



## Dementia Care Refresher

*Successful dementia care has many facets, including knowledge, skills, awareness, involvement, and action.*

**F**OR THE SENIOR LIVING CAREGIVER, the challenges of caring for residents with dementia are numerous—an advancing resident's difficulty in comprehending communications, increased numbers of residents being admitted with the diagnosis each year, the regulatory pressures of handling resident-to-resident abuse, the staggering costs of care, and the added stress on staff when providing care—are just a few.

### A Toolkit For Success

To find a way through these challenges and provide cost-effective, quality care, a few of the points included in the Alzheimer's Disease Bill of Rights from "The Best Friends Approach to Alzheimer's Care," by Virginia Bell and David Troxel, can help build a dementia toolkit that will arm staff members with the instruments to be successful. The foundation of the toolkit focuses on each team member's skills, knowledge base, actions, awareness, and involvement. It requires that each member of the staff recognize that he or she is expected to have a daily relationship in providing care and that to advance that relationship, training

BARBARA PETERSON, *business development director for Risk Management Solutions (RMS), a health care consulting firm headquartered in Columbus, Ohio, can be reached at: [www.rmsol.com](http://www.rmsol.com)*. TERRI ODOM, *registered occupational therapist for Therapy Alliance/Ohio CEUS, a company providing therapy services, interim staffing, and consulting services, can be reached at: [www.ohioceus.com](http://www.ohioceus.com)*.

**■ Staff should be able and eager to pursue additional education and care experience.**

will be provided and expected—from orientation and throughout the term of employment.

For the toolkit to work, each individual team member must be skilled in his or her respective discipline, have a professional understanding of the disease, have a care plan that emphasizes person-centered care, and be trained in the methods of communicating with residents.

All team members must be involved in maintaining resident function and engagement in social activities throughout the day. Most importantly, all members of the team must feel confident that they can learn from and lean on the team as a whole in order to build and use the "perfect" toolkit.

### Knowledge And Skills

A dementia care facility should hire only caregivers who have prior education and training on how to do their jobs. Although these individuals might not be experts in dementia care, they should know how to provide quality care to the aging population and be able and eager to pursue additional education and experience for working with residents who have dementia.

The best-suited personality for this

## EFFECTIVE COMMUNICATION COUNTS

**C**aregivers should validate each resident's concerns and expressions and then distract that resident from negative behaviors using information from his or her past and lists of preferences and likes.

All interaction should begin socially with the use of a resident's name. Staff members need to grant residents up to 10 seconds to provide a response before they start to help. Residents may need physical, verbal, or visual cues from the staff to fill in the gaps of missing words or thoughts and get their message across.

A caregiver's behavior during com-

munication should be loving, reassuring, calm, and positive.

The key to maintaining function is for caregivers to identify what each resident can still do and adapt the world around her to promote active, successful participation. Staff must learn the difference between doing with a resident and doing for a resident.

This change in attitude requires staff members to use sub-steps in accomplishing a skill, along with verbal prompting, patience, and asking themselves the question: "How can I enable this resident's participation?"

job is someone who demonstrates a sense of calmness, speaks in normal tones and speeds, is flexible and understanding, and is able to easily recall and use coping strategies in difficult situations.

Continuing education about caring for residents with dementia and facility-specific policies and procedures need to be provided both at the time of hire and periodically throughout the year.

In order to care for their residents, staff members in a dementia wing need to learn and periodically be reminded of the difference between normal aging and dementia-related changes. For instance, the aging person with or without a dementia diagnosis at times displays forgetfulness, or “senior moments.” Staff must learn to differentiate common behaviors of aging from the more complex memory losses of early dementia.

Staff must also understand that dementia may be reversible since it can be caused by a brain tumor, depression, dehydration, nutritional deficiencies, medication side effects, or infections.

Some dementia is irreversible due to Alzheimer’s disease, Parkinson’s disease, Huntington’s chorea, Lewy body dementia, and Pick’s disease.

Often the reversible diagnoses must be eliminated before an irreversible cause can be determined. Irreversible dementia is defined in stages, and knowledge of each stage is extremely helpful in planning the care interventions that will be most effective.

Early-stage dementia’s recognizable symptoms include short-term memory loss and forgetfulness, difficulty concentrating or disorientation, personality changes or anxiety, difficulty finding words, withdrawal, and exhibiting poor judgment.

### Know The Symptoms

A resident at this stage benefits from staff members providing reminders and verbal cueing, but allowing the resident to accomplish tasks rather than taking over. Visual demonstrations of what is

desired from the resident and then requesting that he or she try to duplicate it can be helpful during this process.

Staff members need to tell residents what they can do and refrain from simply doing tasks for the resident. In addition, staff members should avoid telling residents what they cannot do.

Middle-stage dementia symptoms demonstrate the advancement of the

## ALZHEIMER’S DISEASE BILL OF RIGHTS

According to “The Best Friends Approach to Alzheimer’s Care,” every person diagnosed with Alzheimer’s disease or a related disorder deserves the following rights:

- To be informed of one’s diagnosis;
- To have appropriate, ongoing medical care;
- To be productive in work and play for as long as possible;
- To be treated like an adult, not like a child;
- To have expressed feelings taken seriously;
- To be free from psychotropic medications, if possible;
- To live in a safe, structured, and predictable environment;
- To enjoy meaningful activities that fill each day;
- To be outdoors on a regular basis;
- To have physical contact, including hugging, caressing, and hand-holding;
- To be with individuals who know one’s life story, including cultural and religious traditions; and
- To be cared for by individuals who are well trained in dementia care.

*Source: “The Best Friends Approach To Alzheimer’s Care,” Virginia Bell and David Troxel, Health Profession Press, 1997, [www.bestfriendsapproach.com](http://www.bestfriendsapproach.com)*

disease with short- and long-term memory loss, including no longer remembering friends and family members; exhibiting poor attention span; needing care 24 hours per day to stay safe and to meet activities of daily living (ADL) needs; increased behavioral episodes; and increasing restlessness.

Late-stage dementia is the final stage of the disease. A resident in this stage displays severe short- and long-term memory loss, loss of most if not all of his or her comprehensible vocabulary, increased sleep, total incontinence, loss of chewing or swallowing ability, and loss of motor skills.

Staff members can use this knowledge to adapt what the resident has been able to do in order to allow him to participate in the functional ADL processes.

### Emphasize Person-Centered Care

Eric Haider, founder of the person-centered care model, explains it as representing a philosophical shift from the care and protection of the body by the staff to caregivers encouraging residents to participate as much as they are able in meeting their own needs and better living lives of personal satisfaction. The person-centered care approach gives personal attention to the people who live in seniors housing and empowers staff members to be resident advocates. A caregiver’s knowledge of each resident’s pre-dementia story is essential to be able to gain the attention of that resident quickly when his or her behavior needs to be redirected.

The culture of care changes from the staff predetermining the residents’ lives to the residents directing their wants and needs with varying degrees of support as they move through the stages of dementia.

The foundation of this tool is built on the fact that the resident with dementia is right. Behavior problems are common in people with Alzheimer’s and related dementias, but it is important to realize that these are symptoms of the disease and not something the

## CAREGIVING

person is doing on purpose. All behaviors have meaning. A resident may be communicating fear, pain, fatigue, or an inability to express an unmet need or is feeling overwhelmed by inappropriate expectations.

### Whole Staff Approach

A dementia toolkit cannot be successful without the involvement of every employee in the facility. Each staff member needs to have training in meaningful activities for residents with dementia. The activity department must be considered a staff group that supplements the activity-focused care provided by other departments.

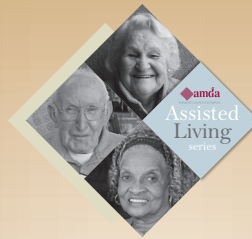
All team members can be trained in reminiscing techniques using events that happened long ago, sensory stimulation such as massaging the hands or scalp, discussions of smells in their environment, reading a story, or normalization tasks like sorting silverware, folding towels, addressing envelopes, winding yarn, and organizing drawers.

To ensure a superior quality of life for all residents, a facility's administrator can set the tone by setting goals for each staff member and recommending visits with one resident or small groups each day to directly assist them in engaging with the world.

Caring for residents with dementia adds stress to each caregiver, especially when many of the staff members believe that care issues belong only to one small group or department. This attitude generally leads to burnout, higher turnover, staff tension, and, in a few cases, staff retaliation toward an abusive or argumentative resident.

A commitment to focusing on socialization and safety gives caregivers the tools they need to provide quality dementia care—improving outcomes for both the residents and staff. ■

Correction: In the May 2008 Caregiving column, one author's name was misspelled. The correct spelling is Michal Engelman.

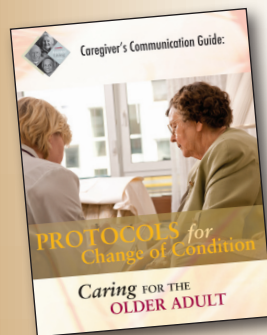


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