Promoting Positive Behavioral Health:  
A Non-pharmacologic Toolkit for Senior Living Communities

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Electronic Access and Copies of Toolkit
This toolkit may be downloaded free of charge from: http://www.nursing.psu.edu/hartford/toolkit

Recommended Citation

Expert Panel
Philosophy- Karen Love, Jackie Pinkerton

System Integration- Marie Boltz, Carmen Bowman, Patricia Parmelee

Education & Leadership Development- Cornelia Beck, Brenda Cleary, Ann Bossen, Judy Lucas

Assessment- Laura Gitlin, Katherine Marx, B. Hansen, Christine Kovach

Non-pharmacological Approaches- Rita Jablonski, Andrea Gilmore-Bykovskyi, Darina Molkina, Natalie Baker, Ann Bossen, Sharon Nichols, Lois Evans

Dissemination Plan- Barbara Resnick
Toolkit Overview

This Toolkit—Promoting positive behavioral health: A non-pharmacologic toolkit for senior living communities—contains resources to help staff in senior living communities promote non-pharmacologic behavioral health strategies to address behavioral and psychological symptoms of dementia (BPSD) behaviors that frequently occur in long-term care residential settings, especially among residents with dementia.

Many terms may be used to describe BPSD, such as agitation, aggression, behavioral expressions of dementia etc. Further, numerous terms may be used to describe non-pharmacological approaches for responding to these symptoms such as treatment, intervention, approach. The language that describes symptoms and approaches reflects differences in how symptoms and approaches are conceptualized. This Toolkit uses the terms BPSD and non-pharmacological approaches because these terms have wide acceptance, are person-centered, and are understood by most nursing home staff.

What is the goal of the Toolkit?
Non-pharmacological approaches (NPA) are a first priority for responding to the behavioral and psychological symptoms of dementia (BPSD) due to the high risks and limited effectiveness of antipsychotic medications for treating BPSD\(^1\). As a result, there is an urgent need to equip nursing home providers with readily accessible tools for identifying and implementing NPA.

Based on this critical need, the goal of our project was to convene a national, interdisciplinary group of geriatric behavioral experts who would collaborate on the development of a behavioral health toolbox for staff. This toolbox was conceptualized as a compendium of peer-reviewed/expert-endorsed existing resources that would assist staff in the implementation of non-pharmacological strategies for BPSD. Further, the toolbox would be readily accessible and include: staff educational programs for non-pharmacological approaches; methods for assessing behaviors; person-centered interventions; and system-wide methods for integrating interventions into the culture of care.

Who is the Toolkit for?
The Toolkit contains resources relevant to any type of senior living community, including nursing homes, assisted living facilities, and continuing care retirement communities. There is information targeted to professional and paraprofessional staff in all departments, including the executive director, administrators, department supervisors; nurses, physicians, mental health professionals, social workers, and recreational therapists.

What is in the Toolkit?
The Toolkit uses a comprehensive framework that consists of explicating a person-centered philosophical stance, and an overview of evidence-based resources addressing the following major areas:
♦ *Person-Centered Philosophy*  
This resource provides a rationale for approaching BPSD behaviors through the lens of person-centered care, including a summary of what types of behaviors are included in the definition of BPSD.

♦ *Systems Integration issues*  
A review of systems-level considerations that should be examined prior to initiating any new initiative.

♦ *Evidence-based leadership and direct care giver education programs*  
Available education programs that have demonstrated effectiveness in training leaders and direct caregivers on topics relevant to approaching BPSD.

♦ *Behavior Assessment tools*  
Available measures to ensure that staff appropriately identifies BPSD.

♦ *Clinical decision-making algorithms*  
Strategies ensuring that staff members comprehensively examine the causes of BPSD.

♦ *Evidence-based approaches to ameliorate or prevent BPSD*  
Approaches that have been proven to be effective in rigorously designed research studies.

♦ *Crisis response approaches*  
Procedures for appropriate responses to acute and emergent behaviors that put the senior or others at risk.

**How do you use the Toolkit?**  
We suggest long-term care providers use the toolkit in the following sequence:

1. Community leaders should designate a “champion” for leading this initiative.

2. The designated “champion” should share the overview of the Toolkit with the interdisciplinary team members.

3. Read the *Philosophy* section first to ensure that the team is all on the same page in overall approach to care.

4. Read the section on *Systems Integration* to ensure that organizational issues are addressed first.  
   • Address issues that emerge from this review.

5. Read the overview on *Leadership and Staff Education* programs to determine if your community would benefit from enhancing their knowledge about BPSD approaches.  
   • Select and implement educational programs based on your community’s needs.
6. Read the overview on **Assessment Tools** to ensure that your community is using the measurement tool that best matches your population’s needs.
   - Select and implement an assessment tool based on your community’s needs.

7. Read the overview of **Clinical Decision-making Algorithms** to ensure that team members are comprehensively examining the causes of BPSD.
   - Select and implement an algorithm based on your community’s needs.

8. Read the overview of **Evidence-based approaches to ameliorate or prevent BPSD** to ensure that the approaches you select have some solid research evidence to back them up.
   - Select and implement an approach based on the needs of the residents experiencing BPSD in your community.

9. If needed, examine the section on **Crisis Response Approaches** for tips on handling acute and emergent behaviors that put the senior or others at risk.
   - Select and implement a crisis approach based on the needs of the residents experiencing BPSD in your community.

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