Instructor Guide

Dementia, Level 1
Dementia Capable Caregiving

Aging and Long-Term Support Administration

Washington State Department of Social & Health Services
Transforming lives

This curriculum was developed from feedback and input gathered from stakeholders across the state. Primary stakeholder groups included facility owners/providers, managers, supervisors, caregivers, trainers, families, clients/residents, DSHS staff, long term care ombudsman and advocacy group representatives.

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Special Thanks

Special thanks to Megan Maples, Robin VanHyning and Vicki McNealley for piloting this curriculum in the classroom and providing feedback to fine tune this instructors guide.

Table of Contents

Introduction to This Guide

Welcome to your Dementia, Level 1 – Dementia Capable Caregiving Instructor Guide.

This is your Instructor Guide. It is intended to be your primary training resource. It contains the information needed to facilitate "Dementia, Level 1 – Dementia Capable Caregiving" training program. Use this guide to help you facilitate discussion with your learners. This guide is provided as guidance for the instructor to follow the presentation. Utilize the preparation checklist on page 6 of this guide to help you prepare for your presentation.

Electronic slide presentation

Use the accompanying PowerPoint slides as a cue for the information you need to cover. The slide presentation should be used as created in consideration of the adult learner and to provide consistent training across the state. PowerPoint should be used to enhance your presentation and should not be the focal point.

Practice, practice, practice!

It is recommended that you practice the script in advance of your training and become familiar with the flow. Do not read directly from the script. The information in the script does not cover all information in the textbook. The textbook has additional information for the learner who wishes to use it as a resource later. Remember this is a basic level course and two additional advanced level courses will be available later. The learners do not need ALL of the information today.

Facilitate learning

The script has been condensed to highlight key points for time considerations. Add your own relevant stories and experiences periodically through the training but make sure all key points are made from the script. Your learners come with experiences of their own. Ensure that all learners have opportunity to actively participate in the training and learn from each other through engaging activities. Know your learners. Be aware of body language. Adapt language and content as needed to achieve understanding. Add variations to allow learners to stand and move during activities.

Timing

The timing of the course is as follows: Technical information in the morning, more hands-on activity based information in the afternoon. The duration of the course and exam time is 8 hours. Always start class on time.

Handouts

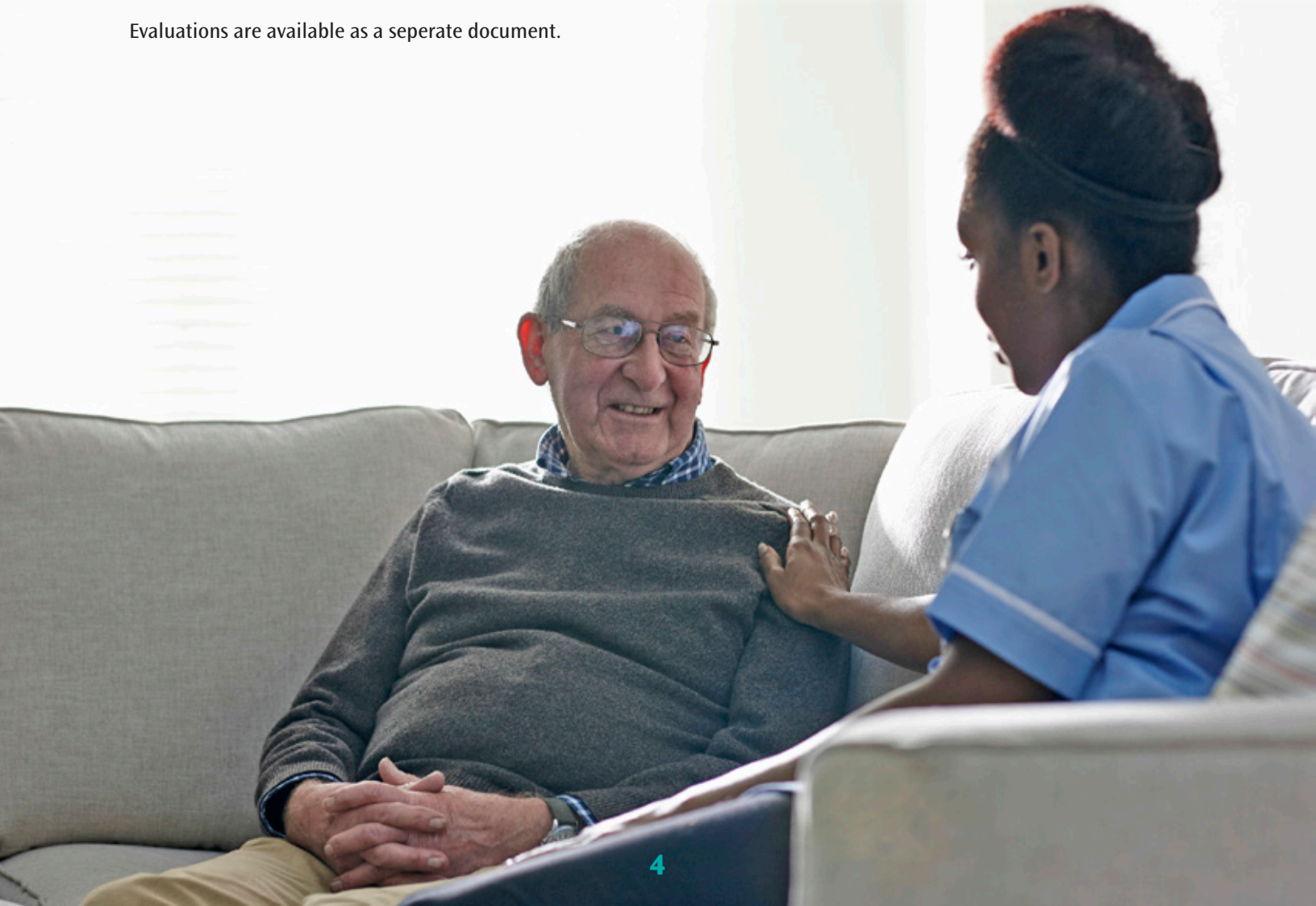
Located on pages 76-78 of this guide.

Exam

The exam and answer guide are available as seperate documents. Information on policy and testing instrudtions are located on pages 75.

Evaluation

Evaluations are available as a seperate document.



Overview Schedule

Topic	Suggested Time	Objectives
Introductions & Housekeeping	15 minutes	
1: Introduction to Dementia	60 minutes	The caregiver will review common signs, symptoms and types of dementia and identify the difference between dementia and conditions that might look like dementia.
2: Hallucinations and Delusions	15 minutes	The caregiver will identify common hallucinations and delusions a person with dementia may exhibit, identify physical, emotional and environmental causes of hallucinations and delusions.
3: Setting the Tone	30 minutes	The caregiver will distinguish between positive and negative interactions and ways to enhance quality of life for the individual.
4: Working with Families	15 minutes	The caregiver will recognize common emotions family members experience with a loved one who has dementia, identify some difficulties family members may experience or express about their loved one's care and provide resources for families.
Break	15 minutes	
5: Sexuality and Intimacy	30 minutes	The caregiver will identify safe and unsafe expressions of sexuality and steps to take in the best interest of the individual.
6: Medications, Treatments and Therapies	30 minutes	The caregiver will identify possible medication side effects, ways to respond to side effects and recognize non-drug therapies to alleviate some symptoms of dementia.
7: Activities of Daily Living	30 minutes	The caregiver will identify ways to assist with ADLs while focusing on an individual's strengths.
Lunch	30 minutes	
8: Communication with People who Have Dementia	60 minutes	The caregiver will be able to demonstrate an ability to recognize communication styles and ways to communicate effectively.
9: Trauma Informed Care	45 minutes	The caregiver will recognize that past traumas can affect current thinking, behaviors and actions and will identify strategies to provide trauma informed care.
Break	15 minutes	
10: Approaching Challenging Behaviors	60 minutes	The caregiver will demonstrate the sequence of steps to approach challenging behaviors.
11: Tips for Dealing with Specific Challenging Behaviors	30 minutes	The caregiver will demonstrate an understanding of navigating challenging situations.
Test	30 minutes	

Preparation Checklist

Complete	**Prior to Training** (2 to 3 weeks suggested)
	Determine final number of learners.
	Confirm training location and room set up.
	Prepare needed technology.
	Ensure training materials are ready (e.g., projector, slide presentation, books, handouts, evaluations, sign in sheets, supplies).
	Review material and practice presenting material.
Complete	**Day of Training**
	Arrive at least 30-60 minutes early to set up.
	Ensure presentation and technology are available and working properly (projector, laptop, internet connection, sound).
	Place supplies (e.g., markers, paper, pens) in the center of each table.
	Check that all learner materials and sign-in sheets are available.
	Ensure learner tables are positioned to maximize discussion and ability to view slide content. Allow adequate open space to safely engage in all activities.
Complete	**Soon After Training**
	Review learner training evaluations.
	Follow up to answer any unanswered learner questions.
	Document training.
	Send completed evaluations to DSHS.
	Create a self-improvement plan.

Recommended Materials and Technology Checklist

Complete	Materials/Technology Suggestions	Purpose
	Laptop computer or iPad	Electronic Presentation
	Projector and connector cables	Electronic Presentation
	Large screen or white wall	Electronic Presentation
	Remote control clicker	Electronic Presentation
	Internet connection	Electronic Presentation
	Speakers (sound)	Electronic Presentation
	Flip chart or whiteboard	Reinforce learning/track responses
	Handouts (see handouts section of this guide)	Visual reference
	Timer	Activities
	Supplies (markers, paper, tape, etc)	Activities

Navigating the Instructors Guide

Text Book Page Numbers

Page numbers are provided for each slide to direct you and the learners to the cooresponding page in the learner textbook.

Objective

Objectives are provided for each lesson. Objectives are measureable statements that map each lesson. Communicating objectives at the start of each lesson gives learners a clear expectation of what you expect from them in each section.

Introductions

Introductions are an important part of every class. Introductions allow learners an opportunity to participate, network and for you to gain information about your learners to improve instruction.

Presentation

Information provided for the instructor to present content to the learners. Avoid reading directly from the script. Learn the material in advance of your first class and practice, practice, practice! Practice with the flow and making the presentation as natural and fluid as possible. Use your own words while following the teaching sequence.

Presentation can be done by the learners themselves, by the instructor, or by prepared materials. Presentation should only account for 1/3 of your class time.

Application

Activities are meant to engage the class and give them an opportunity to apply what they have learned. This might be in the form of discussions, group work, sharing, reflecting, working through scenarios or roleplaying. Get people involved and moving. This is an active population of learners. Have them stand in huddles in small group discussions on occasion to offer variety. Give everyone a voice. Call on learners who are not as vocal to check for understanding. Encourage learners and give them time to use their books, write in them, and complete the activities in or near the activity boxes as you go to reference later. Application and feedback should account for 2/3 of your class time.

Feedback

Your opportunity to highlight and reinforce correct responses and to provide additional information as needed to achieve understanding. Feedback can be given before an activity, during an activity and after an activity. Application and feedback should account for 2/3 of your class time.

Media

Media icons are available on the slides that correspond to a video to reinforce the subject. Clicking on the video icon will launch the video. Internet connection should be established before the course begins. Alternative activities are suggested if internet access or accessing the video is not possible. Videos are referenced in the back of the textbooks if learners would like to refer back to them later.

Key Points

Content that should be reinforced and covered before moving on.

Handout

Additional handouts are provided in your instructor packet that you can print and give to learners for additional information.

Checkpoint

Each lesson ends with a checkpoint. Use the checkpoint to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

Resource

Resources are provided in the back section of this guide. Resources are also provided throughout the instructor guide to provide notes or more information so you are prepared to answer questions and provide feedback. It is not necessary to cover this information in detail.

Course Introduction

Slide 1

Presentation

Thank you for attending and welcome to the Dementia, Level 1 – Dementia Capable Caregiving. Our goal with this course is to give you more tools to provide the best possible care for the individuals you care for. Each of you has received the course textbook. I encourage you to use this book as a place to capture your notes and reference information that you may find useful when returning to your job. We will cover a lot of information today. If you have any questions, comments or feedback – please speak up. You will also receive an evaluation at the end of class, and your honest input is appreciated so we can improve future classes and updates to the course book.

Introductions

First, I would like to take a few minutes to do some introductions –
(Note: Depending on class size, you can modify to accommodate the group and time allowed. It is good to establish why individuals are in your class so you can address their needs during the training. The introductions should take no more than 15 minutes.)

Small class: Ask each person in the room to give:

- name
- how long they have been caregiving / background and
- what they would like to learn from the class. (Take note to make sure each point is covered by the end of the training).

Large class: Ask each person in the room to give:

- Name
- How long they have been caregiving

Instructor: give a brief introduction of qualifications / background with consideration to time.

Agenda

Slide 2

Presentation

Let's review a couple of housekeeping items before we begin.

- **Agenda:** We will have a morning and afternoon break and a 30-minute lunch at about _____. We should be done with testing by _____.
- Location of the restrooms, break areas, fire exits.

Other housekeeping items you might include:

- Feel free to stand up and stretch anytime
- Use the restrooms as needed
- Ask questions any time and we will parking lot the question if it is something we will cover later
- Lunch options
- Other items

Resource

Parking Lot: Add a piece of paper or use a dry erase board and write "Parking Lot" on the top. Use this space to write off topic questions down. This will keep you on the current subject and validate that the question is heard and assure it will be addressed today. As they are addressed in normal class time – cross them off. Cover anything left at the end of class.

Page 3

Module 1: Understanding Dementia

Lesson 1: Introduction to Dementia

The caregiver will review common signs, symptoms and types of dementia and identify the difference between dementia and conditions that might look like dementia.

Lesson 2: Hallucinations and Delusions

The caregiver will identify common hallucinations and delusions a person with dementia may exhibit, identify physical, emotional, and environmental causes of hallucinations and delusions.

Lesson 3: Setting the Tone

The caregiver will distinguish between positive and negative interactions and ways to enhance quality of life for the individual.

Lesson 4: Working with Families

The caregiver will recognize common emotions family members experience with a loved one who has dementia, identify some difficulties family members may experience or express about their loved one's care and provide resources for families.

Lesson 1: Introduction to Dementia

Page 4

Objective

The caregiver will review common signs, symptoms and types of dementia and identify the difference between dementia and conditions that might look like dementia.

Presentation

Lesson 1 is an introduction to dementia. It is important as a caregiver to develop a basic understanding of how dementia affects a person's body and mind. Learning about dementia allows you to create a deeper level of compassion for the people you are working with. This basic understanding is the foundation on which you will build the skills and confidence you need to provide the best care for people with dementia.

It is important to recognize the difference between dementia and other conditions that may look like dementia. It is also important to recognize that people with dementia are real people with real feelings. Dementia is caused by diseases that affect the brain and the individual did not choose this disease.

It is your job to understand and adapt to provide a safe, compassionate environment and to create the highest quality of life for the individual with dementia.

Introduce the orange boxes:

There will be orange boxes throughout the training that will have activities to complete, scenarios to discuss or topics to reflect on. Please write notes in the boxes for reference later. We will not get to every one of them today but I encourage you to complete the ones we don't get to over the next week while the class is still fresh in your mind to reinforce what we learn today.

Application

Ask class: Let's do the first activity box together.

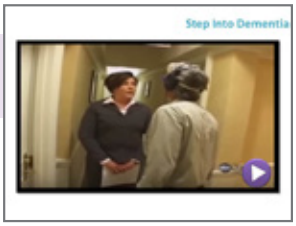
Bring to mind someone very close to you (parent, grandparent, best friend…). If this person got dementia, how would you want them to be cared for?

Feedback

Realize that the individuals you care for want the same kind of mindfulness in the care you provide to them. Different people may have different responses. This is important to understand when working with each individual.

Step into Dementia

Page 4



Presentation

It is difficult to understand what someone with dementia is going through. It would be good if we could just put ourselves in their shoes for a moment to understand what they are going through. ABC news aired an episode about something called a virtual dementia tour in 2009 where they altered the five senses of two individuals to give them an idea of what it is like to have dementia. Let's watch…

Media

Play Video: ABC NIGHTLINE Tells America About the Virtual Dementia Tour® (6:50)
https://www.youtube.com/watch?v=QEmBmokHU3Q

Alternate Presentation: (if no internet connection) Visualization: Have learners close their eyes and visualize that they are in a virtual dementia tour. Walk them through the process (book).

Application

Discuss the video.

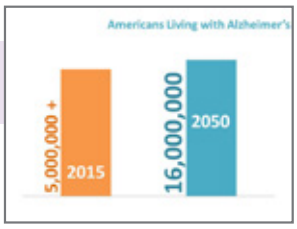
- Has anyone done the virtual dementia tour before or heard of it?
- If yes, do you want to share your experience?
- If no, how do you think you would feel doing this tour?

Feedback

Provide feedback on the discussion.

Some Facts

Page 4



Presentation

According to the Alzheimer's association, in 2015 OVER 5 million Americans are living with Alzheimer's. 100,000 are in Washington State alone.

The numbers are projected for the year 2050 to be as many as 16 million with 140,000 projected in Washington State.

These growing numbers are why YOUR job is so important!

What is NOT dementia

Page 5

Presentation

Before we learn about dementia, let us talk about what is NOT dementia.

Who in this room has ever forgotten what you are doing? (Raise hand)

Forget where you put your car keys? Forget an appointment? Walk into a room and forget why you were there? Do you remember later?

Forgetfulness is more common when we are physically ill, tired, stressed, distracted or depressed – BUT, forgetfulness is NOT dementia.

Key Points

- Forgetfulness is NOT dementia.

Depression

Page 5

Presentation

Depression. Depression is a treatable illness that involves the body, mood, and thoughts. Depression is NOT dementia, even though it may sometimes resemble dementia and may co-occur with dementia.

Key Points

- Depression is NOT dementia.

Note: Depression is covered in Mental Health, Level 1.

Activity: Depression

Page 6

Application

- Read the scenario aloud.
- Ask learners for possible symptoms of depression from the scenario.

You have been caring for Mr. Miley for nearly six months. For the first several months, he was generally in a good mood and you would often find him gardening and visiting with his friends and family. Over the last two months, you notice he is sleeping more than usual and has gradually lost interest in gardening and spends time in his room. He is refusing visits with friends and family. You notice that over the last two weeks he is becoming increasingly angry and agitated toward others.

Highlight the symptoms that might look like depression.

Feedback

Check for understanding and provide feedback. Highlight correct responses. Provide additional information as needed to achieve understanding.

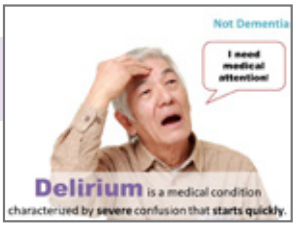
POSSIBLE RESPONSES

- Sleeping more
- Loss of interest/pleasure in activities
- Unusually angry and agitated
- Refusing visits

There is no single cause for depression. Often a combination of factors contribute to the onset – such as: a family history of depression, stressful or upsetting events, effects of certain illnesses or side effects of medication or even feelings of loneliness, isolation or boredom.

Delirium

Page 6



Presentation

Delirium. Delirium can look like dementia and is sometimes mistaken for dementia. Delirium is NOT dementia. It is a medical condition characterized by severe confusion that starts quickly (also called sudden onset). Most likely, it is caused by physical illness, trauma or a reaction to a medication. This condition requires immediate medical attention. Death can occur if the delirium goes untreated.

Application

Ask: What are some of the symptoms of delirium? (Pause for response, it is ok to have the learners read from the book)

Feedback

Check for understanding and provide feedback … highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Acute and sudden changes in memory
- Reduced awareness of the environment or becoming very alert
- Agitation as a result of confusion
- Difficulties with attention and focus
- May display a wide range of emotions, including: anxiety, sadness, or extreme happiness
- Changes in the person's sleep-wake pattern
- Visual hallucinations

Key Points

- Delirium is NOT dementia.

Activity: Delirium

Page 6

Application

- Read the scenario aloud.
- Ask learners for possible symptoms of delirium from the scenario.

Ms. Zellmer enjoys participating in activities and taking walks. She is generally in a good mood with occasional times of unhappiness. During this morning's activity, she suddenly becomes agitated and confused about where she is at and what she is doing. Frantically, she swings her arms in front of her as if she were hitting at something. You know she just started a new medication.

Highlight the symptoms that might look like delirium.

Feedback

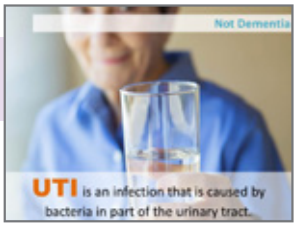
Check for understanding and provide feedback. Highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Agitation as a result of confusion
- Visual hallucinations
- New medication

Urinary Tract Infection

Page 7



Presentation

Urinary Tract Infection (UTI). A UTI is an infection that is caused by bacteria in part of the urinary tract. It is also called a bladder infection. These are the second most common infection type and usually dehydration is a big cause in our environment so it is important to monitor fluid intake and prompt bathroom visits several times each day and maintain good hygiene.

Application

Ask: What are some of the symptoms of a urinary tract infection? (pause for response, it's ok to have the learners read from the book)

Feedback

Check for understanding and provide feedback. Highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Sudden change in behavior, confusion or worsening of confusion
- Fever or hypothermia
- Poor appetite
- Lethargy
- Change in mental status
- Urinary incontinence
- Burning during urinating
- Urge to urinate frequently
- Pain
- Nausea and vomiting

Activity: UTI

Page 7

Application

- Read the scenario aloud.
- Ask learners for possible symptoms of depression from the scenario.

Claudia Combs, a 91-year-old woman with dementia complains of dizziness and you notice she has less energy than usual. One day you notice she takes an unusually long nap. When she wakes, she is more confused than usual and unable to dress herself.

Highlight the symptoms that might look like UTI.

Feedback

- Check for understanding and provide feedback. Highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Unusually long nap
- More confused than usual
- Unable to dress herself

Mild Cognitive Impairment

Page 7-8

Presentation

Mild Cognitive Impairment. MCI causes slight but noticeable and measureable decline in cognitive abilities. This includes memory and thinking skills. Changes are not severe enough to interfere with daily life or independent function. Some people will get better but there is an increased risk of developing dementia. MCI is NOT dementia.

Key Points

- MCI is NOT dementia.

Application

Ask: What are the 5 things we have discussed that are NOT dementia?

Feedback

ANSWERS

1. Forgetfulness
2. Depression
3. Delirium
4. Urinary Tract Infection (UTI)
5. Mild Cognitive Impairment (MCI)

What IS Dementia?

Page 8

Presentation

Dementia is not a disease itself. Dementia is a broad term used to describe symptoms that result when the brain is damaged by disease, injury, or illness. Dementia is caused by many diseases, including Alzheimer's Disease and vascular disease.

Dementia is not a normal part of aging and it is not a disease itself.

At least two core mental functions must be significantly impaired to be considered dementia – these are:

- Memory
- Communication and language
- Ability to focus and pay attention
- Reasoning and judgement
- Visual perception

The symptoms affecting memory, thinking, and social abilities are severe enough to interfere with daily activities.

The diseases, injuries, and illnesses that cause the dementia damage the brain and destroy brain cells. In the picture of the two brains here, notice that the brain on the left is a normal, healthy brain. The brain on the right is a brain affected by dementia.

Application

Ask: What are some common effects of dementia? It is ok to look in the book Page 8 (pause for response).

Feedback

POSSIBLE ANSWERS

- Cannot remember things
- Have trouble understanding words
- Forget how to do things they have done for years
- Become disoriented
- Have ideas or perceptions that are not real
- Become frustrated easily
- Ask the same questions or tell the same stories over and over
- Have personality changes

Presentation

You might have a variety of reactions or emotions toward the individual with dementia or their behaviors. The person may not be aware of the change in behavior and is not doing things intentionally to be difficult. If you find that you are taking it personally or having a negative emotional reaction, stop and take a deep breath. Remember, the person's brain is no longer working correctly.

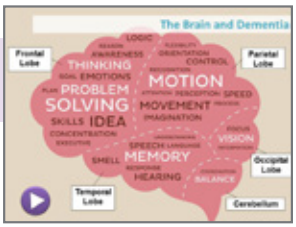
Never argue, shout, lecture, make fun of or force a person with dementia to do something they do not want to do. Look for reasons to praise the person with dementia. It will help remind you of the things they can still do. Be positive. Your attitude will influence the outcome of any interaction.

Key Points

- Dementia is not a disease. Dementia is a broad term used to describe symptoms that result when the brain is damaged by disease, injury or illness.

Causes

Page 9



Presentation

Dementia is caused by damage to brain cells. The brain has many distinct regions, each responsible for different functions. When cells in a particular region are damaged, that region cannot carry out its function normally.

Different types of dementia are associated with particular types of brain cell damage in the different regions of the brain.

Let's watch a video that demonstrates how the brain impacts Alzheimer's disease in particular. Alzheimer's is the #1 most common cause of dementia.

Media

Play this video: Understand Alzheimer's Disease in 3 minutes (3:14)
https://youtu.be/Eq_Er-tqPsA

Alternate Presentation: (if no internet connection) Have learners imagine taking an eraser to parts of the brain in each section…. Frontal lobe: problem solving, thinking, planning… Parietal Lobe: motion, movement, imagination, recognition… Temporal Lobe: speech, smell, hearing, understanding…. Occipital Lobe: vision, focus, information… Cerebellum: balance, coordination…. Refer back to the image of the brain and the shrinkage and holes…

Application

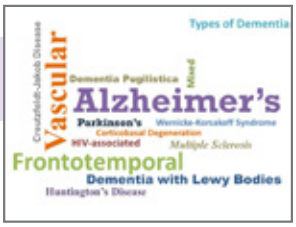
Discussion: How does Alzheimer's Disease damage the brain? How does it affect behavior?

Feedback

Provide feedback on the discussion.

Types of Dementia

Page 10-13



Presentation

- Alzheimer's is the most common cause of dementia but there are about 60 different diseases that causes dementia. Each has different symptoms.
- The second most common cause of dementia is Vascular Dementia which is caused by brain damage from strokes or other vascular problems.
- There is also Dementia with Lewy Bodies caused by a buildup of protein deposits in the brain and might present itself through visual hallucinations and movements similar to Parkinson's.
- Frontotemporal Dementia which occurs between ages of 45-65 and may have changes in personality, behavior, with difficulty with language and judgement.

More descriptions of these types of dementia are listed in your books and these books are yours to keep so you can refer back to them later. The most important points to remember are:

- Memorizing these types of dementia is less important than how you care for a person.
- Think about how you might approach each individual with kindness and compassion while considering the behaviors that might be associated with the disease.
- Dementia is caused by damage to the brain cells.
- There is no cure for any type of dementia.
- Dementia is not a normal part of aging.
- Most of all….. Be present, be flexible be simple (but not simplistic).

If you want more information on these and other types of dementia, there are some video references in the back of your book or you can do a search online and find other options as well. If there is a specific question you have about any one kind of dementia or any certain scenarios you might have in mind, let's talk at one of the breaks today.

Additional levels of training will be available to you in the future as well.

Checkpoint: Lesson 1

Page 13

Checkpoint

- Read each scenario aloud asking for a show of hands for each option.

Read the scenarios that follow. Based on the information given could it be dementia? Or could these symptoms be related to a condition that is NOT dementia? Place a checkmark in the most appropriate box.

Scenario	Dementia	NOT Dementia
Name: Babette Capuano | Age: 67 **Symptoms:** Taking longer to complete tasks than usual, occasionally forgetting steps in a sequence – today she put her shoes on before her socks and then realized what she did and then took her shoes off to put her socks on before her shoes.		
Name: Bart Uhrich | Age: 82 **Symptoms:** Difficulty understanding words and frequently stumbles on his words when speaking, frequently unable to recall recent events.		
Name: Cristi Struck | Age: 90 **Symptoms:** Very alert, sudden confusion and sudden displays of a range of emotions that are not usual for her.		
Name: Geraldo Bruce | Age: 78 **Symptoms:** Low energy, loss of appetite, feelings of sadness, sleeping more than usual.		
Name: Zachary Yard | Age: 54 **Symptoms:** Gets lost when walking to his room, repeats questions when getting ready for the day, usually forgets your name but seems to recognize your face, argumentative toward you.		

Feedback

Highlight positive points from each response. *Provide additional information as needed to achieve understanding.*

ANSWERS

1. Babette: This might be mild cognitive impairment or early dementia. Either answer could be accurate.
2. Bart: Possible dementia
3. Cristi: Possible delirium (NOT dementia)
4. Geraldo: Possible depression (NOT dementia)
5. Zachary: Possible dementia

Use this to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

Lesson 2: Hallucinations and Delusions

Page 14

Objective

The caregiver will identify common hallucinations and delusions a person with dementia may exhibit, identify physical, emotional and environmental causes of hallucinations and delusions.

Presentation

People with dementia experience hallucinations and/or delusions frequently. They may hear or see things that we do not. It is a common way for the person with dementia to make sense of their world. They may experience false beliefs based on misinterpretation of events. Attempting to correct their interpretation may cause emotional harm as well as physical or verbal outbursts or social withdrawal. It is important not to ignore or be scared of the hallucinations or delusions.

By learning the cause(s) of these experiences, you can respond in a way that supports the person as an individual and keeps him/her safe without adding to a challenging behavior. Remember - you cannot change how a person thinks or feels but you can anticipate these experiences based on the person's past and creatively respond.

It is important to know what is common for each specific individual.

Identifying what a person's baseline looks like can help you to recognize when a behavior is not usual for that individual. A baseline is what it looks like when the person is functioning at their typical level of functioning. Check with others if you are unsure if the behaviors are common and rule out medical issues, physical causes and even culture that might be contributing to the behavior.

Hallucinations

Page 15-16

Presentation

A hallucination is a false perception of objects or events involving the senses that can only be verified by the person experiencing them. This means feeling, seeing, tasting, hearing, smelling things that are not there. For the individual with dementia, these hallucinations seem very real. They may see the face of an old friend in an object or see something crawling on them. They may have conversations with people that are not there.

Two common types of hallucinations are visual and auditory. Visual is what is seen. For example: a man sees his wife's face in the mirror when she is not around. Auditory is what is heard. For example: a woman claims she speaks to her dead husband and she hears him speaking back to her.

Possible causes of hallucinations in a person with dementia include:

- Physical illness such as infections or physical problems like dehydration or delirium
- Side-effects of some types of medication
- Extreme stress
- Long standing mental disorders
- Changes that are occurring in the brain as the dementia progresses

Specific to visual hallucinations: Consider poor eyesight or poor lighting or shadows. Are the glasses clean or is the prescription current?

Specific to auditory hallucinations: Consider poor hearing. Is the hearing aid functioning correctly?

The important thing to remember is not to argue with people. Avoid responding with "no, you do not see that… it is not really happening" or "your kids are grown up" or "I do not see what you are talking about – that is not real." This is called reality orientation and it may contribute to mood and self-esteem problems or escalate behaviors.

Delusions

Page 16

Presentation

Ask: What do you see or interpret from this image? (pause)
How many saw a vase? How many saw two faces?
What you saw in the image depends on your interpretation and perception of the image.

A delusion is a fixed false idea, sometimes based on a misinterpretation of a situation. Delusions are common with dementia. A person with dementia who is having delusions may sometimes become overly suspicious and develop distorted ideas about what is actually happening. They might believe that:

- Partner is being unfaithful
- Close relative has been replaced by an imposter who closely resembles them
- Food is being poisoned
- Heater is releasing poisonous gases
- Their caregiver is trying to harm them
- Staff is stealing their things (like underwear, toothpaste, etc.)

Other Causes of Delusion-Like Behavior

Page 16

Presentation

Remember there should be no assumption that the person is delusional. Do not overlook or dismiss that the claim could be real. Sometimes a person with dementia cannot easily communicate and someone might actually be stealing from them, doing something to them or coming into their room when they should not be.

There are times when things that appear to be delusions have other explanations.

- Is there another explanation for what the person may be experiencing?
- Is the individual really hearing or seeing what they are hearing or seeing?
- Is there an alteration of the environment that would make it better?

Checkpoint: Lesson 2

Page 13

Checkpoint

- Read the instructions aloud.
- Give learner(s) time to read each scenario, reflect, respond.

Read the scenarios below. Put a checkmark in the box with the best answer - if it is a visual hallucination, auditory hallucination or a delusion. Discuss what could be happening.

Name: Gwen Mooring | Age: 87 | Diagnosis: Dementia, Alzheimer's After breakfast, you see Ms. Mooring sitting on the couch in front of the radio. The radio is off but she is laughing and nodding her head in the direction of the radio. **What could be happening?**	**Choose one:** ☐ Visual Hallucination ☐ Auditory Hallucination ☐ Delusion
Name: Evan Copeland | Age: 87 | Diagnosis: Dementia, Vascular Mr. Copeland's daughter comes to visit him every Wednesday. Today she arrived late because she got stuck in traffic. When she went to greet him with "hi dad", he yells at her – you are not my daughter! **What could be happening?**	**Choose one:** ☐ Visual Hallucination ☐ Auditory Hallucination ☐ Delusion
Name: Devin Stickler | Age: 83 | Diagnosis: Dementia with Lewy Body You notice Mr. Stickler shuffling down the hallway towards the front door. He looks upset. You approach him and ask if he needs anything. He said he saw a cat in his room and he is chasing the cat outside. **What could be happening?**	**Choose one:** ☐ Visual Hallucination ☐ Auditory Hallucination ☐ Delusion

Feedback

ANSWERS / POSSIBLE RESPONSES

- Gwen Mooring: Auditory Hallucinations. Might be a symptom of the disease, infection, medication side effect, stress, mental disorder, dehydration, hearing aid not working
- Evan Copeland: Delusion. Might be a symptom of the disease, misinterpretation of what is happening, environment, poor memory.
- Devin Stickler: Visual Hallucination. Might be a symptom of the disease, infection, medication side effect, stress, mental disorder, dehydration, dirty glasses.

Lesson 3: Setting the Tone

Page 18

Objective

The caregiver will distinguish between positive and negative interactions and ways to enhance quality of life for the individual.

Presentation

How you provide care is very important to the individuals you care for. Your gentle approach, compassion and understanding of the resident's current abilities as well as your past life's habits and experiences all play a huge part in ensuring the individual has a quality life.

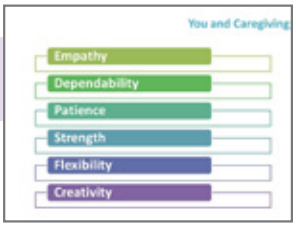
You have the opportunity to set a tone in your working environment through positive interactions. A positive tone creates an environment that makes it safe and encourages everyone to play an essential role in the care of the person with dementia. Ultimately working relationships between you, family members and other staff assures the best quality care for a person with dementia. By setting a positive tone for success, you ensure that the resident enjoys contributing to the environment and experiencing positive moments. Caregiving for people who have dementia is not "doing for" but rather "doing with". It is important to get to know each individual as they are now and honor their past so that common life themes can be infused into a daily routine.

Caring for an individual with dementia can be challenging, and at times, it can feel overwhelming and frustrating. How you present yourself and respond during uncontrollable circumstances can set the tone in your environment.

- Be judgment free.
- Try to understand what it is like to be in their place.
- Be kind, be gentle.
- Provide the best possible care.
- Allow the person with dementia to do as much for themselves as possible.
- Do not expect perfection

You and Caregiving

Page 19-20



Presentation

Take a moment and look at yourself. Look at how you engage with the individuals you care for. Look at how you interact with others. Look at how diverse you are as an individual. Keep in mind that the individuals you care for are just as diverse. There are certain characteristics that make up a caregiver.

These characteristics are: empathy, dependability, patience, strength, flexibility and creativity.

Application

Pages 19-20 in the text book have reflections for each characteristic.

Choose one activity:

- (5 min) Ask individual learners read through each characteristic and complete the reflections for each activity box. Then: Discuss behaviors you might think are important for a caregiver based on these characteristics.
- (5 min) Pair up into groups of 2-6 learners and divide each characteristic between the groups. Have each group present back to the whole group a summary of what each characteristic means and the behaviors that might be important for caregiving.
- (7 min) Pair up into groups of 2-3 learners and have them work through each activity box together. Then: Discuss behaviors you might think are important for a caregiver based on these characteristics.

Key Points

Important caregiver behaviors might include:

- See or experience a person's point of view.
- Have patience with individuals and not getting frustrated when things aren't turning out the way you think they should
- Avoid dismissing or ignoring individuals
- Treat people with dignity and respect
- Promote a calm and safe environment
- Treat individuals as adults – NOT children
- Talk to people without talking down to them
- Engage people and listen to them
- Learn about the individual's interests

Self-Care

Page 20-23

Presentation

There are many rewards to caregiving. Caregiving can build self-esteem and a sense of self-worth. While it is rewarding, it can also be emotionally and physically challenging and require special attention to self-care. You are part of the environment and need to practice self-care because you influence the environment.

Before you travel on an airplane, the flight attendant walks you through how to locate the exits, the emergency procedures, and how to use the oxygen mask. The attendant instructs you that you must first put your own mask on, and then you assist others. If you try to put an oxygen mask on someone else first, there is a chance you will lose consciousness and you will be unable to assist others or even yourself. The only way you can ensure that you can help those around you is to help yourself first.

Caring for yourself is the most important and most forgotten thing you can do as a caregiver. Caregivers often have difficulties managing their own well-being while managing caregiving responsibilities. How can you help others if you do not help yourself first?

Application

Ask: What are some ways you can care for yourself? (hint: some answers are on the screen) NOTE: When a learner gives a response, ask: What does that look like? (it's ok to reference the book) Provide additional information as needed.

Optional: Allow time for a short mindfulness meditation, conduct a breathing exercise, or do some stretches. (There are free phone apps available for guided meditations.)

Resource

Reduce Personal Stress

Try to remember that although you cannot control how others are behaving in difficult circumstances. You can only control how you react to the situation. Recognize when you are feeling stressed. Signs might include irritability, sleep problems and forgetfulness. Make changes to reduce your stress early – do not wait until you are overwhelmed.

Setting Goals

Setting goals on what you want to accomplish over three to six months is important in self-care. Set goals to take time participating in activities you enjoy that make you feel healthier.

Note:
Goals can be anything important to the individual around self-care. There are no wrong answers. Possible suggestions: Take up meditation, join a yoga class, eat better, exercise, plant a garden, spend more time doing a hobby or activity they enjoy, others.

Communicating Effectively
Communicating effectively will help you get the help and support you need. Communicate your needs or concerns using "I" rather than "you". Respect the rights and feelings of others. Be clear and specific. Ask for clarification – do not assume. Be a good listener. (More information on communicating in Lesson 8.)

Asking for and Accepting Help
Know when to ask for help and accept it. Find help from your coworkers, managers, families of the individuals you care for or join a support group. Know that it is also ok to say no to the demands of others if you are feeling overwhelmed or need a break. Do not feel guilty for saying no.

Exercise
Exercise promotes better sleep, reduces stress and depression, increases energy and alertness. As part of your self-care routine – make sure you are getting regular exercise.

Nutrition
Healthy eating plays a big role in your ability to deal with stress. Stress may weaken your immune system. A balanced diet will help you maintain the nutrients you need to keep you focused, alert, energetic and healthy.

Learning from our Emotions
Learn to listen to your emotions and listen to what they are telling you. Caregiving involves a range of emotions. You may feel guilt, resentment, anger, worry, loneliness, sadness, grief, fright or defensiveness. You may also feel happy, excited, tenderness, joyful, or hopeful.

Emotions control your thinking, behavior and actions. Fear based emotions that are long term can cause damage to the immune system and other systems in your body. Understanding where these emotions are coming from and how they are affecting the environment are important in your role as a caregiver.

Support
Providing care for a person with dementia is physically and emotionally demanding. Feelings of anger, frustration, and worry are common.

If you are a caregiver for someone with dementia:

- Take care of your physical, emotional and spiritual health
- Learn as much about the disease as you can
- Find connections with other caregivers
- Network with your peers and management

The Environment

Page 23-24

Presentation

The environment can influence the tone. Look at the environment – assess the visual/auditory/sensory stimulation: how loud or quiet; how engaging is it with pictures or items for rummaging; how are the outdoor areas; accessibility to bathroom, kitchen?

These are some things that might affect the environment (point to slide).

Be aware of the environment. Is it safe and positive? Avoid making unnecessary changes – it can add confusion.

The individual with dementia might have altered senses. They might experience changes in vision, hearing, sensitivity to temperature, depth perception.

Some common issues with dementia and the environment:

- Often, individuals with dementia have trouble with color contrast.
- Patterns on the floor might confuse them into thinking there is a hole or water on the floor or something they may need to step over.

Enhancing the environment
Use the environment to encourage community, maximize safety, support caregivers, cue specific behaviors and abilities, and redirect unwanted behaviors. Providing an environment that encourages a person to continue to be involved in day-to-day life through their environment involves providing a variety of activity spaces with a variety of tasks and activities through careful schedule planning.

Checkpoint: Lesson 3

Page 25

Checkpoint

- Read the instructions aloud.

Read the caregiver behaviors below and indicate by placing a checkmark next to "positive" if the behavior will keep the environment calm and positive or "negative" if the behavior will create negativity in the environment.

Caregiver Behavior	Positive	Negative
1. Be dismissive		✔
2. Be patient	✔	
3. Provide safe and calm environment	✔	
4. Engage and listen	✔	
5. Get frustrated		✔
6. Ignore who a person is		✔
7. Know the individual – what they did as a child or as an adult	✔	
8. Lack awareness of chaos in the environment		✔
9. See or experience a person's point of view	✔	
10. Talk down to individuals		✔
11. Treat people with respect and dignity	✔	
12. Treat them like adults	✔	
13. Treat them like children		✔

Feedback

Use this to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

ANSWERS

- Answers are above in grid

Key Points

- Caregivers should understand each behavior, what it means and if it is positive or negative.

Lesson 4: Working with Families

Page 26

Objective

The caregiver will recognize common emotions family members experience with a loved one who has dementia, identify some difficulties family members may experience or express about their loved one's care and provide resources for families.

Presentation

Dementia has a huge impact on families. Many family members experience guilt, anger, sadness and/or depression when looking for and getting care for their loved one. Others experience relief and appreciation towards those who care for their family member. By better understanding what a family goes through, you are better prepared to interact and respond to family concerns and complaints. Interacting with families is an important aspect of your job. Sharing both good stories and incidents takes tact and professionalism along with compassion. There is only so much that we can see about a person on the surface. It is important to learn what is beneath the surface and not judge the person or the situation.

The way you and others interact with families will affect the overall mood of the environment and the satisfaction of the families. Negative talk and attitudes from the family can be difficult and sometimes hurtful; appropriate response and the ability to share your experience with a supervisor or another trusted person is important to minimize burnout.

Application

How would you feel if you have to put your loved one with dementia in the care of someone else AND they had always told you to never put them into this type of care? Would you feel guilt? Shame? Sadness? Happiness?

Ask select learners (2-4) for input. Check for understanding. Learners should try to relate to the importance of the individual with dementia and the impact family dynamic.

Feedback

Validate responses. Families have a lot going on that you might not see.

Understanding and Getting to Know the Family

Page 26-27

Presentation

Many people contribute to the support of a person with dementia. The family unit might expand beyond what you think about as the traditional family unit of spouse and adult children.

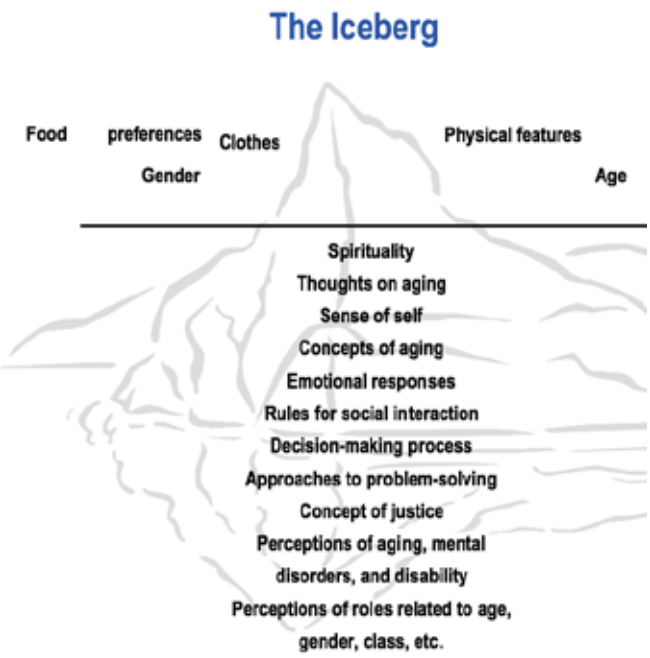
Common family units can include:

- Stepchildren of a remarried father or mother
- A newly married spouse
- An unmarried partner
- Adult siblings
- Nieces and nephews
- A same-sex partner
- Families of choice
- Kinship relationships
- Close friends
- Grown grandchildren
- Cherished pets

The family is central and an important source of support in the care of a person with dementia. Family offers a person with dementia a sense of belonging and provides them with stimulation, affection and fun. You should be encouraged to get to know the person's family. Family is also an important source of information that will help you provide individualized quality care for their loved one.

The Iceberg

Page 27



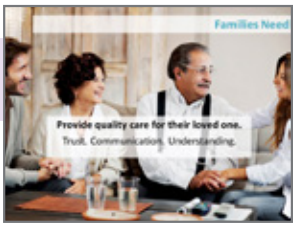
Presentation

The iceberg represents many different parts of a person based on cultural differences, perspectives, values and beliefs. Often, it is the tip of the "iceberg" that is considered when getting to know a person with dementia or family members. The tip of the iceberg does not represent the entire person. The tip represents what you see on the surface. This might include – physical features, age, gender, clothing and food preferences.

If you take time to get to know the whole person, you will find much more below the surface such as spirituality, thoughts on aging, sense of self, emotional responses, how they make decisions, as well as perceptions on aging, mental disorders and more.

Working with Family Members and Friends

Page 27-29



Presentation

The entire family experiences dramatic changes when a loved one has dementia. The family may go through an extremely difficult time and may look to you for support.

The single most important thing that families need and want is that you provide quality care for their loved one.

Each family is unique, however most families need to be able to trust that you will see their loved one as a unique person and that care is provided with love and respect. They need good communication and know who to talk to for information. They need understanding rather than criticism for their coping strategies.

Remember that professional boundaries are important when dealing with families.

Helpful ideas for supporting family members:

- Welcome family members and friends when they approach you. Be friendly and open. If you are rushed, give a quick greeting and tell family that you have to do something.
- Involve the family in care planning. Although this may be time consuming, it will help prevent problems.
- Ask family members about the person's preferences and routines and what they have found to be effective in working with the person. If their approach works, you should respect it and try to follow their lead.
- Listen. Sometimes, families just need to talk with someone. Ask family members how they are doing and show interest in what they have to say. You do not need to provide all of the answers, just be a compassionate listener.
- Encourage family members to take care of themselves. Pass along useful information, such as where to find more information or support groups.
- Remind the family of their strengths and successes.
- Be gentle with yourself and with family members. Neither they nor you created the situations faced. Give yourself or a family member some quiet time if either are close to losing their cool.

- Help family members accept the progressive nature of dementia. Let them know that the person will need more help over time, but that does not mean they should give up. Help the family to know and focus on what the person can still do and build on that.
- Help the family to understand that the person with dementia is doing the best he or she can.

Key Points

- Listen. Sometimes, families just need to talk with someone.
- Encourage family members to take care of themselves. Pass along useful information, such as where to find more information or support groups.
- Help family members accept the progressive nature of dementia.
- Help the family to understand that the person with dementia is doing the best he or she can.

Checkpoint: Lesson 4

Page 29

Checkpoint

- Read the scenario the directions.
- Walk the room and check in with learners for understanding.

Read the scenario below and select the best answer.

You have been providing care for Rosella Borowski, a sweet woman with dementia. You have noticed that her dementia is progressing more rapidly lately. Today, her daughter Nichole came to visit her mother as she does often. You know that they have a very close relationship and always have. As Nichole enters the room, Rosella does not recognize her daughter and instead calls out to you using the daughter's name. Nichole becomes upset and cries.

How might you respond?

a. Tell Nichole that her visits with her mother are valuable.

b. Help Nichole to understand the progressive nature of dementia and that her mother is doing the best that she can.

c. Reassure Nichole that you are there for her.

d. All of the above

Feedback

ANSWER
D. All of the above.

Page 30

Module 2: Living with Dementia

Lesson 5: Sexuality and Intimacy

The caregiver will identify safe and unsafe expressions of sexuality and steps to take in the best interest of the individual.

Lesson 6: Medications, Treatments and Therapies

The caregiver will identify possible medication side effects, ways to respond to side effects and recognize non-drug therapies to alleviate some symptoms of dementia.

Lesson 7: Activities of Daily Living

The caregiver will identify ways to assist with activities of daily living while focusing on an individual's strengths.

Lesson 5: Sexuality and Intimacy

Page 31

Objective

The caregiver will identify safe and unsafe expressions of sexuality and steps to take in the best interest of the individual.

Presentation

Sexuality is a topic that most Americans do not discuss in the workplace. Sexuality is a life-long reality and sometimes individuals with dementia choose partners that, had the person not had dementia, s/he would not have pursued. Sex and sexual activity (including touching, talking, and masturbation) are not wrong or dirty but rather, in a positive environment where both adults are consenting, can result in improved mood and life satisfaction. You must be aware of your own personal biases about sexuality, and must be diligent and attentive in order to determine how, when and why to intervene in residents' sexual expressions. There are appropriate and respectful ways to intervene in sexual behavior when necessary.

Sexual behavior may change as dementia advances. Memory and thinking are affected as well as social norms. Some situations of sexual expression may or may not be okay. When you care for the individual with dementia, concerns may arise around consent, competence and privacy.

On occasion, unacceptable verbal or sexual behaviors including stalking, forcing another to perform sexual acts, coercion and touching without consent may arise.

It is important that you remember that you are dealing with adults who have memory loss and are most often living in a communal environment. Because sexuality does not go away with age or with the diagnosis of dementia, the topic of sexuality is likely to come up. It is time to become comfortable with it, lean into the topic without judgement, and recognize that sexuality is a normal human need.

Sexuality, Intimacy and Sexualized Behavior

Page 31-32

Presentation

Every individual has a need for love, touch, intimacy, and companionship. The sexual needs of the elderly are similar to those of younger individuals but with variations in frequency, intensity and mode of expression. Relationships enhance the quality of life and contribute to longevity. **The difference between sexuality, intimacy and sexualized behavior are listed here.**

Sexuality is the feeling of sexual desire and its expression through sexual activity. It is a central and natural part of who we are throughout our lifetime. It includes sex drive, sexual acts, gender identities, roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Expressions of sexuality in long-term care have included a range of actions including sexual intercourse, flirtation and affection, giving compliments, closeness, physical contact and physical appearance.

Intimacy is the giving and receiving of love and affection. It is a close, familiar and usually affectionate or loving personal relationship with another person or group, which can include caring touch, empathic understanding, comfort and a feeling of safety in the relationship. The desire for intimacy does not decrease with age, and there is no age where intimacy is inappropriate.

Sexualized behaviors are behaviors that appear sexual in nature, however when examined closely reflect a need for touch, intimacy, or something else. This might be an expression of a need or desire or may be a characteristic of the person (for example – they may have always been a flirt in their younger years and may continue this behavior.).

Do No Harm

Page 32

Presentation

Your guiding principle is "do no harm". Do no harm means that the person's well-being is your primary consideration. If neither party is being harmed and his or her quality of life is enhanced, the couple should be free to engage in sexual activity. In many cases, a relationship among older people is not a problem for the couple, but is an issue for caregivers and/or family and relatives of the couple.

The key to approaching sexual behaviors is the same as the approach to all other care—consider the person and his or her feelings and needs first. It is also important for you to consider that a person with dementia has the same rights as all other people.

A person with dementia has the right to be sexually active if he or she wishes as long as it is not harming others, regardless of age, ability or sexual preference. Sexuality is a basic need that people with dementia should be able to express without fear or disapproval. All adults have the right to make choices about their relationships and private life, even if those choices are not the same as what you would make.

Key Points

- If neither party is being harmed and his or her quality of life is enhanced, the couple should be free to engage in sexual activity.

Attitudes and Stigma

Page 32-33

Presentation

Attitudes and perceptions about late-life sexuality might be more complicated with the presence of dementia. Care of people with dementia calls for educating yourself and working on your biases and reactions in the area of sexuality. To handle situations that arise, you will need to look at and resolve any misconceptions or biases you may have. You may be faced with difficult concepts such as consent, decision-making capacity, duress or stigma.

Historically, stigma has occurred between same-sex activities more than opposite-sex activities. A **stigma** is a mark of disgrace associated with a specific circumstance, quality or person. The combination of dementia and individuals from the LGBTQ (lesbian, gay, bisexual, transgendered and queer) community can at times result in negative experiences for the individual. Because dementia robs people of their most recent memories, they might experience fear or feeling unsafe because they have to come out all over again in a new group of people. Improving attitudes and reducing stigma about sexuality and dementia is important.

It is your job as a caregiver to look beyond your own bias, and find balance between protecting from harm, determining the individual's capacity to consent to sexual activity, maintaining privacy and promoting independence.

Activity: Sexuality and Intimacy

Page 33

Application

- Read the scenario aloud.
- Ask select learners (2-4) for input.

Maybell Wiggin is 77 years old and has Vascular Dementia. She recently moved into an assisted living facility because her husband could no longer provide the care she needed. Maybell does not recognize her husband and has recently shown interest in Lance, a male resident at the facility. Earlier today you found the two cuddling and kissing in Maybell's bed. How might you deal with this situation?

Feedback

POSSIBLE RESPONSES

- Do no harm
- Stigma
- Recognize disease changes

Changes

Page 33-34

Presentation

Dementia causes many changes and this includes changes in the area of sex and intimate relationships. Changes occur with dementia that affect thinking, memory and social norms. Depending on the parts of the brain that have been damaged and medications they might be taking, a person with dementia could experience changes such as reduced or increased interest in sex, increased or decreased ability to perform sexually, changes in sexual manners or levels of inhibition.

Inhibitions

Dementia might reduce a person's inhibitions, which may uncover their private thoughts and they might not be able to hide feelings and control behaviors as they once did. These behaviors rarely involve sexual arousal and sometimes might be a sign of something else such as:

- Needing to use the toilet
- Discomfort from clothing (too itchy, too tight, too hot)
- Boredom or agitation
- Need to be touched or needing affection
- Misunderstanding other people's needs or behaviors
- Mistaking someone as their current or previous partner

Coping and Frustrations

There are a number of ways to relieve pent-up sexual tension. Exercise, other physical activities or masturbation can help reduce physical tension. Sometimes sexual desire can be confused with a need for closeness, touch, belonging, security, acceptance and warmth or a need to feel special to another person. Close platonic friendships can help meet some of the need for emotional intimacy. Therapies such as massage and reflexology involving physical contact can be very relaxing.

Activity: Sexuality and Intimacy

Page 34

Application

- Read the scenario aloud.
- Select learners (2-4) for input.
- Check for understanding.

Sonny Tricket, who has been in your care for the last two years, was diagnosed with Alzheimer's disease at age 76. His disease has progressed quickly over the last few months since his wife passed away. One evening, Mr. Tricket is shifting in his seat and pulling at his pants. He begins to pull his pants down.
What are some possible reasons he may be behaving in this way that do not involve sexual arousal?

Feedback

Check for understanding and provide feedback … highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Needing to use the toilet?
- Discomfort?
- Boredom or agitation?
- Sensory?
- Others?

Rights, Consent, Capacity, Duress

Page 34-35

Presentation

Client Rights

Everyone has the right to express his or her sexuality without fear of judgment. Consider the person's decision-making capacity
You have a responsibility to protect these rights:

- Evaluate and make sure no one is being harmed
- Look at and resolve any misconceptions or biases you may have

Consent

Consent is permission for something to happen or agreement to do something. In the context around sexuality, both individuals involved in any sexual or intimate activity must consent. When one or both individuals have dementia, the levels of dementia might affect the ability to consent. In the world of dementia, this is always changing. If one individual is unable to consent due to a higher level of dementia, the two should NOT be allowed to engage in sexualized behavior.

Decision Making Capacity

Can be defined as the ability an individual has to make their own decisions. Is the person with dementia able to make decisions in his or her best interest? There are times when friends and family of the individual believe that the person cannot make decisions. This may not be the case and requires careful consideration.

Duress

Duress is threats, violence, constraints or other action toward someone to do something against their will or better judgment. Is the person acting out of duress? Family and close friends of the person with dementia will want reassurance that there is no intimidation or manipulation of their loved one.

Key Points

In the context around sexuality, both individuals involved in any sexual or intimate activity must consent. When one or both individuals have dementia, the levels of dementia might affect the ability to consent. In the world of dementia, this is always changing. If one individual is unable to consent due to a higher level of dementia, the two should NOT be allowed to engage in sexualized behavior.

Abuse and Talking to Families

Page 35-36

Presentation

Abuse and Other Unacceptable Sexual Behaviors

There can be times when a person with dementia can be open to abuse or other unacceptable sexual behaviors. You must always make certain that a person with dementia is safe and not at risk of harm. Once the safety of the person with dementia is secure, those involved in the support and care of him or her will need to determine a number of things.

Ask if the person with dementia is

- Comfortable with the relationship?
- Able to avoid being treated unfairly or exploited?
- Capable of saying no?
- Being treated with respect, dignity, and is given privacy?

If a person with dementia is unable to make decisions to protect themselves, there are procedures that allow family members to act on his or her behalf. A family member or another concerned person can also seek a protection or guardianship order.

It is important to recognize that if the behavior of a person with dementia is not consistent with prior beliefs and values, he or she is still entitled to sexual expression. (This includes same sex activity where there was none before.) The person's rights must always be considered when determining the need for protection.

Talking to Families about Sex

Although it is critical that you safeguard a person with dementia's right to confidentiality, there may be times when family members need to be made aware of sexual or intimacy concerns. You should talk with your supervisor before approaching the family and follow any facility policies in place for these types of conversations.

Key Points

It is important to recognize that if the behavior of a person with dementia is not consistent with prior beliefs and values, he or she is still entitled to sexual expression. (This includes same sex activity where there was none before.) The person's rights must always be considered when determining the need for protection.

Activity: Sexuality and Intimacy

Page 36

Application

- Read the scenario aloud.
- Ask select learners (2-4) for input.

Cristi Stuck, a 90 year old woman with vascular dementia has been affectionate on and off with a male resident, also with vascular dementia. They both seem to be at the same stage of dementia. Their emotions seem to change daily and at times, one or both do not recognize each other.

How do you manage this relationship?

Feedback

Check for understanding and provide feedback … highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Comfortable with the relationship?
- Able to avoid being treated unfairly or exploited?
- Capable of saying no?
- Being treated with respect, dignity, and is given privacy?

Caregiver Responsibility

Page 36

Presentation

Caregiver Responsibility

You should be familiar with your facility's policy around sexual behaviors. Talk with your supervisor or manager even if it is not a concern with current residents. You need to be prepared and know what is expected of you in these situations before something happens.

Your responsibility is to be the advocate for the person with dementia. Remember the capacity of a person with dementia can waiver from one minute to the next. You must continuously reassess the situation and ensure that no one is being harmed. If you remain satisfied that the person consented and was not acting under duress, then do not attempt to interfere.

The need for intimacy and closeness is a very important. Find ways to include different forms of touch in your everyday caregiving routines so a person with dementia continues to get some physical contact. Massage, holding hands, and sharing hugs are ways of continuing to provide loving touch and may help meet the need for intimacy. Before touching a resident, make sure they are comfortable with your touch. **Each individual may have different feelings about personal space and touch.**

What You Can Do

If sexualized behaviors do happen, remain calm and do not communicate anger, shame or distress to the person with dementia. You will need to: Focus on the behavior (consider all possible reasons for the behavior), Provide privacy (lead the person away from the situation or limit exposure), Examine your behavior (what is your body language?), and Distract the person (redirect to another activity)…. When in doubt, seek advice / follow your policy / talk to your supervisor.

Reporting Non-consensual Sexual Contact

Page 38

Presentation

Reporting Non-consensual Sexual Contact

Finally, your job as a mandatory reporter is to report all concerns of suspected non-consensual sexual contact and/or relationships. As defined by Washington State law, it is your obligation to protect the health and safety of residents by reporting all concerns of suspected non-consensual sexual contact and/or relationships.

Checkpoint: Lesson 5

Page 38

Checkpoint

- Give learners time to read each scenario, reflect and respond.
- Walk the room and check in with learners for understanding.
- Use this to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

Read the behavior scenarios below and indicate the letter next to it for what you should consider about this individual who has dementia. Choose the best answer.

_____ 1. Maybell Wiggin just celebrated her 78th birthday and has Vascular Dementia. She is married and has been living in an assisted living facility for over a year. When she moved into the facility she showed interest in Lance, a male resident at the facility. Lately, she has been flirting a lot with other males in your care.

_____ 2. Sonny Tricket, now age 76, has been experiencing more frequent changes in his behaviors related to Alzheimer's disease. For the last few days, he has been taking his pants off routinely in the dining room.

_____ 3. Zachary Yard is 54 with middle stage Alzheimer's. Earlier this year, he started following another resident around asking her to kiss him and fondle his genitals. Recently you have found him masturbating in public spaces.

a. Clothing may be restraining or painful

b. May have forgotten social rules or etiquette

c. The person may have forgotten their marital status

Feedback

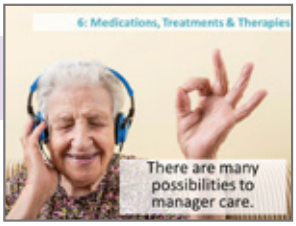
Highlight positive points from each response. Provide additional information as needed to achieve understanding.

ANSWER

1. C. Maybell may have forgotten her marital status.
2. A. Sonny's clothing may be restraining or painful.
3. B. Zachary may have forgotten social rules or etiquette.

Lesson 6: Medications, Treatments & Therapies

Page 39



Objective

The caregiver will identify possible medication side effects, ways to respond to side effects and recognize non-drug therapies to alleviate some symptoms of dementia.

Presentation

In dementia care, a combination of conventional medications, behavior management, natural medicines, nutrition and holistic therapies are used. Drugs should only be one part of a person's overall care. Non-drug treatments, activities and support are just as important in helping someone live well with dementia. When you understand that there are many possibilities to manage care, you will understand that not all methods work for every individual all of the time. While a licensed medical professional manages pharmaceutical drugs, **it is your job to watch for side effects and changes**. It is also your job to be creative, patient and flexible. Be mindful that you can do more to provide a higher quality of life for those you care for.

Become familiar with any policy and procedure your facility has around medication management.

Conventional Medicine

Page 39-40

Presentation

Conventional medicine generally uses pharmaceutical drugs as a form of treatment. There are no drug treatments, at this time, that can cure Alzheimer's disease or any other type of dementia. Medications might be prescribed if a person is experiencing symptoms of dementia such as memory loss, agitation, depression, anxiety, hostility, delusions, or hallucinations. Some medications might alleviate symptoms or slow down the disease progress. Not all medications will work for everyone and there is no cure.

Some of the names are listed here on the slide…

Other drugs used with people who have dementia that you might become familiar with are antidepressants, antipsychotics, antianxiety and anticonvulsants.

The information listed in your book for drugs used with people who have dementia can act as a resource, but **you do not need to memorize these.**

Medication Side Effects

Page 41

Presentation

Be a good observer. All medications can cause side effects. Nonprescription medications, such as over-the-counter medications, vitamins, food supplements and herbal remedies can also cause side effects. Some side effects of dementia medications you need to watch for include loss of appetite, nausea, vomiting, diarrhea, muscle cramps, headaches, dizziness, fatigue, insomnia, raised blood pressure and constipation. Side effects can make the person sick or lead to further cognitive impairment. Side effects may also be mistaken for a new illness or the progression of dementia.

Reporting Side Effects

Report any side effects or adverse reactions to the appropriate person where you work. The person's licensed medical practitioner should be involved to make changes to the medication or prescribe another medication if the side effect(s) do not improve or are causing a great deal of discomfort.

Life threatening side effects include:

- Trouble breathing
- Trouble swallowing
- High fever
- Bleeding
- Seizures
- Delirium

Any life threatening drug reaction or side effect should be treated as a medical emergency—call 911.

Activity: Side Effects

Page 42

Application

- Read the scenario aloud.
- Ask select learners (2-4) for input.

Earlier this week, Jacquline Pool started an increased dose of Donepezil for her Alzheimer's. Yesterday she started complaining about her stomach and holding her stomach area. She is having diarrhea and refused to eat breakfast and lunch today.

What should you do?

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Report any side effects or adverse reactions to the appropriate person where you work.
- The person's licensed medical practitioner should be involved to make changes to the medication or prescribe another medication if the side effect(s) do not improve or are causing a great deal of discomfort.

Chemical Restraint & Refusal

Page 43

Presentation

Chemical restraint is considered abuse in the state of Washington. Chemical restraint means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

Refusal

Individuals have the right to refuse medication. It is also not acceptable to "hide" medication in food or drink. If the individual refuses to take medication, come back later and try again.

Key Points

- Chemical restraint is considered abuse in the state of Washington.
- Individuals have the right to refuse medication.

Activity: Chemical Restraint

Page 43

Application

- Read the scenario aloud.
- Ask select learners (1-2) for input.
- Check for understanding.

Feedback

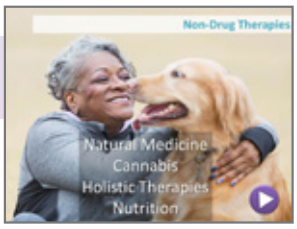
Highlight positive points from each response.
Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Look for an understanding that chemical restraints are NOT allowed.

Non-Drug Therapies

Page 43-46



Presentation

Pharmaceutical medications are not the only option for managing dementia. Non-drug therapies can also alleviate some symptoms of dementia. Remember you can modify the environment, how you respond to a person or behavior and even modify tasks. Some individuals might also benefit from including natural medicine, cannabis, holistic therapies or nutrition. Just as you did with conventional medications – you must be observant and watch for any adverse reactions and side effects.

- **Natural medicine includes vitamins like B, E, and D and omega 3 fatty acids.**
- **Cannabis (also known as marijuana) is still illegal under federal regulation. Be familiar with your policy. (If training to your own staff, provide them a refresh on this policy).**
- **Holistic medicine is a form of healing that considers the whole person – body, mind, spirit and emotions in the quest for optimal health and wellness. Some examples are aromatherapy, acupuncture, massage therapy, bright light therapy, music therapy, pet therapy, sleep, Qigong, child representational therapy, intergenerational care and technology.**

Eating is a social activity and diet and nutrition play an important role in maintaining health and wellbeing. **Diet** is what we eat and drink, and it is considered a lifestyle. **Nutrition** is the process of ingesting and digesting foods and absorbing the nutrients. Studies have found that eating more fruits and vegetables and less meat in your diet promote longevity. Also, a diet that resembles what is known as the Mediterranean diet (a diet of whole grains, plant fats and oils, fruits, vegetables, nuts, beans and peas) is good for longer life and health.

Media

Play Video: Henry and his reaction to hearing music from his era. (6:29)
https://www.youtube.com/watch?v=fyZQf0p73QM

Alternate Presentation: (if no internet connection) Describe the impact that music has on individuals and give an example of a personal experience or give a brief description of Henry.

Application

- **Discuss**: What are your thoughts on Henry's behavior before and after he listens to music?
- **Discuss**: The importance of music and other types of therapy.

Feedback

Highlight positive points from each response.
Provide additional information as needed to achieve understanding.

Checkpoint: Lesson 6

Page 47

Checkpoint

- Give learners time to read the questions, reflect and respond.
- Walk the room and check in with learners for understanding.
- Check in as a group after everyone has had time to respond.
- Ask for a show of hands for each option.

Read the statements below and indicate if they are true or false.

	True	False
Read the statements below and indicate if they are true or false.		
1. Potential side effects of some dementia medications might include loss of appetite, nausea, vomiting, muscle cramps and fatigue.		
2. If someone does not want to take their medication, you should hide it in their food or drink.		
3. Name at least three side effects that are considered life threatening and require calling 911 immediately. **1.** **2.** **3.**		
4. Name at least three alternative non-drug therapies to alleviate some symptoms of dementia: **1.** **2.** **3.**		

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

ANSWER

1. True.
2. False. Individuals have the right to refuse and it is NOT acceptable to hide medication in food or drink.
3. Trouble breathing, Trouble swallowing, High fever, Bleeding, Seizures, Delirium
4. Any natural medicine or holistic therapy or nutrition listed in this chapter work here.

Lesson 7: Activities of Daily Living

Page 48

Objective

The caregiver will identify ways to assist with activities of daily living while focusing on an individual's strengths.

Presentation

Activities of daily living (ADL) refer to the basic tasks of everyday life. ADLs are a big part of every individual's day. These activities include but are not limited to bathing, dressing, eating, oral care, toileting and mobility. When people have difficulty performing these tasks, they might need help from you, from others or even from mechanical devices or both. Dementia changes a person's life and ability to complete ADLs the way they used to before the disease. It is your job to assist with these activities while **recognizing what the individual's strengths, abilities and moods are** and allowing them the time and freedom to **do as much of the task as they can on their own.** Individuals who perform their ADLs independently or with minimal assistance through cueing, prompting, reminding and encouragement will remain independent for longer and have a better quality of life.

ADLs should be about going through a day **with** the individual and providing companionship. Activities are important because they help a person with dementia to experience a sense of independence and control. It gives them an opportunity to have meaningful contact with other people. Activities allow people to continue to participate in life-long patterns or routines and to stay active. It also provides an opportunity for people to feel productive and contribute in some way.

Helping with Activities of Daily Living

Page 48-49

Presentation

When we are healthy, we often take for granted the importance of completing routine tasks in our day. We are so excited to get to the next, more important parts of our day that we forget to be thankful for the ability to complete these tasks without assistance. An individual with dementia has many changes going on with their brain because of the disease. This might limit capabilities and feel isolated or incompetent or less valued because they cannot complete the daily tasks that they once were able to do with ease. By using your skills in empathy, patience, flexibility, creativity – **you have the opportunity to make activities more person centered rather than task oriented.** Mindfulness in your approach will make people feel good about themselves.

Each person has rituals and habits that should be learned and followed. In order to provide meaningful, individualized activities with these goals in mind, you will need to know about the person's background, interests and what the person enjoys.

The person will also have a lifetime of routines and daily habits. Examples might include always starting the morning with a cup of coffee and the newspaper, taking a walk after dinner or an evening prayer. Some individuals may be used to getting their hair done weekly at the salon or dress weekly for church.

Continuing with these routines provides a sense of comfort and security for people with dementia. This is very important. You will therefore want to learn as much as you can about the person's routines and do what you can to help continue them.

Self & Staff-Directed Activities and Challenging ADL

Page 49-50

Presentation

Above all, remember that safety comes first and **the care you provide should be focused on each person as an individual**.

Self-directed activities are activities the person can do on their own. Some staff set-up is normally needed. For example, staff may set out a laundry basket full of socks or towels to provide a person who was a homemaker an opportunity to match socks or fold towels. A person who was an avid gardener may enjoy a raised bed where he or she can plant flowers, pull weeds or water the flowers.

It is also important to provide activities directed by staff. **Staff-directed** activities should include both tasks that the person does in the normal course of the day and activities that are special for that person.

People with dementia are sensitive to things going on in their environment. Always be positive and give positive feedback in a genuine way. It is important to celebrate what the individual can do rather than focusing on what they cannot do.

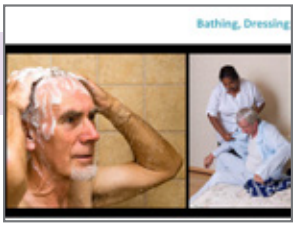
Assisting with Challenging ADLs

It is not uncommon for a person with dementia to resist doing certain ADLs. Often, the person cannot tell you what is wrong or what he or she needs. There may be a number of things going on. The challenge is to try to figure out what the underlying cause(s) of the person's resistance is and find ways to address it.

It is always good to try different strategies. Something that works one day may not work the next. You will also want to pass along anything that has been successful to other caregivers who work with that person.

Bathing & Dressing

Page 52-53



Presentation

Bathing:

Keep in mind that bathing involves many stressors for a person with dementia. Because of dementia, the person is less able to deal with stress. Most problems are caused by over stimulation, a feeling of intrusion into personal space and anxiety. Being undressed and washed by a stranger may be a humiliating, frightening and a potentially traumatic experience for the person. You may appear as a stranger even if the person recognized you before. Fight or flight is a natural human reaction to perceived threats or unpleasant sensations. If the person feels he or she is in danger, the person may try to fight you off or try to get away.

Application

Ask learners for a couple highlights of care tips from the textbook (pages 52-53) for before, during and after bath.

Feedback

POSSIBLE RESPONSES

- Talk about the process.
- Be mindful of the person's modesty and preserve the person's dignity and privacy at all times when bathing. Use a shower cape, towel or hairdressing cape. Modesty may be a reason for undesirable behavior.
- If washing the person's hair during the bath creates a negative response, try an alternative. A trip to the beauty parlor or barber may be a more pleasant experience for him or her.
- Celebrate small successes.

Presentation

Dressing:

Something to keep in mind is that dressing is a very personal and private activity. Getting undressed in front of someone may be an uncomfortable experience. Getting dressed can be a very complex and overwhelming task for a person with dementia. Some people with dementia may forget to change their clothes or forget how to dress.

In the past, people did not change clothes as often as today. It is important not to impose your own values about how often clothes should be changed. Try to keep the routine the person is used to.

Be aware of any signs of discomfort.

Application

Ask learners for a couple highlights of care tips from the book (pages 53-54) for before and while dressing.

Feedback

POSSIBLE RESPONSES

- **Choose clothing that is easier to put on, such as slip-on shoes or pull-over shirts without buttons**.
- Let the person decide what to wear. As long as it is not harmful, the same or mismatched clothes are better than a confrontation.
- If the person resists efforts to help, stop for a while and try again later.

Eating, Oral Care, Toileting

Page 54-55

Presentation

Eating:

Things to keep in mind about eating is that a person with dementia may:

- Forget how to chew and swallow. Consult your supervisor about swallowing problems… a swallow evaluation might be needed.
- Forget what to do with silverware.
- Have a difficult time telling what is food.
- Accept food but will not swallow it. This is often called "pocketing" food.
- Have a loss of appetite from altered tastes, physical discomfort, depression or other reasons.
- Overeat from a constant appetite for food or forgetting to eat.

Tips for each of these are listed in your book.

Application

Ask learners for a couple highlights of ways to make meal time enjoyable (Book, page 54, left column).

Feedback

- Allow plenty of time.
- As the person loses the ability to use silverware, provide finger foods as much as possible and provide utensils that are easier to grasp.
- If the person needs to be fed, help the person to feel involved. For example, put your hand over his or hers and guide the food to his or her mouth.

Personal Hygiene and Oral Care:

Keep in mind that oral care can be difficult for someone with dementia. A mouth in poor condition can be a cause for appetite loss, digestive problems, tooth decay and gum disease. While helping with oral care, always watch for and report:

- Sores in the mouth.
- Loose or broken teeth.
- Bleeding.
- Bad mouth odor.

Let the person brush his or her teeth as much as possible. Be aware of how thorough of a job the person has done. You may have to assist in hard to reach areas. Use a soft, junior-sized brush to clean without damaging his or her gums. Check how easily the person can grip the toothbrush. **Adaptive grips for toothbrushes are available, if needed**. Do not rush. Remember to brush the tongue also.

Toileting

The damage to the person's brain caused by dementia can interfere with the person's ability to:

- Recognize the need to go to the toilet.
- Be able to wait until he or she gets to the toilet.
- Find the toilet.
- Recognize the toilet.
- Use the toilet properly.
- Recognize when the bladder is completely emptied.
- Make sure the bathroom is clearly marked—put a sign and/or picture on the door, use a night light or leave the door open.

Handout

Beyond these types of ADLs, there are many other meaningful activities that you can add to your care routine.

Create copies of the two-page handout "**Activity Ideas**" and distribute.

Checkpoint: Lesson 7

Page 57

Checkpoint

- Read the instructions and scenario for Zachary Yard.
- To add variety, you can elaborate or add additional information to the scenario.
- Walk the room and check in with learners for understanding.

Instructions: Read the scenario below. Identify ways to assist with ADLs, such as bathing, dressing, eating, oral care, toileting, while focusing on Mr. Yard's strengths.

Zachary Yard, is a 54-year-old single man who has mid stage Alzheimer's disease. He wanders frequently and gets lost when walking to his room. He often repeats questions when getting ready for the day and usually forgets your name but seems to recognize your face. He is able to get dressed with cues. At times, he is argumentative toward you. As his Alzheimer's progresses, he has been flirting more with the women and displaying sexualized behaviors. He has been having trouble with his dentures and not wanting them in as he had before. He likes sweet treats and coffee.

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

CHECK FOR UNDERSTANDING

Look for appropriate responses for each ADL for Zachary Yard.

Page 58

Module 3: Fostering Communication and Understanding

Lesson 8: Communicating with People who Have Dementia

The caregiver will be able to demonstrate an ability to recognize communication styles and ways to communicate effectively.

Lesson 9: Trauma-Informed Care

The caregiver will recognize that past traumas can affect current thinking, behaviors and actions and will identify strategies to provide trauma informed care.

Lesson 8: Communicating with People with Dementia

Page 59

Objective

The caregiver will be able to demonstrate an ability to recognize communication styles and ways to communicate effectively.

Application

Ask: Imagine you wake up in the middle of a new country where everyone is speaking a language you do not understand.

- How do think you would feel?
- How would you communicate if no one can understand your words?

Ask select learners (2-4) for input. Check for understanding.

Feedback

Validate responses.

Presentation

Communication is more than a verbal exchange when caring for memory-impaired individuals. Even when verbal communication is difficult for a person, the individual may still be able to use or read body language or sense your mood. By using effective communication strategies, you will maximize your connection with the individuals you care for.

Communicating with People with Dementia

Page 59

Presentation

Communication varies for each individual and the way we communicate is influenced by our past. Our past has many influences including our experiences, family, friends, work, traumatic events, traditions, culture, religion and spirituality. When you add the impact that dementia has on the brain, it adds new concerns to the communication process. Part of your responsibility working with individuals with dementia is to get to know them as a person. When you get to know an individual, you learn what is important to that person and how to communicate with them. As you get to know the person, you learn to communicate in a way that works for each individual and learn to recognize body language and tone of voice. This gives you the opportunity to identify possible concerns, and develop and maintain healthy relationships.

As dementia progresses, the way an individual communicates will change. Recognizing changes that occur during disease progression will also remind you that interactions are not about you. It is about the individual and that they are doing the best that they can. The person's best may look different from moment to moment, day to day, or over time. You must continue to do your best to be flexible, make adjustments and make changes to your approach to provide the best possible care for the individual.

Here is a video called the bookcase analogy. The analogy can help you understand the way dementia affects a person….There are a couple of terms used in the video that might be new to you – (Hob: back or side of a fireplace used to heat or warm, kettle: a tea kettle or pot to heat water…)

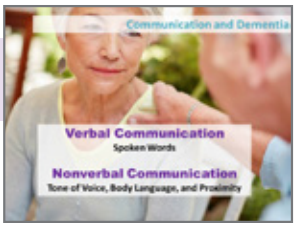
Media

Play Video: The Bookcase Analogy - Dementia Friends (5:13)
https://youtu.be/9iOnxYbdrrE

Alternate Presentation: (if no internet connection) Describe the bookcase analogy.

Verbal and Nonverbal Communication

Page 59



Presentation

For individuals with dementia, it may feel as though they appeared suddenly in this place for the first time. They may not recognize faces, the words you speak, and they may not be able to speak the words they need to communicate with you as they had before. You can still communicate though. It is your job to know the individual and what works and what does not work.

There are two types of communication. Verbal and nonverbal.

Spoken words make up **verbal communication**. These are the words and sounds that we make to express ourselves.

Nonverbal communication is tone of voice, body language, and proximity.

Key Points

- There are two types of communication. Verbal and nonverbal.

Activity: Verbal & Nonverbal Communication

Page 59

Application

Roleplay: Ask learners to pair up (2) and using the example of Barton Miley – ask the learners to take the roles of the caregiver and Barton Miley and practice using verbal and nonverbal communication, then switch roles. (1 minute each)

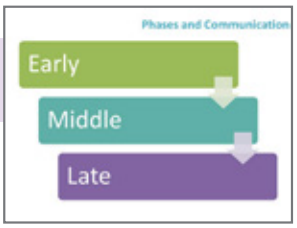
You are in a hurry to finish your morning ADLs with Barton Miley so you can get him to breakfast. You turn to the closet to put away some clothes and say in an aggravated tone "Can you PLEASE finish putting your shoes on so you can get to breakfast?" Even though your words are kind, your tone is not. How can you fix this?

Feedback

Highlight positive observations from the role play involving verbal communication, tone of voice, body language, proximity. Provide additional information as needed to achieve understanding.

Progression of Dementia & Communication Impact

Page 60



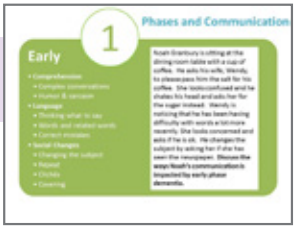
Presentation

Dementia affects the parts of the brain that control communication in different ways for different people and different types of dementia. As dementia progresses, usually there is a gradual decline in the person's ability to communicate. Changes will vary throughout the progression of dementia. In each phase, changes may occur in **memory, comprehension, language skills** and **social communication**.

Remember that each phase of dementia and each individual will be different. Some interactions that would be appropriate with individuals who are in late phase dementia will not be appropriate with individuals in early phase dementia (and vice versa).

Early Phase Dementia

Page 60-61



Presentation

EARLY

During the early phase of dementia, the individual may experience mild loss of recent memory.

Comprehension changes may include:

- Difficulty understanding complex conversations, talking that is too fast and talking that takes place in noisy or distracting environments.
- May be unable to understand humor and sarcasm

Language skill changes may include:

- Problems thinking what to say,
- Difficulties with words and use related words – such as "sugar" for "salt" and will often correct mistakes themselves

Social changes may include:

- Changing the subject to hide that they are having difficulties and tend to repeat themselves
- Rely heavily on overused phrases or expressions (also called clichés)
- Couples may cover for each other during this phase

Application

- Give learner(s) time to read the scenario.
- Ask select learners (2-4) for input.

Noah Granbury is sitting at the dining room table with a cup of coffee. He asks his wife, Wendy, to please pass him the salt for his coffee. She looks confused and he shakes his head and asks her for the sugar instead. Wendy is noticing that he has been having difficulty with words a lot more recently. She looks concerned and asks if he is ok. He changes the subject by asking her if she has seen the newspaper. Discuss the ways Noah's communication is impacted by early phase dementia.

Feedback

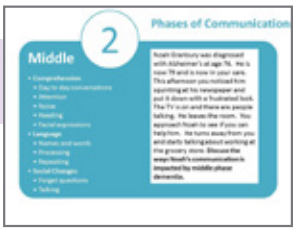
Highlight positive points from each response. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- May have some problems thinking what to say.
- May have difficulties with words and use related words, such as sugar for salt.
- Will often correct themselves.
- Changes subject to hide that they are having difficulties.
- Couples may cover for each other.

Middle Phase Dementia

Page 61



Presentation

MIDDLE

During the middle phase of dementia, the individual may experience moderate loss of long and short term memory, may not remember less common words or concepts and is less familiar with names. May not be able to hide memory problems and learning new material becomes very difficult.

Comprehension changes may include:

- Trouble understanding day to day conversations
- Difficulty understanding when people talk too fast or difficulty focusing and paying attention
- Distracted by noise and other people talking
- May require repetition of simple directions
- May read but may or may not understand the meaning
- May miss facial expressions but are still aware of emotional meaning.

Language skill changes may include:

- Losing the ability to remember names and words
- Slower processing of ideas, may repeat questions, words or ideas

Social changes may include:

- Talking that becomes unclear, empty and not related to the conversation
- Difficulty starting a conversation
- Ask fewer questions and seldom comment or correct themselves
- May forget the question that was asked
- Can still handle some casual social situations

Application

- Give learner(s) time to read the scenario.
- Ask select learners (2-4) for input.

Noah Granbury was diagnosed with Alzheimer's at age 76. He is now 79 and is now in your care. This afternoon you noticed him squinting at his newspaper and put it down with a frustrated look. The TV is on and there are people talking. He leaves the room. You approach Noah to see if you can help him. He turns away from you and starts talking about working at the grocery store. Discuss the ways Noah's communication is impacted by middle phase dementia.

Feedback

Highlight positive points from each response.
Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Difficulty focusing and paying attention.
- Easily distracted by noise and other people talking.
- Can read but may or may not understand the meaning.
- Difficulty reading.
- May find it difficult to start a conversation
- May forget the question that was asked

Late Phase Dementia

Page 62

Presentation

LATE

During the late phase of dementia, an individual may not form new memories, fails to recognize self or family members and may not know the time, place and person.

Comprehension changes may include not understanding the meaning of words and may be unaware that someone is speaking to them.

Language changes may include repeating things over and over or repeating what others say or may revert back to language of origin or not speak at all.

Social changes may include no longer being aware of social interactions and what is expected and may withdraw partially or completely.

Some form of communication may be possible, even in the late phase.

Application

- Give learner(s) time to read the scenario.
- Ask select learners (2-4) for input.

Noah Granbury is now 85 and still in your care. He often sits in his chair looking out the window. His wife, Wendy, comes to visit him often. She sits next to him and he glances at her, not recognizing her, then looks back toward the window. Discuss the ways Noah's communication is impacted by late phase dementia.

Feedback

Highlight positive points from each response.
Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Does not know the time, place and person
- Fails to recognize family members
- May be unaware that someone is talking to them.
- No longer aware of social interactions and what is expected.
- May withdraw partially or completely

Presentation

Even though in the late phase of dementia it may appear that communication is not possible, it really is. Have you seen the video of Gladys Wilson and Naomi Feil? (This video has become more popular. If everyone has seen the video, it can be skipped or voted on).
Watch this video.

Media

Play Video: Gladys Wilson and Naomi Feil. (5:46)
https://youtu.be/CrZXz10FcVM

Alternate activity: Describe the video and discuss the question below.

Application

Ask: Why is communicating with people with dementia so important?

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

Strategies and Tips

Page 62

Presentation

Changes are taking place in the brain. Because of these changes, communicating with a person with dementia can be challenging. Communicating effectively may take more time, patience and energy.

The individual with dementia might ask the same questions repeatedly or repeat stories as if it was the first time telling it. Avoid saying, "you've already told me that story" or interrupt the individual. Remember that the brain is changing and the individual might not remember your answer or that they have shared a story with you. Be patient with the individual and respond positively. Ask for more information by saying, "tell me about it" or "tell me more about _____." Remember these stories so you can understand the person better as their dementia progresses and they are no longer able to share their stories.

A person with dementia may have difficulty understanding what you are saying, or react or respond in ways you are not expecting. Experiences can influence how someone responds or reacts. A person with dementia might not want to interact with specific caregivers because of culture, race, nationality, gender or simply because the caregiver reminds them of someone else.

Do not take it personally.

Often a person with dementia becomes very sensitive to feelings and emotions. This means you will need to take extra care in how you approach a person with dementia and pay special attention to what you might be communicating non-verbally. Avoid arguing with the individual or needing to be right. Be willing to say you are sorry. Do your best to be kind, smile and remain positive.

Strategies and Tips

Page 63-65

Presentation

Approaching a Person with Dementia

How you approach a person with dementia will set the tone of the interaction. Before approaching a person with dementia, check your attitude. If you are feeling tense or upset about anything, the person with dementia is sure to notice it. Do all that you can to be calm and relaxed. (Review strategies in the book under approaching a person with dementia)

Non-Verbal Gestures

Non-verbal gestures can enhance communication. Use hand gestures and facial expressions to be more easily understood. (Review strategies in the book (p. 63) under non-verbal gestures)

Application

Discussion: Why should you approach from the front or side? Why is body language an important part of communication?

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

Presentation

Giving Information

Giving cues or instructions on completing tasks can be a large part of your caregiving role. When you are assisting a person with dementia with personal care, this can become challenging. (Review strategies in the book (p. 63) under giving information)

Getting Information

To the greatest extent possible, the person with dementia should continue to be actively involved in making decisions regarding care. Sometimes getting information from the person regarding his or her preferences can be difficult. (Review strategies in the book (p. 64) under getting information)

Application

(This can be used as a roleplay)

Discussion: Give some examples of ways you can give information on a specific activity of daily living. Talk about ways you can involve the person with the specific ADL.

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- See list on page 63 under giving information.

Presentation

Listening and Interpreting Information

Listening is more than hearing words. It is being aware of body language, emotions, movements and feelings. (Review strategies in the book (p. 64) under listening and interpreting information)

Communicating Respect

Respect must be given to everyone you interact with as an individual. (Review strategies in the book (p. 64) under communicating respect)

Application

Discussion: Why is it important to listen to more than the words that are spoken?

What are some ways that you feel respected from your perspective, culture and background?

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Check for understanding of respect around individual perspectives based on influence of culture and background.

Presentation

Importance of Environment

To facilitate better communication with a person with dementia, make sure the environment is favorable to good communication.

While it is difficult for anyone to carry on a conversation when there are too many other things going on, it is even more difficult for a person with dementia. A person with dementia is easily overwhelmed with too much stimulation or noise.

Application

Ask select learners (2-4) for input.

Discussion: What are some distractions in the environment that you work in that might influence the quality of communication?

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Check for understanding of possible distractions in the environment.

Avoid or Reframe Open-Ended Questions

Page 65

Presentation

Avoid or Reframe Open-ended Questions.

Open-ended questions are questions that cannot be answered with a simple "yes" or "no" or with a specific piece of information. They require the person responding to give thought and make sense of what is being said. For the person with dementia, this might be difficult.

As a caregiver, you may reframe open-ended questions by:

- Suggesting an answer and allowing the person to respond.
- Asking a question in a way that allows for a "yes" or "no" answer.

You might ask questions that give limited answers – such as the questions on the slide.

Other options might be to show them the items or use pictures when the individual is far along in dementia.

Avoid Reason, Logic or the Mention of Time

Page 66

Presentation

Avoid Reason, Logic, or the Mention of Time

A person with dementia sometimes loses the ability to use complex reasoning and to process information logically. Time, for a person with dementia, is not always sequential. When a person has dementia, sometimes time can be the present moment, sometimes it may be the past, and sometimes it may be the future. This means that if you ask questions or give directions using reason, logic or time, you may be asking the person to do something that may be impossible for him or her to do.

Application

Discussion: You come to let Ruth know that it is time for lunch. You: "Ruth, the morning flew by, didn't it? Do you know what time it is?" Ruth looks overwhelmed and frustrated.

Q: Why could this question be difficult for Ruth?

Q: How could you communicate better with Ruth?

- Ask select learners (2-4) for input.
- Check for understanding.

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Perhaps it is because she was overwhelmed and trying to make sense of what you were saying. When Ruth heard, "the morning flew by" she tried to understand how the morning flies. Adding to her confusion Ruth was trying to recall what time it is. Ruth was having difficulty understanding what she was being asked and got overwhelmed and frustrated.
- A better way to communicate with Ruth would be to simplify the information, not require a response or an interpretation of meaning.

Application

Melvin has Lewy Body Dementia and lately, he wants to go outside in the snow without a jacket. You are Melvin's caregiver and you know that he will freeze if he goes out without a jacket.

Q: What might you say or do to help Melvin?

- Ask select learners (2-4) for input.
- Check for understanding.

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Maybe grab the coat and carry with them out into the cold. Once he feels cold, he will usually accept wearing the coat if it is handy.

Ask, Rather Than Tell the Person What to Do

Page 67

Presentation

Ask, Rather Than Tell the Person What to Do

Telling a person with dementia what to do can be frustrating to the person who cannot remember even the obvious "right" way to do something. "Don't do that" sounds like a parent scolding a child and can be viewed as threatening. It might also be viewed as disrespectful if a younger person tells an elder what to do. **Rather than telling the person what to do, encourage the person and ask for his or her participation in the task.**

Application

Demonstration.

Bill has mid stage Alzheimer's disease. You enter his room. You would like Bill to put his shoes on.

Demonstration: Demonstrate how you might get him to put his shoes on.

Question: What if he resists?

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Don't assume Bill remembers what shoes are for, where his shoes are, and how to put them on his feet.
- Do the learners ask and encourage?
- When someone is resistive to a task, trying a gentle approach guiding the individual using visual and tactile cues to complete the task.

Say Less

Page 67

Presentation

Ask: Does this slide make any sense to you? What is she saying?

It should say: When you give complex information, the person with dementia may be unable to understand more than a small part of the conversation. That is why sentences should be kept short and simple

Application

You enter Bill's room, where Bill is seated peacefully on the bed.

You: "Let's get you dressed for breakfast. There is a sing along after breakfast and this is one of your favorite activities. Let's get you dressed."

Discuss: How might Bill react to this request?

Question: What might you say or do to help Bill by saying less?

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Bill might be scared. If you use too much information, it can be overwhelming for the person with dementia. Bill might hear only fragments of the sentence of the very first words. So he might only hear "Let's get you" which could frighten him.
- Start with "Let me help you…"

Gentle Deception

Page 68

Presentation

Gentle Deception

Gentle Deception involves letting go of the "truth" or your reality in order to hear what the person with dementia is saying. The idea is to let the person say whatever he or she wants to say without trying to persuade the person that he or she is wrong, incorrect, or out of touch with reality. Instead, you agree with the person and allow the person with dementia to retain his or her sense of reality. Offer redirection by supporting what the person is saying and asking other questions like "tell me more about it."

Application

Ruth repeatedly states she wants to go home. Ruth's home has been sold and you know that this is not a possibility for her to go home. Ruth says "I want to go home. I don't know where I am. My family is probably worried about me. Get me out of here, let me go home now!"

Discuss: What might happen if you tell her that her home was sold and she cannot go home.

Demonstrate: Use gentle deception.

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Gentle Deception can be used to screen out troubling messages. If a person does not remember a painful event, reminding him or her may only cause further pain. Once they have been distracted, you can redirect their energy.

Activity: Gentle Deception

Page 68

Application

Ask 2-4 students to respond to the question.

Mrs. Hoyton's husband died several years ago. Every morning she asks staff, "Where is my husband? He is supposed to pick me up."

Question: Using gentle deception, how might you respond to Mrs. Hoyton?

Feedback

Highlight positive key points. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- "I haven't seen your husband, but if I do, I'll let him know you are looking for him."
- Something that gently allows Mrs. Hoyton to live in her reality and is less painful than attempting to convince her that her husband died ten years ago.

Checkpoint: Lesson 8

Page 69

Checkpoint

- Read the instructions for this checkpoint.
- Give learners time to read each scenario and respond.
- Walk the room and check in with learners for understanding. It is important that everyone understands before moving on to the next lesson.

Instructions: Read the scenario below. Identify ways to assist with ADLs, such as bathing, dressing, eating, oral care and toileting while focusing on strengths.

Describe how you would communicate with Bill to get his bath finished.

If Bill becomes distressed during his bath and says he will be late for school, how would you use gentle deception to communicate with Bill?

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

Possible Responses

Communicating about bath: In this scenario, you have a schedule to keep and are feeling rushed. You need to keep on task so that you can get all your work done. While your concerns are realistic, you don't want to communicate to Bill that you need to rush. This may cause Bill stress from the start.

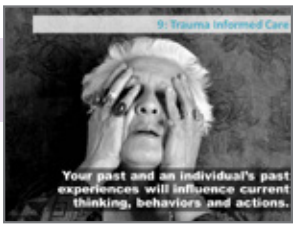
Might say: "Bill, I'm here to help you with your bath today. O.k.?" Wait for reply. "I'll get your robe so that you stay warm, o.k.?" Wait for reply. "Follow me to the bathroom, o.k." Wait for reply.

In this conversation, you provide Bill clear information on what you are going to be doing. You do not ask him to recall information that may be difficult to recall. In addition, even though you may feel hurried and need to stay on task, you have not verbally or non-verbally communicated this to Bill.

Gentle deception: Check for understanding on gentle deception – let go of reality and see where Bill is currently. Maybe ask about his school, what he likes about school?

Lesson 9: Trauma Informed Care

Page 70



Objective

Presentation

Trauma and adverse life events can have a lifelong impact on an individual. Whether that event occurred throughout childhood or as an adult, as a caregiver, you will need to understand that **your past** and **an individual's past experiences** will influence current thinking, behaviors and actions. Trauma is defined as an individual's experience of an event or enduring condition that is an actual threat or perceived as a threat to his or her life and personal integrity, or that of a caregiver or family member. **Adverse life events** are often associated with trauma responses and might include events such as physical, sexual and emotional abuse or witnessing abuse or addiction within the family. Other events such as illness, injury, accidents, hospitalizations, loss of employment or loss of a loved one might also create a trauma response. Many people have resilience to adverse life events and never develop trauma responses. Others however experience symptoms of depression, anxiety and post-traumatic stress disorder (PTSD).

The perception of trauma is subjective - meaning that each person may see trauma his or her own way and at different amounts of severity.

Application

Reflect: Just for a moment, reflect on an event that occurred in your past that made you feel bad, sad, stressed or threatening to you or someone close to you. Think about how that has influenced your life and behaviors.

You do not have to share, but it is important to be mindful of our own trauma while supporting others.

Activity: Trauma and Care

Page 70

Application

- Split class into groups of 2-5. Depending on class size.
- Have them discuss the events listed on the slide and in the book – how might these affect the individuals you might work with?
- Try to think of other events that might have an effect on individuals with dementia.

Brainstorm events that might have affected the individuals you might work with. Discuss how these events might display or have an effect on an individual with dementia.

1. Loss of a child or spouse

2. Holocaust

3. Victim of domestic violence

4. Victim of sexual abuse

5. Traumatic accidents such as train, plane crashes etc.

6. Military war experience

7. Other.

Feedback

Walk the room and listen to conversations. Validate responses. Provide additional information as needed to achieve understanding.

How might daily care be impacted if an individual has experienced these events? Are responses mindful of the trauma? What do learners know now? More information will be provided in this lesson. Use this as a tool to see where learners are at in their prior knowledge of trauma applied to their work.

Coping Mechanisms and Culture

Page 71

Presentation

Coping Mechanisms

From these adverse life events and trauma, an individual might develop coping mechanisms. Coping mechanisms are the ways that people deal with stress and trauma.

Ask for learners to share some common coping mechanisms from the book on page 71. Elaborate further if needed.

Impact of Culture

A person's cultural identity can include nationality, religion, income, age, education, sexual orientation, mental and physical abilities, gender, profession and ethnicity. Culture shapes how we identify and interpret the threat of traumatic events and how we respond or cope to these events. Culture can shape how a person experiencing the trauma reacts and responds, and it can shape how individuals and communities perceive and judge the trauma experienced by another person. If an individual, who experiences trauma, feels that society will not accept them as a victim or their culture rejects, judges or stigmatizes them the individual may withdraw and be silent.

As a caregiver, you should be aware of your own cultural biases and try to remain non-judgmental.

Trauma Informed Care

Page 71

Presentation

Trauma informed care (TIC) is an approach that aims to engage people with history of trauma, recognize the presence of trauma symptoms and acknowledge the role that trauma has played in their lives.

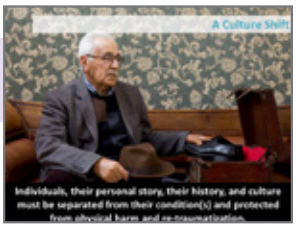
Many people have had some level of trauma in their past. An average of 62% of Washington adults between the ages of 18-64 reported having had at least one adverse childhood experience (ACE).

To put it into perspective - over half of the adults you meet have experienced some type of family dysfunction or abuse to some degree. Some areas of the state may be lower or higher than others.

TIC is not about treating the trauma or symptom management. Instead, it is about gathering information about each individual you care for and about potential trauma the individual has experienced. TIC is about remaining sensitive to issues or behaviors the individual might have related to past trauma. The focus is on what has **happened** to the person rather than what is wrong with the person. Instead of asking what is wrong with you? **Ask what has happened to you and how can I support you.** An individual with dementia may not be able to answer you, may not remember the traumatic event, or may at some point return to the time of life that they were experiencing the trauma.

Trauma Informed Care is a Culture Shift

Page 72



Presentation

Trauma informed care is a culture shift where individuals, their personal story, their history and culture must be separated from their condition(s) and protected from physical harm and re-traumatization. A foundation for TIC will enhance the emotional well-being and quality of life for the individuals you care for. Screening should be done when an individual first comes into your care to see if there are any sensory triggers and if there are any calming or stress responses that follow.

A caregiver should initially approach the people they care for as if they have a trauma history. When you provide good trauma-informed care, you enhance physical and emotional safety, and improve relationships, and behaviors. Recognizing that an individual might be traumatized can give you a better understanding of behaviors or attitudes that may be related to the trauma. Approach all people with empathy, caring, compassion, and support. Understand that some routine care tasks might be threatening to someone who has experienced trauma. A **trauma trigger** is an experience that causes someone to recall a previous traumatic memory, although the trigger itself might not be frightening or traumatic and can be indirectly or superficially reminiscent of an earlier traumatic incident. Triggers might be anything from a date or anniversary, a color, a smell, something in the environment, dressing or undressing. If you notice that a trauma is triggered, whether it is a known or unknown trauma, remain sensitive to the individual and do something about the circumstance to fix it. Be aware of the key principles of trauma informed care and implement them into your daily routine with the individuals you care for.

**Remember the bookcase video? The memory might be gone, but the emotion might still be there.

Key Points

Trauma informed care is a culture shift where individuals, their personal story, their history, and culture must be separated from their condition(s) and protected from physical harm and re-traumatization.

Activity: Trauma Informed Care

Page 72

Application

- Read the Scenario.
- Ask select learners (2-4) for input.
- Check for understanding.

You have been hearing from others that Ms. Denner has been screaming every time someone tries to shower her. You are not looking forward to assisting with her shower today. You try to approach Ms. Denner with a smile and you use a towel around her to help with possible privacy concerns. She still screams in the shower. After talking with your supervisor and the family, you find out that Ms. Denner is a concentration camp survivor and her memory of white tiled shower rooms were gassing chambers. Discuss ways that you might handle this in the future.

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

Possible Responses

- Understand that routine care might be triggering a trauma.
- Remain sensitive
- Do something to fix the circumstance

Principles of Trauma Informed Care

Page 72-73

Presentation

Trauma informed care identifies traumatic events that an individual has experienced and views them not as past events, but as experiences that form the core of the person's identity. When caring for individuals with dementia, add the principles of trauma-informed care to your toolbox and incorporate them to develop a relationship and connection with individuals you care for. **The principles of trauma informed care are: safety, trustworthiness, choice, collaboration and empowerment.**

Safety (Page 72)

- Safety is a key to promote emotional and physical well-being. You must promote safety in the environment you work and through personal interactions with each individual.
- The sense of safety changes as dementia progresses. Changes occur in the brain and body around judgement, sense of time and place, behavior, physical ability and senses. What makes an environment safe from day to day might change.
  - Provide a warm and welcoming environment to increase a feeling of safety.
  - Provide emotional support by acknowledging the hurt if they bring it up.

Trustworthiness (Page 72)

- Trust is a critical component for a person's healing and sense of safety. Strong relationships help create resilience and help shield from trauma.
- Be consistent between what you say and what you do.
- Communicate openly. Communication is essential for building trust.

Choice (Page 73)

- Choice is highlighted in person-centered planning where an individual is assisted to plan their life and supports.
- Choice requires an awareness of options.
- Choices create opportunities for individuals and personal growth.
  - Include the individual in choices
  - Provide limited specific choices appropriate to where a person is in the disease
  - Identify ways to cope and express anger in a healthier way, or how they spend their time

Collaboration (Page 73)

With trauma-informed care, person-centered planning involves planning and goal setting between you, management and the individuals. Collaboration is fostered when you perceive individuals as similar to yourself and you provide opportunity for individuals to integrate perspectives and concerns when appropriate.

- Work together with management, staff, individuals and families to provide best care plans.
- Support your peers and other staff to work together.

Empowerment (Page 73)

- This means acknowledging skills and abilities of an individual and support that person to focus on abilities rather than disabilities.
  - Encourage an individual's skills and abilities.
  - If something is not working or you find yourself frustrated - find new ways to work with individuals that focus on ability.

Key Points

- The principles of trauma informed care are: safety, trustworthiness, choice, collaboration and empowerment.

Activity: Principles of TIC

Page 73

Application

Discuss scenario: Michael Smith is 79 years old and has Lewy Body Dementia. When he was a child, his father was an alcoholic, often physically abused his mother in front of him and sexually abused Michael. His father later went to jail and his mother suffered from depression. He often has conflict with staff and says that you or others want to hurt him. Discuss ways that you might use the five principles of trauma informed care and support Michael to improve his quality of life.

Feedback

Check for understanding of the five principles of trauma informed care and supporting Michael. (You can name off each principle individually and discuss).

Answers

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Checkpoint: Lesson 9

Page 75

Checkpoint

Read the scenarios below and write the letter of the principle that is the best fit on the line provided. Each of the five principles will only be used once, so choose the BEST answer.

- For the checkpoint, walk the room and check in with learners for understanding.
- Read each scenario aloud asking for a show of hands for each option.
- Use this to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

A. Safety
B. Trustworthiness
C. Choice
D. Collaboration
E. Empowerment

_____ 1. When you say you are going to do something, then do it.

_____ 2. Share your ideas, listen and get input from others to improve care.

_____ 3. Reassure with a smile and be kind.

_____ 4. Let the individual decide if they want to take a shower or bath.

_____ 5. Allowing an individual to brush their own teeth while they are still able.

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

Answers

B. Trustworthiness
D. Collaboration
A. Safety
C. Choice
E. Empowerment

Page 76

Module 4: Challenging Behaviors

Lesson 10: Approaching Challenging Behaviors

The caregiver will demonstrate the sequence of steps to approach challenging behaviors.

Lesson 11: Tips for Dealing with Specific Challenging Behaviors

The caregiver will demonstrate an understanding of navigating challenging situations.

Lesson 10: Approaching Behaviors

Page 77

Objective

Presentation

So far, you have learned that dementia is a broad term used to describe symptoms that result when the brain is damaged by disease. When brain cells cannot communicate normally – thinking, behavior and feelings are affected. You have learned about the importance of caregiving qualities to be empathetic, dependable, patient, strong, flexible and creative. You will need to use all of these qualities when approaching each individual and their behaviors. A number of outside factors can influence behavior beyond the disease – a person's history, medication side effects, pain, unmet needs, ability to communicate effectively and past traumas. Individuals with dementia may behave differently than they did before dementia. They will often communicate in unique ways through their behaviors. In your role as a caregiver, when faced with a challenging behavior or situation, stop and take a step back; identify what the individual needs, and take action to meet the need.

These behaviors, when responded to in a friendly and effective manner, can help enhance your satisfaction as a caregiver and promote a better quality of life for the individual with dementia.

Activity: Behaviors

Page 77

Application

- Read the scenario aloud.
- Ask 2-4 learners for input.

Imagine that you are checking into a hotel. You have been traveling all day and you are tired. You put your suitcase in the closet and crawl into one of the beds. You pull the covers over and turn the light out. It is not long before you are sleeping soundly. In the morning, you open your eyes and you roll over to find the housekeeper from the hotel trying to get you out of bed. What would you do?

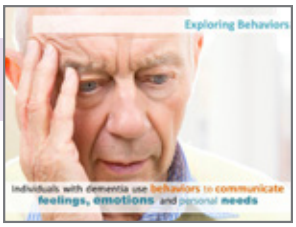
Feedback

Check for understanding and provide feedback. Highlight correct responses. Provide additional information as needed to achieve understanding.

Reinforce that this might be what it feels like for the individual with dementia as you are waking them up in the morning. Collaboration
Empowerment

Exploring Behaviors

Page 77



Presentation

Exploring Behaviors

Individuals with dementia use behaviors to communicate a personal need, feelings and emotions. There might be many things going on with the person that may contribute to the behavior. In order to decide how to best respond to the behavior, you need to take a step back and try to figure out what the person's behavior may be telling you. There is no one size fits all solution when dealing with behaviors. Different people have different needs.

Strategy for Approaching Behaviors

Page 77

Presentation

While there are a number of strategies to work with behaviors, your primary role is to remain and appear calm and supportive and do not take the behaviors personally. Remember that the individual with a diagnosis of dementia is not behaving in a way to get attention or to be mean. You must know the individual's history, habits, current needs and abilities. There is no right/ wrong view of challenging behaviors.

Handout

Use Handout: Strategy for Approaching Behaviors

One way to approach behaviors is: stop, identify and take action.

Let's break that down… (change slide)

Strategy 1: Stop

Page 77

Presentation

Stop

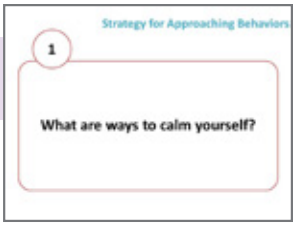
When you are faced with an unexpected behavior, take a moment to stop yourself and take a step back from the situation. Make sure you are not reacting. Calm yourself and focus. Most challenging behaviors have a cause or a trigger. There is a reason for the behavior. Challenging behavior is likely a reaction to something that set the behavior in motion. Having a reaction means that the individual is unconsciously, emotionally and possibly impulsively behaving without any thought to a situation or event. It is your job to respond. Responding is taking action with thought.

Responding versus reacting to a challenging situation takes self-control and discipline. The best way to respond and not react is to stop before taking action unless someone is in immediate danger.

- Stop or pause even if only a few seconds
- Calm yourself

Activity: Strategy 1

Page 78



Application

Discuss: What are ways to calm yourself? (Hint: Page 78 has a list)

Feedback

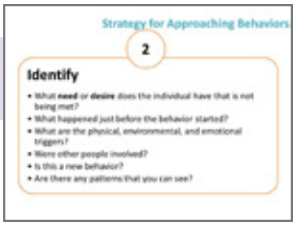
Highlight positive points from each response. Tell learners they can write other responses down to add to their list. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- Take deep breaths
- Count to ten
- Separate the behavior from the person
- Recognize it's not about you
- Repeat a positive phrase or affirmation

Strategy 2: Identify

Page 78



Presentation

Identify

After you take a moment, it is time to use your detective skills and figure out what is happening. Identify what caused or triggered the behavior. You should know the individual's routines, preferences and daily rhythms related to care and life history. When you see a change that concerns you, remain emotionally available to the individual.

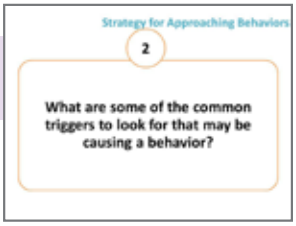
Show genuine interest and concern.

Realize that your own personal feelings of stress, personal worries and time pressures can add to any emotional tension the individual is experiencing. Listen to what the person is communicating through body language, words and the emotions behind their actions.

The individual might be expressing a need or desire or there might be a trigger that is physical, environmental and/or emotional.

Activity: Strategy 2

Page 79



Application

Triggers that are physical, environmental and emotional…. Using the textbook (Pages 78-79) under physical, environmental and emotional triggers, discuss some of the listed triggers.

Are there any others that are not listed in the book? Write them down in the box at the end of this section.

Feedback

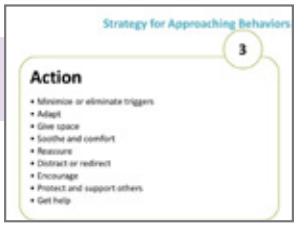
Check for understanding and provide **feedback** … highlight correct responses. Provide additional information as needed to achieve understanding.

POSSIBLE RESPONSES

- See physical, environmental, and emotional triggers on pages 78-79 in the textbook.

Strategy 3: Action

Page 80



Presentation

Action

Because there are no "one size fits all" formulas to handle challenging behaviors, what works in one situation may not work in another and may not work in the same situation. What works with one individual may have the opposite result with another. The best way to deal with challenging behaviors is to adapt as you go to each unique individual and situation. This means that you must be:

- Constantly aware of signals the individual is giving off.
- Ready to adapt, walk away, soothe, distract or respectfully steer the individual away from what triggered the behavior.
- Willing to do something different if what you tried does not seem to be working.

Activity: 3 Steps

Page 82

Application

- Use this scenario and pair off into groups of two.
- Have the person with the most experience go first.
- Walk through each step of the process: Stop, Identify, Action. Switch roles so each person has the chance to walk through the steps.

Rosella Borowski has been in your care for almost two years. She is now 73 and her Alzheimer's has progressed and she is now unable to remember new information for even two or three minutes. Rosella often talks to you about starting college soon. She talks about saving her money to go to school to become an artist. Today, you approach her as she is pulling items out of a drawer. She looks at you suspiciously and accuses you of stealing her paintbrushes and hiding them from her. Use the three steps to approach this behavior.

Feedback

Review: Memory loss and disorientation can cause individuals with dementia to perceive situations inaccurately. They may become suspicious of others – even those close to them and accuse them of theft, infidelity or other offenses. As hurtful as it may be to be accused of something you did not do, try not to be offended. Imagine what it is like to think your possessions are taken or hidden because you cannot remember where you put them or they no longer are your possessions.

Action: Do not try to argue with the person or convince them of your innocence. Instead respond with something like "I see that you are upset that your paintbrushes are missing, I will do my best to find them for you." Redirect to another activity. If this is a common occurrence, store extra paintbrushes nearby.

Prevent or Minimize Challenging Behaviors

Page 82

Presentation

Prevent or Minimize Challenging Behaviors

Once the heat of the moment has passed, you may have more time to reflect on what triggered the challenging behavior. This information helps you take steps to avoid these situations from happening again. With more time to reflect, you may see additional patterns or concerns.

Document and Report

You may have important information to share with other team members. Others on your team need to understand and learn from what you observed, what actions you took, and even **reevaluate** what did and did not work.

There will be policies and procedures for documenting and reporting challenging situations that you must follow. Objectively writing down what happened and what actions you took gives everyone a record. This record will help make sure you do not forget even small details that, when reviewed again, might reveal important information.

Checkpoint: Lesson 10

Page 83

Checkpoint

- Paired activity (groups of 2)
- Read the instructions aloud.
- One learner will demonstrate the first scenario, and then the other learner will demonstrate the second scenario.
- For the checkpoint, walk the room and check in with groups for understanding.
- It is important that everyone understands before moving on to the next lesson.

Instructions: Read the following scenarios and using the three-step process described in this lesson, demonstrate how you would handle each situation.

Scenario 1: Ms. Zellmer, age 73 has Alzheimer's disease. This afternoon she is showing signs of agitation. She is restless, walking the length of the hall and back at a moderate pace while wringing her hands. You try to help her but she tells you that she does not need your help and swears at you and pushes over a chair you placed in the hall.

Scenario 2: You were able to help Ms. Zellmer this afternoon with her agitation and make her feel better. There was extra excitement in the dining room at dinnertime with some unplanned activities for Ms. Zellmer right after dinner. She is now wandering around with more confusion and agitated than usual. You try to assist her with her bedtime routine and realize based on her patterns she is sundowning.

Feedback

Look for each step in the process for each scenario

1. Stop, remain calm
2. Identify the behaviors
3. Take action

Lesson 11: Tips for Dealing with Specific Behaviors

Page 84

Objective

Presentation

Data was analyzed from DSHS in 2015 looking at why clients in AFH and ALF moved to a new location three or more times.

This is important to understand because we know moves can be very disruptive to individuals both emotionally and to the physical care they receive as new caregivers have to learn the best way to work with each individual. The study found that there were 23 behaviors that were consistently linked to clients who experienced repeated moves. It is our responsibility to be aware of these high risk behaviors and when we identify an individual with them, work to reduce the incidence of the behavior through kindness, compassion and use the behavior intervention skills learned today. The goal is a reduction in the number of moves experienced by the individual.

As you review this lesson and learn about the specific behaviors that might be more challenging than others, think about additional ways that you might manage these behaviors. Keep in mind the three-step process from the previous lesson as you think about each behavior listed and share additional strategies with your peers, supervisors, managers, and others. Draw from your flexibility and creativity and find new solutions to improve quality of care.

Application

- Give learner(s) time to read the scenario and reflect.
- Ask select learners (2-4) for input.
- Check for understanding.

Think about a time when you experienced a challenging behavior from someone with dementia. What was the behavior? What needs do you think the person may have been trying to express? Think about how you handled it and what you might have done differently to have a better outcome. Ask a peer how they would have handled it differently.

Feedback

- What is the behavior and how could the behavior tie to a need the individual has?
- Are there other ways that the caregiver could have handled the situation?
- Encourage learners to write ideas in their book or notes.

Behaviors

Page 84-89

Presentation

This list of behaviors probably looks overwhelming to you. We will go through each behavior and list some ideas how to navigate through the behavior. The definitions provided with the behaviors are from the DSHS CARE system. These may or may not look differently in your setting, with each individual and the underlying reason for the behavior. Remember that regardless of the behavior, there is a purpose or reason behind each behavior.

Application

Depending on time, choose 1 or more application approach:

- Introduce and summarize each behavior from the book. Ask if there are any additional tips and offer your own if you have additional information to share. Encourage learners to write in their books to reference back to later if needed.
- Assign learners each 1 or more behaviors to review and present the behavior to the class.
- Ask learners for examples of experiences or concerns of any of the behaviors found in their care setting.
- Assign groups of learners to 1 or more behaviors and create and roleplay a scenario providing support and care for the individual.
- Other: _____

_____

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

Checkpoint: Lesson 11

Page 89

Checkpoint

- Learners may work in groups or individually, determined by class size. Behaviors can be assigned so all behaviors are covered.
- For the checkpoint, walk the room and check in with learners for understanding.
- Use this to check for understanding from the class. It is important that everyone understands before moving on to the next lesson.

Select two specific behaviors listed in this lesson and write a summary that includes the name of the behavior, a possible description of the behavior, possible triggers of the behavior and possible actions that might help you navigate through the situation. Be prepared to present this information to the group.

Feedback

Highlight positive points from each response. Provide additional information as needed to achieve understanding.

Competency Exam

Introduction

The Dementia , Level 1 – Dementia Capable Caregiving competency exam is used to measure understanding of the objectives of this course.

Competency testing policies and procedures for the written test is outlined in this document. Instructors must follow these testing guidelines. Read these policies carefully before you begin teaching. You are required to accurately implement these policies. Please refer to the applicable Washington Administrative Code (WAC) and/or your instructor contract for additional terms which may not be outlined in this guidance.

Competency Exam

- The curriculum must be taught as designed.
- The training must include the DSHS-developed competency test.
- The competency test must be administered consistently, according to rule:

  (1) The person teaching the course must administer or supervise the administration of all testing; and

  (2) The tester must follow DSHS guidelines for:

  (a) The maximum length of time allowed for testing;

  (b) The amount and nature of instruction given to students before beginning a test;

  (c) The amount of assistance to students allowed during testing;

  (d) The accommodation guidelines for students with disabilities; and

  (e) Accessibility guidelines for students with limited English proficiency.
- Students must provide photo identification before taking a competency test.
- A competency test that is part of a course may be taken twice. If the test is failed a second time, the person must retake the course before any additional tests are administered.
- Training program and instructor must provide a certificate or transcript of completion of training to all learners that successfully complete the entire course; Keep a copy of long-term care worker certificates on file for six years, and give the original certificate to the student.
- Classroom facilities must be accessible to students and provide adequate space for learning activities, comfort, lighting, lack of disturbance, and tools for effective teaching and learning such as white boards and flip charts. Appropriate supplies and equipment must be provided for teaching and practice of caregiving skills in the class being taught.
- Testing sites must provide adequate space for testing, comfort, lighting, and lack of disturbance appropriate for the written or skills test being conducted. Appropriate supplies and equipment necessary for the particular test must be provided.

Written Test Guidance

The written competency test is designed to be completed within one hour; however, accommodations can be made for those needing additional time.

Instructor Procedures for Written Testing

Before and during the test:

1. Provide ample space so learners cannot see each other's papers.
2. Have learners remove all papers and manuals off their work areas.
3. Remove all training posters, flip charts, erase white boards, etc.
4. There should be no breaks during the testing period. An exception for an individual learner's needs is left to the instructor.
5. The test is not open book and learners cannot use notes.
6. If a learner is suspected of cheating, he/she should be told to stop the test and give it to the instructor. The learner will not receive credit for any portion of the class.
7. Review testing policies and general aspects of the test with learners. Advise learners that instructor assistance during testing is limited to clarification only.

Grading the Written Test

TScore the tests using the answer sheet provided. Each answer sheet provides information on value (points) assigned to each question. Follow these closely. Tests should not be graded in the presence of learners.

Passing Scores

1. Learners must score 80% or higher to successfully pass the exam.

Testing Learners with Limited English Proficiency and/or Learning Needs

The following are options to accommodate learners who have limited English proficiency and/or learning needs:

1. Language-to-language dictionary
2. Oral test, where you read the test questions and either record the learner's answers word-for-word or have the learner record his/her own answers
3. Extra time to complete the test

Learners may not use interpreters for testing.

When Learners Do Not Pass the Written Test

Learners who do not pass the written test may take the current written alternate test. The alternate test should not be retaken immediately. The learner should study the materials before retaking the alternate written test. If a learner fails the alternate test, he/she must take the course again.

Challenge Test

There is no challenge test for this course.

Issuing a DSHS Training Certificate

The DSHS training certificate documents that the learner has

1. Successfully completed the course and
2. Received a passing score on the written exam

Only DSHS approved instructors may sign the DSHS training certificate.

Evaluations

Evaluations help you to gather information from the learners to measure training effectiveness. The most difficult part of an evaluation may include graciously accepting valuable criticism. Evaluations should be given with encouragement to be honest and provide constructive feedback.

- Each learner should complete the DSHS evaluation form.
- Encourage and remain open to honest feedback. Encourage learners that there will be no repercussion for responses and responses will remain anonymous.
  - o Evaluation forms can be of great assistance to you as an instructor and can enable you to provide feedback, give you information on your strengths in teaching the program, as well as areas that may be fine-tuned to improve or adapt. Review these after class.
  - o Evaluations may also provide additional information to the state curriculum developers to improve future versions of the training.
- Provide an envelope or folder for learners to discreetly place evaluations when they are complete.
- Review evaluations after the course. Use the feedback to (1) consider for improvements in future classes and/or (2) communicate information to DSHS for improvements in future versions of the training course materials.

Handout - Activity Ideas Page 1

Purpose: Have Meaningful Contact with Others

Activity	Benefits	Benefits
Reminiscing	• Can stimulate memory • Helps the person reflect on past experience and bring closure to unresolved issues	• Ask a question to get it going, such as: "Have you ever worked on a ranch?" Or "Have you ever seen a tornado?" • Use caution not to highlight what cannot be remembered.
Storytelling	• Can stimulate memory • Gives a sense of pride	• Initiate by saying "Tell me about how you …or when you…" • The facts are not important. It is really about the enjoyment of telling the story. (early phase)
Looking at photo albums or magazines	• Provides visual stimulation	• Make magazines and photo albums readily available. (all phases)
Taking a walk	• Can reduce stress and agitation • May help the person to sleep better • Stimulates senses	• Walk with the person outdoors, unless your setting has a secure outdoor space for walking. • Make sure all pathways are clear of debris or clutter. (all phases)
Brush hair, massage hands, feet or back	• Provides personal interaction	• Be attentive to personal preferences. (all phases)
Ice cream socials or other social activities	• Provides sensory stimulation • Provides a pleasurable experience	(all phases)
Feeding the birds Petting a cat or dog	• Can lower blood pressure • Promotes relaxation	• Make sure animals are calm and accustomed to being around people. (early to mid-phases)

Purpose: To Feel Productive (That He or She Has Something to Contribute)

Activity	Benefits	Benefits
Folding clothes, stirring batter, kneading dough, washing vegetables, tearing lettuce, setting the table, washing the car, raking leaves	• Helps maintain hand-eye coordination • Stimulates senses • Provides a sense of purpose • Provides opportunities to tap into past skills	• Provide activity stations where the person can initiate independent activity.

Handout - Activity Ideas Page 2

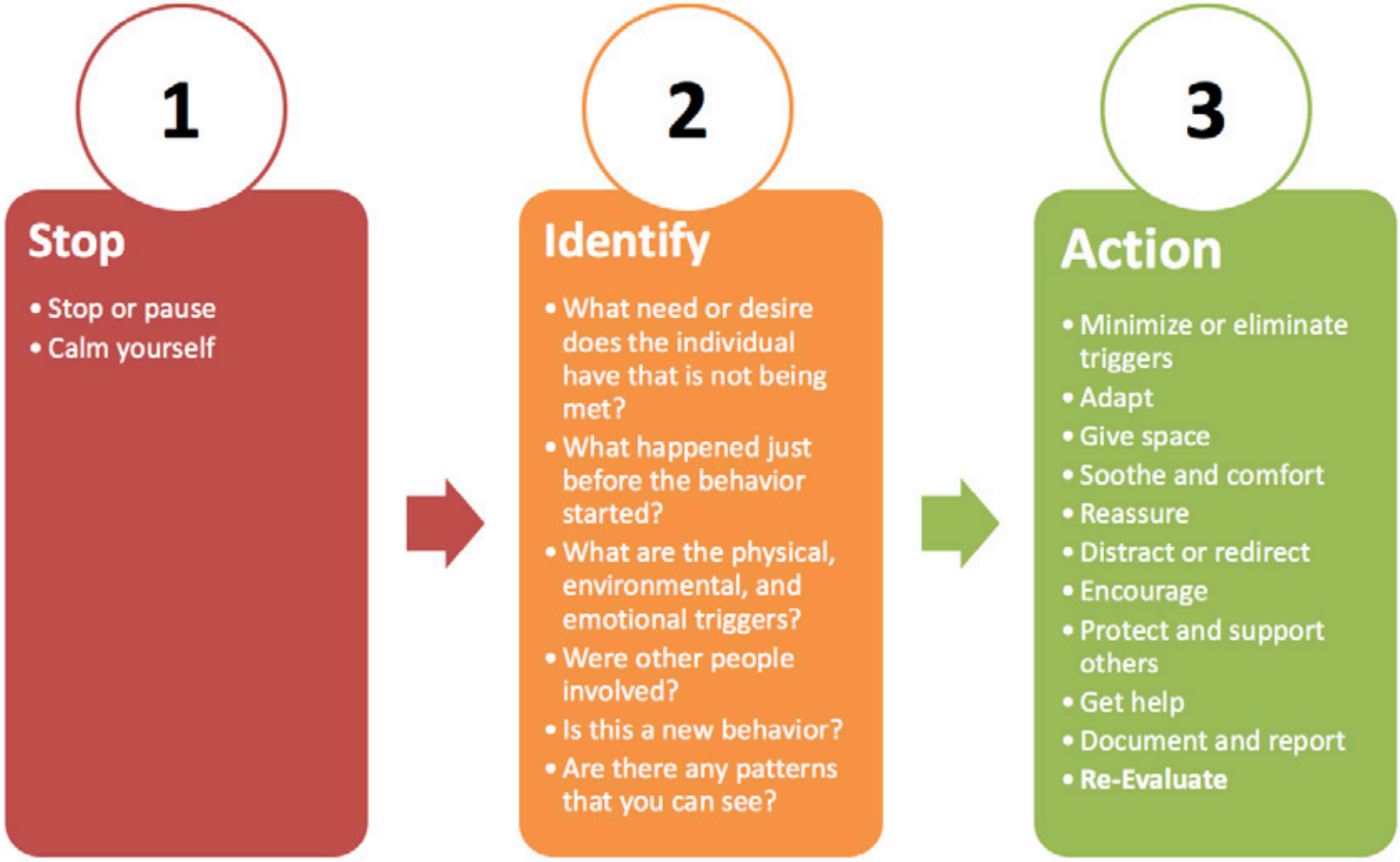
Purpose: Have Meaningful Contact with Others

Activity	Benefits	Benefits
Performing personal care (ADLs)	• Gives a sense of pride and independence • Makes the activity more meaningful • Helps the person retain skills	• Do tasks with the person, not for the person. • Praise successes. • Give limited choices to avoid confusion. • Remember that routine provides security.
Separating change or buttons into piles Matching and sorting socks	• Helps maintain fine motor skills	• Make items available and let the person initiate the activity. • It does not matter whether everything is done correctly.

Purpose: To Continue to Participate in Life-Long Routines/Patterns

Activity	Benefits	Benefits
Coffee and a newspaper	• Promotes relaxation and interaction • Provides a sense of security	• People may lose their ability to read, yet enjoy being read to.
Folding clothes	• Helps keep hand-eye coordination intact	• Set out a basket of clothes and allow the person with dementia to initiate the activity. • Prompt, or give visual cues if necessary.
Praying or reading from a spiritual text	• May provide a sense of calm	• Know and respect the person's belief system.
Happy hour with beverages and appetizers	• Provides socialization	
Game of cards, checkers, or dominos	• Provides recreation and socialization	• Rules do not matter—it is the interaction that is important.

Handout - Strategy for Approaching Behaviors



Remain and appear calm and supportive and do not take the behaviors personally.
If you are unable to get yourself calm and focused, give yourself a time-out or ask for help.

Resources

Adults Surviving Child Abuse. Trauma-Based Approach. Accessed October, 2015. http://www.asca.org.au/WHAT-WE-DO/For-Professionals-and-Organisations/Health-Professionals-and-Organisations/Resources-for-Health-Professionals-and-Organisations/Trauma-Based-Approach

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Harris & Wier. Inappropriate Sexual Behavior in Dementia: A Review of the Treatment Literature. September 1998. http://link.springer.com/article/10.1023%2FA%3A1023099109976

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Videos

Many videos are available online through YouTube and other sources that provide information on this topic. The following videos might provide additional information.

ABC NIGHTLINE Tells America About the Virtual Dementia Tour®
https://www.youtube.com/watch?v=QEmBmokHU3Q
(6:50)
VDTSWD
Published on Apr 5, 2013
ABC News reporter Cynthia McFadden experiences the Virtual Dementia Tour and shares the story of a family facing Alzheimer's disease.

Understand Alzheimer's Disease in 3 Minutes
https://www.youtube.com/watch?v=Eq_Er-tqPsA&feature=youtu.be
(3:14)
TenderRoseHomeCare
Uploaded on Mar 2, 2010
Video describes the progression of Alzheimer's Disease—how it damages the brain and how it affects behavior—in a simple, clear way that anybody can understand. Every family caregiver should watch this to better understand what is happening with their loved one.

What is Alzheimer's disease? - Ivan Seah Yu Jun
https://www.youtube.com/watch?v=yJXTXN4xrI8
(3:49)
TED-Ed
Published on Apr 3, 2014
Alzheimer's disease is the most common cause of dementia, affecting over 40 million people worldwide. And though it was discovered over a century ago, scientists are still grappling for a cure. Ivan Seah Yu Jun describes how Alzheimer's affects the brain, shedding light on the different phases of this complicated, destructive disease.

Vascular Dementia & Artery Plaque
https://www.youtube.com/watch?v=7FfRzEF9ei0
(:42)
Alzheimer's Weekly
Published on Feb 23, 2013
Vascular dementia is often brought on by atherosclerosis. This animation from Mayo Clinic illustrates how a person develops atherosclerosis.

Living with Lewy Body Dementia - Mayo Clinic
https://www.youtube.com/watch?v=RSRbR1R4mz0
(2:57)
Mayo Clinic
Uploaded on Aug 22, 2011
The disease is the second most common form of dementia, Alzheimer's being the first. There is no cure, but experts at Mayo Clinic are researching Lewy Body disease in hopes of improving the lives of people who struggle with it.

Frontotemporal Dementia - Mayo Clinic
https://www.youtube.com/watch?v=Xm3GpyaK-EE
(3:04)
Mayo Clinic
Published on Oct 28, 2014
Frontotemporal Dementia - Mayo Clinic

Daniel My Brother (Huntington's Disease)
https://www.youtube.com/watch?v=JzAPh2v-SCQ
(2:11)
Jason Mundy
Uploaded on Feb 13, 2010
Video of my bother (Daniel Mundy) and his battle with Huntington's Disease

Parkinsonian Gait Demonstration
https://www.youtube.com/watch?v=j86omOwx0Hk
(1:13)
Belal Alsabek
Uploaded on Nov 13, 2009

Henry - Man In Nursing Home Reacts To Hearing Music From His Era
https://www.youtube.com/watch?v=fyZQf0p73QM
(6:29)
Music & Memory
Uploaded on Nov 18, 2011
http://www.MusicandMemory.org

Dementia Dog - Living Well with Dementia
https://www.youtube.com/watch?v=JsMdDkr27EY
(1:51)
Design Council
Published on Feb 20, 2015
Meet Dementia Dog, a pilot service providing assistance dogs to people with dementia, helping them lead more fulfilled, independent and stress-free lives.

How Can We Include People with Dementia in Our Community?
https://www.youtube.com/watch?v=P77EuUZyqZ0&feature=youtu.be
(2:52)
Trinity College Dublin
Published on Feb 18, 2014

The Bookcase Analogy - Dementia Friends
https://www.youtube.com/watch?v=9iOnxYbdrrE&feature=youtu.be
(5:13)
Alzheimer's Society
Published on Sep 16, 2015
Dementia Friends Champion Natalie talks through the 'bookcase analogy'. The analogy can help you to understand the way dementia affects a person.

Gladys Wilson and Naomi Feil
https://www.youtube.com/watch?v=CrZXz10FcVM&feature=youtu.be
(5:46)
Memorybridge
Uploaded on May 26, 2009
Naomi Feil, founder of Validation Therapy, shares a breakthrough moment of communication with Gladys Wilson, a woman who was diagnosed with Alzheimer's in 2000 and is virtually non-verbal. Learn

Notes

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Washington State
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