

Difficult Behaviors and Management

Agitation: Avoid triggers, keep routine, remain calm, distract, and soothe.

Pacing and wandering: Let pace in safe place, eliminate cause, give snacks, encourage exercise, maintain toileting schedule, and suggest another activity.

Hallucinations or delusions: Ignore if harmless, reassure, do not argue, and be calm. Do not make fun of resident or pretend to see/hear hallucination. Redirect to other activities or thoughts.

Sundowning: Eliminate triggers, avoid stress, play soft music, set bedtime routine, plan calming activity, distract, eliminate caffeine, and encourage daily exercise. Give snacks or encourage rest. Give back massage.

Catastrophic reaction: Remove triggers; focus on soothing activity.

Depression: Report signs and symptoms to the nurse. Encourage independence and self-care, and encourage activity. Listen if resident wants to talk. Encourage social interaction.

Perseveration or repetitive phrasing: Respond with patience, do not stop behavior, and answer questions each time.

Violent behavior: Block blows, never hit back, step out of reach, call for help, and eliminate triggers.

Disruptiveness: Praise improved behavior, inform resident of changes in routine, encourage independence, and focus on positive activities.

Inappropriate social behavior: Do not take it personally, stay calm, and reassure resident. Try to find triggers and direct resident to a private area.

Inappropriate sexual behavior: Do not overreact, distract, and direct resident to a private area. Provide more appropriate physical stimulation.

Pillaging and hoarding: Label personal belongings and door to resident's room. Prepare the family but do not say the resident has been "stealing." Provide a rummage drawer.