

MODULE 3

Responding to Behavioral Symptoms of Dementia

Learning Outcomes:

By the end of this Module, participants 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

Materials Needed:

- I. A computer.
- II. A projector to use with the computer.
- III. An Internet connection, if possible.
- IV. Flip chart.
- V. Markers.
- VI. Easily removable tape that will not damage walls.
- VII. Nursing home policies on preventing and addressing elopement (residents leaving facility unattended).
- VIII. Recommended handouts.

Instructor Guidance:

Module 3 is lengthy and should be divided into the suggested sections. After each section, participants should be given a few days to apply the information in the clinical setting with mentoring from staff development personnel before proceeding to the next section. Allowing participants time to practice assessing and addressing a specific type of behavior prior to moving to the next type will give them time to slowly and effectively build proficiency in each area.

ACTIVITIES:

1. **Welcome everyone and ask them to give their name and a brief statement about what they hope to learn from the session.** (10 minutes)
2. **Strategies for assessing current knowledge and what is learned from the session.**
 - a. Written Post-Knowledge Assessments are a means of obtaining objective information about participants' knowledge level relating to the topic at the completion of the educational session. A Post-Knowledge Assessment is included with this Module. The Post-Knowledge Assessment should be administered at the completion of the Module.
 - b. It is also possible to assess overall knowledge of participants through structured questions, discussions, and exercises dispersed throughout the session. These exercises may allow you to identify any misconceptions held by participants and assess attitudes of the participants relating to dementia. Other activities will serve to reinforce the knowledge and skills being taught. Suggestions for these activities and their placement in the presentations are shown on the notes sections of each slide.
 - c. Have participants hand in the Pre-Knowledge Assessments, if they were given.
3. **Further activities and exercises are provided in the slide notes.**

RESOURCES:

ONLINE READING

Evans, L. & Cotter, V. (2008). Avoiding Restraints in Patients with Dementia. *American Journal of Nursing*, 108(3):40-49.

http://www.nursingcenter.com/library/journalarticle.asp?article_id=775972

Lyketsos, C. & Rabins, P. (2006). Dementia Care Guidelines for Families. From *Practical Dementia Care 2nd Edition*.

http://www.oup.com/us/pdf/Practical_Dementia_Care/0195169786_A

Mentes, Janet (2009). Oral Hydration in Older Adults: Greater awareness is needed in preventing, recognizing, and treating dehydration.

<http://lisablaskie.blogspot.com/2009/06/oral-hydration-in-older-adults-greater.html>

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

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

VIDEOS

Video #1- 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

Video #2- “*This is Alzheimer’s*” illustrates the repetitive verbalizations displayed by some persons with Alzheimer’s Disease. This is one of six videos taken by a family and shows strategies used by the family to attempt to address the behavior.

http://www.youtube.com/watch?v=yh922upAvgQ&feature=mfu_in_order&list=UL

Ask participants—

- Do you see anything in the video that may be contributing to the agitation?
- Is the daughter’s intervention effective?
- What would you have done if caring for this man?

Video #3- “Choice and Challenge: Caring for Aggressive Older Adults Across Levels of Care” is available through the American Psychiatric Nurses Association. It can also be found on YouTube at the URL shown below. This video illustrates some of the more challenging behaviors encountered by caregivers. By showing some of the short vignettes, the video can serve as a discussion tool for participants.

<http://www.youtube.com/watch?v=egAWtMPj8HA>

Ask participants—

- How might the particular behavior been avoided?
- What could be done differently?

Video #4- “*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>

Video #5- “Gypsy Mama” illustrates how music can be enjoyed by persons with advanced dementia.

<http://www.youtube.com/watch?v=wAyrmgpc5xQ>

Video #6- “*Live Music Now - Quality of Life*” also illustrates the power of music when used with dementia residents. <http://www.youtube.com/watch?v=ne2YWGQ2rAA>

Power Point

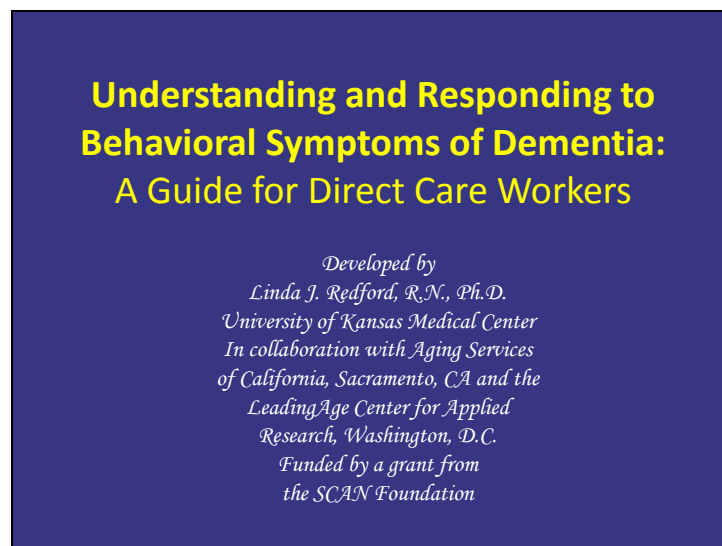
Power Points

Module 3

Responding to Behavioral Symptoms of Dementia

Present the third set of Power Point slides “Responding to Behavioral Symptoms of Dementia”. Each slide has talking points and some have references that you can read if you want more information. In the talking points, you will find suggestions on when to ask questions of the participants, conduct an exercise, or play a video.

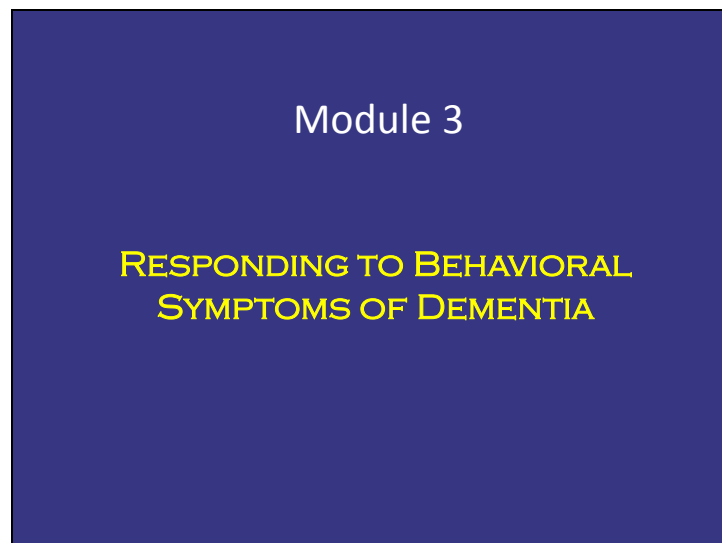
Slide 1



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

*Developed by
Linda J. Redford, RN, Ph.D.
University of Kansas Medical Center
In collaboration with Aging Services
of California, Sacramento, CA and the
LeadingAge Center for Applied
Research, Washington, D.C.
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the SCAN Foundation*

Slide 2



Module 3

**RESPONDING TO BEHAVIORAL
SYMPTOMS OF DEMENTIA**

- 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.

The changes in behavior that are often seen with dementia are related to the damage in the brain caused by Alzheimer's Disease and other forms of dementia. We now know that these behaviors are not random, but often an attempt to communicate discomfort, confusion, and other physical and psychological problems that the person is unable to express in any other way. The brain damage caused by dementia makes it impossible for the individual to communicate needs and feelings clearly through language. Pain, boredom, fear, anxiety and other feelings are often expressed through noises, cursing, screaming, and nonverbal behaviors such as repetitive movements, wandering, and inappropriate touching. It is important to find the underlying reason for the behavior and address the cause.

- 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.

As we discussed in Module 2, people with dementia have changes in behavior due to damage caused by the disease. They become unable to care for themselves, behave in ways that are unlike their past behaviors and may put them in danger, and can no longer express their feelings through language.

There are no *cookbook* responses to addressing behaviors of dementia

- Response depends on—
 - The Person**- usual traits, disease stage, past experiences.
 - Physical Environment**
 - You**- understanding of behaviors, knowledge of effective ways to respond & redirect, past experiences.



Ask participants --“What behavior is the most difficult for you to deal with in a resident with dementia you are currently caring for or have cared for?”

Write responses on the flip chart and post the pages on the wall for everyone to see. As you discuss this slide, have participants talk about how they would answer the questions in relation to the particular resident and behavior they identified.

It is important to know the past history of the resident. How does the resident usually behave? Were there events in the resident’s past that he/she tends to relive? Does the resident appear to be hearing or seeing things that are not there? Does the resident believe he/she is being “watched”, things are being stolen, or other events are occurring that have no clear basis in reality?

Are there things occurring in the physical environment that are possible triggers for the behavior (noise, numerous people, confusing activities, etc.)? Always be observing what is going on at the time of the behaviors.

Consider your past interactions with the resident and how comfortable you are in addressing the behavior being displayed. If you have had difficulty handling the resident’s behavior in the past or are uncomfortable dealing with the particular situation, you may want to find someone to help. Developing skills in using validation, distraction, reassurance, and other comfort measures is essential.

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, & 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 disease.

Slide 7

REMEMBER!!
Behavior has a
purpose.

Slide 8

Look at each behavior
individually.

Each behavior may have a different cause and need to be addressed in a different way. It is important, therefore, to assess each behavior individually and establish a plan for addressing each unique behavior.

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 “ELDER SPEAK”- terms such as “Sweetie”, “Honey” or “Girly”- maintain respect of person’s dignity.
- Remain patient and give the resident time to respond.

The best way to manage behaviors is to prevent them. The way you communicate can keep a resident calm or can make the difference between calming a distressed resident or causing an escalation of the behavior.

Communicating with a resident who has dementia requires extra time and patience. Calling the person by name and being at eye level will be less threatening and show caring and respect. Studies have shown that residents are more likely to respond negatively when spoken to in “Elderspeak”. This refers to speaking to older adults as a child or addressing them with words meant to be endearing such as Sweetie, Honey, Girly, etc. Avoid using these terms and refer to the resident by their name.

Always speak in a low, calm, and reassuring manner and make certain that your nonverbal behavior is also reassuring. Residents who are displaying behavioral symptoms of dementia are often frightened, confused or frustrated. If you display irritation or attempt to pressure them or force them to do an activity, they will be further threatened and the unwanted behavior is likely to escalate.

It is also important to give the resident time to respond. The damage in the brain caused by dementia results in information being received and processed more slowly. Rushing the person may result in added confusion and frustration.

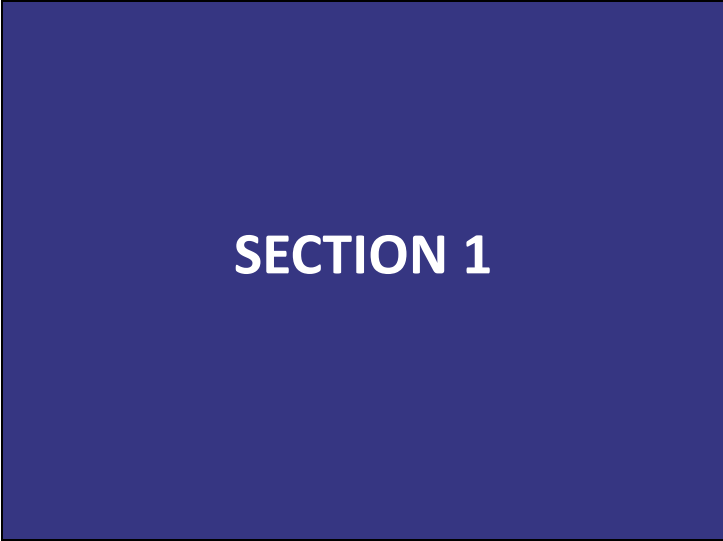
Communicating with the Resident with Dementia

- 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)

Persons with dementia have a difficult time remembering what they are trying to communicate without any interruptions. If interrupted, they are likely to become more confused or agitated. Never interrupt and respect the conversation regardless of whether it is being repeated or doesn't make sense.

In order to help a resident with dementia follow instructions, make certain to break each task into simple steps. State only one or two steps at a time or the resident will not remember what was said.

People who speak English as a second language may forget it as their disease progresses. As memory of language is destroyed, many people will remember and understand only their native language, if that. Always show nonverbal signs of acceptance, caring and affection. Residents with dementia will usually understand nonverbal behaviors even if they do not understand language.



SECTION 1



Wandering- As you may recall from Module 2, wandering can take many forms. Some people wander aimlessly or may appear to be attempting to get out of the nursing home. There are those who seem to “orbit”—walking along a similar path and returning to the same spot. Others tend to “visit”—often entering others rooms, maybe to socialize and maybe because they mistake it for their room. Then there are those who “shadow”. These residents will often stay near staff or other residents, literally shadowing their movement. It is likely that these residents feel safer being near others.

Pacing- Pacing is generally more intense than wandering. The person will pace back and forth in a small area. Residents who are pacing may appear more agitated.

Fidgeting- You have all probably known people who can’t sit still. Some residents with dementia display this type of behavior. They will be constantly moving in their chairs, rubbing their clothes or hands, moving their feet, and doing other aimless behaviors.



Ask participants to describe residents that display these behaviors and discuss the affect of their behavior on other residents and on the staff. Use these examples when discussing strategies for addressing the behaviors later in this session.

Common Triggers of Wandering, Pacing, and Fidgeting

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

As was discussed in Module 2, there are a number of triggers for behavioral symptoms in individuals with dementia. These are some of the possible triggers for wandering, pacing and fidgeting. There are some cases in which a trigger may not be easily identifiable and the behavior seems to have no apparent cause. In this module, we will discuss the common triggers for certain behaviors, what may be some underlying causes, and what strategies may work to reduce or eliminate the behaviors, when necessary.

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.

Wandering, pacing and fidgeting are not particularly negative behaviors. They provide the individual physical exercise, which in turn improves circulation and keeps the person at a higher level of ability to move and transfer. It also provides the opportunity for social interaction. It is important, however, to make certain the individual does not have needs that are driving the behavior and should be addressed. If the individual is not found to be in distress of any sort and the behavior is not a serious problem for staff or others, it might best be tolerated. Still, there are safety concerns with wandering, pacing and fidgeting that must be addressed.

Safety

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

- **Assistive devices**- It is always important to insure that individuals who wander are as safe as possible. They need to use assistive devices that they require for safe ambulation and sometimes they may forget their cane or walker. You need to give them their device and calmly remind them to use it.
- **Safe space**- Whenever possible, it is desirable to provide a large room or area where individuals can wander without the possibility of getting out of the building or entering others rooms.
 - Remove fall hazards from areas where individuals tend to wander.
 - Keep individuals in sight.
- **Protect skin**- Prolonged periods of movement can cause clothes and shoes to rub the skin. Make certain that residents who walk or move around a lot have on comfortable, non-restrictive clothing and well-fitting, safe footwear. On a daily basis, check the feet and other areas of the skin for redness, bruises, blisters, or other signs of damage.

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.

Adequate food and fluids- Individuals who wander for long periods use large amounts of calories and may not eat enough food to prevent unintended weight loss. They may also not drink enough fluids and can become dehydrated. It is important to remember that people with dementia do not experience hunger and thirst normally and, therefore, may not have or understand the body sensations that tell most of us to eat or drink.



Ask participants – “What ideas do you have for ensuring that residents who wander, pace or fidget will get enough food and fluids?”

Give these suggestions if they have not been mentioned-

- Place nutritious finger foods in bowls and baskets around room where individuals wander. You may need to hand them the food while they walk.
- Make fluids easily accessible in the room. You may need to assist with fluids.
- Carefully track food and fluid intake throughout the day.

Protect other residents' privacy and safety- Monitor residents who tend to enter other's rooms uninvited. Invading other's privacy can upset residents and families. If persons who are wandering or displaying other repetitive behaviors appear to be becoming agitated, calmly and quietly attempt to divert their attention and direct them into a quiet area away from other residents.

Ask participants what strategies they use to divert and redirect residents who are becoming agitated or are upsetting other residents. Ask for a volunteer to play the role of an agitated resident and another volunteer to demonstrate ways to divert and redirect the resident with suggestions from other participants.

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?

Use the behavioral assessment findings to inform your interventions.

- Is there an indication that the person is looking for a bathroom, their own room, etc.?
- Does the person appear to be having discomfort?
- What is going on in the environment that may have triggered the behavior?
- Is the wandering characteristic of the usual pattern of behavior?
 - If not, reassess behavior.
- Try strategies that have worked before.
- Record any new strategy that works in the resident's record so that other caregivers will have the information.

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.



We talked about the need for people who wander, pace or fidget to have adequate food and fluid intake to prevent weight loss and dehydration. The need for food or fluids may also drive wandering and other behaviors. Feelings such as hunger, needing to use the bathroom, or just being bored cannot always be expressed verbally by residents with dementia. Wandering is sometimes an attempt to find food, a bathroom, or just a response to being uncomfortable. You have to be the detective to determine the possible cause. It is important to determine if the individual is in some sort of distress rather than assuming the wandering is merely caused by confusion.

Hunger-- If it is near time for a meal or the resident is not eating well, try giving food.

Fluids-- It is important to keep older persons well-hydrated. Remember individuals with dementia may not sense thirst or be able to interpret the feeling. It is important to remind them to drink frequently. For those individuals who may not recognize a glass or remember how to pour, fluids will need to be poured and given to an individual. The type of fluid given is not particularly important (except for alcoholic drinks or fluids that should not be given because of medical conditions-- high sugar, high salt, etc.). What is important is that the person drinks fluids.

Need to use bathroom-- In some cases, wandering is an attempt to find a bathroom. Take individuals who tend to wander to the bathroom at regular intervals and see if this reduces wandering.

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.



Physical exercise- Wandering may be a response to the need for physical exercise. Provide exercise daily to allow residents to satisfy the need for movement and to keep them healthier and more mobile.

Boredom- Many individuals get bored when there are no activities and they are left on their own for long periods. Varied and structured activities throughout the day are likely to reduce wandering. TV is **not** a structured activity! Television is too stimulating for some residents with dementia (particularly in the evening) and may lead to agitated behaviors.

STRATEGIES TO TRY

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



Boredom- Providing simple tasks allows individuals to feel “useful” and reduces the likelihood they will devise their own forms of activity (that may be less desirable). Make certain that any activity provided the individual is within his/her ability to perform. Complicated activities may lead to increases in frustration, anxiety, and undesirable behaviors.

INSTRUCTORS- *Alternative Solutions in Long-term Care* provides lists of activities appropriate for people at various stages of dementia. Have some copies of these available for participants to use as you talk about ways to “redirect” residents and prevent unwanted behaviors.
<http://www.activitytherapy.com/alzh.htm>



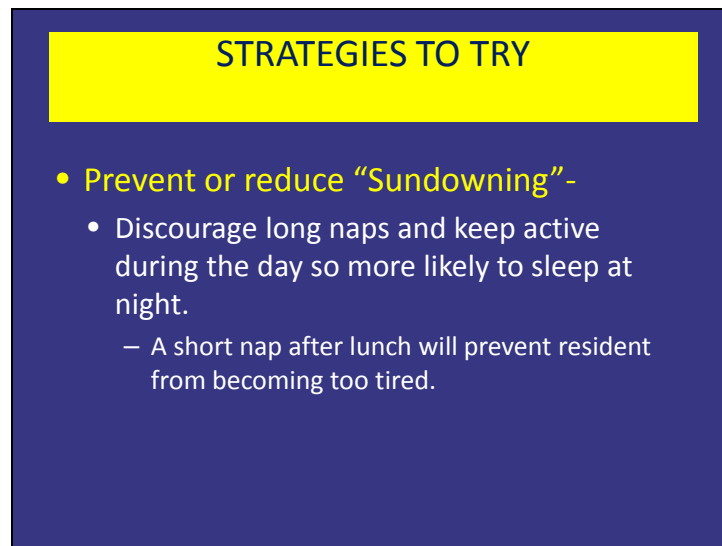
“Sundowning”

Individuals with dementia may wander at any time of the day, but for many the evening and night are times when such behaviors are likely to be worse. Toward evening, some residents become more agitated, confused and exhibit wandering behavior. This is often referred to as “sundowning”. We don’t know for certain what causes sundowning, but it may be triggered by low light or some biological changes in the person. Things that appear to make the condition worse are tiredness at the end of a long day, confusion or fear caused by shadows and dim light, or too much or too little stimulation. Not being able to see or hear well also seems to aggravate the condition.

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.

This and the following slide highlight some strategies that may reduce the likelihood of sundowning behaviors.



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.

Long naps are likely to interfere with nighttime sleep. It may, however, be helpful to allow a short nap (45 minutes to 1 hour) after lunch to prevent the resident from becoming too tired. Tiredness can also trigger undesirable behaviors.

Structured activities may divert the resident from wandering. Make certain the activities are within the individual's abilities.

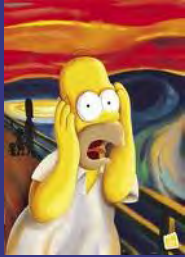
Strategies to Try

- Prevent or reduce “Sundowning”-
 - Provide structured activities at times resident typically starts to wander.
 - Reduce noise in the evening (loud activities, TVs, etc.)- try playing soft music and adjusting lighting to reduce shadows.

Loud noises, TVs, and other very stimulating activities can result in escalation of agitated behaviors in the evening. On the other hand, soft and slow music has been shown to have a calming effect on persons with dementia. We will discuss this more later.

Strategies to try

- Use **VALIDATION** and **REDIRECTION** with the anxious and increasingly agitated individual.



Validation and redirection are useful strategies with most of the behavioral symptoms of dementia.

Validation- Validation requires that you listen to what the resident is saying and respond in a way that indicates you are in tune with the time and place that is real to the person at that moment. Be with them wherever they are. Sometimes people are trying to do a task they did in the past– “go home”, “go to work”, “pick up their children at school”, etc. Whatever activity they are trying to accomplish, calmly reassure them and allow them to talk about the activity while slowly redirecting them to another subject. **DO NOT ARGUE WITH THEM OR DENY THEIR NEED TO ACCOMPLISH THE TASK.**

Ask them to tell you about whatever they are concerned about. Be with them where they are– in the past. For example, you might say,

“I know you want to go home, but it is late now and we have a nice room for you for the night. Would you like to walk with me to see it?”

“Today is a holiday and you don’t have to go to work. Tell me what kind of work you do.”

Gradually you can turn their attention to other things. Telling them they no longer work or pick up their children, or whatever they are attempting will not be helpful. Entering the world of the resident in this way promotes feelings of safety and dignity.

Divert and redirect- With diversion, you are attempting to distract the resident from their behavior. With redirection, you are attempting to replace an anxious or discomforting behavior or concern with another action. For instance, if a resident is trying to get out a door to leave, you might ask her if she would like to go for a walk or have a snack. The attention span in people with dementia is very short, so they are likely to forget quickly what they were doing and/or were upset about.



Visiting
Rummaging
Hoarding

“Visiting” others rooms may occur as part of wandering behavior.

Some individuals with dementia tend to be “looking for something” at times. This means they will search through drawers, closets, etc. Sometimes the rummaging occurs in other people’s rooms and causes problems.

Hoarding is an interesting behavior that may be a lifelong pattern or may be a result of the dementia. Hoarding is the collection and stashing of items. These items may be clothes, other people’s possessions, food, or possibly medication that wasn’t swallowed.

Strategies to Try

- Visiting other's rooms

– Place pictures or a familiar items outside rooms to help residents find rooms they are looking for.



Individuals who wander sometimes enter the rooms of others. They may be looking for their own room or wishing to interact with others. Sometimes this leads to confrontations with other residents who feel this is an invasion of their privacy. Families of residents may also be concerned. If an individual is infringing on the lives/privacy of others, try the strategies suggested.

Strategies to Try

- **Visiting other's rooms** (continued)
 - Monitor individuals to keep them out of other's rooms.
 - Validate any concerns they express, distract them from their current behavior and redirect them, if necessary.
 - Interest them in another activity
 - Give them easy tasks

It is important to keep wanderers in sight and out of other's rooms if they are not invited. Attempt to find out if they are looking for their room, the dining room, or whatever. If the wandering appears to be aimless, try to interest them in another activity. Let them "help" you with simple tasks.

Strategies to Try

- **Rummaging and Hoarding**
 - Provide a safe rummaging room or area.
 - Keep valuable items away from individuals who tend to rummage.
 - Check resident's room (when resident is not present) for hoarded items.
 - Always check wastebaskets before emptying them.

Possible solutions include:

- Try to find out what they may be looking for. Often they won't be able to tell you, but it is worth a try.
- Providing a rummaging room or area and directing the person to that area may work.
- Always keep valuables (eye glasses, hearing aids, jewelry, money, etc.) out of reach of rummagers.
- Monitor individuals who rummage closely and calmly redirect them to another area when they enter other's rooms.
- Periodically check the rooms of individuals who are known to rummage and hoard items. This is necessary when someone's items are missing, but it is also important to the health and safety of the individual. Occasionally food is hoarded and spoils. If individuals have not been monitored carefully when taking medications, they may spit out and hide their pills. We cannot always identify what needs are driving rummaging and hoarding, but individuals with dementia must be protected from adverse consequences of their behaviors.



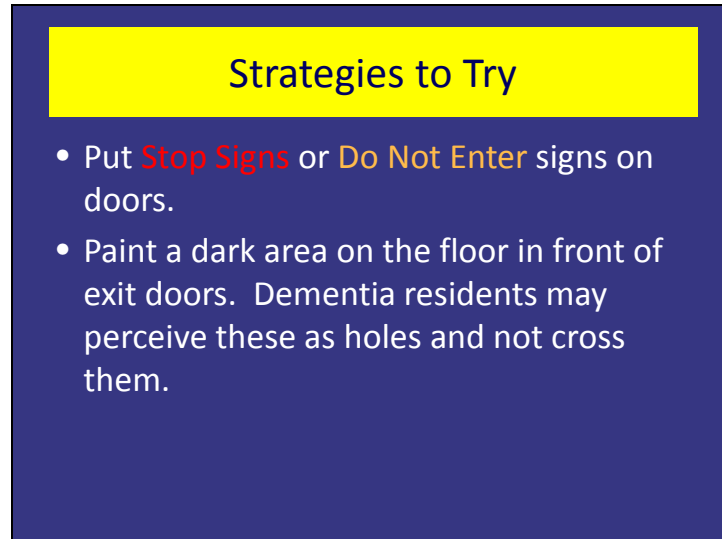
Wandering activities in some residents is clearly aimed at getting out of the building. These are the possible elopers and they pose special challenges for staff, even on locked units.

Strategies to Ensure Safety

- **Make certain--**
 - All safety devices are working,
 - Visitors and staff know not to allow residents to exit doors with them,
 - Residents are wearing identifying apparel or bracelet and possibly a tracking device.
 - Register residents with MedicAlert and the **Safe Return Program** through the local Alzheimer's Association Chapter.

Safety devices may include– alarms on doors, programmed door locks, window locks, alarms attached to resident. It is important that visitors and staff are alert to residents attempting to exit the unit when they open a door. Inform visitors not to let others exit with them unless they are certain the individual is **not** a resident.

The *MedicAlert* and *Safe Return Programs* provide a bracelet or necklace. The jewelry has contact information on it that links a caller to the Safe Return Program switchboard, which in turn links the caller to the local provider or family.



Strategies to Try

- Put **Stop Signs** or **Do Not Enter** signs on doors.
- Paint a dark area on the floor in front of exit doors. Dementia residents may perceive these as holes and not cross them.

If individuals are still able to read signs or understand symbols, attaching warning signs to doors may help.

Dark tiles or paint in front of exit doors may also deter individuals with dementia from exiting the door. Given the visual/spatial problems that may accompany dementia, the individual may perceive the darkened area as a hole and not cross it.

Disguising doors with paint, wallpaper or a mural may also help, but if people are continually seen going in and out the door, a disguise may not work.

Read More

Wisconsin 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

Dept. of Veterans Affairs (2009). VHA NCPS Escape and Elopement Management.

<http://www.patientsafety.gov/CogAids/EscapeElope/index.html#page=page-1>

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.

All facilities need to have a written and practiced plan in place in the case that a resident elopes. Time is critical and quick, coordinated action may be the difference between life and death of a resident.

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.).

Nursing Home DSDs - review your organizational protocols on elopement with participants at this time.

Slide 35

SECTION 2

Verbal Behaviors

Slide 36



Slide 37



The inability to remember what was just done or said contributes to some repetitive behaviors. Often the person is attempting to interact socially, but cannot follow or remember what is said. Other times repeated behaviors or verbal statements may be the result of being bored. When residents do not have enough activities to occupy their time, they are more likely to engage in repetitive behaviors.

Pain and anxiety can also result in people engaging in repeated verbal and physical behaviors. In these cases, agitation may also be present.

Slide 38

Triggers may be internal needs/feelings-


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

As was discussed in Module 2, behaviors associated with dementia can be triggered by physical or emotional conditions in the individual. These are some common triggers for verbal behaviors.

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.**



The environment can also play a significant role in triggering or calming behavioral symptoms of dementia. This slide suggests some of the environmental triggers to observe for when a resident is displaying behavioral symptoms.

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



Video

If you have an Internet connection, you may want to show Video 1 (Resource Section) on diversion. This video 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

Validate what the person is saying by acknowledging the feeling behind the verbalization. **Be with the person where they are.** Remember, if they are stating they need to go to work, do not argue with them. Ask them about their work and what they like most about it. You can also create a therapeutic fib and tell them it is a holiday and they don't have to work that day. **Do not** tell them they no longer work. They are living in the past and that is what is real to them. By slowly changing the subject of going to work, you can divert the person's attention and redirect their attention to other activities.



Video

Video 2 (Resource Section) titled "This is Alzheimer's" illustrates the repetitive verbalizations displayed by a person with Alzheimer's Disease. It shows verbal behaviors that are more resistant to intervention and can be used as a discussion tool.

http://www.youtube.com/watch?v=yh922upAvgQ&feature=mfu_in_order&list=UL

Ask participants--

- (1) Describe what things you might try to calm the man in the video?
- (2) What do you notice that may be making the behavior worse?

Slide 41

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

When people are ignored or do not have much interaction with others, they often do things to attract the attention of others. For persons with dementia, sometimes the only attention they get from other people is when they “act out”.

Slide 42

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

Always be aware of how your actions may influence the actions of others. Look for patterns in your behavior that may create difficulties with resident behavior or reinforce undesirable behaviors.

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.

If a resident develops a pattern of behavior for which a current cause or trigger cannot be identified, consider that the behavior may have been reinforced by staff. If a resident only gets attention when displaying an undesirable behavior, he or she is likely to display that behavior more frequently. Interact with and praise a resident when they are displaying positive behaviors. Provide them opportunities for positive interactions.

Section 3

Aggressive behaviors

Aggressive behaviors may be verbal or physical.



Post two flip chart sheets with the following titles-

(1) Aggressive Verbal Behaviors


(2) Aggressive Physical Behaviors

Ask participants to break into pairs and write down aggressive verbal and physical types of behaviors that they encounter when caring for residents with dementia (5 minutes). Ask each pair to report the behaviors they identified. Write their responses on the flip chart. Do not repeat responses already identified.

Slide 45

Verbal Aggression

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



Verbal aggression can be disturbing to staff and other residents and may escalate into physical aggression. Remember, the individual with dementia is not able to control this behavior without assistance.

Slide 46

Physical Aggression



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

Physically aggressive behavior can pose dangers for other residents, the staff, and the resident himself or herself. It is best to intervene before the resident becomes physically aggressive.

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 personally.

Remember, individuals with dementia often have little control over their behavior. The area of the brain that helps us control our behavior can be damaged as dementia progresses. Never take the behavior personally.

Causes and Triggers

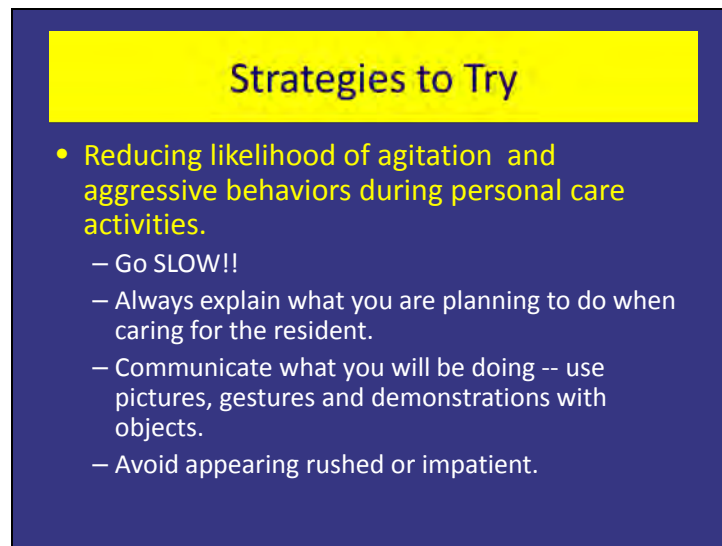
- Typical triggers are frustration/fear, confusion, and pain/discomfort.
- Watch for escalation.
- Must consider your safety and that of the resident.

Preventing behaviors from escalating and becoming aggressive requires a calm, reassuring approach. It is important to quickly assess the cause of the behavior. If a resident displays physical aggression, it is important to protect them, other residents and yourself.

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.**

It is important to try to prevent physical aggression in residents. This requires identifying and eliminating triggers whenever possible.

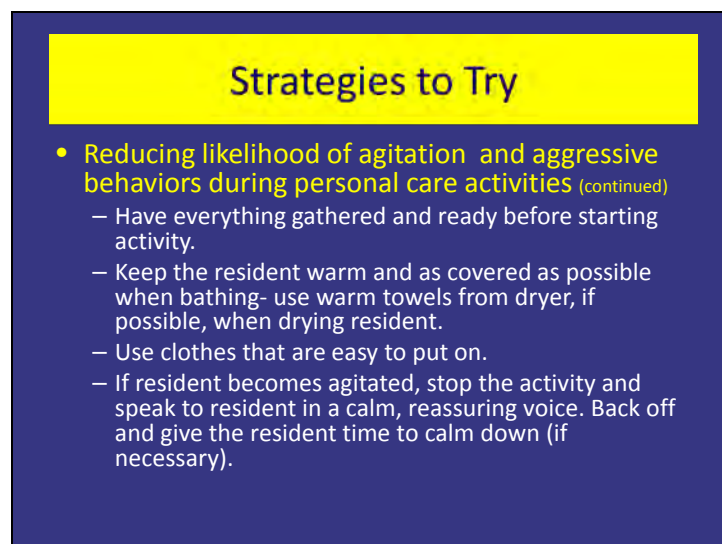


Slide 50 features a dark blue background with a yellow header box at the top containing the text "Strategies to Try". Below the header, there is a bulleted list of strategies for reducing agitation and aggressive behaviors during personal care activities.

- 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.

There are activities that often trigger outbursts and physical behavior in dementia residents. Personal care is one of those activities. This slide and the next indicate some strategies to reduce the likelihood of triggering behavioral problems.

A major thing to remember is to consciously move and speak more slowly. Know the history of the resident (i.e. weakness on either side, anger, pain, abuse, etc.). Keep your voice low, but within a range the person can hear. Remember, it takes the older adult more time to comprehend and respond to what you are saying and in residents with dementia, this problem is compounded.



Slide 51 features a dark blue background with a yellow header box at the top containing the text "Strategies to Try". Below the header, there is a bulleted list of strategies for reducing agitation and aggressive behaviors during personal care activities, continuing from the previous slide.

- 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 warm towels from dryer, if possible, when drying resident.
 - 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).

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”.

These are actions we have discussed under other behaviors. The main thing to remember is to call the person by their name. As discussed in the introductory slides, using endearing terms may increase negative behavior. Older people, in general, view these terms as irritating, disrespectful, or patronizing, particularly if coming from a younger person.

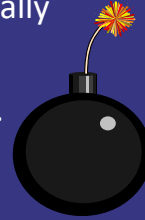


Ask a participant to volunteer to be the resident. Have this volunteer act out the role of an agitated resident. S/he may want to act out the behavior of a resident they know and care for. Ask for another volunteer to be the direct care staff person who cares for the resident and to demonstrate some of the strategies talked about in this and the previous slides. Encourage others to make suggestions on how the provider should respond.

(Note that each participant has a responsibility to make constructive suggestions and help other staff when they are having difficulty managing a particular behavior on their unit/neighborhood.)

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.



Read More

Alzheimer's Association (2010). Dealing with aggressive behavior.

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=96

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.



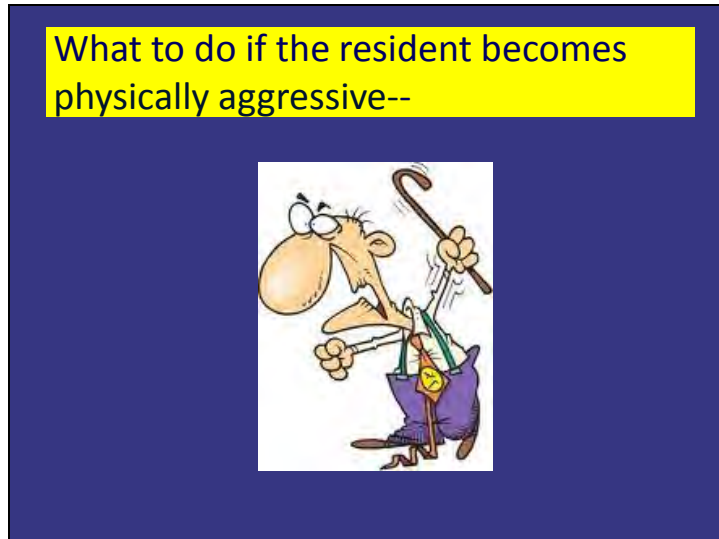
Video

Video 3 (Resource Section) called “Choice and Challenge: Caring for Aggressive Adults Across Levels of Care” is available through the American Psychiatric Nurses Association. It can also be found on YouTube at the URL shown below. If you have an Internet connection, show each vignette and stop the video. <http://www.youtube.com/watch?v=egAWtMPi8HA>



Ask Participants-

- *How might the particular behaviors have been avoided?*
- *What could be done differently?*



Occasionally, residents may become physically aggressive before you have time to calm them or get out of the way. It is important to know some basic strategies to reduce the likelihood that you or the resident will be injured.



Video

Video 4 (Resource Section) "Safe Self Defense Techniques" is available on YouTube. It shows some basic moves that can protect the worker and the resident if the resident is physically aggressive-
<http://www.youtube.com/watch?v=HtP79JZT5mc&feature=related>



If you are able to show the video, have the participants break into groups of four. Have two people in each group demonstrate the strategies shown in the video and the other two observe and critique their moves. Have the pairs switch roles and repeat the role play. Replay the video, if necessary, until participants are sure of how to do each move.

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

- Pet therapy
- Integrate memories through art.




Well trained, calm animals can have an amazing affect on behavioral symptoms in persons with dementia. They provide warmth and touch that many residents need. It is not uncommon for even the most withdrawn resident to respond to an animal. Pets can also calm upset and agitated residents.

You can also integrate memories in the Making Art Program by contacting your local Alzheimer's Association Chapter.

Strategies to Try with Residents
Displaying Verbal or Physical Behaviors

- Music



Music can often calm the most agitated person and get a response from the person who is unresponsive. Different types of music can accomplish different goals. Remember that individual preferences in music are also important in how the person responds. Music played over various devices may not be as effective as actually having persons play music or sing to residents while interacting with them.

Videos 5 & 6 (Resource Section) show the response of people with advanced dementia to music.

<http://www.youtube.com/watch?v=wAyrmqpc5xQ>

<http://www.youtube.com/watch?v=ne2YWGQ2rAA>

Play some samples of different types of music and ask participants how each type of music might be used with residents displaying different behavioral symptoms.

Instructor- *If you have a trained music therapists available, it might be helpful to have them give staff some basic lessons on the use of music in different situations.*

Slide 58

Section 4

Inappropriate Behaviors

Slide 59

- ### What is inappropriate behavior?
- Sexually explicit language
 - Inappropriate touching of another person
 - Disrobing in public
 - Handling genitals or masturbating in public
 - Getting in bed with another resident (uninvited)

Inappropriate behavior takes many forms, but behavior that is most difficult for family and caregivers is usually behavior with sexual overtones. Verbal behaviors may include the use of sexual expletives; making sexually explicit comments to staff, residents, or others; or making statements that can be interpreted as sexual in nature.

Physical behaviors may be directed at others or themselves. They may include touching the genital area or masturbating in public, touching another person in areas considered “private” or any touch that is unwelcome, or getting into bed (uninvited) with another person. Attempts at sexual intercourse are not common, but may occur.

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

It must be remembered that these behaviors are rarely intentional on the part of the individual with dementia and are the result of damage to the area of the brain that controls our inhibitions. Rarely do these behaviors lead to actual sexual assaults, but they can be highly embarrassing to other residents, staff, and visitors.

It is important, however, to know if the individual has a past history of being a sexual predator or sexually aggressive. In these situations, the behaviors may still be harmless, but need to be monitored carefully. If the resident appears to be a danger to others, the behaviors will need to be managed with medication and/or movement to a unit or facility where the individual can be closely monitored. Uninvited and unwanted direct physical contact with another person that has sexual overtones should be reported immediately to the nurse in charge and the resident's primary care provider.

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.

These behaviors often have causes not associated with sexual intentions. Disrobing may indicate they are hot or the clothing is uncomfortable. Touching the genital area may indicate there is itching or pain --- or they may have been baseball pitchers or RAP stars during their younger years (-: (optional). Always be aware of and check for underlying causes.

Getting in bed with another resident (uninvited) is usually done for human contact and companionship. Remember many of your residents slept with another person for much of their lives. Rarely is there an attempt to have sexual intercourse, but the possibility exists. There will be a later slide addressing this further.



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.

Urinating in public often results from the individual not being able to distinguish other objects from a toilet. In the case of people (particularly men) who worked outside most of their lives, it may have been a common practice to urinate in places outside of a bathroom. Usually this behavior can be reduced with more frequent toileting and close observation.

Fondling and masturbating may be an indication of sexual needs. People with dementia may still have an interest in sex. Occasionally certain medications can heighten this need. Taking the person to their room and allowing privacy is one solution. If the problem becomes difficult to manage, there are medications that can lower sexual drive.

Some residents with dementia maintain an interest and capacity for sexual intercourse. Married couples should be given the privacy to maintain intimate relations if both consent. In residents who are not married or may have forgotten that they are married and develop a relationship with another resident, issues of sexual behavior become more complicated. It is important to know the policies in your organization.

Ask participants—“What are the policies in this nursing home around permitting intimate relationships among married couples? Among residents who are not married to each other? What are your responsibilities in supporting these policies?”

INSTRUCTORS- If participants are unclear on the policies, take the time to review the policies and discuss with them their roles in supporting them.

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.

Working with a resident who attempts to inappropriately touch you is difficult, but should be handled with a professional demeanor. Do not scold or berate the resident. Try to figure out what triggered the behavior. Calmly and firmly tell the resident that the behavior is not appropriate and move away. If it consistently occurs when you are doing personal care, have someone else assigned to that care. The gender of the person assigned may need to take into consideration the resident's sexual preferences.

Diverting and redirecting the resident to other activities may reduce unwanted behaviors. These behaviors may indicate a need for reassurance from human touch. It may help to give these residents appropriate physical contact when they are not displaying the unwanted behavior. Holding a hand, a hug of the shoulders, or gently rubbing their back may give reassurance without eliciting an unwanted response. Remember, these behaviors are often not intended as sexual by the person with dementia.

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.

There is a need to have agreement among staff on what constitutes inappropriate touch so that behaviors will be addressed in a consistent fashion. Unless it is distressing to the spouse or other family members of a resident, holding hands or kissing between residents is often overlooked, if it is enjoyed by both participants. Remember, the person with dementia is likely to no longer remember he or she is married.

Behavior that goes beyond the bounds of acceptable, needs to be addressed immediately and firmly. Any touch that is not consented to by the other resident is inappropriate. Do not berate residents displaying an inappropriate behavior. Calmly and firmly remind them of the boundaries and direct their attention to other, more appropriate, activities.

Slide 65

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

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.

These are some general rules that should be followed at all times to reduce the likelihood of behavioral symptoms among residents.

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.

Your Responsibilities in Documentation of Behavioral Symptoms of Dementia

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

The importance of written documentation cannot be overstressed. Communication among staff about problems residents may be having and what they have found that helps is critical to good care. You are the eyes and ears of the facility. You know the residents and are the first to recognize when a resident is behaving differently. It is important that you report changes to the nurse and communicate your observations to other aides who care for the resident. The best way to do this is in writing, so that this information will be available well into the future when a behavior may recur and you are no longer working with the resident. Remember to always indicate what interventions worked to reduce or stop the behavior as well as interventions that did not work, particularly if they intensified the behavior. The next caregivers should not have to start from scratch in figuring out what is wrong and how to help the resident.

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.

Slide 70

QUESTIONS??



Wrap Up:

Thank the participants for attending the session and remind them of the Resource Section in the front of their manuals if they wish to learn more about behaviors associated with Dementia. Remind them to complete and hand in their Post-Knowledge Assessments, if they were given.

HANDOUTS

Module 3

QUESTIONS THAT SHOULD BE ASKED ABOUT A WANDERING RESIDENT

1. **WHEN DID THE WANDERING BEGIN?** Has the resident experienced a recent event (move, hospitalization, etc.) that closely preceded the wandering? If this is the case, the resident may be confused and disoriented. If it's a slow incremental increase in wandering, i.e., over weeks or months, then that's most likely secondary to the dementia.
2. **WHEN DOES THE WANDERING OCCUR?** If a resident wanders in the p.m. or early evening, this may be "sundowning". If they are wandering first thing in the morning or near mealtimes, they may be hungry. If they are getting up in the middle of the night and wandering, they may need to go to the toilet.
3. **WHAT IS THE NATURE OF THE WANDERING?** Does the resident wander in a pattern that brings him or her back to the same spot (orbiter)? Does the resident appear to be looking for a possession (rummager)? Does the resident closely follow staff or other residents (shadow-or)? Does the resident appear to be looking for a way out of the facility (exit-or), Does the resident tend to enter other resident's rooms (visitor)?
4. **HOW LONG HAS THE RESIDENT BEEN IN THE FACILITY?** Residents become used to the routine of a facility after several months. If they are new arrivals, wandering may be a mixture of disorientation and changes of behaviors. Residents do remember old habits.
5. **WHAT DOES THE RESIDENT DO ON AN AVERAGE DAY?** Does the resident have large amounts of idle time? Can you interest the resident in activities? Is the resident capable of participating in the activities that are offered?
6. **WHAT WAS THE RESIDENT'S AVERAGE DAY LIKE BEFORE HE OR SHE CAME INTO YOUR FACILITY?** Did the resident get a lot of exercise? Did they do a lot of walking or other activities that consumed time?
7. **DID YOU CONSIDER POSSIBLE TRIGGERS FOR THE WANDERING?**
Examples: Pain, fear, hunger, need to urinate or defecate, boredom, noisy or chaotic environment.
8. **DID YOU CONSIDER RECREATIONAL ACTIVITIES?** Boredom and social isolation can be reduced with structured activities that fatigue residents and consume their time.
9. **HOW MUCH DISRUPTION IS THERE IN THE ENVIRONMENT AND WHEN DID THIS DISTURBANCE BEGIN?** A very stimulating environment, such as a screaming roommate or a television blaring, may agitate an otherwise calm resident.
10. **WHAT IS THE STAFFING SITUATION AND HAS THE RESIDENT'S CNA OR CAREGIVER BEEN CHANGED?** Poorly trained or inexperienced staff may stress or agitate residents through poor resident management that increases wandering.

Adapted from: MANAGING BEHAVIORAL SYMPTOMS OF RESIDENTS WITH DEMENTIA IN THE LONG-TERM CARE SETTING, Dementia Education & Training Program

WEBSITES WITH HELPFUL HANDOUTS

Alternative Solutions in Long-term Care provides lists of activities appropriate for people at various stages of dementia. Have some copies of these available for participants to use as you talk about ways to “redirect” residents and prevent unwanted behaviors.

<http://www.activitytherapy.com/alzh.htm>

Managing Behavioral Symptoms Of Residents With Dementia In Long-Term Care Facilities, Dementia Training Program. This document provides numerous handouts describing the behaviors of dementia and strategies for managing the behaviors.

<http://www.alzbrain.org/pdf/handouts/2009.%20behavior%20book.pdf>

Conedera, F. & Mitchell, L. (2007). ***Therapeutic Activity Kits. Try This: Dementia Series.***

http://consultgerirn.org/uploads/File/trythis/try_this_d4.pdf