

# **PARTICIPANT HANDBOOK**

## **Understanding and Responding to Behavioral Symptoms of Dementia: A Guide for Direct Care Workers**

This teaching package was developed through a grant from the SCAN Foundation. The content was developed by Linda Redford, R.N., Ph.D. in collaboration with Aging Services of California and the Institute for the Future of Aging Services of the American Association of Homes and Services for Aging. The staff of three nursing facilities in California graciously offered their time for focus groups to assist in shaping the content of these modules. These groups also participated in pilot tests of the curriculum and offered insights to make the curriculum most relevant to their needs.

## INTRODUCTION

This Handbook contains information to supplement the presentations on Dementia. It contains notes pages for the presentation slides and additional readings and videos that you can access on the Internet. The Modules to be presented will provide you information on behavioral symptoms of dementia. These modules will help you to understand how dementia affects the brain, the behaviors that result from the damage to the brain, and how you can best care for residents who display various behavioral symptoms of dementia.

**Module 1** provides you with an overview of normal memory changes with aging and the memory and behavior changes that are found in dementia. You will learn what dementia means, the types of dementia, and how the different types of dementia may result in unique behavioral symptoms.

**Module 2** discusses the common behavioral symptoms of dementia and the factors that should be examined as potential triggers for various behaviors. You will learn about behavioral assessment and have the opportunity to work in teams to conduct a behavioral assessment on a resident and report your finding to the group for discussion.

**Module 3** introduces strategies for addressing various behaviors. The approaches to effective interventions generally depend on the factor(s) that triggered or exacerbate the behavior. This module highlights the causes/triggers most commonly associated with particular behaviors and the strategies for addressing them.

You are encouraged to utilize the readings and watch the videos suggested before each slide presentation in this manual. These materials will reinforce the information from the presentations and further your knowledge and skills in caring for residents with dementia.

### Power Point Module 3

## Responding to Behavioral Symptoms of Dementia

### Learning Outcomes:

By the end of this Module, you will be able to:

- Discuss three factors that will influence your response to residents with behavioral symptoms of dementia.
- Demonstrate five strategies for communicating with a resident with advanced dementia.
- Demonstrate effective ways to divert and redirect residents who are manifesting behaviors associated with dementia.
- Discuss the Do's and Don'ts of interactions with residents displaying aggressive behaviors.
- Demonstrate effective and safe approaches to responding to physical aggression.
- Discuss strategies for addressing inappropriate touching by a resident.

**Key Content:**

- I) Why are there behavioral changes associated with dementia?
  - a. Changes in the brain
  - b. Common behaviors in residents with dementia
- II) Basics of Communicating with a resident with dementia
  - I) Wandering (and its variants) and fidgeting
    - a. Common triggers
    - b. Safety issues
    - c. Strategies to try
  - II) Sundowning
    - a. Definition
    - b. Strategies to try
  - III) Visiting, Rummaging, Hoarding
    - a. What these behaviors are
    - b. Strategies to manage
  - IV) Responding to “Elopers”
    - a. Safety precautions
    - b. What to do if resident exits facility
  - V) Verbal Behaviors
    - a. Nonaggressive and aggressive
    - b. Common triggers
    - c. Modifying triggers
    - d. Validate, divert, redirect
    - e. Changing our patterns of interaction

- VI) Physical aggression
  - a. Common triggers
  - b. Strategies to try
  - c. Protecting yourself and the resident
- VII) Inappropriate behaviors
  - a. Types of behaviors
  - b. Possible causes
  - c. Strategies for addressing
- VIII) Prevention
  - a. General Rules
  - b. Documentation

## **Online Resources for Additional Information:**

### **Readings**

Family Caregiver Alliance. Caregiver's Guide to Understanding Dementia Behaviors.

[http://www.caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=391](http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=391)

Udesky, Laurie. What to Do When Someone Shows Signs of Sundown Syndrome,

<http://www.caring.com/articles/sundown-syndrome>

WI Department of Health and Family Services Bureau of Aging and Disability Resources (2006). Guide for the Use of Disguised Doors and Other Preventive Exiting Strategies for People with Dementia.

[http://www.dhs.wisconsin.gov/aging/genage/Pubs/Guide\\_exitingstrategies.pdf](http://www.dhs.wisconsin.gov/aging/genage/Pubs/Guide_exitingstrategies.pdf)

### **Videos**

**Video #1- "Bathing a Patient with dementia/Alzheimer's"** illustrates strategies for approaching a resident and getting their cooperation for undressing and bathing.

<http://www.youtube.com/watch?v=lxwJgDg3bYU&feature=related>

**Video #2-** demonstrates how to divert and redirect a resident who is displaying repetitive verbal comments that indicate a particular want or need.

[http://www.youtube.com/watch\\_popup?v=YT\\_fcnQdJr0&vq=medium](http://www.youtube.com/watch_popup?v=YT_fcnQdJr0&vq=medium)

**Video #3- "*Safe Self Defense Techniques*"** demonstrates defensive moves to protect oneself and the resident if the resident displays physical aggression.

<http://www.youtube.com/watch?v=HtP79JZT5mc&feature=related>

# Power Points

## Module 3

### Responding to Behavioral Symptoms of Dementia

Slide 1

**Understanding and Responding to Behavioral Symptoms of Dementia:  
A Guide for Direct Care Workers**

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Slide 2

**RESPONDING TO BEHAVIORAL  
SYMPTOMS OF DEMENTIA**

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Slide 3

- Behavioral symptoms of dementia-
  - are the result of damage to the brain.
  - are often triggered by feelings or needs of the individual or something in the environment.
  - are often an attempt to communicate needs or feelings.

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Slide 4

- Changes in the brain may cause people to—
  - act in ways they would not have done before developing dementia;
  - make bad decisions;
  - have problems understanding what they are feeling; and
  - have problems telling others how they feel.

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Slide 5

- There are no *cookbook* responses to addressing behaviors of dementia**
- **The Person**- usual traits, disease stage, past experiences.
  - **Physical Environment**
  - **You**- understanding of behaviors, knowledge of effective ways to respond

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Slide 6

**How Common are Behavioral Symptoms of Dementia?**

- Every person with dementia will display some of the common behavioral symptoms.
  - The common behaviors are ones like forgetfulness, repetition (repeating words, questions or actions over and over), wandering, and sundowning.
  - More challenging behaviors can also occur, such as screaming, cursing, paranoid accusations, and name-calling.
  - About 45% of people with dementia may display harmful behaviors (hitting, pushing, biting, etc.) at some point in the

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Slide 7

**REMEMBER!!**

Behavior has a purpose

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Slide 8

Look at each behavior individually.

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Slide 9

**Communicating with the Resident with Dementia**

- Get at eye level with resident- maintain personal space.
- Speak in a low, calm, friendly voice.
- Get their attention by stating their name.
  - DO **NOT** USE "ELDERSPEAK"- terms such as "Sweetie", "Honey" or "Girly"- maintain respect of person's dignity.
- Remain patience and give the resident time to respond.

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Slide 10

**Communicating with the Resident with Dementia**

- Never interrupt when the resident is trying to communicate.
- Break all tasks into clear and simple steps based on abilities and stage of the disease.
- Use words from the person's native language, if possible.
- Show nonverbal indications of caring and affection (smile, pat the resident on the shoulder, hug them by the shoulder).

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Slide 11

**SECTION 1**

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Slide 12

Wandering  
Pacing  
Fidgeting

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Slide 13

Common Triggers of Wandering,  
Pacing, and Fidgeting

- Time of day (Sundowning)
- Discomfort
- Confusion/fear
- Boredom

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Slide 14

Wandering, pacing, and fidgeting are not necessarily **bad** behaviors. They provide physical exercise and possible social interaction, but may also be annoying to staff and other residents.

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Slide 15

**Safety**

- Ensure resident uses needed assistive devices for ambulation—walkers, canes, etc.
- Provide a safe space for wandering, if possible.
- Protect the skin.

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Slide 16

**Safety**

- Ensure adequate food and fluids.
  - Make nutritious finger food and drinks easily accessible to residents in the common areas.
- Take steps to protect other resident’s safety and privacy

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Slide 17

**REDUCING WANDERING**

- Use behavioral assessment findings
  - What appears to have triggered the wandering?
  - Is wandering similar to past behavior—time of day, type of wandering ( is it aimless or appear to be an attempt to leave the nursing home)?
    - If this episode is new or different do a complete reassessment of the behavior.
  - What has worked to reduce wandering in the past?

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Slide 18

**STRATEGIES TO TRY**

- Address hunger, thirst, need to use bathroom, and other possible sources of discomfort.
  - Make food and drink visible and easily accessible.
  - Clearly mark bathrooms and introduce a toileting schedule, if needed.
  - Assist with activities when needed.



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Slide 19

**STRATEGIES TO TRY**

- Provide exercise & prevent boredom–
  - Provide daily activities to meet the need for physical exercise.
  - Provide structured activities and a variety of activities throughout the day- particularly at times residents tend to wander.



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Slide 20

**STRATEGIES TO TRY**

- Prevent boredom–
  - Give simple tasks (for example- folding towels, watering plants, planting flowers)



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Slide 21

**“Sundowning”**

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Slide 22

**STRATEGIES TO TRY**

- Prevent or reduce “Sundowning” -
  - Reduce the intake of drinks or foods with stimulants (caffeine) during the day and do not give in the evening or at night.
    - Coffee, colas, tea, chocolate
  - Provide sufficient exercise and stimulating activities during the day.

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Slide 23

**STRATEGIES TO TRY**

- Prevent or reduce “Sundowning” -
  - Discourage long naps and keep active during the day so more likely to sleep at night.
    - A short nap after lunch will prevent resident from becoming too tired.

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Slide 33

**Know what to do if resident elopes**

- HAVE A PLAN IN PLACE.
- REMEMBER--
  - Most residents are found within a half-mile from the nursing home or community.
  - They tend not to respond if called to.
  - They may head for roads or public transportation.
  - They often “hide” in any available spot- bushes, storm drains, empty buildings, and even within the nursing home.

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Slide 34

**Know what to do if resident elopes**

- REMEMBER—
  - Persons with dementia tend to move in the direction of their dominant hand. Search in that direction first, unless there are greater dangers in another direction (busy roads, bodies of water, etc.).

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Slide 35

**Verbal Behaviors**

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Slide 36

**Repeated questions**  
*SCREAMING*  
**CHANTING,**  
*MOANING*  
Inappropriate comments

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Slide 37

**Causes and Triggers**

- Memory Loss
  - Individual is not able to remember what was just done or said.
- Boredom- lack of engagement and stimulation.
- Pain- need for relief.
- Anxiety- an need for reassurance.
- Frustration- a need for validation.

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Slide 38

**Triggers** may be internal needs/feelings-

- Personal discomfort.
  - Soiled underwear.
  - Uncomfortable positioning.
  - Hunger.
- Pain.
- Illness.
- Fear- delusions or hallucinations.

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Slide 39

Triggers may be in the environment

- Changes in the environment or routines.
- Noise.
- Large number of people.
- Rushing or appearances of stress among the staff.
- Distressed behaviors by another resident- a need to possibly isolate behaviors.



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Slide 40

Strategies to Try

- If a trigger is identified, try to modify the triggering event.
- Validate, divert and redirect.
  - Maintain eye contact.
  - Speak in a clear, gentle tone of voice.
  - Use a gentle touch on the hand or cheek with residents who enjoys physical contact.

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Slide 41

Giving a person significant attention only when they are displaying undesirable behaviors may reinforce the behavior you don't want.

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Slide 42

To disrupt and change behaviors,  
we have to disrupt the patterns we  
create.

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Slide 43

If an underlying cause is not found-

- Ignore inappropriate behavior or walk away from the resident.
- Watch for times the resident is behaving appropriately and immediately give them some time and attention.
- Be tolerant of behavior if it is not posing any safety risks.

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Slide 44

Aggressive behaviors

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Slide 45

### Verbal Aggression

- **Examples of verbal aggression**
  - Obscenities
  - Threats
  - Name-calling
  - Using sexual or racial slurs



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Slide 46

### Physical Aggression



- **Examples of physical aggression**
  - Hitting
  - Kicking
  - Pushing
  - Spitting
  - Pacing
  - Scratching
  - Biting

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Slide 47

### Causes and Triggers

- Aggressive behavior occurs due to changes in certain areas of the brain.
  - May be totally out of character for the individual.
  - Never take the behavior.

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Slide 48

**Causes and Triggers**

- Typical triggers are frustration/fear, confusion, and pain/discomfort.
- Watch for escalation.
- Must consider your safety and that of the resident.

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Slide 49

**Strategies to Try**

- Prevention is the best strategy
  - Always explain what you are planning to do when caring for the resident.
  - Be creative when communicating-- use pictures, gestures and demonstrations with objects.
  - Avoid appearing rushed or impatient.
- Try to relate to what the resident is experiencing and address his/her concern.

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Slide 50

**Strategies to Try**

- Reducing likelihood of agitation and aggressive behaviors during personal care activities.
  - Go SLOW!!
  - Always explain what you are planning to do when caring for the resident.
  - Communicate what you will be doing -- use pictures, gestures and demonstrations with objects.
  - Avoid appearing rushed or impatient.

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Slide 51

**Strategies to Try**

- Reducing likelihood of agitation and aggressive behaviors during personal care activities (continued)
  - Have everything gathered and ready before starting activity.
  - Keep the resident warm and as covered as possible when bathing.
  - Use clothes that are easy to put on.
  - If resident becomes agitated, stop the activity and speak to resident in a calm, reassuring voice. Back off and give the resident time to calm down (if necessary).

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Slide 52

**Strategies to Try**

- Try to divert and redirect the resident.
- Speak in a calm, low voice.
- Reassure the resident with words and nonverbal actions.
- Call the resident by name– DO NOT use endearing terms like “honey”, “sweetie”, “girly”.

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Slide 53

**Physical Aggression**

- Do NOT stand within striking distance- respect resident’s personal space.
- Do NOT try to touch a physically aggressive individual when he/she is upset and agitated.
- Do NOT argue with the individual.



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Slide 54

**Physical Aggression**

- **DO-**
  - *Remain CALM*
  - Be aware of and learn triggers.
  - Assess for and identify new triggers.
  - Remove other residents if in danger.
  - Speak in a soft and reassuring voice.
  - Think of ways to prevent the behavior in the future.

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Slide 55

**What to do if the resident becomes physically aggressive--**



A cartoon illustration of a man with a large nose, wearing glasses and a purple shirt, leaning on a cane.

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Slide 56

**Strategies to Try with Residents Displaying Verbal or Physical Behaviors**

- Pet therapy. 
- Integrate memories through art. 

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Slide 60

**Understanding Inappropriate/  
Suggestive Behaviors**

- Residents with dementia often-
  - do not comprehend what they are saying
  - do not comprehend how their behavior is being interpreted by others
  - have problems that are not related to sexual intentions which are causing the behavior

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Slide 61

**Strategies to Try**

- If disrobes in public-
  - Try adaptive clothing that makes disrobing more difficult.
- If handles genitals-
  - Check for infections or clothing that is binding or causing discomfort.
- Getting in bed with another resident-
  - Quietly remove resident and return to their own bed.
  - Remind of boundaries (early stage resident) but do not scold or berate the resident.

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Slide 62

**Strategies to Try**

- If urinates in public
  - Schedule more frequent toileting.
- If fondles self or masturbates in public
  - Consider possible sexual needs and provide privacy.
  - Distract and redirect.
  - Provide more activities to keep resident occupied.
  - Be mindful of residents personal rights.

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Slide 63

**Strategies to Try**

- Inappropriate touching of a health care worker
  - Firmly and quietly remind the resident that the behavior is inappropriate.
    - Calmly state the behavioral boundaries
  - Have someone of the same sex (if heterosexual) do personal care.
  - Divert and redirect the person's attention.

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Slide 64

**Strategies to Try**

- Inappropriate touch or advances on another resident.
  - Physically separate, if necessary.
  - Gently and firmly indicate the behavior is inappropriate and remind of the boundaries.
  - Divert resident and redirect them to another activity.
  - Keep resident in view and immediately intervene if it appears he/she is approaching another resident.
  - Medication may be considered (as a last defense) if the behavior is not easily managed.

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Slide 65

**REMEMBER—  
Prevention is the best medicine for  
behavioral symptoms in dementia!**

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Slide 66

**General Rules for Preventing Behavioral Symptoms**

- Develop and maintain a simple daily routine. Be aware there can be changes and inconsistencies in the resident's wants and abilities.
- Keep the environment calm, comfortable, and homelike with familiar possessions.
- Correct sensory deficits-use hearing aids, eyeglasses, and dentures.
- Use distraction to divert the resident from precipitating events.

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Slide 67

**General Rules for Preventing Behavioral Symptoms**

- Consider the resident's personal preferences in routines, activities of daily living and food choices.
- Be flexible with bathing, dressing, mealtimes and sleep.
- Install safety measures to prevent accidents.
- Simplify bathing and dressing with adaptive clothing and assistive devices.
- Provide regular daily activities and structure.

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Slide 68

**Your Responsibilities in Documentation of Behavioral Symptoms of Dementia**

- Document
  - Behavior-- specific description of behavior, time, frequency, duration
  - Events preceding behavior
  - Signs of physical distress in the resident
  - Characteristics of the physical and social environment
  - What was done to address the behavior
  - **DID IT WORK**

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Slide 69

**ALWAYS REMEMBER!!**

The **person** is not the problem—  
the **problem** is the need or  
feeling that the person is trying  
to communicate with the  
behavior.

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Slide 70

QUESTIONS?



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