

Suggestions for Reducing Antipsychotic Medications

Carefully monitor and frequently reassess the use of these provided alternatives to antipsychotic medications. Always start by assessing the resident for pain. The assessment should include nonverbal signs of pain.

General Principals

- Start with a validated pain assessment tool that assures nonverbal pain is addressed.
- Ensure resident feels secure.
- Appeal to a resident's five senses and learn what he/she likes to see, smell, touch, taste and hear.
- Get to know the resident, including his/her family history and family life and what he/she previously enjoyed. Help resident create a memory box of his/her photos, cards, favorite things, etc.
- Focus on resident's strengths.
- Encourage independence.
- Invite pets, children and volunteers.
- Involve family by giving them a task to support resident.
- Provide consistent staffing/caregivers.
- Screen for depression and possible interventions.
- Reduce noise (e.g., paging, alarms, television).
- Talk slowly in a low, calm tone.
- Attempt to identify triggering events that stimulate unwanted reactions from the resident.
- Find activities the resident enjoys, perhaps based upon his/her previous work or career.
- Offer two or three alternative choices/activities.

What to try when a resident resists care:

Therapeutic Intervention

- Evaluate recent medication changes, especially if the behavior is new.
- Determine if resident is in pain, why he/she is in pain and then treat the pain.
- Evaluate if care can be provided at a different time.
- Determine if resident is trying to communicate a specific need.
- Evaluate resident's sleep patterns.
- Place resident in bed when s/he is fatigued.
- Determine if the resident's routine has changed.
- Provide a positive alternatives or something the resident enjoys.
- Is the resident hungry? Offer him/her a snack before providing care.
- Provide periodic exercise throughout the day (e.g., a walk to dine program).
- Encourage wheelchair/chair pushups or periodically assist resident with standing.
- Provide entertaining activities that also give you an opportunity to assess the resident.
- Focus on substitution, not subtraction.
- Avoid using distractions that ignore the resident's desires or preferences and/or are demeaning.

Environmental & Equipment Intervention

- Use assistive devices (e.g., wedge cushion, solid seat for wheelchair, side or trunk bolsters, pommel cushion, Dycem, etc.).
- Evaluate resident for an appropriately sized chair and proper fit.
- Evaluate alternative seating to relieve routine seating pressure/pain.
- Use an overstuffed chair, reclining wheelchair, non-wheeled chairs or wingback chairs.
- Ensure a call bell is within resident's reach.
- Provide an over-bed table to allow for activities.
- Make sure water is within resident's reach to help ensure hydration.
- Put resident's favorite items in his/her room to provide comfort.
- Allow access to personal items that remind resident of family, especially photos.
- Encourage routine family visits with pets.
- Provide consistent staffing/caregivers.
- Evaluate if resident's environment can be more personalized or modified to better meet his/her needs.

What to consider when resident is disruptive in group functions:

Therapeutic Intervention

- Evaluate new medications, especially antibiotics, and assess pain.
- Evaluate for group stress and remove resident from group if needed. If this is a new behavior in a group, evaluate what is different this time. Return resident to group function, if possible.
- Ensure resident has had a rest period before a group activity.
- Determine if resident requires toileting.
- Determine if resident is hungry or thirsty, and if so, provide a snack or beverage.
- Ensure there are no medical complications (e.g., low or high blood sugar, urinary tract infection).
- Ensure resident is not in pain.

Environmental & Equipment Intervention

- Determine if clothing is appropriate for a particular function.
- Evaluate the resident's shoes for fit and comfort. Ensure they do not rub his/her feet.
- Evaluate ambulation devices (e.g., wheelchair, walker) to ensure they are in good working condition.
- Determine if the resident has adequate lighting, especially at evening events.
- Ensure room/group function is not overly crowded.
- Check to ensure the room is not too warm or too cold.
- Consider providing snacks and refreshments at all group functions.
- Ensure sound is at the right level for the resident (i.e., loud enough to hear, but not too loud).
- Provide consistent staffing/caregivers.
- Evaluate whether the group function fits into resident's areas of interest.

What to consider with a sudden mood change, such as depression:

Therapeutic Intervention

- Evaluate any new medications and assess pain.
- Evaluate for orthostatic hypotension and change positions slowly
- Reevaluate physical needs (e.g., toileting, comfort, pain, thirst, timing of needs).
- Rule out medical problem (e.g., high or low blood sugar changes).
- Engage resident in conversation about favorite activities, positive experiences, pets, etc.
- Touch resident when appropriate while recognizing personal body space.
- Anticipate customary schedules and accommodate personal preferences.
- Evaluate balance for disturbances (e.g., inner ear infection).
- Validate feelings and mobilize resident. For instance, if he/she says, "I want to get up," then you reply, "You want to get up?" to confirm you heard him/her correctly. Act on resident's request.
- Assess resident's hearing and vision.
- Determine whether talk therapy is possible.
- Assess sleep patterns.

Environmental & Equipment Intervention

- Assess for changes in resident's environment.
- Assess for changes in resident's equipment.
- Involve family to ensure there have been no changes within the family without your knowledge.
- Provide routines for consistency.
- Provide consistent staffing/caregivers.
- Provide nightlights for security.
- Encourage use of resident's memory box.
- Employ functional maintenance/24-hour plan.
- Encourage resident, if able, to verbalize his/her feelings.
- Eliminate noise and disruptions.
- Use a sensory room or tranquility room.

What to consider if the resident is verbally or physically abusive:

Therapeutic Intervention

- Validate feelings (e.g., “You sound like you are feeling angry.”).
- Begin with medical evaluation to rule out physical or medication problems.
- Evaluate resident for acute medical conditions (e.g., urinary tract infection, upper respiratory infection, ear infection, etc.).
- Evaluate resident for pain, comfort and/or other physical needs (e.g., hunger, thirst, position change, bowel/bladder urges).
- Try to identify triggering events/issues that stimulate unwanted responses or reactions.
- Track resident’s reactions and responses to assist in identifying triggers and/or trending patterns.
- Consult with family about past coping mechanisms that were effective during times of stress.
- Provide companionship.
- Redirecting the resident while using validation can be key to de-escalating the situation.
- Employ active listening skills and address identified issues.
- Show empathy.
- Develop trust through consistent staffing/caregivers.
- Avoid confrontation, lower your voice and sincerely apologize to the resident.
- Provide a sense of safety by calmly and quietly approaching the resident and moving to his/her side.
- Provide rest periods.
- Determine whether a social services referral is needed.
- Determine whether a psychologist/psychiatrist referral is needed.
- Provide touch therapy and/or massage therapy on the hands or back.
- Reduce external stimuli (e.g., paging, television, radio).
- Evaluate staffing patterns and trends.
- Evaluate resident’s sleeping patterns.
- Maintain a regular schedule.
- Limit caffeine.
- Avoid sensory overload.

Environmental & Equipment Intervention

- Use relaxation techniques (e.g., music, videos).
- Help resident create a memory box (or book).
- Help resident create a magnification box to create awareness of his/her voice level and provide feedback.
- Use a pleasant lighting, soothing sounds, fish tanks or a mobile.
- Play tapes, CDs, videos, etc., of family or friends.
- Move resident to a quiet, possibly more familiar area, if needed.
- Reduce external stimuli.
- Encourage family visits with pets.
- Identify whether another resident is triggering behavior.
- Encourage meaningful touch. You may be the only person in the resident’s life who provides this.

What to consider if the resident is pacing/wandering at risk for elopement:

Therapeutic Intervention

- Acknowledge resident's needs to feel needed and loved while respecting his/her personal space.
- Acknowledge and respond to resident's needs to be active or feel busy.
- Provide meaningful activities the resident prefers.
- Consider how medications, diagnoses, activities of daily living, schedule, weather or other residents affect wandering.
- Evaluate resident's need for a day treatment program.
- Help resident create a memory box (or book), a photo collage or album.
- Provide companionship.
- Provide opportunities for exercise, especially when waiting.
- Schedule pre-meal activities.
- Encourage singing, rhythmic movements, dancing, etc.
- Identify customary routines that allow for personal preferences.
- Provide structured, high-energy activities and subsequent relaxation activities.
- Take resident on walks.
- Provide positive written/verbal reassurance about where he/she is and why.
- Alleviate fears.
- Ask permission before you touch or hug the resident.
- Evaluate whether there is a pattern to pacing/wandering.
- Assess resident's personal agenda and validate behavior.
- Ask family to record assuring messages that can be played on a computer or CD.
- Evaluate for a restorative program.
- Perform a physical workup.
- Keep to the resident's side. Standing directly in front of the resident can feel confrontational to him/her.
- Maintain eye contact.

Environmental & Equipment Intervention

- Individualize resident's environment to make it more like his/her home. Place familiar objects within his/her environment.
- Place a large, numerical clock at resident's bedside to provide orientation to time of day as it relates to customary routines.
- Ensure the courtyard is safe for the resident.
- Reduce noise levels, especially alarms and paging.
- Assess carpet/floor patterns.
- Evaluate rest areas in halls.
- Provide visual cues to identify safe areas.
- Play a favorite movie or video for resident.
- Put unbreakable or plastic mirrors at exits.
- Evaluate the effectiveness of your wander system.
- Provide portable devices (i.e., MP3 players) for storing and playing resident's favorite music.
- Evaluate and use, as necessary, visual barriers and murals.
- Evaluate resident's wandering paths.
- Evaluate resident's room identifiers.

