



POSITIVE BEHAVIOR SUPPORT IN THE CONTEXT OF DEMENTIA CARE

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ABOUT ME

- Clinical and research experience developing and implementing environmental interventions to support persons with dementia and their caregivers



PBS AND DEMENTIA

- Unique features of this population:
 - Presence of extensive learning histories
 - Widespread *deterioration* in behavioral repertoires
 - Medical comorbidity is common
 - Polypharmacy
 - Sensory and cognitive deficits
 - Greater focus on antecedent-based interventions
 - Low expectations and therapeutic nihilism



PHILOSOPHY AND GOALS

■ Person-centered care

- Individualized care focused on person's needs & preferences
 - Maximize choice, autonomy, meaningful activity

■ Maximize functioning

- *Maintain* existing repertoires
 - Identify strengths and remaining capabilities to foster independence
- Reduce *excess disability*
 - Remove disability in excess of what is expected from the disease itself



PHILOSOPHY AND GOALS

- Look to the environment for causes of behavior
 - Implications:
 - Reduce or eliminate reliance on medications
 - *The Omnibus Reconciliation Act for Nursing Home Reform (OBRA) (1987)*
 - Understand function vs. eliminate behavior
 - Eliminating behavior without understanding function may be unethical



COMMON TARGET BEHAVIORS

Behavioral Excesses

- Resistance to care
- Repeating questions
- Disruptive vocalizations
- Wandering & exit-seeking
- Sexually inappropriate behavior
- Anxiety/worry
 - Wanting to go home, looking for loved ones
- Paranoia
- Hallucinations

Behavioral Deficits

- Depression
- Apathy
- Social withdrawal



FACTORS RELATED TO TARGET BEHAVIORS

Environmental Factors

- Social attention
 - Interaction, comfort, validation, feedback
- Escape from unpleasant situation
- Sensory stimulation
 - Too much, too little
- Desire for object/item
- Temperature (bathing)

Disease-Related Factors

- Physical discomfort/pain
- Communication deficits
- Disorientation
- Poor executive functioning
- Misperceiving reality



ASSESSING FUNCTION

- Chart review
 - Rule out medical/physical causes
- Questionnaires
 - Topography
 - Cohen-Mansfield Agitation Inventory
 - Patient Health Questionnaire
 - Function
 - Behavior Environment Taxonomy Assessment
 - Functional Analysis Screening Tool
- Staff observation



INTERVENTION STRATEGIES

- Create “prosthetic environments” (Lindsley, 1964)
 - Goals
 - Compensate for cognitive, physical, and sensory declines and increase independence
 - Improve safety
 - Examples
 - Improve lighting
 - Visual barriers
 - Color contrasting
 - Removing safety hazards



INTERVENTION STRATEGIES

- External memory aids/cognitive prosthetics
 - Goal
 - Provide sensory cues in an individual's surroundings to help compensate for difficulties with memory
 - Examples
 - Lists, calendars, white boards, signs/labels
 - Memory/picture books
 - Benefits
 - Increase quality of conversation
 - Facilitate requests
 - Reduce repeated questions



INTERVENTION STRATEGIES

- Increase access to preferred activity
 - Useful for depression and behaviors that function to increase stimulation and/or social interaction
 - Useful as distractors for redirection
 - Methods for identifying preferences
 - Caregiver observation/trial and error
 - Interviews and surveys
 - Empirical preference assessment methods



INTERVENTION STRATEGIES

- ⦿ Noncontingent reinforcement
 - ⦿ Time-based or response-independent delivery of stimuli with known reinforcing properties
 - ⦿ Useful for behaviors maintained by attention, escape, increases in sensory stimulation
- ⦿ Embedding
 - ⦿ Introducing preferred stimuli into an aversive (yet necessary) activity
 - ⦿ Useful for escape-maintained behavior



INTERVENTION STRATEGIES

- Examine caregiver communication
 - Dependence is often reinforced
 - Increase use of prompting, modeling, praise
 - Goals are to increase *independent* behavior
 - Change command/instruction types
 - Reduce elderspeak
 - Increase indirect listener repairs
 - Increase validation
 - Decrease direct listener repairs



THANK YOU!

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