

Responding With Psychosocial Approaches: Delusions and Hallucinations

practical ideas to help you support a person living with dementia



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About this resource

This resource aims to provide you with an understanding of the potential causes of delusions and hallucinations and how the person with dementia can be supported. Support of this kind aims to alleviate the person's distress and minimise the impact of distress on the person's care.

Each scenario shows a way of responding to the person in a way that validates emotions, and when appropriate, provides a valued re-direction so the person can focus on something which does not create discomfort or distress.

The scenarios given are only examples of what a family carer or staff member could say, and may not be effective with every person, depending on their mood, level of distress, cognition and language abilities.

If attempts to respond to the person are not effective, or the person becomes more distressed, it is not recommended to continue as this may lead to physical distress. Trying to listen rather than responding to the person can sometimes assist with preventing an adverse reaction. Allowing time out will assist with de-escalating the situation and ensure that the safety of the person with dementia and others involved is maintained.

Important Note

This document was created with funding under an Australian Government Initiative.

The funding of the document is not an endorsement by the Commonwealth of Australia of the information contained in it. The views expressed in this document are those of its authors and may differ from those held by the Commonwealth of Australia.

This resource was developed by the Dementia Behaviour Management Advisory Service (DBMAS) WA, under the auspices of Alzheimer's Australia WA Inc, and contains general information only. It should not be used as a substitute for personalised advice from an appropriately qualified clinician.

DBMAS is an Australian Government initiative.

What is a delusion?

A delusion is a fixed false belief that is not culturally bound. Delusions are often described as paranoid, but can sometimes represent reality for the person with dementia (e.g., a nursing home is not actually the person's home).

Examples of delusions include a belief that something has been stolen, that a partner/spouse is being unfaithful or deceptive, or that someone is trying to cause the person serious harm. This section will consider each of these scenarios.

Theft

The person believes that someone has stolen from them. Firstly, we should never assume that this is a delusion – the person may have good reason to believe this.

✓ Do:

- Ask questions which encourage the person to tell you more. It is important that the person's concerns are taken seriously and not dismissed.
- Listen carefully to the person's answers to understand why the person believes that something has been stolen.
- Change the topic of conversation to something which is comforting to the person if the person's level of distress is escalating.
- Find out if some money in the person's purse or wallet will help to alleviate anxiety if this is an ongoing concern.
- Obtain more detail, report to a supervisor and be guided by the person as to their experience of the situation.

How do you respond?

You: *How much do you think is missing?*

The person with dementia: *Oh, thousands of dollars.*

You: *Oh no, what do you think it has been spent on?*

The person with dementia: *On cars, I should think! He loves cars.*

You: *Really! Are cars a hobby of his?*

The person with dementia: *Yes, he always spent his time on cars, does them from scratch sometimes...*



"He has stolen thousands of dollars from my purse!"

Spousal Paranoia

The person has suspicious beliefs that their spouse is having an affair. This is a common fear and can be difficult to manage as the spouse or partner does not want to encourage their partner's delusion of an affair by asking more questions.

✓ Do:

- Encourage the person to say what is on their mind and listen attentively
- Validate the emotions that are expressed
- Let the person know you are very sorry they feel this way and try to gently change the subject
- Recognise that trying to reason or use logic – or bluntly disagreeing with the person - is unlikely to be helpful
- Avoid simplistically agreeing with the person or reacting sensationally to the belief as this may open up a whole different set of problems
- Consider whether humour may help to reduce the anxiety. This tends to be more effective in situations where humour is an integral part of the relationship, e.g., “*don't be daft, I wouldn't have the energy for all that nonsense!!*”
- Try to reassure the person by using reminiscence to alleviate distress, e.g., “*remember our wedding day, how much we loved each other and what a beautiful honeymoon we had...*”

How do you respond?

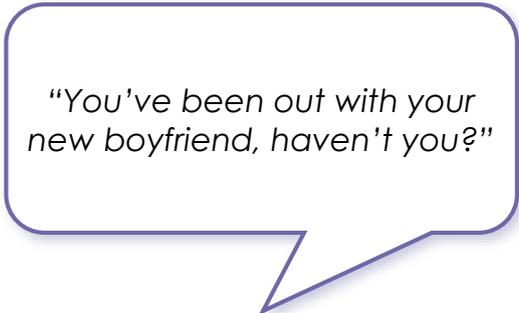
You: *I have been out at Pilates.*

The person with dementia: *Don't patronise me; I know what you are up to.*

You: *How could I ever replace you? I remember even now how handsome you were in your suit when we got married! Can you remember that day?*

The person with dementia: *Of course I can, I am not stupid.*

You: *I would love to have a look again and see what a great couple we were, come on, let's dig the wedding album out.*



“You've been out with your new boyfriend, haven't you?”

Victimisation and paranoia

The person believes that others are against them or intend to cause harm to them. Family members may be visiting more frequently, and the person may feel that the intent behind the visits, is not honourable. As in the scenarios already described, we must take such concerns seriously and never dismiss them as a symptom of dementia. The person is experiencing real fear or anger and distress, whether the belief is true or not.

✓ Do:

- Acknowledge and accept the person's concern as it is their experience.
- Try and find out as much as possible and provide support, reassurance and re-direction.
- Try to find out the trigger or contributing factors to the belief.
- Consider whether smell and taste have altered such that food has started to taste different causing the person to believe that it has been tampered with or poisoned.
- Assess the person's health, effects of medication and experience of pain. The person may be feeling unwell and think someone is trying to harm them.
- Find out if another resident is getting lost and entering the person's bedroom frequently.

How do you respond?

You: Who is trying to get rid of you, mum?

The person with dementia: She is! That awful woman, you know!

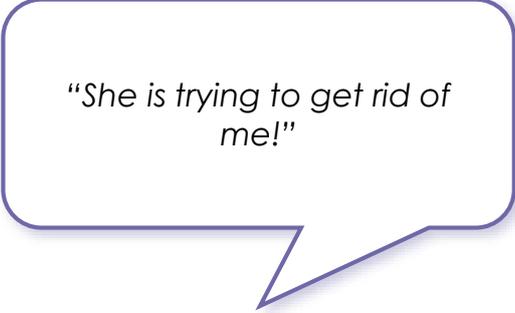
You: Oh yes, of course, but why would she be trying to harm you?

The person with dementia: Because she is always jealous of me and my house. She is always looking into my garden, plotting away.

You: I'm sure she is just looking because she thinks you have a lovely garden with all the wonderful herbs. Did you not help her with some gardening tips?

The person with dementia: Yes, I did but she is not any good at it. She never listened and has always been rude to me.

You: Maybe you can give me some tips instead, my chillies are awful this year and I can do with some help. Let's go outside and I can show you.



"She is trying to get rid of me!"

Living in the past

The person is having difficulty orientating to time and place, for example, an 85 year old woman may be looking for her toddler. A natural reaction is to attempt to persuade the person and to orient them back to the current day. This is largely ineffective and will only add to the distress and create mistrust.

✓ Do:

- Notice the person's emotions and validate the person's feelings. If possible, engage in positive conversation on the topic e.g., *"you look very worried about him, how old is your little boy?"*
- Do avoid contradicting the person. Telling the person they no longer live in that home, or no longer have young children, is likely to increase anxiety and distress.
- Consider what need may underlie the person's beliefs and how this need might be met.
- Find out more about the person, so that if a redirection is used, it is individualised to the person.

How do you respond?

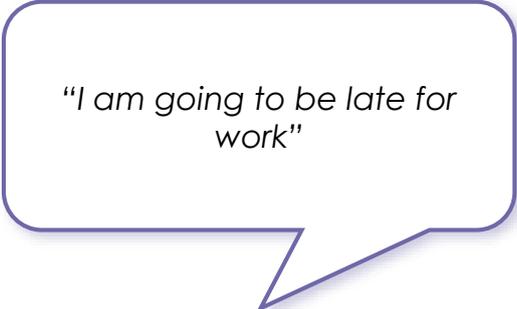
You: *Oh, are you? It is still quite early. I am sure you have plenty of time yet!*

The person with dementia: *No, I do not! Open the door now, please or I will be late.*

You: *Let's get you changed into some nice clothes and get your hair looking lovely before you head off.*

The person with dementia: *No, No, No!*

You: *It will be fine, we can always call in and explain why we are a bit late. Tell me about your work. Do you enjoy it?*



"I am going to be late for work"

What is a hallucination?

A hallucination is a sensory experience that occurs in the absence of actual sensory stimulation. Hallucinations in dementia are most commonly visual but can involve other sensory modalities like hearing and touch.

Visual hallucinations

The person with dementia is seeing something when there are no cues for it in the outside world.

✓ Do:

- Investigate possible physical causes such as urinary, chest or other types of infections or reactions to medication.
- Check the person's eye health and vision. Hallucinations may be related to some eye conditions which cause vision loss.
- Validate the person's hallucination. By doing this you are not agreeing that the hallucination is real or denying its existence. Instead you are letting the person know that you understand what they are feeling and believing.
- Change the environment as this can assist to distract the person from a distressing image and focus the person's attention on another topic or activity that they enjoy, e.g., a stroll in the garden.

How do you respond?

You: Does it hurt your eyes?

The person with dementia: Yes, who is doing that? Stop it.

You: I'll see what I can do. Does it stop when I turn the lights out?

The person with dementia: Yes, it has stopped.

You: Good. Let's sit in the dark for a few minutes and hope the lights are fixed. If not, we can go out for a walk in the garden.



"The lights are flashing everywhere"

How do you respond?

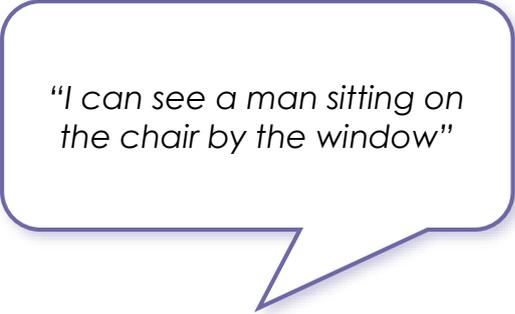
You: What does he look like?

Person with dementia: He looks like Michael.
What is he doing here?

You: Oh yes, Michael used to live next door
and I remember he used to come over quite
often and enjoy a coffee with us.

Person with dementia: I really missed him since he has moved away.

You: So do I. Oh, I know, we had photos of the both of you fishing off Hangers
Bridge. Shall we see if we can find the photos?



"I can see a man sitting on
the chair by the window"

Vision and Perception

People with dementia can experience a number of visuo-perceptual difficulties due to normal ageing, eye conditions, and sometimes from additional damage to the visual system caused by specific types of dementia.

Vision difficulties can result in illusions, misperceptions, misidentifications and sometimes even hallucinations. They can cause a person with dementia to misinterpret their environment and what is in it and therefore the person may have difficulty explaining what they have seen.

It is important to ensure that the person with dementia has access to regular eye care and visual health. A visit to the optometrist is important to ensure that the prescription is correct and that there are no physical causes e.g., cataracts.

✓ Do:

- Minimise visuo-perceptual problems by ensuring good, even lighting
- Recognise that it is normal for all people to need more lighting to maximise their vision as they age
- Try to eliminate shadows and glare
- Minimise busy patterns on walls and flooring
- Remove or replace mirrors and shiny surfaces if they are problematic

Misidentifications

The person with dementia has incorrectly identified an object or a person, for example, a man tries to use the black TV remote control as a shaver, or a woman is unable to distinguish between her son, husband and brother. This may be caused by damage to specific locations of the visual cortex.

How do you respond?

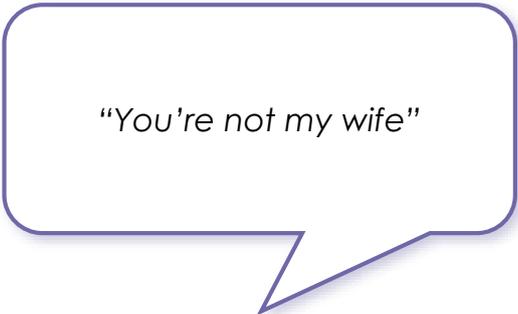
You: Does your wife look very different from me?

The person with dementia: Oh yes, she is much prettier. You're old!

You: Oh, I see! Can you show me some pictures of her, I would love to see them

The person with dementia: No, I cannot!

You: I'm just going to finish sorting out the clothes in the laundry. I can do with some help from you.



"You're not my wife"

Misperceptions and Illusions

These can be described as inaccurate or distorted visual information. Misperceptions can be influenced by previous experience and expectation.

Examples are:

- Walking down a long, dark corridor with benches along the wall resulted in the person with dementia thinking she was at a train station.
- A gentleman approaching a lift that had three large mirrors in it, mistook his reflection as a crowd of people who would not move to allow him in.

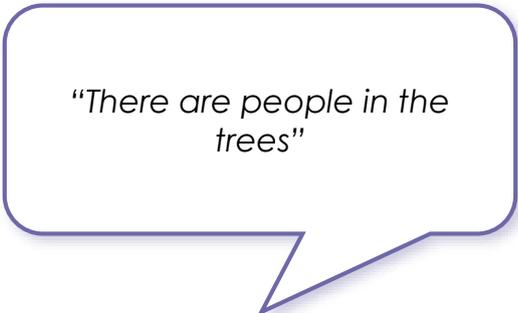
How do you respond?

You: Where are the people?

The person with dementia: Over there, in the trees.

You: If they are irritating you, I can close the curtain.

The person with dementia: No, thanks. I like the sunshine.



"There are people in the trees"

Language ability

Impairment in language is common in people with dementia, particularly in Alzheimer's dementia and primary progressive aphasia. Aphasia is an acquired language impairment caused by damage to the brain. It may involve language production, comprehension or both. Word-finding difficulties are common in the early stages of dementia. As the condition progresses, we may find a loss of fluency, incorrect use of words, pronunciation and poor comprehension.

If the person with dementia has difficulty understanding language, try to gain eye contact, speak clearly and slowly when communicating and, if necessary, use actions to demonstrate what you are trying to communicate. A gentle tone of voice and appropriate touch are also powerful ways to communicate and offer reassurance.

Some people have difficulty expressing themselves though they may understand you. Many people who speak more than one language, return to using their first language only, as dementia progresses. Allow the person to speak at their own pace and use their body language to tell you how they may be feeling.

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For more information:

Burns K, Jayasinha R, Tsang R, & Brodaty H. (2012) *Behaviour Management: A Guide to Good Practice*, Dementia Collaborative Research Centre at UNSW.

Available from:

http://dbmas.org.au/uploads/resources/DBMAS_Guide_21_05_12.for_USB_pdf.pdf

Alzheimer's Society, UK, 2012. *Sight, perception and hallucinations in dementia*.

Available from:

https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1837

Alzheimer Europe, 2009. *Hallucinations and delusions: how to cope with hallucinations and paranoid delusions*. Available from:

[http://www.alzheimer-europe.org/Living-with-dementia/Caring-for-someone-with-dementia/Changes-in-mood/Hallucinations-and-paranoid-delusions-false-beliefs/\(language\)/eng-GB](http://www.alzheimer-europe.org/Living-with-dementia/Caring-for-someone-with-dementia/Changes-in-mood/Hallucinations-and-paranoid-delusions-false-beliefs/(language)/eng-GB)