

Understanding Changing Behaviours in Dementia

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Understanding changing behaviours in Dementia

When trying to understand your friend or family member's behaviour , keep in mind:

- All words, gestures and actions communicate meanings, needs and concerns.

Communication

Early Stage Weaknesses

- Takes longer to process information.
- Thoughts may wander from the conversation/difficulty staying on track.
- Problems recalling names of people, places and things - 'Tip of the tongue' feeling.
- May repeat words and phrases.
- Difficulty with pronouns (he, she, they).
- Comprehension of complex written material.
- Difficulty with abstract/complex concepts.

Communication – Early Stage Relative Strengths

- Grammar, articulation and voice quality.
- Most conversational skills.
- Understand 1 and 2 part questions and directions.
- Memories in the remote past are accessible.
- Comprehension of short written passages.
- Nonverbal communication skills generally intact.

Communication

Mid Stage Weaknesses

- Increased word retrieval problems.
- Increased generalizations.
- Fragmented sentences; grammatical errors.
- Greater reliance on social phrases.
- Reduced verbal output .
- Difficulties in following verbal and written instructions.
- Difficulty remembering recent events.
- Less initiation of conversation.

Communication

Mid Stage Relative Strengths

- Have a simple conversation, with appropriate support.
- Reminisce about the past, particularly positive life events and relationships.
- Read aloud words, short phrases or sentences.
- Recognize pictures, signs and people.
- Sing, play a musical instrument.
- Engage in well-known routines and habits.
- Understand and respond to nonverbal communication.

Communication

Late Stage Weaknesses

- Communication is severely compromised.
- Limited initiation of conversations.
- Non-verbal sounds.
- Reading and writing are nonfunctional.
- Comprehension of language is limited to simple familiar phrases and words.
- Speech - single words and sentence fragments.
- Communication as a whole is largely non-verbal.

Communication

Late Stage Relative Strengths

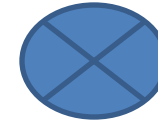
- Can send and receive messages through non-verbal communication.
- Use of gesture, non-verbal sounds.
- Recognize others' tone of voice.
- Recognize body position, posture and gestures.
- Respond to touch.
- Respond to changes in the environment.
- Respond to music.

Communication

✓ Do

- Introduce yourself.
- Use humour and smile.
- Go at their pace.
- Use visual cues and gestures for directions.
- Accept inappropriate answers or nonsense words.

Don't



- Argue.
- Say “Don’t you remember”.
- Correct their ideas or scold them.

Why do behaviours happen?

- **Physical:** Do they seem to have discomfort or pain?
- **Intellectual:** Have they experienced memory changes?
- **Emotional:** Do they seem lonely or have they acted in unusual ways like being suspicious of others, hearing or seeing things we don't?
- **Capabilities:** Can they do more than you realize?
- **Environment:** Is there too much noise or too large a crowd nearby?
- **Social:** Does their childhood, prior employment or early adulthood offer any clues?

Things to think about Responsive Behaviours

- Be aware of potential triggers and try to avoid them.
- Adapt verbal and nonverbal communication skills to the needs of the person.
- Engage the person in meaningful through such outlets as familiar activities, support groups and day programs.
- Maintain a daily routine.

Restlessness (Agitation)

- Pain or discomfort.
- A medical reason.
- A basic need.
- A feeling.
- Communication problems.
- The environment.



Responding to Restlessness

- Get health check up
- Set up daily Routine
- Provide activities
- Exercise
- Check regarding bathroom issues



Wandering

- Is more common in the middle or later stages of dementia, although it can occur at any point during the disease.
- Can cause a person with dementia to become confused and disoriented, even when they are in a familiar place.

Responding to Wandering

- Look for an immediate cause.
- Reassure the person and distract him with another activity.
- Move locks on the outside doors out of reach.
- Disguise doors with paint or wallpaper.

Responding to Wandering

- Ensure regular walks and exercise.
- Put reminders (i.e., coat, hat) out of sight and reach.
- Inform neighbours.
- Register with MedicAlert[®] Safely Home[®].

Repetition

Some reasons why a person with dementia may repeat themselves:

- The person's short-term memory is impaired and they have no recollection of having already said or asked something.

Repetition

- The person's repetitive questions may suggest both a need for information and an emotional need. Repeated stories often represent highly significant memories.
- The person may repeat themselves because they want to communicate and cannot find anything else to say.
- The person might have become 'stuck' on a particular word, phrase or action.

Responding to Repetition

- Memory aids.
- Gently helping the person get unstuck.
- Keeping the person active and occupied.
- Life story work.



“People with dementia often have fascinating stories to tell, and we can learn much about the past.”



Suspicion, Delusions, Hallucinations

- Delusions are false beliefs. Even if you give evidence about something to the person with dementia, the person will not change their belief.



Suspicion, Delusions, Hallucinations

- Hallucinations are incorrect perceptions of objects or events involving the senses.
- They seem real to the person experiencing them but cannot be verified by anyone else.



Responding to delusions and hallucinations

- Try to determine if the person has any difficulty with hearing or vision.
- Make sure that lighting is adequate.
- Try to make the environment comfortable.
- Respond to the feelings and not to the issue. Rather than contradict them, acknowledge their concern.

Responding to delusions and hallucinations

- Do not get angry with them, and avoid arguing with them. You will not win an argument with a person who is having a hallucination or delusion.
- Remember, the hallucinations and delusions are very real to the person.

Anger and Agitation (Emotional)

- Physical discomfort.
- Environmental factors.
- Frightened, frustrated or embarrassed
- Poor communication.
- Loss of control.

Anger and Agitation

- Loss of filter – Teepa Snow
- <https://www.youtube.com/watch?v=S-Wd8wh1XEg&t=2s>
- <https://www.dementiacarecentral.com/video/swearing/>

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Responding to Anger and Agitation

- Give Space
- Don't argue.
- Give time
- Use distraction.
- Try to determine the cause.
- Look for patterns on timing

Physical Outbursts

- Fear
- Environmental stressors
- Confusion

Responding to Physical Outbursts

- Avoid the triggers if possible.
- Give space.
- Give time.
- Be calm and reassuring.

Responding to Physical Outbursts

- Look for an immediate cause.
- Give them space to cool down.
- Distract them.
- If your safety is threatened, leave.

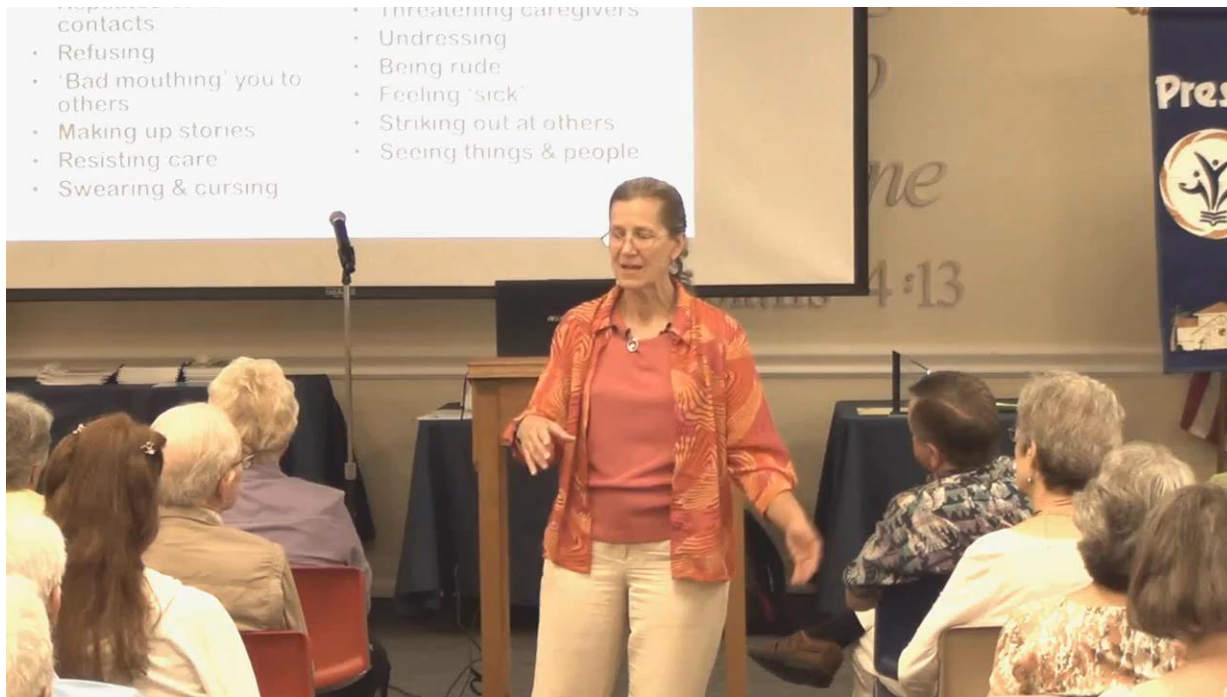
Approach to Responsive Behaviours

- Positive physical approach. – Teepa Snow
- Orient the person to the topic or what you want to do.

Teepa Snow

- <https://www.youtube.com/watch?v=gCAAy53cZDQ>

cZDQ



Your Approach



- Use a consistent positive physical approach
 - pause at edge of public space – 6 ft out
 - gesture & greet by name – open palm by face
 - offer your hand & make eye contact
 - approach slowly within visual range – hand out
 - shake hands & maintain hand-under-hand
 - move to the side
 - get to eye level & respect intimate space (arm's length)
 - wait for acknowledgement

- **Teepa Snow 's Positive Physical Approach**

- “The very biggest lesson I’ve learned is to see things through my husband’s perspective, not my own.”

- Judy Southon , Family Care Partner



- Questions

