



Dealing with responsive behaviors in persons with dementia during periods of confinement linked to the coronavirus

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In the current period of confinement, elderly individuals with cognitive disorders, who are particularly sensitive to changes in the environment, risk seeing their deficits increase sharply. Professionals, already under stress in normal times, are even more in demand and in some cases have to deal with an increase in “challenging behaviors” associated with neurodegenerative diseases. How then to cope with these behaviors? How to manage this crisis situation while trying to avoid worsening the situation and the exhaustion of everyone involved? It is these questions to which we would like to provide some possible answers.

The first thing we want to stress is that it is normal to see certain behaviors and certain psychological reactions exacerbated in the current context. To be convinced, one only has to look at the behaviors that have appeared in the general population since the start of confinement. We must, more than ever, avoid attributing these behaviors solely to neurodegenerative pathology and understand them in terms of human reactions that are *normal* in an exceptional, particular and anxiety-provoking situation for many of us. We also use the term “responsive behavior” to refer to these situations.

The responses to these behaviors can be considered in two steps, knowing that there is no “magic” response that is automatic or simple to use, even less now than in normal times. All interventions must be adjusted according to the situations, people and possibilities of different environments, which are also more limited than in normal times.

The first step is that of our response when a reactive behavior appears. It is a question of applying as much as possible of a traditional approach where we identify the cause of the behavior, and

then respond to this cause and not to the symptom. It is essential to avoid using automatic answers, typically pharmaceutical, which are often ineffective and lead to potentially dramatic human consequences. We do not need to make the current situation any worse.

Searching for causes of the behavior involves asking the question "*Why is this behavior happening?*" To help answer this question, it is important to listen first to what the person is saying. Their words will often be very informative: Do they understand what is happening now? Did they forget the information that was given to her? Are they lacking social contacts? Are they worrying about their family? Do they feel pain? etc. If the person is not speaking, observing non-verbal communication can be informative. It is also useful to note - quickly and simply - the context in which the behavior occurs (At what particular time? With whom?), and also in which the behavior does not appear that could help to understand what is happening with the person.



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The causes to be considered first are the usual causes of responsive behavior, but undoubtedly exacerbated in the context of confinement:

- The potential somatic and physical causes, above all, should not be ignored as they are a major factor in agitation and other behaviors. There is a risk that considering health emergencies and lack of staff, some physical needs will be overlooked, such as hydration for a person alone in their room. These should be investigated first, with a nursing or medical examination.
- The lack of understanding of the reasons for confinement or forgetting this information can also trigger anxiety, irritation, anger, attempts to leave one's room, etc.
- The lack of social contact is also prominent now, especially when social interactions may be limited to acts of care due to the lack of availability of overworked professionals. It includes, of course, lack of contact with family and relatives, and in some cases a complete lack of news from the family. Forgetting the few moments of contact can aggravate this feeling.
- Inactivity is also a major cause of responsive behaviors: sometimes because of boredom, sometimes because of a lack of physical activity which can cause pain, but also due to muscle deterioration which increases dependence.

- Disorientation, particularly temporal, can lead to inappropriate behavior or anxiety. It is all the more intensified by confinement when not much is happening and every day, every hour is alike (as all those who are stuck at home relate to).
- Exposure to negative and anxiety-provoking information, especially if the only source of stimulation is television, can also generate anxiety and depression.
- Finally, our attitudes, our gestures, and our words when interacting with vulnerable people are more than ever a major influence on their reactions, positive or negative.

At the second step, to deal with these causes, a number of strategies can be implemented,



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sometimes very simple and inexpensive. They can be proposed in response to a responsive behavior that appears, or be considered as a preventive measure and applied, to the best of everyone's ability, before the behaviors occur. This is for the good of the persons in care, but also for the professionals. Responding to a behavior will always take much more work than preventing it from happening.

- Maintain additional vigilance on physical needs, despite the obvious priority of managing the risks of coronavirus transmission, and anticipate the risks. For example, regarding increased risks of dehydration, one might install a carafe and glass of water in the person's room with a clearly visible and easy-to-read sign inviting the person to drink regularly. In this case, make sure (by asking her) that the display is clearly legible and understandable, and invite her to serve herself during confinement in the room in order to help increase fluid intake.
- For people with memory difficulties, use displays, cards or booklets in suitable formats (easy to read and understand, visually accessible to the person) explaining the reasons for the current measures, in particular those that seem difficult for the person (confinement in room, absence of visitors...), in a reassuring, clear and encouraging way.
- To promote contact with the outside world, there is no miracle recipe: Organize telephone or video communication as much as possible, for example with skype, but

not only those. Exchanging emails with photos will allow people with memory problems to keep track of interactions with relatives and to see that they have not been forgotten. Visits are now authorized in some places, while practicing safe social distancing. These visits have potential to be a moment of presence, joy and well-being, to be honored as much as possible by everyone.

- To address boredom, passivity and lack of activities, several strategies can be used. For example, the use of a trolley, or cart, for individual activities can be moved between residents in their rooms, similarly to the use of mobile libraries in hospitals. This cart could contain activities (always adapted to the capacities of the individuals) such as knitting, word search, music, puzzles, newspapers or books with text adapted to be readable, etc. It is most important here to offer choice to people and to let them decide what they want to do. Likewise, matching the options to people's preferences will always be more effective. In the same vein, small tasks useful to the community will bring motivation and pride, such as equipment to clean, napkins to fold, fruit to cut, coffee to grind, flowers to arrange, etc. In any case, remember to think carefully about hygiene measures and disinfection of the equipment used before and after the activity. And why not by the people themselves? Beyond an activity cart, when a caregiver leaves a room, he could offer an activity that can be easily done in the room rather than simply leaving the television on, which is a very passive activity, and which currently is likely to be broadcasting anxiety-provoking information.
- For temporal disorientation, ensure that the person has a readable, appropriate, and accurate display of the time and date in their room. Do not hesitate to ask him to read them when you are in the room.
- For physical activity, make arrangements with care partners or specialists to take short walks in the garden (or hallways, for communities that do not have an outdoor area), with one or two residents, taking care to respect social distances, of course. Offer some muscular stimulation exercises that can be practiced in the bedroom, even in a chair, to keep muscles active (movement of the legs, arms, wrists, hands).
- To address anxiety and depression, short breathing exercises, mindfulness, or relaxation exercises have proven benefits. Many suitable exercises can be found on the internet. Please note, these exercises are not suitable for everyone. It is important to offer them to those who want them or are open to these approaches.

- Finally, pay attention to what is conveyed in our attitudes and our words. It is more important than ever to adapt to people, to offer them an authentic presence, empathy and human warmth, to recognize their emotions without minimizing them, and to address them in appropriate language. In these times when everyone's mental strength is strained, professionals will also have to take care of themselves. Do not hesitate to call on the many mental health support services that are being set up, recognize the signs of exhaustion, and use the approaches that each person usually uses for relaxation and self-care. It is also in this way that professionals can take care of elderly people in need.

There are therefore no miracle recipes for coping with responsive behaviors in these challenging times: From observation, a search for triggering factors and actions that are realistic and applicable should be applied to best meet the needs of elderly people who are even more vulnerable today. It is by continuing to remind ourselves relentlessly that beyond the health emergency there are psycho-social needs which also must be met, that we can take care of everyone as well as possible.

Social networks are now overflowing with the sharing of ideas, initiatives and the creativity of professionals in nursing homes or at home, to continue to ensure the best possible well-being of those they support. In this regard, AG&D Montessori Lifestyle regularly makes available to everyone, via social networks, tools such as those mentioned in these lines to facilitate their implementation.

Note: Center for Applied Research in Dementia is translating the tools shared by AG&D Montessori Lifestyle from French to English, including this article. English-speakers interested in resources to ease the challenges of care during the coronavirus pandemic can find them at www.cen4ard.com.

