



Responding to High Risk Behavior in FTD

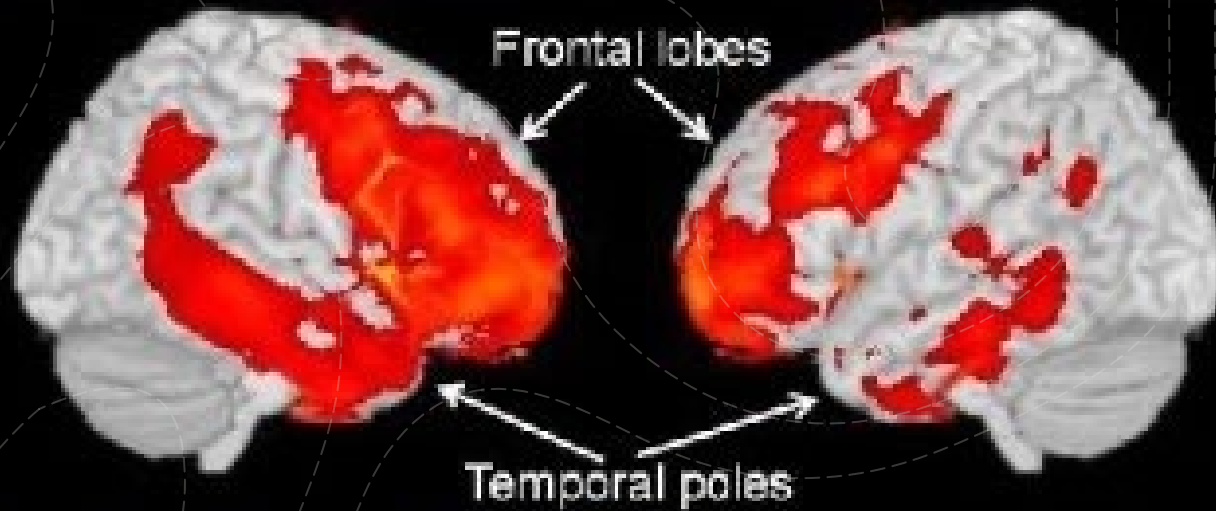
Jennifer Pilcher, Ph.D.

Clear Guidance Consulting and Care Management

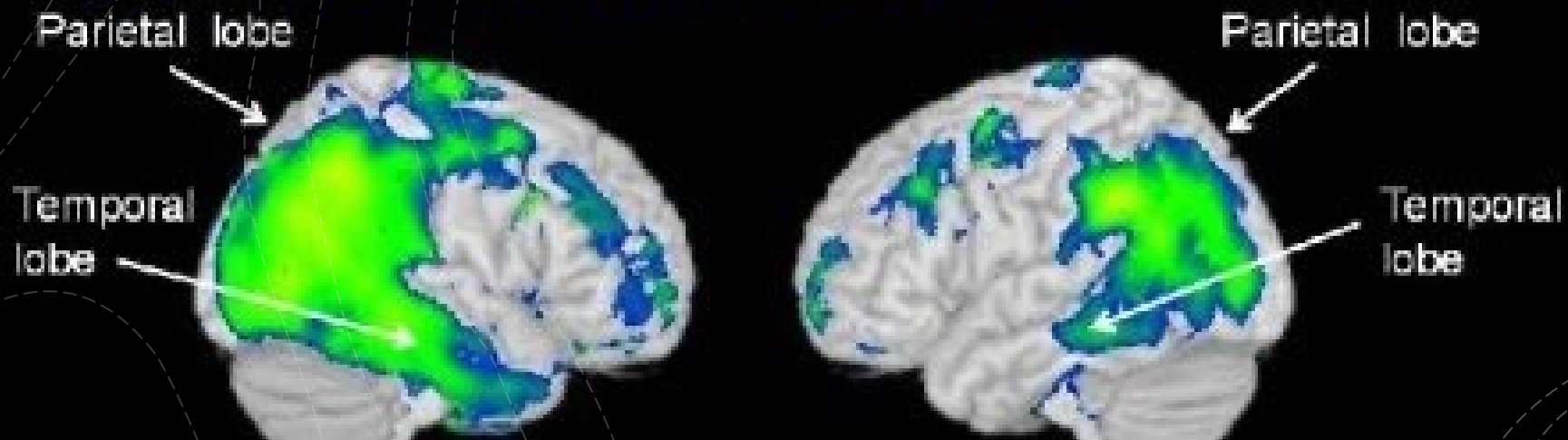


Difficult Topic

Frontotemporal Dementia



Alzheimer's Disease



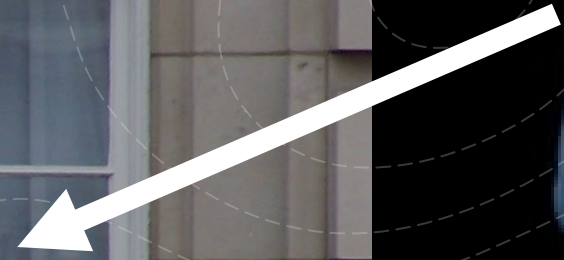
Nine Functions of the Prefrontal Cortex

Together these functions serve to connect the body proper, brainstem, limbic area, cortex, and input from other people. ⁱ

1. **Empathy**—The ability to see the world through another person's perspective ⁱⁱ
2. **Insight**—An inner sense of knowing ⁱⁱⁱ
3. **Response flexibility**—The ability to respond flexibly... it allows the individual to pause and put a space between impulse and action. ^{iv}
4. **Emotion regulation**—Attaining enough intensity so that life has meaning, but not too much arousal for life to become chaotic or too little arousal for life to become rigid and depleted. ^v
5. **Body regulation**—Coordinating different systems of the body to function optimally...one example is balance between the sympathetic and parasympathetic branches of the autonomic nervous system.
6. **Morality**—The capacity to imagine, reason, and enact behaviors on behalf of a larger social good. ^{vi}
7. **Intuition**—A term that denotes the nonlogical knowing that emerges from the body, especially the neural networks in the heart and intestines that send their signals upward, through the insula, to regions of the middle prefrontal cortex. ^{vii}
8. **Attuned communication**—A compassionate connection in a relationship...one example is when internal states are the focus of attention and are "attuned to" such



Gatekeeper



"Thinking about Thinking"

Higher Reasoning

Executive Function

Prefrontal Cortex

9 Functions of the Prefrontal Cortex

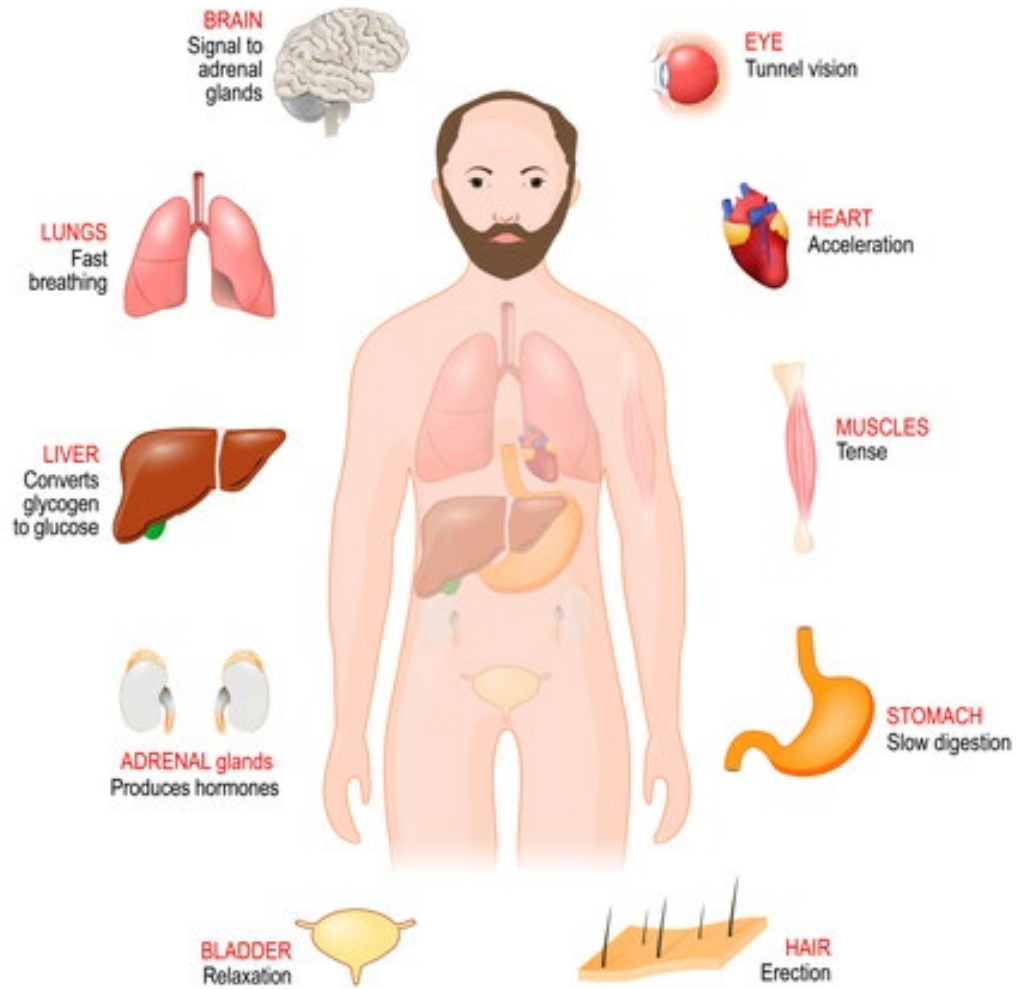
1. Empathy
2. Insight
3. Response Flexibility
4. Emotion Regulation
5. Body Regulation
6. Morality
7. Intuition
8. **Autism Communication**
9. **Fear Modulation**



Limbic Brain

1. Fight, flight, freeze stress response
2. Thinks, "Am I safe? Do people want me?"
3. Emotions live here

Fight-or-flight response

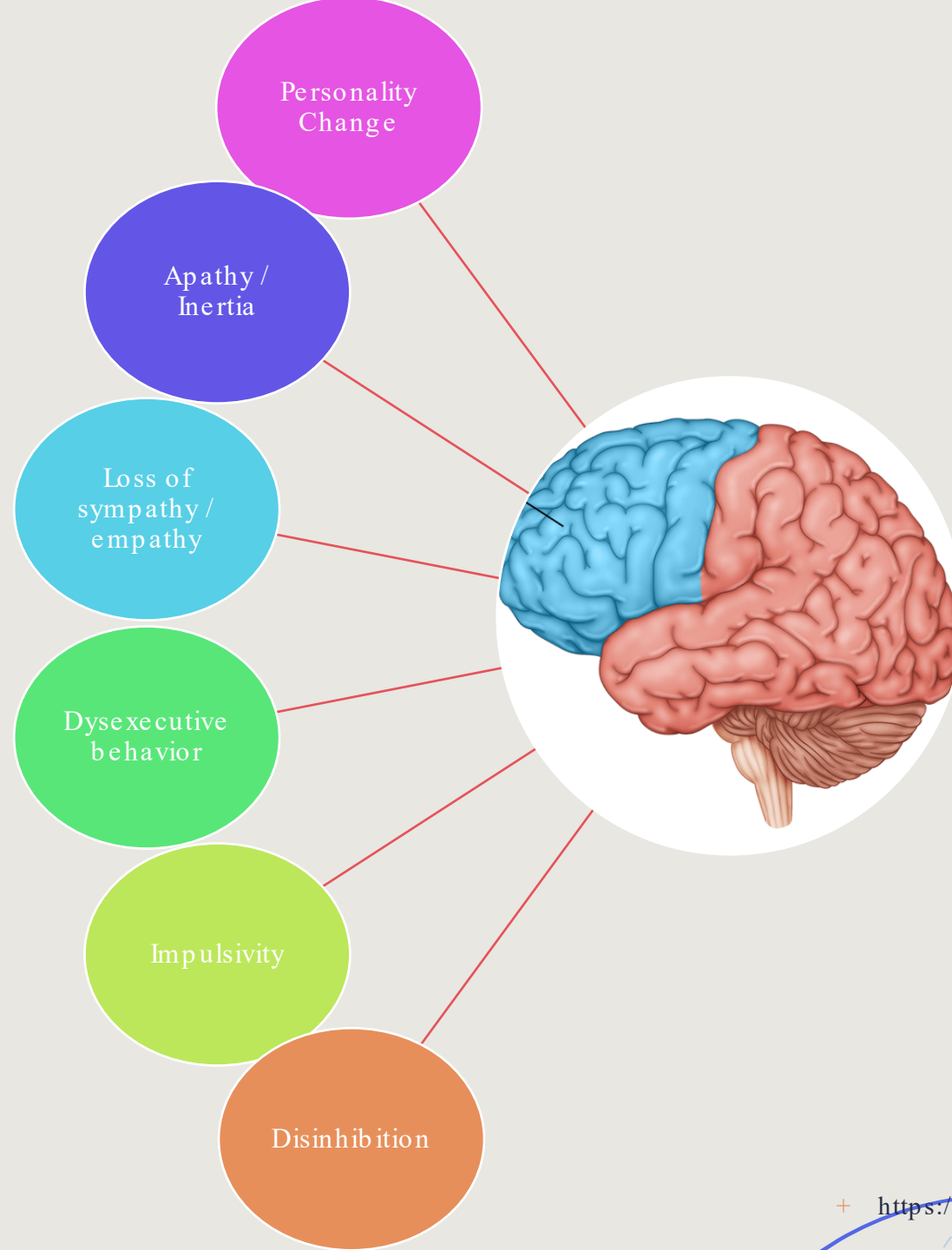


Alarm System in FTD

▶ Already lacks capacity to reason/rationalize/accurately assess a threat, but still has an alarm system

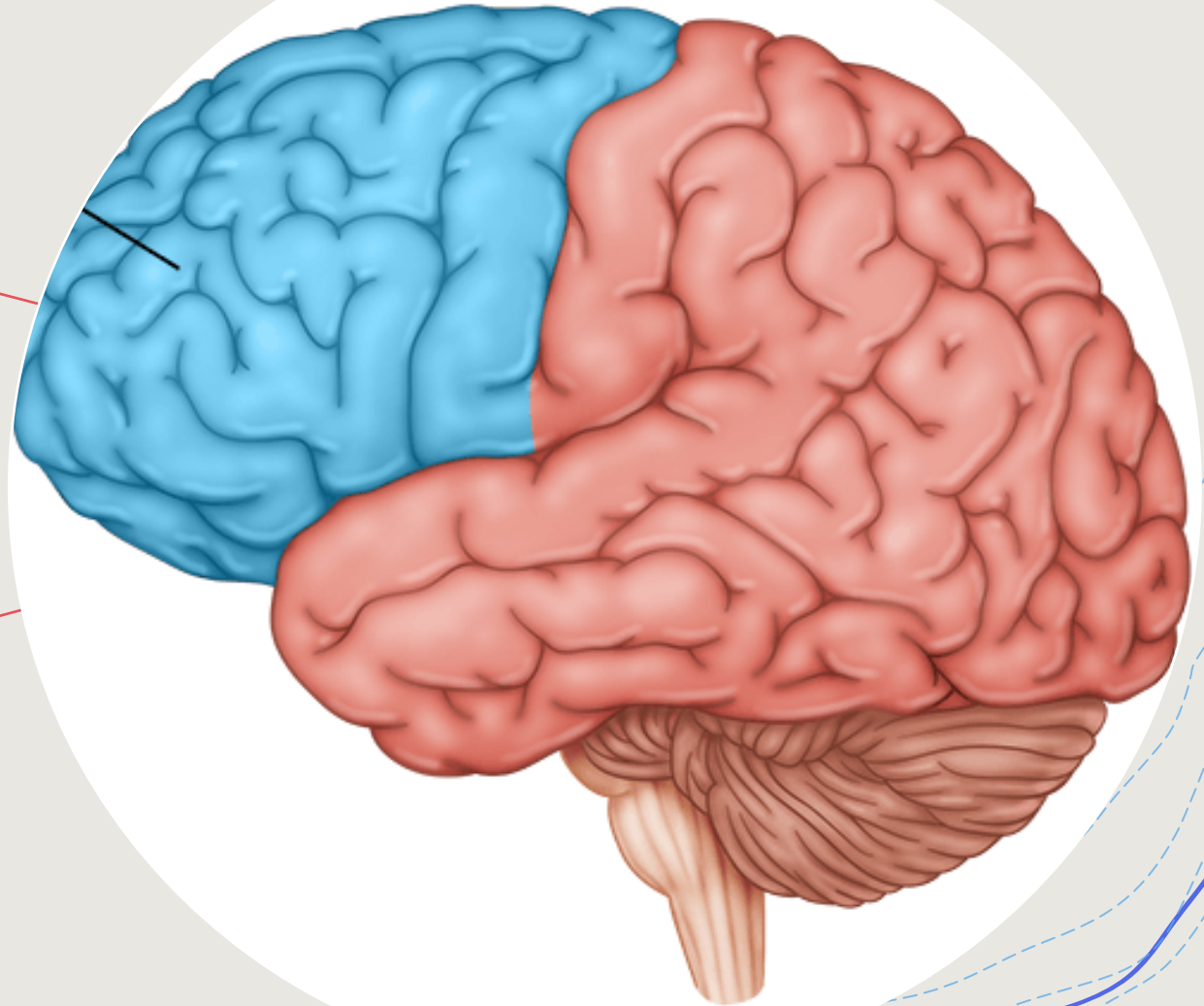
FTD - the alarm system is even more sensitive





Impulsivity

Disinhibition



Anosognosia

A deficit of self-awareness, a condition in which a person with a disability is unaware of its existence.

Lack of Insight

- NOT denial
- Inability to recognize illness in oneself
- Brain based, out of the individual's control



CBS
EVENING
NEWS

So, what can we do?

Address	Proactively address mood
Identify	Identify Triggers
Change	Change Environment
Moderate	Moderate Responses



CHOICE = POWER

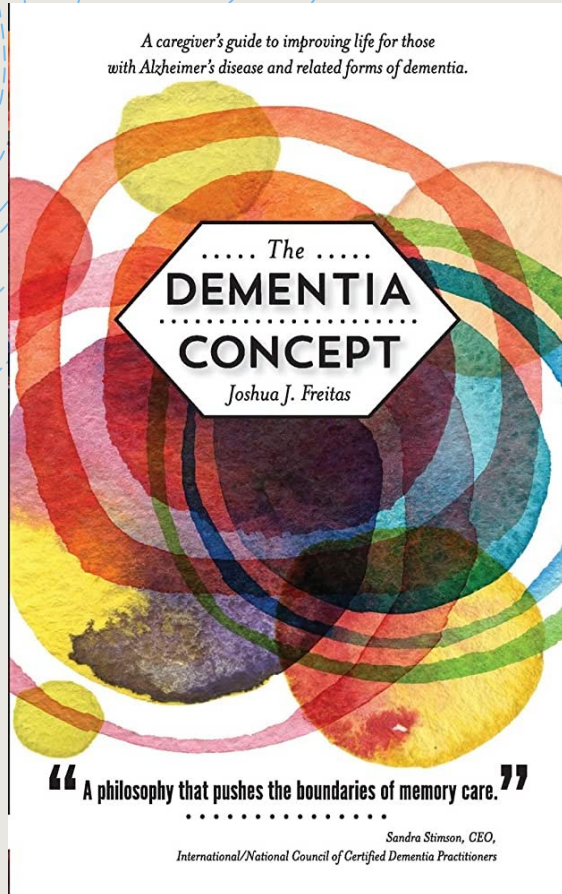
Create Choice and Control

Hard to do when really isn't any?

So many losses, most important is loss of control over self

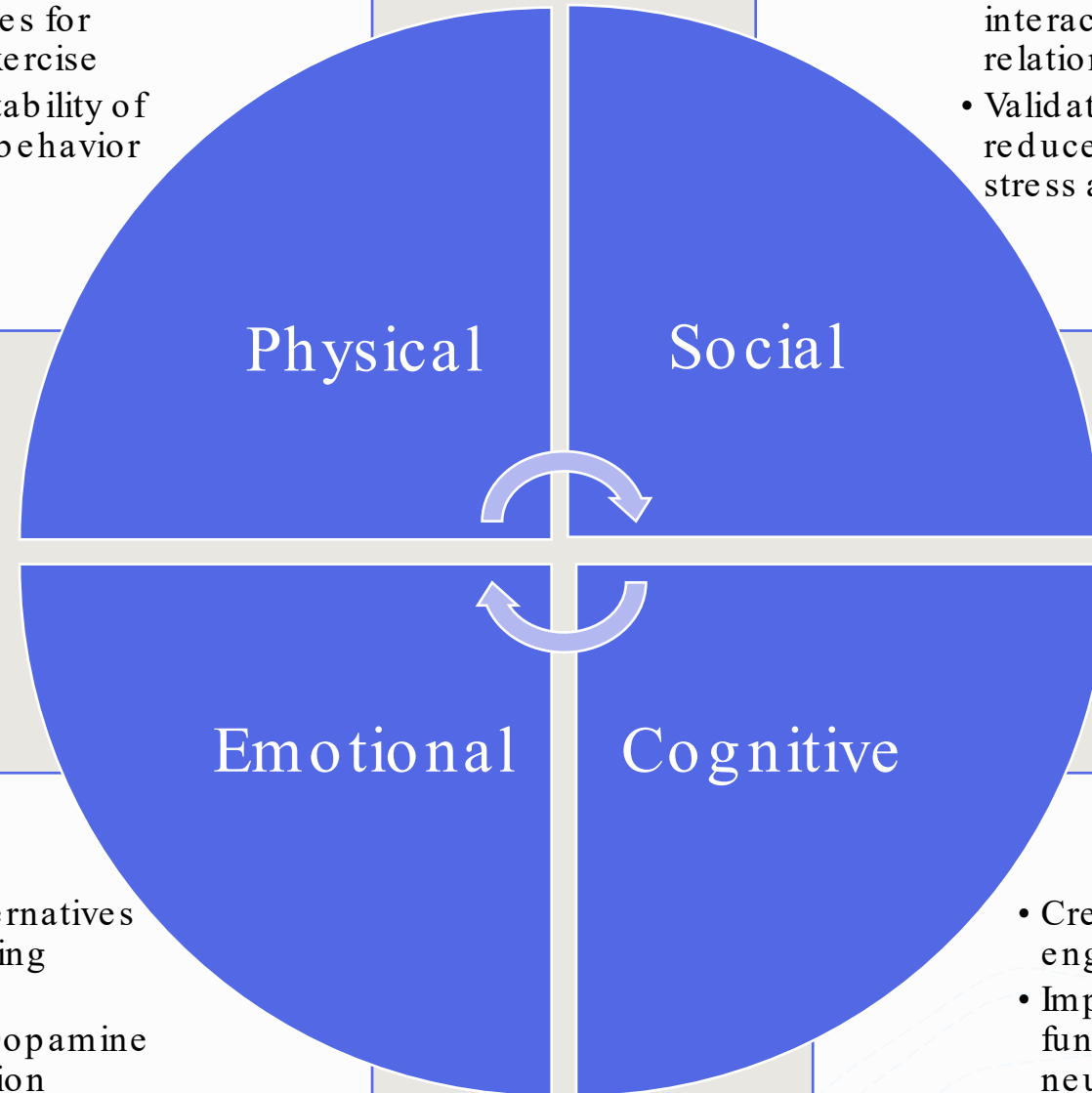
- ▶ 3 options
- ▶ Limit to serial yes/no
 - Would you like eggs? Would you like toast?*
- ▶ Allow refusal without arguing
- ▶ "Let's go" or "It's time to"

4 Dimensions of Stability



- Provide opportunities for vigorous exercise
- Increases stability of mood and behavior

- Maintain social interaction and relationships
- Validates feelings, reduces isolation, stress and apathy



- Provide alternatives for processing emotions
- Increases Dopamine and relaxation

- Create intellectual engagement
- Improves cognitive function and neuroplasticity

So, what can we do?

Identify	Identify Triggers
Change	Change Environment
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Investigation

A magnifying glass with a black handle and frame is positioned over a document. The lens is focused on a section of the document, which appears to contain some text and a diagram. The background is dark and textured.

- ▶ See yourself as a private investigator
- ▶ Identify triggers for behavior
- ▶ Understand motivations
- ▶ Identify potential unfulfilled needs

Rule out



**PAIN – UNTREATED OR
UNDER TREATED**



**RECENT CHANGE IN
MEDICATION FOR ANY
CONDITION (NOT JUST
PSYCHIATRIC)**



**MEDICAL CONDITIONS –
EXACERBATION OF
EXISTING OR NEW
INFECTION**



POOR SLEEP HYGIENE



**SENSORY – CHANGES IN
VISION OR HEARING**

Basic Human Needs

Based on theories of Dr. William Glasser (Choice Theory) and William Powers (Perceptual Control Theory)



Love and Belonging - people like them, appreciate them, are on their team



Power - they have influence on the world



Freedom - a sense of autonomy and choice



When person senses any of these are threatened, can cause adrenal response

Clearly Identify Problem

- ▶ Describe the problem or behavior you are seeing in as much detail as possible
- ▶ Think about what was happening at the time when the behavior occurred
- ▶ What were you doing? What was the person doing?





Information

- ▶ Listen, watch, objective information
- ▶ Tracking Mechanism
- ▶ Review History
- ▶ Review documentation

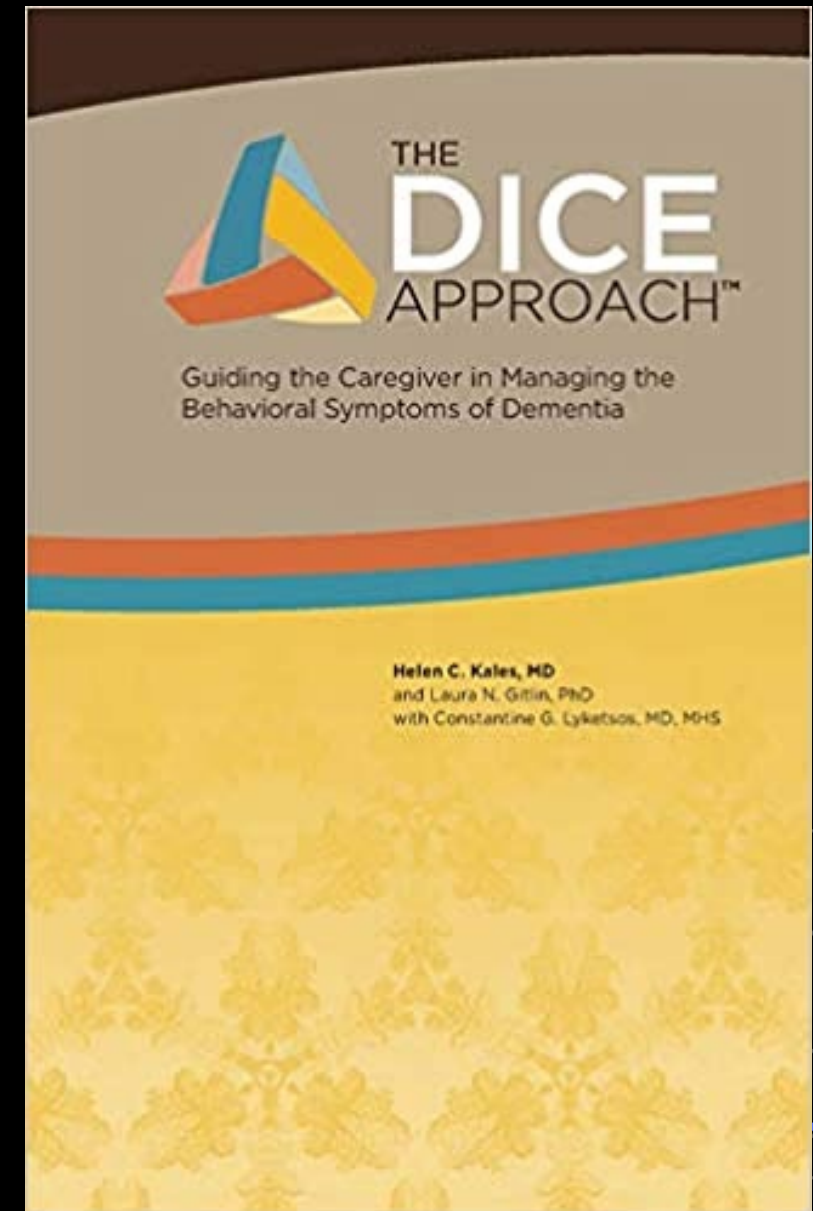


DESCRIBE

INVESTIGATE

CREATE

EVALUATE



<https://diceapproach.com/>



WORKSHEET

Helen C. Kales, MD
and Laura K. Gillin, PhD
with Constantine G. Lyketsos, MD, MHS



DESCRIBE

- Caregiver **describes** problematic behavior
 - Context (who, what, when and where)
 - Social and physical environment
 - Perspective of the person with dementia
 - Degree of distress to person with dementia and caregiver

INVESTIGATE

- Provider **investigates** possible causes of problem behavior
 - Person with dementia
 - Medication side effects
 - Pain
 - Functional limitations
 - Medical conditions
 - Psychiatric comorbidity
 - Severity of cognitive impairment, executive dysfunction
 - Poor sleep hygiene
 - Sensory changes
 - Fear, sense of loss of control, boredom
 - Caregiver effects/expectations
 - Social and physical environment
 - Cultural factors

CREATE

- Provider, caregiver and team collaborate to **create** and implement treatment plan
 - Respond to physical problems
 - Strategize behavioral interventions
 - Providing caregiver education and support
 - Enhancing communication with the person with dementia
 - Creating meaningful activities for the person with dementia
 - Simplifying tasks
 - Ensuring the environment is safe
 - Increasing or decreasing stimulation in the environment

EVALUATE

- **Evaluate** whether "CREATE" interventions have been implemented by caregiver and are safe and effective

Consideration of Psychotropic Use (Accuracy/Safety)

So, what can we do?

Change

Change Environment

Moderate

Moderate Responses

Changing Environment

Example 3: Remove Trigger

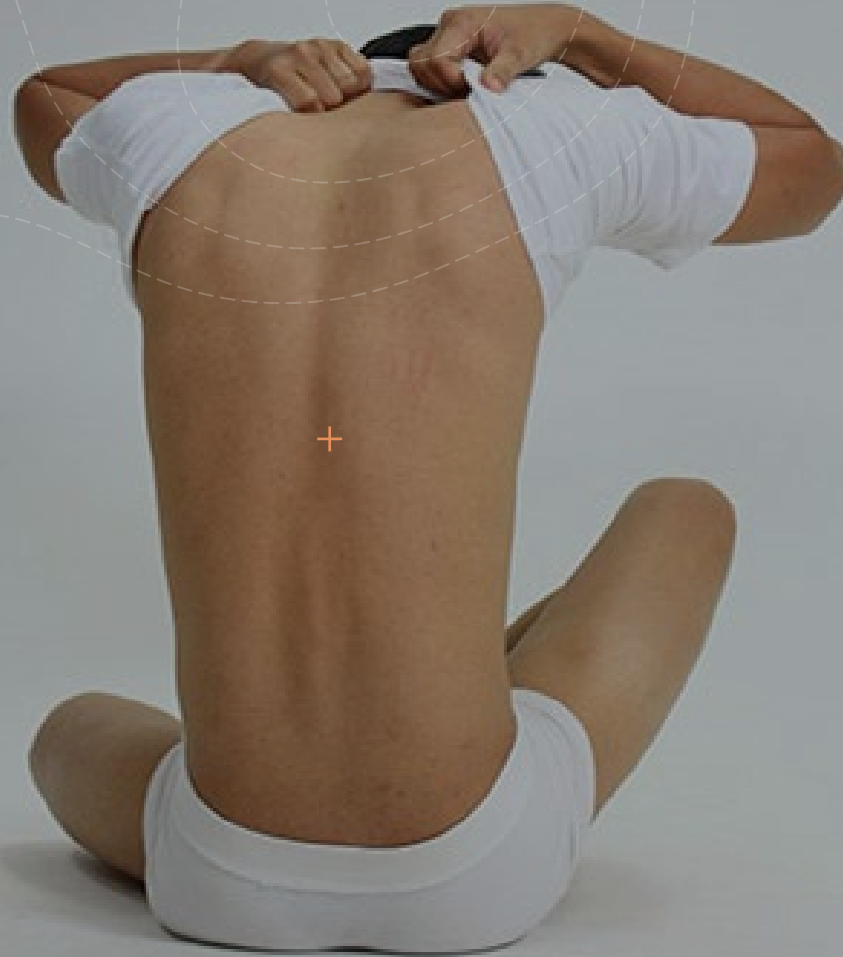


Changing Environment Example 1: Driving unsafely



Changing Environment

Example 2: Disrobing



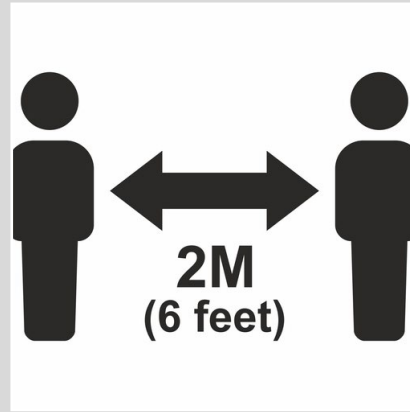
So, what can we do?

Moderate

Moderate Responses



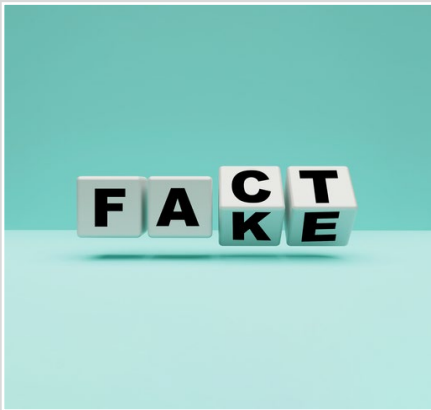
Stay Calm



Create Distance



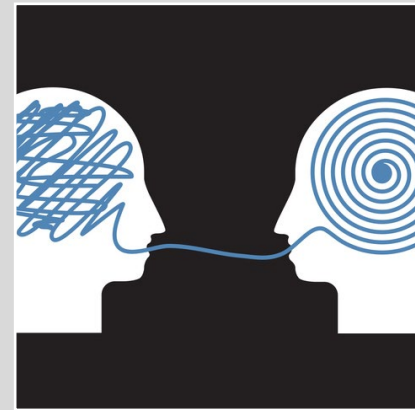
Validate Feelings



Don't Challenge



Facial Expression



Simplify Language



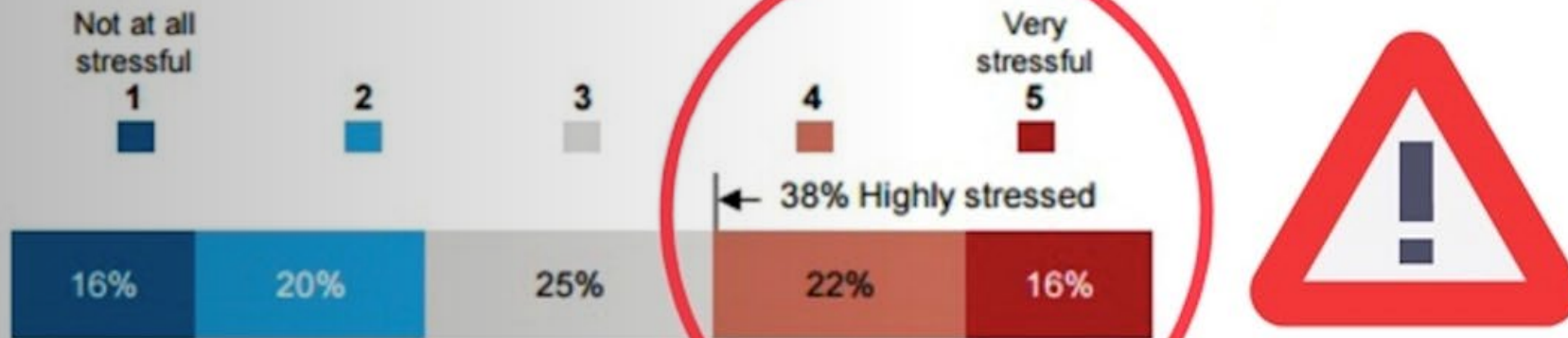
AND RE- APPROACH

- + Quit, come back later
- + Pay close attention to person's body language and emotional state
- + Wait for adrenal reaction to subside (15-20 minutes)

Figure 58: Emotional Stress of Caregiving

Q36. How *emotionally* stressful would you say that caring for your [relation] is/was for you?

Base: Caregivers of Recipient
Age 18+ (n=1,248)



Now what?

- | | |
|------------|--------------------------|
| ✓ Address | Proactively address mood |
| ✓ Identify | Identify Triggers |
| ✓ Change | Change Environment |
| ✓ Moderate | Moderate Responses |

Professional Interventions

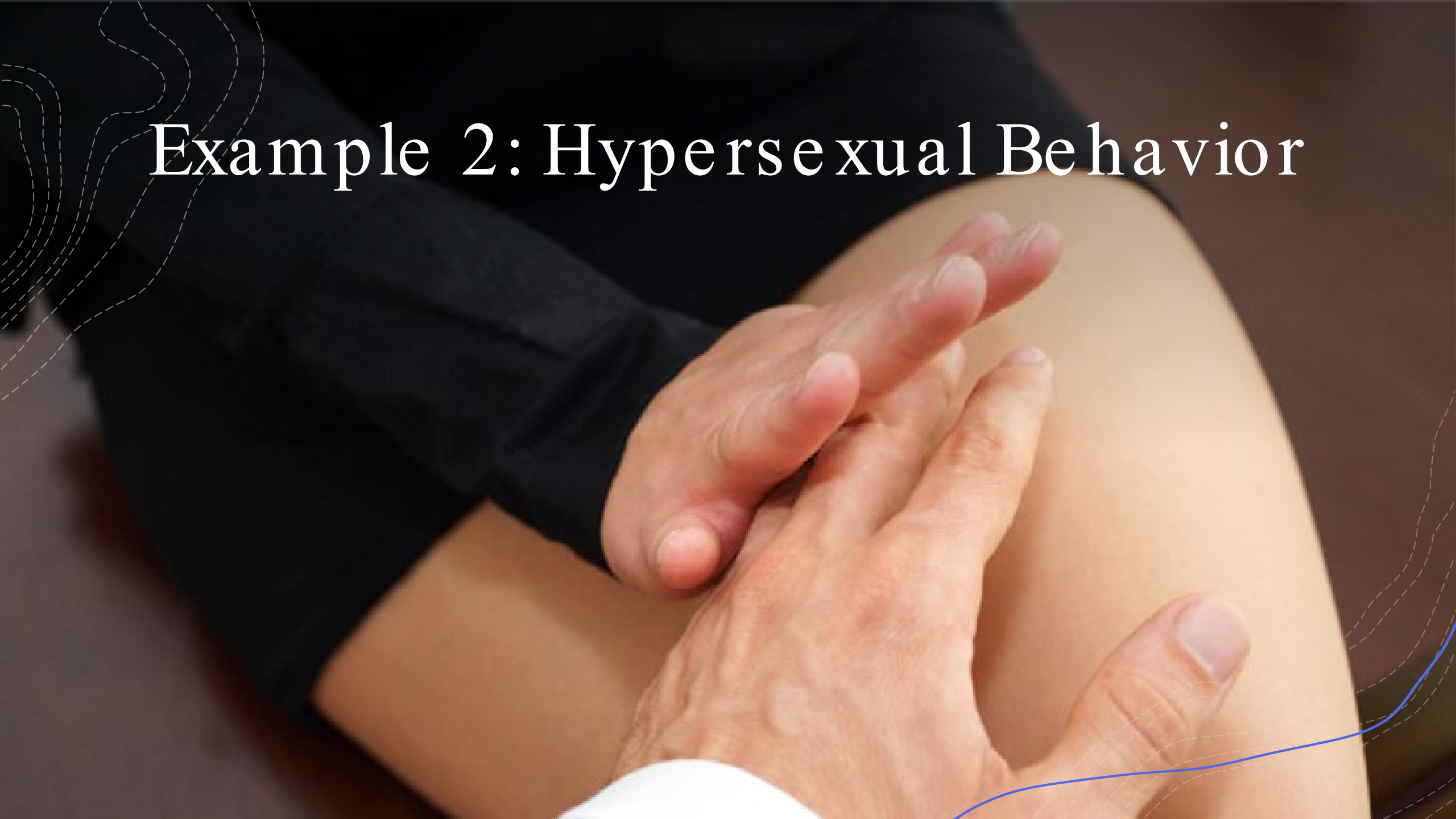
- + Pharmaceutical (Neurologist or Psychiatrist)
 - + No Benzodiazepines
 - + SSRI's –eg Citalopram
 - + PRI –eg Trazodone
 - + Anti-psychotics
 - + Anti-androgens
- + Psychiatric Hospitalization
- + Placement in residential setting
- + Assistance from Law Enforcement and/or Protective Services



Example 1: Aggression,
Inappropriate Social
Behavior, Stealing



Example 2: Hypersexual Behavior



“I never lose. I either win or I learn”

-Nelson Mandela

CRISIS

OPPORTUNITY

