

## **Understanding Exit-Seeking Behavior Among Long-Term Care Residents**

Every year, in long-term care facilities across the nation, residents with dementia find their way out of facilities. Some of these incidents result from intentional exit-seeking on the part of the resident with dementia. Exit seeking wandering is a highly motivated, goal-directed behavior (Lucero, 2002). It is considered a higher level behavior since it requires the cognitive ability to form a thought, plan an action, and carry out the plan. These characteristics, according to Lucero (2002) differentiate exit-seekers from the other identified types of wanderers with dementia (those who do not have a desire to leave the facility and only exit inadvertently). Researchers have identified two distinct types of exit-seekers: elopers and runaways. They differ in their emotional states, their perceptions of why they are in a long-term care setting, and their reasons for wanting to leave. In this case, the reference is directed to the runaways.

Runaways retain some insight into their circumstances and are very angry or anxious about being in a facility. Their desire to leave is prompted by their concern for their loved ones or the belief that a loved one is coming for them. Runaways can become fixated on calling their loved ones throughout the day and night and become panicky when they cannot reach them.

Research has identified four times in which the environment routinely and inadvertently prompts exit-seeking behavior in many residents; these times are after every meal and at the afternoon change of shift. Lucero (2002) identifies intervention strategies, which may be used to reduce exit-seeking episodes during these times:

- Ask the resident for help in completing things that would have been common chores in their homes. Examples include assisting with meal clean-up, sweeping the floor, wiping tables and chair seats, arranging chairs back under the tables.
- 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.
- Ask the resident to cut out coupons or scrap paper for memo pads for the staff to use.
- Ask the resident to sort and fold wash cloths, sort and fold tea towels, etc.
- Provide the resident with poker chips, checkers, and large nuts and bolts, or mix large and small paper clips together and ask the person to separate them.

According to Lucero (2002), many activities can be used to redirect residents from the leave taking that occurs during shift changes. These types of structured, recreational group activities should be scheduled for the afternoon change of shift in a setting away from the staff interchange. These include:

- Sing-along of songs that provide comfort, solace, and/or inspiration.

- Going for short rides.
- Exercise activities that involve rote, reflexive responses, such as kickball, ball toss, and bowling.

When encountering an exit-seeker on the way out of the door, facility staff should not try to reason with the resident by explaining to the resident that he or she lives at the facility now and does not have the responsibilities he or she is concerned about. Additionally, physically trying to restrain a resident should only be considered as a last resort. The staff member should validate the resident's distress and calmly engage the resident in a conversation.

Sometimes, the resident is too anxious to be easily distracted. In this case, the staff member should walk outside with the resident for a few minutes. After which time, the staff member can advise the resident to come in and eat or take a rest. This will create the need to return inside. Finally, this type of behavior should be care-planned because it will happen again and a plan should be in place.

Source: Lucero, M. 2002. *Intervention strategies for exit seeking wandering behavior in dementia residents*. American Journal of Alzheimer's Disease and Other Dementia. Weston, MA: September/October.

## **Agitation in Older Persons with Dementia**

Sleep problems are common in dementia. One type of problem is insomnia—trouble falling asleep at night or waking up throughout the night. Although the cause is often unclear, it is sometimes possible to pinpoint a reason. Physical or medical problems, such as depression, nervousness, or physical pain can cause insomnia. Sundowning is another type of sleep problem. Sleep patterns are controlled by an internal clock in our brain that senses day and night, telling us when to rest and when to be active. This clock is often damaged in dementia. The person may be awake and overactive at night, thinking it should be daytime and trying to get dressed and out of bed. This type of confusion, disorientation, and agitation is called sundowning because it usually begins in the early evening.

To reduce agitation caused by sleep problems, the following strategies are suggested: Schedule later bedtime; allow for activities or tasks that can safely be done at night, plan more daytime exercise; adjust the temperature in the room; use night lights; reduce or eliminate caffeine; provide nighttime snacks; ensure a clear, well lit pathway to the bathroom; and eliminate or limit naps.

### **References**

[www.eonline.net/Knowledge/Articles/agitation.htm](http://www.eonline.net/Knowledge/Articles/agitation.htm)