Research Brief   **August 2022**

STAFF REPORTS OF BEHAVIORAL EXPRESSIONS OF PERSONS WITH DEMENTIA IN 250 ASSISTED LIVING COMMUNITIES

Keywords: Assisted living, staff perceptions, dementia, dementia-related disruptive behavior

Purpose of the Study: To understand how assisted living staff perceive disruptive behaviors among residents with dementia, such as combativeness and anxiety.

Key Findings:

✓ Staff recognized triggers to disruptive behaviors in only 25% of the reported cases. However, dementia staff, and staff in smaller communities, recognized triggers more often.
✓ Staff used medication to manage disruptive behaviors in 40% of cases, and staff often used multiple strategies to manage disruptive behaviors both successfully and unsuccessfully.

Major Policy/Practice Implication: Training assisted living staff to recognize triggers to disruptive behaviors among dementia residents could help deescalate disruptive situations, and decrease use of antipsychotic treatment.

IMPORTANT BACKGROUND INFORMATION

Over 40% of the 811,000 assisted living (AL) residents in the US have dementia, many of whom experience disruptive behaviors, such as combativeness and anxiety. The ABC (antecedent-behavior-consequence) model teaches direct care staff to prevent or deescalate disruptive behaviors when possible by training them to recognize triggers to these behaviors (e.g., disruptive behavior that regularly occurs at sundown). Research demonstrates that the ABC model is associated with reduced levels of stress among residents with dementia. However, limited research has been done on how AL staff perceive disruptive behaviors, and what they define as successful or unsuccessful behavioral situations.

STUDY METHODS

Researchers interviewed supervisors from 250 AL communities in 7 states. Interviewees were asked to describe a successful behavioral situation (when staff successfully helped a resident manage disruptive behavior), and an unsuccessful behavioral situation (when staff could not help deescalate a disruptive behavior). Researchers also obtained data on AL community characteristics, such as bed size and memory care units. A multidisciplinary team used an adapted ABC model to assess interview data. They identified triggers, disruptive behaviors, staff responses, resident outcomes (positive/negative), and disposition (aging in place/discharge). They also calculated frequencies of these events.

KEY FINDINGS

✓ **Staff recognized triggers to disruptive behaviors in only 25% of cases.**
- o Staff recognized slightly more triggers in cases they felt were successful (28%) versus unsuccessful (20%)
- o Dementia staff noticed triggers more (30% recognition) than other staff (23-25% recognition)
- o Smaller communities reported greater recognition of triggers (37%) than larger communities (19-29%)

✓ **The most commonly reported disruptive behaviors were combativeness (29% of cases) and anxiety (28% of cases).** Researchers identified 11 disruptive behaviors: abuse, anger, anxiety, cognition, combativeness, elopement, resistance to care, restlessness, socially inappropriate behavior, suicide, and verbal abuse

✓ **Staff used medication management in 40% of cases, and they often used multiple strategies.**
- o Strategies included activities, person-centered care, family involvement, redirection, validation, psychiatric assessment, and police involvement
- o Family involvement was more frequently associated with unsuccessful cases (35%) than successful cases (23%)

Anxiety: "Resident that gets really agitated on a daily basis. [She] does not recognize place so hard to redirect. Found it helpful to go with it ... not tell her she has been here for years, but help her with where she is at."

Combativeness: "She was very disruptive and aggressive. She got meds for behavior. She later stated that she doesn't remember doing any of that."

PRACTICE AND POLICY IMPLICATIONS

For policy makers: Assess state policies on AL dementia care training and staffing. This and previous research suggest that adequate training may help staff recognize triggers to disruptive behavior more often. Additionally, smaller communities that typically have lower staff to resident ratios reported more successful recognition of triggers than larger communities.

For providers: Very few staff in the study reported recognizing triggers, despite research that suggests trigger recognition can prevent or deescalate disruptive behaviors. Ensure staff have the tools to recognize and manage dementia-related behavioral situations through evidence-based programs, such as STAR or CARES.

For researchers: More work is needed to develop and test methods of improving staff recognition of disruptive behaviors, especially triggers to those behaviors.

Findings from this study strongly support the need for assisted living staff to more often consider and respond to antecedents of the behaviors of persons with dementia; when reporting cases of behavioral expressions, they identified antecedents only 25% of the time and more often in cases that they considered to have a successful resolution.

ORIGINAL ARTICLE

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