

# The Meaning of Behaviors in Dementia/Neurocognitive Disorders

*Dr. Atul Sunny Luthra*

The Meaning of Behaviors in  
Dementia/Neurocognitive Disorders  
New Terminology, Classification, and  
Behavioral Management  
ATUL SUNNY LUTHRA



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

**ATUL SUNNY LUTHRA**

**MD MSc (Pharmacology) FRCPC**

**Associate Clinical Professor, McMaster University**

**Research Scientist, Schlegel Research Institute for Aging,  
University of Waterloo**

## Luthra's-Behavioral Assessment and Intervention Response (LUBAIR) Scale

A.S. Luthra MD. ( Copyright 2008 ) REVISED - AUGUST 2012.

### DEFINITION OF SEVERITY

Ⓜ MILD (1)	BEHAVIORS RESPOND TO INTERVENTIONS (IPI) AND REMAIN STABLE ONCE IPI IS WITHDRAWN
Ⓜ MODERATE (2)	BEHAVIORS RESPOND TO IPI ONLY TO RELAPSE WHEN IPI IS WITHDRAWN
Ⓜ SEVERE (3)	BEHAVIORS DO NOT RESPOND TO IPI
Ⓜ NP	NOT PRESENT

### DISORGANIZED BEHAVIORS

	<u>SEVERITY</u>			
Ⓜ 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 and layering, smearing fecal matter	1	2	3	NP
Ⓜ Playing with things in the air, responding to auditory hallucinations, picking things from t	1	2	3	NP
Ⓜ Mental or Physical Lethargy or General Functional decline	1	2	3	NP

### MISIDENTIFICATION BEHAVIORS

Ⓜ MISIDENTIFICATION 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 BEHAVIOURS OF OTHERS	1	2	3	NP

### GOAL DIRECTED BEHAVIORS

Ⓜ <u>Goal-Directed Thinking:</u> 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
Ⓜ <u>Goal-Directed Activities:</u> 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 QUARRELSOME	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/TABLE 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, DESPONDENT 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 CATASTROPHY	1	2	3	NP
Ⓜ HOARDING OR COLLECTING				

### 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' BEHAVIOURS	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 LILIEU 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
Ⓜ BARRICADING AND TERRITORIALISM	1	2	3	NP

### PHYSICALLY AGGRESSIVE BEHAVIORS

Ⓜ SELF-ABUSIVE				
Ⓜ 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

👉	<b>NEGOTIATING AROUND CARE AND OTHER NEEDS</b>	1	2	3	NP
👉	<b>WORKING AGAINST EVERYTHING THE CARE GIVER OR CARE PROVIDER IS ATTEMPTING WITH PATIENT</b>	1	2	3	NP
👉	<b>EVASIVE TO DIRECTIONS FROM CARE GIVER or PROVIDER</b>	1	2	3	NP
👉	<b>RESISTIVE TO CARE, MEDICATION OR MEALS OR OTHER DIRECTIONS</b>	1	2	3	NP
👉	<b>BARRICADING AND TERRITORIALISM</b>	1	2	3	NP

## PHYSICALLY AGGRESSIVE BEHAVIORS

👉 **SELF-ABUSIVE**

👉 **PULLING, PUSHING, GRABBING**

1 2 3 NP

👉 **KICKING, BITING, SCRATCHING, PUNCHING**

1 2 3 NP

👉 **SPITTING, THROWING THINGS, BREAKING OBJECTS**

1 2 3 NP

# **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.**

# 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 anger / 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)**

# Physically Aggressive Behaviors

## Alternative Models

### Hostile Aggression:

- **“Frustration-Aggression theory”** – Dollard et al (1939)
  - **Blocked goal attainment → frustration → 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**



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