In long-term care homes, the home-like environment of persons living with dementia has been drastically impacted by new procedures to keep everyone safe during the COVID-19 pandemic. Infection Prevention and Control (IPAC) requirements have significantly challenged persons with dementia and increased responsive behaviours. The term responsive behaviour is used to describe some behaviours of a person with dementia. These behaviours are responses to environmental triggers and/or internal unmet needs. Some of the most common responsive behaviours observed are: repetitive questions or actions, restlessness, walking around (wandering), and verbal expressions such as shouting, yelling, name-calling, and swearing. These behaviours are distressing to the person who is experiencing them as well as challenging to care providers. In this pamphlet you will find some basic principles and some tips on how to approach the most common responsive behaviours.

Remember: check-in with yourself

As we all know, we have been working through the pandemic and sometimes we might not realize where we truly are emotionally. Sometimes, these emotions can affect the way we work and the care that we provide to our residents. Emotions drive behaviour and emotions that are not identified and acknowledged will get in the way of us “being kind, being calm, and staying safe” (Dr. Bonnie Henry).

### Restlessness

*Examples: pacing up and down, fidgeting, and seeking out ways to exit*

- Ask the person if they are looking for something or someone
- If they fidget, give the person something to occupy their hands such as worry beads or a box of items that means something to them
- Have a daily routine that includes exercises such as a walk or seated exercise
- If seeking out ways to exit, ask them where they want to go and use verbal redirection technique
- Disguise the exit door with an image such as a book case or garden
- Engage them in activities that involve movement

### Verbal Expressions

*Examples: shouting, yelling, name-calling, swearing*

- Ask the person’s permission before turning the light on or off OR before turning the volume up or down
- Use relaxing approaches like music, aromatherapy, massage or touch
- Use a night light in the bedroom. Consider how a person’s room looks in the dark and whether anything could be interpreted as frightening to them
- Consider having their sight or hearing checked
- If the person is cognitively intact try this question:

  **When you did / said (explain what they said or did) I felt _______. I’m wondering if you could help me understand what you were thinking / feeling?**
Basic Principles

- Avoid assumptions
- Meet individual needs by getting to know the person. Knowing the person’s psychosocial history makes a big difference
- All behaviour has meaning. Look for the meaning behind the behaviour. What’s the unmet need? What’s triggering the behaviour?
- Be patient, kind, and gentle. The person may not remember but can still feel and see the body language, facial expression, and tone of voice of others. 93% of communication is non-verbal
- Avoid taking the person’s responses personally
- Maximize their strengths and capabilities because “the more you do for me, that more you take from me.”

Approach

- Speak clearly and slowly in your natural adult tone of voice
- Use simple words and short sentences
- Keep choices simple
- Invite the person instead of telling them
- Approach at an arm’s length to maintain their personal space and gain their attention
- Give the person time to process and respond to what you are saying before repeating yourself
- Avoid ignoring, talking over the person, scolding or punishing the person because this will cause more reaction from the person
- If the person cannot vocalize their need, watch for their non-verbal communication
- If the person is legally blind, use the clock to let them know which direction to look
- If there is a language barrier, demonstrate by gesturing or use cue cards with their language
- Encourage laughter and respect sadness
- Use verbal redirection techniques

Steps for successful verbal redirection

1. VALIDATE the person’s reality and emotional state.
2. JOIN in that person’s reality and listen to his or her perspective.
3. DISTRACTION is then easier and works best with people who have severe memory or attention problems.
4. REDIRECTION may finally be possible without directly preventing the person from accomplishing the now-forgotten goal.

Repeating the same Questions or Actions

Examples: Where am I? When’s dinner? Where’s my medication?

- Use a whiteboard to write down basic facts i.e. what day or time it is
- If asking about COVID, share simple non-threatening messages about COVID
- Give short and simple reasons why you need their help to stay in their room
- Look for a theme in the types of questions they ask and give a consistent answer
- If asking to go home, reassure them they are safe and ask them what home is like
- Ask the family to make a recorded message and play it for the person
- If going on an appointment, tell the person closer to the departure time
- Show the person your name badge with your picture on it
- Use a talking clock that can tell time for those that are legally blind

Walking around

Examples: aimless walking, following staff

- Schedule a walk with the person, use the garden if one is available
- Place way finding signs at the level of the person’s line of sight
- Know the person’s route so you can try to keep others clear and try to sanitize the area
- Instead of stopping them, join them on their journey
- Give the person something meaningful to do
- Where possible, keep doors to other residents’ rooms closed to prevent others from walking in