# **Family Connect**

## Need-Driven Dementia-Compromised Behaviors (NDB)

#### The Facts

- Need-Driven Dementia-Compromised Behaviors (NDBs) include wandering and elopement, disruptive vocalizations, agitation and aggression, sleep disturbances, and resistance to care.
- Disruptive, agitated, and aggressive "problem" behaviors are often an expression of one or more unmet needs (physical, psychological, emotional, or social).
- Inability to express needs in language causes the person to communicate through behavior.
- Comfort and quality of care depend on accurate assessment and intervention.

### The NDB Model

The NDB model presents a different way of thinking about troubling behaviors. It was developed by nurse researchers who sought to understand and manage these behaviors, and arose out of the desire to reframe caregivers' thinking through an alternative view. The model provides a framework to understand behaviors that have been called difficult, disturbing, disruptive, or problematic.

#### **Potential Causes of NDBs**

Problem behaviors are the result of interactions between: Relatively stable **individual characteristics** 

- · Health conditions
- Level of dementia-related disability
- Personal history and experiences
- Long-standing personality traits and coping patterns

### Ever-changing environmental triggers

Personal, social, and physical environments



#### Assessment

- Describe the behavior: who, what, when, where, how long, and how often?
- Who is affected by the problem behavior (the person with dementia, or others around them)?
- Listen carefully for the message the person is attempting to convey
- Observe for possible hidden meanings in actions and words, and attend to nonverbal cues
- Look for patterns and keep a journal of habits
- Rule in/out medical and/or physical problems
- Seek to understand the person's frame of mind, and meet them "where they are"
- Reframe the problem: think of the person as distressed vs. distressing
- Brainstorm with other family members and professional staff about possible causes and interventions
- Reevaluate frequently: as a person's status changes, so will the response to interventions



### **Assessment Parameters**

Consider the many possible causes of NDBs.

Over- Stimulation	<ul><li>Noise and confusion</li><li>Number of people</li><li>Level of activity</li><li>Need for privacy</li></ul>	<ul> <li>Competing demands for attention</li> <li>Lighting, visual illusions, level of stimulation</li> <li>Hurried approach of caregivers</li> <li>Confused by directions or requests</li> </ul>
Under- Stimulation	<ul><li>Alone in room</li><li>Number of visitors, social contacts</li></ul>	<ul><li>Prosthesis not in place/not working</li><li>Limited hearing, vision, touch, smell, taste</li></ul>
Pain & Discomfort	<ul> <li>Room temperature</li> <li>Hunger, thirst</li> <li>Denture fit</li> <li>Infections</li> <li>Ingrown toenails</li> </ul>	<ul> <li>Incontinence, constipation, gastric upset</li> <li>Uncomfortable clothing or shoes</li> <li>New or recurring health conditions</li> <li>Joint pain or stiffness</li> <li>Skin, mucous membrane integrity</li> </ul>
Immobility	<ul><li>Level of movement</li><li>Ability to ambulate</li><li>Gait stability</li><li>Bedfast</li></ul>	<ul> <li>Positioning challenges</li> <li>Improper fit of wheelchair</li> <li>Use of assistive devices</li> <li>Physical barriers to movement, restraints</li> </ul>
Psychosis	<ul> <li>Level of distress (e.g., delusion due to time confusion vs. fear-provoking experience)</li> </ul>	<ul> <li>Misleading stimuli causing illusions (e.g., reflections, pictures, TV, voices, clutter, etc.)</li> <li>Orienting physical features (e.g., calendars, clocks, family photos)</li> </ul>
Depression	<ul> <li>Appetite/sleep disturbed</li> <li>Weight loss</li> <li>Reduced energy level</li> <li>Reduced attention span</li> <li>Resists socialization</li> <li>Withdraws to room/bed</li> </ul>	<ul> <li>Sad expression, facial grimacing</li> <li>Crying, anxious, worrisome appearance</li> <li>Words sound sad, helpless, fearful</li> <li>History of depression or anxiety</li> <li>Real-life stress, loss, grief reaction</li> </ul>
Fatigue	<ul> <li>Appropriate level of stimulation (too much, wrong type?)</li> </ul>	<ul> <li>Consistency of daily routines (e.g., hour of rising/bedtime, rest/napping, level and type of activity)</li> </ul>
Physical Environment	<ul> <li>Institutional vs. homelike</li> <li>Inviting furniture</li> <li>Opportunities to sit, visit</li> <li>Inviting smells &amp; views</li> <li>Disguised exits</li> <li>Outdoor opportunities (e.g., courtyards, fenced areas)</li> </ul>	<ul> <li>Signs/symbols to promote wayfinding (e.g., picture of toilet, stop signs near doors)</li> <li>Personal items to comfort, orient</li> <li>Familiar pictures on walls</li> <li>Adequate color contrast, use of bright primary colors</li> <li>Adequate light, use of natural light</li> </ul>