Non-Pharmacological Interventions

Categories for Specific Non-Pharmacologic Interventions for BPSD[1]		
Sensory Enhancement/ Relaxation	**Social Contact: Real or Simulated**	**Behaviour Therapy**
• massage and touch, warmed blankets • individualized music & music therapy • white noise • controlled multisensory stimulation (Snoezelen) • art therapy • aroma therapy • gardening • cooking	• individualized social contact • reminiscing • pet therapy • 1:1 social interaction • simulated interactions/family videos • skype • phone calls • letters from family	• differential reinforcement • stimulus control
Structured Activities	**Environmental Modifications**	**Training and Development**
• recreational activities • outdoor walks • physical activities • exercise class • meaningful activities (e.g. folding laundry, delivering newspapers)	• safe environments to walk • reduced stimulation • light therapy • easy access to outdoors	• staff education (e.g.: Caring Journey Dementia Education, Enhanced Behaviours, CARE Program, P.I.E.C.E.S.,) • staff support • training programs for family caregivers (e.g. Caring Journey) • Teepa Snow videos • WorkSafe BC videos

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 website offers information that may be useful for providers and families.

[1] McGonigal-Kenney, M., Schutte, D. Evidenced-Based Practice Guideline for Non-pharmacologic Management of Agitated Behaviors in Persons with Alzheimer Disease and Other Chronic Dementing Conditions. The University of Iowa Gerontological Nursing Interventions Research Center. (Revised 2004), as cited in the BC Best Practice Guideline for Accommodating and Managing BPSD.

Possible Non-Pharmacological Approaches for Behaviours[2]

BEHAVIOUR	UNDERLYING REASON	POSSIBLE APPROACHES
1. Seeking an exit from a unit or facility	• Dementia process • Looking for home/ family / familiar surroundings due to loneliness • Following staff or visitors who are leaving the unit • Lack of meaningful stimulation • Exploring/moving about/ restlessness	✓ Camouflage doorway/doorknob/elevator/flooring to alter perception of environment ✓ Explore and validate the resident's feelings ✓ Avoid insisting on reality orientation ✓ Use distraction or re-direction techniques ✓ Engage resident in a meaningful conversation/activity from previous life experiences ✓ Consider impact of noisy environments ✓ Use simple signs and way-finding cues (e.g. words/pictures) ✓ Use signs to provide instructions if they can still read e.g.: do not enter, stop ✓ Personalize rooms with resident's important belongings ✓ Reassure resident to feel safe and secure ✓ Provide rummage boxes/activity aprons
2. Entering into other resident's rooms uninvited	• Looking for bathroom • Fatigue • Inability to recognize their room • Seeking human contact	✓ Assess resident's for a unmet physical need e.g. hunger, thirst, bathroom, fatigue ✓ Provide assistance to help resident make social connections ✓ Use of visual cues to help resident find their room ✓ As above in #1
3. Verbal and/or physical aggression toward others	• Disinhibition due to dementia • Behaviour of other residents • Not understanding actions of caregivers • Approach of caregiver (body language, voice tone)	✓ Be vigilant and proactive to maintain personal safety and safety for other residents ✓ Immediately: • Stop task • Remove self &/or others from resident's personal space • Be aware of your surrounding environment ✓ De-escalate the situation by: • Responding calmly; use non-threatening body posture • Don't react: argue, give a defensive response, rationalize • Validate: acknowledge their feelings • Give directions/instructions • Keep it short and simple • Recognize the difference between venting and abusive language ✓ After the resident has de-escalated: • Seek clarification for the behaviour • Allow time and try another approach • Redirect • Check for triggers: ○ Check for unmet needs ○ Check your approach ○ Check the environment

[2] Adapted with permission from Vancouver Coastal Health Authority 03/05/2013

4. Climbing or falling out of bed	• Not tired • Bored/lonely • Loss of insight into personal safety • Pain • Needing to use bathroom • Hunger/thirst	✓ Delay bedtime or bed where staff can observe ✓ Distraction - music, TV, books ✓ Develop regular schedule for using bathroom ✓ Manage pain by giving analgesics prior to care ✓ Reposition pillows for comfort ✓ Consider equipment: lower bed height, mattress/foam on floor, hip protectors, commode/urinal by bed ✓ Offer food and fluids ✓ Provide appropriate lighting for bathroom use ✓ Discuss tolerable risks with family
5. Grabbing/ pinching staff during personal care	• Grasp reflex when hand touched • Depression, Anger • Pain/discomfort • Approach of caregiver (body language, tone) • Fear	✓ Place washcloth or other type of soft object in hand prior to care ✓ If resident is lying on side, encourage them to grab side rail ✓ Use personal safety techniques to minimize harm ✓ Consult with OT/PT for optimal positioning during care ✓ Manage pain by giving analgesics prior to care

6. Repetitive calling out/screaming	• Unmet needs
	  ○ Pain/discomfort
	  ○ Need for attention; seeking a loved one
	  ○ Fear
	• Psychiatric Illnesses (e.g., Depression, Anxiety, Psychosis)
	• Self-stimulation
		✓ Investigate possible underlying unmet needs
		✓ Engage resident in meaningful activities for them – continuing life events and roles from their past
		✓ Provide opportunities for multi-sensory stimulation
		✓ Assess and manage pain
		✓ Provide regular positive attention
		✓ Validate resident's feelings around any known concerns
		✓ Provide reassurance – resident's need for safety and security

7. Disinhibition or socially inappropriate behaviour	• Broken social filter due to frontal lobe brain damage • Underlying mental illness	✓ Facilitate and guide socially appropriate conversations and behaviours between residents ✓ Ignore challenge of poor social skills if directed at staff – don't take it personally, react ✓ Distract and redirect ✓ Manage social environment to maintain calmness ✓ Protect dignity by providing private space

8. Resistance to care	• Involuntary movements related to primitive reflexes
	• Outpacing/rushing a resident
	• Being unfamiliar with resident's past routines related to grooming, bathing, etc
	• Negative past, traumatic
		✓ Place an object in hand to hold
		✓ Sit resident up while dressing
		✓ Engage family in identifying triggers, past routines, optimal plan for care
		✓ Treat chronic and incident pain – consider administration of medication prior to care
		✓ Engage resident's remaining abilities in helping them provide care
		  • Breakdown down tasks into small steps
		  • Provide assistance with sequencing with verbal directions

[2] Adapted with permission from Vancouver Coastal Health Authority 03/05/2013

	experience • Pain/fear of pain due to musculoskeletal disease • Poor insight and lack of recognizing the need for help	✓ Do not assume resident behaviours are resisting care ✓ Slow down your care (e.g. movement, speed of talking, simple sentences) ✓ Use verbal, visual, environmental cues to support understanding of imminent care ✓ Work to undo the reaction to resistance: • Socialize before providing care • Leave and return later • Keep your energy low • Avoid saying “no”; instead say “yes and” • Avoid punishing the individual for their response

[2] Adapted with permission from Vancouver Coastal Health Authority 03/05/2013