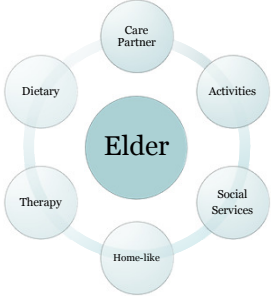


Therapy's Role in Dementia Care:


Lose the Silos and Collaborate for the Well-Being of Elders and Care Partners



Could we better meet the needs of Elders if we put the Elder in the center and worked as a team?



ideal



We want to create a place in which Elders can continue to grow and experience quality of life as they progress through the stages of dementia.

This requires harmony of care strategies in a home environment.

Challenges when it is not going well

If the Elder can't relate to the environment:

- Cat nap during the day, Sun-downing at night
- Agitation
- Combativeness during cares
- Progression of the disease at a faster pace with escalating behaviors




The Experts

- Activities
- Nursing Care
- Dietary
- Social Services
- Therapy
- Environment

.....sometimes even at odds



What it looks like when it doesn't go well



Challenges when it is not going well

The Care Partner gets lost:

"I don't know how to care for an Elder with dementia"

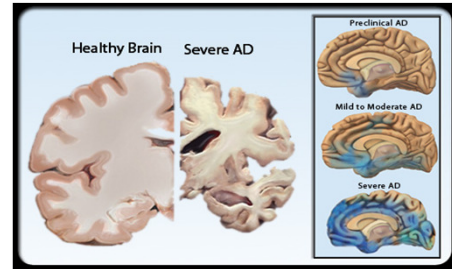
- Quality indicator issues
- Higher acuity of care

Staff-driven environment versus an Elder-driven environment

Low job satisfaction with high employee turnover



The dementia disease process



What it looks like when it goes well



Be Social



Tell a Story.




We must understand what the person *Can Do* before we can consider what he *Will Do* and *May Do*.

The 1st step is understanding the world of people with dementia.

The Early Signs



- Word Retrieval Issues
- Difficulty Multi-tasking
- Performs best with old familiar routines, needs assistance with new routines
- Difficulty with financial affairs, judgment
- Will not acknowledge the need for help




Early Stage Dementia

Early Stage Behaviors

- Social Butterfly
- Pleasantly Confused
- Typically displays “bed head”
- ADL independent, with lack of thoroughness
- Stays in the “comfort zone”

- Doesn't notice errors
- “Someone stole my purse.”
- Safety issues
- “I won't participate if I don't feel comfortable”
- “talks the talk” but doesn't “walk the walk”
- **Benefits from structure, lists, routines, and schedules**

The tale of 3 day care rooms


Middle Stage Dementia

Middle Stage Behaviors

- Tunnel vision
- Living in the past
- Old familiar routines – does well
- New routines: problems!
- Likes to “fiddle” with their hands

- If I can't relate... agitation or “shut-down”
- Sun-downing and diurnal rhythms
- If I can't find something to “fiddle” with... I will go looking
- If I can't understand what is happening... I'll react

Late Stage Dementia




Late Stage Behaviors

- Delayed thought processes – 60-90 seconds
- Agitated if hurried
- Demonstrational and Visual Cues (no language)
- **Go Slow, Use Visual Cues**
- Postural insecurity
- Looking through binoculars
- Doesn't pay attention to objects or people in environment
- Finger foods


- Combativeness during ADL's
- I can't relate... so I decline quicker
- Complications from lack of activity, poor intake

Middle Stage Dementia

The “Aunt Bea” Rule:



End Stage



- Overcoming Gravity
- Contractures, Weight Loss, Skin Integrity issues, etc.



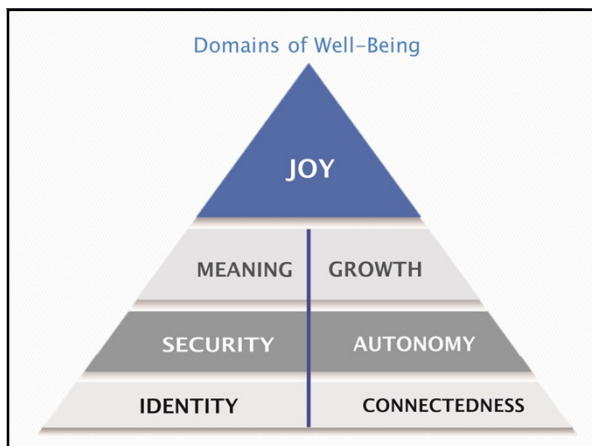
- ▶ **Identity:**
(Is my story known and understood by my care partners?)
- ▶ **Security:**
(Do I feel safe in my surroundings and do I trust those who provide my care?)
- ▶ **Connectedness:**
(Do I know my care partners? Do I feel like I belong in my living space?)
- ▶ **Autonomy:**
(Do I have opportunities for choice and control throughout the day?)
- ▶ **Meaning:**
(Are the daily activities meaningful to me: Are my self-esteem and ability to care for others supported?)
- ▶ **Growth:**
(Do I have opportunities to experience life in all its variety and engage creatively with the world?)
- ▶ **Joy:** *(Is life celebrated with me? Am I loved?)*

www.alpower.net
Dementia Beyond Disease: Enhancing Well-Being

Best Ability to Function determines **Can Do**

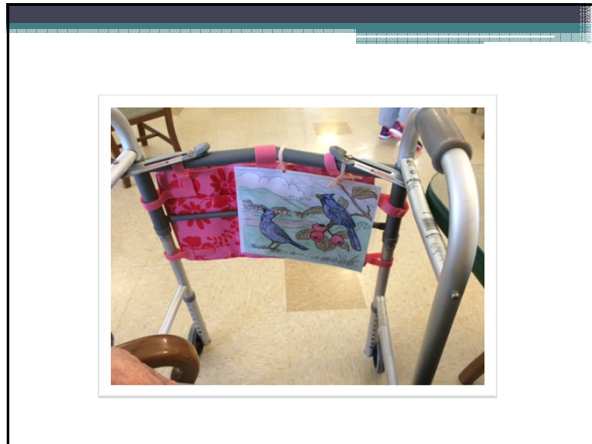
7 Domains of Well-Being determines **Will Do**

Let's Get to the Heart of the Matter:
What Do our Elders with Dementia
Need To Experience Well-Being?



Identity

- "Belonging begins with knowing my name."
- Each person remains unique and whole despite changing cognitive abilities.
- Knowing the person well helps us personalize interactions and activities.
- Offer support to preserve identity.



Autonomy

- The ability to choose one's life path.
- An active role in daily decision-making.
- Choice and control over a situation give a person the ability to choose engagement that meets his needs.
- The balance between safety and autonomy....it doesn't have to be all or nothing.

Connectedness

- Physical and social connections foster engagement.
- Cultivating close, meaningful relationships brings the joy of having friends and belonging.
- Provide connections to past, present, future....
...to personal possessions, place and nature.

Meaning

- A sense of purpose: A reason to get up in the morning.
- Meaning flows from the ability to make choices and give input into things that matter.
- What is meaningful is individual – tied to personal history, interests and values.
- Are there opportunities to give as well as receive?

Security


- Security depends on the familiar. It depends on both care partners being known to each other and the trust that privacy, dignity and respect will be honored.
- Security is most threatened in such circumstances as bathing, going somewhere new or attending a new activity.

Growth

- Growth occurs even until the last days of life.
- Provide opportunities for new experiences.
- Provide opportunities for accomplishment and self-actualization.
- Recognize that Elders living with dementia can appreciate new things.

Joy

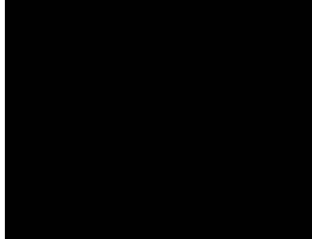
- Fulfillment of other domains are the path to true joy.
- Lack of enjoyment is not an intrinsic feature of dementia.
- Provide opportunities to experience joy:
 - Simple pleasures
 - Laughter
 - A shared moment
 - Discovery
 - Stimulating the senses
 - Fun




Person-Directed Care

Care revolves around the Elder:


- Her needs
- Her routine
- Her history
- Her interests
- Her choices




Best Ability to Function determines **Can Do**



A supported environment enables **May Do**



7 Domains of Well-Being determines **Will Do**



Home Environment


People live in a home.

Home means identity, connectedness, familiarity, comfort.

Home is tied to a personal history.

Home gives cues for what to do.


Home must be the Elder's own home with personal touches.



The "May Do" Component

Person directed care
Home environment

Failure free activities that match cognitive abilities
Relationship based care partner role
Individualization of approaches with therapy input.



Creating an environment that allows people with dementia to continue living.

Failure-Free Activities that match cognitive abilities

The just right challenge.

- challenging, but not too challenging
- adult activities that match interests & abilities
- time and autonomy to do it "My Way"

The Just right Assistance.

- cues that match understanding
- allow me to do as much as I am able
- time to process



Relationship based Care Partner Role

- Shift from taking care of....to supporting well-being by developing relationships, and providing the just right assistance to support successful living.
- Care that demonstrates that the care partner cares about the Elder as much or more than the task to be done.



Therapy Partnerships




Cognitive Leveling

Best Ability to Function

Individualization of Approaches with therapy input

Function ! Function! Function!
Therapists are the Function Experts.



They can personalize the approach in the great environment created by the previously mentioned components.

Let therapy be your detective!

Care Area	Care Strategy
Bathing	Rita likes to take a tub bath in the morning. She requires next step care during bathing. She prefers to have her hair washed in the beauty shop, and will become agitated / combative if hair washed in shower.
Dressing / Grooming	Rita likes to get up, do her grooming in the bathroom at the sink, then sit at the side of the bed to dress. She needs simple verbal cues throughout the task, but can do things independently. Give her only 2 choices of what to where. She will need help with fasteners on clothing items.
Eating	Rita needs set up for eating. Meal needs to be ready to be served when Rita is seated. She may need cuing to finish meal.
Toileting	Rita is continent, but needs reminders to toilet. Rita cannot locate the bathroom without assistance. She also needs check for thoroughness of cleansing after toileting.
Transfer / Mobility	Rita is able to get around the unit independently. However, she needs supervision outside. She has difficulty negotiating irregular surfaces. She also needs encouragement to get up and walk periodically during the day.
Communication	Rita can answer simple questions; does not do well with open ended questions. She cannot always communicate her concerns but may become restless - especially if she needs to bathroom.
Meaningful Activities	Rita enjoys morning coffee and looking at paper. She likes to sort and fold laundry, organize drawers, etc. She participates well in cooking and music activities. When restless, she calms with paging through magazines and rolling yarn ball.

Therapy Partnerships

How Can Therapy Help?????



Therapy Partnerships



ADL Care Strategies

Cuing Strategies



ADL Strategies



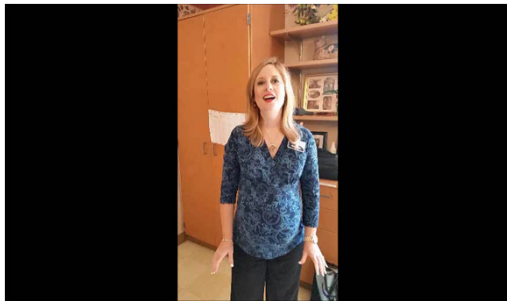
The right cues

- **Early:** structure, routine
- **Middle:** need for familiar routines, homelike
- **Late:** visual cues, go slow, hand-under-hand
- Be 'with' during activity – social, conversational

Behavior Management and Engagement



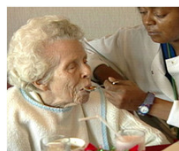
Examples Of Collaborative Care



It's Never Too Late

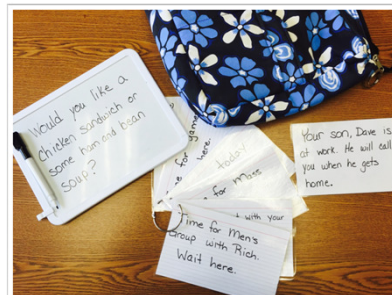


Mealtime Strategies


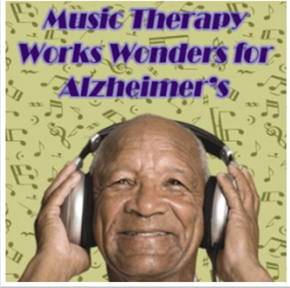


- Finger-food diets
- Rotate plate half-way through meal
- Intermittent Verbal Cuing
- Old familiar routines...

Behavior Management and Communication

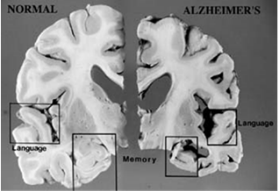


Behavior Management and Engagement


Pain + Dementia

Chronic Pain can reduce the volume of gray matter as much as 20 years of aging can...



Source: 2011 Report from the National Academy of Sciences Institute of Medicine

Rainbow Program



Assign a color to various activities

- Red: multi-sensory stimulation
- Blue: range of motion
- Orange: balance

Color code the posted activities schedules.

Assign a color to Elders before therapy discharge, an individualized functional maintenance plan!

Staff Training




Therapy Partnerships

Physical Environment




MODERATE ASSISTANCE:

Resident performs 50% and caregiver performs 50%

BEHAVIOR:

- Handles objects a lot
- Repetitive actions
- Will not start activity
- Lost ability to focus on goal or reason for doing task, but still is interested in materials
- Unpredictable with social contact, may be physically or verbally abusive

COMMUNICATION / COGNITION:

- May be able to imitate action if demonstrated, but requires 1:1 start/stop
- Use of objects is automatic
- No focus on the end of the task
- Speech is often without focus, word finding problems, difficulty paying attention to conversations. No reaction to new information or mixes new information with past information.
- Will need repetition to follow verbal directions

GROOMING:

- Will need reminders to perform grooming with assistance for thoroughness

DRESSING:

- Will need reminder to change clothing, with assistance to correct errors (inside out, open zippers, shoes on wrong feet, etc)

BATHING:

- Will need assistance for thoroughness. Will not initiate bathing tasks (You need to put the soap/cloth in their hand and help them guide their hand to wash themselves).

FEEDING:


- Able to feed self but requires supervision for intake, food temperature, cutting food, etc

TOILETING:

- Requires escort to arrive at location
- Unaware of dirty or soiled clothing
- Will not be able to start/stop task independently
- Cannot be left alone in bathroom, unable to focus on end of task

PRECAUTIONS:

- Will not recognize need for help; unable to follow safety measures or be aware of danger



It's Never Too Late



Developed by
Linda Rocio

Early Path



Developed by
Linda Rocio

Middle Path



Developed by
Linda Rocio

Late Path




Developed by
Linda Rocio

Pathway Training



How we make teamwork and communication work






1	Look Up / Reach Up	<ul style="list-style-type: none"> neck & trunk extension leaning backward shrugging shoulders hands over head Look up at the ceiling Stretching the neck Straighten the trunk Lean back Shrugging shoulders 	<h2 style="font-size: 2em;">Falls Prevention</h2> 
2	Reach High / Low outside comfort zone	<ul style="list-style-type: none"> crossing midline trunk rotation "turn the other cheek" reaching hands higher than the shoulder, lower than waist or knees look / reach towards opposite hip look / reach behind you, right & left & opposite reach so far that 1 buttock lifts off the chair reach forward towards the floor can be done in sitting or standing 	
3	Standing & Stepping outside comfort zone	<ul style="list-style-type: none"> weight shifting side to side weight shifting back & forth feet far apart stepping from right to left leg, left to right leg stepping back and forth with one foot in front of the other wide stance (feet far apart) 	
4	Strengthening during Activity	<ul style="list-style-type: none"> lean on arms extended standing time knee bends single limb support lean one arm on the table while reaching with the other push up off the chair with your arms pull forward with arms increased standing duration knee bends to reach low standing on one foot with balance support 	

Team members working together for the well-being of our Elders

	Nursing / ADL	Activities	<h2 style="font-size: 2em;">Falls Prevention Partnerships</h2> 	
1	look up reach up	<ul style="list-style-type: none"> brushing / combing hair put on shirt with hands over head care partner places ADL equipment so the Elder reaches for it to straighten shirt Elder straightens trunk, leans back 		<ul style="list-style-type: none"> halloo volleyball scarf movement / music beach ball toss watering / handling plants
2	reach high/ Low outside comfort zone	<ul style="list-style-type: none"> flushing the toilet putting on shoes / socks place ADL items for Elder to grab within reaching guidelines store wash basin on closet shelf get clothes out of closet or drawers putting belt through pant loops washing all of upper trunk 		<ul style="list-style-type: none"> parachute Folding clothes with basket on the floor pulloon volleyball Foot basketball Ring toss / horseshoes Bean bag toss Setting the table Simon says / Hickey Polky Savenger hunt
3	stand step outside comfort zone	<ul style="list-style-type: none"> standing at closet or sink side walk backward a few steps to toilet or chair weight shift to reach ADL items in the bathroom slide foot into slippers while standing making the bed 		<ul style="list-style-type: none"> marshing hand setting the table dancing to music Simon says Mother May I follow the hotspots on the floor walking on the grass in the courtyard
4	strength during activity	<ul style="list-style-type: none"> Dusting table legs Washing the table Making the bed Washing windows Stand at sink side during ADL's Pick shoes up off the closet floor Site on different height surfaces (i.e., low couch) 	<ul style="list-style-type: none"> wheelchair propulsion gardening dancing dusting table legs cooking class, reaching items in the cupboard picking up things off the floor during a scavenger hunt marshing kicking a beach ball 	




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