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Handling Typical Behavioral Changes

As a result of the conditions of aging, quite understandably, a change in demeanor and a wide range of behaviors can be expected. To better handle common behavioral problems and in order to avoid and prevent personal abuses to the caregiver, we offer the following suggestions when dealing with behavioral problems:

1. Disposition appears to have changed!

Helpful Responses

- Take steps to be able to rule out any kind of brain impairment or neurological damage.
- Ask yourself if the behavior stems from an unsatisfied need. Could it be a need for security, self-esteem, dignity, love?
- Once identified, do your best to satisfy that need.

2. Attitude changes for no apparent reason!

Helpful Responses

- If significant mood swings occur without apparent reason, or if they increase in intensity, consult a physician. There may be some sort of a chemical imbalance, especially with diabetics, that is causing all the turmoil. If the cause is identified as chemical imbalance, there is a good chance balance can be restored and the problem solved.
- Reduce outside stimulants.
- Avoid expressing anger and frustration.
- Avoid arguing.

3. Does not remember, so repeats the same questions over and over!

Helpful Responses

- Respond clearly, slowly, and concretely to questions.
- Have the person repeat what you have said.
- Could it be that an answer you provided first had disturbing effects on the person? A little reassurance and/or factual information will set the mind at rest.
- Distract the person into another activity or other topics of conversation. Moving to a new location in the room or simply changing sitting positions usually changes one's mood.
- Avoid arguing or responding with anger: do not reprimand the person for the memory problem. It will only irritate the situation.
- If the person can still read, it is good to write down the requested information.
- Use a large calendar to write down events.

4. Has difficulty in recognizing familiar things.

Helpful Responses

- Avoid arguing. Conflict increases a person's confusion and fear.
- Explain that things may appear different and calmly remind him who you are and clarify any presented uncertainty.
- Bring the person's attention to specific and recognizable things to help re-establish a connection with the familiar past.
- Avoid rushing the person or making any fast movements.

5. Roaming around at night or seeming to be looking for something.

Helpful Responses

- If the person is roaming in the household, provide orientation in a gentle manner.
- Reassure the person they can look for whatever they want - in the morning.
- Keep a light on.
- If sleeping difficulties persist, consult a physician.
- Increase the person's level of activity during the day.

6. Wandering.

Helpful Responses

- First, determine the type of wandering. Is it aimless, or goal-directed?
- Then, determine if the wandering is an attempt to gain something (stimulation, food, drink, security), or physical activity because of restlessness.
- Restlessness and pacing are common during certain phases of Alzheimer's disease. Supervise this activity constructively. Walk with the person in a safe and stimulating area. (Too much stimulation can be overwhelming and confusing.
- Determine if the wandering behavior is in response to stressful environmental factors. Too much noise, for example, or demands placed on the person too quickly and forcefully, may contribute to behavior that results in wandering and getting lost.
- If the person's apparent wandering is a reaction to fear, was there a misinterpreted sight or sound?
- Is the person experiencing delusions or hallucinations? If that's the case, wandering may be an attempt to seek security and safety. Identify the need and try to have it fulfilled.

7. Refuses to bathe and groom; says he has already done so.

Helpful Responses

- Maintain bathing and grooming at regularly scheduled times. (Use the Workbook).
- Make bathing and grooming comfortable and relaxing experiences.
- Be aware and sensitive to potential fears such as anxiety about falling, drowning or getting burned by bath water.

8. Refuses to eat; eats very little.

Helpful Responses

- Minimize in-between-meal snacks.
- Maintain as high a level of physical activity as possible.
- Provide regular meals that follow a routine.
- Eat with the person.
- Prepare familiar and favorite foods.
- Be sure food can be easily chewed and swallowed. (Rule out any physiological obstruction.)
- In certain cultures, sons and daughters pre-chew foodstuffs for their aging elders. You don't need to go that far, but consider cutting their food into smaller, more negotiable pieces.
- If coordination deteriorates, offer direct assistance.
- Consider using food supplements.
- Avoid overemphasizing neat eating habits.
- Give the person more time to eat.

9. Wants things done immediately; wants you to do everything.

Helpful Responses

- Remind yourself that there is no point in becoming frustrated and angry.
- Respond calmly.
- Clearly inform what is going on and what is being done.
- Express the importance of independence and the need to do as many things as possible on their own.

10. When the person becomes combative.

Helpful Responses

- Determine the root of the anger.
- Do not argue.
- Try changing the subject and or have the person do some physical movement to soften their mood.
- Be polite but firm.
- Give them a moment alone, if possible, to gather their thoughts.

If you're ever in doubt, always feel free to call the agency for assistance.