



Sage Dementia Consulting
www.sagedementiaconsulting.org



Alameda County Health
Healthy Brain Initiative

Understanding and Responding to Behavior as Communication



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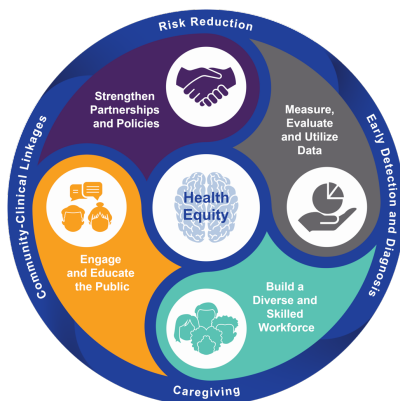
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National Council of Certified
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Alameda County Health
Healthy Brain Initiative



Sage is pleased to announce our collaboration with Alameda County Public Health Department's Healthy Brain Initiative to provide training in best practices for dementia care to family caregivers and service providers in the county.

The Healthy Brain Initiative is a collaborative effort between the CDC, the Alzheimer's Association, and local public health departments to raise awareness about the importance of brain health and support the needs of family caregivers.

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Sage Dementia Consulting

Providing education, support, and resources to guide you on your dementia care journey



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Sage is a 501(c)3 nonprofit organization

Low-cost Services

offered by certified dementia practitioners

- Individual and family consultations
- Care partner support groups
- Presentations, trainings, & webinars for community groups and healthcare facilities
- Online Resource Library
- Virtual Dementia Tour™ experience



Sage Dementia Consulting is not in a position, nor is it our intent, to provide individual clinical or medical advice. Information contained on our website, in presentations, and in consultations is for educational purposes only and not intended to replace the advice of a healthcare professional nor substitute for medical care.

Contact your healthcare provider for questions or concerns about diagnosis, treatment, or care regarding cognitive impairment and/or dementia-related conditions.

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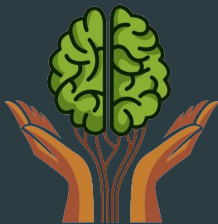


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Session Agenda

- Dementia Review
- Dementia and Communication
- Dementia-Related Distress
- Identifying and Understanding Triggers
- Questions

Dementia Basics

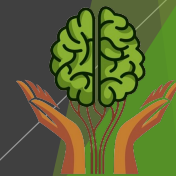


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- Dementia is not a disease, but a group of symptoms that impairs thinking and behavior
- Short-term memory and language tend to decline first, but ultimately all brain functions are impacted
- Dementia is not a normal part of aging
- There are many underlying diseases that can cause dementia including: Alzheimer's; stroke/TIAs; Parkinson's disease/Lewy Body Dementia; and Frontotemporal dementia
- Symptoms that are treatable are referred to as delirium, not dementia
- All dementias are chronic, progressive, and terminal
- Persons with dementia communicate their needs and wants through their behaviors

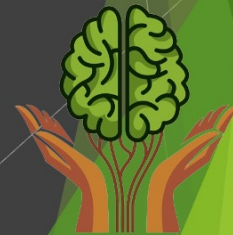
- Dementia = brain change
- Each journey and timeline is unique:
If you've met one person with dementia, you've met one person with dementia
- Regardless of the underlying condition, there are similarities:
 - Progression of independence to total dependence
 - Role of caregiver evolves with each change; increasing responsibility for care
 - Stress level increases
 - Getting help is essential – one person cannot provide all the care all the time
 - Those who receive loving support can maintain a good quality of life and overall well-being

Dementia Care in General



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Communication



- The expression of our needs, wants, perceptions, knowledge, and emotions
- The exchange of thoughts and information
- The basis of all relationships
- Both non-verbal and verbal
- Listening is more important than talking

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Dementia Changes Communication

- Difficulty finding words
- Over-reliance on familiar words
- Describes objects if can't recall word
- May not understand 1 in 4 spoken words
- Loses train of thought; disorganized speech
- Increased use of non-verbal communication
- May revert to native language
- Can become socially isolated
- Decline triggers dementia-related distress

www.alz.org/help-support/caregiving/daily-care/communications



Dementia-Related Distress

- When language declines, behavior becomes a means of communication for the person living with dementia
 - Expresses needs, wants, and feelings
 - Responds to what's happening in the environment
- 80% of all persons living with dementia exhibit signs of dementia-related distress
- Always assume that all behavior has a purpose



Common Indicators of Dementia-Related Distress



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- Resisting Care
- Agitation/Anxiety
- Repetitive Behaviors
- Aggression (physical and verbal)
- Sundowning
- Hallucinations, Delusions, Paranoia
- Elopement/Wandering
- Hoarding
- Sexual Behavior/ Loss of Inhibitions

Typical Causes of Distress



Health and Comfort

Physical pain and/or discomfort
Basic needs unmet (toileting, hunger, thirst)
Reaction to medication or need for medication
Reactions to grooming
Fatigue



Environment

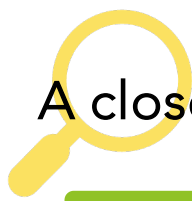
Temperature, noise, light, clutter
Hypersensitivity
Reaction to behavior or presence of others
Change in routine
Unfamiliar people/places



Emotions

Sad, lonely, bored
Disengaged, isolated, disrespected, useless
Feel like they're being treated like a child
Overwhelmed, confused, frustrated, frightened





A closer look behind the triggers

Emotions

- Emotional center of the brain tends to remain intact
- Fight or flight response is instinctive, automatic
- Emotions are still very real, yet unable to express needs

Communication Decline

- Deficits can cause misunderstanding, miscommunication
- Unable to tell you, so they "show" you

Social

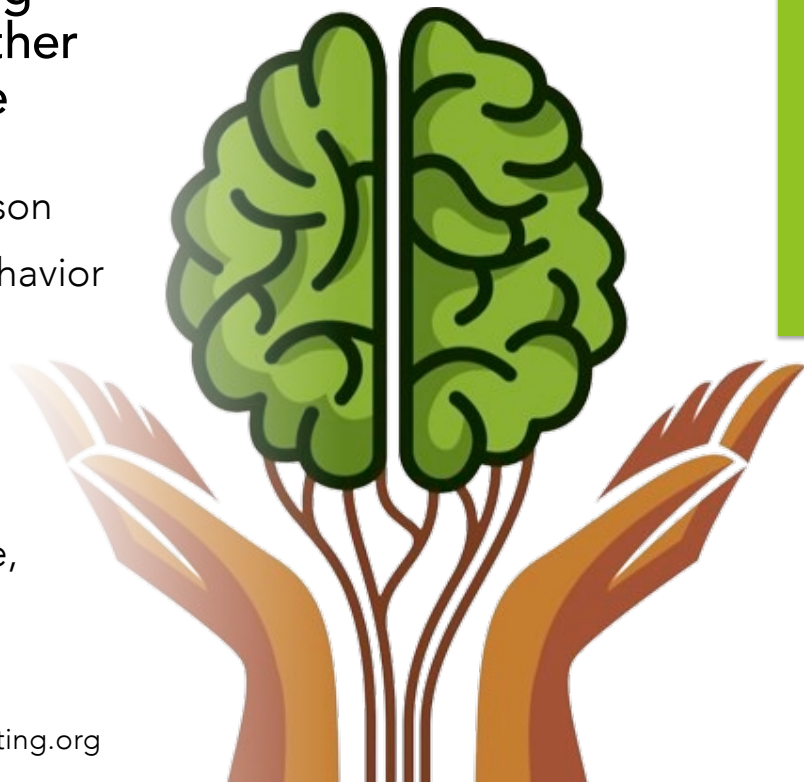
- Negative interactions with others
- Some reactions have no basis in reality
- Loss of social skills due to isolation



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Plan for being proactive rather than reactive

- Know the person
- Define the behavior
- Consider the situation and circumstances
- Respond, accommodate, and support



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Know the person

- Preferences, habits, routines (current and prior to dementia)
- Temperament
- Medical conditions
- Medications/side effects
- Communication skills
- Other abilities retained/lost
- Mental health issues (depression, anxiety, etc.)

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Define the Behavior



- What is the behavior?
- Is it a change from the person's norm?
- Does it cause the person distress?
- Does it bother others?
- Is there a safety issue?
- Is the behavior really a problem, or is the problem actually the reaction or attitudes of others toward the person or the person's behavior?

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Teepa Snow's Positive Approach to Care™

CHALLENGING BEHAVIORS

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Consider the situation and circumstances

- When does the behavior occur?
- Where does the behavior occur?
- What happened before, during, and after?
- Does the person always behave in the same way in the same place?
- Are there notable instances when the behavior doesn't happen?
- Is the behavior a response to an interaction with another person?
- Is the person responding to an unpleasant incident, a change, or a provocation?
- Is the person reacting to an environmental trigger?



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Respond, accommodate, and support

- Be calm and reassuring
- Check for pain/unmet needs
- Make eye contact; be aware of their visual field
- Use their preferred name
- Address environmental triggers
- Speak slowly, using language they can understand
- Respond to feelings, not words
- Validate their reality; don't argue, coerce, or be punitive
- Accept the behavior
- Distract or redirect

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Brain Health Toolkit



Get started at
BrainHealthToolkit.com
or scan the QR code below.



Identify changes in memory and thinking.
Optimize your time with your doctor.
Maintain and improve brain health.



California Department of Public Health, Alzheimer's Disease Program. © 2025,
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Alzheimer's Los Angeles Dementia-Capable Health Systems



Program to support healthcare organizations build dementia-capable systems of care.

- Dementia Care Specialist Toolkit
- Hospital to Home Transitions
- Screening and Assessment Tools
- Alzheimer's Clinical Care Guidelines
- Resources and support for families
- Caregiver Tip Sheets
- Training for Professionals:
 - Dementia Care Specialist
 - First Responder

Materials are available for use.

*Send a request to
permission@alzla.org.*

A Person-Centered Care Approach to Communication

- Look for the emotion behind the words
- Try to anticipate triggers for distress, especially pain and unmet needs
- Check for non-verbal cues
- Acknowledge their frustration
- Communicate respectfully:
 - Use clear, simple language
 - Allow time to respond
 - Break down all tasks into simple steps; limit options
 - Avoid questions that rely on memory
- Recognize the person's need for respect, validation, and independence

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We cannot change the person. The person you are caring for has a brain disorder that shapes who he has become. When you try to control or change their behavior, you'll most likely be unsuccessful or be met with resistance. It's important to try to accommodate the behavior, not control the behavior.

Remember that we can change our behavior and the physical environment. Changing our own behavior will often result in a change in [the person's] behavior.

- Family Caregiver Alliance www.caregiver.org



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