

Behavior Interventions



Disease/ Symptoms	Care Plan Interventions
Dementia	<ul style="list-style-type: none"> • Speak slowly and calmly • Simple and positive commands, Use gestures • Gentle touch • Approach patient from front • Concealed exits • Exercise, games, singing • Music, white noise, plants, animals, massage, aromatherapy
Paranoia	<ul style="list-style-type: none"> • Avoid confrontation, validate their experiences • Re-assurance and distraction • Anticipate safety issues (conceal harmful objects)
Anxiety / Fear	<ul style="list-style-type: none"> • Place resident at a busy/high-traffic area • Scheduled events/individualized tasks/checks • 1;1 visits • Calm voice • Tactile massage • Hand holding
Sleep Issues	<ul style="list-style-type: none"> • Wake up same time of the day • Keep occupied/awake in the day • Hallway/bathroom lights dimmed • Minimizing sleep-disrupting substances (alcohol, tobacco, caffeine, and other), • Obtaining regular vigorous physical activity, • Avoiding excessive light close to • bedtime, • Developing a bedtime routine to transition from wake to sleep, • Sleeping in a sleep-conducive (dark, cool, quiet, no television) environment, and • Using the bed only for sleep (<i>i.e.</i>, stimulus control).
Depression	<ul style="list-style-type: none"> • Provide Physical and mental activities • Increase socialization
Agitation	<ul style="list-style-type: none"> • Music therapy • Massage • Therapeutic touch • Tactile massage • Soothing words • Calm demeanor
PBA (Pseudobulbar Affect) Inappropriate uncontrollable laughing / crying/outbursts with or without reason or trigger	<ul style="list-style-type: none"> • Calmly speak to the resident and ask if upset if experiencing uncontrollable crying or laughing • Encourage resident to take slow, deep breaths and try to relax until the episode passes. Have the resident change body position (standing when previously sitting down and vice versa) may also help them to cope with such attacks. • Ignore the uncontrolled outbursts of inappropriate behavior • Identify what the resident would like you to provide the resident when this happens – Remove from the situation, provide privacy, ignore it etc.

<p>Hallucinations and Delusions</p>	<ul style="list-style-type: none"> • Determine if resident is feeling pleasant or frightened • If fearful ask “What will make you feel safe or comfortable?” If pleasant ask about the experience. • Don’t argue • Respond to the emotion being felt by the resident. • Hearing exam may be warranted • Reduce stimulation in the environment—minimize violent or noisy TV, remove wall hangings, reduce noise, play relaxing music. • Cover mirrors. • Reduce glare from windows. • Ensure adequate lighting. • Review medications for potential side effects.
<p>Eating and Swallowing Disturbances</p> <p>Swallowing disturbance Difficulty in swallowing food Difficulty in swallowing liquids Coughing or choking when swallowing Taking a long time to swallow Placing food in mouth but not chewing it Chewing food but not swallowing it</p> <p>Appetite change Loss of appetite / Increase in appetite Seeking out food between meals Overeating at meal time Requesting more food Reporting hunger Reporting being overfull Other change about appetite Needs to limit food Refuses food</p> <p>Food preference Preferring sweet foods more than before Drinking more soft or sweet drinks Drinking more tea/coffee or water “Taste” in food changed in some way Adding more seasoning to their food Developing other food fads Hoarding foods Drinking more alcohol</p> <p>Eating habits Wanting to eat the same food every day Tending to eat foods in the same order</p>	<ul style="list-style-type: none"> • cutting food into smaller chunks, • serving drinks cold rather than hot, • avoiding straws, and • encouraging a neck-forward chin-down posture • plan activities that will be a distraction from food. • limiting their access to food or certain types of food in particular (like sweets) • Make healthy alternatives available • plan activities that will be a distraction from food. • make sure the food is a different color than the plate • limit access to any inedible objects that look similar to food • keep the table setting simple • food choices to a minimum (one to two foods at a time) • Finger foods • Provide encouragement / chatting with resident through the meal • Provide quiet surroundings during mealtime • Provide plenty of time to sat •

<p>Wanting to eat at the same time every day Decline in table manners Eating with hands Other change about food preference Taking a long time to eat Other eating behaviors Tending to overfill mouth Chewing or sucking without trying to eat Eating non-edible foodstuffs Tending to snatch or grasp any food items Becoming a heavier smoker or taking up smoking Episodes of vomiting naturally Episodes of vomiting by using their fingers</p>	
<p>Apathy</p>	<ul style="list-style-type: none"> • Encourage interaction with others • Encourage activity involvement • Medications as ordered