

## Using Detective Skills with Challenging Behaviors

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As Alzheimer's disease (AD) progresses into the middle and late stages, persons with the disease are more likely to manifest what is commonly referred to as "difficult behaviors." There are many possible reasons for behaviors such as shouting, striking out, and other forms of agitation. These challenging behaviors need to be understood at two levels. First, they are symptoms of the disease like forgetfulness and disorientation and, therefore, should not be taken personally by you. Second, they are means of communication by the person with the disease. Such behaviors have meaning to the person with AD, no matter how senseless they may appear to us. It is essential for you to try to understand the meaning behind the actions.

It is best to begin by assessing all potential triggers. By asking why, who, where, and what occurred prior to these behaviors, you may uncover some reasons. It often takes the skill of a detective to figure out the cause or causes. At the same time, you may also identify ways to minimize or eliminate the roots of this troubling behavior.

There are many things that cause temporary worsening of behavior among persons with AD. They can occur alone or in combination. The three main ones include environmental stress, physical stress, and the unrealistic approaches of other people.

A noisy environment filled with competing sights, sounds, and people can disturb anyone, but someone with AD may be prone to more confusion due to the inability to filter out the stimuli. For example, trips to a busy shopping mall or family reunions at holidays can be overwhelming if precautions are not taken to minimize the amount of stimulation. On the

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other hand, if there is little or no stimulation, the person with AD may suffer from boredom and act out frustration. Also, new and unfamiliar situations can test the person with AD beyond the limits of adaptation. Finding the right balance of activities is often a matter of trial and error. A calm and consistent routine is usually preferred.

Physical problems may also trigger undesirable behaviors. The person with AD may be unable to articulate his or her discomfort in rational terms. Ask yourself: Is the person perhaps ill, in pain, or having a bad reaction to a medication? Common ailments such as a urinary tract infection, constipation, toothache, or the flu can take a big toll. Make sure these possibilities are checked out. Fatigue should also be considered, as a person with AD will get worn out more easily now than in the past. Much activity late in the day when the person may already be tired can often trigger a negative reaction. To combat fatigue, short activities and periods of rest should be considered.

Challenging behaviors often stem from the unrealistic demands that other people place upon the person with AD to think and act in traditional ways. Others may not fully understand the person's deficits and expect memory, language, and reasoning abilities to be "normal." For example, the pace of most conversations can be too fast for someone with AD to fully comprehend. If a slower pace and calm tone are not used in communication, then the person may feel confused and frustrated. When the demands of others exceed the person's capacity to function, a negative response can seem reasonable to the person being overwhelmed. Asking the person with AD to perform tasks involving a series of steps, such as a bath or shower, can be particularly stressful from his or her perspective. Asking the person to "try harder" can result in feelings of anger, embarrassment, and lowered self-esteem. Knowing one's particular capabilities and limits will lessen the risk of such unpleasant reactions. Compensating for deficits and encouraging the use of remaining abilities will enable the person with AD to feel a part of daily life.

Sometimes there may not appear to be a plausible explanation for the behavior of someone with AD. It may be helpful to enlist the advice of others to figure out the best approach. An objective outsider may be able to shed light on the matter. A physician should also be consulted if these efforts do not prove successful.

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The following books may be useful in showing you how to be a better detective so that difficult behaviors associated with AD can be minimized or prevented:

- *Your Name is Hughes Hannibal Shanks: A Caregiver's Guide to Alzheimer's* by Lela Knox Shanks (Available from Chapter Office).
- *The 36-Hour Day* by Nancy Mace & Peter Rabins (Available from Chapter Office).
- *The Best Friends Approach to Alzheimer's Care* by Virginia Bell & David Troxler (Baltimore: Health Professions Press, 1997, also available through Chapter Lending Library).
- *Coping with Communications Challenges in Alzheimer's Disease* by Marie Rau (San Diego: Singular Publishing Group, 1993).

- Courtesy of the Greater Chicagoland Chapter