

# LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

## Non-Pharmacologic Approaches to Dementia Care

Following are brief descriptions of Non-Pharmacologic Approaches to Dementia Care adopted from the Nursing Home Toolkit available at <http://www.nursinghometoolkit.com/index.html>. Note that the standard of care for people with dementia is to use non-pharmacologic approaches and avoid the use of antipsychotic drugs due to their significant risk of harmful effects, including death, in elderly people with dementia. For more information and resources, please visit our website, [www.nursinghome411.org](http://www.nursinghome411.org).

<b>Type of Non-Pharmacologic Approach</b>	<b>Description/ Specific Approaches</b>
Sensory Stimulation Approaches	<p>Sensory Stimulation Approaches focus on stimulating the senses of the person with dementia. The aim of these approaches is to respond to the unmet needs for stimulation, to enhance the senses and to achieve therapeutic effects such as pain control, relaxation and reduction of anxiety.</p> <p>Examples include:</p> <ul style="list-style-type: none"><li>• Music therapy</li><li>• White Noise</li><li>• Light therapy</li><li>• Massage and touch therapy</li></ul>
Behavior Management Approaches	<p>Behavior Management Approaches are intended to support adaptive behavior of people with dementia through reinforcing certain kinds of social behavior and reducing behavioral symptoms through, for example, ignoring the behavior (rather than responding to it in a negative way).</p> <p>Examples include:</p> <ul style="list-style-type: none"><li>• Habit training</li><li>• Communication training</li><li>• Cognitive-behavioral therapy</li></ul>

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Cognitive/Emotion-Oriented Approaches	<p>Cognitive/Emotion-Oriented approaches focus on eliciting positive emotional behavioral responses.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Reminiscence therapy</li> <li>• Validation Therapy</li> <li>• Reality Orientation</li> </ul>
Structured Activity Approaches           Social Contact Approaches (with real or simulated stimuli)	<p>Structured Activity approaches may include recreational activities as well as certain forms of exercise on a regular basis. The goals of structured activity approaches are often to develop and/or stimulate the social, cognitive and physical abilities of persons with dementia and to reduce boredom.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Recreation activities</li> </ul> <p>Real or Simulated Social Contact approaches may include face-to-face interaction, group activities or audiotapes from family members.</p> <p>Social interactions are believed to produce positive mood/affect and to subsequently reduce BPSD.</p> <p>As nursing home residents also experience boredom and social isolation, social interaction is believed to generally improve the well-being of people with dementia.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Animal-assisted therapy</li> <li>• One-on-one interaction</li> <li>• Simulated presence therapy (i.e. simulated family presence)</li> </ul>

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Environmental Modification Approaches	<p>Environmental modification approaches focus on matching the environment to the needs of the person with dementia. This can be done in different ways by providing conditions that help to maintain the person's autonomy and independence, create a home-like atmosphere and thereby reduce the level of stress. The approaches are often designed specifically to reduce wandering behaviors or mood/sleep disturbances.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Wandering areas</li> <li>• Natural/enhanced environments</li> <li>• Reduced stimulation units.</li> </ul>
Clinically-Oriented Approaches	<p>Clinically-oriented approaches are generally (but not always) multi-faceted and aim to guide providers in relieving the underlying unmet needs or causes contributing to BPSD. The intended outcomes include reducing the use of psychotropic drugs and BPSD, along with improving other health outcomes.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Pain management</li> <li>• Comprehensive assessment</li> <li>• Restraint removal</li> <li>• Decision-support approaches</li> <li>• Delirium recognition and management</li> </ul>

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Staff-training Approaches	<p>Caregiver development as an approach is intended to increase the knowledge of staff who are called upon to respond to BPSD. The aim of this type of approach is to reduce behavioral symptoms and the stress caregivers experience themselves.</p> <p>Most staff training approaches are educational or psychosocial and teach:</p> <ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Person-centered bathing or towel bathing</li> <li>• Minimizing care-resistant behaviors during oral hygiene</li> <li>• Strategies for responding to needs of persons with dementia</li> <li>• Understanding and responding to BPSD</li> </ul>
Person-centered Care Approaches	<p>The concept of Person-Centered Care is to train care providers to focus on the person during the task rather than the task itself. This training may also emphasize abilities-focused care and maximizing comfort</p> <p>An example of a person-centered care approach to reduce agitation includes:</p> <ul style="list-style-type: none"> <li>• Person-centered bathing or towel bathing</li> </ul>

#### RESOURCES

- [WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC's website includes materials on the relevant standards for nursing home care, a listing of antipsychotic drug names and other resources.
- [WWW.THECONSUMERVOICE.ORG](http://WWW.THECONSUMERVOICE.ORG). The Consumer Voice has numerous materials and resources for residents, family members and LTC Ombudsmen.