

Dementia Training

Positive Approach to Care



Dementia | What is it?

It is **BOTH** a chemical change AND a structural change in the brain

This means

- It may come and go
- Sometimes they can and sometimes they can't

Dementia | What Changes

Structural changes | permanent

- Cells are shrinking and dying

Chemical changes | variable

- Cells are producing and sending less chemicals
- Can *shine* when least expected – chemical rush

Dementia equals brain failure

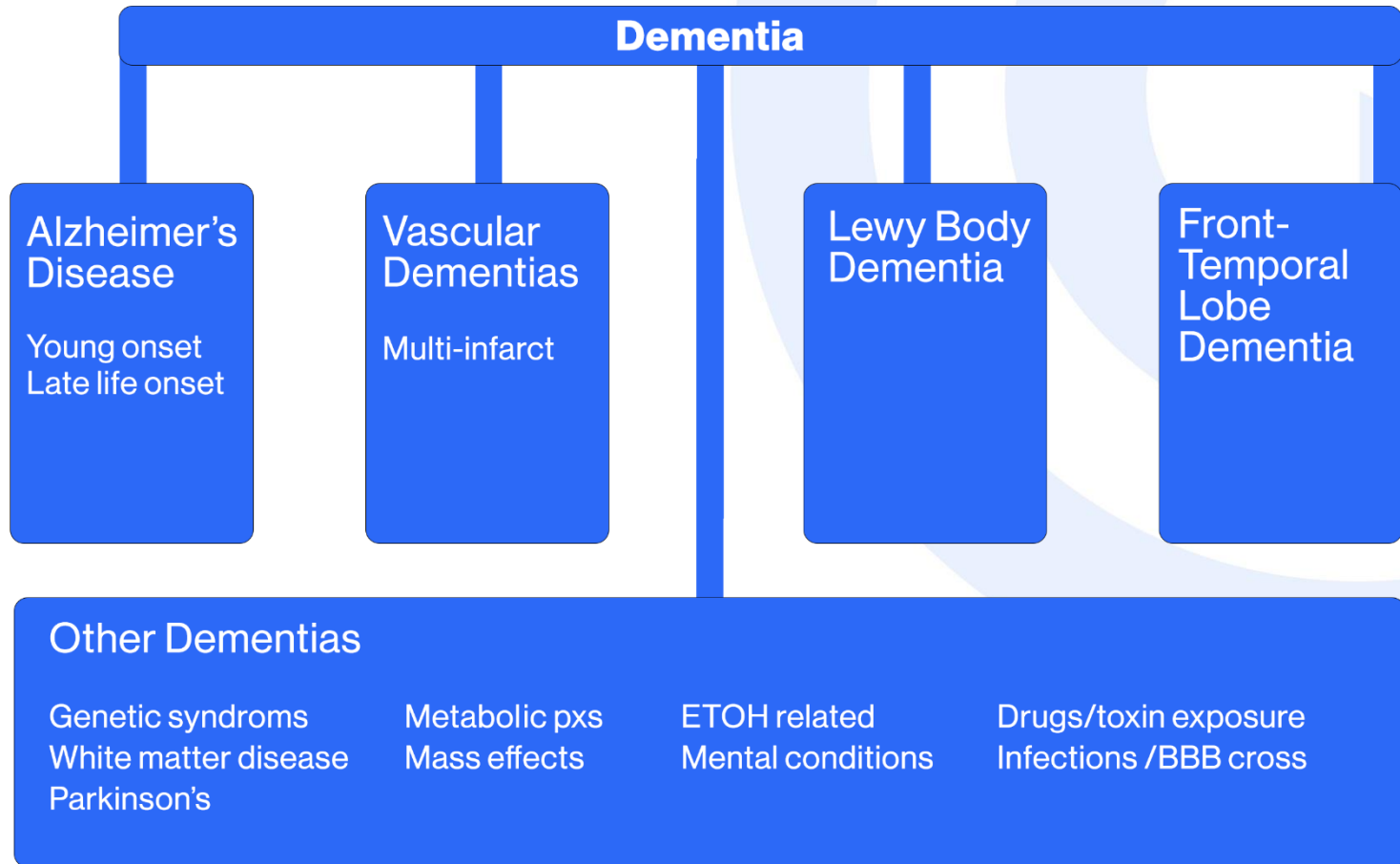
The person's brain is dying

Dementia does not = **Alzheimer's** does not = **Memory Problems**

Four truths about dementia

- At least two parts of the brain are dying
- It is chronic and can't be fixed
- It is progressive and will get worse
- It is terminal

Dementia



Alzheimer's

- New information is lost
- Recent memory worsens
- Problems with word finding
- May misspeak
- Will become more impulsive and indecisive
- Gets lost
- Changes are noticeable every 6-12 months
- Typically lasts 8-12 years

Mild Cognitive Impairment (MCI)

MCI is the beginning of a not-normal condition

- Memory
- Language
- Behavior
- Motor skills

Not life altering, **BUT definitely different**

Is MCI always Dementia?

- Could be a form of dementia
- Symptom of another health condition
- Medication side-effect
- Hearing or vision loss
- Depression
- Delirium
- Pain-related

Mimics of Dementia Symptoms

Depression

- Can't think
- Can't remember
- Not worth it
- Loss of function
- Mood swings
- Personality change
- Change in sleep

Delirium

- Swift change
- Hallucinations
- Delusions
- On/off responses
- Infection
- Toxicity
- Dangerous

If you notice changes

You should:

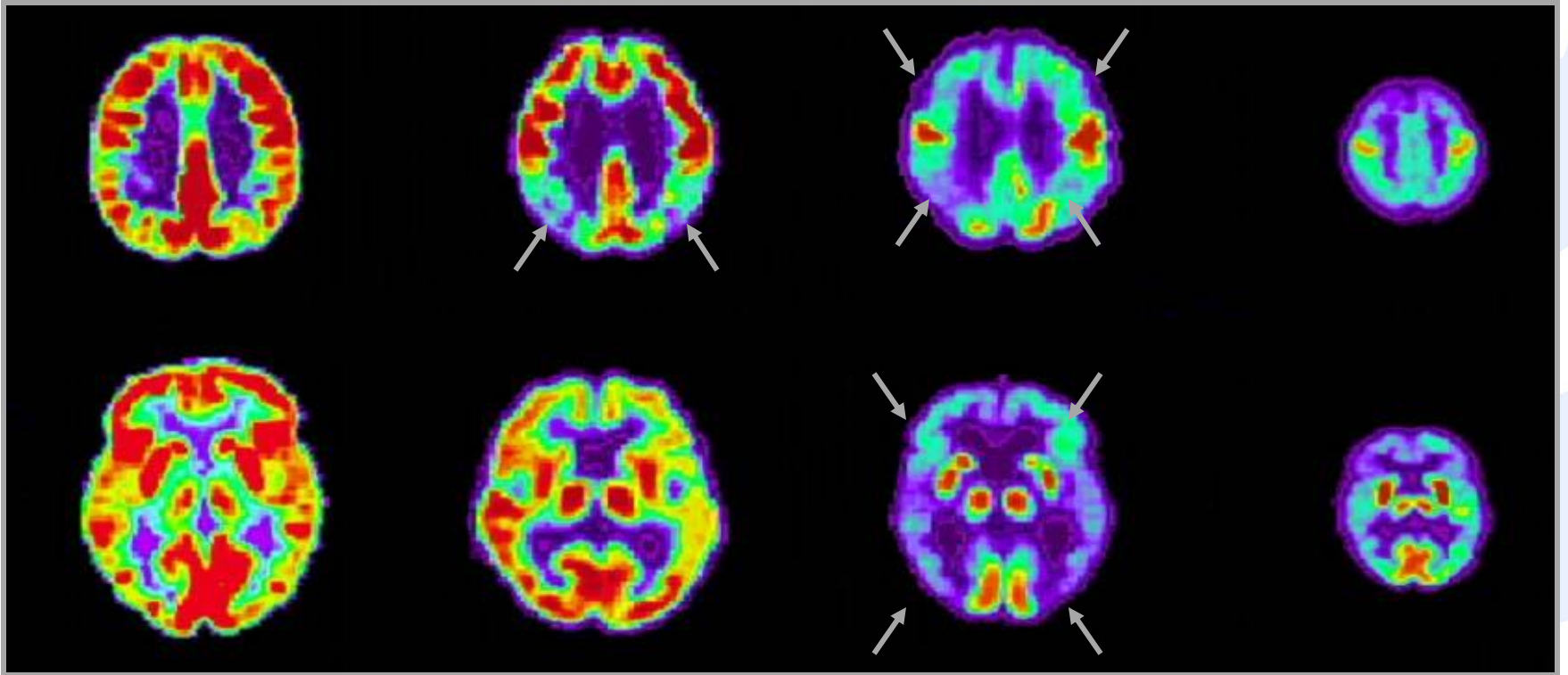
- Get an assessment
- Go see the doctor

Dementia

- It changes everything over time
- It is **NOT** something a person can control
- It is **NOT** the same for every person
- It is **NOT** a mental illness
- It is real
- It is very hard at times

Positron Emission Tomography (PET)

Alzheimer's Disease Progression vs. Normal Brains

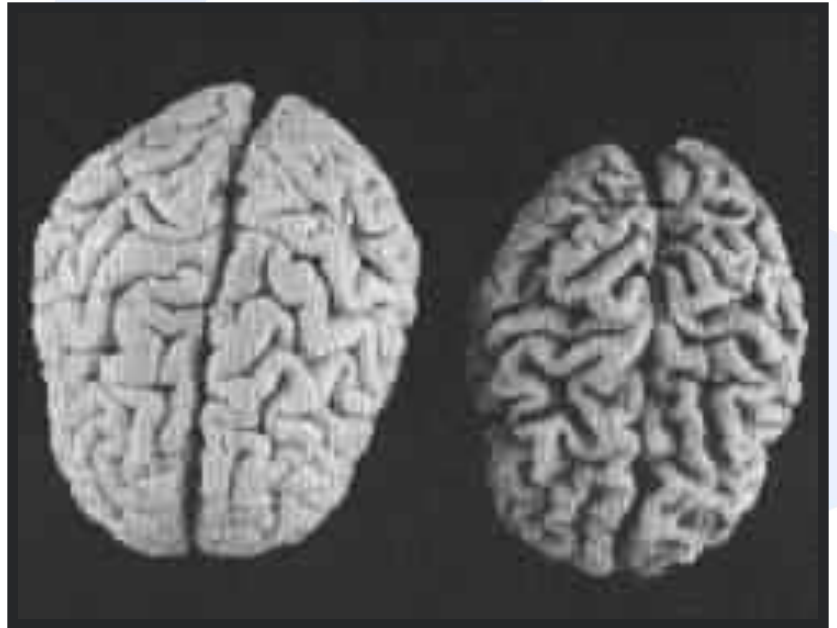


Normal vs. Alzheimer's Brain



Brain Atrophy

- The brain actually shrinks
- Cells wither, then die
- Abilities are lost
- With Alzheimer's, areas of loss are fairly predictable
- BUT the experience is individual



Vision Center | Big Changes



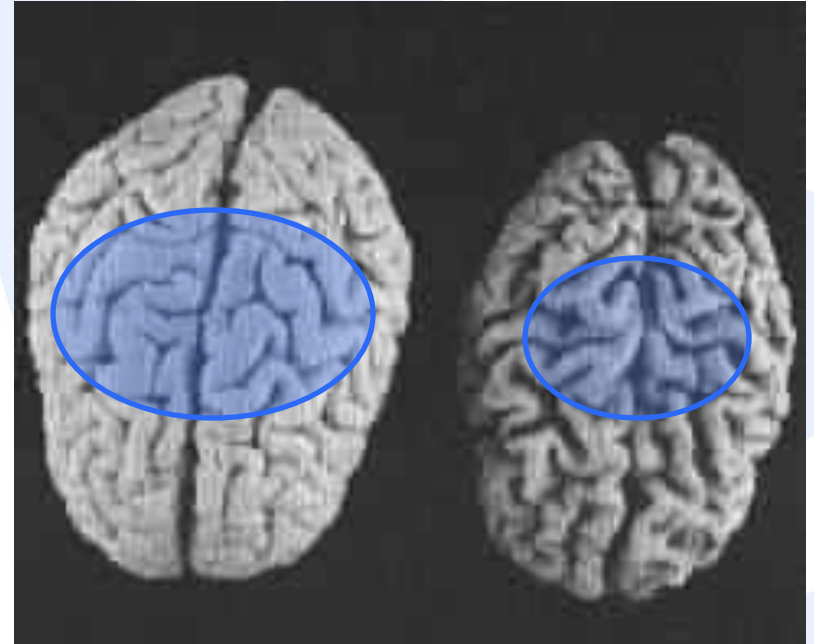
Vision Changes

Losses

- Edges of vision, peripheral field
- Depth perception
- Object recognition linked to purpose
- SLOWER to process: scanning and shifting focus

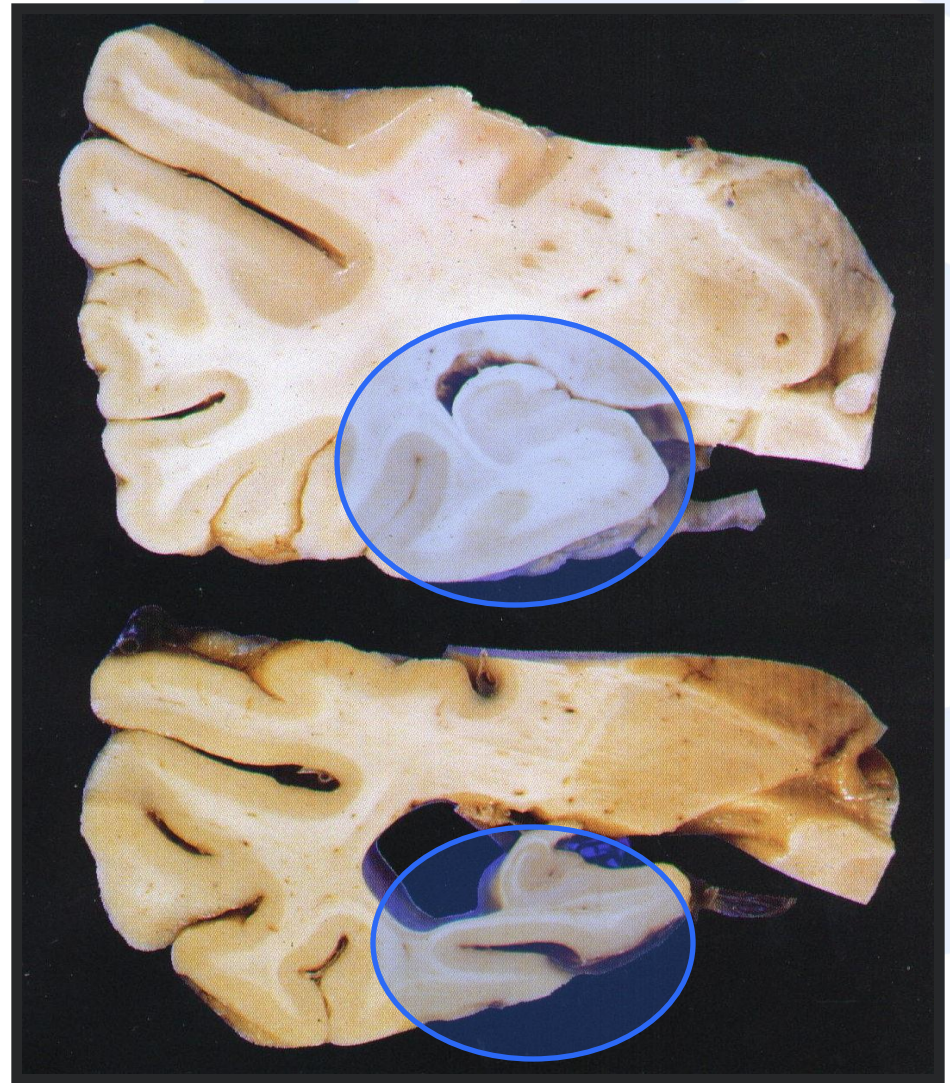
Preserved

- See things in middle field
- Looking at...curious



Learning and Memory Center

Hippocampus: **BIG CHANGE**



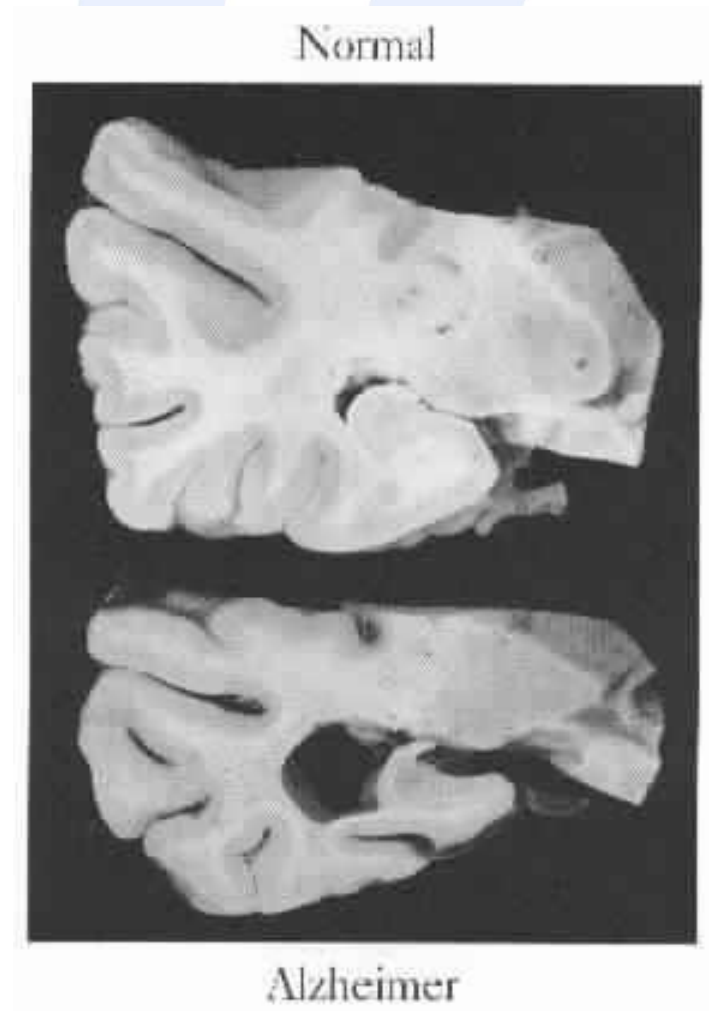
Memory Loss | Normal vs. Alzheimer

Loss

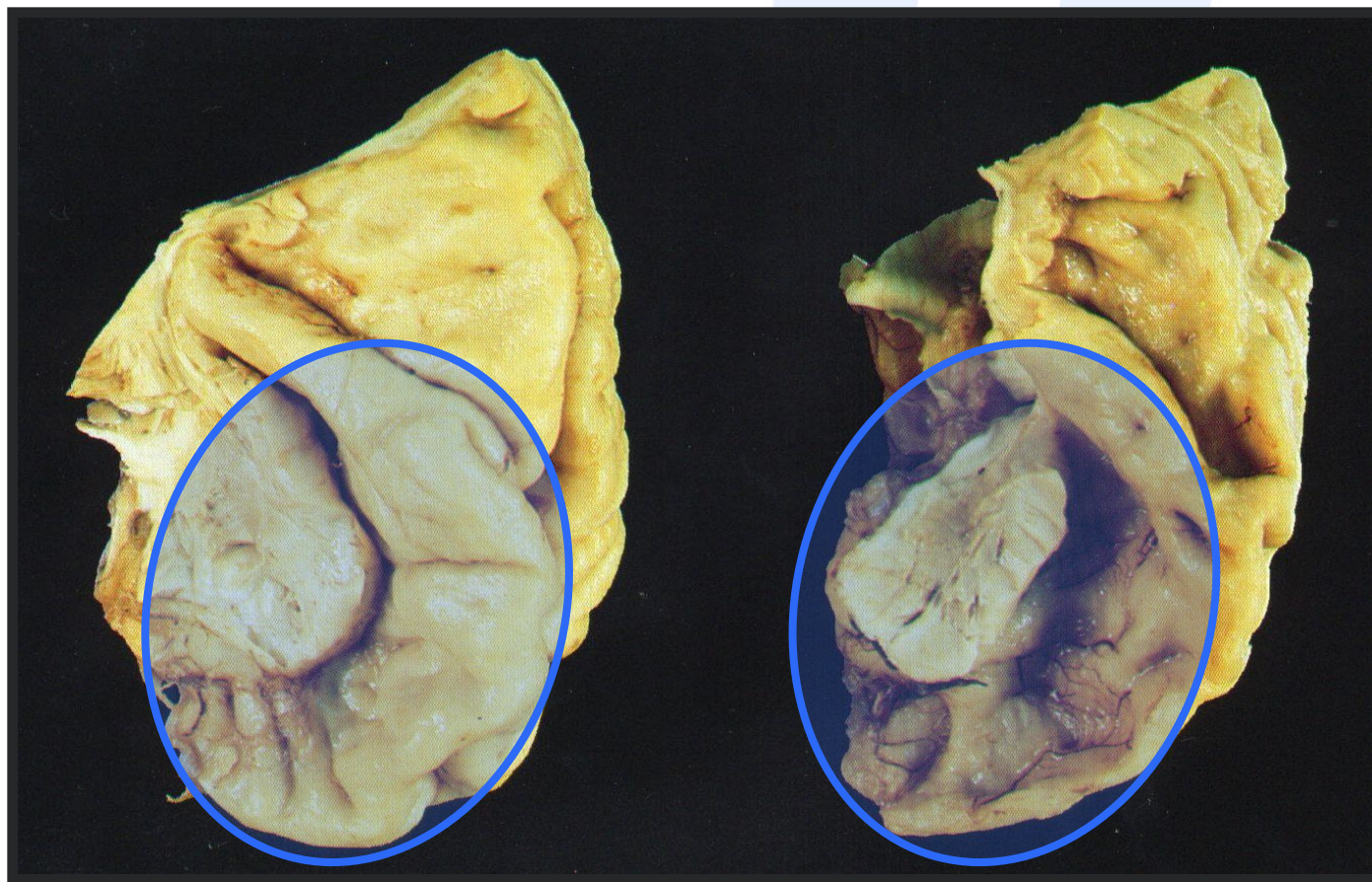
- Immediate recall
- Attention to selected info
- Recent events
- Relationships

Preserved Ability

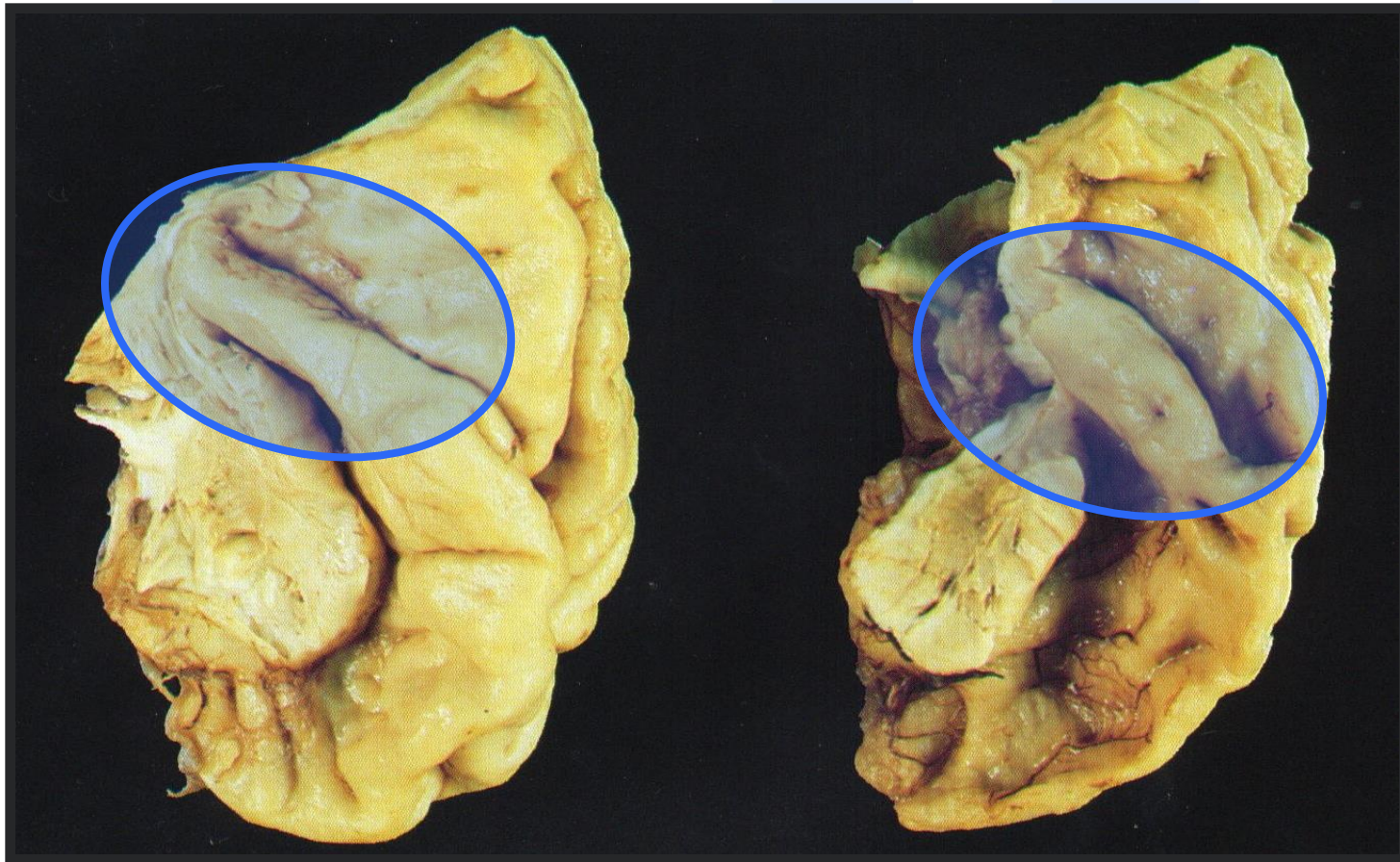
- Long ago memories
- Confabulation
- Emotional memories
- Motor memories



Understanding Language | Big Change



Hearing of Sound | Not Changed



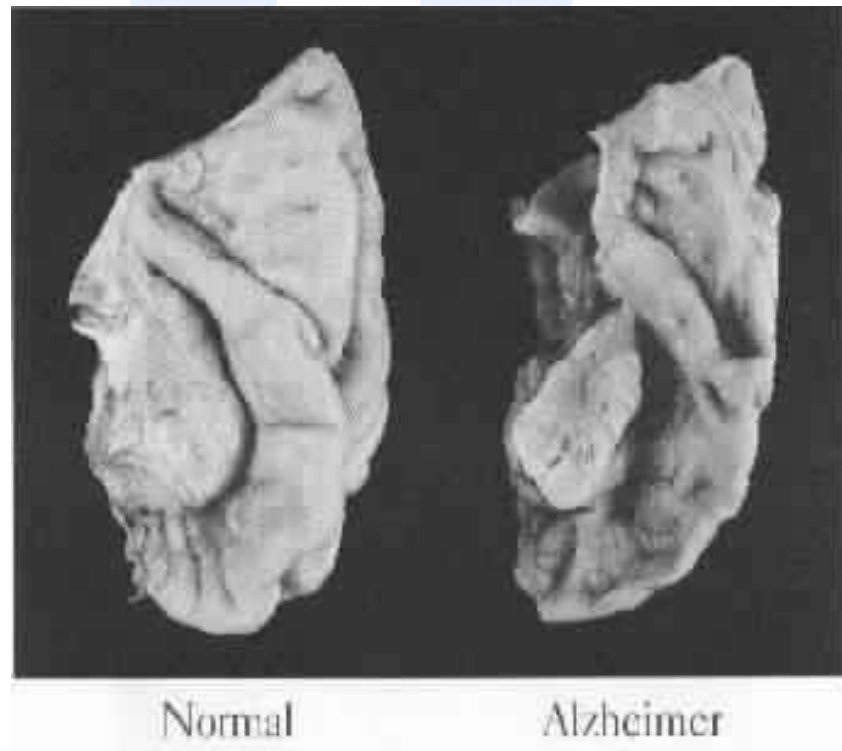
Understanding

Loss

- Can't interpret words
- Misses some words
- Gets off target

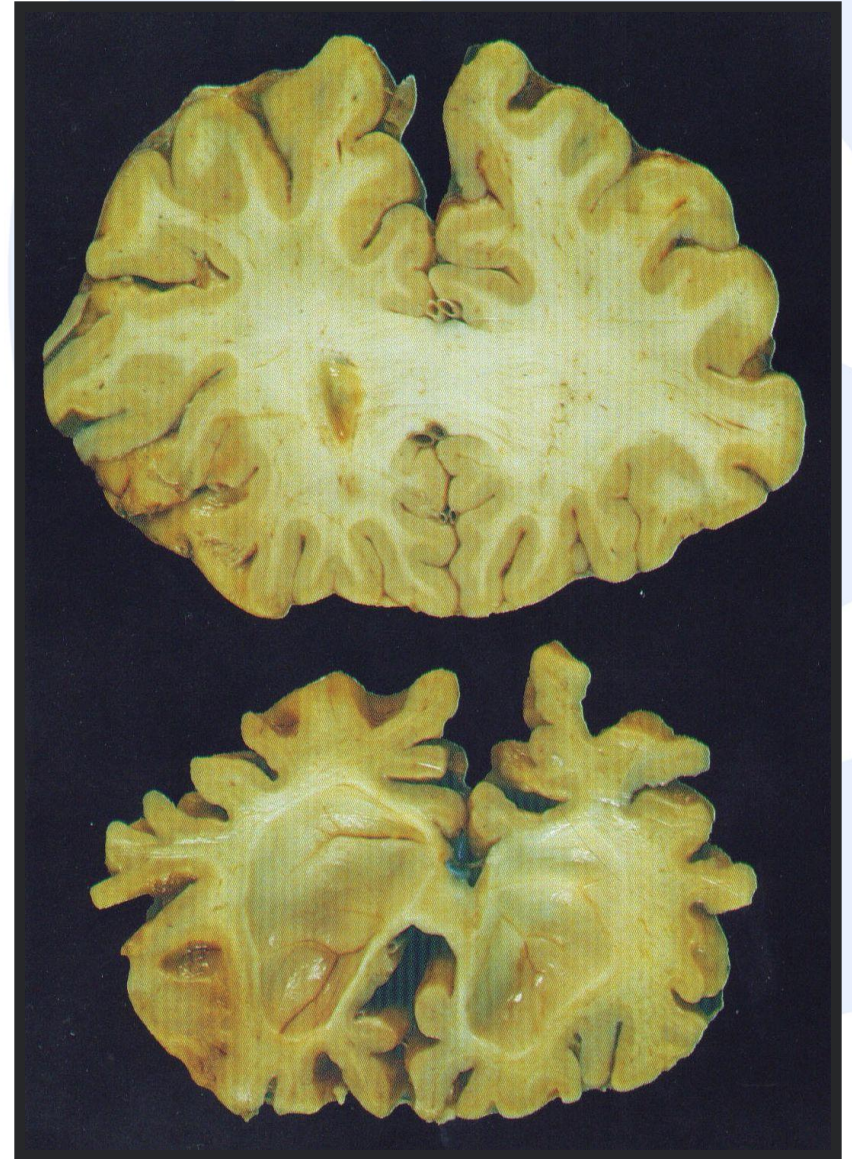
Preserved Ability

- Can get facial expression
- Hears tone of voice
- Can get some non-verbals
- Learns how to cover



Executive Control Center

- Emotions
- Behavior
- Judgment
- Reasoning



Executive Control Center (cont.)

Big Changes

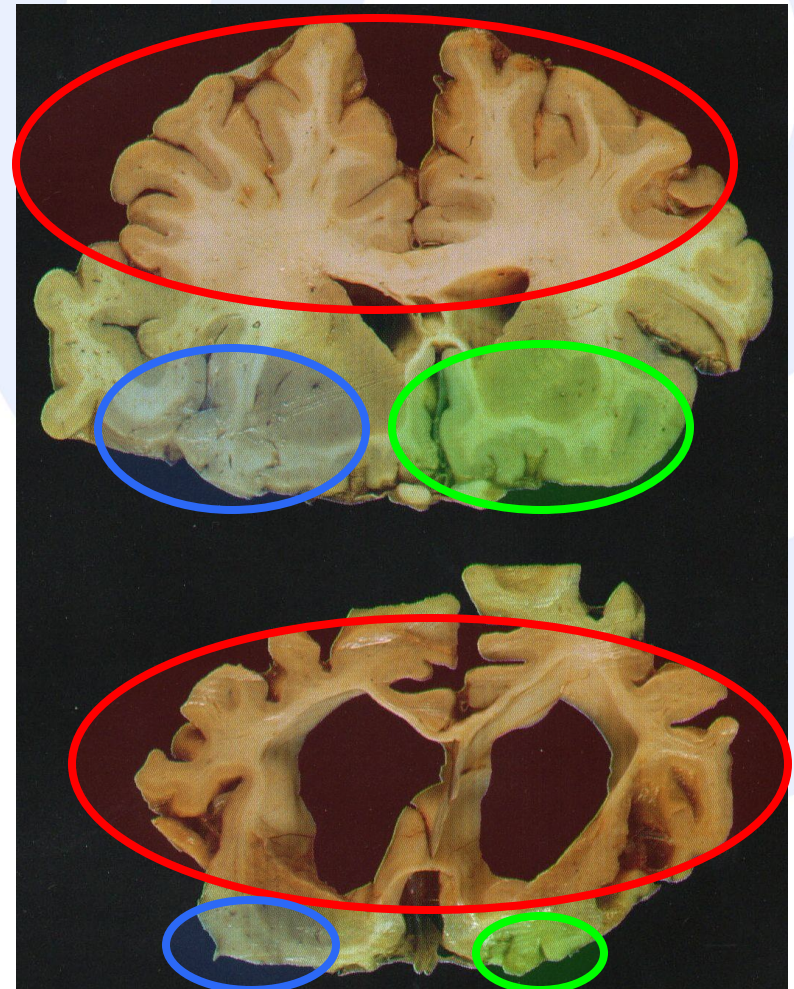
- Sensory strip
- Monitor strip
- White matter
- Connections

Preserved

- Automatic speech
- Rhythm/Music
- Expletives

Huge Changes

- Formal Speech
- Language Center



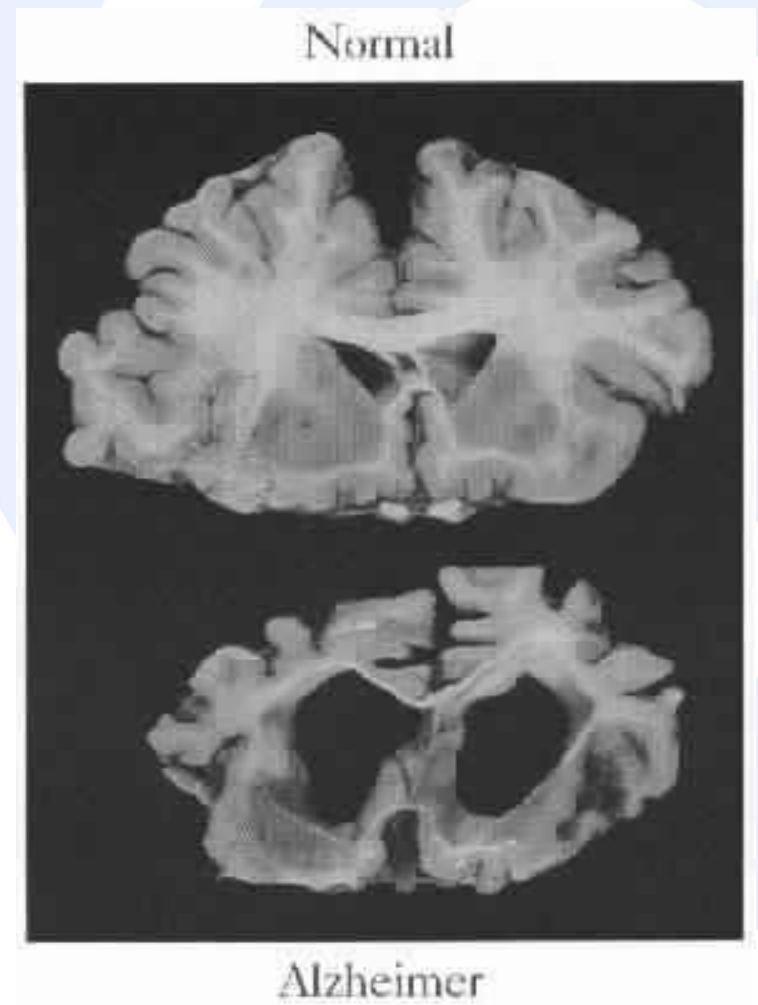
Sensory Changes

Loss

- Awareness of body and position
- Ability to locate and express pain
- Awareness of feeling in most of body

Preserved Ability

- Four areas can be sensitive
- Any of these areas can be hypersensitive
- Need for sensation can become extreme



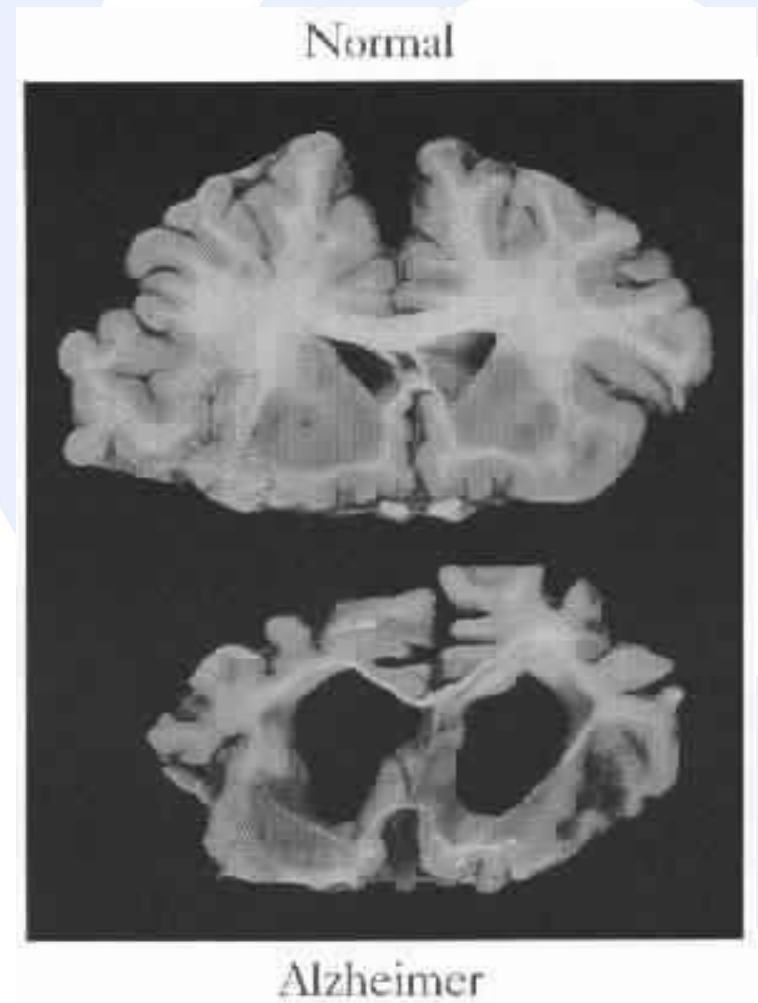
Self-Care Changes

Loss

- Initiation and termination
- Tool manipulation
- Sequencing

Preserved Ability

- Motions and actions
- The doing part
- Cued activity



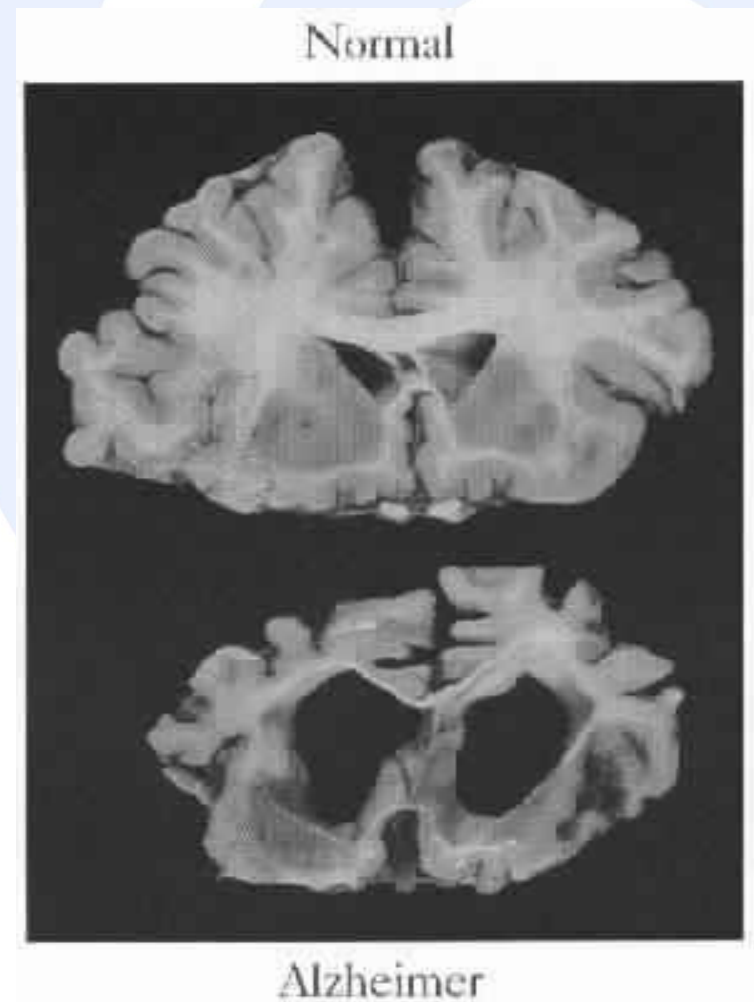
Language Changes

Loss

- Can't find the right words
- Word salad
- Vague language
- Single phrases
- Sounds and vocalizing
- Can't make needs known

Preserved Ability

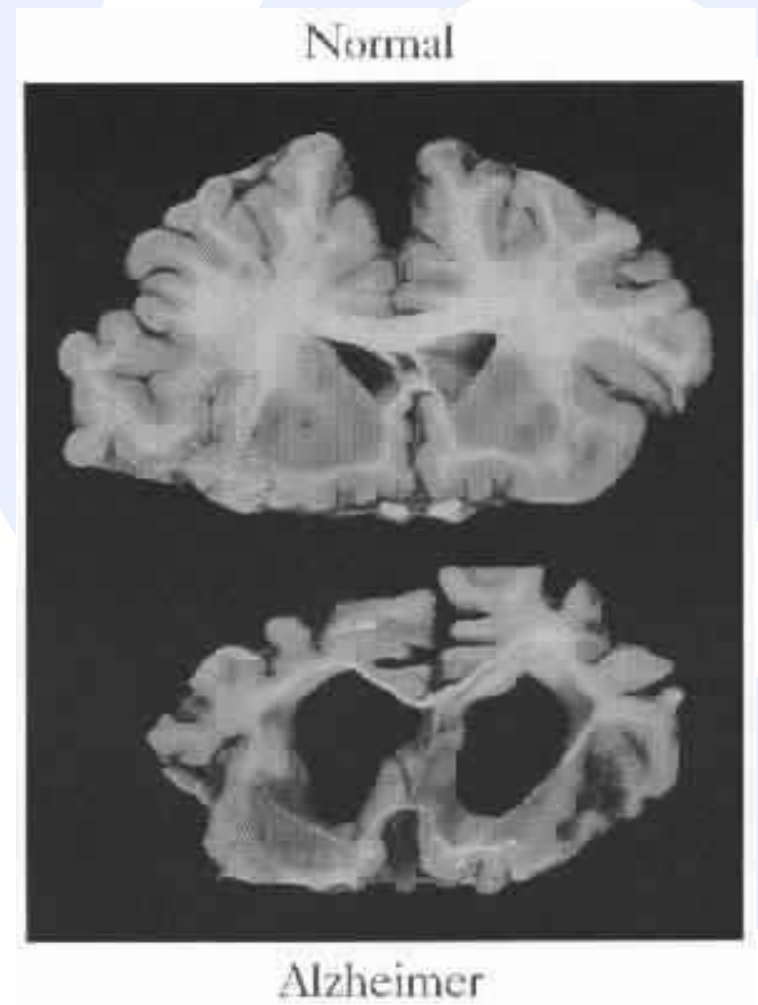
- Motions and actions
- The doing part
- Cued activity



Language Changes (cont.)

Preserved Ability

- Singing
- Automatic speech
- Swear words, sex talk, forbidden words



Normal Aging Brain

- Can't recall a word. Describe the word to get it to pop up.
- Give people time to process information. Go more slowly.
- Slower to think.
- Slower to do.
- May hesitate more.
- More likely to look before they leap.
- Will know the person, but not find the name.
- May pause when word finding.
- New data reminds me of old data.

Use Hand-Under-Hand

- Connecting – comforting and directing gaze
- Guiding and helping with movement
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything



Not Normal Aging Brain

- Unable to think the same
- Unable to do as before
- Unable to get started on a task
- Will get stuck in a moment of time
- Unable to think things out
- Unable to successfully place a person
- Words won't come even with visual, verbal, or touch cues
- Confused between past and present
- Personality and/ or behaviors will be different

The Basics for Success

Realize...it takes **TWO to tango**...Or **TWO to tangle**!

- Be a Detective NOT a Judge
- Look, Listen, Offer, Think...
- Use Your Approach as a Screening Tool
- Always use this sequence for CUES
 - Visual - Show
 - Verbal - Tell
 - Physical – Touch
- Match your help to remaining abilities

Build Skill

- Positive Physical Approach™
- Supportive Communication
- Consistent and Skill Sensitive Cues
 - Visual, verbal, physical
- Hand-Under-Hand™
 - for connection
 - for assistance
- Open and Willing Heart, Head and Hands

Approach Matters

Use a consistent Positive Physical Approach™

- Pause at edge of public space
- Gesture and greet by name
- Offer your hand and make eye contact
- Approach slowly within visual range
- Shake hands and maintain Hand-Under-Hand™
- Move to the side
- Get to eye level & respect intimate space
- Wait for acknowledgement

Supportive Communication

Make a connection

- Offer your name – “I’m (NAME)... and you are...”
- Offer a shared background – “I’m from (place) ...and you’re from...”
- Offer a positive personal comment – “You look great in that” or “I love that color on you...”

Emotional Communication

Validate emotions

- EARLY – “It’s really (label emotion) to have this happen” or “I’m sorry this is happening to you”
- MIDWAY – Repeat/reflect their words (with emotion)
 - LISTEN for added information, ideas, thoughts
 - EXPLORE the new information by ‘watching and listening’ (wonder what they are trying to communicate)
- LATE – Check out their ‘whole’ body –
 - Observe face, posture, movement, gestures, touching, looking
 - Look for NEED under the words or actions

Keep it Simple

- USE VISUAL combined with VERBAL (gesture/point)
 - “It’s about time for... “
 - “Let’s go this way...”
 - “Here are your socks...”
- DON’T ask questions you DON’T want to hear the answer to...
- Acknowledge the response/reaction to your information...
- LIMIT your words – SIMPLE is better always
- Wait, Pause, Slow Down

When words don't work well

Hand-under-Hand™

- Uses established nerve pathways
- Allows the person to feel in control
- Connects you to the person
- Allows you to do with not to
- Gives you advance notice of 'possible problems'
- Connects eye-hand skills
- Use the dominant side of the person

For ALL Communication

If what you are trying is NOT working

- STOP
- Back off
- THINK IT THROUGH...
- Then, re-approach
- And try something slightly different

Care partners

Need to:

- Take care of yourself
- Understand the symptoms and progression
- Build skill in support and caregiving
- Build skill in communication and interactions
- Understand 'the condition' of brain change
- Identify and utilize local resources
- Set limits for yourself

Gem Dementia Abilities

based on Allen Cognitive Levels

- A Cognitive Disability Theory – OT based
- Creates a common language and approach to providing:
 - Environmental support
 - Caregiver support and cueing strategies
 - Expectations for retained ability and lost skill
 - Promotes graded task modification
- Each Gem state requires a special ‘setting’ and ‘just right’ care
 - Visual, verbal, touch communication cues
- Each can shine
- Encourages in the moment assessment of ability and need
 - Accounts for chemistry as well as structure change

GEMS™

Sapphires True Blue Slower BUT Fine

Diamonds Repeats and routines, cutting

Emeralds Going Time travel/where?

Ambers In the moment Sensations

Rubies Stop and Go No fine control

Pearls Hidden in a shell Immobile



Positive approach to care

People living with dementia need care partners to think about and act on what they want, need and think.

Watch and observe

- What they show you – how they look
- What they say – how they sound
- What they do – physical reactions

Thank You

Questions?

