

## Person-Centered Approaches to Challenging Situations

Common Situations	Possible Unmet Needs	Person-Centered Approaches
<p><b>Bathing</b></p>	<p>Room is too cold</p> <p>Water is too cold or too hot</p> <p>Unfamiliar, impersonal surroundings</p> <p>Embarrassment/modesty</p> <p>Fear of the activity</p> <p>Pain associated with movement</p>	<p><b>Maintain privacy and dignity</b></p> <ul style="list-style-type: none"> <li>• Undress the person in the bathing room; close the door/pull the curtain</li> <li>• Cover body parts unless being washed; consider same-sex caregiver when possible</li> </ul> <p><b>Adjust time and routine to suit the resident</b></p> <ul style="list-style-type: none"> <li>• Is the resident used to a bath just before bed, upon rising in the morning?</li> <li>• Can the bathing be rescheduled—does it have to happen now?</li> </ul> <p><b>Reassure and provide a pleasant environment/distraction</b></p> <ul style="list-style-type: none"> <li>• Offer encouragement (You’re doing great! You smell so good!)</li> <li>• Be calm; encourage resident involvement when possible</li> <li>• Have one consistent caregiver provide baths; if two caregivers are needed, one washes while one reassures</li> <li>• If two caregivers are needed, talk to the resident, not each other</li> <li>• Offer a reason for bathing (company’s coming)</li> <li>• Soft, familiar music; sing a song with the resident</li> <li>• Talk about the resident’s family, history or favorite activities</li> <li>• Keep the resident’s hands busy holding a washcloth or sponge</li> </ul>

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<p><b>Activities of Daily Living (ADLs)</b></p> <ul style="list-style-type: none"> <li>• Dressing</li> <li>• Toileting</li> <li>• Incontinence care</li> <li>• Oral hygiene</li> <li>• Grooming</li> </ul>	<p>Lack of privacy, loss of dignity</p> <p>Frustration at loss of ability</p> <p>Doesn't recognize the caregiver or the object in your hand</p> <p>Doesn't understand what the caregiver is saying</p> <p>Doesn't understand the reason for the activity</p> <p>Has untreated pain with no way to express it</p> <p>Has a chronic disease that affects mobility, balance, ROM, etc.</p> <p>Fatigue/weakness</p> <p>Urinary Tract Infection (UTI)</p>	<p><b>Promote independence and self-sufficiency</b></p> <ul style="list-style-type: none"> <li>• Focus on what the resident can do instead of what they can't do. Reduce resistance by involving the resident in ADLs as much as possible</li> <li>• Tap into the resident's rituals and lifelong habits through friends/family</li> <li>• Avoid "excess disability" factors. Make sure needed glasses or hearing aides are in place.</li> </ul> <p><b>Use approaches that minimize stress</b></p> <ul style="list-style-type: none"> <li>• Approach the resident from the front and speak their name</li> <li>• One caregiver alone, when possible, is less confusing</li> <li>• Talk to the resident about topics that have meaning to them</li> <li>• Use short sentences and one direction at a time</li> <li>• Use gestures and gentle guiding to cue a resident who doesn't understand</li> </ul> <p><b>Make the setting more comfortable</b></p> <ul style="list-style-type: none"> <li>• Ensure good lighting so the resident can clearly see clothing, shoes, toothbrush, etc. Poor lighting can also create shadows and inspire fear.</li> <li>• Use contrasting colors to help residents pick out objects better. A white towel hung on a white wall may seem invisible.</li> <li>• Keep things neat. Clutter contributes to confusion.</li> <li>• Consider the noise level and make adjustments</li> <li>• Choose a small, private area to address modesty</li> </ul>

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<p><b>Mealtime</b></p>	<p>Loss of ability to feel hunger</p> <p>Sense of smell or taste is limited/lost</p> <p>Sees dining partners as strangers</p> <p>Needs to use the bathroom</p> <p>Doesn't recognize eating utensils</p> <p>Noisy, crowded space</p> <p>Oral pain (mouth, gums, dentures)</p> <p>Food is unfamiliar</p> <p>Overwhelmed by choices or demands</p> <p>Fear of failure</p> <p>Excluded from preparing meals, cleaning up</p> <p>Stressed about paying for the meal</p>	<p><b>Address barriers to an enjoyable mealtime</b></p> <ul style="list-style-type: none"> <li>• Check teeth, dentures, gums, mouth for signs of discomfort</li> <li>• Are meds affecting appetite or taste?</li> <li>• Seat the person comfortably -- move from wheelchair to dining room chair when possible.</li> <li>• Know the resident's food preferences -- talk about the person's role in mealtime in the past</li> <li>• Introduce the resident to others at the table (use place cards with names to make the person feel welcome)</li> <li>• Sincerely invite the person to dinner</li> <li>• Offer a drink or small snack to the resident while they wait to be served</li> <li>• Invite easily distracted or agitated residents last to the dining room</li> </ul> <p><b>Encourage success and independence</b></p> <ul style="list-style-type: none"> <li>• Avoid clutter on the table</li> <li>• Cue the resident by using verbal reminders/light touch to the arm</li> <li>• Offer one food at a time, serve the meal in courses to decrease confusion</li> <li>• Use modified plates, forks, spoons, etc. to promote independence</li> <li>• Try an apron over the clothes instead of a bib</li> <li>• Give the resident a task during clean-up time</li> </ul> <p><b>Create a pleasant atmosphere</b></p> <ul style="list-style-type: none"> <li>• Use tablecloths or placemats (solid colors, not confusing patterns)</li> <li>• Soft background music; turn off the TV</li> </ul>

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<p><b>Anger and Agitation</b></p>	<p>Doesn't understand what is being said or done to them</p> <p>Can't hear well or see clearly</p> <p>Fatigue</p> <p>Other illnesses/chronic diseases</p> <p>UTI/constipation</p> <p>Medications</p> <p>Believes something is lost</p> <p>Can't separate fact from fiction (paranoia)</p> <p>Sees or hears things that no one else sees/hears (hallucination)</p> <p>Touch or invasion of personal space</p> <p>Fear of unwanted intimacy</p>	<p><b>Use positive thinking</b></p> <ul style="list-style-type: none"> <li>• See anger and agitation as a sign of unmet need instead of poor behavior</li> <li>• Try to determine what is the resident trying to express</li> <li>• Discover the real need when the resident expresses a desire to go to another place (e.g. home). Talk about that other place.</li> </ul> <p><b>Methods of easing/preventing the behavior</b></p> <ul style="list-style-type: none"> <li>• Limit choices and give the person time to respond</li> <li>• Look around. Are there many people, high noise level, sudden movements, startling noises?</li> <li>• Don't argue with the resident--validate instead</li> <li>• Check your approach. Are you hurried, anxious, using a loud voice?</li> <li>• Use their life story to offer distractions</li> <li>• Try to perform the care in a setting that feels safe to the resident</li> <li>• Approach slowly, be calm, use positive body language and a pleasant tone of voice</li> <li>• Help the resident search for the "lost" item</li> </ul>

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<p><b>Physical and Verbal Aggression</b></p>	<p>Feels out of control</p> <p>Feels scared</p> <p>Feels frustrated, angry</p> <p>Has pain</p>	<p><b>Positive responses to aggression</b></p> <ul style="list-style-type: none"> <li>• Stay calm and avoid angry body language, e.g. hands on hips, pointing fingers</li> <li>• Remember that persons with dementia always have a reason behind the behavior</li> <li>• Respect personal space—don't get too close</li> <li>• Relocate other residents if safety is at issue</li> <li>• Acknowledge the anger; give time for cooling down</li> <li>• Re-approach later</li> <li>• It's not personal-don't take it that way</li> <li>• Never strike a resident back</li> <li>• If you need help, get it (no matter how busy everyone else seems)</li> </ul> <p><b>How could you develop a plan to prevent the behavior?</b></p> <ul style="list-style-type: none"> <li>• Get input from everyone who cares for the person including family members</li> <li>• Identify the problem. Who, what, where, when, why?</li> <li>• Use the person's life history to try to identify the source of the behavior</li> <li>• What feelings are being expressed?</li> <li>• Did you notice any triggers to the behavior?</li> <li>• Were there any warning signs (agitation, rocking, tapping hard on a table, frowning)?</li> <li>• Identify strategies that worked in the past or didn't work</li> <li>• Focus on the goal—it's all about the resident's comfort and security. It's not about meeting schedules or getting the job done.</li> </ul>

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<p><b>Disruptive Vocalizations</b></p> <ul style="list-style-type: none"> <li>• Screaming or swearing</li> <li>• Threatening</li> <li>• Repeating words over and over</li> <li>• Making noises</li> <li>• Speech that makes no sense</li> <li>• Moaning</li> <li>• Whistling</li> </ul>	<p>Hunger</p> <p>Fatigue</p> <p>Fear, confusion</p> <p>Needs to use the bathroom</p> <p>Changes in the brain</p> <p>Sensory overload</p> <p>Others' behavior</p> <p>Frustration</p> <p>Feeling powerless, without purpose</p> <p>Loneliness</p> <p>Pain</p>	<p><b>Know the facts behind DV</b></p> <ul style="list-style-type: none"> <li>• Usually lasts for short periods of time</li> <li>• Is almost always a response to a specific situation</li> <li>• A very small minority may engage in DV without an obvious reason for long periods</li> <li>• DV is often seen as the most difficult of all dementia behaviors</li> <li>• The behavior often does not respond to behavioral/medication interventions</li> <li>• Certain approaches work for some residents, but not others</li> <li>• It may be a sign of reaching the terminal stage of dementia</li> <li>• Most DV problems resolve themselves, given enough time and patience</li> </ul> <p><b>Develop strategies to minimize/prevent the behavior</b></p> <ul style="list-style-type: none"> <li>• Keep to regular routines; offer reassurance</li> <li>• Spend time with the resident</li> <li>• Try to find out what happened immediately before the behavior started</li> <li>• Is one caregiver able to connect with the person? Try having that person approach the resident.</li> <li>• Develop an meaningful activity that relates to the resident's life history (e.g. offering a basket of yarn because the resident used to love knitting)</li> <li>• Provide necessary aids like glasses, hearing aids, walkers</li> <li>• Report to your supervisor when you suspect pain or discomfort. Appropriate staff should do an immediate pain assessment.</li> <li>• Ask for a break</li> </ul>

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<p><b>Wandering</b></p> <ul style="list-style-type: none"> <li>• Lapping; circling large areas</li> <li>• Pacing-back-and-forth in a limited area</li> <li>• Traveling; moving from one location to another with or without purpose</li> </ul>	<p>Changes in the brain</p> <p>Resident is stressed/anxious</p> <p>Acting out a regular routine such as going to work, picking children up from school</p> <p>Getting exercise</p> <p>Discomfort, pain</p> <p>The resident is lost e.g. trying to find the bathroom</p> <p>The environment is unfamiliar</p>	<p><b>Assess the effect of the wandering</b></p> <ul style="list-style-type: none"> <li>• Is the wandering soothing or helpful to the resident?</li> <li>• What are the dangers or risks to the resident?</li> <li>• Does the resident have the strength and coordination to walk safely?</li> <li>• What is the impact on other residents (unwanted intrusion)?</li> </ul> <p><b>Consider the benefits of wandering</b></p> <ul style="list-style-type: none"> <li>• Provides exercise</li> <li>• Provides purpose and self-worth</li> <li>• Soothes; fills a need</li> </ul> <p><b>Ensure “safe” wandering</b></p> <ul style="list-style-type: none"> <li>• Monitor the resident</li> <li>• Create a safe environment, e.g. clutter-free, well-lit, exits disguised</li> </ul> <p><b>Ways to prevent unsafe wandering</b></p> <ul style="list-style-type: none"> <li>• Distract the wanderer with other favorite activities, a snack or music</li> <li>• Plan walks, walk with the resident</li> <li>• Restrict fluids in the evening</li> <li>• Make sure the resident has gone to the bathroom before bed</li> <li>• If possible, limit naps during the day</li> <li>• Allow resident to sleep in a chair or in day clothing</li> </ul>

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<p><b>Elopement</b></p>	<p>Opportunity: an exit door is left open</p> <p>The resident doesn't understand why they can't leave</p> <p>Following staff or family member</p> <p>Resident is disoriented</p> <p>Acting out a regular routine such as going to work, picking children up from school</p> <p>Distress, searching for a lost item or memory</p>	<p><b>Safety measures a facility can provide</b></p> <ul style="list-style-type: none"> <li>• Doors that need a special code or card; alarms on exit doors</li> <li>• ID bracelets for residents</li> <li>• Registration in the Alzheimer's Association Safe Return program</li> <li>• Keep a current photo of all residents along with identifying information, e.g. height, weight, hair and eye color, medical conditions, blood type, allergies and meds, dental work</li> <li>• Maintain a list of where the resident is likely to go along with dangerous locations nearby</li> <li>• Develop a procedure to follow immediately when a resident leaves the facility</li> </ul> <p><b>How staff can help prevent elopement</b></p> <ul style="list-style-type: none"> <li>• Leave through an exit not visible to residents</li> <li>• Keep coats, purses or other objects associated with leaving out of sight</li> <li>• Find out the reason for the elopement and try to fill the need being expressed or adjust the stressful situation</li> </ul> <p><b>What to do when you discover a resident has left the facility</b></p> <ul style="list-style-type: none"> <li>• Notify the person in charge immediately</li> <li>• Contact authorities/law enforcement to begin an immediate search</li> <li>• When the resident is found, avoid scolding or punishing the resident or showing that you are upset</li> <li>• Reassure the resident that they are safe and resume normal routines</li> </ul>

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<p><b>Intimate Personal Cares</b></p>	<p>Believes the caregiver’s touch has sexual intent</p> <p>Responds by fondling or inappropriate touching of the caregiver</p> <p>May confuse the caregiver with a spouse or former partner</p>	<p><b>Responding to unwanted touching</b></p> <ul style="list-style-type: none"> <li>• Stay calm but move out of the resident’s reach or gently remove their hand</li> <li>• Continue with the care</li> <li>• Don’t scold or shame the resident. Often the resident misunderstands the situation.</li> <li>• Try to stop the behavior without calling attention to it by providing a distraction or redirecting</li> <li>• Understand that the resident’s behavior is the result of the death of brain cells</li> <li>• Keep in mind that your reactions can affect the resident’s self esteem</li> <li>• Report the behavior to the charge nurse or supervisor</li> <li>• Know that you have the right not to accept unwanted or uncomfortable actions by residents</li> </ul> <p><b>Preventing the behavior</b></p> <ul style="list-style-type: none"> <li>• Try to avoid whatever triggered the behavior if you can</li> <li>• Ask for a caregiver of the same gender to be assigned to the resident next time</li> </ul>

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<p><b>Family Relationships</b></p>	<p>Family caregiver assumes a new role when their loved one enters long-term care</p> <p>Guilt of family members</p> <p>Caregivers treat family members as visitors who aren't involved in the care plan</p> <p>Family members see caregivers as uncaring or lacking knowledge about their loved one's habits and history</p> <p>Changes in the level of care between a home and facility setting</p> <p>Cultural differences</p> <p>Normal progression of dementia symptoms blamed on the facility</p> <p>Resident and family have negative feelings about the care</p>	<ul style="list-style-type: none"> <li>• Consider family members as a source of information that will improve the care of your resident and provide you with workable approaches to caregiving</li> <li>• Understand that family members have difficult decisions to make regarding the care of their loved one</li> <li>• What you perceive as negative behavior by a family member may be a result of grief, guilt or another emotion</li> <li>• Learn about cultural differences</li> <li>• Encourage family members to tell you about the resident's life history and welcome photos, books or albums that remind the resident of the past</li> <li>• Accept that caregivers may wish to provide personal cares like a wife assisting with her husband's bath, or a son having lunch with his mother</li> </ul>