

Aggressive Behavior

Because many individuals with FTD are not aware of their illness, they may become frustrated at limitations and constraints that they do not understand and consider to be unfair and punitive. As a result, the person may occasionally strike out at the caregiver or resist assistance. Aggression may include: shouting, name-calling, cursing, or lewd comments; or physical abuse actions such as hitting, pushing, biting, pinching, scratching or grabbing or disinhibited sexual behavior.

Anticipate and prevent wherever possible

- Reduce overstimulation such as too much noise, people or activity.
- Always avoid confrontation. This can be done by not arguing or trying to point out the truth.
- Assess and treat pain or other illness.
- Maintain routine, when possible. If necessary, make changes gradually. Disruptions to sleep, structure etc. may add to behavioral issues.
- Do not rush, argue, or touch without permission.
- Acknowledge the individual's feelings.
- Provide activities that are individualized and success-oriented. Promote individual versus group activities which may overwhelm the individual.
- Offer constant encouragement; maintain a calm voice and smile as individuals with FTD understand positive emotional expressions better than negative ones.
- Evaluate benefits and side effects of medications (mood and behavioral) closely and continuously .
- Note: Re-direction is not usually effective with individuals with FTD, as cognitive and memory abilities are often retained.
- Be aware that physical agitation without aggression (such as increased pacing or yelling) predicts a greater risk of aggression towards another person.

Intervene with confidence and respect

- Remain calm, lower your voice (this may not be recognized by the individual with FTD but may assist in calming you). Do not attempt reason or logic. Validate the individual's emotions.
- Maintain safety. Give the individual space (about five feet). Make sure there is an exit route. Keep yourself standing on the individual's least dominant side. Observe the location of the individual's arms and legs. There may be physical aggression without warning, such as change in facial expression and body stance.
- If there is an aggressive behavior, use a calm, directing voice and single phrases to escort the person to a nearby area and engage in a positive activity.
- Call 911 if aggression or risk to the resident or others escalates.

Address staff concerns, review incidents and revise Plan of Care

- Address staff concerns (e.g., "He is younger and stronger, and he gives that blank, scary look.") openly.
- Education concerning the disease is essential. Help staff understand that the behavior is a result of the disease process.
- Communicate that personality changes may occur with the disease. Remind staff that the individual does not identify that there has been a change in his behavior.
- An individual's facial expression may be blank or appear threatening; do not take it personally.
- Encourage staff to share their observations, concerns and needs.
- Reinforce that there is no intent to hurt; someone with FTD is unable to have normal reactions and feelings.
- Review possible triggers and implement positive approaches.
- Develop a Plan of Care with the family, staff, and primary care provider. Review the Plan on an ongoing basis, and communicate to review and discuss with all staff.