



- Use past experiences to fill in the gaps of his or her damaged short-term memory:

Mr. Johnson calls every female caregiver "Sara."

Past memories define the caregivers' identities.

Mrs. Ford bathes.

Past memories of daily bathing define present reality.

"Giving Assistance"

- People with Alzheimer's disease can retain certain living skills that they would normally lose if caregivers let them perform those skills regularly.
- Guiding people with AD to perform certain activities of daily living (ADLs) rather than performing the tasks for them allows them to hang onto those skills they might otherwise lose as a result of the progressively degenerative brain disorder.

Promote Independence

- A study demonstrated is that when people with Alzheimer's disease are provided with the appropriate support they can improve their ability to participate in ADLs.
- The appropriate support involves 'behavioral intervention', a research term for cueing.
- If nursing staff or an in-home caregiver does things for people that they can do for themselves, you run into a condition called 'access disability' which is an inability to do things that's caused by the caregiver, not necessarily the disease.

Promote Failure-free activity

- Caregivers need to resist the temptation to simply perform these tasks for them because it is often easier and quicker.
- Provide cueing to start and finish some challenging tasks, such as dressing, while encouraging them to attempt to complete some portion of the task themselves, it can help build confidence and maintain independence longer.
- The key here is when we ask them to do something, we must be careful to gauge the activity as to determine if they could do it successfully, so we do not get a negative response.

Learn their Reality

- Look for signs of frustration
- Remove obstacles to communication
- KISS – Keep it simple
- Avoid confrontation
- Enter the residents world

Validation Techniques

- People with dementia tend to express three basic needs: the **need to be loved**, the **need to be useful** and the **need to express feelings**.
- By linking the behavior to the need, many of the behaviors made more sense.
- Accept their reality and redirect.
- Validation actually improves a patient's orientation to present day reality by reassuring them of their worth and making the present less confusing.

Source: Feli, Naomi. The Validation Breakthrough--Simple Techniques for Communicating With People With Alzheimer's-Type Dementia. Health Professions Press.

Reality Orientation

- Over time individuals with Alzheimer's disease may withdraw from contact with others and the environment as they become increasingly disoriented.
- This withdrawal results in a lack of sensory stimulation.
- To prevent understimulation, a therapy called *reality orientation* was developed.

Reality Orientation

- Surrounded by familiar objects that can be used to stimulate their memory. Other materials, such as a family scrapbooks, flash cards, Scrabble games, a globe, large-piece jigsaw puzzles, and illustrated, large-print dictionaries, are also helpful.
- Another tool, the reality-orientation board, is any board with a surface on which information can be changed easily, such as a blackboard, a pegboard, or an erasable memo board. Both the caregiver and the person with Alzheimer's fill in information such as current day of the week, date, and year, and the weather.
- Reality orientation can also be used for persons who are severely confused. For these individuals, however, work focuses on less complicated information, such as their own name and address, the name of their caregiver, colors, and identification of everyday objects.

Task Breakdown

- Increases possibility for success
- Start and finish tasks
- Work together then leave alone
- If it works – don't fix it!
- Opportunity to praise

Completing the Steps in a Task

- Present step matching abilities
- Demonstrate the step
- Begin the action
- Time to complete each step
- Praise resident
- Repeat

Maintain Resident's Dignity

- Make eye contact
- Encourage resident
- Protect privacy
- Do not discuss resident's needs or condition
- Discreet when giving assistance
- Do not talk down to the residents

Wandering

- The person has paced or walked all of his or her life to cope with stress.
- The behavior comes from habits established at an earlier time in the person's life.
- The person may be searching for something familiar, especially if his or her environment has recently changed.
- The person is trying to find the bathroom, is hungry and looking for food, is cold and looking for warmth, is lonely and looking for a loved one, is bored, or is feeling trapped or agitated.
- The person is trying to escape.
- The behavior may be a side effect of medicine.
- The person is "shadowing" a caregiver because the wanderer doesn't know what he or she should be doing.

How can wandering be helped ?

- Agitation may cause wandering. Low doses of medicine can often be prescribed to manage agitation. Once agitation is decreased, the wandering may decrease.
- Allow the person to wander in a safe environment. For example, let the person wander inside the house but not outdoors if there is not a secure yard.
- Provide a wandering trail where a circular pattern always returns the person to the original point. Inside the home, this trail can be through a series of rooms. Outside, a path can be made within a fenced yard.
- Reduce or prevent daytime napping to promote sleeping at night.
- Put personal items out where the person can see them so he or she does not need to go searching for them.

How can wandering be helped ?

- Reduce noise (for example, television). Sound and confusion in the environment may prompt the person to wander to a quieter, calmer area.
- Reduce the number of people interacting with the person.
- Provide exercise times and walking as a part of daily activities.
- Walk with them, providing guidance and reassurance.
- Reassure the person as to time and place by speaking in a normal tone of voice. Alarming or scolding the wanderer may prompt inappropriate or confrontational behavior.

Sundowning

- Persons with AD may become more suspicious, disoriented, and upset and may have increased hallucinations and delusions late in the afternoon or evening.
- These behavior changes are called sundowning or the sundown syndrome. The cause of sundowning is unknown. It may be due to tiredness at the end of the day. Perhaps seeing and processing information in the dim light of twilight is more difficult and frightening.

How to deal with Sundowning

- Sundowning behaviors may be lessened by a short nap earlier in the day. This helps prevent excessive tiredness and stress at the end of the day.
- A regular routine is helpful to decrease stress. Always doing a particular activity at the end of the day is comforting and reassuring.
- Turning on lights to keep the amount of light constant until bedtime is helpful.
- Many people are more sensitive to noise and have more confusion late in the afternoon. Limit the number of visitors and noise at that time of day.
- Try to determine which changes in surroundings cause behavior problems. Keeping a journal about what happens and when it happens may help. Avoid these changes to help prevent the unwanted behavior associated with sundowning.

Sleep Disturbance

Disruption in a person's normal sleep patterns.

Causes:

- Age
- Pain
- Too hot or too cold
- Illness
- Indigestion

Sleep Disturbance

- Needing to use the bathroom
- Depression
- Bad dreams
- Not tired
- Medication
- Fear or insecurity

Sleep Disturbance

Solutions:

- Evaluate cause of sleep disturbance
- Night lights ensure security
- Caffeine or tobacco
- Provide calming activities like reading or hand massage or aromatherapy

Remedies

- Serve light snack at bedtime
- Limit daytime naps
- Increase exercise during the day
- Creating a bedtime routine and practice it consistently
- Find something quiet, soothing or relaxing
- Aromatherapy

Inappropriate Behavior

- Remain calm, even in the presence of the most offensive situations. Don't raise your voice. Don't act surprised or angry. The person with AD will mirror your emotions. If you stay calm, it helps them to calm down.
- Maintain a sense of humor. Laughter is a great outlet.
- Avoid drawing attention to the person. Try to divert the attention of others from the person with the inappropriate behavior.
- Distract the person to another activity or another area.
- Validate the emotional content of what the person says.
- Do not scold or shame. It makes the situation worse.
- Be sure the person's physical needs are met. Hunger, pain, thirst, stress, or even an infection may cause behavior changes.

Inappropriate Behavior

- Avoid situations that the person might believe are dangerous. When faced with a perceived danger, a person with AD will strike out in self-defense.
- Speak in simple, short sentences.
- Limit choices to two. More than two choices or open options will frustrate the person.
- Break large tasks into small ones to avoid frustration.
- Smile and praise accomplishments. Each accomplishment within a task should be praised.
- Take time. People with AD process information slowly. Give them time to do the task or respond to the question.
- Stand close when providing personal care. It gives the person a sense of security. And, if the person with AD should strike out, the blow may pack less punch than one delivered from farther away.
- Be alert to early signs of frustration and divert the activity.
- Keep everything simple, easy, flexible, quiet, and calm.

Inappropriate Sexual Behavior

- Masturbation:
 - No longer aware of appropriate time/place
 - Sexual needs not being met (rare)

Inappropriate Sexual Behavior

- Undressing:
 - Clothes too tight
 - Clothes itchy/uncomfortable
 - Clothes too warm

Inappropriate Sexual Behavior

- Touching self:
 - Need for bathroom
 - UTI
 - Rash
 - It feels good
 - Ability to judge appropriateness of their own behavior

Inappropriate Sexual Behavior

- Touching others:
 - Misunderstood or misinterpreted staff ("Let's go to bed.")
 - Lost their inhibitions
 - Being flirtatious

Inappropriate Sexual Behavior

When inappropriate sexual behaviors occur:

- Preserve residents dignity
 - Never judge a resident
 - Do not over-react/scold a resident
 - Do not embarrass resident

Proactive Remedies

- Approach in a calm manner
- Discretely offer privacy
- Distract from the behavior
- Check for a rash or UTI
- Escort to the bathroom

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