



## Delusional Expressions

Resident frequently and consistently expresses delusional, persistent, and incorrect beliefs.<sup>1</sup>

### What to Look for:

- ✓ This person is insistent with their delusions and can become argumentative if their delusions are countered or corrected with reality.
- ✓ This resident may express beliefs like their family is coming to take them home, they must go to work, or their mother will be coming.
- ✓ Is this person on prescribed medications for psychosis?

### What to Do:

To distract from delusions, have the resident participate in a daily activity that seems to alleviate their preoccupation with delusions.<sup>2</sup>

Set up a workstation or functional tasks similar to the residents pass occupation or family function.<sup>3</sup>

Validate the person's feelings behind the delusions. Empathize with their feelings and ask them questions about what they bring up. ("It sounds like you look forward to going home, what do you like best about being home? Or "I haven't seen you mother, can you tell me about her?")<sup>4</sup>

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

2 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.

3 Cohen-Mansfield, J., Marx, M. S., Thein, K., & Dakheel-Ali, M. (2010). The impact of past and present preferences on stimulus engagement in nursing home residents with dementia. *Aging & Mental Health*, 14(1), 67-73

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.





## Hallucinations

The individual may tell staff members or loved ones that they see or hear both things and people that are not actually there.<sup>1</sup>

### What to Look for:

- ✓ This person may react negatively to what they believe they are seeing or hearing.
- ✓ Hallucinations can be disruptive to their sleep and ability to engage in activities.<sup>2</sup>

### What to Do:

Consult the medical doctor to see if the person is taking medications that may cause hallucinations and if they can safely stop taking them.<sup>3</sup>

Validate the feeling they are having without substantiating the hallucination.<sup>4</sup>

Identify possible reasons for the hallucination including television sounds, mirrors, outdoor noises or shadows. Keep rooms well lit to avoid shadows.

Provide consistent reassurances and simple explanations, do not argue with the person.<sup>5</sup>

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

3 DeClerocq, T, Petrovic, M, Azermai, M, et al. "Withdrawal Versus Continuation of Chronic Antipsychotic Drugs for Behavioral and Psychological Symptoms of People with Dementia." Cochrane Collaboration (2013): <<https://www.ncbi.nlm.nih.gov/pubmed/23543555>>

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

5 "Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care (the guideline)." British Columbia Ministry of Health. (2011): page 9-10. <<http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>>





## Mild Memory Deficit

This person may have difficulty finding objects, remembering newly introduced staff and peers, recalling newly-learned information, or concentrating during tasks.<sup>1</sup>

### What to Look for:

- ✓ The resident may become anxious when made aware of their memory deficits.
- ✓ This person's comfort and anxiety levels will depend on the activities they are presented and if they are provided reassurance and explanation consistently.

### What to Do:

Invite and encourage the residents to participate in activities that they have shown or expressed interest in.<sup>2</sup>

Keep the resident's comfort levels high by addressing them by their name often, keeping comfort items close by and in clear view, and avoid clutter, routine changes, and excessive daily changes.<sup>3</sup>

When explaining the task or activity, keep directions simple and use demonstrative actions rather than words for redirection.<sup>4</sup>

Emphasize successes and accomplishments.<sup>5</sup>

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

2 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

3 National Institute of Health. (2012). Caring for a person with alzheimer's disease: Your easy-to-use guide from the national institute on aging. U.S. Department of Health and Human Services

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.

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





## Moderate Memory Deficit

This resident will exhibit behavior that can inhibit their ability to participate in activities. They might make statements such as “they’re going to get me if I leave my room” or “they have stolen my money.”<sup>1</sup>

### What to Look for:

- ✓ This person may experience social withdrawal, escalating ideations or react in a confrontational way with others.
- ✓ The resident may respond unfavorably to unfamiliar noises, shadows and situations.
- ✓ Family members and peers may express concern when the resident confronts them with their suspicions.

### What to Do:

Maintain a schedule of activities that is regular to promote comfort and feelings of familiarity and safety.<sup>2</sup>

Provide frequent assurances to reinforce reality and validate the resident’s feelings. Try saying things like “I won’t let anything happen to you.”<sup>3</sup>

Walk around your community and find spaces that the person feels most comfortable to reduce possible stressors in their day-to-day life.<sup>4</sup>

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 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

4 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.





## Time Disorientation

This resident appears to have some preoccupation with and disorientation to time. May frequently ask time related questions.<sup>1</sup>

### What to Look for:

- ✓ This person will frequently ask time related questions such as “Is it time for me to go home? Is it dinner time yet?”
- ✓ They need verbal reminders to re-engage concentration on activities or tasks at hand.

### What to Do:

Highlight special activities for this individual on a calendar.<sup>2</sup>

Answer questions asked by resident in a calm and clear manner. Be sure to repeat answers.<sup>3</sup>

Ask questions that validate feelings rather than focus on time, such as: “What are you eager to do at home?” or “What do you hope they’ll serve for dinner?”<sup>4</sup>



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

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

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 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