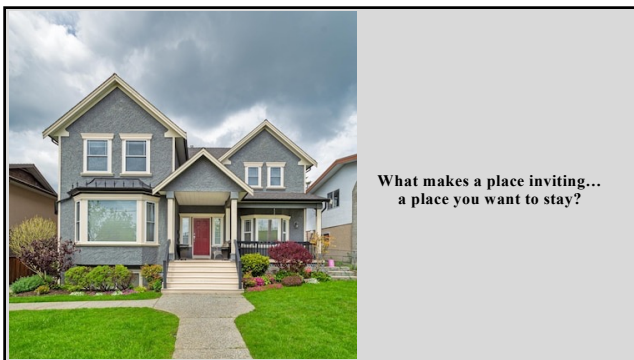
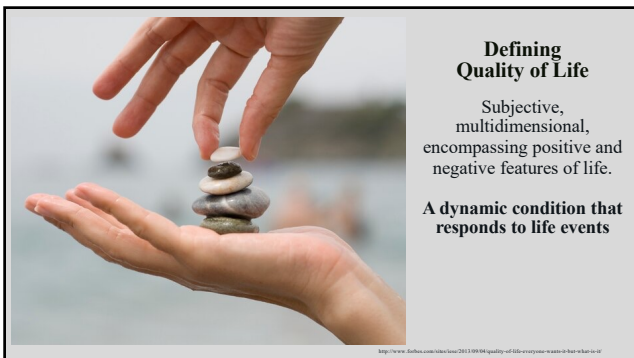





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CULTURE
The set of *shared attitudes, values, goals, and practices* that characterizes a company, corporation, or community.

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A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

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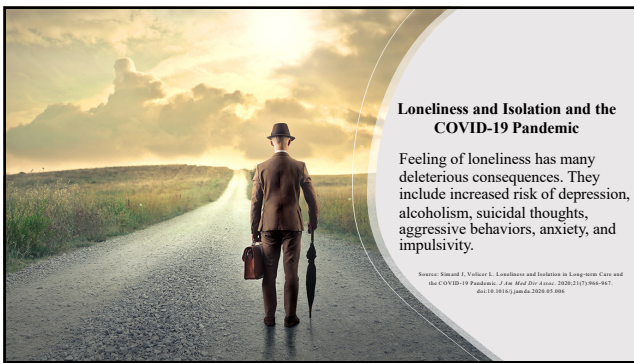
Dementia

- A general term to describe a group of symptoms related to loss of memory, judgment, language, complex motor skills, and other intellectual function, caused by the permanent damage or death of the brain's nerve cells, or neurons.
- However, dementia is not a specific disease.
- There are many types and causes of dementia with varying symptomology and rates of progression.

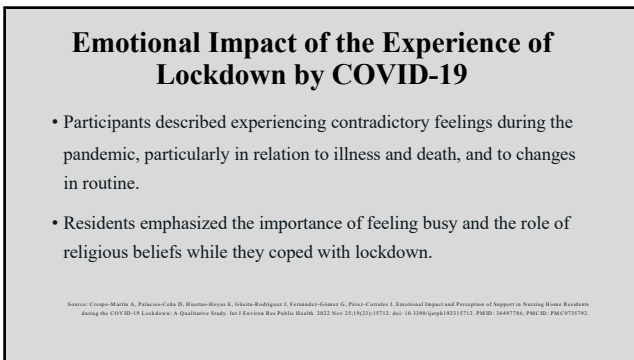
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13

Understanding Transfer Trauma

- **Transfer trauma** is a term used to describe a state of anxiety or stress that a person may experience when being moved from one environment to another.
- It's common for people in the early stages of dementia moving from their lifelong home into a new environment to not understand why.

14

Symptoms Associated with Transfer Trauma

Transfer trauma, also known as relocation stress syndrome, includes a cluster of symptoms that occur in a senior after moving. The mood, behavior and physiological symptoms include:

- | | |
|-----------------|--|
| • Sadness | • Wandering |
| • Anger | • Withdrawal |
| • Irritability | • Refusing care |
| • Depression | • Poor appetite |
| • Anxiety | • Weight loss/gain |
| • Confusion | • Increased coping through bad habits |
| • Combativeness | • Indigestion |
| • Screaming | • Nausea |
| • Complaining | • Sudden onset of irritable bowel syndrome |

https://www.carequest.com/blog/What-Is-Transfer-Trauma-And-How-To-Avoid-It_AE315.html

15

Complications of Transfer Trauma

- Increased elopement risk.
- Over an extended period of time, the risk for isolation and depression, anxiety, resistance to care, and similar behavior disturbances increases.
- The common option to use psychotropic drug therapies in addressing behavior disturbances may produce many side effects.

<https://www.crisisprevention.com/blog/transfer-trauma-dementia>

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What is Trauma-Informed Care?

Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

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The Five Principles of Trauma-Informed Care

- The **Five Guiding Principles** are;
 - Safety;
 - Choice;
 - Collaboration;
 - Trustworthiness; and
 - Empowerment.
- Ensuring that the physical and emotional safety of an individual is addressed is the first **important** step to providing **Trauma-Informed Care**.

<http://facebook.in/fisu.edu/ucopl/research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

18

What to Ask...

- How do you feel about being in large groups of people?
- Are there any specific things that turn you off about other people?
- How do you express yourself when you are angry, frustrated or upset?
- What things do you do to comfort yourself at times when you feel this way?

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What to Ask...

- How do you feel about needing help with your personal care?
- Things the resident finds stressful
- Resident's feelings about noise and sharing living space
- Current life goals and aspirations

20

What to Ask...

- Are you sexually active?
- Is there anything about your sexual needs or preferences that you want to share?
- Do you need education on safe sexual practices or infection control?
- Do you require private time with a spouse or significant other?

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THE GLOBAL DETERIORATION SCALE

Assessing The Degree Of Dementia

GLOBAL DETERIORATION SCALE (GDS)

Stage	Definition, description and function	Usual care setting
1	Independent and alert/fully oriented	Independent
2	Requires assistance of daily memory cues, especially calendar checking	Independent
3	Mild Cognitive Impairment (MCI) Functionally normal but at greatest risk for decline and/or dementia	Independent
4	Early dementia Requires assistance with critical information, such as telephone numbers, e.g. for family	High to intermediate dependency
5	Moderate dementia Requires assistance with critical information, such as telephone numbers, e.g. for family	High to intermediate dependency
6	Severe dementia Requires assistance with critical information, such as telephone numbers, e.g. for family	High to intermediate dependency
7	Very severe dementia Requires assistance with critical information, such as telephone numbers, e.g. for family	High to intermediate dependency
8	End-stage dementia Requires assistance with critical information, such as telephone numbers, e.g. for family	High to intermediate dependency

22

Understanding Common Symptoms

Wandering: Residents wander because they are lost. They may go in search of a place or person that looks familiar to them. They may be trying to find the way out or simply find their room.

Caregivers need to anticipate the needs of these residents and apply interventions that will help minimize the need or desire to wander.

Such interventions might include:

- Cuing resident's room to make it easier to find;
- Providing general navigational cues in hallways; or
- Having a family photo available to redirect the resident's attention when he/she is searching for family members.

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Understanding Common Symptoms

Verbal disruption: Residents with dementia often have repetitive speech patterns, asking the same questions over and over. They stumble over words, make up words, and are likely to become easily frustrated when they are not understood.

Caregivers need to anticipate these communication patterns and be prepared to supply words or finish phrases.

Other interventions might include:

- Using picture/word cues to better communicate;
- Demonstrating; or
- Gesturing.

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Understanding Common Symptoms

- **Verbal Aggression:** Cursing, yelling, or screaming behavior may be motivated by a variety of things.
 - Residents with dementia often don't recall learned social behavior and may use profanity without realizing it as offensive.
 - Or they may use such language unconsciously in anger or frustration.
- The resident who yells may be expressing a need for attention, demonstrating frustration, or may be unconsciously calling out.
 - Screaming is most often a reaction to fear or severe discomfort.

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Understanding Common Symptoms

More on Verbal Aggression:
 In some populations, calling out or screaming may also be the chain reaction response to others who may be calling out.
 Excessive environmental stimulation (i.e., too much movement, noise, temperature, or feeling crowded) may also cause people to call out.



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Understanding Common Symptoms

- Responding to Verbal Aggression:**
- The more you understand about the motivation for the behavior, the better you will be at developing an appropriate intervention.
 - If a resident becomes verbally aggressive in anger or frustration, learn the triggers to this behavior and work to minimize them.
 - Modifying the environment to limit noise and distraction may also help to reduce verbal aggression.
 - Caregivers can alter the volume of their own voices, or lower the volume of televisions and radios in the area, all of which will help to decrease agitation and aggression.

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Understanding Common Symptoms

Physical aggression: Residents with dementia will often act out aggressively, hitting, grabbing, kicking, etc., when threatened or frightened.

- A common time for such behavior to occur is during ADL care.
 - It is likely that, in their confusion, residents with dementia react in a self-defense mode when touched in an intimate manner by someone they may see as a stranger.
- Other types of aggressive behavior may occur between residents for a variety of reasons.
 - The most common scenario is when a resident who wanders into another's room provokes an aggressive response from the resident who is intruded on.

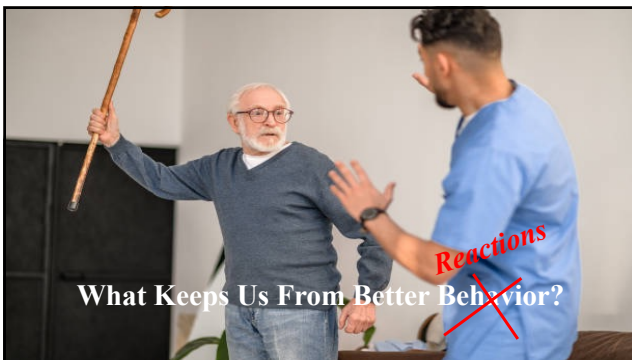
28

Understanding Common Symptoms

Responding to physical aggression: Working to understand what triggers this behavior is key to addressing it.

- If a resident resists care, don't push it. Wait and come back later.
- If two residents have had a verbal altercation, caregivers need to ensure that those residents are diverted away from the situation and supervised to prevent any escalation.
- Residents with dementia should be engaged as much as possible.
- Boredom and isolation cause the majority of challenging behaviors reported in long-term care communities.

29




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31

Managing Potentially Violent Behavior

- Usually violent incidents follow a series of smaller incidents or warning signs. Identifying the triggers to the behavior, including the person or persons who may incite the individual, is the most important step to preventing escalation of a behavioral episode.
- The inappropriate behavior of a person prone to violence usually escalates over time. A diagnosis of mental illness or cognitive impairment will complicate any circumstance in which the potential for violence exists.
- Ensuring your safety and that of others is the most important action you can take. Know and understand behavioral warning signs. Practice good assessment skills. Anticipate behaviors identified as symptoms of a particular diagnosis and plan proactively.




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Two forms of aggressive behavior:

Verbal aggression: Yelling, cursing, screaming, name calling.



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Physical aggression: Hitting, biting, kicking, slapping.


34

Four Levels Of Crisis Episode Development

- Anxiety Level
- Defense Level
- Acting Out Person
- Tension Reduction

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Anxiety Level:
Noticeable increase or change in behavior.
 The individual may begin to pace back and forth, fiddle with clothing, or rock in his/her seat.
 Any behavior that appears as a release for built up energy.



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Defense Level: The stage at which the person's behavior rises to the level of challenge: He/she may become increasingly restless and hostile, attacking with comments on weight, sex, race, or other sensitive issues. He/she may attack your authority, or the authority of the institution. The person is losing rationality, he/she may no longer be listening to what you are saying but focusing on the tone of voice or your body language.

37



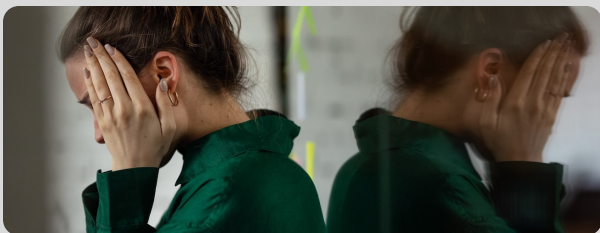
Acting Out Person: This third level of crisis episode development involves a total loss of control and usually leads to physical violence.

It is important for staff to remember that this level of crisis development is generally unplanned.

The person is unable to control the frustration and anger, so the pent-up energy becomes physical violence.

Staff is only the object of the explosion because they are there at the present time, but they are not the actual targets.

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Tension Reduction: When the episode has concluded, the person is drained, physically and emotionally. He/she may even be embarrassed or apologetic. The most important thing about this level of crisis development is that it is the beginning of the person regaining rational control over his/her behavior.

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Crisis Development	Staff Attitude
1. Anxiety.....	→ Supportive
1. Defensive.....	→ Directive
1. Acting Out.....	→ Non-violent physical intervention
2. Tension Reduction.....	→ Therapeutic Rapport

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Non-violent Crisis Intervention

Prevention:
Proactive strategies to prevent behaviors from escalating into crises.


De-escalation:
Techniques to reduce the tension in a situation, including verbal and nonverbal communication skills.

41

Non-violent Crisis Intervention

Intervention:
Strategies to manage and respond to crisis behavior, which can include restrictive and non-restrictive methods.

Risk Assessment:
Understanding the factors that contribute to a crisis and using a Decision-Making Matrix to guide responses.



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Non-violent Crisis Intervention

Personal Safety:

Techniques for staff to maintain their own safety and avoid injury during confrontations.

Care, Welfare, Safety, and Security:

A framework that guides interventions to prioritize the well-being of all involved.



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Dealing with Escalating Behavior



Stay calm, listen attentively, make the person feel comfortable, and ask the person to sit down.



Treat the person with dignity and respect. Understand that delusions and suspicions are symptoms of the mental illness, and very real for the person.



Ask, "What can I do to help you?" Focus your attention on meeting the person's needs.



Acknowledge the person's concerns.

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Dealing with Escalating Behavior



Maintain eye contact.



Speak slowly, softly, and clearly.



Avoid being defensive.



Set ground rules/boundaries, such as, "When you shout at me, I can't understand what you're saying."

45

Dealing with Escalating Behavior



Do not argue.



Signal a co-worker *quietly*, if you need help.



If the person has an urgent need to communicate, don't put it off.



Keep the situation in your control.

46

Allow the Aggrieved Party to Suggest a Solution



A person will more readily agree to a resolution that he or she helped formulate.



It may surprise you that his suggestion may be very reasonable.



Move toward win/win resolution, both make concessions. Try to get something for something.

47

Listening

- Listen carefully to what the person is saying. Offer encouragement both verbally and non-verbally, for example by making eye contact and nodding.
- The person's body language can show a lot about their emotions. The expression on their face and the way they hold themselves can give you clear signals about how they are feeling when they communicate.
- If you haven't fully understood what the person has said, ask them to repeat it. If you are still unclear, rephrase their answer to check your understanding of what they meant.
- If the person with dementia has difficulty finding the right word or finishing a sentence, ask them to explain it in a different way. Listen and look out for clues. If they cannot find the word for a particular object, ask them to describe it instead.

<https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms-how-to-communicate-dementia/> - 2021 - Listen%20carefully%20to%20what%20the%20person%20is%20saying%20and%20offer%20encouragement%20both%20verbally%20and%20non-verbally

48



49

**F679 Activities
Recommendations for Behavioral Interventions**

For the resident who exhibits behavior that require a less stimulating environment to discontinue behaviors not welcomed by others sharing their social space:

- Offering activities in which the resident can succeed, that are broken into simple steps, that involve small groups or are one-to-one activities such as using the computer, that are short and repetitive, and that are stopped if the resident becomes overwhelmed (reducing excessive noise such as from the television);
- Involving in familiar occupation-related activities. (A resident, if they desire, can do paid or volunteer work and the type of work would be included in the resident's plan of care, such as working outside the facility, sorting supplies, delivering resident mail, passing juice and snacks. (§483.10(c)(8) Resident Right to Work);

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**F679 Activities
Recommendations for Behavioral Interventions**

- Involving in physical activities such as walking, exercise or dancing, games or projects requiring strategy, planning, and concentration, such as model building, and creative programs such as music, art, dance or physically resistive activities, such as kneading clay, hammering, scrubbing, sanding, using a punching bag, using stretch bands, or lifting weights; and
- Slow exercises (e.g., slow tapping, clapping or drumming); rocking or swinging motions (including a rocking chair).

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**F679 Activities
Recommendations for Behavioral Interventions**

For the resident who goes through others' belongings:

- Using normalizing life activities such as stacking canned food onto shelves, folding laundry; offering sorting activities (e.g., sorting socks, ties or buttons); involving in organizing tasks (e.g., putting activity supplies away); providing rummage areas in plain sight, such as a dresser; and
- Using non-entry cues, such as "Do not disturb" signs or removable sashes, at the doors of other residents' rooms; providing locks to secure other resident's belongings (if requested).

52

Fostering Social Engagement

- Creating opportunities for residents and staff to get to know each other;
- Helping residents to identify commonalities in occupational history, social habits, or expressions of culture and ethnicity;
- Showcasing resident and staff talents and contributions to the community at-large;
- Facilitating social engagements and special events with external community entities.



53



54

The Impact Of Music On MEMORY AND LANGUAGE


Researchers have found that "musical training has a profound impact on other skills including speech and language, memory and attention, and even the ability to convey emotions vocally."

R.E. Baker, "Music Benefits Of Brain Research Reveals, June 2018," ResearchGate.com, <https://www.researchgate.net/publication/322221222>

For people with cognitive and memory deficits, medical research shows us that music affects the brain in ways that can promote language and understanding beyond the spoken word. New research also shows that music has a significant impact on reducing depression and agitation in people with dementia.

Lord Harrison, "Music Therapy May Help Dementia Patients Remember," <https://www.dailymail.co.uk/health/article-3811111/musical-therapy-dementia.html>, 11/12/2015

55



Music Helps Dementia Patients Recall Memories and Emotions

- Researchers determined the effect music has on dementia patients, by leading half of the participants through selected songs while the other half listened to the music being played.
- After the musical treatment, all participants took cognitive ability and life satisfaction tests which showed how participants scored significantly better when being lead through songs, rather than only listening.

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Singing is Engaging

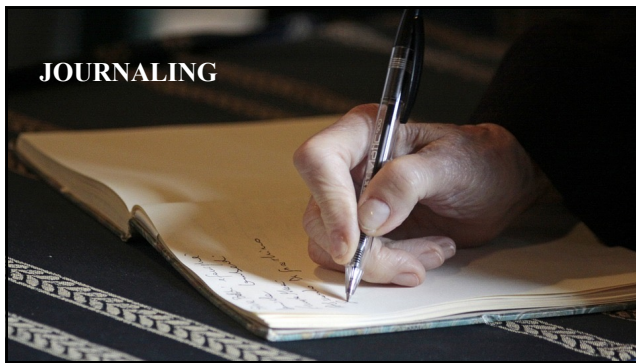
- The singing sessions in the study engaged more than just the brain and the area related to singing.
- As singing activated the left side of the brain, listening to music sparked activity in the right and watching the class activated visual areas of the brain.
- With so much of the brain being stimulated, the patients were exercising more mind power than usual.

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Non-pharmacological Interventions

Increasing	Increasing the amount of resident exercise;
Reduce	Reducing underlying causes of distressed behavior such as boredom and pain;
Improve	Improving sleep hygiene;
Accommodate	Accommodating the resident's behavior and needs by supporting and encouraging activities reminiscent of lifelong work or activity patterns;
Use	Using massage, hot/warm or cold compresses to address a resident's pain or discomfort;
Enhance	Enhancing the dining experience.

58



59



60



Combining ADL, Leisure, and Task Activity

61

101 Things to do with a person with Alzheimer's and Dementia Disease
 Please consider each activity. Make each activity become oriented, future free, purposeful and meaningful.

1. Water cottage from magazines	65. Memorize "Old Times"
2. Play dominoes and checkers	66. Play dominoes
3. Read comics	67. Draw a scene
4. Read old letters	68. Draw a scene
5. Read old newspapers	69. Draw a scene
6. Read old magazines	70. Draw a scene
7. Read old books	71. Draw a scene
8. Read old papers	72. Draw a scene
9. Read old letters	73. Draw a scene
10. Read old newspapers	74. Draw a scene
11. Read old magazines	75. Draw a scene
12. Read old books	76. Draw a scene
13. Read old papers	77. Draw a scene
14. Read old letters	78. Draw a scene
15. Read old newspapers	79. Draw a scene
16. Read old magazines	80. Draw a scene
17. Read old books	81. Draw a scene
18. Read old papers	82. Draw a scene
19. Read old letters	83. Draw a scene
20. Read old newspapers	84. Draw a scene
21. Read old magazines	85. Draw a scene
22. Read old books	86. Draw a scene
23. Read old papers	87. Draw a scene
24. Read old letters	88. Draw a scene
25. Read old newspapers	89. Draw a scene
26. Read old magazines	90. Draw a scene
27. Read old books	91. Draw a scene
28. Read old papers	92. Draw a scene
29. Read old letters	93. Draw a scene
30. Read old newspapers	94. Draw a scene
31. Read old magazines	95. Draw a scene
32. Read old books	96. Draw a scene
33. Read old papers	97. Draw a scene
34. Read old letters	98. Draw a scene
35. Read old newspapers	99. Draw a scene
36. Read old magazines	100. Draw a scene
37. Read old books	101. Draw a scene
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44. Read old letters	
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93. Read old papers	
94. Read old letters	
95. Read old newspapers	
96. Read old magazines	
97. Read old books	
98. Read old papers	
99. Read old letters	
100. Read old newspapers	
101. Read old magazines	

101 ACTIVITIES ANYONE CAN DO

1. Listen to music
2. Make homemade lemonade
3. Count trading cards
4. Clip Coupons
5. Sort poker chips
6. Rake leaves
7. Write a poem together
8. Make a fresh fruit salad...

Source:
<https://americantemplates.com/printable-dementia-activities/>

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*Creating Meaningful, Satisfying Lives
 One Person at a Time*

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