Intervention strategies for exit-seeking wandering behavior in dementia residents

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Abstract

Long-term care facilities need effective intervention strategies to assist residents who, out of confusion, frustration, or anger, seek to exit the facility, which can result in their becoming lost or injured. This article describes some of the factors that lead to exit-seeking behavior and offers proven methods for educating staff to intervene during these episodes, enabling them to deal with the exit-seeker in a calm, compassionate, and dignified manner.

Key words: Exit-seeking behavior, dementia, long-term care, behavior management

Introduction

Every year, in long-term care facilities across the nation, dementia residents find their way out of the facility, get lost, and later are found injured or, worse, found dead. Many of these incidents result from intentional exit-seeking on the part of dementia residents, making this type of wandering behavior a significant risk management problem for long-term care providers.

To develop intervention strategies for exit-seeking wandering behavior, it is important to have an understanding of the cognitive and functional abilities of the dementia residents who exhibit the behavior, the reasons they seek to leave care settings, and the factors known to inadvertently prompt this risky behavior.

Cognitive and functional profile of exit-seekers

Exit-seeking wandering behavior is characteristic of middle-stage dementia residents (Global Deterioration Scale Stage 5[1]). These residents, although they retain some higher functioning abilities, have severe short-term memory loss, poor reasoning and judgment, severe spatial disorientation (as evidenced by their inability to locate their rooms in the facility), and lack even the most basic safety awareness. They retain good social skills and relatively good communication ability, leading people who are unaware of their dementia to perceive them as "normal" when first meeting them or interacting with them for a short time. They also appear very normal as they are still concerned about their personal appearance, desiring to be appropriately dressed, including "finishing touches" such as jewelry, watches, belts, etc. Women still want to have their hair done, wear lipstick, and invariably carry their purses about the facility. Men carry their wallets and are often concerned about their lack of money, particularly at meal times, as they perceive they cannot pay for their meals. Middle-dementia exit-seekers are able to do most of their own self-care with supervision and set-up assistance; wear their eyeglasses, dentures, and hearing aids; are continent of both bowel and bladder; and can ambulate independently. They have little insight into their present circumstances and believe that they still have responsibilities. These perceived responsibilities relate to their pre-dementia days and, sometimes, their younger adulthood.

Understanding exit-seeking wandering behavior

Exit-seeking wandering is a highly motivated, goal-directed behavior. It is considered a higher level behavior, as it requires the cognitive ability to form a thought, plan an action, and carry out the plan. These characteristics differentiate exit-seekers from the other identified types of dementia wanderers (*i.e.*, self-stimulatory, restless pacers, and modelers[2]), who do not have a desire to leave the facility and only exit inadvertently. Exit-seekers also can be differentiated by their belief that they still have responsibilities for loved ones, their homes, and normal daily chores/tasks. Researchers have identified two distinct types of exit-seekers[2]: elopers and runaways. They differ in their emotional states, their perceptions of why

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they are in a long-term care setting, and their reasons for wanting to leave.

Elopers are seemingly unconcerned about the fact that they are in a long-term care facility and, as such, have easy-going, calm demeanors. They perceive themselves as visitors to the facility and only become upset when they are told they cannot leave. Elopers could be considered "busy" people, since their desire to leave is driven by a wish to accomplish their responsibilities (sometimes referred to as "agenda" behavior[3]). They generally tell staff when they are leaving and why (*i.e.*, "It was nice talking with you, but I must go to the bank," etc.). Elopers have even been noted to stop people in the facility and politely ask where the front door is, conjuring up a realistic scenario for being lost (*e.g.*, "I was just visiting and got all turned around").

Runaways, in contrast, retain some insight into their circumstances and are very angry or anxious and confused about being in a facility. They frequently tell people that they are being held against their will (which is generally the case). They are "worriers," as their desire to leave is prompted by their concern for their loved ones (*i.e.*, "I need to get home. My children are coming home from school") or the belief that a loved one is coming for them, but he/she does not know where they are. Runaways can become fixated on calling their loved ones throughout the day and night and become panicky when they cannot reach them. They often make highly emotional statements that they need to "get out of this place," but seldom go directly to a staff member and ask for directions on how to get out. Instead, they quietly slip out without notice when staff are busy; hence their designation as "runaways."

Factors inadvertently prompting exit-seeking behavior

Research has identified that there are four times a day[4] in a long-term care setting that the environment routinely and inadvertently prompts exit-seeking behavior in many middle-stage residents—after every meal and at the afternoon change of shift.

In normal daily life, adults generally get up from their meals and continue completing their daily responsibilities. This rote or automatic response to the completion of a meal prompts or cues middle-dementia persons to remember their past responsibilities, and inadvertently triggers their desire to leave. Additionally, the rituals associated with the end of the day are seen at the afternoon change of shift (*i.e.*, getting purses, coats, and keys, and saying goodbye). These activities prompt dementia residents to think it is time for them to go home as well, to tend to children coming home from school, to cook supper, or to be with their families.

Exit-seeking wandering behavior also can be prompted at other times during the day or night when a middle-stage dementia resident is experiencing physical or emotional discomfort. Being hungry, thirsty, cold, fatigued, in pain, having to go to the bathroom, or being emotionally distressed from boredom, overstimulation, or an unfriendly environment are all identified normal triggers for people to want to "go home." Home is a haven, so it is quite natural that middle-stage dementia residents will want to go there when they are uncomfortable as well.

Elopers adjust well to being admitted to a long-term care setting because of their belief that they are just visiting, but runaways have a very difficult time. Their lack of insight into their placement and the whereabouts of their loved ones frighten them and evoke in them the corresponding fight or flight responses. As new admissions, these runaway exit-seekers generally manifest exit-seeking behavior right away. They seldom sleep the first 48 hours in the facility (seemingly waiting for their "captors" to fall asleep) and continuously try to "escape" throughout these first two days and nights.[5] For this reason, facilities should watch newly admitted middle-dementia residents very closely if they are angry and upset about their admission and take very seriously any remarks they make about "getting out of the place."

Intervention strategies

To reduce exit-seeking episodes during the four identified times of day, caregivers should promptly engage middle-stage dementia residents in purposeful, work-related activities as soon as they complete their meals. (The need to engage these residents in work-related activities should be placed on their care plan.) Additionally, a structured, recreational group activity also should be scheduled for the afternoon change of shift in a setting away from the staff interchange.

Ideas for purposeful activities after meals

The first approach for purposeful activities is to ask the residents for their help in completing things that would have been common chores in their homes and experience. Purposeful activities also present good opportunities to engage residents in reminiscing about where and when they did these chores and tasks in the past. (Thrift shops are a good source of inexpensive household things to use with residents.) Other examples of purposeful, work-related activities include the following:

- Ask them to assist with meal clean-up, sweeping the floor, wiping tables and chair seats, arranging chairs back under the tables, scraping plates,

and sorting the used flatware into separate containers. They can also be engaged in wrapping napkins around flatware for the next meal. Have them wear inexpensive, disposable plastic gloves. Don't expect that these chores will be done well enough that staff will not have to redo some of them properly.

- Create opportunities to polish things that would normally be found in a household and that can also prompt reminiscing, such as inexpensive silver-plated or brass objects (*i.e.*, tea services, vases, and candlesticks). This is a particularly good activity for men who often polished the family silver before holiday dinners. For safety, provide cream type polish instead of liquid polish or replace the liquid polish in the container with lotion. Many women often polished the leaves of their house plants with water, so provide a wet cloth and small pots of artificial plants that are growing on a stake for them to polish. Polish old white or brown baby shoes.

- Have them sweep sidewalks and patios and rake leaves in supervised or secure outdoor areas.

- Ask them to cut out coupons or scrap paper for memo pads for the staff to use.

- Have them sort and fold tea towels, washrags, baby clothes, and socks of different colors, sizes, and uses (i.e., babies,' children's, men's, ladies,' and sports or novelty socks).

- Provide them with poker chips, checkers, and large nuts and bolts, or mix large and small paperclips together and ask them to separate them.

- Assist them in making things for "the children," such as felt or sock puppets; sanding simple, unfinished wooden birdhouses or wooden toys; or sanding a small footstool.

Ideas for change-of-shift activities

There are many ways to distract residents from the leave-taking that occurs during shift changes:

- Sing-a-longs of songs that provide comfort, solace and/or inspiration, *e.g.*, religious, patriotic, or silly songs.

- Videos with simplistic story lines and lots of action, such as old comedies (*e.g*, "I Love Lucy," "Little Rascals/Our Gang"); animal nature videos (particularly baby animals); Respite™ Videos[6]; videos featuring ballroom dancing or Lawrence Welk; old cartoons (*e.g.*, "Felix the Cat" or "Betty Boop"), and old World Series videos.

- Reading aloud familiar American poetry that the elderly often had to memorize (*e.g.*, "The Highwayman," or "The Gingham Dog and Calico Cat"); familiar short stories by famous authors such as O. Henry and Mark Twain; moral stories such as *Aesop's Fables* and familiar biblical psalms.

- Completing the endings of familiar proverbs and titles to familiar old songs; naming states and capitals; spelling bees and multiplication tables.

- Going for short rides to get ice cream; watching children playing at a day care center or practicing ball at a Little League or Pop Warner practice.

- Exercise activities that involve rote, reflexive responses (*e.g.*, kickball, ball toss, parachutes).

Emergency interventions

When encountering an exit-seeker on the way out the door, caregivers should not try to reason with the resident by explaining that he or she lives at the facility now and does not have the responsibilities he or she is concerned about. Additionally, trying to physical restrain a resident from leaving should only be considered as a last resort intervention as it will only escalate their fear and evoke a physical response in return.

Elopers

Validate[7] the resident's need to leave, calmly asking them where they are going, how long they will be gone, and how are they getting to their destination. Then offer a "reasonable" explanation why their transportation is unavailable (*i.e.*, if they say someone is coming to pick them up, advise the resident that their ride called earlier and is having car trouble and will have to reschedule for a later time); apologize for not remembering to tell them earlier, and invite them to come with you for a "cup of coffee" or to join in another activity.

Runaways

Validate the resident's distress and calmly engage the resident in a conversation about the loved one he or she is worried about (*e.g.*, if it is a spouse, ask how long they have been married, where did they meet) and then distract the resident by talking about one of the aspects shared (*i.e.*, "I've never been to _____, but have always wanted to go there. What are some of the interesting sites I should go to when I visit there?"). Sometimes, the resident is too anxious to be easily distracted and the best intervention is for someone to walk with them outside for 15 to 20 minutes, pleasantly engaging the resident in conversation. (It would be beneficial to take along a cell phone in the event the resident will not return willingly.) After 15 minutes, the staff member should advise the resident that he or she is getting tired, hungry, and thirsty and needs to make a rest stop. This provides an opportunity for the staff member to begin walking the resident back to the facility and, once there, offer them refreshment and thanks for taking a walk with them.

Once there has been an episode of running away, expect that it will happen again and plan for it. Contact the family and ask them to make a "simulated presence therapy" audio and/or videotape. They will likely need to have it scripted for them. The audiotape should be a simulated phone message whereby the family member calms the runaway down by telling them they are sorry they missed the resident when they called earlier, but wanted the resident to know they are fine, that they know where the resident is, and that they have been out running errands. The family member should end the call by telling the resident they are loved and missed and that the family will be visiting soon. This tape should be kept at the nursing station or reception desk and when the resident wants to call home, the staff can advise him/her that their family just called and left a message for them. Additionally, if the resident is spotted at an exit door, the staff can calmly tell the resident they have a phone call from a family member and ask if he or she wants to take it. This will often distract the resident from trying to leave.

A simulated presence video replicates a visit with the resident. The family makes a videotape of themselves talking to the resident as if they were seated across from them and chatting. They can discuss the normal daily activities engaged in by family members, express their happiness at being able to visit, and then discuss some happy memories the family has shared. The video should be about 10 minutes in length. This simulated visit can be played for the resident when he or she appears to be getting anxious and/or when they complain the family hasn't visited lately (although the family may, in fact, be visiting regularly, the resident does not remember the visits). This is also a good intervention for families that live far away and do not have an opportunity to visit often. (The Respite Videos provide excellent examples of such tapes.)

Lastly, it would be beneficial to engage the runaway exit-seeker in a grief therapy program (like Heart-to-Heart™)[8] that enables them to express their grief and move beyond it.

Conclusion

Knowing the residents who are most likely to exhibit exit-seeking wandering behavior and the times and events in the day that prompt it, enables staff to anticipate this behavior and plan daily interventions to diminish exit-seeking episodes. Additionally, educating staff on ways to intervene during unexpected episodes empowers them to deal with the exit-seeker in a calm, compassionate, and dignified manner—setting up a win-win situation for all.

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