

### Possible Non-Pharmacological Approaches for Behaviours<sup>1</sup>

BEHAVIOUR & RISKS	POSSIBLE CAUSES (think P.I.E.C.E.S™ Physical; Intellectual; Emotional; Capabilities; Environmental; Social) (1)	POSSIBLE APPROACHES: Investigation, Interactions, Information
1. Seeking an exit from a unit or facility	<ul style="list-style-type: none"> <li>▪ Dementia process</li> <li>▪ Looking for home/ family / familiar surroundings due to loneliness</li> <li>▪ Following staff or visitors who are leaving the unit</li> <li>▪ Lack of meaningful stimulation</li> <li>▪ Exploring/moving about/ restlessness</li> <li>▪ Boredom/ loneliness</li> <li>▪ Anxiety/ worries</li> </ul>	<ul style="list-style-type: none"> <li>✓ Camouflage doorway/doorknob/elevator/flooring to alter perception of environment</li> <li>✓ Explore and validate the resident's feelings</li> <li>✓ Avoid insisting on reality orientation</li> <li>✓ Use distraction or re-direction techniques</li> <li>✓ Engage resident in a meaningful conversation/activity from previous life experiences</li> <li>✓ Consider impact of noisy environments</li> <li>✓ Use simple signs and way-finding cues (e.g. words/pictures)</li> <li>✓ Use signs to provide instructions if they can still read e.g.: do not enter, stop</li> <li>✓ Personalize rooms with resident's important belongings</li> <li>✓ Reassure resident to feel safe and secure</li> <li>✓ Provide rummage boxes/activity aprons</li> <li>✓ Use Ipad to play pre-recorded family videos (2-3)</li> </ul>
2. Entering into other resident's rooms uninvited	<ul style="list-style-type: none"> <li>▪ Looking for bathroom</li> <li>▪ Fatigue</li> <li>▪ Inability to recognize their room</li> <li>▪ Seeking human contact</li> <li>▪ Boredom/ loneliness</li> </ul>	<ul style="list-style-type: none"> <li>✓ Assess resident's for a unmet physical need e.g. hunger, thirst, bathroom, fatigue</li> <li>✓ Provide assistance to help resident make social connections</li> <li>✓ Use of visual cues to help resident find their room</li> <li>✓ As above in #1</li> <li>✓ Robotic pers to support emotional expression (4-6)</li> </ul>
3. Grabbing/ pinching staff during personal care	<ul style="list-style-type: none"> <li>▪ Grasp reflex when hand touched</li> <li>▪ Depression, Anger</li> <li>▪ Pain/discomfort</li> <li>▪ Approach of caregiver (body language, tone)</li> <li>▪ Fear</li> </ul>	<ul style="list-style-type: none"> <li>✓ Place washcloth or other type of soft object in hand prior to care</li> <li>✓ If resident is lying on side, encourage them to grab side rail</li> <li>✓ Use personal safety techniques to minimize harm</li> <li>✓ Consult with OT/PT for optimal positioning during care</li> <li>✓ Manage pain by giving analgesics prior to care</li> <li>✓ Gentle Persuasive Approaches (7)</li> </ul>
4. Disinhibition or socially inappropriate behaviour	<ul style="list-style-type: none"> <li>▪ Broken social filter due to frontal lobe brain damage</li> <li>▪ Underlying mental illness</li> </ul>	<ul style="list-style-type: none"> <li>✓ Facilitate and guide socially appropriate conversations and behaviours between residents</li> <li>✓ Ignore challenge of poor social skills if directed at staff – don't take it personally, react</li> <li>✓ Distract and redirect</li> <li>✓ Manage social environment to maintain calmness</li> <li>✓ Protect dignity by providing private space</li> <li>✓ Comfort mitts for positive distraction (8)</li> </ul>

<sup>1</sup> Adapted with permission from Vancouver Coastal Health Authority 03/05/2013

<p>5. Verbal and/or physical aggression toward others</p>	<ul style="list-style-type: none"> <li>▪ Disinhibition due to dementia</li> <li>▪ Behaviour of other residents</li> <li>▪ Not understanding actions of caregivers</li> <li>▪ Approach of caregiver (body language, voice tone)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Be vigilant and proactive to maintain personal safety and safety for other residents</li> <li>✓ Immediately: <ul style="list-style-type: none"> <li>▪ Stop task</li> <li>▪ Remove self &amp;/or others from resident's personal space</li> <li>▪ Be aware of your surrounding environment</li> </ul> </li> <li>✓ De-escalate the situation by: <ul style="list-style-type: none"> <li>▪ Responding calmly; use non-threatening body posture</li> <li>▪ Don't react: argue, give a defensive response, rationalize</li> <li>▪ Validate: acknowledge their feelings</li> <li>▪ Give directions/instructions</li> <li>▪ Keep it short and simple</li> <li>▪ Recognize the difference between venting and abusive language</li> </ul> </li> <li>✓ After the resident has de-escalated: <ul style="list-style-type: none"> <li>▪ Seek clarification for the behaviour</li> <li>▪ Allow time and try another approach</li> <li>▪ Redirect</li> </ul> </li> <li>✓ Check for triggers: <ul style="list-style-type: none"> <li>▪ Check for unmet needs</li> <li>▪ Check your approach</li> <li>▪ Check the environment</li> </ul> </li> </ul>
<p>6. Climbing or falling out of bed</p>	<ul style="list-style-type: none"> <li>▪ Not tired</li> <li>▪ Bored/lonely</li> <li>▪ Loss of insight into personal safety</li> <li>▪ Pain</li> <li>▪ Needing to use bathroom</li> <li>▪ Hunger/thirst</li> </ul>	<ul style="list-style-type: none"> <li>✓ Delay bedtime or bed where staff can observe</li> <li>✓ Distraction - music, TV, books</li> <li>✓ Develop regular schedule for using bathroom</li> <li>✓ Manage pain by giving analgesics prior to care</li> <li>✓ Reposition pillows for comfort</li> <li>✓ Consider equipment: lower bed height, mattress/foam on floor, hip protectors, commode/urinal by bed</li> <li>✓ Offer food and fluids</li> <li>✓ Provide appropriate lighting for bathroom use</li> <li>✓ Discuss tolerable risks with family</li> </ul>

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<p>7. Repetitive calling out/screaming</p>	<ul style="list-style-type: none"> <li>▪ Unmet needs <ul style="list-style-type: none"> <li>○ Pain/discomfort</li> <li>○ Need for attention; seeking a loved one</li> <li>○ Fear</li> </ul> </li> <li>▪ Psychiatric Illnesses (e.g. Depression, Anxiety, Psychosis)</li> <li>▪ Self-stimulation</li> </ul>	<ul style="list-style-type: none"> <li>✓ Investigate possible underlying unmet needs</li> <li>✓ Engage resident in meaningful activities for them – continuing life events and roles from their past</li> <li>✓ Provide opportunities for multi-sensory stimulation</li> <li>✓ Assess and manage pain</li> <li>✓ Provide regular positive attention</li> <li>✓ Validate resident’s feelings around any known concerns</li> <li>✓ Provide reassurance – resident’s need for safety and security</li> </ul>
<p>8. Resistance to care</p>	<ul style="list-style-type: none"> <li>▪ Involuntary movements related to primitive reflexes</li> <li>▪ Outpacing/rushing a resident</li> <li>▪ Being unfamiliar with resident’s past routines related to grooming, bathing, etc.</li> <li>▪ Negative past, traumatic experience</li> <li>▪ Pain/fear of pain due to musculoskeletal disease</li> <li>▪ Poor insight and lack of recognizing the need for help</li> </ul>	<ul style="list-style-type: none"> <li>✓ Place an object in hand to hold</li> <li>✓ Sit resident up while dressing</li> <li>✓ Engage family in identifying triggers, past routines, optimal plan for care</li> <li>✓ Treat chronic and incident pain – consider administration of medication prior to care</li> <li>✓ Engage resident’s remaining abilities in helping them provide care <ul style="list-style-type: none"> <li>▪ Breakdown down tasks into small steps</li> <li>▪ Provide assistance with sequencing with verbal directions</li> </ul> </li> <li>✓ Do not assume resident behaviours are resisting care</li> <li>✓ Slow down your care (e.g. movement, speed of talking, simple sentences)</li> <li>✓ Use verbal, visual, environmental cues to support understanding of imminent care</li> <li>✓ Work to undo the reaction to resistance: <ul style="list-style-type: none"> <li>▪ Socialize before providing care</li> <li>▪ Leave and return later</li> <li>▪ Keep your energy low</li> <li>▪ Avoid saying “no”; instead say “yes and”</li> <li>▪ Avoid punishing the individual for their response</li> </ul> </li> <li>✓ Try the <a href="#">ART &amp; SCIENCE Person-Centred Care Communication Techniques</a> (9)</li> </ul>

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## Useful Resources

U-First! is designed to help health care providers improve the quality of interaction between the care provider and the person living with dementia. [The U-First! wheel](#) is a tool that shows how to encourage dialogue and understanding of the person with dementia between care providers, the person with dementia, their families, and other partners in care. The [U-First! website](#) also offers helpful learning modules.

The Canadian Coalition for Seniors Mental Health (CCSMH) developed evidence-based guidelines for the assessment and treatment of mental health issues in residential care. The Coalition created a [useful pocket- card tool](#) based on the guidelines, about the assessment and treatment of behavioural symptoms of older adults. The full guidelines plus resources for families are available through the [CCSMH website](#).

The [www.alzheimersociety.ca](http://www.alzheimersociety.ca) website offers information that may be useful for providers and families.

### References

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2. Hung, L., Au-Yeung, A., Helmer, C., Ip, A., Elijah, L., Wilkins-Ho, M., & Chaudhury, H. (2018). Feasibility and acceptability of an iPad intervention to support dementia care in the hospital setting. *Contemporary nurse*, 54(4-5), 350-36.
3. [https://www.researchgate.net/publication/318057444\\_USING\\_IPADS\\_TO\\_PROMOTE\\_PATIENT\\_SAFETY\\_AND\\_REDUCE\\_STAFF\\_INJURIES\\_IN\\_DEMENTIA\\_CARE](https://www.researchgate.net/publication/318057444_USING_IPADS_TO_PROMOTE_PATIENT_SAFETY_AND_REDUCE_STAFF_INJURIES_IN_DEMENTIA_CARE)
4. Hung, L., Woldum, E., Liu, C., & Au-Yeung, A. (2018). THE IMPACT OF AND BARRIER TO USING THE SOCIAL ROBOT PARO IN CARE SETTINGS. *Innovation in Aging*, 2(Suppl 1), 1018. <https://doi.org/10.1093/geroni/igy031.3758>
5. Moyle, W., Jones, C., Murfield, J., Thalib, L., Beattie, E., Shum, D., ... & Draper, B. (2018). Effect of a robotic seal on the motor activity and sleep patterns of older people with dementia, as measured by wearable technology: A cluster-randomised controlled trial. *Maturitas*, 110, 10-17.
6. Petersen, S., Houston, S., Qin, H., Tague, C., & Studley, J. (2017). The utilization of robotic pets in dementia care. *Journal of Alzheimer's Disease*, 55(2), 569-574.
7. Hung, L., Son, C., & Hung, R. (2019). The experience of hospital staff in applying the Gentle Persuasive Approaches to dementia care. *Journal of psychiatric and mental health nursing*, 26(1-2), 19-28.
8. [https://www.researchgate.net/publication/314183245\\_Comforting\\_patients\\_with\\_comfort\\_mitts](https://www.researchgate.net/publication/314183245_Comforting_patients_with_comfort_mitts)
9. Game On: Disseminating research for improving hospital dementia care. <https://vch-dementia-care.herokuapp.com/>

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