Communication Skills for 'Behavior' Prevention and Antipsychotic Reduction

Presented by:
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Part 1: Introductions & Overview

- **Erin Bonitto,** M.S., A.D.C.
  - Founder & Lead Coach of Gemini Consulting, Inc.
  - Dementia Educator & Dementia Communication Coach
  - Experiences serving persons with psychiatric diagnoses
- **Philosophy**

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Let's Talk about the Phrase **'Behavior Management'**

- The phrase **'behavior management'** comes from a medical model. Occasionally, some leaders and frontline team members interpret 'behavior management' as:
  - 'A behavior is a **BAD** thing,'
  - 'We need to make the behavior **STOP**!'
  - 'We **HAVE** to **CONTROL** what the person is doing.'
  - 'We might have to be very **FIRM** with the person, but it is for safety.'
- The phrase 'behavior management' doesn't capture what we **really do**: We are **compassionately** and **joyfully** serving a person who never chose the disease, condition, life circumstance, or trauma that affect them today.
- We **understand** this person is doing the very best they can in unimaginable circumstances.

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Key Concepts for Today's Discussion

#1 **All** behavior is communication.

- The person is using their **remaining abilities** to tell us **something**.
- If a person 'always' does something, that means we are **always** missing something.

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Key Concepts for Today's Discussion

#2 Regarding non-pharmacologic behavior management, often we are asking the **wrong** question.

- The question **isn't**: "What should we do **when** the person does _____?"
- The question **is**: "What should we do **before** the person does _____?"

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Key Concepts for Today's Discussion

#3 Our everyday communication patterns **do not work** for the person with dementia or damage to the frontal lobe, hippocampus, and language areas of the brain.

- Even if we are communicating in a way that is **pleasant** and **professional**, that communication may well be the **trigger** for many behavioral expressions.
- If we are communicating in even a slightly **scolding** way, that will likely be a **trigger** for many behavioral expressions.

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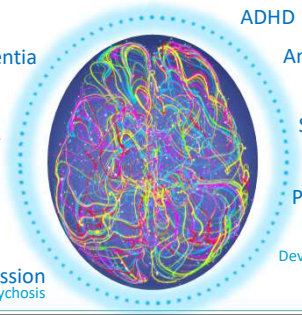
Differences in Processing External & Internal Stimuli



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Part 2: Communication Skills for 'Behavior Prevention'

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Our everyday communication patterns **do not work** for the person with dementia or other cognitive differences.

Even if we are communicating in a way that is **pleasant** and **professional**, that communication may well be the **trigger** for negative behavioral outcomes.

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Scenario: Giving Medication

About the person

- Diagnosed with dementia and lives in a nursing home.
- Loves to joke around and still has strong social skills.
- He is having a harder time recognizing caregivers who were once familiar to him.
- He is often unsure sure why he is in this place.
- His language processing changes are subtle – but they are there.
- He tends to experience more confusion in the evenings than during the day.

About the nurse

- Always friendly and bubbly with residents and co-workers.
- Gets annual dementia training.
- Has worked with this resident for over a year and enjoys his personality.
- Finds him pretty easy to work with most of the time.
- Behind on her med pass this evening and feeling rushed. Even so, she uses a pleasant and upbeat communication style with this resident.

Your Assignment

- The nurse's communication style is intentionally exaggerated in this role play.
- Identify specific things the nurse **did** or **didn't do** that likely escalated the situation.

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Giving Medication: Version 1

Using pleasant, every day communication skills

- What were some of the 'nuggets of reality' in this scenario?
- The team member was very pleasant. But what things did she do or not do that contributed to this outcome?
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____
  - _____

guiding to shower
•
guiding to bathroom
•
inviting to activity
•
assisting with exercise
•
doing an assessment
•
entering for a visit

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Giving Medication: Version 1

Using pleasant, every day communication skills

Is this really an 'inappropriate behavior'? Or, is it a rational response that any of us might have in the exact same situation?

What are some of the labels that might be used on this person now?

- _____
- _____
- _____

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So what can we do instead?

Treat every interaction as if it is the first
(because it may feel that way to the person)

Use thoughtful, deliberate dementia communication
(not just pleasant communication)

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Standard, 4-Step Approach

A Proactive Approach!

1. _____
2. _____
3. _____
4. _____
* _____

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Using the *Standard Intro* not only for medication, but other situations…

- doing an assessment
- guiding to shower or bathroom
- inviting to activity
- beginning a therapy session
- providing a treatment
- entering for a visit or work
- passing by in the hall
- any time establishing rapport is beneficial!

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Connecting this approach to 'behavior' prevention

Communicating through Physical Aggression

LPN
Uses this approach to give medication to a person who is reluctant.

Communicating through Physical Resistance

CNA
Uses this approach with a person who becomes easily frustrated with ADL care.

Communicating through Verbal Refusal

Physical Therapy Aide
Uses this approach to guide reluctant person to Therapy Room

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Skill Coaching Perspective: RN Supervisor

Prior to Dementia Communication Skill Coaching

- To the residents, I was probably just another friendly, fast-walking, fast-talking ***'Who the heck is this?'*** person.
- For nurses trying to get our med passes done, honestly, sometimes it felt a little bit like a rat race, just trying to get to everyone and **get them to cooperate.**

Since the Coaching

- Using the skills has been instrumental for all of us nurses. Now we have **a game plan for how we will approach** the guys who can be the most challenging.
- Having **consistency in our approaches** has been **HUGE** for them!
- It doesn't work every single time, but at least now we have a **tool**.

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Spotlight: Medication vs. Improved Approach

The Situation

- 'John' often went into other resident's rooms. He was **hard to redirect** when he was looking for things in other resident rooms, staff would try to get him out of the rooms and he would become more upset.
- Staff would tell him '**no**,' '**don't**' or '**can't**' when he was getting into things or bothering residents in their rooms.
- Staff would **block doorways** to prevent him from entering rooms.
- He could become very **aggressive**: Hitting, kicking, biting. If approached 'poorly' he would strike out and **yell loudly**.
- He was perceived as 'one of our biggest **problems**' by staff.

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Behavioral Detective Work

- A small group of Champions – a Life Enrichment Coordinator, an LPN, and a CNA took the lead on trialing the ***'Standard 4-Step Introduction'*** with John in all their approaches:
  - When he was attempting to exit the household,
  - When he was going into other resident's rooms,
  - When he was already in the rooms, etc.
- Using this approach, the Champions determined the most **important skills** for success with John were:
  - Endorphin Boosts: Saying, "Well hello handsome"
  - Facial Expression that Sparkles
  - Addressing him playfully as "Mr. _____"
  - Down below eye level

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Coaching & Care Planning

Courtesy MN Veterans Home Silver Bay
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- Champions discovered that negative words, such as 'no, 'don't' and 'can't' were clear **triggers** for him – **escalating** his combativeness.
- Using the 'Standard 4-Step Intro,' including many **Endorphin Boosts** was a successful way to redirect John **and** build-up his Endorphins, preventing more of his '**seeking**' patterns.
- Small Champion team provided **hands-on coaching** for staff members on **all** shifts.
- Lead Champion wrote **detailed care plan** for use of these approaches.

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Since the Coaching

- **Far fewer** incidents of physical aggression. John had far more '**good days**' than 'bad days' when staff consistently used the care planned approaches.
- Staff members felt like they had the **right tools** to deal with this 'difficult' resident.
- **Discontinued** the 'trial & error' of medications (such as Zyprexa) that had been used in hopes of decreasing behavioral symptoms.
- **No mood-altering medications** were used, as our approaches became the most-effective tool for him.
- **Family members** requested – and received – skill coaching from Lead Champions to improve their visits with John; resulting in visits that did not agitate him.

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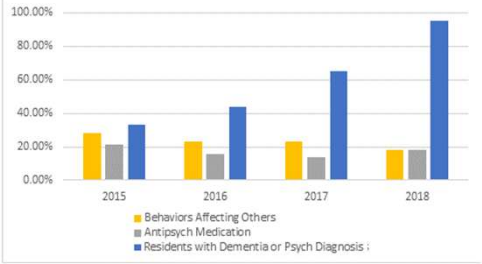
Organizational Trends



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Context

"It's not that fewer residents were using antipsychotic meds.

It's that we were admitting more and more challenging residents — behaviorally — and instead of *'getting them on something'* like we might have done before, we tried our approaches first. And we found out we didn't need to start an antipsychotic. That used to be our go-to."

- Dani Donner, Administrator

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Involving Families

- We **educate families** on the skills during our monthly 'Living with Dementia' workshops.
- We tell families to **look for our staff** using the skills on the household.

  "**Watch a nurse** when they are passing meds. You'll see the nurse get down and gently touch the person – and make a connection with them – before they ever even mention the medication."

  "**Watch how the CNA** helps the person go to the bathroom. You'll hear them just use a simple statement like, '*Let's go for a walk*'."
- I **love it** when families come back and say, "*I tried it – it worked*!"

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Basic Skills for Dementia Communication
What's the Connection to Behavior Prevention?

Avoid Shock or Uncertainty

- Approach in an easy way, from the front,
- Get below eye level (using a chair is okay!),
- Use a warm, sparkling facial expression (except in certain cases where this would be a trigger)
- When needed, use a gentle, gracious reminder to introduce yourself and your role in the person's world.

Ensure Comprehension

- Describe what you will be doing – and wait for person to process (and agree to!) what will happen next,
- Use simple statements (7 words or less) and ZIP IT!
- Use familiar, concrete words,
- Use a respectful & easy-to-hear tone of voice – avoid up-talking

Relate to Emotional Reality

- Use positive wording instead of negative,
- Validate the person's emotional experience
- Sit in silence together.

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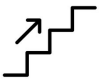
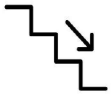
Skill Practice: Use a Respectful and Easy-to-Hear Vocal Quality

Avoid 'up-talking'



Use 'down-talking'



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Skill Practice: Simple Statements

Meal Time Simple Statements

"Pancakes today – with extra syrup and butter."

"Here are your eggs – cooked to perfection!"

"Two pieces of bacon – extra crispy!"

"Here is your bacon." PAUSE "It is not too crisp."

"Tell me how the pancakes taste…"

"You have to try this bacon…"

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Masterful Skill Use: Beyond Behavior

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Skill Practice: Describe What is Going to Happen Next

Bath & Shower

"I'll help you take off your pajamas." PAUSE "Tell me when you're ready."

"Pull down your pants — just a little bit."

"Put your foot right here." PAUSE "Right here."

"I'll turn on the water." PAUSE "We'll let it get warm."

"I'm going to turn on the water." PAUSE "It's going to be loud."

"Hold onto the sprayer." PAUSE "Tell me if it's warm enough.

"I'm going to get your hair wet." PAUSE "Are you ready?"

"I'm going to get your back wet." PAUSE "It's going to feel warm."

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Skill Focus:
Use positive wording (and body language) instead of negative

About the person

- Lives in an assisted living memory care,
- Language skills are good,
- Experiences poor balance, muscle fatigue & becomes easily winded,
- Due to dementia, unable to consistently remember to use his walker,
- Had two falls already this week.

About the caregiver

- Responsible for many people in this memory care neighborhood,
- Especially worried about him falling on her shift,
- Watches him with an eagle eye.

Your Assignment

- Identify a few **nuggets of reality**.
- Count how many **negative** or **scolding** statements were used.
- What challenging behavioral symptoms may we see **following** this interaction?

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'Person standing up unsafely'

Version 1

Responding with negative (scolding) words, tone of voice and body language.

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'Person standing up unsafely'

Your Assignment:

- Identify a few **'nuggets of reality.'**
- Count how many **negative** or **scolding** statements were used.
- What **challenging behavioral symptoms** may we see **following** this interaction?

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'Person standing up unsafely'

Version 2

Responding with positive words, tone of voice, and body language.

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Skill Focus:
Use positive wording (and body language) instead of negative

Your Assignment

- Watch the caregiver's overall approach, body language, and body positioning,
- Watch for her **'delighted'** facial expression,
- Discuss the specific, **positive wording** choices she made,
- Discuss what **future behavioral outcomes** may have been **prevented** by using this **positive** approach instead of a 'scolding' approach.

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Skill Focus:
Use positive wording (and body language) instead of negative

Your Assignment

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Examples of Outcomes…

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Dementia Communication Coaching for 'Behavior' Prevention

Outcomes

- 31 long-term care sites in the Midwest, including 14 with Memory Support
- 2 Year Outcomes

Antipsychotic Use

- Health Services overall: **-29%**
- Memory Support communities: **-26%**

Behaviors Affecting Others

- Health Services overall: **-39%**
- Memory Support communities: **-34%**

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Dementia Communication Coaching for 'Behavior' Prevention

Outcomes

- 31 long-term care sites in the Midwest, including 14 with Memory Support
- 2 Year Outcomes

In 2 years there has been a

50% reduction

in team member injuries related to 'combative' resident(s).

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What if…

What if we don't get the opportunity to use our dementia communication skills to prevent 'the behavior' – then what?

We can still use intentional dementia communication skills to prevent further escalation of the situation – and even reduce the intensity of the challenging 'behavior'.

Here's an example…

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"I've got to get that second load in!"
anxiety – agitation – repetition – perseveration – physical combativeness

Polite – Pleasant – Reminding – Reassuring – Encouraging

- *"Arlen called and said you don't have to do two loads today…"*
- *"I think you got those two loads in already, so you can just rest now, that sounds pretty good, huh?"*
- *"It's getting pretty close to dark now, so I don't think you'll be able to fit another load in today, so you might as well stay and have supper with us!"*
- *"The truck is broken down, we'll have to wait until it gets fixed…"*

Increased agitation & questions

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Example
Hauling Almonds

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Detective Work + Intentional Dementia Communication + Consistency

- Heavy energy to mirror mood – **authentic** body language, tone of voice, facial expressions.
- *"Klaus, Arlen just called with some pretty bad news… The belt just snapped on that de-twigger. The whole darn thing."*
- Validate the **emotional** reality,
- **In it together:** *"That is no good at all. Not at all."*
- **Settling** & **silence**,
- Look for engagement opportunity **after the** agitation has begun to decrease.

Plateau the escalation, then decrease

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Examples of Universal Communication Strategies

Person Experiencing Psychosis
Listening Non-Judgmentally

- Convey empathy,
- Listen non-judgmentally,
- Acknowledge what the person is saying and how they are feeling.

(partial list)

Person with Autism
Processing Information

- Say less and say it slowly,
- Use specific key words
- Pause between words and phrases
- Don't use too many questions

(partial list)

Sources | **Psychosis: Mental Health First Aid Guidelines**, 2019 Version 2.3, 2022.
National Autistic Society Advice & Guidance / Communication

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Part 3: Communication & Environmental Triggers

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Key Concepts for Understanding Environmental Triggers

1) Often, behavioral symptoms are the result of **environmental triggers.**
2) 'All behavior is communication' means that often the person is communicating about something **unsettling** or **upsetting** in the environment.
3) The person's response is **rational** – not unlike how you or I would respond. They are using their remaining abilities to tell us ***something*** is wrong.

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Often **WE** are the environmental triggers…

Messages we are sending:

1. It's time to ___ _____!
2. Something is _____!
3. I need to get out __ _____!

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Let's consider…

- What are some of the very concrete **messages** we are sending?
- How many of these **triggers** might someone with dementia or other cognitive difference be exposed to in our setting? How many times a **day**?
- In addition to our own teams, **who else** can be a trigger?
  - Family & visitor groups
  - Marketing tours
  - Vendors & contractors
  - Other health care visitors (Hospice, Therapies, Practitioners)
- What behavioral symptoms (rational responses) may we see as a result of these triggers?

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Other environmental triggers…

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Reducing Environmental Triggers: We are **all** part of the **team**

- Marketing & tours
- Central supply
- Dining
- Plant Services
- Housekeeping
- Laundry
- Contractors / Vendors
- Families / Volunteers
- Leadership
- Nurses & Caregivers
- Recreation, Social Services
- Therapies

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Do environmental audits – regularly!

Doing an audit

Take Home Assignment:

- Select a common area for an environmental audit,
- Spend 1 hour there (minimum),
- Include team members,
- Track potential triggers,
- Select 1 or 2 triggers to minimize,
- Make a contest, assign coaches, have fun!

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What can **our teams** do to reduce environmental triggers?

- Eliminate **50-Foot-Talk,**
- Always use the **Non-Task Walk,**
- Say good-byes discreetly,
- Tuck, muffle, hide your keys
- Tuck or hide jackets/bags,
- Enter and leave individually, not in groups,
- Enter public spaces like a 'church mouse,'
- Open & close doors gently,
- Do a check-up from the neck-up: **What is your facial expression communicating?**
- Check gestures & body language: **What are you communicating non-verbally?**
- **ANY** potentially negative comments or conversations **must** take place somewhere away from residents. Once we come through the doors, we are **on stage,**
- Consider how to use TVs, electronics, and music in **non-triggering** ways,
- Listen for – and **repair** – mechanical issues,
- Explore **sound dampening** measures,
- Consider alternatives to alarms & walkies,
- Educate & encourage visitors and vendors.

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Include EVERYONE – and make them a promotor!

Administrator – caught in the 'task walk'

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Minimizing Environmental Triggers

Common Behavioral Outcome: "It's like nobody is 'sundowning' today…"

Shift Change

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Managing Environmental Triggers is a Best Practice

Managing **triggers** in the environment
is a **critical** part of managing the most challenging
behavioral symptoms of dementia and other cognitive differences.

Managing **stimulation** in the environment
is a **critical** part of providing pleasure, purpose and peace for
the person, our team members, and guests.

Every one of us is part of this effort.
It takes a **team**.

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Comments – Questions – Connections

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Erin Bonitto, M.S., A.D.C., is a nationally recognized gerontologist, dementia communication coach, and founder of Gemini Consulting. Her behavioral coaching model equips interdisciplinary teams with practical, day-to-day communication strategies and behavioral insights for supporting individuals with dementia, psychiatric diagnoses, developmental delays, and other cognitive differences. Erin's 25 years in skilled nursing, assisted living, and memory care now also inform her growing work with teams serving adults who experience behavioral health challenges due to psychiatric diagnoses. Her coaching focuses on helping leadership and care teams prevent behavioral symptoms, reduce off-label antipsychotic use, and build a framework for joyful, genuine connection throughout the organization. Her work has been grant-funded, award-winning, and implemented across a wide range of communities – from large multi-site systems to deeply rural providers. In recent years, Erin has supported North Dakota providers through a statewide memory care workshop series in 2024 and an education and coaching tour of Basic Care communities in 2025. With decades of experience and a reputation for down-to-earth insight and skills, Erin has helped countless teams shift from reactive behavioral care to proactive, person-centered success.

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