



Bathing or Personal Care Resistance

A person may refuse to take a shower or bath and/or decline assistance with personal care activities.¹

What to Look for:

- ✓ The person who is resisting may raise their voice and use threatening postures when bathing is suggested.
- ✓ They may also be unaware of poor personal hygiene, including foul odors.
- ✓ This person may be unable or unwilling to wipe or wash sufficiently after using the toilet.²

What to Do:

Take time to ask loved ones about this person's lifelong attitudes or habits.³

Bathing and personal care should be a comfortable and person-directed process. Allow the person to decide on things like preferred water temperature.⁴

Learn about the person's preferences (bath versus shower, favorite scents etc.)

If traditional bathing is too difficult, consider washing the person's hair separately or offering the option of bed bathing.

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

3 Cohen-Mansfield, J., A. Pappura-Gill, and H. Golander. "Utilization of Self-Identity Roles for Designing Interventions for Persons With Dementia." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 61 .4 (2006): n. pag. Web. <<http://psychsocgerontology.oxford-journals.org/content/61/4/P202.full.pdf+html>>

4 "Caring for a Person with Alzheimer's Disease: Your Easy-to-Use Guide from the National Institute on Aging" (2012): <<https://www.nia.nih.gov/alzheimers/publication/caring-person-alzheimers-disease/about-guide>>



Insomnia

A person may complain, or staff may observe, that because of an inability to sleep at night they are more lethargic during the day.¹

What to Look for:

- ✓ The individual may nap during the day and then be unable to fall asleep in the evening.
- ✓ Staff may observe that the person is not engaging mentally and physically during the day resulting in difficulties sleeping.²

What to Do:

Communicate with loved ones and other staff to understand their sleep-cycle and lifestyle schedule.

Encourage the individual to stay awake and participate in daytime activities that interest them.³

Ensure that they are exposed to natural light when possible and include exercise in daily routines.⁴

Provide fewer food and drinks when it is close to bedtime. Discourage caffeine consumption and offer alternatives.

Help create a relaxing routine before bedtime so that the individual is comfortable and cues to sleep are available (i.e. low light levels).

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

3 Björk, Sabine, Marie Lindkvist, Anders Wimo, Christina Juthberg, Ådel Bergland, and David Edvardsson. "Residents' engagement in everyday activities and its association with thriving in nursing homes." *Journal of Advanced Nursing* 73.8 (2017): 1884-895. Web. <<http://onlinelibrary.wiley.com/doi/10.1111/jan.13275/abstract>>

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>>





Sleeps During Day - Dozes

Resident will attend group activities on a regular basis, but will often fall asleep and doze off during the activity.¹

What to Look for:

- ✓ While in the middle of the activity, this resident will doze off if not given redirection of touch/task reminders.
- ✓ This resident will generally re-awaken easily when any touch or redirection is given during the activity.
- ✓ Patient may just be closing their eyes in order to control the stimulation and achieve higher levels of comfort.

What to Do:

Consider the quality of nighttime sleep the resident is getting, the types of medication they are taking, and their levels of boredom.²

When resident dozes off during activity, use appropriate touch and privately address by name to reawaken.³

Seat resident close to activity leader in order to help keep attention. Explain the value and purpose of the group activity to keep the resident interested.⁴

If you notice that the resident is more tired than usual, or if they have dozed off more times than usual, let them doze or inquire if they would like to head to their room for rest.⁵

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 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, 5} 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.





Sleeps During Day- Deeper Sleep

This resident is able to attend group activities, but they have minimal response and participation. This minimal level of response and participation is generally related to their diagnosis.¹

What to Look for:

- ✓ Resident is minimally able to follow group activities and stay attentive throughout course of activity.
- ✓ The patient will re-awaken when the activity equipment is offered to them or placed in their hand, but dozes off soon after.

What to Do:

Encourage the resident to use their senses and respond to stimuli selected that hold a personal meaning for them.²

Provide stimulation and observe which stimulations evokes the best or most responses from the resident. Keep the stimulation within optimal levels of tolerance and be sure to be consistent with the approaches used .

Keep your movements simple and slow, using touch as needed to offer encouragement and praise to the resident.³

Use props that are familiar and meaningful for the resident. Ask family members for assistance and ideas for meaningful props that the resident would respond to.⁴

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

2,4 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.

3 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.





Sundowners/Wandering

The resident is experiencing increased anxiety or agitation close to when the sun sets. This behavior is characterized by: increased efforts to leave activities, increased motor activity, repeated expressions of “I need to get home/I have things to do,” tension in the face with furrowed brow and a tense jawline.¹

What to Look for:

- ✓ The resident may need help from staff in order to redirect energy and attention and validate feelings. The person may also need assistance in feeling more comfortable as the day comes to an end. The resident may experience undue or increasing distress if they are overwhelmed by unacknowledged emotional needs.²

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

3 Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care. British Columbia Ministry of Health. 2011. Retrieved at: <http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>

4 The Use and Utility of Specific Nonpharmacological Interventions for Behavioral Symptoms in Dementia: An Exploratory Study. Cohen-Mansfield, J., Marx, M.S., Dakheel-Ali, M., Thein, K. *The American Journal of Geriatric Psychiatry*. February 2015, Volume 23, Issue 2, Pages 160-170. Retrieved at: [http://www.ajgonline.org/article/S1064-7481\(14\)00192-4/pdf](http://www.ajgonline.org/article/S1064-7481(14)00192-4/pdf)

5 Engagement in Persons with Dementia: The Concept and its Measurement. J Cohen-Mansfield, M Dakheel-Ali and M Marx. *Am J Geriatric Psychiatry*. 2009 April; 17 (4): 299-307. Retrieved at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684326/>

6 Utilization of Self-Identify 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://psychosocgerontology.oxfordjournals.org/content/61/4/P202.full.pdf+html>

7, 9 Effective Behavioral Interventions for Decreasing Dementia-Related Challenging Behavior in Nursing Homes. R. Allen., A. Stevens and L. Burgio, *International Journal of Geriatric Psychiatry*, April 1999. Retrieved at: <http://bit.ly/1odwTtH>

8 Caring for a Person with Alzheimer’s Disease Your Easy-to-Use Guide from the National Institute on Aging. 2012. Retrieved at: <http://bit.ly/1R1oNgZ>

What to Do:

Talk to him/her or with family/friends to explore the types of activities that were used as ways to calm himself/herself when anxious or occupy self when waiting, or ask what typically happened in the household that might be used as comfort tactics.³

Guide toward quieting, calming activities.⁴

Offer safe props/materials that might be associated with day’s-end activities: table setting, clothes, folding, desk cleaning.⁵

Listen for clues of intent behind preoccupations, consider different memory eras: childhood, work life, motherhood.⁶

Try to ward off onsets providing reasons why we don’t need to worry (the kids have a sleepover tonight, Dad already got the chores done, the church ladies have made dinner tonight).⁷

Encourage fluids within dietary orders/guidelines.⁸

Encourage family to bring in familiar household objects and place these items in common areas where evening time is spent.⁹

