

# Nonpharmacological Interventions for Dementia Care

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# Disclosures

None

# Objectives



Understand key ingredients to successful nonpharmacological interventions



Review key categories of nonpharmacological interventions



Review stages of dementia and successful interventions matched to the stage

# Key Ingredients

# Interventions should be Person-Centered



- To be successful, nonpharmacological interventions must be person-centered and individualized
- Know your resident's:
  - Life story
  - Likes and dislikes
  - Strengths and limitations
  - Preferences
  - Sociocultural characteristics
  - Etc.
- \*\* See Video 3 in this series on how to conduct person-centered assessments and root-cause analyses for challenging reactions

# Have Realistic Expectations

- It is not helpful to “expect” the resident to simply change or stop the disruptive behavior on his/her own
- Asking the patient to attempt tasks beyond his or her cognitive, emotional processing, or coping capabilities will likely increase frustration and behavioral disturbances
- Asking a patient with dementia “don’t you remember...[e.g., “your family was just here”] can cause increased distress and challenging behaviors



## Consider “Your” Behavior: Positive Staff Response

- Patient
- Respectful
- Calm
- Caring
- Friendly
- Consistent
- Flexible
- Conscientious
- Empathic
- Genuine
- Honest
- Non-judgmental
- Non-authoritative



## Consider “Your” Behavior

- Be aware of non-verbal as well as verbal behaviors
  - Facial expression
  - Body language
  - Tone of Voice
  - What you say
  - Approach from the front





# Considerations During Covid

1

Consider wearing  
clear face masks

2

Consider wearing  
your laminated  
picture on a lanyard

3

Explain who you and  
the purpose of your  
activities **EVERY  
TIME**

# Nonpharmacological Interventions

# Actively Listen



## How does a resident know you are listening?

- Address resident by name
- Introduce yourself
- Use eye contact
- Use a gentle touch (e.g., “hand over hand”)
- Get down to the patient’s level
- Allow the resident time to respond

## How does a resident know you understood their concern?

- Summarize what they told you
- Say: “Let me make sure I heard this correctly..”
- Validate concerns

# Provide Comfort & Reassurance

Invite the resident to talk about what is going on (“Can you tell me what is bothering you?”)

Let the resident know you care and understand

Provide reassurance and remind the resident he/she is in a comfortable and safe place





# Offer Choices

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Offering choices increases sense of control

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Offer 2-3 for residents with dementia to prevent feeling overwhelmed/confused



# Redirect

**After you have lessened and offered comfort measures:**

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- Change the subject (if appropriate)
- Distract and redirect the resident and involve him or her in a pleasant event
- Consider tools in the immediate environment (a picture, flower, stuffed animal)

# Use Positive Reinforcement

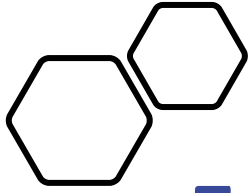


Reinforce positive behaviors:

- Being patient
- Engaging appropriately
- with others



Do not wait for “difficult” behaviors to occur to give your attention to the patient



## Engage in Pleasant Activities

Engaging in person-centered pleasant activities has been shown to prevent challenging behaviors as well as be an intervention to de-escalate, redirect, and reduce a challenging reaction.

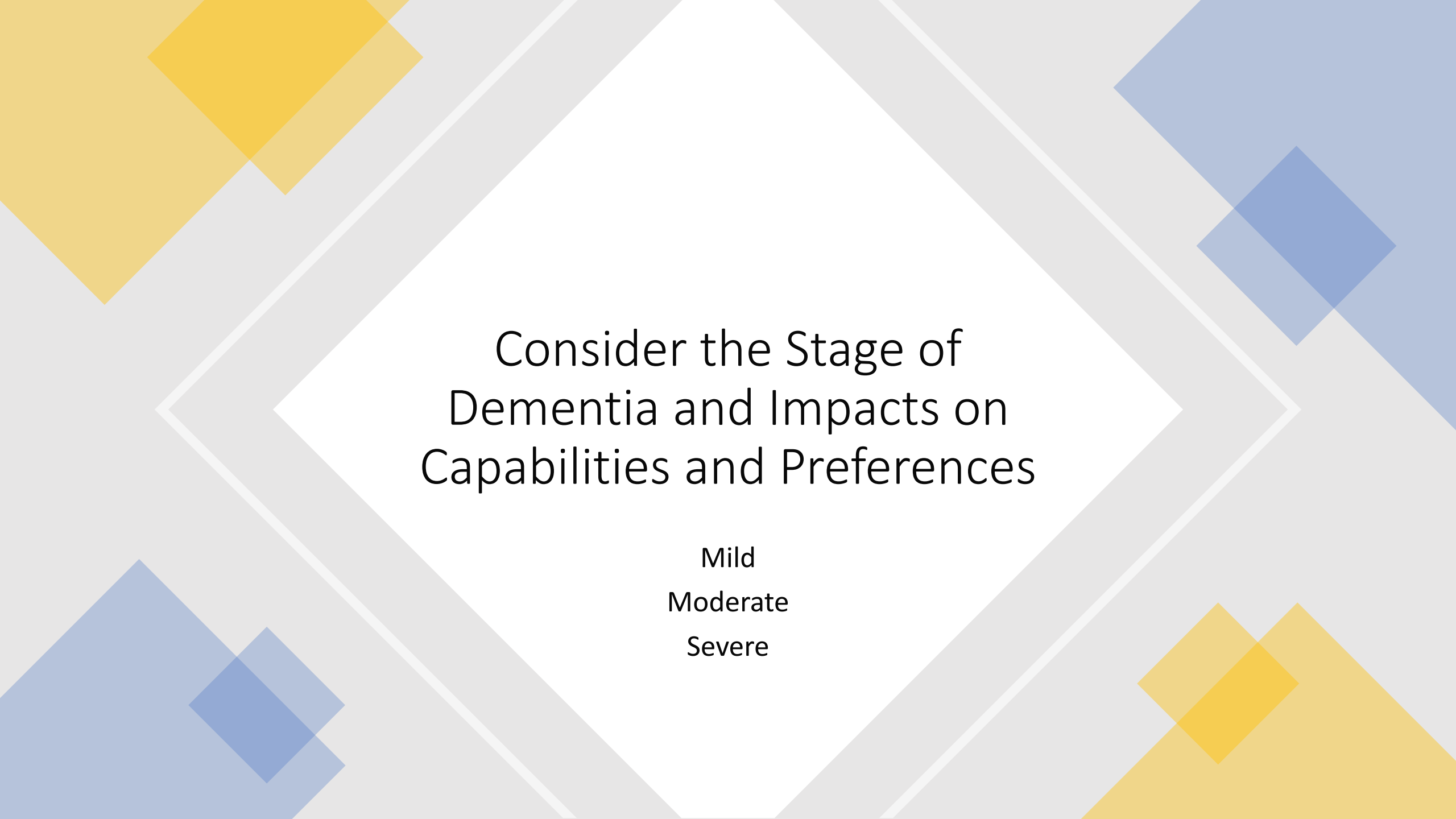




# Simple Person- Centered Pleasant Events

- Having coffee, tea, hot chocolate
- Having a snack
- Listening to music
- Watching television/movies
- Doing crossword, jigsaw, word games puzzles, etc.
- Reading or listening to books on tape
- Reading the newspaper or magazines
- Looking at pictures
- Having a conversation, reminiscing
- Drawing, coloring, doing artwork/creative projects
- Assisted walks outdoors
- Hand massage with lavender cream





# Consider the Stage of Dementia and Impacts on Capabilities and Preferences

Mild  
Moderate  
Severe

# Mild (Early Stage) Dementia

Symptoms vary but commonly include:

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Trouble finding words or names

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Remembering names when introduced to new people

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Trouble performing 'usual' or 'routine' tasks

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Forgetting material just read

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Losing or misplacing valuable objects – repeatedly

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Increased problems planning or organizing

# Simple Interventions for Mild Stage

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Reminisce, tell stories about photos.

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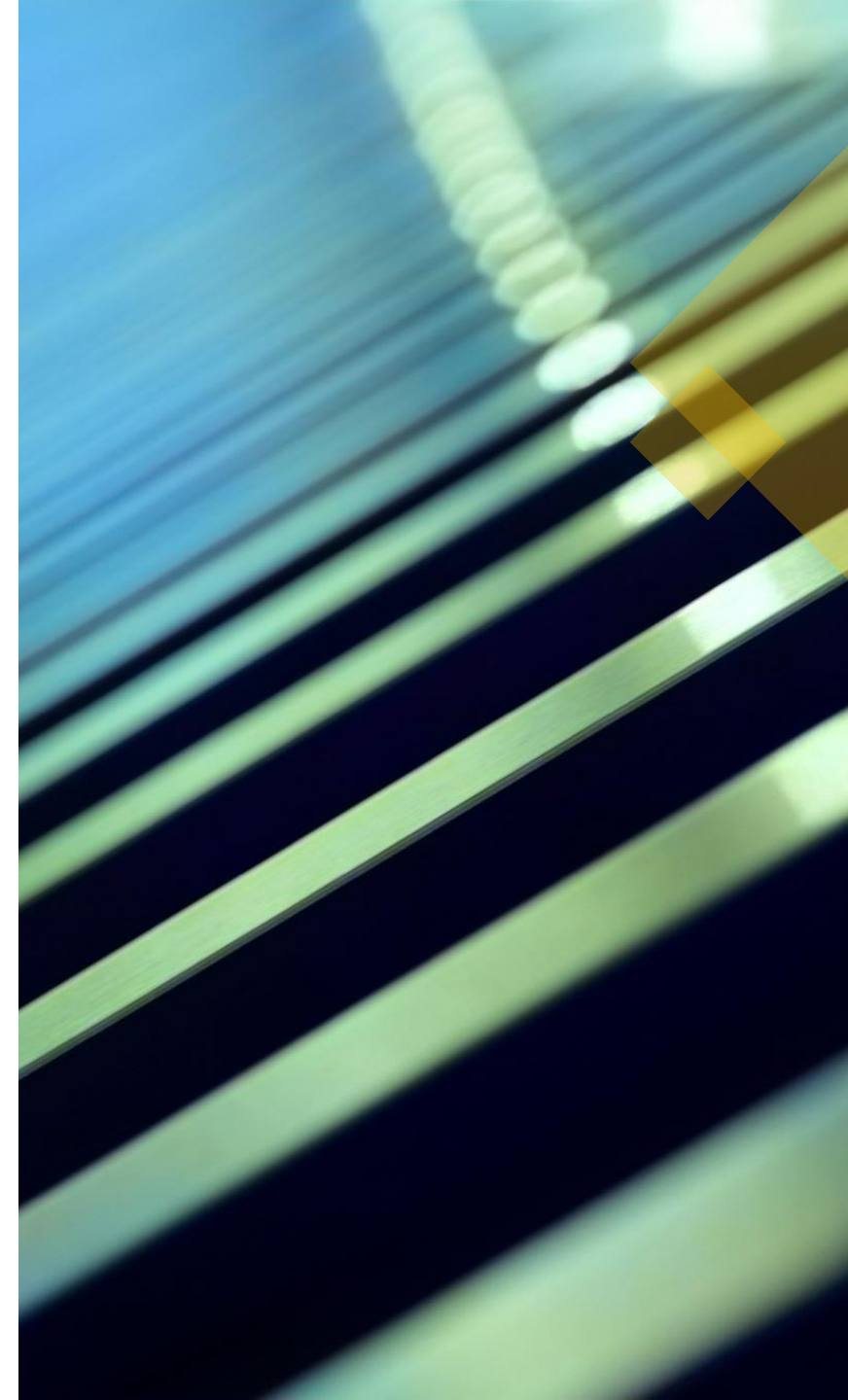
Make room comfortable with memory cues – large photos, photo collage, signs or labels on drawers or hygiene items

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Invite resident to activities and meals: “Come with me to...” or “Now it is time for...”

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Positive statements rather than questions: “It is time to freshen up for lunch” instead of “Do you have to use the bathroom”.



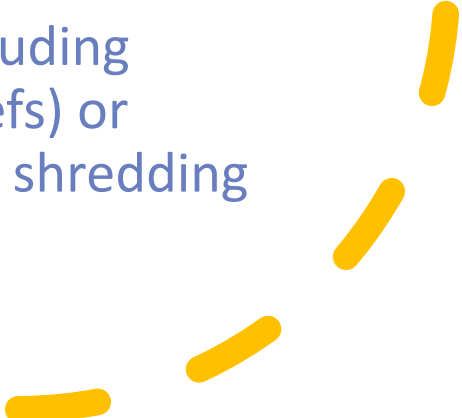
# Moderate (Middle Stage) Dementia

Typically, the longest state; often lasts many years

Symptoms are more pronounced, and often include:

- Confusing words
- Getting frustrated or easily angered
- Acting in unexpected or not typical ways- such as refusing to bathe or shower.
- Difficulty expressing thoughts or performing routine tasks without assistance or verbal reminders or cues.

## Symptoms, Cont.

- Forgetful of events or personal history
  - Feeling moody and withdrawn, especially in social or mentally challenging and new situations
  - Unable to recall basic personal information- phone number, high school or college attended
  - Confusion about day date or location
  - Needing help choosing clothing for the season or occasion
  - Trouble controlling bowels or bladder
  - Increased tendency to wander aimlessly and become lost
  - Personality and /or behavior changes, including suspiciousness, delusions (fixed false beliefs) or compulsive, repetitive behavior like tissue shredding
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# Interventions for Moderate Dementia

- Geriatric Fiblet may be useful: The term “geriatric fiblet” was coined at the 2000 World Alzheimer's Congress as “necessary white lies to redirect loved ones or discourage them from detrimental behavior.” This can be used instead of reality orientation.
- Distraction may be useful to interrupt behaviors or statements which cannot be accommodated such as leaving to pick up children after school. “Let’s go get some milk and cookies ready.”
- Showers can be replaced by washing up at the sink which is more ‘natural’ than a basin at the bedside. “Bathing without a Battle” training is key.

# Severe (End/Late) Stage Dementia

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Lose of ability to respond appropriately to environment

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Cannot carry on conversations

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Eventually unable to control movement such as swallowing or turning in bed

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May still speak a little but communication is more difficult and often reduced to one- or two- word responses or “Yes/No” answers without any reliability. (May say “No” to food but open mouth eagerly to accept it)

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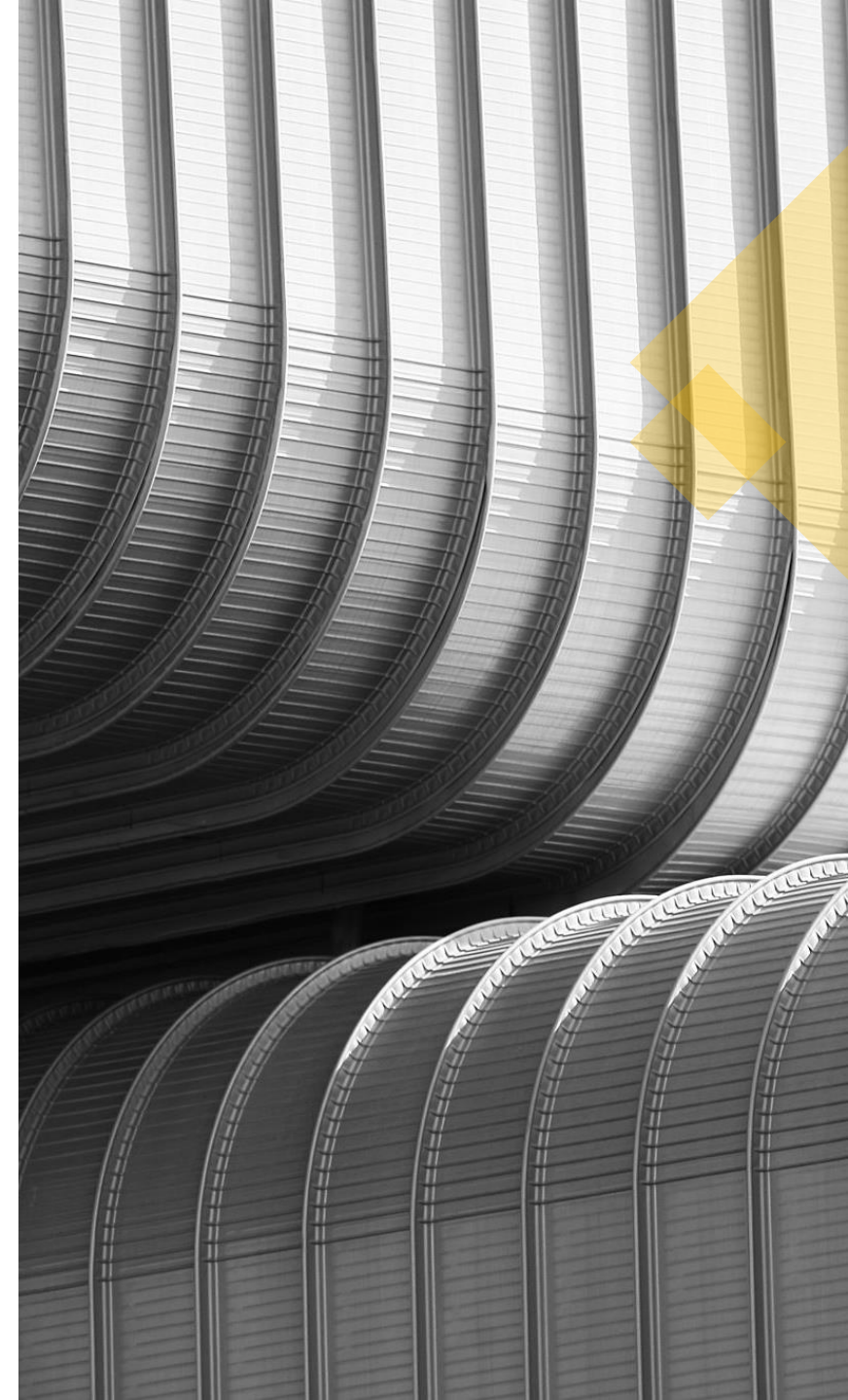
Significant personality changes

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Need increased personal care and supervision, typically 24/7 since sleep cycles are often interrupted or reversed.

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Increased vulnerability to infections, dehydration and nutrition deficits including weight loss.





# Late-Stage Interventions

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Clothing with velcro or snaps on back to prevent disrobing

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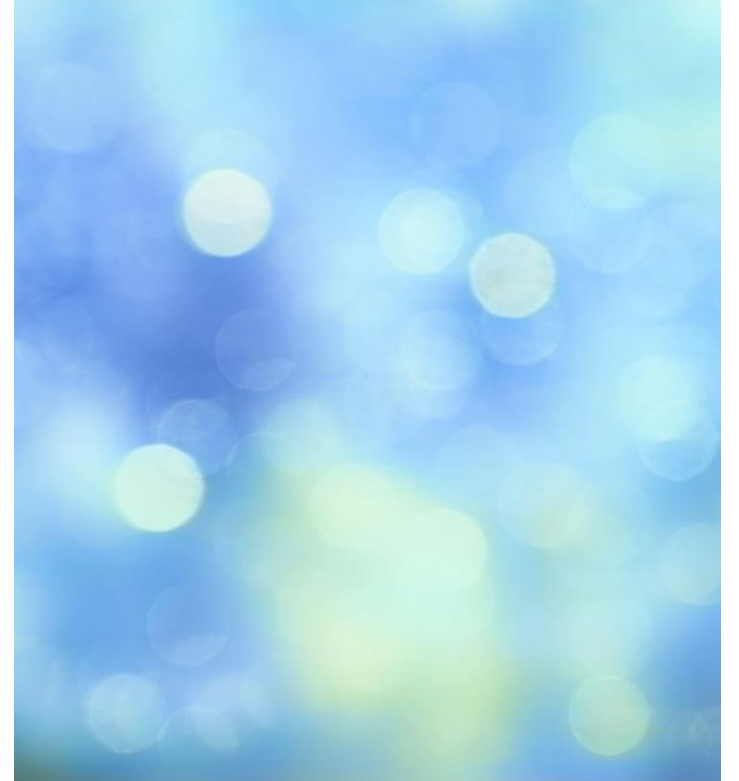
Films with soft music and animals or children or nature scenes. Eframes are very helpful and inexpensive. Photos of family, friends, pets or familiar places rotate with or without music through frame

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Avoid alarms and disembodied voices (recordings of family voices that come out of nowhere from alarms or videos are often more disconcerting than comforting)

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Videos of babies and toddlers or animals are often entertaining and useful for short amounts of time



# THANK YOU