Dementia Care: A Person Centered Approach to Decreasing Behaviors

Margaret Kimbell, RN, MSA, DHA, CDP
Bettina Suarez Palacios, RN, BSN, MBA, RAC
Erickson Living

Objectives

• The purpose of this activity is to enable the learner to define Person Centered Approaches to Dementia care and how quality of life and quality of care can be one fluid act of kindness.
• The purpose of this activity is to describe the Think Comfort behavioral approach to understanding the actions and expressions of elders with cognitive impairment.
• The purpose of this activity is to describe the strength based three tiered approach to engagement for elders with dementia; meeting their needs while also decreasing neuropsychiatric symptoms.

What does aging mean to you?
Vision Changes

- Peripheral (side) vision is reduced
- Presbyopia - diminished sharpness of vision and focusing, reading glasses are required
- Lens of the eye becomes cloudy diminishing the amount of light
- Glaucoma – loss of side vision
- Macular degeneration – loss of central vision

Hearing Changes

Presbycusis – slow progressive loss of hearing caused by changes to inner ear

- High-pitched sounds such as “s” or “th” are hard to distinguish from one another
- Background noise further complicates hearing difficulty
- Men’s voices are easier to hear than women’s
- Other people’s voices sound mumbled or slurred
- Ringing in the ears

Smell and Taste Changes

Decrease in

- Number of taste buds
- Sensitivity to salt and sweet first
  - Bitter and sour last longer
- Amount of saliva production

Smell may diminish after age 70
Brain Changes

- Use it or lose it
- Overall cognition (thinking) depends upon health of the brain
- The brain’s processing slows but given the opportunity… processing does occur
- Forgetfulness – normal aging memory lapses
- Memory loss – disease related changes that are disabling affecting hobbies, social activities, relationships, etc.

Person-Centered Approach

“Caring enough to understand the individual and customizing our approach to recognize the person’s gifts, their needs, their preferences, and their goals”

Person-Centered Approach Model

Abraham Maslow’s Hierarchy of Human Needs

- Self-Actualization
- Esteem
- Love & Belonging
- Safety
- Physiological
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Self-Actualization
- Communication
- Honoring desires and wishes
- Helping elders meet their needs
- Death and dying
- Grief

Esteem
- Self-respect
- Appreciation for life’s contributions
- Dignity
- Recognition of accomplishments
- Independence

Love & Belonging
- Getting to know the person and what is important to them
- Relationships – past and present
- Sense of community
- Sadness and depression
- Loneliness and social anxieties
- Therapeutic touch

- Morality, Creativity, Problem Solving, Spontaneity, Lack of Prejudice, Acceptance of Facts, Being All That I Can Be
- Self-esteem, Confidence, Achievement, Respect of Others, Respect by Others, Freedom
- Friendship, Family, Sexual Intimacy
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**Safety**
- Falls
- Lifting and transferring
- Lack of restraints/side rails
- Health and well-being
- Environmental hazards

**Physiological**
- Pain
- Nutrition
- Bowel and Bladder
- Hydration
- Pain management
- Wound Care

**Person-Centered Approach**
- Helping the person make as many choices in their life as they can
- Making the person the center of care guided by their choices
- Remember, it’s not about staff’s work routine, it is about what helps the person achieve all levels of the pyramid!
Cognitive Health

Chronic health conditions can be associated with cognitive health disorders

- Heart disease
- Stroke
- Diabetes
- Arthritis
- Cancer
- Immobility
- Infection

Brain Changes

- What can cause memory loss?
  - Depression
  - Vitamin deficiency
  - Thyroid imbalance
  - Medications
  - Alcohol abuse
  - Dehydration

Many causes of memory loss can be reversed!
Dementia

Dementia is not a specific disease. It’s an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person’s ability to perform everyday activities.

http://www.alz.org/what-is-dementia.asp

**Disease/Condition = Dementia Symptoms**

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Dementia Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s</td>
<td>Progressive decline in:</td>
</tr>
<tr>
<td>Parkinson’s</td>
<td>• Remembering</td>
</tr>
<tr>
<td>Stroke</td>
<td>• Paying attention</td>
</tr>
<tr>
<td>Infection of Brain</td>
<td>• Speaking and understanding language</td>
</tr>
<tr>
<td>Thyroid Deficiency</td>
<td>• Problem solving</td>
</tr>
<tr>
<td>Vitamin Deficiency</td>
<td>• Orienting to day, year, season</td>
</tr>
<tr>
<td></td>
<td>• Orienting to where they are</td>
</tr>
<tr>
<td></td>
<td>• Orienting to who they are</td>
</tr>
</tbody>
</table>

**The Four “A”s of Dementia & the Brain**

- Amnesia
- Agnosia
- Apraxia
- Aphasia
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<table>
<thead>
<tr>
<th>Dementia Experience</th>
<th>Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor judgment and decision making</td>
<td></td>
</tr>
<tr>
<td>Inability to manage a budget</td>
<td></td>
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<tr>
<td>Losing track of the passage of time or the season</td>
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<tr>
<td>Difficulty having a conversation</td>
<td></td>
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<tr>
<td>Misplacing things and being unable to retrace steps to find them</td>
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</tbody>
</table>

What does the person experience?

The Fear and Anxiety of Dementia

- Dementia affects the brain's ability to:
  - Deal with uncertainty and change
  - Communicate concerns and fears
  - “Self-sooth,” keep fears from becoming an overwhelming experience
- Chronic pain, common in the elderly, further increases anxiety as individuals with dementia cannot tell us they are in pain
- Inability to cope with anxiety and fear can result in defensive actions
  - Verbal aggressive behavior and/or
  - Physically aggressive behavior

How Can We Help?

Emotions and Feelings Remain

Emotions continue even when the event cannot be remembered
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Understanding Actions & Expressions

Actions

Body Language

Communication Techniques

- Be aware of your non-verbal communication
- Center yourself!
- Be aware of the non-verbal communication signs the person is showing to you

Understand How the Person Feels
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Triggers to Actions/Expressions

- Actions
- Emotions
- Expressions

Triggers → Emotions

Communication Techniques
- Speak simply, smile, good eye contact
- Understanding the person’s non-verbal message
  - Communicate care and comfort
  - Music, singing, or reading
  - Favorite smells
  - Use Gentle Touch

Validate Feelings & Emotions
- Maintaining their dignity at all times
- Exploring how they feel
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**PCA Think Comfort Model**

- **DON role in understanding actions and expressions**
- **Tracking actions and expressions - tools**
- **Route Cause Analysis adapted to the situation – Think Comfort**
- **Finding the plan of care and services that matches the needs/wants/desires of the person**
- **Staff critically thinking to obtained positive outcomes**
- **Decreasing antipsychotic medication utilization**

**Case Studies**

- DON role in understanding actions and expressions
- Tracking actions and expressions - tools
- Route Cause Analysis adapted to the situation – Think Comfort
- Finding the plan of care and services that matches the needs/wants/desires of the person
- Staff critically thinking to obtained positive outcomes
- Decreasing antipsychotic medication utilization

**Think Comfort!**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitated</td>
<td>I am overstimulated or bored</td>
</tr>
<tr>
<td>Attempting to leave</td>
<td>I want to go outside</td>
</tr>
<tr>
<td>Calling out repeatedly</td>
<td>I am in pain</td>
</tr>
<tr>
<td>Combative behaviors</td>
<td>You are not listening to me</td>
</tr>
<tr>
<td>Choosing not to take their medications</td>
<td>I do not like the taste of the pills</td>
</tr>
<tr>
<td>Resisting Care</td>
<td>I am cold; I am embarrassed; I do not know who you are</td>
</tr>
<tr>
<td>Rummaging and Hording</td>
<td>I am trying to find something or I do not wish to lose what is familiar</td>
</tr>
<tr>
<td>Socially inappropriate behaviors</td>
<td>I want to be loved</td>
</tr>
<tr>
<td>Wandering</td>
<td>I do not see anything familiar and am trying to find my home</td>
</tr>
</tbody>
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The Resident Cannot Change, so...

- Change the caregiver’s approach
  (ex: one instruction at a time)
- Change the environment
  (ex: remove distractions)
- Change the task
  (ex: are you trying to do something “for” or “with” the person?)

Active Engagement ...........

- Supports relationships
  - Love and Belonging
- Engages the person in daily life
  - Self Esteem and Choice
- Offers a variety of creative and interesting choices
  - Self Actualization
- Allows for spontaneity
  - Just enjoyment of life!

Daily engagement .................

- Allows the person to be productive
- Allows the person to experience success
- Retains and continues to build skills
- Provides the ability to control daily life
- Fulfills spiritual needs
- Experiences growth and learning
- Supports fun and enjoyment of life!
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Levels of Programming

- Self Directed
- Structured
- Guided

Self-Directed Programming

Structured Programming
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Guided Programming

A Person Centered Approach to Decreasing Actions/Expressions

Engagement in meaningful activities is one of the most critical elements of an exceptional memory care program.

Activities help residents maintain their functional abilities and can enhance quality of life.

Alzheimer’s Association

References

[References listed in the text are not visible in the image.]
Question and Answer

- Margaret Kimbell
  margaret.kimbell@erickson.com
  410-402-2481
- Bettina Suarez Palacios
  bettina.suarezp@erickson.com
  410-402-2275