

What comes before the behavior?

The next time your loved one exhibits a challenging behavior, take a minute to think back about what happened right before the behavior began. Did your husband start to get agitated when he heard you talking on the phone to your sister about him? Did your mother start trying to "go home" when all of the grandkids came to visit at once? These are what we call triggers. Try to minimize these triggers as much as possible. Make sure your husband can't hear you if you are on the phone, or try texting or emailing. If your mother gets agitated when all of the grandkids come over at once, try to have just one or two visit at a time.

Offer soothers

Just as certain things may trigger challenging behaviors, there are things that we can do that may soothe a person who is upset or engaging in an undesirable behavior. Figure out what things are calming and reassuring to your loved one. Maybe it is offering a warm cup of tea, looking at treasured photos, taking a walk or listening to music.

WE CARE

We hope these tips are useful as you cope with challenging behaviors. If you would like to discuss these issues further, please call the Care2Caregivers helpline. Our dedicated, professional staff members, who have also been family caregivers, are here to listen and guide you.



WHEN YOU CARE • WE ARE THERE

For more information:

Comprehensive Services on Aging (COPSA) has been providing compassionate and sensitive mental health care to the elderly since 1975. A team of Geriatric Psychiatrists, Social Workers and Case Managers are available to assist families with diagnosis and treatment. COPSA also provides training for professionals, family caregivers and the community on issues related to aging, memory and mental health. Care2Caregivers provides resources, referrals, information and supportive counseling to anyone caring for someone with memory loss. Call for help.

HELPLINE: 800.424.2494

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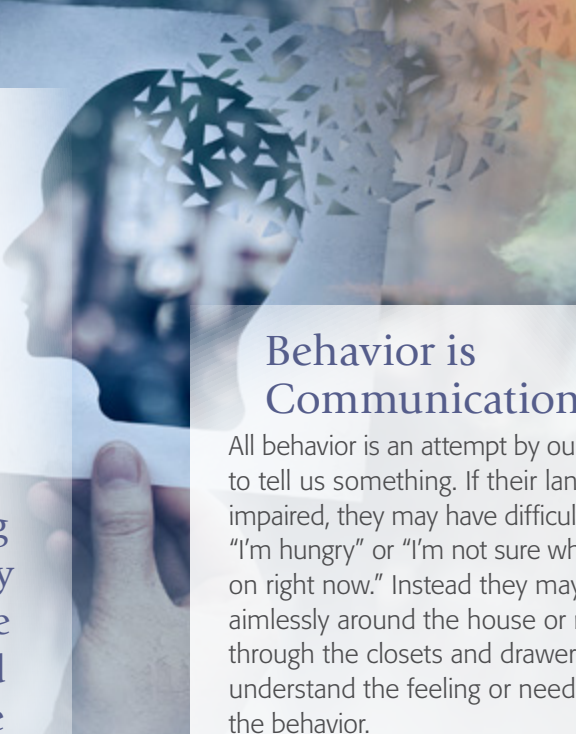
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DEALING WITH CHALLENGING BEHAVIORS





When a person has memory loss, there is the potential that they may develop behaviors that are challenging, such as wandering, repeating the same question or action, seeing or hearing things that are not there, or being confused about where they are and who the people are around them. Rest assured that many caregivers have struggled with these issues as well. Here are some tips to help you cope.

Behavior is Communication

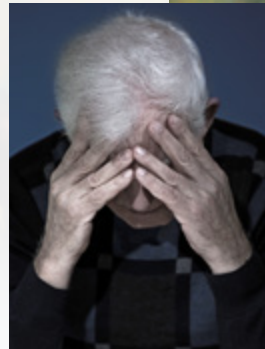
All behavior is an attempt by our loved one to tell us something. If their language is impaired, they may have difficulty saying, "I'm hungry" or "I'm not sure what is going on right now." Instead they may wander aimlessly around the house or rummage through the closets and drawers. Try to understand the feeling or need behind the behavior.

Wandering

Why do people wander? Maybe they need to use the bathroom but can't remember where it is. Maybe they are bored and in search of some meaningful activity. Maybe they are afraid and looking for someone or something to provide reassurance. Maybe they can't remember something that they know is important and they are looking for it. If your loved one is wandering, first make sure they have a safe place to walk where they will not get injured or lost. Try to incorporate more physical activity into the day to help them burn off energy. Structure some engaging seated activities to offer them a chance to rest. Check to make sure that their physical needs are met. Do they need to use the bathroom? Are they hungry or thirsty? Are they experiencing pain?

Hallucinations, Delusions, Paranoia

Hallucinations are when a person sees, hears, or smells something that is not there. Delusions are when a person believes something to be true that is not true; such as there are people living upstairs when there are not. Paranoia is when a person is afraid that someone or something is out to hurt them, or someone else. These are referred to as psychotic symptoms. A person with memory loss may, at some point, experience one or more of these psychotic symptoms. For some, they may be mild and may be easily dispelled through reassurance by their caregiver. For instance, a person may say they see small children playing in the yard when there are none. If the caregiver opens the door to tell the children to leave, then the person is reassured. Sometimes a person may have a more severe symptom, such as not eating because they are paranoid that the food is poisoned, or they are barricading themselves in a room out of fear. In these cases, medical intervention may be needed if they cannot easily be reassured. A doctor such as a Psychiatrist, Neurologist or Gerontologist should be consulted who may prescribe safe medications to alleviate the psychotic symptoms.



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ubhc.rutgers.edu/services/geriatric
www.Care2Caregivers.com

