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”
Abraham Maslow’s Hierarchy of Human Needs

Person-Centered Approach Model

- Physiological
- Safety
- Love & Belonging
- Esteem
- Self-Actualization
Self-Actualization

- Communication
- Honoring desires and wishes
- Helping elders meet their needs
- Death and dying
- Grief

Morality, Creativity, Problem Solving, Spontaneity, Lack of Prejudice, Acceptance of Facts, Being All that I Can Be
Esteem

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

Self-esteem, Confidence, Achievement, Respect of Others, Respect by Others, Freedom
Love & Belonging

- Get 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
Safety

- Falls
- Lifting and transferring
- Lack of restraints/side rails
- Health and well-being
- Environmental hazards

Security of Body, Of Employment, Of Resources, Of Morality, Of the Family, Of Health, Of Property
Physiological

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

Breathing, Food, Water, Sex, Homeostasis, Sleep, Excretion
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!
Your role in supporting learning!

Activities Contributing to Learning Effectiveness

- Pre-Work
- Learning Event
- Follow-Up
Cognitive Health

Chronic health conditions can be associated with cognitive health disorders

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

• Depression
• Anxiety disorders
• Delirium
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

**Disease/Condition**

- Alzheimer’s
- Parkinson’s
- Stroke
- Infection of Brain
- Thyroid Deficiency
- Vitamin Deficiency

**Dementia Symptoms**

Progressive decline in:

- Remembering
- Paying attention
- Speaking and understanding language
- Problem solving
- Orienting to day, year, season
- Orienting to where they are
- Orienting to who they are
The Four “A”s of Dementia & the Brain

- **Aphasia**
- **Agnosia**
- **Apraxia**
- **Amnesia**

[Diagram of a brain with labeled regions such as frontal lobe, parietal lobe, occipital lobe, cerebellum, central sulcus, Sylvian fissure, temporal lobe, pons, and medulla.]
What does the person experience?

**Dementia Experience**

- Poor judgment and decision making
- Inability to manage a budget
- Losing track of the passage of time or the season
- Difficulty having a conversation
- Misplacing things and being unable to retrace steps to find them

**Feelings**
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.
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
Triggers to Actions/Expressions

Triggers → Emotions → Actions → Expressions
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

- Physiological
- Safety
- Love & Belonging
- Self-Esteem
- Self-Actualization
PCA Think Comfort Model

The 5 W’s
Who
What
When
Where
And...

Why? Think unmet need
Think Comfort

Plan of Care

Monitor Outcomes

Engagement Actions/
Expressions
Pain reduction
etc.

Physiological
Safety
Love & Belonging
Esteem
Self-Actualization

Models in the literature:
Describe
Investigate

Create
Devise

Describe
Decide

Evaluate
Determine

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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!

Behavior
1. Agitated
2. Attempting to leave
3. Calling out repeatedly
4. Combative behaviors
5. Choosing not to take their medications
6. Resisting Care
7. Rummaging and Hording
8. Socially inappropriate behaviors
9. Wandering

Expression
1. I am overstimulated or bored
2. I want to go outside
3. I am in pain
4. You are not listening to me
5. I do not like the taste of the pills
6. I am cold; I am embarrassed; I do not know who you are
7. I am trying to find something or I do not wish to loose what is familiar
8. I want to be loved
9. I do not see anything familiar and am trying to find my home
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!
Levels of Programming

• Self Directed

• Structured

• Guided
Self-Directed Programming
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

Question and Answer

• Margaret Kimbell
  margaret.kimbell@erickson.com
  410-402-2481

• Bettina Suarez Palacios
  bettina.suarezpalacios@erickson.com
  410-402-2275