

Common Behaviors, Possible Causes & Person-Centered Approaches

Common Behaviors/ Situations	Possible Causes	Person-Centered Approaches
Anger and Agitation	Doesn't understand what is being said or done to them Can't hear well or see clearly Fatigue Other illnesses/chronic diseases UTI/constipation Medications Believes something is lost Touch or invasion of personal space Fear of unwanted intimacy Emotional memories Cultural differences	<p>Use positive thinking See anger and agitation as a sign of unmet need instead of poor behavior. Try to determine what the resident is trying to express. Discover the real need when the resident expresses a desire to go to another place (e.g., home). Talk about that other place.</p> <p>Methods of easing/preventing the behavior Limit choices and give the person time to respond. Look around. Are there many people, high noise level, sudden movements, startling noises? Don't argue with the resident--validate instead. Check your approach. Are you hurried, anxious, using a loud voice? Use their life story to offer distractions. Try to perform the care in a setting that feels safe to the resident. Approach slowly, be calm, use positive body language and a pleasant tone of voice. Help the resident search for the "lost" item.</p>

<p>Exit-Seeking Behavior</p>	<p>Opportunity: an exit door is left open</p> <p>The resident doesn't understand why they can't leave</p> <p>Following staff or family member</p> <p>Resident is disoriented</p> <p>Acting out a regular routine such as going to work, picking children up from school</p> <p>Distress, searching for a lost item or memory</p>	<p>How staff can help prevent unaccompanied exits</p> <p>Leave through an exit that is not visible to residents.</p> <p>Keep coats, purses or other objects associated with leaving out of sight.</p> <p>Find out the reason for the behavior. Try to fill the need that is being expressed or adjust to the stressful situation.</p> <p>What to do when you discover a resident has left the facility</p> <p>Notify the person in charge and other appropriate people immediately.</p> <p>Contact authorities/law enforcement immediately (Silver Alert).</p> <p>When the resident is found, avoid scolding, punishing, or showing that you are upset.</p> <p>Reassure the resident that they are safe and resume normal routines.</p>
<p>Hallucinations</p> <p>Sees or hears things that no one else sees/hears</p> <p>Delusions</p> <p>Firmly held but false beliefs</p>	<p>Can't separate fact from fiction (paranoia)</p> <p>Progression of the disease</p> <p>Infection</p> <p>Altered sensory perception (poor eyesight and poor hearing)</p>	<p>Tell the doctor or Alzheimer's disease specialist about the hallucinations or delusions.</p> <p>Discuss with the doctor any illnesses the person with Alzheimer's has and medicines he or she is taking. Sometimes an illness or medicine may cause hallucinations or delusions.</p> <p>Try not to argue with the person about what he or she sees or hears. Comfort the person if he or she is afraid.</p> <p>Distract the person. Sometimes moving to another room or going outside for a walk helps.</p> <p>Turn off the TV when violent or upsetting programs are on. Someone with Alzheimer's may think these events are happening in the room.</p> <p>Make sure the person is safe and can't reach anything that could be used to hurt anyone or him or herself.</p>

<p>Inappropriate Sexual Behavior</p>	<p>Boredom – looking for meaningful activity</p> <p>Loneliness – looking for a connection with others</p> <p>Confusion – unable to see possible effect of behaviors</p> <p>May confuse the caregiver or another resident with a spouse or former partner</p> <p>Progression of the disease</p> <p>Loss of inhibitions (changes in the brain)</p> <p>Emotional memories</p>	<p>Responding to the behavior</p> <p>Don't scold or shame the resident. Often the resident misunderstands the situation. Try to stop the behavior without calling attention to it by providing a distraction or redirection.</p> <p>Understand that the resident's behavior is the result of the changes in the brain</p> <p>Keep in mind that your reactions can affect the resident's self-esteem.</p> <p>Report the behavior to the charge nurse or supervisor.</p> <p>Know that you have the right not to accept unwanted or uncomfortable actions by residents.</p> <p>Preventing the behavior</p> <p>If possible, avoid whatever triggered the behavior.</p> <p>If residents exhibit sexual responses to caregivers, change caregivers or wear clothing that clearly distinguishes you as a caregiver (scrubs, a stethoscope)</p>
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Mealtime	<p>Loss of ability to feel hunger</p> <p>Sense of smell or taste is limited/lost</p> <p>Sees dining partners as strangers</p> <p>Needs to use the bathroom</p> <p>Doesn't recognize eating utensils</p> <p>Noisy, crowded space</p> <p>Oral pain (mouth, gums, dentures)</p> <p>Food is unfamiliar</p> <p>Overwhelmed by choices or demands</p> <p>Fear of failure</p> <p>Excluded from preparing meals, cleaning up</p> <p>Stressed about paying for the meal</p>	<p>Address barriers to an enjoyable mealtime</p> <p>Check teeth, dentures, gums, and mouth for signs of discomfort.</p> <p>Are medications affecting appetite or taste?</p> <p>Seat the person comfortably -- move from wheelchair to dining room chair when possible.</p> <p>Know the resident's food preferences -- talk about the person's role in mealtime in the past.</p> <p>Introduce the resident to others at the table (use place cards with names to make the person feel welcome).</p> <p>Sincerely invite the person to dinner.</p> <p>Offer a drink or small snack to the resident while they wait to be served.</p> <p>Invite easily distracted or agitated residents last to the dining room.</p> <p>Encourage success and independence</p> <p>Avoid clutter on the table.</p> <p>Cue the resident by using verbal reminders/light touch to the arm.</p> <p>Offer one food at a time; serve the meal in courses to decrease confusion.</p> <p>Use modified plates, forks, spoons, etc. to promote independence.</p> <p>Tie an apron over clothing instead of a bib.</p> <p>Give the resident a task during clean-up time.</p> <p>Create a pleasant atmosphere</p> <p>Use tablecloths or placemats (solid colors, not confusing patterns).</p> <p>Play soft background music; turn off the TV.</p>
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<p>Paranoia</p> <p>Belief that others are mean, lying, unfair, or “out to get me;” may become suspicious, fearful, or jealous of people</p>	<p>Memory loss is worsening</p> <p>Forgets where they put something and believes that it’s stolen.</p> <p>Fails to recognize people’s roles (e.g., caregiver)</p> <p>Sees well-known people as strangers, out to harm them.</p> <p>Forgets recent directions; believes you are out to harm them.</p>	<p>Try not to react if the person blames you for something.</p> <p>Don’t argue with the person.</p> <p>Let the person know that he or she is safe.</p> <p>Use gentle touching or hugging to show you care.</p> <p>Explain to others that the person is acting this way because he or she has dementia.</p> <p>Search for things to distract the person; then talk about what you found. For example, talk about a photograph or keepsake.</p> <p>* Keep in mind that someone with dementia may have a good reason for acting a certain way. He or she may not be paranoid. There are people who take advantage of fragile and elderly people. Find out if someone is trying to abuse or steal from the person living with dementia.</p>
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<p>Physical and Verbal Aggression</p>	<p>Feels out of control Feels scared Feels frustrated, angry Has pain Emotional memories</p>	<p>Positive responses to aggression Stay calm and avoid angry body language, e.g., hands on hips, pointing fingers. Remember that individuals with dementia always have a reason behind their behavior. Respect personal space—don't get too close. Relocate other residents if safety is at issue. Acknowledge the anger; give time for cooling down. Re-approach later. The behavior isn't intentionally directed at you-don't take it personally. Never strike a resident back. If you need help, get it (no matter how busy everyone else seems).</p> <p>How can you develop a plan to prevent the behavior? Get input from everyone who cares for the person, including family members. Identify the problem. Who, what, where, when, why? Use the person's life history to try to identify the source of the behavior. What feelings are being expressed? Did you notice any triggers to the behavior? Were there any warning signs (agitation, rocking, tapping hard on a table, frowning)? Identify strategies that worked in the past or didn't work. Focus on the goal—it's all about the resident's comfort and security. It's not about meeting schedules or getting the job done.</p>
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<p>Resistance to Activities of Daily Living (ADLs)</p> <p>Dressing</p> <p>Toileting</p> <p>Incontinence care</p> <p>Oral hygiene</p> <p>Grooming</p>	<p>Lack of privacy, loss of dignity</p> <p>Frustration at loss of ability</p> <p>Doesn't recognize the caregiver or the object in your hand</p> <p>Doesn't understand what the caregiver is saying</p> <p>Doesn't understand the reason for the activity</p> <p>Has untreated pain with no way to express it</p> <p>Has a chronic disease that affects mobility, balance, ROM, etc.</p> <p>Fatigue/weakness</p> <p>Urinary Tract Infection (UTI)</p> <p>Emotional memories</p> <p>Cultural differences</p>	<p>Promote independence and self-sufficiency</p> <p>Focus on what the resident can do instead of what they can't do. Reduce resistance by involving the resident in ADLs as much as possible.</p> <p>Tap into the resident's rituals and lifelong habits through friends and family.</p> <p>Avoid "excess disability" factors. Make sure needed glasses or hearing aides are in place.</p> <p>Use approaches that minimize stress</p> <p>Approach the resident from the front and speak their name.</p> <p>One caregiver alone, when possible, is less confusing.</p> <p>Talk to the resident about topics that have meaning to them.</p> <p>Use short sentences and give one direction at a time.</p> <p>Use gestures and gentle guiding to cue a resident who doesn't understand.</p> <p>Make the setting more comfortable</p> <p>Ensure good lighting so the resident can clearly see clothing, shoes, toothbrush, etc. Poor lighting can also create shadows and inspire fear.</p> <p>Use contrasting colors to help residents pick out objects better. A white towel hung on a white wall may seem invisible.</p> <p>Keep things neat. Clutter contributes to confusion.</p> <p>Consider the noise level and make adjustments.</p> <p>Choose a small, private area to address modesty.</p>
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<p>Resistance to Bathing</p>	<p>Room is too cold Water is too cold or too hot Unfamiliar, impersonal surroundings Embarrassment/modesty Fear of the activity Pain associated with movement Emotional memories Cultural differences</p>	<p>Maintain privacy and dignity Undress the person in the bathing room; close the door/pull the curtain. Cover body parts unless being washed; consider a same-sex caregiver when possible.</p> <p>Adjust time and routine to suit the resident Is the resident used to a bath just before bed, upon rising in the morning? Can the bathing be rescheduled—does it have to happen now?</p> <p>Reassure and provide a pleasant environment/distraction Offer encouragement (You're doing great! You smell so good!) Be calm; encourage resident involvement when possible. Have one consistent caregiver provide baths; if two caregivers are needed, one washes while one reassures. If two caregivers are needed, talk to the resident, not each other. Offer a reason for bathing (company's coming). Turn on soft, familiar music; sing a song with the resident. Talk about the resident's family, history, or favorite activities. Keep the resident's hands busy holding a washcloth or sponge.</p>
<p>Sundowning Restlessness, confusion, behaviors that begin or worsen as daylight disappears</p>	<p>Overly tired Unmet needs such as hunger or thirst Depression Pain Boredom</p>	<p>Listen calmly to concerns and frustrations. Try to reassure the person that everything is OK and distract him or her from stressful or upsetting events. Reduce noise, clutter, or the number of people in the room. • Try to distract the person with a favorite snack, object, or activity. For example, offer a drink, suggest a simple task like folding towels, or turn on a familiar TV show (but not the news or other shows that might be upsetting).</p>

<p>Wandering</p> <p>Lapping; circling large areas</p> <p>Pacing-back-and-forth in a limited area</p> <p>Traveling; moving from one location to another with or without purpose</p>	<p>Changes in the brain</p> <p>Resident is stressed/anxious</p> <p>Acting out a regular routine such as checking on the children or doing the laundry</p> <p>Getting exercise</p> <p>Discomfort, pain</p> <p>The resident is lost, e.g., trying to find the bathroom</p> <p>The environment is unfamiliar</p> <p>Emotional memories</p>	<p>Assess the effect of the wandering</p> <p>Is the wandering soothing or helpful to the resident?</p> <p>What are the dangers or risks to the resident?</p> <p>Does the resident have the strength and coordination to walk safely?</p> <p>What is the impact on other residents (unwanted intrusion)?</p> <p>Consider the benefits of wandering</p> <p>Walking provides exercise.</p> <p>It provides purpose and self-worth.</p> <p>Wandering can soothe; fill a need.</p> <p>Ensure “safe” wandering</p> <p>Monitor the resident.</p> <p>Create a safe environment, e.g., clutter-free, well-lit, exits disguised.</p> <p>Ways to prevent unsafe wandering</p> <p>Distract the wanderer with other favorite activities, a snack or music.</p> <p>Plan walks, walk with the resident.</p> <p>Restrict fluids in the evening.</p> <p>Make sure the resident has gone to the bathroom before bed.</p> <p>If possible, limit naps during the day.</p> <p>Allow the resident to sleep in a chair or in day clothing.</p>
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Common Behaviors, Possible Causes, Person-Centered Approaches*

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* To be used in conjunction with the handout to determine and document the behavior, possible causes and person-centered approaches in specific situations.