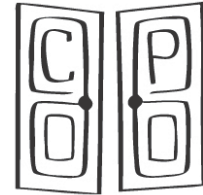


# Alzheimer's

S E R V I C E S

*of the Capital Area*



*Charlie's*

P L A C E



# Behavioral Expressions

## *The "B" Word in Dementia isn't so Bad!*

*Dana Territo, Director of Services  
Alzheimer's Services of the Capital Area*

Alzheimer's  
SERVICES  
*of the Capital Area*

  
Charlie's  
PLACE

# Objectives

- Integration of a person-centered care philosophy
- Discuss habits of communication and building relationships
- Demonstrate Effective measures in redirection

# Communication



# Inability to Communicate



- The disease diminishes the individual's ability to communicate
- The individual has more difficulty expressing thoughts and emotions
- He/she has more difficulty understanding others

# Individuals with Dementia may Experience Changes in the way they Communicate to Others...

- Can't find right words
- Use same words repeatedly
- Invents new words for objects
- Lose train of thought
- Cannot organize words/thoughts
- May revert to speaking in native language
- Speak less often
- Use of gestures becomes more prominent

# Misconceptions about Behavioral Expressions

- We tend to “blame” the affected individual and label him/her as bad – the individual becomes the enemy
- We think they are doing it on purpose
- They can't all be bad, can they???



# Building Relationships

- Respect – Don't speak down to the person or speak to others as if he or she is a child or isn't present (i.e., *Elder-speak* is known to have negative effects when communicating with Alzheimer's patients)
- See the essential humanity & spirit of the individual
- Focus on the individual behind the disease
- Help each individual function at the highest possible level
- Focus on their strengths
- Understand individual differences





# Building Relationships

- *Connect*
- **Visually** – Look Interested, follow their lead, go slow, use gestures & pointing
- **Verbally** – sound enthusiastic, use right tone of voice, keep responses short; say something nice about the person or their place
- **Physically** – Hold hand-under-hand, use flat open hand on forearm or knee; nod head, touch gently, watch your gestures and body language, offer a hug
- **Emotionally** – use empathy... “it sounds like...it seems like....it looks like...”
- **And, through listening** – listen actively, use some of their words to keep the flow going, try, “tell me about it...,” avoid the negative



# Help the Person Express Himself/Herself

- Start up a conversation about something the person can see or touch
- Allow plenty of time for the person to reply
- Ask them to repeat if you don't understand what is said
- Try to ignore mistakes in word choice
- Watch for gestures or other cues to figure out what the person is trying to convey
- Go along with the person's conversational choice
- Try not to interrupt if the person is trying to express himself/herself

# Effective Measures In Redirection

- First, AND ALWAYS, KNOW the individual with Alzheimer's or dementia
- Remain calm & reassuring
- Understand that the behavioral expression is a result of the disease process
- Lecturing/scolding only gets the individual more agitated
- Cannot reason to resolve the situation
- Watch your body language, voice tone, and gesturing

# Effective Measures in Redirection



Find  
the  
"Root....."

# General Approach

- **What are they trying to say?**
- **What are they reacting to?**
- **Is person in distress? If so, evaluate the cause**
- **Look for some kind of meaning**
- **Research behavioral history to identify precipitants to help interpret meaning**
- **Most often, behavior is situational**
- **Watch your tone, body language, facial expressions**

I didn't tell  
her you were  
stupid.

I didn't tell  
her you were  
stupid.





# Potential “Root” Causes of Challenging Behavioral Expressions

- Reaction to loss
- Inability to meet basic needs
- Medical problems
- Environmental factors ( i.e., change in living arrangements; excessive noise)
- Sensory Impairment
- Sundowning
- Change in caregiver
- Travel
- Hospitalization/Surgery
- Presence of houseguests
- Bathing
- Being asked to change clothing
- Lack of sleep

# Top 10 Unmet Needs

## • Unmet Physical Needs:

- Hungry or Thirsty
- Tired or over-energized
- Elimination – need to/did
- Temperature – too hot/too cold
- In Pain
  - Mouth
  - Joints
  - Insides – gut/heart/bowels

## • Unmet Emotional Needs:

- Angry
- Sad
- Lonely
- Scared
- BORED!



Corbis

# Agitation/Anxiety/Aggression

## What to do???

- Keep structured routines
- Reduce caffeine intakes
- Restrict choices
- Distract with activity
- Choose words carefully “What can I do to make things better?” “I’m sorry you’re upset”
- Examine the environment – (aggression=loss of control over person’s surroundings) Keep environment friendly
- Examine human interactions
- Give him/her enough time for expression  
*(we don’t allow enough time because we are intent in fixing things)*
- Check Medications

# **Paranoia/Hallucinations**

## **What to do???**

- **Respond to the feeling behind the accusation:  
Example: “Why did you do that to my mother?”  
Change it around to “You must miss your mother an awful lot. Tell me about her.”**
- **Use non-verbal communication, such as touch, smiles, hugs**
- **Avoid TV watching**
- **Avoid arguments**
- **Discuss paranoid behaviors with physician**

# Repetitive Speech/Repetitive Outcries

## What to Do?????

- **Repetitive speech** - Possibly because of lack of relationship, connectedness to surrounding environment --- person finds that connection by yelling out
- **Yelling** - Expression of anxiety about being in an unfamiliar and possibly frightening environment – needs companionship, needs to go to the bathroom
- **Babbling** – “self-massage” – mechanism for comfort



# Wandering

- Six in ten people with Alzheimer's disease will wander
- Very common, but dangerous & life-threatening



# Sundowning

- Become more confused late in the day, especially after dark (triggers longstanding patterns)
  - Nightly News is on
  - Dinner is served
  - Caregiver missing
- Biological clock changes
- Become more demanding, upset, suspicious, and disoriented
- They may wander all night



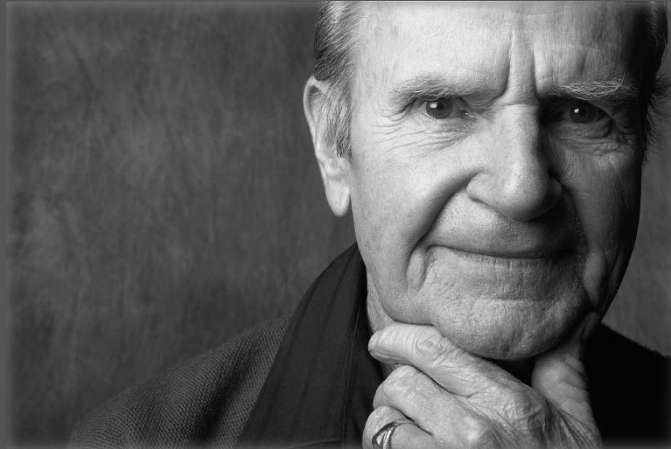
## *Don't*

- Raise your voice
- Confront
- Criticize
- Try to discuss the angry behavior
- Initiate physical contact during angry outburst
- Ignore, shame or ridicule the person





The Man is Afraid to go Home.



The Man with the Mask is  
There.

Every evening at suppertime, Mr. Andrews goes to the nursing station and begins to “tap, tap, tap” on the counter. A nurse responds, asking, “What do you need?” Mr. Andrews cannot communicate that need, and continues to tap on the counter. The nurse redirects him to the dining room to eat. Mr. Andrews gets back up and goes to the nursing station and does the same thing.....taps on the nurse’s station counter. The nurse repeats the redirection and Mr. Andrews sits for awhile and eats, then paces afterwards. The next evening, Mr. Andrews, about the same time, approaches the nurse’s station and begins tapping again.





- *Respond to the NEED, not the BEHAVIOR*
- *Vicious cycle - reactive behavior elicits reactive behavior!*
- *If your behavior is not gentle, patient and loving -you are part of the problem!*

# Patience & Perseverance

- Be encouraging in allowing the individual to express his/her thoughts
- Don't interrupt
- Avoid criticizing, correcting, or arguing
- Avoid quizzing. Reminisce, but don't ask: *“Don't you remember when?”*
- Give simple explanations
- Honor their world





# Person-Centered Care

- 1. Upholding the value of the person regardless of the level of functioning.**
- 2. Immersion of interactions in core psychological needs (love, comfort, attachment, inclusion, occupation and identity)**
- 3. Promotion of good health.**
- 4. Reframing “problem” behaviors as a demonstration of a need being communicated.**
- 5. Reframing “problem” behaviors as an opportunity for communication with caregivers.**
- 6. Recognition that all action is meaningful.**

# What are our Goals?

- **We want to help the affected individual be successful**
- **We want to use the abilities that remain**
- **We want to give the individual important things to do that they can relate to**
- **We want to have activities for the individual to do that he/she personally enjoys**



- *Studies show that Behavior Management Techniques are about as equally effective as medications.*



Jessica Broadway, M.D.,  
*Baffled by Behavior Problems?*  
CareADVantage, Spring, 2012



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**Thank You!**

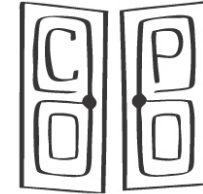
*Questions and Answers*



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