

How to be a Hands On Care Partner for Residents Living with Dementia

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INSTRUCTOR

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What is Dementia?...

It is BOTH

- a chemical change in the brain

AND

- a structural change in the brain

So...

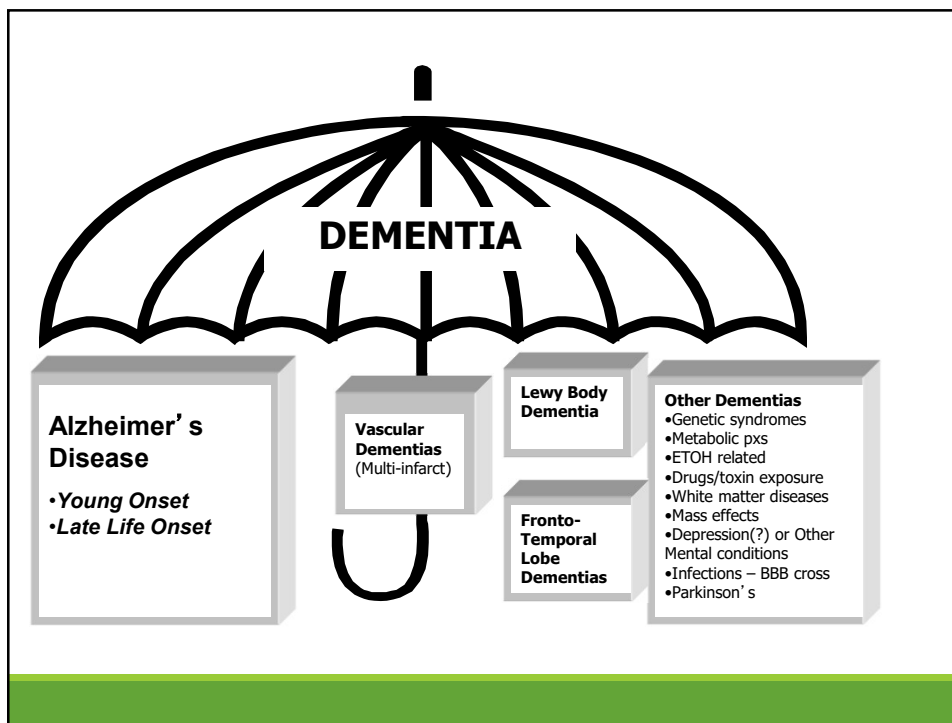
Sometimes you can & sometimes you can't

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Dementia – What Changes?

- Structural changes –permanent
 - Cells are shrinking and dying
- Chemical changes - variable
 - Cells are producing and sending less chemicals
 - Can ‘shine’ when least expected – chemical rush

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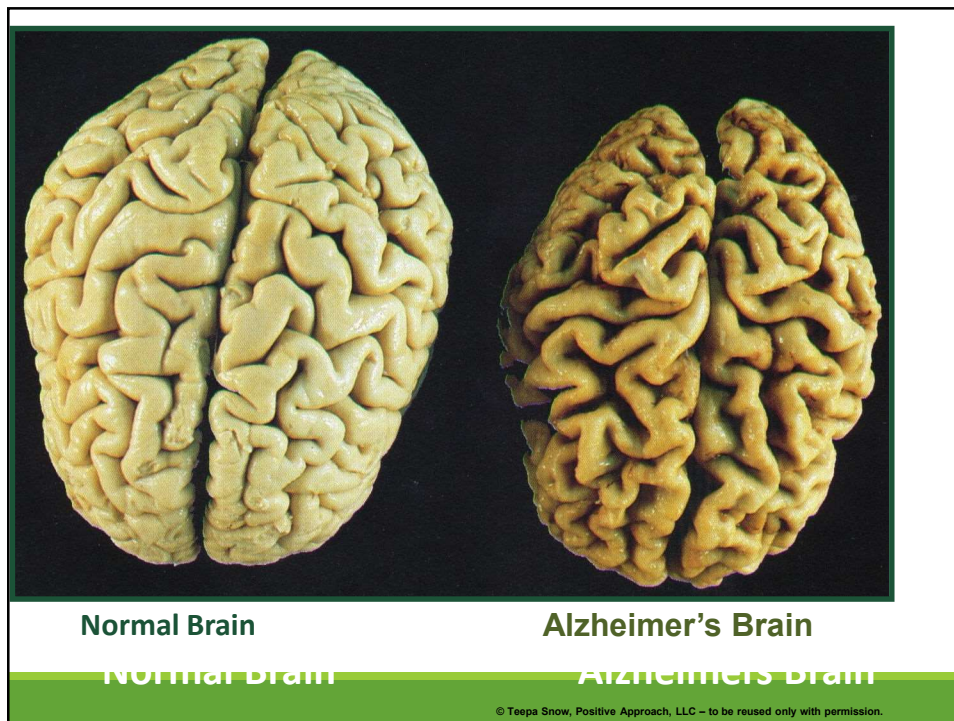


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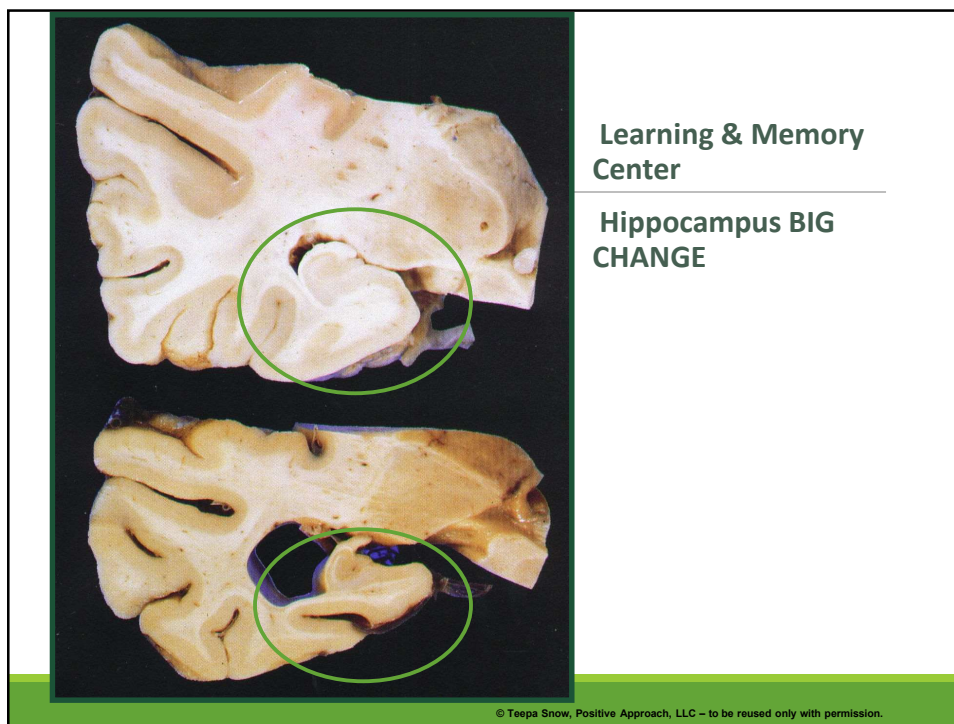
Four Truths About Dementia

- At least 2 parts of the brain are dying
 - One related to memory & the one other
- It is chronic – can't be fixed
- It is progressive – it gets worse
- It is terminal – it will kill, eventually

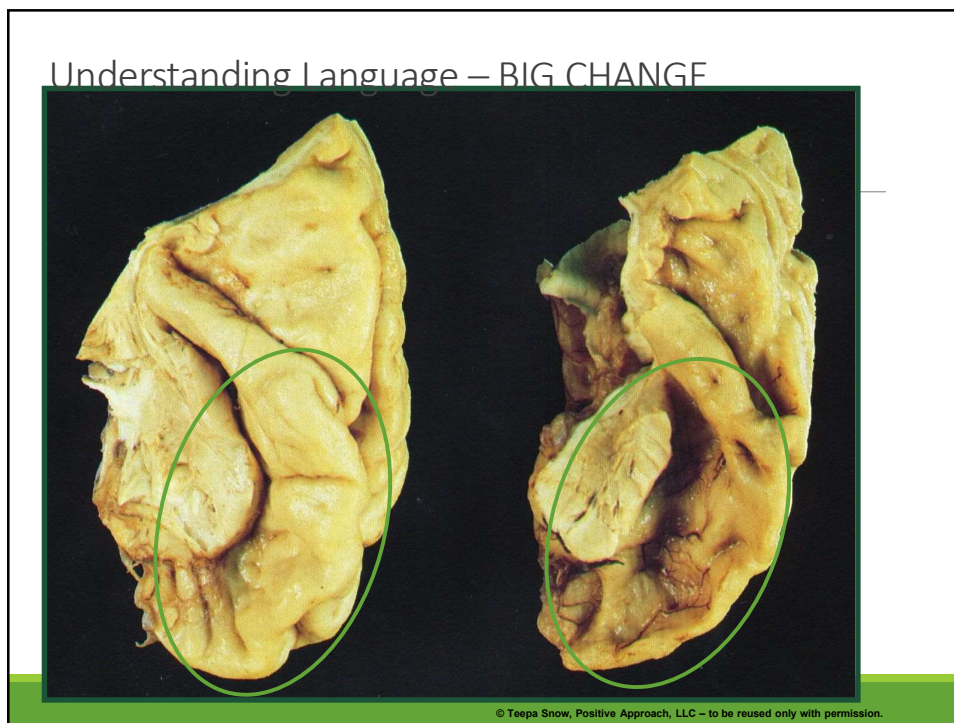
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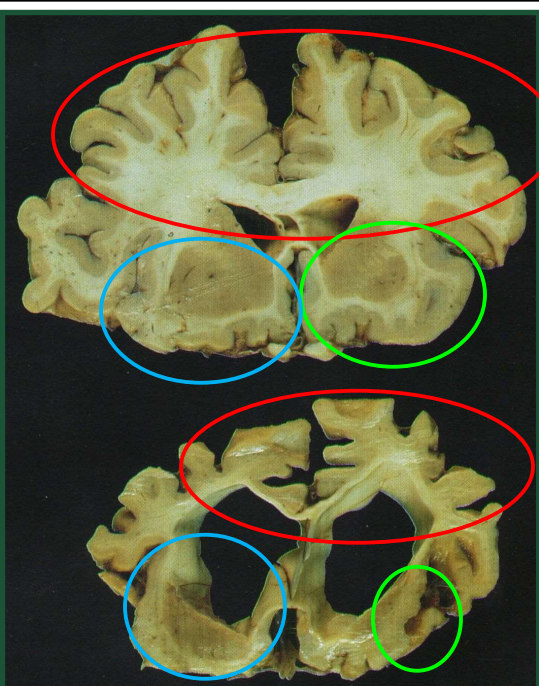
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Hearing Sound – Not Changed



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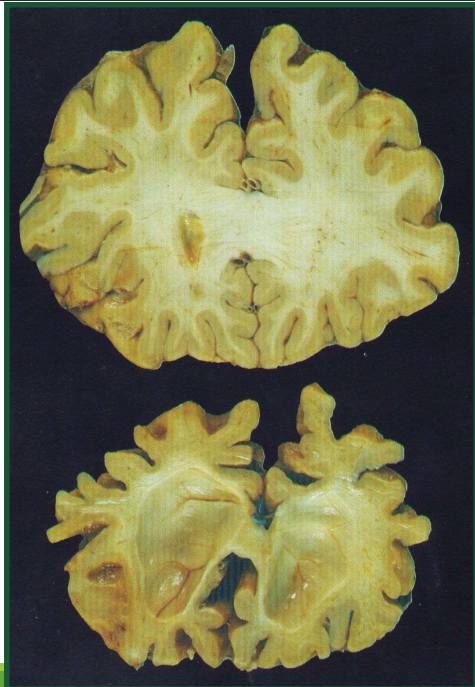
Sensory Strip
Motor Strip
White Matter
Connections
BIG CHANGES

Automatic Speech
Rhythm – Music
Expletives
PRESERVED

Formal Speech &
Language
Center
HUGE CHANGES

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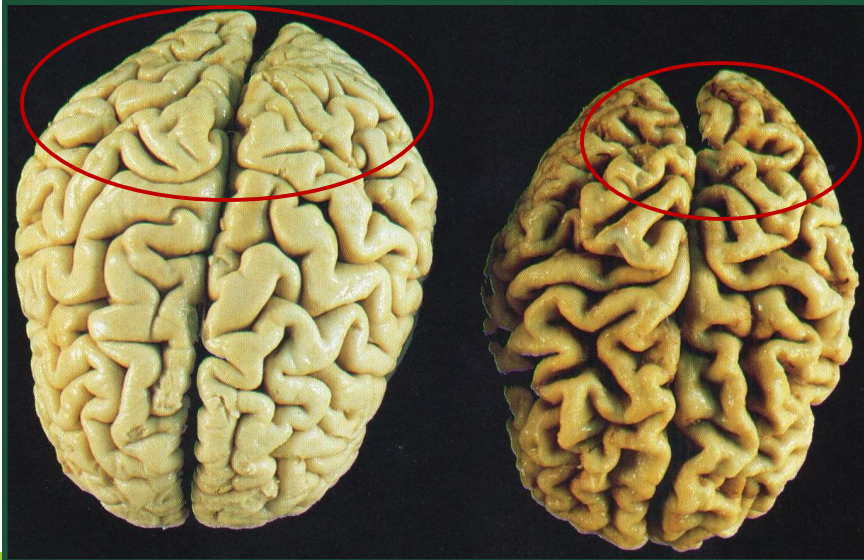


Executive Control Center
Emotions
Behavior
Judgment
Reasoning

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Vision Center – BIG CHANGES



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Relationship First

Connection Then Care

Connect through approach

Connect through visual cueing

Connect through conversation

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Getting Connected

- Do Introductions
 - Give your name ... “and you are...”
- Give a compliment (about the person)
 - beauty, strength, brains
- Make a positive observation (about stuff)
 - “those are beautiful flowers/children...”
- Find out about the person – (keep it simple)
- Staff often feel connected when the Resident doesn’t due to memory impairment
- Put the facts “in your pocket”

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Ways of Cueing and Helping


Visual Cues - Show
Verbal Cues - Tell
Tactile Cues - Touch


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How you help...

 **Sight or Visual cues**

 **Verbal or Auditory cues**

 **Touch or Tactile cues**

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Getting Information on What They Want, Need, or Think?

- What they show you- how they look
- What they say – how they sound
- What they do – physical reactions

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Form a Relationship First then move to Tasks

- Communication –
Getting the person to DO Something
- Visual Cueing
- Universal Signals
- Language Cues
 - May read your lips

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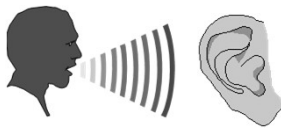
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Connect

- 1st – Visually
- 2nd – Verbally
- 3rd – Physically
- 4th – Emotionally
- 5th – Individually

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To Connect

USE A POSITIVE APPROACH

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Space Invaders

Public space – 6'

Personal space – 2'

Intimate space – touching

How big is your bubble?

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Your Approach

Pause at edge of public space

Gesture & greet by name

- Non-verbal connection (Visual)

Offer your hand

Make eye contact

Approach slowly within visual range

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Your Approach, cont.

- Shake hands
- Move to the side
- Get to eye level
- Respect intimate space
- Wait for acknowledgement

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No No's In Approach

- Sneaky Sneak
- Floating Head
- Loving Lean
- Try it out with your visual impairment

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No No's in Approach

What was that like?

What would that be like for a resident?

What kind of response did it elicit from you?

What kind of response should we expect from our residents?

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THEN – Get it GOING!

- ▶ Give SIMPLE & Short Info
 - ▶ 7 Words or Less
- ▶ Offer concrete CHOICES
- ▶ Ask for HELP
- ▶ Ask the person to TRY
- ▶ Break the TASK DOWN to single steps at a time

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Your Turn!!!

Get something to eat

Go to the bathroom

Come out of your neighbor's room



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ALWAYS REMEMBER V-V-T

-Always use this sequence to CUE:

- VISUAL
- VERBAL
- TOUCH

-Make cues 'bigger' and SLOWER as the dementia progresses-pause longer

-GIVE FEEDBACK CUES – positive!!!!

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Give SIMPLE INFO

- USE VISUAL combined VERBAL (gesture/point)
 - “It’s about time for...”
 - “Let’s go this way...”
 - “Here are your socks...”
- DON’ T ask questions you DON’ T want to hear the answer to...
- Acknowledge the response/reaction to your info...
- LIMIT your words – Keep it SIMPLE
- WAIT!!!!

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For ALL Communication

- If what you are trying is NOT working...
- STOP
- Back off
- THINK IT THROUGH... THEN
- Re-approach –
- Try something slightly different

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