Center for Applied Research in Dementia
Creating effective memory interventions.

MONTESSORI INSPIRED LIFESTYLE®

RESPONSIVE BEHAVIOR FORMULA

Use the steps below when exploring the root cause of a responsive behavior. Each section contains a non-exhaustive list of potential causes. Use the **Responsive Behavior Inquiry** form to help investigate these causes.

Step 1: Is there a physical cause or contributor?

Pain

Urinary tract infection (UTI)

Pneumonia

COVID-19 or influenza

Infection (sinus, ear, skin, etc.)

Wound / skin breakdown

Dental discomfort (toothache, loose dentures, etc.)

Broken or fractured bone

Bruising from a fall

Arthritis

Migraine / headache

Constipation / bowel discomfort

Hemorrhoids

Fungal infections

Chest pain / Cardiovascular symptoms

Neuropathy

Osteoporosis

Indigestion

Sitting too long in one position

Basic Needs

Hunger

Thirst

Dehydration

Safety (including past trauma, fears)

Low / high blood sugar

Difficulty swallowing

Medication side effects

Missed medication

Uncomfortable clothing / shoes / bedding

Low oxygen

Breathing problems

Vision and hearing problems

Step 2: Is there too much or too little stimulation?

Overstimulation

Television volume too high

Multiple conversations happening at once

Too much noise

Too many people nearby

Visual overstimulation (clutter, confusing patterns, flashing lights, etc.)

Being interrupted while trying to complete a task

Pressure to answer questions

Tasks are too complex

Being rushed

Too much physical touch

Unfamiliar environments (new place, hospitalization, medical appointment, event or gathering, etc.)

Understimulation

Long periods with nothing to do

Activities that do not match the person's interests

Passive time in front of a television

No roles or responsibilities

Not being invited to help with real tasks

Loss of previous routines

No opportunity to contribute

Spending long periods of time alone

Little conversation with others

Absence of familiar companionship

Hearing impairment making connection harder

Being in a quiet, unstimulating room all day

Minimal music, touch, conversation, or visual engagement

Lack of physical movement

No opportunities to use retained abilities

Tasks that are too easy or entirely passive

Lack of warmth, affection, humor, or emotional connection

The Wrong Kind of Stimulation

Stimulation that does not match the person's interests

Stimulation that does not match the person's current cognitive ability

Stimulation that feels infantilizing or disrespectful

Step 3: Who's problem is it?

Communication and Approach

Speaking too quickly

Using too many words

Using a patronizing tone of voice (baby talk, sing-song speech)

Correcting, arguing, or quizzing

Not using needed supports (glasses, hearing aids, cognitive ramps)

Approaching without warning (startling)

Impersonal care

Failing to offer choice

Continuing when a person refuses / says "no."

Doing everything for the person (failing to support independence)

Using deception in care practices

Ignoring signs of discomfort or unmet need

Step 4: Environmental Factors

Poor wayfinding

Lack of clear visual cues

Needed items are inaccessible

Environment does not support daily routines

Environment does not include opportunities for engagement

Personal belongings not kept in familiar, consistent places

Institutional feel rather than home-like design

Poor lighting

Mirrors, shadows, or reflections causing misinterpretation

Lack of privacy

Step 5: Can new learning help?

Although dementia affects memory, it does not mean that learning is no longer possible. Many people living with dementia can still acquire new information, habits, and routines, especially when learning is meaningful, practical, and supported in the right way. One effective approach is **Spaced Retrieval**, which involves practicing information or actions over gradually increasing intervals of time. Using this method, we can help people with dementia remember useful cues, routines, and strategies that support independence, reduce distress, and improve daily life.

Remembering where to find important places

Learning to use a cue for help

Remembering a simple coping phrase

Supporting daily routines / independence

Using “cognitive ramps”

Reducing repeated questions

Engaging in meaningful activity

Building a sense of confidence.

Still Unsure?

Use the **Responsive Behavior Inquiry** document in the next section to help you think like a detective about the root cause of the behavior.

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RESPONSIVE BEHAVIOR INQUIRY

Long Form

The Responsive Behavior Inquiry is a guide to help you **think like a detective** about responsive behaviors in dementia. As you investigate the responsive behavior and its associated unmet need, keep in mind the Montessori mantras:

ASK. This step is about **gathering clues**. Start by asking the PLWD about the behavior. What information can you ask from other parties (family members, other care partners, etc.) to help?

WHY. Based on the clues you've collected, why might this be happening? Remember, "**because they have dementia" is never the answer**.

TRY. Once we have an idea of why this might be happening, what can we try? Keep in mind the PLWD's remaining strengths, interests, and background. Montessori said "I welcome my mistakes." **Just try!**

What is the Responsive Behavior?

What specifically is the responsive behavior (please describe in terms of what the person is doing that can be seen and observed. For example, instead of using a term like "aggression," are they hitting, kicking, yelling, spitting, grasping, etc.)?

When and where does the responsive behavior take place?

How often do you see the responsive behavior?

When do you not see the responsive behavior?

Who is the responsive behavior directed toward?

Is there a care partner who is particularly challenged by this person living with dement (PLWD)? If so, when does the care partner have the most trouble?

Is there a care partner who the PLWD seems to like or who seems better able to manage the PLWD when the responsive behavior occurs?

Do you see the responsive behavior during meals? If not, what do you see?

What has been done so far to address the responsive behavior, and what were the results?

Who is the person who shows the responsive behavior?

Where is the person from?

What was their past occupation(s)?

What were their past hobbies or interests?

How mobile is the PLWD?

Can the PLWD feed himself or herself? Dress independently? Bathe independently?

Do they have living relatives (spouse/children/siblings)? If so, who are the relatives?

Do the relatives visit? If so, how often?

Is the responsive behavior seen during family visits? If not, what behavior is seen?

Can the person speak (in sentences or not)? Can they answer questions?

Has the person been asked why they did the responsive behavior? If so, what did the person say?

Can the person read (did you give them the reading screen)? If so, what were the results?

What other strengths does the person have? (Use the strength assessment tools.)

Is there a possible physical cause or contributor to the responsive behavior?

How engaged is the PLWD during the day (are they overstimulated or understimulated)?

What activities currently engage the PLWD?

Does the PLWD appear stressed when they exhibit the responsive behavior? What do they say or do before, during and after the behavior?

What effects are produced by the responsive behavior (are care partners, other PLWDs, or family members upset when this happens)?

Did the PLWD show this behavior before they moved in? If not, when did it start?

Has there been any change in the PLWD's physical or social environment recently, and if so, did this happen near the time when the responsive behavior started?

Does the PLWD have another PLWD to whom they are friendly or who they like to follow or be around? If so, who is that other PLWD (or PLWDs)?

Has new learning (of a new habit; procedure; etc.) been attempted? If so, what?

Why do you think the responsive behavior is happening?

What do you think is the first thing we should try with this person?

Common Responsive Behaviors

Behavior	*Possible Causes*
Agitation or restlessness	Pain, discomfort, boredom, need to use the bathroom, hunger, overstimulation, unfamiliar surroundings
Wandering or exit-seeking	Boredom, searching for something or someone, former routines (e.g., going to work), confusion about place or time, desire for freedom or movement
Yelling, calling out, or repetitive speech	Loneliness, anxiety, need for reassurance, pain, sensory loss (hearing/vision), hunger/thirst, need for attention
Aggression (verbal or physical)	Fear, frustration, overstimulation, misinterpretation of caregiver's intentions, loss of control, pain
Refusing care (bathing, dressing, etc.)	Fear, confusion, loss of autonomy, embarrassment, pain, past trauma, lack of trust, overstimulation, fatigue
Paranoia or suspiciousness	Memory loss (e.g., forgetting where they placed something), Misinterpreting things (e.g., believing someone is stealing clothes when being laundered), vision/hearing changes, feeling unsafe or confused
Hallucinations or delusions	Side effects of medications, visual misperceptions, misinterpreting overheard TV/conversations
Following staff or shadowing	Anxiety, insecurity, seeking comfort or companionship, not wanting to be alone
Cursing or using offensive language	Frustration, pain, past habits or personality, attempting to express needs, misunderstanding others' intentions
Withdrawing or apathy	Depression, boredom, pain, feeling left out, fatigue, overstimulation, sensory impairments
Crying or appearing distressed	Emotional pain, loneliness, fear, confusion, grief, need for human connection
Repetitive questions	Confusion (information seeking), loneliness, need for attention, anxiety, boredom