



Depressed Effect (Withdrawal)

The resident may show little or no interest in activities and shows this by having a sad or worried facial expression, a slumped posture or general inactivity. He/she may often state that, "I don't feel like doing anything."¹

What to Look for:

- ✓ In addition to the aforementioned behaviors and expressions, the resident may need a lot of interactive motivation from staff or caregivers in order to promote engagement. If a pattern of inactivity is evident there may be a risk of prolonged reduced stimulation for the resident.²

What to Do:

- Allow freedom of choice of activity interest.³
- Invite and assist to pre-established activity interests.⁴
- Respect his/her right to refuse some activities.⁵
- Introduce him/her to peers with similar interests. Ask him/her open ended questions to promote opportunity for development of friendships.
- Enlist the help from peers with whom friendships have been developed.
- Compliment him/her on activity participation.
- Develop a list of possible leisure pursuits.⁶

1, 2 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

3 Non-Pharmacological Interventions in Dementia. Douglas, S., James, I., and Ballard, C. *Advances in Psychiatric Treatment*. May 2004, 10 (3) 171-177. Retrieved at: <http://apt.rcpsych.org/content/10/3/171.full>

4 Physical Exercise as a Preventive or Disease-Modifying Treatment of Dementia and Brain Aging. Ahlskog, J., Geda, Y., Graff-Radford, N., and Petersen, R. *Mayo Clinic Proceedings*. <http://link.springer.com/article/10.1007/s12603-012-0406-4#page-1>

5 Behavioral Management in the Person with Dementia. Morley, J.E. *The Journal of Nutrition, Health & Aging*. Volume 17, Number 1, 2013. Retrieved at:

6 Art Therapy for Alzheimer's Disease and Other Dementias: A Review. Chancellor, B., Duncan, A., and Chatterjee, A. *Journal of Alzheimer's Diseases* 39 (2014) 1-11. Retrieved at: http://wernicke.ccn.upenn.edu/~chatterjee/anjan_pdfs/Chancellor_ArtTherapy_AD_JAD.pdf



Encouragement to Engage in Activities

This resident will accept activity invitations, but will tend to just watch from the sidelines. Will have little to no participation in daily activities.¹

What to Look for:

- ✓ This person will readily accept invitations, but will show a strong preference to just watch the actual activity.
- ✓ If the resident is pressed to participate in the activity, they will often leave.
- ✓ They may smile and accept wheelchair assistance to attend an activity but only after a staff member uses a phrase like “let me take you with me.”

What to Do:

When inviting the resident to join in an activity, be sure to encourage them to take part in the activities. Remind them of the activities going on and try to invite them to activities they show interest in.²

Be sure to demonstrate each of the activities they come to and make a point to explain the activity to them in a clear manner.³

Make a point to address the resident by their name when trying to include them in the social activity.⁴



1 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

2 Kolanowski, A., Fick, D. M., & Buettner, L. (2009). Recreational Activities to Reduce Behavioural Symptoms in Dementia. *Geriatrics & Aging*, 12(1), 37-42

3, 4 Vasse, E., Vernooij-Dassen, M., Spijker, A., Rikkert, M., & Koopmans, R. (2010). A systematic review of communication strategies for people with dementia in residential and nursing homes. *International Psychogeriatrics*, 22(2), 189-200.



Irritability

The resident often seems to be on edge. They may exhibit behaviors such as: being quick to become annoyed, resistant to soft touch, sensitive to noise or crowds, generally hard to please, displays a scowling expression, and fleeting eye contact.¹

What to Look for:

- ✓ This person may be quick to become annoyed and display a scowling expression along with fleeting eye contact.
- ✓ The resident may show signs of being resistant to soft touch as well as increased sensitivity to noise or crowds.
- ✓ They may generally be hard to please.

What to Do:

Have the resident participate in recreational or social activities that support a more calm, contented feeling.²

If the resident becomes visibly irritable, provide attention or comfort by validating apparent feelings. Ask questions as to how the resident is feeling that day or if they would like to change activities.³

Change routines or modify environments to promote better tolerance with residents who display high levels of irritability.³

Be conscientious of soft touches, evaluate if the touch seems to help or hurt the resident.

1 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

2 Kolanowski, A., Fick, D. M., & Buettner, L. (2009). Recreational Activities to Reduce Behavioural Symptoms in Dementia. *Geriatrics & Aging*, 12(1), 37-42.

3 Benoit, M., Arbus, C., Blanchard, F., Camus, V., Cerase, V., Clément, J.,... Robert, P. (2006). Professional consensus on the treatment of agitation, aggressive behaviour, oppositional behaviour and psychotic disturbances in dementia. *The Journal of Nutrition, Health & Aging*, 10, 410-415.





Low Tolerance for Contact

This resident will show signs of needing soft non-invasive recreation approaches. May show signs of discomfort such as: facial tensions, posture changes, and general displeasure.¹

What to Look for:

- ✓ When resident becomes uncomfortable they may quickly avert their eyes from contact and turn away/walk away from staff members who may be trying to interact with them.
- ✓ Change in resident's body posture such as rigid torso, folded arms, and raised shoulders and/or a furrowed brow and pursed lips.

What to Do:

Use an even-voiced and calm approach when speaking with the resident. Slow speech and movements during invitations and greetings should be used.²

Offer comfort or anchoring items that the resident relates to family ideas for meaningful objects.³

Observe positive interactions to repeat successes. It is important to subtly model your own facial expressions or postures that encourage the resident to help them relax.⁴

1 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

2, 4 Vasse, E., Vernooij-Dassen, M., Spijker, A., Rikkert, M., & Koopmans, R. (2010). A systematic review of communication strategies for people with dementia in residential and nursing homes. *International Psychogeriatrics*, 22(2), 189-200.

3 Cohen-Mansfield, J. (2000). Use of patient characteristics to determine non-pharmacologic interventions for behavioural and psychological symptoms of dementia. *International Psychogeriatrics*, 12 (suppl. 1), 373-380





Minimal Responses

This person may show signs of response to stimuli around them, but are generally unresponsive or very low in response levels to interactions happening around them and to them. These lowered response levels have remained without significant change for an extended period of time.¹

What to Look for:

- ✓ Resident will seldom have observable responses despite stimuli such as: touch, calling by name, or placing objects in hands.
- ✓ The person seems to be able to respond minimally to some activities.
- ✓ The resident may at times be able to respond with changes in vocalization, tilting their head toward a voice, and lifting chin in response to voice or touch.²

What to Do:

Provide one-on-one attention during activities to encourage responses within abilities.³

Assist residents to activities that may hold potential meaning or relate to their past interests.⁴

Offer comfortable stimulation with emphasis on tactile and auditory stimuli.

Make sure you are providing resident with times for solace in balance with their needs for stimulation.

1 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

2 Hubbard, G., Cook, A., Tester, S., Downs, M. (2002). Beyond words: Older people with dementia using and interpreting nonverbal behaviour. *Journal of Aging Studies*, 16,155-167

3 Allen-Burge, R., Stevens, A. B., & Burgio, L. D. (1999). Effective behavioral interventions for decreasing dementia-related challenging behavior in nursing homes. *International Journal of Geriatric Psychiatry*, 14, 213-28

4 Cohen-Mansfield, J. (2000). Use of patient characteristics to determine non-pharmacologic interventions for behavioural and psychological symptoms of dementia. *International Psychogeriatrics*, 12 (suppl. 1),373-380



Negativism

A resident displaying negativism may make frequent remarks that nothing is going right, nothing is satisfactory, and that he or she doesn't like anything.¹

What to Look for:

- ✓ The resident will have an attitude similar to “waking up on the wrong side of the bed”.
- ✓ This person may have a pervasive demeanor.
- ✓ Person-only orientation includes responses from the resident with eye contact, a smile, turning their head, or waving their hand.

What to Do:

Make a note to address this resident by their name as often as possible to preserve their sense of self and offer compliments about their accomplishments.²

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Recognize that this person may need more one-on-one interactions that are focused on their interests and current needs.⁴

The resident may not recognize their surroundings so use gentle and informal orientation to the day's events or objects in their immediate environment.⁵

1 The Dementia Care Plan Dictionary, M. Nolta and B. Hall, 2005.

2 Tondi, L., Ribani, L., Bottazzi, M., Viscomi, G., & Vulcano, V. (2007). Validation therapy (vt) in nursing home. A case-control study. *Archives of Gerontology and Geriatrics*, 44, 407-411

3 Cohen-Mansfield, J., Pappura-Gill, A., Golander, H. (2006). Utilization of self-identity roles for designing interventions for persons with dementia. *The Journals of Gerontology: Series B*, 61, 202-212.

4 British Columbia Ministry of Health. (2011). Best practice guideline for accommodating and managing behavioural and psychological symptoms of dementia in residential care (the guideline). *British Columbia Ministry of Health*. 9-10.

5 Douglas, S., James, I., & Ballard, C. (2004). Non-pharmacological interventions in dementia. *Advances in Psychiatric Treatment*, 10, 171-177.

