



## Annoying or Criticizing Others

Resident has been known to make critical remarks out loud regarding other residents or staff members on their behavior and appearances.<sup>1</sup>

### What to Look for:

- ✓ The person has been observed to have annoyed others repetitively in social situations with their critical remarks.
- ✓ Resident does not respond to reminders or requests in regard to stopping the behavior.
- ✓ The remarks could be hurtful, insulting, or troublesome to those they are directed at. This may offend others in such a manner that interferes/limits the resident's ability to have a positive social interaction.

### What to Do:

Consider whether another factor could be causing the resident to be making critical remarks such as: hunger, thirst, or physical discomfort.

Try using a visual cue with the resident (i.e. a finger placed against pursed lips) to signal a need to stop comments.<sup>2</sup>

Periodically, ask the resident in a calm, quiet, and in a matter-of-fact tone to stop the behavior.<sup>3</sup>

Remind and explain to others in a private manner, that the resident does not have unkind intent behind their criticisms. Offer compliments to others in a way to counterbalance critical remarks.<sup>4</sup>

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 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 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.





## Crying Out

A person may occasionally, during the day and night, make sounds including screeching, loud non-topic-related statements or cries for help.<sup>1</sup>

### What to Look for:

- ✓ This person may be crying out to reassure themselves or as a way to gain the attention of staff and other residents.
- ✓ Frequent outbursts can be nerve-wracking to those in that immediate area.
- ✓ Social activities can sometimes trigger crying out.<sup>2</sup>

### What to Do:

Consider what may be causing this behavior: pain, need for toileting, fatigue, etc.<sup>3</sup>

Help the individual participate in activities<sup>4</sup> that are of interest to them. If they are reluctant to join an activity, offer a simple explanation of what it is.

Suggest small groups activities or opportunities for one-on-one engagement to promote social connections.<sup>4</sup>

Staff providing physical touch can provide reassurance and comfort that can have a calming impact.<sup>6</sup>

Offer private and quiet spaces if the person is sensitive to ambient noise.

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

3 Morley, J.E. "Behavioral Management in the Person with Dementia." *The Journal of Nutrition, Health & Aging*, Volume 17, Number 1, (2013): n. pag. Web. <<http://link.springer.com/article/10.1007/s12603-012-0406-4#page-1>>

4 Chancellor, B., Duncan, A., and Chatterjee, A. "Art Therapy for Alzheimer's Disease and Other Dementias: A Review." *Journal of Alzheimer's Diseases* 39 (2014) 1-11: n. pag. Web: <<https://www.ncbi.nlm.nih.gov/pubmed/24121964>>

5 Crooks, Valerie C., James Lubben, Diana B. Petitti, Deborah Little, and Vicki Chiu. "Social Network, Cognitive Function, and Dementia Incidence Among Elderly Women." *American Journal of Public Health* 98.7 (2008): 1221-227. Web. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2424087/>>

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





## Cursing

This resident has outbursts of swearing and using profane words. They may have episodes of yelling obscenities or cursing.<sup>1</sup>

### What to Look for:

- ✓ The outbursts of cursing are, at times, directed towards others around them (staff, other residents, and visiting family members).
- ✓ The resident often keeps the profanities under their breath, cursing quietly.
- ✓ The cursing is often interspersed within normal speech and conversation.

### What to Do:

When inappropriate language and profanities are starting to be used, speak with the resident and request that they stop. Ask to use friendly conversation in group activity, or escort the person to a private area.<sup>2</sup>

Ask direct questions to the resident. Compliment any congenial responses the resident may give.<sup>3</sup>

When speaking with the resident about their behavior, take a matter-of-fact, non-emotional, and to-the-point approach.<sup>4</sup>

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 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 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.





## Decreased Conversation Abilities

The resident displays problems in following topics of conversation during social or recreational activities such as: trailing off into silence at the end of a question, answering questions with non-related answers, and only giving small laughing noises as reponse.<sup>1</sup>

### What to Look for:

- ✓ The resident may not reflect any sort of signs of comprehension or understanding during simple greetings or invitations to activities.
- ✓ This person may respond with facial expressions and a tone of voice associated with a light and pleasant conversation during simple social exchange.
- ✓ They may still actively seek to participate in social activities and contacts and will actively enjoy them.

### What to Do:

Have the resident participate in recreational or social activities that promote favored long-term memories and skills.<sup>2</sup>

Carefully phrase simple questions and invitations to activities.<sup>3</sup>

Respond with mirrored facial expressions/tone of voice to validate feelings behind attempted conversation. Be sure to praise any social attempts.<sup>4</sup>

Provide the resident with a familiar object or picture that is relevant to the topic of conversation or activity.<sup>5</sup>

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 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 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.

5 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





## Preservation - Verbal and Movement

This resident may voice various questions, complaints, and requests to staff members repetitively and persistently. They will often resist involvement in any sort of structured activity whether is it independent, or group.<sup>1</sup>

### What to Look for:

- ✓ The resident will seem much more involved in their own thoughts or preoccupations than with their immediate surroundings.
- ✓ When the resident becomes distracted within their own thoughts or preoccupations, it is often very difficult to draw them away from them, even for a few minute.
- ✓ This person will often display repetitive movements with their hands or arms throughout the day.

### What to Do:

Respond to the questions, complaints, and requests simply and in a patient manner. Avoid reminding the resident that they just asked the same questions.<sup>2</sup>

Praise any attempts and accomplishments made the the resident. Be sure to provide plenty of reassurance and comfort.<sup>3</sup>

For repetitive movements, try correlating the movement to a past leisure, work, or daily activity. Provide the resident with the material and equipments to actually perform the activity (i.e. if they cooked a lot, provide them with recipe cards. If they did a lot of wood work, provide them with sandpaper etc).<sup>4</sup>

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 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 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





## Verbal Outbursts

The resident is many times disruptive in activities. Their outburst may offend or irritate others around them and inhibit them from engaging in positive social interaction. Furthermore, if the behavior isn't addressed, they may ultimately display increased levels of verbal outbursts and agitation.<sup>1</sup>

### What to Look for:

✓ The resident may yell out loudly phrases like:

- “Help me, help me”
- “I need to go to the bathroom”
- “I want to go home”
- “Baby, baby, baby”
- “Hey, hey, hey”

Or rambling noises that the staff or caregivers are unable to understand.<sup>2</sup>

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

3 Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures. Alzheimer's & Dementia 2015: 11 (3) 332+ Retrieved at: [https://www.alz.org/facts/downloads/facts\\_figures\\_2015.pdf](https://www.alz.org/facts/downloads/facts_figures_2015.pdf)

4 Elderly Patients with Dementia-Related Symptoms of Severe Agitation and Aggression: Consensus Statement on Treatment Options, Clinical Trials Methodology and Policy. C Salzman, D Jeste, RE Myere, J Cohen-Mansfield, J Cummings, G Grossberg, L Jarvik, H Kraemer, B Lebowitz, K Maslow, B Pollock, M Raskind, S Schultz, P Wang, JM Zito, and GS Zubenko. Journal of Clinical Psychiatry. June 2008; 69(6): 889-898. Retrieved at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2674239/>

5, 7 Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care (the guideline). British Columbia Ministry of Health. 2011. Retrieved at: <http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>

6 Music Therapy in Dementia: A Narrative Synthesis Systematic Review. McDermott, O., Crellin, N., Mette Ridder, H., and Orrell, M. International Journal of Geriatric Psychiatry. 2013; 28: 781-794. Retrieved at: <http://onlinelibrary.wiley.com/doi/10.1002/gps.3895/epdf>

8 Resident Behavior and Staff Distress in the Nursing Home. Everitt DE, Fields DR, Soumerai SS, and Avorn J. Journal of American Geriatric Society. 1991 August; 39 (8): 792-8. Retrieved at: <http://www.ncbi.nlm.nih.gov/pubmed/2071810>

### What to Do:

Assist to group activities of potential interest where some outbursts can be more easily tolerated.<sup>3</sup>

Explain activity and expectations using calm, simple speech.

Check and assure physical comfort.<sup>4</sup>

Include into \_\_\_\_ (one-on-one contacts with soft touch within tolerance, orientation to time, place and person, sensory stimulation and discovery of items of personal meaning).<sup>5</sup>

Include in smaller activity formats with similar or tolerant peers.<sup>6</sup>

Give clear directions in an unhurried and direct manner.<sup>7</sup>

Clarify directions with visual demonstrations or hand-over-hand modeling.

Watch for antecedents which may trigger outbursts and eliminate negative causal factors.<sup>8</sup>