

An Enhanced Perspective for Understanding and Responding to “Inappropriate Behaviors”

Project ECHO Dementia
February 28, 2025

Susan M. McCurry, PhD

Research Professor Emeritus

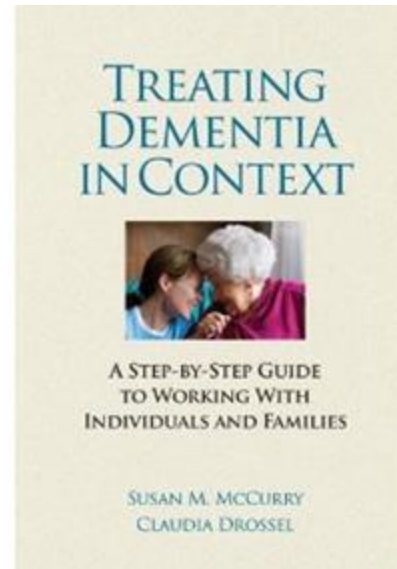
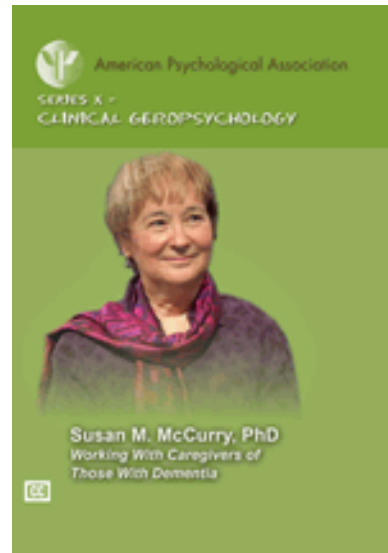
University of Washington

Family, Child, and Population Health Nursing |

School of Nursing

smccurry@uw.edu / suemccurryphd@gmail.com

Conflict of Interest/Financial Disclosure



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Dr. Susan McCurry and Dr. Claudia Drossel
Drawing a Map on Water: Contextual Functional Assessment and Treatment Planning for Cognitive Decline | 2 hours and 30 minutes

The correspondence between saying and doing – what we say we did versus what we did, or what we say we will do versus what actually occurs and the reasons we give – breaks down with many neurodegenerative insults or diseases, such as stroke, Alzheimer's disease, or Lewy bodies disease. While verbal behavior may not match past or unfolding events, it nevertheless maintains its social functions both in your office and out in the world. Understanding these functions is the key to maintaining significant relationships and living well with cognitive loss. The work with people with cognitive loss provides unique opportunities for learning how to conduct ongoing comprehensive functional analyses that combine the results of nomothetic tools (e.g., from neuropsychology) with those of idiographic assessments (e.g., medical records; interviews, client-centered measures to document patterns over time) to arrive at individually tailored interventions that maintain quality of life for persons with cognitive loss and families. Attendees will learn how to understand the impact of attributions and other narratives ("stories") on the lives of individuals with cognitive loss and their care partners; how to organize and integrate complex information, and how to prepare for collaborative intervention planning with individuals and families.

Susan McCurry, PhD, is Research Professor Emeritus at University of Washington and a practicing clinical geropsychologist in Seattle. She is a founding member of the ACBS Aging in Context special interest group, with particular specialization supporting psychological health in older adults across the cognitive continuum and in their community care partners.

Claudia Drossel, PhD, is an associate professor at Eastern Michigan University (EMU), a licensed

Some content from this presentation will be derived from materials that Dr. McCurry has produced on services for people with cognitive decline and their families.

She receives a pitifully small amount of royalties now and then from the books.

Learning Objectives

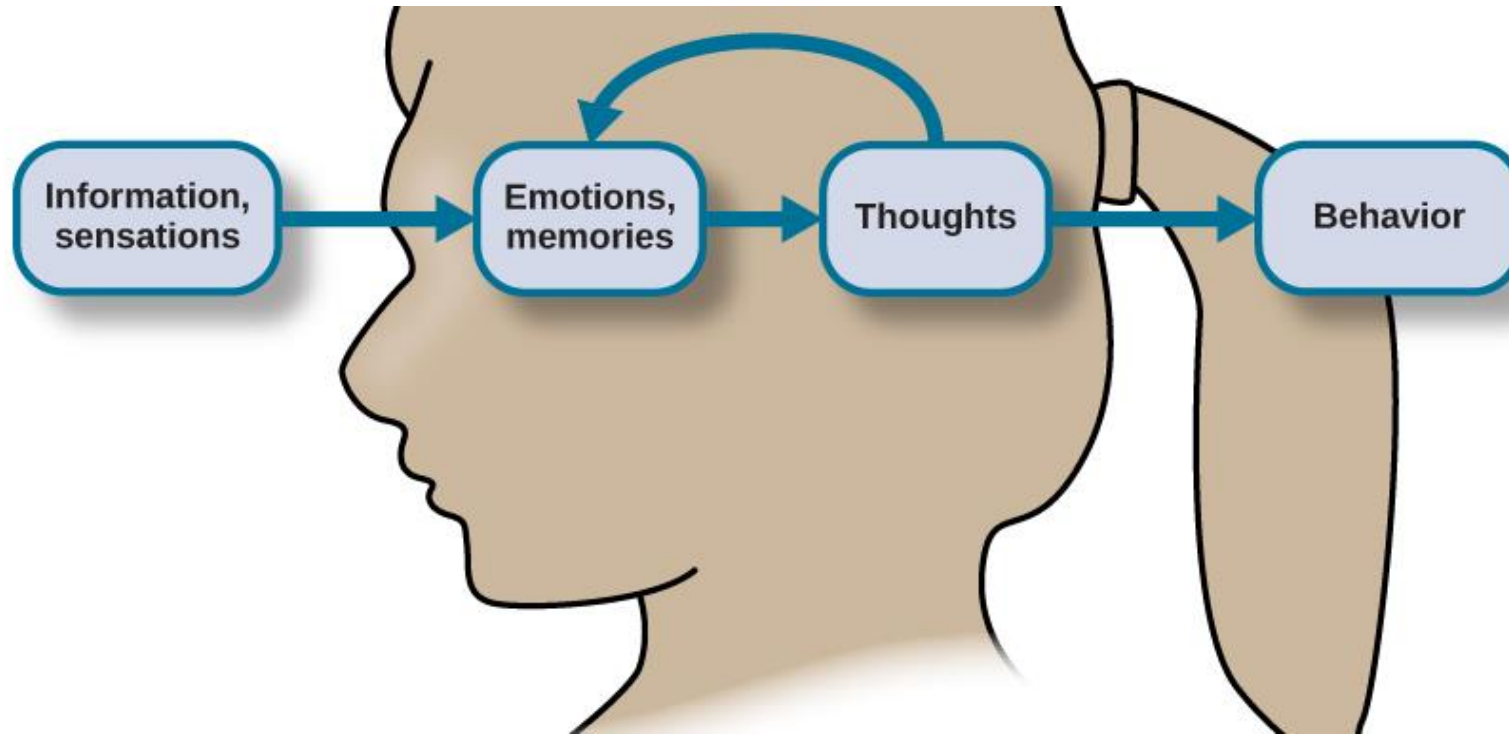
1. Describe emotional and behavioral changes associated with neurocognitive disorders*
2. Discuss the communicative and social functions of these behavioral changes
3. Consider treatment implications in your practice for working with persons with neurocognitive disorders and care partners

*Note: I will be using the currently preferred term (neurocognitive disorders) and the more familiar term (dementia) interchangeably during this presentation

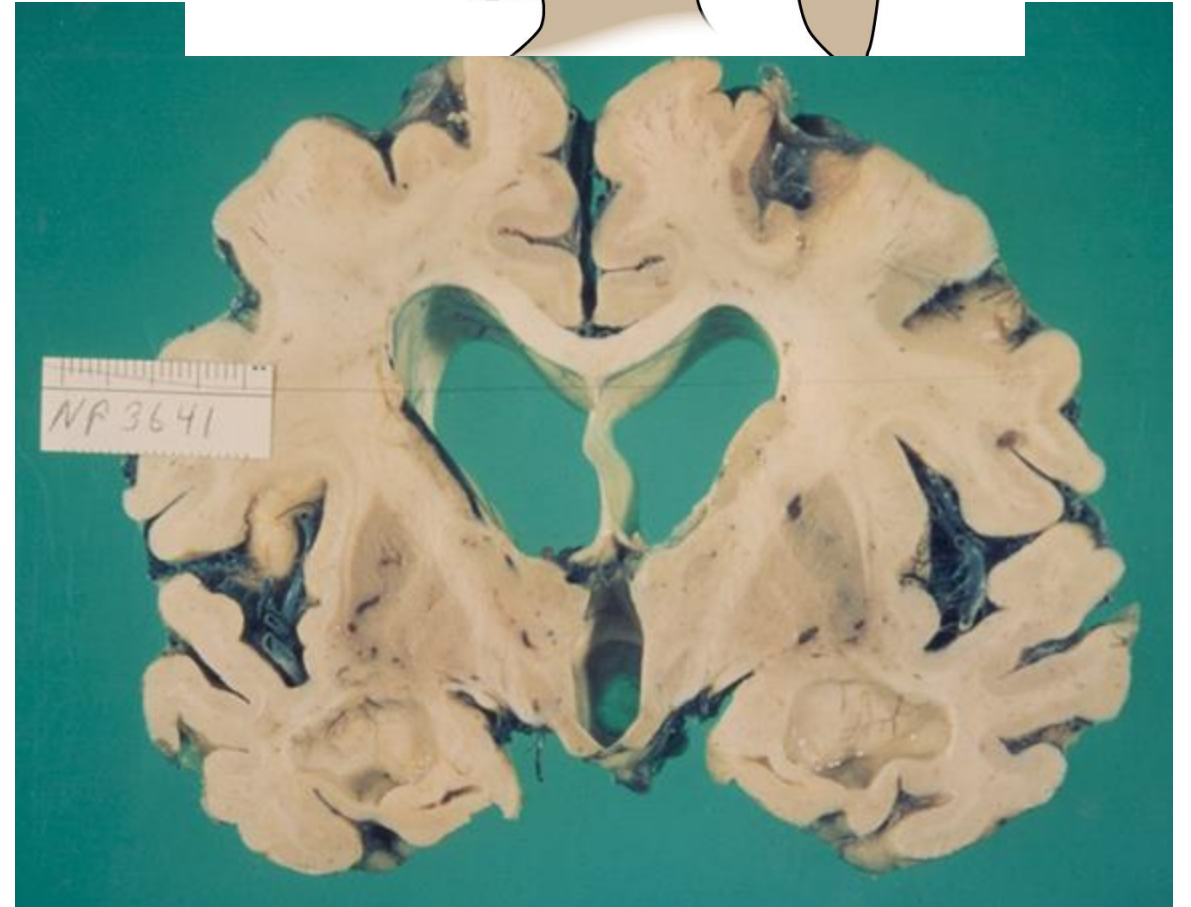
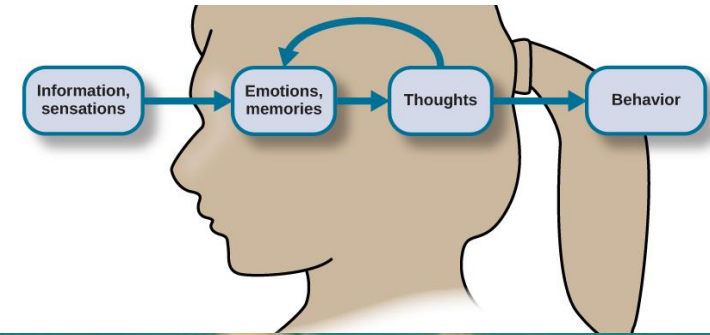
Examples of Emotional and Behavioral Changes

- Fear (anxiety, anger/belligerence, refusal of care, repetitive behaviors)
- Sadness (helplessness and hopelessness, feelings of loss, decreased self-worth, loneliness, withdrawal, tearfulness)
- Distrust (confusion about situation, failure to recognize others, suspicions of stealing or betrayal)
- Visual/auditory misperceptions (leading to delusional beliefs)
- Boredom (restlessness, pacing, wandering, out of character behavior)
- Temporal disorientation (“time traveling” to past persons/activities/places)

Hypothesis: There Are No “Inappropriate” Dementia-Related Behaviors



Dementia is a Brain Disease





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What is the function of the behavior?
What is it trying to communicate?



*Under stress
we all regress*

Consideration #1: What if Neuropsychiatric Symptoms in Dementia are Normal Reactions to Cognitive Decline?



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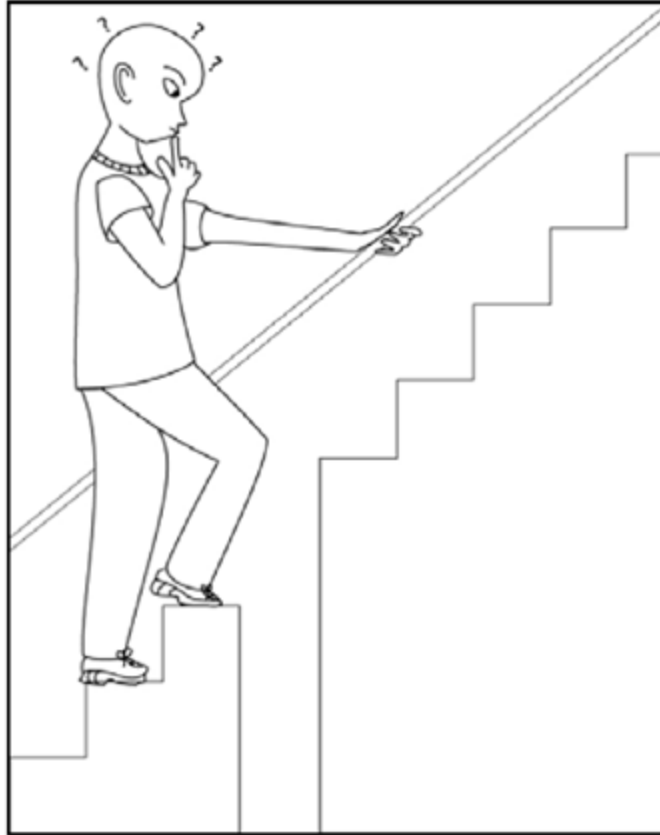
Functional Analyses: The ABCs of Behavior Change



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Drawing a Blank



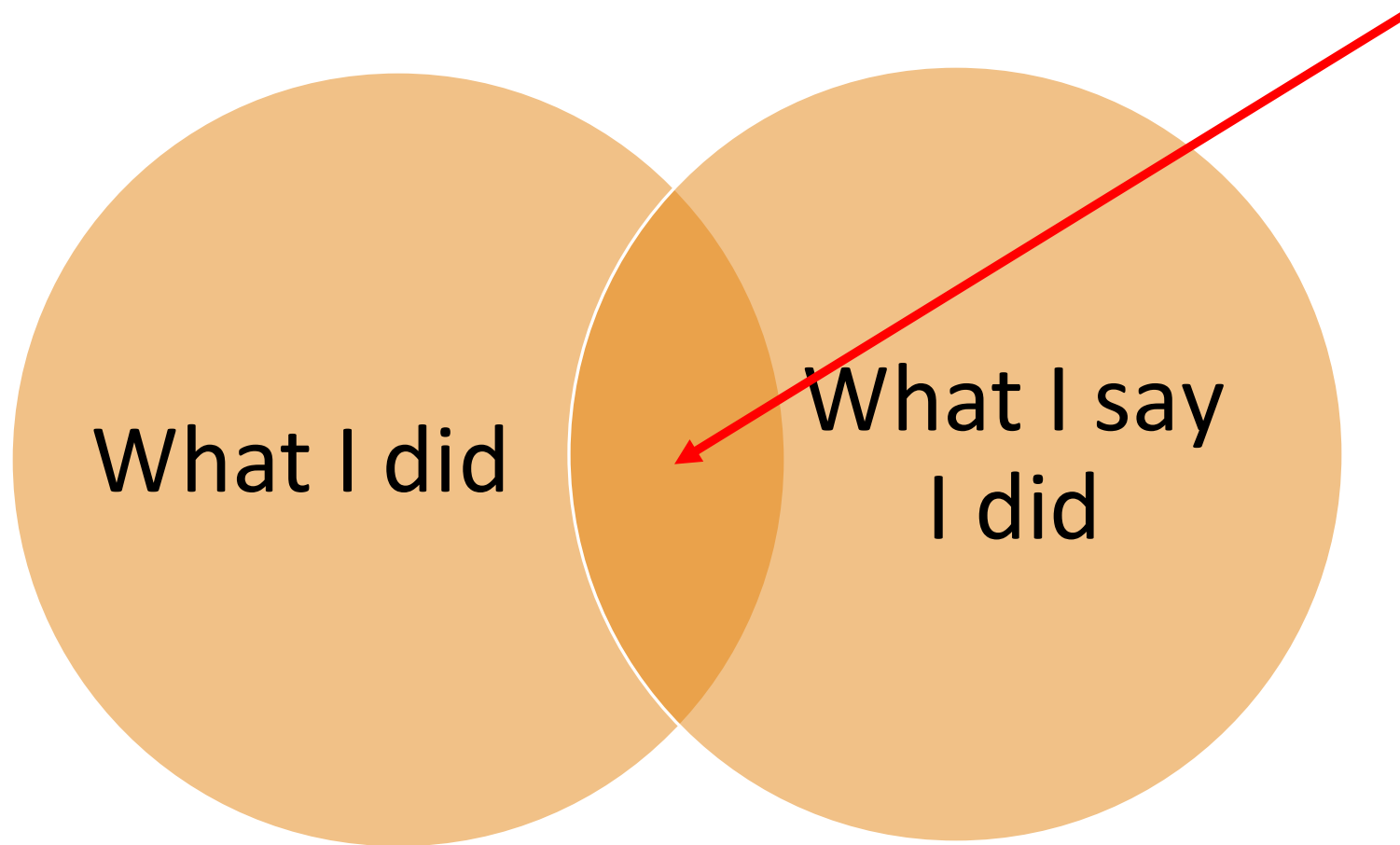
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Consideration #2: Care Partners Expect Congruence



Coordinated Action via Language



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Despite Incongruence, Language Maintains Its Social Functions



Subtle Incongruence can Generate Suffering



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Anosognosia ≠ “Denial”



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So What Do We Do To Help?

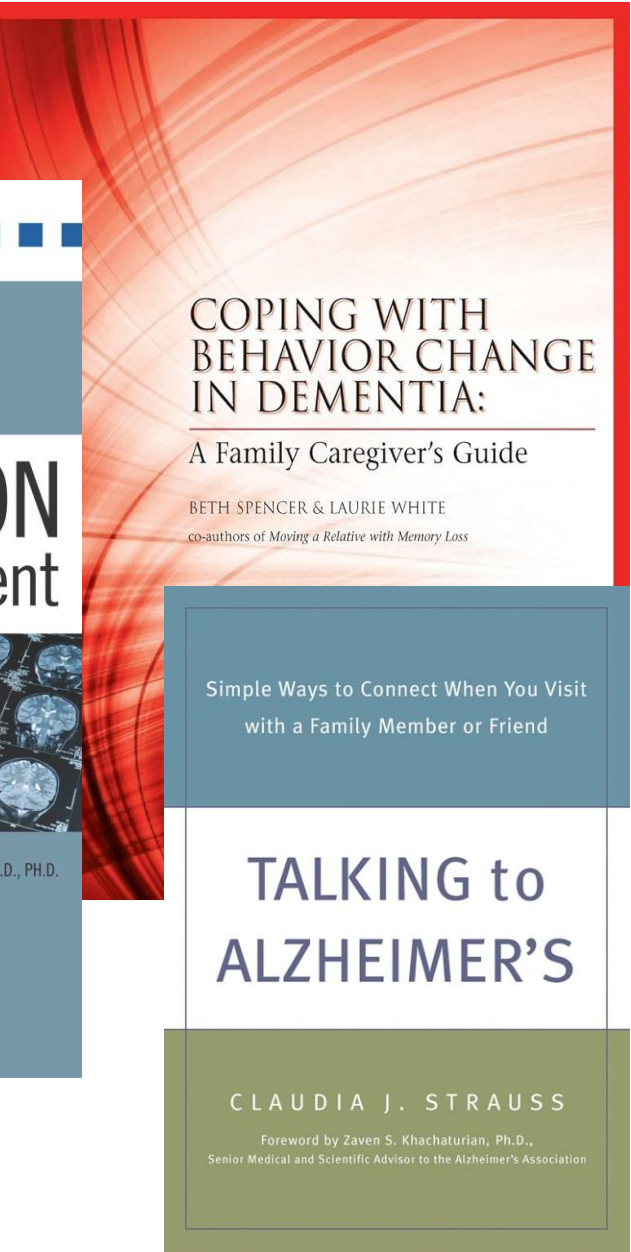
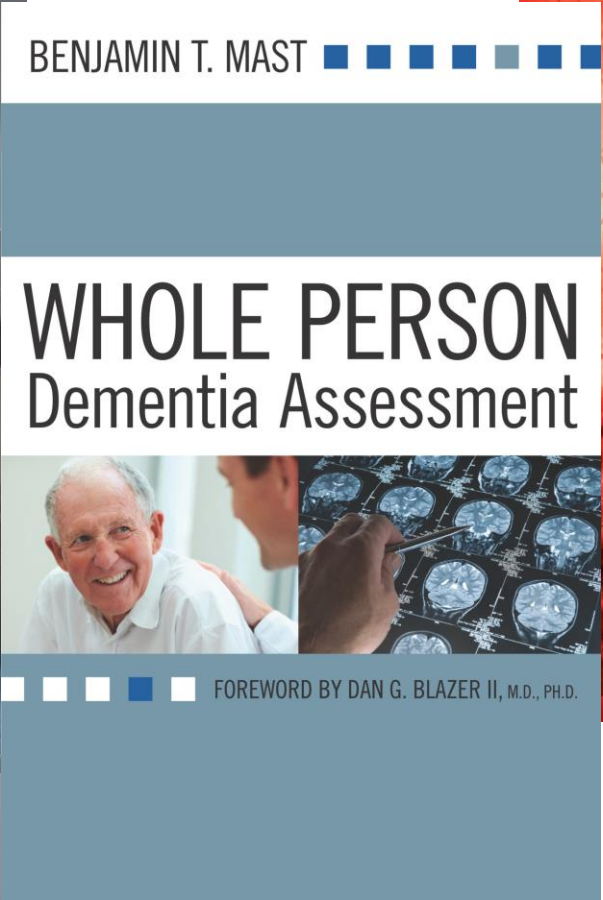
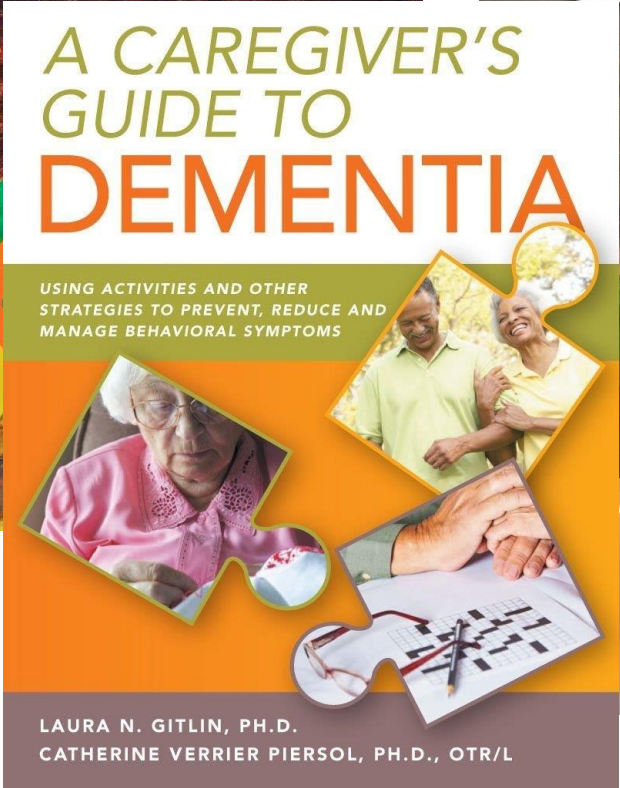
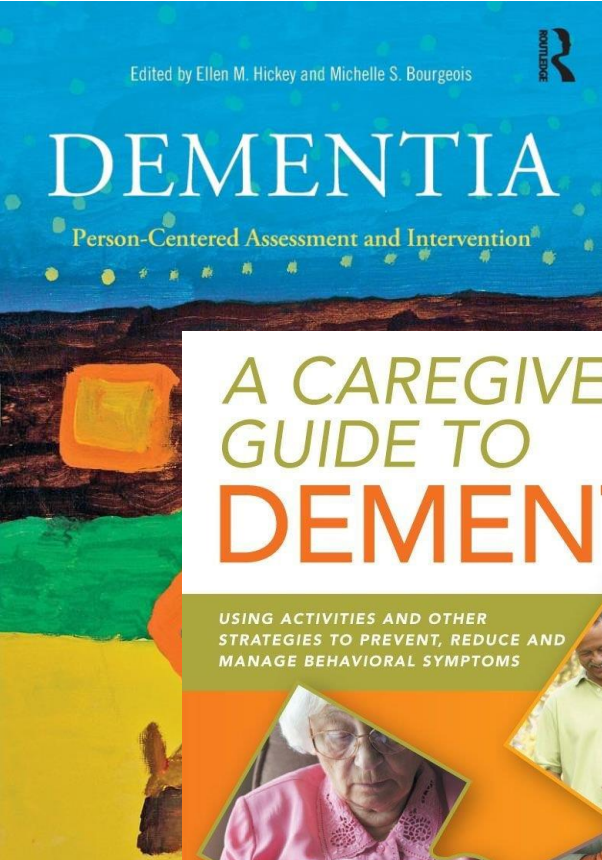


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<https://depts.washington.edu/mbwc/resources/echo>



TALKING to
ALZHEIMER'S

CLAUDIA J. STRAUSS

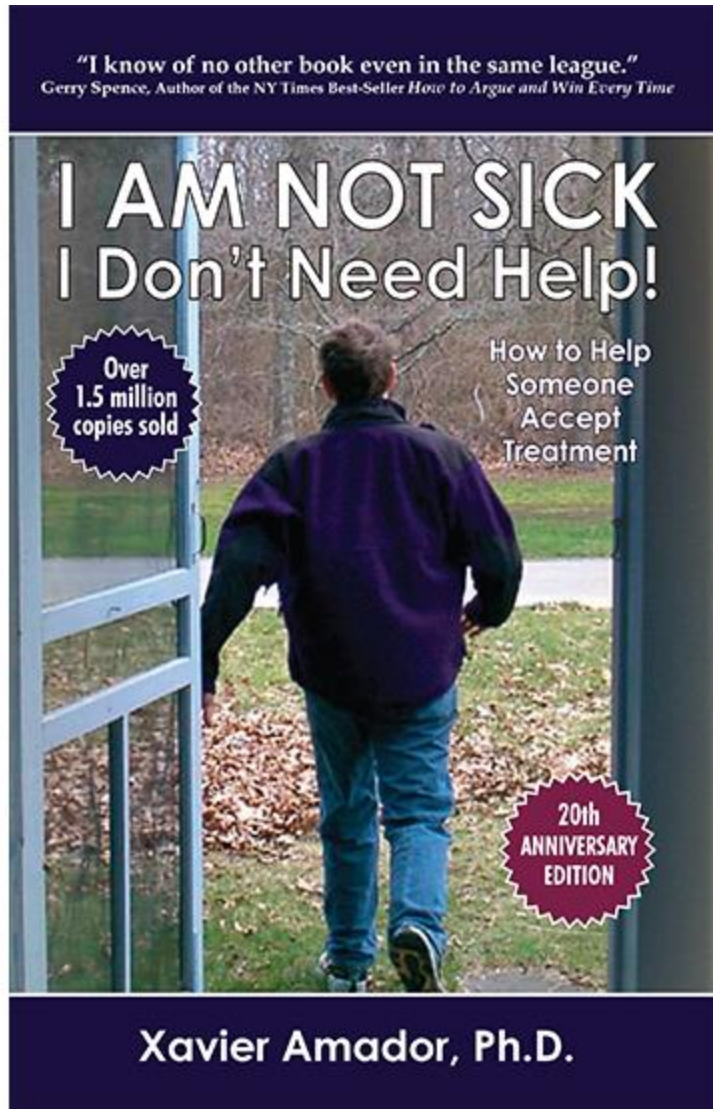
Foreword by Zaven S. Khachaturian, Ph.D.,
Senior Medical and Scientific Advisor to the Alzheimer's Association

Simple Ways to Connect When You Visit
with a Family Member or Friend

COPING WITH
BEHAVIOR CHANGE
IN DEMENTIA:

A Family Caregiver's Guide

BETH SPENCER & LAURIE WHITE
co-authors of *Moving a Relative with Memory Loss*



L.E.A.P

L – Listen, don't react (reflective listening)

E – Empathize with the feelings the person is expressing

A – Agree; common ground can always be found somewhere

P – Partner to achieve shared goals

Listen with Respect, Comfort and Redirect

Listen

Make sure that the person KNOWS you are listening.

- ☆ *Make eye contact with the person.*
- ☆ *Focus on the person; don't try to do two things at once.*

Respect

Sometimes being too casual with a person can be viewed as disrespect.

- ☆ *Watch your tone of voice; no one likes to be scolded or talked down to like a child.*
- ☆ *Be careful when you talk about the person when he or she is in the room.*
- ☆ *Pay attention to the person's nonverbal communication. Does it seem like he or she is bothered by your communication style?
If so, try a different way of communicating.*

Comfort

What we say and how we say it can provide a great deal of comfort to a person who is upset. Those who are anxious, agitated, or depressed can benefit greatly from comforting communication.

- ☆ *Don't pay as much attention to what a person is saying as to what the person may be thinking or feeling.*
- ☆ *Let the person know that you understand.*
- ☆ *Persons with dementia who are anxious and depressed can't calm themselves down; they need help. A hug, a reassuring statement ("I will take care of you"), or even a "comfort item" such as a soft throw or pillow can be effective.*

Redirect

Sometimes providing comfort is not enough. Try to redirect or distract the person from his or her problem behavior.

- ☆ *Attempt to change the subject after you have shown respect and tried comfort measures.*
- ☆ *Try to involve the person in a distracting pleasant event.*

Whatever you do, DON'T ARGUE!



Learning to Take the Long View



Consideration #1: What if Neuropsychiatric Symptoms in Dementia are Normal Reactions to Cognitive Decline?

Consideration #3: Mom is still there



<https://anthrosource.onlinelibrary.wiley.com/doi/epdf/10.1111/j.1548-1387.2008.00036.x>

2024. **Taylor, Janelle.** "How's Your Mom?" Story adapted from 2008 Medical Anthropology Quarterly article, for the NPR radio show and podcast *This American Life*. Included in Episode #823, "The Question Trap." February 2.

<https://www.thisamericanlife.org/823/the-question-trap/act-three-0>



“When you play chess, you lose pieces. Sometimes even a really important one, like a queen. But you still have to keep playing the best game you can.”

Thank You

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