Approaches, Activities and Interventions
in Response to Behaviors of People with Alzheimers and Senile Dementia
By Carly Hellen, Rush Alzheimer's Disease Center

APPROACHES, ACTIVITIES AND INTERVENTIONS IN RESPONSE TO BEHAVIORS OF PEOPLE WITH ALZHEIMERS AND SENILE DEMENTIA

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IN GENERAL:

- Research the presence of antecedent to the behavior; what was happening prior to the onset of the behavior
- Look for environmental elements that cause do contribute to the behaviors; surroundings, noise, activity, people, etc..
- Try to determine the reason for the behavior, if possible
  Have all staff responded the same manner when addressing behaviors
- Share in successful approaches, activities, interventions with all staff, put information in prominent place on care plan
- Don't over reacted to residents behavior; don't use words or tone voice that scold, punishes, chastises, etc.

to further identify possible approaches and interventions....

VERBAL ANXIETY (FEELING LOST, SCARED, I DON'T KNOW WHAT TO DO)

- Approach slowly
- Redirect to object, activity, prop, conversation
- Use touch in a gentle, reassuring way
- Take residents to the most familiar setting on unit to sit in relaxed and feel more secure
- Reassure with familiar props, locations, activities, etc.
- Involve resident in positive peer relationships, perhaps with someone who needs to reassure or nurture someone else
- If asking what's wrong, use validation to listen for the reason underlying the anxiety, then try to resolve
- Involving normalization activities resident is capable of doing
- Allow residents to sit in area where staff are working to feel he or she isn't alone

REPETITIVE CALLING OUT; YELLING, SCREAMING

- Use slow, rhythmic music, lifelong favorite music.
- Use refreshments
- Give resident a busy box, scrap book, props to occupy attention and interest
- Spend one on one time in quiet, and non-distracting area; use soft voice so that perhaps resident will have to stop yelling to hear you
- Use the resident's name and look directly at him or her in trying to calmly breakthrough
- Assess whether the resident is in pain, discomfort, has a need that can be met
- Assess whether something or someone in environment is causing the behavior
- Try to involved in singing instead

VERBAL ANGER; ABUSIVE LANGUAGE

- Distract and redirect
- Introduce singing instead
- Introduce a "favorite" of the resident; activity, music, food, person
- Involve in craft or physical activity were anger could be expressed in nonverbal manner
- Involve in social settings that clearly cue the use of manners or appropriate social skills
- Do not react with shock, schooling, anger, parental tone

EXPRESSION OR DISPLAY OF SADNESS; DEPRESSION

- Use validation therapy techniques to find a reason behind the behavior, don't ask "why"?
- Involve in or use something from residents lifetime that has offered enjoyment or comfort
- Do and say things that make the resident feel of value or special

- Involve in activities that you are certain residents can be successful in doing; give genuine praise
- Acknowledge and accept what the resident is expressing
- Use music: sad music may help you release feelings; happy may offer distraction
- Use something to offer comfort to, to cuddle, pat, tactile stimulation

SHORT ATTENTION SPAN; EASILY DISTRACTED

- Break the activity into short sections
- Use a lifelong, normalization, familiar activities
- Use of props, pictures, materials to assist in holding resident's attention
- "Roving" activities; take the activity to where the resident is on the unit, rather than time to keep the residents attention in an activity group or area
- Use of resident "jobs"/ roles in activity; making it important to stay involved
- Put out materials and allow or assist resident in going from "station to station"
- Manual activities; task oriented activities; tactility stimulating materials
- Seat in group or at a table or in an area in a way that the resident faces the fewest number of distractions
- Change activity, approach, tone of voice that you notice resident is losing interest
- As you notice increase in distractability, ask resident a question or give one on one to regain interest
- Inter-generational activities
- Good mixture of passive to active activities

WANDERING, PACING

- Involve in physical or movement activities
- Set up a "wandering trail" with interesting things to stop look at and/or do long away
- Normalization activities: sorting jewelry or stocks; tying laces; untying or unknotting socks; sorting and folding laundry; sweeping; testing
- Use activities that can occur while walking
- Set up "comfort" areas (chair, pillows, couch, music playing, things to look at) that draw resident in to rest
- Dancing
- Involve in a roaming choir or rhythm band while walking

ELOPING (PURPOSEFUL ACTIONS TO LEAVE AREA OR BUILDING)

- Walk with the resident using a non-directed conversation to distract or calm resident
- Setup planned walking activities
- Involve resident in tasks of the unit- making beds; sweeping, pushing cart with staff
- Disguise the unit's exits
- Assess times of day this happens; look for environmental cues -such a staff leaving to go home-and eliminate
- Involve in activity prior to this time of day
- Involve in activities that match the reason the resident has to leave-cooking, work, childcare

REPETITIVE PHYSICAL MOVEMENTS

- Activities that naturally involve repetitive movements-sanding, dusting, stuffing
- Rhythms band; dancing; movement to music; exercise
- Work oriented repetitive activities: sorting, stapling, stamping, cutting, folding

PHYSICAL COMBATIVENESS, AGGRESSION

- Remove resident from the situation to calm, quiet area without making a big deal about it
- Massage. Stroke or hold residents hand, it he or she will allow. Brushing hair
  Dancing, singing, rhythmic music, clapping, marching
- Physical activity with gross motor movements, and safe props, if any; walking; ball activities
- Repetitive manual activities like crumpling or tearing newspaper for stuffing
- Give the resident something safe-non breakable-to hold
- Find ways in which the resident could have some element of control in the situation
- Normalization or repetitive activities that can be done alone

- Give the resident some space; Decreased stimuli in the environment
- Use of smells or foods that are soothing or comforting

RUMMAGING; PILLAGING; HOARDING

- Therapeutic "purses", bags, etc. filled with belonging that the resident can keep
  Redirection
- Display items that can safely be picked up and taken by the resident; pegboard with collection of hats on, jewelry that belongs to the unit
- Don't simply take something away from the residents; "trade" it for acceptable item
- When coming into a resident's room to check their hiding places, ask "I've lost my _____: I'd like to look for it here. Please help me look for it."

SUNDOWNING

- Adjust activity in staff schedules providing more things to do and staff to intervene at this time of day
- Use refreshments at this time today
- Have staff be very conscious and careful about the way in which they leave the unit at this time of day
- Suggest family visits at this time, if possible
- Use normalization and helping types of activities
- Consider a psychosocial group to address through group techniques/ relaxation techniques

INAPPROPRIATE SEXUAL BEHAVIORS

- Redirect attention to other things
- Seek family's knowledge about cause of behavior, give support to family, especially to spouse or resident
- Provide private area for more appropriate behavior

STRIPPING

- Use clothes with closures that aren't easily accessible to resident
- Try variety of types of clothing to determine whether resident will leave some types on
- Give resident things to do/ manipulate with hands; tactile stimulation props, busy box, board, apron, pillow
- Don't scold; calmly redress resident

CATASTROPHIC REACTION

: Identify the stressor(s) can eliminate or reduce as much as possible; take preventative action :

- Identify resident's "symptoms" leading up to reaction, and intervene at that time
- Use a consistent approach whenever dealing with catastrophic behavior
- Use enough-but not too many-staff to intervene in as calm a way as possible
- Determine successful ways to redirect residents and communicate these to all of the staff working with the patient