


A Program of:  
**Alzheimers North Carolina**



**Dementia:  
 Making your helping helpful**

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**If you want to...**

<p><b>Tangle:</b></p> <ul style="list-style-type: none"> <li>• Argue</li> <li>• Take over too quickly/try to help too much</li> <li>• Ignore what the person says or does</li> <li>• Treat the person like a child</li> <li>• Do it all by yourself</li> <li>• Don't take any time for yourself</li> </ul>	<p><b>Tango:</b></p> <ul style="list-style-type: none"> <li>• Go with the flow</li> <li>• Help at the level of the person's loss</li> <li>• Listen with your eyes, ears, heart and spirit</li> <li>• Simplify, don't baby-fy</li> <li>• Build a caregiving team</li> <li>• Take time away, physically, emotionally &amp; spiritually</li> </ul>
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**Tangle or Tango**

- When you tangle:
  - You think about the differences
  - You help too much or not enough
  - You interpret responses as "resistant to personal care", "aggressive", "mean" or "manipulative"
- When you tango:
  - You realize they're just like us
  - With the lid off

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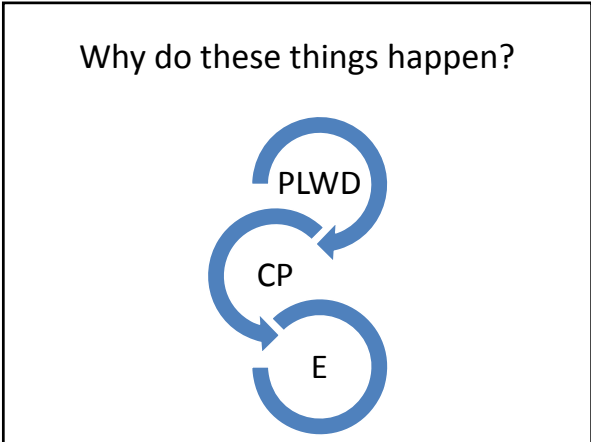
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### What could it be? Identifying underlying issue

Possibilities

- Normal aging
- Mild cognitive impairment
- Acute confusion or delirium
- Dementia

The illustration shows a person standing at a large 'X' shaped junction. Several arrows point in different directions from the center, some with question marks, representing a state of confusion or a difficult choice.

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### “Normal” aging

- Aging impacts each individual in a different way.
- Some changes are universal...
  - More forgetful
  - Increased effort to learn new information
  - Takes longer to retrieve stored information
  - Improved vocabulary
  - Not quicker, but “wiser”
- But each person will change in ways that are unique to him or her.

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## Dementia

- ...is a disease process.
- ...makes usual life and abilities impossible.
- ...is progressive.
- ...is terminal.
- ...responds to treatment.

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## Delirium

- Sudden change AND fluctuations AND inattention AND altered level of consciousness OR disordered thinking
- Physical
  - New condition (infection)
  - Ongoing condition (diabetes)
  - Medications
- Emotional
- Environmental
  - Change in routine
  - Change in physical environment

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## Delirium

- Medical emergency
- Recovery depends on getting appropriate treatment quickly
- Still...vulnerable brain

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### Depression

- Can mimic dementia or delirium
- Think about losses and changes
- Does the person look forward to things they usually would have looked forward to?
- Can be typical or atypical
  - Typical: sad, withdrawn
  - Atypical: angry, distress

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### Structural Brain Failure: Why does he do that?

- Progressive
- One way street
- Depending on type of dementia, changes happen in different areas resulting in different changes
- Currently, medications do not impact

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### Chemical Changes: Why can she do it sometimes?

- Fluctuations: impacted by situation and emotion
- Extremely good moments & extremely bad moments
- Why sometimes they KNOW information, can answer questions, respond appropriately and sometimes they just CAN'T
- Medications impact chemical, not structural

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**Traditional Focus  
When People Struggle**

- We tell to concentrate or try harder  
    If that doesn't work
- We do it for them



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graph LR; A[?] --> B[TELL]; B --> C[TOUCH]
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**CONNECT Approach**

- We make sure to CONNECT
- So they understand and can be successful
- Change focus from what they can't do to what they are able to do



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graph LR; A[SHOW] --> B[TELL]; B --> C[TOUCH]
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**SHOW**

Visual cues

- **YOU!!!**
- What you look like
- How you move
- What's around that helps, or that hurts

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**CONNECT with the  
Positive Physical Approach**

**CONNECT**

- C Come from the front
- O Open palm
- N Not too fast
- N Not in front
- E Establish hand contact
- C Change to hand under hand
- T Take a seat/squat/kneel

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**TELL**

<p><b>Instead of...</b></p> <ul style="list-style-type: none"> <li>• Explaining (logic/arguing)</li> <li>• Taking over</li> <li>• Talking down</li> <li>• Telling the truth</li> <li>• Lying/deceiving/misleading</li> <li>• Asking yes/no questions</li> <li>• Ignoring responses</li> </ul>	<p><b>Try...</b></p> <ul style="list-style-type: none"> <li>• Establishing relationship</li> <li>• Speaking low &amp; slow</li> <li>• Simplifying (not baby-fy)</li> <li>• Saying not now</li> <li>• Finding a point that you CAN agree with</li> <li>• Waiting for the response</li> <li>• Asking will you help? Try?</li> <li>• Saying "I'm sorry, so sorry, so very sorry"</li> </ul>
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**TOUCH  
Hand-under-hand**

- Start all right or all left
  - Right handed person, both right hands, right side
  - Left hander person, both left hands, left side
- Shake, then shift
  - Shake hands
  - Butterfly
  - Fold over (soul or arm wrestling handshake)
- Tool in helper's hand
  - Place between thumb and first finger
  - Hold in same position as if doing for yourself

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### Environment

- See
- Hear
- Feel
- Spaces
- People
- Positive: help you understand what to do
- Negative: not to do, scary

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### What's Important?

- What do we NEED to do?
  - Really think about why are we doing this?
  - Why are we doing this THIS way?
- Using the prosthesis approach
  - What is the underlying loss?
  - How do we replace that?
- Think about the PERSON more than the TASK

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### What can we do to make things better in the moment?

- Understand what is really happening and fix it
  - PLWD, CP, E
  - Back off, change something and try again
- Make the problem smaller
- PPA/CONNECT
- Find a way to be on the person's side
- Treat that person as vulnerable for a while

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### Keep it from happening again

- Systematic approach to behaviors
- Change what CAUSED the problem/trigger
- Change what made the person at RISK or reduced ability to ADAPT
- Watch early for signs of problems

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### Who's this PERSON?

**Physical**

- Health history & habits
- Disease & disabilities
- Sensory changes
- Hand dominance
- Pain & management
- Energy level

**Emotional**

- Depression/anxiety (recent & remote)
- How do you know?
- What should you do?
- Optimist/ pessimist
- Personality features

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### Who's this PERSON?

**Social**

- Love 'em or leave 'em (intro v extra)?
- Who's important?
- Role in family & work
- Type of work & meaning
- Community environment

**Spiritual**

- Beliefs
- Practices/rituals
- Positive/negative experiences
- Tolerance of others
- Views of life
- What gives safety & strength?

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**Who's this PERSON?**

<b>Routines</b> <ul style="list-style-type: none"><li>• ADLS</li><li>• Organizing the day &amp; remote</li><li>• Patterns &amp; routines, recent &amp; remote</li><li>• Best time of day</li><li>• What's the most important?</li></ul>	<b>Likes &amp; dislikes</b> <ul style="list-style-type: none"><li>• Favorites &amp; always liked</li><li>• Pet peeves &amp; really hates</li><li>• What is a comfortable place like?</li><li>• Good manner issues</li></ul>
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**What's the PROBLEM?**

- Is it a problem?
  - Recurrent
  - Different from usual behavior
  - Has a component of risk
- Whose problem is it?
  - Person with dementia
  - Family caregiver
  - Paid caregiver

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**What's the PROBLEM?**

- When does it happen?
- Where does it happen?
- Who's around? Alone?
- How often does it happen?
- How long does it last?
- How does it seem to start?
- How does it seem to stop?
- What makes better?
- What makes worse?

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### What's the **POSSIBLE CAUSE**?

**Intrinsic factors**

- Level of dementia
- Type of dementia
- Health care issues
- Sensory loss
- Emotional issues
- Spiritual distress
- The person and the history

**Extrinsic factors**

- Physical environment  
Noise, sights, setting, temperature
- Helping approaches  
Approach, behaviors, words, actions, & reactions
- Structure of the day  
Pace, pattern, familiarity

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### What's your **PLAN**?

- Nursing
- Social work
- Activities
- Rehab
- Dietary
- Housekeeping
- Maintenance
- Front desk
- Business
- Person with dementia
- Family
- Clergy
- Neighbors
- Others

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### **PRACTICE** Your Plan



- Give it a chance to work
- Watch what happens and when
- Make adaptations & try again

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**PASS IT ON**

- If not better...

REWORK

- If better...

CELEBRATE!!!




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**Progressively Lowered Stress Threshold**

Smith M, Gerdner LA, Hall GR, & Buckwalter, KC. (2004). History, Development and Future of the Progressively Lowered Stress Threshold: A Conceptual Model for Dementia Care, JAGS. 52(10) 1755-1760.

- Three Levels of Behavior
  - Normal
  - Anxious
  - Dysfunctional
- Dementia reduces the amount of stimuli required to move from one level to another
- Not able to self quiet, so spiral up

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**PLST**

- Identify and watch for early signs of anxiety
- Intervene THEN...don't wait for dysfunctional behavior
- Difficult tasks at the best time of the day
- Alternate rest with activity
- Take an activity approach to ADLS
- Separate activities of daily living...not all am care needs to happen in the am

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Can you make him/her...?



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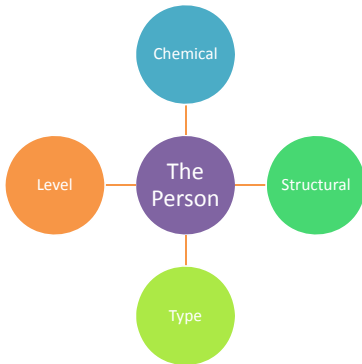
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Can WE Change?



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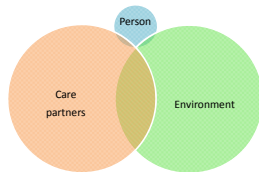
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Focus on what we can change



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### Key Conclusions

- Let it go! Protecting the relationship is priority
- Think about the jobs only YOU can do
- Build a team of people who get it—not by yourself
- Biggest unmet need for many people with dementia is someone to be on their side. They constantly hear “no” and “don’t.”
- “It’s better to be kind than to be right” –Anne Lamott
- “Sometimes you never know the value of a moment until it becomes a memory.” –Dr. Seuss

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### Connecting means:

- Think about the issue from the perspective of the person with dementia
- Consider both who the person WAS and who the person IS
- Make decisions & recommendations that make sense, for THIS person in THIS situation
- Focus is on Working TOGETHER instead of DOING to!!!

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### Alzheimers North Carolina, Inc.



1-800-228-8738  
www.alznc.org

- Counseling
- Support Groups
- Resource and Referral Center
- Educational Conferences and Workshops
- Volunteer Opportunities

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