Participant Handbook

PART

Professional Assault Response Training

Dementia Enhancement

Name: ______________________________

SASKATCHEWAN ASSOCIATION FOR
SAFE WORKPLACES
IN HEALTH

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PART Dementia Enhancement
Participant Handout

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Learning Outcomes

Learning outcomes with this enhancement are:

- understanding dementia - high level overview
- identification of potentially violent situations (understanding triggers)
- safe work practices to minimize or eliminate risk (approach, documentation/care plan, own self-control plan)
- appropriate response (de-escalation, person-centered care, validation, skills training)

What is Dementia?

What is delirium?

Virginia Bell and David Troxel published The Dementia Bill of Rights

The Best Friends™ Dementia Bill of Rights

Every person diagnosed with Alzheimer's disease or other dementia deserves:

- To be informed of one's diagnosis.
- To have appropriate, ongoing medical care.
- To be treated as an adult, listened to, and afforded respect for one's feelings and point of view.
- To be with individuals who know one's life story, including cultural and spiritual traditions.
- To experience meaningful engagement throughout the day.
- To live in a safe and stimulating environment.
- To be outdoors on a regular basis.
- To be free from psychotropic medications whenever possible.
- To have welcomed physical contact, including hugging, caressing, and handholding.
- To be an advocate for oneself and others.
- To be part of a local, global, or online community.
- To have care partners well trained in dementia care.

Person-centred care is:

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The ultimate goal is:

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Care Plan

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PART’s Stress Model:

- Be aware of a client’s trigger(s); a trigger can be seen, it can be a memory, delusion/hallucination. Triggers may be obtained from discussions with family or the client themselves, or from the client’s chart.
- Eliminate or manage the triggers - can a change be made to avoid certain environments or situations?
- Understand that the client’s trigger may be real or imagined/a memory per say. Their perception is very well their reality and they may not be able to change how they respond or react.
- When you are faced with a negative or challenging response from a client with dementia, it is YOU who will make a change - change your attitude, approach, body language/non-verbal communication.

PART’s Communication Model:

Use the STOP strategy:

- **S**low down: avoid rushing, communicate effectively, use your observation skills
- **T**hink about what is happening: what is the client doing, saying, perceiving? Do they see us as their mother, sister, a friend, a foe? Are they agitated, calm?
- **O**ptions: what can you change, do differently, say differently?
- **P**lan to have some time to yourself: do not take the situation personally

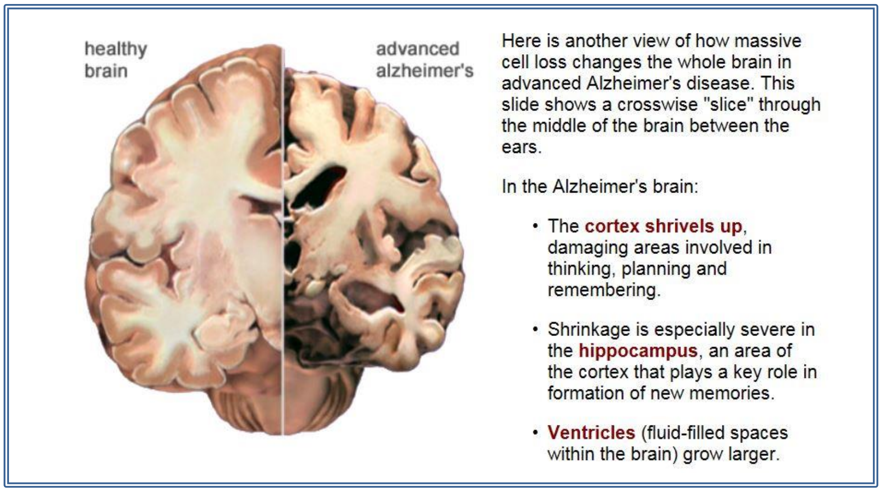
Common Knowledge Flowsheet for Dementia Clients

Possible motive	Possible Signs	Possible Approach/Technique
memory loss	▪ difficulties with thinking, problem-solving or language, severe enough to reduce a persons' ability to perform everyday activities ▪ changes in mood and/or personality ▪ being withdrawn	▪ give choices but limit options, such as "would you like the red or blue sweater" ▪ consider changing your attitude, approach, body language/non-verbal communication ▪ use the STOP strategy ▪ ask general questions, being too detailed may add more confusion and may cause frustration ▪ use visual cues, for example a sign to show where the bathroom is ▪ use personal belongings or visuals (pictures) to help trigger memory
hallucination, delusion, confusion	▪ they may understand that their minds are playing tricks on them or they may be completely absorbed in the experience and believe that it is really occurring ▪ decreased or poor judgement ▪ confused with time and/or place ▪ looking "lost" or confused	▪ understand that these experiences can be quite vivid and upsetting to the client ▪ consider changing your attitude, approach, body language/non-verbal communication ▪ use the STOP strategy ▪ validate their feelings and emotions/allow them to believe what he/she wants ▪ never argue with them ▪ relaxed and open hands in full view ▪ redirect when necessary (change the conversation or change the environment ▪ simple prompting to show them what you want them to do, such as putting the fork in their hand and motion them to eat, shows that you want them to start eating

worker training/ understanding	escalation of client and/or worker	▪ provide appropriate training to workers that is reviewed, practiced and supported
		▪ develop a care plan to support person-centred care, that includes, but not limited to:
		  ▪ the client's history/past (e.g., their job, culture, childhood – details that can help with appropriate response)
		  ▪ likes, dislikes
		  ▪ interventions, such as do they need something to hold to keep their hands "busy"
		  ▪ preferences such as male or female worker, using a loud/soft voice, approaching left/right side
		  ▪ triggers to avoid, such as certain words, areas/rooms
		  ▪ input from the client, family and care providers
		▪ understand that every day/moment can be different for the client, change your approach appropriately

Processing Information

Brain Health



Here is another view of how massive cell loss changes the whole brain in advanced Alzheimer's disease. This slide shows a crosswise "slice" through the middle of the brain between the ears.

In the Alzheimer's brain:

- The **cortex shrivels up**, damaging areas involved in thinking, planning and remembering.
- Shrinkage is especially severe in the **hippocampus**, an area of the cortex that plays a key role in formation of new memories.
- **Ventricles** (fluid-filled spaces within the brain) grow larger.

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source: https://www.alz.org/braintour/neuron_forest.asp

Seven A's of Dementia[2]
One way of understanding how dementia affects the brain is to look at the seven A's of dementia. Each A represents damage to a particular part of the brain. Please keep in mind that someone with dementia may not experience all of the A's.

Anosognosia means that you can no longer recognize that something has changed and that there is something wrong. You might not understand why you have cognitive problems or that you are experiencing any problems at all. Because the part of your brain that helps you reason is damaged, you do not see the changes in your abilities that others may see.

Agnosia means you can no longer recognize things through your senses: sight, sound, taste, touch, and smell. You might not be able to sort out what you see or hear. You might have trouble recognizing familiar people. Your safety may be at risk if this part of the brain is affected because you might confuse objects and what they are used for.

Aphasia means you lose the ability to use language. This includes the ability to speak, understand, read and write. Although a person may retain the ability to speak for some time, the ability to understand what other people are saying may be affected early in the disease. If you cannot understand what is being said to you, this can lead to misunderstandings between you and those around you. You might find yourself withdrawing from social interactions because you are worried that you will not understand others or that they may not understand you.

Apraxia means you have lost the ability to tell your body how to carry out purposeful movement. As well, if you have apraxia, you may also have trouble understanding terms such as back, front, up, down. When this happens, it becomes difficult to do things such as tying shoelaces, doing up buttons and zippers, and any activity involving co-ordination. The ability to move your body according to a certain pattern, such as coordinating hand and leg movement, also affects your ability to do specific activities such as driving.

Altered perception happens when you misinterpret the information your senses are giving you. For some people, this is a bigger problem in the late afternoon or early evening when light changes. Another important change is the loss of depth perception—the ability to see in three dimensions. It becomes harder to judge how high, deep, long, wide, near or far things are. For example, if the floor and furniture are the same colour, it may be difficult to judge when one is close enough to a chair to try to sit.

Amnesia means loss of memory. This is an important loss because most things we do depend on our ability to remember. For example, a person with short-term memory problems loses the ability to remember what was just said. This explains why you might find yourself asking questions over and over again. Earlier in the disease a person's short-term memory will be affected. As the disease progresses, long-term memories will become harder to retrieve.

Apathy is not being able to take initiative. The part of the brain that helps you start to do something, either to carry out an activity or to communicate, is damaged. You might find that you have difficulty beginning activities. You may need someone else to give you cues (hints) to keep you involved in a conversation or a task.

Reprinted from the Alzheimer Society of Canada "What is Dementia" available at:
http://alzheimer.ca/en/york/About-dementia/What-is-dementia/Seven-A-s-of-dementia

Redirection

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Validation Therapy

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Hallucinations and Delusions

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Ten Tips for Communicating with a Person with Dementia

We aren't born knowing how to communicate with a person with dementia—but we can learn. Improving your communication skills will help make caregiving less stressful and will likely improve the quality of your relationship with your loved one. Good communication skills will also enhance your ability to handle the difficult behavior you may encounter as you care for a person with a dementing illness.

1. **Set a positive mood for interaction.** Your attitude and body language communicate your feelings and thoughts more strongly than your words do. Set a positive mood by speaking to your loved one in a pleasant and respectful manner. Use facial expressions, tone of voice, and physical touch to help convey your message and show your feelings of affection.

2. **Get the person's attention.** Limit distractions and noise—turn off the radio or TV, close the curtains or shut the door, or move to quieter surroundings. Before speaking, make sure you have her attention; address her by name, identify yourself by name and relation, and use nonverbal cues and touch to help keep her focused. If she is seated, get down to her level and maintain eye contact.

3. **State your message clearly.** Use simple words and sentences. Speak slowly, distinctly, and in a reassuring tone. Refrain from raising your voice higher or louder; instead, pitch your voice lower. If she doesn't understand the first time, use the same wording to repeat your message or question. If she still doesn't understand, wait a few minutes and rephrase the question. Use the names of people and places instead of pronouns (he, she, they) or abbreviations.

4. **Ask simple, answerable questions.** Ask one question at a time; those with yes or no answers work best. Refrain from asking open-ended questions or giving too many choices. For example, ask, *"Would you like to wear your white shirt or your blue shirt?"* Better still, show her the choices—visual prompts and cues also help clarify your question and can guide her response.

5. **Listen with your ears, eyes, and heart.** Be patient in waiting for your loved one's reply. If she is struggling for an answer, it's okay to suggest words. Watch for nonverbal cues and body language, and respond appropriately. *Always strive to listen for the meaning and feelings that underlie the words.*

6. **Break down activities into a series of steps.** This makes many tasks much more manageable. You can encourage your loved one to do what he can, gently remind him of steps he tends to forget, and assist with steps he's no longer able to accomplish on his own. Using visual cues, such as showing him with your hand where to place the dinner plate, can be very helpful.

7. **When the going gets tough, distract and redirect.** If your loved one becomes upset or agitated, try changing the subject or the environment. For example, ask him for help or suggest going for a walk. *It is important to connect with the person on a feeling level, before you redirect.* You might say, *"I see you're feeling sad—I'm sorry you're upset. Let's go get something to eat."*

8. **Respond with affection and reassurance.** People with dementia often feel confused, anxious, and unsure of themselves. Further, they often get reality confused and may recall things that never really occurred. *Avoid trying to convince them they are wrong.* Stay focused on the feelings they are demonstrating (which are real) and respond with verbal and physical expressions of comfort, support, and reassurance. Sometimes holding hands, touching, hugging, and praise will get the person to respond when all else fails.

9. **Remember the good old days.** Remembering the past is often a soothing and affirming activity. Many people with dementia may not remember what happened 45 minutes ago, but they can clearly recall their lives 45 years earlier. Therefore, *avoid asking questions that rely on short-term memory*, such as asking the person what they had for lunch. Instead, try asking general questions about the person's distant past—this information is more likely to be retained.

10. **Maintain your sense of humor.** *Use humor whenever possible, though not at the person's expense.* People with dementia tend to retain their social skills and are usually delighted to laugh along with you.

[5]source: https://www.caregiver.org/caregivers-guide-understanding-dementia-behaviors

(415) 434-3388 | (800) 445-8106; website: www.caregiver.org; email: info@caregiver.org
FCA CareJourney: www.caregiver.org/carejourney
Family Care Navigator: www.caregiver.org/family-care-navigator

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy, and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct support services for caregivers of those with Alzheimer's disease, stroke, traumatic brain injury, Parkinson's, and other debilitating health conditions that strike adults.

When working with individuals with dementia remember to be patient, use your self-control plan. Don't take it personally - be empathetic. The person with dementia is not doing "things" on purpose - it is not their choice but rather the illness taking over.