

Australian version

iSupport For Dementia

Training and support manual
for carers of people with dementia



Unit 5. Delusions and hallucinations

Unreal thoughts and seeing things that aren't there

Why is this unit important?

Unreal thoughts and seeing things that aren't there (delusions and hallucinations) can be very upsetting to the person with dementia and to the carer.

How will this unit help me?

This learning unit will help you identify ways to stop or reduce delusions and hallucinations and how you might change the way you respond to them.

What will I learn?

- What hallucinations and delusions are?
- Delusions and hallucinations are not uncommon among people with dementia.
- Different ways to stop or reduce delusions and hallucinations.
- To check the environment to see if there is a cause for the delusion or hallucination and to change this.

What are hallucinations and delusions?

Hallucinations and delusions can be symptoms of dementia. With hallucinations or delusions, people do not experience things as they really are.

Delusions are false beliefs. Even if you give evidence about something to the person with dementia, they will not change the belief.

Hallucinations are incorrect perceptions of objects or events involving the senses. They seem real to the person experiencing them but cannot be verified by anyone else.



Why do people with dementia have unreal thoughts and see things that aren't there?

People with dementia may not understand the world around them because of changes in the brain. These misunderstandings are called delusions (unreal thoughts) and hallucinations (seeing things that aren't there). A delusion is a fixed false belief. For example, the person may hold the false belief of being under threat or harm from the carer. To the person with dementia the thinking is very real and causes fear and may result in distressing self-protective behaviours. If the person is experiencing a hallucination, he or she might see or hear things that are not there, for example, people talking in the room when there is no one there.

People with dementia experiencing delusions or hallucinations need a lot of understanding and support from the people taking care of them.

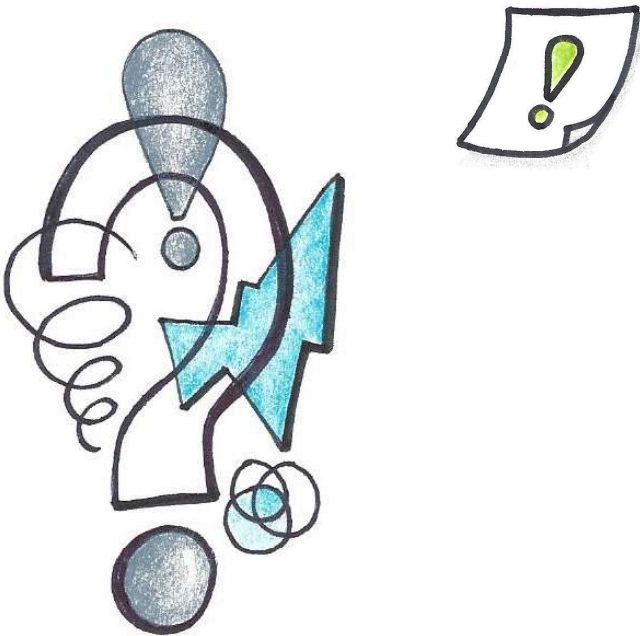
Activity

Has the person you care for ever had any unreal thoughts or seen things that were not there?
If you want, you can describe it in the box:

Note



Please note that misinterpretations can be common for people with dementia.
Now we will show you some ways to deal with them.



Mistaking someone for someone else

Martin's wife, Betty, is living with dementia. One day Martin and Betty are out for a walk. They see a woman in the distance. Betty starts calling loudly, 'Susan, Susan, I'm over here.' Then she starts running towards a woman unknown to Martin, a young lady who is probably about 20 years old. Betty mistakenly believes that the young woman in the park is her sister who died in a car accident over 30 years ago. The young woman ignores her. Betty becomes very upset.

What would you recommend Martin to do?



Check your understanding



Mistaking someone for someone else

What would you recommend Martin to do?

- ☐ Soothe her in a calm voice.
- ☐ Try to distract her and lead her away from the woman in the park.
- ☐ Directly tell the truth, harshly, to set the record straight.
- ☐ Argue with Betty that the young woman is not her sister.
- ☐ Say that the young woman in the park is someone who looks like her, but it is not her.
- ☐ Involve the woman in the park in any way.
- ☐ Try to 'convince' Betty of the truth.
- ☐ Say: 'Yes you are right, it is Susan.'
- ☐ Say: 'When we get home, you can look at pictures of Susan and remember her.'

Check your understanding



Mistaking someone for someone else

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| ✓ Soothe her in a calm voice.
This is a good response because people with delusions and hallucinations may feel frightened and insecure. It is important to respond to the feelings. | ✓ Say that the young woman in the park is someone who looks like her, but it is not her.
This is a good response because it maintains a positive social environment. |
| ✓ Try to distract her and lead her away from the woman in the park.
This is a good response because it will distract her thinking. | ✗ Involve the woman in the park in any way.
This is not helpful because it may make the situation more complicated. |
| ✗ Directly tell the truth, harshly, to set the record straight.
This is not a good response as it may make Betty even more upset. | ✗ Try to 'convince' Betty of the truth.
This is not a good response as Betty may not understand. |
| ✗ Argue with Betty that the young woman is not her sister.
This is not a good response as the delusion is real to Betty and it may make her even more upset. | ✗ Say: 'Yes you are right, it is Susan.'
This is not correct because it is not the truth. |
| | ✓ Say: 'When we get home, you can look at pictures of Susan and remember her.'
This is a good response, because Martin addresses the importance of her sister, without arguing that the young woman Betty saw in the park was not her sister. |

Seeing people that are not there

Now let's look at another example.

Mercedes' father, Larry, is living with dementia. One day, Larry is a bit restless. Suddenly, he starts to look very frightened while staring at a corner in the room. He calls out to his daughter and says: 'Do you see them talking?' He screams: 'What are you doing there?' Mercedes is so overwhelmed that she feels like running away. She thinks to herself: 'Dad's illness is much worse than I thought it was.'



Check your understanding



What would you recommend?

Which of the following responses would you recommend to Mercedes? Select those responses you recommend and drop them in the basket.

- ☐ Soothe him, by saying in a calm voice: 'You are safe, I am with you.'
- ☐ Soothe him, by taking his hand and staying close.
- ☐ Check if there is anything in the environment that could be causing his hallucination, such as shadows in the room from the sunlight. Make changes as necessary.
- ☐ Lead him away from the room.
- ☐ Say that it is simply not true, that there are no other people in the room.

Check your understanding

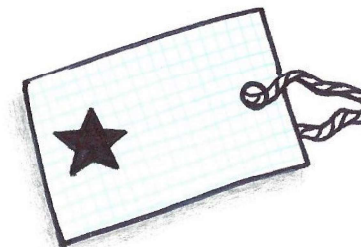


What would you recommend?

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| <p>✓ Soothe him, by saying in a calm voice: 'You are safe, I am with you.'
This is a good response, because people with hallucinations are often feeling frightened and insecure.</p> <p>✓ Soothe him, by taking his hand and staying close.
This is a good response because this may be comforting.</p> <p>✓ Check if there is anything in the environment that could be causing his hallucination, such as shadows in the room from the sunlight. Make changes as necessary.
This is a good response because although a person's brain may be misinterpreting the environment there could still be a reasonable cause for the confusion.</p> | <p>✓ Lead him away from the room.
This is a good response because changing the environment may distract her father and end the hallucination.</p> <p>✗ Say that it is simply not true, that there are no other people in the room.
This is not a good response because arguing about what one sees or hears will not help a person with delusions or hallucinations to calm down.</p> |
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Tip

- Sometimes people with dementia have pleasant hallucinations, like seeing beautiful colours or children who are not there.
- If these visions are not causing the person distress then try to enjoy together.



Activity



Let's look at your own situation

It is important to relate what you have learnt to your own situation. These boxes are for you, like a diary.
These unreal or unusual thoughts don't happen all the time, so what would you do if the person you care for experiences this?

Try to describe different appropriate responses.

What would you do first?

Let's review what you have learned

- Unreal thoughts or seeing things that are not there (delusions and hallucinations) are common in people with dementia.
- They can be very upsetting to the person with dementia and to the carer.
- Often, people with these visions and unreal thoughts need a lot of reassurance.
- It is important to identify ways to reduce them, not by arguing, but by comforting and distracting.
- Check the environment to see if there is a cause for the delusion or hallucination.
- If one approach doesn't work, try another one.
- Remind yourself that they are part of the disease.
- Take a deep breath and think about the best ways to respond that will be least distressing for you and the person you care for in case the person has unreal thoughts or visions.

Tip

Check with the doctor about the side effects of medications that the person you care for is using. These may add to the problem.

Useful Resources

- **Dementia Australia**, <https://www.dementia.org.au/>
- The National Dementia Helpline 1800 100 500 is open nationally from 9.00am to 5.00pm Monday to Friday excluding public holidays. A message service is available if you call outside operating hours.
- **Dementia Support Australia** <https://www.dementia.com.au/>
The Dementia Behaviour Management Advisory Service (DBMAS) offers people with dementia and their carers support in managing behavioural and psychological symptoms of dementia, such as walking and getting lost and aggression. Contact them on 1800 699 799 (24 hours a day).
- **My Aged Care** <https://www.myagedcare.gov.au>
Carer support groups can sometimes be organised around specific caring roles and the situation of the person you care for. For information about these groups in your area visit the website or call My Aged Care on 1800 200 422.

RELATED LEARNING UNITS

- Module 2 Unit 4 Involving others
- Module 3 Unit 3 Thinking differently
- Module 1 Unit 4 How to respond to repetitive behaviour

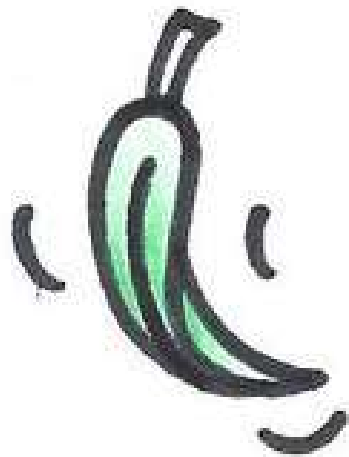


You finished this learning unit, well done!

Would you like to try the following relaxation exercise?

Neck movements

With this exercise you will feel less tension in your neck. It will also increase the blood flow to your brain.



This is how you do it:

- Make sure to move slowly and with attention.
- Bend your neck forward and backward.
- Inhale while you lift your head up and back. Exhale while you drop your chin to your chest.
- Rotate your chin from side to side.
- Inhale when your chin is in the centre. Exhale when you look to the side.
- Drop your ear towards your shoulder.
- Inhale when you are in the centre. Exhale when you drop your ear to your shoulder.
- Repeat 5 times.



You finished this unit, well done!