



Behavior is Communication: Managing Dementia Without More Medications

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Purpose

- To provide healthcare professionals working in senior care with practical, evidence-informed strategies to understand, assess, prevent, and respond to behavioral expressions...

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- in individuals living with dementia using person-centered, non-pharmacological approaches. Participants will learn how to identify the underlying causes of behavioral changes, improve quality of life, reduce unnecessary psychotropic medication use, enhance staff...

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- confidence, and promote safer, more compassionate care while supporting regulatory compliance and survey readiness.

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Course Description

- Behavioral and psychological symptoms of dementia (BPSD) are among the most challenging aspects of caring for individuals living with Alzheimer's disease and other dementias.

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- Agitation, wandering, repetitive questioning, resistance to care, yelling, aggression, hallucinations, and sleep disturbances often create stress for caregivers and healthcare teams. Too often, these behaviors are viewed as problems to eliminate rather than meaningful attempts at communication.

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- This engaging 90-minute continuing education program teaches participants to recognize that behavior is often the individual's only remaining language. Rather than asking, "How do we stop this behavior?" participants will learn to ask, "What is this person trying to tell us?"

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- The presentation explores the physical, emotional, environmental, social, and cognitive factors that contribute to behavioral expressions while emphasizing individualized, person-centered interventions before medications are considered.

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- Participants will examine current regulatory expectations regarding psychotropic medications, gradual dose reduction, and person-centered dementia care while developing practical intervention strategies that...

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- ...can immediately be implemented in assisted living, skilled nursing, memory care, home health, and other senior care settings.

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- Real-world case studies, interactive discussions, and practical assessment tools help participants improve resident outcomes while reducing caregiver frustration and enhancing quality of life.

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Learning Objectives

1. Explain why behavioral symptoms in dementia should be viewed as meaningful communication rather than intentional misconduct

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2. Identify common physical, psychological, environmental, and social triggers that contribute to behavioral expressions in persons living with dementia

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3. Apply person-centered, non-pharmacological interventions to prevent, de-escalate, and manage challenging behaviors while supporting resident dignity and quality of life

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4. Describe current best practices and regulatory expectations regarding psychotropic medication use, documentation, and individualized dementia care planning

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Learning Objective 1

Explain why behavioral symptoms in dementia should be viewed as meaningful communication rather than intentional misconduct

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- One of the greatest misconceptions in dementia care is believing that difficult behaviors occur because someone is being stubborn, difficult, manipulative, or intentionally disruptive
- Nothing could be further from the truth

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- As dementia progresses, people gradually lose the ability to communicate through words. Their needs, fears, discomforts, and emotions do not disappear - they simply become harder to express

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- Behavior becomes their language
- Every behavior has meaning
- Our responsibility as caregivers is not to stop behaviors
- It is to understand them

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A Different Way to Think

- Instead of asking: "How do I stop this behavior?"
- Ask: "What is this person trying to tell me?"

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This Simple Shift Changes Everything

- Instead of punishment...
- We investigate
- Instead of frustration - We become curious
- Instead of medication - We look for solutions

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Behavior Is Not Random

- Behavior almost always has a cause
- Examples include the following:

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|----------------|---------------------------|
| • Pain | • Medication side effects |
| • Hunger | • Noise |
| • Fatigue | • Boredom |
| • Fear | • Feeling rushed |
| • Confusion | • Feeling ignored |
| • Loneliness | |
| • Constipation | |

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The behavior is often the symptom - not the problem

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The Iceberg Model

- Imagine an iceberg
- Only a small portion is visible above the water
- Behavior is the visible tip of the iceberg

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Underneath Lies:

- Unmet needs
- Physical illness
- Emotional distress
- Environmental triggers
- Trauma

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- Fear
- Loss
- Sensory overload

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Effective caregivers investigate below the surface

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Dementia Changes the Brain
Individuals lose the ability to:

- Reason logically
- Understand explanations
- Organize thoughts
- Remember recent events

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- Regulate emotions
- Control impulses
- The brain is damaged
- The person is not choosing these reactions

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Why Reality Doesn't Work

- Trying to convince someone they are wrong often increases distress
- Example - Resident: "I need to go pick up my children"
- Staff: "Your children are adults"

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- The resident may experience this as receiving terrible news for the first time.
- Instead: "Tell me about your children"
- Validation reduces anxiety.

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Key Point

- Behavior is information and our job is to decode the message

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Learning Objective 2

Identify common physical, psychological, environmental, and social triggers that contribute to behavioral expressions in persons living with dementia

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Why Behaviors Happen: Finding the Root Cause

- Before responding to behavior, caregivers should ask: "What changed?"
- Behavior is usually triggered by something

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Physical Causes

- Always rule out medical issues first
- Common causes include: pain, UTI, constipation, hunger, thirst, fatigue, poor sleep, medication interactions, hearing loss, vision changes, dental pain, skin irritation, and urinary retention

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- Many residents cannot tell us these problems exist

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- Emotional Causes
- Residents experience: grief, anxiety, fear, embarrassment, frustration, depression, loneliness, or loss of independence

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- Imagine waking every morning in an unfamiliar place
- That is daily reality for many individuals with dementia

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Environmental Causes

- The environment may be creating distress.
- Examples include: loud televisions, overhead paging, alarms, crowded dining rooms, poor lighting, excessive stimulation, confusing hallways and uncomfortable temperatures

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- Even small environmental changes may significantly reduce behaviors

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Communication Triggers

- Caregiver communication often unintentionally escalates situations

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- Avoid: arguing, correcting, quizzing, rushing, speaking too loudly, speaking too quickly, or giving multiple commands

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- Instead: smile, make eye contact, approach slowly, use short sentences, and give one instruction at a time

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The ABC Model

- Behavior assessment should include:
 - A – Antecedent
 - What happened before?
 - B – Behavior
 - What exactly occurred?
 - Describe objectively

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Looking for Patterns

Ask:

- Does it occur at the same time?
- Before bathing?
- During meals?
- During shift change?

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- After visitors leave?
- At sunset?
- During medication administration?
- Patterns reveal solutions

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- C – Consequence
- How did staff respond?
- Did the response help—or unintentionally reinforce the behavior?

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Learning Objective 3

Apply person-centered, non-pharmacological interventions to prevent, de-escalate, and manage challenging behaviors while supporting resident dignity and quality of life

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- Medications should not be the first response
- Research consistently demonstrates that individualized, non-pharmacological interventions are often more effective and safer

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Know the Person

- Care starts with knowing the individual
- Learn: previous occupation, hobbies, favorite music, family, religious beliefs, military service, favorite foods, routines, and lifelong habits

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- The better we know someone...the better we can support them

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Validation Therapy

- Don't force reality.
- Validate emotions.
- Instead of: "Your husband died years ago."
- Try: "You really miss him."
- Feelings matter more than facts.

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Redirection

- Rather than saying "No"
- Guide attention elsewhere
- Examples: folding towels, watering plants, taking a walk, looking through photo albums and listening to favorite music

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Music Therapy

- Personalized music: reduces agitation, improves mood, decreases anxiety, promotes engagement, may reduce medication use,
- The music should be meaningful to the individual

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Meaningful Activity

- People need purpose
- Activities should match previous interests and current abilities

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- Examples: gardening, sorting objects, baking, painting, reading scripture, pet therapy, sensory boxes
- Occupation reduces agitation

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Environmental Modifications

- Small changes matter
- Reduce: noise, clutter, glare, and confusing signage

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Increase

- Familiar objects
- Comfortable seating
- Natural light
- Orientation cues

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During Personal Care

- Many aggressive behaviors occur during bathing or dressing
- Strategies: explain each step, maintain modesty, allow choices, slow down, stop if overwhelmed and return later if necessary

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De-Escalation

- Remain calm
- Lower your voice
- Avoid confrontation
- Maintain personal space
- Offer reassurance

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- Sometimes the best intervention is simply sitting quietly beside someone

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Learning Objective 4

Describe current best practices and regulatory expectations regarding psychotropic medication use, documentation, and individualized dementia care planning

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- Psychotropic medications have a role
- However, they should never replace good dementia care

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Risks

- Potential risks include: falls, fractures, sedation, pneumonia, stroke, increased mortality, and reduced quality of life

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Regulatory Expectations

CMS emphasizes:

- Individualized assessment
- Documented non-drug interventions
- Ongoing monitoring

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- Gradual dose reduction when appropriate
- Person-centered care planning
- Interdisciplinary decision-making

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- Surveyors expect facilities to demonstrate that non-pharmacological approaches were attempted, documented, and evaluated before relying on psychotropic medications except in emergencies or when clinically indicate

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Documentation

Excellent documentation should include:

- Observed behavior
- Possible trigger
- Interventions attempted
- Resident response

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- Follow-up
- Communication with providers
- Family notification when appropriate
- Good documentation supports continuity of care and regulatory compliance

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Case Study 1

- Mrs. Smith repeatedly screams every afternoon
- Investigation revealed: arthritis pain increased after lunch, she sat in an uncomfortable wheelchair, and staff became busier during shift change

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- Interventions: scheduled pain assessment, repositioning, quiet room, favorite music
- Result: Screaming episodes decreased dramatically

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Case Study 2

- Mr. Johnson struck caregivers during bathing
- Investigation found: cold room, rushed staff, and unfamiliar caregiver

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- Interventions: warmer bathroom, same caregiver, towel bath, slower approach, choices offered
- Aggression nearly disappeared

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Group Discussion

- What might this resident be communicating?
- What unmet need exists?
- What interventions would you try first?
- How would you document your response?

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Key Takeaways

- Every behavior communicates something.
- Look for the cause - not just the symptom.
- Know the individual.

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- Prevent behaviors whenever possible
- Person-centered care should always come before medication
- Small changes often produce remarkable improvements

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- Good documentation protects residents and caregivers
- Compassion remains the most powerful intervention

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Conclusion

- People living with dementia are not giving us a hard time
- They are having a hard time

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- When we replace judgment with curiosity, fear with compassion, and medication-first thinking with person-centered care, we create environments where individuals with dementia can live with greater comfort, dignity, safety, and purpose

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- Behavior is communication
- When we learn to listen differently, we become better caregivers, stronger advocates, and more effective healthcare professionals

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