

Combativeness

<p>Identify the Problem</p>	<p>PROBLEM: Combativeness (anger, hitting, pushing, fighting, etc.)</p> <p>GOAL/EXPECTED OUTCOME: To reduce combativeness through non-pharmacological approaches</p>
<p>Explore</p>	<p>ASSESS FURTHER:</p> <p>Understand the possible triggers of the problem:</p> <ul style="list-style-type: none"> • Is something causing the person to feel frustrated? <ul style="list-style-type: none"> ○ Is the person overly tired? ○ Is the person having trouble completing a task that was once simple for him/her? ○ Is there too much going on around the person? ○ Does the person have trouble seeing or hearing that is causing him/her to mistake sights and sounds? ○ Are there too many unfamiliar people or places? • Is the person experiencing physical discomfort (pain, fever, illness)? • Is the person responding to caregiver stress and irritability? • Is the person experiencing side effects of a medication? <p>Understand the possible meaning of the problem to the person with Alzheimer's:</p> <ul style="list-style-type: none"> • Is the person overwhelmed? • Does the person feel he/she is losing control? • Is the person uncomfortable? • When a person resists, says "no!" or is combative, it can mean: <ul style="list-style-type: none"> ○ I can't ○ I'm scared ○ I don't understand ○ I never liked it and I never will <p>Understand the possible meaning of the problem to the caregiver:</p> <ul style="list-style-type: none"> • Does the caregiver feel unsafe? • Is the caregiver scared?
<p>Adjust</p> <p>Problem solve with interventions and actions</p>	<p>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:</p> <ul style="list-style-type: none"> • You set the tone; try to use a calm, reassuring voice and avoid insults <ul style="list-style-type: none"> ○ Try saying "I know you're feeling angry," to show you understand • Try to avoid triggers if possible <ul style="list-style-type: none"> ○ Make sure the person is comfortable; check for possible sources of pain ○ Offer simple, step-by-step instructions for activities ○ Approach the person slowly from the front and introduce yourself if needed ○ Speak slowly and clearly ○ Keep routines the same each day ○ Reduce noise, people, and clutter from the person's area • Try to learn the common causes and avoid them • Use redirection or distraction (i.e., food, activity, music) • Consider safety <ul style="list-style-type: none"> ○ Stand out of reach of the person ○ Leave the room if you can, to let the person calm down for a few minutes, but stay where you can still watch him/her for safety

	<ul style="list-style-type: none"> ○ Call for help – neighbors, family, friends, doctor ○ Call the police if needed ● Write down examples of the problem and possible triggers to tell the person’s doctor
	<p><u>CLINICAL SUPPORT:</u></p> <ul style="list-style-type: none"> ● If abuse or self-harm is suspected, follow standard of practice, policies, procedures, and reporting mandates ● Refer to PCP to assess for possible illness or adverse medication reactions ● If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated
	<p><u>CAREGIVER SUPPORT AND COMMUNITY RESOURCES:</u></p> <ul style="list-style-type: none"> ● Listen empathically to caregiver and evaluate for level of distress ● Refer to Alzheimer’s Los Angeles for support groups, disease education, and care consultation <ul style="list-style-type: none"> ○ ALZ Direct Connect® referral ○ Provide Helpline #: 844.HELP.ALZ 844.435.7259 ○ Website: www.alzheimersla.org ● Send literature: <ul style="list-style-type: none"> ○ Caregiver Tip Sheet – “Anger, Frustration, & Fighting” (English and Spanish)
	<p><u>FOLLOW UP:</u></p> <ul style="list-style-type: none"> ● Schedule a phone call with caregiver to discuss outcomes and provide additional support
	<p><u>NOTES:</u></p> <hr/> <hr/> <hr/> <hr/>