

ST. ODILIA'S BRAIN HEALTH & DEMENTIA SERIES



Carolyn Klaver, Registered Nurse, Faith Community Nurse
Community Dementia Educator

1

SESSION THREE

- How to Work with
Dementia Care Challenges



2

BEHAVIOR vs
COMMUNICATION



BEHAVIOR IS COMMUNICATION

Teepa Snow teaches

“we are the ones with the brain intact. It is up to us to figure out how to work with those living with dementia”.

I want to help you understand this.



3

REFUSING TO BATHE OR SHOWER

Common challenge in dementia care.

What looks like defiance

is often fear, confusion, or discomfort.



4

TRIGGERS

- **Physical:** pain, discomfort, unmet physical needs
ex: hungry, needs to use the bathroom
- Social:** being around people who stress or bother the person
ex: visitor is speaking too loudly
- Environmental:** occurring in their space
ex: room is too hot or noisy
- Personal:** comes from inside the person. thoughts, emotions, activities triggering a reaction
ex: feeling scared about a change in daily routine



5

ANXIETY & AGITATION

- Seem worried or nervous
- May act short-tempered or have a hard time sitting still
- Possible causes:
 - Moving to a new residence, such as a nursing home
 - Changes in environment, like travel, hospitalization, having visitors
 - New caregiver arrangements
 - Belief that something is a threat, even if it is not (this is about their reality)



YOUR RESPONSE: TO FOLLOW

<https://www.alz.org/help-support/resources/publications>



6

AGGRESSION & ANGER

Aggressive behavior may be verbal (shouting, name-calling) or physical (hitting, pushing).

Can occur suddenly, with no apparent reason, or result from a frustrating situation.

May result from:

Physical discomfort, like pain or hunger.

Environmental factors, like a noisy room

Poor communication. The person may feel frustrated due to having difficulty understanding what is being said or why something is happening

YOUR RESPONSE: TO FOLLOW
<https://www.alz.org/help-support/resources/publications>



7

CONFUSION, SUSPICION, DELUSIONS

Inability to remember certain people or objects – can contribute to untrue beliefs.

ex. Person may think family members are stealing from them

Situations that can lead to suspicion include:

the person discovers their wallet is empty

forgetting an item was moved from one place to another

possessions being moved while cleaning



<https://www.alz.org/help-support/resources/publications>



8

DEPRESSION

- Very common with Alzheimer's disease
 - Especially in early and middle stages.



Depressed mood (sad, hopeless, discouraged, tearful).
Decreased pleasure in usual activities: social isolation or withdrawal,

Disruption in appetite, disruption in sleep, agitation or slowed behavior, irritability, fatigue or loss of energy, feelings of worthlessness or hopelessness, or inappropriate or excessive guilt, recurrent thoughts of death, suicide plans or a suicide attempt.

*Getting appropriate treatment can significantly improve Quality of Life

More information at <https://www.alz.org/help-support/caregiving/stages-behaviors/depression>



9

SLEEP ISSUES

- Always try non-medication strategies first due to possible serious side effects
- Maintain regular times for meals and for going to bed and getting up.
- Seek morning sunlight exposure.
- Encourage regular daily exercise, but no later than 4 hours before bedtime.
- Avoid alcohol, caffeine and nicotine.
- Treat any pain.
- If taking cholesterol medication, avoid giving the med before bed
- Make sure bedroom temperature is comfortable.
- Provide nightlights and security objects.
- Use the bed only for sleep, discourage staying in bed while awake.
- Discourage watching tv during periods of wakefulness.
- More info at <https://www.alz.org/alzheimers-dementia/treatments/for-sleep-changes>



10

WANDERING & PACING, OR WANTING TO GO “HOME”



Common to wander or become lost/confused about their locations, even in mild or early stage.

They may wander by foot, car or public transportation.

6 in 10 people living with dementia will wander at least once; many do so repeatedly.

Wandering can be dangerous – even life-threatening.

Some reasons:

- physical pain or restlessness

- an unmet need, like hunger

- boredom

YOUR RESPONSE: TO FOLLOW

<https://www.alz.org/help-support/resources/publications>



11

DRIVING

Driving requires quick reactions. A person living with dementia will, at some point, be unable to drive. Plan ahead.

Plan early for driving retirement. Transition driving responsibilities to others. Reduce the need by having deliveries instead. Ask them to sign a driving contract.

Help the person retire from driving. Experiment with ways to distract the person from driving.

If they are reluctant to retire or refuse to retire, consider these as last resorts:

- control access to the car keys

- disable the car

- consider selling the car

More details at: <https://www.alz.org/help-support/caregiving/safety/dementia-driving>



12

I, _____, understand that due to the nature of Alzheimer's
(name of person living with Alzheimer's disease or dementia)

disease or dementia, there will come a day when it is no longer safe for me to drive. The purpose of this document is for me to share my directions for what I would like to happen when I cannot drive anymore.

I am aware that due to Alzheimer's or another dementia, I may not be able to recognize when I am no longer driving safely. In that case, I have asked the following person (or people) to tell me that it is no longer safe for me to drive.

I understand that I may forget that I cannot drive anymore and may try to continue driving. If this happens, please know that I support all actions taken, including removing or disabling my car, to help ensure my safety and the safety of others.

Signature of person living with Alzheimer's or another dementia *Date*

<https://www.alz.org/getmedia/9d7671f6-4df4-4457-a934-488185a69623/alzheimers-dementia-driving-info-contract-ts.pdf>



I, _____, commit to telling _____
(name of person appointed above) (name of person living with Alzheimer's disease or dementia)

when it is no longer safe for him/her to drive. I commit to taking whatever actions are necessary from that time on to help ensure his/her safety and the safety of others, as he/she has requested.

Signature of person appointed above *Date*

Signature of person living with Alzheimer's or another dementia *Date*

<https://www.alz.org/getmedia/9d7671f6-4df4-4457-a934-488185a69623/alzheimers-dementia-driving-info-contract-ts.pdf>



RESPONDING TO BEHAVIORS

- Try nonmedical responses 1st
 - Ex. Address the trigger by making environmental changes
 - Provide physical and emotional comfort
 - Can be especially helpful in identifying and meeting the needs of a person who has difficulty communicating with words

<https://www.alz.org/help-support/resources/publications>



15

1. DETECT & CONNECT

- Approach person calmly, quietly, with respect (connect with them while you assess the situation)
- Use what you know about the person to try and understand their needs and feelings.
- Join the person in their reality. Accept what the person believes in that moment to be true, even if it isn't. Try to see the world through their eyes and do your best to understand what they are trying to communicate
- Avoid correcting the person – do not tell them they are wrong
- Who was there when the behavior took place?
- What happened just before or after the behavior began? Any patterns?
- When did the behavior happen? Time of day, similar time when occurred before?
- Where did the behavior happen?
- How did I react?



16

2. TAKE CARE OF PHYSICAL NEEDS

- Check for physical pain, signs of injury, did a fall occur recently?
- Consider any medical issues – UTI, constipation, possible side effects new med

Consider:

Uncomfortable clothing (too tight or not appropriate for the weather)

Lighting problems or glare

Room temperature that is too cold or hot

Hunger or thirst

A need to stretch, move around or find a more comfortable position

A need to use the toilet

Too much noise or activity



17

3. HELP WITH EMOTIONAL NEEDS

- Focus on how the person might be feeling in the moment instead of the facts of the situation. Ex: someone afraid might show this by crying. Respond to the crying instead of their behavior
 - Offer comfort – let them know they are not alone, you are safe together, you are trying to make them feel more comfortable
 - Use your knowledge of the person's likes and dislikes to redirect them to a different activity. Consider activities that bring them joy and might help them relax. You may not be successful right away.
 - Consider asking someone else to help you or give the person space by bringing them to a safe, quiet place before trying again.
- SAFETY is IMPORTANT. Keep everyone safe. Call 9-1-1 in an Emergency. Tell responders the person is living with dementia and may act aggressively.**



18

4. REVIEW AND PLAN FOR NEXT TIME

- Go back to Step 1 “Detect and Connect”. Consider whether your actions helped the situation. What worked? What didn’t? what would you do differently in the future?
- What are the warning signs that the behavior may be coming back?
- What responses work well and in what order?
- When will you need to respond?
- How can you tell if your approach worked?
- Who else can help, if needed?



<https://www.alz.org/help-support/resources/publications>



19

MEDICAL CAUSES OF BEHAVIORS

- Progression of dementia
- Result of a different medical condition
 - Prescription drug interactions
 - Discomfort from an infection or changes like hearing loss



Talk to medical team especially if the non-medical responses you have tried have not been successful.

<https://www.alz.org/help-support/resources/publications>



20

COMMUNICATION BARRIERS



- Speak slowly and clearly with a gentle tone.
- Use simple sentences and yes/no questions.
- Maintain eye contact and offer reassurance.
- Use visual cues or gestures when words fail.



21

BEHAVIORAL CHANGES



- Stay calm and avoid arguing.
- Redirect attention to a different activity.
- Identify triggers, such as hunger, discomfort or overstimulation.
- Create a structured daily routine to minimize confusion.



22

MANAGE SUNDOWNING



- Late afternoons and early evenings
- Listen to their stories – try to figure out their unmet need & where you can offer comfort
 - “I want to go home” Your response “Tell me more about your home”

Do NOT say “Calm down.

- Instead say “Wow, I made you angry.” (You are recognizing and acknowledging that the person doesn’t like what you are doing. You validate their point of view.)



23

REPETITIVE BEHAVIORS

- The person does not remember they just asked that same question. They cannot stop their repetitive behavior.
- Pain can cause the person to rock, pace or move in other rhythmic ways when they are uncomfortable.
- When they are depressed, repetitive actions may be the only way to express themselves or cope.
- Feeling bored or unsure of what to do can prompt some people with dementia to repeatedly ask, “what do I do now?”
- Expressing a need: She may constantly ask “what’s for lunch?” or “is it time to eat?” due to hunger. Or need to go to the restroom and fidget with his belt buckle or her pants, or pace. Feeling cold, they may repeatedly check closets for a blanket or sweater.
- Expressing fear, anger or insecurity, a person may wring their hands or tap fingers on a table trying to comfort self.



24

STRATEGIES FOR REPETITIVE BEHAVIORS

- Try to redirect to a favorite activity or a favorite food
- Try physical activities during the day - a walk, chair exercises, toss a ball – to reduce stress, tension, frustration, and help mood.
- Rubbing hands, tapping, repetitive mouth movements, try occupying the person's hands with something to hold – a soft blanket, a doll, a stuffed animal, a nerf ball
- Try distraction with music, food, exercise (have their favorites on a play list)
- Offer folding laundry, dusting, sweeping, raking.
- Are there cues that are causing them to ask "Is it time to go now?" (coats, purses in their environment).
- Too much stimuli (too many people, too much activity or noise can cause a person to say "Let's go now.")
- Try to understand that repetitive motions may be necessary before the person can move on to the next part of a task.



25

ENHANCE SAFETY IN THE HOME



- Remove tripping hazards such as rugs and loose cords.
- Install grab bars in bathrooms and hallways.
- Use locks or alarms on doors and windows to prevent wandering.
- Label important areas like the bathroom and kitchen.



26

SELF-CARE TIPS FOR CAREGIVERS



- Take breaks and ask for help when needed.
- Join a support group for caregivers.
- Engage in activities that bring personal joy and relaxation.
- Seek professional **respite care** when necessary.



27

OTHER HANDOUTS

- Activities at Home
- Bathing
- Care Options
- Choosing a Doctor
- Choosing and Adult Day Center
- Choosing an In-Home Care Professional
- Choosing a Residential Care
- Communicating with your HealthCare Team
- Dental Care
- Dressing
- Eating
- Holidays
- Discharge Planning
- Incontinence
- Rights in Facilities
- Late Stage Care
- LGBTQ+
- Living with Younger Onset Dementia
- Personal Care
- Planning for Long Term Care Expenses
- Planning for the Future
- Changes in Sexuality and Intimacy
- Financial Forms

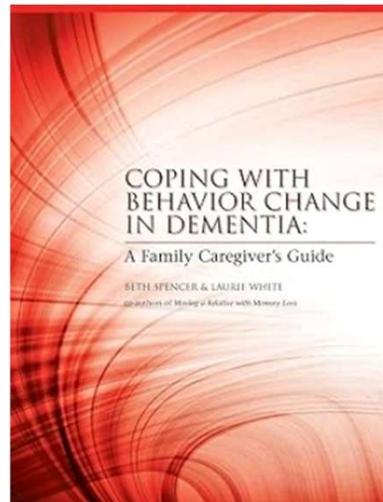
<https://www.alz.org/help-support/resources/publications>



28

COPING WITH BEHAVIOR CHANGES IN DEMENTIA

- Authors: Beth Spencer & Laurie White
- Published 2015



29

SEEK OUT PROFESSIONALS

- Family Means. 651-439-4840
- Wilder 651-280-2273
- Alzheimer's Association 24/7 1-800-272-3900
- Trellis <https://trellisconnects.org/dementia-care-navigation/>
- Dementia Support Groups
- Care Consultations



30

Memory Care Mass

Join St. Odilia and St. Mary of the Lake for a Memory Care Mass

What is a Memory Care Mass?

- Designed to fit the needs of those living with dementia
- Shorter in length – approximately 30 minutes
- Held in a chapel, a smaller and more comfortable environment
- Hospitality following Mass allows for important social time

LOCATIONS



Catholic Community of St. Odilia
3495 Victoria St., Shoreview, MN 55126



**SAINT
MARY
OF THE
LAKE** St. Mary of the Lake
4741 Bald Eagle Ave.
White Bear Lake, MN 55110

**As many as 30
have attended!**

**Share this with
others!**



31

UPCOMING SESSIONS

- February 11** 1:30 p.m. to 3 p.m.
Dementia Communication Techniques –
Learn to Listen, learn to respond appropriately
- March 11** 1 p.m. to 2:30 p.m. Metro Wide Resources
- April 15** 6:30 p.m. to 8 p.m. Typical Aging, The Significant Role of Faith &
 Spirituality – What the Church body can do



32

ONLINE ACCESS TO PREVIOUS SESSIONS

<https://www.stodilia.org/dementia-friendly-parish>



33

QUESTIONS & ANSWERS

Thank you for coming.

I will stay after to answer everyone's questions.



34