3-22 Behaviour that involves stealing

TIPS Question:

What suggestions do you have for a LTC resident with a diagnosis of dementia that regularly steals/takes personal items from other residents, i.e. jewelry, books, etc? Family strongly believes that their loved one would never steal and prefer not to be involved in our problem solving. Other residents have come to dislike and mistrust this resident and leave area if the person approaches. Staff (PSW's) believes the person knows what he/she is doing even though testing proves different.

Response:

First, it will be important to find a way to help the staff to realize that this behaviour is not true 'theft" as we think of it. While you have not identified her type of dementia, I will assume that it is not frontal as you have said that testing indicates the person's cognitive difficulties and most individuals with frontal lobe dementia do very well on the common dementia screening tools. The reason I say this is that some individuals with frontal lobe dementia do suffer from 'kleptomania' but the underlying problem is different i.e. in frontal lobe disease it is related to disinhibition and impulsive behaviour. In Alzheimer type dementia it is related more to the problem of ansognosia and amnesia - i.e. they don't know they have a problem and they don't remember that these things are not theirs. Either way, the individual's behaviour is not related to who she or he is as a person, but to the fact that s/he has a disease that is impacting brain function and the resulting behaviour. It is very important to separate 'the person' from 'the disease'. Since it will be very difficult to 'stop' the behaviour due to the cognitive impairment, it is important that staff educate the family and other residents (where possible) around the fact that this behaviour is 'normal' to the person's current cognitive deficits.

If this resident is in an integrated environment – cognitively-well and cognitively-impaired residents - it is more difficult. The cognitively-well residents will probably have more 'valuables' with them and do not want to risk losing track of items of personal importance. It would help if you had a visible cupboard/rummaging area where you have cheap trinkets, books and other small items freely available for the resident to pick up and take away. It is important for individuals with dementia to have something 'to do'. Remember the unstimulated brain stimulates itself.

It is also important to normalize this behaviour for the family. It is a very common occurrence for a resident with dementia to pick up another resident's things and believe they are her own. If the person has owned any jewelry/books etc in the past then it is a natural assumption to think that these are his/hers particularly if he/she thinks this is home where everything is his/hers.

Understanding is the key to coping. Keeping the resident involved and distracted will help and providing other sources of 'stuff' to take can also be beneficial.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*