Responding to High Risk Behavior in FTD

Jennifer Pilcher, Ph.D.
Clear Guidance Consulting and Care Management
Difficult Topic
Nine Functions of the Prefrontal Cortex

Together these functions serve to connect the body proper, brainstem, limbic area, cortex, and input from other people.¹

1. **Empathy**—The ability to see the world through another person’s perspective ²

2. **Insight**—An inner sense of knowing ³

3. **Response flexibility**—The ability to respond flexibly...it allows the individual to pause and put a space between impulse and action. ⁴

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. ⁵

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. ⁶

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. ⁷

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 ⁸
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. Attention & 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

https://www.quora.com/What-side-is-the-prefrontal-cortex-on
Fight-or-flight response

- **Brain**: Signal to adrenal glands
- **Lungs**: Fast breathing
- **Liver**: Converts glycogen to glucose
- **Adrenal glands**: Produces hormones
- **Heart**: Acceleration
- **Muscles**: Tense
- **Stomach**: Slow digestion
- **Bladder**: Relaxation
- **Hair**: Erection
- **Eye**: Tunnel vision
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

Source: http://www.theraputeuticalliance.com/pain-is-an-alarm.html
Personality Change

Apathy / Inertia

Loss of sympathy / empathy

Dysexecutive behavior

Impulsivity

Disinhibition

Lack of Insight

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

- **NOT denial**
- **Inability to recognize illness in oneself**
- **Brain based, out of the individual’s control**
So, what can we do?

<table>
<thead>
<tr>
<th>Address</th>
<th>Proactively address mood</th>
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<tbody>
<tr>
<td>Identify</td>
<td>Identify Triggers</td>
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<tr>
<td>Change</td>
<td>Change Environment</td>
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<tr>
<td>Moderate</td>
<td>Moderate Responses</td>
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</table>
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

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

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

Emotional
- Provide alternatives for processing emotions
- Increases Dopamine and relaxation

Cognitive
- Create intellectual engagement
- Improves cognitive function and neuroplasticity
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Investigation

▶ 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
Bowel Chart

<table>
<thead>
<tr>
<th>Day</th>
<th>5p</th>
<th>6p</th>
<th>7p</th>
<th>8p</th>
<th>9p</th>
<th>10p</th>
<th>11p</th>
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<th>10a</th>
<th>11a</th>
<th>12p</th>
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<th>2p</th>
<th>3p</th>
<th>4p</th>
<th>Notes</th>
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Bladder Chart

Sleep Log

Medication side effects chart
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
### ABC Chart – Antecedent, Behavior, Consequence

**"A"** = the event or activity that immediately comes before a behavior.

**"B"** = observed behavior

**"C"** = the consequence, or the event that immediately follows a response.

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<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Activity</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
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<tbody>
<tr>
<td>Date/Time when the behavior occurred</td>
<td>What activity was going on when the behavior occurred</td>
<td>What happened right before the behavior that may have triggered the behavior</td>
<td>What the behavior looked like</td>
<td>What happened after the behavior, or as a result of the behavior</td>
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WORKSHEET

Helen C. Kelso, MD
and Laura N. Gillis, PhD
with Constantine G. Lyketsos, MD, MPH

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
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Changing Environment
Example 3: Remove Trigger
Changing Environment Example 1: Driving unsafely
Changing Environment

Example 2: Disrobing
| 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)

- Not at all stressful: 16%
- Very stressful: 22%
- Highly stressed: 38%
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Professional Interventions

- Pharmaceutical (Neurologist or Psychiatrist)
  - No Benzodiazepines
  - SSRI—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