

**BEHAVIOR ANALYSIS
AND THERAPY
IN NURSING HOMES**

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By

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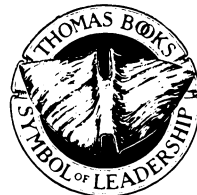
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CIP

*To my parents, Albin and Marie,
may they continue to age gracefully.*

D.A.L.

To my wife, JoAnn, and my parents, Kathleen and Julian.

L.M.L.

FOREWORD

The authors of the material which follows have timed perfectly their presentation with the desirable confluence of new federal guidelines regarding nursing home care, behavior analysis, and mental health problems and aging. There is widespread recognition of the prevalence of behavioral and psychological problems among the elderly, particularly those residing in nursing homes. At the same time, federal regulations, as a result of the Omnibus Reconciliation Act (OBRA) of 1987, require that nursing homes and professionals working in these settings be more accountable and use procedures which are less restrictive than traditional interventions such as medication, restraint, custodial care, and response prevention.

This book represents the best efforts to bring to the provider the reasons for utilizing a behavior analytic methodology, including advantages and disadvantages of such a model. Also included are the most frequently utilized interventions and methods to establish the efficacy of treatments. Explicit guidelines are provided to aid in implementation of least restrictive interventions. Finally, strategies for staff development and training are provided.

By introducing a large and fairly new audience to the advantages of proactive behavior analytic treatment, in contrast to reactive "behavior control" strategies, this book should help revolutionize the treatment of behavioral excesses and deficits in the very settings where successful intervention has been limited and difficult to achieve.

The reader will also benefit from the addition of antecedent control methods which help nursing staff and others shape appropriate behavior and diminish the likelihood of occurrence of problem behavior. Nursing home staff and families of nursing home residents should welcome the knowledge of verifiably successful techniques which do not require inordinate amounts of staff time, physical effort, or that produce negative side effects. This, too, helps staff to respond before a serious problem occurs, thus eliminating the need for highly restrictive and costly

procedures. By stressing the importance of the setting or context within which behavior occurs, including staff-resident interactions, the authors will hopefully increase awareness that the nursing home environment has a profound impact on the daily behavior of the resident and, therefore, should be monitored carefully.

Perhaps the three most unique contributions of this book are discussions of the implementation of interventions, staff training, and ethics and behavior change in nursing homes. Many useful forms, evaluation tools and concise tables are provided to aid implementation and evaluation of interventions. Through the use of simple, straight forward instructions, guidelines, and warnings the authors have made it relatively simple for professionals who are not conversant with applied behavior analysis (e.g., nurses, social workers, psychologists) to train staff in more effective treatment procedures. Treatment of problem behaviors in nursing homes presents complex and difficult ethical and treatment decisions. The authors present a thoughtful analysis of ethical issues related to resident autonomy, least restrictive treatment and problem behaviors of nursing home residents. Consideration and implementation of the recommendations offered will have a significant positive impact on the quality of life of residents and assist nursing homes in meeting OBRA regulations with respect to ensuring resident rights regarding care and treatment.

Now that OBRA regulations promote the replacement of sedation and restraint of nursing home residents by "behavior management," staff and professionals providing services in nursing homes should welcome the guidance of these two recognized experts in order to meet the new standards and provide top-quality care to their residents.

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PREFACE

Research and clinical outcomes have shown that applied behavior analysis can be a very positive force in the development of new models of nursing home care. In addition, “behavioral” approaches to the treatment of behavior problems in nursing homes are typically well received by nurses, physicians and families. Unfortunately, however, they are seldomly used or applied in an effective manner. Our experience providing behavioral services in nursing homes suggested two impediments to the dissemination of applied behavior analysis in long-term-care settings: (a) no clear understanding of the relationship between behavioral intervention and principles of behavior and (b) lack of available resources. Our goal in writing this book is to provide a practical guide in the use of applied behavior analysis in nursing homes that addresses the above issues.

We have tried to make the book readable by staying away from jargon except when absolutely necessary. Thus, this book can be used by health care professionals, such as nurses, or psychologists, who are unfamiliar with behavior analysis. As part of a staff development program on treatment of geriatric behavior problems, this book can be used as a self-instructional text and used alone or in combination with role-play instruction and lectures. As such, each chapter has clearly described objectives and two forms of knowledge tests. To be most effective, a combined self-instructional and role-play teaching approach is suggested.

As a practical guide to the use of applied behavior analysis, we have used “real-life examples” to demonstrate principles and procedures, and we have also tried to provide important “nuts and bolts,” clinical information not usually described in research articles. Finally, we have also tried to provide an accurate description of contemporary applied behavior analysis, current treatment of geriatric behavior problems, and ethical issues regarding treatment of geriatric residents in nursing homes.

In the post-OBRA era, nursing home administrators and health care professionals working in nursing homes face new legal, ethical, and

clinical challenges. Behavior analysts can play an important role in helping nurses, physicians and nursing homes meet the demands of OBRA, as well as improve the quality of life of nursing home residents. Much cross-disciplinary research and practice is needed. We hope this book will serve as an impetus for this challenging and rewarding enterprise.

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Chapter 1

CHARACTERISTICS OF NURSING HOME RESIDENTS AND MODELS OF CARE

Objectives

1. To indicate the approximate percentage of nursing home residents who suffer from cognitive impairments.
2. To indicate the approximate percentage of residents with psychiatric diagnoses and problem behaviors.
3. To name three common psychiatric diagnoses of nursing home residents.
4. To name three common problem behaviors identified by geriatric nurses.
5. To name the two primary models of care for nursing home residents.
6. To list three of the advantages and disadvantages of each model of nursing home care.
7. To identify the two major influences on the behavior of older adults that are assumed by the bio-environmental model of behavior.
8. To describe the four ways in which the older person's biology and surrounding environment can influence his or her behavior and to give an example of each of the four ways.

At any point in time, approximately five percent of the older adult population (persons over 65 years of age) resides in nursing homes throughout the country (Smyer, 1988). The average length of a given person's stay in a nursing home is approximately five years. Within the next 50 years, the number of persons living in nursing homes will increase by more than 300 percent (Smyer, 1988). Current nursing home residents are older and have more physical health problems than past residents. Depending on age, approximately 1.4–21.6 percent of nursing home residents need assistance in activities of daily living (i.e., eating, dressing). Moreover, a large number of nursing home residents have acute or chronic psychiatric disorders, which go undetected and untreated, for the most part. Additionally, a great many of the geriatric residents in

nursing homes and hospitals engage in problem behaviors, which may or may not be related to traditional psychiatric diagnoses.

Resident Characteristics and Problem Behaviors

It is estimated that 69–94 percent of nursing home residents have a psychiatric disorder or diagnosis (National Institute on Aging Task Force, 1980; Rovner, Kafonek, Filipp, Lucas, & Folstein, 1986). Residents' diagnoses include schizophrenia, depression, dementia, and anxiety. Also, an estimated 60–93 percent of nursing home residents are observed to have problem behaviors (Rovner et al., 1986). Geriatric nurses have rated the 10 most serious and most frequent of these behaviors (Burgio, Butler, & Engel, 1988; Sternberg, Whelihan, Fretwell, Bielecki, & Murray, 1989) (see Table 1.1).

Several characteristics and behaviors appear related to problem behaviors of nursing home residents. The problem behaviors of residents can be described as verbal or physical agitation. Residents who engage in physically agitated behavior are more likely to be male, have some cognitive impairment, poor mobility, social skill deficits and a history of aggressive behavior prior to nursing home placement (Marx, Cohen-Mansfield, & Werner, 1990).

Verbal agitation (e.g., complaints, yelling, requests for attention) are related to a greater number of medical diagnoses, better cognitive functioning, and reports of pain (Cohen-Mansfield, Billig, Lipson, Rosenthal, & Pawlson, 1990).

Current Treatment of Geriatric Problem Behaviors

Nurses and nursing staff are the front-line personnel responsible for the care and treatment of nursing home residents. Nurses are educated and trained in a “wholistic” model of care. However, the current model of nursing home care is more accurately described as a “medical model,” as is evidenced by the extensive use of medication for behavioral disorders, and by the lack of specialized, non-medical behavioral services. Unfortunately, current evidence suggests that assessment and treatment of behavioral dysfunction of nursing home residents is not optimal (Lundervold, Young, Jackson, & Purcell, 1991; Rapp & Davis, 1989).

Moreover, a recent survey of nurses working in long-term care indicated that they were not sure that (a) they had received adequate training in behavior modification, or that their course work in the

Table 1.1

Geriatric Nurses' Ratings of Behavior Problems in Order of Importance

<u>Behavior Problem</u>	<u>Rank Order</u>
Hitting staff	1
Hitting patients	2
Injury to self	3
Endangers self	4
Inappropriate toileting	5
Removes tubes, etc.	6
Screams/yells	8
Spits out/resists medicine	9
Attempts to undo restraints	10

Based on data reported by Sternberg, J., Whelihan, W. M., Fretwell, M. D., Bielecki, C. A., & Murray, S. L. (1990). Disruptive behavior in the elderly: Nurses' perception. Clinical Gerontologist, 8, 43-56.

care and treatment of problem behaviors was sufficient, and (b) they were uncertain as to whether antipsychotic medication was a cost-effective method for the treatment of geriatric problem behaviors (Burgio et al., 1988). Nursing staff (nursing assistants and nurses) receive limited education regarding the behavioral assessment and treatment of older adults. At present, the primary focus of the education and training of nurses and nursing staff is the care and treatment of *physical health* problems. But the research evidence indicates that geriatric residents are frequently in need of psychosocial and behavioral interventions as well.