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| --- | --- | --- | --- |
| : Describe What Happens  **D** | | | |
| Patient | Caregiver | Environment |
| * What does the patient do? * How does the patient feel about it? * Is the patient’s safety at risk? | * 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? | * 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  **I** | | | |
| Patient | Caregiver | Environment |
| * Any recent changes in medications? * Limits in the 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? | * 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? | * Overstimulating 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? |
| * The severity of cognitive impairment or memory problems? * Fear, loss of control, embarrassment? | * Are there family or cultural issues? | * Activities or tasks do not match current abilities or interests? |
| : Create a Plan  **C** | | | |
| Patient | Caregiver | Environment |
| * 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 | * 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 | * 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, water, snacks, activities) * Improve accessibility (grab bars, raised seats) |
| : Evaluate the Plan  **E** | | | |
| Patient | Caregiver | Environment |
| * Any new treatments or strategies? * What worked? * Have there been any unintended side effects? | * What was tried? Was it helpful or not? * Are there any barriers to trying something else? | * What changes have been made? Were the changes helpful or not? * Are there any barriers to making changes? |