Behavior Strategies Communication & Accommodations

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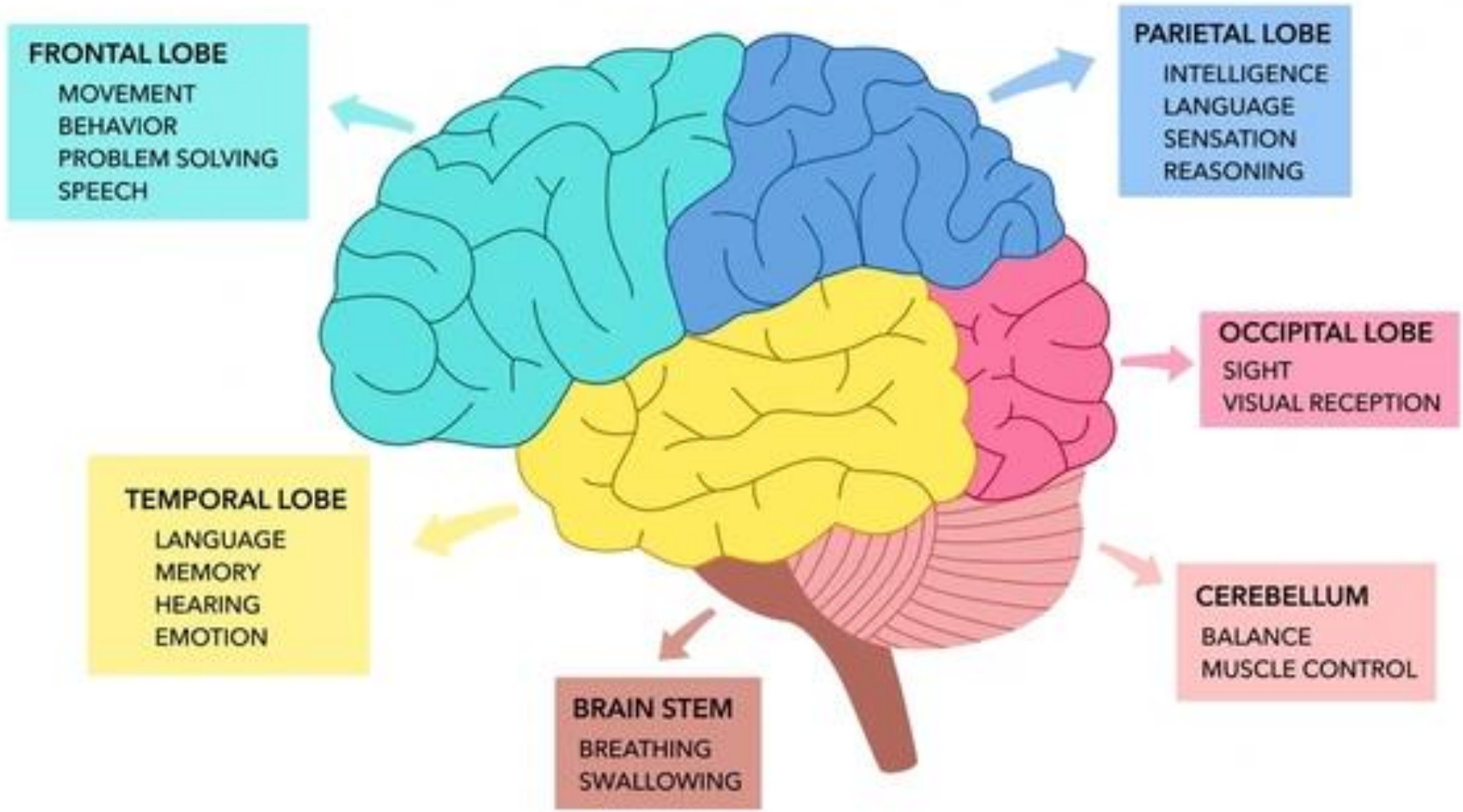
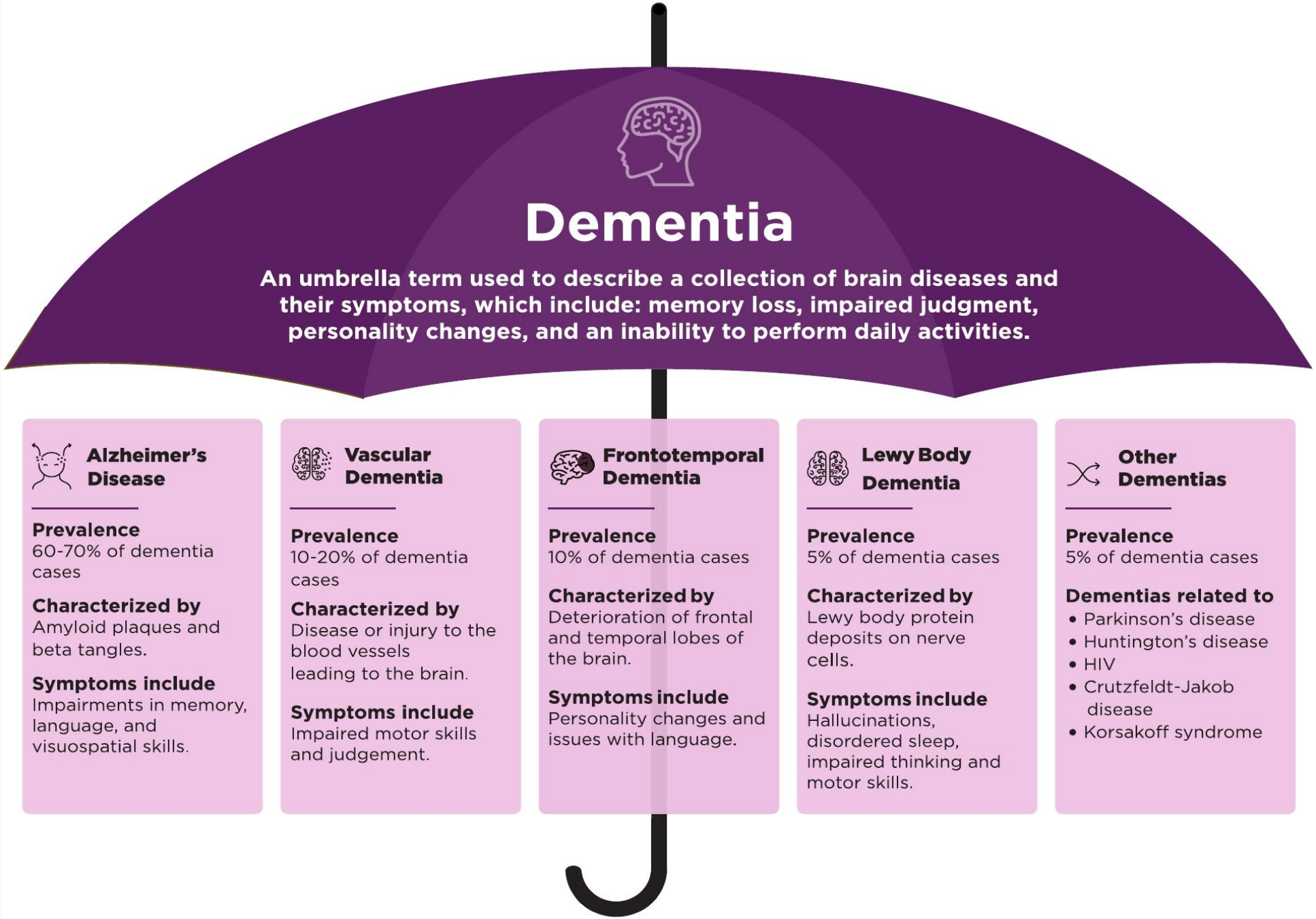
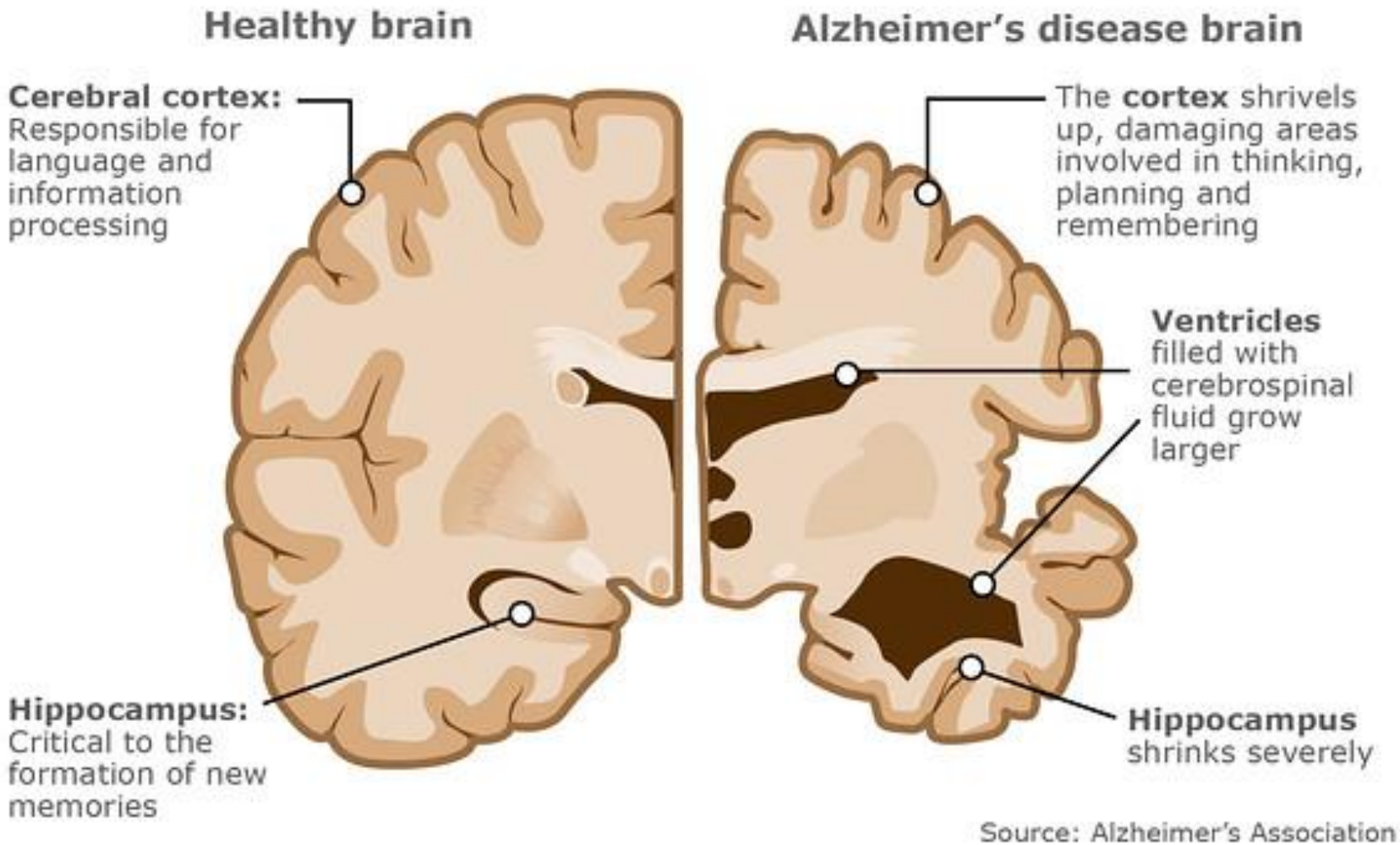
BRAIN FUNCTIONS




Dementia
An umbrella term used to describe a collection of brain diseases and their symptoms, which include: memory loss, impaired judgment, personality changes, and an inability to perform daily activities.
Alzheimer's Disease
Prevalence
60-70% of dementia cases
Characterized by
Amyloid plaques and beta tangles.
Symptoms include
Impairments in memory, language, and visuospatial skills.
Vascular Dementia
Prevalence
10-20% of dementia cases
Characterized by
Disease or injury to the blood vessels leading to the brain.
Symptoms include
Impaired motor skills and judgement.
Frontotemporal Dementia
Prevalence
10% of dementia cases
Characterized by
Deterioration of frontal and temporal lobes of the brain.
Symptoms include
Personality changes and issues with language.
Lewy Body Dementia
Prevalence
5% of dementia cases
Characterized by
Lewy body protein deposits on nerve cells.
Symptoms include
Hallucinations, disordered sleep, impaired thinking and motor skills.
Other Dementias
Prevalence
5% of dementia cases
Dementias related to
• Parkinson's disease
• Huntington's disease
• HIV
• Crutzfeldt-Jakob disease
• Korsakoff syndrome

Alzheimer's disease



Source: Alzheimer's Association

What makes a behavior a problem?





What role do we play in the behavior expression?



Person-Centered Language & Actions

Avoid labeling behaviors (e.g., “aggressive”); instead, describe what you observe (e.g., “Mr. Jones is raising his voice and pacing”).

Show **empathy** by acknowledging feelings: “You seem upset. Can you tell me what’s bothering you?”

Stay Calm and Non-Confrontational

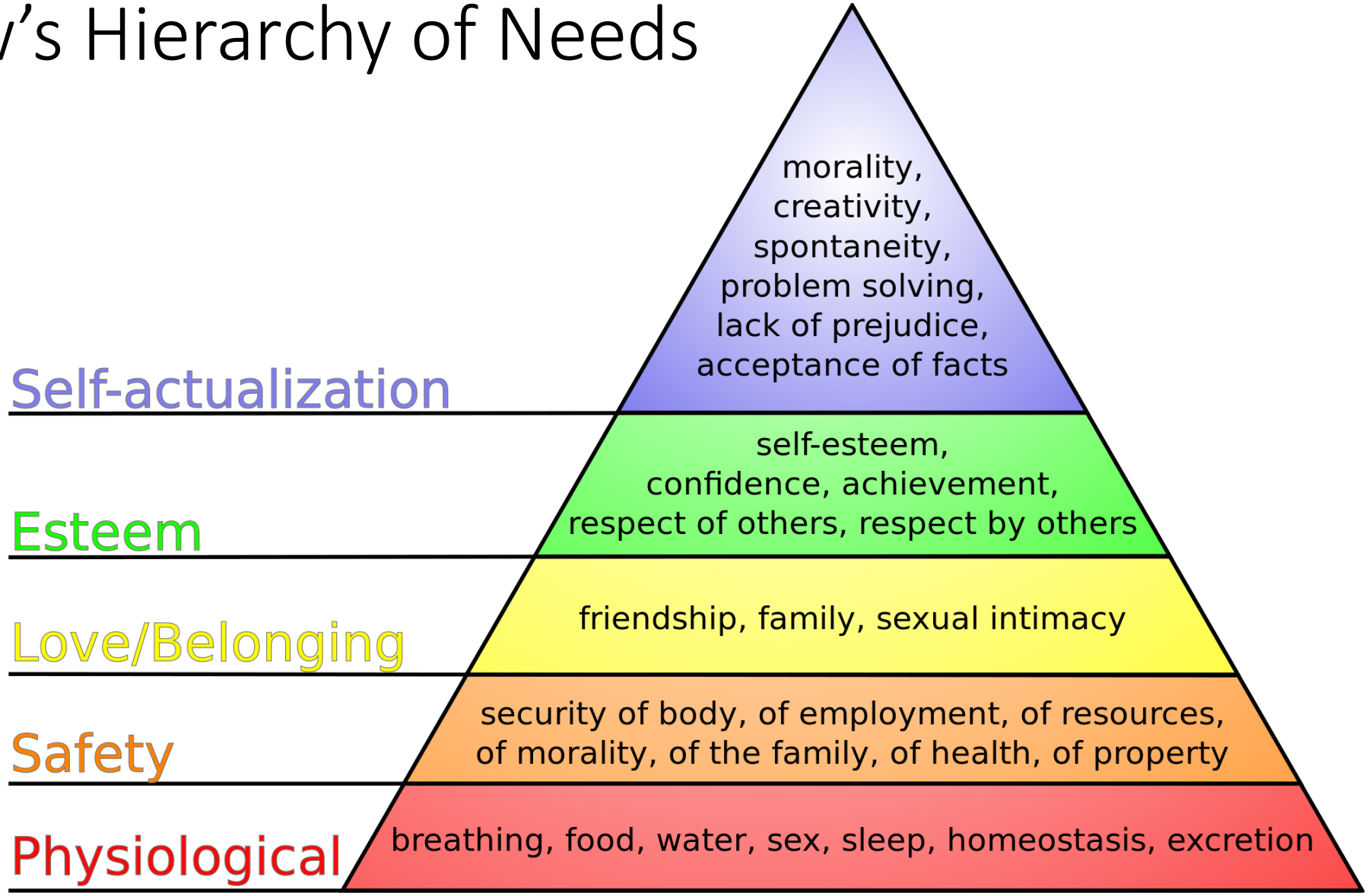
Tone & Body Language: Use a calm, gentle tone and relaxed posture.

Give Space: Don’t crowd or touch the resident if they are agitated.

Common motivations for the difficult behavior

- **Attention** many difficult behaviors are motivated by the need for attention.
- **Power** care recipients sometimes engage in challenging behavior when they are trying to exert power over what is happening to or around them.
- **Revenge** revenge involves the desire to hurt others, or a particular person, it comes from the belief that others have, or the particular person has, hurt the individual. This a common motivation for many behaviors described as hostile, aggressive, insulting, abusive, or violent.
- **Feelings of inadequacy** when a care recipient feels inadequate or hopeless, he or she may not do many things effectively, including performing tasks, interacting with others, or expressing him or herself. In some cases, the person will not even try.

Maslow's Hierarchy of Needs

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Building Relationships

STAFF

- Know history
- Respect for individuality
- Know abilities
- Encourage skill use
- Provide emotional support and encouragement

RESIDENTS

- Builds trust
- Able to keep routine
- Use skills as long as possible
- Feel loved and respected

Validation

- Validation helps reduce anxiety and enhance the sense of self-worth.
- To validate is to acknowledge the feelings of the person.
- To validate is to say that their feelings are true.
- Denying feelings invalidates the individual.
- Increase verbal and non-verbal communication.
- Prevent withdrawal.

When someone tells you you are wrong, how does that make you feel?

Validation Role of the Staff Member

- Let the resident know that you hear and accept what they are saying and feeling.
- Help and guide the resident in expressing their feelings.
- Be comforting and accepting, using voice and manner to convey a validation of feeling, time, and place.
- Understand that the residents may be working through feelings about past events that need resolution.
- Concentrates on the feelings, realizing that the **facts** are unimportant.

Anatomy of a Behavior

Antecedent

What was happening prior to the incident?

- Known triggers?
- Staff related?
- Disease related?

Action

Behavior itself

- Who
- What
- Where
- When

DETAILS

Intervention

- What was attempted?
- What was the resident response?
- Action vs. Reaction

Examining the Objectives



- Which “behaviors” require care planning and supportive documentation per IDT and which reasonable reactions require staff education on approach/ communication?
- What staff interactions escalate and de-escalate behavioral expressions?
- Have a list of communication techniques/program strategies that can be used to de-escalate a resident during a behavior expression. Ideas to come……



Documenting Behaviors

Appropriate

VS

Inappropriate



Inappropriate

- Vague
- Opinions
- Consequences
- Lack of Applicable Interventions

Appropriate

- Details
- Intervention attempts

Behavior Response Strategies

Resident Refuses to Join Group Activity

Scenario: "I don't want to do that. Leave me alone."

Response:

"That's totally okay — you don't have to. I'm just glad to see you. Would you like to help me choose the music for the group instead?"

Why it works: Respects their autonomy and invites participation in a low-pressure way.

Resident Gets Frustrated During Activity

Scenario: "This is stupid. I can't do it!"

Response:

"It can be tricky, I get that. You know, just having you here makes the group more fun. Can I do this part with you?"

Why it works: Validates the frustration, removes the challenge barrier, and offers shared success.

Behavior Response Strategies

Resident Becomes Agitated or Distracted Mid-Activity

Scenario: Suddenly standing up, pacing, or muttering.

Response:

"Looks like you might need a little break. Want to come help me water the plants for a few minutes?"

Why it works: Offers a gentle exit without shame and engages them in a soothing, purposeful task.

Resident Fixates or Repeats Questions During Activity

Scenario: Asking "What are we doing again?" every few minutes.

Response:

"Great question — we're just relaxing with a puzzle today. That's the fun part, you don't even have to finish it!"

Why it works: Reassures and removes pressure, while keeping the tone light and affirming.

Behavior Response Strategies

When You See a Trigger Emerging

Scenario: You notice a resident getting overwhelmed by noise or group size.

Proactive Response:

"This room's getting busy, huh? Want to sit with me by the window for a bit? I've got some photos of the old fairgrounds we could look at."

Why it works: Recognizes early signs and gently offers a calming alternative with personalized engagement.

Strategies for Activity Staff:

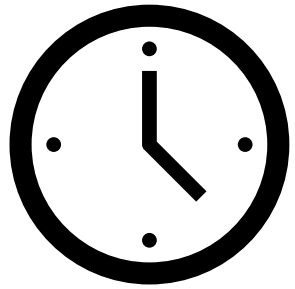
Use Life History: Activities tied to personal interests (e.g., gardening, music, faith) reduce behaviors.

Engage the Senses: Touch, smell, sound (e.g., hand lotion, fabric textures, singalongs) can soothe and redirect.

Empower with Roles: Invite residents to "help" (e.g., handing out supplies, welcoming others) to give them purpose.

Be Flexible: Always have a plan B (or C) ready for changing moods.

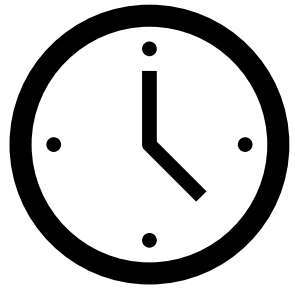
Morning (9:00 AM – 11:30 AM)



Goal: Establish routine, encourage movement, and set a positive tone for the day.

Time	Activity	Notes for Behavior Sensitivity
9:00 AM	**Welcome & Coffee Chat**	Greet each resident by name; play soft music; offer choices of drinks. Helps orient and ease anxiety.
9:30 AM	**Gentle Chair Exercise / Stretch**	Use familiar music (1950s–70s). Provide seated options. Keep instructions slow and clear.
10:00 AM	**Sensory Stations**	Rotation of simple activities: folding towels, lavender lotion hand rubs, fidget blankets. Ideal for those needing calm.
10:30 AM	**Brain Boost** (Trivia, Poetry, Riddles)	Offer non-competitive formats. Use large-print prompts. Allow “helpers” to lead questions.
11:15 AM	**One-on-One Check-Ins**	Personal quiet chats or walk-and-talks for residents showing agitation or withdrawal.

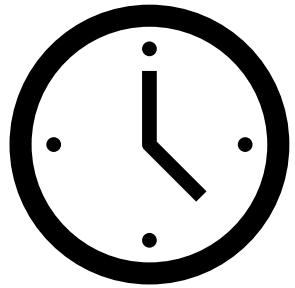
Midday (11:30 AM – 1:30 PM)



Goal: Smooth transition into lunch, reduce confusion.

Time	Activity	Notes for Behavior Sensitivity
11:30 AM	**Music & Movement (Pre-Lunch)**	Light singalong or dancing with scarves. Helps with appetite stimulation.
12:00 PM	**Lunch**	Ensure calm environment; use name cards and favorite seats for consistency.
1:00 PM	**Relaxation Time**	Dim lights, play nature sounds or audiobooks. Offer weighted lap pads or stuffed animals.

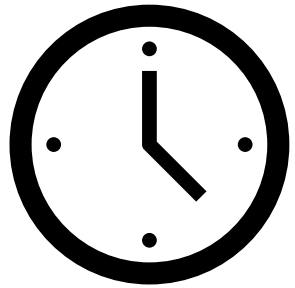
Afternoon (1:30 PM – 4:00 PM)



Goal: Encourage creativity, socialization, and redirection of behaviors.

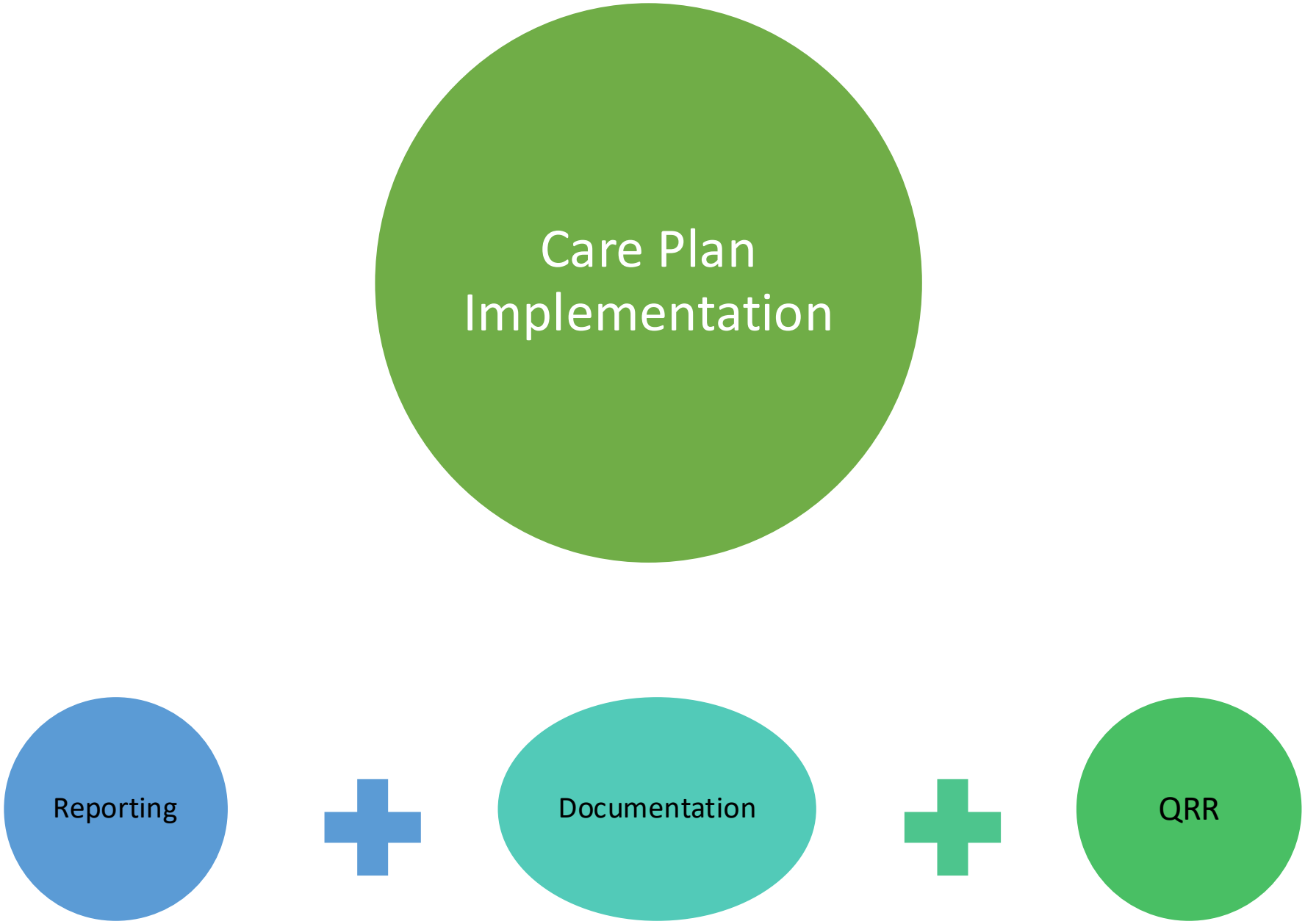
Time	Activity	Notes for Behavior Sensitivity
1:30 PM	**Creative Hour** (Painting, Crafting)	Offer 2–3 simple options. For those resistant, offer a "helper" role or allow observation only.
2:30 PM	**Reminiscence Circle**	Use photo albums, themed memory boxes (e.g., farming, travel). Ask open-ended questions.
3:00 PM	**Tea & Tunes**	Light snacks, paired with personalized playlists or live music. Use music to soothe late-day agitation.

Evening Wind-Down (4:00 PM – 6:00 PM)



Goal: Prevent sundowning symptoms; create a calm environment.

Time	Activity	Notes for Behavior Sensitivity
4:00 PM	**Quiet Games** (Dominoes, Sorting)	Keep lighting soft, voices low. Engage tactile senses.
4:30 PM	**Story Time / Guided Imagery**	Read short, uplifting stories or use calm voice for guided nature walks.
5:00 PM	**Dinner**	Familiar foods and smells help with grounding.
6:00 PM	**Evening Reflection**	Soft music, simple prayers, or “What I liked today” circle. Helps with closure and routine.


Care Plan Implementation
Reporting
Documentation
QRR

1. Cognitive-Related Behaviors

- **Wandering/Exit-seeking**: Trying to leave the facility or pacing aimlessly.
- **Sundowning**: Increased confusion, agitation, or anxiety in the late afternoon or evening.
- **Repetitive speech/questions**: Asking the same question or repeating phrases frequently.
- **Disorientation**: Confusion about time, place, or identity (e.g., not recognizing staff or family).

2. Aggressive Behaviors

- **Verbal aggression**: Yelling, cursing, threatening language.
- **Physical aggression**: Hitting, kicking, biting, pushing—often during care tasks like bathing or dressing.
- **Resisting care**: Refusal to eat, take medication, bathe, or participate in activities.



3. Emotional and Psychological Behaviors

- **Anxiety or fearfulness**: Clinging to staff, appearing tense, or expressing irrational fears.
- **Depression/withdrawal**: Loss of interest in activities, social isolation, crying, or appearing disengaged.
- **Paranoia or delusions**: Believing others are stealing, spying, or trying to harm them.

4. Socially Inappropriate Behaviors

- **Sexually inappropriate behavior**: Disinhibition, exposing self, or making inappropriate comments.
- **Disruptive vocalizations**: Repeated yelling, moaning, or calling out—often due to pain or confusion.
- **Intrusiveness**: Entering others' rooms uninvited, touching personal belongings.

5. Functional or Physical Behaviors

- **Refusal to mobilize**: Not wanting to get out of bed or use a walker, increasing fall risk.
- **Falls or unsafe mobility**: Attempting to walk unassisted when it's not safe.
- **Sleep disturbances**: Frequent waking at night, wandering during sleep hours.

Behavior Activity Care Plan Guide

Resident Information
Name: _____
Diagnosis: _____
Cognitive Status: _____
Preferred Name/Nickname: _____

Behavior Type

☐ Agitation

☐ Wandering/Exit-seeking

☐ Social Withdrawal

☐ Verbal Outbursts

☐ Resistance to Care

☐ Paranoia/Delusions

☐ Sleep Disturbances

Description (When, Where, Triggers)

Possible Triggers / Unmet Needs

☐ Pain
☐ Overstimulation
☐ Loneliness
☐ Hunger/thirst
☐ Loss of routine
☐ Frustration or confusion
☐ Sensory overload
☐ Communication difficulties

Notes:

_____

Activity Goals

☐ Reduce behavior frequency or intensity
☐ Improve mood and engagement
☐ Foster social connection
☐ Provide sensory regulation
☐ Support identity and purpose

Adaptive Tools / Aids

☐ Large-print materials
☐ Fidget items
☐ Weighted blanket/lap pad
☐ Photo memory box
☐ Noise-canceling headphones
☐ Activity partner (staff or peer)

Goal / Behavior	Activity Intervention	Frequency	Who Leads?
E.g., Verbal outbursts	Morning music playlist with familiar songs	Daily	Staff
Exit-seeking	Walk-and-talk before lunch, photo wall reminiscing	As needed	Volunteer
Agitation in afternoon	Hand massage with lavender lotion	3x/week	CNA
Withdrawal	1:1 photo album time with activity assistant	Mon/Wed/Fri	Activity

Evaluation Plan
Review Date: _____
Response to Interventions:

- ☐ Improved
- ☐ No change
- ☐ Needs revision

Notes: _____

Behavior Care Plan

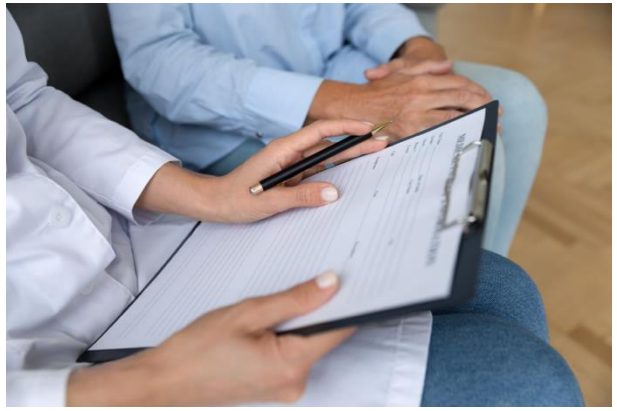
Blended



Stand Alone



A B C D Approach Plan



Tailor Interventions to the Behavior Type

Behavior	Activity Strategy
Wandering	Walking club, indoor scavenger hunts, guided walk, engagement stations
Exit-seeking	Memory lane walks, “bus stop” bench chats
Verbal aggression	Music therapy, art expression, calming 1:1 visits, listening booth, safe task, frustration release activity
Withdrawal/depression	Pet therapy, reminiscence, buddy pairing, simple projects, music
Agitation	Hand massages, fidget kits, quiet listening times

Before we call it a behavior… have we asked what it might be telling us?

When we stop seeing a **behavior** and start seeing a **human being communicating something**, our response changes.

Questions?