

De-Escalating a Dementia Care Crisis Interdisciplinary Training

Behavioral Response Team | Nursing | Security

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Objectives

- Recognize triggers in dementia
- Apply de-escalation techniques
- Coordinate interdisciplinary response
- Promote patient dignity and safety

Crisis Defined

- A formal definition of 'crisis' includes these key features:
 - The presence of stressors
 - The imbalance created by stressors
 - The need for immediate decision
 - The view of crisis as a process
 - Resolution

Why Crises Occur

- Unfamiliar environment
- Pain or untreated symptoms
- Sleep disruption
- Overstimulation
- Fear or misinterpretation

Dementia Changes the Brain

- Dementia affects more than memory – it can impact:
 - Judgement
 - Awareness of danger
 - Problem solving
 - Balance and mobility
 - Communication
 - Impulse control
 - Sleep / wake cycles
 - Ability to recognize surroundings



Scenario

Where is My Wife? I Need to Leave!

- Situation
- An 82-year-old male with moderate dementia was admitted for pneumonia becomes increasingly agitated
- By 8:00 p.m., he is yelling, Where's my wife? I need to leave this place now!

Let's Look at the Sequence of Events

- Transferred from skilled nursing home - he has dementia. What type?
- The transport group did not manage it well - are they adequately / properly trained?
- Emergency Department was challenged to manage the individual - restrained them, chemical restraints (not FDA approved for individuals with dementia – will actually exacerbate behaviors)
- Now admitting to an in-patient setting: think of all the different transitions, people encountered since leaving the nursing home
- It is a very traumatizing experience in the world of dementia

Early Warning Signs

- Pacing
- Increased confusion
- Shouting
- Resistance to care
- Exit seeking

Escalation Behaviors

- Hitting or kicking
- Throwing objects
- Grabbing staff
- Profanity
- Severe agitation

What to Do When They are so Escalated?

Communication Techniques

- Use:

- Short sentences
- One instruction at a time
- Reassuring tone
- Validation of feelings

- Avoid:

- Arguing or correcting
- Rapid questioning
- Crowding the patient
- Sudden touch

Quick Crisis Response Checklist

When a dementia crisis occurs:

- Slow down
- One calm communicator
- Reduce environmental stimulation
- Validate feelings
- Redirect rather than argue
- Address unmet needs
- Escalate only if safety requires it

**People will mirror back
what we bring to them!**

**Rushed, hurried – we
will get it back to the
10th degree!**

The CALM Approach

- **C - Connect**

- Approach slowly from the front
- Maintain calm body language
- Use the patient's name
- Introduce yourself every time

- **A - Assess**

- Look for pain, fear, hunger, toileting needs
- Identify environmental triggers
- Ask simple questions

- **L - Lower stimulation**

- Reduce noise and people
- Dim lights if appropriate
- Offer quiet space

- **M - Meet the need**

- Reassurance
- Redirection
- Familiar objects
- Hydration or toileting
- Comfort touch if appropriate

Why Staff Redirect Instead of Correct

- Instead of saying:
 - ✘ “No, your wife is at home, and she knows you are here.”
- We may say:
 - ✔ “You miss her. Tell me about her.”
- Why?
 - Reduces stress
 - Prevents repeated grief
 - Meets emotional need

**Safety includes
emotional safety**

Agitation is Often Communication

- 'Behavior' usually means something
- Possible causes:
 - Pain
 - Hunger
 - Fear
 - Noise overload
 - Loneliness
 - Need to use the restroom
 - Constipation
 - Infection

Explore the cause not
just the 'behavior'

DICE Approach



- A guide for managing behavioral and psychological symptoms of dementia (BPSD)
- Describe
- Investigate
- Create
- Evaluate

Describe

- It is crucial to Describe the problem behavior thoroughly!
- This step is often missed because we state the problem in vague terms, jump to conclusions, and/or start to intervene right away
- Describe: • Who • When • Where • What
- Describe:
 - Antecedents (what occurred before the problem behavior)
 - Consequences
 - Was someone hurt or upset (safety risks)?



Investigate

- Identify
- Examine
- Rule out possible underlying, modifiable causes for the behavior
- Spot triggers



Investigate – What is Going on?

- Psychiatric problems/personality issues from earlier in life
 - Schizophrenia, bipolar disorder, anxiety
 - Depression, personality disorder
- Acute medical problems - infection, constipation, dehydration, medication interactions
- Unmet needs
- Pain, sleep problems, fear, boredom, loss of control or purpose
- Caregiver factors: Stress, burden, depression, lack of understanding about dementia and its stages, or how brain disease impacts behavior (“he’s doing this on purpose”)
- Communication issues (yelling, negative communications)
- Expecting too much for the person's dementia stage

Create

- How to use Behavioral and Environmental strategies to manage behavioral symptoms
- Rehearse your lines – communication strategy
- Communication should be simple and clear
- Give directions one step at a time
- Simplify tasks
- Anticipate trouble before it happens
- Recognize patterns (e.g., everyone is grumpy on Tuesdays)
- Recognize triggers
- Stay calm – “I’ve got this!”



Evaluate

- You have worked hard to:
 - Describe
 - Investigate
 - Create
- **DON'T STOP NOW!**
- How do you assess whether the Create strategies were effective?
- Evaluation is a process of determining the progress toward attainment of your goals
- Evaluation relies on monitoring and documenting outcomes associated with adjustments



Debrief

- What went well?
- What could escalate the situation unintentionally?
- How can the behavioral response team, nursing, and security support each other better?
- What early signals should trigger earlier intervention?

Key Points

1. Behavior is communication

- Patients with dementia often cannot express needs clearly

2. The environment matters

- Noise, alarms, and multiple responders can worsen agitation

3. Too many staff can escalate fear

- Use one calm lead communicator

4. Team presence must be supportive

- A non-threatening posture is critical

5. Safety with dignity

- The goal is always least restrictive intervention first