



## DEMENTIA CARE SERIES

Michigan Department of Community Health

THOUGHTS & SUGGESTIONS FOR CARING

# Caring Sheet #19: Intervention Suggestions for Frontal Lobe Impairment

By Shelly E. Weaverdyck, Ph.D.

## Introduction

This caring sheet lists intervention strategies to try when communicating with someone who has frontal lobe damage. Caring sheets #1 and #2 describe the healthy brain and the impairments resulting from brain damage to various parts (lobes) of the brain, including those of the frontal lobe. Frontal lobe dysfunction is common in all types of dementia.

## Frontal Lobe Impairment

People with damage to the frontal lobe of the brain frequently experience changes cognitively, emotionally, and behaviorally. Some changes are briefly outlined here. There is more detail in caring sheets #1 and #2.

## Cognitive

People with brain damage to the frontal lobe at times:

1. Cannot rationalize. They often cannot understand and make use of a caregiver's explanation, even though they may talk as though they do.
2. Can only do one thing at a time.
3. Can get stuck on one idea or task and find it hard to shift (one-track mind).
4. May not recognize they made a mistake.
5. Cannot monitor or observe themselves. They often have difficulty correcting their behavior.
6. Cannot sustain concentration or performance of a task for very long.



7. Cannot easily screen out irrelevant stimuli from the environment. They tend to respond to many stimuli, particularly the most powerful stimulus at any given time.
8. Cannot understand new or confusing changes to their environment or experience. They cannot adapt easily. They depend upon a consistent and obvious structure to their day and to the space around them.

## **Emotional**

People with brain damage to the frontal lobe at times:

1. Cannot express their anger appropriately. They may sometimes appear more angry than they feel. For example, a little irritation can sometimes produce profuse swearing. It just sounds like they're very angry.
2. May look more angry than they are because of their slightly monotonic speech and rigid set face.
3. May focus their anger about their lack of control and their disabilities on other people. This is sometimes alleviated when they are in situations where they do feel they have some control.

## **Behavioral**

People with brain damage to the frontal lobe at times:

1. Seek out other people or collect things because they don't want to be alone or they want to be busy. They are often panicking inside.
2. Are impulsive in what they do and say. They may not think twice before speaking, or they may do whatever comes to mind. They are often unpredictable.

## **Communication Interventions**

1. Get their attention before speaking or communicating nonverbally.
2. Be close to them when speaking (e.g., right in front of them). How close is appropriate varies with individuals. Don't call or talk from across the room.
3. Present only one idea at a time.



4. Use short phrases or words. Two to three words are better than long sentences. Especially when they are anxious or panicking inside. (Panic may not be obvious in behavior or expression. Sometimes people act angry when they are really frightened.) They cannot process more than a couple of words at a time, even if they are using many words themselves.
5. Be kind, respectful, and gracious, especially when giving a clear short request. Requests or instructions should be clear, but not terse or demanding. Avoid sounding bossy or like a parent; avoid stating a request as though it were a command. The goal is to sound soothing, neutral, and nonthreatening.
6. Be patient and gentle, even when firm. Avoid scolding a person. Sometimes scolding seems to work because when we scold we tend to also be very clear and to use few and short words or phrases. But it is usually the clarity that is most effective, rather than the scolding.
7. Give them time to process what you said and to respond.
8. Try hard to learn as much as possible about each person's past: their interests, hobbies, goals in life, and personality. Use such information in conversation and when distracting the person.
9. Keep them busy. Sometimes hoarding, pacing, or repetitive questioning may be an attempt to do something when they don't know what else to do with their anxiety and frustration.
10. Because they cannot screen out stimuli from the environment easily, they may often seek the quiet of their room or the outdoors. Frequently, however, they will not stay there long, because they may also feel uncomfortable being alone. Calm and quiet areas within sight of caregivers are helpful.
11. Have only one caregiver interact with a person at a time.
12. Try to create consistency and simplicity. Keep the daily routines and tasks as consistent as possible. Try to have the same people interact with the person every day. Keep the number of people interacting with them as small as possible. Avoid changes in the environment. (For example,



- avoid rearranging furniture or rearranging the position of food items at meals.)
13. Present each step of a task one at a time, so the whole task doesn't feel so overwhelming.
  14. Reduce the number of food utensils and food items, so they have fewer objects to deal with.
  15. Avoid talking or moving quickly.
  16. Avoid drawing attention to the person's behavior. They may not be able to monitor their own behavior and feel their feelings at the same time.
  17. Avoid focusing on or trying to quickly change their emotions or behavior (unless it's dangerous). They will likely subside soon if you let the emotions or behavior run their course.
  18. Avoid saying "no" to their requests. That would require them to shift out of the idea they have at that time. Try offering a different idea or letting the request fade away by repeating the request back to them, talking more about it, or by suggesting you and they do something else first.
  19. Let the person know you understand they are upset and that they are okay.
  20. Help them feel it's you and them against the problem, not you against them. For example, if they have left the room and you want them to turn around, go their way with them first. Soon they may start moving to your speed and direction as you gradually guide them back to the room.
  21. Don't laugh or talk about them in front of them. Take them seriously.
  22. Avoid correcting or saying "that's not nice". It might make the person more upset.
  23. When you need to quickly stop them from doing something, place yourself between them and their target (if they are going to hit someone), and deflect their hits with the open palm of your hand. Avoid touching them as though you are attempting to restrain them. Avoid using words (or many words) until they have calmed down. Try to appear calm, reassuring, and comforting, without being condescending.



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24. Individualize all your responses and interventions by recognizing the unique needs and desires of each person you interact with. Each person will respond uniquely to frontal lobe impairment.
25. Try to identify and to remind yourself regularly of what it is you love about this person. The frustration of caring for the person can sometimes make us forget what is lovable about her or him.

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The author, Shelly Weaverdyck is Director of the EMU-HW Alzheimer's Research Program.

Editor and content coordinator: Shelly Weaverdyck, Ph.D. at EMU-HW, Email: sweaverd@umich.edu

To order a copy of this caring sheet and receive a complete listing of additional caring sheets available, contact Matt Beha at the Mental Health and Aging Project. Address: Lansing Community College, 3500-MHAP, P.O. Box 40010, Lansing, MI 48901-7210. Phone: 517/483-1529 Email: beham@lcc.edu

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