

Not all disruptive and challenging resident behaviours are related solely to a neuro-pathology. They might be related to the physical or social environment that contain precipitating factors or “triggers” that prompt the behaviours. A study involving 600 nursing home staff examined their perceptions of what the triggers are that give rise to particular types of responsive behaviours.

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Understanding responsive behaviours

The importance of correctly perceiving triggers that precipitate residents’ responsive behaviours

A majority of residents in nursing homes have some form of dementia. Individuals with dementia can express responses to their environment or to unmet needs that are often called “challenging” or “disruptive” behaviours.

Forms of behaviour

These responses can take on various forms, such as:

1. Verbally non-aggressive behaviours: e.g., complaining, negativism, constant unwarranted requests for attention;
2. Verbally aggressive behaviours: e.g., cursing, verbal sexual advances, screaming;
3. Physical non-aggressive behaviours: e.g., repetitious mannerisms, inappropriate robing/disrobing, pacing and aimless wandering, hiding things; and,
4. Physically aggressive behaviours: e.g., physical sexual advances, hurting self or others, throwing things, kicking, biting (Cohen-Mansfield, 2000).

Research indicates that 60 to 90 percent of residents, living in nursing homes, homes-for-the-aged and continuing care psychogeriatric wards, demonstrate at least one of these responses (Cohen-Mansfield, Marx & Rosenthal, 1989; Cooper & Mendoca, 1989; Freyne & Wrigley, 1996; Lam, Chiu & Ng, 1997; Morris et al., 1995; Rovner, Kafonek, Filipp, Lucas & Folstein, 1986; Ryden, Bossenmaier & McLachlan, 1991; Tariot, Podgorski, Blazina & Leibovici, 1993; Winger, Schirm & Stewart, 1987).

Behaviours and dementia

There are many reasons why behaviours of persons with dementia may occur or change. Characteristics associated with an illness that causes dementia are a result of changes that take place in the brain and which affect the person’s memory, mood, and behaviour. Some researchers believe that changes in behaviour and emotional

responses may result from these changes taking place in the brain.

Others have adopted a more social-psychological perspective arguing that emotional responses or behaviours demonstrated by persons with dementia have more to do with the characteristics of the social and physical environment (or malignant social psychology) than they do with the actual pathology in the brain (Kitwood, 1997).

For example, the long-term care setting can be overwhelming, unfamiliar, confusing, and frightening to persons with dementia, which can lead to a specific response. Unsupportive and depersonalizing relationships and approaches to care may also affect the way persons with dementia respond to specific situations.

Other explanations

As well, some researchers postulate that changes in behaviour may be a result of an unmet need (Colling,