Wandering Behavior
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Wandering behavior often follows a specific agenda. If the agenda is correctly identified then the interventions can be matched for greater success in managing the behavior.

Tactile wanderers use their hands to explore and feel their way around the environment, having lost their ability to communicate they tend to rely on these touch experiences to assist them in orientation to their environment.
- Physically guide the resident away from doorways and hallways.
- Supervise ambulation or walking activities to promote safety.
- Redirect to other tactile objects.

Environmentally Cued wanderers appear calm and pleasant. These individuals tend to use objects in the environment to cue their behavior.
- Utilize aspects of the environment to create barriers (e.g., close doors).
- Provide diversional* activities to focus attention (e.g., small puzzles, crafts, laundry folding/sorting, large print books, cards).
- Use visual barriers (e.g., stop signs)
- Use symbols, signs or photos to direct the patient to select locations

Recreational wanderers demonstrate a regular pattern in their wandering behavior. The wandering occurs regularly and appears to serve the purpose of exercise.
- Provide planned and supervised walks.
- Establish a daily routine, which incorporates exercise.

Reminiscent or Fantasy wanderers appear calm. Their desire to wander is motivated by delusion or fantasy based on past lived experiences.
- Provide redirection as needed.
- Provide reality orientation as needed.

Agitated wanderers are typically upset and manifest stress related dysfunctional behaviors. They are generally pre-occupied with leaving and may have already packed their bags and are in search of the elevator.
- Communicate concern but without confrontation.
- Offer suggestions or alternatives to delay action allowing both parties time to regain composure.
- Remove or minimize any offending stressors.
- Call security to assist the patient if the patient leaves to encourage their return to assure safety
- Use medications as a last resort.

*A principle involved in selecting diversional activity includes maximizing the benefits of distraction. Make sure that you try to identify a meaningful diversion individualized to the patient for best results (e.g., female patients do well with folding laundry; male patients do well with tearing paper).

Distraction with Objects:
- Provides stimulation, increases exercise & mobility, and provides entertainment.
- Can include safe clean objects such as noise producing toys, instruments, or radio.
- Objects are selected on the basis of patient preference, customs, and history.

Distraction with Activities:
- Can include going for a walk, clapping to music, or pounding clay.
- Can engage the patient in a grooming activity.

Distraction with Food:
- Can shift attention away from anxiety producing stimuli.
- Stimulus incorporates taste and texture.
- Is most effective when combined with social reinforcement between patients and staff.