

PRIMING, TIMING, MIMING A MODEL FOR BEHAVIOURAL CARE PLANNING IN DEMENTIA

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Objectives of Today's Presentation

By the end of today's presentation you will:

- ① Identify key triggers for aggressive / defensive behaviour in dementia
- ② Understand the meaning of these triggers from the patient/client/resident perspective
- ③ Utilize the “Priming, Timing, Miming” Concepts as “go-to” strategies to elicit desired behaviours when working with an individual with dementia

Behavioural Challenges / Issues in Dementia

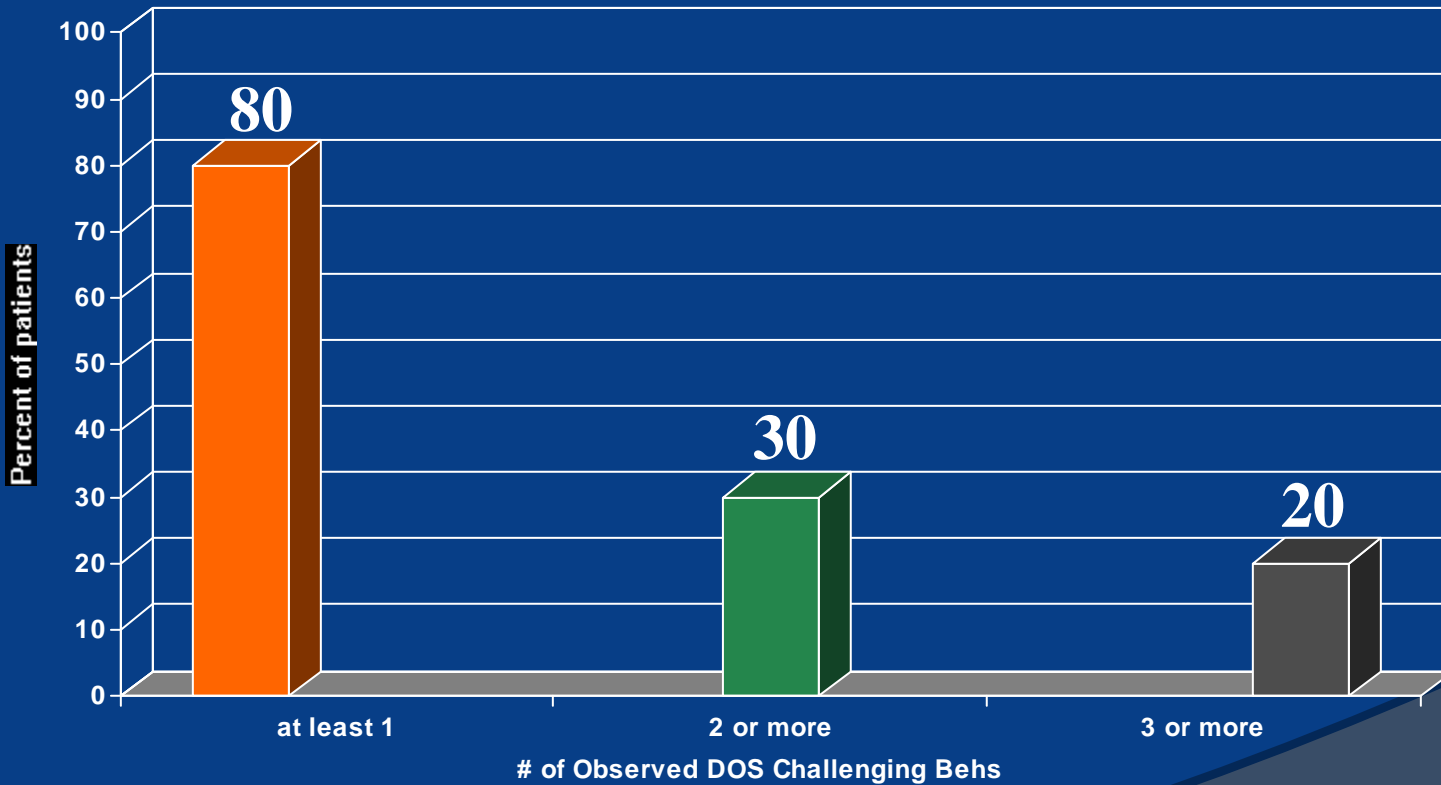
- ⦿ Some interesting examples from an experienced audience...

(come on now, don't be shy!)

Behavioural FACTOID

- ⦿ At least one of the traditional BPSD symptoms is seen in over 80% of institutionalized patients with dementia

Behavioural Load of MHS GER PSY Admissions (DOS data)



Myths and “MythPerceptions” of Behavioural Attributions in Dementia

- He’s doing it on purpose!
- It just happens!
- She’s being manipulative!
- She’s just attention-seeking
- There is no pattern!
- **Staff #1:** It’s much worse!
Staff #2: It’s much better!
- He targets particular people!
- Oh she remembers!
- We need to take away outing privileges!
- I don’t think he has a dementia!

A Brief Description of Dementia

- ⦿ Dementia is a brain disorder involving:
 - Loss of **mental** (cognitive) **functions** [e.g., attention, memory, language, reasoning etc.]
 - Often accompanied by changes in **behaviour, personality and mood**
 - The severity of these changes is enough to **interfere** with a person's **daily functioning**
 - **NOT due to a delirium**



Changes in Attention & Memory

- ⦿ Problems distinguishing between essential and non-essential information
- ⦿ Slowed processing speed
- ⦿ Information Overload
- ⦿ Inefficient transfer of information from attention into memory



Changes in Language

⦿ Expressive Language

- Word-Finding
- Neologisms
- Empty Speech
- Lexical Search Errors

⦿ Receptive Language

- Hearing impairment
- Ability to understand the spoken word

What is Typical Behavioural Intervention?

- Consequential learning
 - “Because You Peed on the floor today, you’re not going on the outing this Friday!”
 - **Key elements**
 - Learning
 - Memory
 - Insight/judgment (and generalization, so don’t pee in the eye-wash station either!)
 - Behaviours are **Emitted**
 - Staff Response is **Reactive**
 - Crisis
 - Often punitive
 - Emotional memory
- Not the way to go!!

Moving away from consequential learning...

- ⦿ All behaviour has MEANING
- ⦿ What is clear to you, may be ambiguous to the patient/client/resident



Ambiguity as a trigger for challenging behaviour

- ◎ Many challenging behaviours result from a person's inability to make sense of:
 - Who you are
 - What it is you're doing
 - What the true purpose of the task is

AGGRESSION IN DEMENTIA

80% of AGGRESSIVE BEHAVIOUR

is actually

DEFENSIVE BEHAVIOUR!!





Why so DEFENSIVE?

Why so DEFENSIVE?

- ⦿ Not understanding requests
 - Language impairments, decreased hearing
- ⦿ Slowed rate of information processing secondary to illness
- ⦿ Feeling overwhelmed / overloaded
 - Lucy and Ethel in the chocolate factory
- ⦿ Not recognizing staff as safe care providers
 - “Who the hell are you and what are you doing here?”
- ⦿ Not understanding that these are care tasks
 - Who the hell are you and why are your hands down my pants?”

Most instances of aggression occur in the WHISPER ZONE...

◎ Because:

- In close proximity to patient
- Involve physical contact
- Involve personal (intimate) care

When you **REDUCE** the need to
DEFEND...

You **REDUCE** the
AGGRESSIVE behaviour!



So Why a BEHAVIOURAL Care Plan?

- ⦿ It identifies **staff's proactive behaviours** that will
 - Allow for a **consistent approach** (I.E., Recognizable by the patient)
 - Maximize task efficiency

And

- ⦿ It minimizes the opportunity for patients to need to act defensively, thereby decreasing the need for
 - Staff to **reactively respond** to an impending crisis (prn, physical restraints, etc.)
 - Ah, the impact of emotional memory!!!

How do I sort through all of the possible behavioural strategies?

- You already have the knowledge!
- Use the “Priming, Timing, Miming: model as a “drop-down menu” that cues you for each care task:



The “*Priming, Timing, Miming*” Model of Behavioural Care Planning

- ◎ A proactive approach to managing care-related behavioural issues in individuals with dementia, based on principles of:
 - eliciting desired responses,
 - using individualized strategies to provide the required levels of support and cuing, to pace activities appropriately, and maximize understanding of situational demands.

Components of the Model

- ◎ PRIMING

- ◎

TIMING

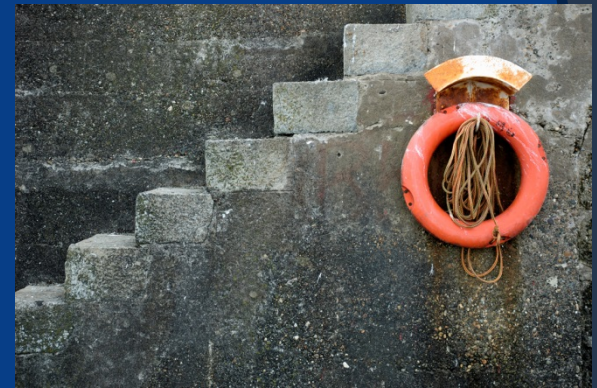
- ◎

MIMING

PRIMING

⦿ What **LEVEL** of **ASSISTANCE** is required?

- Independent
- set-up/minimal
- Moderate
- Maximal/totally dependent



⦿ How many **PERSONS** are required?

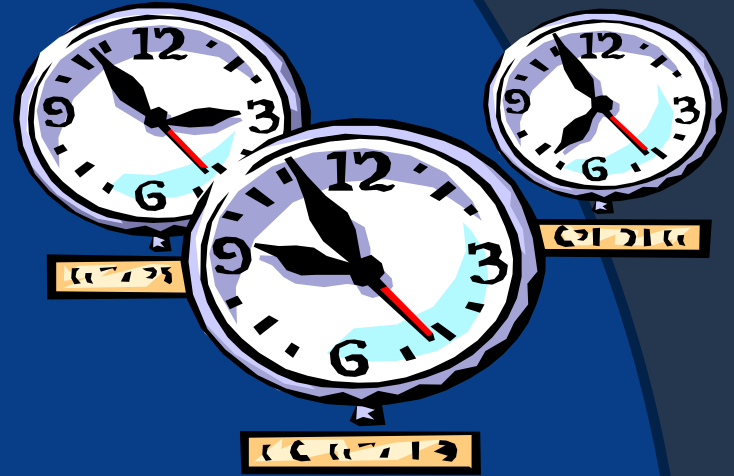


PRIMING



- ⦿ Do you have a predictable routine (or string of events) that signals the activity to the client?
- ⦿ Are there familiar objects, scents, people, etc. you can involve in the activity to help the client understand the purpose and also to communicate that it is safe?

TIMING



- What time of day do you engage in the activity?
 - When did the client usually do this activity in the past?
 - What is the best time of day for the client?

TIMING



- ⦿ Are you pacing the activity at a rate that the patient can comprehend?
- Are you speaking and moving slowly enough that the client can understand the process and participate

MIMING



- ⦿ Generally there is a greater chance of communicating something if it is presented in more than one modality at a time: **Say it and slowly demonstrate it at the same time**
- ⦿ **Non-verbal communication makes up for over 90% of the message** (tone of voice, rate of speech, facial expression, body language) . **Use all of these modes** as well as the words!

And now we return to your
examples: triggers for challenging
behaviours?



SUMMARY

- ① “PRIMING, TIMING, MIMING” represents a **heuristic** that easily leads you to incorporate a number of tried and true behavioural techniques into your approach with clients
- ② This framework is based on knowledge about an individual’s patterns, preferences and routines – it works because it’s personalized!
- ③ The strategies minimize confusion, anxiety/fear, agitation, catastrophic reactions & physical aggression.

Remember the three little words
when you plan your next behavioural
approach to cares

- ① **PRIMING**

- ② **TIMING**

- ③ **MIMING**

Thank you -

Thank you -

Questions?