A Client Care Module:

RECOGNIZING & MANAGING CATASTROPHIC REACTIONS
We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through all the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.

- If you have questions about anything you read, please ask ________________________.

- Take the quiz. Think about each statement and pick the best answer.

- Check with your supervisor for the right answers. You need 8 correct to pass!

- Print your name, write in the date, and then sign your name.

- Keep the inservice information for yourself and turn in the quiz page to ________________________ no later than _____________. Show your Inservice Club Membership Card to ________________________ so that it can be initialed.

- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU TO ALL THE CAREGIVERS AT
Mr. Paxton is 91 years old and suffers from Alzheimer’s Disease. He lives at home with his wife. They have a regular nursing assistant who comes to help with ADLs and meal times.

One day, Mr. Paxton’s wife meets the nursing assistant at the door as she arrives. She tells her that Mr. Paxton has been “on a rampage” for the past hour. The aide enters the home and finds the living room and kitchen in disarray. There are books, magazines, dishes, picture frames and food thrown everywhere. Mr. Paxton is standing in the middle of kitchen pointing a bottle of window cleaner at the two women as if it were a handgun.

Ginny is an 82 year old woman who lives in a nursing home and suffers from dementia. She is generally mild-mannered, cooperative and happy.

One day, the nursing assistant notices that Ginny is going back and forth to the bathroom more often than usual. By mid afternoon, she is going about every 10 minutes. Each time she comes back muttering, “Oh dear. Oh my goodness.”

The nursing assistant tries to ask Ginny what is wrong but Ginny can’t seem to find the right words. She just keeps repeating “Oh no. Oh dear.”

As bedtime nears, Ginny becomes panicked. The aide follows her to the bathroom. She sees Ginny sitting on the toilet and wiping, then getting up to look in the toilet. Seeming more panicked by what she sees, Ginny sits back down, wipes and looks again. This cycle goes on for 30 minutes while the aide tries to figure out what is wrong and how to help.

Mr. Paxton and Ginny were both experiencing a catastrophic reaction. Keep reading to learn all about what caused their unusual behaviors and what you can do to prevent and/or manage behaviors like these.
**WHAT EXACTLY IS A CATASTROPHIC REACTION?**

Catastrophic Reactions, or CRs for short are often described as “super anxiety attacks.” They are emotional outbursts, sometimes accompanied by physical aggression, that seem out-of-proportion to the situation. Catastrophic reactions occur when the person is unable to cope with or communicate during an actual or imagined stressful situation. *Here are a few things that can lead to a catastrophic reaction and some of the ways the reaction might appear:*

<table>
<thead>
<tr>
<th>POSSIBLE TRIGGERS</th>
<th>COMMON REACTIONS</th>
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<td>Too many steps in a single task.</td>
<td>Cursing and name-calling.</td>
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<td>A rushed or upset caregiver.</td>
<td>Uncontrollable crying.</td>
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<td>A new or unfamiliar place.</td>
<td>Persistent weeping.</td>
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<td>Doesn’t understand what he is being asked to do.</td>
<td>Hitting or kicking.</td>
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<td>An underlying illness <em>(infection, flu)</em></td>
<td>Pulling hair.</td>
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<td>A change in routine.</td>
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<td>Pain.</td>
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<tr>
<td>Paranoia or delusions</td>
<td>Resisting care.</td>
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<td>An unpleasant memory.</td>
<td>Hand wringing.</td>
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<tr>
<td>Confusing sensory input.</td>
<td>Throwing things.</td>
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<tr>
<td>Can’t find the right words.</td>
<td>Trying to &quot;get away.&quot;</td>
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<tr>
<td>Room is too hot or too cold.</td>
<td>Ripping out catheters or IVs.</td>
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<tr>
<td>Too much background noise.</td>
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**IMPORTANT:** The behaviors associated with catastrophic reactions happen because there is damage to the parts of the brain that help people communicate and make sense of the world around them. The people who are most at risk of having catastrophic reactions are those with:

- Dementia
- Alzheimer’s Disease
- Traumatic brain injury
- PTSD
- Certain types of strokes
A CLOSER LOOK AT A FEW COMMON TRIGGERS

TOO MANY STEPS IN A SINGLE TASK

Many of the triggers listed on page two are obvious stressors, like being tired, hungry or cold. Other triggers may not be so easy to understand. For example, the first trigger listed is having “too many steps in a single task.”

Brushing your teeth may seem simple enough to you—but think of all the mini-steps that go into doing it. Can you imagine, it takes as many as 30 small steps to brush your teeth? They are:

1. Go to the sink.
2. Locate toothbrush.
3. Turn on the water.
4. Wet toothbrush.
5. Turn off the water.
7. Remove cap.
8. Place cap on counter.
9. Apply toothpaste to the brush.
10. Put down the toothpaste.
11. Put brush in mouth.
13. Spit.
15. Spit again.
16. Locate a cup.
17. Turn on the water.
18. Fill the cup.
19. Turn off the water.
20. Sip the water.
21. Swish.
22. Spit out the water.
23. Put the cup down.
24. Turn on the water.
25. Rinse toothbrush.
26. Turn off the water.
27. Return toothbrush to holder.
28. Recap the toothpaste.
29. Locate a towel.
30. Dry face with towel.

For a person with brain damage associated with dementia or Alzheimer’s Disease, 30 steps can be completely overwhelming.

CONFUSING SENSORY INPUT

Another trigger that may not be obvious is “confusing sensory input.” This happens when information coming in through the senses doesn’t seem right to the person who is experiencing it.

For example, a person may not be able to feel the difference between hot and cold water. If this is the case, the person may take a bath in water that is too hot. The resulting pain would be confusing and could trigger a catastrophic reaction.

Background noise can also become confusing sensory input. A person without dementia or Alzheimer’s can easily function in an environment where the window is open, a TV is on and people are talking in the next room. But, for someone having trouble with sensory input:

- The truck passing by outside may sound like a train barreling toward the building.
- The news anchor on the TV may sound like he is warning the person of impending doom.
- The people in the next room may seem to be discussing how they will escape the danger.

All this confusing input can create terror and panic leading to a catastrophic reaction.

Research now shows that nursing assistants like you play a key role in preventing catastrophic reactions! One study gave specific training to two groups. The first group was just nurses and the second group was just nursing assistants. Each group received training on how to identify, manage and prevent catastrophic reactions in clients. The results showed that the group with just nursing assistants had the best results in identifying managing and preventing catastrophic reactions after the training was received. Why do you think this is the case? Do you think the results would be different if the whole team received training?
WHEN YOU ARE “IN THE MOMENT” . . .

While you may not have any control over what goes on in your client’s brain, you do have control of your own behaviors and how you react to clients when they are “in the moment” of a catastrophic reaction. Your behaviors and responses have the potential to change the course of the event!

Here are some things you can do in the moment to shorten or stop the catastrophic reaction:

- **You don’t have to be right this time!** Never argue or try to reason with a client during a catastrophic reaction. This will make the situation worse.

- **Remain calm and comforting.** You are the role model for calm and rational behavior.

- **Help untangle confusing emotions.** Observe body language and help your clients identify their emotions. For example, you might say “You seem angry, can I help?”

- **Provide frequent reassurance.** You can say “I’m here to help,” and “Everything is going to be OK.” (See more communication tips on page 5.)

- **Remove distractions.** Turn off televisions and radios. Close windows and doors. Dim the lights. Ask visitors to step out for a moment if their presence seems distressing to your clients.

- **Provide time and space.** If your client does not present a danger to himself or to others, watch from a safe distance and allow him to settle on his own.

- **You’re not the boss or jailor!** Never scold or make the person feel bad for their actions.

- **NEVER APPLY RESTRAINTS** unless ordered to do so by a doctor.

- **Distract or redirect.** Offer an alternate activity that your client enjoys (such as taking a walk).

- **Get help if you need it.** If you or your client are in danger, call for help right away. Get to a safe place if you can. Keep your client as safe as possible and wait for help to arrive.

- **Make mental notes.** Pay attention to the time, what’s happening and where you are when catastrophic reactions occur for your client, then avoid those triggers. (See the sidebar on this page for more on what to look for.)

- **When it’s safe, do a physical assessment.** Remember, catastrophic reactions can be brought on by an underlying (or silent) illness. Once your client has settled down, check for fever, pain, cold symptoms, urinary or bowel problems, and change in level of consciousness. Report any abnormal observations right away so treatment can be started.

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**CONNECT IT!**

**WHAT ARE THE CUES AND CLUES?**

When you are “in the moment” of a catastrophic reaction with a client, ask yourself these 6 Cues and Clues questions:

1. **WHO** is the person?
2. **WHAT** is the behavior?
3. **WHEN** does it happen?
4. **WHERE** does it happen?
5. **WHY** does it happen?
6. **HOW** can you fix it?

Think about a client who has had a catastrophic reaction. Can you answer the first 5 cues and clues about your client’s last event? If so, **HOW** will you prevent it from happening in the future?

_____________________
_____________________
_____________________
_____________________
_____________________
COMMUNICATION TIPS THAT CAN HELP

The way you communicate with clients before and during a catastrophic reaction can both decrease and prevent the problem behaviors.

Here are some tips:

- **Be seen before you are heard.** Approach clients from the front. Don’t speak to them suddenly from behind or you might startle them.
- **Keep it simple.** Always speak in short uncomplicated sentences to avoid confusing or overwhelming your client.
- **Wait for it!** Ask only one “yes” or “no” question at a time. Calmly repeat the question using the same words if the client doesn’t answer you.
- **Give the play by play.** Describe what you are doing, one step at a time.
- **Use nonverbal communication.** Try using nonverbal cues such as touching or pointing to help your clients understand what you are saying.
- **Give praise generously.** Your clients need to hear positive words like “Good job!” or “You’re doing great.” or “You look beautiful today.”
- **Limit or avoid choices.** If your client becomes frustrated very easily, then don’t give them a choice if there isn’t one. For example, don’t say “Do you want to take a bath now?” Instead say “It’s time for your bath now.”

If your client becomes frustrated because he has trouble expressing something to you:

- **Be patient.** Allow plenty of time for the client to speak or to complete his thoughts . . . even if he is struggling with words. Avoid trying to guess and finish his sentence.
- **Write it out.** If possible, have your client write the word he is trying to express and then have him read it aloud.
- **Play charades!** Use gestures or point to objects to help find words or add meaning.
PREVENTING CATASTROPHIC REACTIONS

You can’t prevent every catastrophic reaction, but there are some things you can do to make them less likely for your clients. Here are a few suggestions:

- **Simplify everyday activities.** Break even the most routine activities (like putting on a shirt or eating breakfast) into small, manageable steps. For example, instead of just saying, “Put on your shirt,” you might start with, “Your shirt is on the bed.” When your client sees the shirt, you could say, “Pick up the shirt.” Then, “Put your arm through the sleeve,” and so on.

- **Avoiding rushing.** When you rush, you deny your client the time he or she needs to figure out what the next step should be. This causes anxiety and can lead to a catastrophic reaction.

- **Stick to a predictable daily routine.** Changes can confuse and overwhelm clients who are at risk of having catastrophic reactions.

- **Keep em’ full and rested!** Feeling hungry and/or tired can be confusing sensations to someone who doesn’t understand what the feelings mean. Avoid these triggers by serving 5-6 small meals and snacks throughout the day and making sure clients get the rest that they need.
  - Sleep needs vary, but many elderly people divide their sleep between daytime naps and nighttime sleep. If your client is having trouble falling asleep or staying asleep at night, try limiting naps to 1 hour (or less) during the day.

- **Cut back on television viewing.** The fast-paced visual images and loud sounds can overstimulate your client. Some may not be able to tell the difference between fact and fiction.

- **Give praise and attention at non-crisis times.** Loading up on the praise and attention helps your client realize that they can be in control. It makes it more likely that they will remember how to be calm when a catastrophic reaction occurs.

- **Talk about stuff before it happens.** Help ease clients into new or unfamiliar situations by talking about it before it happens. For example, if a new physical therapist is taking over your client’s care, talk about it before the first meeting. When the PT arrives, introduce him to your client and explain that “Jim is taking over for Mary.”

- **Healthy body, healthy mind!** Sometimes the only way to know that your client is getting sick is by experiencing a catastrophic reaction. Watch for early signs of illness, infection or pain and report your observations right away. If you need help identifying signs of illness, infection or pain, ask your supervisor for an inservice on it today!

**THINK ABOUT IT!**

**MILITARY VETS**

Catastrophic reactions are not just for the elderly with dementia and Alzheimer’s. Military veterans returning home with PTSD and traumatic brain injuries can have them too—and they can be much more intense. A veteran has been trained to use every sense in a way that is much keener than the average civilian, and losing those senses can be devastating. A vet may become extremely agitated if he has trouble:

- Scanning the environment for threats.
- Paying attention to several things at one time, like someone talking while a TV is on.
- Learning and remembering new things.

*If you care for military veterans, talk to your supervisor about the best way to prevent CRs in this special population.*
STAYING SAFE DURING AN OUTBURST

Remember, not all catastrophic reactions will involve violent or aggressive behavior, but it’s important to keep yourself safe during those that do. The good news is that you don’t have to be a big, strong muscle man to use these strategies to stay safe during an outburst:

- **Keep calm.** If you get upset, the anger and aggression may become more intense.
- **Step back!** Stand at least an arm’s length away from a client who is swinging punches, kicking or otherwise threatening physical harm.
- **Have a way out.** Avoid letting the person trap you in a corner or block your exit from the room.
- **Get out if necessary.** If you fear for your safety, leave the room and contact your supervisor.
- **Work in pairs.** You may need to “buddy up” with another Aide to provide care to clients who are known to become aggressive.
- **Keep your hands to yourself.** Avoid touching clients during a catastrophic reaction unless you know from past experience that touching them is safe.
- **Duck and cover!** If you know it’s coming, get out of the way!
- **Never hit back.** It’s never okay to hit, kick, pinch or pull your client’s hair—even in self-defense.

If you work in the clients’ homes, do all of the above, and:

- **Plan an escape route.** The first time you enter a home, pretend you are making a plan for fire safety and make note of multiple ways you may be able to get out if necessary. This could be a front or back door, patio door or any first floor windows.
- **Always carry a cell phone with you.** Don’t count on there being a working landline in the home. Have your phone charged and ready to use in your pocket at all times.
- **Lock yourself up.** If you can’t get away from a violent client, lock yourself in a room, bathroom or closet with your cell phone and call for help. A “caregiver in a closet” may seem absurd, but it’s much safer than trying to fend off a client who is out of control.
AN A-B-C-D APPROACH TO CATASTROPHIC REACTIONS

Pulling it all together: This A-B-C-D approach is a generalized action plan to help guide the ongoing management of catastrophic reactions. If your workplace doesn’t already have a plan in place to handle catastrophic reactions, this is a great tool to use for getting started!

**A**

**ACTIVATING EVENT (the “trigger”).** Every catastrophic reaction requires the healthcare team to do a thorough investigation and establish the trigger.

It’s important to determine when and where the behavior occurred, what the person was doing immediately before the behavior occurred, and what the environment was like at the time (noise, lighting, temperature, etc.)? In addition, a physical assessment (when it’s safe) should be done to check for fever, UTI, constipation, or other illnesses like cold, flu and stomach problems.

**Learn more about triggers on pages 2 and 3 of this inservice.**

**B**

**BEHAVIORS (the catastrophic reaction).** People who have brain damage associated with dementia, Alzheimer’s Disease, stroke and some traumatic brain injuries have trouble making sense of the world around them—combined with difficulty communicating their feelings.

This combination of deficits can lead the person to act out inappropriately to situations that seem completely normal to a person without damage to the brain. Some people will react with anger toward others—including physical and/or verbal aggression.

Nursing assistants have the highest risk of being injured by a client during a catastrophic reaction. All CRs should be reported and documented. This is not to get the client “in trouble” but to help protect other caregivers in the future. Every possible step should be taken to protect nursing assistants from clients who are known to become aggressive.

**Learn all about communication techniques on page 5 of this inservice.**

**C**

**COMMUNICATION (the caregiver’s response).** No one can derail every catastrophic reaction., but everyone can learn a few communication techniques that may bridge the gaps between confusion and understanding for clients who are at risk.

Communication includes body language, tone of voice and spoken words. With the power of communication, caregivers can help clients make sense of confusing stimuli and help them express themselves more accurately.

**D**

**DEVELOP A PLAN (the prevention strategy).** It’s always better to prevent a problem than it is to react to one in the moment. That’s why it’s so important to come up with a plan to help your clients avoid catastrophic reactions before they happen.

Each client will have a different plan based on their specific triggers. But all plans should include a strategy to keep clients from being overwhelmed, overstimulated and over tired. In addition, preventing illness and infections will go a long way toward preventing catastrophic reactions.

**Learn some specific prevention strategies on page 6 of this inservice.**
WHAT ABOUT MR. PAXTON AND GINNY?

Remember Ginny and Mr. Paxton from the beginning of this inservice? What do you think was happening in each of these situations?

MR. PAXTON’S MELTDOWN

By asking questions, the aide learned that Mr. Paxton had been watching television alone in the living room when the catastrophic reaction began. His wife found him ducking behind his recliner, throwing magazines into the middle of the room and yelling something she didn’t understand. She tried to get him to stop but he only got angrier.

When the aide asked what he was watching just before the behavior started, the wife thought it was one of the usual game shows he liked to watch. After they calmed Mr. Paxton and helped him to lie down for a nap (CRs take a lot of energy), they began to clean up the mess. As they were cleaning, a special report broke into programming on the TV that was still on in the living room. The newscaster apologized for the second interruption that morning. It was a report about unrest in a foreign country and the possibility of a civil war.

That’s when the aide and Mrs. Paxton understood what happened. Mr. Paxton had spent many years in the military and even fought in the Korean War. Hearing that report must have triggered some sort of fear or anxiety in him. In his mind, he was defending himself in a war zone.

The aide and Mrs. Paxton came up with a plan to limit television, particularly around the news hours, and to be sure to monitor all television viewing so that nothing upsetting or confusing would trigger another meltdown.

GINNY’S POTTY PROBLEM

After Ginny’s nursing assistant witnessed the bizarre bathroom behavior, she knew exactly what to do. Ginny had a history of recurrent urinary tract infections and suffered from occasional constipation. The nursing assistant knew that one or both of those issues could be causing Ginny to seem so worried about her toileting activities.

The nursing assistant reported the behavior and her thoughts about a possible UTI and/or constipation to the nurse. The nurse did a physical assessment of Ginny and determined that she was indeed constipated. She administered a stool softener and followed up with a call to the doctor for lab orders to check for a urinary tract infection.

The labs came back positive for a UTI and antibiotics were started. In less than 48 hours, Ginny was back to her normal, mild-mannered, cooperative and happy self.

The nurse and the nursing assistant made a plan to monitor Ginny’s toileting routine more closely so that any changes would be caught sooner—before Ginny could work herself into a catastrophic reaction.

FIVE KEY POINTS!

1. Catastrophic reactions (CRs) are emotional outbursts, sometimes accompanied by physical aggression, that seem out-of-proportion to the situation.

2. CRs occur when the person is unable to cope with or communicate during an actual or imagined stressful situation.

3. You can’t control what goes on in your client’s brain, but you can control your own behaviors and how you react to clients when they are “in the moment” of a catastrophic reaction.

4. Your calm behaviors and positive responses have the potential to change the course of a CR!

5. Every catastrophic reaction requires the healthcare team to do a thorough investigation to determine the trigger and develop a prevention plan.
FINAL THOUGHTS

If you care for people who have dementia, Alzheimer’s Disease, traumatic brain injury or those who have suffered a stroke, chances are you have witnessed a catastrophic reaction. If you haven’t yet—you will!

- The behaviors associated with catastrophic reactions happen because there is damage to the parts of the brain that help people communicate and make sense of things.

- You can’t change the fact that clients with this type of damage to the brain will have trouble coping with real (or imagined) stressors, but you can change the way you respond—and that can make all the difference!

- Always model calm and positive behavior around your clients. If you are feeling stressed or irritable, your mood can easily rub off on a client who is at risk for CRs. If you can stay calm and positive, your client will “mirror” your good mood.

- Stay plugged in and be creative! Prevention strategies that worked today may not work tomorrow. And, there is no one-size-fits-all solution that will work with every client.

- During a catastrophic reaction, it’s important to understand that your client is confused, frightened, does not feel safe, and cannot reason or make sense of his/her environment. Your job is to restore the feeling of safety and to help untangle confusing emotions.

- Being able to identify the triggers that cause problem behaviors for your clients is the most important part of managing catastrophic reactions. It’s the only way you can prevent a problem before it arises.

- Remember, every catastrophic reaction requires a thorough investigation into the who, what, when, where, why, and how of the event. This investigation not only helps identify triggers and develop a prevention plan, but it also serves as a way to document the behavior so that other caregivers can be made aware of the potential for danger (if one exists) and can take steps to protect themselves from harm.

- Even on a “good” day, your job is extremely hard. Tossing a few catastrophic reactions in on top of everything else you have to handle can really take a toll on your body, mind and soul. At the end of your shift, always take time to relax, laugh a little and take care of yourself!
Are you “In the Know” about catastrophic reactions? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. Which of the following has the potential to trigger a catastrophic reaction?
   A. Fatigue.         C. Background noise.
   B. A rushed caregiver.   D. All of these.

2. Your client is screaming and crying because she believes her cat (that died years ago) is hiding in the closet and meowing for food. You should
   A. Try to reason with her.   C. Redirect her with a favorite activity.
   B. Tell her she’s being silly. D. Tell her the cat is dead.

3. Just before performing a bed bath and personal care, your client becomes enraged. He grabs your arm and tries to hit you. You should
   A. Apply restraints and then call the police.
   B. Pinch or slap him to let him know that it’s not okay to hurt you.
   C. Get a safe distance away and let him know you’ll return when he calms himself.
   D. Tell him he’s free to do his own personal care, then leave him with the basin of soapy, hot water.

4. True or False
   All catastrophic reactions involve physical and verbal aggression.

5. True or False
   Calm and positive communication can prevent catastrophic reactions.

6. True or False
   Catastrophic reactions happen because some people just have poor coping skills.

7. True or False
   Most catastrophic reactions occur because the client doesn’t like the caregiver.

8. True or False
   A catastrophic reaction can be described as a “super anxiety attack.”

9. True or False
   If you discover a tactic that helps your client come out of a catastrophic reaction, you should use that same tactic all the time and with every client.

10. True or False
    Of all healthcare disciplines, nursing assistants have the highest risk of being injured by a client during a catastrophic reaction.