

What Is Resistiveness to Care?

Resistiveness to care refers to those behaviors used to withstand or oppose the efforts of the caregiver during the provision of care. Thirteen observable behaviors matching this definition range in duration and intensity. Behaviors identified as resistive are as follows: *turn away, pull away, push away, push/pull, grab object, grab person, adduct, hit/kick, say no, cry, threaten, scream/yell, and clench mouth.*

Using the Resistiveness to Care Scale

The purpose of the Resistiveness to Care–Dementia of the Alzheimer Type (RTC-DAT) scale is to assess and quantify resistive behaviors.

The RTC-DAT was developed in a long-term care setting for use with persons with dementia of the Alzheimer type and related dementias. Originally, trained research staff used the RTC-DAT to assess the behaviors of long-term care residents with DAT by observing their behaviors during care activities. Although developed for research purposes, the RTC-DAT can be used for clinical purposes, such as evaluating the efficacy of different interventions to decrease resistiveness to care in this population.

A trained observer uses the RTC-DAT to score each of the 13 resistive behaviors for duration and intensity. The duration and intensity scores are multiplied to yield the severity score of each behavior. The 13 severity scores are then summed to form the total RTC-DAT score.

Instructions for the Rater

1. Memorize the definitions of the resistive behaviors on pages 2–5. Make sure that you are very familiar with the item definitions and their categorizations of mild, moderate, and extreme. *You should be able to define the 13 items from memory so that you can concentrate solely on listening for verbalizations and observing the person's facial expressions and body language as you complete the RTC-DAT.*
2. Any single behavior should be rated only once. For example, a loud “no” screamed by a person with dementia can only be called a high-intensity “say no” and not also a “scream/yell.”
3. Place a slash mark through the line in the visual analogue scale to show your personal assessment of the overall degree of resistiveness.
4. Do not make value judgments about the behavior underlying the resistiveness. For example, “He didn’t mean it” or “She does that because . . .” Score the behaviors as observed.
5. The RTC-DAT should be scored wherever the caregiving activity is being performed. Place yourself in a position to see the interaction between the caregiver and care recipient without being in the way. The site can be the bathroom, bedroom, or activity area—any place where care is being provided.
6. Different activities take different amounts of time. The typical observation time is 5 minutes. For a shorter activity, the entire interaction is scored and the observation time frame is computed from the start and end times written on the form. For activities that are longer than 5 minutes (e.g., bathing), the project director will determine in advance whether to score the entire activity, just the first 5 minutes, or some other time frame.

Scoring: The rating scale for resistive behaviors is divided into duration and intensity columns, with the 13 resistive behaviors listed vertically. The score in the duration columns ranges from 0 to 4 for each resistive behavior as follows:

- 0 does not occur during observation
- 1 < 16 seconds of behavior noted
- 2 16–59 seconds of behavior noted
- 3 1–2 minutes of behavior noted
- 4 > 2 minutes of behavior noted

The intensity of the behaviors is scored with 1, 2, or 3, as follows:

- 1 mild
- 2 moderate
- 3 extreme

To determine whether the behavior intensity is mild, moderate, or extreme, refer to the item definitions that follow.

Check the appropriate intensity of observed behaviors. Look at the overall intensity of each behavior if it happens more than once, and score the highest intensity that occurs. For example, if the person adducts six times during a bath (five times at a low intensity and once at a high intensity), it would be rated as a high-intensity behavior.

Each item's score is a function of the duration and intensity of the behavior. Once a score has been given for the duration of a behavior, multiply it by the intensity score for that behavior. Then, sum the scores for all of the items to compute the total resistiveness score. Total resistiveness scores will range between 0 and 156. Zero (0) means that no resistiveness was observed, while 156 indicates that the maximum resistiveness score possible was obtained.

Item Definitions:

Turn Away: The person moves away from the caregiver or tries to escape (includes turning the head or trying to get out of a chair when the caregiver approaches). Physical contact distinguishes "turn away" from "pull away." In "turn away," there is no physical contact. Turning away can occur in either direction (either the person has to go past the caregiver, or turns in the opposite direction of the caregiver). Intensity is based on the speed and force involved in turning away:

Mild: The person turns his or her head when the caregiver attempts to give medications (up to 45° from starting point). The person comes to the bathroom door, then turns and walks away. The pace at which the person walks away is similar to the pace at which he or she approached. The person slightly twists his or her upper body as the caregiver approaches with a facecloth. The facial expression may change slightly or not at all.

Moderate: The person turns the head away (45°–90° from midpoint); it may be a rapid turn of the head. The person grimaces when turning away. The person stops abruptly when he or she reaches the bathroom door, then turns and quickly walks away at a faster pace than when he or she approached the door. The person quickly twists his or her body away from the caregiver. The facial expression may indicate distress or anger.

Extreme: The person turns away from the caregiver with a rapid, jerking motion; the person turns and runs from the caregiver; the person ducks or darts around the caregiver; the person's body position is tense.

Pull Away: Involves direct contact between the caregiver and care recipient. The person attempts to disengage from the caregiver using any part of his or her body. Some of the behaviors will be similar to those of the "turn away" category, but a behavior is labeled "pull away" if there is physical contact between the care recipient and the caregiver when the resistive behavior starts. To distinguish "pull away" from a "push/pull," consider whether equal force is used on the part of caregiver and care recipient. In the "pull away" behavior, the caregiver's actions are more passive than those of the care recipient. Intensity is based on the speed and force of the action:

Mild: The caregiver is putting a sweater over the care recipient's head (has made contact) and the person pulls back or turns his or her head away. The caregiver takes the person's hand to lead him or her to the tub and the person pulls his or her hand gently away (the strength behind this movement matches the rest of his or her body movements). As the caregiver escorts the care recipient to the bathroom with a hand under the person's elbow, the person pulls his or her elbow away but may continue to walk next to the caregiver or a step or two ahead. The person pulls his or her lower body away as a caregiver attempts to perform perineal care.

Moderate: The caregiver is holding the person's foot while attempting to put on his or her shoes and the person quickly pulls his/her foot away from the caregiver. Two caregivers have their hands on the person's elbows while escorting the person to the bathroom, and the person pulls his/her arms away from both caregivers. The person's elbows move forward and then backward in an attempt to disengage from the caregivers, or the elbows are pulled away with enough force that the person's hands are crossed in front of his or her body.

Extreme: The caregiver is holding the person's foot to put on socks and the person rapidly pulls his or her foot away, continually twisting the foot and leg to keep out of the caregiver's reach. While the caregiver is holding the person

by the hand at hip level, the person pulls his or her arm away and the arm arches back more than 90° (past the head). The caregiver is holding the person's wrist and the person pulls his or her arm away horizontally across his or her own body with enough force to make contact with the opposite side of the body. Clenching of a fist may also indicate extreme intensity for the "pull away" behavior.

Push Away: Rather than trying to escape from the caregiver as in "turn away," the person attempts to move the caregiver away in order to stop the caregiver's action. The person may use any body part to push away. Physical contact is not necessary but may contribute to the intensity rating. Again, intensity is based on the speed and force of action:

Mild: The caregiver approaches with a facecloth and the person attempts to push the caregiver away with his or her hand but does not actually make physical contact. The person pokes the caregiver in the chest with his or her fingers. The person uses his or her tongue to push away medication or food. When the caregiver places an arm around the person to lead to him or her to the tub, the person pushes the caregiver away with his or her shoulder.

Moderate: The person pushes the caregiver away with a hand that is fully open; the movement is quick and forceful. When the caregiver is trying to put pants on the person, he or she forcibly moves both legs out to the side, pushing the caregiver away. When the caregiver is holding the person's foot and attempting to put shoes on, he or she extends a leg and pushes the caregiver away. The person is seated on the toilet and the caregiver approaches to lift him or her. The person bends his or her head and neck and then pushes his or her head into the caregiver to push the caregiver away.

Extreme: The person places his or her elbow against the caregiver's body and then exerts force to push the caregiver away. The patient puts both hands on the caregiver's chest and pushes away or uses both feet to push the caregiver away. To distinguish between an extreme "push away" and a "hit," remember that in a "hit" the movement starts before contact is made with the caregiver's body, while in "push away" the person touches the caregiver's body and then exerts force to push away.

Push/Pull: The care recipient moves and exerts an equal force in the opposite direction of the caregiver. There is physical contact with this behavior. The factor that distinguishes "push/pull" from any other behavior is equal force. For example, when the person and the caregiver are holding each other, the behavior is "pull away" if the person uses force to pull away but the caregiver remains passive, whereas the action is "grab person" if the caregiver attempts to remove the person's hand and the person exerts a greater force to hold on. The behavior is categorized as "push/pull" if the force of the caregiver and care recipient are equal. A care recipient's grunting can assist in clarifying the intensity:

Mild: The caregiver is holding the person's hand and the person attempts to remove it with equal force. As caregivers attempt to walk the care recipient to the bathroom, he or she holds his or her body back and will not move forward, even as the caregivers try to move the person.

Moderate: The caregiver attempts to put a shoe on the person and the person firmly plants his or her foot on the floor so the caregiver is unable to lift the person's foot. The caregiver attempts to administer eye drops and the person squints and keeps his or her eyes tightly closed. Two caregivers attempt to assist a person from a chair and the person exerts equal force to remain in the chair.

Extreme: As the caregiver attempts to get a person who is sitting on the side of the bed to stand, the person throws himself or herself backward onto the bed while the caregiver is still holding onto the person with equal force.

Grab Object: A grip on an object that is not released on command. To distinguish between tightly holding onto an object during care and a resistive behavior, in resistance to care the person does not release the object when it is evident that the caregiver wants him or her to do so. Objects may include side rails, bedclothes, clothing, or other items that can be held in the hands. Use the time elapsed to help determine intensity as well as the facial expression of the care recipient.

Mild: The person grabs a cup when the caregiver is trying to provide fluids. The person grabs the facecloth as the caregiver tries to wash his or her face. The person grabs the arm of the chair as the caregiver tries to have him or her stand up. Mild grabs also include attempts to grab an object even if it is not actually held (e.g., grabbing at a shirt as the caregiver attempts to dress the person). If the fingers of the person's hand are moderately or loosely around the object, it is a mild grab. Also, if the person holds onto the object for a short time, with the fingers clenched on the object but then released quickly, it is a mild "grab object."

Moderate: The person grabs an object and attempts to keep it out of the caregiver's reach (e.g., person holds a facecloth over his or her head or behind his or her back, uses more than the hands to grab an object, folds arms across his or her chest to keep an object away from the caregiver, or bends body over to keep the caregiver from reaching an object).

Extreme: The person uses both hands to grab an object, holds on tightly, or moves hands back and forth to keep the caregiver from obtaining the object (e.g., the person grabs a stethoscope from the caregiver's neck, forcibly pulling the caregiver forward). Extreme grabs involve holding forcefully onto an object.

Grab Person: A grip on a caregiver that is not released on command. Grabbing a person includes holding onto the caregiver's clothing or attempting to grab the caregiver without physically holding on. Patting the caregiver's arm or poking the caregiver to get attention is not "grab person." Holding onto a caregiver who is assisting with ambulation is not "grab person." The key to "grab person" is that the caregiver's intention is for the person to release his or her grip. Intensity is measured by the number of times the caregiver attempts to disengage from the person.

Mild: The person reaches out and holds onto the caregiver as he or she tries to sit the person into a chair. The person grabs the caregiver's wrist as he or she tries to wash a body part.

Moderate: The person grabs the front of the caregiver's uniform and twists the uniform around his or her fist. The person grabs any part of the caregiver's body and twists. The person grabs the caregiver's arm and jerks the arm back and forth.

Extreme: The person grabs the caregiver around the throat. The person grabs the caregiver and pushes and holds the caregiver against a wall. The person grabs the caregiver's hair and pulls it. The person grabs the caregiver's arm with both hands and twists the arm in opposite directions.

Adduct: Holding the arm or legs tightly against the body. This includes movements that prevent access to the axilla or groin during bathing.

Mild: The person holds his or her arms tightly against the body as the caregiver tries to wash under the person's arms or holds the legs tightly together as the caregiver tries to wash the person's perineum. The person pulls the arms in when the caregiver attempts to take off his or her shirt.

Moderate: The person crosses his or her arms and legs and holds them in an adducted position with the feet and hands held together.

Extreme: The person crosses his or her arms, legs, or both with arms or legs locked around each other in a forceful attempt to maintain an adduction-scissored position.

Hit/Kick: Actions of the extremities that are directed outward toward the caregiver. Actual physical contact is made, which distinguishes "hit/kick" from "push away." Intensity is measured by force of contact and the facial expressions of the care recipient.

Mild: The person slaps the caregiver with open palm or strikes the caregiver with the back of his or her hand with a motion that initiates from wrist or elbow. The person uses a washcloth to slap the caregiver.

Moderate: The person uses both hands with open palms to hit the caregiver. The person kicks a foot out with the force of his or her body.

Extreme: The person pulls his or her arms backward beyond the body's midpoint and slaps with a motion starting at the shoulder, hits the caregiver with a closed fist, uses more than two extremities to strike at the caregiver, or uses repeated, flailing movements of arms or legs to hit or kick the caregiver.

Say No: Verbalizations of "No," "I don't want to," "Don't do that," "Stop," "Go away," or "Leave me alone," or nonverbal shaking of the head back and forth. The person might hold a hand up in front of his or her mouth when the caregiver is attempting to give medications. Whatever words or gestures are used, the intention is one of refusal. Intensity is measured by tone of voice, affect, and gestures as well as words used.

Mild: The person says "No," "Stop," "Don't," "Get away," "Go away," "Don't do that," "Let me alone," or any other words or phrases that denote refusal, but the tone is normal or moderate. The person puts a hand up as a nonverbal symbol for "stop" or raises a finger and waves it in front of the caregiver's face. The person says "please" when using any expressions of "no."

Moderate: The person's tone is raised, angry, or loud while using any verbal expression of "no." He or she uses body language, such as moving a hand up in front of the caregiver while repeatedly stating a "no" expression. The person's jaw is clenched or hands are fisted at his or her side while saying a "no" expression. He or she glares at or growls at the caregiver while using a "no" expression.

Extreme: The person screams any "no" expression. What distinguishes a high intensity "say no" from "scream/yell" is the presence of any expression of "no" or baring the teeth while saying "no."

Cry: Weeping or tears that seem to indicate sadness or distress. There do not have to be actual tears. The voice becomes high-pitched as if crying. Intensity is measured by the loudness of the crying and the amount of bodily motion associated with the crying.

Mild: The person whimpers; a few silent tears fall down his or her face or there are soft sounds of weeping without tears.

Moderate: The person's tears continually fall and are accompanied by sounds of weeping or hands covering the eyes while crying.

Extreme: The person is sobbing. The person's body bends over and he or she clutches or holds onto him- or herself or the caregiver while crying. The person cries loudly or wails in a loud tone of voice.

Threaten: Words or motions that signal a belligerent or menacing theme. If the threat occurs with physical action (e.g., hands on throat, pulls hair), it is a high-intensity "grab person" rather than "threaten."

Mild: The person speaks the threat in a normal or low tone (the words used are coded as "threaten," not the tone or inflection). There may be a fist raised but held close to the person's body. Examples include "I'm going to get you" or "Don't you dare."

Moderate: The person's inflection is harsh with a loud tone, and he or she uses "threatening" words or motions accompanied by eye contact with the caregiver. There may be a raised fist shaken at the caregiver, or the person may move close to the caregiver's face. The person provides detail in the threat (e.g., "I am going to hit you and then have you arrested").

Extreme: The person leans his or her body close to the caregiver, makes intense eye contact, and delivers a verbal threat. There may be a raised fist very close to the caregiver's face. The threat is delivered in a loud tone of voice.

Scream/Yell: A high-pitched or loud noise. There is a change in tone from the person's normal vocal response.

Mild: The person's voice is raised louder than normal with no words distinguishable; the "yell" cannot be heard by anyone more than 20 feet away.

Moderate: The yell is loud, harsh, and can be heard outside of the person's room. The yell can be heard farther than 20 feet but under 100 feet in a common area.

Extreme: The yell is very loud and can be heard 100 or more feet away. The person's head may be thrown back during the yell. A scream builds to a crescendo, tapers off, and escalates.

Clench Mouth: The person closes his or her teeth or jaw in a manner that interferes with the caregiver's ability to insert a toothbrush or eating utensil. The person does not open his or her mouth when asked to do so or when the caregiver touches the person's lips with the toothbrush or eating utensil to initiate the activity for persons who do not have the capacity to follow a verbal command.

Mild: The person closes his or her lips when the caregiver attempts to give food or medications.

Moderate: The person clenches his or her teeth.

Extreme: The person clenches his or her teeth with lips closed and facial muscles tensed.

