



RESPONDING TO CHALLENGING BEHAVIORS IN DEMENTIA: THE IA-ADAPT PROJECT*

PART 2: SELECTING AND APPLYING NON-PHARMACOLOGICAL INTERVENTIONS

This article is the second in a two-part series about treating behavioral symptoms in dementia. The information is based on the three-year project, *Improving Antipsychotic Appropriateness in Dementia Patients*, known as IA-ADAPT. In Part 1, we reviewed steps to identify, assess and treat problems that cause and contribute to challenging behaviors in dementia. In this second part, we'll review three main activities that extend and support those activities. We invite readers to visit our [website](#), where a wide range of training and supportive materials are available at no cost. This article is based on the three-step *Algorithm for Treating Behavioral and Psychological Symptoms of Dementia (aka Problem Behaviors)*. We invite readers to access and use these materials. After creating a login for the site, electronic copies can be found on the right sidebar, and laminated copies can be requested from a link on the sidebar. Free continuing education credit also is available.

Non-Pharmacological Interventions

In addition to identifying and treating reversible problems that cause and contribute to problem behaviors in dementia, caregivers can also 1) adjust their daily approaches and routines, 2) change the social and physical environment, and 3) select and use evidence-based non-drug interventions to reduce problem behaviors in dementia. As Part 1 emphasized, all approaches and interventions should be tailored to fit the person and the situation and address one problem at a time.

Interventions should be based on the TYPE of problem and your ASSESSMENT of the person's retained abilities, preferences, and resources, including their:

- Cognitive level;
- Physical function level;
- Long-standing personality, life history, interest and abilities;
- Preferred personal routines and daily schedule; and
- Personal, family, and/or facility resources.

There is no "one size fits all" in dementia care! All approaches and interventions must consider the person's long-standing characteristics, history, current level of abilities, AND factors in the social and physical environment. In most situations, several factors contribute to challenging behaviors so savvy caregivers must continually look at the "big picture." Ask yourself and others: What is going on with/inside the person? What is going on around the person? What can I change to make life more understandable and comfortable?

"Responding to Challenging Behaviors in Dementia"

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Adjust Caregiver Approaches

One of the most important things that daily caregivers can do to support and assist an elder with dementia is make a “one minute” assessment. As before, ask yourself, “What can I do to help “Sally” be successful AND comfortable right now?” In our hurry to get “tasks done,” we tend to forget the PERSON who may not understand the importance (to us) of eating, grooming, bathing, or going to activities or appointments. We focus on OUR perspective, not Sally’s. She doesn’t understand our hurry and competing demands, and may respond through her behavior to say “stop” or “I don’t like that.” Caregivers too often (and unintentionally) set off negative reactions and behaviors that can be avoided through “simple” adjustments while providing daily care. We recommend adjusting six main approaches:

- Personal approaches: Focus on helping the person use their retained abilities by cueing, prompting, and reminding. Avoid trying to reason or asking them to “try harder.”
- Daily routines: Simplify routines and use long-standing history to guide daily cares. Focus on accommodating long-standing preferences rather than making people fit into the facility’s routine.
- Communication style: Slow down, use familiar, understandable words; use your nonverbal messages to reassure the person and illustrate tasks.
- Approaching with positive regard: Don’t confront false beliefs. Remember, the belief is “real” to them, so distract them with a pleasant activity or reminiscing about a happier time.
- Involving/engaging in activities: Lack of meaningful activities is a big contributor to behavior problems so think carefully about ways to reduce boredom, distract from worries, and stay active.

Change the Environment

The second main activity for reducing behavior problems among persons with dementia is to adapt the environment to best fit the needs and abilities of those with cognitive impairments. As we discussed in Part 1, a long list of factors in the social and physical environment may contribute to confusion and behavior problems. Television, mirrors, pictures, public address announcements and even some holiday decorations can be confusing to persons with dementia. Things that are understandable to the average person are often misleading and frightening to persons with dementia. Too many people, too much noise, and even stimulants like caffeine can be stressful for people with dementia.

As with daily routines, keeping the physical and social environment simple, understandable, and familiar is often best. Signs, pictures, and even aromas like lavender can help people find their way to their room, or the toilet, or something enjoyable to do. Adjusting the physical surrounding to be more homelike doesn’t require a huge remodeling project. Items that are familiar and comfortable can easily be added. Furniture can be arranged to help people interact with one another. Simple additions like table cloths and flowers in the dining area, along with simplified mealtime routines, can make big differences in agitated behaviors. Wall-hanging or benches may distract residents from wandering, and providing secure outdoor areas can reduce “elopement.”

Providing understandable activities available 24-hours-a-day, 7-days-a-week is truly important to reducing problem behaviors. All daily care staff, not just activity personnel, needs to understand how to use activities in the person’s personalized activity care plan. Individual, one-to-one, and small group activities are essential for quality dementia care. And with advance planning, they are no more “time consuming” than bringing and returning residents to large group programs!

Use Evidence-Based Interventions

The third main approach for reducing and preventing behavior problems is to select and use non-pharmacological interventions that are supported by research. A variety of interventions are effective in dementia care. As before, there is NO “one size fits all” AND an intervention that works for a person at one time in their disease course may not work later on. Selecting an interventions depends on the five factors listed earlier, AND fully understanding how to use the intervention overall, and apply it with the individual resident.

Many interventions can be used for multiple purposes. For example, individualized music can be used to calm and soothe an irritable or agitated person. Music also can be used to draw out and engage a withdrawn or apathetic person by singing or playing simple instruments. A wide variety of multi-sensory interventions called [Simple Pleasures](#) may be used to reduce and prevent problem behaviors. Instructions to both make and use Simple Pleasures items are available for [free](#). Physical exercise, animal-assisted therapy, aromatherapy, and presence therapy have demonstrated positive effects in dementia care.

Common criticisms of non-drug interventions often include the fact that behaviors reoccur when we stop using the intervention. However, that is NO different than lots of medications! If you stop an anti-hypertensive drug, high blood pressure will often return. Over the course of the disease, whether it is high blood pressure or diabetes or dementia – the presenting symptoms change and adjustments in care must be made. Non-drug approaches in dementia care are really no different. Quality care requires that caregivers adjust what they do, and the interventions offered, to fit the level of ability and needs of the person as the dementia progresses and symptoms change.

Monitor Outcomes and Adjust Course as Needed

That leads to the third step in our Algorithm – which is monitoring outcomes by using a standardized rating scale, and adjusting course as needed to assure the interventions all “fit” as well as they care. Like medications, behavioral interventions must be delivered in the right “dose” (duration and intensity) and at the right “time” to be effective. Staff must be trained to use the interventions effectively, and adjustments must be made along the way to cope with changing abilities and needs as dementia progresses.

In summary, there are many choices and options for helping older adults with dementia be engaged and successful in daily life. Problem behaviors are often avoidable by changing what daily caregivers do, and the environment in which people with dementia live and receive care. By using these strategies, caregivers can often prevent and reduce the use of potentially harmful antipsychotic medications. Using a step-wise approach to assure that unmet needs are addressed – [first](#) and on an ongoing basis – is essential to high quality dementia care.

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