



Decision Making Difficulty

When this resident is faced with choices, they may appear to become stressed, confused, tense, anxious, or overwhelmed.¹

What to Look for:

- ✓ This resident will waver back and forth with a decision when presented with a choice or question.
- ✓ The resident may seem unable to voice a preference and may become frustrated when they need to decide.

What to Do:

Limit number of choices/options when presenting a resident with a decision or question.²

Quickly compliment decisions when a resident makes one.³

Create “outs” with statements such as “Oh, I’d like to pick today”, especially if a decision seems to promote stress.⁴

Watch for patterns of areas of topics that the resident seems to be able to answer easily, repeat these choice opportunities and questions.⁵

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

2 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 Kraus, C. A., Seignourel, P., Balasubramanyam, V., Snow, A. L., Wilson, N. L., Kunik, M. E., ... Stanley, M. A. (2008). Cognitive-behavioral treatment for anxiety in patients with dementia: Two case studies. *Journal of Psychiatric Practice*, 14(3), 186-192.

4 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

5 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.



Eating Behaviors

While eating, a person may have trouble eating appropriate amounts of food at a regular pace or may play with the food rather than consuming it.¹

What to Look for:

- ✓ An individual may stuff too much food into their mouth at one time, put food in their pocket, take food from others around them or eat too quickly.
- ✓ They may play with food by pouring beverages onto their plate or moving food around with their fingers.²

What to Do:

Provide consistent and patient assistance so the individual can have a safe dining experience.

Consult the person's medical records to determine if dietary needs are being met and if dental care needs to be improved.

Offer a small group or paired setting for dining times include quiet and familiar music³ as well as a comfortable atmosphere with cloth napkins and table cloths.⁴

Use two plates. One that has only a single portion of food and the other with the remaining meal that can be portioned out throughout the dining experience to prevent choking or overeating.

Have safe items available for hands to hold, remove the fork and knife which can be dangerous.

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

3 Narme, Pauline, Sylvain Clément, Nathalie Erhlé, Loris Schiaratura, Bruno Courtaigne, Frédéric Munsch, and Séverine Samson. "Efficacy of musical interventions in moderate to severe dementia: Evidence from a randomized controlled trial." *Alzheimers & Dementia* 9.4 (2013) <[http://www.alzheimersanddementia.com/article/S1552-5260\(13\)00866-2/pdf](http://www.alzheimersanddementia.com/article/S1552-5260(13)00866-2/pdf)>

4 Cohen-Mansfield, Jiska, Marcia S. Marx, Maha Dakheel-Ali, and Khin Thein. "The Use and Utility of Specific Nonpharmacological Interventions for Behavioral Symptoms in Dementia: An Exploratory Study." *The American Journal of Geriatric Psychiatry* 23.2(2015):160-70. Web. <[http://www.ajgponline.org/article/S1064-7481\(14\)00192-4/pdf](http://www.ajgponline.org/article/S1064-7481(14)00192-4/pdf)>.



Hiding or Hoarding Things

This resident has a tendency to hide objects away in their pockets or anywhere else on their person.¹

What to Look for:

- ✓ They may hide common objects or food items in various areas such as: in their wheelchair seat, under their lap robe/blanket, in their closet or drawers, or in others rooms.
- ✓ The person may become upset when confronted about missing items.

What to Do:

Keep count of equipment items during programs.

If the resident is taking food items, explain the possibilities of establishing a safe, sealed container to take and keep acceptable food items in.²

Approach the person calmly and in a private setting to retrieve “lost” items. Use innocuous excuses such as, “I think I saw it drop in your chair.”³

Consider providing an excess of some objects that provide a particular satisfaction (i.e., washcloth, socks, handkerchiefs, etc).⁴

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

2 Gitline, L., Winter, L., Dennis, M., Hodgson, N., Hauck, W. (2010). A biobehavioral home-based intervention and the well-being of patients with dementia and their caregivers. The COPE randomized trial. *JAMA*, 304(9), 983-991

3 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.

4 Logsdon, R. G., McCurry, S. M., & Teri, L. (2007). Evidence-Based Interventions to Improve Quality of Life for Individuals with Dementia. *Alzheimer's Care Today*, 8(4), 309-318.





Interruptive

This person will often make frequent demands of others, interrupting with activities and communication.¹

What to Look for:

- ✓ In the middle of activities or conversation the resident may ask personal questions of activity leaders during inappropriate times and not give others a chance to ask questions or to have a turn in the activity.
- ✓ This person continuously asks for personal assistance and attention during an activity.
- ✓ May persistently ask for a drink or cigarettes during an activity or conversation.

What to Do:

Offer one-on-one activities when time is available for individualized attention.²

Remind the resident of expectations for their behavior before and during activities in a quiet and respectful manner. Compliment successful participation in activities.³

Emphasize the staff's need to be fair in addressing everyone's needs. Be sure to coordinate a consistent response to residents being interruptive with the care team.⁴

Model socially acceptable communication techniques and praise the resident after they display such behavior in a group activity or conversation.⁵

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

2 Fauth, B. E., Femia, E. E., Zarit, H. S., Hoffer, S. M., & Stephens, M. A. (2006). Behavioral and psychological symptoms of dementia and caregivers' stress appraisals: Intra-individual stability and change over short-term observations. *Aging & Mental Health*, 10, 563-573

3 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.

4 Everitt, E. D., Fields, R. D., Soumerai, S. S., & Avorn, J. (1991). Resident behavior and staff distress in the nursing home. *Journal of the American Geriatrics Society*, 39(8), 792-798.

5 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





Weight Loss

This resident may display an increase in confused or agitated behavior due to inadequate nutrition or hunger.¹

What to Look for:

- ✓ The person often stops eating their meal by placing their utensil down and not re-initiating the correct movement with the utensil in order to feed themselves.
- ✓ The resident will repetitively stand up and try to wander away from the dining table and their meal.
- ✓ They will often expend more calories than consumed each day, due to high levels of physical activity or movement.

What to Do:

Offer the resident a small meal or snacks throughout the day.

Keep external distractions to a minimum during the meal in order to promote attention to eating. Smaller dining areas, less people in the dining area, etc.²

Ask the resident to participate in activities that are sedentary/passive and invite them to daily living programs which expend few calories.³

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

2 Kraus, C. A., Seignourel, P., Balasubramanyam, V., Snow, A. L., Wilson, N. L., Kunik, M. E., ... Stanley, M. A. (2008). Cognitive-behavioral treatment for anxiety in patients with dementia: Two case studies. *Journal of Psychiatric Practice*, 14(3), 186-192.

3 Morley, E. J. (2013). Behavioral management in the person with dementia. *The Journal of Nutrition, Health & Aging*, 17.

