

Care of a PERSON with Dementia (Chapter 4)

The basic tips in caregiving for person with dementia.

Understanding and responding to behavioural symptoms in dementia in the ABC approach to assessing behaviour.

照顧認知障礙症人士的基本技巧。

利用 ABC 因果行為分析法，評估不同的認知障礙症行為，了解並應對患者的行為徵狀。

While behaviours, such as aggressive actions or speech, wandering, or repetitive acts, may interfere with or disrupt daily routines, they may actually be expressing the person's unmet needs. If we see it this way, these behaviours become meaningful and, therefore, potentially useful in directing care.

具攻擊性的行為或說話、精神恍惚、重覆性的行為等，可能會影響到日常生活，但同時也可能是認知障礙症人士表達其未能滿足的需要。從這方面來看，這些行為會變得有意義，因此亦可能對照顧的方向有所啟發。

The management of behavioural symptoms in dementia is challenging and distressing not only to family caregivers, but also to health care workers. Behavioural symptoms are common in hospital, and the hospital environment can cause or prolong them. But most importantly, behaviours are a form of communication and signals that the person with dementia is uncomfortable and needs assistance. Where behavioural symptoms persist, an Antecedent Behaviour Consequence (ABC) approach on an individual basis is worth considering.

要面對認知障礙症的行為徵狀，不只對家屬照顧者是挑戰和煩惱，對護理人員亦是一樣。行為徵狀在醫院內很常見，而醫院環境也可能導致這些徵狀出現，或令它們延長。然而，最重要的是行為本身是溝通的模式，代表認知障礙症人士覺得不舒服和需要協助。當行為徵狀繚繞不去時，或值得考慮以 ABC 因果行為分析法研究個別人士。

A-B-Cs defined

定義 A-B-Cs

Antecedent: A is for antecedent, i.e., the event or factor that precedes the behavioural symptom and contributes to its occurrence. Antecedent is also called “trigger” because it “sets off” the behaviours.

A(antecedent) 前因：了解行為問題出現之前的事件或因素，也稱之為觸發行為問題的原因

Behaviour: B is for the specific behavioural symptom that is of concern, as one behavioural symptom is considered at a time in the problem-solving and care-planning process.

B(behavior) 行為：需要處理的行為問題徵狀，在解決問題和計劃照顧過程中，逐一觀察每一個徵狀

Consequences: C is for consequences. That would be all the things that happen after the behaviour occurs. That includes all the reactions and responses to the person, including those by other patients/residents, family, visitors, volunteers, and caregivers.

C(consequences) 後果：因該行為問題而引發的事件，包括旁人對患者的反應和回應，旁人指其他院友、家人、訪客、義工和照顧者等

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The ABC approach helps caregivers understand the underlying causes of a behaviour, including the effects of personal, health-related, and environmental factors. It provides clues for planning interventions that may be used to calm and redirect a person who is intensely upset and threatened.

ABC 因果行為分析法協助照顧者了解觸發行為問題背後的原因，包括人物、健康、環境因素，提供線索以對症下藥，決定甚麼方式或可以令非常困擾和感到威脅的認知障礙症人士鎮定下來和分散其注意。

There is neither easy answer nor simple intervention for reducing or eliminating behavioural symptoms. Caregiving staff often want easy-to-follow, step-by-step instructions about what to do when someone “yells” or “insults” them, “pushes” or “grabs” them. We purposefully put labels such as “yells”, “insults”, “pushes”, and “grabs” in quotation marks because the behaviours are considered a communication of some unmet needs. Once we say the person is “grabbing”, “hitting”, “pushing”, or “pinching”, we create an image of a “bad” person from whom staff must “protect themselves”. Understanding what such behaviours represent is critically important. We must examine that in the context of the care provided.

要減少或消除行為徵狀，並沒有容易和簡單的成功捷徑。很多時候，員工希望有容易跟從的步驟指引，應該如何應付認知障礙症人士對他們「咆吼」、「侮辱」、「推撞」、「抓住」。我們特意把這些標籤加上引號，例如「叫」、「侮」、「推」、「抓」等，因為行為是被視為表達需要未能滿足的表現。每當我們說某人是在「抓人、打人、撞人、捏人」，一個「壞人」的形象就會出現，因此員工必須在「壞人」面前「保護他們自己」。了解行為背後代表的意義非常重要，我們必須在提供照顧的背景分析整體狀況。

Assessment is everyone’s job. The person who makes the observations does not necessarily need to interpret them. This is important since nursing assistants and domestic helpers are often the most knowledgeable about the behaviour of the person who is under their care. Their observations provide lots of information for reviewing the antecedents and triggers, and the consequences or reactions that may be encouraging the behaviour to continue. Prevent the behaviour by changing antecedents and replacing automatic reactions with helpful responses when the behaviour does occur can be applied to all kinds of life situations.

分析評估是每個人都要做的工作。負責觀察的那人，不一定需要闡釋所觀察的內容。這是重要的，因為護理員和家傭很多時候都是最了解被照顧者的行為。他們的觀察會帶來很多有用資訊，用來評估甚麼觸發了問題行為，其前因及後果，或甚麼回應令行為徵狀持續。如何透過改變前因、將自動反應轉換成願意幫助的回應，來防止問題行為出現或惡化，在所有的情況下都適用。

What is important is to look beyond the immediate problem and search for factors that may be contributing to the behavioural symptoms. The following will be presented with common situations which will serve as examples for the application of the approach to clinical practice or daily care.

重要的是不要只考慮眼前的問題，目光要放遠一點，尋找可能導致行為徵狀的因素。以下例子泛指普遍的情況，適用於臨床或日常護理。

Identifying possible antecedents and triggers. Check these out first.

確定可能的前因或觸發點，先檢查以下各項。

When and where did the behaviour occur?

問題行為是在甚麼時候、在哪裡出現？

What is going on in the environment?

現場環境正在發生甚麼事？

Who was there?

誰在那裡？

Has the person had a change in “physical”, “mental”, or “social” status?

那人的「身體狀況」、「精神狀況」、「社交狀況」是否有改變？

Does it occur while someone is trying to provide personal care?

當時是不是有人正在提供個人護理服務？

Common antecedents and triggers may be related to:

常見的原因和觸發點或與以下情況相關：

Physical pain or discomfort: Illnesses, medication, hunger, or thirst

身體不舒服或痛楚：疾病、藥物、飢餓或飢渴

Overstimulation: Loud noises or a busy environment

過度刺激：環境太嘈雜

Unfamiliar surroundings: New places or the inability to recognize home

陌生環境：新地方或認不出是家裡

Complicated tasks: Difficulty with activities or chores

複雜的任務：參與活動或處理生活瑣事遇到困難

Frustrating interactions: Inability to communicate effectively may cause fear, sadness, or anxiety

令人洩氣的互動：因為恐懼、悲傷或焦慮而導致不能有效溝通

Behaviour

行為

Say precisely what the behaviour was.

準確說出那行為是甚麼

Mr. Chan slapped Nurse A, as opposed to Mr. Chan was aggressive.

陳先生搗了 A 護士一記耳光，而不是陳先生有攻擊性

Who and what was it directed at?

目標是誰？那行為是甚麼？

How long did the behaviour last?

行為維持了多久？

Common unhelpful automatic reactions to be avoided include:

應該避免以下常見無益的自動反應：

Avoiding or ignoring the person

避開或漠視患者

Feel angry at, resentful about, and frustrated by the person

對患者憤怒、憎恨，和感到沮喪

Blaming the person, thinking that he/she is “doing it on purpose”

怪責患者，認為他或她是「故意這樣做」

Trying to correct or set limits with the person. Telling the person “No, you can’t do that!” or “Stop it right now!”

嘗試去改正患者或設限，告訴他「你不可以這樣做！」、「現在立刻停止！」

Increasing the person’s level of frustration or anger by trying to “rationalize” with him/her, such as correcting his/her delusions

Threatening the person with facial expressions or certain tones of voice

嘗試與他們「辯解」，如改正他們的錯覺，因而令其沮喪或增加其生氣程度，以表情或語氣恐嚇患者

Intervention is always determined by the specific details of the situation. What we do depends on:

調解干預永遠取決於實際情況的個別細節。我們該怎麼做取決於：

The person (type/stage of dementia; retained abilities; long-standing personality traits, coping methods, experiences, and habits);

What is going on inside and around the person that leads up to the situation or problem;

患者（認知障礙症類型/程度；仍保有的能力；一直以來的性格特徵，適應方法、經驗和習慣），以及患者本人和身邊環境發生甚麼事，以導致問題情況發生，以及

The caregiver(s), professional(s), para-professional(s); their level of training; new vs. experienced; knowledge about this person; and

What is going on inside and around the caregiver that is influencing the caregiver’s reaction to the situation or “problem”.

照顧者、專業人員、助理護理人員的受訓程度；新人對比有經驗者；對患者的認識，以及照顧者本人和身邊發生甚麼事，正在影響照顧者對事件和「問題」的回應。

Although the various type of behavioural symptoms that might be observed may be very different from one another, the basic principles are often the same: focusing on the person’s perceptions and internal experiences; thinking about lifelong habits or traits that might contribute to them; and trying to find ways to comfort, distract, or redirect the person to more pleasurable activities.

儘管可能會觀察到的各種行為症狀彼此非常不同，然而基本原則都是一樣，集中於患者的看法和內心經歷，如何看人生習慣或特性，嘗試找一些方法以寬慰他，分散其注意，或以更愉快的活動以轉移視線。

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What will be next?

Set behavioural goals

We ask ourselves: Can we eliminate the behaviour or decrease the frequency of its occurrence?

Do we need to readjust our expectations?

下一步該如何？

設定行為目標

我們問自己，可以消除那些問題行為或減低其出現率嗎？

我們需要調節自己的期望嗎？

Change the antecedents and triggers

Sort out which antecedents or triggers can be eliminated or changed.

e.g., Should we turn off the television during meal time to avoid the noise or distraction?

改變前因和誘發因素

整理出那些前因或誘因可以被消除或改變？

例如：我們應否在用膳時間關掉電視機，避免噪音或騷擾？

Change consequences and reactions

Think about which consequences or automatic reactions can be eliminated or changed to reduce their negative impact on the person. And . . .

What new, positive responses can we add to encourage the functional behaviour and comfort for the person?

Don't confront or challenge delusions or hallucinations

Reduce misleading stimuli such as pictures or objects that lead to misperceptions

Check for possible internal stressors, such as hunger or urging to go to the toilet because of a full bladder.

改變後果和回應

想一下那些後果或自動反應可以被消除或改變，以減低對患者的負面影響？以及...

我們可以加入甚麼新的、正面的回應，以促進正常行為和帶來慰藉？

不要爭論或挑戰錯覺或幻覺

減少誤導的刺激因素，如會引起錯誤觀念的圖片或物件

檢查內在導致緊張的因素，諸如飢餓，因尿急要上廁所

Remember the 3 Ds and 3 Rs

必須記住三個不和三個 R

- ✓ Do not argue
不要爭論
- ✓ Do not reason
不要勸說
- ✓ Do not correct
不要糾正
- Reassure, Respond, and Refocus
安慰（Reassure）、回應（Respond）、重新聚焦別處（Refocus）

That is to:

亦即是要:

- ✓ Acknowledge what they are saying
認可他們說的話
- ✓ Give a brief response
給予簡單回應
- ✓ Redirect
改變行為方向

It is important for caregivers to develop individualized approaches to various types of behavioural symptoms.

重要的是照顧者要建立不同的應對模式，以針對不同類型的行為徵狀。