Clues, Causes & Care to Consider

for Responsive Behaviours

November 2025

Behavioural Supports Ontario
Soutien en cas des troubles du comportement en Ontario

Table of Contents

Clues, Causes & Care to Consider

for Responsive Behaviours

We want to hear from you!

Your feedback is important to us. Please take a moment to share your thoughts on *Clues, Causes & Care to Consider for Responsive Behaviours*

Thank you for your time and support!

Contact Information

Behavioural Supports Ontario Provincial Coordinating Office
North Bay Regional Health Centre
provincialBSO@nbrhc.on.ca
1-855-276-6313
brainXchange.ca/BSO

Copyright & Permissions

Suggested Citation

Behavioural Supports Ontario Provincial Coordinating Office. (2025). Clues, Causes & Care to Consider for Responsive Behaviours. Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

Design

Original artwork designed for this resource was created by Liisa Sorsa from ThinkLink Graphics.
Visual layout by Ashley Gordon from AEG Designs.

Acknowledgements

Contributors

The Behavioural Supports Ontario (BSO) Practice Standards and Toolkit Working Group, the BSO Knowledge to Practice Community of Practice (CoP), the BSO Sexual Expression and Dementia Working Group, and other BSO team members from across the province compiled content including possible contributing factors and suggested non-pharmacological strategies based on clinical experience and available evidence.

A special thank-you to the BSO Knowledge to Practice CoP leadership (Dawn Robinson*, Emily Piraino*, and Heleni Singh*), Holly Donkers* (Master of Social Work student), and Dr. Rosemarie Mangiardi who helped to advance the resource. We also wish to thank members of the BSO-DOS© Advisory for their input, as well as the following working group members from the BSO Knowledge to Practice CoP: Mandeep Bhullar, Ingrid Carlin, Karen Choe, Simonne Cumberbatch, Angela Lamb, Emily Little, Lindsay Makarewicz and Megan Mcgrorey. Lead collaborators from the BSO Provincial Coordinating Office include Debbie Hewitt Colborne, Em Thielking, and Courtney Stasiuk-Mohr. We extend our thanks to Pieces Canada for their partnership in this project, and their ongoing collaboration with BSO, which continues to generate meaningful tools and resources. We acknowledge all contributors' time and expertise. **Contributions made during the tenure of noted role*

Permissions

Permissions Continued...

Advanced Gerontological Education (AGE) Inc. has provided permission for the inclusion of Gentle Persuasive Approaches® (GPA®) principles, approaches, and techniques within this resource. AGE is a not-for-profit social enterprise committed to enhancing the care and well-being of older adults through evidence-informed education across healthcare sectors. GPA® is AGE's evidence-informed dementia education program designed to equip care partners with safe and respectful person-centred strategies to understand, prevent, and de-escalate responsive behaviours.

Partners

Specific approaches and techniques included in this resource are from ***Behavioural Supports 5 STaR Programs: Specialized Training and Resources***, a collection of training programs dedicated to delivering the best possible care for older adults living with dementia, complex mental health, substance use, and other neurological conditions, using a comprehensive and interdisciplinary approach.

Clues, Causes & Care to Consider for Responsive Behaviours does not teach these approaches and techniques, but rather encourages their meaningful use. As it does not replace these trainings, those that have not yet completed them are encouraged to do so.

Background

Responsive behaviours or personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions can be best understood as forms of meaningful communication, often due to unmet needs.[1–3] Non-pharmacological interventions should be the first-line approach in responding.[1–4] Behavioural assessment is required to determine the cause(s) of behaviours/expressions, and to identify personalized and therapeutic approaches and strategies.[3,4]

A comprehensive behavioural assessment includes:

- collecting valuable personhood information using a tool such as **My Personhood Summary©**;[4,5]
- collecting behavioural information using tools such as the **Behavioural Supports Ontario-Dementia Observation System (BSO-DOS©)**;[3]
- assessing holistically using other evidence based tools (see **Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation**);[3,4]
- collaborating with the person, family care partners and clinical team members;[3] and
- considering both positive and negative outcomes of past approaches.

Throughout a comprehensive behavioural assessment, this resource can act as a reference when considering what might be contributing to an individual's responsive behaviour(s)/personal expression(s), what non-pharmacological (e.g., psychosocial, environmental, and relational) strategies to consider to prevent the behaviour(s)/expression(s), and responding in the moment. The lists of possible contributing factors and supportive strategies provided are not all-encompassing, nor meant to be prescriptive. Decisions regarding contributing factors and corresponding approaches should be informed by a comprehensive behavioural assessment, tailored to the individual and care setting, and regularly evaluated for effectiveness.[4,6]

To promote consistency in language, the categorization of behavioural expressions within this resource aligns with the Observed Behaviours legend and colour coding in the Behavioural Supports Ontario-Dementia Observation System (BSO-DOS©). Some of the specific BSO-DOS© behaviours are grouped where there are common contributing factors and strategies. The PIECES™ acronym, which reflects the different domains of the person, is used to ensure a holistic approach when considering possible contributing factors, and is a familiar model to clinical team members.[7] A list of preventative strategies to consider are provided that correspond to the possible contributing factors, followed by approaches when responding in the moment.

In addition to providing possible contributing factors and approaches for specific behaviours, there is a final section dedicated to supporting a person expressing responsive behaviours during personal care. Distress during personal care is very common among people living with dementia and often leads to responsive behaviours.[8] The personal care section provides suggestions related to planning in advance of care, as well as approaches during care. This section is meant to complement the earlier sections regarding the specific behaviours that are being expressed.

Vocal Expressions (Repetitive)

Asking Questions, Repeating Words, or Requests

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia, pseudobulbar affect).[4,10,69]
- Effects of medications.[10,70]
- Pain or discomfort.[4,10–12,71] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10,71]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or using one word or a simple phrase repetitively to express themselves.
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping a repetitive phrase or question.
- Altered perceptions: Misinterpretation of the environment and visual distortions (e.g., clothing on a chair, pole lamps or other objects as people, misperceiving tv screen as people/activities in the room).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Disinhibition due to frontal lobe damage.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24]
- **Modify the physical environment to reduce distress or confusion** (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Provide the answer to the question in written form** that the person can reference (e.g., "Lunch is at 12:30" or "Your wife is coming tonight").
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., eating an apple or carrot, sucking a lollipop, chewing gum). Ensure the approach is not a choking risk.
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

EMOTIONAL

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour.[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Create a list of tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy or speech language pathology** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom), and asking questions as a way to engage with others. Repetitive questions may lead to avoidance from others which exacerbates feelings of loneliness.
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school) and asking questions for reassurance.
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., seeing a table set for a meal, and repetitively asking "Can I have a coffee?").

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when they are waiting in the dinning room, provide them with meaningful engagement while waiting, or bring them just before the meal is served).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., asking "Can I take your order?" or "What are the plans today?").[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Forgetting if an important person has visited, or concerned for their well-being.
- Imitating behaviours observed in others within the immediate environment (e.g., after being said 'hello' to, the person repeats 'hello' multiple times).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person tof spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Lily, you sound worried").[5,22,26,29]
- **Empathize with their expressed distress**, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Lily, I am here to help you").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Calmly provide answers to the questions** as if it is the first time that you are being asked.
- **Use a prepared script** that all team members have access to. This helps responses to be consistent, person-centred, and avoids confusion (e.g., "Lily, there is a soup and sandwich for lunch today").
- **Provide the answer to the question in written form** that the person can reference (e.g., "Lunch is at 12:30" or "Your wife is coming tonight").
- **Rephrase the question back to the individual**, making conversation, the individual may know the answer to their questions and/or hearing the information back can be reassuring (e.g., "Lily, are you wondering when lunch will be?").[5]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.

Responding in the Moment Continued...

- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm). Assess the nature of the request - is the person seeking specific information, assistance with a task, or desire to connect with others? Support the identified need.
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - Try using a different answer that connects more with emotional needs, supports understanding, or helps shift attention.
  - Direct attention toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the behaviour persists or the distress escalates into expressing behaviours of higher risk: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Vocal Expressions (Repetitive)

Crying, Grunting, Humming, Moaning, or Sighing

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia, pseudobulbar affect).[4,10,69]
- Effects of medications.[10,70]
- Pain or discomfort.[4,10–12,71] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10,71]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions (**e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or vocalizing as an attempt to communicate verbally.
- Apraxia: Difficulty sequencing tasks.
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping a sound or expression that they have started.
- Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception), or misinterpreting objects in the environment (e.g., misinterpreting scenes on television as occurring in the room).
- Anosognosia: Lack of awareness of their condition, behaviour, or its impacts.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24]
- **Modify the physical environment to reduce distress or confusion** (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Offer alternative methods for communication** (e.g., call bell, communication board) to support expression and autonomy.[10]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., eating an apple or carrot, sucking a lollipop, chewing gum). Ensure the approach is not a choking risk.
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

See strategies and approaches for personal care on page 139-140.

EMOTIONAL

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression).[71] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour.[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12,71]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Emotional lability or pseudobulbar affect.[69]
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request for comfort or companionship, instructions are unclear, too many questions at once).[40]
- Boredom or lack of meaningful engagement.[4,6,10,70,71]
- Reverting to familiar, previously learned, lifelong skills (e.g., humming to oneself when concentrating).
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair).
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy or speech language pathology** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom) prompting self-soothing behaviours.
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., seeing and hearing a child on TV, and humming to them).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).[72]
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., preferred music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when they are waiting in the dinning room, provide them with meaningful engagement while waiting, or bring them just before the meal is served).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., humming to soothe a child).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., a female distressed at a male PSW providing personal care).
- Distress when others are in their personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

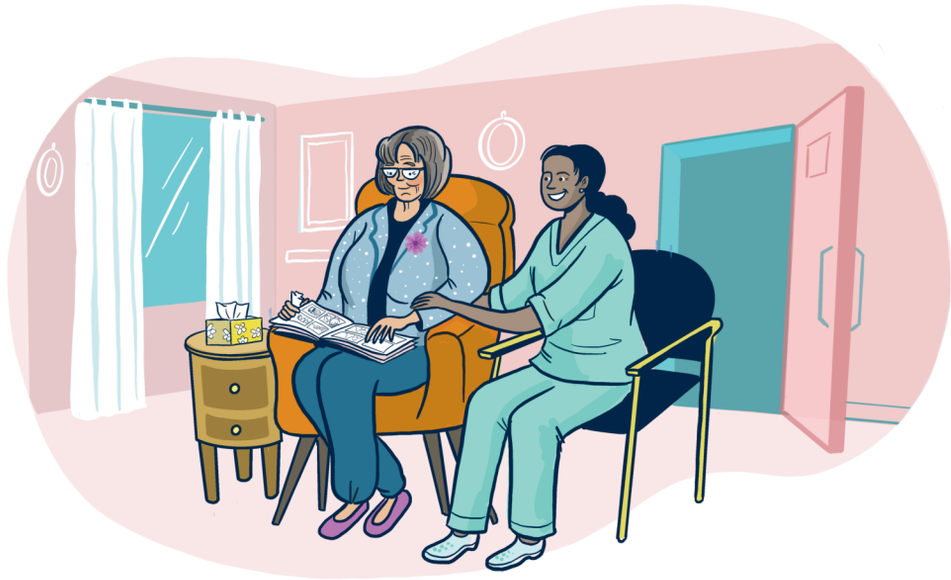
Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Maria, you look upset" or "Himari, you look tired").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Maria, you are safe with me").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]

Responding in the Moment Continued...

- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the behaviour persists or the distress escalates into expressing behaviours of higher risk: Stop what you are doing, Think about why this could be happening, Observe for any clues as to potential causes, and Plan a new approach.[5]



See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Banging or Rattling

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia).[4,10]
- Effects of medications.[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions (**e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

INTELLECTUAL

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or repetitively banging or rattling as an attempt to communicate.
- Apraxia: Difficulty sequencing tasks.
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Experiencing perseveration leading to difficulty stopping an action that they have started.
- Altered perceptions: Misinterpretation of the environment and visual distortions (e.g., clothing on a chair, pole lamps or other objects as people, misperceiving tv screen as people/activities in the room).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Disinhibition due to frontal lobe damage.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24]
- **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Use distraction techniques, verbal and physical redirection, and meaningful engagement** to help keep hands occupied and redirect focus.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket or apron, drumsticks on a soft surface like a pillow).
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

EMOTIONAL

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour.[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Reverting to familiar, previously learned, or lifelong skills (e.g., someone who was a cleaner their entire life is now rubbing on surfaces to find meaningful engagement).
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy or physical therapy** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., hearing music and wanting to engage with it).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when they are waiting in the dinning room, provide them with meaningful engagement while waiting, or bring them just before the meal is served).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., a drummer, a carpenter that regularly used a hammer).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Imitating behaviours observed in others within the immediate environment (e.g., seeing someone wiping a table with a cloth, the person imitates them).
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., banging on the table during meals, expressing distress in needing receiving feeding assistance, due to cultural values of strength and independence).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53] Moving to music may provide meaning to the movement.
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61] Rocking the doll may give the movement purpose.
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

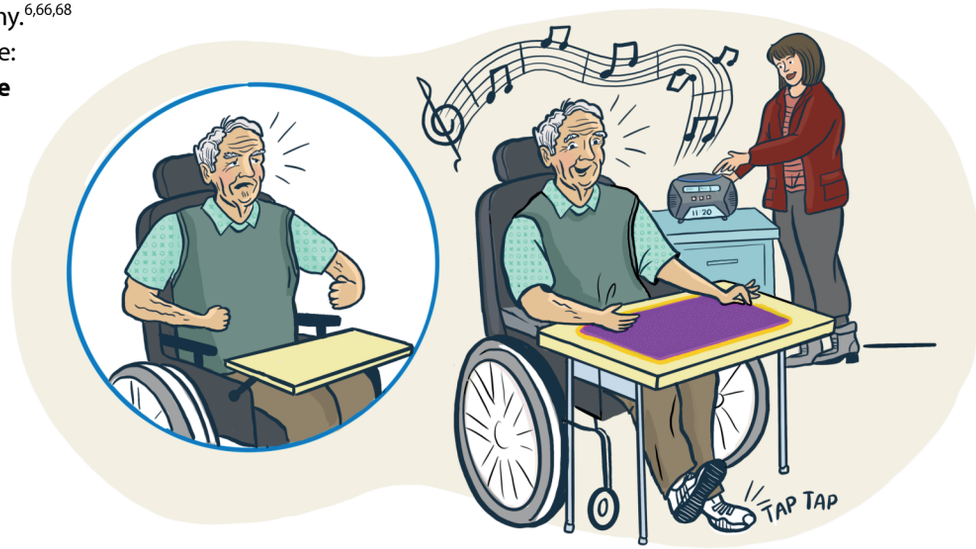
Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions,** using brief, clear, and warm statements (e.g., "Angelo, you look frustrated").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Emmanuel, you are safe here").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.

Responding in the Moment Continued...

- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Offer substitutes** that reduces the risks or environmental impacts of the behaviour (e.g., placing a padded tablecloth or sensory cushion on the table that the person is tapping, reducing the noise created).
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Provide the person something to hold**, such as a doll or robotic pet based on their personhood.[4,36,60–62]
  - **Play preferred music** to provide comfort or to bring meaning to the banging or rattling.[53]
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140.



Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Collecting or Rummaging

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, cerebrovascular accident, dementia, obsessive compulsive disorder).[4,10]
- Effects of medications.[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., searching for a clean brief or change of clothes).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold)

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music)..[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information such as items they currently possess (e.g., unknowingly gathering multiple of the same items, leaving items on nightstand to remember they exist).[73]
- Agnosia: Misinterpretation of objects or their intended use, or inability to distinguish between useful and unuseful items (e.g., what should be kept or thrown away).
- Apathy: Low motivation and problem solving skills,[73] inability to withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping an activity that they have started.
- Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception) or delusions (e.g., a belief that someone is stealing items), prompting them to collect extras and hide them.
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Frontal lobe damage that leads to impaired judgement or impulsive behaviour.[73,74]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Use signage or written or verbal cues** to provide reassurance to the cause of the collecting (e.g., "My daughter has more Kleenex at home if I run out,""I can ask the nurse for a snack when I am hungry").
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Reassure the person** that they are safe and that they have everything they need.
- **Use validation techniques** to help the person look for missing items.[22]
- **Provide lower-risk opportunities** to engage in behaviour, such as strategically leaving out items the person seeks, so that they are not entering others' spaces.
- **Provide a substitute** if there are common themes in what the person is looking for (e.g., if they are searching for a wallet or driver's license, put together a wallet with paper cards and play money).
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Use distraction techniques, verbal and physical redirection, and meaningful engagement** to help keep hands occupied and redirect focus.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket or apron, rummage box).
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., institutional feel of the environment may lead to feelings of fear or scarcity).

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., belief there is limited food).[12,75]
- Emotional distress, including a sense of loss, fear (of losing items), stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes the need to save food for a family member).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses (e.g., living through famine, war, or times where finances were challenging and it was important to keep possessions).[4,10,32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request items they feel they need).[40]
- Boredom or lack of meaningful engagement.[4,6,10,75]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Explore the purpose of the behaviour** (e.g., the person is trying to clean, looking for particular items) and provide an alternative way to meet the unmet need, reducing distress.
- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Refer to occupation therapy** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., thinking that they are at home and everything in the environment belongs to them, all available objects are safe to use).
- Visually seeing unattended items and engaging (e.g., linen carts, meal trays).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., gathering cluttered items that need to be 'cleaned up').

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **De-clutter** to make it easier for the person to find what they are looking for.
- **Place items not in use** in cupboards and drawers to discourage access.
- **Use cabinet locks** on cupboards with items that pose a risk.
- **Use visual barriers** (e.g., camouflage doors, stop signs, wander strips) at entrances to rooms or areas that pose risk.[76]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs in the evenings, engage the person in a meaningful activity during this time).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., collected things, valued saving or reusing items, discomfort in discarding things, was a housekeeper).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3,6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Provide access to safe, familiar objects** to collect.
- **Duplicate items or create a safe spot** for items they frequently look for (e.g., have back-up wallets, keep non-perishable snacks in the same place that the person can access freely).
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

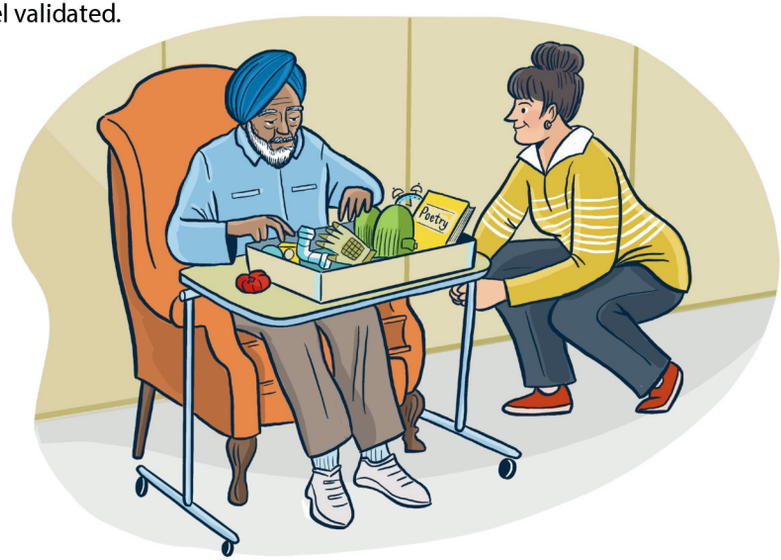
Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Apply the GPA® Gentle Redirection Techniques** when immediate physical redirection is necessary due to significant risk (e.g., the person is about to drink from collected cleaning product).[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Make appropriate eye contact** and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Mr. Singh, you look busy," "Ada, you look worried").[5,22,26,29] Empathize with their expressed distress.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Mr. Singh, you are safe with me").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., rubbing your stomach and gesturing to your mouth to ask if they are hungry and looking for food).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.

Responding in the Moment Continued...

- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Offer to help them look** if they are looking for a lost object. Distract and redirect once they feel validated.
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Offer comforting or familiar items** based on personhood and their identified unmet need (e.g., a wallet if they are searching for theirs, a picture, note, or video from the loved one they are searching for).
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]



- **Remove items that pose risk** (e.g., decaying food, used toilet paper). Approaches include:
  - **Substitute; don't subtract.** Trade the unsafe object for something safer (e.g., exchanging decaying food for fresh).
  - **Offer a meaningful reason** to part with items (e.g., donating to a charity, the towels need to be washed).
  - **Remove items** while the person is not in the room.
- **Use a harm reduction strategies** to adapt the behaviour, reducing risk (e.g., encouraging items to be collected onto a table, rather than onto the floor, reducing the falls risk).
- **Identify usual hiding places** and periodically check these places to assess for unsafe items.[75]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Disrobing

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia [e.g., frontotemporal dementia]).[4,10]
- Effects of medications (e.g., rashes, restlessness).[10]
- Skin irritation.
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Fatigue or insufficient sleep.
- Sensory impairments (e.g., hearing loss, reduced vision).
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids), as well as skin irritation. Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Remove irritants from clothing** (e.g., tag, seam, rough fabrics, harsh detergents) and hydrate skin using creams or lotions.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Promote restful sleep** by encouraging physical activity (e.g., gentle exercise, walking), maintaining predictable bedtime routines (e.g., tea, soft music), incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Support personal and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).
- **Promote dignity in shared spaces** by providing adaptive clothing (e.g., overalls or pants without front fasteners, one piece outfits, clothing that opens at the back) to reduce ease of removal while maintaining the person's comfort and agency.[77–79]

Possible Contributing Factors or Unmet Needs

- Aphasia: Difficulty communicate a need (e.g., feeling too hot, needing to go to the washroom).
- Apraxia: Difficulty sequencing tasks and movements, therefore proceeding beyond their desired purpose (e.g., lower pants and underwear to go to the washroom, but keeps going and removes pants and underwear).
- Agnosia: Difficulty recognizing people, leading to mistaking the identity or intentions of people in the space (e.g., misidentifying a spouse or partner, misread social cues and personal care interactions).
- Attention deficits: Perseveration leading to difficulty stopping an action that they have started (e.g., removing a sweater because they feel hot and then removing shirt and bra).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Frontal lobe damage that leads to impaired judgement or impulsive behaviour.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage to find washroom or bedroom room).[19,21,23,24]
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Provide a picture of person's partner** to help the person distinguish between their partner and care team members.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket or apron, drumsticks on a soft surface like a pillow).
- **Place cues in the person's environment to remind them where they are**, especially when in common or shared spaces. Consider positioning them in a direction where they can see others in the room, not relying on peripheral vision.

Possible Contributing Factors or Unmet Needs

- Hallucinations or delusions that effect perception or behaviour (e.g., feeling of bugs crawling on skin).[12]
- Difficulty expressing feelings or articulating needs.
- Dislikes the clothes, or believes they belong to someone else.

Remember these are clues to consider!

Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Assess** if clothing is contributing to the situation and address as needed.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

Possible Contributing Factors or Unmet Needs

- Mismatch between abilities and the environment (e.g., the person is too hot and they remove their shirt).
- Communication exceeds abilities (e.g., unable to verbalize their need to urinate, the person removes their pants in an attempt to communicate their need for assistance).[40]
- Boredom or lack of meaningful engagement.[4,6,10]
- Confusing night with day, and undressing to prepare for bed.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Refer to occupation therapy or physical therapy** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, or feeling lost within the space (e.g., unable to find their bedroom or washroom).
- Overstimulation (e.g., clothes tag poking them, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Clothing that is not suitable for the environment.
- Room temperature is too hot or it's very sunny, which provides a strong visual cue.
- Lack of privacy due to communal living in care settings, leading to disrobing occurring in public spaces.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., seeing a bed and believing it's time to undress or prepare for sleep).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Encourage appropriate clothing** for the weather, environment, and activity level (e.g., short sleeves for a person who is regularly walking. Remove unsuitable clothing from closet to avoid use.
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies to ease distress** (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Promote privacy** by guiding the person to their room during likely times of disrobing and explore private room options.
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., remove a specific item of clothing from wardrobe if disrobing it is frequent, have a blanket nearby if the behaviour tends to occur in a lounge area, close blinds to large, sunny windows if the individual tends to disrobe when too warm).
- **Adjust the person's seating when in common spaces** to cue them that they are in an environment with others (e.g., ensure others are within sight).
- **Ensure adequate lighting** when in common spaces to cue the person that they are in an environment with others.
- **Reduce visual cues** associated with disrobing (e.g., keep washroom the door closed).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., a previous labourer who changed in a locker room prior to work).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Lifestyle preference (e.g., never wore many clothes).
- Imitating behaviours observed in others within the immediate environment (e.g., seeing someone remove a sweater, the person removes their shirt, thinking it is time to change).
- Preparing to engage in sexual acts or to use the washroom.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

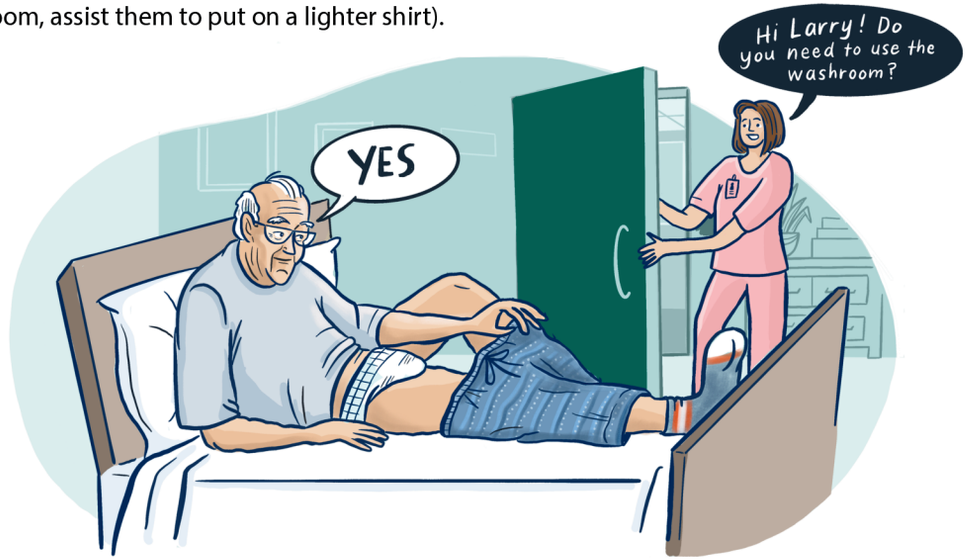
Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Promote the person's dignity through strategies that offer privacy**, such as:
  - **Close any doors** that will provide privacy.
  - **Pull a privacy curtain**, if available.
  - **Gently cover any exposed areas** with a towel or blanket.
  - **Cue or assist the person into a private space** (e.g., washroom or bedroom). This may include using hand gestures to motion them to join you or pushing their wheelchair.
  - **Ask others to leave the area.**
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Mr. Dulka, you look uncomfortable,""Nic, you look like you are too hot").[5,22,26,29] Empathize with their expressed distress.[26]
- **Reassure the person that they are safe and cared for** (e.g., "Mr. Dulka, I am here to help you").
- **Avoid responses that may embarrass or shame the person.** Refrain from calling attention to errors.
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.

Responding in the Moment Continued...

- **Explore the underlying need** using simple, non-judgemental language (e.g., "Nic, are you too hot?" or "Larry, do you need to use the washroom?"). Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Never argue with the person**, nor use confrontational language, instead acknowledge the action (e.g., "I see you are removing your shirt") and await their response.
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Assist the person to meet their unmet need** (e.g., help the person to the washroom, assist them to put on a lighter shirt).
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]



Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Entering Others' Spaces or Trying to Leave

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia).[4,10]
- Effects of medications.[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep - the person could be looking for a place to sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support personal and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities (e.g., searching for a washroom, looking for loved ones or possessions).
- Aphasia: Difficulty communicating (expressing or understanding), and attempting to meet an unmet need.
- Agnosia: Fear from not recognizing objects or people in the environment.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Difficulty focusing, leading to entering other's spaces in search of stimulation, perseveration leading to difficulty stopping an action that they have started.
- Altered perceptions: Misinterpretation of the environment (e.g., objects, surrounding activities) affecting judgement and heightening motor expressions.
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts (e.g., not understanding care team's concerns about the risks of exiting).
- Frontal lobe damage that leads to impaired judgement or impulsive behaviour.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage to find washroom or bedroom).[19,21,23,24]
- **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Reassure the person** that they are safe and that they are in the right place.
- **Offer opportunity to rest and consider creating rest stations** throughout the environment (e.g., a bench at the end of each hallway, an chair with items related to their personhood nearby).[19]
- **Use signage or written or verbal cues** to provide reassurance to the cause of the wanting to leave (e.g., "My parents know I am here" "My neighbour is watching the kids tonight").
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Provide a substitute** if there are common themes in what the person is looking for (e.g., if they are searching for a wallet or driver's license, put together a wallet with paper cards and play money).
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket or apron, drumsticks on a soft surface like a pillow).

EMOTIONAL

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., hearing an overhead page requesting them to go somewhere, smelling smoke).[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress (e.g., "Your kids and husband know that you are here and safe. They care very much about you").[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living. This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Communication exceeds abilities (e.g., unable to read name signs on doors).[40]
- Reverting to familiar, previously learned, or lifelong skills (e.g., trying to get to the grocery store or bank to pay a bill).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Explore the purpose of the behaviour** and provide an alternative way to meet the unmet need, reducing distress (e.g., setting up a mechanism to 'pay the bill' at the team station).
- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language to promote understanding** (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Refer to occupation therapy or physical therapy** for additional recommended strategies.
- **Incorporate elements** of previous routines to create familiarity.

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their bedroom or washroom), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces, and attempting to access.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Curiosity about the environment or seeing something in the environment with which they wish to engage with (e.g., patterns on wallpaper).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people), prompting trying to find a more comfortable environment.
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., seeing the sun start to set, and thinking it is time to walk the dog).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Distinguish rooms from each other** (e.g., different coloured doors, signs with personhood-based imagery) to promote orientation.
- **De-clutter** to make it easier for the person to find what they are looking for.
- **Use visual barriers** (e.g., camouflage doors, stop signs, wander strips, patterns on the floor) at exit doors, rooms where their entry is unwanted, or areas that poses risk.[76,80–82]
- **Create natural places to stop or rest** (e.g., a bench at the end of each hallway, an chair with items related to their personhood nearby).[19]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Provide opportunities to safely leave the area**, such as a supervised walk to a different area, or a car ride.
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies to ease distress** (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure the person has access to private space.**
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs in the evenings, engage the person in a meaningful activity during this time).
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., trying to get to work, regularly exercised, was a security guard who roamed a property).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs. The person may be searching for them.
- Imitating behaviours observed in others within the immediate environment (e.g., seeing a care team member go through a doorway, the person follows).
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., having been raised in a culture in which elders are typically cared for by family members, the person enters others' rooms trying to locate a familiar face for assistance).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play favourite television shows** to provide comfort, entertainment, and to encourage the person to sit and rest.
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Allow person to fulfil their urge to move, as exercise is important for wholistic wellbeing including sleep, mood, and socialization.[20,21,39]

Use technology to alert the care team if the person enters a space that poses risk (e.g., door alarms, GPS technology, cameras).[83]

Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Apply the GPA® Gentle Redirection Techniques** when immediate physical redirection is necessary due to significant risk (e.g., leaving a building and entering a busy street, the person has entered another person's space who is reacting with physical expressions of risk).[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Candice, you look like you trying to go somewhere").[5,22,26,29] Offer to join them, empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Ali, you are safe here").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.

Responding in the Moment Continued...

- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm). Asking where they are going as this provide insight into the purpose of their behaviour.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear ("e.g., You can't find your room? I can see why you are upset!").[19,29]
- **Gently redirect the person** to a new space if they are in an area of concern (e.g., drawing their attention to something in the hallway). Do not attempt to orient them to their error.
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Offer comforting or familiar items** (e.g., a wallet if they are searching for theirs, a picture,
    note, or video from the loved one they are searching for).
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Provide the person something to hold**, such as a doll or robotic pet based on their personhood.[4,36,60–62]
  - **Play favourite television shows** to provide comfort, entertainment, and to encourage the person to sit and rest.
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]

- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Fidgeting

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia, Parkinson's disease).[4,10]
- Effects of medications.[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions (**e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

INTELLECTUAL

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need.
- Apraxia: Attempting to initiate a movement.
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping an action that they have started.
- Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception), or misinterpreting objects in the environment (e.g., upsetting scenes on television misinterpreted as happening in the room).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Disinhibition due to frontal lobe damage.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Cover items that are distracting** (e.g., ties, seatbelt) with other sensory items (e.g., a weighted lap pad, robotic pet, fidget blanket).
- **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24]
- **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies to support understanding** (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Use distraction techniques**, verbal and physical redirection, and meaningful engagement to occupy hands and redirect focus.
- **Offer stimulation in another manner** where there is risk (e.g., fidget blanket or apron, rather than fidgeting with a seatbelt).
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., attempting to pick up or move things that are not there).[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the persons individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 143-144.

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Reverting to familiar, previously learned, or lifelong skills (e.g., someone who is very active finding it difficult to sit still).
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy or speech language pathology** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).[30,33]
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom), prompting self-soothing behaviours.
- Curious about the environment or seeing something in the environment with which they wish to engage with (e.g., a strap on their wheelchair).
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., a person who often knits while watching TV, fiddling with their hands in the TV lounge).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when they are waiting in the dinning room, provide them with meaningful engagement while waiting, or bring them just before the meal is served).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., was someone who worked with their hands like a seamstress or woodworker).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Imitating behaviours observed in others within the immediate environment (e.g., upon seeing someone knitting, the person moves their hands similarly, remembering a favourite pastime).
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., a person socialized to be independent may be uncomfortable receiving assistance, and expressing this through fidgeting).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play favourite television shows** to provide comfort, entertainment, and to encourage the person to sit and rest.
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions,** using brief, clear, and warm statements (e.g., "Carlos, you look worried," "Madame Lavigne, you look like you are too hot").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Carlos, you are safe here").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65.] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]

Responding in the Moment Continued...

- **Aim to reduce risk associated with fidgeting, or distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Replace fidget items that pose a risk with less risky objects** (e.g., replacing a sharp object with a fidget blanket).
  - **Provide the person something to hold**, such as a doll or robotic pet based on their personhood.[4,36,60–62]
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Replace fidget items that pose a risk with less risky objects** (e.g., replacing a sharp object with a fidget blanket).
  - **Provide the person something to hold**, such as a doll or robotic pet based on their personhood.[4,36,60–62]
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Grinding Teeth

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, frontotemporal dementia, Parkinson's disease, stroke).[4,10,84]
- Effects of medications (e.g., chronic antipsychotic use).[10,85,86]
- Occlusal (the contact between teeth) irregularities.
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision, unaware of grinding teeth).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Conduct a dental assessment** to assess for any dental abnormalities, and treat as needed. Offer them a mouth guard, considering the person's ability to independently remove it from their mouth due to its choking risk.[87,88]
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).[87]
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Offer soft foods** that are not difficult to eat.
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need.
- Apraxia: Difficulty sequencing tasks (e.g., biting down prior to bringing food to mouth).
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping an action that they have started.
- Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception), or misinterpreting objects in the environment (e.g., upsetting scenes on television misinterpreted as happening in the room).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Disinhibition due to frontal lobe damage.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24]
- **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., eating an apple or carrot, sucking a lollipop, chewing gum). Ensure the approach is not a choking risk.
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression).[89] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour.[12,90]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12,89,91]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).[89]
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy, physical therapy, or speech language pathology** for additional recommended strategies.[4]
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).[30,31]
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom), prompting self-soothing behaviours.
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when waking the person, allow the person wake on their own).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., anxiety that they need to meet their children about to get off the bus or that their husband doesn't know where they are).[26,55,89]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., uncomfortable with having anyone but their spouse seeing them unrobed, the person grinds their teeth in response to a team member assisting with a bath).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Freda, you look worried").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Amani, you are safe here").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.

Responding in the Moment Continued...

- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Provide the person something to hold**, such as a doll or robotic pet based on their personhood.[4,36,60–62]
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - Offer choices. Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Offer food to chew as an alternative to grinding teeth** (e.g., eating an apple or carrot, sucking a lollipop, chewing gum). Ensure the approach is not a choking risk.
- **Offer them a customized mouth guard**, considering the person's ability to independently remove it from their mouth due to its potential choking risk.[87,88]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Pacing

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia, Huntington's disease).[4,10]
- Effects of medications (e.g., akathisia).[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions (**e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs.
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding).
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping an action that they have started.
- Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception), or misinterpreting objects in the environment (e.g., upsetting scenes on television misinterpreted as happening in the room).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Disinhibition due to frontal lobe damage.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage to find washroom or bedroom).[19,21,23,24]
- **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Reassure the person** that they are safe and that they are in the right place.
- **Offer opportunity to rest and consider creating rest stations** throughout the environment (e.g., a bench at the end of each hallway, an chair with items related to their personhood nearby).[19]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket or apron, drumsticks on a soft surface like a pillow).
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

EMOTIONAL

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., belief that others are chasing them).[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request for comfort companionship, instructions are unclear, too many questions at once).[40]
- Reverting to familiar, previously learned, or lifelong skills (e.g., previously worked in a role that required a lot of walking).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Refer to occupation therapy or physical therapy** for additional recommended strategies.
- **Incorporate elements** of previous routines to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their bedroom or washroom), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).[30,31]
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Curiosity about the environment or seeing something in the environment with which they wish to engage with (e.g., patterns on wallpaper).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people), prompting trying to find a more comfortable environment.
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., a person who used to take the dog for a walk before breakfast, now pacing in the mornings).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Distinguish rooms from each other** (e.g., different colour doors, signs with personhood-based imagery) to promote orientation.
- **Create natural places to stop or rest** (e.g., a bench at the end of each hallway, an chair with items related to their personhood nearby).[19]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Provide opportunities to safely leave the area**, such as a supervised walk to a different area or a car ride.
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure the person has access to private space.**
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs in the evening, engage the person in a meaningful activity during this time).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., regularly exercised, had a physical job or worked outdoors, was a security guard who roamed a property).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs. The person may be searching for them.
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play favourite television shows** to provide comfort, entertainment, and to encourage the person to sit and rest.
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Allow person to fulfil their urge to move, as exercise is important for wholistic wellbeing including sleep, mood, and socialization.[20,21]

Provide a space to pace that is free from hazards.

Use technology to alert the care team if the person enters a space that poses risk (e.g., door alarms, GPS technology, cameras).[83]

Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Apply the GPA® Gentle Redirection Techniques** when immediate physical redirection is necessary due to significant risk (e.g., the person has entered another person's space who is reacting with physical expressions of risk).[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Marla, you look like you trying to go somewhere").[5,22,26,29] Offer to join them, empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Felix, you are safe here").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm). Asking where they are going as this provide insight into the purpose of their behaviour.
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.

Responding in the Moment Continued...

- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear ("e.g., You can't find your room? I can see why you are upset!").[19,29]
- **Gently redirect the person** to a new space if they are in an area of concern (e.g., drawing their attention to something in another room). Do not attempt to orient them to their error.
- **Promote rest or a slower pace**, by:
  - **Offering rest periods** (e.g., asking the person to join you on the couch) and creating rest stations throughout the environment (e.g., a chair at the end of each hallway).[19]
  - **Using a "pace and lead" approach** if speed of walking is a concern. Walk alongside the person matching their pace, then gradually slow down. Their pace will often follow yours.
  - **Trialing headphones with music** to decrease restlessness and slow down pacing.[51]
- **Ensure the person's physical needs are met while they pace**, such as:
  - **Offer finger foods and hydration** "on the go" for those unable to sit for long periods of time.
  - **Encourage washroom breaks.**
- **Distract, redirect, and promote rest** based on personhood and the person's identified unmet needs, such as:
  - **Offer comforting or familiar items** (e.g., a wallet if they are searching for theirs, a picture, note, or video from the loved one they are searching for).
  - **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
  - **Provide a warm or weighted lap blanket** (refer to guidelines on use of weighted blankets).[64]
  - **Provide the person something to hold**, such as a doll or robotic pet based on their personhood.[4,36,60–62]
  - **Play favourite television shows** to provide comfort, entertainment, and to encourage the person to sit and rest.
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Motor Expressions (Repetitive)

Rocking

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia, autism spectrum disorders).[4,10]
- Effects of medications (e.g., akathisia).[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information leading to challenges in finding their way in the environment, or concern about loved ones and responsibilities.
- Aphasia: Distress related to difficulty communicating (expressing or understanding), and attempting to express an unmet need.
- Apraxia: Attempting to initiate a movement (e.g., standing up).
- Agnosia: Fear from not recognizing objects or their intended use.
- Apathy: Unable to initiate or withdraw from activities without external support.
- Attention deficits: Perseveration leading to difficulty stopping an action that they have started.
- Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception), or misinterpreting objects in the environment (e.g., upsetting scenes on television misinterpreted as happening in the room).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Disinhibition due to frontal lobe damage.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the persons individual need's and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24]
- **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark).
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Use distraction techniques**, verbal and physical redirection, and meaningful engagement to help keep hands occupied and redirect focus.
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket or apron, drumsticks on a soft surface like a pillow).
- **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., belief that others are trying to hurt them).[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Need for comfort and engaging in self-soothing.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Offer physical touch** when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,29,33,35]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Reverting to familiar, previously learned, or lifelong skills (e.g., rocking a child).
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair), attempting to transfer self (e.g., from sitting to standing with poor motor function).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy or physical therapy** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).[30,31]
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom), prompting self-soothing behaviours.
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school).
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., hearing a baby cry on the TV, and rocking to soothe it).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide equipment and a safe location to rock** (e.g., an auto-lock gliding chair, sensory chair).
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when they are waiting in the dinning room, provide them with meaningful engagement while waiting, or bring them just before the meal is served).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., rocking children to sleep).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Imitating behaviours observed in others within the immediate environment (e.g., seeing someone rocking on a rocking chair, the person rocks their torso back-and-forwards to match).
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., valuing having emotional connection with caregivers, the person rocks to express discomfort upon being assisted by someone they do not know).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53] Moving to music may provide meaning to the rocking.
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61] Rocking the doll may give the movement purpose.
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.
Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

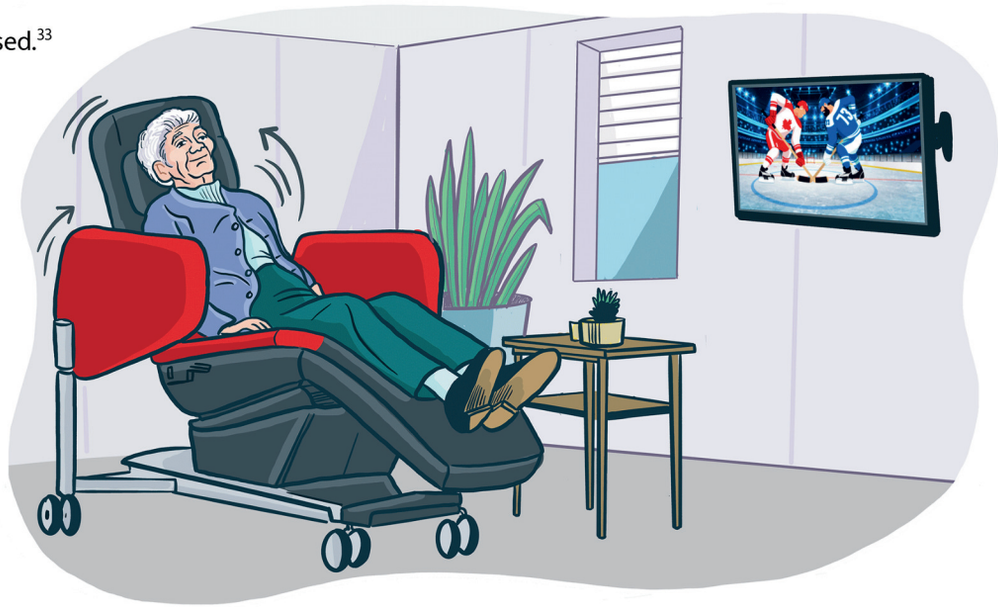
Recognize the behaviour as an expression of an unmet need.
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.
If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Allan, you look like you are worried").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Allan, you are safe with me").
- **Provide comfort and reassurance**, offering physical touch when appropriate and welcomed by the person (e.g., hand massage, hand holding, hug).[4,66,67]
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]

Responding in the Moment Continued...

- **Provide the person something to hold**, such as a doll or robotic pet based on their personhood. Rocking the may give the movement purpose.[4,36,60–62]
- **Encourage the use of equipment that provides safe opportunities to rock** (e.g., an auto-lock gliding chair, sensory chair).
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]



See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Sexual Expressions of Risk

Sexual Comments, Questions, Requests, Threats, or Gestures

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Not all sexual or intimate behaviours pose risk. Sexuality and intimacy are integral to health, well-being, and quality of life. Learn more through the Supporting the Sexual Health of People with Dementia program.

This resource focuses on sexual expressions of risk.

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., infections [fungal, bacterial, sexually transmitted]; rectal, prostate or scrotal abnormalities; malignancy; genital injury, dementia [frontotemporal]).[4,92]
- Substance or alcohol use contributing to disinhibition.[77,78]
- Sexual dysfunction (e.g., unable to achieve or maintain an erection).[92]
- Effects of medications, particularly psychotropics, (e.g., trazadone [linked to rare cases of sexual disinhibition], benzodiazepines), dopamine agonists, androgens).[10,77]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product).[10]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss and reduced eye sight).[4,93]
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical, psychiatric, substance use or sexual disfunction causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10,77]
- **Conduct targeted assessments** including a physical exam of the genitals to identify and address medical conditions that may be contributing to the person's behaviour (e.g., urinary tract infections or faecal impaction).[77]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents [dopaminergics], opioids, androgens). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.[77]
- **Identify and remove objects** that are being interpreted as sexual devices or being used for unsafe sexual pleasure. Offer safe alternatives (e.g., sexual health devices).
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]

See strategies and approaches for personal care on page 139-140.

INTELLECTUAL

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information (e.g., unsure who or where their partner is, whether they are in a monogamous relationship).
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need. Explicit language may be retained after other language is lost (e.g., using explicit language in substitute for missing words).
- Agnosia: Difficulty recognizing people, leading to mistaking the identity or intentions of people in the space (e.g., misidentifying a spouse or partner, mistaking a care provider removing the person's shirt as foreplay).[78]
- Altered perceptions: Misinterpreting gestures or actions (e.g., perceiving hands in pockets as a sexual advance).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Frontal lobe damage that leads to impaired judgement or impulsive behaviour.[93]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and orientation cues** (e.g., a picture of person's partner to help the person distinguish between their partner and care team members, wearing a wedding ring to identify you are not a potential sexual partner, a note saying "Your wife Annie will visit you today after lunch").
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction. **Wear scrubs** or other visual cues (e.g., stethoscope) to assist person to associate provision of personal care within a healthcare environment.
- **Consider switching care providers** if the expressions occur with providers of a specific gender, or work in pairs during times when expressions are likely to occur.[78]
- **If the person and their partner live apart, establish a visitation schedule** and remind the person that their partner or spouse is visiting on the days that there are scheduled visits.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Use distraction techniques, verbal and physical redirection, and meaningful engagement** to redirect focus.[77,78]
- **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions.
- **Identify and remove environmental factors** that may lead to misperceptions (e.g., a TV show playing in the common room that shows sexual content).
- **Place cues in the person's environment to remind them where they are**, especially when in common or shared spaces. Consider positioning them in a direction where they can see others in the room, not relying on peripheral vision.

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., loss of inhibitions during a state of euphoria, feelings of sadness or loneliness). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that affect perception or behaviour (e.g., belief that care team members are sex workers).[12,77]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12,78]
- Difficulty expressing feelings or articulating emotional needs.
- Difficulty adjusting to changes (e.g., being away from partner), Relocation Stress Syndrome.[30,31]
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Emotional reactions to personal care (e.g., misinterpreting the nature of the interaction).[77]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Validate emotions and express empathy** in response to the distress , and if possible, offer an approach that addresses the unmet need (e.g., "I'm sorry that you're missing Tom. I am your nurse so I can't cuddle with you. Would you like a warm blanket to keep your bed warm?").[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]
- **Incorporate opportunities for meaningful physical touch** in the person's day.

See strategies and approaches for personal care on page 139-140.

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Communication exceeds abilities (e.g., using explicit language in substitute for missing words).[40]
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Loss of autonomy, reduced choice, or a desire for greater independence.
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Boredom or lack of meaningful engagement.[4,6,10]
- Change in self-awareness (e.g., reduced insight into behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the persons individual need's and context.

Preventative Approaches and Strategies to Consider

- **Have a discussion with the person about their sexual health, sexual behaviour, and intimacy needs; develop and implement an action plan** that takes the person's capabilities into account.[94]
- **Use the PLISSIT model** to respectfully explore sexual and intimacy needs:[95]
  - **Permission (P)** - Ask open-ended questions (e.g., "Can we talk about…?").
  - **Limited Information (LI)** – Share basic information and validate feelings about their sexual and intimacy needs and concerns (e.g., "You can't ask the people who work here to sleep with you. But, your sexual health is important so we want to find ways to help you").
  - **Specific Suggestions (SS)** – Offer actionable steps using clear language (e.g., "Should we ask your wife to visit you in the evening so you can spend time cuddling in bed?").
  - **Intensive Therapy (IT)** – Consider interventions based on a PIECES assessment and other elements of their personhood.
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs. Refer to sexual assistive devices and sexually explicit material using terms that are familiar to the person such as "vibrator" or "porno magazine".
- **Provide opportunities for privacy** to support sexual and intimacy needs. If possible, consider moving person to a private room.[77] If not, establish opportunities for private time by engaging the roommate in another space.
- **Identify ways** that the person can meet their sexual health needs independently.
- **Provide items to support sexual health** (e.g., additional pillows for positioning, large dolls or puppets, tablet and headphones, assistive sexual devices [e.g., vibrator, erection pump], sex-related material, and pornography [e.g., literature, films]).[78,93,96]
- **Refer to occupation therapy** for additional recommended strategies, including exploration of equipment that can be used to support positioning for sexual acts.
- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Incorporate elements of previous routines** to create familiarity.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs

- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., unaware of the nature of the care setting).[97]
- Change in routine (e.g., couple previously stayed in bed in the morning to engage in sexual acts but now have healthcare providers in their room first thing in the morning to wake them up and get ready for the day).
- Lack of privacy to engage in self-pleasure or in sexual acts with consenting partners.[10,96]
- Environmental cues prompting past routines (e.g., night time routines with partners, being in a bathtub).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., a picture of their partner).
- **Maintain a consistent daily routine or schedule** that enables the person to meet their sexual health needs.
- **Adjust stimulation levels** to meet the person's needs:
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Knock and introduce yourself before entering** a room. Wait for acknowledgement to promote dignity and respect.
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when waking the person, allow the person wake on their own).
- **Adjust the person's seating when in common spaces** to cue them that they are in an environment with others (e.g., ensure others are within sight).
- **Ensure adequate lighting when in common spaces** to cue the person that they are in an environment with others.

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns, or habits, which may continue to influence behaviour in later life (e.g., the person frequently catcalled, made sexual jokes, flirtatious, had many sexual partners, was an exotic dancer, engaging in 'locker room talk' that was common in their workplace, but viewed as offensive by others in the current environment).[26,55,93]
- Absence of specific loved ones (e.g., spouse, pet) or changes in relationships which may contribute to feelings of loneliness or unmet intimacy needs.[78]
- Imitating behaviours observed in others within the immediate environment (e.g., when a care team member assists them in changing their clothes, the person attempts to lift the team member's shirt off as well).
- Influence of cultural and social norms regarding care, gender roles, sexuality, or relationships with caregivers (e.g., a person misinterprets a person of the opposite gender assisting them in personal care as a sexual advance).
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood (e.g., using explicit language in substitute for missing words).[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the persons individual need's and context.

Preventative Approaches and Strategies to Consider

- **Encourage involvement from intimate partners**, and create opportunities for private time together.
- **Establish a plan** to enable couples' privacy during visits.
- Collect biographical information using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61,98]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]
- **Make it evident that the organization values and respects 2SLGTBQ+ relationships** in policies, forms and brochures. Acknowledge and celebrate 2SLGBTQ+ in activities, media, and celebration of holidays (e.g., Pride Month).
- **Re-orient the person** to their environment and the people in it.
- **Consider relocating the person or co-resident**, if it is determined that the co-resident is a contributing factor to the sexual expressions of risk and no other strategies have proven effective.[77]

Responding in the Moment

Use the Stop-Watch-Intervene-Stabalize Approach:[92]

STOP

As soon as the person expresses a sexual behaviour of risk:

- **Take a step back** and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Pause and take a deep breath.** This allows for a calm and focused response.
- **Be aware of your own responses and limitations.** It is not uncommon to have an emotional reaction when a sexual expression of risk is directed at you. Use your own personal strategies to stay calm and professional in the moment. Recognize that the person's behaviour may reflect a long-standing communication style or an expression of underlying distress. If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

WATCH

- **Observe the behaviour**, the setting, and others in the space.
- **Assess the level of risk** using this information. Is the behaviour causing harm the person or others in the environment? This will inform the urgency and type of response required.
- **Recognize the behaviour as an expression of an unmet need.** Ask yourself: What is the person trying to communicate?

INTERVENE

- **If little or no risk is identified, the behaviour may not warrant intervention.**[5,7] In such instances, intervention may not be necessary, and you can focus on monitoring the situation and initiating a comprehensive behavioural assessment.
- If an intervention is needed:
  - **Ask or assist others to leave the area** to reduce overstimulation, risk of harm, and to promote dignity.
  - **Stand at the edge of their personal space** and use the GPA® Reassurance Position to promote safety, comfort and respectful boundaries.[5]
  - **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
  - **If the person has insight, gently explain the potential impact or harm of behaviours in a non-punitive manner** (e.g., "Lotti, I am a personal support worker and here to help you get dressed. Your comments about my breasts are upsetting me.").[78]
  - **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Lotti, I know you're lonely and miss your wife, but I am here to help you as your personal support worker. Would you like to video call Susan?").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
  - **Avoid responses that may embarrass or shame the person.**
  - **Ask the person** what is upsetting them or what they need in a slow, calm tone of voice.

Responding in the Moment Continued...

- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., point at the toilet while asking if they need to 'go poop').
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Assist the person to meet their unmet need** (e.g., help the person to the washroom).

STABILIZE

After addressing any immediate risks, focus on stabilizing the situation;

- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
  - **Avoid touching the person** as they are displaying expressions of risk.
  - **Reassure the person** that they are safe and cared for (e.g., "Lotti, I am here to help you").
- **Provide reassurance and support** to the person and those involved to help them feel secure.
- **Take any further steps necessary to protect the safety and well-being** of the person and others in the immediate environment.

Use the GPA® Stop® and Go© principle if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

To learn more about how to respond to people living with dementia's sexual expressions of risk, and how healthcare providers further supported Lotti, complete modules 2 and 3 of the Supporting the Sexual Health of People with Dementia program, *How to Engage Long-Term Care Residents in Conversations about Sexual Health* and *Assessing* and *Responding to Sexual Expressions of Risk*.

See strategies and approaches for personal care on page 139-140

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Sexual Expressions of Risk

Exposing Genitals or Self-Pleasuring in Others' Presence

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Not all sexual or intimate behaviours pose risk. Sexuality and intimacy are integral to health, well-being, and quality of life. Learn more through the Supporting the Sexual Health of People with Dementia program.

This resource focuses on sexual expressions of risk.

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., infections [fungal, bacterial, sexually transmitted]; rectal, prostate or scrotal abnormalities; malignancy; genital injury, dementia [frontotemporal]).[4,92]
- Substance or alcohol use contributing to disinhibition.[77,78]
- Sexual dysfunction.[92]
- Effects of medications, particularly psychotropics, (e.g., trazadone [linked to rare cases of sexual disinhibition], benzodiazepines), dopamine agonists, androgens).[10,77]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product).[10]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss and reduced eye sight).[4,93]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical, psychiatric, substance use or sexual disfunction causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10,77]
- **Conduct targeted assessments** including a physical exam of the genitals to identify and address medical conditions that may be contributing to the person's behaviour (e.g., urinary tract infections or faecal impaction).[77]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents [dopaminergics], opioids, androgens). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.[77]
- **Identify and remove objects** that are being interpreted as sexual devices or being used for unsafe sexual pleasure. Offer safe alternatives (e.g., sexual health devices).
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Promote restful sleep** by encouraging physical activity (e.g., gentle exercise, walking), maintaining predictable bedtime routines (e.g., tea, soft music), incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room).[12,17–19]
- **Enhance sensory input by improving lighting** (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Remove irritants from clothing** (e.g., tag, seam, rough fabrics, harsh detergents) and hydrate skin using creams or lotions.
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).
- **Promote dignity in shared spaces** by providing adaptive clothing (e.g., overalls or pants without front fasteners, one piece outfits, clothing that opens at the back) to reduce ease of removal while maintaining the person's comfort and agency.[77–79]

See strategies and approaches for personal care on page 139-140.

INTELLECTUAL

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information (e.g., unsure who or where their partner is, whether they are in a monogamous relationship).
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need (e.g., unable to verbalize their need to urinate, the person grabs their genitals in an attempt to communicate their need for assistance).
- Agnosia: Difficulty recognizing people, leading to mistaking the identity or intentions of people in the space (e.g., misidentifying a spouse or partner, mistaking a care provider removing the person's shirt as foreplay, misread social cues and personal care interactions, misinterpreting items as having sexual purposes).[78]
- Attention Deficits: Perseveration leading to difficulty stopping an action that they have started (e.g., person engages in self-pleasure for prolonged periods, unable to shift attention despite attempts to distract or stop them).
- Altered perceptions: Misinterpretation of the environment (e.g., objects, surrounding activities) affecting judgement and heightening motor expressions.
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Frontal lobe damage that leads to impaired judgement or impulsive behaviour.[93]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and orientation cues** (e.g., a picture of person's partner to help the person distinguish between their partner and care team members, wearing a wedding ring to identify you are not a potential sexual partner, a note saying "Your wife Annie will visit you today after lunch").[19,21,23,24]
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction. **Wear scrubs** or other visual cues (e.g., stethoscope) to assist person to associate provision of personal care within a healthcare environment.
- **Consider switching care providers** if the expressions occur with providers of a specific gender, or work in pairs during times when expressions are likely to occur.[78]
- **If the person and their partner live apart**, **establish a visitation schedule** and remind the person that their partner or spouse is visiting on the days that there are scheduled visits.
- **Redirect** the person to a private space to carry out sexual activities.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modelling, gestures, physical guidance).[10,26]
- **Use distraction techniques, verbal and physical redirection, and meaningful engagement** to help keep hands occupied and redirect focus.[77,78]
- **Offer stimulation in another manner** if the behaviour is related to perseveration (e.g., fidget blanket/apron, or meaningful object or activity to keep hands occupied).
- **Identify and remove environmental factors** that may lead to misperceptions (e.g., a TV show playing in the common room that shows sexual content).
- **Place cues in the person's environment to remind them where they are**, especially when in common or shared spaces. Consider positioning them in a direction where they can see others in the room, not relying on peripheral vision.

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., loss of inhibitions during a state of euphoria, feelings of sadness or loneliness). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that affect perception or behaviour (e.g., belief that care team members are sex workers).[12,77]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12,78]
- Difficulty expressing feelings or articulating emotional needs.
- Difficulty adjusting to changes (e.g., being away from partner), Relocation Stress Syndrome.[30,31]
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Need for comfort and engaging in self-soothing, or seeking comfort in response to feelings of insecurity or loss of control.
- Emotional reactions to personal care (e.g., misinterpreting the nature of the interaction).[77]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Validate emotions and express empathy** in response to the distress, and if possible, offer an approach that addresses the unmet need (e.g., "I can see you're wanting some privacy. Would you like to go back to your room?").[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]
- **Incorporate opportunities for meaningful physical touch** in the person's day.

See strategies and approaches for personal care on page 139-140.

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Communication exceeds abilities (e.g., unable to verbalize their need to urinate, the person grabs their genitals in an attempt to communicate their need for assistance).[40]
- Mismatch between abilities and the environment (e.g., unable to ambulate independently to a private space).
- Loss of autonomy, reduced choice, or a desire for greater independence.
- Boredom or lack of meaningful engagement.[4,6,10]
- Change in self-awareness (e.g., reduced insight into behaviours or location).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Have a discussion with the person about their sexual health, sexual behaviour, and intimacy needs; develop and implement an action plan** that takes the person's capabilities into account.[94]
- **Use the PLISSIT model** to respectfully explore sexual and intimacy needs:[95]
  - **Permission (P)** - Ask open-ended questions (e.g., "Can we talk about…?").
  - **Limited Information (LI)** – Share basic information and validate feelings about their sexual and intimacy needs and concerns (e.g., "Your sexual health is important. But, you can't masturbate in the TV room because there are other people in the room").
  - **Specific Suggestions (SS)** – Offer actionable steps using clear language (eg., "Let's make sure you have private time in your room so you can masturbate there").
  - **Intensive Therapy (IT)** – Consider interventions based on a PIECES assessment and other elements of their personhood.
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs. Refer to sexual assistive devices and sexually explicit material using terms that are familiar to the person such as "vibrator" or "porno magazine".
- **Provide opportunities for privacy** to support sexual and intimacy needs. If possible, consider moving person to a private room.[77] If not, establish opportunities for private time by engaging the roommate in another space.
- **Identify ways** that the person can meet their sexual health needs independently.
- **Provide items to support sexual health** (e.g., additional pillows for positioning, large dolls or puppets, tablet and headphones, assistive sexual devices [e.g., vibrator, erection pump], sex-related material, and pornography [e.g., literature, films]).[78,93,96]
- **Refer to occupation therapy** for additional recommended strategies, including exploration of equipment that can be used to support positioning for sexual acts.
- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Incorporate elements of previous routines** to create familiarity.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.

Possible Contributing Factors or Unmet Needs

- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom), prompting self-stimulating behaviours.
- Misinterpretation of the environment (e.g., thinking they are alone when in the common area).[97]
- Change in routine (e.g., couple previously stayed in bed in the morning to engage in sexual acts but now have healthcare providers in their room first thing in the morning to wake them up and get ready for the day).
- Lack of privacy to engage in self-pleasure or in sexual acts with consenting partners.[10,96]
- Environmental cues prompting past routines (e.g., night time routines with partners, being in a bathtub).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- Simplify the environment to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., "Group TV Room").[19,23,24,29]
- **Maintain a consistent daily routine or schedule** that enables the person to meet their sexual health needs.
- **Adjust stimulation levels** to meet the person's needs:
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Knock and introduce yourself before entering** a room. Wait for acknowledgement to promote dignity and respect.
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the person self-pleasures when in the bath, trial showers).
- **Adjust the person's seating when in common spaces** to cue them that they are in an environment with others (e.g., ensure others are within sight).
- **Ensure adequate lighting when in common spaces** to cue the person that they are in an environment with others.
- **Orient the person to their location or invite them to seek privacy** if they are engaging in activities intended for private spaces (e.g., self-pleasuring in common area).

Possible Contributing Factors or Unmet Needs

- Absence of specific loved ones (e.g., spouse, pet) or changes in relationships which may contribute to feelings of loneliness or unmet intimacy needs.[78]
- Imitating behaviours observed in others within the immediate environment (e.g., seeing their roommate getting changed, the person removes their pants as well).
- Influence of cultural and social norms regarding care, gender roles, sexuality, or relationships with caregivers (e.g., a person misinterprets a person of the opposite gender assisting them in personal care as a sexual advance).
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Encourage involvement from intimate partners**, and create opportunities for private time together.
- **Establish a plan** to enable couples' privacy during visits.
- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61,98]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]
- **Re-orient the person** to their environment and the people in it.
- **Consider relocating the person or co-resident**, if it is determined that the co-resident is a contributing factor to the sexual expressions of risk and no other strategies have proven effective.[77]

Responding in the Moment

Use the Stop-Watch-Intervene-Stabalize Approach:[92]

STOP

As soon as the person expresses a sexual behaviour of risk:

- **Take a step back** and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Pause and take a deep breath.** This allows for a calm and focused response.
- **Be aware of your own responses and limitations.** It is not uncommon to have an emotional reaction when a sexual expression of risk is directed at you. Use your own personal strategies to stay calm and professional in the moment. Recognize that the person's behaviour may reflect a long-standing communication style or an expression of underlying distress. If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

WATCH

- **Observe the behaviour**, the setting, and others in the space.
- **Assess the level of risk** using this information. Is the behaviour causing harm the person or others in the environment? This will inform the urgency and type of response required.
- **Recognize the behaviour as an expression of an unmet need.** Ask yourself: What is the person trying to communicate?

INTERVENE

- **Promote the person's dignity and reduce the distress of others through strategies that offer privacy**, such as:
  - **Close any doors** that will provide privacy.
  - **Pull a privacy curtain**, if available.
  - **Gently cover any exposed areas** with a towel or blanket.[99]
  - **Cue or assist the person into a private space** (e.g., washroom or bedroom).
  - **Ask or assist others to leave the area.**
- If additional response is required:
  - **Stand at the edge of their personal space** and use the (GPA®) Reassurance Position to promote safety, comfort and respectful boundaries.[5]
  - **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
  - **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
  - **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]

To learn more about how to respond to people living with dementia's sexual expressions of risk, and how healthcare providers further supported Lotti, complete modules 2 and 3 of the Supporting the Sexual Health of People with Dementia program, *How to Engage Long-Term Care Residents in Conversations about Sexual Health* and *Assessing* and *Responding to Sexual Expressions of Risk*.

Responding in the Moment Continued...

- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **If the person has insight, gently explain the potential impact or harm of behaviours in a non-punitive manner** (e.g., "Jill, you are in the TV room and there are other people in the room. Let me help you to your room so you can have some privacy").[78]
- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Henri, I know you're lonely, but you are not in a private place right now as I am helping you bathe. Can you please stop touching yourself until the bath is over? After the bath, I will make sure you have some privacy in your room").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Avoid responses that may embarrass or shame the person.**
- Ask the person what is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., holding up a urinal when asking if they need to 'pee').
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Assist the person to meet their unmet need** (e.g., help the person to the washroom).

STABILIZE

After addressing any immediate risks, focus on stabilizing the situation.

- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
  - **Avoid touching the person** as they are displaying expressions of risk.
  - **Reassure the person** that they are safe and cared for (e.g., "Lotti, I am here to help you").
  - **Provide reassurance and support** to the person and those involved to help them feel secure.
  - **Take any further steps necessary to protect the safety and well-being** of the person and others in the immediate environment.

Use the GPA® Stop and Go© principle if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Sexual Expressions of Risk

Unwanted Touching or Forcing Others into Sexual Acts

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Not all sexual or intimate behaviours pose risk. Sexuality and intimacy are integral to health, well-being, and quality of life. Learn more through the Supporting the Sexual Health of People with Dementia program.

This resource focuses on sexual expressions of risk.

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., infections [fungal, bacterial, sexually transmitted]; rectal, prostate or scrotal abnormalities; malignancy; genital injury, dementia [frontotemporal]).[4,92]
- Substance or alcohol use contributing to disinhibition.[77,78]
- Sexual dysfunction.[92]
- Effects of medications, particularly psychotropics, (e.g., trazadone [linked to rare cases of sexual disinhibition], benzodiazepines), dopamine agonists, androgens).[10,77]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need to use the washroom (e.g., urge to go, constipation)[13] or discomfort related to incontinence (e.g., wet product).[10]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss and reduced eye sight).[4,93]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical, psychiatric, substance use or sexual disfunction causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10,77]
- **Conduct targeted assessments** including a physical exam of the genitals to identify and address medical conditions that may be contributing to the person's behaviour (e.g., urinary tract infections or faecal impaction).[77]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents [dopaminergics], opioids, androgens). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.[77]
- **Identify and remove objects** that are being interpreted as sexual devices or being used for unsafe sexual pleasure. Offer safe alternatives (e.g., sexual health devices).
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Remove irritants from clothing** (e.g., tag, seam, rough fabrics, harsh detergents) and hydrate skin using creams or lotions.
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).
- **Promote dignity in shared spaces** by providing adaptive clothing (e.g., overalls or pants without front fasteners, one piece outfits, clothing that opens at the back) to reduce ease of removal while maintaining the person's comfort and agency.[77–79]

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Amnesia: Difficulty remembering information (e.g., unsure who or where their partner is, whether they are in a monogamous relationship).
- Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need (e.g., unable to verbalize their need to urinate, the person grabs their care provider in an attempt to communicate their need for assistance).
- Agnosia: Difficulty recognizing people, leading to mistaking the identity or intentions of people in the space (e.g., misidentifying a spouse or partner, mistaking a care provider removing the person's shirt as foreplay), misinterpreting items as having sexual purposes.[78]
- Altered perceptions: Misinterpreting gestures or actions (e.g., perceiving hands in pockets as a sexual advance).
- Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts.
- Frontal lobe damage that leads to impaired judgement or impulsive behaviour.[93]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Provide memory and orientation cues** (e.g., a picture of person's partner to help the person distinguish between their partner and care team members, wearing a wedding ring to identify you are not a potential sexual partner, a note saying "Your wife Annie will visit you today after lunch").
- **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction. **Wear scrubs** or other visual cues (e.g., stethoscope) to assist person to associate provision of personal care within a healthcare environment.
- **Consider switching care providers** if the expressions occur with providers of a specific gender, or work in pairs during times when expressions are likely to occur.[78]
- **If the person and their partner live apart, establish a visitation schedule** and remind the person that their partner or spouse is visiting on the days that there are scheduled visits.
- **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25]
- **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26]
- **Use distraction techniques, verbal and physical redirection, and meaningful engagement** to help keep hands occupied and redirect focus.[77,78]
- **Identify and remove environmental factors** that may lead to misperceptions (e.g., a TV show playing in the common room that shows sexual content).
- **Place cues in the person's environment to remind them where they are**, especially when in common or shared spaces . Consider positioning them in a direction where they can see others in the room, not relying on peripheral vision.

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., loss of inhibitions during a state of euphoria, feelings of sadness or loneliness). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that affect perception or behaviour (e.g., belief that care team members are sex workers).[12,77]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12,78]
- Difficulty expressing feelings or articulating emotional needs.
- Difficulty adjusting to changes (e.g., being away from partner), Relocation Stress Syndrome.[30,31]
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Seeking comfort in response to feelings of insecurity or loss of control.
- Emotional reactions to personal care (e.g., misinterpreting the nature of the interaction).[77]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Validate emotions and express empathy** in response to the distress, and if possible, offer an approach that addresses the unmet need (e.g., "I'm sorry that you're missing Tom. I am your nurse so I can't cuddle with you. Would you like a warm blanket to keep your bed warm?").[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]
- **Incorporate opportunities for meaningful physical touch** in the person's day.

See strategies and approaches for personal care on page 139-140.

CAPABILITIES

Possible Contributing Factors or Unmet Needs

- Communication exceeds abilities (e.g., unable to verbalize their need to urinate, the person grabs their care provider's groin in an attempt to communicate their need for assistance).[40]
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Loss of autonomy, reduced choice, or a desire for greater independence.
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Boredom or lack of meaningful engagement.[4,6,10]
- Change in self-awareness (e.g., reduced insight into behaviours or location).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Have a discussion with the person about their sexual health, sexual behaviour, and intimacy needs; develop and implement an action plan** that takes the person's capabilities into account.[94]
- **Use the PLISSIT model** to respectfully explore sexual and intimacy needs:[95]
  - **Permission (P)** - Ask open-ended questions (e.g., "Can we talk about…?").
  - **Limited Information (LI)** – Share basic information and validate feelings about their sexual and intimacy needs and concerns (e.g., "Your sexual health is important. But, you can't grab the penises of the people who work here").
  - **Specific Suggestions (SS)** – Offer actionable steps using clear language (e.g., "You mentioned using sex toys at home. Do you want us to speak with your husband next time he's here about bringing them here?").
  - **Intensive Therapy (IT)** – Consider interventions based on a PIECES assessment and other elements of their personhood.
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs. Refer to sexual assistive devices and sexually explicit material using terms that are familiar to the person such as "vibrator" or "porno magazine".
- **Provide opportunities for privacy** to support sexual and intimacy needs. If possible, consider moving person to a private room.[77] If not, establish opportunities for private time by engaging the roommate in another space.
- **Identify ways** that the person can meet their sexual health needs independently
- **Provide items to support sexual health** (e.g., additional pillows for positioning, large dolls or puppets, tablet and headphones, assistive sexual devices [e.g., vibrator, erection pump], sex-related material, and pornography [e.g., literature, films]).[78,93,96]
- **Refer to occupation therapy** for additional recommended strategies, including exploration of equipment that can be used to support positioning for sexual acts.
- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Incorporate elements of previous routines** to create familiarity.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.

ENVIRONMENT

Possible Contributing Factors or Unmet Needs	Preventative Approaches and Strategies to Consider
• Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom). • Misinterpretation of the environment (e.g., thinking they are alone when in the common area).[97] • Change in routine (e.g., previously engaged in sexual acts in the morning). • Lack of privacy to engage in self-pleasure or in sexual acts with consenting partners.[10,96] • Environmental cues prompting past routines (e.g., night time routines with partners, being in a bathtub)	• **Have a discussion with the person about their sexual health, sexual behaviour, and intimacy needs; develop and implement an action plan** to support them that takes their current environment into account.[94] • **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50] • **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19] • **Provide visual cues** to promote recognition and orientation (e.g., a picture of their partner).[19,23,24,29] • **Maintain a consistent daily routine or schedule** that enables the person to meet their sexual health needs. • **Adjust stimulation levels** to meet the person's needs: ◦ **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53] • **Communicate in a quiet, calm setting** to improve comprehension. • **Knock and introduce yourself before entering** a room. Wait for acknowledgement to promote dignity and respect. • **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when waking the person, allow the person wake on their own). • **Adjust the person's seating when in common spaces** to cue them that they are in an environment with others (e.g., ensure others are within sight). • **Ensure adequate lighting when in common spaces** to cue the person that they are in an environment with others. • **Orient the person to their location or invite them to seek privacy** if they are engaging in unwanted sexual activities with others.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., have a history of sexual violence).[26,55,93]
- Absence of specific loved ones (e.g., spouse, pet) or changes in relationships which may contribute to feelings of loneliness or unmet intimacy needs.[78]
- Imitating behaviours observed in others within the immediate environment (e.g., repeating a behaviour seen on the TV).
- Influence of cultural and social norms regarding care, gender roles, sexuality, or relationships with caregivers (e.g., a person misinterprets a person of the opposite gender assisting them in personal care as a sexual advance).
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Encourage involvement from intimate partners**, and create opportunities for private time together.
- **Establish a plan** to enable couples' privacy during visits.
- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61,98]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]
- **Re-orient the person** to their environment and the people in it.
- **Consider relocating the person or co-resident**, if it is determined that the co-resident is a contributing factor to the sexual expressions of risk and no other strategies have proven effective.[77]

Responding in the Moment

Use the Stop-Watch-Intervene-Stabalize Approach:[92]

STOP

As soon as the person expresses a sexual behaviour of risk:

- **Take a step back** and use the Gentle Persuasive Approaches® (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **Pause and take a deep breath.** This allows for a calm and focused response.
- **Be aware of your own responses and limitations.** It is not uncommon to have an emotional reaction when a sexual expression of risk is directed at you. Use your own personal strategies to stay calm and professional in the moment. Recognize that the person's behaviour may reflect a long-standing communication style or an expression of underlying distress. If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

WATCH

- **Observe the behaviour,** the setting, and others in the space.
- **Assess the level of risk** using this information. Is the behaviour causing harm the person or others in the environment? This will inform the urgency and type of response required.
- **Recognize the behaviour as an expression of an unmet need.** Ask yourself: What is the person trying to communicate?

INTERVENE

- **Utilize the GPA® self-protective techniques** if the sexual expressions of risk are directed at you (e.g., unwanted touching).[5]
- **If possible, remove the person that the sexual expressions of risk are directed towards** from the situation.
- **Apply the GPA® Gentle Redirection Techniques** when immediate physical redirection is necessary due to significant risk.[5]
- **Ask or assist others to leave the area** to reduce risk of harm and overstimulation.
- **Stand at the edge of their personal space** and use the GPA® Reassurance Position to promote safety, comfort and respectful boundaries.[5]
- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Avoid touching the person** as they are displaying expressions of risk.
- **Orient the person, and if they have insight, gently explain the potential impact or harm of behaviours in a non-punitive manner** (e.g., "Jackson, I am your personal support worker. I am here to help you get dressed for the day. It upsets me when you grab my butt, please stop").[78]

Responding in the Moment Continued...

- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Henri, I know it's hard to find your room because the hallway is so long")[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Avoid responses that may embarrass or shame the person.**
- **Ask the person** what is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., holding up a picture of the spouse while asking if they are lonely).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Assist the person to meet their unmet need** (e.g., help the person to the washroom).

To learn more about how to respond to people living with dementia's sexual expressions of risk, and how healthcare providers further supported Jackson, complete modules 2 and 3 of the Supporting the Sexual Health of People with Dementia program, *How to Engage Long-Term Care Residents in Conversations about Sexual Health* and *Assessing* and *Responding to Sexual Expressions of Risk*.

STABILIZE

After addressing any immediate risks, focus on stabilizing the situation.

- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
  - **Avoid touching the person** as they are displaying expressions of risk.
  - **Reassure the person** that they are safe and cared for (e.g., "Lotti, I am here to help you").
- **Provide reassurance and support** to the person and those involved to help them feel secure.
- **Take any further steps necessary to protect the safety and well-being** of the person and others in the immediate environment.

Use the GPA® Stop and Go© principle if the strategies above are not effective: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

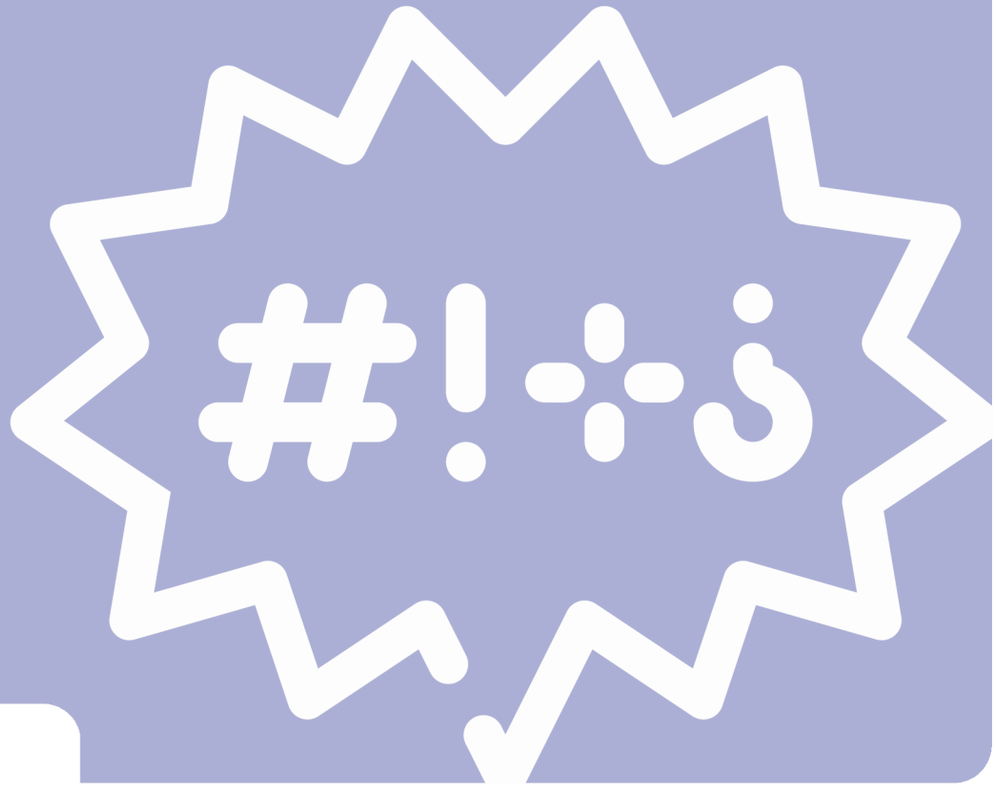
See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Verbal Expressions of Risk

includes, but not limited to:

- Derogatory insults
- Screaming/yelling
- Swearing
- Threatening



Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia [e.g., frontotemporal dementia], substance withdrawal).[4,10]
- Effects of medications.[10]
- Pain or discomfort.[4,10–12] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13,100] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Substance or alcohol use contributing to disinhibition.
- Perceptual disturbances prompting person to defend themselves.
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine based** on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13,100]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs	Preventative Approaches and Strategies to Consider
• Amnesia: Difficulty remembering information, leading to frustration. • Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need. Explicit language may be retained after other language is lost. • Apraxia: Difficulty sequencing tasks, leading to frustration. • Agnosia: Fear from not recognizing objects or their intended use. • Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception), or misinterpreting objects in the environment (e.g., upsetting scenes on television misinterpreted as happening in the room). • Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts. • Frontal lobe damage that leads to impaired judgement or impulsive behaviour.	• **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24] • **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark). • **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction. • **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25] • **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26] • **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29] • **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions. • **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety and depression). See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., the belief that others are trying to hurt them).[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Expressing feelings of insecurity or loss of control.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Emotional lability or pseudobulbar affect.[69]
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to personal care (e.g., fear due misinterpreting the nature of the situation, embarrassment, anger).[32]
- Responding to other people's behaviour (e.g., vocalizing frustration towards another person's repetitive vocal expressions).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Reverting to familiar, previously learned, or lifelong skills, particularly as a substitution when new or complex tasks are challenging (e.g., longstanding communication style).
- Decreased mobility (e.g., difficulty with repositioning, turning in bed, moving wheelchair).
- Boredom or lack of meaningful engagement.[4,6,10]
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language** to promote understanding (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise and positive reinforcement** for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school), prompting self-protection.
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., seeing somebody that they perceive as threatening).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well-lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when waking the person, allow the person wake on their own).

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., swear words part of usual vocabulary, they worked in a loud environment and had to raise voice frequently, informal work environment where cursing was frequent).[26,55]
- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Imitating behaviours observed in others within the immediate environment (e.g., repeating sexually explicit language used by others).
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., having been raised in a family in which the elders are the heads of the household, the person scolds a young care team member for giving them directions).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61,98]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.

Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Recognize the behaviour as an expression of an unmet need.

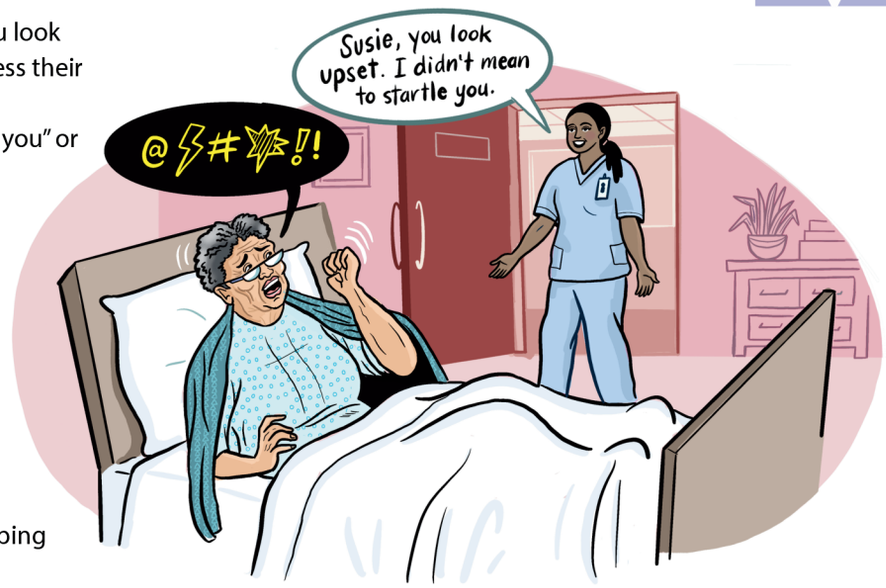
Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.

It is not uncommon to have an emotional reaction when a verbal expression of risk (e.g. swearing, a derogatory insult) is directed at you. Use your own personal strategies to stay calm and professional in the moment. Recognize that the person's behaviour may reflect a long-standing communication style or an expression of underlying distress. If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

- **Maintain respectful physical boundaries.** Take a step back and use the Gentle Persuasive Approaches (GPA®) Reassurance Position to promote your safety and their comfort.[5]
- **If possible, remove the person that the verbal expressions of risk are directed towards** from the situation.
- **Use the GPA® Stop and Go© principle: Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** your approach.[5] This can be done in a matter of seconds.
- **Ask or assist others to leave the area** to reduce overstimulation and risk of harm.
- **Apply the GPA® Gentle Redirection Techniques** when immediate physical redirection is necessary due to significant risk (e.g., the person is arguing with another person who has escalated to physical expressions of risk).[5]
- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Use the person's preferred name** and introduce yourself by name and role.[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Avoid touching the person** as they are displaying expressions of risk.
- **Provide time and space for the person to de-escalate** with others outside of their physical space.
- **Orient the person**, if appropriate. If the person has insight, gently explain the potential impact or harm of behaviours in a non-punitive manner (e.g., "Lina, your language is a bit harsh. There are people listening that might find it offensive.").

Responding in the Moment Continued...



- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Susie, you look upset").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Susie, I didn't mean to startle you" or "Lina, you are safe with me").
- **Ask the person** what is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA® Stop and Go© principle** again if the situation escalates: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.

Physical Expressions of Risk

includes, but not limited to:

- Biting
- Choking others
- Grabbing
- Hair pulling
- Hitting/slapping
- Kicking
- Pinching
- Punching
- Pushing
- Scratching
- Self-injuring
- Spitting
- Throwing

Remember

This resource offers possible contributing factors, and approaches to consider. Remember that care strategies should be based on individual assessment, and tailored to the person and the care setting!

Possible Contributing Factors or Unmet Needs

- Delirium.[3,4,9] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia [e.g., frontotemporal dementia], substance withdrawal).[4,10]
- Effects of medications.[10]
- Pain or discomfort.[4,10–12,71] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Need for repositioning in bed or wheelchair.
- Need to use the washroom (e.g., urge to go, constipation)[13,100] or discomfort related to incontinence (e.g., wet product, embarrassment).[10]
- Hunger or thirst.[4,10,12]
- Fatigue or insufficient sleep.[4,10,12]
- Sensory impairments (e.g., hearing loss, reduced vision).[4]
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).
- Substance or alcohol use contributing to disinhibition.
- Perceptual disturbances prompting person to defend themselves.
- Response to touch during personal care.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.[3,9,10,71]
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids). Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.[14]
- **Implement regular repositioning** for those who are unable to reposition themselves to prevent discomfort and related complications.[15,16]
- **Engage occupational therapy or physical therapy** for assessments related to mobility, range of motion, and equipment needs (e.g., properly fitted wheelchair, supportive seating cushions).
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.[10]
- **Monitor for constipation** through regular record review, and initiate treatments as required.[13,100]
- **Ensure consistent access to meals, beverages, and snacks** to address hunger and hydration needs.[4,10,12]
- **Promote restful sleep** by encouraging physical activity during the day (e.g., gentle exercise, walking), maintaining predictable bedtime routines, incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room, soft music).[12,17–19]
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.[10]
- **Encourage movement and mobility** through participation in physical therapy or recreational activities (e.g., walking, chair yoga).[4,19–22]
- **Support comfort and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).

See strategies and approaches for personal care on page 139-140.

INTELLECTUAL

Possible Contributing Factors or Unmet Needs	Preventative Approaches and Strategies to Consider
• Amnesia: Difficulty remembering information, leading to frustration. • Aphasia: Distress related to difficulty communicating (expressing or understanding), or attempting to communicate an unmet need. Explicit language may be retained after other language is lost. • Apraxia: Difficulty sequencing tasks, leading to frustration. • Agnosia: Fear from not recognizing objects or their intended use. • Altered perceptions: Fear or distress related to perceptual disturbances (e.g., visual hallucinations or impaired depth perception) or misinterpreting objects in the environment (e.g., upsetting scenes on television that are misinterpreted as happening in the room). • Anosognosia: Lack of awareness of their environment, condition, behaviour, or impacts. • Frontal lobe damage that leads to impaired judgement or impulsive behaviour.	• **Provide memory and wayfinding cues** (e.g., signage, orientation boards, whiteboards, daily agenda, calendars).[19,21,23,24] • **Modify the physical environment** to reduce distress or confusion (e.g., eliminate shadows, avoid waxing floor [which may create visual distortions], close curtains when it becomes dark). • **Wear a clear nametag, and introduce your name, your role, and the task** you are supporting at the beginning of each interaction. • **Use therapeutic communication strategies** to support understanding (e.g., minimize or eliminate distractions, ensure one team member speaks at a time, break tasks into small, manageable steps, offer frequent reassurance and positive reinforcement).[5,19,25] • **Tailor communication to the individual and offer alternative methods for communication** by using communication aids (e.g., cards, props, modeling, gestures, physical guidance).[10,26] • **Maintain a neutral tone** and avoid refuting or correcting misperceptions. Focus on validating the person's feelings and responding with empathy.[27–29] • **Use distraction techniques, verbal redirection, and meaningful engagement** to help keep hands occupied and redirect focus. • **Redirect the person's attention** to a new task through use of touch, eye contact, visual cues, or one-step instructions. • **Identify and remove environmental factors** that may lead to misperceptions or distress (e.g., monitor television content to ensure it is familiar, non-threatening, and enjoyable).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Possible Contributing Factors or Unmet Needs

- Mood or mental health condition (e.g., anxiety, depression).[71] See Assessment Tools: Supporting Comprehensive Behavioural Assessment and Evaluation.
- Hallucinations or delusions that effect perception or behaviour (e.g., see environment as a warzone, belief that others are trying to hurt them, misinterpret the care provider as someone who is a threat, perception that rights are being infringed).[12]
- Emotional distress, including a sense of loss, fear, stress, frustration, anger, helplessness, embarrassment, anxiety, or isolation. A sense of loss may include loss of family, friends, neighbours, pets, roles, independence, home, or driver's license.[12,71]
- Concern about people they care about (e.g., believes their kids are getting off the bus and they need to meet them, their husband doesn't know where they are).
- Difficulty expressing feelings or articulating emotional needs.
- Lack of physical touch or affection, which may lead to unmet emotional or sensory needs.
- Limited involvement from family, friends, or companions, and a desire for interaction, engagement, comfort, or companionship.[4] This may include a lack of physical touch or affection, leading to unmet emotional or sensory needs.
- Emotional lability or pseudobulbar affect.[69]
- Difficulty adjusting to changes (e.g., environmental, loss of loved ones), Relocation Stress Syndrome.[30,31]
- History of traumatic life experiences, which may influence current emotional or behavioural responses.[4,10,32]
- Emotional reactions to physical touch during care (e.g., misinterpreting the nature of the situation, anger, self-protection).[32]
- Responding to other people's behaviour (e.g., striking someone who enters their personal space unexpectedly).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the persons individual need's and context.

Preventative Approaches and Strategies to Consider

- **Identify and address the unmet need** being communicated through the behaviour.[29]
- **Monitor mental health** for subtle changes (e.g., intake, sleep patterns, increased care needs). If psychiatric factors are suspected, consult with physician, nurse practitioner, or specialist for further assessment, diagnosis, and treatment.
- **Identify the causes** of the emotions and collaborate with the person and their care partners to develop meaningful strategies to address them.
- **Validate emotions and express empathy** in response to the distress.[22,26,28,29]
- **Offer personalized reassurance** that meets the person's emotional needs. This could include objects that provide meaning and connection (e.g., a written note, a robotic pet, a doll), or that are soothing (e.g., warm beverage, favourite snack, soft object to hold).[4,33,34]
- **Encourage engagement in calming practices** (e.g., meditation, guided imagery, deep breathing exercises).[36]
- **Incorporate aromatherapy or multisensory items** (e.g., sensory blankets, familiar textures, gentle lighting) to support emotional regulation and comfort.[22,29,37]
- **Explore and address trauma**, considering factors that may contribute to re-experiencing past traumatic events.[4,10,32]
- **Encourage non-verbal emotional expression** through creative activities (e.g., drawing, painting) or communications tools (e.g., communication board, picture cards, speech generating devices).[38]

See strategies and approaches for personal care on page 139-140.

Possible Contributing Factors or Unmet Needs

- Frustration related to changing capabilities (e.g., change in what they can do, such as a decline in activities of daily living, being in a wheelchair and unable to self-mobilize). This may be accompanied by a loss of autonomy, reduced choice, or a desire for greater independence.[39]
- Strengths are not fully recognized leading to underused capabilities and frustration.
- Mismatch between abilities and the environment (e.g., environment is inaccessible or unable to accommodate the person's needs effectively).
- Communication exceeds abilities (e.g., unable to verbally request comfort or companionship, instructions are unclear, too many questions at once).[40]
- Boredom or lack of meaningful engagement.[4,6,10,71]
- Reverting to familiar, previously learned, or lifelong skills, particularly as a substitution when new or complex tasks are challenging (e.g., longstanding method of expressing frustration).
- Distress caused by unfamiliar routines or procedures.
- Change in self-awareness (e.g., reduced insight into personal needs, abilities, or behaviours).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the persons individual need's and context.

Preventative Approaches and Strategies to Consider

- **Validate feelings of frustration** to acknowledge emotional experiences and build trust.[22,28,29]
- **Communicate in an optimized environment** - free from distractions and noise - to improve focus and understanding.
- **Adjust language to promote understanding** (e.g., concrete language, simple statements), tailored to the person's needs.
- **Promote independence** by adapting tasks to match the person's capabilities and strengths.[19,41]
- **Encourage autonomy** by offering opportunities for choice-making. Modify tasks or offer controlled choices to balance capabilities and autonomy.
- **Offer verbal praise** and positive reinforcement for willingness, effort, and success in completing tasks.
- **Identify tasks** that the person can complete independently to promote confidence and engagement.
- **Assist the person to ambulate or wheel regularly** to reduce restlessness.
- **Offer meaningful activities and cognitive stimulation** aligned with the person's interests and abilities.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
- **Provide a fidget kit, busy board, or rummage box** with items of different textures and materials.[33]
- **Engage the person in meaningful roles or tasks**, such as sorting, folding, or setting a table, to promote purpose and self-worth.[29,43–45]
- **Offer activities** that require repetitive movement (e.g., walking, dusting, folding, pedal exerciser) to reduce boredom and excess energy.
- **Ensure clocks or sleep trainer nightlights are visible** to assist with orientation and to demonstrate time of day.
- **Provide access to natural light** to promote circadian rhythm and time orientation (e.g., curtains open during day).
- **Support care in a structured and consistent manner**, encouraging participation (e.g., asking the person to wash their arms with a washcloth during bathing) to promote independence.[41]
- **Refer to occupation therapy or speech language pathology** for additional recommended strategies.
- **Incorporate elements of previous routines** to create familiarity.

Possible Contributing Factors or Unmet Needs

- Unfamiliar with the environment, feeling lost within the space (e.g., unable to find their own room), or relocation stress (e.g., new or unfamiliar environment, grieving the loss of a previous home).[30,31]
- Limited access to the natural environment, such as sunlight, fresh air and outdoor spaces.[29,46,47]
- Difficulty adjusting to change (e.g., a roommate, a routine that is over or under-structured).
- Overstimulation (e.g., noise, bright lighting, excess surrounding activities/people).
- Under stimulation (e.g., isolation precautions, lack of social engagement or individualized activities available, boredom).
- Misinterpretation of the environment (e.g., thinking the clinical environment is a jail or residential school), prompting self-protection.
- Effect of colour or lighting (e.g., lights that are too bright or dim, poor lighting causing illusions such as a hanging garment that looks like a stranger in their room).[29]
- Lack of privacy.[10]
- Use of physical restraints (e.g., wheelchair seatbelt), which may contribute to discomfort, distress, or a sense of confinement.[48]
- Absence of cultural safety or familiarity, including environments that do not reflect the person's cultural background, language, or values.[49]
- Environmental cues prompting past routines (e.g., having had previous poor experiences while bathing, the person scratches the care team member accompanying them to the tub room).

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Create a home-like environment** (e.g., personal belongings, familiar furniture, photographs) to ease transitions and to create a sense of safety and belonging.[49,50]
- **Simplify the environment** to reduce overstimulation and improve independence. Keep only objects relevant to the immediate task visible and within reach.[19]
- **Provide visual cues** to promote recognition and orientation (e.g., signage or familiar symbols for their washroom and bedroom).[19,23,24,29]
- **Maintain a consistent daily routine or schedule** to support predictability and orientation, and to reduce anxiety.
- **Optimize physical conditions** - ensure the environment is warm, well lit, free from unpleasant smells, and visually welcoming.
- **Adjust stimulation levels** to meet the person's needs:
  - **For overstimulation:** Reduce noise, crowding, or visual clutter (e.g., move to a quiet space, provide headphones).
  - **For understimulation:** Increase engagement through social or leisure activities and sensory stimulation (e.g., music, multisensory items, sensory room).[29,33,51–53]
- **Provide safe access to outdoor spaces**, promoting connection with nature and exposure to fresh air and natural light.[29,46,47]
- **Communicate in a quiet, calm setting** to improve comprehension.
- **Use relaxation strategies** to ease distress (e.g., white noise machine, calming music such as rainfall or ocean waves, weighted blanket, soft tactile objects like blankets or stuffed animals, guided imagery specific to personhood).[33,54]
- **Ensure privacy** during personal care routines, including the use of privacy covers as needed.
- **Create 'micro-environments'** when changes to the broader environment are not feasible (e.g., a fan if too warm, headphones to block noise).
- **Reassess the use of restraints**, and consider alternatives that address the safety concerns and promote comfort.[48]
- **Identify ways to avoid or adapt situations** to prevent reoccurrence if the behaviour is in response to a specific situation (e.g., if the expression occurs when waking the person, allow the person wake on their own).

Possible Contributing Factors or Unmet Needs

- Absence of specific loved ones (e.g., spouse, pet) which may contribute to feelings of loneliness or unmet intimacy needs.
- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., someone who frequently had altercations with others, tumultuous past relationships, someone who used physical activity or martial arts as an outlet).[26,55]
- Imitating behaviours observed in others within the immediate environment (e.g., after watching a boxing match on TV, the person punches a care team member who approaches them).
- Influence of cultural and social norms regarding care, gender roles, or relationships with caregivers (e.g., holding strong religious and cultural views around modesty and touch, the person strikes a care team members of the opposite gender who attempts to roll up their sleeve).
- Distress when personal space or items are touched, especially if it violates previously held boundaries or preferences.
- Challenges interpreting social cues, which may result in misunderstood interactions or communication difficulties, where the person may not understand others or may struggle to make themselves understood.[56]

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Preventative Approaches and Strategies to Consider

- **Collect biographical information** using tools such as My Personhood Summary© and use this knowledge to tailor purposeful, meaningful activities.[3–6,29,33,42]
- **Use the BSO-DOS©** to identify patterns in behavioural expressions,[57] and schedule meaningful engagement for those times and contexts.
- **Build a therapeutic relationship** through effective communication, active listening, and person-centred care approaches.[6]
- **Support family presence and engagement**, either in person, virtually, or through simulated presence (e.g., letters, audio or videos recordings, photo albums).[22,58,59]
- **Support social inclusion** by encouraging the person to spend time in shared spaces (e.g., near the care team station, common areas).
- **Facilitate reminiscing** by highlighting strengths, positive experiences, valued life roles and important people. Use photos, memory boxes, conversation prompts, music, or meaningful objects to guide these reflections.[29,35]
- **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
- **Offer comfort items** such as dolls, stuffed animals, or soft blankets when aligned with their personhood and preferences.[33,60,61,98]
- **Use robotic pets or animal-assisted therapy** to foster emotional connection and reduce loneliness.[4,29,62,63]
- **Offer sensory supports** such fidget objects or a warm or weighted blanket (refer to guidelines on use of weighted blankets).[64]
- **Implement the P.I.E.C.E.S.™ Pro-attention Plan**, where team members check in at scheduled times to offer supportive attention and reduce feels of isolation.[7]

Responding in the Moment

Assess the level of risk.

Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.[5,7]

Recognize the behaviour as an expression of an unmet need.

Ask yourself: What is the person trying to communicate?

Be aware of your own responses and limitations.

It is not uncommon to have an emotional reaction when a physical expression of risk is directed at you (e.g., you are bit, punched, kicked or spit on). Use your own personal strategies to stay calm and professional in the moment. Recognize that the person's behaviour may reflect a long-standing behaviour or an expression of underlying distress. If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.[19]

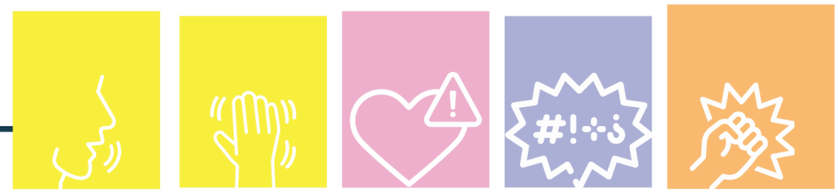
- **Utilize the Gentle Persuasive Approaches (GPA®) self-protective techniques** if physical expressions are directed at you.[5]
- **If possible, remove the person that the physical expressions are directed towards** from the situation.
- **Apply the GPA® Gentle Redirection Techniques** when immediate physical redirection is necessary due to significant risk (e.g., the person's physical expressions are causing physical harm to themselves or others).[5]
- **Maintain respectful physical boundaries.** Take a step back and use the GPA® Reassurance Position to promote your safety and their comfort.[5]
- **Use the GPA® Stop and Go© principle: Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a your approach.[5] This can be done in a matter of seconds.
- **Ask or assist others to leave** to reduce risk of harm and overstimulation.
- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).[5]
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.[5,65]
- **Use the person's preferred name** and introduce yourself by name and role (e.g., "Russel, its Sophia, your personal support worker").[5,65]
- **Ensure the person acknowledges your presence** prior to proceeding.[65] This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Avoid touching the person** as they are displaying expressions of risk.
- **Provide time and space for the person to de-escalate** with others outside of their physical space.
- **Orient the person**, if appropriate. If the person has insight, gently explain the potential impact or harm of behaviours in a non-punitive manner (e.g., "Omar, I am here to help you into your wheelchair, but you just pinched me and it hurt").

Responding in the Moment Continued...

- **Validate the person's emotions**, using brief, clear, and warm statements (e.g., "Russel, you look upset").[5,22,26,29] Empathize with their expressed distress, and allow time and space to express their emotions.[26]
- **Reassure the person** that they are safe and cared for (e.g., "Russel, you are safe with me").
- **Ask the person** what is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language. Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.[5,65] Use alternative communication methods (e.g., gestures, pictures) as required.
- **Never argue with the person.** Respond to the person's emotions - not their actions, keeping your response brief, warm, and clear.[19,29]
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
  - **Direct attention** toward something enjoyable, calming, or sensory-based.[33]
  - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
  - **Engage** in a meaningful activity based on personhood information.[3–6,29,33,42] See Meaningful Engagement Resource Guide: Evidence-based activities for older adults.
  - **Play preferred music or favourite television shows** to provide comfort and entertainment.[4,29,33,37,51,53]
  - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.[6,66,68]
- **Use the GPA Stop and Go© principle** again if the situation escalates: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.[5]

See strategies and approaches for personal care on page 139-140.

Consider additional approaches and tailor strategies based on the person's individual needs and context.



Supporting a Person with Responsive Behaviours/Personal Expressions during Personal Care

(e.g., continence care, bathing, dressing, oral care)

Planning in Advance of Personal Care

- **Collaborate with the person and their care partners** to gather personal care history (e.g., bathing history), identify potential causes of behaviours during care and co-develop supportive strategies.[101,102]
- **Consider past trauma** and how it may influence current reactions during personal care.[4,10,32]
- **Identify the specific behaviours expressed during personal care** (e.g., moaning, rocking, sexual comments, swearing, hitting, kicking, spitting). Consider other contributing factors (e.g. pain, aphasia), and approaches to prevent the behaviour and respond in the moment. See previous sections in this resource related to the specific behaviours.
- **Develop an individualized plan for personal care**,[101] including use of:
  - Personhood information to tailor care to the person's needs and preferences. Incorporate familiar elements of their previous practices (e.g., getting dressed after breakfast, spot washing at the sink, specific soaps), and use familiar terminology (e.g., "wash up", the word for bath in their first language).[101–107]
  - Approaches that address identified contributing factors and past trauma.[101,102]
  - Alternative bathing techniques (e.g., thermal/towel bathing, spot washing) or dividing up personal care tasks (e.g., hair washing occurring separately than bathing).[102,105,107]
  - Use of products that can reduce the length of the personal care experience (e.g., no-rinse soap).[102]
- **Schedule enjoyed activities** before and after care.[56,108,109]
- **Adapt team members' assignments when appropriate.** Consider matching the person with a caregiver they respond well to or know well, or using their preferred gender of care provider.[102,110]
- **Use a two-person approach when helpful.** Plan to have one team member engage and distract the person respectfully, while the other performs care.[102,110]
- **Optimize physical conditions** - ensure the environment is warm, well lit, free from unpleasant smells, and visually welcoming. Ideally make the environment home-like, including personal items that bring familiarity and cue the person to care activity (e.g., a personal bedspread, soap they used at home).[50,101,102,110]

Supporting a Person with Responsive Behaviours/Personal Expressions during Personal Care

(e.g., continence care, bathing, dressing, oral care)

Planning in Advance of Personal Care

- **Collaborate with the person and their care partners** to gather personal care history (e.g., bathing history), identify potential causes of behaviours during care and co-develop supportive strategies.[101,102]
- **Consider past trauma** and how it may influence current reactions during personal care.[4,10,32]
- **Identify the specific behaviours expressed during personal care** (e.g., moaning, rocking, sexual comments, swearing, hitting, kicking, spitting). Consider other contributing factors (e.g. pain, aphasia), and approaches to prevent the behaviour and respond in the moment. See previous sections in this resource related to the specific behaviours.
- **Develop an individualized plan for personal care**,[101] including use of:
  - Personhood information to tailor care to the person's needs and preferences. Incorporate familiar elements of their previous practices (e.g., getting dressed after breakfast, spot washing at the sink, specific soaps), and use familiar terminology (e.g., "wash up", the word for bath in their first language).[101–107]
  - Approaches that address identified contributing factors and past trauma.[101,102]
  - Alternative bathing techniques (e.g., thermal/towel bathing, spot washing) or dividing up personal care tasks (e.g., hair washing occurring separately than bathing).[102,105,107]
  - Use of products that can reduce the length of the personal care experience (e.g., no-rinse soap).[102]
- **Schedule enjoyed activities** before and after care.[56,108,109]
- **Adapt team members' assignments when appropriate.** Consider matching the person with a caregiver they respond well to or know well, or using their preferred gender of care provider.[102,110]
- **Use a two-person approach when helpful.** Plan to have one team member engage and distract the person respectfully, while the other performs care.[102,110]
- **Optimize physical conditions** - ensure the environment is warm, well lit, free from unpleasant smells, and visually welcoming. Ideally make the environment home-like, including personal items that bring familiarity and cue the person to care activity (e.g., a personal bedspread, soap they used at home).[50,101,102,110]

References

1. BSO. Responsive Behaviour/Personal Expressions. Behavioural Supports Ontario, brainXchange. Accessed December 9, 2024. https://brainxchange.ca/Public/Special-Pages/BSO/Responsive-Behaviours-Personal-Expressions

2. HQO. Behavioural Symptoms of Dementia: Care for Patients in Hospitals and Residents in Long-Term Care Homes. Health Quality Ontario. Published online 2016. https://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-dementia-clinical-guide-1609-en.pdf

3. RNAO. Delirium, Dementia, and Depression in Older Adults: assessment and care. Registered Nurses' Association of Ontario. Published online 2016. Accessed December 9, 2024. https://rnao.ca/bpg/guidelines/assessment-and-care-older-adults-delirium-dementia-and-depression

4. CCSMH. Canadian Clinical Practice Guidelines for Assessing and Managing Behavioural and Psychological Symptoms of Dementia. Canadian Coalition for Seniors' Mental Health. Published online 2024. https://ccsmh.ca/wp-content/uploads/2024/03/V4-CCSMH-BPSD-Clinical-Guidelines_Final-for-webinar.pdf

5. AGE. *Gentle Persuasive Approaches (GPA) in Dementia Care: Supporting Persons with Responsive Behaviours.* 4th ed. Advanced Gerontological Education Inc.; 2019.

6. Caspar S, Davis ED, Douziech A, Scott DR. Nonpharmacological Management of Behavioral and Psychological Symptoms of Dementia: What Works, in What Circumstances, and Why? *Innov Aging.* 2018;1(3). doi:10.1093/geroni/igy001

7. Hamilton P, Le Claire K, Collins J, Sturdy-Smith C, O'Connell M. PIECES *Resource Guide: Guiding Collaborative Engagement, Shared Assessment, and Supportive Care.* 7th ed. PIECES Canada; 2020.

8. Lee KH, Lee JY, Park JY, McConnell ES. The Relationship Between Caregivers' Behaviors and Resistant Behaviors of Persons Living with Dementia During Personal Care in Long-Term Care Facilities: A Lag Sequential Analysis. *Geriatr Nurs.* 2024;58:368-372. doi:10.1016/j.gerinurse.2024.06.007

9. Morandi A, Lucchi E, Turco R, et al. Delirium Superimposed on Dementia: A Quantitative and Qualitative Evaluation of Informal Caregivers and Health Care Staff Experience. *J Psychosom Res.* 2015;79(4):272-280. doi:10.1016/j.jpsychores.2015.06.012

10. Spencer B, White L. *Coping with Behavior Change in Dementia: A Family Caregiver's Guide.* Whisppud LLC; 2015.

References

11. Corbett A, Husebo BS, Achterberg WP, Aarsland D, Erdal A, Flo E. The Importance of Pain Management in Older People with Dementia. *Br Med Bull.* 2014;111(1):139-148. doi:10.1093/bmb/ldu023

12. Cerejeira J, Lagarto L, Mukaetova-Ladinska EB. Behavioral and Psychological Symptoms of Dementia. *Front Neurol.* 2012;3:73. doi:10.3389/fneur.2012.00073

13. Lämås K, Karlsson S, Nolén A, Lövheim H, Sandman PO. Prevalence of Constipation Among Persons Living in Institutional Geriatric-Care Settings - A Cross-Sectional study. *Scand J Caring Sci.* 2017;31(1):157-163. doi:10.1111/scs.12345

14. RGP Toronto. The SF7 Toolkit. Regional Geriatric Program of Toronto. Published online 2024. https://rgptoronto.ca/wp-content/uploads/2018/04/SF7-Toolkit.pdf

15. RNAO. Pressure Injury Management: Risk Assessment, Prevention and Treatment. Registered Nurses' Association of Ontario. Published online 2024.

16. HQO. Pressure Injuries: care for patients in all settings. Health Quality Ontario. Published online 2017. https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-pressure-injuries-clinical-guide-en.pdf

17. Koffel E, Ancoli-Israel S, Zee P, Dzierzewski JM. Recommendations for Promoting Healthy Sleep Among Older Adults: A National Sleep Foundation Report. *Sleep Health.* 2023;9(6):821-824. doi:10.1016/j.sleh.2023.08.018

18. Sella E, Toffalini E, Canini L, Borella E. Non-Pharmacological Interventions Targeting Sleep Quality in Older Adults: A Systematic Review and Meta-Analysis. *Aging Ment Health.* 2023;27(5):847-861. doi:10.1080/13607863.2022.2056879

19. Gitlin LN, Kales HC, Lyketsos CG. Managing Behavioral Symptoms in Dementia Using Nonpharmacologic Approaches: An Overview. *J Am Med Assoc.* 2012;308(19):2020-2029. doi:10.1001/jama.2012.36918

20. Fleiner T, Dauth H, Gersie M, Zijlstra W, Haussermann P. Structured Physical Exercise Improves Neuropsychiatric Symptoms in Acute Dementia Care: A Hospital-Based RCT. *Alzheimers Res Ther.* 2017;9(1):68. doi:10.1186/s13195-017-0289-z

21. Wang G, Albayrak A, van der Cammen T. A Systematic Review of Non-Pharmacological Interventions for BPSD in Nursing Home Residents with Dementia: From a Perspective of Ergonomics. *Int Psychogeriatr.* 2019;31(8):1137-1149. doi:10.1017/S1041610218001679

References

22. Meyer C, O'Keefe F. Non-Pharmacological Interventions for People with Dementia: A Review of Reviews. *Dementia.* 2020;19(6):1927-1954. doi:10.1177/1471301218813234

23. Namazi KH, Johnson BD. Physical Environmental Cues to Reduce the Problems of Incontinence in Alzheimer's Disease Units. *Am J Alzheimers Care Relat Disord Res*. 1991;6(6):22-28. doi:10.1177/153331759100600605

24. Shum LC, Arora T, Karam Y, Cockburn A, Khan SS, Iaboni A. Door Decals for Wayfinding and Redirection: A Quality Improvement Project Involving the Use of Clinical Real-Time Location Systems for Evaluation of Environmental Design Changes. *Innov Aging.* 2025;9(5). doi:10.1093/geroni/igaf020

25. Campbell KM, Coleman CK, Williams K. Responses of Persons Living With Dementia to Caregiver Validating Communication: A Secondary Analysis. *Res Theory Nurs Pract.* 2024;38(1):28-42. doi:10.1891/RTNP-2022-0154

26. Dementiability Methods. [Workshop]. Dementiability Enterprises. https://dementiability.com/

27. Finnema E, Dröes RM, Ribbe M, Van Tilburg W. The Effects of Emotion-Oriented Approaches in the Care for Persons Suffering from Dementia: A Review of the Literature. *Int J Geriatr Psychiatry.* 2000;15(2):141-161. doi:10.1002/(sici)1099-1166(200002)15:2%3C141::aid-gps92%3E3.0.co;2-5

28. Feil N. *The Validation Breakthrough: Simple Techniques for Communicating with People with Alzheimer's and Other Dementias.* 3rd edition. Health Professions Press; 2012.

29. Scales K, Zimmerman S, Miller SJ. Evidence-Based Nonpharmacological Practices to Address Behavioral and Psychological Symptoms of Dementia. *Gerontologist.* 2018;58:S88-S102. doi:10.1093/geront/gnx167

30. Wiyono H, Sukartini T, Mundakir. An Overview of Loneliness, Anxiety and Depression Level of Elderly Suspected Relocation Stress Syndrome. Presented at: The 9th International Nursing Conference; April 2021; Madridge

31. Walker CA, Curry LC, Hogstel MO. Relocation Stress Syndrome in Older Adults Transitioning from Home to a Long-Term Care Facility: Myth or Reality? *J Psychosoc Nurs Ment Health Serv.* 2007;45(1):38-45. doi:10.3928/02793695-20070101-09

32. Couzner L, Spence N, Fausto K, et al. Delivering Trauma-Informed Care in a Hospital Ward for Older Adults With Dementia: An Illustrative Case Series. *Front Rehabil Sci.* 2022;3:934099. doi:10.3389/fresc.2022.934099

References

33. Fitzsimmons S, Barba B, Stump M. Sensory and Nurturing Nonpharmacological Interventions for Behavioral and Psychological Symptoms of Dementia. *J Gerontol Nurs.* 2014;40(11):9-15. doi:10.3928/00989134-20140923-01

34. LaRose BS, Wiese LK, de Los Ángeles Ortega Hernández M. Improving Behavioral and Psychological Symptoms and Cognitive Status of Participants with Dementia Through the Use of Therapeutic Interactive Pets. *Issues Ment Health Nurs.* 2022;43(4):330-343. doi:10.1080/01612840.2021.1979142

35. de Oliveira AM, Radanovic M, de Mello PCH, et al. Nonpharmacological Interventions to Reduce Behavioral and Psychological Symptoms of Dementia: A Systematic Review. *BioMed Res Int.* 2015;2015. doi:10.1155/2015/218980

36. Fitzsimmons S, Barba B, Stump M. Diversional and Physical Nonpharmacological Interventions for Behavioral and Psychological Symptoms of Dementia. *J Gerontol Nurs.* 2015;41(2):8-17. doi:10.3928/00989134-20141215-01

37. Jesto S, Considine J, Street M. Nonpharmacological Nursing Interventions for Behavioural and Psychological Symptoms of Dementia in Acute and Subacute Settings: A Systematic Review. *Int J Nurs Pract.* 2024;30(2). doi:10.1111/ijn.13213

38. Fried-Oken M, Rowland C, Daniels D, et al. AAC to Support Conversation in Persons with Moderate Alzheimer's Disease. *AAC Augment Altern Commun.* 2012;28(4):219-231. doi:10.3109/07434618.2012.732610

39. Namazi KH, Johnson BDN. Pertinent Autonomy for Residents with Dementias: Modification of the Physical Environment to Enhance Independence. *Am J Alzheimers Care Relat Disord Res.* 1992;7(1):16-21. doi:10.1177/153331759200700105

40. Boureois M. "Where Is My Wife and When Am I Going Home?" The Challenge of Communicating with Persons with Dementia. *Alzheimers Care Today.* 2002;3(2):132-144.

41. Sidani S, Streiner D, Leclerc C. Evaluating the Effectiveness of the Abilities-Focused Approach to Morning Care of People with Dementia. *Int J Older People Nurs.* 2012;7(1):37-45. doi:10.1111/j.1748-3743.2011.00273.x

42. Tierney L, MacAndrew M, Doherty K, Fielding E, Beattie E. Characteristics and Value of "Meaningful Activity" for People Living with Dementia in Residential Aged Care Facilities: 'You're Still Part of the World, Not Just Existing.' *Dementia.* 2023;22(2):305-327. doi:10.1177/14713012221144488

References

43. Harding E, Sullivan MP, Camic PM, Yong KXX, Stott J, Crutch SJ. "I Want to Do Something" - Exploring What Makes Activities Meaningful for Community-Dwelling People Living With Dementia: A Focused Ethnographic Study. *Qual Health Res.* 2024;34(13):1286-1302. doi:10.1177/10497323241239487

44. Gitlin LN, Winter L, Burke J, Chernett N, Dennis MP, Hauck WW. Tailored Activities to Manage Neuropsychiatric Behaviors in Persons with Dementia and Reduce Caregiver Burden: A Randomized Pilot Study. *Am J Geriatr Psychiatry.* 2008;16(3):229-239. doi:10.1097/JGP.0b013e318160da72

45. Kolster A, Rautiainen LJ, Aalto UL, et al. The Importance of Nature and Wishes for Nature-Based Experiences Among Older Adults in Assisted Living Facilities. *Geriatr Nur (Lond).* 2025;63:300-306. doi:10.1016/j.gerinurse.2025.03.061

46. Kolster A, Aalto UL, Partonen T, et al. Happy by Nature: Nature Connection as a Source of Psychological Well-Being in Assisted Living Facilities. *J Am Med Dir Assoc.* 2025;26(9):105740. doi:10.1016/j.jamda.2025.105740

47. RNAO. Promoting Safety: Alternative Approaches to the Use of Restraints. Registered Nurses' Association of Ontario. Published online 2012.

48. Sury L, Burns K, Brodaty H. Moving In: Adjustment of People Living with Dementia Going into a Nursing Home and their Families. *Int Psychogeriatr.* 2013;25(6):867-876. doi:10.1017/S1041610213000057

49. Edvardsson D, Fetherstonhaugh D, Nay R. Promoting a Continuation of Self and Normality: Person-Centred Care as Described by People with Dementia, their Family Members and Aged Care Staff. *J Clin Nurs.* 2010;19(17-18):2611-2618. doi:10.1111/j.1365-2702.2009.03143.x

50. Tsoi KKF, Chan JYC, Ng YM, Lee MMY, Kwok TCY, Wong SYS. Receptive Music Therapy Is More Effective than Interactive Music Therapy to Relieve Behavioral and Psychological Symptoms of Dementia: a systematic review and meta-analysis. *J Am Med Dir Assoc.* 2018;19(7):568-576. doi:10.1016/j.jamda.2017.12.009

51. Ray KD, Mittelman MS. Music Therapy: A Nonpharmacological Approach to the Care of Agitation and Depressive Symptoms for Nursing Home Residents with Dementia. *Dementia.* 2017;16(6):689-710. doi:10.1177/1471301215613779

52. Vasionytė I, Madison G. Musical Intervention for Patients with Dementia: A Meta-Analysis. *J Clin Nurs.* 2013;22(9-10):1203-1216. doi:10.1111/jocn.12166

References

53. Anderson JG, Rogers CE, Bossen A, Testad I, Rose KM. Mind-Body Therapies in Individuals With Dementia: An Integrative Review. *Res Gerontol Nurs.* 2017;10(6):288-296. doi:10.3928/19404921-20170928-01

54. Osborne H, Simpson J, Stokes G. The Relationship Between Pre-Morbid Personality and Challenging Behaviour in People with Dementia: A Systematic Review. *Aging Ment Health.* 2010;14(5):503-515. doi:10.1080/13607861003713208

55. Chalmers JM. Behavior Management and Communication Strategies for Dental Professionals when Caring for Patients with Dementia. *Spec Care Dentist.* 2000;20(4):147-154. doi:10.1111/j.1754-4505.2000.tb01152.x

56. Han A, Radel J, McDowd JM, Sabata D. Perspectives of People with Dementia About Meaningful Activities: A Synthesis. *Am J Alzheimers Dis Other Demen.* 2016;31(2):115-123. doi:10.1177/1533317515598857

57. BSO-DOS© Advisory. Behavioural Supports Ontario-Dementia Observation System (BSO-DOS©) Resource Manual: Informing person and family-centred care through direct observation documentation. Version 2. Published online June 2025.

58. Waszynski CM, Milner KA, Staff I, Molony SL. Using Simulated Family Presence to Decrease Agitation in Older Hospitalized Delirious Patients: A Randomized Controlled Trial. *Int J Nurs Stud.* 2018;77:154-161. doi:10.1016/j.ijnurstu.2017.09.018

59. Abraha I, Rimland JM, Lozano-Montoya I, et al. Simulated Presence Therapy for Dementia. *Cochrane Database Syst Rev.* 2020;(11). https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011882.pub3/full

60. Shin JH. Doll Therapy: An Intervention for Nursing Home Residents with Dementia. *J Psychosoc Nurs Ment Health Serv.* 2015;53(1):13-18. doi:10.3928/02793695-20141218-03

61. Santagata F, Massaia M, D'Amelio P. The Doll Therapy as a First Line Treatment for Behavioral and Psychologic Symptoms of Dementia in Nursing Homes Residents: A randomized, Controlled Study. *BMC Geriatr.* 2021;21(1):545. doi:10.1186/s12877-021-02496-0

62. Park S, Bak A, Kim S, et al. Animal-Assisted and Pet-Robot Interventions for Ameliorating Behavioral and Psychological Symptoms of Dementia: A Systematic Review and Meta-Analysis. *Biomedicines.* 2020;8(6):150. doi:10.3390/biomedicines8060150

63. Tüzün Özdemir S, Özer S. The Effect of Animal Assisted Rehabilitation Practices on Symptoms of Alzheimer's Patients: Systematic Review and Meta-Analysis. *Geriatr Nur (Lond).* 2025;63:521-527. doi:10.1016/j.gerinurse.2025.03.045

References

64. Harris ML, Titler MG. Feasibility and Acceptability of a Remotely Delivered Weighted Blanket Intervention for People Living with Dementia and Their Family Caregivers. *J Appl Gerontol.* 2022;41(11):2316-2328. doi:10.1177/07334648221111123

65. Snow T. Practical Tips for Caring for Someone with Dementia. Published online 2021. https://teepasnow.com/wp-content/uploads/2020/12/2021-Trainer_Tab-5_Supplemental-Resources.pdf

66. Wilson R, Rochon E, Mihailidis A, Leonard C. Quantitative Analysis of Formal Caregivers' use of Communication Strategies While Assisting Individuals with Moderate and Severe Alzheimer's Disease During Oral Care. *J Commun Disord.* 2013;46(3):249-263. doi:10.1016/j.jcomdis.2013.01.004

67. Ashton G. Patterns of Touch. Positive Approaches to Care. September 14, 2021. Accessed December 9, 2024. https://teepasnow.com/blog/patterns-of-touch/

68. Downs M, Collins L. Person-Centred Communication in Dementia Care. *Nurs Stand.* 2015;30(11):37. doi:10.7748/ns.30.11.37.s45

69. Ahmed A, Simmons Z. Pseudobulbar Affect: Prevalence and Management. *Ther Clin Risk Manag.* 2013;9:483-489. doi:10.2147/TCRM.S53906

70. Leon Y, Gregory M, Flynn-Privett A, Ribeiro A. Descriptive Assessment of Inappropriate Vocalizations Emitted by Persons Diagnosed with Dementia. *Behav Interv.* 2018;33:69-78.

71. Veldwijk-Rouwenhorst AE, Zuidema SU, Smalbrugge M, et al. Very Frequent Physical Aggression and Vocalizations in Nursing Home Residents with Dementia. *Aging Ment Health.* 2021;25(8):1442-1451. doi:10.1080/13607863.2020.1786799

72. Barton S, Findlay D, Blake RA. The Management of Inappropriate Vocalisation in Dementia: A Hierarchical Approach. *Int J Geriatr Psychiatry.* 2005;20(12):1180-1186. doi:10.1002/gps.1416

73. Tolin DF. Understanding and Treating Hoarding: A Biopsychosocial Perspective. *J Clin Psychol.* 2011;67(5):517-526. doi:10.1002/jclp.20795

74. Baker J, LeBlanc L, Raetz P, Hilton L. Assessment and Treatment of Hoarding in an Individual with Dementia. *Behav Ther.* 2011;42(1):135-142. doi:10.1016/j.beth.2010.02.006

75. Hwang JP, Tsai SJ, Yang CH, Liu KM, Lirng JF. Hoarding Behavior in Dementia: A preliminary report. *Am J Geriatr Psychiatry.* 1998;6(4):285-289.

References

76. Neubauer NA, Azad-Khaneghah P, Miguel-Cruz A, Liu L. What Do We Know About Strategies to Manage Dementia-Related Wandering? A Scoping Review. *Alzheimers Dement.* 2018;10:615-628. doi:10.1016/j.dadm.2018.08.001

77. Joller P, Gupta N, Seitz S, Frank C, Gibson M, Gill S. Approach to Inappropriate Sexual Behaviour in People with Dementia. *Can Fam Physician.* 2013;59(3):255-260.

78. De Giorgi R, Series H. Treatment of Inappropriate Sexual Behavior in Dementia. *Curr Treat Options Neurol.* 2016;18:41. doi:10.1007/s11940-016-0425-2

79. Iltanen-Tähkävuori S, Wikberg M, Topo P. Design and Dementia: A Case of Garments Designed to Prevent Undressing. *Dementia.* 2012;11(1):49-59. doi:10.1177/1471301211416614

80. Kincaid C, Peacock JR. The Effect of a Wall Mural on Decreasing Four Types of Door-Testing Behaviors. *J Appl Gerontol.* 2003;22(1):76-88. doi:10.1177/0733464802250046

81. Namazi KH, Rosner TT, Calkins MP. Visual Barriers to Prevent Ambulatory Alzheimer's Patients from Exiting Through an Emergency Door. *Gerontologist.* 1989;29(5):699-702. doi:10.1093/geront/29.5.699

82. Hussian RA, Brown DC. Use of Two-Dimensional Grid Patterns to Limit Hazardous Ambulation in Demented Patients. *J Gerontol.* 1987;42(5):558-560. doi:10.1093/geronj/42.5.558

83. Xu YA, Wang Y, Kim SSY, Kim DOD, Sun Y, McLaughlin ML. Safe at Home: Acceptance of Surveillance Technology Among Caregivers for Persons with Dementia. *Health Informatics J.* 2023;29(1). doi:10.1177/14604582231152188

84. Burke DJ, Seitz A, Aladesuru O, Robbins MS, Ch'ang JH. Bruxism in Acute Neurologic Illness. *Curr Pain Headache Rep.* 2021;25(6):41. doi:10.1007/s11916-021-00953-4

85. Guaita M, Högl B. Current Treatments of Bruxism. *Curr Treat Options Neurol.* 2016;18(2):10. doi:10.1007/s11940-016-0396-3

86. Shiwach RS, Woods S. Risperidol and Withdrawal Bruxism in Lewy body Bementia. *Int J Geriatr Psychiatry.* 1998;13(1):65-66. doi:10.1002/(sici)1099-1166(199801)13:1%3C65::aid-gps731%3E3.0.co;2-k

87. Soares-Silva L, de Amorim CS, Magno MB, Tavares-Silva C, Maia LC. Effects of Different Interventions on Bruxism: an overview of systematic reviews. *Sleep Breath.* 2024;28(3):1465-1476. doi:10.1007/s11325-023-02961-7

References

88. Kimura RC, Brauner DJ, deJong JL, Lee JH. Fatal Complication of Mouthguard Used to Treat Awake Bruxism in Patient with Frontotemporal Dementia. *J Am Med Dir Assoc.* 2024;25(1):24-26. doi:10.1016/j.jamda.2023.11.001

89. Flueraşu MI, Bocşan IC, Ţig IA, Iacob SM, Popa D, Buduru S. The Epidemiology of Bruxism in Relation to Psychological Factors. *Int J Environ Res Public Health*. 2022;19(2):691. doi:10.3390/ijerph19020691

90. Lai MMY. Awake Bruxism in a Patient with Alzheimer's Dementia. *Geriatr Gerontol Int.* 2013;13(4):1076-1077. doi:10.1111/ggi.12086

91. Johansson A, Omar R, Carlsson GE. Bruxism and Prosthetic Treatment: A Critical Review. *J Prosthodont Res.* 2011;55(3):127-136. doi:10.1016/j.jpor.2011.02.004

92. BSO SED Working Group. Assessing and Responding to Sexual Expressions of Risk. Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre; 2025.

93. Syme M. Supporting Safe Sexual and Intimate Expression Among Older People in Care Homes. *Nurs Stand.* 2017;31(52):52-63. doi:10.7748/ns.2017.e10906

94. Jones C, Moyle W, Van Haitsma K. Development of the 'Intimacy and Sexuality Expression Preference' Tool for Residential Aged Care. *Geriatr Nur (Lond).* 2021;42(4):825-827. doi:10.1016/j.gerinurse.2021.04.004

95. Wallace MA. Assessment of Sexual Health in Older Adults. *Am J Nurs.* 2008;108(7):52-60. doi:10.1097/01.NAJ.0000325647.63678.b9

96. Vandrevala T, Chrysanthaki T, Ogundipe E. "Behind Closed Doors with Open Minds?": A Qualitative Study Exploring Nursing Home Staff's Narratives Towards their Roles and Duties within the Context of Sexuality in Dementia. *Int J Nurs Stud.* 2017;74:112-119. doi:10.1016/j.ijnurstu.2017.06.006

97. Thornton H, Offord R. Non-Pharmacological Management of Sexual Behaviours that Challenge in Dementia. *Rev Clin Gerontol.* 2015;25(3):194-201. doi:10.1017/S0959259815000167

98. Fisher JE, Buchanan JA. Presentation of Preferred Stimuli as an Intervention for Aggression in a Person with Dementia. *Behav Anal Res Pract.* 2018;18(1):33-40. doi:10.1037/bar0000086

99. Behavioural Supports Ontario Sexual Expression and Dementia Working Group. Understanding and Responding to Long-Term Care Residents' Sexual Expressions of Risk. ALZeducate. brainxchange.ca/bsosexualhealth

References

100. Leonard R, Tinetti ME, Allore HG, Drickamer MA. Potentially Modifiable Resident Characteristics that are Associated with Physical or Verbal Aggression Among Nursing Home Residents with Dementia. *Arch Intern Med.* 2006;166(12):1295-1300. doi:10.1001/archinte.166.12.1295

101. Gallagher M, Hall GR, Butcher HK. Bathing Persons With Alzheimer's Disease and Related Dementias. *J Gerontol Nurs.* 2014;40(2):14-20. doi:10.3928/00989134-20131220-01

102. Rader J, Hoeffer B, Sloane PD, Biddle S, eds. Bathing Without a Battle: Person-Directed Care of Individuals with Dementia. 2nd ed. Springer Publishing; 2008.

103. Gozalo P, Prakash S, Qato DM, Sloane P, Mor V. Effect of the Bathing Without a Battle Training Intervention on Bathing-Associated Physical and Verbal Outcomes in Nursing Home Residents with Dementia: A Randomized Crossover Diffusion Study. *J Am Geriatr Soc.* 2014;62(5):797-804. doi:10.1111/jgs.12777

104. Hoeffer B, Rader J, McKenzie D, Lavelle M, Stewart B. Reducing Aggressive Behavior During Bathing Cognitively Impaired Nursing Home Residents. *J Gerontol Nurs.* 1997;23(5):16-23. doi:10.3928/0098-9134-19970501-07

105. Dunn J, Thiru-Chelvam B, Beck C. Bathing. Pleasure or Pain? *J Gerontol Nurs.* 2002;28(11):6-13. doi:10.3928/0098-9134-20021101-05

106. Hoeffer B, Talerico KA, Rasin J, et al. Assisting Cognitively Impaired Nursing Home Residents With Bathing: Effects of Two Bathing Interventions on Caregiving. *Gerontologist.* 2006;46(4):524-532. doi:10.1093/geront/46.4.524

107. Backhouse T, Dudzinski E, Killett A, Mioshi E. Strategies and Interventions to Reduce or Manage Refusals in Personal Care in Dementia: A Systematic Review. *Int J Nurs Stud.* 2020;109:103640. doi:10.1016/j.ijnurstu.2020.103640

108. Robinson A. Understanding Difficult Behaviors: Some Practical Suggestions for Coping with Alzheimer's Disease and Related Illnesses. Eastern Michigan University; 2007.

109. Kovach CR. Late-Stage Dementia Care: A Basic Guide. Taylor & Francis; 1997.

110. Jack-Waugh A, Brown M, Henderson J, Holland S, Sharp B. Delivering Personal Care for People with Advanced Dementia. *Nurs Older People.* 2020;32(5):36-41. doi:10.7748/nop.2020.e1193

111. RNAO. Oral Health: Supporting Adults who Require Assistance. Registered Nurses' Association of Ontario. Published online May 2020.

References

112. Jablonski RA, Kolanowski A, Therrien B, Mahoney EK, Kassab C, Leslie DL. Reducing Care-Resistant Behaviors During Oral Hygiene in Persons with Dementia. *BMC Oral Health.* 2011;11(1):30. doi:10.1186/1472-6831-11-30

113. Binkley CJ, Johnson KW, Abadi M, et al. Improving the Oral Health of Residents with Intellectual and Developmental Disabilities: An Oral Health Strategy and Pilot Study. *Eval Program Plann.* 2014;47:54-63. doi:10.1016/j.evalprogplan.2014.07.003

114. Sloane PD, Zimmerman S, Chen X, et al. Effect of a Person-Centered Mouth Care Intervention on Care Processes and Outcomes in Three Nursing Homes. *J Am Geriatr Soc.* 2013;61(7):1158-1163. doi:10.1111/jgs.12317

115. Konno R, Kang HS, Makimoto K. A Best-Evidence Review of Intervention Studies for Minimizing Resistance-to-Care Behaviours for Older Adults with Dementia in Nursing Homes. *J Adv Nurs.* 2014;70(10):2167-2180. doi:10.1111/jan.12432

116. Ray KD, Fitzsimmons S. Music-Assisted Bathing: Making Shower Time Easier for People with Dementia. *J Gerontol Nurs.* 2014;40(2):9-13. doi:10.3928/00989134-20131220-09

117. Kayser-Jones J, Bird WF, Redford M, Schell ES, Einhorn SH. Strategies for Conducting Dental Examinations Among Cognitively Impaired Nursing Home Residents. *Spec Care Dentist.* 1996;16(2):46-52. doi:10.1111/j.1754-4505.1996.tb00833.

118. Jansson G, Plejert C. Taking a Shower: Managing a Potentially Imposing Activity in Dementia Care. *J Interactional Res Commun Disord.* 2014;5(1):27-62.

Behavioural Supports Ontario
Soutien en cas des troubles du comportement en Ontario

Contact us

brainXchange.ca/BSO

provincialBSO@nbrhc.on.ca

1 (855) 276-6313

BSO Provincial Coordinating Office