Understanding and Responding to Dementia Related Behaviors

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Objectives

- Identify common triggers – The Big 5
- Assess and identify challenging behaviors/ reactions
- Identify strategies to address common behaviors/ reactions
The Changing Brain

- **Normal brain:** Warm colors (red, orange, yellow) show active glucose metabolism.
- **Late Alzheimer's brain:** Prevalence of cool colors (blue, purple) shows a dramatic loss of function.
- **Normal infant's brain:** The cool colors represent those portions that are not yet fully formed.
Common Triggers– The BIG 5 + some!

- Fear
- Frustration
- Fatigue
- Physical Discomfort (physical or emotional)
- Environment
- Over/ Under stimulation
- Staff/ family approach
Strategies for Success

- Meet medical needs—consult physician
- Provide meaningful activity/give purpose
- Reassure/redirect
- Break down tasks
- Build in rest periods
- Know personal preferences
- Be person centered—not task centered
- Learn and use good communication skills
- Modify environment
- Share information with others—staff and family
Approach from the front
One thing at a time
Minimize distractions
Use simple language
Slow down – 30 seconds longer to process
Allow time for responses
Avoid correcting
Be mindful of body language and tone of voice
Give choices – but not too many
  ◦ Give the answer in your question
TALK Tactics

- T– take it slow
- A– ask simple questions
- L– limit reality checks
- K– keep eye contact
SMILE

- S– slow down
- M– minimize distractions
- I– instill calm
- L– look and listen
- E– engage
“Behavior “talks” to you. Instead of getting mad or frustrated because the person with dementia acts inconsistently or nonsensically, try seeing the behavior as a message. A behavior is like the tip of the iceberg—something to be curious about, to investigate and to explore, rather than to judge.”

Teepa Snow—occupational therapist and dementia-care consultant, founder of the Dementia Care Academy
Each and every time....

- Detect and connect
- Address physical issues first
- Address emotional issues
- Reassess and plan for next time
Detect

- Who was involved?
- What was going on?
- Where did this happen?
- When did this occur?
- Why do you think this happened?
Connect

- Approach the person calmly and respectfully
- Focus on feelings— not facts
- Validate their concerns
- Reassure the person
- Redirect their energy and focus if possible
- Use your knowledge of the person to JOIN THEIR REALITY!
Know the person

- Where they were raised
- Past and current family dynamics
- Former occupation/ role in the house
- Likes/ dislikes
- Hobbies
- Routines
Address Physical Needs

Assess for Pain

- Facial expression
- Body movement—guarding
- Negative vocalization
- Change in interactions
- Change in sleeping and eating patterns
- Sudden changes

Consult physician if you are in doubt!
Address Emotional Needs

Reassess and Plan for Next Time

- What did we do?
- What interventions did we try?
- Were we successful?
- What is the plan for next time?
- Communicate– what worked or what didn’t?
Successful Redirection

- Be friendly first
  - Best approach and communication
  - Small talk/ compliments
- Use your knowledge of the person
  - Know likes and dislikes
  - Know preferences
- Now attempt redirection
The Power of an Apology

- A sincere apology has 3 parts
  1. A statement—“I am sorry”
  2. Ownership of the mistake—“it was my fault”
  3. And effort to make amends—“what can I do to make it right?”
Therapeutic Fibbing

- Use as a last resort
- Tell emotional truths

Where is my mom?
I want to go home!
Where are the children?
Challenging Behaviors

- Confusion – main problem with dementia
- Repetitious actions, questions or statements
- Agitation and aggression
- Hallucinations and delusions
- Sexually “inappropriate”
- Suspicions
- Sleep changes
- “Sundowning”
- Wandering
Hallucinations and Delusions

- **Hallucinations**: seeing, hearing, smelling, tasting or feeling things that are not there
- **Delusions** are firmly held beliefs in things that are not real
- Can be caused by medical issues or environmental causes
- Respond without taking offense
- Listen empathetically
- Do not argue or try to convince them otherwise
- Validate emotions, reassure, and redirect if possible
Sexually Inappropriate

- Touching and grabbing
- Comments of a sexual nature
- Respond without taking offense or chastising
- Provide privacy
- Provide non-sexual touch and contact
- Validate emotions and reassure
- Attempt redirection
**Sundowning**

- Marked confusion and agitation and deterioration of skills beginning in the afternoon or evening
- Consider mental and/or physical exhaustion
- Increased noise and busyness of evening
- Reduced lighting and increased shadows and reflections
- Consider environmental changes
- Review the daily routine with a focus on the person not the tasks
- Therapeutic fibbing
- Decrease “demands”
Wandering

- 60–70% of people with the diagnosis will wander
- Wandering is considered an emergency
- 50% of individuals not found within 24 hours risk serious injury or death
- Paths taken are not logical (vision issues)
- Most individuals are found within 1.5 miles of home
- Search smart, not loud
- Dominant hand theory
- Consider technological interventions
  - Smartsole
We Make the Weather

“I have come to the frightening conclusion that I am the decisive element in the secured environment. It is my personal approach that creates the climate. It is my daily mood that makes the weather. As a caregiver, I have the tremendous power to make a resident’s life miserable or joyous. I can humiliate or humor; hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated, and a resident humanized or de-humanized.”— adapted from an essay from a program aide