

**SUPPORT PLAN:
NANCY WILLARD**

1. Health

Nancy is living with **Alzheimer's disease**, which affects her ability to **focus, communicate and understand** her surroundings.

She requires the use of a walker, but other than this is in good physical health.

2. Communication and Comprehension

At her best, Nancy is able to express her wants and needs. However, she sometimes becomes distressed, pacing and asking repeated questions. In these instances, she may not be able to articulate what she wants if asked directly. As such, staff should **offer her things she might need** (e.g. help getting to the bathroom, a drink, etc.), so that she can pick the one she's trying to ask for. It's advisable to **keep it to three options at most** so that she can hold them all in her head while she makes the decision.

The best way to communicate with Nancy is **by speaking briefly and to the point**, as it helps her keep track of what's being said. It's also important to give her time to process what you're saying and not to rush her through any conversations.

3. Relationships and Interests

Nancy remains an active member of the community at Riverside Lodge. She has quite a few friends among both staff and residents, though she increasingly requires help remembering their names, and it's best for staff to **introduce themselves** to her at the start of any conversation.

Nancy retains **good memories of her family life** and enjoys spending time reminiscing and sharing stories with other residents and staff. She also enjoys **reading magazines and looking over family photos**.

She is a former stay-at-home mom, whose past routine involved **caring for her children**, making the school run in the morning and afternoon, and taking care of the home. Given this background, Nancy finds sensory activities such as **folding laundry, sorting silverware or matching socks** quite soothing, and time should be taken to build these into her routine and offer them to her when she's recovering from agitation. She also has quite a green thumb and an invitation to **talk about gardening** will usually engage her, especially if her advice is requested.

Her husband, Leon, was **a lacrosse fan** and Nancy continues to **support the Lakers** in his memory.

Nancy's next-door neighbour, Betty Koenig, is very **sensitive to noise**, and while the two

typically get along, Betty has been known to become upset when Nancy is, for instance, crying in distress. Betty prioritises quiet and **can be redirected to a quieter location** or to get a cup of tea. If she's listening to her radio programme, she sometimes accepts **turning up the volume** as a way of blocking out any noise outside her room.

4. Behavioural Support

Baseline

Normal routine-based behaviours.

Behaviours exhibited at this stage	Response
Nancy enjoys reading magazines, jigsaws, taking care of her plants/giving gardening advice, sensory activities, watching/discussing lacrosse, reminiscing, and chatting with her friends.	Staff should continue to support Nancy in what she's doing.

Escalation

A noticeable change in behaviour, indicating that a more substantial responsive behaviour may be coming.

Behaviours exhibited at this stage	Response
<p>When Nancy forgets where and why she is, she may appear lost or distant, muttering repeatedly to herself. As her distress mounts, she may become very agitated, crying out or bursting into tears. If overwhelmed entirely, she may simply become withdrawn and confused – this is not to be confused with a sign of recovery, as she may still display responsive behaviours such as yelling, swearing or shaking her fist at this point.</p> <p>Nancy usually becomes distressed in this way around 4pm, sometimes even attempting to leave the home.</p>	<p>Staff should validate Nancy's emotions in the first instance, e.g. by telling her that they can tell she's upset and they want to help. Following that, they should offer her something to see if she has a need she can't communicate – e.g., a drink, help getting to the bathroom, or a jigsaw. Keeping it brief and only giving her a couple of options at a time helps her process what's being said to her. If she's willing to be drawn on one of her favourite topics, it's sometimes also feasible to distract her with conversation.</p> <p>It's also important to be proactive and offer Nancy a meaningful activity (such as gardening, a jigsaw puzzle, etc.) that will engage her prior to 4pm, the better to keep her occupied.</p>

Crisis

High-risk responsive behaviours that come from a loss of control.

Behaviours exhibited at this stage	Response
<p>When very distressed, Nancy may attempt to harm herself by pulling her own hair. Alternatively, she may direct her actions outward by yelling, insulting, swearing, jabbing her finger, or shaking her fist at others.</p> <p>If she is extremely overwhelmed and doesn't know what else to do, she may even attempt to strike those around her.</p>	<p>If Nancy's behaviours create risk of harm to others, staff should maintain a safe distance and ensure other residents are not within her reach. Nancy's use of a walker means that it is unlikely she will hit anyone not in her immediate vicinity.</p> <p>In the event that she attempts to strike anyone, staff should remain with Nancy to monitor her and move in to continue de-escalation when her energy is spent, as Nancy will typically not remain in this state for longer than a couple of minutes. Until she begins to recover, she will not listen to anything you say.</p> <p>In the event that Nancy attempts to harm herself, it may be necessary to move in closer to prevent her. However, she may still respond to suggestions, and it's important that support staff keep verbally engaging her throughout the de-escalation.</p>

Recovery

A decrease in energy, indicating that the individual is beginning to return to baseline.

Behaviours exhibited at this stage	Response
<p>If Nancy has broken down in tears, she will at this stage start trying to control her breathing and calm down. If she's exerted or hurt herself, she may be shaky and tired, and is usually open to suggestion and further conversation at this point. She may try to initiate conversation, or she may simply sit down, exhausted.</p>	<p>If Nancy is conversational, engaging her in conversation can be a good way of supporting her recovery and normalising the situation. Staff could also offer her a sensory activity, especially if she isn't up to conversation.</p> <p>If Nancy isn't able to engage, taking her to her room to rest is a good alternative. She is unlikely to re-escalate quickly, but is likely to feel drained.</p>

5. Case Notes

- Was expecting her son to visit today but had misremembered – the visit is tomorrow. Was quite upset.
- Small argument with her neighbour Betty yesterday over noise.