Best Practices in Dementia Care
Building Hands On Skills for Communication and Interactions

Reality Check #1:
As a Caregiver,
You Will Make Mistakes!
Get Over It!!!!

AH OHs!
Lead to
AH HAs!

Time Out Signal
Resisting Resistance JUST Increases Resistance

If It Isn’t Working:
STOP & Back Off
Think About It
Try Again – But Change Something

Five Ways to Say “I Am Sorry!”

- I’m sorry, I was trying to help
- I’m sorry I made you feel (emotion) angry, irritated, frustrated, sad, isolated…
- I’m sorry I made you feel (intellectual capacity or relationship unequal) like a child, stupid, like an idiot…
- I’m sorry that happened (their perspective)
- I’m sorry, this is HARD! (for both of you)

Alzheimer’s Disease
• Young Onset
• Late Onset

Vascular Dementias
Mult-infarct

Lewy Body Dementia

Fronto-Temporal Lobe Dementia

Other Dementias:
• Genetic syndromes
• Normal pressure hydrocephalus
• Infections – BBB cross
• Parkinson’s
• Multiple system atrophy
• Huntington’s
• Amyloid deposition – AD
• Vascular disease
• Infections – BBB cross

DEMENTIA
Learning How to Communicate When Dementia is in the Picture
How You Do What You Do Matters!

Communicating
Using ALL Five Senses and Connectors

Understanding the world – FIVE Senses
1st – what you see
2nd – what you hear
3rd – what you feel/touch
4th – what you smell
5th – what you taste
Getting Info In – FIVE Senses

- 1st – Vision
- 2nd – Hearing
- 3rd – Touch
  • Temperature
  • Texture
  • Pressure
  • Movement
- 4th – Smells
- 5th – Tastes

Giving Information

1st – Show
2nd – Tell
3rd – Touch
4th – Scents & Aromas
5th – Tastes

Connect

1st – let them see you – use props & demo
2nd – use a FEW words – match to ‘show’
3rd – offer friendly touch then guide
4th – match then guide emotions to safety
5th – Know the person & use preferred name
Sensory Strip
Motor Strip
White Matter
Connections
BIG CHANGES

Automatic Speech
Rhythm – Music
Expletives
PRESERVED

Formal Speech &
Language
Center
HUGE CHANGES

Hand-Under-Hand Assistance

Executive
Control
Center
Emotions
Behavior
Judgment
Reasoning
Vision Center – BIG CHANGES

Visual Cues
- Signs
- Pictures
- Props – Objects
- Gestures
- Facial expressions
- Demonstrations

Building Hands On Caregiving Skills for Dementia
Learning to Use What Remains to Help Provide Life Worth Living
Five Skill Areas
- Getting Connected
- Ways of Cueing & Helping
- Hand-under-hand Assistance
- Progression of Dementia
- Time Out Signal

Your Approach
- Use a consistent positive physical approach
- pause at edge of public space
- gesture & greet by name
- offer your hand & make eye contact
- approach slowly within visual range
- shake hands & maintain hand-under-hand
- move to the side
- get to eye level & respect intimate space
- wait for acknowledgement

Getting Connected
Say Something Nice
Form a Relationship FIRST!
Getting Connected

- Do Introductions
  - Give your name … “and you are…”
  - Share something… (you first… and then them)
  - “I’m from _____ and you are from…?”
- Give a compliment (about the person)
  - beauty, strength, brains
- Make a positive observation (about stuff)
  - “those are beautiful flowers/children…”
- Find out about the person – (keep it simple)

Ways of Cueing and Helping

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

How you help…

- Sight or Visual cues
- Verbal or Auditory cues
- Touch or Tactile cues
How Do You Get Information from People Living with Dementia about What They Want, Need, or Think?

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

Progression of Dementia
Understanding the levels

Stages – in a positive way

- Sapphires
- Diamonds
- Emeralds
- Ambers
- Rubies
- Pearls
GEMS  
A positive approach...

- Sapphires – True Blue – Slower BUT Fine
- Diamonds – Repeats & Routines, Cutting
- Emeralds – Going – Time Travel – Where?
- Ambers – In the moment - Sensations
- Rubies – Stop & Go – No Fine Control
- Pearls – Hidden in a Shell - Immobile

Brain Failure

The person’s brain is dying

Normal Brain  Alzheimer’s Brain
Positron Emission Tomography (PET)
Alzheimer’s Disease Progression vs.
Normal Brains

- Normal
- Early Alzheimer’s
- Late Alzheimer’s
- Child

Three Reasons to Communicate

- Get something DONE
- Have a conversation
- Help with distress

Form a relationship FIRST
Then Work on Task Attempt

- Communication –
  Getting the person to DO Something
Connect
- 1st – Visually
- 2nd – Verbally
- 3rd – Physically
- 4th – Emotionally
- 5th – Individually

To Connect
Use the Positive Physical Approach

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**Hand-under-Hand**
protects aging, thin, fragile, forearm skin

**High Risk**

**Hand-Under-Hand Position**
THEN – Connect Emotionally & Personally

- Make a connection
  - Offer your name – “I’m (NAME) and you are…”
  - Offer a shared background – “I’m from (place) and you’re from…”
  - Offer a positive personal comment – “You look great in that ….“ or “I love that color on you…”
  - Notice how the person is feeling – “Sounds like you aren’t liking it here… You look like you’re having a great time….”

THEN – Get it GOING!

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

ALWAYS REMEMBER – V-V-T

- Always use this sequence to CUE:
  - VISUAL
  - VERBAL
  - TOUCH
- Make cues ‘bigger’ and SLOWER as the dementia progresses-pause longer
- GIVE FEEDBACK CUES – positive!!!!
**Give SIMPLE INFO**

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

**When Words Don’t Work Well…**

- Hand-under-Hand
  - Uses established nerve pathways
  - Allows the person to feel in control
  - Connects you to the person
  - Allows you to DO with not to
  - Gives you advance notice of ‘possible problems’
  - Connects eye-hand skills
  - Use the dominant side of the person

**Use of Hand-Under-Hand**

- Connecting – comforting and directing gaze
- Guiding and helping with movement
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything
Use Supportive Communication

- Repeat a few of their WORDS with a ? at the end
- LISTEN...
- Then –
  - Offer EMPATHY
    - "Sounds like..."
    - "Seems like..."
    - "Looks like..."
- LISTEN...
- AVOID Confrontational QUESTIONS...
- Use just a FEW words
- Go SLOW
- Use EXAMPLES...
- Fill in the BLANK...
- LISTEN!!!

More Supportive Communication...

- Validate emotions
  - EARLY – "It’s really (label emotion) to have this happen" or "I’m sorry this is happening to you"
  - MIDWAY – repeat their words (with emotion)
    - LISTEN for added INFO, IDEAS, THOUGHTS
    - EXPLORE the new info BY WATCHING & LISTENING
  - LATE – CHECK OUT the WHOLE Body –
    - Face, posture, movement, gestures, touching, looking
    - Look for NEED under the words or actions

Once Connected & Communicating...

- Move FORWARD
  - ADD New Words...
  - Move to a New Place – Location
  - Add a NEW Activity
- EARLY – Redirection
  - Same subject
  - Different focus
- LATER – Distraction
  - Different subject
  - Unrelated BUT enjoyed
For ALL Communication

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

Dementia can be treated

- With knowledge
- With skill building
- With commitment
- With flexibility
- With practice
- With support
- With compassion