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Negative Behavior

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Negative Behaviors in a Nursing Home

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An issue that most nursing homes must deal with is the problem of negative behavior. Negative behavior includes wandering, undressing, crying, repetitive questions and acts of aggression, and is usually treated by trying to suppress the negative behaviors. An alternative approach is to try to increase positive behaviors which leads to a decrease in negative behaviors. This can be achieved by increasing the quality of life of nursing home clients.

An issue directly related to quality of life is competency. Caregivers often treat nursing home clients like children that need to be taken care of. They often assume that clients have few cognitive skills and, therefore, do not treat them as competent adults. Activities are frequently babysitting strategies intended to keep clients quiet and out of trouble.

The other issue related to quality of life is control. Most nursing home clients have lost control of financial matters and social roles by the time they enter the nursing home. Once in the nursing home, they lose control of their daily lives, as they must conform to the nursing home's schedule. This lack of control and reinforcement of incompetency leads to a decreased

quality of life (Baltes & Reizenzein, 1986). Some individuals adopt the attitude of the caregivers, while others fight it by trying to leave or cursing at staff. By increasing quality of life, the experimenters believe that negative behaviors are replaced by positive ones.

Reasons for negative behavior

A number of reasons why negative behaviors occur have been identified in the literature. For example, physical assaults have been shown to occur in day rooms and hallways. Balderston, Negley, Kelly, & Lion (1990) found that 53% of physical assaults occurred in the day room and 28% occurred in the hallways. Donat (1986) found similar results, reporting that altercations occurred 45% of the time in day rooms and 25% of the time in hallways. These results can be explained by the fact that patients have more contact with other patients in day rooms and hallways. Balderson, et al. (1990), also found that most assaults occurred around mealtimes. As patients moved down the halls to the cafeteria, they often bumped and shoved others. Therefore, unwanted touching appears to be a precipitant of negative behavior. Marx, Werner, & Cohen-Mansfield (1989) found that patients become aggressive as a result of their

perceived violation of their personal space, suggesting that any violation of personal space, rather than touching per se, is an antecedent of negative behavior.

Pain is another possible explanation for negative behavior in response to touch. Ryden, et al. (1991) found that 72.3% of the behaviors preceding aggression involved touch or violation of personal space due to caregiving; some of these behaviors included movement, dressing and toileting. Therefore, patients may be reacting negatively to the physical pain that is unintentionally inflicted upon them by caregivers.

A third reason for negative behavior is a lack of control. When residents are given few choices concerning themselves, they often respond by exhibiting negative behavior (Meddaugh, 1990). Similarly, Hamel, Gold, Andres, Reis, Dastoor, Grauer, and Bergman (1990) found that when patients were told to "do something," they responded aggressively; the patients in a geriatric unit engaged in negative aggressive behavior in situations where "...the nurse's actions were perceived by the patient as thwarting, controlling, or aggressive" (Cooper & Mendonca, 1989).

Coping with negative behavior

Caregivers have coped with negative behavior by preventing it from occurring. When Balderston, et al.

(1990) discovered that many assaults took place in late afternoon because the patients were tired, they allowed patients to return to their room and take a nap. They also found that non-ambulatory patients would assault confused ambulatory patients when the victim invaded their personal space. They prevented assaults by maintaining a large amount of space around the non-ambulatory patients. Also, repeatedly aggressive patients were moved to another unit.

A second way of dealing with negative behaviors is through the use of pharmacological treatment. Cohen-Mansfield (1986) found that, when compared to non-agitated individuals, agitated patients received significantly more medication for agitation. Physical restraints, including geri-chairs, is another alternative. Recently, behavior therapy has been used. Behavior modification techniques have been applied to many problems, including urinary incontinence (Engel, Burgio, McCormick, Hawkins, Scheve, & Leahy, 1990; Hu, Igou, Kaltreider, Yu, Rohner, Dennis, Craighead, Hadley, & Ory, 1989; Schnelle, 1990) and agitation related behaviors (Cleary, Clamon, Price, and Shullaw, 1988; Marx, et al., 1989). These techniques include shaping of behaviors, extinction and positive reinforcement.

While behavior modification aims to suppress

negative behaviors, some intervention studies used structured activities to increase the positive behaviors. Clair and Bernstein (1990) examined the effects of music therapy on three nursing home patients diagnosed with Alzheimer's type dementia. Although their cognitive, physical and social capacities declined, they were able to successfully interact with others during the therapy.

Francis and Munjas (1988) introduced stuffed animals to residents of a nursing home. Significant positive changes in psychological well-being, mental function, life satisfaction, psychosocial function, self concept and depression occurred. Goldasser, Auerbach and Harkins (1987) found that depression in a group of nursing home residents receiving reminiscence group therapy declined. Finally, Supiano et al. (1989) found that depression declined in nursing home residents participating in a writing group.

Methodological issues

A new way of studying the effects of structured activities is through the use of video tapes. Video taping has been used frequently in behavioral studies, especially those involving children and adults (Matousek, Edwards, Jackson, Rudd, & McMurray, 1992; Rolider, Cummings, & Van Houten, 1991; Ninness, Fuerst, Rutherford, & Glenn, 1991; and Ducharme & Feldman, 1992).

It usually involves videotaping subjects and having trained observers code them at a later time. Video taping of data also permits easy computation of interrater reliability (Breen & Haring, 1991). Although it has been used in child and adult research, there are relatively few studies employing this technique on the elderly.

There are many advantages of using a video camera. It allows observers to concentrate on observing rather than recording. Also, with the prices of video equipment decreasing, it is more affordable. Video taping also saves the action, allowing the behaviors to be studied at a future time (Fagot & Hagan, 1988). Finally, video taping will allow the experimenters to easily choose the best time of the day to collect observations.

The purpose of this study is to assess the impact of art and poetry activities on the functional status, depression, well being and positive and negative behaviors of a group of Alzheimer's day care clients living in a nursing home using a video tape assessment procedure. It is hypothesized that in comparison to baseline behaviors (before activities), functional status, well being and positive behaviors will increase, while depression and negative behaviors decrease when the art and poetry activities are implemented.

Method

This research project is being conducted by a member of the staff at the Geriatric Assessment Center under the supervision of Dr. Blanchard-Fields and is funded by the Alzheimer's Association.

Subjects

Participants are ten patients residing in the Guest House unit of Baton Rouge General Hospital and are in the special Alzheimer's unit from 8:00 a.m. to 4:00 p.m. All are caucasian and their ages range from 63 years to 85 years; all are diagnosed with moderate to severe dementia. Two subjects moved to different nursing homes during the study.

Staff

The caregivers are two females who have worked on the unit since it opened five years ago. Both are certified nursing assistants. The remaining staff consists of five nursing assistants who have worked on the unit anywhere from two months to five years.

Setting

The unit to be studied is on the back wing of the Guest House, a nursing home. The day room contains chairs and sofas arranged along the walls and a table in the center of the room. This is the focal area for the present study.

Procedure

The Activities of Daily Living was used to assess functional status, the Beck Depression Inventory was used to assess depression and the Mini Mental Status Exam was used to assess well being. Subjects were also given a general physical exam. Assessments were made by a psychology doctoral student and a physician's assistant holding a master's degree in microbiology. Assessments will be repeated when the intervention is completed.

A video camera and a recorder was placed in the corner of the day room. The recorder was on a rotting base so that a clear view of the entire room was obtained. The caregivers were asked when the most amount of patient activity occurred. It was determined that 9:30-12:00 noon and 3:00 to 5:00 p.m. were the busiest times and these were the hours that were recorded.

Caregivers who worked on the unit were instructed how to operate the camera and video equipment. They were then responsible for turning the camera on and off at the specified times on Monday through Friday.

The art sessions were conducted by the experimenter on Tuesdays, Thursdays and Fridays from 3:30 to 4:30. Poetry sessions were held on Wednesdays at the same time, during which the experimenter was assisted by an additional undergraduate psychology student. Art

projects and poetry topics were piloted at two local adult day care centers. A list of the art projects and poetry subjects are presented in Table 2 and 3. Examples of the poetry are presented in the appendix.

The first week of taping allowed the caregivers to become familiar with the equipment and these tapes were not used. Behavior was recorded for a two week baseline, a five week intervention and a two week follow-up. Two blind coders will watch the tapes using a behavioral coding scheme that monitors the frequency of negative and positive behaviors by adults. These behaviors are presented in Table 1. For the purposes of the present project, subjective observations will be reported.

Results and Discussion

During baseline, there was a lack of stimulation. Their afternoon activity consisted of sitting in the day room and watching what the aides had on television. Some were restrained to prevent them from wandering. Others slept while slumped in their seats. The subjects rarely interacted with one another.

During intervention, I observed an increase in positive behavior. Ms. V did not speak much and her sentences were usually incoherent. Twice she looked at me and initiated conversation, counting the number of objects on the table. I noticed that Ms. E. repeated

things to other subjects when they did not hear what I said. Ms. E. also complimented me on my appearance. Finally, a few of the subjects smiled at me and two subjects repeatedly thanked me for coming. I also believe that there was a decrease in negative behaviors, although the decrease was not as big as the increase in positive behavior. Subjects that participated in art and poetry tended to wander less. Ms. M. had been restrained during baseline because she wandered. During intervention, restraints were discontinued and she would often spend thirty minutes or more seated and actively involved in art or poetry.

I experienced many difficulties while trying to do this research. My original project was to determine the antecedents of catastrophic reactions. Because none of the subjects had catastrophic reactions, I had to change my topic. I also had problems with the equipment. Just as I was about to begin the intervention, the camera broke. After I thought it was finally fixed, it broke again during the first week of intervention.

The nursing home staff was another source of problems. It took a while for the aides to finally learn how to turn on the camera properly. Even when they learned how to operate the camera, they rarely recorded during the specified times; and because there was an

unexpectedly high staff turnover, new employees on the unit had to be taught how to operate the equipment. Finally, they did not fill out the patient evaluations I gave them.

I also experienced difficulties actually implementing the intervention. I often had a difficult time getting the subjects seated at the table. Often, by the time I assisted a second or third subject to the table, the first subject had gotten up. I tried to prevent this from occurring by asking the first subject to assist me in setting up the supplies or by beginning the project with them.

Another difficulty was the noise level. An alarm sounded whenever anyone left the unit and had to be turned off by an aide, and they were not always prompt in disengaging the alarm. The aides also had loud conversations and yelled at subjects while I was trying to give instructions or read poems. During this time, it was very hard to hear.

Because the range of deficits among the subjects was great, some clients required more individual attention than others. When there were enough aides present, they would help a client in need of assistance. Some clients did not have all the skills necessary to complete the entire project. I therefore divided the tasks according

to an individual's abilities. When making butterfly magnets, Ms. E. traced the patterns while Ms. M. cut them out. One subject was unable to perform the tasks necessary to work on the art projects, but she was interested in the various supplies I had. I then gave her different construction paper patterns to work with during the art sessions. She would rearrange them and sometimes color on them.

What I have learned

---Intervention studies are very time consuming

---People do not fill out questionnaires unless they are threatened

---Do not rely on other people to perform necessary tasks if at all possible. They are not as motivated and do not pay enough attention to detail

---The more complicated and expensive the equipment, the more things that can break

---Intervention studies do not run on schedule; estimate the date of completion and then add two months.

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Table 1

Adult Behavior Checklist**POSITIVE BEHAVIORS**

Initiates conversation

Affection

Gives assistance

Complimentary statement

Sharing

Assistance request

Play organizer

NEGATIVE BEHAVIOR

Door checking

Door bolting

Undressing

Self-stimulation

Wandering

Cussing/fussing

Crying

Repetitive questions

Negative motor gesture

Table 2

Art Projects

Masking tape vases

Carrot decorations

Crayon and tempera paint art

Bird seed pine cones

Pasta necklaces

Sun catcher pictures

Fragrant greeting cards

Butterfly magnets

Magnolia rice pictures

Placemats

Seashell flower pots

Maracas

Springtime collage

Cloud pictures

Nature plaques

Table 3

POETRY TOPICS

Childhood

Friends

Nature

Love

Travel

Appendix A

Art Projects**MASKING TAPE VASES****Supplies:**

masking tape	plastic gloves
glass bottles	rags
shoe polish (cordovan and tan)	

Tear pieces of masking tape about 2-3 inches long and stick them onto a clean glass bottle. Do this until the entire bottle is covered and no glass is showing. Put on plastic gloves and using a rag or paper towel, smear a thin coat of shoe polish onto the bottle until it is covered. Let dry for about 10-15 minutes. An optional second coat can be added.

CARROT DECORATIONS**Supplies:**

12 in. disposable icing bags	orange jelly candy
Easter grass	twist ties

Cut one candy in half and put it as far into the bag as possible. Then fill the bag with approximately 16 pieces of candy. Put a handful of grass on top of the candy and tie with a twist tie so the most of the grass sticks out the top.

CRAYON AND TEMPERA PAINT ART

Supplies

poster board	black tempera paint
crayons	liquid detergent
paper clips	

Cut poster board into squares approximately 5 X 7 inches. Color the board all different colors. Mix equal amounts of black tempera paint and liquid detergent and spread over colored board. Let dry. Using a paper clip, scratch off the tempera paint in different areas.

BIRD SEED PINE CONES

Supplies

large pine cones	plastic knives
creamy peanut butter	string
wild bird seed	

Spread peanut butter over entire pine cone using the plastic knives. Roll in bird seed. Tie string to top of pine cone and hang outside.

PASTA NECKLACES

Supplies

pasta of various shapes	tempera paint
string	

Paint the pasta different colors. Allow to dry and then

string to make necklace.

SUN CATCHER PICTURES

Supplies

small Ziploc bags	masking tape
tempera paint	construction paper
glitter	markers
scissors	

In the center of the construction paper, trace a square that is an inch smaller than the bag and cut it out. Decorate the construction paper frame using paint, glitter, markers, etc. Add a few drops of tempera paint to the bag, seal the bag, and smear paint inside of the bag. Tape the bag to the back of the frame.

FRAGRANT GREETING CARDS

Supplies

construction paper	glue
scented oil	old magazines
scissors	straight pin
tissue paper	

Cut out pictures and phrases from the magazines. Put a few drops of oil on the tissue paper. Fold the construction paper in half to form a card. Place the tissue paper behind the picture and glue it to the

construction paper. Glue the phrases to the inside of the construction paper. Carefully stick the pin into the pictures to release the scent.

BUTTERFLY MAGNETS

Supplies

round clothes pins	old magazines
scissors	pens
glue	adhesive magnets
long pipe cleaners	black marker

Rip a colorful page out of a magazine. Trace the butterfly pattern on this page and cut it out. Put glue on the inside of the clothes pin and slide butterfly in. Wrap the pipe cleaner around the head of the clothes pin and curl the ends to make antennae. Use a black marker to draw eyes. Cut a two inch piece of magnet. Remove the backing and stick to the back of the clothes pin.

MAGNOLIA RICE PICTURES

Supplies

white rice	food coloring
glue	ziploc bags
construction paper	scissors

Put one cup of rice in a bag. Add five drops of green food coloring and shake well. Put one cup of rice in

another bag and add two drops of each color. Shake well. Cut out the picture of the magnolia and glue it to the construction paper. Glue white rice on the petals, the green rice on the leaves and the brown rice on the center.

PLACEMATS

Supplies

burlap	scissors
adhesive felt squares	pens

Cut burlap into 9 X 12 squares. Unravel the edges. Trace flower, leaf and stem patterns on the back of the felt and cut them out. Remove backing and stick to burlap.

SEASHELL FLOWER POTS

Supplies

clay flower pots	assorted seashells
glue	

Glue seashells to the flower pot.

MARACAS

Supplies

toilet paper rolls	tempera paint
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saran wrap

rubber bands

popcorn kernels

Paint toilet paper roll. When dry, cover one opening with saran wrap and secure with a rubber band. Drop about twenty popcorn kernels into tube. Cover remaining opening with saran wrap and secure.

SPRINGTIME COLLAGE

Supplies

old magazines

scissors

glue

poster board

Cut out pictures from magazines that represent spring.

Glue pictures to poster board.

CLOUD PICTURES

Supplies

construction paper

crayons

glue

cotton balls

Glue cotton balls to top of construction paper making clouds. Use crayons to draw an outdoor picture.

NATURE PLAQUES

Supplies

paper plates

tempera paints

glue

pressed flowers

leaves

seeds

Paint paper plate. When dry, glue pressed flowers, leaves, seeds, etc. to plate.

I got ideas for these art projects from Life-enhancing activities for mentally impaired elders: A practical guide, art journals created by students enrolled in PSYC 4999 under the supervision of Dr. Blanchard-Fields and craft shows.

Appendix B

Poetry Project

It's terrible
You can't get around
I feel terrible
I don't feel like being here
I want to be out there cutting grass
It is work but nice after you get there
I don't feel very good about it
Have you got a knife?
---Mr. S.

Christmas was very good
It was right much fun
I got quite a few presents
I had several doll babies
I felt real good
---Mr. S.

I went hunting
Shootin' deer
I like to kill 'em
I liked it real good
Hunting the big game
I felt sort of excited
It made me feel good
All over the country
I had some buddies
Hunted at night and during the day
---Mr. S.

When they come to visit me I remember them
I'm happy to see them
We sit down and talk about where we've gone
We've been from east to west
On a train you don't see much
We used our car-we could go where we wanted when we
wanted
Travelling is wonderful
---Ms. G.

It is a beautiful state
Everything grows
the land can grow beautiful trees and flowers
The climate is wonderful
It's cool-the summer is beautiful
It has lovely homes, good climate.

---Ms. G.

I think spring is wonderful
It's mild weather
It's not cold, it's not hot
It's just right

---Ms. G.

I like the opportunity to express myself
I don't know what I want to say
I just like the opportunity to say it.

---Ms. E.

I began the poetry sessions by announcing the topic and then reading poems related to the topic. I would ask them if they liked to poems I read and then asked questions related to the topic, encouraging them to elaborate. My assistant and I recorded their responses and would read them back to the subject. Topics and suggestions for poetry came from I never told anybody, Poetry group therapy: A here and now focus, and a poetry journal written by a student enrolled in PSYC 4999 under the supervision of Dr. Blanchard-Fields.