Managing Dementia Behaviors for a Higher Quality of Life

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By Deborah Bier, Ph.D.
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There is no doubt that there is great suffering in families when a member has dementia. The unpredictable behavior, extreme emotional displays, resistance to care, and failing mental abilities that frequently accompany dementia create lives of exhaustion, stress, and chaos for far too many people. In fact, behavioral issues in dementia are one of a few solid predictors for institutional placement (Hope, Keene, Gedling, Fairburn, & Jacoby, 1998). This fact has helped lead half of people living with dementia in high-income countries to now reside in facilities (Toot, Swinson, Devine, Challis, & Orrell, 2017).

However, dementia behaviors need not control a family’s life or result in a desperate placement in a facility (Toot et al., 2017). The behaviors that cause families to find managing care at home impossible can often be prevented, reduced, or even eliminated through specialized, low- or no-drug approaches (Livingston et al., 2014). These methods are not widely known, and are therefore not in broad practice. They are, however, fairly easy to learn and should be a part of every family’s or helping professional’s repertoire. Here is a thumbnail case study that demonstrates their potential.

Al’s children were out of patience and completely exhausted. He had Alzheimer’s disease, and was so agitated he’d pace around and around inside the house. By sundown, he’d get so worked up that he’d be screaming and crying out. He’d start throwing, ripping, and smashing objects within his arm’s reach. It was pandemonium, and Al’s family members were at their wit’s end. They’d tried everything they could think of, and they were out of ideas. They’d endured weeks of this behavior, and they couldn’t go on like this any longer.

For a few hours of respite care to give them a break, the family hired a caregiver trained in dementia care best practices. As they watched from afar, the family saw Al’s agitation diminish quickly as she cared for him. In a couple of hours, Al and the caregiver were chatting and laughing together, having a wonderful time. The destructiveness, agitation, and screaming were gone, and didn’t reappear the rest of the time the caregiver was present (Bier, 2018b).

The Dementia Two-Step
While such a swift turnaround of extreme dementia behavior can seem like magic, it often can be replicated once the “trick” has been decoded. There are several things this paid caregiver did correctly; two of these vital approaches will be discussed here. They have been dubbed “The Dementia Two-Step” by this author, to help learners remember to perform both parts, and to do them in order.

In social dancing, the two-step is traditionally a simple combination of movements between two
partners. But in the case of the Dementia Two-Step, the “dance” is in the back-and-forth interaction between the care partner and the person living with dementia. The Two-Step is performed before every interaction with a person living with dementia, resulting in numerous opportunities to practice and become proficient in this method.

**STEP ONE: LEAVE YOUR BAGGAGE**

The first step is called “Leave Your Baggage at the Door.” People living with many types of dementia, especially Alzheimer’s disease, can still successfully and accurately read the emotions of others (Boyle & Warren, 2017). Unguarded emotions displayed by care partners turn out to be a substantial trigger for dementia behaviors; it is as if the carer’s emotions are contagious and easily “caught” by the person living with dementia. Because people living with dementia can have poor emotional control, these “caught” emotions are typically displayed more vividly.

To “Leave Your Baggage at the Door,” the care partner spends a few seconds checking and adjusting her body language, facial expression, and the pitch and speed of her voice. Care partners are urged to bring into their interactions only the emotions they would like to see mirrored in the person living with dementia.

Contrast this to the emotions Al’s children likely were displaying when they interacted with him during this time of intense stress. Their tension and despair were naturally visible in their body movements, voices, faces, speech, and actions. As Al reacted with agitation to their disquiet, his children became even more upset, and in turn, so would he, forming a downward spiral that kept the situation ongoing and super-charged. If family members had controlled their emotional displays, it would have helped end Al’s dementia behaviors, or at the very least helped halt their escalation.

**STEP TWO: SPREAD SOME SWEETNESS**

The second step is called “Spread Some Sweetness.” This requires the care partner to spend a sweet, warm moment with the person living with dementia before any care tasks move forward. This brief connection could be as simple as sitting beside the person, giving a squeeze of the hand and a loving look. It can involve a brief sharing about a topic, story, or objects the care recipient enjoys, including about the family, hobbies, career, wildlife visible out the window, or music. There are no demands placed on the person with dementia, and there should be no sense of hurry coming from the care partner. Spreading Some Sweetness need not take more than a few minutes, and is often more brief than that.

No matter how confused they are, people living with dementia know the difference between being treated as valuable or as an obstacle to a care task that must be accomplished quickly (Boyle & Warren, 2017). They are naturally more open to receiving a care partner’s help when the familiar and trusting bond between them has just been renewed in the Two-Step. Enjoyment from Spread Some Sweetness tends to spill over into an increased willingness to accept the care that immediately follows. Spreading Some Sweetness requires the care partner to know enough about the likes and dislikes of the person living with dementia to ascertain that the sweetness spread will be to that person’s liking.

As already stated, the Dementia Two-Step should be used before every interaction or care task with a person living with dementia. There is another circumstance where the Two-Step should immediately be performed, and that is whenever the behavior of the person with dementia suddenly becomes an issue mid-interaction or during a care task. Sometimes, the thoughts of the care partner creep into that person’s consciousness, and the caregiver begins showing the kind of body language that can trigger dementia behaviors. Any resurgence of dementia behavior should act as a reminder to the care partner to start Two-Stepping again.

Pausing to perform the Dementia Two-Step can at first seem like an additional care burden. However, given that much dementia behavior can often be prevented or decreased in severity and frequency through proper use of the Dementia Two-Step, it can in actuality be a time saver. This calming method can also act to preserve the care partner’s wellbeing, encompassing both physical and mental health (National Family Caregivers, 2016), and time.

By practicing the Two Step consistently and well, in many cases numerous dementia behaviors will begin to simply drop away. As this is observed, people can more clearly understand that these dementia behaviors have been an expression of unhappiness, stress, lack of personal connection, and worry in the person living with dementia. The Two-Step, which is performed many times a day, can help fulfill some deep human needs such as warmth, inter-relationship, pleasure, sharing, and stimulation. As a result, certain dementia behaviors can melt away.

Behaviors that do not yield to the Dementia Two-Step can then be addressed by additional best-practice approaches. Although care partners should know these alternate techniques, they almost universally lack education regarding them. Some dementia behaviors may be complex enough to require extra
creativity on the part of the care partner. However, knowing that real improvement is possible encourages carers who have the required training to figure out the right interventions.

**Dementia Behavior-Handling Methods Must be Learned**

Best-practice methods for handling dementia behaviors are not necessarily intuitive, and some are the exact opposite of caring for someone with intact cognition. Humans are not born knowing these methods; they must be learned. However, in mainstream medicine, it is no one’s job to teach these skills. In fact, physicians, nurses, and other helping professionals are not typically aware of dementia behavior management approaches that don’t involve medications, and therefore cannot teach families these skills.

In addition to a few hours of training, further reinforcement is needed to learn these methods. Getting the process down pat involves a period of ongoing support, mentorship, and reinforcement by an experienced practitioner for best results (Livingston et al., 2014). Adequate training and mentorship can be equivalent to a full day of six to eight hours, but is better delivered over several days or weeks to permit practice, corrections, and the modeling of troubleshooting methods for difficult cases. It is only then that families and helping professionals are more self-sufficient when tackling any particularly stubborn dementia behaviors.

Even savvy caregivers who understand dementia behavior management can make errors performing (or not performing) the Two-Step. Since human beings by nature cannot be perfect care partners, they might forget to use the Two-Step at all, ironically at the pivotal moments it is needed most. These moments may occur because negative behavior has taken them by surprise, or their own personal needs have overwhelmed their ability to think through their interactions with others.

Additionally, upon learning the Two-Step care partners can feel immensely guilty for not having used the best-practice approach in the first place. For families of kind and loving intent, guilt may be especially strong. Learners of dementia behavior-handling methods need the type of support that will help release them from this self-flagellation stemming from ignorance, failure, and mistakes. This support should come from an experienced trainer or mentor, and goes a long way to help make better approaches habitual for care partners of all sorts.

One method of learning these skills can be found in the Dementia Behavior Bootcamp program created by the author (Bier, 2018a). There are a few additional organizations and individuals in the United States who provide training under different names and with differing credentials. Regardless of the source of this training, these skills provide hope that people living with dementia and their families can lead more peaceful, enjoyable, and higher-quality lives. Institutional settings become improved, too, when everyone who has resident contact uses these same methods for managing behaviors.

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**REFERENCES**


