



Understanding resistive behaviours

By Carol Edwards, RN, GCM

For those of us who encounter family members and loved ones with “resistive behaviours,” trying to grasp the causes of and ways to appropriately manage the situation begins with understanding the person behind the behaviours.

The phrase now used to describe aggression is “resistive behaviour.” It is most often associated with cognitive impairment or dementia. As we know, there are many causes of dementia. The most widely known is Alzheimer’s disease, but others include vascular dementia, Lewy body dementia, Pick’s disease and dementia associated with Parkinson’s disease. There are many causes and types, but they usually end up looking quite similar, and are progressive and deteriorating. All can be associated with resistive behaviours.

Frustration and anger can also result from an inability to express oneself. This is most commonly seen in the presence of a stroke, where speech and swallowing can be affected. My own mother suffered from a condition called cerebella ataxia, which affected her communication skills, swallowing and balance—a nasty combination—and she was often so frustrated that she lashed out at people by hitting, biting or becoming extremely depressed and turning on herself and those who were close. In fact, a total change of character. Collectively, these actions can be termed “loss of control.”

Beyond the obvious

The good news is that resistive behaviours can often be better managed when they are understood. My own experience with this challenge involved my father. He had a diagnosis of Pick’s disease, a condition in which people exhibit some of the most difficult behaviours. It was only when the geriatrician took me aside and explained the problem that I was able to step into my father’s world and see things from his point of view.

With Pick’s disease, as with most

“Life is the first gift, love the second and understanding the third.”

Marge Piercy

Managing staff

- Understand their limitations.
- Communicate your expectations.
- Help the staff to understand your loved one.
- Integrate private staff appropriately.
- Develop a rapport with the director of care.
- Develop a rapport with specific staff on your loved one’s unit.
- Prioritize your loved one’s needs.

dementias, much of the difficulty relates to the processing and comprehension that occurs in the cognitive brain. When this processing is slowed a patient can only absorb intermittent information and therefore becomes unable to cooperate. When this is recognized by family and caregivers, the whole process can become quite manageable. It's usually a matter of trust, even in the absence of total comprehension. A considerably slower pace will allow for better understanding on the patient's part and increase his or her ability to cope with the activity required.

Look for the cause

Resistive behaviours typically occur while care, feeding or medications are being delivered.

The types of behaviours can include striking, leaving the scene, pushing, biting and so on.

A resistive behaviour might occur if the task is not recognized by the cognitively impaired person, or because of loss of control or incorrect technique. In my experience, the most dangerous situation is the refusal or inability to take food and drink, since poor nutritional status will occur and is hard to overcome. Given that all other medical conditions are excluded, it may help for the "right" person to be applied to the feeding task, such as a trusted caregiver or favourite family member.

Additional care

In a homecare or nursing home setting, this means that caregivers need to be stable in their employment (i.e., not changing from one day to the next) and consistent in their treatment of patients, and time must be allowed for the administration of care. While this sounds logical and easy, caregivers are often sufficiently rushed to actually increase the anxiety of the cognitively impaired client, especially within a facility where surroundings may be unfamiliar. In a perfect world, caregivers would have time to administer care and be able to recognize when their clients need to be left alone, or when proceeding with slow but reassuring care is most appropriate.

My experience with both of my parents and now with my clients is that, whenever possible, I strongly recommend the addition of private care to supplement the facility care. This allows clients to enjoy a greater quality of life, be more closely monitored and be less disrupted by facility routines and protocols.

Is medication necessary?

Sadly, resistive behaviours often result in the administration of medications that calm and possibly dull the senses sufficiently to make clients indifferent to their surroundings. This often has a negative affect on clients: Deterioration may be rapid and diminished quality of life can result. Again, the need for medication can be mostly avoided by the right kind of private assistance and care.

While there are standard and acceptable medications that can be used to treat resistive behaviours, each client is unique and the selection of a medication, timing and dose is best left to a geriatric expert.

Knowing what to do

Matching the caregiver to the client is something to take very seriously, as this can affect cooperation levels, nutritional status, quality of life and the family's peace of mind. The right skilled support worker may be able to gently overcome the resistive obstacles and therefore provide effective assistance with activities such as feeding, even leading to enhanced enjoyment of food.

Communication with cognitively impaired clients or family members is complex and not that well understood. Much of the communication takes place through non-traditional forms such as body language, choice of words and a calm delivery. Choosing the right time and place to deliver a message definitely enhances the receptiveness of the client or family member and reduces the stress of dealing with resistive behaviours. ●



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Don't feel guilty about your parent's behaviour

Here are some tips to help you cope with your loved one's behaviour:

- Know how to actively and effectively advocate for your loved one.
- Know your loved one's limitations.
- Understand fluctuations in cognition.
- Don't expect to be well received every time.
- Alter the duration of your visit according to your loved one's condition.
- Watch out for changing needs and act on them if necessary.
- Decrease the number of visitors per visit.
- Understand the characteristics of your loved one's disease, such as confusion or "sundowning" (confusion late in the day).
- Adjust personal expectations.
- Use private staff to reduce caregiver burden and family anxiety.