**Unit Standard 23923**

**Dementia and Behaviours**

**Script**

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# Segment 1 - Dementia and behaviour

Slide 2 Index

In this segment we will look what is dementia and dementia-related behaviours. What causes difficult or unwanted behaviours and what the behaviour is telling you. I will also talk about the effects of behaviour on the person and how and how to work with the person.

Slide 3 What is dementia?

Dementia is an umbrella term used to describe a chronic disorder of mental functioning caused by physical changes in the brain resulting from disease or injury. When these physical changes occur, they can lead to a loss of function for some parts of the brain. These changes affect memory, thinking, behaviour and emotions.

Slide 4 What is behaviour?

Behaviour is the action we take as we respond to a situation. For people living with dementia, the changes in their brain make it more difficult for them to act in the way they have ‘normally’ done in the past.

Slide 5 What affects people’s behaviour?

Changes in their environment, health or medication may make it even harder for them to express themselves. Memory loss and the resulting confusion can sometimes cause emotional reactions and behaviour patterns that take a special effort to manage.

Slide 6 How to understand a person?

The behaviour of a person living with dementia can become very challenging for the people who provide support. Understanding why someone is behaving in a particular way can give some clues to the best way of managing their behaviour.

Behaviour patterns have meaning; the challenge is to understand their significance and why they are happening, so that any unwanted behaviour can be managed, decreased, or diverted.

In this guide we will look more closely at common behaviour patterns in people living with dementia and the kinds of behaviour that create challenges for the people who support them. We will see how these behaviour patterns can be triggered and look at some positive ways of managing them.

Slide 7 How are dementia-related behaviours described?

Behaviour is very individual. The way each person sees and reacts to the circumstances of their world will determine their patterns of behaviour.

The common terms used to describe difficult or unwanted behaviour include problem behaviour, disruptive behaviour and challenging behaviour.

Slide 8 What causes the behaviours?

Changes in behaviour are very common in people living with dementia. The changes may be related to the condition itself, or to other influences such as other changes in the brain or another part of the body. It could be caused by pain, such as a headache or sore neck or even ongoing pain like arthritis.

Slide 9 What causes the behaviours?

A behaviour could also be a response to what is going on in the person’s environment, such as the amount of activity or even how the caregiver is providing care. It could also be to do with the people around the person and their reactions.

Slide 10 What is the behaviour telling you?

It is important to know that the things that may contribute to a person’s behaviour, are outside the person’s control and can be a very frightening experience for them. People living with dementia do not try to be difficult – it is often their attempts to communicate their feelings, thoughts and frustrations, and their ability or inability to do this, that cause their behaviour to change and/or seem challenging to others.

It is important to assume that there is a purpose to the behaviour because there is always a reason for a behaviour be it good or bad behaviour. The person is trying to tell you something. Once the reason for the behaviour is understood, it is usually easier to develop effective ways of working with the person to manage its challenging aspects.

Slide 11 How to effectively manage behaviour?

Well effective ways of managing behaviour sometimes develop from trial and error and by testing what works and what doesn’t. It is important to be flexible because what works one day may not work the next, so a variety of strategies may be needed. This can be very tiring for those who provide care and support for the person living with dementia, so it is important that carers have time to relax and recharge and also receive support themselves. Looking after a person with dementia, means a carer must be open and vigilant to the changing patterns of behaviours the person with dementia portrays.

Slide 12 How to define dementia-related behaviour?

Often the behaviour is an issue for the support person rather than for the person living with dementia so understanding who has the problem with the behaviour is important. You also need to ascertain how behaviour is perceived as it will vary from person to person – what is seen as a problem by one person may not be a problem to another.

Slide 13 Effects of dementia-related behaviour?

The effects of dementia-related behaviours can have many effects on the person or their carer. For instance, it could restrict the person from taking part in everyday life. It could also put the physical safety of the person or others at risk too. On top of this it can increase the person’s anxiety and/or aggression as well.

Slide 14 How to work with a person?

It is important that positive support for a person living with dementia is given, especially if the person shows aggression.

Positive techniques for managing behaviour include maintaining a calm approach. Never match aggression with aggression as it will only make the behaviour worse. A calm steady voice will do wonders. Also avoid raising your voice. This may be hard if you have an explosive situation on your hands that you work with and the behaviour is difficult for you to cope with. It definitely won’t help if you yell too.

If you use individualised and creative ways to distract the person from the unwanted behaviour. This can be as simple as pointing to something out the window or finding a way to make them laugh.

Slide 14 How to work with a person?

Never take the behaviour personally. It isn’t about you. It is about how the person is feeling and what they are trying to tell you.

It really helps by keeping the environment familiar and routines consistent. Another important thing is to know when you need assistance and how to get it. There is no point in trying to manage a situation when you are out of your depth or what you are doing is not working. Both situations may actually fuel the situation rather than defuse it. There is no shame in saying, I need help. You cannot always defuse every situation on your own.

# Segment 2 - Types of behaviour

Slide 1 Index

In this segment I will list the types of behaviours you might see from a person with dementia. However, I will talk specifically about wandering behaviour in this segment. I will discuss what may cause wandering behaviour, how you can manage it and what precautions you may do to prevent it.

Slide 2 Types of dementia-related behaviour

There are a lot of behaviours you may come across when caring for a person with dementia. Some common behaviours that can cause challenges for the person providing support are wandering, aggressive behaviour and hoarding and rummaging behaviour.

Slide 3 Types of dementia related behaviours

There is also repetitive behaviour and vocalisation, catastrophic reactions and sundowning.

Slide 4 Types of dementia related behaviours

There could also be sexually inappropriate behaviour, anxiety, or agitation.

Slide 5 Types of dementia related behaviours

You may also come across hallucinations and delusions. All of these will be covered in more depth in other segments

Slide 6 What causes wandering?

Wandering is common among people living with dementia and is a cause for concern with their failing memory and difficulty in communicating their need to walk. This combination may make it hard for them to get the help they need to return home.

There are many factors that may cause a person to begin to wander. A change in their environment. For example, they may have moved to a new house or a different room. When their environment is no longer familiar, they will keep looking to for the old one.

Also, loss of memory may cause a person to wander. The person may forget where they were going or why, or they may forget that their carer has gone out for a while and set out in search of them.

Having an excess of energy may be a symptom of the need for more exercise. Walking or rocking in a chair may help relieve this need. Whatever the reason, they have this insatiable need to keep moving. While it may appear aimless to you, for them it is something they need to do. These people burn up energy very quickly and are prone to weight loss, so they need a calorie rich diet. This may include food supplements like ensure, extra sandwiches or milk drinks. Just make sure they have enough fuel to keep moving.

Often when they are away from those who they are close to, or they are in a new environment they will search for a person or an object. This may even be in their past and not the present day so you need to help them look for the person and take their focus away from finding the person if you can.

Slide 7 What causes wandering?

Boredom or a lack of concentration makes it difficult for them to do activities they previously enjoyed. You know yourself, if you are bored or you cannot concentrate on something, you may just want to get up and wander around. The difference is, you know why you are doing it and you could stop. A person with dementia doesn’t.

It is not uncommon for some people with dementia to get their time clocks interfered with whereby they reverse day and night. This could mean they confuse day with night, wake early and are disorientated, or are used to being active at unusual times for example, if the person was a shift worker. I remember a man who had to get up at 4 am to milk the cows before he went to school, when he was 8. He regularly got up at this time when he developed dementia.

If people wander at night, and they have poor eyesight or hearing loss can mean that shadows or sounds become confusing and distressing for them. Therefore, it is important a person does not have any shadows in their room at night from outside lights and they are not near a noisy area like the sluice room.

Habit can be another reason. If a person who is used to walking long distances or think they have a job to do, like our man who had to milk the cows, they will want to wander.

Slide 8 What causes wandering?

Another reason may be agitation. If a person is upset about something, feeling nervous or confused, they are not able to understand or put meaning too, they will just want to wander around. You know yourself, if there are things on your mind, then sitting and being calm is very difficult. If a person is restless and they feel fidgety, twitchy or impatiently waiting for something to happen then moving around may help them. Also, when a person is anxious about something it is hard to sit still. They could be worried about something and can’t make sense of it; they may be new a facility and it is all confusing as there is nothing familiar around for them.

Slide 9 What causes wandering?

When a person is in pain moving around may be the only thing that helps them. Each person is different. Discomfort can also be another reason. You know yourself if you are not comfortable you shift around a lot. You can’t sit still. Well, people with dementia are no different. They will do something to try and feel comfortable. Don’t underestimate the effect tight clothing has on a person. When you dress someone in the morning, you don’t actually know if they are comfortable or not as they may not be able to tell you, so think of this as a possible cause.

Slide 10 What causes wandering?

They could need to go to the toilet, but they may not be able to find it or have even forgotten what a toilet looks like. Urinating or defaecating are primal functions learned from a very early age so they may feel the need but can’t find out how to relieve the need.

Dreams that seem real. Have you ever had a dream that felt real? The difference is you know that it is just a dream while a person with dementia may not and think it is real. They could be trying to escape from something or it could be a flash back from an experience they have had.

Noise is another thing that can cause a person to want to wander. It may disturb them at night, so think about where they are sleeping. If they are near a sluice room, then this could wake them up. It could also be that they want to get away from the noise that is upsetting them. For instance, if a TV or radio is blaring a person may not be able to stand the noise so they want to get away from it.

So, you see there are many reasons why a person wanders. Your role is to try and find out why they are wandering or unhappy if you can.

Slide 11 How to manage wandering?

The first thing you must do is help the person living with dementia to remain safe. This is the most important part of managing wandering. You need to isolate the cause of the wandering if you can. Then you need to relieve the cause if possible. Now a person living in their own home near a busy intersection will have different needs from the person who lives in a secure environment such as a dementia facility, so you need to tailor this to each individual.

Slide 12 What precautions you can take?

As I said in the last slide you need to find the cause then try to fix it if you can. I will now talk about some precautions you can take to prevent wandering. The immediate cause may be something like, pain, discomfort or medication. So if you can relieve this, then the wandering may stop.

Always ensure their safety to by making sure the person wears some form of identity. For example, a bracelet or photo ID showing their name and a contact phone number so they can be returned to where they are supposed to be. Some Alzheimer’s associations have ID cards available.

You can also remove from sight items such as jackets, handbags or outdoor clothes that may act as a trigger for going out. If this is part of ritual for them go wandering or walking, if they don’t see them, it won’t trigger a memory.

Slide 13 What precaution can you take?

The use of visual barriers are also helpful. For example, disguise the door, place white

strips in front of it or put up ‘stop’ or ‘no exit’ signs. You could even put a blanket across it, so they don’t recognise it as a door to go out.

The installation of alarms on doors or the use of pressure mats at exits or beside beds will alert carers to a person going out the door or wandering at night. An extra lock on the door may also help. Having double locks, like one eye level and one at a different level is also a good way of keeping them secure.

Having a garden that is secure but accessible is essential for a person with dementia. They can wander safely outside to their hearts content. They should also not feel as though they are locked in either as this may make them want to try and get out. So, disguise exits whenever possible.

Slide 14 What precautions can you take?

You can tell the neighbours or local shops that the person may wander and may need help to get home. In some situations, it may also be useful to advise the local police and provide a photo ID of the person for their records. Some people now have electronic tracking devices that enable them to wander but are also easy to find if they don’t return. I remember we had a lady who was an escape artist. She could find any way to get out. One day she got out without us knowing. We searched everywhere for her and also notified the police. She ended up being found by two policemen who were getting their dinner at the local takeaway place. What alerted them was when she wanted pay for a meal, and she had a handbag full of potpourri.

Slide 15 What precautions can you take?

Over time, you will really get to know your clients and what might lead up to them wandering so look for a pattern or reason for the wandering. What kind of wandering is it? For example, is it aimless or does the person believe they are going to work? Do they need to just get out and walk like they have done all their life? When you find the pattern or reason, then have a strategy to fix this, like take them for a supervised walk.

Another good technique is to distract the person by introducing another activity. Sometimes this works very well as once they have forgotten about walking on their own, the need is no longer there.

You can walk with the person for a while and then suggest that they take a rest. By walking alongside, them the can talk about all sorts of things.

Now these are only some suggestions you can do, you may well have some good strategies of your own. The important thing is to know your client and fill the gaps of their needs.

# Segment 3 - Managing aggressive behaviour

Slide 1 Index

When working with people with dementia, you are likely to encounter some very angry people who display aggressive behaviour. The first important point is that for every behaviour there is a reason. Your role is to find out why the person is being aggressive, or for any other behaviour so in this segment, I will talk about types of aggression, causes of aggression, how to manage aggression and dealing with aggression if it occurs.

Slide 2 What are the types of aggression?

There are two types of aggression. We often think there is only physical aggression, but people can also be verbally aggressive. Both can be damaging to others in different ways.

Slide 3 What is physical aggression?

Well physical aggression can be any behaviour that is displayed in a physical manner. This includes hitting, spitting, biting, slapping, kicking. When a person lashes out for any reason and where another person may be in danger, is physical aggression.

Slide 4 What is verbal aggression?

Now you may find that some people are verbally aggressive. This is the use of words in an aggressive manner. However, the words are often accompanied by facial expressions, gestures, and the use of their body to attack you but not necessarily physically abuse you. So verbal abuse can be abusive language or snide remarks. It is anything that verbally attacks you or others.

Slide 5 What causes aggression?

As i said in the introduction, aggressive or altered behaviour may be due to frustration, anger or fear. For example, if the person feels that their personal space has been invaded when you are standing close to them, they may react with anger and confrontation. I remember a lady I looked after who used to just get up and whack people if they were in her space. She couldn’t verbalise that this upset her, so she reacted in the only way she knew how.

Slide 6 How to prevent aggressive behaviours?

The key to working with people who may be aggressive is to prevent the behaviour in the first place. You will learn to know the cues that will trigger the behaviour. So, for the lady I mentioned in slide 4, we just made sure there was no one in her space that would upset her. So, by recognising the things that can trigger it can help prevent a situation from developing or becoming worse.

If you know a particular time of day where aggression is likely to occur, you can get the person to take part in a meaningful activity so be prepared for it to occur. This can help defuse the situation before it even begins. For example, you might say “Come and help me set the table for tea”.

Another thing you can do, is change the state the person is in. Some things I have found that can work, is to make the person laugh or point to something out the window. This takes them out of their aggressive state and once out of it, they are unlikely to get into it again – till the next time.

Slide 7 What do you do after an aggressive outburst?

Now this is really important. You need to assess an aggressive situation after the event, to decide what may have triggered the unwanted behaviour. This valuable piece of information can prevent aggressive incidents from occurring in the first place. It can be a number of things like a support worker not understanding the person living with dementia and may interact with them in a way that triggers an unwanted response.

It could be that these events happen after a loved one has been to visit, and the person wants to go home with them, not understanding why they can’t.

It could also be they are uncomfortable, want to go to the toilet or a too hot or cold? Evaluating the situation after the event enables you to understand the person better and put in strategies to prevent the likelihood of it happening again.

You may be asked to write up a behaviour chart that works out what the behaviour was, what was the result and what led up to it. This may be referred to as an ABC Chart. If you are asked to complete one of these, make sure you do immediately after the event and write up an incident form and detail it in the progress notes. So, follow the policies and procedures of your organisation for assessing aggressive outbursts.

Slide 8 How to manage aggressive behaviour

There are a number of ways to help manage aggression displayed by a person living with dementia. Here are some useful strategies.

Firstly, always talk to the person in a calm, confident and reassuring way. Remaining calm is essential at all times. If you are not calm, you can make the whole situation a lot worse.

When approaching the person, do so slowly and make sure they can see you. Coming to them from behind and startling them, is likely to make them to hit out at you. If the person is known to be aggressive at particular times, approach with two staff members to support you.

Be honest with the person and let the person know that you have recognised and understand they are angry. Definitely do not respond to anger with anger. This will inflame the situation even more.

Slide 9 How to manage aggressive behaviour

When talking to them, use short, clear statements. For example, “I’m going to help you put your jacket on”. If you use too many words, they are unlikely to be able to comprehend what you are saying.

You can also gently encourage the person to a secluded area well away from others. This avoids others becoming anxious or frightened by the person’s aggressive behaviour. It also allows the support person to devote attention to the angry person and reduces distractions.

As I mentioned before, you can always try to distract the person by talking about things they have enjoyed in the past, making them laugh or looking at something out the window.

Slide 10 How to manage aggressive behaviours

Never allow a situation to explode through things you do. For example, always prepare the person by explaining what is going to happen before it happens, or where you are going well before you start.

Always avoid putting the person in situations that may produce anxiety, fear, frustration, or disorientation. You can gather this information from families/whanau or by you observing when they become anxious, frightened, frustrated, or disorientated.

If you are showering or dressing an aggressive person, provide care from the side of the person, not from in front of them. You don’t want to put yourself in a position where you may be hurt. If the person responds negatively to personal care, try giving them a facecloth or towel to hold while you are providing care. Even a person with dementia, can feel embarrassed or disempowered if they cannot do their own basic tasks and could act out accordingly.

Slide 11 How to manage aggressive behaviour

Never get into an argument with the person. It is a no-win situation for you both so try to avoid arguments. It can be better to agree with what the person says or does and then try distraction or humour or provide friendly help.

Everyone usually responds with encouragement so if you try using a variety of ways to encourage, praise and use affection rather than criticism, anger, or frustration you will get much more out of your client.

If you regularly look after a person, especially if doing home care, then keep a diary. Because we are human and we forget from time to time, this may help to identify the triggers and circumstances of an aggressive episode, so that the same situation can be avoided in the future. You can always reflect back on the diary if you forget.

Slide 12 How to deal with physical aggression

Now physical aggression can be very challenging for you and scary, but you need to know how to deal with this if it occurs. If you don’t, you could end up putting both you and the client in harm’s way. So, when aggression gets physical, here are some ways to deal with the physical aggression. Remember you must always keep yourself safe.

One very simple thing is, if the person is not causing harm to themselves or others, leave the person alone. You don’t need to intervene unnecessarily. They will come out of the state they are in.

You can leave the person alone and avoid approaching the person until they have settled down. Once this state of calm has returned, it will be much easier to talk to the person.

Slide 13 How to deal with physical aggression?

As I said earlier, rule number one is to keep yourself safe so stay out of reach and try to ensure that the person can’t do any real damage to anyone or anything.

It helps to look around the environment and keep it as safe as possible so move dangerous objects away.

Always allow plenty of space between you and the person – aggressive people need more space, and personal space promotes feelings of security. By you entering it when they are wound up, can inflame their feelings.

Slide 14 How to deal with physical aggression

If you are walking with a person who is known to be aggressive, don’t walk in between the person and the wall, as this leaves you nowhere to go if they become aggressive and may put you at risk so avoid putting yourself in potential risky situations.

At all times, avoid making the situation worse by shouting at the person or abusing or touching them. Speak in a calm voice and use reassuring words.

If you redirect the person to some other activity, this can work really well. Distraction is a great tool to defuse a situation.

And while you may feel angry yourself and want to “make the person pay’ for their behaviour, punishing the person after the event is futile. They are unlikely to

remember what happened anyway and the punishment won’t have a helpful

effect on the situation. While you might think it will help you, in actual fact it could make your feel worse and remorseful or have a feeling of overreacting after the event. This can make you feel very uncomfortable.

You will also, inevitably, develop your own strategies for managing physical aggression so you need to find what works for both you and the person. There is no one size fits all when working with people as everyone is very different.

# Segment 4 - Hoarding and rummaging

Slide 1 Index

In this segment I will talk about another behaviour that can be very challenging not only to you but to other residents at well. This is rummaging which is searching through objects and hoarding which is collecting things and putting them away.

Slide 2 Why does a person rummage and hoard?

A person living with dementia may be driven to search for something they believe is lost or to hoard things for safekeeping. This activity often makes the person feel useful and purposeful.

Slide 3 What causes a person to rummage and hoard?

This kind of behaviour may be caused by isolation – the person may feel alone, bored or neglected. The urge to hoard is a common response to the need for security. I have a friend who felt very isolated from her parents when she was a child and had to fend for herself. Her need to fill this void, plays out with her insatiable need to buy things. Her home is full of clothes she will never wear, beautiful art she has nowhere to put or household items she doesn’t need. She can’t have just one of anything. She needs two or three. For example, she will have 3 toasters and two electric jugs to be prepared if one breaks down. She asks for people to help her declutter, but she won’t let anything go as “she might need it one day”.

Fear of their possessions being stolen can lead people living with dementia to hoard objects or forget where they have put things. This can lead them to blame others or accuse them of taking the item.

Events in the present will often trigger memories of the past – for example, a sibling may have taken the person’s possessions when they were children, or they may have worried about not having enough food for the next family meal so they may stash food in all sorts of places and forget where it has been put. In a home situation, this exposes the place to encouraging vermin like rats and mice into the house.

Slide 4 What can help a person?

There are a number of things you can do. One thing is to provide them with a rummage box. This box can have a range of objects that feel interesting or are related to the person’s past. It is also something to help to keep hands occupied.

Slide 5 Who would a rummage box be useful?

This is perfect for a person who has excessive hand activity like where the person constantly wrings their hands, pulls at their clothes, taps or fidgets or touches themselves inappropriately in public.

Slide 6 What does a rummage box do?

This can be used in a number of ways. Rummaging can be obsessive and become an ongoing daily activity. The items chosen may make no sense to others, but they do to the person and keeps them occupied for many hours. This person may have throughout their life been a collector of things. You too may like to collect things that others have absolutely no interest in or think you are crazy, but you get the satisfaction from collecting. Many people collect stamps, specific crockery or glass other memorabilia. If you do, or know of people who do, you will understand the immense pleasure people get out of collecting.

By rummaging through a box, can provide comfort, pleasure and satisfaction, so it is a worthwhile activity under safe and controlled situations. You yourself may be a person who likes to rummage around at garage sales or an op shop. If you are, then you will know how satisfying it can be.

Slide 7 How to manage hoarding and rummaging

A person who does not have dementia, may be able to manage what you hoard or where you rummage however a person with dementia is no longer able to do so. Any item or any draw or cupboard is a treasure trove for them so here are some tips to manage hoarding and rummaging.

Get to know the places where the person usually puts their treasured items and check there first then you can replace them back where they came from.

Keep a spare set of items that are frequently misplaced, such as a purse or their glasses. If they go looking for them, you can say “Look I have found them for you?”

Replace valuable items with look-alikes that have little value. You may need to involve the family in this. If you must remove an item, have something to replace it or ‘trade’ with the person. It is really important that when a person with dementia comes into care, they do not bring family treasures because a facility cannot be responsible for missing items. While they all do their best, often it is fruitless to search for something, especially if the person has put them in the rubbish bin.

Slide 8 How to manage hoarding and rummaging

Keep the person busy with a selection of things that need sorting. The type of item should be relevant to the personality and interests of the person – such as sorting socks, wool, laundry, fishing equipment or hardware. You could ask the family to make up a special box with things that are important to the person. This makes it very personal for them.

Provide ‘safe’ rummaging by providing a drawer of items for the person to organise how they wish. Include items that provide comfort as well as items that provide some sensory stimulation or as I said earlier, get the family to make up a personal rummage box for them.

You can also use activity frames or ‘busy boards’ that have moveable parts or things to touch. This helps with boredom and the need to rummage, without leaving items spread around. Parents are very good at providing activity frames or busy boards for children as a way to learn. While I am not suggesting you use some children’s toys, whatever you use has to be age appropriate, I am suggesting that bored and unstimulated adults need something to do just like children.

Slide 9 How to manage hoarding and rummaging?

When a person does lose an item or has hidden something, do not scold the person, but help them to find it. In their minds, they have done nothing wrong. I remember my sister’s mother in law was living with them and she used to hide money in all sorts of places. Most of it was never found. This may be from a long-term memory like in the depression when banks were not trusted so any money was hidden in safe place.

You can always redirect the person to other enjoyable activities such as music or there may be an activity going on with other people they might like to join in with.

# Segment 5 - Repetitive behaviour and vocalisation

Slide 1 Index

You may well have residents in you care who keep repeating words over and over again or asking the same question. This can be very taxing for you as the person just does not remember what they have asked. Other times, they may call out constantly or make noises. While it can be very distressing for others around, it is important to always keep in mind, that there is a reason for every behaviour. In this segment I will discuss what is repetitive behaviour and vocally disruptive behaviour, the causes and how to manage it.

Slide 2 What is repetitive behaviour?

Well repetitive behaviour means repeating words, doing the same things over and over again and asking the same question over and over, even when it was answered just a few minutes earlier. Sometimes the person will follow you around, or constantly be ‘in your space’. This can cause anger and frustration for the person providing support.

Slide 3 What is vocalisation?

Well vocalisation means using the voice for expression. We all have ways of expressing ourselves and as you know, the voice is the most common way in which we do. It is how we ask for what we want or tell people what to do. Some people use their voice to express themselves through singing.

Slide 4 What is vocally disruptive behaviour?

Vocally disruptive behaviour includes loud and repetitive verbal utterances, sounds that make no sense, crying and screaming.

Slide 5 What causes a person to be vocally disruptive?

The person may be vocally disruptive because they are unable to communicate their personal needs, wishes and thoughts. They can’t tell you what they want and are trying to tell you something.

These behaviour patterns may be related to an unmet physical need such as wanting to go to the toilet, being in an awkward or uncomfortable position or feeling too hot or too cold.

Slide 6 What is psychological distress

Psychological distress is a range of symptoms or experiences that the person finds troubling or confusing. Calling out may be a sign of psychological distress. This may be the only way in which the person is able to communicate sadness, frustration, or distress.

Slide 7 How environmental factors affect behaviours?

The environment a person is in can cause repetitive behaviour and vocalisation. If the environment is overstimulating it may lead to a person becoming agitated, irritable, stressed and confused. On the other hand, repetitive behaviour may also be the result of loneliness and boredom caused by a lack of stimulation or social contact, or not being able to see what is going on. Remember, all behaviour happens for a reason. No person is just being difficult. They are trying to tell you something or for you to understand something.

Slide 8 How to manage repetitive behaviour

If the behaviour does not bother you, do nothing. Otherwise, here are some ways to manage repetitive behaviour. Now you might find that some days you find it easier to cope with people’s behaviours than other days. This is normal. If you are tired, then it will be more difficult to be around but try not to let it get to you. Remember those in your care will have good days and not so good days too. Another thing to remember is that people with dementia will pick up on your non-verbal cues. I say they have an internal radar that is scanning those around them and their environment. If you or anyone else in your team, are feeling out of sorts, upset or even angry, they will pick up on this and try to make sense of what is going on. Of course, they can’t so they will react in the only way they know how; in their behaviour.

So, look for the feeling behind the words and respond to this. For example, the person who constantly asks what is happening next may be feeling lost or uncertain. Talking about this feeling can help.

Avoid reminding the person that they have already asked the same question before. This is a waste of time because they have forgotten. Instead, try to give a different answer or turn the question into a discussion. I had a man who I used to take in my car shopping. I had damaged my wing mirror one time and he would say “I see you have damaged your wing mirror”? my reply was “Yes”. Because he used to be a panel beater, he would then say, “Perry Motors will be able to fix it?” This question never changed but when it was repaired, he never mentioned it.

Slide 9 How to manage repetitive behaviour?

If the repetitive activity involves the hands, try giving the person something else they can do instead – for example, folding the washing. Often these people like to be around someone, so if folding the washing is part of your role, have a resident alongside you. This makes it easier for you too as there is something to discuss.

You will no doubt find that an explanation doesn’t help either. Like my man, even though I did explain, he kept asking the same question and I just kept answering it. You can try distracting them such as take them for a walk or a favourite food or activity. I had a lady who used to regularly around 4pm become agitated and wanted to get the bus. She had to get home to get dinner ready for her parents. Sometimes we could placate her by saying “you don’t have to worry about dinner tonight, your mother said you could stay here for dinner”. Now this would work sometimes while other times we would tell her, the bus was late and put her on a chair to wait for it.

If the person living with dementia can read, use memory aids such as written labels on objects, notes they can use as a memory aid and a whiteboard with a list of the day’s activities and/or schedule. You can direct them to the board and discuss what is on it or discuss the objects with the names on.

Slide 10 How to manage repetitive behaviours?

Another useful tip is to increase social contact and meaningful activity. Know and use the person’s past skills and interests. For example, if the person enjoyed plants and flowers, encourage them to take a walk in the garden or buddy them up with someone else for them to go for a walk in the garden.

Change the level of stimulation according to need. If the person is overstimulated, place them in a quieter environment; if they are under stimulated, place them in a communal area such as the lounge room. If a person is sitting in a chair they can’t get out of and the TV is blaring and flashing, then they are going to want to get away from it. Likewise, if they are in a room all on their own, with only silence and no stimulation, and they want company, they will tell you. I used to have a lady who cried out in the night. She couldn’t tell us what was wrong with her, so the night staff used to shift her to the lounge away from others. We did a shift around and put her in a double room and the yelling stopped. She didn’t want to be on her own.

Provide adequate meals, snacks and fluids to prevent hunger and thirst; this is a common problem for people living with dementia. Remember people with dementia, especially if they are a wanderer, use a lot of energy and are very prone to weight loss. Keeping them to just breakfast, lunch and tea with morning and afternoon tea, may not be enough to sustain them. They may need extra high calorie supplements to keep them going so watch their food intake and weight as well. I had a man who used to keep coming to the kitchen and saying “Food, Food”. The kitchen staff would say to him “It is not mealtime” and send him away. He was clearly saying what he wanted, and it wasn’t being provided. All they needed to do was to make a plate of sandwiches and every time he came up and asked for food, give him a sandwich. It is not hard. Keeping to a rigid schedule just doesn’t work for people with dementia. All they know is what they need. Soon as he started getting his needs met, his behaviour changed, and he stopped losing weight.

Use sensory techniques such as massage, if appropriate. Every person has a need to be touched or they become sensory deprived. In 1944 in the United States, a study was conducted on 40 babies where 20 babies had their psychological and physical needs met while the other 20 only had their physical needs met. After 4 months over half of the babies who only had their physiological needs met had died so the experiment was stopped. Even after halting the experiment, 2 more babies died. You see, all humans, no matter whether babies, young children, adults or the elderly need more than physiological support. Being fed, clothes, kept clean and warm is not enough. They need love, touch, tenderness and have a feeling of self-worth regardless to their mental state as well as their physical needs being met.

# Segment 6 - Catastrophic reactions and sundowning

Slide 1 Index

In this segment I will talk about what catastrophic reactions are and how to manage them. I will also talk about sundowning and how you can manage these as well.

Slide 2 What are catastrophic reactions?

Well catastrophic reactions are overreactions to ordinary situations that result in responses or outbursts.

Slide 3 What happens in catastrophic reaction?

This may mean a person has outbursts of things such as shouting, crying, making unreasonable accusations.

Slide 4 What happens in catastrophic reactions?

It can also mean a person can become stubborn, crying, or laughing uncontrollably and inappropriately or displaying a high level of agitation.

Slide 5 What causes catastrophic reactions?

This kind of behaviour can result from stress as the person feels out of control. It can be from feeling frustrated from not getting their message across or even an underlying illness or a change in health status.

The behaviour may develop very quickly and make others feel very frightened. Sometimes carers can unwittingly make things worse. The person may become physically violent if they are touched at these times.

Difficult behaviour can sometimes be managed by giving control back to the person or by letting them calm down in a safe environment. Trying to figure out what triggers catastrophic behaviour can sometimes help avoid it in the future.

Slide 6 How to avoid a catastrophic reaction?

The best thing you can do is to avoid a catastrophic reaction occurring in the first place. This can often be done by keeping to a routine. For example, doing a task at the same time each day. Another thing you can do is to do a task in the same way each time. For example, sitting in the same chair can be reassuring and help the person to orient themselves. Also, by doing things in the same order each time helps to reduce the stress of the unexpected. The person may know what to expect when.

Slide 7 How to avoid a catastrophic reaction?

Another tip to managing or avoiding a reaction is to anticipate the person’s needs. This will help avoid frustration.

If you keep a diary or recording incidents in your progress notes can help to identify the circumstances of such behaviour. Prevention is always easier than to try and deal with the fully blown reactions a person may have to the way they are receiving care or feeling. By having a record that has time, days, and any other significant information can help you anticipate and thus prevent a catastrophic event occurring.

Slide 8 What is sundowning?

People living with dementia are often at their best early in the day. As

the day progresses, however, the person’s memory and ability to carry out tasks can deteriorate. Sundowning is the term used to describe the increased confusion, restlessness, and agitation that people living with moderate to severe stages of dementia may experience in the day and evening and sometimes into the night. It may become more obvious when there has been a change from the usual routine – the person may become less cooperative and be more likely to argue.

Slide 9 Why does sundowning occur?

Sundowning is thought to be the result of changes in the brain. There is some evidence that it is caused by severe damage to the parts of the brain that control the internal body clock so that the normal urges to sleep when tired and wake when rested (the sleep/wake cycle) are out of balance.

A person’s previous habits, such as closing a shop, getting ready for the next day or cleaning up before going to bed, may also contribute to sundowning.

Slide 10 What causes sundowning?

There are several possible causes of sundowning. This includes disrupted sleep. People living with dementia may experience wakefulness and confusion that last throughout the night. They may also tire more easily and may become more restless when they are very tired.

Overstimulation or fatigue during the day can result in confusion, restlessness and a feeling of insecurity at night. The loss of security together with a reduced understanding of what is going on around them can increase a person’s restless behaviour.

Fear of the dark, which is often caused by the lack of the familiar daytime noises and activities. The behaviour may also occur when there is less sensory stimulation at night, and when cues such as noises, lights and activity are reduced.

Slide 11 What causes sundowning?

Some medications can cause sundowning. The dosage or timing of medications may also be trigger factors.

Physical discomfort, such as pain, hunger, or the need to go to the toilet can also cause a person’s behaviour to change.

A drop in blood pressure during the day or after a meal can take oxygen away from the brain and increase confusion.

Changes in glucose levels in the blood may bring on agitation and confusion, especially if the person also has diabetes.

Slide 12 How to manage sundowning?

When managing sundowning you need to develop and understanding of the person. Who they are, what they have done in their life, what things have upset them in the past, what they did for a job, significant events in their life may give you some indication of what may contribute to sundowning? Here are some tips for managing sundowning.

Check for and deal with any physical discomfort. This is very basic but a good place to start.

Be flexible in your approach and your expectations of the person. Don’t expect more than the person is capable of doing. You are their servant after all.

Maintain familiar routines – for example, setting the table, closing the curtains, or having a pre-dinner drink can be helpful, or other meaningful activities. Think about yourself and your routines. How upset do you become if they get out of order? How would you react if you couldn’t make sense of what was happening around you?

Slide 13 How to manage sundowning?

Avoid giving the person drinks containing caffeine in the afternoon and evening.

Use low-glare lighting and be aware of the effect of bright lights, television and family activity. Try using a nightlight in the person’s bedroom.

Remain calm and try to be undemanding so that the person feels safe and secure. Remember that a person living with dementia does not have control over their personal behaviour.

Slide 14 How to manage sundowning?

Avoid stimulating activities (such as a shower) at an unusual time of day as this may add to the agitation.

Make sure the physical needs of the person are met. For example, hunger, thirst, or the need to use the toilet. These are all things that can contribute to a person getting upset.

Avoid too many naps during the day. If a person doesn’t feel tired, they won’t be able to understand the need to go to bed.

Slide 15 How to manage sundowning?

Focus on morning activity and a rest after lunch. Help the person to wind down into the evening.

Play soothing music for relaxation. Avoid loud rock music that might wind people up rather than calm them down

If the person is restless suggest they take a walk outdoors or take for a walk outside. A change of scenery can do wonders to calm a person down from a wound-up state.

Slide 16 How to manage sundowning?

Provide stimulating activities during the day without exhausting the person. There is fine balance between over stimulation and under stimulation. Keep a balance so the person gets enough stimulation but not exhausted. I’m sure you all know what it is like trying to manage an over tired toddler. You can’t reason with them, can you? Well people with dementia are very similar – you won’t be able to reason with them.

Keep a diary or record in your progress notes the different strategies you have tried and their effectiveness. Over time, this can help you to identify some problems often experienced by the person and the triggers that led to them.

If at home, sometimes medication can help. Getting outside support such as respite care may be required if things become too difficult or the caregiver requires a break.

# Segment 7 - Sexually inappropriate behaviour

Slide 1 Index

In your as a support worker you may come across some behaviour that is sexually inappropriate. How you react and respond to it will depend, to a degree, how you view sexuality. This will be defined often by your cultural identity, values and beliefs. Some people will be highly offended by it while others will just treat it as a matter they have to deal will. However, sexually inappropriate behaviour can be a frustrating, embarrassing and potentially frightening experience for a support worker. So, in this segment we will discuss why sexually inappropriate behaviour may occur and how to manage such behaviours.

Slide 2 Why does inappropriate behaviour to occur?

Well often these behaviours are connected to damage in the frontal and temporal lobes of the brain so that the person living with dementia may lose their ability to control their responses. Before the person developed dementia, they would never think of behaving sexually inappropriately towards you, so you need to understand it is nothing specifically aimed at you.

Slide 3 What causes a person to act inappropriately?

Well there are several reasons for a person living with dementia to act out sexually. These may include emotional stress leading to feelings of inadequacy. It may also be resentment or anger related to sexual difficulties that they have not experienced before and are unable to understand or regulate their feelings. It could also be confusion or disorientation. There may also be many other reasons for a person to act out that we may never know.

When people living with dementia display behaviour that seems to be sexually oriented it is not necessarily related to sex – there is often an innocent explanation. For example, when the person seems to be fidgeting or attempting to masturbate, they may actually be trying to loosen their clothing or go to the toilet. In the same way, if they take off their clothes, they may appear to be indecently exposing themselves when they may simply be too warm.

Slide 4 How to manage sexually inappropriate behaviour

The key thing in managing sexually inappropriate behaviour is to remember, first and foremost, that it is the disease that is at work in these situations and while you may find it embarrassing, remember if the person did not have dementia, they are unlikely to behave in this manner.

So here are some tips for managing sexually inappropriate behaviour.

Remain calm. There is nothing to be gained by chastising the person or getting angry. It will only make the whole situation worse.

Also avoid showing shock or irritation. This will not help the situation.

It is a good idea to keep a journal of inappropriate sexual behaviours and possible triggers. If the behaviours occur again, and you know it is a trigger for some need, you can prevent it from happening. For example, a woman living with dementia may lift her skirt as an indication that she needs to go the toilet.

Slide 5 How to manage sexually inappropriate behaviour?

Report these behaviours to your healthcare professional so that they can try to identify causes and possible treatments.

Another tip is to distract the person or redirect them to other topics or activities. Often shifting them away from the activity to something else will prevent them from continuing with the behaviour.

You can also gently but firmly explain that their behaviour is inappropriate may be enough to stop the unwanted behaviour.

Slide 6 How to manage sexually inappropriate behaviour?

If you try to guide the person to a private area, like the privacy of their own room. It is up to them what they do there.

Understand that certain stimuli may prompt crude remarks so ensure. Educate others about the person’s disease to help avoid misunderstandings or confrontations

Don’t take it personally. It is the disease not the person. For more information and understanding of sexuality, watch the Sexuality Topic.

# Segment 8 - Triggers for behaviour

Slide 1 Index

As I mentioned in other segments, there is always a reason for a person’s behaviour. If it is unwanted behaviour, then it can be very challenging, so you need to find out what has triggered the behaviour. However, you need to be clear on why the behaviour is unwanted? Does it not fit in with your cultural norms? Likewise, is the person being very quiet and appears compliant? It is easy to think they are happy and content, and they maybe, but equally they may be afraid to speak up so comply to fit in. So understanding there are triggers for a way a person behaves will help you understand those in your care better. So, in this segment, I will talk about how changes in the brain affect a person’s behaviour, triggers that can influence communication, how loss of choice, the environment, sensory issues, and anxiety can impact on behaviour.

Remember, Dementia affects people in different ways, so it is important to understand what the person is experiencing and how it can affect the way they behave, and this can change on any given day.

Slide 2 Changes in the brain

As the brain function deteriorates, the person may be aware that something is ‘not quite right’. This can lead to increased anxiety.

Some types of dementia affect particular parts of the brain. For example, Lewy Body dementia affects the part of the brain that controls thinking and movement. The person may have hallucinations, visual disturbances or symptoms similar to Parkinson’s disease.

Another example is Pick’s disease, which affects the frontal lobe of the brain. This is the part that controls behaviour. The person may show changes in personality – for example, they may become withdrawn or show less control over their actions.

So, when you take these things into account a diagnosis can be sent way off course thinking a person Parkinson’s Disease or a personality disorder from some other mental illness.

Slide 3 What affects communication?

How you communicate with a person with dementia depends on how the dementia affects the person. For some people they lose language. This means they rely more of cues such as body language, tone, and pitch of the voice (rather than the words) to understand the world around them. So, their behaviour may actually be an attempt to communicate with others.

For some people they lose the ability to concentrate so it is difficult to get their attention. Definitely communication is made easier when the person living with dementia is able to concentrate on what is being said but you need to be creative if their concentration is impaired and be creative in the ways you communicate with you. In the next slides I will give you some suggestions that could help with communication.

Slide 4 How to communicate with a person?

Firstly, when you speak to the person, make sure that you are facing them, that the light is good. Also make sure that the person can hear what you say.

Always speak slowly and clearly using simple language short sentences with one command at a time. If you talk too fast and give them multiple things to do, you will confuse them, and they won’t understand anything you said. It is really important if you have and accent that is unfamiliar to the person, that you take extra time to make sure they understand you.

Also, if asking a question or expecting a response give the person time to process what you have asked them. It is unlikely you will get an instant response to be patient.

Slide 5 How to communicate with a person?

Touch can also be a useful way to communicate with the person, convey care and concern and provide reassurance in a confusing world. Make sure that touch is culturally acceptable to the person living with dementia.

Be respectful and calm when you approach the person as this reduces stress for the person living with dementia and helps to reduce confusion and uncertainty. As a support worker, using a strategy of maintaining routines and consistency will help the person to anticipate events or activities.

Finally, if their behaviour has changed you need to find what the reason I for this change. Don’t make assumptions and think they don’t understand. They may just be misunderstanding what you are saying or what you expect of them.

Slide 6 How loss of choice affects a person

As the person relies increasingly on others for support it is easy for carers to take over. So, when or if you take over from the person and offer less choice this may lead them to lose confidence in their own ability to make choices. This in turn will increase their stress, anxiety and frustration. They need to be able to make some decision in their life, no matter how small it might be. This will uplift their spirits

Slide 7 How the environment affects a person

The environment plays a major part in the way a person living with dementia behaves. A change in the environment and other factors such as noise, activity levels. Even lighting being too bright or too dull can have an effect on a person’s behaviour.

Slide 8 How the environment affects a person?

Large groups can affect a person too such a degree it decreases the person’s level of functioning. They cannot cope with too many people that can cause them to want to flee or become angry and disruptive f they cannot get away from it.

Too much stimulation can lead to agitation, while too little can make the person apathetic, unresponsive and frustrated.

So, if a person’s behaviour changes, then look to see what is going on in the environment that is not making sense to them.

Slide 9 How sensory issues affect a person

Any problems with sight and hearing can affect the person’s ability to communicate. So, you need to know they can hear what you are saying. If they are wearing hearing aids, you need to know the filters are clean and the battery is working as both will affect how well you can communicate with them. You also need to know they can see you properly. If they wear glasses, then make sure they are put on each day and the lens is clean, so it doesn’t interfere with what they see, and they could trip and fall. Having the right prescription for the lens is also important. You need to be their eyes and ears as they may forget to wear the aids or even remember how to wear them. Touch is also important so remember to touch them gently and not startle them always approach from the front and not from behind. If they get a fright they could lash out and hit, you or become angry.

Slide 10 How anxiety affects a person?

For some people there are many aspects of the person’s life can cause a person to become anxious. It can be from multiple frustrations of daily activity, feeling unwell, feeling pressured to perform beyond current abilities and being unable to tell you what is wrong can all cause anxiety. Clinging behaviour, such as when the person will not let you out of sight even to go to the toilet, is another sign of anxiety.

Anxiety can be a response to tension or the negative feelings of other people. Always remember people with dementia have their radar on all the time. They will be picking up all sorts of vibes and if they can’t make sense of the situation all they can do is react to it in the only way they know how. It doesn’t need to make sense to you. You just have to be aware and understand.

# Segment 9 - Triggers for behaviour (cont.)

Slide 1 Index

In this segment I will continue with triggers for behaviours and will look at how health and medication, self-esteem and dignity, independence, service limitation, cultural factors and how care delivery can affect behaviours. You will see how many factors influence a person’s behaviour

Slide 2 How health and medications affect a person?

Changes in physical health can cause discomfort, anxiety and concern, which in turn may trigger dementia-related behaviour. If they can’t see your face and pick up on the facial expression or hear you, they will not respond.

Now, some medications can increase the person’s confusion and agitation and alter their body functions. For example, some sleeping tablets can also cause incontinence or urinary retention. It can also affect their mobility. I had a man who kept falling over so the staff had to keep him in his room which he didn’t understand. When I reviewed his medications, I found that the Registered Nurse had got the doctor to prescribe sleeping pills which confused him even more and cause him to fall. We stopped the medication and he stopped falling. Giving a person a sleeping pill because they are a night wandering, is not a solution to stopping the person wandering. Find other strategies.

Interactions between medicines can have unexpected and unpleasant results for people living with dementia. Changes of medication can also influence changes in behaviour so a medication review may be required to see if that is the problem. So always look for a reason for the behaviour rather than jumping to conclusions and adding unnecessary medications.

Slide 3 How Self-esteem and dignity influences behaviour

If a person living with dementia feels humiliated because of the need to accept help with personal care for functions such as bathing, toileting and dressing they may resist care or become angry and aggressive.

The person may also feel that their independence and privacy are being threatened. This can lead to negative responses when personal care is suggested which can lead to it being difficult to provide care. You need to be patient and understanding and explore ways in which the person may respond better to help.

Slide 4 How loss of independence influences behaviour

When the person finds it more difficult to complete tasks, they previously found simple and may be aware of their reduced function. This can lead to physical or verbal aggression towards the people who are supporting them. This can be from frustration at not being able to do the task or an awareness of their loss of functioning.

Sometimes when you attempt to help the person it can emphasise their lost abilities. Maintaining the person’s independence whenever possible is a major factor in balancing their frustration levels with a sense of personal achievement which ultimately makes their behaviour less difficult to manage.

Slide 5 How service limitations influence behaviour

When only a few people are available to care for the person living with dementia, they may not be able to provide the individualised support that the person requires. This could leave the person with feelings of being alone in an unfamiliar environment. Loss of loved ones and familiar faces or not one at all. Being locked in and not being able to get out so the loss of freedom and feeling trapped with no way out.

Slide 6 How cultural factors influence behaviour

Knowing the cultural background of the person living with dementia is important in determining the kind of support that will be provided.

Culture can affect communication through language. They may misunderstand what is being said or not even understand what you are saying at all.

Always speak slowly in simple language so they can understand and make sentences short and give a person time to answer. It may take some time for the message to find its way in the persons brain for them to answer.

Food preferences are not to their liking or available so must try and get used to different flavours and textures. They may end up losing weight and become under nourished through loss of appetite. This can either make them aggressive through hunger or lethargic through submission and lack of nutrients to sustain them.

What you celebrate may be different to their cultural norm which may increase their confusion because they have no understanding of what you are celebrating. For example, if it is unfamiliar to them to celebrate a birthday with a cake and candles, they may have no understanding of what the cake and candles are all about.

Slide 7 How cultural factors influences behaviour

How you show respect to an older person may be different from what they are used to making them feel overwhelmed or underwhelmed and confused. What the person enjoys doing may not be available in a different environment adding to confusion.

So as dementia progresses, the way a person responds to cultural factors can change. The person may revert to their first language, which can make verbal communication difficult. I had a Chinese lady who had lived in New Zealand since the age of 20 and had rarely spoken her mother tongue, revert to her first language in her advance dementia state.

Celebration events can trigger happy memories and help the person to retain contact with others and socialise in a meaningful way. However, it could also trigger unhappy memories as well.

Slide 8 How cultural factors influence behaviours

Now food can trigger pleasant memories and help the person living with dementia relate to past events like ice cream and jelly for a birthday party. On the other hand, provoke an unhappy memory from a past experience. For example, if they had gone in boarding school and were forces to eat porridge as that was all that was available, so had not eaten it when they left. Or they may have been fed some gruel of some sort while a prisoner of war could trigger this period in their life.

A person experiencing dementia may find meaning in religious activities and events. This can also help to reduce anxiety and increase their sense of security. However, if they were forced to attend church or had suffered some trauma or abuse suffered from some religious figure could trigger a negative response from them.

So, remember, for all the behaviour there is a reason, positive or negative. Find the trigger and alleviate their anxiety or promote a positive response.

Slide 9 How care delivery influences behaviour

Never underestimate the influence you have over a person’s behaviour. Reality is, not everyone connects or gets on with everyone. That is a fact of life. Some people react to you in unexpected ways. It maybe because you remind them of someone who upset them in the past or it could be the way in which you deliver the care. It may be that they perceive they are being rushed or forced to do something they don’t want to do.

So always be aware that what you do when talking to a person or providing any cares is done with compassion and respect. Always remember that some days the person just doesn’t want you to do the care. Don’t be precious about it, just walk away and get someone else to do it.

Never force a person to do something they don’t want to do and never hurry a person along to fit in with your schedule. Yes, I know you have allotted time to get things done, but it should never be at the expense of the person in your care. If they don’t want a shower, then leave till another time or offer another solution. Swap a resident with a colleague that may have more success or walk away and try again later. My motto has always been, “No one ever died from not have a shower”. But they have died from being rushed, agitated, and having a fall.

It is also good to avoid getting into a confrontation with the person. There are no winners when you do this. Keep calm, relaxed and walk away if confrontation is imminent rather than exacerbate a situation.

# Segment 10 - Steps for managing behaviour

Slide 1 Index

There are many things you can do to assist both you and the person, their family or whanau with dementia behaviours. Every behaviour has a solution. It is just a matter of finding out what the solution is. This does not have to be done by you on your own, it is a team effort. When you all put your heads together you are more likely to come up with a solution so in this segment I will look at how to define the problem, what is the behaviour that is a problem and whose problem is it anyway. I will also discuss triggers, which we looked at in the last segment so things that make the behaviour worse and what can make the behaviour better.

Slide 2 What is the problem?

The very first thing you have to do is to define the problem. What is the problem that needs to be solved? So, in the first instance you need to ask yourself what is the behaviour? Give it a name. There is no way you will be able to look for a solution if you don’t know what you want to solve. So, is the behaviour threatening behaviour? If so, how is it I threatening to? Is it verbal abuse and who is getting abused? Is the person roaming or wandering? Are they acting out sexually? Are they being demanding or asking repetitive questions? Are they rummaging?

Slide 3 Who has the problem?

This is a very important question to ask. Is it you or is it the person living with dementia? Does anyone else have a problem with the behaviour? If the person does not have a problem and the behaviour does not bother anyone else, is it a problem at all? Is it something only you think is a problem because if it is, then maybe nothing needs to be done?

Slide 4 What triggers the behaviour?

If you have defined what the problem is and who is affected by it, then you need to look for what triggers the behaviour. Triggers are what happened before the behaviour occurred that could have caused a reaction in the person.

Slide 5 What do you do about triggers?

Keep a record of what triggers certain behaviours. Does it have any commonalities like the time of day or after certain activities. Who is around at the time? Is it the same people or can it be anyone? Has someone special been to visit and have gone home. Consider the following possibilities

Slide 6 Consider medications as a contributor

Look at medications. Are they the right ones and at the right dose for the person? Are they necessary or are they making the behaviour problems worse? Has the medication been changed recently? While you cannot make the decision on all these potential contributing factors, you can at least pose the question to the RN or doctor. I remember a man who had escalating behavioural changes. He had several admissions to hospital to find out what was happening to him. I questioned early on if it was his medications and the doctors didn’t think so. Eventually we got him seen by the right people and it was his medication that was causing the behaviour. The medication was not being excreted by his kidneys so the levels in his blood rose and he became toxic to it. While I couldn’t change his medication, I did pose the question very early on and in hindsight wish I had pushed it further – and I am a registered nurse. So, trust your judgement and use your intuition.

Slide 7 Consider health status

Is the person unwell? Are there medical issues that are contributing to the behaviour such as a urinary tract infection or an upper respiratory tract infection? Are they in pain and they can’t tell you? Are they constipated? All of these can contribute to the person’s behaviour as well as make them extremely unwell. To find out more on this, check out delirium in the topics

Segment 8 Consider the environment

Other triggers could include anything that impacts on the person’s senses, such as overstimulation that is confusing them. Is there too little stimulation that is causing them to become depressed. Are they frustrated with communication? Are you not understanding them?

Segment 9 Consider the environment

Are people getting too close to them or others going into their room and feel people are invading their personal space. Do they feel they are not in control a situation? Is there a change in routine and they are finding it difficult to understand?

Segment 10 Consider mental health factors

Are they feeling anxious and all wound up inside? Are they bored and have nothing to do or long for what they used to do at home?

Are they, angry, grieving, or frightened?

Are they having intrusive thoughts that are confusing them and they can’t make sense of?

Segment 11 Consider mental health factors

It may be that they are feeling lonely and don’t know what to do about it. You don’t have to feel lonely only when you are on your own. People can feel lonely when they have people around them so don’t discount loneliness as a factor. Are they feeling a lack of control? This is different to not being in control of the situation – it means they are out of their depth, have no control at all of anything. Others have control of his life. How frighten would that be. Their life, their family, their living situation. Maybe they have the urge to do something and they don’t know what to do, what they can do or what they are allowed to do.

So never think that someone is just being difficult, aggressive, or downright bloody minded. There will be a reason behind the behaviour, so you need to become a detective and find out what.

Slide 12 What do you document

This is really important. If you do not know when it occurs or what happens you will have nothing to fall back on and investigate. So, it is good practice to keep a record or behaviour log to identify trends and patterns of when certain behaviour is displayed.

Some of the more common reasons for a change in behaviour are things like, what time of the day does it occur? Is it in the late afternoon as it would for sundowning or is it early in the morning when got out of bed for the day?

Is it at the change of seasons? Maybe going out less in winter when they are used to going out in the summer because it is warmer or with more daylight. Are they cold and do not have enough warm clothes on or are you trying to get them up too early for a shower and they are cold?

Has there been a change in routines? They maybe a person who has always done things the same way at the same time every day and now this routine is different, and it confuses them.

Slide 13 What do you document

Has there been a change in the usual cycle? If they are used 6 hours unbroken sleep and they find their sleep has been interrupted with the change of routine and they are tired.

Is there too much stimuli in the facility and is this a reaction to it. Their brain is swimming. Remember if a person has come in from home where they have lived on their own or with one person and the environment is very quiet, adjusting to a busy, noisy facility can be very distressing. It can create fear or confusion. So, have they just moved into a facility and trying to get used to all the noise and hubbub that goes on not to mention people going into their room at night and disturbing their sleep.

Slide 14 What warning signs to look for

Always look for warning signs because they will be there. They could be non-verbal cues, especially body language, facial expressions, physical movements or using a louder or softer voice, can sometimes be the best indicator that behaviour may change. Look for the meaning behind the behaviour. So, look for anything that is different in the way the person is behaving, any changes in their body or voice. Being vigilant in your observations will be the best indicator that something is about to change.

Slide 15 What can make the behaviour worse

You need to always be on the lookout for what can make the situation worse. This could be anything that affects the senses, such as confrontation, overstimulation, or a change in temperature. Any of these situations can be a trigger for behaviour to change.

Try to keep the routine the same as any change in routine can spark an outburst. This could be things such as hurrying or making demands that the person is unable to understand or achieve. If they cannot perform what you want or do not understand what you are saying, they will act in the only way they know how.

Never react negatively to the person’s behaviour. You can change how you react to a person or their behaviour while they cannot.

Slide 16 What can make worse

It is a waste of time trying to reason with the person or prolonging the argument. This is a no-win situation and only likely to make the whole situation worse.

Also trying to make the person do something they do not want to do is likely to make the whole situation worse. Ask yourself “Is it really that important?” Why are you wanting them to do it? How do you feel when someone tries to get you to do something you do not want to? A person with dementia is no different so don’t make matters worse.

Slide 17 What can make behaviour better

Have a range of strategies and learn what works best. This could be shifting the focus away from the behaviour. For example, try a change of subject or activity or arrange a treat.

Don’t have unrealistic expectation of a person and keep decision making at a minimum.

Also try to find purposeful activities or exercise that the person might enjoy doing and see some logical reason. Again, how do you feel when someone asks you to do something that you cannot see a good reason for? Do you want to do it?

Slide 18 What can make behaviour better

Check the person’s general health and wellbeing. If they are unwell or upset, then the behaviour can spiral out of control. Never expect a person to be the same all the time.

Validate the person’s feelings too. How much better do you feel when someone understands how you are feeling?

Always keep a sense of safety by practising consistency and continuity. Don’t try to change the routine or the person’s patterns and allow them to do what makes them content.

Slide 19 What can make behaviour better

Be flexible and don’t push them. If what you are doing isn’t working, then back off and try again later. Why is it important that it has to be done the way you want it at the time you want it.

Always allow plenty of time when you ask people to do tasks. Give them time to both process the request or task as well as time to do it. Remember the person has reduced neurons in the brain so it takes longer for them to receive the message and react to it.

# Segment 11 - Strategies for change

Slide 1 Index

In this segment I will talk further on things to consider and look at strategies for change. I added a useful checklist in the resources section and explained how to use an acronym which makes it easy to remember what to look for when assessing a person. I will also discuss a range of strategies you can use many of which were discussed in the last slides this includes PIECES acronym, how activity plans help, how to avoid triggers and how different strategies help

Slide 2 What is the Pieces Acronym

This is the use of the word PIECES and helps you identify possible causes or reasons for behaviour. Now a lot of this was covered in the last segment but seeing it in a different format, will help you think of causes for a person’s behaviour.

So, let’s look at what P stands for. Well this is to look for a physical cause. This could be a UTI, flu, constipation, pain or discomfort.

Then look for the I which is an intellectual cause. So, are they frustrated with lack of ability to communicate?

The E stands for an emotional cause. So, you would look at things like do they have a need for touch, love, grief and loss, boredom

The C stands for capabilities so is there a link between the task and the person’s remaining abilities to carry it out

The second E stands for the Environment. Is there too much or too little light, noise, activity in the environment

Finally look at the S for Social and cultural factors. What is happening with the social interactions, style of support, life experiences and culture.

When you pull all of these together you are starting to gather a picture and identify what is going on for the person so you can help them. Remember it will be just as unpleasant for them as for you.

Slide 3 How an Individual Activity plan helps

Many of the positive strategies to deal with behaviour have already been discussed in this workbook. There is a table in the resources section of the next slides that provides an overview of some additional ways that you can obtain the information you need to positively support a person living with dementia so I will go through each separately.

Firstly, I will look at Individualised activity plans. Now these may be the responsibility of a diversional therapist or may be incorporated into the general plan and used by all staff. There will often be an activities coordinator who is responsible for implementing parts of the person’s individual plan. So, you need to check the plan these plans as they include strategies that could help like a leisure programme that works for the person. There may also be individual one-on-one or group activities that are useful too. There may also be outings or day care options that work. While you may not be able to implement these at the time of the persons behaviour, it will help you build a picture of strategies that have worked and ways in which a person can be supported with planning.

Slide 4 How to avoid triggers

You will also find out how to avoid triggers that spike behaviour in the individual plan. It should likely identify any particular triggers for unwanted behaviour, but you may notice others. It is important that you report and document anything you observe so that the triggers and strategies can be reviewed and included in the plan.

You will need to be alert to activities, noises, smells and people who may distress the person or which could increase the unwanted behaviour. You will need to know the person well and step in early to alleviate a trigger. For example, you may observe that the person becomes increasingly agitated when there is loud music in the room. As a result, you might redirect the person before the music starts or seat them away from the music.

Slide 5 How does time out help

Well, if people are overloaded with information and other kinds of stimulation, they may be unable to cope, and their behaviour may change. Removing them from the environment causing the overload will help them to retain control of their behaviour. They are not restrained, and they can return at any time so you can take them to their room quite safely. You may find closing the door helps, but for some people a shut door may make them worse.

An example may be a resident you support becomes very vocal during the weekly church service, which upsets those around them. Knowing this, you offer the person an alternative activity in a quieter environment such as in a small lounge nearby, or an individual meeting with the pastor or minister. All of these things help the person gain a sense of control of the situation.

Slide 6 How communication helps

How we communicate with a person is extremely important and has been covered extensively but it never hurts to be reminded again. Communication techniques are the ways in which we exchange information. They may be written, spoken, or expressed through gestures and body language. It is especially important that the ways in which we communicate with a person living with dementia are kept simple.

As language is lost, the person relies increasingly on other kinds of communication such as body language and the tone and pitch of the voice (rather than words) to understand the world around them.

So always us a calm voice, simple instructions and a low-stress environment help a person living with dementia receive your message clearly. Also give them time to receive and respond to the message You will need to learn the best way to communicate with each person. You will find information about this in the person’s plan

Slide 7 How to use diversion to help

A diversion is a kind of distraction that takes the person’s attention away from the unwanted behaviour. Caregivers often become very skilled at developing strategies to distract the person living with dementia. Often it means having a range of distractions, because the person may not respond to the same tactic each time. The person’s response to the diversion can change according to their level of tiredness, the time of the day or their general health.

Some distractions you can use to divert the person away from the are unwanted behaviour are music that the person enjoys. Doing some exercise like a walk outside. If the person likes to play cards this is a great distraction if they can concentrate on the game.

Slide 8 How to use diversion to help

Often siting down and reminiscing about the person’s past and family can divert them into a more positive situation. You may find a photo album or a book that stimulates a time in their life they can talk about. Also, purposeful activities such as making a cup of tea and sitting down with them will often help too. A lot of older people have a custom around a cup of tea. Folding washing is something they can get involved in too. You can do it with them and find out a lot about a person at such a time.

Slide 9 Types of Individualised service plans

Now each person will have an individual plan that outlines specific ways to support positive behaviour. The plan will be developed over time after a full assessment. Some people will require a very detailed plan, or it may be a 24-hour plan that reflects the changes in the person’s behaviour throughout the day. There is also likely to be an associated activities plan, which we mentioned earlier, that adds more information and strategies for social and daily routines. There should be enough information for you to safely provide all the support needed. The plan should be reviewed and updated regularly by the multidisciplinary team. So, you need to look for places’ where information will be found to help support a person and be familiar with the different terms used by different organisation.

The following terms may be used to describe all the ways that the person needs support with their behaviour. There could be an activities plan, a lifestyle plan or even a 24-hour plan. You might also find there is a separate behaviour plan or a care pathway.

There may also be a behaviour flowchart that tells you in a picture form which actions to take – for example, if the person becomes very aggressive.

Slide 10 When is a safe social and physical environment is needed

Someone living with dementia may need specialist support in a safe environment because of their behaviour. When they cannot be supported at home, they may need to enter a specialist residential dementia facility. These can be for behaviour that require specialist care like when their wandering becomes unsafe. It could be that their screaming and shouting is causing disruption. They may also be aggressive behaviour towards others, or they have inappropriate sexual behaviours.

Slide 11 How staff education and training help

Now staff education and training are an important way of learning new ways to deal with difficult behaviour. The education can be in formal education and/or attending educational sessions provided by external experts in dementia and will help you feel confident about the strategies that you use. Staff meetings are also a useful way to share successes with colleagues and to learn from each other.

So, education and training may include in-service sessions. These can be held in house, using Care Training Online or even at handovers. Also, when you start a new job, it is likely to be in company orientation programmes as well. There may also be case conferences where a multidisciplinary team sits down and discusses a person, finds out more about hem and develop a range of strategies to manage behaviour. It can also be achieved by holding family meetings. This way you find out all you can about the person they used to be and can understand how best to manage them. There may be clinical sessions run by experts that can help as well.

Slide 12 How debriefing helps

Debriefing is a kind of interview or meeting in which you are asked about or report back on a task or event after it has ended. It is often used to analyse serious events so that the cause of the problem can be found. A debriefing would be held after an episode of aggression in which a staff member was hit by a resident. It may also be used after a person behaviour has calmed down to ascertain what could have been done differently. It is also a way for people to express their feelings and be okay with the situation like closure, so they don’t carry around any unresolved issue around the client or the situation.

Slide 13 Stress management

Managing stress is really important to enable you to cope. It is a way of dealing with stress using physical and psychological techniques. It helps people cope better with strain and anxiety. Some examples of stress management are relaxation. This can be with music or enjoying time with friends. It could be exercise like going to the gym, walking or running. Meditation is another way to destress too. There are many guided mediations on the internet to help reduce stress levels but whatever you do, it has to be enjoyable. If it is a chore then you won’t do it nor get any benefit from the time. All of these techniques can be used with residents as well as for yourself.

# Segment 12 - How to use strategies for managing behaviour

Slide 1 Index

In this segment I will discuss how you use these strategies to help a person with dementia and will look at what you need to be able to support a person, using strategies for a positive response, how to use spoken language to good effect, how to show you care through body language, build a positive relationship and what you should do to be with a person.

Slide 2 What you need to support a person

Supporting a person living with dementia requires good observation, creativity, resourcefulness, patience and understanding. Each person living with dementia is different, but they will all respond to individual attention from people who care about them and have the time and energy to communicate effectively with them. The person may be increasingly bewildered by the world around them, but the ‘original’ person is still there under the dementia. The challenge for the carer is to understand and meet the person’s needs.

Slide 3 Strategies for a positive response

The way we act when we are supporting a person living with dementia has a direct influence on the way the person responds and behaves. We can adapt our caring styles so as to encourage positive responses from the person living with dementia. If the person resists or is aggressive but is not causing harm to themselves or to others, leave them alone. Give the person time to settle down and come back later.

We can encourage positive responses by the way we speak and the body language we use, by creating a positive relationship with the person and by treating them with empathy and understanding.

Slide 4 Using spoken language to good effect

You can show a person you care through your tone of voice and spoken language, by explaining what you are doing when you are working with them. Don’t let them guess what you are going to do to them as it may frighten them. For example, when you go to wash their face with a flannel, explain “I’m just going to wash your face now” before you put the flannel to their face and make sure they see the flannel

Also simplify the language you use. For example, don’t say “I’m going to wash your face with this soft cloth, so your face is clean”. They will know why you are going to wash their face. Just say “I’m now going to wash your face” and don’t forget to smile at them when you talk so they know you are friendly.

Simplify the tasks too. Only do what is necessary at the time. For example, it may be enough for the person to have their face washed with a flannel and dried with a towel. Going the extra to put some moisturiser on their face may be a bit much at that time, so come back and apply the moisturiser

Slide 5 Using spoken language to good effect (cont.)

Reducing the amount of information, you give at one time. Never give them too much to try to take in as they it will overload them, and they will be more confused.

Also being gentle and using a calm voice and manner will reassure the person. If you are in a rush and try to hurry the person along or are loud and boisterous trying to jolly them is likely to confuse them even more. If they react to you, it is not the persons fault is yours.

Slide 6 Showing you care through body language

How you use your body can also show a person you care. You do this by making sure the person can see you coming when you approach them. If you approach them from behind and startle them, you may get a reaction you don’t want and trigger an unwanted behaviour.

Also try to be at eye level when you are talking to them. It is much easier for the person if they can see your face and your mouth when you are talking to them especially if they have hearing or vision impairment.

When appropriate, use physical affection. Touch is such an important part of care but make it gentle and non-threatening. Follow what the person will allow you to do. If they fold into you for a hug, then they want it but if they push you away it is clear it is not wanted. Both will stimulate a pleasant or unpleasant memory.

Smiling is another extremely important component in use of body language. If they see you stressed and not smiling it can upset them. However, if you are relaxed and smiling, they are more likely to take the cue from you and mirror what you are doing. A relaxed and positive body language and tone of voice is very comforting for a person.

Slide 7 How to build positive relationships

You can show care by building a positive relationship with the person as an individual. So, if you get to know the person’s preferences, routines, likes and dislikes, this will make it easier for both you and the person you care for. You will be meeting their needs and cause much less anxiety.

Also, get to know the person and show an interest in them. You will then be able to read them better like when they are happy or sad; relaxed or angry; content or discontented. All these different cues make it much easier for you both.

Learn to see the person beyond the disease and understand that the ‘original’ person is still there because they will be there. Find out from the family what they were like and see how much different they are.

Slide 8 How to build positive relationships

It is essential that you believe in and respect the right of the person to make choices within their abilities. Don’t take everything away from them. Give them options or choices. You will be surprised what they can still do. On some days it will be more than others but that doesn’t mean you don’t offer choices.

Also really listen to what the person is saying or trying to communicate. I have had many occasions where I have jumped to conclusions about what was going on and was completely wrong. So, stop, take time, and listen. You might be quite surprised what they are saying.

You also need to be patient and avoid showing any frustration. I know this is hard when you have a busy schedule to keep to and other residents to look after. Some days are more challenging than others but believe you me, you being frustrated with them or the work situation does nothing to support a person with dementia. Don’t underestimate the effect you have on the person and indeed everyone in the unit.

Slide 9 How to be with a person

The skill of showing you care by just being with the person is a valuable skill to learn. It isn’t hard. You just need to practice. You can do this by respecting and understanding the realities of what the person is experiencing. It is not your role to put what you think is happening on them. Just be with them and understand whatever it is, is the person’s experience. This will make caring so much easier.

Also, if you adjust your actions to the person’s rhythms. If you see the person is relaxed, don’t spoil it by adding your frustrated feelings on to them. You will be amazed how being where they are and not where you are will help. This doesn’t mean if they are yelling and screaming you do that as well, even if you feel like doing it. Just try to understand and distil a calm person that the person can relate to.

Slow down and spend time with the person, even if you have a lot to do. You will end up getting more done if both of you are relaxed.

Slide 10 Slow down and be with a person

Above all learn to be flexible with routines. If a person is refusing a shower, then don’t force the issue. No one ever died because they didn’t have a shower. Go back at another time and they may be more receptive. If you don’t succeed, pass it to the oncoming person when you go home or try to give them a sponge down. There are many options rather than one you want in your time. Being rigid and trying to get a person to fit in with you and your routine will only lead to frustration on both sides and a no-win situation will result. Go with the flow and just be where they want to be. This is how you get a win/win situation.

You also need to validate the person’s experience. Whatever it is, is real to them. Do not try to bring them back to your reality. This will fail. You are not the person and they are not you. Both have totally different life experiences and realities and neither of you can expect to fully know what is going on so just validate where they are at the time.

When you empathise with the person you can relate to the person. It means you can put yourself in their shoes so to speak even though their shoes or experiences are not the same as yours. There is a saying “Never judge me till you’ve walked a mile in my shoes”. This is so true. You don’t know what the person has been through in their lifetime. So just learn to relate to them the best way you can.

Slide 11 Example of how to be with a person

If you look at the example of handing a situation you can see how to manage a person successfully. If you follow all these suggestions, you will find that caring will be a lot easier. Be guided by the person and how they are feeling or behaving and accept it is real to them even if it doesn’t make sense to you. Always remember, for every behaviour there is a reason whether they be calm or angry. Understanding the reason behind the behaviour is a win/win for all.