

Dementia Communication Skills to Prevent Challenging Behavioral Symptoms

Presented by:
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April 1, 2026
 8:00a – 9:00a

A Century Strong – Rocking the Future of Care
Post-Acute Partners in Care Conference

Part 1: Introductions & Overview

- Erin Bonitto, M.S., A.D.C.
- Founder & Lead Coach of Gemini Consulting, Inc.
- Dementia Educator & Dementia Communication Coach
- **Philosophy**

Key Concepts for Today's Discussion

#1 All behavior is communication.

- The person is using their **remaining abilities** to tell us **something**.
- If a person 'always' does something, that means we are **always** missing something.

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Key Concepts for Today's Discussion

#2 Regarding non-pharmacologic behavior management, often we are asking the **wrong** question.

- The question **isn't**: "What should we do **when** the person does _____?"
- The question **is**: "What should we do **before** the person does _____?"

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Key Concepts for Today's Discussion

#3 Our everyday communication patterns **do not work** for the person with dementia or damage to the frontal lobe, hippocampus, and language areas of the brain.

- Even if we are communicating in a way that is **pleasant** and **professional**, that communication may well be the **trigger** for many behavioral expressions.
- If we are communicating in even a slightly **scolding** way, that will likely be a **trigger** for many behavioral expressions.

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Differences in Processing External & Internal Stimuli

Mild Cognitive Impairment
 Altered Mental Status
 Dementia
 Traumatic Brain Injury
 Bipolar Disorder
 Schizophrenia
 Psychosis
 Substance Use Disorder
 Depression with Psychosis
 Schizoaffective

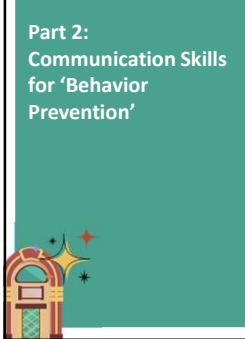
ADHD
 Obsessive Compulsive
 Anxiety
 PTSD
 Autism Spectrum
 Auditory Processing
 Sensory Processing
 Neurodevelopmental Differences
 Impulse Control Disorders
 Personality-Related Disorders
 Trauma Exposure

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Who are we communicating with?




Part 2:
 Communication Skills
 for 'Behavior
 Prevention'




Our everyday communication patterns **do not work** for the person with dementia or other cognitive differences.


Even if we are communicating in a way that is **pleasant** and **professional**, that communication may well be the **trigger** for negative behavioral outcomes.



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Scenario: Giving Medication

About the person	About the nurse	Your Assignment
<ul style="list-style-type: none"> Diagnosed with dementia and lives in a nursing home. Loves to joke around and still has strong social skills. He is having a harder time recognizing caregivers who were once familiar to him. He is often unsure sure why he is in this place. His language processing changes are subtle – but they are there. He tends to experience more confusion in the evenings than during the day. 	<ul style="list-style-type: none"> Always friendly and bubbly with residents and co-workers. Gets annual dementia training. Has worked with this resident for over a year and enjoys his personality. Finds him pretty easy to work with most of the time. Behind on her med pass this evening and feeling rushed. Even so, she uses a pleasant and upbeat communication style with this resident. 	<ul style="list-style-type: none"> The nurse's communication style is intentionally exaggerated in this role play. Identify specific things the nurse did or didn't do that likely escalated the situation.




'Giving Medication'

Version 1
 Using pleasant, every day communication skills



Giving Medication: Version 1
 Using pleasant, every day communication skills




Giving Medication: Version 1
 Using pleasant, every day communication skills

- What were some of the 'nuggets of reality' in this scenario?
- The team member was very pleasant. But what things did she do or not do that contributed to this outcome?

- guiding to shower
- guiding to bathroom
- inviting to activity
- assisting with exercise
- doing an assessment
- entering for a visit

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Giving Medication: Version 1
 Using pleasant, every day communication skills



What are some of the labels that might be used on this person now?

- _____
- _____
- _____

Is this really an 'inappropriate behavior'? Or, is it a rational response that any of us might have in the exact same situation?

So what can we do instead?


Treat every interaction as if it is the first
 (because it may feel that way to the person)

Use thoughtful, deliberate dementia communication
 (not just pleasant communication)








EXAMPLE

Giving Medication: Version 2
 Using intentional dementia communication skills



Giving Medication: Version 2 Using intentional dementia communication skills






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Standard, 4-Step Approach **A Proactive Approach!**

1. _____
2. _____
3. _____
4. _____
- * _____



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Using the *Standard Intro* not only for medication, but other situations...



- doing an assessment
- guiding to shower or bathroom
- inviting to activity
- beginning a therapy session
- providing a treatment
- entering for a visit or work
- passing by in the hall
- any time establishing rapport is beneficial!

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Connecting this approach to 'behavior' prevention

Communicating through Physical Aggression



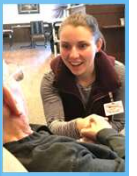
LPN
Uses this approach to give medication to a person who is reluctant.

Communicating through Physical Resistance



CNA
Uses this approach with a person who becomes easily frustrated with ADL care.


Communicating through Verbal Refusal



Physical Therapy Aide
Uses this approach to guide reluctant person to Therapy Room

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Skill Coaching Perspective: RN Supervisor



Prior to Dementia Communication Skill Coaching

- To the residents, I was probably just another friendly, fast-walking, fast-talking *'Who the heck is this?'* person.
- For nurses trying to get our med passes done, honestly, sometimes it felt a little bit like a rat race, just trying to get to everyone and **get them to cooperate.**

Since the Coaching

- Using the skills has been instrumental for all of us nurses. Now we have a **game plan for how we will approach** the guys who can be the most challenging.
- Having **consistency in our approaches** has been **HUGE** for them!
- It doesn't work every single time, but at least now we have a **tool.**

Targeted Skill Coaching

A male resident was noted to have significant 'behavior issues'. He was **perceived** to be demanding of staff and family, had poor sleep patterns, and frequently pulled off his urostomy bag for what was believed to be attention. He had **loud vocalizations**, with yelling/screaming episodes...

It was noted that some **staff members' approach may trigger** a negative response in this resident. Two staff members in particular were identified and coaching was provided, using the 'Standard Introduction.' Staff learned to be **proactive**: They sat at eye level, smiled, reached a welcoming, warm hand to him, and 'sparkled' when talking with him. These staff members were educated on methods to give this resident endorphin boosts.

...The resident's mood has shown a **drastic improvement**. He is sleeping better, laughing with the staff, coming out for meals and being happy at the dining room table. (He had been choosing to eat in his room.) He has had his Trazadone at HS discontinued. He has become a happier, more content resident.

*Excerpts from 6-month status report:
Performance-Based Incentive Payment Program, Minnesota D.O.H.*

Basic Skills for Dementia Communication

What's the Connection to Behavior Prevention?

Avoid Shock or Uncertainty

Ensure Comprehension

Relate to Emotional Reality


- Approach in an easy way, from the front,
- Get below eye level (using a chair is okay!),
- Use a warm, sparkling facial expression (except in certain cases where this would be a trigger)
- When needed, use a gentle, gracious reminder to introduce yourself and your role in the person's world.
- Describe what you will be doing – and wait for person to process (and agree to!) what will happen next,
- Use simple statements (7 words or less) and ZIP IT!
- Use familiar, concrete words,
- Use a respectful & easy-to-hear tone of voice – avoid up-talking
- Use positive wording instead of negative,
- Validate the person's emotional experience
- Sit in silence together.

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Skill Practice: Describe What is Going to Happen Next

Bath & Shower

"I'll help you take off your pajamas." PAUSE "Tell me when you're ready."
 "Pull down your pants — just a little bit."
 "Put your foot right here." PAUSE "Right here."
 "I'll turn on the water." PAUSE "We'll let it get warm."
 "I'm going to turn on the water." PAUSE "It's going to be loud."
 "Hold onto the sprayer." PAUSE "Tell me if it's warm enough."
 "I'm going to get your hair wet." PAUSE "Are you ready?"
 "I'm going to get your back wet." PAUSE "It's going to feel warm."




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Skill Focus: 'Zip-It'

"It was powerful to watch the coaching through **live**, tough moments, like medication administration and toileting – things that can easily **trigger** behaviors.

Staff **practiced** firsthand how to gain positive responses. I see them practicing the '**zip it**,' allowing time for residents to process information. This is the kind of **connection** we're aiming for every day.


The response from staff was overwhelmingly **positive**. I am already seeing positive changes."



*Borg Pioneer Memorial Home – Mountain, ND
Administrator*

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Skill Focus:
Use positive wording (and body language) instead of negative

<p>About the person</p> <ul style="list-style-type: none"> Lives in an assisted living memory care, Language skills are good, Experiences poor balance, muscle fatigue & becomes easily winded, Due to dementia, unable to consistently remember to use his walker, Had two falls already this week. 	<p>About the caregiver</p> <ul style="list-style-type: none"> Responsible for many people in this memory care neighborhood, Especially worried about him falling on her shift, Watches him with an eagle eye. 	<p>Your Assignment</p> <ul style="list-style-type: none"> Identify a few nuggets of reality. Count how many negative or scolding statements were used. What challenging behavioral symptoms may we see following this interaction?  <p>© 2026 Gemini Consulting, Inc.</p>
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'Person standing up unsafely'

Version 1

Responding with negative (scolding) words, tone of voice and body language.




'Person standing up unsafely'



Your Assignment:

- Identify a few '**nuggets of reality**'
- Count how many **negative** or **scolding** statements were used.
- What **challenging behavioral symptoms** may we see **following** this interaction?




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'Person standing up unsafely'

Version 2

Responding with positive words, tone of voice, and body language.




Skill Focus:
Use positive wording (and body language) instead of negative



Your Assignment

- Watch the caregiver's overall approach, body language, and body positioning,
- Watch for her '**delighted**' facial expression,
- Discuss the specific, **positive wording** choices she made,
- Discuss what **future behavioral outcomes** may have been **prevented** by using this **positive** approach instead of a 'scolding' approach.
- How does this interaction support a **person-centered** culture?



Communicating Delight!	
'No'	Delight!
'John, no, you can't go over there...'	'Oh! I'm so glad I bumped into you!'
'John, no, that's not yours...'	'John, you are just the person I was looking for!'
'John, no, not that way...'	'John, I was hoping I would find you!'
'Maria, no, you can't do that...'	'Maria, it's you!'
'Maria, stop!'	'Maria! Oh! There you are!'
'John, you can't have that...'	'Oh my goodness! It's you!'
'John, you know that's not nice...'	'Oh, come here my friend!'


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Examples of Universal Communication Strategies	
Person Experiencing Psychosis <i>Listening Non-Judgmentally</i> <ul style="list-style-type: none"> • Convey empathy, • Listen non-judgmentally, • Acknowledge what the person is saying and how they are feeling. <i>(partial list)</i>	Person with Autism <i>Processing Information</i> <ul style="list-style-type: none"> • Say less and say it slowly, • Use specific key words • Pause between words and phrases • Don't use too many questions <i>(partial list)</i>
Sources	Psychosis: Mental Health First Aid Guidelines, 2019 Version 2.3, 2022. National Autistic Society Advice & Guidance / Communication

Part 3:
Examples of Outcomes & Final Thoughts



Dementia Communication Coaching for 'Behavior' Prevention
Outcomes <ul style="list-style-type: none"> • 31 long-term care sites in the Midwest, including 14 with Memory Support • 2 Year Outcomes
Antipsychotic Use <ul style="list-style-type: none"> • Health Services overall: -29% • Memory Support communities: -26%
Behaviors Affecting Others <ul style="list-style-type: none"> • Health Services overall: -39% • Memory Support communities: -34%

Dementia Communication Coaching for 'Behavior' Prevention	
Outcomes <ul style="list-style-type: none"> • 31 long-term care sites in the Midwest, including 14 with Memory Support • 2 Year Outcomes 	<p>In 2 years there has been a 50% reduction in team member injuries related to 'combative' resident(s).</p>

Perspective

"It's **not** that suddenly fewer residents were using antipsychotic meds. It's that we were admitting more and more challenging residents — behaviorally — and instead of **'getting them on something'** like we might have done before, we tried our approaches **first**.

And we found out we didn't need to **start** an antipsychotic. That used to be our **go-to**."

- Administrator

Courtesy MN Veterans Home Silver Bay
LeadingAge MN 2019 Institute

Reframing: From 'power struggles' to 'genuine connection'

"People are not choosing **'bad' behavior**.

They are **reacting** to structural damage in the brain, neurotransmitter imbalances, disordered thinking, trauma, unmet needs – and experiences we may never **fully** understand.

The goal is not to be **right** or to **control** the behavior or **teach them** how they **should** be.

The goal is to engage **proactively** – entering every interaction with **skill**.

The goal is to respond with boundless **compassion**, to avoid **escalation**.

And, whenever possible, to find **joyful connection** in the moment."

Erin

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Comments – Questions – Connections



A Century Strong - Rocking the Future of Care

Erin Bonitto, M.S., A.D.C., is a nationally recognized gerontologist and dementia communication coach, and the founder of Gemini Consulting. For more than 25 years, Erin has worked alongside assisted living, memory care, and skilled nursing teams — helping them build sustainable coaching systems rooted in non-pharmacologic strategies to reduce frustration and prevent behavioral symptoms for people living with dementia, psychiatric diagnoses, developmental delays, and other cognitive differences. Her behavioral coaching model has been linked to significant reductions in challenging behavioral symptoms and off-label antipsychotic use, and helps teams build more genuine—and joyful—connections in every interaction. Erin's roots in the Great Plains go back to her earliest days in long-term care, and much of her grant-funded work has supported large multi-site organizations as well as small, deeply rural stand-alone communities. Teams who work with Erin through her hands-on coaching and the projects she leads often describe her work as the "missing link" in culture transformation and person-centered success.



Let's stay connected

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