



General Restlessness

Resident seems unable to sit still for long periods of time, or to pay attention to activities they are participating in.¹

What to Look for:

- ✓ The resident will often sit down and get up repetitively or move around in their chair or seat constantly.
- ✓ This person's attention is easily diverted from the activity and they will begin to handle group materials or random objects without any sort of rational purpose.
- ✓ They have hard time participating and staying involved in activities even if the activity relates to past leisure interests of the resident.

What to Do:

Consider whether another factor could be causing the resident to be restless such as: hunger, thirst, physical discomfort, need to use the bathroom, too much noise, or too much activity.

Invite and assist the resident to activities that interest them. Provide simple and clear direction for the activity and task. Always provide positive feedback for any task they perform well.²

When the resident becomes distracted from task, redirect by gently touching the resident, calling their name, or demonstrating the actions of the activity.³

Ask family members of resident for ideas regarding any safe objects that may offer some comfort and meaning to the resident.⁴

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

2, 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 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.



Misuse of Common Objects

Resident will use a common object in a manner that is not appropriate.¹

What to Look for:

- ✓ Resident will handle an object by placing it in their mouth, stuffing it into their pocket or into another article of clothing, waving it back and forth in the air, slowly moving it with no purpose, repetitiously flipping it over or stroking it, or just holding it.
- ✓ The resident will not know how to use many everyday and household objects correctly and will need demonstrations and reminders of how to use the objects.
- ✓ They will sometimes need physical assistance to initiate correct physical movements to use common objects.

What to Do:

If you notice the resident is having issues with certain common objects, take time to describe each of the objects and materials and demonstrate the correct use of each.²

Ask the resident to participate in activities which use objects/materials that correspond with long-term memory movements.³

Provide the resident with only one material or piece of equipment at a time when they are participating in an activity. This will help promote correct and accurate use (i.e. in an art class, give out only one drawing implement at a time: markers or chalk or colored pencils).⁴

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

4 Chancellor, B., Duncan, A., and Chatterjee, A. (2014). Art therapy for Alzheimer's disease and other dementias: a review. *Journal of Alzheimer's Diseases*, 39, 1-11





Pacing

A person may walk back and forth continuously around hallways, their room or public spaces.¹

What to Look for:

- ✓ This individual may try to open doors and/or windows and may injure themselves while doing so.
- ✓ A person may be more prone to falling because of the fatigue caused by frequent pacing.
- ✓ They may have tried exiting the community through a window or door.²

What to Do:

Provide a safe and pleasant area for walking.³

Add exercising to the person's schedule that includes a walking component.⁴

Create a "memory walk" which has chairs for resting and items from that person's past throughout the walking path.

When pacing is observed, approach calmly and reassure using touch to help guide them away from windows or doors.

Understand why pacing may be taking place. Is the person anxious? Are they looking for a familiar person or place?

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

3 Ruthirakuhan, Myuri, Angela C. Luedke, Angela Tam, Ankita Goel, Ayaz Kurji, and Angeles Garcia. "Use of Physical and Intellectual Activities and Socialization in the Management of Cognitive Decline of Aging and in Dementia: A Review." *Journal of Aging Research* 2012 (2012): 1-14. Web. <<https://www.hindawi.com/journals/jar/2012/384875/>>

4 Coelho FG, Vital TM, Stein AM, Arantes FJ, Rueda AV, Camarini R, Teodorov E, Santos-Galduróz RF. "Acute aerobic exercise increases brain-derived neurotrophic factor levels in elderly with Alzheimer's disease." *J. Alzheimers Dis* (2014). n. pag. Web. <<https://www.ncbi.nlm.nih.gov/pubmed/24164734>>



Restlessness - Hands

The resident has displayed psychomotor movements of their hands in a distracting and repetitive manner such as: grabbing, pinching, tapping, banging, picking, rummaging, and in general just craving things to touch.¹

What to Look for:

- ✓ Hand movements that are constant and repetitive.
- ✓ The resident may have injured themselves from extreme levels of repetitive motion to arms and hands.
- ✓ Resident may have injured or upset others around them when reaching or grabbing for objects or clothing.

What to Do:

Explain the expectations of resident in a simple manner and prior to the start of an activity.²

Try using a treasure pocket apron, use cues as to the purpose of the apron, and try the apron on yourself to demonstrate its use.

Consider crafting potential reminiscent meaning or purpose kits. Fill a box or case that is familiar to the resident (tackle box if they fished, purse if they own a purse, briefcase, etc) with appropriate and safe objects the resident enjoys. Take time to look inside and explore the contents with the resident.³

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 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.



Restlessness - Legs, Arms, Body

Resident frequently displays restless motor movements of their body such as: repetitively sitting down and standing up from a chair, attempting to push furniture around, pushing objects in the hallways, “marching” knees up high when walking or standing, or swinging arms in large wide movements.¹

What to Look for:

- ✓ Excessive movements of the body as listed above, done in a repetitive and consistent manner.
- ✓ Resident may have suffered injury due to the movement (i.e. pulled back from trying to move cart in hallway, hit arm into wall while swinging it).
- ✓ The person may show fatigue from excessive walking and moving around.

What to Do:

Redirect the resident to another activity that uses motor skills but is more meaningful and less stressful on the body (i.e. having the resident fold clothes or hang up laundry on a clothesline).

Invite and gently direct the residents to participate in activity programs which utilize large motor movements (garden strolls, raking, sweeping, etc).²

If the resident insists on pushing around a cart or furniture, consider trying a wandering cart.³

During any physical movement activities, make a point to sit down together with the resident and have a drink of water, juice, or tea.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 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



Wandering

The resident frequently leaves activities early or comes into or out of activity room even when encouraged to stay. The person may decline to participate in a group activity and prefers instead to walk the halls. They may resist staff encouragement or reassurance. The resident doesn't seem to understand the purpose of an activity and will leave even when physically taken to that event. He/she may not find a place they want to go or may constantly be looking for an escape or way to go home.¹

What to Look for:

- ✓ The aforementioned behaviors will be evident. Also, the resident may be at risk for falls as a result of fatigue. They may also anger other residents by entering their rooms unannounced. Finally, if they find an exit they may be at risk for elopement.²

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

3 The Art of Sharing the Diagnosis and Management of Alzheimer's Disease with Patients and Caregivers: Recommendations of an expert consensus panel. Grossberg GT, Christensen DD, Grifit PA, Kerwin DR< Hunt G, Hall EJ. Primary Care Companion J Clin Psychiatry 2010; 12 (1): PCCC. Retrieved at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882814/>

4, 6 Can Agitated Behavior of Nursing Home Residents with Dementia be Prevented with the use of Standardized Stimuli? J Cohen-Mansfield, M. Marx, M Dakhell-Ali, N. Reiger, K. Thein, and L Freedman. *Journal of American Geriatric Society*, 2010 August; 58(8): 1459-1464. Retrieved at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2955178/pdf/nihms215230.pdf>

5 A Biobehavioral Home-Based Intervention and the Well-Being of Patients with Dementia and their Caregivers. The COPE Randomized Trial. L Gitline, L Winter, M Dennis, N Hodgson, W Hauck. *JAMA*. 2010; 304(9): 983-991. Retrieved at: <http://jama.jamanetwork.com/article.aspx?articleid=186512>

7 Utilization of Self-Identity Roles for Designing Interventions for Persons with Dementia. J Cohen-Mansfield, A. Parpura-Gill, and H. Golander. *Journal of Gerontology: Psychological Sciences* 2006, Vol.61B, No.4 Retrieved at: <http://psychsocgerontology.oxfordjournals.org/content/61/4/P202.full.pdf+html>

8 Efficacy of Musical Interventions in Dementia: Evidence from a Randomized Controlled Trial. *J Alzheimer's Dis* 2014; 38(2): 359-69 Retrieved at: [http://www.alzheimersanddementia.com/article/S1552-5260\(13\)00866-2/pdf](http://www.alzheimersanddementia.com/article/S1552-5260(13)00866-2/pdf)

9 Dementia Beyond Drugs: Changing the Culture of Care. G. Allen Power, M.D. 2010 Health Professionals Press. Baltimore, MD.

10 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>

What to Do:

Observe him/her within group activities to assess anything which seems to be calming (i.e., seating area/proximity to the door/proximity to activity leader).³

Describe purpose and activity at hand.⁴

Encourage recognition of, or conversation with, peers.⁵

Gently attempt to re-direct attention as necessary within tolerance to remain in the activity or to remain on task.⁶

Compliment participation and efforts.

Use body cues such as opened arms toward activity entrance or linking elbows to go to an activity together.⁷

Sit and rest together to promote taking time for rest periods.⁸

Listen between the words to hear where he/she is wanting to go.⁹

Walk and talk about things you see along the way.¹⁰