

CASE STUDY: PART I



Ellen is an 83 year old resident in your facility. She had a stroke 1 year ago that left her with right sided weakness and has been in a wheelchair since requiring significant assistance with personal care. She also has chronic pain from osteoarthritis in her hips, likely a mixed Alzheimer/vascular dementia, diabetes, cataracts, and an arterial leg ulcer. She remains continent of bowel and bladder function. Ellen has difficulty with producing complete sentences, forgetting names, and has limited insight with

poor judgment. She is also quite social disinhibited and is known for having a 'sharp tongue' especially towards staff who provide her care and residents who are visibly more physically and cognitively impaired. Her medications include: Tylenol PRN, Metformin, multi-vitamin, calcium, and glucosamine.

Ellen has always been very independent and prided herself on her physical appearance and home décor. She was the only member of her family to attend a prestigious woman's college and, in her younger years, spent her days mingling with the upper echelon of society and socialized with woman of a high social class. She married well and had one daughter who was raised by a fairly high turnover of nannies. Ellen has been widowed for ten years and was cared for by her daughter with whom she has had a strained relationship.

Ellen can be charming, witty, with a dry sense of humor, but she has always said what was on her mind with little empathy and insight for other people's feelings. Her conflicts with staff surface around food and the evening routine. Ellen does not always follow her diabetic diet as prescribed by the dietitian and when staff confront her as she is found eating snacks and sweets from the community's fridge she becomes enraged. She has always been a night owl according to her daughter and settles to bed between 11 and midnight which creates further tension as her requests for assistance usually occurs during shift change. Since her stroke she has become more easily angered, vocal in terms of making demands upon staff, and often resistant to evening peri care. She is very particular around her nail and hair grooming and doesn't like to go to the dining room without at least her lipstick on. A couple of staff have a good rapport with Ellen but others seem to be having a hard time with providing care.

Today, Ellen’s primary care staff is off and you have been assigned to her. Having worked in the facility for a couple of years, you have heard about Ellen’s verbal and physical behaviours but have never worked with her before.

1. How would you describe Ellen’s behaviour you observed in the video? Complete the Identification of Behaviours Tool and the Behaviour Pattern Record (**pink**).

2. Based on the information provided, where do you think these behaviours might be coming from? Refer to the GPEP Model and identify the influences using the Behaviour Assessment Tool (**yellow**).
NB: just identify influences, do not care plan or come up with strategies

3. What other records would help in gathering more information on the influences/causes of Ellen’s behaviour and why?

4. a. Based on the video clip shown, describe in the table below both care providers’ approach with Ellen and identify how their approaches may have helped to decrease or further escalated or triggered Ellen’s responsive behaviour?

	CARE PROVIDER #1	CARE PROVIDER #2
What did you like about the interaction?	<ul style="list-style-type: none"> • Calm tone of voice • In front at eye level 	<ul style="list-style-type: none"> • Showed care & concern
What may have further triggered or escalated Ellen’s behaviour?	<ul style="list-style-type: none"> • A bit of a condescending tone. Not sure if “my dear” is Ellen’s preferred name • Removing shirt saver/apron without asking permission & while Ellen was agitated • Did not demonstrate listening to Ellen’s request to “get out of here” – staff suggested lying down in bed • Over explaining/rationalizing to someone who is agitated, “we’re just here to help, make you feel comfortable” 	<ul style="list-style-type: none"> • Approached from behind and touched Ellen’s shoulder; invaded Ellen’s personal space, startled her? • Asking “Are you OK? What’s the matter?” not validating –suggesting there is something wrong with Ellen rather than trying to clarify her behaviour. • Not an ideal situation to have 2 people at the same time try to de-escalate Ellen who is very agitated

b. How do you think the staff felt during the interaction with Ellen?

5. Ellen is demonstrating behaviours that may be indicative of unmet needs. List 2 unmet needs based on the information provided.

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6. Identify care strategies or actions that would require care planning and write these ideas on the last page of the Behaviour Assessment Tool (**yellow**).

7. Using the My Daily Care Plan EXAMPLE provided as a reference, complete three boxes on Ellen's My Daily Care Plan template provided (**blue**)

- My thinking challenges & abilities
- How I like to communicate:
- My dressing habits

NB: write each phrase in her voice as if she is telling her story

CASE STUDY: PART II



This morning you hear Ellen yelling out in her room. You enter her room and she screams, "Get out of here!" and swings her arm at you.

1. What are your three immediate responses to Ellen's behaviour?

- a)
- b)
- c)

2. Ellen is no longer trying to hit but she is still very upset. Identify your next steps to reduce Ellen's agitation.

Let's Practice:

- a. Pick a partner
- b. Decide who will play Ellen and who will be the care staff
- c. Using the tips in the *Verbal or Physical Aggression* section on the Behaviour Escalation Model (**green**), practice responding to Ellen using the script below
- d. Remember, the goal of your approach is to de-escalate Ellen
- e. Don't forget to reverse roles when you are done!

Script for Ellen: "What do you mean what's the trouble...I want you to get out of here!"

Script for Care Staff: "....."

3. Facilitated discussion at your tables:
- a. What was working well?
 - b. What did you change or improve on?

CASE STUDY: PART III



Over time, you have figured out an approach that works most of the time with Ellen.

Summarize your approach/communication style that takes into account “who” Ellen is as a person, what she likes and dislikes from the information presented in the case study and video clip.

1. Using the ABCDE Model and Communicating with Persons with Dementia (**purple**), indicate below how you would recommend approaching and interacting with her on a day-to-day basis:
 - a)
 - b)
 - c)
 - d)
 - e)