

Suspiciousness and Paranoia

<p>Identify the Problem</p>	<p>PROBLEM: Suspiciousness and Paranoia (accusing, blaming)</p> <p>GOAL/EXPECTED OUTCOME: To improve caregiver capacity to cope with and manage behaviors of suspiciousness and paranoia</p>
<p>Educate Yourself</p>	<p>ASSESS FURTHER:</p> <p>Understand the possible triggers of the problem:</p> <ul style="list-style-type: none"> • Is the person’s environment unfamiliar? • Are the people around the person unfamiliar to him/her? • Was there a change in the person’s routine? • Has the person misplaced an item he/she is looking for? • Is there too much going on around the person? • Is the person experiencing hallucinations or delusions due to the disease? <p>Understand the possible meaning of the problem to the person with Alzheimer’s:</p> <ul style="list-style-type: none"> • Is the person angry? • Does the person feel taken advantage of? • Is the person scared? <p>Understand the possible meaning of the problem to the caregiver:</p> <ul style="list-style-type: none"> • Does the caregiver feel wrongfully blamed? [It is not uncommon for people with the disease to accuse those who are closest to them of stealing] • Is the caregiver frustrated?
<p>Adapt</p> <p>Problem solve with interventions and actions</p>	<p>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:</p> <ul style="list-style-type: none"> • The source of suspicion might be real! Check it out first • Don’t take it personally; this is part of the disease • Try to keep the person’s routine the same every day • Use a calm and gentle tone of voice; don’t argue with the person • Make sure the lighting is bright • Try to limit noises and distractions around the person • Offer to help the person look for lost things • Learn where the person’s common “hiding places” are and let other caregivers know • If the person is often looking for a specific item, have extras available (i.e., multiple wallets, a canceled check, etc.) <p>CLINICAL SUPPORT:</p> <ul style="list-style-type: none"> • Refer to PCP to assess for adverse effects of medications or possible medical or psychiatric conditions, if hallucinations or delusions are present • If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated

	<p><u>CAREGIVER SUPPORT AND COMMUNITY RESOURCES:</u></p> <ul style="list-style-type: none"> • Listen empathically to caregiver and evaluate for level of distress • Refer to Alzheimer's Greater Los Angeles for support groups, disease education, and care consultation <ul style="list-style-type: none"> ○ ALZ Direct Connect referral ○ Provide 24/7 Helpline #: 844.HELP.ALZ 844.4357.259 ○ Website: www.alzgia.org • Send literature: <ul style="list-style-type: none"> ○ Topic Sheet – "Suspiciousness and Paranoia"
	<p><u>FOLLOW UP:</u></p> <ul style="list-style-type: none"> • Schedule a phone call with caregiver to discuss outcomes and provide additional support
	<p><u>NOTES:</u></p> <hr/> <hr/> <hr/> <hr/>