CONFUSED ANGRY ANXIOUS?

Why working with older people in care can be really difficult + what to do about it

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You Need Self-control to Cooperate with Others

NANCY

Nancy doesn't want to get up and wash herself in the morning. She scolds the staff when they come in to wake her. If they take hold of her blanket she spits and claws at them. The situation around her morning ablutions has escalated more and more, and in the view of the staff the problem is aggravated by the fact that Nancy almost always wets her bed. This means that if they let Nancy stay in bed until she wakes up on her own, she'll put something dry on top of the wet clothes and refuse to change into anything else for the rest of the day. Which means that she walks about in clothes that smell strongly of urine and that she greatly disturbs the other residents, who complain loudly about the smell.

One morning Nancy has wet her bed as usual. Fatima is a new employee who goes into Nancy's room. She sits down on the floor near the top of the bed and says quietly: 'Good morning, would you like to get up now?' Nancy opens her eyes briefly and says: 'Go away, leave me alone.' Fatima waits ten minutes and then sits down again in the same way and says, 'Good morning, would you like to get up now?' Nancy opens her eyes, looks at Fatima and says: 'I'm sleeping', and then

closes her eyes again. Fatima leaves and comes back in the same way after ten more minutes. Before Fatima has a chance to say anything, Nancy opens her eyes and says: 'I'm going to pee.' Fatima answers: 'Shall we go together?' And they go to the bathroom. Since Nancy's clothes are wet with urine, she says while sitting on the toilet: 'Yuck, how cold it is here.' 'Would you perhaps like to take a lovely warm bath?' Fatima asks. Yes, Nancy would like that very much.

IT DOESN'T HELP TO REPRIMAND PEOPLE WHO ARE IN AFFECT

The principle 'You need self-control to cooperate with others' is simple. We often think that we can tell people who are stressed and agitated to calm down and that they will then do so. But that is not the case. A person in affect is a person who can't think normally and who reacts on impulse to a higher degree than usual. Neither will raising one's voice in such a situation have the desired effect.

If we look at the situation with Nancy in light of the principles discussed earlier, we see that she is unable to control her anger when the staff take hold of her blanket. She does what is most understandable in the situation from her agitated perspective – she scratches and spits.

As staff, there are many situations where we have to handle anger and lack of self-control from older people. Sometimes by saving a situation here and now, and sometimes by just waiting in the background, like Fatima does in the situation described above. The important thing, however, is that we are aware of what is really happening in situations that arise because someone has a behaviour problem, and that we know how to act in the various phases of the situation. In 1983, researchers Stephen G. Kaplan and Eugenie G. Wheeler

made a basic model for an outburst of affect, which has since been presented in countless versions. Here is our version, developed by one of the book's co-authors, Bo Hejlskov Elvén:

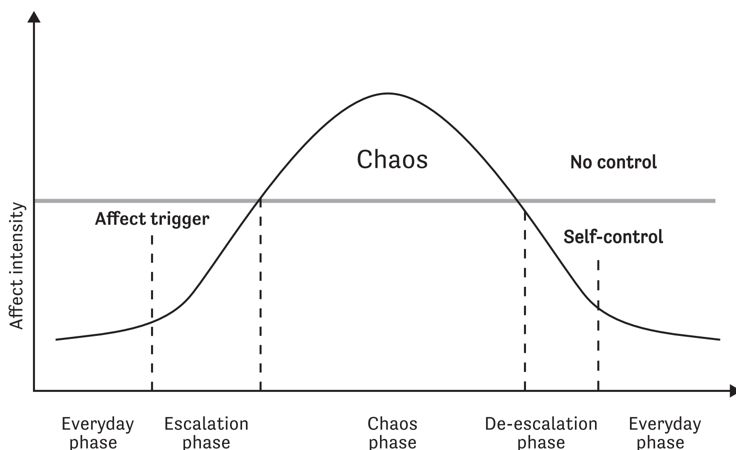

Figure 6.1 The affect regulation model

The vertical axis shows the intensity of affect, that is to say the strength of the emotion, and from left to right we have time. The curve describes the development of affect in a conflict or chaos situation, and the horizontal line in the centre shows how much affect a person can take. Newborn babies can't take very much, they lose control every time they get hungry, so for them the line would be very low. With increasing age, tolerance for affect increases, and in our model this means that the line for a child will rise. This is called maturing. As adults we can handle most situations. So in the model, the line for most of us would lie above the curve. As we age and lose abilities and cognitive functions, however, the line begins to fall again. In dementia, the line is often as low as for a little child. This is called having *difficulty in regulating affect*. Most people who lose their

self-control become unhappy; some react with anger. So it is throughout life.

There are five areas in the model, which describe different phases of an outburst. In the first phase, the everyday phase, affect intensity is low. In Nancy's case, this is when she is having a good day in which everything is as it should be and she feels secure. Then comes a trigger factor, an affect trigger. For Nancy, this occurs when the staff wake her up. During this phase, the escalation phase, the staff can still communicate with her. Admittedly communication is not as good as in the everyday phase, but there is still a chance of resolving the situation. And since no-one wants to lose control, everyone usually tries to resolve the situation in this phase. For Nancy, this takes the form of scolding the staff. This is an attempt at resolving the situation from her side.

Sometimes the situation moves on into the chaos phase. This could have happened with Nancy if the staff had carried on pulling at her blanket in spite of her warning cries. In the chaos phase, the person in affect is beyond reach and no longer acts strategically. After a while, however (because it always passes), the person gradually calms down and eventually comes back to the everyday phase.

Everyone behaves differently in the different phases. To be able to resolve a situation like the one with Nancy in a good way, we need to use different methods in the different phases. We will go through this in the coming chapters and also in the second part of the book.

But it is important to highlight here that cooperation is only possible when a person lies under the line that shows how much affect the person can tolerate. If the intensity of affect rises above the line, then there is no possibility for communication at all.

We get the best cooperation in the everyday phase, when a person has full self-control. In the escalation and de-escalation phases, cooperation is more difficult but still possible. It will require more adjustment on our part if we are to succeed here, however, because in these phases the person is fully occupied with himself and his efforts to maintain control.

In order to always be able to recognise what phase of affect a person is in, we should make efforts to get to know them as well as possible. We also need to know something about possible affect triggers for that person (things we absolutely must not say or do) and what we can do in each phase so that the intensity of affect will fall and the person will regain their self-control and the ability to cooperate. In Nancy's case, Fatima's approach worked as a slow but careful method which got her to cooperate, but which still allowed Nancy to retain the initiative. Fatima followed Nancy instead of placing demands. By physically withdrawing several times, she kept Nancy's affect level below the line. In this way she encouraged, 'snoozed' and prepared Nancy for what was going to happen. This allowed Nancy to accept Fatima's suggestions on her own terms.

Summary

Cooperation is about two people adjusting their behaviour to each other. This requires that both of them have control over themselves. As staff working with a person with dementia, we therefore cannot take control. We must instead make sure that the person has control over himself.