm down.

Notes:

- Give the person with dementia space. If you are physically close to him or her, step away.
- Do not argue with the person or respond to the person in a way that will fuel his or her anger.
- Be calm and provide gentle reassurance.
 - To calm the situation, be the opposite of where the other person is emotionally. For example, if the person with dementia has escalated to a “10,” a high level of being upset, you need to be a “1”—very calm, slow movements and so forth.
 - Say calming things to let the person know you are not upset. For example, say “It’s okay,” or “Everything’s fine.”
- Sometimes it helps to apologize to the person while you are backing away.
- If there are others in the room, try to remove them from the area or distract the upset person away from the other people.
- Call for help if needed.
- Report the situation to your supervisor.
- After the situation has passed, brainstorm as a team, if possible, what happened, why you think it happened, the possible reasons behind the actions of the person with dementia, and what you might try to do differently in the future to prepare, prevent, or be present. Another option is to debrief your supervisor and coworkers.

Notes:

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Actions and Reactions: Ways to Respond: Summary—Slide 14 of 14

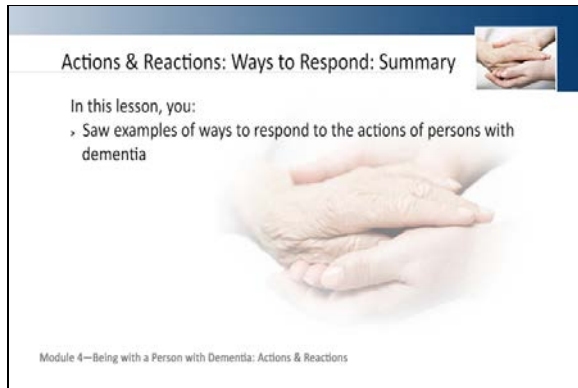
Instructor Guidance:



In this lesson we identified ways to respond to the actions of persons with dementia that are unique to the person and what he or she is trying to communicate to us.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 14 of 14

Actions and Reactions: Ways to Respond: Summary

SAY

In this section we identified ways to respond to the actions of a person with dementia that are unique to the person and what he or she is trying to communicate to us.



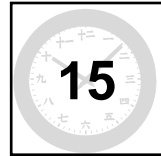
ASK

What one thing did you learn or relearn from this lesson?

Notes:

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VIII. Brainstorming



Brainstorming: Goal—Slide 1 of 12

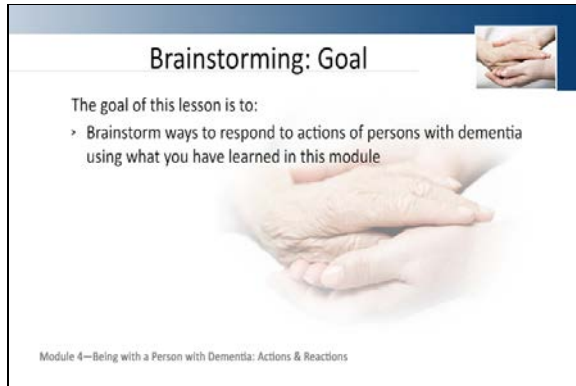
Instructor Guidance:



The purpose of this lesson is to provide an opportunity for participants to apply what they have learned using scenarios they might experience in their jobs. Participants will work in small groups.

Notes:

A large, empty rectangular box with a light gray background, intended for taking notes during the lesson.



Brainstorming: Goal

The goal of this lesson is to:

- > Brainstorm ways to respond to actions of persons with dementia using what you have learned in this module

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 1 of 12

Brainstorming: Goal

SAY

In this lesson, you'll be able to practice what you have learned. We'll work in small groups and brainstorm ways to respond to some actions of persons with dementia. We have talked about understanding the reasons behind a person's actions in order to determine how to respond. Although a part of this process is also determining whether you need to respond at all, we are assuming in these brainstorming exercises that you have already decided you need to respond to the person with dementia.

Notes:

Exercise—Slide 2 of 12**Instructor Guidance:**

In this lesson participants will work in small groups to brainstorm ways to respond to some actions of persons with dementia.

There are three actions of persons with dementia:

- Refusing to take a bath.
- Putting non-food items in his or her mouth (for example, buttons).
- Collecting items that do not belong to him or her (for example, towels).

Instructions for the small-group exercise:

- Break participants into three or more small groups.
- Assign an action to each group. If there are more than three groups, multiple groups can work on the same action.
- Give each participant a copy of the Brainstorming Worksheet found in the Appendix of this module, page A-3.
- Quickly review the Brainstorming Worksheet with participants.

Notes:

- Point out that the first section says “Why” and lists categories of reasons a person with dementia might act a certain way. Explain that in their groups they will talk about the action they were given and brainstorm the reasons a person with dementia might be acting a certain way. Tell participants that there might not be a reason in every category, but to try to think of as many reasons as possible.
- The last section of the worksheet is titled “Ways to Respond.” Questions for preparing, preventing, and being present are listed to help participants think about different ways of responding.
- Tell the groups that they will have five minutes to complete the activity. After time is up, the groups will come back together and share their brainstorming with the rest of the class.

Notes:

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The slide features a central image of two hands clasped together. The text is centered over this image. At the top left, there is a blue circular icon with a white pencil. The title 'Exercise' is at the top center. Below it, the text reads 'Why—possible reasons behind residents' actions' and 'What to do—possible ways to respond'. At the bottom left, there is a small footer text: 'Module 4—Being with a Person with Dementia: Actions & Reactions'.

Slide 2 of 12

Exercise

SAY

We are going to break into small groups to practice interpreting and responding to some actions of persons with dementia. Each group will be assigned an action. As a group, first discuss possible reasons behind the action. Then, identify ways of responding to it. We are assuming in these scenarios that you do need to respond. Use the three P's—prepare, prevent, be present—as a guide to think of different ways of responding. Write your ideas on the Brainstorming Worksheet. You will have five minutes to complete this exercise. Then we'll come back together as a large group and share with the rest of the class.

Notes:

Debrief: Refusing to Take a Bath—Slide 3 of 12**Instructor Guidance:**

After the groups have had time to discuss their actions, they will share their ideas with the rest of the class. For each action, ask the groups to share:

- Their reasons why a person might act that way.
- Possible ways to respond.

Below is an example of how this exercise might play out. This is not intended to be shared with the class, as it is important that they do their own brainstorming. Participants will likely identify many reasons why and ways to respond that are not included here. These are just some examples.



Why might this action be happening? Look at the eight areas.



For the action of refusing to take a bath, the reasons could be:

- Health (physical and emotional)—The resident with dementia is in pain and does not want to sit in the tub; the resident does not feel well; the resident is cold; the resident feels depressed.
- Medications—The resident with dementia is taking a new medication that has caused him or her to feel more anxious; the dosage of a medication has changed and the resident has an upset stomach.
- Communication—The resident with dementia does not understand what you are saying; the resident does not want a bath right now.

Notes:

- Environment—The bathroom is cold; the resident with dementia might have visuospatial challenges that cause him or her to think the tub is very deep and he or she might drown; the tub or shower room is very noisy.
- Task—The resident with dementia is modest and does not want someone seeing him or her naked and bathing him or her.
- Unmet need—The resident with dementia is feeling confused and unsafe.
- Life story—The resident with dementia is, in his or her mind, back in the Great Depression and only took baths on Saturdays, taking turns with other family members.
- You—You didn't identify yourself; the resident with dementia does not recognize you or trust you; the resident is upset with you today.



What are some ways to respond to this action?



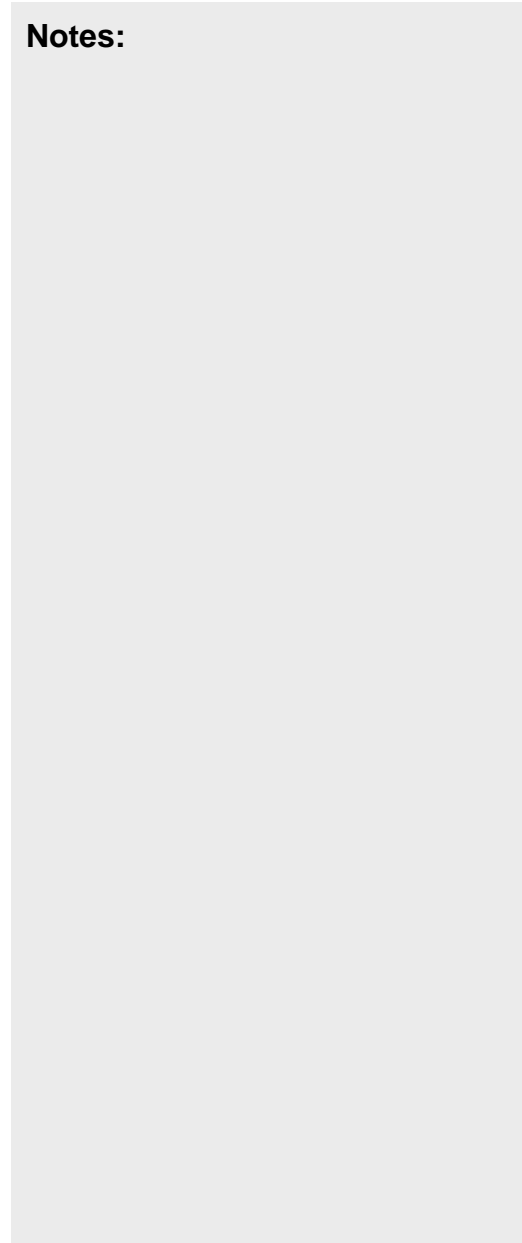
Some possible answers might be:

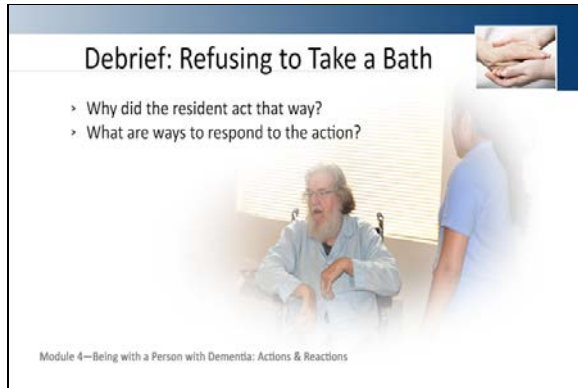
- Prepare the bathing area so that it is inviting and warm. Perhaps have music available to help calm the resident.
- Reassure the resident and make sure the water is warm—possibly use bubble bath or bath salts, if appropriate.
- Be sure you communicate clearly.

Notes:

- Come back at another time.
- Help the resident wash up at the sink or in his or her bed.
- Cover the resident with towels or a robe while bathing.
- For visuospatial challenges, you might need to fill the tub as the resident sits in it.

Notes:





Slide 3 of 12

Notes:

Debrief: Refusing to Take a Bath

SAY

Let’s discuss refusing to take a bath.



ASK

Which group had this action? What are some reasons you came up with for why a person might act that way? (Guide the speaker through the various categories of reasons [health, medications, communication, etc.]).

Next, what are some ways to respond to this action? (To get more details, you might need to ask more specific questions: What might you do to prepare for this action? How might you prevent it? What would you do to respond “in the present” as the action is happening?)

Note: If multiple groups had the same action, give each group an opportunity to share their discussion.

Debrief: Putting Non-Food Items in His or Her Mouth—Slide 4 of 12**Instructor Guidance:**

For the action of putting non-food items in his or her mouth, ask the groups to share:

- Their reasons why a person might act that way.
- Possible ways to respond.

Below is an example of how this exercise might play out. This is not intended to be shared with the class, as it is important that they do their own brainstorming. Participants will likely identify many reasons why and ways to respond that are not included here. These are just some examples.



Why might this action be happening? Look at the eight areas.



Reasons for the action of putting non-food items in his or her mouth could be:

- Unmet needs—The resident with dementia is hungry and thinks the buttons are food.
- Life history—The resident's mother used to give him or her candy after school. The buttons remind the resident of the candy.

Notes:



What are some ways to respond to this action?



Some possible answers might be:

- Redirect the resident from eating the button by giving him or her something else to hold.
- Invite him or her to have a snack.

Notes:

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Slide 4 of 12

Debrief: Putting Non-Food Items In His or Her Mouth

SAY

Next, let's discuss this action.



ASK

Which group had this action? What are some reasons you came up with for why a person might act that way? (Guide the speaker through the various categories of reasons [health, medications, communication, etc.]).

Next, what are some ways to respond to this action? (To get more details, you might need to ask more specific questions: What might you do to prepare for this action? How might you prevent it? What would you do to respond “in the present” as the action is happening?)

Note: If multiple groups had the same action, give each group an opportunity to share their discussion.

Notes:

Debrief: Collecting Items That Don't Belong to Him or Her—Slide 5 of 12**Instructor Guidance:**

For the action of collecting items that don't belong to him or her, ask the groups to share:

- Their reasons why a person might act that way.
- Possible ways to respond.

Below is an example of how this exercise might play out. This is not intended to be shared with the class, as it is important that they do their own brainstorming. Participants will likely identify many reasons why and ways to respond that are not included here. These are just some examples.



Why might this action be happening? Look at the eight areas.



For the action of collecting items that don't belong to him or her, the reasons could be:

- Environment—The environment causes the resident with dementia (a former housekeeper) to think he or she is at work in the hospital. The resident is collecting towels to wash.
- Unmet needs—The resident with dementia is bored.

Notes:

- Life history—The resident used to work in a hospital in the housekeeping department. The resident thinks he or she is at work and collects towels from all the rooms for laundry.



What are some ways to prevent or respond in the moment to this action?

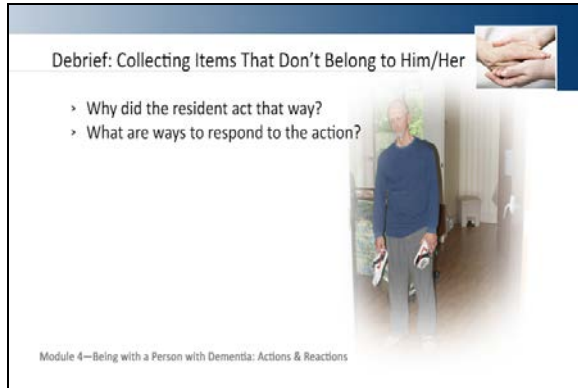


Some possible answers are:

- Involve the resident with dementia in laundry.
- Ask the resident about laundry and housekeeping work as he or she is collecting towels, while redirecting to another area.

Notes:

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Slide 5 of 12

Debrief: Collecting Items That Don't Belong to Him or Her

SAY

Next, let's discuss the action of collecting items that don't belong to him or her.

ASK



Which group had this action? What are some reasons you came up with for why a person might act that way? (Guide the speaker through the various categories of reasons [health, medications, communication, etc.]).

Next, what are some ways to respond to this action? (To get more details, you might need to ask more specific questions: How might you prevent it? What would you do to respond “in the moment” as the action is happening?)

Note: If multiple groups had the same action, give each group an opportunity to share their discussion.

Notes:

Play Video Clip: Refusing to Take a Bath—Slide 6 of 12**Instructor Guidance:**

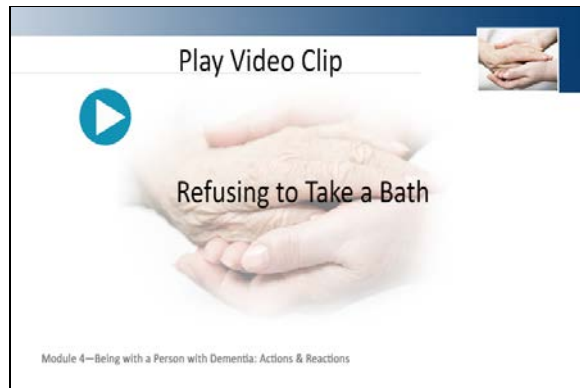
Participants will see video clips of person-centered approaches to the three actions they discussed.

Emphasize the following points to the class:

- As they identified, there are many different ways to respond to the actions of persons with dementia.
- There is no one-size-fits-all approach that works all the time.
- An approach might work for one person with dementia, but not another. It might work one day and not the next. It might even work for one caregiver but not another.

The first clip shows a person-centered response to refusing to take a bath. In this clip, Gloria asks Mr. Johnson to take a bath. He does not want to. Gloria apologizes and asks her coworker, Dave, whom she knows Mr. Johnson likes, to see if he can get Mr. Johnson to take a bath. Dave is successful.

Notes:



Slide 6 of 12

Play Video Clip: Refusing to Take a Bath

SAY

You have identified a number of different ways to respond to the actions of persons with dementia. Now we're going to look at some person-centered approaches to each of these actions, some of which you have mentioned.

Keep in mind that there are no one-size-fits-all approaches that work all the time. Each person is different. What works for one person with dementia might not work for another person. What works for a person one day might not work the next day. You may even find that something might work for you but not another caregiver.

This first clip shows what you might do to respond to a person with dementia who does not want to take a bath.

Notes:

Discussion—Slide 7 of 12**Instructor Guidance:**

Briefly discuss what the participants saw in the clip.

It is important that participants understand that Gloria recognized that she was not going to convince Mr. Johnson to take a bath. It is also important to point out that Gloria knows that Mr. Johnson likes Dave. Because she knows her resident well, she is able to respond to him in a way that prevents a negative reaction and helps him get what he needs.



How did Gloria respond to Mr. Johnson's action of refusing to take a bath?



- Gloria did not pressure Mr. Johnson to take a bath.
- Gloria backed away.
- Gloria asked another aide, Dave, to help.



How did Mr. Johnson react to Gloria's response?

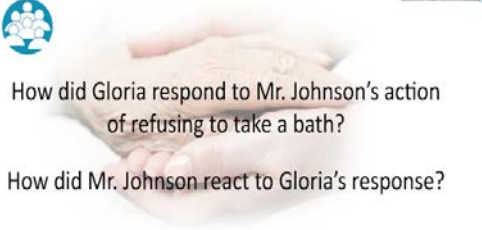



- Mr. Johnson calmed down when Gloria left.
- Mr. Johnson let Dave help him.

Note: If participants notice that the aide did not put foot pedals on the wheelchair before transporting Mr. Johnson, remind them that this creates a potential for injury to the resident.

Notes:

Discussion



How did Gloria respond to Mr. Johnson's action of refusing to take a bath?

How did Mr. Johnson react to Gloria's response?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 7 of 12

Notes:

Discussion



ASK

- How did Gloria respond to Mr. Johnson's action of refusing to take a bath?
- How did Mr. Johnson react to Gloria's response?

Play Video Clip: Putting Non-Food Items in Mouth—Slide 8 of 12**Instructor Guidance:**

This clip is about responding to a person with dementia putting non-food items in his mouth. This action in persons with dementia is usually related to confusion about the item being food. In this clip, a person with dementia (Mr. Davidson) is sitting with another resident during an activity that involves buttons. A caregiver coordinating the activity, Wendy, sees that Mr. Davidson is about to put a button in his mouth. Mr. Davidson thinks that the button is a piece of candy. Wendy redirects him and cues him to put the button down. She then invites him to have a snack to divert him from attempting to put other buttons in his mouth.

Notes:



Slide 8 of 12

Play Video Clip: Putting Non-Food Items in Mouth

SAY

Now let's look at a clip of a resident with dementia who puts non-food items in his mouth.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 9 of 12

Instructor Guidance:



Briefly discuss what the participants saw in the clip.



How did Wendy respond to Mr. Davidson’s action of attempting to put non-food items in his mouth?



- Wendy redirected him.
- Wendy did not say “no” or “stop that.” She found a way to get him to put the button down.
- Wendy did not embarrass him by pointing out that he was trying to eat a button—she gently redirected him.



How did Mr. Davidson react to Wendy’s response?



- Mr. Davidson allowed her to take the button.
- Mr. Davidson was calm.

Notes:


Large gray rectangular area for taking notes.

It is important to point out that Wendy successfully prevented Mr. Davidson from putting the button in his mouth by redirecting him and giving him cues on what to do with the button (put it with the other red buttons on the table). She did not tell Mr. Davidson “no” or to not eat the button. If she had done that, she likely would have upset him. Because Wendy knew Mr. Davidson well, she also understood that he sometimes mistakes buttons for candy so she redirected him with food.

Notes:

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Discussion



How did Wendy respond to Mr. Davidson's action of attempting to put non-food items in his mouth?

How did Mr. Davidson react to Wendy's response?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 9 of 12

Discussion



ASK

- How did Wendy respond to Mr. Davidson's action of attempting to put non-food items in his mouth?
- How did Mr. Davidson react to Wendy's response?

Notes:

Play Video Clip: Collecting Items That Don't Belong to Him—Slide 10 of 12**Instructor Guidance:**

This clip shows an aide's (Dave's) response to a resident, Mr. Davidson, who is collecting items that don't belong to him. This action is common in persons with dementia, but the action itself and the reasons behind the action vary. In this clip, we will see that Mr. Davidson has been collecting another resident's (Mr. Ellis') shoes. A sports enthusiast, Mr. Davidson sees the athletic shoes and thinks they are his. Dave knows the resident and understands his actions, so every night he removes the shoes from the resident's room and returns them to the rightful owner.

Notes:



Slide 10 of 12

Play Video Clip: Collecting Items That Don't Belong to Him

SAY

Now let's look at our last example—how to respond to a person with dementia who collects another resident's belongings.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 11 of 12**Instructor Guidance:**

Briefly discuss what the participants saw in the clip.



How did Dave respond to Mr. Davidson's action of collecting items that don't belong to him? (Hint: Think about what he didn't do.)



- He understood that the action of collecting the shoes was important to the resident.
- He did not tell Mr. Davidson that he could not take items that don't belong to him or prevent Mr. Davidson from carrying out his action. Instead, he returned the shoes and made sure Mr. Ellis' family understood the action—a response that wouldn't upset either resident.




How did this response meet the needs of both residents?



- Dave avoided upsetting Mr. Davidson by letting him collect the shoes.
- Dave avoided upsetting Mr. Ellis by returning his shoes. Mr. Ellis' family did not get upset because the situation was explained to them.

Notes:

Discussion



How did Dave respond to Mr. Davidson's action of taking the athletic shoes that did not belong to him?

How did this response meet the needs of both residents?

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 11 of 12

Discussion



ASK

- How did Dave respond to Mr. Davidson's action of taking the athletic shoes that did not belong to him?
- How did this response meet the needs of both residents?

Notes:

Brainstorming: Summary—Slide 12 of 12

Instructor Guidance:

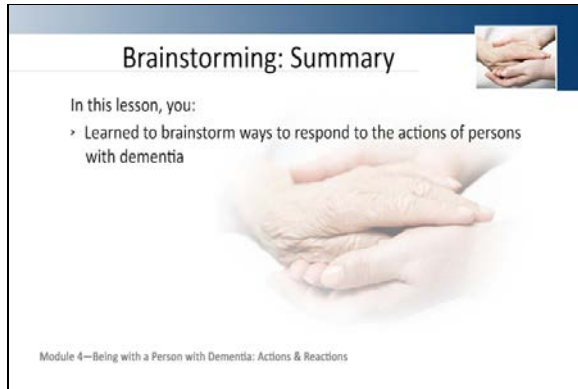


This lesson gave participants the opportunity to apply what they learned in the previous lessons and brainstorm ways to respond to the actions of persons with dementia.

Can you name three things from this lesson that you have learned or relearned?

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 12 of 12

Notes:

Brainstorming: Summary

SAY

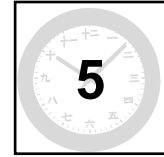
In this lesson you have learned how to brainstorm ways to respond to the actions of persons with dementia.



ASK

Can you name three things from this lesson that you have learned or relearned?

IX. Conclusion



Play Video Clip: Being with Mr. Haynes—Slide 1 of 3

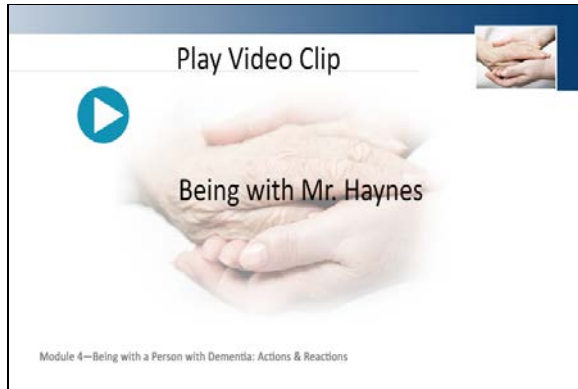
Instructor Guidance:



This lesson uses the story of Mr. Haynes to tie together the learning objectives in this module. The video clip shows Mr. Haynes, a nursing home resident whose actions result in his being medicated for aggression. When caregivers finally understand the reasons for his actions, they are able to avoid medication by responding to the actions and meeting his needs.

Notes:

Large gray rectangular area for taking notes.



Slide 1 of 3

Play Video Clip: Being with Mr. Haynes

SAY

We are going to watch a video clip about a nursing home resident named Mr. Haynes. After we watch the video, we will have a brief discussion.



DO

Click the forward arrow to play the clip.

Notes:

Discussion: Being with Mr. Haynes—Slide 2 of 3**Instructor Guidance:**

After the Mr. Haynes clip, facilitate a discussion with the group.



- What do you think about this clip?
- What one thing sticks out in your mind about this story?



In the discussion, you will want to make the following points:

- The nurse and the doctor did not understand Mr. Haynes' actions and felt the only way to respond was to medicate him.
- There are ways we can respond to behaviors without using medications.
- When we see aggressive behavior in residents, we need to dig deeper to try to understand the reasons behind the behavior.
- Knowing Mr. Haynes' life story was the key to understanding his actions.
- Mr. Haynes became excited when he heard the overhead page. When staff tried to stop him, he became more aggressive. In his mind, they were keeping him from something he needed to do. As a medic, his job was to treat the injured soldiers being brought into camp.

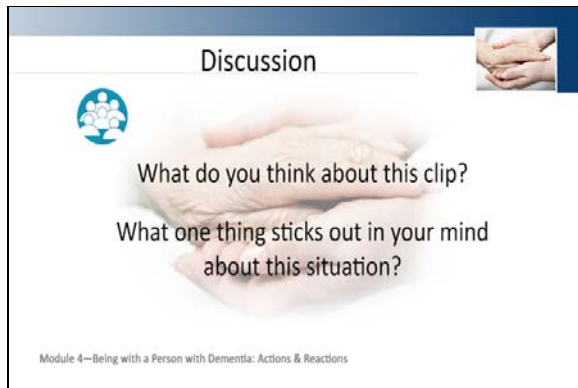
Notes:

- When the caregivers came together as a team to try to understand why Mr. Haynes might be acting this way, they were able to come up with a person-centered response.
- The group of caregivers included people from different departments and roles (e.g., maintenance, nursing and activities).
- In situations in which a resident becomes very upset and aggressive, it is important to make sure everyone is kept safe. Caregivers need to judge when a situation is an emergency and when others need to be involved to ensure safety.
- A proactive solution to preventing Mr. Haynes' reaction would be to use the overhead paging system only in emergencies.

Note: If the students notice that the male nurse aide placed his hand on Mr. Haynes' chest, let them know that this could be perceived as abusive behavior.

Notes:

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Slide 2 of 3

Notes:

Discussion: Being with Mr. Haynes



ASK

- What do you think about this clip?
- What one thing sticks out in your mind about this story?

SAY

The story of Mr. Haynes brings together all that we have learned in this module about the importance of understanding the meaning behind a person with dementia’s actions so that we know how to respond. Responding to Mr. Haynes by being with him meets his unique needs.

Congratulations!—Slide 3 of 3

Instructor Guidance:

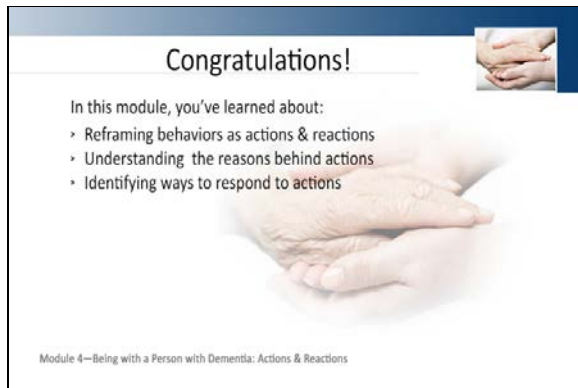


We have learned about reframing behaviors as actions and reactions and the importance of understanding actions as a form of communication. When we understand what the action means, we can brainstorm ways to respond to the action and meet the needs of our residents with dementia.

Ask participants whether they have any questions.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 3 of 3

Congratulations!

SAY

In this module we learned that all behavior has meaning. It is up to us to try to understand the reasons why persons with dementia act in certain ways. When we understand what the action means, we can think of ways to respond to the action and meet the needs of our residents with dementia.



ASK

Are there any questions or comments about what you learned?

Notes:

Module 4 Video Clips—Slide 7 of 7**Instructor Guidance:**

From this slide you can easily access any of the video clips in this module for review or additional discussion.

- Clip 1—I Want to Go Home.
- Clip 2—I Want to Go Home: Replay.
- Clip 3—I Want to Go Home: Preventing.
- Clip 4—I Want to Go Home: Being Present.
- Clip 5—Refusing to Take a Bath.
- Clip 6—Putting Non-Food Items in Mouth.
- Clip 7—Collecting Items that Don't Belong to Him.
- Clip 8—Being with Mr. Haynes.

Notes:

Module 4 Video Clips		
I Want to Go Home	Actions & Reactions: Why	Actions & Reactions: Ways to Respond
Video Clip 1	Video Clip 2	Video Clip 3
Brainstorming	Conclusion	Video Clip 4
Video Clip 5	Video Clip 8	
Video Clip 6		
Video Clip 7		

Select a video clip above

Module 4—Being with a Person with Dementia: Actions & Reactions

Slide 7 of 7

Module 4 Video Clips

Notes:

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Appendix

Handout: Brainstorming WorksheetA-3

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Brainstorming Worksheet

Resident:

Your Name:

Date you are filling this out:

	ACTION of the resident	
	TIME/DAY of action	
	What was happening right before?	
		WHY?
	Health Conditions (physical and emotional)	
	Medications	
	Communication	
	Environment	
	The Task	
	Unmet Needs	
	Life Story	
	You	
	WAYS TO RESPOND	
	PREPARE: How can I prepare for this action?	
	PREVENT: How can I prevent this action?	
	PRESENT: How can I respond to this action in the present moment?	
	What is our PLAN?	
	How do I communicate the PLAN to all caregivers?	

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