

# Living with Dementia

## **ASSESSING BEHAVIOR**

Dementia-related behaviors are typically a result of one or more of the following:

#### Health and Comfort

Physical pain/discomfort.

Reaction to a medication.

Need to toilet; hunger or thirst.

Reactions to bathing and/or showering, grooming.

• Emotional State (sad, lonely, depressed, frustrated, scared, bored, confused, overwhelmed, etc.)

#### • Environmental Conditions

Temperature, noise, light, clutter, etc.

Reaction to the presence or behavior of others.

Task-centered care (rushing, lack of connection) rather than person-centered care.

Time of day (sundowning, altered sleep-wake cycle).

Therefore, in order to understand the behavior, eliminate or minimize negative effects, and determine what the individual is trying to communicate, it is essential that the person living with dementia (PLWD), their behavior(s), and the situation be thoroughly assessed.

### 1. Know the person living with dementia (PLWD).

- a. Consider preferences, personality, habits, routines, triggers, and medical conditions.
- b. What medications is the PLWD taking? Are there side effects?
- c. Does the PLWD have a tendency to have hallucinations and/or delusions?
- d. Does the PLWD suffer from depression, anxiety, loneliness?

#### 2. Define the behavior.

- a. What is the behavior?
- b. Is the behavior <u>really</u> a problem, or is the problem actually the reaction or attitudes of others toward the PLWD or behavior?

#### 3. Consider the situation and examine the circumstances.

- a. When (time, day of week) does the behavior occur?
- b. Where does the behavior occur?
- c. Does the PLWD always behave in the same way in the same place?
- d. Are there notable instances when the behavior does not happen?
- e. What happened before, during, and after the behavior?
- f. Who is the PLWD with before and/or during the behavior? Is the behavior a response to an interaction with another individual?
- g. Is the PLWD responding to an unpleasant incident, a change, or a provocation?
- h. Is the PLWD feeling scared, overwhelmed, embarrassed, ignored, bored, confused, misunderstood, anxious, tired, and/or frustrated?
- i. Is the PLWD responding to task-oriented care (rushing, lack of connection)?



Based on your "detective" work, can you determine a possible reason as to WHY the behavior occurred? Remember: All behavior has a purpose.