

## Strategies for Wandering Behavior

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- Put an I.D. bracelet on the person.
- Make a plan of steps to take if the person gets lost or falls.
- Keep updated emergency information readily available and on the person with dementia.
- Inform your neighbors about the possibility of wandering and give them specific instructions about the steps to take to assist.
- Take supervised walks and include opportunities for exercise in a person's daily routine.
- Hang bells on door knobs to alert you to opening of doors.
- Review choice of footwear and periodically check feet and lower extremities for injuries.
- Try "sock therapy". A person who normally wears shoes outside may not leave if he is in his stocking feet. Tell him you are going to clean his shoes and put them somewhere out of sight. If the subject comes up tell him the shoes will be ready to wear soon and reinforce that doesn't need them while he is in the house.
- Accept the fact that verbal instructions to stay put are very unreliable.
- Provide a safe wandering space if possible.
- Place locks in unusual places (high or low on doors).
- Use child-resistant knob covers on door knobs.
- Notes may help some people some of the time.
- See "Types of Wandering" chart on the opposite side of this page for other suggestions.
- Establish a "Safety Zone" for wandering and pacing.
- If a person leaves his/her "safety zone," try these tips to get them to return:
  - ◆ Ask for their help to do something.
  - ◆ Acknowledge their verbal message about their plan.
  - ◆ Provide correct information if it helps.
  - ◆ Fall in step and walk with the person for a short while and then suggest going "inside" for a reason.
  - ◆ Don't say "stay here" or "don't go" or other blatantly controlling statements.
  - ◆ Don't physically pull on the person unless there is acute danger of physical injury.

## Restraints: Physical and Chemical

Rarely are restraints (tying a person to something) necessary to prevent wandering. Occasionally, restraints can be used effectively during a person's hyper-motor phase so the person can sit down long enough to eat or walk when assistance is available.

The last line of defense against wandering, psychotropic medications (chemical restraints), are rarely effective in relieving wandering unless restlessness/agitation are the precipitators of the behavior. Always consult a physician about the possibility of restraints.

## TYPES OF WANDERING

**"Recreational wandering"**--Person may have been active before or may be used to taking walks. Person is usually calm unless stopped, and wandering recurs regularly, seeming to fill a need for exercise.

**Try. . .** Scheduled walks planned in a daily routine.

**"Tactile wandering"**--Person may appear blind, calmly feeling the way down hallways, exploring the environment with hands. They frequently just "get lost" by accident.

**Try. . .** Redirect the person from unsafe places. Allow him/her freedom and opportunities to explore safely.

**"Environmentally cued wandering"**--Although appearing calm, the person may elope on a regular basis, picking up cues from the environment (e.g., seeing a coat, the person may put it on and go outside.)

**Try. . .** Disguise doorways. Put "stop" cues in front of exits (e.g., place a chair there for sitting.) Get the person involved in another activity to distract attention from environmental cues.

**"Reminiscent/fantasy wandering"**--Person may be calm but wants to leave based on a delusion or fantasy from his/her past. Person will say he is leaving, explaining that he has to go to work or to see his parents or to go home or some other logical yet false reason.

**Try. . .** Redirect activity. Acknowledge the "need" to go and then ask for help to do something that will keep the person from leaving. Gently furnish facts, and then redirect the person.

**"Agitated/purposeful wandering"**-Person is preoccupied with leaving and may be upset, fearful, agitated and/or exhibit stress. The person may become aggressive or threatening.

**Try. . .** Diffuse the stress and remove stress if possible. Assure safety and security (yours and the wanderer's). Don't confront person, don't tell him "no, you can't". Engage in another activity.

**"Internally cued wandering"**--A person may feel physically uncomfortable and pace.

**Try. . .** Learn person's normal schedule for hunger, defecation and urination and help the person.