

Incidental Reality:

*A Perspective on Resident-to-Resident Assault
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Many of us have experienced dream states in which the events of our dream flowed together in ways that did not make sense. Imagine yourself in this dreamscape:

You are walking down the hallway. You look into the bedroom. You see your spouse lying in bed. It will feel so nice for you to curl up with your lover. You're missing that intimacy. You decide to climb into bed with them. You raise the covers to slip in underneath. You notice their eyes fly open. Their panic floods you with fear and shock. They swing violently at you. Adrenalin and anger course through you. They scratch at you. It stings. You beat them back, and you get out...

What happened in this scenario?
Was there intent to harm?
Why was there conflict?

Consider if the scenario wasn't a dream, but instead, a first-person account of someone with a dying brain making mistakes as they interpret the world around them. Imagine that this is what it's like for a person in brain failure that is getting confused about what they are noticing and experiencing.

It is critical to recognize that a person living with dementia is experiencing changes in ability that are beyond their control. While physical and emotional unmet needs drive behavior, communication skills and higher functions including impulse control, rationalizing, decision-making, and awareness of self and others are inevitably and progressively impaired. In these situations, not only is there typically a lack of insight, but a lack of ability to manage in a non-reactive manner.

With this in mind, are we able and willing to withhold judgement about socially unacceptable behavior? Can we withhold our judgement and instead be curious? Can we use our curiosity to bring us toward a more informed and accurate interpretation?

What may we want to consider regarding what happened?

- What can we learn about the person's past that may be relevant or give us insight?
- How does their brain change factor in?
- Who else was involved, and what was their role?
- Have there been any recent changes in medications, health, and/or condition?
- Was this an isolated incident? If not, are there patterns that we can discern?
- Where does the person see themselves in their life, and how are they spending their time?

- Is there a reason the person may be drawn to or triggered by the area of the occurrence?

What may we want to consider regarding ourselves?

- What triggers and biases do we hold?
- What type of language are we using?
- Is there pressure to “do something” and if so, from whom?
- As an institution, are we taking action to show accountability based on fear of an unlikely recurrence, or can we objectively say that it is or isn't likely to happen again?
- Does the action we take feel punitive or compassionate?

Is it appropriate to punish someone for behavior beyond their cognitive control? Is that the type of system you want your loved one in? Or does that seem to be uncompassionate and unforgiving? Are we considering which emotional and physical needs may be driving behaviors and how we may better meet those? Is it appropriate to isolate someone under these conditions or to spend resources, time, and money on 1:1 monitoring for extended periods of time? What can be tried in the way of pro-attention, meaningful engagement, and creative tracking? Are we working collaboratively to gather information and brainstorm tailored interventions based on what we know? Are we flexible and creative in our approach and willing to monitor results, then adjust when appropriate?

While we may be unable to totally prevent such incidents from happening, it is empowering to recognize that we *are* able to choose how we prepare for, how we perceive, and how we respond to these occurrences.

I believe an objective onlooker will be responsive, rather than reactive, and curious, rather than judgmental, about socially unacceptable behavior. I envision a world that recognizes that automatic reactions, punitive measures, or fear-based actions are not particularly helpful or desirable. I trust that skilled care partners will look deeply into these matters to respond in ways that preserve dignity, improve quality of life, and answer with love. I feel that it takes a willingness to be inquisitive and to build our skills in navigating these situations to be effective and make a difference. And it is my hope that this is a perspective that we all can appreciate.