keep your heart at home

Village CAREGIVING

MINNESOTA

Annual Training

Created after consultation with the laws / rules / regulations of the:

DEPARTMENT OF HEALTH

1

REPORTING ABUSE AND NEGLECT

Pursuant to MS 144A.4796 you must report any suspected abuse, neglect, or exploitation of a child or adult:

"A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point."

This means that if you suspect abuse, neglect or exploitation, you must make an oral or written report to the cabinet. Village Caregiving personnel can help you file reports.

Village Caregiving has a zero-tolerance policy for abuse and neglect. You must comply with reporting requirements.

2

Home Care Bill of Rights

All Village Caregiving clients have the following rights:

- (1) Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated;
- (2) Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services;
- (3) Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services;
- (4) Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan;
- (5) Refuse services or treatment;
- (6) Know, before receiving services or during the initial visit, any limits to the services available from Village Caregiving;
- (7) Be told before services are initiated what Village Caregiving charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying;
- (8) Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;
- (9) Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs, or public programs;

3

Home Care Bill of Rights

- (10) Have personal, financial, and medical information kept private, and to be advised of Village Caregiving's policies and procedures regarding disclosure of such information;
- (11) Access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;
- (12) Be served by people who are properly trained and competent to perform their duties;
- (13) Be treated with courtesy and respect, and to have the client's property treated with respect;
- (14) Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;
- (15) Reasonable, advance notice of changes in services or charges;
- (16) Know Village Caregiving's reason for termination of services;
- (17) At least ten calendar days' advance notice of the termination of a service by Village Caregiving, except at least 30 calendar days' advance notice of the service termination shall be given by Village Caregiving for services provided to a client residing in an assisted living facility as defined in section 144G.08, subdivision 7. This clause does not apply in cases where:
- (i) The client engages in conduct that significantly alters the terms of the service plan with Village Caregiving;
- (ii) The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
- (iii) An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by Village Caregiving;
- (18) A coordinated transfer when there will be a change in the provider of services;
- (19) Complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property and the right to recommend changes in policies and services, free from retaliation including the threat of termination of services;
- (20) Know how to contact an individual associated with Village Caregiving who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint;
- (21) Know the name and address of the state or county agency to contact for additional information or assistance;
- (22) Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation; and
- (23) Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

4

Infection Control/Standard Precautions / OSHA

The Occupational Safety and Health Act of 1970 (OSH Act) was passed to prevent workers from being killed or harmed at work. Occupational Safety & Health Administration (OSHA) training helps to broaden knowledge on the recognition, avoidance, and prevention of safety and health hazards in the workplace. OSHA also offers training and educational materials that help businesses train workers and comply with the OSH Act. The law requires employers to provide employees with working conditions that are free of known dangers. OSHA applies to workers while in a client's home. Universal Precautions / OSHA training is provided using online courses provided by In the Know, with support from a Village Caregiving RN.
https://www.osha.gov/sites/default/files/publications/bbfacto1.pdf

OSHA®

5

5

intheknow
CAREGIVER TRAINING

An Infection Control Module: **Infection Control in Home Care**

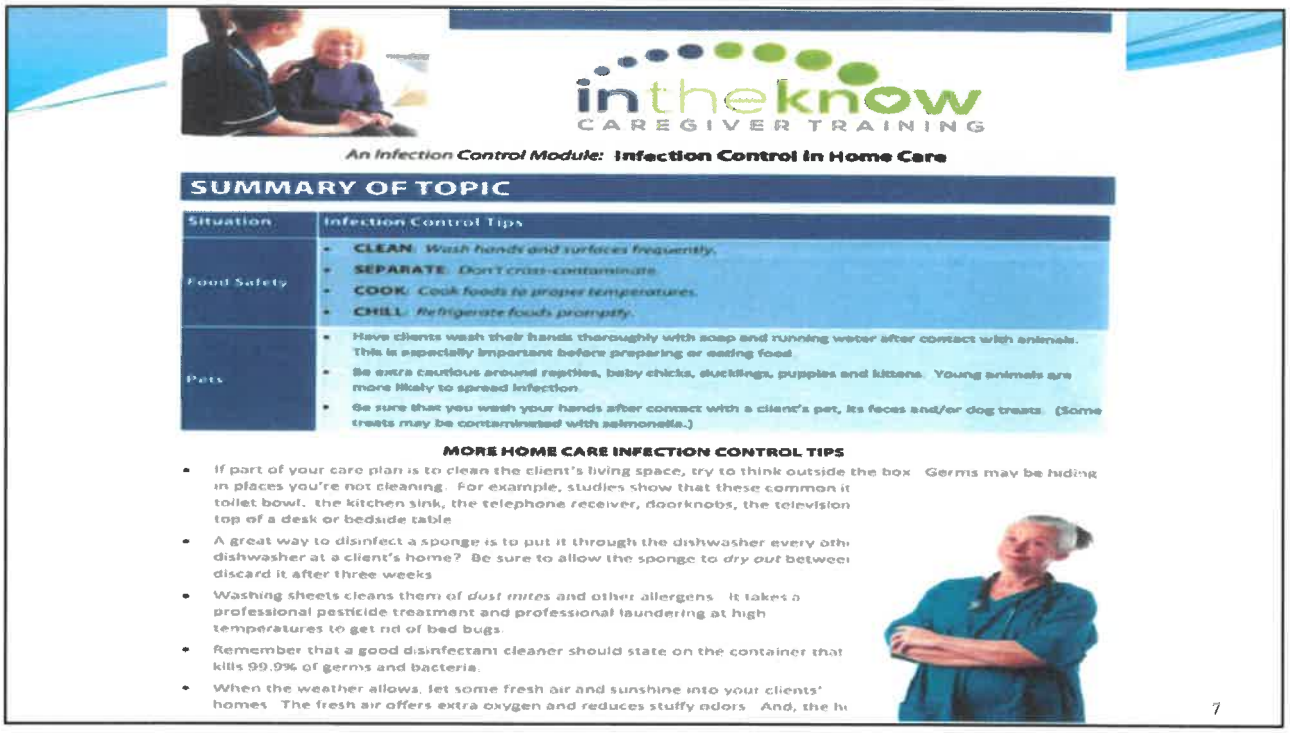
SUMMARY OF TOPIC

Infection control in home care *can be difficult. Home health aides never know what they might encounter at each visit. The single most important thing you can do to prevent spreading germs from client to client is to wash your hands! But there are other ways to prevent infection in specific situations:*

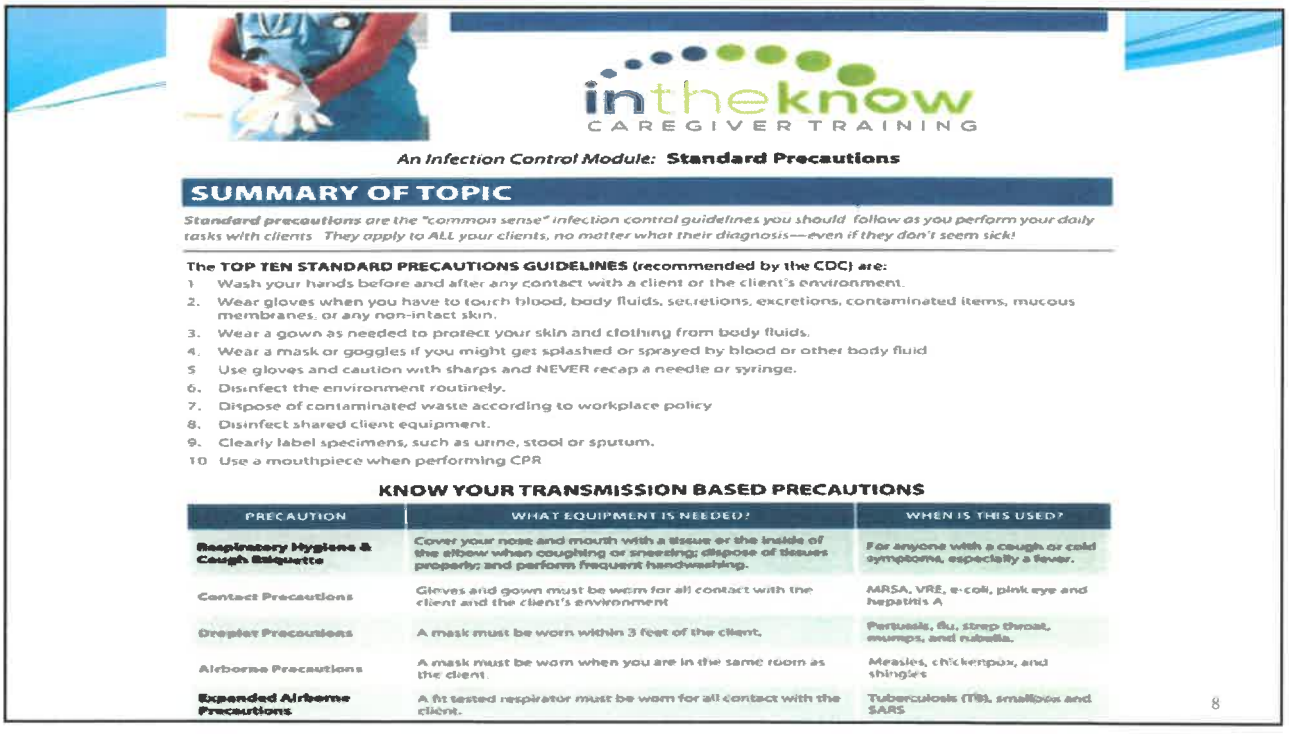
Situation	Infection Control Tips
Body Fluids & Bathrooms	• If you use an antibacterial cleaner, be sure to follow the directions on the container carefully. Some of them need to be left on a surface for up to two minutes before being wiped away. (And, remember…diluted bleach needs to stay on a surface for 10 minutes to disinfect it properly!) • If "accidents" are a common problem with clients, suggest that the family buy an enzyme-based carpet cleaner (available at pet stores). The enzymes "eat" the bacteria in urine that cause odor.
Laundry	• To "disinfect" laundry, use water that is at least 140 degrees F.. Even when using hot water, it's best to wash heavily soiled items separately. • To keep germs from building up on damp laundry, dry it (or hang it to dry) as soon as the wash cycle is finished. • Be sure to wash your hands after touching or sorting any dirty laundry—and after transferring wet laundry to the dryer.
Used Needles	• While home health aides are not supposed to handle "sharps", studies have shown that clients often leave used needles and syringes for their aides to dispose of. • Your agency may provide sharps containers for clients. If not, help the family arrange for disposal at a drop-off collection site, through a mail-back service or a special waste pick-up.
Household Pests	• Keep kitchens and other rooms as free of food as possible. Wipe all kitchen surfaces with soap and water to get rid of spills and grease. • Tell your supervisor and/or your agency's social worker about any pest infestation in a client's home. Pests can be dangerous, especially for the elderly and people with respiratory problems.
Kitchen Germs	• When you clean the kitchen, work from high to low—with the floor being the last surface you clean. (However, if the dirty water used to clean the floor has to be emptied into the kitchen sink, clean the sink last.) • Remember that germs can hide and multiply easily on your client's can opener, faucet and kitchen sponge or dishcloth. • To keep from spreading germs around when you mop, rinse the mop often. If a floor is very dirty, dump the mop water several times and continue with clean rinse water.

6

6


intheknow
CAREGIVER TRAINING
An Infection Control Module: Infection Control in Home Care
SUMMARY OF TOPIC
Situation
Infection Control Tips
Food Safety
CLEAN: Wash hands and surfaces frequently.
SEPARATE: Don't cross-contaminate.
COOK: Cook foods to proper temperatures.
CHILL: Refrigerate foods promptly.
Pets
Have clients wash their hands thoroughly with soap and running water after contact with animals. This is especially important before preparing or eating food.
Be extra cautious around reptiles, baby chicks, ducklings, puppies and kittens. Young animals are more likely to spread infection.
Be sure that you wash your hands after contact with a client's pet, its feces and/or dog treats. (Some treats may be contaminated with salmonella.)
MORE HOME CARE INFECTION CONTROL TIPS
If part of your care plan is to clean the client's living space, try to think outside the box. Germs may be hiding in places you're not cleaning. For example, studies show that these common it toilet bowl, the kitchen sink, the telephone receiver, doorknobs, the television top of a desk or bedside table.
A great way to disinfect a sponge is to put it through the dishwasher every oth dishwasher at a client's home? Be sure to allow the sponge to dry out betwee discard it after three weeks.
Washing sheets cleans them of dust mites and other allergens. It takes a professional pesticide treatment and professional laundering at high temperatures to get rid of bed bugs.
Remember that a good disinfectant cleaner should state on the container that kills 99.9% of germs and bacteria.
When the weather allows, let some fresh air and sunshine into your clients' homes. The fresh air offers extra oxygen and reduces stuffy odors. And, the h
7

7


intheknow
CAREGIVER TRAINING
An Infection Control Module: Standard Precautions
SUMMARY OF TOPIC
Standard precautions are the "common sense" infection control guidelines you should follow as you perform your daily tasks with clients. They apply to ALL your clients, no matter what their diagnosis—even if they don't seem sick!
The TOP TEN STANDARD PRECAUTIONS GUIDELINES (recommended by the CDC) are:
1. Wash your hands before and after any contact with a client or the client's environment.
2. Wear gloves when you have to touch blood, body fluids, secretions, excretions, contaminated items, mucous membranes, or any non-intact skin.
3. Wear a gown as needed to protect your skin and clothing from body fluids.
4. Wear a mask or goggles if you might get splashed or sprayed by blood or other body fluid
5. Use gloves and caution with sharps and NEVER recap a needle or syringe.
6. Disinfect the environment routinely.
7. Dispose of contaminated waste according to workplace policy
8. Disinfect shared client equipment.
9. Clearly label specimens, such as urine, stool or sputum.
10. Use a mouthpiece when performing CPR
KNOW YOUR TRANSMISSION BASED PRECAUTIONS
PRECAUTION
WHAT EQUIPMENT IS NEEDED?
WHEN IS THIS USED?
Respiratory Hygiene & Cough Etiquette
Cover your nose and mouth with a tissue or the inside of the elbow when coughing or sneezing; dispose of tissues properly; and perform frequent handwashing.
For anyone with a cough or cold symptoms, especially a fever.
Contact Precautions
Gloves and gown must be worn for all contact with the client and the client's environment
MRSA, VRE, e-coli, pink eye and hepatitis A
Droplet Precautions
A mask must be worn within 3 feet of the client.
Pertussis, flu, strep throat, mumps, and rubella.
Airborne Precautions
A mask must be worn when you are in the same room as the client.
Measles, chickenpox, and shingles
Expanded Airborne Precautions
A fit tested respirator must be worn for all contact with the client.
Tuberculosis (TB), smallpox and SARS
8

8

Guidelines for Universal Precautions

Handwashing:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or a wound
- After using the toilet
- After changing incontinent care products
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage
- After you have been in a public place and touched an item or surface that is touched by other people
- Before touching your eyes, nose, or mouth
- When hands are visibly soiled
- Immediately after removal of any personal protective equipment (example: gloves, gown, masks)
- Before and after providing any direct personal cares

Follow these steps when wash your hands every time:
www.cdhealth.org/diseases/Documents/facehandwashposter.pdf

If soap and water are not available:

- Use and alcohol-based hand sanitizer that contains at least 60% alcohol

Follow these steps when using hand sanitizer:

- Apply the gel product to the palm of one hand in the correct amount
- Rub your hands together.
- Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
- Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.

Use of Personal Protective Equipment (PPE):

Gloves - wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.

- Perform hand hygiene prior to putting on gloves.
- Remove jewelry, cover abrasions then wash and dry hands
- Ensure gloves are intact without tears or imperfections
- Fit gloves, adjusting at the cuffs
- Remove by gripping at cuffs
- Immediately dispose of gloves in waste basket
- Wash hands after removing gloves
- Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated

- DO NOT reuse gloves, they should be changed after contact with each individual

Gowns - should be worn during cares that are likely to produce splashes of blood or other body fluids.

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Tie all the ties on the gown behind the neck and waist.
- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
- Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
- Dispose the gown in waste basket.
- Perform hand hygiene after removing gowns

Masks – Due to the prevalence of COVID-19 spread without symptoms, providers are always expected to wear a face mask when interacting with clients.

- Clean hands with soap and water or hand sanitizer before touching the mask
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- With clean hands, untie or break ties at back of head
- Removed mask by only handling at the ties, then discard in waste basket
- Wash hands
- Homemade masks can be used as a last resort. These should be washed/disinfected daily.
- DO NOT reuse face masks

Full PPE - includes gloves, gown, mask and goggles or face shield.

Recommended if there is a suspected or confirmed positive COVID-19 case

Goggles/Face Shields - used to protect the eyes, nose and mouth during patient care activities that are likely to generate splashes or sprays of body fluids, blood, or excretions.

Refer to these guidelines for PPE: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_Illustrations-p.pdf

Donning of PPE: https://www.youtube.com/watch?v=H4JOUBAJBrI

Doffing of PPE: https://www.youtube.com/watch?v=PQxOc13DnvQ&feature=share

Sharps:

Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.

- Do not recap needles or remove needles from syringe.
- After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.

Clean any equipment used for the individual before and after each use.

Standard Precautions and PPE

In conjunction with the Bloodborne Pathogens standard (29 CFR 1910.1030) and the CDC's recommended standard precautions training and advice, PPE is available to Village Caregiving staff members. PPE includes, but is not limited to, **gloves, gowns, masks, eye protection (e.g., goggles), and face shields**, to protect workers from exposure to infectious diseases.

11

11

Village Caregiving Policies and Procedures

You must understand Village Caregiving's specific Policies and Procedures. These are always available for your to review digitally or in-person. As you know, they are presented to you annually.

- **As you are aware, each client's needs are communicated to you, and methods to communicate client needs, changes in condition, and other issues were discussed with you.**
- **Client information is available to you via secure communication methods.**
- **Village Caregiving personnel are always on call to address client needs.**
- **Charting methods and tactics were discussed with you.**

12

Confidentiality, Ethics, and HIPAA

The Health Insurance Portability & Accountability Act (HIPAA) provides federal protections for Protected Health Information (PHI) held by covered entities and gives patients an array of rights with respect to that information. At the same time, HIPAA is balanced so that it permits the disclosure of PHI needed for patient care and other important purposes.

Village Caregiving, as a covered entity under HIPAA, provides this training to caregivers regarding the responsibilities related to securing and protecting PHI. HIPAA training is provided using the WV Medicaid Module and/or using online course provided by In the Know, with support from a Village Caregiving RN.

13

13

Standard of Conduct

- Village Caregiving employees must conduct themselves in a responsible, professional, and ethical manner at all times. Village Caregiving employees are expected to be honest and respectful with other employees, clients, and Village Caregiving staff members, be on time and prepared for shifts, and turn in hours worked / expenses in a truthful, accurate, and timely manner.
- Village Caregiving's reputation is earned by the quality of its services. Our dedication to quality sets us apart from others.
- Taking pride in our communities and improving the lives of our clients, who are also our neighbors and friends, matters most.

14

14

Standard of Conduct

- If an employee violates this Standard, Village Caregiving staff will communicate that violation verbally, in writing, or via digital communication (phone, text, etc), a record of which may be kept in the employee's personnel file. Violations may result in discipline or termination of employment.
- If you absolutely must miss a shift or call off, please be sure to let Village Caregiving staff know – call, text, email – something! – please give plenty of notice so your shift can be filled and services provided.

15

15

Emergencies

- Remember, in case of an emergency, dial 911.
- Next, use all reasonable means to contact the client's designated emergency contact or the people requested by the member.
- Next, contact Village Caregiving staff.
- Remain with the client's until the emergency situation has been resolved in a safe, reasonable manner.

16

16

Changes in Condition

- **All staff members must be able to recognize and report changes in condition:**
  - **Changes in condition are "significant changes" to a person's mental or physical status.**
    - **They can be positive or negative**
    - **They can involve mental and/or physical changes**
    - **Changes in condition will not normally resolve without additional intervention**
    - **Changes in condition usually require a revision of a plan of care**
  - **All Village Caregiving employees understand that changes in condition must be reported to an RN**
    - **Changes in condition may necessitate revision of a plan of care**

17

17

HIPAA

In addition to HIPAA and other laws/rules/regulations, Village Caregiving policy states that client PHI (including pictures) may not be posted on social media, even if the client gives permission. This is important to protect the company, yourself, and your client.

NEVER POST ABOUT CLIENTS
Read posts back to yourself before posting to be sure you are not posting PHI

ONLY USE SECURE MESSAGING
Use passcodes and other security measure on your devices to protect PHI

DON'T MIX WORK AND YOUR PERSONAL LIFE
Be careful not to cross a line with private discussions

18

18

Charting

Village CAREGIVING

2023 DAILY CARE NOTES

Client Name: _____

Month (circle): Jan Feb March April May June July Aug Sept Oct Nov Dec

DATE (1st half)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DATE (2nd half)	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
TIME IN															
TIME OUT															
TOTAL HOURS															
Personal Care:															
Grooming:															
Bathing:															
Dressing:															
Toileting/Hygiene:															
Other:															
Mobility:															
Transferring:															
Ambulation:															
Nutritional Support:															
Meal Preparation:															
Feeding:															
Environmental:															
Light Housekeeping:															
Laundry:															

Notes: _____

Client Signature: _____ Caregiver: _____

19

Village Caregiving provides ADL Support

A privately owned basic home care agency, recognized as a Foreign Limited Liability Company (LLC) in Minnesota

- Provides basic in home care
- Dedicated to providing quality care to its clients
- Provide assistance with ADLs such as bathing, grooming, ambulation, meal preparation, oral care, and other basic care tasks
  - Light Housekeeping when time permits

DEPARTMENT OF HEALTH

20

20

Activities of Daily Living Support

Often, clients deviate from routines and normal behavior when they are having health issues. Although caregivers do not diagnose or treat health issues, caregivers may recognize health issues and contact health care providers before issues become worse. **Your caregiver role is key.**

Think of yourself as a canary in a coal mine. Miners would place canaries in underground mines to make sure the air supply was safe. As long as the canary kept singing, the miners knew their air supply was safe. Caregivers are like those canaries in the homes of clients.

Personal Attendant Skills training is provided using online courses provided by In the Know, with support from a Village Caregiving RN.

21

21

intheknow
CAREGIVER TRAINING

A Client Care Module: **Helping with Activities of Daily Living**

SUMMARY OF TOPIC

What are ADLs? ***ADLs, or Activities of Daily Living,*** are all those basic self-care activities that people without an illness or injury normally do for themselves. These activities include bathing, oral hygiene, toileting, dressing, grooming, eating and safe transfers. Depending on your workplace and/or the client's insurance, reimbursement for client care may be based on how much ADL assistance you provide for your clients.

TIPS FOR ASSISTING WITH ACTIVITIES OF DAILY LIVING

Develop a routine with your client. Provide assistance with ADLs at the same time of day the client would normally do that activity. For example, if your client normally likes to get washed and brush her teeth before breakfast, then help her with those tasks at that time.

Include the client in the activity. Ask and encourage clients to participate in personal care and give them time to perform the activity.

Never rush a client through ADLs. Remember, the goal is increase the person's ability to do this task independently. If you rush, or get impatient and do it yourself, you deprive the person of the opportunity to regain this skill. This means you will ALWAYS have to do it!

Give a head start. Set up the items needed for the client to perform the activity independently. For example, put toothpaste on the toothbrush and place it near the client.

Keep it simple. Break complex tasks down into smaller steps. Provide cues for activities to be completed. For example, "Here is the wash cloth. Wash your face." Or, "Pick up the brush and brush your hair."

Use the "hand-over-hand" method. If your client does not respond to your verbal cues, try the hand-over hand method. You do this by placing your hand on top of the client's hand and performing the activity together.

Be patient. Allow your clients to do as much of the activity as possible, even if it takes longer for the task to be completed.

Be positive. Encourage clients who try to do things for themselves. Show them that you are confident in their abilities.

Record the correct information! When documenting ADLs, two pieces of information are critical – what actually happened and how much you helped.

22

22

Alzheimer's Disease and Related Disorders

You must understand Village Caregiving's specific Policies and Procedures related to care of people with Alzheimer's disease and related disorders:

- **Effective approaches to use to problem-solve when working with a client's challenging behaviors are taught in attached modules and in-person.**
- **How to communicate with clients who have Alzheimer's or related disorders are also taught in attached modules and in-person.**

23

intheknow
CAREGIVER TRAINING
A homecare/pulse COMPANY

A DISEASE PROCESS MODULE:
UNDERSTANDING DEMENTIA

...Developing top-notch caregivers, one inservice at a time.

www.knowingmore.com

intheknow
A homecare/pulse COMPANY | CAREGIVER TRAINING

A Disease Process Module:
UNDERSTANDING DEMENTIA

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

About this Course:

This course provides caregivers with a detailed overview of several types of dementia that they may encounter with their clients. And it provides many practical tips that guide caregivers on how to help clients with dementia meet their daily challenges.

Audience: Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) _____

CE Credit: 1 hour

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

Disclosures: The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email in the Know at feedback@knowingmore.com.

THANK YOU!

COURSE OBJECTIVES

Define dementia.

❖

Discuss and compare at least three types of dementia.

❖

Name at least five symptoms of dementia.

❖

Describe at least ten ways that you can help your dementia clients meet daily challenges.

❖

Demonstrate your knowledge of dementia through your daily work with dementia clients.

COURSE OUTLINE

intheknow
A homecare/pulse COMPANY | CAREGIVER TRAINING

A Disease Process Module:
Understanding Dementia

IS IT OR ISN'T IT DEMENTIA?

Meet John. John is a 71-year-old widower with Alzheimer's disease (AD, for short). He lives alone but his two grown sons live close by and visit often. Until recently, John's AD symptoms have been mild, mostly just minor forgetfulness.

Over the past three months, John's sons have noticed a decline in their father's abilities. He seems agitated and can't follow simple instructions. They suggest hiring an Aide to help with bathing and feeding, but John refuses.

One day, John's son receives a call from a neighbor who reports seeing John walking around the yard in just his underwear. When asked about the incident, John stirs and struggles to find the words, "I wanted to go for a walk but I couldn't find the gate to get out of the yard."

And this is Lottie. Lottie is an independent 83-year-old woman who lives at home with her adult granddaughter, Maria. Lottie is mentally sharp and physically strong.

One day, while fixing breakfast, Maria notices her grandmother seems quieter than usual. In fact, she doesn't even answer when Maria asks if she would like tea or coffee. She just glances at Maria, then looks away.

Later, Lottie declines to go on her usual morning walk, even though it is her favorite part of the day. And that afternoon Maria finds her grandmother sitting on the sofa, struggling to get up. She approaches her to help but Lottie shoves Maria out of the way and yells, "You're trying to kill me!"

"I'm not. It's me, Gram. I love you." Maria says. "Leave me alone!" Lottie shouts.

Maria is unsure what to do, so she phones the doctor's office and describes the situation to the nurse.

Do you think John and Lottie are showing signs of dementia? Keep reading to learn what dementia is . . . and what it is not! In addition, you will find lots of practical information on how to best care for clients like John and Lottie when they show symptoms of dementia.

WHAT HAPPENS TO THE BRAIN?

Dementia isn't a specific disease—it's a **group of symptoms**. Depending on the type and the underlying cause, dementia can affect the way a person thinks, functions and the way he or she interacts with others.

What's happening in the brain of someone with dementia?

There are two areas of the brain that, when affected, can cause dementia—the cortical region and the subcortical region.

Cortical Dementias come from a disorder that affects the cerebral cortex, (the outer layers of the brain).

This area of the brain plays a critical role in memory and language.

People with cortical dementia typically have:

- Severe ***memory loss***, and
- ***Aphasia*** (the inability to recall words and understand language).

Subcortical Dementias result from damage deeper in the brain. People with subcortical dementias tend to show:

- Changes in their ***speed of thinking***, and
- Difficulty ***starting activities***.

Vascular Dementias include damage to ***both parts of the brain***. This type of dementia is common following a series of small strokes.

The most common causes of dementia are Alzheimer's disease and having multiple strokes.

The Facts

- At least 25 percent of people over the age of 75, and 40 percent of people older than 80 years of age have some form of dementia.
- Although dementia mainly affects older people, it is ***not a normal part of aging***.
- Worldwide, nearly 8 million new cases of dementia are diagnosed each year. That's one new diagnosis every four seconds!
- The number of people with dementia is expected to nearly double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050.
- Most people with dementia are cared for by loved ones in the home—and the responsibilities can be overwhelming. Caring for a loved on with dementia can be physically, emotionally and financially challenging.

WHAT'S NEW? *Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!*

WHAT EXCITES YOU?

WALK AWAY FROM DEMENTIA

A new study from the University of Pittsburgh found that walking about a mile a day, at least six days a week seems to protect against brain shrinkage, which in turn may slow and even prevent dementia.

It shrinks? Yes, indeed!

Brain size tends to shrink in late adulthood and can lead to the onset of dementia.

Why does walking work?

Researchers think that when people walk, their hearts pump more blood to their brains. The increased blood flow to the brain helps keep it healthy by providing nutrients and removing toxic waste products.

So lace up those shoes and get yourself and your clients moving!

A CLOSER LOOK AT CORTICAL DEMENTIAS

Alzheimer's, Pick's disease, and Creutzfeldt-Jakob disease all affect the cortical region (outer layer) of the brain and cause the characteristic problems with memory and aphasia.

ALZHEIMER'S DISEASE: By far, the most common cause of dementia is Alzheimer's disease—or AD, for short. Alzheimer's disease is an irreversible disorder of the brain.

- Dementia caused by AD usually begins *gradually*. The first sign is often a decline in short term memory.
- Eventually, people with Alzheimer's disease lose the ability to take care of their personal needs—and even become unable to walk.

PICK'S DISEASE: Pick's disease, also called Frontal dementia, is a rare brain illness that causes dementia. The symptoms of Pick's disease are similar to Alzheimer's disease: memory loss, inability to concentrate, changes in behavior, deterioration of language skills and problems performing personal care. However, there are some major differences between Alzheimer's and Pick's disease, including:

- People usually develop Pick's disease before age 70.
- In Pick's disease, behavioral changes—including being socially and sexually inappropriate—are often an early symptom. These behavior problems occur even though the person's memory has not deteriorated.
- Another early symptom of Pick's disease is the inability to speak so that others can understand—even though the memory is intact.

CREUTZFELDT-JAKOB DISEASE (CJD): CJD is a rare condition, affecting about 200 Americans each year. Unfortunately, there is no treatment, and nearly all patients with CJD die within one year.

- In the early stages of CJD, people experience personality changes. Impaired memory and lack of coordination. As the disease progresses, the dementia worsens rapidly. People suffering from CJD may also lose the ability to move, speak and even see.
- There is no test for diagnosing CJD, and the only way to confirm a diagnosis of CJD is by doing an autopsy after death. The disease causes the brain to develop holes where nerve tissue used to be, giving the brain a "sponge-like" appearance.

A LOOK AT SUB-CORTICAL DEMENTIAS

Dementias that arise from the sub-cortical region (deeper in the brain) include Parkinson's, Huntington's Disease and AIDS dementia complex. These dementias cause changes in personality and a slowing down of thought processes. Language and memory remains largely unaffected.

PARKINSON'S DISEASE: People diagnosed with Parkinson's disease have a shortage of dopamine. This brain chemical controls muscle activities, emotions and thought processes.

- Without dopamine, people with dementia related to Parkinson's disease may have slow or even slurred speech. In addition, people with PD often experience "freezing" or difficulty starting an activity.

HUNTINGTON'S DISEASE (HD): Huntington's Disease is a progressive brain disorder caused by a defective gene.

- This disease causes changes in the central area of the brain which affect movement, mood and thinking skills.

AIDS DEMENTIA COMPLEX (ADC): ADC is a type of dementia that occurs in advanced stages of AIDS. HIV experts believe that dementia in the late stages of AIDS occurs when the virus itself inflames or kills nerve cells in the brain.

- Progression of ADC is different for everyone affected. Symptoms can develop quickly or slowly, but generally affect four different areas of brain function, including: 1) thinking abilities, 2) behavior, 3) coordination and movement and 4) mood.

COMBINED CORTICAL AND SUB-CORTICAL DEMENTIA

VASCULAR DEMENTIA, AKA MULTI-INFARCT DEMENTIA (MID): MID is mental deterioration caused by a series of strokes in the brain. These strokes are more common among men and usually begin after age 70.

- Depending on the part of the brain affected, people may lose specific functions, such as the ability to count numbers or read. People with MID may also have more general symptoms, such as disorientation, confusion and behavioral changes.
- In general, people with MID decline in "steps". Each stroke causes more damage, but, in between strokes, they may experience periods of stability or slight improvement.
- MID is not reversible or curable, but controlling problems like high blood pressure or diabetes may prevent more strokes from happening.

CONNECT IT!

Think about a client you care for right now who suffers from symptoms of dementia.

What symptoms do you see? (problems with memory, thinking, speaking, following instructions, etc.)

_____

_____

_____

Do you know what caused your client's dementia? If not, can you make a guess based on the symptoms you see?

_____

_____

_____

Skip ahead to page 6 and see if you can determine what stage of dementia your client is in.

_____

_____

_____

IS IT DEMENTIA, DELIRIUM OR DEPRESSION?

Dementia can often be mistaken for delirium or depression since the symptoms can be similar or overlapping. Unfortunately, a delayed or missed diagnosis of dementia can delay treatment. Here are some guidelines to help you distinguish between dementia, delirium and depression:

	DEMENTIA	DELIRIUM	DEPRESSION
How does it start?	Slowly, then get's worse over time.	Suddenly.	Suddenly, usually related to a specific event.
How long does it last?	Usually permanent.	A few hours to a few days.	Can come and go, or can be persistent or chronic.
What time of day are symptoms worse?	No change throughout the day.	Worse at night, sleep-wake cycle may be reversed.	May have insomnia.
How is the person's thinking, memory and attention?	Has trouble with judgment and memory. May have trouble understanding simple instructions.	Has trouble with memory and difficulty paying attention.	May complain of memory loss, forgetfulness and inability to concentrate.
What is the person's activity level?	Unchanged from usual behavior.	Activity levels may increase or decrease and may fluctuate throughout the day.	Lack of motivation, tired, restless or agitated.
What does the person's speech sound like?	May struggle to find words.	It may sound like paranoid rambling or may be confused and jumbled.	May be slow to understand and respond during conversations.
How is the person's mood?	Depressed, uninterested in usual activities.	Rapid mood swings, fearful, suspicious.	Extreme sadness, anxiety and irritability.
Are there any delusions or hallucinations?	There may be delusions, but no hallucinations.	The person may see, hear or feel things that are not really there.	The person may have delusions about worthlessness.
Can it be treated?	Rarely. Most dementias get worse over time. (However, treatment may slow down the disease.)	Yes, if the underlying cause is found and treated.	Yes, medication and therapy can help.

WHAT DO YOU THINK? Look back at John and Lorie from the beginning of this exercise module. Do you suspect they are suffering from dementia, delirium or depression? Pay attention to whether the symptoms are gradual or sudden. What does their speech sound like? How is their thinking or memory? Discuss your ideas with your supervisor and co-workers. Find out what they think.

THE THREE STAGES OF DEMENTIA

EARLY STAGE: People in the *early* stage of dementia may show signs of a gradual decline, such as:

- Becoming more forgetful of details or recent events.
- Misplacing objects frequently.
- Losing interest in hobbies or activities.
- Being unwilling to try new things.
- Showing poor judgment and making poor decisions.
- Taking longer to do routine tasks.
- Repeating themselves during conversations.
- Having trouble handling money.
- Blaming other people for "stealing" from them.
- Becoming less concerned with other people's feelings.

MODERATE STAGE: During the moderate stage of dementia, the problems become more obvious, such as:

- Being very forgetful of recent events.
- Becoming confused about time and place.
- Getting lost in familiar surroundings.
- Forgetting names of friends or family members.
- Seeing or hearing things that are not there.
- Neglecting personal hygiene.
- Forgetting to eat.
- Behaving inappropriately, such as going outside without clothes.
- Wandering.

SEVERE STAGE: People who have severe dementia are in the third stage and need total care. Their symptoms may include:

- Being unable to remember things, even for a few minutes.
- Losing their ability to understand or use speech.
- Being incontinent.
- Showing no recognition of family or friends.
- Needing help with all their personal care.
- Being restless, especially at night.
- Becoming aggressive or combative.
- Having difficulty walking.

THINK ABOUT IT!

DEMENTIA'S TOP 10 WARNING SIGNS

1. New or worsening memory loss.
2. Problems performing everyday jobs.
3. Forgetting simple words.
4. Confusion about time and place/getting lost in familiar locations.
5. Poor or impaired judgment.
6. Problems with abstract thinking.
7. Misplacing items.
8. Rapid mood swings.
9. Changes in personality—such as paranoia or fearfulness.
10. A loss of initiative—may become very passive and avoid social activities.

If you notice these signs developing in your clients, report the situation to your supervisor. Your observation may help them receive an early diagnosis—and treatment—for dementia.

HOW IS DEMENTIA DIAGNOSED?

Currently, there is no one test that spots dementia. However, the ability to diagnose dementia has improved a lot in the past few years. Now, many physicians have enough firsthand experience to allow them to distinguish Alzheimer's disease from other similar conditions in 8 out of 10 patients.

To help them make a diagnosis of dementia, physicians will:

- Perform a thorough physical examination.
- Ask the person to complete a variety of mental status tests, such as the Mini Mental Status Exam (see side bar).
- Look for the signs and symptoms of dementia.
- Try to rule out all the conditions that mimic dementia. This may involve ordering blood work and/or other tests such as CT, PET or MRI scans.

WHAT IS THE MMSE?

The Mini-Mental State Exam (MMSE) is a quick test that looks at the symptoms of dementia. *Here are a few things the MMSE tests:*

- **ORIENTATION**
  - What is your name?
  - How old are you?
  - What day is it?
  - What season is it?
- **ATTENTION SPAN**
  - "Spell a word such as "WORLD" forward, and then backward."
- **MEMORY**
  - "I'm going to tell you three words. They are Bird, Car and Door. Can you repeat those words back to me?" Then the provide will ask for those words again after 5 minutes.
- **LANGUAGE FUNCTION**
  - The person will be asked to read a sentence out loud, then write a sentence.
- **JUDGMENT**
  - "If you found a driver's license on the ground, what would you do?"

HOW IS DEMENTIA TREATED?

The treatment for dementia depends on what is happening in the brain to cause the symptoms of dementia. If the doctor can pinpoint the cause, the dementia can sometimes be reversed. For example, the doctor may prescribe:

- Vitamins for a B12 deficiency.
- Thyroid hormones for hypothyroidism.
- A change in medicines that are causing memory loss or confusion.
- Medicine to treat depression.

If the dementia cannot be reversed, treatment involves helping the person remain as comfortable and independent as long as possible. The treatment plan may include:

- Counseling or therapy that can teach the person new ways to remain independent.
- Medications like Aricept, Exelon or Namenda. These medicines are generally used to treat Alzheimer's disease, but can also ease some of the symptoms of dementia.
  - **Side effects** of these drugs may include dizziness, headache, confusion, nausea, vomiting and diarrhea.
- Antipsychotics or antidepressants to help control mood or behavior problems.
  - **Side effects** of these medications may include drowsiness, dizziness when changing positions, blurred vision, rapid heartbeat, sensitivity to the sun and skin rashes.

CAN DEMENTIA BE PREVENTED? YOU BET IT CAN!

Remember, the most common causes of dementia are Alzheimer's disease and having multiple strokes. The good news is that there are things that can be done to prevent AD and strokes! Here's what researchers know:

PREVENTING ALZHEIMER'S DISEASE

There are certain factors that put people at risk for developing AD that cannot be changed. For example, you cannot change your age or your genetics.

But, there are other factors that can be controlled!

A growing mountain of evidence now suggests that the same *lifestyle changes* doctors recommend to prevent or control diabetes, heart disease and obesity can also *delay the onset* of Alzheimer's Disease!

HEALTHY DIET: Eating plenty of fruits, vegetables, and whole grains, plus foods that are low in fat and sugar can reduce the risk of many chronic diseases. Now, studies are beginning to suggest this can also reduce the risk of developing AD!

EXERCISE: Researchers know that physical activity is good for the brain as well as the heart and the waistline! One study found that the risk of developing AD was 40 percent lower in people who exercised at least 15 minutes a day, 3 or more times a week!

PREVENTING STROKES (CVAs)

Just like Alzheimer's disease, there are some factors that put people at risk for strokes that cannot be changed, including age, gender, genetics and having had a previous stroke.

But, risk factors that people can control include:

High Blood Pressure—High blood pressure is the most important risk factor for a stroke. Many people believe that because more and more people are being treated for high blood pressure, fewer people are dying from CVAs.

Cigarette Smoking—In recent years, studies have shown that cigarette smoking DOUBLES a person's risk for stroke. Also, the use of birth control pills combined with cigarette smoking greatly increases the risk of stroke.

Diabetes—Diabetes is a risk factor for stroke and is strongly related to high blood pressure. While diabetes is treatable, having it increases a person's risk of stroke. In addition, people with diabetes are often overweight and have high cholesterol, increasing their risk even more.

Carotid artery disease—There are arteries in the neck that supply blood to the brain called carotid arteries. A carotid artery that becomes blocked by a blood clot or by cholesterol can result in a stroke.

Heart disease—A diseased heart increases the risk of stroke. In fact people with heart problems have more than twice the risk of stroke as those with hearts that work normally. Atrial fibrillation (rapid beating of the heart's upper chambers) raises the risk for stroke. Heart attack is also the major cause of death among survivors of stroke.

CHALLENGES FOR PEOPLE WITH DEMENTIA:

DEALING WITH CATASTROPHIC REACTIONS

Catastrophic reactions are emotional (and sometimes physical) outbursts that seem inappropriate, irrational and/or "completely out of the blue."

These outbursts can be triggered by a:

- Certain person.
- Memory.
- Sudden change in activity or environment.
- Task that is overwhelming.
- Difficulty expressing a feeling or communicating a need to the caregiver.

WHY DOES IT HAPPEN?

People with dementia can easily become overwhelmed by routine activities. And making matters worse, the damage in the brain that is typical of people with dementia often leaves the person with a *limited set of emotions* to call upon when things get tough.

Panic and anger are the easiest "go-to" emotions when frustration, information overload, or trouble communicating arises.

How you can help . . .

- Pay attention to the "who, what and where" details when catastrophic reactions occur for your client, then try to avoid those triggers.
- Keep distractors that aggravate your client to a minimum—such as televisions or radios on in other rooms, loud telephones and certain people .
- Never argue or try to reason with a person during a catastrophic reaction. This could make the situation worse.
- If your client does not present a danger to himself or to others, observe from a safe distance and allow him to settle on his own.
- Observe body language and help your clients identify their emotions. For example, you might say *"You seem angry, can I help?"*
- Provide frequent reassurance: "I'm here to help," and *"Everything is going to be OK."*
- Always speak in short uncomplicated sentences to avoid confusing or overwhelming people with dementia.

TALK ABOUT IT!

You provide care for Jess, an 83-year-old woman with severe dementia.

When Jess's symptoms first started, her daughter tried to take care of her at home. But the job was too much and the family decided to place Jess in your facility.

For the first few years, Jess's daughter visited several times a week. But now that Jess doesn't recognize her daughter anymore, she only visits once a month because it is just too sad and stressful.

What would/could you say to Jess's daughter to help her remain positive and supportive of her mother in this situation?

Talk to your supervisor, your co-workers, a social worker and even a chaplain to find out what they would say in a situation like this.

CHALLENGES FOR PEOPLE WITH DEMENTIA:

PERSONAL HYGIENE AND PROBLEMS WITH SLEEP

PERSONAL HYGIENE ACTIVITIES

While most of us take getting bathed and dressed for granted, people with dementia can become confused by this rather complex process.

If you think about it, there are probably one hundred small steps involved in washing, brushing your teeth, combing your hair and putting on clothes. Eventually, most people with dementia lose interest in personal hygiene. This may be because they:

- Have forgotten how to dress themselves.
- Don't like feeling out of control.
- Get anxious about being naked.
- Are afraid of getting wet.

How you can help . . .

- Make sure the client's room is warm enough for getting dressed or undressed.
- Provide for your client's privacy.
- Try to use the same location each day for dressing and a *different* spot for undressing.
- Make sure your client's clothes fit comfortably and are not so long the client might trip.
- Simplify the dressing process by offering only a few clothing choices.
- If possible—and if your client seems to enjoy it—play calming music during bath time.
- Make sure the bathroom is warm and well-lit.
- Avoid mirrors if your client no longer recognizes him or herself.
- Try to schedule a bath during the time of day that your client is most relaxed.
- Let your client feel the water before getting into the bathtub or shower. Say something like, *"This water feels nice."*
- For additional tips, see the In the Know inservice entitled "Bathing Tips"

PROBLEMS WITH SLEEP

It is not unusual for people with dementia to have sleeping problems. These may come from:

- Confusion about whether it's day or night.
- Frequent need to urinate during the night.
- Depression.
- Pain.
- Leg cramps or "restless legs".
- A disruption in their daily routine.
- Certain medications.
- "Sundowning," or restlessness, agitation and disorientation, usually at the end of the day.

How you can help . . .

- Try increasing your client's level of activity during the day.
- Limit sugar and caffeine, especially late in the day.
- Keep afternoon and evening hours calm, filled with quiet activities only.
- Close the drapes and turn on the lights well *before* sunset. This cuts down on shadows which can add to confusion.
- Place a night light near the bed.
- Keep daytime clothing hidden at night. Your client may see the clothes and think that it's time to get up and get dressed.
- Some dementia clients enjoy soft music playing near their bed at night.

FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Dementia isn't a disease—it's a group of symptoms that can affect the way a person thinks, functions and the way he or she interacts with others.
2. The most common causes of dementia are Alzheimer's disease and having multiple strokes.
3. Dementia can often be mistaken for delirium or depression since the symptoms can be similar or overlapping.
4. There are some factors that put people at risk for developing dementia that cannot be changed. But, there are other factors like diet, exercise, diabetes and smoking that can be controlled!
5. During the early stage of dementia, it is best to focus on the person's remaining strengths . . . and not on what he or she is losing.

CHALLENGES FOR PEOPLE WITH DEMENTIA: DIFFICULTY AT MEALTIMES

A common problem for people with moderate to severe dementia is to have some difficulty at meal time. Why? There are a number of possible reasons, including:

- Changes in appetite—either increased or decreased.
- Forgetting to eat.
- Being frightened by a noisy dining room.
- Confusion about how to use silverware.
- Too agitated to sit for an entire meal.
- Feeling rushed at meal time.
- Distracted by the table setting and/or environment.
- Forgetting how to chew and/or swallow.
- Confusion over too many food choices.

How you can help . . .

- Offer five to six small meals per day, rather than three larger ones.
- Remind your dementia clients that it is meal time.
- Demonstrate how to use silverware or offer foods that can be eaten easily with the fingers.
- Simplify the meal by using just one plate, one piece of silverware and just a few food choices.
- Avoid tablecloths and dishes that are patterned as they may be too distracting.
- Reduce the amount of noise in the dining area to avoid frightening your dementia clients.
- If possible, serve foods that are familiar to your client.
- Check the temperature of foods before you serve them.
- Avoid using foam cups—dementia clients may try to eat them.
- Use bowls rather than plates to make it easier to get food onto a spoon.
- Demonstrate how to chew and say "chew now" in a friendly tone of voice.
- To encourage clients to swallow, stroke them gently on the throat and say, "swallow now".
- Encourage your clients to finish one food completely before moving on to another. (Some people get confused by a change in texture.)
- Give your dementia clients plenty of time to finish their meal.
- Be sure to report any sudden changes in appetite or other eating difficulties. There may be a medical or treatable cause for the problem.

FINAL THOUGHTS ABOUT DEMENTIA CARE

- ***Focus on strengths!*** Most types of dementia cause an inevitable decline of a person's memory, intellect and personality. However, this usually occurs only in the middle to late stages. During the early stage of dementia, it is especially important to focus on the person's remaining strengths . . . and not on what he or she is losing.
- ***Last in, first out!*** For most people with dementia, the things they learned most recently are the most easily forgotten. Allow your clients to focus on what they *do* remember.
- ***Stimulate, don't overwhelm.*** There is a fine line between providing stimulation to people with dementia and overwhelming them. Get to know each client as an individual so you know what their limits are.
- ***Childlike, not childish.*** People with moderate to severe dementia tend to lose the ability to care for themselves. Just like small children, they need help with eating, dressing, walking and toileting. But, remember, just because some of their needs and behaviors may be childlike, they are *not* children. Be sure to treat them as adults; don't patronize or "talk down" to them.
- ***Personality Plus!*** Typically, dementia tends to exaggerate personality traits that already existed. For example, someone who was bossy in his younger years may be completely domineering due to dementia. Or, dementia may make a person who was always tidy become obsessed with neatness.
- ***Follow the leader.*** People with dementia tend to take on characteristics of their caregivers and/or family members. For example, a visit from an anxious and irritable spouse can lead to an anxious an irritable client.
- ***All in the family.*** When a loved one has dementia, the whole family is affected—especially if they have primary responsibility for the person's care. Studies have shown that family members of dementia clients have a higher risk of depression, anxiety and even illness.
- ***Change the environment, not the person.*** Watch how your client reacts to different situations throughout their day. If you notice that a noisy dining room seems to trigger a catastrophic reaction, then serve your clients meals someplace quiet.
- ***Try switching shoes!*** As with all clients, try to imagine how you would like to be treated, and talked to, if you were suffering from the confusing symptoms associated with dementia.

WHAT I KNOW NOW!

Now that you've read this inservice on understanding dementia, jot down a couple of things you learned that you didn't know before.

EMPLOYEE NAME (Please print):

DATE:

- *I understand the information presented in this inservice.*
- *I have completed this inservice and answered at least eight of the test questions correctly.*

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

1 Hour CE Credit

File completed test in employee's personnel file.

intheknow A homecare Pulse COMPANY | CAREGIVER TRAINING

A Dementia Program Module

Understanding Dementia

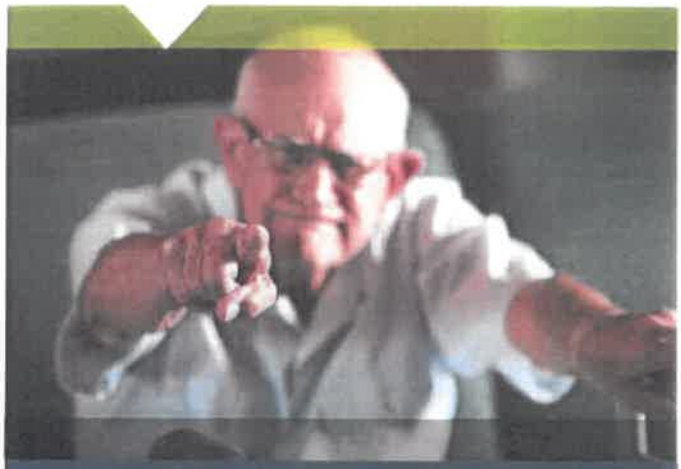
Are you "in the Know" about dementia? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. **Dementia is a:**
   A. Disease. C. Normal part of aging.
   B. Group of symptoms. D. Virus.
2. **Dementia can be easily mistaken for delirium or**
   A. Depression. C. Diabetes.
   B. Denial. D. None of these.
3. **Every day, around 4:30 pm, your client with dementia becomes agitated and restless. It's difficult to get him to settle down. You should:**
   A. Limit sugar and caffeine, especially late in the day.
   B. Close the drapes and turn on the lights before the sun begins to set.
   C. Keep afternoon and evening hours calm, filled with quiet activities only.
   D. All of the above.
4. **Your client with dementia just flew into a rage for no apparent reason, you should:**
   A. Try to reason with him. C. Reassure him (from a safe distance).
   B. Apply restraints. D. None of the above.
5. **True or False**
   The most common cause of dementia is heart disease.
6. **True or False**
   Dementia cannot be prevented.
7. **True or False**
   You should limit clothing choices for clients with dementia.
8. **True or False**
   Always feed clients with dementia in the dining room where they can participate in social interactions.
9. **True or False**
   Most cases of dementia are permanent and get worse over time.
10. **True or False**
    Clients with dementia tend to wander or get lost in familiar places when their dementia is in the "severe" stage.

intheknow
CAREGIVER TRAINING
A homecare4pulse COMPANY

A CLIENT CARE MODULE:

SUPPORTING AND GUIDING INDIVIDUALS THROUGH DEMENTIA-RELATED BEHAVIORS



...Developing top-notch caregivers, one inservice at a time.

www.knowingmore.com

intheknow
A homecare4pulse COMPANY | CAREGIVER TRAINING

A Client Care Module:

SUPPORTING AND GUIDING INDIVIDUALS THROUGH DEMENTIA-RELATED BEHAVIORS

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

About this Course:

This course helps caregivers understand common dementia-related behaviors and triggers. Caregivers will gain the communication and behavioral tools they need to help guide and/or support clients through these "super anxiety attacks."

Audience: Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) _____

CE Credit: 1 hour

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

Disclosures: The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email in the Know at feedback@knowingmore.com.

THANK YOU!

COURSE OBJECTIVES

Define dementia-related behaviors.

List at least 10 things that can trigger a dementia-related behavior.

Develop a plan for responding to a person exhibiting symptoms of a dementia-related behavior.

Describe at least five things you can do to prevent dementia-related behavior.

Demonstrate calm and rational communication and behavior with all clients at risk for dementia-related behaviors.

COURSE OUTLINE

intheknow
CAREGIVER TRAINING

A Client Care Module: Supporting and Guiding Individuals through Dementia-Related Behaviors

DEMENTIA-RELATED BEHAVIORS

Mr. Paxton is 91-year-old man living with Alzheimer's Disease. He lives at home with his wife. They have a regular nursing assistant who comes to help with ADLs and meal times.

One day, Mr. Paxton's wife meets the nursing assistant at the door as she arrives. She tells her that Mr. Paxton has been "really angry" for the past hour. The aide enters the home and finds the living room and kitchen in disarray. There are books, magazines, dishes, picture frames and food thrown everywhere.

Mr. Paxton is standing in the middle of kitchen pointing a bottle of window cleaner at the two women as if it were a handgun.

Ginny is an 82-year-old woman who lives with dementia in a nursing home. She is generally mild-mannered, cooperative and happy.

One day, the nursing assistant notices that Ginny is going back and forth to the bathroom more often than usual. By mid afternoon, she is going about every 10 minutes. Each time she comes back muttering, "Oh dear. Oh my goodness."

The nursing assistant tries to ask Ginny what is wrong but Ginny can't seem to find the right words. She just keeps repeating "Oh no. Oh dear."

As bedtime nears, Ginny becomes panicked. The aide follows her to the bathroom. She sees Ginny sitting on the toilet and wiping, then getting up to look in the toilet. Seeming more panicked by what she sees, Ginny sits back down, wipes and looks again. This cycle goes on for 30 minutes while the aide tries to figure out what is wrong and how to help.

Mr. Paxton and Ginny were both experiencing dementia-related behaviors. Keep reading to learn all about what caused these behaviors and what you can do support and guide people through behaviors like these.

WHAT EXACTLY ARE DEMNTIA-RELATED BEHAVIORS?

The term "dementia-related behaviors" is used to describe a large group of symptoms associated with dementia and Alzheimer's disease. They include agitation, sleep disturbances, delusions, and hallucinations.

As the disease progresses, many people experience these symptoms in addition to memory loss and other cognitive changes. Underlying medical conditions, environmental influences and some medications can cause behavioral symptoms or make them worse. ***Here are a few triggers that can cause dementia-related behaviors and some of the ways the behavior might appear:***

POSSIBLE TRIGGERS

Too many steps in a single task.
A rushed or upset caregiver.
A new or unfamiliar place.
Doesn't understand what he is being asked to do.
An underlying illness (infection, flu)
A change in routine.
Too many choices.
Fatigue.
Pain.
Hunger.
Paranoia or delusions
An unpleasant memory.
Confusing sensory input.
Can't find the right words.
Room is too hot or too cold.
Too much background noise.

COMMON BEHAVIORS

Cursing and name-calling.
Uncontrollable crying.
Persistent weeping.
Hitting or kicking.
Pulling hair.
Biting.
Yelling.
Pacing.
Stomping.
Screaming.
Resisting care.
Hand wringing.
Throwing things.
Trying to "get away."
Ripping out catheters or IVs.

Who's at Risk?

IMPORTANT: Dementia-related behaviors happen because there is damage to the parts of the brain that help people communicate and make sense of the world around them. The people who are most at risk of having dementia-related behaviors are those with:

- Dementia
- Alzheimer's Disease
- Traumatic brain injury
- PTSD
- Certain types of stroke

A CLOSER LOOK AT A FEW COMMON TRIGGERS

TOO MANY STEPS IN A SINGLE TASK

Many of the triggers listed on page two are obvious stressors, like being tired, hungry or cold. Other triggers may not be so easy to understand. For example, the first trigger listed is having **"too many steps in a single task."**

Brushing your teeth may seem simple enough to you—but think of all the mini-steps that go into doing it. Can you imagine, it takes as many as 30 small steps to brush your teeth? They are:

1. Go to the sink.
2. Locate toothbrush.
3. Turn on the water.
4. Wet toothbrush.
5. Turn off the water.
6. Locate toothpaste.
7. Remove cap.
8. Place cap on counter.
9. Apply toothpaste to the brush.
10. Put down the toothpaste.
11. Put brush in mouth.
12. Brush teeth.
13. Spit.
14. Brush tongue.
15. Spit again.
16. Locate a cup.
17. Turn on the water.
18. Fill the cup.
19. Turn off the water.
20. Sip the water.
21. Swish.
22. Spit out the water.
23. Put the cup down.
24. Turn on the water.
25. Rinse tooth brush.
26. Turn off the water
27. Return toothbrush to holder.
28. Recap the toothpaste.
29. Locate a towel.
30. Dry face with towel.

For a person living with dementia or Alzheimer's Disease, 30 steps can be completely overwhelming.

CONFUSING SENSORY INPUT

Another trigger that may not be obvious is ***"confusing sensory input."*** This happens when information coming in through the senses doesn't seem right to the person who is experiencing it.

For example, a person may not be able to feel the difference between hot and cold water. If this is the case, the person may take a bath in water that is too hot. The resulting pain would be confusing and could trigger a dementia-related behavior.

Background noise can also become confusing sensory input. A person without dementia or Alzheimer's can easily function in an environment where the window is open, a TV is on and people are talking in the next room. But, for someone having trouble with sensory input:

- The truck passing by outside may sound like a train barreling toward the building.
- The news anchor on the TV may sound like he is warning the person of impending doom.
- The people in the next room may seem to be discussing how they will escape the danger.

All this confusing input can create terror and panic and lead to dementia-related behaviors.

Research now shows that caregivers like you play a key role in preventing dementia-related behaviors! One study gave specific training to two groups. The first group was not nurses and the second group was nursing assistants. Each group received training on how to identify, manage and prevent dementia-related behavior. The results showed that the group with just nursing assistants had the best results in identifying, managing and preventing the behaviors. Only the training was different. *Why do you think this is the case? Do you think the results would be different if the whole team received training?*

Good News!

WHEN YOU ARE "IN THE MOMENT"...

While you may not have any control over what goes on in your client's brain, you do have control of your own behaviors and how you react to clients when they are "in the moment" of a dementia-related behavior. Your behaviors and responses have the potential to ***change the course*** of the event!

Here are some things you can do in the moment to shorten or stop the behavior:

- ***You don't have to be right this time!*** Never argue or try to reason with a client during a dementia-related behavior. This may make the situation worse.
- ***Remain calm and comforting.*** You are the role model for calm and rational behavior.
- ***Help untangle confusing emotions.*** Observe body language and help your clients identify their emotions. For example, you might say "You seem angry, can I help?"
- ***Provide frequent reassurance.*** You can say "I'm here to help," and "Everything is going to be OK." (See more communication tips on page 5.)
- ***Remove distractions.*** Turn of televisions and radios. Close windows and doors. Dim the lights. Ask visitors to step out for a moment if their presence seems distressing to your clients.
- ***Provide time and space.*** If your client does not present a danger to himself or to others, watch from a safe distance and allow him to settle on his own.
- ***You're not the boss or jailer!*** Never scold or make the person feel bad for their actions.
- **NEVER APPLY RESTRAINTS** unless ordered to do so by a doctor.
- ***Distract or redirect.*** Offer an alternate activity that your client enjoys (such as taking a walk).
- ***Get help if you need it.*** If you or your client are in danger, call for help right away. Get to a safe place if you can. Keep your client as safe as possible and wait for help to arrive.
- ***Make mental notes.*** Pay attention to the time, what's happening and where you are when dementia-related behaviors occur for your client, then avoid those triggers. (See the sidebar on this page for more on what to look for.)
- ***When it's safe, do a physical assessment.*** Remember, dementia-related behaviors can be brought on by an underlying (or silent) illness. Once your client has settled down, check for fever, pain, cold symptoms, urinary or bowel problems, and change in level of consciousness. Report any abnormal observations right away so treatment can be started.

CONNECT IT!

WHAT ARE THE CUES AND CLUES?

When you are "in the moment" of a dementia-related behavior with a client, ask yourself these 6 Cues and Clues questions:

1. **WHO** is the person?
2. **WHAT** is the behavior?
3. **WHEN** does it happen?
4. **WHERE** does it happen?
5. **WHY** does it happen?
6. **HOW** can you fix it?

Think about a client who has dementia-related behaviors. Can you answer the first five cues and clues about your client's last event? If so, HOW can you prevent it from happening in the future?

THE NEXT STEP!

DON'T TAKE IT PERSONALLY!

It's hard not to feel hurt when a client lashes out.

You may have been criticized, called horrible names or even physically hurt by a client during a dementia-related behavior, but it's important to remember that it's *usually* not about you personally.

Dementia-related behaviors happen because there is damage to the parts of the brain that help people make sense of the world and communicate their feelings.

Think about the last time you were on the receiving end of a dementia-related behavior.

- What happened?
- How did it make you feel?
- Could it have been prevented?
- Have you forgiven yourself?

COMMUNICATION TIPS THAT CAN HELP

The way you communicate with clients before and during a dementia-related behavior can both decrease and prevent future episodes.

Here are some tips:

- ***Be seen before you are heard.*** Approach clients from the front. Don't speak to them suddenly from behind or you might startle them.
- ***Keep it simple.*** Always speak in short uncomplicated sentences to avoid confusing or overwhelming your client.
- ***Wait for it!*** Ask only one "yes" or "no" question at a time. Calmly repeat the question using the same words if the client doesn't answer you.
- ***Give the play by play.*** Describe what you are doing, one step at a time.
- ***Use nonverbal communication.*** Try using nonverbal cues such as touching or pointing to help your clients understand what you are saying.
- ***Give praise generously.*** Your clients need to hear positive words like "Good job!" or "You're doing great," or "You look beautiful today."
- ***Limit or avoid choices.*** If your client becomes frustrated very easily, then don't give them a choice if there isn't one. For example, don't say "Do you want to take a bath now?" Instead say "It's time for your bath now."

If your client becomes frustrated because he has trouble expressing something to you:

- ***Be patient.*** Allow plenty of time for the client to speak or to complete his thoughts . . . even if he is struggling with words. Avoid trying to guess and finish his sentence.
- ***Write it out.*** If possible, have your client write the word he is trying to express and then have him read it aloud.
- ***Play charades!*** Use gestures or point to objects to help find words or add meaning.

PREVENT DEMENTIA-RELATED BEHAVIORS

You can't prevent every dementia-related behavior, but there are some things you can do to make them less likely for your clients. Here are a few suggestions:

- ***Simplify everyday activities.*** Break even the most routine activities (like putting on a shirt or eating breakfast) into small, manageable steps. For example, instead of just saying, *"Put on your shirt,"* you might start with, *"Your shirt is on the bed."* When your client sees the shirt, you could say, *"Pick up the shirt."* Then, *"Put your arm through the sleeve,"* and so on.
- ***Avoiding rushing.*** When you rush, you deny your client the time he or she needs to figure out what the next step should be. This causes anxiety and can lead to a dementia-related behavior.
- ***Stick to a predictable daily routine.*** Changes can confuse and overwhelm clients who are at risk of having dementia-related behaviors.
- ***Keep 'em' full and rested!*** Feeling hungry and/or tired can be confusing sensations to someone who doesn't understand what the feelings mean. Avoid these triggers by serving 5-6 small meals and snacks throughout the day and making sure clients get the rest that they need.
    - Sleep needs vary, but many elderly people divide their sleep between daytime naps and nighttime sleep. If your client is having trouble falling asleep or staying asleep at night, try limiting naps to 1 hour (or less) during the day.
- ***Cut back on television viewing.*** The fast-paced visual images and loud sounds can overstimulate your client. Some may not be able to tell the difference between fact and fiction.
- ***Give praise and attention at non-crisis times.*** Loading up on the praise and attention helps your clients realize that they can be in control. It makes it more likely that they will remember how to be calm when a dementia-related behavior occurs.
- ***Talk about stuff before it happens.*** Help ease clients into new or unfamiliar situations by talking about it before it happens. For example, if a new physical therapist is taking over your client's care, talk about it before the first meeting. When the PT arrives, introduce him to your client and explain that "Jim is taking over for Mary."
- ***Healthy body, healthy mind!*** Sometimes the only way to know that your client is getting sick is by experiencing a dementia-related behavior. Watch for early signs of illness, infection or pain and report your observations right away. If you need help identifying signs of illness, infection or pain, ask your supervisor for an inservice on it today!

THINK ABOUT IT!

MILITARY VETS

Dementia-related behaviors are not just for the elderly with dementia and Alzheimer's.

Military veterans returning home with PTSD and traumatic brain injuries can have them too—and they can be much more intense.

A veteran has been trained to use every sense in a way that is much keener than the average civilian, and losing those senses can be devastating. A vet may become extremely agitated if he has trouble.

- Scanning the environment for threats.
- Paying attention to several things at one time, like someone talking while a TV is on.
- Learning and remembering new things.

If you care for military veterans, talk to your supervisor about the best way to support this special population.

Go Ahead and Laugh!

Helping a client dead with a dementia-related behavior is stressful—but it can also be humorous! Sometimes, it's okay to share your funny stories with co-workers.

Humor is an excellent coping strategy for those days when it seems like everything is going wrong!

Using humor and laughter at work can:

- Decrease stress and tension,
- Improve morale, and
- Build stronger teams.

Of course there are a few important rules!

- Never laugh at the client.
- Never tell inside jokes or funny stories about clients in front of other clients or in a place where you could be overheard (like the cafeteria or elevator), and
- Don't let humor and joking around turn into goofing off that distracts you from your work.

STAYING SAFE DURING AN OUTBURST

Remember, not all dementia-related behaviors will involve violent or aggressive behavior, but it's important to keep yourself safe during these that do. The good news is that you don't have to be a big, strong muscle man to use these strategies to stay safe during an outburst:

- ***Keep calm.*** If you get upset, the anger and aggression may become more intense.
- ***Step back!*** Stand at least an arm's length away from a client who is swinging punches, kicking or otherwise threatening physical harm.
- ***Have a way out.*** Avoid letting the person trap you in a corner or block your exit from the room.
- ***Get out if necessary.*** If you fear for your safety, leave the room and contact your supervisor.
- ***Work in pairs.*** You may need to "buddy up" with another Aide to provide care to clients who are known to become aggressive.
- ***Keep your hands to yourself.*** Avoid touching clients during a dementia-related behavior unless you know from past experience that touching them is safe.
- ***Duck and cover!*** If you know it's coming, get out of the way!
- ***Never hit back.*** It's never okay to hit, kick, pinch or pull your client's hair—even in self-defense.

If you work in the clients' homes, do all of the above, and:

- ***Plan an escape route.*** The first time you enter a home, pretend you are making a plan for fire safety and make note of multiple ways you may be able to get out if necessary. This could be a front or back door, patio door or any first floor windows.
- ***Always carry a cell phone with you.*** Don't count on there being a working landline in the home. Have your phone charged and ready to use in your pocket at all times.
- ***Lock yourself up.*** If you can't get away from a violent client, lock yourself in a room, bathroom or closet with your cell phone and call for help. A "caregiver in a closet" may seem absurd, but it's much safer than trying to fend off a client who is out of control.

AN A-B-C-D APPROACH TO DEMENTIA-RELATED BEHAVIORS

Pulling it all together: This A-B-C-D approach is a generalized action plan to help guide the ongoing management of dementia-related behaviors. If your workplace doesn't already have a plan in place to handle dementia-related behaviors, this is a great tool to use for getting started!

A **ACTIVATING EVENT *(the "trigger")*.** Every dementia-related behavior requires the healthcare team to do a thorough investigation to establish the trigger.

It's important to determine when and where the behavior occurred, what the person was doing immediately before the behavior occurred, and what the environment was like at the time (noise, lighting, temperature, etc.)? In addition, a physical assessment (when it's safe) should be done to check for fever, UTI, constipation, or other illnesses like cold, flu and stomach problems.

Learn more about triggers on pages 2 and 3 of this inservice.

B **BEHAVIORS *(the dementia-related behavior)*.** People living with dementia, Alzheimer's Disease, stroke and some traumatic brain injuries have trouble making sense of the world around them—combined with difficulty communicating their feelings.

This combination may lead the person to act out inappropriately to situations that seem completely normal to a person without the illness. Some people will react with anger toward others—including physical and/or verbal aggression.

Caregivers have the highest risk of being injured by a client during a dementia-related behavior. All behaviors should be reported and documented. This is not to get the client "in trouble" but to help protect other caregivers in the future. Every possible step should be taken to protect caregivers from clients who are known to become aggressive.

C **COMMUNICATION *(the caregiver's response)*.** No one can detail every dementia-related behavior, but everyone can learn a few communication techniques that may bridge the gaps between confusion and understanding for clients who are at risk.

Communication includes body language, tone of voice and spoken words. With the power of communication, caregivers can help clients make sense of confusing stimuli and help them express themselves more accurately.

Learn all about communication techniques on page 5 of this inservice.

D **DEVELOP A PLAN *(the prevention strategy)*.** It's always better to prevent a problem than it is to react to one in the moment. That's why it's so important to come up with a plan to help your clients avoid dementia-related behaviors before they happen.

Each client will have a different plan based on their specific triggers. But all plans should include a strategy to keep clients from being overwhelmed, overstimulated and over tired. In addition, preventing illness and infections can help prevent dementia-related behaviors

Learn some specific prevention strategies on page 6 of this inservice.

FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. The term "dementia-related behaviors" is used to describe a large group of symptoms associated with Alzheimer's disease.
2. Dementia-related behaviors occur when the person is unable to cope with or communicate during an actual or imagined stressful situation.
3. You can't control what goes on in your client's brain, but you can control your own behaviors and how you react to clients when they are "in the moment" of a dementia-related behavior.
4. Your calm behaviors and positive responses have the potential to change the course of a dementia-related behavior!
5. Every dementia-related behavior requires the healthcare team to do a thorough investigation to determine the trigger and develop a prevention plan.

WHAT ABOUT MR. PAXTON AND GINNY?

Remember Ginny and Mr. Paxton from the beginning of this inservice? What do you think was happening in each of these situations?

MORE ABOUT MR. PAXTON

By asking questions, the caregiver learned that Mr. Paxton had been watching television alone in the living room when the dementia-related behavior began. His wife found him ducking behind his recliner, throwing magazines into the middle of the room and yelling something she didn't understand. She tried to get him to stop but he only got angrier.

When the caregiver asked what he was watching just before the behavior started, the wife thought it was one of the usual game shows he liked to watch. After they calmed Mr. Paxton and helped him to lie down for a nap, they began to clean up the mess. As they were cleaning, a special report broke into programming on the TV that was still on in the living room. The newscaster apologized for the second interruption that morning. It was a report about unrest in a foreign country and the possibility of a civil war.

That's when the caregiver and Mrs. Paxton understood what happened. Mr. Paxton had spent many years in the military and even fought in the Korean War. Hearing that report must have triggered some sort of fear or anxiety in him. In his mind, he was defending himself in a war zone.

The caregiver and Mrs. Paxton came up with a plan to limit television, particularly around the news hours, and to be sure to monitor all television viewing so that nothing upsetting or confusing would trigger another problem.

WHAT ABOUT GINNY?

After Ginny's nursing assistant witnessed the bizarre bathroom behavior, she knew exactly what to do. Ginny had a history of recurrent urinary tract infections and suffered from occasional constipation. The nursing assistant knew that one or both of those issues could be causing Ginny to seem so worried about her toileting activities.

The nursing assistant reported the behavior and her thoughts about a possible UTI and/or constipation to the nurse. The nurse did a physical assessment of Ginny and determined that she was indeed constipated. She administered a stool softener and followed up with a call to the doctor for lab orders to check for a urinary tract infection.

The labs came back positive for a UTI and antibiotics were started. In less than 48 hours, Ginny was back to her normal, mild-mannered, cooperative and happy self.

The nurse and the nursing assistant made a plan to monitor Ginny's toileting routine more closely so that any changes would be caught sooner—before Ginny could work herself into a dementia-related behavior.

FINAL THOUGHTS

If you care for people who have dementia, Alzheimer's Disease, traumatic brain injury or those who have suffered a stroke, chances are you have witnessed a dementia-related behavior. If you haven't yet—you will!

- Dementia-related behavior happen because there is damage to the parts of the brain that help people communicate and make sense of things.
- You can't change the fact that clients with this type of damage to the brain will have trouble coping with real (or imagined) stressors, but you can change the way you respond—and that can make all the difference!
- Always model calm and positive behavior around your clients. If you are feeling stressed or irritable, your mood can easily rub off on a client. If you can stay calm and positive, your client may "mirror" your good mood.
- Stay plugged in and be creative! Prevention strategies that worked today may not work tomorrow. And, there is no one-size-fits-all solution that will work with every client.
- During a dementia-related behavior, it's important to understand that your client is confused, frightened, does not feel safe, and cannot reason or make sense of his/her environment. Your job is to restore the feeling of safety and to help untangle confusing emotions.
- Being able to identify the triggers that cause problem behaviors for your clients is the most important part of managing dementia-related behaviors. It's the only way you can prevent a problem before it arises.
- Remember, every dementia-related behavior requires a thorough investigation into the *who, what, when, where, why,* and *how* of the event. This investigation not only helps identify triggers and develop a prevention plan, but it also serves as a way to document the behavior so that other caregivers can be made aware of the potential for danger (if one exists) and can take steps to protect themselves from harm.
- Even on a "good" day, your job is extremely hard. Tossing a few dementia-related behaviors in on top of everything else you have to handle can really take a toll on your body, mind and soul. At the end of your shift, always take time to ***relax, laugh*** a little and ***take care of yourself!***

WHAT I KNOW NOW!

Now that you've read this inservice on dementia-related behaviors, jot down a couple of things you learned that you didn't know before.

EMPLOYEE NAME
(Please print):

_____

DATE: _____

- *I understand the information presented in this inservice.*
- *I have completed this inservice and answered at least eight of the test questions correctly.*

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

1 Hour CE Credit

File completed test in employee's personnel file.

intheknow | CAREGIVER TRAINING
A homecare pulse COMPANY

A Client Care Module: Supporting and Guiding Individuals through Dementia-Related Behaviors

Are you "in the know" about dementia-related behaviors? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. **Which of the following may trigger a dementia-related behavior?**
   A. Fatigue.
   B. A rushed caregiver.
   C. Background noise.
   D. All of these.

2. **Your client is screaming and crying because she believes her cat (that died years ago) is hiding in the closet and meowing for food. You should:**
   A. Try to reason with her.
   B. Tell her she's being silly.
   C. Redirect her with a favorite activity.
   D. Tell her the cat is dead.

3. **Just before performing a bed bath and personal care, your client becomes enraged. He grabs your arm and tries to hit you. You should:**
   A. Apply restraints and then call the police.
   B. Pinch or slap him to let him know that it's not okay to hurt you.
   C. Get a safe distance away and let him know you'll return when he calms himself.
   D. Tell him he's free to do his own personal care, then leave him with the basin of soapy, hot water.

4. **True or False**
   All dementia-related behaviors involve physical and verbal aggression.

5. **True or False**
   Calm and positive communication can prevent dementia-related behaviors.

6. **True or False**
   Dementia-related behavior happen because people just have poor coping skills.

7. **True or False**
   Most dementia-related behaviors occur because the client doesn't like the caregiver.

8. **True or False**
   A dementia-related behavior can be described as a "super anxiety attack."

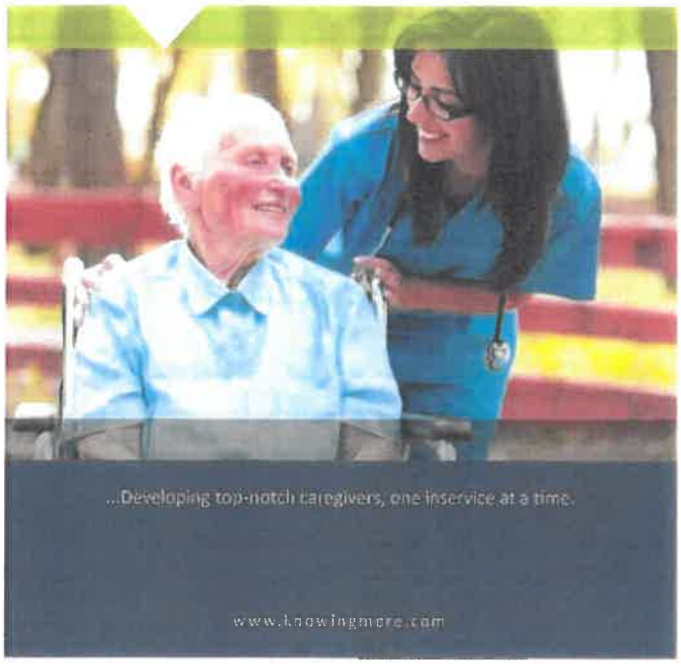
9. **True or False**
   If you discover a tactic that helps your client with a dementia-related behavior, you should use that same tactic all the time and with every client.

10. **True or False**
    Of all healthcare disciplines, caregivers have the highest risk of being injured by a client during a dementia-related behavior.

inthe know
CAREGIVER TRAINING
A home care pulse COMPANY

A COMMUNICATIONS MODULE:

COMMUNICATING WITH INDIVIDUALS LIVING WITH ALZHEIMER'S AND DEMENTIA



inthe know
A home care pulse COMPANY | CAREGIVER TRAINING

A Communication Module:
Communicating with Individuals Living with Alzheimer's and Dementia

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

About this Course:

This course provides caregivers with important information about the communication needs of clients with Alzheimer's disease or other forms of dementia. It discusses how communication happens normally and how it is affected by Alzheimer's disease. Caregivers will learn how to help clients communicate with them and ways that they can better communicate with their clients. In addition, there is information on how to handle a client's anger, how to answer tough questions and alternative therapies that assist with communication.

Audience: Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) _____

CE Credit: 1 hour

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

Disclosures: The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email in the Know at feedback@knowingmore.com.

THANK YOU!

COURSE OBJECTIVES

Describe the typical course of events that must take place for communication to be successful.

Describe two things that can make communication challenging for people living with Alzheimer's.

List at least three things you can do to help people living with AD communicate more effectively.

Discuss what you can do to communicate more effectively with your clients living with Alzheimer's disease.

Practice patient and thoughtful communication in your daily work with Alzheimer's clients.

COURSE OUTLINE

inthe know
A home care pulse COMPANY | CAREGIVER TRAINING

A Communication Module: Communicating with Individuals Living with Alzheimer's and Dementia

The Words and Memories Dance and Hide

If you care for clients living with Alzheimer's disease, chances are good that you've had your fair share of communication frustrations.

As the disease progresses, more and more changes in the ability to communicate.

- At first, the words and memories just *dance away* for a minute or two and then come back.
- Later, the words and memories seem to *play hide-and-seek*, but they can usually be found with a little help.
- Eventually, the words and the memories just *pack up and move out* of the person altogether.

One of the most important things YOU can do for your clients living with Alzheimer's is to remember that they are an individual with unique life experiences. They had experiences and adventures. They had jobs and families. They contributed to the world in their own special way.

That means that the lost words and memories are far more sad and frustrating to them than they are to you. In fact, the lost words and memories are often the reason behind the dementia-related behaviors you may see in your clients.

And while you may not have any control over your client's abilities or behaviors, your words, the tone of your voice and your calm demeanor can make everything easier for everyone! Keep reading to find out all about how you can communicate effectively with your clients and how you can help them to communicate with you!

HOW COMMUNICATION HAPPENS

Five critical factors must all work together for communication to be successful. There must be a:

- **SENDER:** The sender is the person who *starts* the communication.
- **MESSAGE:** The message is formed by the sender.
- **MEDIUM:** The sender chooses *how* she will communicate. It may be through speaking, writing, typing or even by using sign language.
- **RECEIVER:** Someone must hear, read or see the message and *understand* its meaning.
- **FEEDBACK:** The receiver must provide feedback that shows the message was understood.

2 WAYS THINGS CAN GO WRONG COMMUNICATION

RECEPTIVE COMMUNICATION CHALLENGES:

- Receptive communication refers to the way a listener *receives* and *understands* a message. A person living with Alzheimer's disease may have damage in the temporal lobe of the brain. Damage in this area can cause changes in the ability to understand spoken words.

EXPRESSIVE COMMUNICATION CHALLENGES:

- Expressive communication refers to *how a person gives a message.* This can be done by gesturing, speaking or writing and can be enhanced by using body language or emotional expressions. A person living with Alzheimer's may have changes in the ability to remember certain words or show the correct emotion. For instance, the person may cry or look sad when they are actually happy.

In a Nutshell: Alzheimer's disease can change a person's ability to understand information (receptive language) and the ability to express information (expressive language).

WHAT'S NEW? *Grab your favorite highlighter! As you read this inservice, highlight five things you learn that you didn't know before. Share this new information with your co-workers!*

The Facts

Changes in the ability to communicate is often reported as being the most frustrating and difficult problem for people living with Alzheimer's disease (as well as for their family members and their caregivers).

While each person living with Alzheimer's disease is unique, there are a few common communication challenges you may notice.

Common communication challenges may include changes in the ability to:

- Find the right word.
- Speak fluently.
- Understand what others say and/or mean.
- Read and write.
- Show emotions.

WHAT EXCITES YOU?

STILL ALICE

In her book/movie titled, Still Alice, author Lisa Genova provides a stunningly accurate portrayal of one woman's gradual slide into Alzheimer's.

Alice, (played by Julianne Moore) is a mother, wife and doctor who learns she has early onset Alzheimer's disease. As she struggles with what lies ahead, she argues:

"And I have no control over which yesterdays I keep and which ones get deleted. This disease will not be bargained with. I can't offer it the names of the US presidents in exchange for the names of my children. I can't give it the names of state capitals and keep the memories of my husband."

Read the book or watch the movie for deeper insight into living with Alzheimer's disease.

COMMUNICATION SLOWLY CHANGES

Alzheimer's disease is a progressive illness. That means the symptoms can get worse over time. This holds true for the person's ability to communicate. It may get worse over time as the disease progresses.

THE "EARLY STAGE" OF AD

The symptoms of the early-stage of Alzheimer's disease come on slowly. A person living with early-stage Alzheimer's disease may look well and may be able to "cover up" the signs of the disease. Communication challenges may start as the person begins to have:

- **Changes in the ability to concentrate.** It may become challenging to focus attention on someone who is speaking—which makes it hard to get the whole meaning of the message.
- **Changes in the ability to remember familiar** names, dates and how things work.

THE "MIDDLE STAGE" OF AD

During the middle-stage of Alzheimer's the individual may continue to have all the signs of the early stage, but now he or she may also begin to experience changes in the ability to:

- Remember familiar words.
- Participate in conversations.
- Follow directions.

SYMPTOMS OF THE "LATE STAGE" OF ALZHEIMER'S DISEASE

People in the late-stage of Alzheimer's disease may experience:

- Changes in both short and long -term memory.
- Worsening changes in ability to speak (but may groan or scream).
- Changes in ability to recognize themselves or others.

HOW CAN YOU HELP PROMOTE SUCCESSFUL COMMUNICATION?

Depending on the stage and the severity of the disease, your client living with Alzheimer's disease may have changes in the ability to express his or her thoughts and feelings. Here are some ways you can help your client communicate with you and others:

- **Allow more time.** It may take a little longer for your client to find the right words and to get them out. It's important to be patient and show your support through the process. Let your client know you're listening and trying to understand by making eye contact and nodding.
- **Stay present in the conversation.** Listen closely and be careful not to interrupt.
- **Clarify your understanding by repeating back what you heard.**
- **Acknowledge frustrations.** Being unable to communicate can be frustrating and isolating. Try saying, *"I know you want to tell me something important. I'm trying to understand."*
- **Give permission to take a break.** If your client is having trouble communicating, let her know that it's okay. Encourage her to relax and to continue when she's ready.

- **Take a guess.** If the person cannot find a word, try guessing what she is trying to say or ask the person to point or gesture.
- **Manage environmental noise.** Keep distractions such as television and radio at a minimum when talking to your client. This will keep the client focused, and enhance your ability to listen.
- **Never criticizing or correct.** It's not helpful to tell the person he is wrong. Instead, listen and try to find the meaning in what is being said. Repeat what was said if it helps to clarify the thought.
- **Avoid arguing and/or defending yourself.** If your client says something you don't agree with or accuses you of doing something wrong, just let it go! Standing your ground in this situation only makes things worse — and can even increase your client's agitation and make communication more difficult.

CONNECT IT!

Think about a time when you struggled to understand what your client was trying to say.

What was your client saying or doing?

_____

_____

What did he or she really mean?

_____

_____

How did you support your client through the challenge?

_____

_____

What could you have done differently to help?

_____

_____

What advice would you give to a new caregiver who is struggling to communicate with someone living with Alzheimer's?

THE NEXT STEP!

HONORING PERSONAL PREFERENCES

It's important to always try to honor your client's personal preferences. But how do you do that if he or she can't tell you?

You can ask family members about your client's likes and dislikes, and you can observe your client during routine activities.

If your client appears happy or content (is involved, pays attention, smiles) during an activity, then you can assume your client enjoys it!

Notice how your client seems to feel during:

- Tub baths, showers, or bed baths.
- Watching certain programs (news, cartoons, dramas, comedies).
- Visits from certain family members or friends.
- Listening to music.
- Spending time outdoors.

WHAT CAN YOU DO TO COMMUNICATE BETTER WITH YOUR CLIENTS?

- **Approach a client living with Alzheimer's from the front.** Don't speak to them suddenly from behind or you might startle them.
- **Keep your voice low and unhurried.** Use simple, everyday words, but don't use "baby talk."
- **Identify yourself.** Don't be offended if your client doesn't remember you from day to day.
- **Try to stay calm and positive.** If you are feeling stressed or irritable, your mood can easily rub off on someone living with Alzheimer's disease. If you stay calm and positive, your client may "mirror" your good mood.
- **Keep it simple.** Ask one "yes" or "no" question at a time. If the client doesn't answer you, repeat the question using the same words.
- **Give plenty of time to respond.** It can take up to one minute for your AD client's brain to process each sentence you speak.
- **Smile!** Individuals living with Alzheimer's may copy your actions. If you smile, they will smile. If you frown or get angry, so will they!
- **Describe everything.** Be sure to let client living with Alzheimer's know what you are doing—one step at a time.
- **Don't talk in terms of time.** For example, say *"We'll take a walk after lunch."* not *"We'll take a walk in one hour."* People living with Alzheimer's disease may lose their sense of time.
- **Use nonverbal communication.** Try using nonverbal cues such as touching or pointing to help your clients understand what you are saying.
- **Remain respectful.** Be sure to call your clients by name and be respectful, saying things like "thank you," "please," "yes, ma'am" or "no, sir." This helps them feel maintain their sense of dignity.
- **Praise your Alzheimer's clients.** Be generous with positive feedback like *"Good job!"* or *"You're doing great."* or *"You look beautiful today."*
- **Limit choices.** Clients living with Alzheimer's disease may become frustrated very easily. Try to limit offering too many choices. For example, don't say "What do you want soup, a sandwich, or a salad for lunch?" Instead say "Would you like soup or a sandwich for lunch."

WHEN COMMUNICATION TURNS ANGRY

Anger can be a common emotion for people living with Alzheimer's disease, particularly in the later stages. It's important to understand that behavior is a form of communication for individuals living with Alzheimer's. It is often used to communicate an unmet need. It is your job to determine the need and how to address it.

While you may not have any control over your client's feelings, you do have control of your own behaviors and how you react to it. Your behaviors and responses have the potential to turn the anger around! Here are some things you can do:

- **You don't have to be right this time!** Never argue or try to reason with an angry client. This will make the situation worse.
- **Remain calm and comforting.** You are the role model for calm and rational behavior.
- **Help untangle confusing emotions.** Observe body language and help your clients identify their emotions. For example, you might say *"You seem angry, can I help?"*
- **Provide frequent reassurance.** You can say *"I'm here to help,"* and *"Everything is going to be OK."*
- **Remove distractions.** Turn off televisions and radios. Close windows and doors. Dim the lights. Ask visitors to step out for a moment if their presence seems distressing to your clients.
- **Provide time and space.** If your client does not present a danger to himself or to others, watch from a safe distance and allow him to settle on his own.
- **You're not the boss or jailer!** Never scold, punish or make the person feel bad for feeling or expressing anger.
- **NEVER APPLY RESTRAINTS** unless ordered to do so by a doctor.
- **Redirect.** Offer an alternate activity that your client enjoys (such as taking a walk).
- **Get help if you need it.** If your client seems like he may become violent, call for help right away. Get to a safe place if you can. Keep your client as safe as possible and wait for help to arrive.
- **Make mental notes.** Pay attention to the time, what's happening and what may have triggered your client's anger. That way you can avoid similar situations in the future.

TALK ABOUT IT!

PREVENT COMMUNICATION-RELATED BEHAVIORS

You may not be able to prevent all communication-related behaviors, but there are a few things you can try, such as:

Simplify everyday activities. For example, instead of just saying, *"Put on your shirt,"* start with, *"Your shirt is on the bed."* When your client sees the shirt, say, *"Pick up the shirt."* Then, *"Put your arm in the sleeve,"* and so on.

Keep 'em full and rested! Feeling hungry and/or tired can be confusing sensations to someone who doesn't understand what the feelings mean. Remember, behavior is a form of communication. The person may be trying to communicate an unmet need.

Talk about it with your supervisor and co-workers. Find out what they do!

Depression

COULD YOUR CLIENT BE DEPRESSED?

Depression is very common among people living with Alzheimer's, especially in the early and middle stages.

Some symptoms of depression may include:

- Feeling sad or tearful.
- No interest in doing anything.
- Having feelings of worthlessness.
- Being agitated easily.

BUT . . .

Depression in Alzheimer's doesn't always look like depression in other people.

It may be less severe, and it may come and go.

If you see signs of depression, it's important to report it right away, even if it seems mild.

Treatment is available and can make a significant difference in quality of life.

HANDLING TOUGH QUESTIONS

As your client's disease advances, there may be times when their memories become tangled up in a different time and place. How you respond to these situations can set the tone for a calm transition.

Here are some examples of tough, uncomfortable, and sometimes heartbreaking questions you may get from your clients:

⇒ **"Can you take me to my parents (or spouse)?"**

How do you respond to this request if your client no longer has living parents (or a spouse)? First, try to remember that it will do no good to tell her that her parents (or spouse) have died. In fact, this will only cause her to suffer the grief and loss all over again.

Instead, you might put off the request until the memory passes by saying, *"It's not a good time to travel,"* or *"Let's make a plan to visit next week."*

Another option is to indulge the memory and ask your client to tell you about the person she wants to visit. Allowing her time to reminisce may alleviate the feeling she has of needing to visit them.

⇒ **"Who are you?" or "Do I know you?"**

If the person says this to you, just give your name and ask if it's a good time for you do whatever it was you were there to do (feed, bathe, etc.).

Don't make a big deal about it or dwell on the fact that they don't recognize you. Forgetting people is painful and embarrassing enough for your client.

It's also important to help family members deal with the uncomfortable feelings that come up when their loved one says these words to them. ***Reassure them that the lost memory is a normal part of the disease and has nothing to do with them being unimportant or unmemorable.***

ALTERNATIVES: PETS & COMMUNICATION

Pet therapy can help people living with Alzheimer's disease recover some essential life skills by:

- **Improving short term memory.** Calling the pet by name or asking for a behavior such as "sit" and then rewarding compliance can improve short-term memory.
- **Improving long term memory.** Seeing a pet may trigger the person to remember one of their favorite pets or to reminisce about its favorite toy or trick.
- **Improving communication.** Talking about the pet or to the pet can improve communication skills since pets do not care if the person's speech is clear or their thoughts make sense.
- **Improving the senses.** The sense of smell (puppy breath), touch (the silkiness of a cat's coat), and temperature (the warmth of the animal's head on a lap) can improve environmental awareness and decrease withdrawal. Sight is stimulated when the individual watches the animal move around the room. Listening skills are sharpened when the person tunes in to hear purring or panting. ***Heightened senses improve the ability to communicate!***

You play an important role in assessing the need for a pet in your client's life. A client may benefit from pet therapy if he or she:

- Has few or no outside visitors.
- Seems lonely, depressed or anxious.
- Reminisces frequently about past pets in his or her life.
- Has the physical and mental capacity to pet, stroke, hug, or just sit with an animal without accidentally harming it.

If you notice one or more of these signs in your clients, you can:

- **In facilities**—advocate for pet visitation or animal-assisted therapy programs.
- **In home health**—open the discussion to the possibility of a companion pet, if you think the client is able to handle the responsibility. If pet ownership is not a possibility, look for local groups that provide pet visitation services.

THINK ABOUT IT!

BABY DOLL THERAPY

Want to communicate better with clients living with dementia or Alzheimer's? Why not try "Baby Doll Therapy"?

Research shows that clients living with dementia or Alzheimer's communicate better when holding baby dolls!

Having a "baby" to care for can also be calming and comforting.

- ***Does your workplace use "Baby Doll Therapy" or something similar? If so, is it working?***
- ***Why do you think this type of therapy works so well?***
- ***Some opponents argue that this type of therapy may be upsetting to family members. What are your thoughts?***

FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Communicating with client's living with Alzheimer's disease may be one of the most difficult and frustrating parts of your job.
2. While you may not have any control over your client's abilities or behaviors, your words, the tone of voice and your calm demeanor can make all the difference!
3. Alzheimer's disease creates changes in the ability to understand and express thoughts and feelings.
4. Behavior is a form of communication for individuals living with AD. It usually arises from an unmet need. It's the caregiver's job to determine the need and address it.
5. Alternative therapies like music, pets and baby dolls are inexpensive and safe options you can try without a doctor's order.

ALTERNATIVES: LISTENING TO MUSIC CAN IMPROVE COMMUNICATION

Can a person who has completely stopped communicating in the late stages of Alzheimer's regain the ability to talk and have meaningful conversations? You bet! And music is the key to unlocking the silence.

Plenty of research is going on right now to measure the benefits of using iPods (or other mp3 playing devices) with personalized playlists for people living with dementia or Alzheimer's disease.

- **Listening to preferred music though personal headphones has had a major, positive impact on everyone who uses them.** Many participants in the studies have become happier and more social. And the relationships among staff, residents and family have deepened.

Not convinced? Go to musicandmemory.org and look around. You'll find research on the connection between music and the brain. Or watch the documentary called **Alive Inside** on Netflix.

Here's how you can bring music into your client's world:

- An iPod Shuffle (or similar device) is a good choice since it has very few buttons, no display screen and is easy to learn how to operate.
- Don't have access to an iPod? Ask family members to give their loved ones an iPod (or other mp3 player) as a gift or to donate an older model that is no longer being used.
- Here's another solution. Most smart phones can store and play music through headphones too. Or, you can download free apps like Pandora or Spotify and stream free music through the phone.
- Be sure to include the client and/or the family members in building the playlist. The wrong choice of music can make the whole technique backfire.
- Larger, padded headphones that rest on the sides of the head and ears will be more comfortable than small ear buds that go inside the ears.

Images from Alive Inside documentary.

FINAL TIPS FOR COMMUNICATING WITH CLIENTS LIVING WITH AD

Communicating with client's living with Alzheimer's disease may be one of the most difficult and frustrating parts of your job. **Here are a few final tips:**

- **Think about every word you speak.** Use short sentences and ask only one question at a time. This keeps the client focused on one thought at a time.
- **Speak slowly and distinctly.** Repeat key words to prevent confusion.
- **Say it with gestures.** Enhance verbal communication with meaningful gestures to give your client more options to receive information.
- **Give simple but exact instructions.** If your client is capable of participating in his or her own care, you might say, *"point to where it hurts," "open your mouth," or "lift your arm."*
- **Avoid finishing your client's sentences.** Allow your client to complete his own sentences or thoughts. If he gets stuck, ask for permission to help. Say the word or phrase slowly and distinctly if help is requested.
- **Be honest.** Never say you understand if you do not. This may increase frustration and decrease the client's trust in you.
- **Acknowledge frustrations.** Communication challenges can be frustrating and isolating. Watch for signs of depression or helplessness.
- **Stand close by.** Position yourself within the client's line of vision. Your client may need to see your face or lips to understand what you are saying.
- **Assume your client understands you.** Avoid speaking to others in the presence of your client as though he or she understands nothing. It's likely that he does understand, but just can't express that understanding to you.
- **Encourage socializing.** Ask family members to talk to the client even though he may not respond. This decreases the person's sense of isolation and maintains self-esteem.

The Bottom Line: It's important to be patient and remain respectful at all times. You may not have any control over your client's abilities or behaviors, but ***your actions, tone of voice and calm demeanor can make everything easier for everyone!***

WHAT I KNOW NOW

Now that you've read this inservice on communicating with Alzheimer's clients, jot down a couple of things you learned that you didn't know before.

inthe**know** | CAREGIVER TRAINING
A home care pulse COMPANY

A Communication Module: Communicating with Individuals Living with Alzheimer's and Dementia

Are you "In the Know" about communicating with individual living with Alzheimer's clients? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. **Which of the following is required for successful communication?**
   A. Sender & Receiver
   B. Message & Medium
   C. Feedback
   D. All of these.

2. **A client who has trouble understanding the message has problems with:**
   A. Receptive communication.
   B. Expressive communication.
   C. Regular communication.
   D. Hearing communication.

3. **Your client seems worried and is trying to tell you something, but all she can say is "Bluey is coming for me." You should:**
   A. Tell her there is no such thing as "Bluey."
   B. Urge her to calm down and forget about it.
   C. Patiently figure out who (or what) Bluey is by guessing and clarifying with her.
   D. Turn on the television as a distraction so she can stop worrying about it.

4. **Your client wants to call her husband who has been dead for three years. You should:**
   A. Tell her he's dead.
   B. Ignore the request.
   C. Help her reminisce about him.
   D. Have someone pretend to be him.

5. **True or False**
   A good way to calm an individual who seems agitated is to apply restraints.

6. **True or False**
   Changes in the ability to communicate is rare in people living with Alzheimer's disease.

7. **True or False**
   Most people living with Alzheimer's can improve their communication skills over time.

8. **True or False**
   It's okay to talk to clients living with Alzheimer's disease even if they've lost their ability to respond.

9. **True or False**
   Being unable to communicate can lead to depression.

10. **True or False**
    There's no proof that music can help people with Alzheimer's disease communicate better.

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

1 Hour CE Credit

File completed test in employee's personnel file.