



Using
“SAFE Response Techniques”
When Moving the Aggressive Patient
with Alzheimer’s Disease

Presented by:

Kelly Smith Papa RN MSN

Director of Education, Research & Dementia Care Consulting



ALZHEIMER'S RESOURCE CENTER
OF CONNECTICUT, INC.

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S.A.F.E. Response Techniques in Crisis Situations

- Techniques that address the specialized needs of the individual with Alzheimer's Disease.
- Techniques focus on appropriate safe actions to take during a difficult situation.
- This workshop will teach you how to handle anxiety, agitation and aggressive behaviors in a way that is safe and effective for caregivers and people with dementia.

Why is it Important to Talk about SAFE Response Techniques?

- The person suffering from dementia has unique needs.
- To prevent crisis situations.
- A crisis can happen.
- Prevent staff injuries, keeps people safe.
- Educate staff members so they feel more prepared, comfortable and confident.

Facts about Alzheimer's Disease

- The number of Americans with AD has doubled since 1980.
- Estimated that 4.5 million Americans have AD.
- Projected that by 2010 this will rise to 7 million and by 2050 the number of Americans with AD may increase to 16 million.
- Estimated that 70,000 people in CT have AD.
- People as young as 30-40 years old get the disease
- Over the age of 65, 1 in 10 have AD.

Moving Mrs. Jones

- Mrs. Jones has Alzheimer's Disease.
- She can no longer clearly verbalize her thoughts, fears or questions.
- She can no longer respond appropriately to your requests for her to participate in her care.
- She has a history of becoming combative & aggressive when staff assist her from bed to chair in the Maxi lift.
 - She has bitten a Nurse's arm
 - Grabbed a CNA's arm and wouldn't let go
 - She has sustained multiple skin tears and bruises during transfers in the Maxi lift

How Do You Care for Mrs. Jones?

- How do you react?
- How does staff feel about Mrs. Jones?
- How do you proactively prevent further injuries?
- What is Mrs. Jones trying to tell you?
- How do you prevent her from becoming combative with staff?
- What do you do when she does become combative?
- What do you do after the event?

Does Alzheimer's Disease Cause Anxiety, Agitation and Aggressive Behaviors?

- Universal symptoms of dementia are memory loss, disorientation and language problems.
- Agitation, anxiety and aggression are non-cognitive dementia symptoms that do not occur in everyone with dementia.
- 90% of all physical aggression in dementia is unintentional.

Alzheimer's Disease Does Not Cause People to be Violent

- When a person has lost all physical and emotional control, they will act in self defense.
- They are responding to feeling threatened.
- People with AD have normal reactions to the situations as they perceive, but it is their perception of the situation that is not normal.
- People with AD can not change their behaviors to meet our needs. We can only change our behaviors to meet their needs.
- We need to see behaviors as unmet needs.

Sources of Anxiety & Aggression

- Fear
- Sleep deprivation
- Constipation
- Body temperature
- Pain/discomfort
- Feeling unsafe or uncertain of what to expect
- Depression
- Perception of reality
- Dehydration
- Excessive demands placed on the person
- Environmental noises
- Visual deficits
- Auditory deficits
- Over or under stimulation
- Loneliness
- Hunger

What Can I do to Reduce Anxiety?

- Person Centered Programs
- Individualize programs that focus on abilities
- Avoid empty hand syndrome
- What is the person trying to tell you
- Environmental strategies

Communication Prior and During Moving or Lifting Person with AD

- Use a soft calm voice, slowly. Wait for response.
- Positive responses will give positive outcomes.
- Take the word “No” out of your vocabulary.
- Keep sentences short and simple, with the most important word at the end of the sentence.
- Simplify the task.
- Avoid using the word “okay” at the end of a sentence.
- Use *Validation* techniques and watch for the meaning behind the words. Reality orientation won't work.

Before Moving or Lifting a Person
Consider Your Approach
and Respect Personal Space

Prevention of a Crisis

- Before moving a person with AD:
 - 1st Understand their likes, dislikes and routines
 - 2nd Watch for non-verbal cues- grimacing may indicate that they are in pain, disrobing may indicate they are hot, are they sleeping, do they have their glasses &/or hearing aids
 - 3rd Assess. Ask yourself these questions, using the acronym **B.O.L.T.** to help you remember:
 - **B**-Do they need to use the **Bathroom**? Constipated? UTI?
 - **O**-Are their **Oral** needs being met? Thirsty or hungry?
 - **L**-Are they **Lonely** or frightened? Isolated?
 - **T**- Are they **Tired**? Too many/few activities? Sleep?

S.A.F.E. Response Techniques

- **S**tay calm and focused by taking a centering breath
- **A**ssess the situation
- **F**ocus on the grasp and release
- **E**motional and physical control must be regained

Stay Calm and Focused by Taking a Centering Breath

- Inhale through your nose.
- Feel your stomach expand and push outwards.
- Your shoulders are relaxed and motionless.
- Exhale through your mouth.
- Place yourself in a safe, supportive position.
 - For balance, place feet shoulder width apart
 - Keep your knees slightly bent so your body is flexible and relaxed
 - Stand to the side of the person respecting personal space

Assess the Situation

- Asking the person to “let go” may be all that is needed.
- Use verbal skills to redirect or divert their attention.
- Remember the impact of your non-verbal communication.
- Stay calm.

Focus on the Grasp and Release

- Ask yourself, “Where is the weak link?”
- The weak link is usually where the thumb and fingers meet.
- After identifying the weak link, choose and focus on an appropriate technique to release the grasp.
- Practice the releases so they become part of your skills.

Emotional and Physical Control Must be Regained

- After using a release, emotional and physical control must be regained by both individuals.
- Be supportive.
- Offer a quiet area, nourishment and comfort.
- Remember both individuals have had a frightening and unpleasant experience.
- By reuniting with the person you are caring for you will reduce fears that are associated with the crisis and begin to reestablish a sense of trust.

Techniques for Releasing a Bite

- Feed the bite technique
- The mustache technique

Techniques for Releasing a Choke

- The twist technique
- The steeple technique
- The step back / step forward technique

Technique for Releasing a Finger Squeeze

- The spaghetti technique

Technique for Releasing a Wrist or Arm Grab

- The wave technique

Other Techniques

- Hair pull technique
- Clothing grab technique

Follow Up After an Incident:

- **Reflecting**-What led up to the incident?
 - Was the environment stressful?
 - Use B.O.L.T.
 - Were they in pain?
 - Was your approach correct?
 - How were you communicating?
 - Were there any warning signs?

Follow Up After an Incident:

- **Evaluation**-What happened during the incident?
 - Were the S.A.F.E. principles used?
 - Did you stay calm?
 - Did you assess the situation?
 - Did you focus on the weak link?
 - Was emotional and physical control regained?

Follow Up After an Incident:

- Could this crisis have been prevented?
- What interventions and systems can we put into place to avoid this in the future?
- Is staff education needed?
- Are care planned interventions appropriate?
- Do you need to do a case review with the team?

Conclusion

- For the person with Alzheimer's Disease, being moved can be perceived as a threatening situation.
- The approach of the caregiver is key to the overall safety of the transfer.

References:

- SAFE Response Techniques in Crisis Situations. (2001) Alzheimer's Resource Center, CT.

For more information on the training program:
SAFE Response Techniques in Crisis Situation

contact

The Alzheimer's Resource Center
Professional Development
1261 South Main Street
Plantsville, CT 06479
(860) 628-9000

