

# Penn

UNIVERSITY *of* PENNSYLVANIA

Penn Memory Center welcomes you to  
*Caring for the Caregiver:*  
people caring for so

# Questions? Contact:

Felicia Greenfield, LCSW

Executive Director, Penn Memory Center

[felicia.greenfield@pennmedicine.upenn.edu](mailto:felicia.greenfield@pennmedicine.upenn.edu)

# Caring for the Caregiver: Week 4

## **Managing Behavioral Symptoms**

*Understanding the ABC chain and becoming a behavioral detective*

# Behavior Changes

When a person's dementia progresses, you might see some of the following changes in their behavior:

- Asking the same question or telling the same story repeatedly
- Following you around the house
- Wandering or pacing
- Rummaging
- Resisting activities of daily living, like bathing, grooming, or eating
- Passive behaviors, like withdrawal

# Defining and describing a behavior

## A behavior is:

- An action
- Observable to the senses
- Something we want to increase or decrease
- Measurable

## A behavior is NOT:

- Within the control of a person with dementia
- Something you can assume or infer
- An emotion



What's your motivation for changing behavior?

- Safety?
- Frustration?
- Fear?
- Sadness?
- Denial?

# Activity

Now take a few moments to respond to the questions below. If your relative does not have any behaviors you'd like to manage, think about your own behavior.

What are the top 3 behaviors your relative does that upset you?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Out of these 3 behaviors, which one causes you the most stress?

\_\_\_\_\_

\_\_\_\_\_



# Ruling out Medical Problems

Before trying to change behaviors, it's important to make sure they're not related to medical problems. Common medical problems that can affect behavior include:

1. Illness or medical conditions – pain associated with constipation, hunger, UTI may not be communicated verbally and come out in behaviors.
2. Medication side effects (appetite, sleep patterns, GI distress)
3. Sensory impairments (visual or hearing impairment)

**Note**: contact the doctor if there is a sudden change in functioning/behavior



# Become a behavioral detective



**There's a reason for every behavior.**

Loss of language to communicate effectively

Boredom and unable to initiate activity



**Some common causes for difficult behaviors:**

To gain attention

To increase sensory stimulation

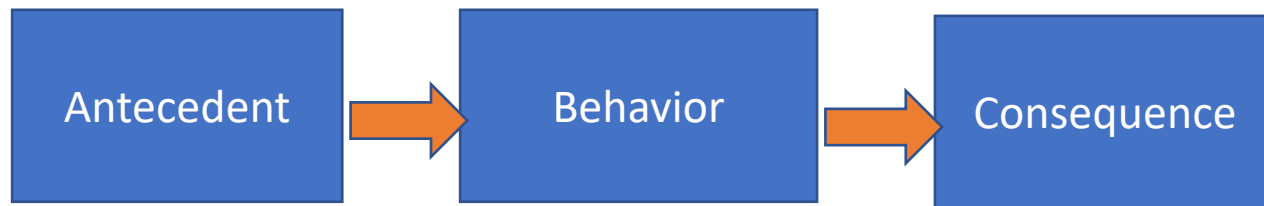
To obtain access to objects

To escape or avoid something unpleasant

To respond to an internal emotional state (fear, anger) or physical state (hunger, fatigue)

# The ABC Chain

---

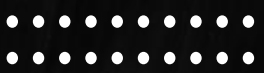


- Now we will analyze the context of an unwanted behavior.
- We will look at what comes before the behavior (the antecedent), the behavior itself, and what follows the behavior (consequence).

# Antecedent (A)

- Antecedents (A) – what happens before the behavior
- Examples of common antecedents:
  - A demand is placed on someone
  - Things outside of our control, such as time of day
  - Problematic communication between PWD and caregiver
  - A life transition or major event
  - Cues and triggers specific to the PWD that cause a desire to act





Behavior (B)

**B**E**H**A**V**I**O**R

This is what the person does in response to the antecedent

# Consequence (C)

- Consequences (C) – reactions that happen after the behavior
  - Changing what you do in response to a behavior can contribute to changing a future behavior
  - However, a person with memory problems may have difficulty learning new information, which also means difficulty understanding action and reaction, as well as “right and wrong.”
  - You can control how you reward positive behavior

# Detective work to determine triggers



- Who is around before or during the behavior?
- Where does the behavior occur?
- What time of day does the behavior occur?
- Is there a time when the behavior does *not* occur?
- What have you tried so far to manage the behavior?

# Practice example

Every morning at 8 AM, Jim gets the car keys from the hook near the door and tells his wife Sue, “I’m going for a drive!” Sue reminds him that he no longer has a license, and he responds by yelling “I don’t know what you’re talking about!” He spends the next hour pacing by the door, muttering and getting increasingly anxious, while Sue occasionally pops by to say, “I don’t know why you’re behaving this way – it won’t change anything.”



Activity:  
Complete the  
A-B-C chart to  
analyze a  
behavior you  
would like to  
change

<sup>o</sup>  
Day/time    People present    Environmental triggers    Antecedent    Behavior    Consequences

# Ideas for soothing anxiety & agitation



- Music therapy
- A weighted blanket
- Aromatherapy
- Something to touch
- Gentle touch
- Deep breathing
- Virtual reality



# Relaxation Exercise

---

## **Relaxation Exercise: The power of music**

- Choose a piece of music you find relaxing.
- Simply sit quietly and appreciate the music.
- Try to pick out one instrument or vocal part and track it throughout the song.
- Focus on the lyrics – what thoughts and feelings do they bring up for you?
- Use your deep breathing method to breathe in and out with the rhythm of the music.

# Homework

Homework trackers can be found in the website under Week 2. If you need help locating them, email me at [felicia.greenfield@pennmedicine.upenn.edu](mailto:felicia.greenfield@pennmedicine.upenn.edu)

- + ●
  -
1. Complete Weekly Mood Tracker – record daily mood for each day this week
  2. Practice your signal breath and rate stress level before and after your practice once a day.
  3. Practice the 20 Breaths exercise once a day.
  4. Complete 2 different 6-Column Thought Records this week.
  5. Evaluate your ongoing communication style.
  6. Practice at least one 20-minute body scan.
  7. Listen to a piece of music at least 3 times this week and document how it makes you feel.