

DICE: A Tool for Understanding and Responding to Behavior

DICE:	Patient	Caregiver	Environment
Describe what happens	<ul style="list-style-type: none"> What does the patient do? How does the patient feel about it? Is the patient's safety at risk? 	<ul style="list-style-type: none"> How distressing is the behavior? Is the behavior threatening your safety? Is the behavior causing harm or bringing up bad memories? How do you respond to the behavior? 	<ul style="list-style-type: none"> Who was there when the behavior occurred? When did the behavior occur and how did this relate to other events (e.g. while bathing or at mealtime)? Where did the behavior occur? What happened before and after the behavior?
Investigate possible causes	<ul style="list-style-type: none"> Any recent changes in medications? Limits in ability to do things? Medical condition (e.g. pain or infection)? Unmet need (hungry, tired, bored, lonely, constipated, hearing or vision loss)? Underlying mental health issue? Severity of cognitive impairment or memory problems? Fear, loss of control, embarrassment? 	<ul style="list-style-type: none"> Could you be misunderstanding the behavior (e.g. thinking the person is "doing this on purpose")? Could you try responding to the behavior differently? Are your expectations realistic based on the person's current abilities? Are you dealing with other stressors or mood issues? Are there family or cultural issues? 	<ul style="list-style-type: none"> Over stimulating environment (noise, clutter, crowds, activities, distractions) Boring environment (socially isolated, limited activity) Disorienting environment or lack of helpful visual cues? Change in routine or lack of a daily routine? Activities or tasks do not match current abilities or interests?

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Create a plan	<ul style="list-style-type: none"> Respond to possible unmet needs Discontinue any high-risk medications Follow-up with primary care provider about potential medical causes Optimize treatment of mental health issues Promote activity during the day and rest at night 	<ul style="list-style-type: none"> Seek information and support Enhance communication Create meaningful activities Simplify tasks Practice self-care Get more help (paid or unpaid) Talk through worst-case scenario to determine real risks 	<ul style="list-style-type: none"> Ensure the environment is safe Simplify the environment (reduce clutter) Set up the environment for the task at hand Enhance the environment (labels, notes, pictures, color contrast or camouflage) Create a “command center” for important things (keys, wallet/purse, phone, water, snacks, activities) Improve accessibility (grab bars, raised seats)
Evaluate the plan	<ul style="list-style-type: none"> Any new treatments or strategies? What worked? Have there been any unintended side effects? 	<ul style="list-style-type: none"> What was tried? Was it helpful or not? Are there any barriers to trying something else? 	<ul style="list-style-type: none"> What changes have been made? Were the changes helpful or not? Are there any barriers to making changes?

Adapted from: Fraker, J., Kales, H. C., Blazek, M., Kavanagh, J., & Gitlin, L. N. (2014). *The Role of the Occupational Therapist in the Management of Neuropsychiatric Symptoms of Dementia in Clinical Settings*. *Occupational Therapy in Health Care*, 28(1), 4–20. doi:10.3109/07380577.2013.867468