

Disclaimer: The tips provided are recommendations to help support responsive behaviour management. However, if behaviours persist, please consult with your care team for further guidance.

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Use momentum: If you know that a person with dementia is resistive to personal care, set up a situation where you build momentum for saying yes to several tasks before introducing a task they typically say no to. Ask them to do a minimum of three things that you know they typically agree to, and then introduce the care task as item four. People are less likely to say no to something after they've been saying yes consistently.

Identify the function of the behaviour: All behaviours serve a function. The four most common functions are:

- To gain attention
- To escape or avoid a task that is uncomfortable, unpleasant or aversive
- To gain access to an item (food/toy/activity)
- For self-stimulation (e.g., the behaviour itself feels good, or reduces some form of discomfort)

In the video, it appears that the function of the verbal aggression is to escape from personal care and we see that it worked in that no care was provided. The person with dementia was verbally aggressive, and the staff left them alone. This reinforces for the person with dementia that a good way to get out of personal care is to be verbally aggressive. The trick to unlearning this relationship between shouting and escape, is to provide the person with dementia with escape that is not contingent on their shouting. In practical terms, this means, offering frequent breaks and rewards for short intervals of participation in care activities. Over time, the person with dementia will learn to trust that they can get a break without the undesirable behaviour, and they will stop doing it altogether.

Use simulated presence: To facilitate care, it may be helpful to play a video or audio recording of the person with dementia's family member relaying a shared memory and asking the person with dementia to allow the staff to provide care. A script can be developed in advance, in collaboration with members of the health care team to maximize effect.

Use familiarity: Familiarize yourself with the person with dementia's preferences, likes, dislikes, and topics you can use to build rapport and trust. Consider preparing a person with dementia tip sheet/overview and keeping it somewhere accessible. This document would outline topics of conversation, interests and topics to avoid. Before entering the person with dementia's room, staff can take a moment to review the tip sheet to assist with the interaction.

Build rapport before care: Spend a few minutes chatting with the person with dementia to establish some familiarity and rapport. Building rapport, even routinely each day, can help increase cooperation with tasks, instructions and demands. Use topics from the list described above to talk about activities, events or topics of interest to the person with dementia.

Present a “First/Then Contingency”: Consider presenting a “first/then” contingency, using something the person with dementia enjoys. If you know the person with dementia really enjoys a certain treat, you can try to initiate care by letting them know what will come next which is something the person with dementia is known to enjoy (e.g., “OK, Mrs. P, I’m going to help you freshen up, and then I’ll get you a nice hot coffee with some cookies”). A first/then contingency has been demonstrated to increase cooperation with non-preferred tasks, if they’re followed by a preferred or pleasurable item or activity.

Ask permission: Take a moment to ask permission before proceeding. Let the person with dementia know what you are going to do, count to 5 to allow them time to listen/respond and then proceed. Do this for each step of care you are going to provide.

Let the person with dementia guide you: Wherever possible, do personal care at the time of day when the person with dementia is typically most cooperative. In the video, we saw that the person with dementia was woken up by the staff’s entry and turning on of overhead lights. She was confused and disoriented to person. A good strategy is to allow late risers to sleep in a bit later and let them wake up on their own so as not to be disruptive. Capitalizing on a person with dementia’s own natural rhythms will optimize successful outcomes.

Choose your battles: If a person with dementia is distressed by changing clothes, under certain circumstances, you may wish to allow them to stay in the clothes they are in. For instance, if a person with dementia is resistant to putting on pajamas, you may wish to allow them to sleep in their clothes and then put on fresh ones the next morning.

Use familiar staff: In the video, the person with dementia seems to be disoriented and does not recognize the staff. It is always a good idea to use staff that is familiar to the person with dementia.

Consider trauma/reliving an abuse history: If a person with dementia has experienced trauma in the past, the provision of care may trigger re-experiencing. Sexual abuse trauma can particularly be confused with removal of clothing. The key is to provide reassurance and emotional support by telling the person with dementia each thing you are going to do before you do it. Try to use the same gender staff member where possible. Only uncover one body part at a time.

Occupy the person with dementia’s hands: If a person with dementia is prone to become physically abusive, give them a small towel to hold to keep their hands busy.

Play music: Play music during care to keep the person with dementia calm and relaxed. Sing with the music as you provide the care.

Consider temperature: Make sure the room is warm, turn on a space heater if necessary. Heat the towel and/or wipes you will be using for care. Turn on the shower and get it warm before bringing the person with dementia in.

Be ready: Prepare all care supplies, and lay everything out before you start care provision so that once you start, you can be efficient.