The Facts . . .

⇒ Disruptive, agitated, and aggressive behaviors often result from one or more unmet needs — physical, psychological, emotional or social.

⇒ Loss of ability to express needs in language causes the person to "communicate" through behavior.

⇒ NDB Model emphasizes the interaction between stable individual characteristics and fluctuating environmental factors that may cause stress or discomfort.

⇒ Assessment is the key to accurate interventions and quality of care.

The NDB Model

Need-Driven Dementia-Compromised Behaviors (NDB) Model presents a different way of thinking about "problem" behaviors.

- Developed by a group of nurse researchers who sought to better understand and manage "problem" behaviors in dementia.
- Arose out of the desire to "re-frame" caregivers' thinking and provide an alternative view.
- Provides a framework to understand behaviors that have been called
  ⇒ Difficult
  ⇒ Disturbing
  ⇒ Disruptive
  ⇒ Problematic

Essential Features

- Problem behaviors are the result of interaction between:
  ⇒ Relatively stable INDIVIDUAL CHARACTERISTICS
  ⇒ Ever-changing ENVIRONMENTAL TRIGGERS
- Problem behaviors are an "expression" of one or more "unmet needs" — physical, psychological, emotional, or social.
- Persons with dementia are unable to form thoughts or express needs in language.
- Unmet need emerges in behavior symptom(s).
- Comfort and quality of care depend on accurate assessment and intervention.

NDB Behaviors

NDBs take many forms, including the following:

- Wandering, elopement
- Disruptive vocalizations
- Agitation and aggression
- Sleep disturbance
- Resistance to personal cares

INFO-CONNECT

Need-Driven Dementia-Compromised Behavior (NDB)

Management Strategies

- Are highly individualized.
- Arise out of assessment data.
- Rely on thoughtful review and assessment of
  ⇒ INDIVIDUAL CHARACTERISTICS that are fairly stable and longstanding:
    ✓ Health conditions
    ✓ Level of disability due to dementia
    ✓ Personal history and experiences
    ✓ Long-standing personality traits and coping patterns
  ⇒ ENVIRONMENTAL TRIGGERS that tend to fluctuate and vary:
    ✓ Personal environment
    ✓ Social environment
    ✓ Physical environment

Assessment is Key

Comprehensive and ongoing assessment is vital.

- Ask: Who is this a problem for?
  ⇒ The patient?
  ⇒ Others around him/her?
- Listen carefully for the message the person is attempting to convey.
- Observe for possible "hidden meanings" in actions, words.
- Involve family who may understand meanings of words or phrases.
- Look for patterns and document habits.
- Attend to nonverbal cues and messages.
- Rule in, rule out medical and/or physical problems.
- Seek to understand the person's internal reality.
- Re-frame the problem: Think of the person as DISTRESSED vs. DISTRESSING.
- Brainstorm with staff and family regarding possible causes and interventions that work even part of the time.
- Reevaluate frequently.
  ⇒ As person’s status changes due to dementia, so will the response to interventions. Keep trying!

Assessing NDB

1. OVERSTIMULATION
- Noise?
- Confusion?
- Number of people?
- Level of activity?
- Competing demands for attention?
- Lighting, visual illusions, level of stimulation?
- Need for privacy?
- Hurried approach of caregiver?
- Confused by directions or requests?
- Dislikes being “done to” in personal cares?

2. UNDERSTIMULATION
- Hearing?
- Vision?
- Touch?
- Smell?
- Prosthesis in place?
- Prosthesis working?
- Alone in room?
- Visitors, social contacts?

3. PAIN/DISCOMFORT
- New, reoccurring health conditions?
- Joint pain, stiffness (e.g., arthritis, medication side effects, immobility)?
- Skin, mucous membrane integrity?
- Infections (e.g., UTI, respiratory)?
- Ingrown toenails?
- Incontinence?
- Constipation, gas, gastric upset?
- Comfortable clothing, shoes?
- Room temperature?
- Hunger, thirst?
- Dentures fit?

4. IMMOBILITY
- Level of movement?
- Ability to ambulate?
- Gait stability?
- Bedfast?
- Positioning challenges?

5. PSYCHOSES
- Level of distress to person?
  - Simple delusion due to “time confusion”
  - Troubling, fear-provoking experience?
- Misleading stimuli causing illusions?
  - Reflections?
  - Pictures?
  - Televisions?
  - Radio, other noise?
  - Public address system?
  - Clutter?
  - Voices?
- “Orienting” physical features?
  - Calendars?
  - Clocks?
  - Family photos?
  - Signs, labels?
  - Understandable physical features?

6. DEPRESSION
- Observable signs?
  - Facial grimacing?
  - Sad expression?
  - Crying?
  - Anxious, worrisome appearance?
  - Words/phrases sound sad, helpless, fearful?
  - Appetite disturbed?
  - Weight loss?
  - Sleep disturbed?
  - Energy level reduced?
  - Attention span reduced?
  - Psychomotor activity disturbed?
  - Unwilling to conduct ADLs when has ability?
  - Withdraws to room, bed?
  - Resists socialization?
- MDS score?
- Real-life stress, loss, grief reaction?
- Past history of depression?
- Past “nervous” problem?
- History of vascular problems?

7. FATIGUE
- Daily routines consistent with past routines?
  - Hour of rising?
  - Rest, napping?
  - Level of activity?
  - Type of activity?
  - Bedtime?
- Appropriate level of stimulation?
  - Too much?
  - Wrong type?

8. PHYSICAL DESIGN
- Institutional vs. homelike
- Signs & symbols to promote wayfinding?
  - Picture of toilet
  - Stop sign near doors
  - Orienting objects near doors (e.g., memory box)
- Personal items to comfort, orient?
- Familiar pictures on walls?
- Furniture inviting?
- Adequate color contrast? Use of bright, primary colors?
- Adequate level of light? Use of natural light?
- Opportunities to sit, visit?
- Inviting smells, views?
- Disguised exits?
- Outdoor opportunities?
  - Courtyards
  - Fenced areas
  - Things to safely do outside

NDB: Part 1 of a 4-Part Series
Part 2: Disruptive Vocalizations
Part 3: Sleep Disturbance
Part 4: Wandering and Elopement

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