

Understanding Dementia- Related Behaviors & Symptoms: A Person-Centered Approach



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Presenter



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Objectives

- 01 Describe common dementia-related behaviors and explain how changes in the brain can influence these responses.

- 02 Recognize underlying triggers and unmet needs that may contribute to behavioral changes.

- 03 Apply supportive communication and de-escalation strategies to reduce distress and promote safety and dignity.

- 04 Incorporate person-centered approaches, including individualized routines and environmental adjustments, to help prevent or lessen behavioral symptoms.

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Why This Topic Matters

- Leading cause of caregiver distress, burnout, and care transitions
- Major contributor to hospitalizations and antipsychotic use
- Understanding behavior improves quality of life and care outcomes

Up to 90%
of individuals living with dementia will experience dementia-related symptoms and behaviors.

Source: Anantapong et al. (2025)

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Behavior = Communication

Key Question:

“What is this person trying to tell me?”

Behaviors are not random or intentional “problems”

They are expressions of unmet needs

Often the result of brain changes affecting communication

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What We Call It Matters

Terminology varies across settings:

- Clinical: Behavioral and Psychological Symptoms of Dementia (BPSD)
- Care teams: “responsive behaviors”
- Families: “challenging behaviors” or “difficult moments”

Language shapes perception and care:

- “Problem behavior” → blame, stigma
- “Expression of need” → curiosity, compassion

Person-centered language:

- Focus on the person, not the behavior
- Avoid labels that define the individual

How does the language we use influence our response?

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What Are BPSD?

Behavioral and Psychological Symptoms of Dementia include:

Agitation,
aggression

Anxiety,
depression

Delusions,
hallucinations

Wandering,
disinhibition

Repetition,
refusal

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The Brain & Behavior

Dementia affects networks of the brain, not just memory



Changes in key regions contribute to behavioral symptoms:

- Prefrontal cortex → judgment, impulse control → may lead to disinhibition or aggression
- Amygdala & limbic system → emotional regulation → may lead to anxiety, fear, agitation
- Hippocampus → memory and context → may contribute to repetition and confusion

Behaviors often reflect reduced ability to interpret and respond to the environment.

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Expression of Unmet Needs

Common unmet needs:

- **Physical:** pain, hunger, fatigue
- **Emotional:** fear, loneliness
- **Social:** isolation, lack of engagement
- **Environmental:** noise, overstimulation



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ABC Model (Behavioral Framework)

Antecedent – What happened before the behavior?

Behavior – What did the person do?

Consequence – What happened after?

Helps identify:

- Triggers
- Patterns
- Opportunities for intervention

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Person-Centered Care

- Know the individual
- Honor preferences and routines
- Maximize independence
- Adapt care to changing abilities
- Promote dignity and purpose

Evidence shows improved outcomes and reduced distress



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Identifying Triggers

Ask yourself:

- Is this new behavior?
- What time does it occur?
- Who is present?
- What changed?
- Is there an unmet need?

Domains of Triggers:

- Biological: illness, pain, medication
- Psychological: fear, trauma
- Social: isolation
- Environmental: noise, lighting, crowding

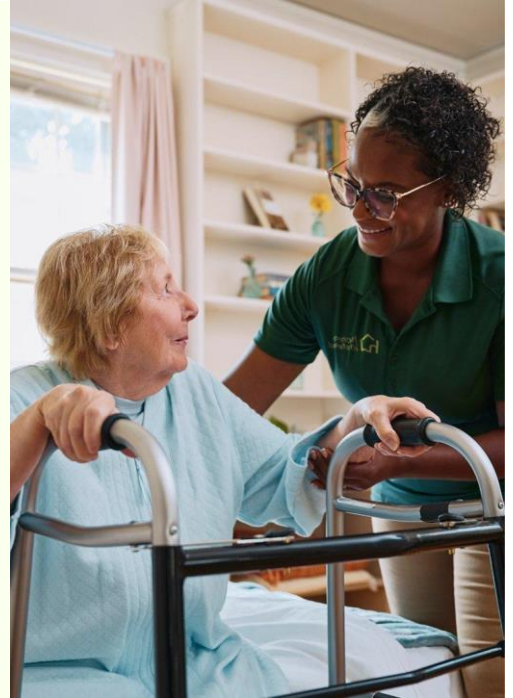
Sources: Kales et al. (2020); Gitlin & Hodgson (2021)

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Communication Strategies

- Approach from the front
- Use name and eye contact
- Speak calmly and slowly
- Keep a positive tone
- Use short, simple phrases
- Give one step at a time
- Allow time to respond
- Avoid arguing or correcting
- Offer simple choices
- Validate emotions



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De-escalation Framework (CALM)

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Connect:
validate feelings

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Assess:
identify need or
trigger

3

Lower
stimulation

4

Modify
approach

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BPSD Deep Dive

Understanding the 'why' behind behaviors to guide effective responses.

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Agitation & Aggression

Common causes:

- Pain or discomfort (under-recognized cause)
- Fear
- Communication frustration
- Environmental stress

Strategies:

- Validate emotions
- Reduce stimuli
- Redirect early
- Ensure safety

Example:

A person becomes aggressive during dressing → may be due to pain when moving joints.

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Mood Changes: Anxiety & Depression

Anxiety may look like:

- Restlessness, pacing
- Repetitive questioning
- Irritability or agitation

Depression may look like:

- Withdrawal or reduced engagement
- Loss of interest in activities
- Changes in sleep or appetite
- Flat affect (often missed)

Common triggers:

- Change in routine
- Unfamiliar environments
- Isolation or lack of stimulation
- Losses (role, independence, relationships)

Person-centered approaches:

- Provide reassurance and emotional validation
- Maintain consistent routines
- Encourage meaningful engagement
- Use music, familiar activities, and social connection

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Delusions & Hallucinations

Delusions = false beliefs

Hallucinations = false perceptions

Important to remember: These experiences are real to the person.

Example: Concern about missing items may reflect confusion and a need for reassurance.

Determine when to intervene vs. when to validate and move on.

Approach:

- Do not argue
- Validate feelings
- Redirect attention
- Modify environment (lighting, noise)

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Wandering

Often purposeful—not random

May reflect:

- Searching for something/ someone
- Following past routines (ex: “going to work”)
- Need for movement, relief from boredom or stress

Common triggers:

- Disorientation to time/place
- Change in routine or environment
- Unmet needs (hunger, restroom)
- Anxiety, fear, or overstimulation

Person-centered approaches:

- Support safe movement (don’t just restrict)
- Maintain consistent routines
- Provide meaningful engagement throughout the day
- Identify and address unmet needs

Safety strategies:

- Create safe walking paths
- Use visual cues and signage
- Ensure supervision when needed
- Consider ID bracelets or GPS supports

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Sexual Expression & Intimacy

May reflect:

- Need for connection, touch, or comfort
- Loneliness or boredom
- Physical discomfort or unmet needs

How it may present:

- Inappropriate comments or advances
- Disrobing in public
- Misidentifying others as a partner
- Increased or decreased interest in intimacy

Person-centered response:

- Remain calm, matter-of-fact
- Redirect to a different activity
- Provide appropriate forms of connection (e.g., hand-holding, reassurance)
- Maintain dignity and privacy

Professional boundaries & safety:

- Set clear, respectful limits
- Avoid shaming or blaming
- Ensure safety for all individuals
- Consider consistency in responses

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Refusal

Often an attempt to maintain control or autonomy.

May reflect:

- Confusion or misunderstanding
- Fear or perceived threat
- Physical discomfort or pain
- Lack of trust

How it may present:

- Saying “no” or resisting care
- Pulling away or becoming defensive
- Avoiding tasks (bathing, dressing, eating)

Person-centered approaches:

- Simplify, offer one step at a time
- Offer simple choices
- Explain before initiating care
- Adjust timing—try again later if needed
- Approach calmly and at eye level

Reframing: Refusal is not resistance, it's communication.

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Repetition & Fixation

Caused by short-term memory loss & reduced ability to retain information.

Often driven by:

- Anxiety or uncertainty
- Need for reassurance
- Desire for connection or engagement

How it may present:

- Repeating questions or stories
- Fixating on a topic or concern
- Repetitive movements or actions

Person-centered approaches:

- Respond to the emotion, not just the question
- Provide consistent, calm reassurance
- Use visual cues (notes, clocks, calendars)
- Redirect to meaningful activity
- Avoid correcting or arguing
- Try to stay calm and maintain patience

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Environmental Interventions

- Reduce overstimulation (noise and clutter)
- Enhance orientation (improve lighting, use cues and labels)
- Create safe, navigable spaces



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Ethical Considerations

Core tensions in care:

- Autonomy vs. safety
- Independence vs. risk
- Reality vs. emotional well-being

Key principles:

- Promote dignity and respect
- Use the least restrictive approach
- Support personhood and identity
- Balance safety with quality of life

“What supports this person’s dignity, safety, and quality of life in this moment?”

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Key Takeaways

- Behavior is communication
- Always assess unmet needs
- Use person-centered approaches
- Environment and communication matter

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Resources

- Alzheimer's Association
 - Website: www.alz.org
 - 24/7 Helpline: 1.800.272.3900
 - Dementia Care Practice Recommendations
- The Association for Frontotemporal Degeneration
 - www.theaftd.org
- Lewy Body Dementia Association
 - www.lbda.org
- Hilarity for Charity (HFC) - www.wearehfc.org
 - Caregiver respite grants, online support groups, webinars, workshops
- Caregiver Action Network
 - www.caregiveraction.org
- Family Caregiver Alliance
 - www.caregiver.org

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Resources

- Home safety checklist - MakingHomeSaferforSeniors.com
- In-home care - Home Instead (locations in all 50 states)
 - www.HomeInstead.com
- Caregiver Chats Episodes:
 - Episode 9: Practical Tips for Hands-On Dementia Care with David Troxel
 - Episode 45: Geriatric Dental Care and Oral Health with Dr. Joy Poskozim
 - Episode 51: Balancing Safety & Independence in Dementia with Adria Thompson
 - Episode 58: Incontinence & Restroom Tips: Making Daily Care Easier with Cindy and Christina Hardin-Weiss
 - Episode 69: The Beauty of Personal Care As We Age with OT Lindsay DeLong

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Thank you for joining!

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- Podcast: search "Caregiver Chats"

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