NEED-DRIVEN DEMENTIA COMPROMISED BEHAVIOR (NDB) MODEL

The NDB model can help both family members and staff caregivers understand AND respond to behavioral and psychological symptoms (aka problem behaviors) that often occur during the course of dementia.

The NDB model suggests that fairly stable INDIVIDUAL factors and fluctuating ENVIRONMENTAL factors that

- Directly cause problem behavior in dementia, and
- Interact to cause problem behaviors in dementia

The model emphasizes that behaviors in dementia are a form of “communication” – and that caregivers ask themselves:

- What does this behavior mean? Why now? Why here?
- What does this person NEED to be comfortable?

STABLE INDIVIDUAL FACTORS

Cognitive function, including both the TYPE of dementia and also the STAGE of dementia

- How impaired is the person?
- What retained abilities do they have?
- How can activities be simplified to fit the person’s changing needs?

Physical function, including longstanding physical health conditions and changes in function that are part of dementia

- What other health-related problems does the person have?
- What are they able to do alone? With assistance?
- What assistive devices (glasses, hearing aids, walkers, wheelchairs) are needed to help them be successful?
- How can you “cue” the person to be as independent as possible vs. “doing things” to or for the person?

Longstanding characteristics and personality traits

- What do you know about this person?
- What are his/her longstanding personality traits?
- What do you know about the person’s typical coping methods?

Longstanding routines and preferences

- How might the person’s lifelong experiences be contributing?
- What did this person do on a day-to-day basis during most of his/her life?
- What are the person’s personal, leisure, and work-related interests?
Understanding Changing Needs of Persons with Dementia

- Is the behavior linked to longstanding work habits or social patterns?
- What can you build upon? What should you avoid?

**FLUCTUATING ENVIRONMENTAL FACTORS**

**Physical problems or needs**
- Is pain causing the person to act or respond in a negative way? (e.g., pain on movement during dressing or bathing; discomfort due to constipation and/or incontinence)
- Are uncorrected sensory deficits (sight and/or hearing) contributing to misinterpretation of objects, events or interactions?
- Is sleep disturbance causing fatigue that increases irritability?
- Are new physical health problems, like illness, infection, dehydration, nutritional deficiencies, or medication side-effects, causing delirium (acute confusion)?

**Psychological needs**
- Is the behavior the result of being bored, and having nothing interesting to do?
- Is the person lonely and seeking physical and social contact with others?
- Are they afraid or worried about things going on around them (that they may not understand)?
- Are there opportunities to interact in positive ways with others?

**Physical and social environment** may create needs
- Is the level of noise and stimulation overwhelming to the person?
- Is dim lighting or reflection contributing to misinterpretation of objects or events?
- Does the caregiver’s approach startle, confuse, or overwhelm the person?
- Do institutional routines and expectations for behavior fit the person’s current level of ability and longstanding habits?
- Is the environment “understandable” to the person?

**Psychiatric problems** that occur with dementia can also create needs
- Is depression causing the apathy, indifference, irritability or other depression-related problems?
- Is fear, apprehension, or excessive worry the result of anxiety?
- Are false beliefs really delusions? (aka psychotic symptoms) Or is the person misinterpreting events or objects?
- As with physical illness, is delirium (acute confusion) causing additional symptoms that will resolve when the health problem is treated/resolved?

**Addressing unmet needs can reduce and eliminate problem behaviors, so check it out!!!**