

Paranoia and Accusations

Why does it happen?

Always Consider First:

Does the person have an unmet need that they are trying to communicate to you?

How the Person's Health Could Contribute to Paranoia and/or Accusations:

- Physical changes in the person's brain could result in the parts of their brain that should regulate their behaviour deteriorating or no longer functioning.
- The person may be hallucinating as part of their dementia symptoms - this may be particularly noticeable around evenings and night times. If the person has Lewy Body dementia, this is especially common.
- The person may have had a dream/nightmare that their brain now believes is reality.
- The person may have had a distressing experience in their earlier life that is now 'haunting' them due to their dementia taking them back to an earlier period in their life.
- The person may have an undiagnosed health condition (physical or mental) that is causing them to express themselves in this way.
- The person may not understand the need to take medicine(s), which may lead to paranoia around taking medicines or accusations about medicine being dangerous to take or poisonous.

How the Person's Feelings and Emotions Could Contribute to Paranoia and/or Accusations

- The person may be feeling insecure, angry or upset.
- The person may be feeling frightened or threatened, either in this present moment or because of something that they fear will happen to them imminently. This expression of being frightened or threatened may also come from hallucinations that the person is having.
- The person may be feeling vulnerable, confused or stressed – For example during personal care, a person may make accusations because they are misinterpreting the support they are being given.
- The person may be feeling they no longer have control over themselves and/or their life, and may make accusations that they are not being listened to or understood.
- The combination of the person's learning disability and their dementia may be causing them additional stress, anxiety or uncontrollable emotions that they can only express through paranoia or accusations.



How the Person's Daily Life Could Contribute to Paranoia and/or Accusations

- The person's environment, even if it was previously familiar to them, may now feel hostile due to the person's dementia. For example, the person may be disorientated and not recognise where they are, leading to them accusing others of kidnapping them or deliberately moving household items to confuse them.
- The person may have misinterpreted a situation or be reacting to circumstances or an incident that they have witnessed or been part of, or something that they believe they have been involved with but have, in reality, hallucinated about.
- The person may be reacting to an interpersonal relationship they have with a member of staff or one of their peers, even someone they were once happy to share their time and space with. This could be as a result of the person's dementia affecting their perceptions of that individual, and lead to the person making accusations against this individual or individuals.
- The person may no longer be comfortable with their routine. For example, the person may not want to go to a certain place, or see a particular individual, because they are paranoid about what is going to happen to them, or they may make accusations against someone they don't want to see or accompany them.

Ways to Support the Person

Staff approach

- If the person is making accusations or becoming paranoid, avoid arguing with them or allowing the situation to become hostile.
- Reassure the person, exploring with them how they are feeling and what is prompting those feelings, or gently orientate them into the present reality if you feel this is more appropriate for the person. *(See the module on Validation and Reality Orientation in the Wellbeing for Life Toolkit for more information on these two approaches).*
- Do not take accusations personally - they are not meant as an attack on you. Don't allow a person's paranoia or accusations to put you off spending time with them unless the person doesn't want to spend time with you – in positive circumstances, quality time with the person may actually alleviate their paranoia or accusations, or allow you to understand them better.

Staff approach

- The person may need to feel some resolution to an accusation that they have made. For example: the person may want you to investigate. You need to take this seriously and refer to your organisation's policies for dealing with this type of incident.
- Be aware that there may be some instances when a person is believed to be paranoid or making an unfounded accusation when they are trying to express something that has actually happened. Be aware of safeguarding and abuse policies in relation to the people you support and always act in accordance with these policies.
- Remove yourself from the situation, if necessary and without endangering the person, if you feel unable to remain calm and control your response.



Think about Unmet Needs

- How comfortable is the person? For example, are they happy in their clothing and with their personal appearance, not hungry, thirsty, in need of their medicines, tired, constipated or otherwise unwell?
- If the person is less mobile, be mindful that if the person has been sitting for too long they may have become uncomfortable, frustrated or distressed because they need the toilet or feel they need to be somewhere.
- Does the person have free access to occupation and activity – For example, is the person being supported to engage in their hobbies and interests when they want to, or access new meaningful activities that engage them physically and/or mentally?
- Equally, does the person have access to relaxation and, if they want to, the opportunity to access the outside world and nature, which may be a calming experience for them?
- Review how well you are supporting the person with their choice and control – do they have every opportunity they could have to exercise their choice and control, or are they feeling like they are having to fight for everything?
- Think about the emotional support that the person has, or might need - is there something missing that could lead the person to feel insecure or ignored?

Understanding the Person's Health Needs

- Rule out any undiagnosed physical or mental health conditions or undiagnosed pain.
- Ensure that the person's eyesight and hearing is checked regularly.
- Review medicines regularly.
- Review the Treatments module in the Wellbeing for Life toolkit for ideas of non-pharmacological interventions that may help to support the person.



Changing Daily Life

- Support the person's understanding if there is a particular recent incident that has led to their paranoia or accusations. You may need to explain what happened or why many times to help the person's understanding.
- Is the person's paranoia particularly noticeable around certain times of the day? If it is, think about any changes of routine or environment that might support the person more appropriately at those times.
- If accusations are about the theft of personal items (that the person has just lost), think about the way the person's possessions are organised and how important items are kept safe.



- Think about interpersonal relationships - is the person's paranoia or accusations associated with a particular member of staff or one of their peers? If that is the case, think about supporting the person in a way that minimises the contact that they have with someone who they have a negative association with.
- Conversely, are the times when the person isn't paranoid associated with being in a particular place or with a particular individual or group? If you believe this is the case, explore what is making that environment/that individual/group comforting for the person, and ways you might be able to replicate those positive circumstances to help minimise future episodes of paranoia.

Finding Patterns and Problem Solving

- Think about the circumstances that lead up to the person's being paranoid or making accusations - is there something that you can change in the support you, or colleagues, are providing that could prevent future episodes of paranoia or accusations? This may be particularly relevant in situations where personal care is leading to accusations being made – think about your approach and the way you are communicating with the person and involving them.
- Understand the person and their history; by researching their life story, you may find clues to explain and/or alleviate their paranoia or accusations.
- Think about every aspect of the person's communication, not just their paranoia or accusations - there may be hints as to any unmet needs the person has from their body language or gestures.





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