Classification of Behaviors in Dementia/NCDs based on Principles of Compliance and Aggression

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Luthra's-Behavioral Assessment and Intervention Response (LUBAIR) Scale
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DEFINITION OF SEVERITY
- MILD (1) BEHAVIORS RESPOND TO INTERVENTIONS (IP) AND REMAIN STABLE ONCE IP IS WITHDRAWN
- MODERATE (2) BEHAVIORS RESPOND TO IP ONLY TO RELAPSE WHEN IP IS WITHDRAWN
- SEVERE (3) BEHAVIORS DO NOT RESPOND TO IP
- NP NOT PRESENT

DISORGANIZED BEHAVIORS
- APPEARING “VACANT” OR “LOST” IN FACIAL EXPRESSIONS, mental lethargy 1 2 3 NP
- Disorganized thinking, unintelligible/garbled speech 1 2 3 NP
- Rapid shifts in or incongruity of emotional states 1 2 3 NP
- INAPPROPRIATE mixing of food or dressing of clothes/undressing, smearing fecal matter 1 2 3 NP
- Playing with things in the air, responding to auditory hallucinations, picking things from the floor 1 2 3 NP
- Mental or Physical Lethargy or General Functional decline 1 2 3 NP

MISIDENTIFICATION BEHAVIORS
- MISIDENTIFACATION OF PERSONS, PLACES, OBJECTS 1 2 3 NP
- MISIDENTIFICATION OF SOUNDS, SMELLS, TASTES OR TOUCH 1 2 3 NP
- MISIDENTIFICATION OF EVENTS OR OCCURRENCES 1 2 3 NP
- MIS-PERCEPTION OR INTERPRETATION OF COMMENTS OR BEHAVIORS OF OTHERS 1 2 3 NP

GOAL DIRECTED BEHAVIORS
- Goal-Directed Thinking: e.g. I am going home today, I am going to the bank, I am getting married today, where can I pay my bills etc) 1 2 3 NP
- Goal-Directed Activities: e.g. rummaging, hoarding, rifling or emptying drawers; stripping of clothes, rearranging furniture or fixing items in milieu; stripping bedding or pulling curtains/fixtures on the walls; bed/chair exiting or exit seeking; intrusiveness or purposeful wandering (seemingly driven, ‘on the go’) 1 2 3 NP

VOCAL BEHAVIORS
- EXPLOSIVE, ARGUMENTATIVE AND QUARRELSONE 1 2 3 NP
- TALKING LOUD AND FAST, ACTING MANIC-LIKE 1 2 3 NP
- YELLING AND SCREAMING TO GET THINGS DONE 1 2 3 NP
- RATTLING BED RAILS/STABLE TOPS, PERSISTENT CALLING OUT FOR STAFF/FAMILY or ‘PARENTS’ 1 2 3 NP
- MAKING STRANGE NOISES OR MAKING REPETITIVE SOUNDS 1 2 3 NP

EMOTIONAL BEHAVIORS
- APPEARING SAD, RESPONDENT OR TEARFUL 1 2 3 NP
- EXPRESSION OF THEMES OF DESPAIR, MORBIDITY, GLOOMINESS AND SOMATIC COMPLAINTS 1 2 3 NP
- MIMICKING OR MOCKING AND BEING DISMISSIVE 1 2 3 NP
- SARCASTIC OR TEASING, DEROGATORY COMMENTS, BEING CRITICAL AND NEGATIVE OF OTHERS 1 2 3 NP
- FEELING REJECTED OR INCREASED SENSITIVITY TO COMMENTS FROM OTHERS 1 2 3 NP

FRETFUL/TREPIDATION BEHAVIORS
- FEARFUL OR SCARED FACIAL EXPRESSIONS 1 2 3 NP
- ANXIOUS OR DISTRESSED FACIAL EXPRESSIONS 1 2 3 NP
- CLINGY OR “LATCHES ON”, RINGING OF HANDS, RUBBING FACE/BODY 1 2 3 NP
- EXPRESSING WORRY, FEAR, FOREBODING OR CATASTROPHE 1 2 3 NP
- HOARDING OR COLLECTING 1 2 3 NP

IMPORTUNING BEHAVIORS
- PERSISTENTLY SEEKING REASSURANCE OR ASKING FOR ASSISTANCE 1 2 3 NP
- BEHAVING IN WAYS FOR DEMANDS TO BE MET IMMEDIATELY 1 2 3 NP
- SHADOWING STAFF, Being a pest and crowding personal space of HCP 1 2 3 NP
- ATTENTION SEEKING OR ‘MANIPULATIVE’ BEHAVIORS 1 2 3 NP

APATHY BEHAVIORS
- INDIFFERENCE AND LACK OF CONCERN RE: SELF AND ENVIRONMENT 1 2 3 NP
- LACK OF SELF-INITIATION, LOW SOCIAL ENGAGEMENT (INTER-PERSONAL INTERACTIONS AND LIFELONG STRUCTURE) AND POOR PERSISTENCE 1 2 3 NP
- EMOTIONAL INDIFFERENCE AND LACK OF EMOTIONAL REMORSE 1 2 3 NP

OPPOSITIONAL BEHAVIORS
- NEGOTIATING AROUND CARE AND OTHER NEEDS 1 2 3 NP
- WORKING AGAINST EVERYTHING THE CARE GIVER OR CARE PROVIDER IS ATTEMPTING WITH PATIENT 1 2 3 NP
- EVASIVE TO DIRECTIONS FROM CARE GIVER OR PROVIDER 1 2 3 NP
- RESISTIVE TO CARE, MEDICATION OR MEALS OR OTHER DIRECTIONS 1 2 3 NP
- BARRACAGING AND TERRITORIALISM 1 2 3 NP

PHYSICALLY AGGRESSIVE BEHAVIORS
- SELF-ABUSIVE 1 2 3 NP
- PULLING, PUSHING, GRABBING 1 2 3 NP
- KICKING, BITING, SCRATCHING, PUNCHING 1 2 3 NP
- SPITTING, THROWING THINGS, BREAKING OBJECTS 1 2 3 NP

SEXUAL BEHAVIORS
- VERBALLY SEXUAL (COMMENTS, GESTURES, INNUENDOS) 1 2 3 NP
- PHYSICALLY SEXUAL (GRABBING BREASTS, BUTTOCKS ETC.) 1 2 3 NP
- SELF STIMULATION 1 2 3 NP

MOTOR BEHAVIORS
- ROAMING, STROLLING, WANDERING 1 2 3 NP
- FIDGETY, ROCKING IN W/C, RESTLESS, AGITATED 1 2 3 NP
- SEEMINGLY DRIVEN, “ON THE GO”, W/C PROPELLING, CHAIR/Bed EXITING 1 2 3 NP

FREQUENCY AND DURATION OF THE IDENTIFIED BEHAVIORS IS MEASURED BY TRANSFERRING BEHAVIORS TO DEMENTIA OBSERVATION SCALE (AKA Q - 30 MIN CHECK LIST)
OPPOSITIONAL BEHAVIORS

- Negotiating around care and other needs
- Working against everything the care giver or care provider is attempting with patient
- Evasive to directions from care giver or provider
- Resistive to care, medication or meals or other directions
- Barricading and territorialism
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<thead>
<tr>
<th>PHYSICALLY AGGRESSIVE BEHAVIORS</th>
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<th>3</th>
<th>NP</th>
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Oppositional Behaviors
Principles of Compliance
Oppositional Behaviours (OB)

• Benoit (2006). Refusal to care, to eat or to co-operate.

• Ornstein (2012) Used in context of:
  - Agitation
  - Psychosis
  - Apathy
  - Aggression
Principles of Compliance
Oppositional Behaviours (OB)

Developmental Psychology (Greenspoon 1992)

Verbal and Non-Verbal Expressions of ‘NO’

– Sense of Identity

– Self Regulation

– Independence
Principles of Compliance
Oppositional Behaviours (OB)

Compliance

• Appropriate following of any instruction to perform a specific response.

• Within a reasonable and designated time.

(Schoen, 1983)
Principles of Compliance
Oppositional Behaviors (OB)

Non-Compliance

– Refusal to initiate or complete a request made by another person.

(Forehand and McMahon, 1981)
Principles of Compliance
Oppositional Behaviors (OB)

Interactional Process

• Bi-directional relationship between the person receiving a command and the person delivering the command.

• INTERACTIONAL UNIT

• Forms a conceptual basis to development and sustenance.

(Barnett et al., 2012; Forehand & McMahon, 1981; Kuczynski & Hildebrandt, 1997; Schoen, 1983)
Oppositional Behaviors (OB)

Negotiation:
• Person attempts to modify the nature / conditions of the command

Passive Non-Compliance:
• Person does not acknowledge directions given to them

(Kuczynski & Kochanska, 1990)
Oppositional Behaviours (OB)

**Simple Non-Compliance**
- Person appears to acknowledge commands but refuses to comply.
- No associated hostility / anger.

**Direct Defiance:**
- Above two steps accompanied by hostility / anger.
Oppositional Behaviours (OB)

Factors influencing Interactions

• Level of Intellectual Functioning

• Level of developmental sophistication
Oppositional Behaviours (OB)

Interactional unit in Dementia Care

– Husband and wife unit

– Regresses with advancement of dementia

– Mirrors parent-child unit
Oppositional Behaviours (OB)

Interactional unit in Dementia Care

- Parent-Child unit

- Reverses with advancement of Dementia
Oppositional Behaviors

Symptoms of the Domain

Negotiation:

– Observed in early stages of impairment in patients with higher level of intellectual function / developmental sophistication

– Patient negotiates around care and other needs

– If unsuccessful, patient works against HCP
Oppositional Behaviors

Symptoms of the Domain

**Passive non-compliance:**

- Observed in patients with lower level of intellectual function / developmental sophistication
- Patient act as if they are not hearing direction
- Patient is evasive to commands
Oppositional Behaviors

Symptoms of the Domain

Simple non-compliance:

- Observed in patients with even lower level of intellectual function / developmental sophistication
- Acknowledging direction but refusing to comply but no ager / hostility
- Patient is resistive to care, medications, meals, commands
Oppositional Behaviors

Symptoms of the Domain

Direct defiance:

- Observed in patients with the lowest level of intellectual function / developmental sophistication

- Acknowledges —> Refuses —> Emotions

- Patient acts territorial / barricades self

- Progresses to vocal and physically aggressive behavior
Oppositional Behaviours (OB)

Symptoms of the Category

• Negotiating around care and other needs
• Working against every thing CG does
• Evasive to Directions
• Resistive to all Directions
• Barricading or territorialism
Oppositional Behaviors

Purpose of Measure

- Alert HCP to ‘bi-directional’ dynamic interaction between patient and them
- HCP verbal / non-verbal expressions and commands influence state of ‘homeostasis’
- Alert HCP to range of non-compliant actions patient may exhibit
- Care Planning in accordance with individualized responses
Oppositional Behaviors

Care Approach

- Patient-centered, individualized approach to management is required

- Develop care plans which address each identified level of non-compliance exhibited by patient

- Focus on preserving homeostasis in patient milieu
Physically Aggressive Behaviors
Physically Aggressive Behaviors

Definition:

• An overt act, involving the delivery of noxious stimuli to (but not necessarily aimed at) another organism, object or self, which is clearly accidental.
Physically Aggressive Behaviors

Symptoms in the Literature (Dennehy et al. 2013)

- Physical aggression
- Aggressive resistance
- Physical threats
- Verbal aggression
- Refusal to speak
- Destructive behavior
- General irritability
Principles of Aggression

Conceptual Models

**Biological:**
- Genetic predisposition, changes in physiological function
- Various disease states may cause change in brain function
- Changes in neurotransmitter function causes aggression

**Behavioral:**
- Classical / operant conditioning
- Aggression is a learned behavior
- Variables in milieu reinforce / attenuate the behavior
Principles of Aggression

Conceptual Models

Cognitive:
- Mental processing of information (memory, thinking, language, problem-solving, decision-making)
- Impairment leads to aggression

Evolutionary:
- Behavior evolved as a form of “defense against attack”
- Aids in survival and reproduction

Cross-cultural:
- Different cultures influence perspective on aggression
- Cultures may differ in behavior frequency
Physically Aggressive Behaviors

Alternative Models

**Instrumental Aggression:**

- Based in reward-consequence paradigm
- Process of systematic thinking (benefits / rewards)

Siegel & Victoroff (2009)
Physically Aggressive Behaviors

Alternative Models

**Hostile Aggression:**

- “Frustration-Aggression theory” – Dollard et al (1939)

  - Blocked goal attainment $\rightarrow$ frustration $\rightarrow$ aggression
Physically Aggressive Behaviors

Alternative Models

**Hostile Aggression:**

- Emotional response to provocation / negative feelings
  - Berkowitz (1989)

- Internal / external perturbations
  → Negative feelings
  → Aggression
Physically Aggressive Behaviors

Hostile Aggression

• Hierarchy of Needs (Maslow 1943):
  – Physiological
  – Security
  – Belongingness

• Perceived “blocked” needs

  → Negative emotions of anger / discontentment

  → Direct Defiance

  → Physically Aggressive Behaviors
Physically Aggressive Behaviors

Symptoms

- Pulling, pushing, grabbing
- Kicking, biting, scratching, punching
- Spitting, throwing things, breaking objects
- Self-abuse / mutilation
Physically Aggressive Behaviors

Purpose of Measure

• Alert HCPs of “interactional unit.”

• Alert HCPs to identify perceived discrepancy.

• Alert HCPs of perceived blockage.

• Alert HCPs of emotional responses.
  – Anger and discontentment.
Physically Aggressive Behaviors

Purpose of Measure

Pushing, pulling, grabbing:

• Direct defiance
  → Persistence of Noxious Stimuli
  → Behaviors

• Goal of behavior is extinguishing perceived noxious stimuli.

• Emergence of Vocal Behaviors – Aggressive Type.
  – Defensive Mode.
  – “Shot across the bow”
Physically Aggressive Behaviors

Purpose of Measure

Self-Abuse:

• Based in Primary Emotion of Anger & Discontentment

• Out of proportion responses.
  – Low threshold, high amplitude, long duration. (Donegan et al 2003)

• “Dysphoric Episodes” (Starcevic 2007)
  – Irritable – Quarrelsome – Destructive Syndrome

• Turned onto oneself.
Physically Aggressive Behaviors

Purpose of Measure

Spitting, Throwing Things, Breaking Objects:

- Irritable – Quarrelsome – Destructive Syndrome.
- Turned outwards.
Physically Aggressive Behaviors

Purpose of Measure

Oppositional Behaviors

→ Vocal Behaviors Aggressive Type

→ Physically Aggressive Behaviors
Physically Aggressive Behaviors

Care Approach

• Assess from all perspectives and determine whether behavior is instrumental / hostile

• If instrumental:
  – Assess if patient can understand consequences of actions and develop appropriate interventions

• If hostile:
  – Identify how HCP role / environment acts as an impediment to patient’s goal attainment
  – Develop behavioral interventions around mitigating / eliminating goal impediments
Behaviors of Dementia/NCD

As defined by LuBAIR:

- Disorganized Behaviors
- Misidentification Behaviors
- Apathy Behaviors
- Goal Directed behaviors
- Motor Behaviors
- Importuning Behaviors
- Emotional Behaviors
- Fretful/Trepidated Behaviors
- Vocal Behaviors
- Oppositional Behaviors
- Physically Aggressive Behaviors
- Sexual Behaviors