



Behavioral Triggers and Non-Pharmacological Interventions

Overview

Behavioral and psychological symptoms of dementia (BPSD) are common occurrences, particularly in later stages of the disease process. Behaviors may include apathy, agitation, hallucinations, delusions, and other behaviors, such as pacing. Antipsychotic medications have been used “off-label” to manage these behaviors but are generally not effective and carry significant risks for older adults with dementia. Non-pharmacological interventions should be the first-line interventions in most situations.

Before the interdisciplinary team (IDT) can determine which interventions are appropriate for a person with dementia, they must consider any underlying issues that could be triggering the behavior. The factors listed below are a starting point – there may be other factors that need to be discussed as well.

Person-Based Factors

- Altered emotional status - feelings of insecurity, sadness, anxiety, worry, or loneliness
- Lack of daily personal routines - morning, afternoon, and night routines
- Sensory deficits - vision, hearing, sense of smell or taste, touch/skin contact
- Basic physical needs, - hunger, thirst, need to toilet, feeling hot or cold
- Interests and preferences not being considered
- Under or over-stimulation
- Health issues - acute infection, chronic illnesses, incontinence, constipation
- Pain - physical or behavioral signs exhibited, the wrong pain scale used, inadequate assessment and/or under-treatment
- Medications, including newly prescribed medications, changes in dosage, polypharmacy, medication administration issues

- Ambulation and/or difficulty finding one's way - needing more assistance or cueing, getting lost in the facility
- Challenges with ADLs - including bathing, dressing, using the toilet, grooming, and eating/drinking
- Sleep cycle disruptions - daytime napping, no sleep hygiene evaluations, night-time activities needed

Staff-Based Factors

- Communications are too complex - generational language gaps, language barriers, educational gaps, speed of speaking
- Not at eye level when speaking to the person
- Cultural or spiritual conflicts or barriers affecting care or quality of life
- Tone of voice - harsh tones, inappropriate baby talk, inappropriate endearments
- Level of caregiver stress - burnout, depression, or other stress related issues
- Caregiver not available when needed
- Staff expectations too high or too low - do not match the person's cognitive and/or functional abilities
- Lack of education and training about dementia and related behaviors

Environmental Factors

- Level of physical and/or social stimulation - too much or too little
- Room arrangement - needed items not readily available to the person
- Temperature of room, hallways, common areas - too hot or too cold
- Lack of adaptive equipment or signage needed to promote independence
- Inappropriate lighting levels
 - Too bright – can cause shadows, or reflections make floors appear wet
 - Too low – can also cause shadows, reduces contrast

Non-Pharmacological Interventions for Managing BPSD

Non-pharmacological interventions should be the first line treatments for managing BPSD. The most effective interventions are those that are individualized and based

on the IDT's knowledge of the person with dementia – his/her life-long habits and routines, preferences, values, and goals of care.

Implementing non-pharmacological interventions, including meaningful activities, can help improve a person's emotional well-being, reduce the incidence of BPSD, and provide a sense of engagement and purpose in his/her life. The activities should reflect any hobbies or leisure time activities person enjoyed prior to entering the nursing facility.

Things to keep in mind as you develop a plan for a person with dementia include:

- Consider the person's level of cognitive impairment, as well as any vision and/or hearing deficits.
- Consider any environmental issues, such as noise and lighting. For example, over-stimulation can increase uncharacteristic behaviors.
- Is the physical space adequate? Remember you will likely need to accommodate people with wheelchairs and other mobility devices.
- Think about the timing of the activity. Is it scheduled for a time of day when the person is generally more alert?
- Is the person comfortable with group activities or do they prefer activities that can be completed on their own?

Reminiscence Activities

Reminiscence activities can occur in groups or one-on-one, using tangible prompts such as tactile objects and familiar items from the past, or pictures and archive sound recordings to stimulate discussion of past activities and experiences.

Discussions that prompt memories of a person's life and past experiences can improve his/her well-being and reduce the use of psychotropic medications to manage distressed behaviors. When reminiscing with the person, don't ask "Do you remember...?". The person may not remember and could feel embarrassed by the loss of memory. Start the conversation with "Tell me about..." instead.

Families can be encouraged to help build a "memory box" for a person with dementia and include items that would be meaningful to him/her:

- Photos of family or other interests -cars, travel locations, etc.
- Letters, postcards, magazines/books
- Pieces of clothing – a favorite hat, scarf, purse, or wallet
- A piece of jewelry, military medals, etc.
- Sensory items - scented sachets, textiles with different textures

- Favorite food items or treats (packaged to prevent spoiling and/or pests)

Art Activities

Art projects can be very beneficial for people with dementia, providing a sense of accomplishment and pride. Art opens an avenue for self-expression, reflecting the person's mood and providing an opportunity for conversation with him/her.

- Avoid activities that could be demeaning or child-like
- Use the project as an opportunity for discussion and reminiscence
- Give assistance as needed, including prompts, or even cueing to start the activity (brush movements, etc.)
- Maintain safety – non-toxic materials/paints and avoid sharp instruments (paint knives, etc.)
- Don't rush the person – give them the time they need

Art projects can be an on-going activity, so the person does not need to finish in a specific timeframe. They can return to the project later in the day or even days later.

Music & Memory®

Our favorite songs are often the soundtrack to our lives. A specific song can evoke memories - a high school dance, a first date, a wedding. Research has proven the ability of music to do the same in people with dementia, reducing BPSD and providing a sense of connection to the world around them. Music doesn't change the progression of the disease, but the cerebral cortex – the last part of the brain affected by Alzheimer's disease – not only stores long-term memories but is also the part of the brain that responds to music. The person may no longer recognize family members, but will recognize a song that was playing during an important life event and can often sing along.

To be successful, the songs, bands, or genre of music matters. Playlists need to be personalized – specific to an individual person. Work with family members or others who know the person well to determine the music that was and is important to him/her.

More information about Music & Memory® on their [website](#), including the certification process for long-term care facilities.

Other Meaningful Activities

Meaningful activities can occur in many different forms – whether large group, small group, or as individual activities. Some may be planned, while others are more spontaneous. These are just a few suggestions:

- Physical exercise – walking, gardening, dancing
- Household activities – sorting and folding clothing items, towels, etc.
- Rummaging drawers or baskets
- Writing cards or letters to loved ones
- Intergenerational activities
- Therapy pet visits

Person-Centered Care Planning

Person-centered care planning is a process that focuses on the person with dementia as an individual – his/her preferences, values, and goals are all taken into consideration when developing the plan of care. It is not a “one size fits all” process. It is not enough to address only the person’s impairments, disabilities, and medical diagnoses; the team should also consider his/her strengths and retained abilities. The person and his/her family are key members of the IDT and must be involved in developing the person-centered care plan.

Non-pharmacological interventions can only be successful when they are implemented consistently. Any interventions agreed upon by the IDT must be included in the person-centered care plan and shared with all staff members involved in his/her care. The facility must have systems in place to determine the effectiveness of each intervention. If an intervention is successful, it should continue; if not, the team should try to determine why it didn’t work as intended and discuss other potential approaches for that person.

Resources

Alzheimer's Association

- [Activities](#)

Alzheimer's Society UK

- [Activity Ideas for People with Dementia](#)
- [The Activities Handbook](#)

Center for Applied Research in Dementia (CARD)

- [Free Resources](#)

Dementia UK

- [Meaningful Activities for a Person with Dementia](#)

National Council of Certified Dementia Practitioners (NCCDP)

- [Activity Ideas for Alzheimer's/Dementia Residents](#)

National Institute of Aging

- [Activities to Do With a Family Member or Friend Who Has Alzheimer's Disease](#)
- [Exercise and Physical Activity](#)

Texas HHS Learning Portal

- [Meaningful Engagement to Enhance Quality of Life](#) (Note: You must set up or log into your Learning Portal account.)