Non-Drug Management of Problem Behaviors and Psychosis in Dementia

Step 1: Assess & Treat Contributing Factors

FOCUS on one behavior at a time

- Note how often, how bad, how long, & document specific details
- Ask: What is really going on? What is causing the problem behavior? What is making it worse?

IDENTIFY what leads to or triggers problems

- **Physical**: pain, infection, hunger/thirst, other needs?
- **Psychological**: loneliness, boredom, nothing to do?
- **Environment**: too much/too little going on; lost?
- **Psychiatric**: depression, anxiety, psychosis?

REDUCE, ELIMINATE things that lead to or trigger the problems

- Treat medical/physical problems
- Offer pain medications for comfort or to help cooperation
- Address emotional needs: reassure, encourage, engage
- Offer enjoyable activities to do alone, 1:1, small group
- Remove or disguise misleading objects
- Redirect away from people or areas that lead to problems
- Try another approach; try again later
- Find out what works for others; get someone to help

DOCUMENT outcomes

- If the behavior is reduced or manageable, go to Step 3
- If the behavior persists, go to Step 2

Step 2: Select & Apply Interventions

CONSIDER retained abilities, preferences, resources

- Cognitive level
- Physical functional level
- Long-standing personality, life history, interests
- Preferred personal routines, daily schedules
- Personal/family/facility resources

DEVELOP a Person-Centered plan

- Adjust caregiver approaches
- Adapt/change the environment
- Select/use best evidence-based interventions tailored to the person's unique needs/interests/abilities

Step 2: Select & Apply Interventions, continued

ADJUST your approach to the person

- **Personal approach:** cue, prompt, remind, distract; focus on person's wishes, interests, concerns; use/avoid touch as indicated. Do not try to reason, teach new routines, or ask to "try harder."
- **Daily routines**: simplify tasks and put them in a regular order; offer limited choices; use long-standing patterns & preferences to guide routines & activities
- **Communication style**: simple words and phrases; speak in short sentences; speak clearly; wait for answers; make eye contact; monitor tone of voice and body language
- **Unconditional positive regard**: do not confront, challenge or explain misbeliefs (hallucinations, delusions, illusions); accept belief as real to the person; reassure, comfort, and distract

ADAPT or CHANGE the environment

- **Eliminate things that lead to confusion**: clutter, TV, radio, noise, people talking; reflections in mirrors/dark windows; misunderstood pictures or decor
- **Reduce things that cause stress**: caffeine; extra people; holiday decorations; public TV
- **Adjust stimulation**: if overstimulated—reduce noise, activity, and confusion; if under-stimulated (bored)—increase activity and involvement
- **Help with functioning**: signs, cues, pictures help way-finding; increase lighting to reduce misinterpretation
- **Involve in meaningful activities**: personalized program of 1:1 and small group or large group as needed
- **Change the setting**: secure outdoor areas; decorative objects; objects to touch and hold; homelike features; smaller, divided recreational and dining areas; natural and bright light; spa-like bathing facilities; signs to help way-finding

SELECT and USE evidence-based interventions

- Work with the team to fit the intervention to the person
- Check care plan for additional information
- Contact supervisor with problems/issues

Step 3: Monitor Outcomes & Adjust Course as needed

- Track behavior problems using rating scale(s)
- Assure adequate "dose" (intensity, duration, frequency) of interventions
- Adapt/add interventions as needed to get the best possible outcomes
- Make sure all people working with the person understand and cooperate with the treatment plan and are trained as needed