



How to Redirect Behaviors in Dementia

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The neurological impairment of dementia can lead to **depression, anxiety, agitation, and psychosis**. Even though 95% of individuals diagnosed with dementia have no formal history of serious mental illness, nearly all patients will exhibit psychiatric symptoms at some point. More than half of patients will develop multiple and chronic episodes of **BPSD**, explains Daniel Heiser, PsyD, Senior Vice President, Behavioral Health at GuideStar Eldercare.

By gaining insights into the patient's experience and applying behavioral strategies, caregivers can redirect challenging behaviors—and support an individual's well-being.

First, understand behavior

What defines a behavior? Dr. Heiser advises considering **suffering and safety**. You may observe a behavior that appears odd. However, if the patient shows no signs of suffering or distress, there is no need to redirect the behavior. For example, a resident may think her stuffed dog Spike is real, and she wants to sing him Happy Birthday. That's OK.

When a resident is suffering or when you see a safety risk to the resident or others, it is time to redirect a behavior. It's important to understand that people living with dementia can decompensate when they are cognitively overwhelmed. They are confused.

DICE approach

DICE is an evidence-based paradigm for response to agitation and BPSDs. An acronym, DICE stands for:

- Describe: Observe the details of the situation; define the frequency and severity.

- Investigate: Look for contributing factors such as medical or environmental factors.
- Create: Create a person-centered care plan.
- Evaluate: Assess and modify the plan as needed.

Behavioral strategies

Managing dementia patients is enhanced by creating a calm environment and redirecting the behaviors, says Dr. Heiser. Here are some key strategies that can help in redirecting dementia-related behaviors:

- Always consider medical and environmental issues. You may notice factors such as pain, constipation, anxiety, hunger, noise levels, lighting, other people, or temperature that are triggering distress.
- Self-awareness is critical. Even if you are feeling stressed, remain calm, Dr. Heiser advises. The resident will sense and respond to your mood.
- Approach is everything. Be sure to maintain eye contact, approach a resident with a positive mood, and speak clearly and slowly. Ask yes-or-no questions.

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How to Redirect Behaviors in Dementia *continued*

- Reasoning rarely works. It's more effective to accept what the person is saying and "just go with it," notes Dr. Heiser. Reassurance is very helpful. For example, you can say, "It's OK" or "I'm sorry to hear that."
- Redirection and distraction are often your best tools. Try a change of scenery. Try something familiar, like music, art, games, or snacks. You can rely on the resident history and care plan to identify favorites and create a person-centered approach.

Experiences of depression, anxiety, agitation, and psychosis are very common in dementia. When we acknowledge these are driven by a neurological condition, we can apply behavioral strategies to calm challenging situations while advancing quality of life for individuals who are living with dementia. For help in managing dementia-related behaviors, reach out to the GuideStar team. We're here to help.

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