Behavior as Communication:
Using the Habilitation Model to Work with People with Alzheimer’s

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Jewish Community Housing for the Elderly
Quick Review
What’s Happening in the Brain

Plaques

✓ Beta amyloid protein accumulates forming dark clumps outside neurons

✓ These cells are most involved with thinking, sensing, perceiving, feeling, planning, language, movement…

✓ These clumps cause brain cells to die
What’s Happening in the Brain

Tangles

 Tau protein erodes the walls of the neurons and cause neurofibrillary tangles
Healthy brain weighs 3 lbs.

Diseased brain weighs 1 lb.

Length of decline 3-18 yrs.

Neuropathology begins 10-15 years prior to noticeable changes.
What’s Happening in the Brain

Hippocampus

✓ The disease starts in the area of the brain just above the ears on both sides of the brain, called the Hippocampus.
What’s Happening in the Brain

Hippocampus

✓ Takes in new information
✓ Puts that information (comes in through the senses) in a form that the brain can use
✓ Compares new information to old
✓ Labels and files information

With Alzheimer’s, the Hippocampus is broken
Amygdala

- Almond-shaped groups of nuclei located deep and medially within the temporal lobes of the brain
- Remains pretty much intact long into the progression of the disease
Amygdala

✓ Involved with emotions:
  • the ability to hold an emotion
  • the ability to perceive emotions
  • the ability to feel emotions
  • the need to evoke and receive emotions in others

This is why the Habilitation Model focuses on emotions!
Habilitation - not Rehabilitation!

✓ **Rehabilitation** Therapy helps a person to re-learn abilities they’ve lost

✓ Habilitation Therapy creates a milieu around the person:
  • To promote positive emotion
  • To compensate for sensory losses
  • To make the most of remaining skills and abilities
  • For staff to speak the same language of Habilitation
The Habilitation Model

Knowing and Understanding the Individual

Behavior as the Individual’s Communication with Us

Purposeful Engagement

Our Approach to Personal Care

Our Communication with the Individual

Physical Environment
What We’ll Talk About Tonight

✓ Internal/External triggers cause negative behaviors
✓ Behavior that’s challenging vs. “problematic”
✓ When behavior poses an immediate risk
✓ Behavior detectives and teams
✓ Tracking negative behavior
Communication Difficulties

- Have difficulty finding words
- May use wrong word or create a new one

- Easily lose their train of thought
- Lose ability to read and write
- May revert to their native language
- Eventually unable to speak
We Can Help By

- Limiting distractions
- Showing interest and being supportive
- Offering comfort and reassurance
- Being patient; giving time to respond
- Offering a guess
Behavior as Communication
How is he behaving?
Behavior is not random!

Behavior may be the only way the individual has to communicate.
Common Challenging Behaviors

- Rummaging or searching
- Hiding or losing things
- Pacing or wandering
- Repeating
- Resisting or refusing care
- Sundowning
- Hallucinating, Paranoia, Delusions
Triggers

Internal
✓ Something happening in the mind or body of the person

External
✓ Something that is happening around them or to them
What could be the cause of the behavior?

<table>
<thead>
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<th>The Behavior</th>
<th>Cause or Trigger</th>
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<td>✓ She is rummaging in the closet...</td>
<td>because she is looking for her purse</td>
</tr>
<tr>
<td>✓ He urinates behind the plant…</td>
<td>because he needs the bathroom <strong>now</strong></td>
</tr>
<tr>
<td>✓ She is talking to no one...</td>
<td>because of hallucinations</td>
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<tr>
<td>✓ He wanders around constantly...</td>
<td>because he has nothing to do</td>
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<td>✓ She refuses a shower...</td>
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When does a challenging behavior become a “problem behavior”? 
A problem behavior is a **health or safety risk** for the person with dementia or for someone else.
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<th>Response</th>
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<td>Wearing mismatched clothes</td>
<td>No</td>
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<tr>
<td>Asking repeated questions</td>
<td>No</td>
</tr>
<tr>
<td>Pacing or wandering</td>
<td>Maybe</td>
</tr>
<tr>
<td>Refusing a bath or shower</td>
<td>Maybe</td>
</tr>
<tr>
<td>Tries to hit you</td>
<td>YES</td>
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Responding to Problem Behavior

They are doing something that is a potential danger to themselves or others:

- Calmly get their attention
- Connect with them, engage them in general conversation
- Casually attempt to take the dangerous item (“Joe, can I help you with that?”)
- Redirect them to another activity
- Escort them away from the unsafe area
Responding to Problem Behavior

They are going to hit or have already hit you:

- Do not hit back
- Step back and get out of their reach
- Say something like, “That hurt.” “It hurts when you hit me.” “Ouch! You slapped my head.”
- Keep calm and do not raise your voice
- Connect with their feelings, not their actions
- If possible get help
- If safe, leave them alone for a short while or redirect them to another activity
Responding to Problem Behavior

They are going to hit or have already hit someone else:

✓ Calmly get their attention on you so they stop advancing
✓ Say something like, “Stop Joe.”; or “It hurts when you hit, slap, kick, etc.”
✓ Respond to their feeling, not their words or actions
✓ Reassure and calm them
✓ Look to see if their body language shows they are relaxing
✓ Connect with them and redirect them away from the other person
The Habilitation Model

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Our Approach to Personal Care
Habilitation Helps Us Find Solutions

We can find answers to challenging behaviors through the domains of Habilitation:

- Should we change our communication?
- Should we make a change in their environment?
- Should we change our approach to personal care?
- Should we engage them in an activity
- Should we find something purposeful for them to do?
Investigating Behavior

✓ At times we need to investigate to try to resolve a behavior. We want to learn:
  • The cause of the behavior (the Trigger)
  • What to change (the Trigger tells us)

✓ This is hard to do as the behavior is happening

✓ Afterward, step back, look for clues, and come up with a possible solution
Using a Behavior Log

- What is the behavior?
- When did it happen?
- Where did it happen?
- Who was there?
- What was going on before the behavior?
Additional Questions about the Behavior

• Is there a pattern?
• Was it caused by a communication problem?
• Was it caused by the environment?
• Was it caused by our approach to care?
• Was it caused by a lack of activity?
• Could it be caused by an internal trigger?
Behavior Log

<table>
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<tr>
<th>When (date, time) did the behavior happen?</th>
<th>What happened right before the behavior?</th>
<th>What are the Possible Triggers or Causes?</th>
<th>What Habilitation Concept Can Be Tried to Change the Behavior?</th>
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Behavior as Communication

When we learn the cause, and make a change in our response, we’ve listened to what their behavior is telling us.

This is Behavior as Communication!
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**Tips and Techniques for Supporting Residents with Alzheimer’s Disease Using the Habilitation Model: A Guide for Staff in Independent Senior Senior Housing** can be found at:

jche.org/guide