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CENTER *for* DEMENTIA CARE

# Effective Tools for Managing Dementia Behavioral Expressions: Nonpharmacologic Approaches

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In addition to her work at the West Center, Jaime serves on the board of Care & Prepare, an organization dedicated to bringing advance care planning to all people.



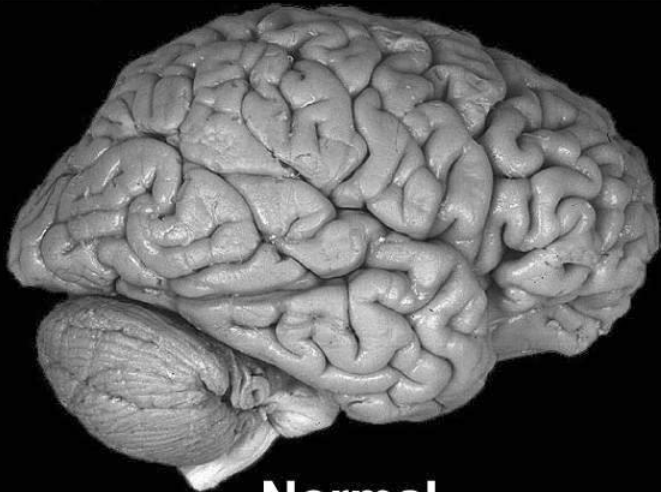
# Course Objectives:

Identify	Identify behavioral disturbances and common causes in persons with dementia
Demonstrate	Demonstrate a multi-layered, person-centered approach to dementia care that supports dignity and promotes quality of life.
Assess	Assess different non-pharmacologic strategies as a first line of treatment for residents with dementia.
Describe	Describe at least 3 non-pharmacological best practices in managing behavioral disturbances

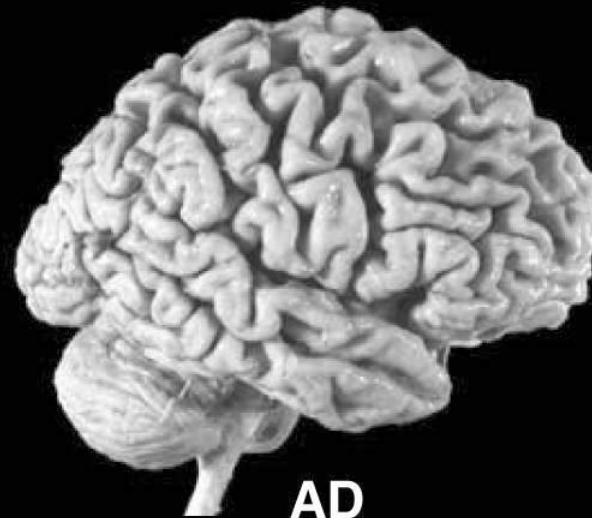
# Persons with Dementia and Behavioral Expressions

- ▶ Persons with dementia have a progressive decline of cognitive abilities, executive function, and functional abilities.
- ▶ Persons with dementia increasingly have problems with memory, ability to manage their own ADLs, and can have obvious personality changes.
  - ▶ Attention/concentration
  - ▶ Organizing and planning
  - ▶ Starting tasks and staying focused and keeping track
  - ▶ Managing emotions and impulse control
- ▶ Up to 97% of persons living with dementia experience at least one behavioral disturbance, the most common being apathy, depression, irritability, agitation, and anxiety (Steinberg et al., 2008)
- ▶ These disturbances impact more than just the person living with dementia.

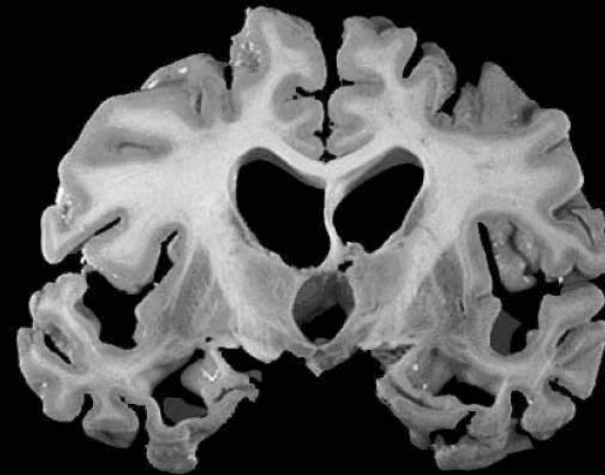
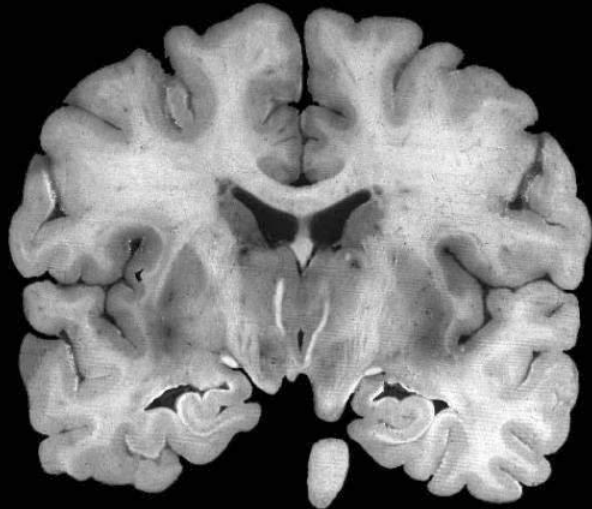
# Brain Atrophy in Advanced Alzheimer's Disease



Normal



AD



06.123A



# Behavioral Expressions in Dementia

- ▶ Behavioral disturbances are frequently the most challenging symptoms of dementia and almost all people with dementia will have behavioral disturbances.
- ▶ Common behavioral disturbances can be grouped into four categories:
  - ▶ Mood disorders
    - ▶ depression, apathy, euphoria & dysphoria
  - ▶ Sleep disorders
    - ▶ insomnia, excessive daytime sleepiness, night-day reversal
  - ▶ Psychotic symptoms
    - ▶ delusions and hallucinations
  - ▶ Agitation
    - ▶ anxiety, pacing, wandering, sexual disinhibition, & aggression

# Behavioral Expressions in Dementia

- ▶ Behavioral disturbances are often persistent, greatly diminish quality of life of residents, their caregivers (family & professional), cause early placement in a facility, increased staff time and care, and have a high economic burden.
- ▶ Behavioral disturbances can be prevented and treated with a multi-layered approach that supports dignity and promotes comfort and quality of life. Management involves:
  - ▶ prompt treatment of reversible factors
  - ▶ management of symptoms using individualized nonpharmacological interventions
- ▶ Best practice is pharmacological interventions need to be constantly evaluated restricted to behavioral emergencies and for short-term treatment of behavioral disturbances that pose imminent danger to self or others.



# Behavioral Symptoms

## **behavior (*noun*)**

The way in which one acts or conducts oneself, especially toward others.

**Behavioral Symptoms** = Behaviors judged to be inappropriate relative to the needs of the individual or situation

- ▶ Persons with dementia are coping and reacting the best they can with the abilities they still have.
- ▶ Dementia is taking away a residents means to understand the environment, what is happening or how to express their wants, needs and emotions.
- ▶ Drugs used to control behavioral symptoms may worsen dementia.
- ▶ ***The best practice is to use behavioral approaches (non-pharmacological) to manage behavioral symptoms.***

**“Behaviors” = Communication**



# Possible Causes for Behavioral Disturbances

Dementia destroys the part of the brain that controls behavior.

Environment- being in a new environment, excessive noise, temperature changes, too many people, sudden or loud noise or movement

**Infections** - UTI or pneumonia

**Undiagnosed pain or coexisting conditions-** headache, toothache, blister, constipation, delirium, dehydration, sleep problems

**Medication side effects and interactions**

**Unmet needs-** Boredom, loneliness, inactivity, fear, need for touch

A negative approach from an associate or other residents

# Other Possible Causes for Behavioral Disturbances

The inability to understand and misinterpreting - unable process what is being said or follow through with requests

- *Ex. - Misinterpret a care partner assisting helping resident undress for a shower as a sexual activity or threatening*

Communication difficulty - unable to express needs

Having no purpose/contribution to community or being treated like a child - increases frustration

Conflict with other residents- no impulse control

Desire to leave and go home

# Managing Behavioral Expressions in Dementia

- ▶ Management and interventions should be person-centered, and all care partners should be included as part of the team for management.
- ▶ Nonpharmacologic approaches have been shown to be the most effective and should serve as first-line treatment.
  - ▶ An individualized, multi-layered approach - no one intervention is ideal.
- ▶ If behavior is persistent and has a noticeable effect on person daily life and it remains untreated, they can lead to faster progression of dementia.
- ▶ Goals of nonpharmacologic interventions: (Kales et al., 2014):
  - Prevention of symptoms
  - Symptom relief
  - Reduction of care partner distress

# Decoding Behaviors- Understanding the Causes or Triggers of Behavioral Disturbances

- What is causing or triggering the behavior?
  - What happened(s) before the behavioral disturbance?
    - Either just before the upsetting behavior occurred or what has been going on all day, or all week?
  - Where does it happen?
    - What is going on in the environment?
  - When does it happen?
  - Who was involved?
- As the disease progresses and changes, so will behaviors and what triggers them.



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# Best Practice General Strategies

- ▶ Several models to help identify, assess, problem-solve and evaluate interventions for behavioral disturbances of residents.
  - ▶ DICE Model - Describe, Investigate, Create, and Evaluate
  - ▶ NPI – Neuropsychiatric Inventory
  - ▶ A-B-C of Behavioral Management Model
  - ▶ BEHAVE-AD Model
  - ▶ DBAT Dementia Behavioral Assessment Tool
  
- ▶ *Non-pharmacologic practices should build from best practices in dementia care principles that include:*
  - Resident engagement
  - Physical activity
  - Communication
  - Environmental changes
  - Task simplification
  - Guidance for care partner

Continuous monitoring of all strategies is needed

Use person-centered multi-layered approaches



Most are low to moderate/reasonable cost or investment

Time required for staff training and implementation

Equipment or capital resources

# Nonpharmacologic Strategies

# Non-pharmacological Strategies

## Communication Practices

- Validation therapy
  - Used to validate the resident's current perceived reality current emotional state
  - Evidence suggests positive effects on agitation, apathy, irritation, and sleep disturbances, alleviating negative feelings
  - No known harmful effects
- Reminiscence Therapy
  - Focuses on using written or oral life histories to improve psychological wellbeing
  - Use photographs or other items/prompts to promote positive feelings through discussion of past events and experiences
  - Evidence suggest positive effects on mood and depressive symptoms
  - No known harmful effects



# Non-pharmacological Strategies Communication/Psychosocial Practices

## ➤ Music

- Alleviates distressing symptoms of dementia in numerous ways by promoting well-being, reducing isolation, facilitate reminiscence, create familiarity, and reduce anxiety
- No known harmful effects

## ➤ Pet therapy

- Structured and unstructured time with animals to promote well-being, socialization and emotional support and sensory stimulation.
- Robotic and stuffed pets have been shown to be an effective substitute for live animals with later stage dementia residents.
- Allergic reactions, hygiene concerns or anxiety should be considered.



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# Non-pharmacologic Strategies Psychosocial & Sensory Practices

## ➤ Meaningful Activities

- Designed to enhance quality of life through engagement, social interaction, & opportunity for self expression and determination.
- Lack of meaningful activity is reported by persons with dementia and their families as a “persistent and critical” unmet need
- No known harmful effects

## ➤ Light Therapy -

- Exposure to simulated or natural lighting designed to help promote synchronization sleep-wake cycle.
- This practice may be particularly important to long-term care residents how might have limited exposure to bright light



# Non-pharmacologic Strategies Psychosocial & Sensory Practices

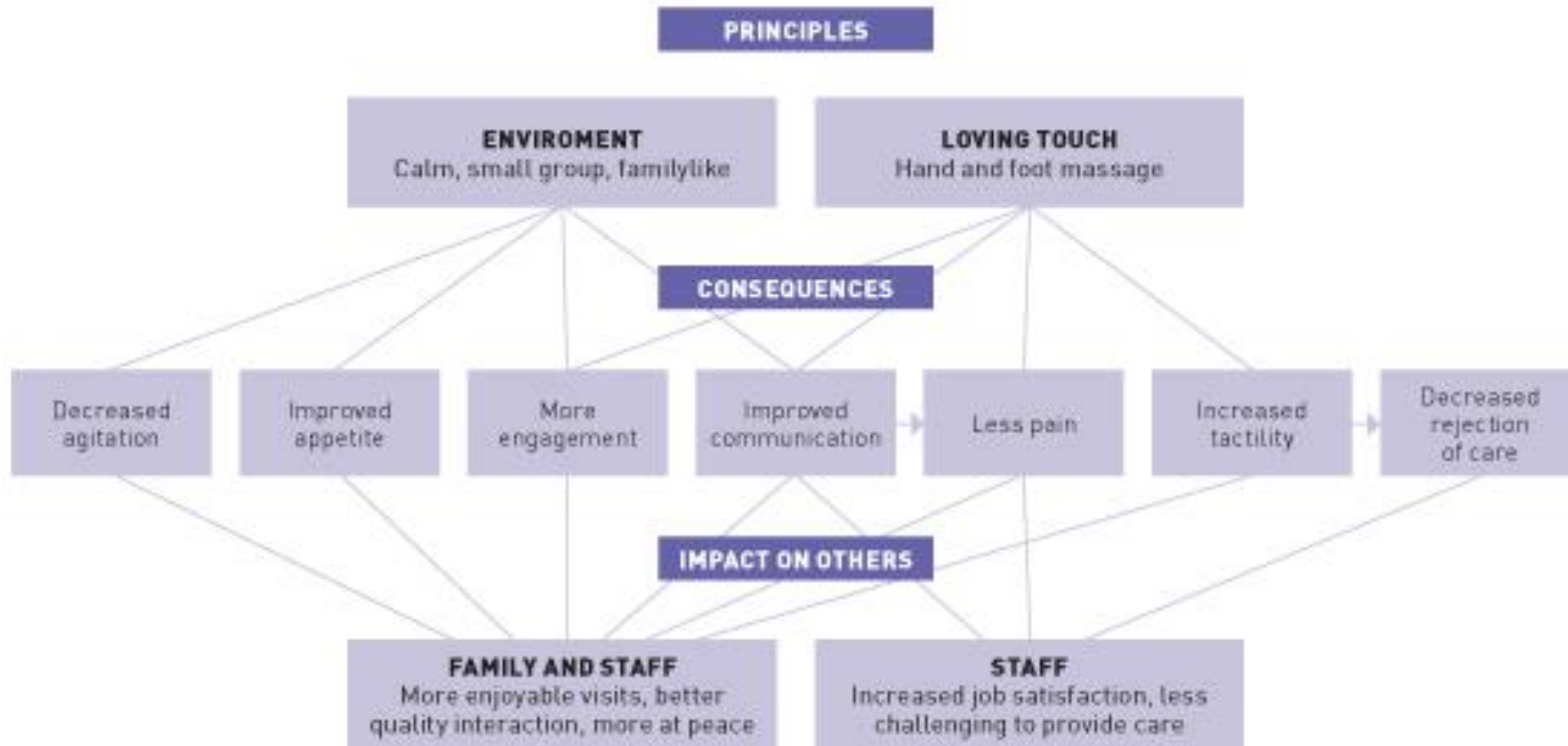
- Multisensory Stimulation (MSS)
  - Progressive neuronal loss in dementia may lead to impaired processing of sensory stimuli, making normal stimuli confusing and resulting in symptoms of behavioral disturbances.
  - MSS stimulates 2 or more human faculties; visual, tactile, auditory, or olfactory.
    - Combination of using multiple senses like light effects, calming sounds, smells, and/or tactile stimulation
  - Evidence suggested it can induce calm, reduce apathy, depression, and agitation, improve mood, and facilitate interactions and communication with caregivers.
  - Benefits can long lasting
  - MSS group therapy – multisensory group exercise, motor-based activity, multisensory themed boxes for group therapy. More cost-effective and staff efficient.
  - Snoezelen Rooms involves 1-to-1 attention, nondirective approach encouraging individuals to engage with sensory stimuli of their choice and does not require any cognitive processing.
  - Namaste Care – suitable for persons with advanced dementia as well as for persons who do not benefit from traditional activities.



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Figure 1 Grounded theory model of Namaste Care (reprinted by permission)<sup>16</sup>



# Non-pharmacologic Strategies

- Sensory Gardens/Horticultural – MSS through active and passive experiences
  - Nature focused therapeutic environments. Shown decreased levels of agitation and increased physical and mental well-being of residents with dementia.
  - Exposure to nature, light, fresh air, garden use results in beneficial change in resident moods.
- Aromatherapy
  - The link between smell and memory using essential oils can potentially improve mood, reduce agitation and aggression.
  - Studies showing efficacy of aromatherapy used room diffusion, sachets, a patch or cream.
  - No known harmful effects



# Non-pharmacologic Interventions

## Sensory Practices

### ➤ Massage

- A nonverbal means of communication or connection applied to back, shoulders, necks, hands or feet. Can be applied by qualified massage therapist or trained staff or family.
- Can reduce isolation and increase feelings of comfort and caring especially in residential care and help familiarize the person with their care provider.
- Compassionate Touch® - approach combining skilled touch and specialized communication shown to prevent stress reactions for people living with dementia and enhance quality of life for those in later stages of life.
- No known harmful effects



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# Summary & Discussion Questions

- ▶ Behavioral disturbances are common in persons with dementia as the disease progresses.
- ▶ It is important to determine the cause and the why of behavioral symptoms.
- ▶ Nonpharmacological strategies should be the first line of treatment for behavioral disturbances and build upon best practices in dementia care principals
- ▶ Use person-centered multi-layered approach



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James L. West is a faith inspired, not-for-profit organization serving persons impacted by dementia. As a trusted expert, we provide personalized, innovative care and support for families, as well as specialized education for caregivers, healthcare professionals and the community at large.

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