NON-PHARMACOLOGICAL APPROACH TO CARING FOR PERSONS WITH DEMENTIA

ELLEN PHIPPS, MSG (2013), CTRS VP PROGRAMS AND SERVICES, ALZHEIMER'S ASSOCIATION, CWVA
GOALS FOR TODAY

I. OUR VISION AS HEALTH PROFESSIONALS: QUALITY OF LIFE FOR RESIDENTS through PERSON CENTERED CARE

II. BARRIERS TO QUALITY OF LIFE:
   I. DEMENTIA – the disease and symptoms
   II. OUR RESPONSE TO SYMPTOMS
   III. PHARMACOLOGICAL INTERVENTION

III. SO WHAT ARE THE ALTERNATIVES?
A VISION FOR QUALITY OF LIFE

Persons experiencing a diagnosis of dementia will find satisfaction and meaning in their daily lives.
QUALITY OF LIFE

There appears to be some agreement amongst researchers that mood and affect are critical components of QOL as well as residents’ preserved abilities to experience positive emotions, feelings of belonging, and enjoyment.
BARRIERS TO QUALITY OF LIFE

• THE DISEASE - SYMPTOMS
• OUR RESPONSE TO THE SYMPTOMS
THE DISEASE

Dementia – An overall umbrella term for cognitive impairment, many things cause dementia.

Alzheimer’s disease – The most common type of dementia - a progressive, degenerative disease of the brain for which there is no cure. Affects memory, judgment, language, and daily function.

Person Centered Care - An approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals. We do this by creating an environment that promotes:

*Personal Worth & Uniqueness; Social Confidence; Respect; Truthfulness; Independence; Engagement; Hope*
HEALTHY VS. ALZHEIMER BRAIN

- Cortex shrivels, especially near hippocampus
- Ventricles enlarge
WHICH FUNCTIONS ARE AFFECTED?

- Vision
- Language, Sense of temperature, touch, pain
- Basic functions, including breathing
- Memory, language, hearing
- Movement, balance
- Judgment, reasoning

Basic functions, including breathing

Memory, language, hearing

Movement, balance

Judgment, reasoning

Language, Sense of temperature, touch, pain

Vision

Basic functions, including breathing
POSSIBLE BEHAVIORAL SYMPTOMS OF DEMENTIA

Aggression
    (verbally/physically abusive/aggressive)
Agitation
Anxiety
Apathy
Confusion
Depression
Hallucinations/Delusions

Repetition (motor/verbal perseveration)
Screaming
Sleeplessness
Socially Inappropriate
    (sexual dis-inhibition, disruptive, resistive to care)
Suspicion
Walking / pacing
Withdrawn
OUR RESPONSE TO SYMPTOMS

• WE VIEW IT IS AS NEGATIVE BEHAVIOR THAT NEEDS TO BE CORRECTED

• WE USE MEDICATION TO CORRECT IT WHICH MAY CAUSE MORE HARM
MEDICATIONS NOT THE BEST SOLUTION

• Aging Body
• Side Affects
• Beers List
WHOSE PROBLEM IS IT?

We are the ones without dementia, therefore, it is our job to:

• Realize that WE do the adapting
• Accept that WE must enter the person’s reality and not drag them into ours
• Respect that each person is unique and individual
• Understand there is no simple recipe book, problem solve step by step—be flexible
UNDERSTANDING BEHAVIORS

Most behaviors exhibited by people with dementia are understandable in the context of the cognitive difficulties experienced by the person:

- Disorientation in time and place
- Dis-inhibition – particularly common if frontal lobes are affected and results in behaviors with no “filter”
- May not recognize where they are or what you want from them
UNDERSTANDING BEHAVIORS

- Pacing behaviors in dementia are not necessarily bad, and in fact most may be adaptive in that they provide exercise and physical stimulation.
- The aim is to try and accommodate these behaviors rather than limit them.
- The goal should be the provision of a safe level of walking / pacing without putting people at risk of injury.

Cohen-Mansfield et al 1997
OTHER CAUSES FOR BEHAVIORS

- Boredom
- Frustration
- Isolation
- Over-stimulation
- Depression
- Physical discomfort or pain
- Side-effects to medication
- Delirium
- Unmet need (needs toilet, hot, cold, hungry, thirsty)
UNDERSTANDING BEHAVIORS

Key questions to ask:
What is this person trying to tell me?
What is distressing this person?
What does he or she need to be in well-being?

Questions to ask for before reordering new prescriptions:
What did you do to try and understand why the person was doing?
What is the individual trying to communicate to us?
What is the reason for the individual doing this behavior?
What did you try before requesting medications?
COMMUNICATION / APPROACH THROUGHOUT THE STAGES

EARLY STAGE
• Speak clearly and concise; conversation in the very early stages will not be significantly altered.
• Recent memories may not be totally accurate but that is okay. Don’t correct people.
• Use written reminders, lists and calendars.

MIDDLE STAGE
• Approach from the front.
• Communicate at eye level.
• Monitor your body language and theirs!
• Break down tasks into smaller steps.
COMMUNICATION / APPROACH THROUGH THE STAGES

LATE STAGE

- Approach from the front
- Speak slowly
- Stimulation through the senses – taste, Smell, touch, hearing
ALTERNATIVES TO MEDICATION

HOW WE UNDERSTAND AND VIEW BEHAVIORS
HOW WE COMMUNICATE AND APPROACH
THE ENVIRONMENT
THE POWER OF MEANINGFUL ACTIVITY
ENVIRONMENT

Welcoming
Background noise
Ease / flow of movement
Cues and clues offered
Thinking outside the box
Blinds, shades, windows,
Lighting
Glare
MASKING DOORS
OUTDOOR SPACE
SUPPORT FOR STAFF

Pioneer Network Starter Toolkit
Engaging Staff in Individualizing Care

www.pioneernetwork.net
TOOL KIT

• Consistent assignment
• Huddles
• Involving CNAs in care planning
• Promoting mobility, reducing falls and alarms
• A good welcome: the first 24 hours
• Reducing off-label use of antipsychotic medications by engaging staff in individualizing care to alleviate resident distress
• Individualizing mornings and night-time routines
• Flexible dining services
MEANINGFUL ACTIVITY

Activities are meaningful when they reflect a person’s:

- Interests
- Lifestyle
- Education
- Current level of function

...and are enjoyable to the person!
SURVEY GUIDELINES

CMS revised the interpretive guidelines for F248 which became effective June 1, 2006.

These guidelines emphasize:

• Comprehensive assessment to determine mental, physical, and psychosocial needs.

• Individualized interventions to meet the identified needs as well as the interests of each resident.
ACTIVITY ASSESSMENT

- Medical information
- Background and family history
- Social / Cultural
- Occupational
- Leisure interests – spiritual; creative, physical, intellectual, work related, etc.
- Current Abilities – Cognitive, motor, sensory
- Needs
- Strengths

HOW DOES YOUR ASSESSMENT MEASURE UP?
THE POWER OF ACTIVITIES

WHEN ACTIVITIES ARE INDIVIDUALIZED BASED ON PROPER ASSESSMENT AND FOCUS ON STRENGTHS THE NEED FOR MEDICATIONS IS REDUCED
BENEFITS AND OUTCOMES OF THERAPEUTIC ACTIVITY

- Reduces falls and injuries related to falls
- Reduces disturbing behaviors exhibited by individuals with dementia which leads to decreased use of psychotropic medications and chemical restraints
- Relieves pain
- Decreases the symptoms of Depression and Anxiety
- Decreases apathy
- Improves subjective well-being and quality of life
EXAMPLES OF THERAPEUTIC ACTIVITY (NON-PHARMACOLOGICAL APPROACH)

EXAMPLES

- Aroma therapy
- Creative Arts
- Dance
- Drama
- Physical exercise
- Horticulture
- Intergenerational programming

EXAMPLES

- Massage
- Multi-sensory approach – Snoozelon
- Music / music therapy
- Montessori approach
- Namaste approach
- Pet therapy
- Reminiscence
- Validation
THE CREATIVE ARTS FOCUS ON STRENGTHS, NOT LIMITATIONS.
BENEFITS

• Promotes dialogue
• Focuses attention
• Allows for creative interpretations
• Triggers long-term memories
• Heightened mood due to positive social interactions
• Engages people
• Gives people a voice
ART VIEWING – PERSON CENTERED

Questions are designed to focus on
- What THEY see
- What THEY think
- Questions designed to spark creative ideas
- All answers are acceptable
ART VIEWING
MEMORY CARE PROGRAMS

ART VIEWING
ART MAKING
POETRY
MUSIC
DANCE
HORTICULTURAL
MASSAGE
INTERGENERATION
STORYTELLING
ENGAGE FAMILIES
ENGAGE
ENGAGE
MUSIC
MUSIC and MOVEMENT
TIPS FOR SUCCESS

Simple vs. Childlike
Process vs. Product
Don’t hover
Provide one-step directions
Communicate visually as well as verbally
Put your interpretations and judgment aside
Provide assistance, not direction
Praise vs. criticism
Encourage collaboration
WRAP UP

1. Alzheimer’s disease and dementia damage the brain and affect a person’s ability to function and communicate.
2. We are the ones who can change how we view dementia behaviors as attempts to communicate unmet needs.
3. We can implement strategies such as environment, and our approach.
4. Non-pharmacologic strategies such as meaningful activity are effective in person-centered care and quality of life.
5. Policy adoption on minimal use of medications for individuals with dementia is crucial.
6. Pioneer Network offers tools and education on person-directed care and culture change.
ACTIVITY RESOURCES

A Different Visit (Joltin, Adena; Camp, Cameron; Noble, Beverely; Antenucci, Vincent; Menorah Park Center for Senior Living)

Activity Programming for Persons with Dementia (Alzheimer’s Association)

Best Friend’s Book of Alzheimer’s Activities (Bell, Virginia; Troxel, David; Cox, Tonya; Hamon, Robin; Health Professions Press)

Connections: Engagement in Life for Persons diagnosed with Dementia – A Complete Activity Guide (Phipps, Ellen; Braddock, Barbara; Alzheimer’s Association, CWVA)

Doing things (Zgola, Jitka; Johns Hopkins University Press)

Positive interactions (Nissenboim, Sylvia; Vroman, Christine; Health Professions Press)
REFERENCES

Alzheimer’s Association, Memory Loss, Dementia, the Basics, program


McCallion, Phillip Professor & Director; Center for Excellence in Aging Services University at Albany; retrieved from internet slides

Pioneer Network; retrieved from: https://www.pioneernetwork.net/

Ready, Rebecca E; Quality of Life in Dementia; Medicine and Health Rhode Island, Vol. 85 N. 7; July 2002

Weinsteing – Gail, PDF retrieved from the web