

A1.6 PROBLEM SOLVING WITH INDIVIDUALS WITH DEMENTIA WHO EXHIBIT CHALLENGING BEHAVIOR (AGGRESSIVE OR CATASTROPHIC BEHAVIOR)

As a caregiver, you understand an individual with dementia may face several problems while trying to perform a task. For example, they may not understand what they have to do or why or in which order. They may not understand instructions or forget them midway of the task. Their ability to stay focused or interested may be shortened or absent as the disease progress in severity. They may often stop recognizing objects or knowing how to handle them all together. Balance and coordination decline, and movement or behavior may not be controlled. When they struggle to do a task, they may get frustrated or easily distracted. Best approach in trying to help them as a caregiver is try to explain to them what needs to be done and why it is important in a way that they will understand. Be patient or guide them in performing the task step-by-step or explain what you are doing for them one step at a time to reduce frustration and adverse behaviors.

To help persons with dementia with their activities, plan what needs to be done to match their abilities. Prepare for the activity or task beforehand and split it into tasks and terms the care recipient with dementia will understanding. Explain what needs to be done in simple terms and avoid over explaining why something is needed or what will happen if a certain task is not done. Another helpful tip is to avoid giving too many choices as it can be confusing and increase frustration in an individual with dementia. Assist as needed and get creative, do not hurry the individual in performing a task and let them do as much as they can independently or with supervision and some guidance, whether it be verbal cues or hand gestures. Avoid pointing out mistakes or arguing with an individual with dementia as they may feel the frustration and not cooperate. Remain calm, pleasant, understanding, compassionate and helpful. As a caregiver you understand that an individual with dementia may not be able to express self as easily and may have outbursts of emotions or adverse behaviors – look for underlying cause, perhaps they are hungry or need to use the restroom which is causing them to be more short-tempered or wondering.

If may not be obvious, but it takes much less times to make someone with dementia perform a task if it is done slowly and unrushed. If you rush the individual or

tell them to hurry and speak rapidly, they may feel frightened and more confused causing them to have an outburst of emotions or behavioral challenges and agitation.

There are many changes in behavior throughout the progression of disease or due to other causes. Almost all persons with dementia show some behavioral changes to various degrees. They may change behavior due to not understanding what is going on around them, confusion, infection, medication interaction or simply not having their needs met. They are frustrated because they cannot communicate and express their needs.

Individuals with dementia experience cognitive and memory impairments which in turn changes how a person thinks, acts, and/or feels. These changes often present special challenges for families and caregivers. An ordinary conversation, for example, can be quite frustrating when your loved one has difficulty remembering from one moment to the next what has been said or what they were doing.

Individuals with moderate to severe dementia or another cognitive impairment often require special care, including supervision (sometimes 24 hours a day), specialized communication techniques, and management of difficult behavior. They may need help with ADL's such as bathing, eating, transferring from bed to a chair or wheelchair, toileting, and/or other personal care.

❖ CHALLENGING BEHAVIORS

Individuals with cognitive impairment may experience a range of behavioral problems that can be frustrating for caregivers. These might include communication difficulties, perseveration (fixation on/repetition of an idea or activity), aggressive or impulsive behaviors, paranoia, lack of motivation, memory problems, incontinence, poor judgment, and wandering. Some people may develop behavioral problems early on, while others go their entire illness with only minor cognitive or functional impairments. Most cognitively-impaired persons fall somewhere in the middle, having good days and bad days. Anticipating that there will be ups and downs, and maintaining patience, compassion, and a sense of humor will help you as a caregiver cope more effectively with difficult behavior. ***It's important to remember that it's the disease, not the person, causing the behavior.***

Helpful suggestions for managing these problems include communication techniques, such as keeping language simple and asking one question at a time. Break down tasks and questions. For example, instead of asking, “would you like to come in and sit down and have a snack?,” use simple statements such as, “here’s a snack for you.” Allow some time to respond for each question and request.

Wandering and poor judgment may signal the need for a 24-hour supervision. Be sure to review the home safety checklist and know whom to contact in your community in case of an emergency, if there is a back-up emergency plan and when to contact the supervisor. If wandering or aggressive behaviors are problems, you may need to contact emergency, police, fire, or medical systems, contact supervisor and family to inform of what is going on if you are unable to deescalate the situation. As a caregiver, you need to look at behavior that can harm the person or others and try to prevent it. Try to stop it before it becomes too difficult to manage. Try to understand what causes the behavior and try to prevent it by meeting the individual’s needs.

Dementia tips: How to manage aggression



Reassure your loved one



Take them to a comfortable environment



Help them connect with a long-term memory

❖ WANDERING

Two characteristic precursors to wandering are restlessness and disorientation or confusion. An Alzheimer's individual may exhibit signs of restlessness when hungry, thirsty, constipated, need to use the restroom or in pain. They may also become disoriented, pace, or wander when bored, anxious or stressed due to an uncomfortable environment, unfamiliar surrounding or lack of exercise. As well as adding physical activity to care recipients' daily routine, caregivers can:

- Immediately redirect pacing or restless behavior into productive activity or exercise.
- Reassure the person if they appear disoriented.
- Distract the person with another activity at the time of day when wandering most often occurs.
- Reduce noise levels and confusion. Turn off the TV or radio, close the curtains, or move the patient to quieter surroundings.
- Inform the supervisor and family as disorientation can also be a result of medication side effects, drug interactions, or over-medicating.

Practical ways to prevent wandering

- Have child-safety devices in the home to keep doors and windows secured.
- Hide items like purses, shoes, or glasses that dementia individual would always want if they left the house.
- Acquire comfortable chairs that restrict movement, making it difficult for the patient to stand up without assistance.
- Use safety devices, such as sensors and alarms. Bed and chair alarms will alert when dementia individual gets up to wander. Pressure-activated floor mats perform similar tasks, giving the caregiver time to redirect the person before they wander too far.

Planning for when dementia individual does wander

In case you note the care recipient *does* wander, it's a good idea to have a plan in place.

- Use a medical alert system. As well as allowing the care recipient to call for help in an emergency, some models also have location tracking technology. This can be especially helpful if the confused individual wanders off or gets lost in an unfamiliar area.

- Notify neighbors and local police about dementia persons' tendency to wander, and circulate personal phone number.
- Have your loved one or care recipient wear an ID bracelet or labels in clothing.
- In case a police search becomes necessary, have a recent photo of care recipient and some unwashed clothing to help search-and-rescue dogs. (Place clothing in a plastic bag with gloved hands, and replace the clothing monthly.)
- In the U.S., sign up for the Alzheimer's Association's Medic Alert and Safe Return Program, an identification system to help rescue lost Alzheimer's patients.

❖ ANGER AND AGGRESSION

While as a caregiver you understand now that creating a calm and peaceful environment can have a large impact on managing the stress of a dementia participant that often triggers aggressive behavior due to confusion and disorientation, there are also things you can do during an angry outburst.

Don't confront the person or try to discuss the angry behavior. Remember: ***the person with dementia cannot reflect on unacceptable behavior and cannot learn to control it.***

Do not initiate physical contact during the outburst. This may trigger physical violence and cause harm or injury to the individual and the caregiver. They may feel threatened and frightened, even if you are trying to de-escalate the situation. Remain calm, reassuring and keep a safe distance.

Let the person play out the aggression. Give them space to be angry alone and ensure they are safe to do so. ***Most important is to ensure you and the person with dementia is safe.***

Distract the person to a more pleasurable activity. Provide suggestions to do an activity they enjoy or reminiscing questions to distract them.

Look for patterns in the aggression. Consider factors such as privacy, independence, boredom, pain, urgency for bathroom needs, hunger or fatigue. Avoid activities or topics that anger the participant, especially during an anger outburst.

Get help from others during the activities that anger the patient (and can't be avoided). For example, if the individual dislikes bath time, have a familiar family member participate to aid the caregiver in completing the task in a calm, slow manner to reassure the individual and complete the necessary task.

***Don't take the aggressiveness
personally.
It, too, is just part of the dementia
disease.***

❖ HALLUCINATIONS, PARANOIA AND SUSPICIONS

Hallucinations can be the result of decline in senses.

Maintaining calmness in the environment can help reduce their frequency, but when hallucinations or illusions do occur, don't argue about what is real and what is not real. Instead, respond to the emotional content of what the person is saying. For example, if the participant is afraid, offer comfort. Or as a caregiver you may want to distract them with another activity or by moving to a different room where they can be more comfortable.

COMMON DELUSIONS

- ✎ THEFT
✎ A BELIEF THAT THOSE CLOSE TO THEM ARE TRYING TO HARM THEM
- ✎ NOT BELIEVING THEIR HOME IS THEIR REAL HOME

- *Offer a simple answer to any accusations. Don't argue or try to convince them their suspicions are untrue.*
- *Distract the person with another activity, such as going for a walk.*
- *If suspicions of theft are focused on a particular object that is frequently mislaid (e.g. wallet), try keeping a duplicate item on hand to quickly allay the fears and bring them comfort.*

Confusion and the loss of memory can cause individuals with dementia or Alzheimer's to



become suspicious of those around them, sometimes accusing their caretakers of theft, betrayal, or some other inappropriate behavior. Violent movies or television can also contribute to paranoia and intensify their effects.

Delusions (a strong false beliefs) are a common symptom for a person with dementia. They can take the form of paranoia, which makes the individual feel threatened, even if there is no or little reason to feel this way. A person experiencing a delusion may feel that they are being watched, or that someone is acting against them. They may jump to conclusions without much evidence. If the person you care for has delusions, this can be very difficult to cope with, especially if they are convinced that you have done something wrong or are trying to harm them. Try to remember that their delusions feel as real to them as your reality feels to you. You will not generally be able to convince a person experiencing delusions that they are wrong or mistaken.



❖ SLEEP PROBLEMS

In brain disease, such as dementia or Alzheimer's, there are often disruptions in the [sleep-wake cycle](#). Individuals with dementia may have wakefulness, disorientation, and confusion beginning at dusk and continuing throughout the night. This is called “sundowning.”

Sundowning can be expressed by two aspects. First, confusion, over-stimulation, and fatigue during the day may result in restlessness at night. Or second, some individuals develop a fear of the dark, perhaps because of the lack of familiar daytime noises and activity. The dementia participant may seek out security and protection at night to alleviate this discomfort.

Tips to reduce nighttime restlessness

- Improve sleep hygiene. A comfortable bed, reduced noise and light, and playing soothing music or if they prefer to sleep in a chair or on the couch, make sure they can't fall out while sleeping.
- Keep a regular sleep schedule. Consistency and routine are key.
- Keep a night light on. Some people with dementia imagine things in the dark and become upset and fearful. Stuffed animals or a pet may also help them remain calmer and promote sleep.
- Place a commode next to the bed.
- Increase physical activity during the day.
- Monitor napping. If the person seems very fatigued during the day, a short rest in the afternoon can lead to a better night's sleep. But keep naps short.
- Limit the intake of caffeine, sugar, and junk food during the day.
- If the person with dementia paces at night, make sure they have a safe room in which to do so and can be supervised.

Dementia and sleep: Common sleep problems in seniors



Difficulty staying asleep



Insomnia



Sundown syndrome



Restless legs syndrome



Sleep apnea



Sleep talking or yelling

Some individuals with dementia have difficulty getting or staying asleep because they aren't responding to day and night transitions. Adding bright light exposure during the day and melatonin supplements at night may help to improve their sleeping patterns. Keep in mind, there are many other causes of poor sleep-in elder clients and those with dementia especially due to other medical conditions or medication interactions. As a caregiver, promote good sleep hygiene practices and report any observations you may have to supervisor or family member of the client who is responsible for their care.

A1.7 SAFE ENVIRONMENTS (E.G., WANDERING)

If safety measures are in place, an individual living with Alzheimer's or other dementia related disease can live in the comfort of his or her own home as it will be consistent and provide reassurance and safety. As the disease progresses, the person's abilities will change and modifications needs to be addressed to meet their unique needs while ensuring safety and supervision. With some creativity and flexibility, the home can be adapted to support these changes.

How Dementia Affects Safety

Alzheimer's disease causes a number of changes in the brain and body. Depending on the stage of the disease, cognitive decline will affect safety as evident by:

- ❑ **Judgment:** forgetting how to use commonly used items
- ❑ **Sense of time and place:** getting lost on own street
- ❑ **Behavior:** becoming easily confused, suspicious, fearful
- ❑ **Physical ability:** having trouble with balance and self-care
- ❑ **Senses:** changes in vision, hearing, taste, sensitivity to temperatures or depth perception

Home Safety Tips

Keep the checklist handy to prevent dangerous situations and help maximize the person living with dementia's independence for as long as possible.

- **Evaluate your environment.** Individual with dementia may be more inclined to safety hazards in home or outdoors. Monitor garages, work rooms, basements and outside areas; area where there are likely to be tools, chemicals, cleaning supplies and other potentially hazardous items.
- **Avoid safety hazards in the kitchen.** Use appliances that have an automatic shut-off feature. Prevent unsafe stove usage by applying stove knob covers, removing knobs or turning off the gas when the stove is not in use. Disconnect the garbage disposal. Discard toxic plants and decorative fruits that may be mistaken for food. Remove vitamins, prescription medications, sugar substitutes and seasonings from the counters.

- **Be prepared for emergencies.** Keep a list of emergency phone numbers and addresses for local police, fire departments, hospitals and poison control helplines.
- **Make sure safety devices are in a working order.** Make sure carbon monoxide, smoke detectors and fire extinguishers are operating properly. Replace batteries twice a year during daylight saving time.
- **Install locks out of sight.** Place a latch or deadbolt either above or below eye level on all doors. Remove locks on interior doors to prevent the person from locking themselves in. Keep an extra set of keys hidden near door.
- **Keep walkways and rooms well-lit.** Changes in levels of light can be disorienting. Create an even level by adding extra lights in entries, outside landings, and areas between rooms, stairways and bathrooms. Use night lights in hallways, bedrooms and bathrooms. Consider creating a “day” and “night” routine with lights.
- **Consider removing guns and other weapons from the home or storing them in a locked cabinet.** If someone in the home is living with dementia, firearms can pose a significant risk for everyone. For example, as the disease progresses, the person may not recognize someone they know for years and view as an intruder. With a gun access, the result could be disastrous.
- **Place medications in a locked drawer or cabinet.** To help ensure that medications are taken safely, use a pill box organizer or keep a daily list and check off each medication as it is taken.
- **Remove tripping hazards.** Remove throw rugs, extension cords and excessive clutter.
- **Watch the temperature of water and food.** The person living with dementia may have a hard time differentiating between hot and cold. Consider installing an automatic thermometer for water temperature.
- **Assess bedroom safety.** Closely monitor the use of an electric blanket, heater or heating pad to prevent burns or other injuries. Available seating near the bed to help with dressing. Ensure closet shelves are at an accessible height and items are easy to reach and clutter free.

- **Secure large furniture.** Check that book shelves, cabinets or large TVs are secured to prevent tipping. Ensure chairs have armrests to provide support when going from a sitting to standing position.
- **Avoid injury in the bathroom.** Install grab bars for the shower, tub and toilet to provide additional support. Apply textured stickers to slippery surfaces to prevent falls. Consider installing a walk-in shower for safety.
- **Improve laundry room safety.** Keep all cleaning products — such as liquid laundry pods and bleach — out of sight, secured and in the original storage containers to discourage someone from eating harmful chemicals or locked away in a cabinet, out of sight. Consider installing safety locks on washing machines and dryers to prevent inappropriate items being put in or taken out too early. Clean out lint screens and dryer ducts regularly to prevent fires.
- **Assess safety hazards in the garage and/or basement.** Limit access to large equipment such as lawn mowers, weed trimmers or snow blowers. Keep poisonous chemicals, such as gasoline or paint thinner, out of reach. The use of a motion sensor on the garage door may be helpful to detect wandering behavior.
- **Support the person's needs.** Try not to create a home that feels too restrictive. The home should encourage independence and social interaction. Clear areas for activities. Ensure safety at all times, however, remember it is still the individuals' home and respect their choices.

Individual with dementia related disease or Alzheimer's may be most comfortable at home where they lived most of their life, memories of their loved once, their past life and where they feel most secured and happy. Sudden changes in living situations could induce challenging behaviors, such as confusion, disorientation, wandering, aggression and anxiety. Their health may deteriorate and they may be less likely to perform tasks due to increased confusion. When safety is considered and checked, with proper supervision and reinforcement, the individual with Alzheimer's or other dementia may live at their home where they are most comfortable and secure to prevent rapid deterioration in health and behavior.

The *Alzheimer's Association* has published a helpful checklist, which will be included in the next two pages for your reference as a caregiver. Remember, safety is of the utmost importance and goal is to promote independence as safely and as much as possible. If a skill is not used in individuals with dementia, unfortunately it will be lost much quicker with progression of the disease.

References

Alzheimer's Association. (2024). *Home safety*. Alzheimer's Disease and Dementia. Retrieved from <https://www.alz.org/help-support/caregiving/safety/home-safety> on January 2, 2024.

European Service at Home, INC. *Pre-Service Training Manual*. Problem solving with individuals with dementia who exhibit challenging behavior. Pages 143-161.

HOME SAFETY CHECKLIST

Individuals living with Alzheimer's disease and other dementias are at increased risk for injury or harm in certain areas of the home. As the disease progresses, they may become unaware of the dangers that exist. Consider taking the following precautions to create a safe environment, which may prevent dangerous situations from occurring and help maximize the person's independence for as long as possible.



General Home Safety Tips

- ☐ Store potentially hazardous items, such as medication, alcohol, matches, sharp objects or small appliances and tools, in a securely locked cabinet.
- ☐ Keep all cleaning products, such as liquid laundry pacs and bleach, out of sight or secured to avoid possible ingestion of harmful chemicals.
- ☐ Keep the number for the local poison control center handy or saved in your phone in case of emergency.
- ☐ Make sure carbon monoxide and smoke detectors and fire extinguishers are available and inspected regularly. Replace batteries twice a year during daylight saving time.
- ☐ Remove tripping hazards, such as throw rugs, extension cords and excessive clutter.
- ☐ Keep walkways and rooms well lit.
- ☐ Secure large furniture, such as book shelves, cabinets or large TVs, to prevent tipping.
- ☐ Ensure chairs have arm rests to provide support when going from a sitting to standing position.
- ☐ Apply stickers to glass doors at eye level to ensure doors are visible.
- ☐ Install a latch or deadbolt either above or below eye level on all doors.
- ☐ Remove locks on interior doors to prevent the person living with dementia from locking themselves in.
- ☐ Consider removing firearms from the home or storing them in a locked cabinet.
- ☐ For more information, contact the **Alzheimer's Association 24/7 Helpline (800.272.3900)**.

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Kitchen

- ☐ Use appliances that have an auto shut-off feature.
- ☐ Prevent unsafe stove usage by applying stove knob covers, removing knobs or turning off the gas when the stove is not in use.
- ☐ Disconnect the garbage disposal.
- ☐ Mark food with purchase date; regularly check for and throw away expired items.
- ☐ Discard toxic plants and decorative fruits that may be mistaken for real food.
- ☐ Remove vitamins, prescription drugs, sugar substitutes and seasonings from the kitchen table and counters.



Laundry Room

- ☐ Clean out lint screens and dryer ducts regularly to prevent fires.
- ☐ Consider installing safety locks on washing machines and dryers to prevent inappropriate items being put in or taken out too early.
- ☐ Install locks on laundry chutes to avoid temptation to climb into or drop inappropriate items down the chute.
- ☐ Keep all cleaning products — such as liquid laundry pacs and bleach — out of sight, secured and in the original (not decorative) storage containers to discourage someone from eating or touching harmful chemicals.



Bathroom

- ☐ Install grab bars for the shower, tub and toilet to provide additional support.
- ☐ Set the water temperature at 120 degrees Fahrenheit or less to prevent scalding.
- ☐ Apply textured stickers to slippery surfaces to prevent falls.



Bedroom

- ☐ Closely monitor the use of an electric blanket, heater or heating pad to prevent burns or other injuries.
- ☐ Provide seating near the bed to help with dressing.
- ☐ Ensure closet shelves are at an accessible height so that items are easy to reach, which may prevent the person from climbing shelves or objects falling from overhead.



Garage and Basement

- ☐ Limit access to large equipment, such as lawn mowers, weed trimmers or snow blowers.
- ☐ Keep poisonous chemicals, such as gasoline or paint thinner, out of reach.
- ☐ Lock and properly store ladders when not in use to prevent a tripping or climbing hazard.
- ☐ Remove access to car keys if the individual living with dementia is no longer driving.
- ☐ Install a motion sensor on the garage door.
- ☐ Mark stairs with bright tape and ensure railings are sturdy and secure to prevent tripping or falls.

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