Dealing with Dementia in ICFs/ID

Behavior Management
Part 3

Challenges

Alzheimer's can cause substantial changes in how someone acts. This can range from the embarrassing, such as inappropriate outbursts, to hallucinations, paranoia, and violent behavior.

Also, staff need to be increasingly vigilant for the person's safety as they lose their memory. Everyday tasks like eating, bathing, and dressing can become major challenges.

Managing Common Symptoms and Problems

Individuals may exhibit a wide variety of behavioral problems that can threaten their own or other people's safety, including wandering, aggressiveness, hallucinations, or sleeping and eating problems.

Changes in the home environment and caring atmosphere can help to reduce stress, improve problem behavior, and increase the quality of life for the individual.

Tip 1: Identify causes of problem behavior

- Problem behavior is often a way an individual tries to communicate.

- The progression of the disease means that they may no longer be able to communicate verbally, but they are still emotionally conscious and will remain so, often until the very end of life.

Tip 1: Identify causes of problem behavior

- In many cases, the behavior is a reaction to an uncomfortable or stressful environment. If you can establish why the individual is stressed or what is triggering their discomfort, you should be able to resolve the problem behavior with greater ease.

- Remember the person with dementia is not being deliberately difficult. Their sense of reality may be different than yours, but it's still very real to them.

Some ways to help identify the causes of problem behavior:

- Try to put yourself in the person's situation. Look at their body language and imagine how they might be feeling and what they might be trying to express.

- Ask yourself what happened just before the problem behavior started? Did something trigger the behavior?

Some ways to help identify the causes of problem behavior:

- Are the individual's needs being met?
- Does changing the environment or the atmosphere help to comfort the person?
- How did you react to the problem behavior? Did your reaction help to soothe the person or did it make the behavior worse?

Tip 2: Create a calm and soothing environment

- **Modify the environment to reduce potential stressors** that can create agitation and disorientation. These include loud or unidentifiable noises, shadowy lighting, mirrors or other reflecting surfaces, garish or highly contrasting colors, and patterned wallpaper.

Tip 2: Create a calm and soothing environment

- **Maintain calm within yourself.** Respond to the emotion being communicated by the behavior, not the behavior itself. Try to remain flexible, patient, and relaxed. Remember, the person is responding to your tone of voice and body language more than the content of what you're saying.

Managing Stress

- **Exercise is one of the best stress-relievers.** Consult with the person's physician to make sure they're safe to participate in light exercise. Regular walking, movement, or seated exercises can have a positive effect on many problem behaviors, such as aggression, wandering, and difficulty sleeping.

Managing Stress

- **Simple activities can be a way to reconnect with their earlier life**. Someone who used to enjoy cooking, for example, may still gain pleasure from the simple chore of washing vegetables for dinner. Try to involve the person in as many productive daily activities as possible. Folding laundry, watering plants, or going for a drive can all help to manage stress.

Managing Stress

- **Use calming music** or play the person's favorite type of music as a way to reduce agitation. Music therapy can also help soothe the person during mealtimes and bath times.

- **Interacting with other people is important**. Spending time with different people in one-on-one situations can help to increase physical and social activity.

- **Pets can provide a source of positive, nonverbal communication**. The playful interaction and gentle touch from a well-trained, docile animal can help soothe a person with Alzheimer's disease and decrease aggressive behavior.

Tip 3: Manage wandering

Two characteristic precursors to wandering are restlessness and disorientation.

A person with Alzheimer's may exhibit signs of restlessness when hungry, thirsty, constipated, or in pain. They may also become disoriented, pace, or wander when bored, anxious or stressed due to an uncomfortable environment or a lack of exercise.

Tip 3: Manage wandering

To address this you can:

- **Immediately redirect pacing or restless behavior into a productive activity** or purposeful exercise.
- **Make sure the person gets plenty of regular physical exercise** and movement.
- **Reassure the person** if they appear disoriented.

Tip 3: Manage wandering

- **If wandering tends to occur at a particular time of day**, redirect the person at that time.
- **Reduce noise levels and confusion**. These can disorient the person.
- **Consult the doctor if disorientation is becoming a problem.** Disorientation can be a result of medication side-effects, drug interactions, or over-medicating.

Tip 4: Manage rummaging and hiding things

- If items disappear, learn the person's preferred hiding places and look there first to find hidden objects.

- Monitor access to wastebaskets and trashcans, and check all wastebaskets before disposing of their contents, in case objects have been hidden there.

Tip 4: Manage rummaging and hiding things

- Ensure unsafe substances, such as cleaning products, sharp knives, and medications are secured.
- Prevent electrical accidents by blocking unused electrical outlets with childproofing devices.
- Consider lowering the temperature on water heaters.
- Designate a special drawer of items that the person can safely "play" with.

Tip 5: Manage belligerence, anger, or aggressive behavior

- **Don't confront the person or try to discuss the angry behavior.** The person with dementia cannot reflect on their unacceptable behavior and cannot learn to control it.
- **Do not initiate physical contact during the angry outburst.** Often, physical contact triggers physical violence in the person.
- **Provide the person with a "time-out" away from you.** Let them have space to be angry by themselves.
- **Redirect the person to a more pleasurable topic or activity.**

Tip 5: Manage belligerence, anger, or aggressive behavior

- **Look for patterns in the aggression.** Consider factors such as privacy, independence, boredom, pain, or fatigue. Avoid those activities or topics that anger the person. To help find any patterns, keep a log of when the aggressive episodes occur.

- If the person gets angry when tasks are too difficult for them, **break down tasks into smaller pieces.**

- **Get help from others** during the activities that anger the person.

Tip 6: Manage hallucinations and suspicion

Hallucinations can be the result of failing senses. Maintaining sameness and calmness in the environment can help reduce hallucinations. Also, violent movies or television can contribute to paranoia, so avoid disturbing programs.

Tip 6: Manage hallucinations and suspicion

When hallucinations or illusions occur:

- Don't argue about what is real and what is fantasy.
- Discuss the person's feelings relative to what they imagine they see.
- Respond to the emotional content of what the person is saying, rather than to the factual/fictional content.
- Seek professional advice if you are concerned about this problem. Medications can sometimes help to reduce hallucinations.

Alzheimer's and suspicion

Confusion and the loss of memory can also cause a person with Alzheimer's disease to become suspicious of those around them, sometimes accusing caretakers of theft, betrayal, or some other improper behavior.

Keep in mind, however, that all allegations must be investigated; it is not dependent on the person's cognition.

Alzheimer's and suspicion

- Offer a simple answer to any accusations, but don't argue or try to convince them their suspicions are unfounded.
- Redirect the person with another activity.
- If suspicions of theft are focused on a particular object that is frequently mislaid, such as a wallet for example, try keeping a duplicate item on hand to quickly allay the person's suspicions.

Tip 7: Manage sleep problems

Brain disease often disrupts the sleep-wake cycle. People with Alzheimer's disease may have wakefulness, disorientation, and confusion beginning at dusk and continuing throughout the night. This is called “sundowning.”

Tip 7: Manage sleep problems

There are two aspects to sundowning.

First, confusion, over-stimulation, and fatigue during the day may result in increased confusion, restlessness, and insecurity at night.

And second, some people have fear of the dark, perhaps because of the lack of familiar daytime noises and activity. The person may seek out security and protection at night to alleviate their discomfort.

Ways to reduce nighttime restlessness

- **Improve sleep hygiene**. Provide a comfortable bed, reduce noise and light, and play soothing music to help get to sleep. If the person prefers to sleep in a chair or on the couch rather than in bed, make sure they can't fall out while sleeping.

- **Keep a regular sleep schedule**. Be consistent with the time for sleeping and keep the nighttime routine the same. For example, give the person a bath and some warm milk before bed.

- **Keep a night light on**. Some people with dementia imagine things in the dark and become upset. Stuffed animals or a pet may also help soothe the person and allow them to sleep.

Ways to reduce nighttime restlessness

- **Place a commode next to the bed** for nighttime urination. Walking to the bathroom in the middle of the night may wake the person up too much, and then they can't get back to sleep.

- **Increase physical activity during the day** to help the person feel more tired at bedtime.

- **Monitor napping.** If the person seems very fatigued during the day, give them a short rest in the afternoon to regain their composure. This can lead to a better night's sleep.

Tip 8: Manage eating problems

Try one or several of the following suggestions to care for a person who won't eat.

- **Encourage some exercise.** Exercise can make a person feel hungrier: The hungrier the person feels, the more likely they are to eat.

- **Monitor medications.** Some medications interfere with appetite. Read about the side effects of any medications that the person is taking. Discuss with the doctor the lack of interest in eating; a change in medication may be needed. Make sure that the person gets enough liquids with their food, as dry mouth may be a side-effect of some medications.

Tip 8: Manage eating problems

- **Make mealtimes pleasing to the patient.** If the person does not like the caretaker who is assisting them, they may not feel like eating. Try a different caretaker for the dining process. Make the person's favorite food, and serve food on colored tableware - dishes that contrast highly with food colors. Reduce distractions in the eating area. Also, avoid foods that are too hot or too cold, as these may be unpleasant to the person.

- **Assist the person.** Provide adaptive eating equipment, as the person may have trouble using regular utensils and cups.

Tip 8: Manage eating problems

- **Monitor chewing and swallowing.** Chewing and swallowing difficulties can develop as Alzheimer's progresses. If necessary, give instructions on when to chew and when to swallow. Keep the person upright for thirty minutes after eating so that they don't choke.

- **Transition into providing only puréed or soft foods.** In the later stages of Alzheimer's, the person can no longer swallow food and may choke on food. Swallowing problems can lead to pneumonia because the patient may inhale food or liquid into the lungs.

What regulations do I need to consider?

All of them! Special attention should be paid to the following as they relate to behavior management and treatment.

Regulations

- W210 - W220
- W259 and W260
- W285 and W289
- W318 and W322
- W436
- W459, W460, W474, and W488

Resources and references

- **Center for Excellence in Aging Services** has compiled a list of resources and interventions related to dementia and Alzheimer's disease. (albany.edu)

- **Dealing with Behavior Problems** – Links to detailed materials on agitation/anxiety, aggressiveness/combativeness, delusions/paranoia, apathy/depression, screaming/vocalization, sexual behavior problems and sleep disorders. (Alzheimer's Association)

- **Managing Agitation Behavior in Alzheimer's Patients** – Demented patients show a variety of different behavioral problems, including anger, agitation, depression, suspiciousness, paranoia, wandering, sexual inappropriateness, hallucinations, and delusions. (HealingWell.com)

Resources and references

- **The "Challenging Behaviors" Index** – An A-Z directory of how to care for and respond to the difficult behaviors of a person with Alzheimer's Disease or other dementia. (Alzheimer's Outreach)

- **Caring for Someone with Dementia: Unusual Behavior** – Provides tips for dealing with unusual behaviors such as repetitive questions, phrases, or motions; following; calling out; lack of inhibition; laughing or crying uncontrollably; pacing; fidgeting; and suspiciousness. Links to articles on more common behaviors like wandering and aggressiveness. (Alzheimer's Society of the UK)

- **Hands-On Skills for Caregivers** – Gives practical, insightful tips for how to physically approach a difficult patient; how to talk to them respectfully; and how to get them to co-operate with you, both physically and mentally. (Family Caregiver Alliance/National Center on Caregiving)

Send your comments or questions to fsb@dhw.idaho.gov