Reducing and Managing the Challenging Behaviors of Dementia

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Dementia = A Damaged Brain

- It changes everything over time
- It is NOT something the person can control
- It is NOT always the same for every person

Pet Scans of Brains
What behaviors are challenging in people who have a dementia?

Challenging Behaviors

- Catastrophic reactions
- Aggressive behavior
- Paranoia /suspiciousness
- Accusations of theft
- Hallucinations and delusions
- Wandering
- Sundowning
- Resistance to bathing
- Socially inappropriate behavior
- Repetitive questions

Remember: Everything is less understandable, less manageable, and more frightening to the person as the disease progresses.

To deal effectively with challenging behaviors, one must realize...

- Behavior problems are the result of the disease
- Difficult behavior is not willful, done “on purpose” or deliberately
- Behavior has meaning — do not write off behavior as meaningless
A Personal Story . . .
A Move from Home to a Memory Care Facility . . .

Two months later… Dad falls! It’s related to the beatings from Mom.

What about “Gentle Deceptions”?
The “Little White Lies” . . . “Therapeutic fibs”

- “Grant is still in rehab and it will be awhile.”
- “It’s been a long time since I’ve seen your Dad.”
- “We will check into it.”
- “I don’t know how long you will be staying here. We will talk to the doctor.”

What is “the truth” and it’s impact?
Whose world are you “stepping into”? 
Each person with Dementia is unique...

... But Some of Their Needs Aren’t Unique

- Acceptance and respect
- A safe and comfortable place
- Affection and understanding
- Recognition
- A sense of self worth

Individualized Care is Critical!

Consider the person’s:
- Life history
- Interests
- Personal preferences, e.g. routines
- Likes and dislikes
- Capabilities
- Physical health
- Functional status
What does what you heard about Red’s history, interests, etc. tell you about Red as a person?

What might it mean for relating to Red?

Activities meaningful to Red?

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**Implications . . .**

- Individualize approach
- Identify meaningful activities
- Accentuate the positive
- Focus on person’s strengths
Understand the world of the person with dementia

Step into the "world" of the person with dementia!

Person loses the ability to learn and to "record" information and events

The past often becomes more "real" and lovable than the present
The person’s emotions and feelings largely remain intact!

“People will forget what you said, People will forget what you did, but they will never forget how you made them feel.”
— Maya Angelou

To reduce and respond to challenging behaviors REMEMBER …

The person cannot change. We must change.

Being reasonable, rational, and logical will only create trouble!
What We Can Change

- The environment
- How we respond to a situation
- Our perception of the situation

_Do NOT expect people who have a dementia to change — THEY CAN’T!_

The person IS an ADULT, NOT a child

The person is dealing with other changes

NEVER Argue!!

You will NEVER win an argument with a person who has dementia
A person with Alzheimer's disease is always right—right from his or her point of view.

**Connect!**
**Don't correct!**

Use Distraction & Gentle Redirection

Focus on what provides COMFORT!
A B C’s of Responding to Challenging Behaviors

A = Activator (“trigger”)
B = Behavior
C = Consequence

Questions to Answer . . .

Describe the behavior as specifically as possible … NOT in general terms. Then ask yourself:

- What need does this behavior reflect?
- Does the behavior need to be “fixed”?

*If the person’s behavior is not hurting self or others, LET IT GO!*

A = Activator/ Triggers

The Why behind this behavior

What happened just BEFORE the behavior . . .

- What circumstances triggered (prompted) the behavior?
  - Time of day?
  - Significant people involved?
  - Certain locations? Events?
- Have you tracked/charted the behavior?

B = Behavior

A = Activators/Triggers

Brain changes
- Misinterpretations
- Delusions/Hallucinations
- Poor impulse control
- Not knowing what is appropriate
- Feelings/fear

Medical problems
- Pain
- Infections - UTIs
- Fatigue
- Constipation
- Dehydration

Environment
- Over-stimulation (noise, activity)
- Unpleasant stimuli (glare; odors)
- Changes in schedule, environment and/or caregivers

Medications
- Prescription
- Over-the-counter
Triggers for Challenging Behaviors

- Untreated mood disorders
  - Depression
  - Anxiety

- Excess Disability
  - More disability than caused by dementia alone
  - Ex: Sensory loss

Caregiver actions can trigger or escalate behavior

- Not responding to person’s reality and/or needs
- Inconsistency in our behavior
- Caregiver’s interpretation of behavior
- How the caregiver responds to the person

Triggers for Catastrophic Reaction

- Being asked to think about too many things
- Complicated questions and decisions
- Feelings of insecurity, fear
- Sudden change
- Small mishaps (e.g., spilled milk)
- Unfamiliar people and places and noise
- Bad weather—high winds, thunder
- Television programs with sudden shifts in scenes
- Impatience or irritation conveyed by others

Warning Signs of Panic, Meltdown

As the disease progresses, the person with dementia will reach their panic point more quickly than earlier in disease …
**C = Consequences**

Questions to Answer . . .

Consequences are what usually happens in response to the behavior

- What changes occurred in the environment or the behavior of others because of person's behavior?
- Is the person's behavior being reinforced/rewarded in any way?
- How are you and others responding to when the behavior?

**Behavior Management Goals**

- Ensure safety
- Eliminate excess disability
- Create a prosthetic environment
- Identify and reduce triggers for behavior

**Repetitive Questions**

- Ignore the repetitiveness
- Give information again . . . and again
- Use memory aids (when person can still use them)
- Involve in conversation
- Respond to need/emotion (e.g., hunger)
- Do not discuss plans until just prior to an event
- Remove “triggers” in the environment

**Wanting to Go Home**

- Don’t argue with “This is your now your home”
- Redirect person's attention
- Remove objects that remind person of going home
- Try a note from a family member
- Chart behavior
  - Is there a pattern?
  - Certain time of day?
  - After an activity?

*Home is often a “feeling”, . . . not a place*
Wandering

- Think safety
- Provide wandering environment
- Approach gently and quietly
- Provide physical activity
- Divert to other activities
- Structure time for person
- Create low stimulus environment
- Increase environmental cues

Auditory Hallucinations
“Hearing Things”

Visual Hallucinations
“Seeing Things”

Hallucinations: Questions to Ask . . .

- Is the problem based in reality?
- Are hearing or vision problems contributing to misinterpretation?
- Could the problem be due to medication side-effects?
- Is the hallucination a problem for the person?
**Paranoia / Suspiciousness**

- **Person’s perspective:** An attempt to make sense in a confusing world
- **Objective:** Create an environment of trust
- **Approaches:**
  - Don’t argue, you won’t win
  - Respond to feelings
  - Offer to help find lost article, distraction
  - Depersonalize accusations
  - Organize to minimize lost articles
  - Check for medication side-effects

**Examples: Extremely Upset**

- “Where are my kids, I’ve lost my kids!!!!”
- “My husband was coming…did you hide him?”
- “I can’t go in my room. Rats are under my bed.”
- “Someone stole my money.”
- When a woman’s husband and her daughter arrive for a visit, the woman angrily says to her daughter, “Why are you with my husband? You Hussy! Get out of here.”

**Possible Triggers for “Hypersexuality”**

- Medications
- Fatigue/sleep patterns
- Need to toilet
- Longing for touch
- Need for reassurance
- Past life responses
- Skin irritation
- Non-verbal messages
  - Suggestive clothing
  - Suggestive/teasing talk
  - Position of caregiver’s body

**Considerations in Responding . . .**

- Do not to take the person’s behavior personally.
- Consider the person and his/her needs.
- Do not view behavior as sexual when it is not—to do so, only complicates the solution.

**Examples:**

- Woman crawls into bed with another
- Man develops an erection while care is being given
- Person comes out of restroom without clothes on
- Removes clothing in public—too hot, tight, or uncomfortable
- Mistakes someone else for their spouse/partner
Four Musts for Healthcare Professionals

- Assume every person is a sexual being
- Don’t assume if the person isn’t sexual if he or she doesn’t have a partner
- Don’t assume age, frailty, or dementia = being non-sexual
- Honor sexual diversity
How we communicate is key to relationship-building

- Verbal — our words
- Tone of voice
- Body language
- Touch
You Cannot **NOT** Communicate

- Identify yourself
- Make eye contact
- Speak in gentle tones
- Focus on feelings, not facts
- Eliminate distractions
- Simplify, simplify, simplify—e.g. use short sentences; one-step instructions
- Use positive statements
- Encourage recognition rather than recall
- Give time to respond
- Use reminiscence
- Approach slowly, from front
- Keep expectations realistic
- Reassure and praise
- Be kind and courteous!

When the person loses Verbal Communication . . .

- Non-verbal (tone, body posture, etc.)
- Feelings
- Touch
- Behavior

. . . **SPEAK LOUDLY**

. . . Person's Behavior Communicates

- Are you listening to what is being said?
- What is the “message” in the behavior?
Behavior Challenges in Dementia

Remember:
- Behavior is part of the disease
- It is rarely intentional
- May be frustrating
- Occasionally dangerous
- Usually can be “managed”

...the person does NOT plan to be difficult

Use the “5 C’s” in Working with People with Dementia

1. Calm, calm, calm
2. Consistent
3. Compassion
4. Caring
5. Comfort

Empathy . . .

...Only a heart strengthened by this kind of understanding can effectively deliver the oxygen of the spirit:

LOVE

― Martha Beck, 2005

RESOURCE

Helping Memory Impaired Elders