Module T – Dementia and Alzheimer’s Disease
Teaching Guide

Objectives

- Define the terms, dementia, Alzheimer’s disease, and delirium
- Describe the nurse aide’s role in the care of the resident with Alzheimer’s

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments in Notes Section
- Set up computer/projector

Advance Preparation – Teaching Tips – Instructional Resources/Guest Speakers

- #1T DVD: Consider procuring the DVD, Still Alice, on Alzheimer’s disease. Alice has early-onset Alzheimer’s, a form of the disease that is far rarer and more catastrophic often afflicting victims in their prime (Alice is 50). Watching her lose a word in an early lecture before an audience of her peers, then become completely disoriented during a routine run in the park, is to stumble with her in a journey toward disintegration that is terrifyingly real. The DVD, Still Alice can be purchased online.
- #2T Guest Speaker: employee from a local Alzheimer’s unit; topic: speak about characteristics and care of residents with Alzheimer’s disease
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Definition List

**Activity-based Care** – care focused on assisting resident to find meaning in his or her day, rather than doing activities just to keep the person busy

**Alzheimer’s disease** (AD) – is a progressive disease characterized by a gradual decline in memory, thinking and physical ability, over several years

**Behavior** – how a person acts

**Catastrophic Reactions** – out-of-proportion, extreme responses to activities or situations

**Cognition** – ability to think quickly and logically

**Confusion** – inability to think clearly, causing disorientation and trouble focusing

**Delirium** – a state of severe confusion that occurs suddenly and is usually reversible

**Delusion** – a false belief

**Dementia** – usually progressive condition marked by development of multiple cognitive deficits, such as memory impairment, aphasia, and inability to plan and initiate complex behavior

**Depression** – a loss of interest in usual activities

**Dignity** – respect and honor

**Doing Activities** – activities that keep the person busy

**Independence** – ability to make decisions that are consistent, reasonable and organized; having the ability to perform activities of daily living without assistance

**Irreversible** – disease or condition that cannot be cured

**Meaningful Activities** – have value to the resident with dementia

**Onset** – the time when signs and symptoms of a disease begins

**Paranoia** – an extreme or unusual fear
**Progressive** – the way a disease advances

**Quality of Life** – overall enjoyment of life

**Respect** – treated with honor, show of appreciation and consideration

**Sundowning** – increased agitation, confusion and hyperactivity that begins in the late afternoon and builds throughout the evening

**Trigger** – an event that causes other events

**Wandering** – moving about the facility with no purpose and is usually unaware of safety
# Module T – Dementia and Alzheimer’s Disease

## (S-1) Title Slide

## (S-2) Objectives
1. Define the terms dementia, Alzheimer’s disease, and delirium.
2. Describe the nurse aide’s role in the care of the resident with Alzheimer’s disease.

<table>
<thead>
<tr>
<th>Content</th>
<th>Notes</th>
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</table>

## (S-3) Dementia
- Usually progressive condition marked by development of multiple cognitive deficits such as memory impairment, aphasia, and inability to plan and initiate complex behavior

## (S-4) Types of Dementia
- Alzheimer’s disease – most common cause of dementia. Thought to be caused by clumps of proteins (referred to as tangles) in the brain
- Vascular dementia – can occur when blood circulation to the brain decreases as a result of a stroke or another problem, damaging blood vessels in the brain
- Dementia with Lewy bodies – deposits of protein that develop throughout the brain. These protein deposits damage and kill nerves in the brain over time.
- Mixed dementia -

## (S-5) Alzheimer’s Disease
- Progressive disease
- Gradual decline in memory, thinking and physical ability over several years
- Average life span in 8 years, but survival may be from 3 to 20 years
- Progressive into 7 stages

## (S-6) Alzheimer’s Disease – Stage 1 – No Impairment
- Alzheimer’s disease is not evident
- No memory problems

## (S-7) Alzheimer’s Disease – Stage 2 – Very Mild Decline
- Minor memory problems
- Lose things around the house
- Unlikely to be noticed by family members

## (S-8) Alzheimer’s Disease – Stage 3 – Mild Decline
- Family members and friends may begin to notice cognitive problems
- Difficulty finding the right word during conversations
- Difficulty organizing and planning
- Difficulty remembering names of new individuals
### Module T – Dementia and Alzheimer’s Disease

<table>
<thead>
<tr>
<th>(S-9) Alzheimer’s Disease – Stage 4 – Moderate Decline</th>
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<tbody>
<tr>
<td>- Difficulty with simple math</td>
</tr>
<tr>
<td>- Poor short-term memory (may not recall what they ate for lunch)</td>
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<tr>
<td>- Inability to manage finances</td>
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<thead>
<tr>
<th>(S-10) Alzheimer’s Disease – Stage 5 – Moderately Severe Decline</th>
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<tbody>
<tr>
<td>- Maintain functionality</td>
</tr>
<tr>
<td>- Usually able to bathe and toilet independently</td>
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<tr>
<td>- Still know their family members</td>
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<tr>
<td>- Difficulty dressing appropriately</td>
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<tr>
<td>- Inability to recall simple details, such as their own address or telephone number</td>
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<tr>
<td>- Significant confusion</td>
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<thead>
<tr>
<th>(S-11) Alzheimer’s Disease – Stage 6 – Severe Decline (1)</th>
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<tbody>
<tr>
<td>- Need constant supervision, usually require professional care</td>
</tr>
<tr>
<td>- Confusion or unawareness of environment and surroundings</td>
</tr>
<tr>
<td>- Inability to remember most details of personal history</td>
</tr>
<tr>
<td>- Loss of bladder and bowel control</td>
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<table>
<thead>
<tr>
<th>(S-12) Alzheimer’s Disease – Stage 6 – Severe Decline (2)</th>
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<tbody>
<tr>
<td>- Major personality changes</td>
</tr>
<tr>
<td>- Possible behavior problems</td>
</tr>
<tr>
<td>- Need assistance with bathing and toileting</td>
</tr>
<tr>
<td>- Wandering</td>
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</tbody>
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<table>
<thead>
<tr>
<th>(S-13) Alzheimer’s Disease – Stage 7 – Very Severe Decline</th>
</tr>
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<tbody>
<tr>
<td>- Final stage and nearing death</td>
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<tr>
<td>- Lose ability to communicate or respond to their environment</td>
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<tr>
<td>- May be able to utter words or phrases</td>
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<tr>
<td>- No awareness regarding their condition</td>
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<tr>
<td>- Need assistance with all activities of daily living</td>
</tr>
<tr>
<td>- May lose their ability to swallow</td>
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<table>
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<tr>
<th>(S-14) Delirium</th>
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<tr>
<td>- State of severe sudden confusion that is usually reversible</td>
</tr>
<tr>
<td>- Triggered by acute illness or change in physical condition</td>
</tr>
<tr>
<td>- Can be life threatening if not recognized and treated</td>
</tr>
<tr>
<td>- Symptoms of delirium</td>
</tr>
<tr>
<td>- Rapid decline in cognitive function (ability to think)</td>
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</tbody>
</table>
### Module T – Dementia and Alzheimer’s Disease

- **Increased confusion**
- **Disorientation to place and time**
- **Decreased attention span**
- **Poor short-term memory and immediate recall**
- **Poor judgment**
- **Restlessness**
- **Altered level of consciousness**
- **Suspiciousness**
- **Hallucinations, delusions**

- Notify nurse and stay with resident
- Communicating with a resident who is showing signs of delirium
  - Stay calm
  - Keep voice at a normal volume; do not shout
  - Use resident’s name
  - Speak clearly in simple sentences
  - Use facial expressions and body language to aid in understanding
  - Reduce distractions in the environment, such as turning down TV or closing curtains to block bright sunlight

**Dementia or Delirium?**
- Delirium and dementia are often confused
- Remember, delirium is sudden, severe, and usually reversible; dementia is progressive and irreversible
- A resident who has dementia may experience delirium; immediately report any sudden change in behavior or a sudden increase in behaviors associated with dementia to the nurse – a resident with dementia may be experiencing delirium

**Dementia and Alzheimer’s Disease – Key Terms**
- **Cognition** – ability to think quickly and logically
- **Confusion** – inability to think clearly, causing disorientation and trouble focusing
- **Irreversible** – disease or condition that cannot be cured
- **Onset** – the time when signs and symptoms of a disease begins
- **Progressive** – the way a disease advances

**Maintenance of Respect, Dignity and Quality of Life**
- **Dignity** – respect and honor
- **Independence** – ability to make decisions that are consistent, reasonable and organized; having the ability to perform activities of daily living without assistance
- **Quality of life** – overall enjoyment of life
### Module T – Dementia and Alzheimer's Disease

- **Respect** – treated with honor, show of appreciation and consideration

#### (S-19) Maintenance of Respect, Dignity and Quality of Life
- Every human being is unique and valuable, therefore, each person deserves understanding and respect
- Dementia does not eliminate this basic human need
- Person-centered care maintains and supports the person regardless of level of dementia

#### (S-20) Maintenance of Respect, Dignity and Quality of Life
- Residents' abilities, interests, and preferences should be considered when planning activities and care
- As the disease progresses, adjustments will be required in order to maintain dignity
- Important for staff to know who the resident was before the dementia started

#### (S-21) Maintenance of Respect, Dignity and Quality of Life
- An individual's personality is created by his/her background, including
  - Ethnic group membership (race, nationality, religion)
  - Cultural or social practices
  - Environmental influences, such as where and how they were raised as children
  - Career choices
  - Family life
  - Hobbies

#### (S-22) Maintenance of Respect, Dignity and Quality of Life
- Encourage residents to participate in activities and daily care, but avoid situations where resident is bound to fail
- Humiliation is disrespectful, degrading, and can increase likelihood of disruptive behaviors
- To promote independence, do things with resident rather than for them

#### (S-23) Maintenance of Respect, Dignity and Quality of Life
- Allow time for residents to express feelings and take time to understand what they are feeling
- Provide emotional support
- Long-term care facilities must provide care for residents in a manner and an environment that promotes maintenance or enhancement of each resident's dignity,
## Module T – Dementia and Alzheimer’s Disease

### (S-24) Dementia and Alzheimer’s Disease – Communication

- Residents with Alzheimer’s disease often experience problems in making wishes known and in understanding spoken words.
- Communication becomes more difficult as time goes by.
- Changes commonly seen in the resident with Alzheimer’s:
  - Inability to recognize a word, phrase
  - Inability to name objects
  - Using a general term instead of specific word
  - Getting stuck on ideas or words and repeating them over and over
  - Easily losing a train of thought
  - Using inappropriate, silly, rude, insulting or disrespectful language during conversation
  - Increasingly poor written word comprehension
  - Gradual loss of writing ability
  - Combining languages or return to native language
  - Decreasing level of speech and use of select words, which may also cause the use of nonsense syllables
  - Reliance on gestures rather than speech

### (S-25) Communicating with Resident with Dementia and Alzheimer’s Disease – Nurse Aide’s Role

- There are several components when assisting resident with communication:
  - Patience with resident
  - Show interest in the subject
  - Offer comfort and reassurance
  - Listen for a response
  - Avoid criticizing or correcting
  - Avoid arguments with resident
  - Offer a guess as to what resident wants
  - Focus on the feelings, not on the truth
  - Limit distractions
  - Encourage non-verbal communication

### (S-26-27) Dementia and Alzheimer’s Disease – Communication Techniques Used by Nurse Aide

- Nurse aide’s method of communicating with the resident with Alzheimer’s disease is as critical as the actual communication.
- Utilizing the following techniques will decrease frustration for both the resident and nurse aide:
  - Obtain resident’s attention before speaking and maintain attention while speaking.
### Module T – Dementia and Alzheimer’s Disease

<table>
<thead>
<tr>
<th>Communication Strategies Used by Nurse Aide</th>
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<tbody>
<tr>
<td>• Address resident by name, approach slowly from front or side and get on same level or height as resident</td>
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<tr>
<td>• Set a good tone by using calm, gentle, low-pitched tone of voice</td>
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<tr>
<td>• If conversation is interrupted or nurse aide or resident leaves room, start over from beginning</td>
</tr>
<tr>
<td>• Slow down, do not act rushed or impatient</td>
</tr>
<tr>
<td>• If information needs to be repeated, do so using same words and phrases as before</td>
</tr>
<tr>
<td>• Speak clearly and distinctly using short, familiar words and short sentences, and avoiding long explanations</td>
</tr>
<tr>
<td>• Emphasize key words, break tasks and instructions into clear and simple steps, offer one step at a time; and provide resident time and encouragement to process and respond to requests</td>
</tr>
<tr>
<td>• Use nonverbal cues, such as touching, pointing or starting the task for resident</td>
</tr>
<tr>
<td>• If the resident’s speech is not understandable, encourage to point out what is wanted or needed</td>
</tr>
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</table>

(S-28) Dementia and Alzheimer’s Disease – Communication Strategies Used by Nurse Aide

- Communication strategies to use when communicating with residents that have dementia
  - Listen carefully and encourage them; do not talk down to them, nor talk to others about them as if they were not present
  - Minimize distractions and noise
  - Allow enough time for resident to process and respond; if they have difficulty explaining something, ask them to explain in a different way
  - Monitor body language to ensure a non-threatening posture and maintain eye contact
  - Nonverbal communication is very important to dementia residents
  - Choose simple words and short sentences, and use a calm tone of voice
  - Call the person by name and make sure you have their attention before speaking
  - Keep choices to a minimum in order to reduce resident’s frustration and confusion
  - Include residents in conversations with others
  - Do not make flat contradictions to statements that are not true
  - Change the way responses are made to avoid
### Module T – Dementia and Alzheimer’s Disease

<table>
<thead>
<tr>
<th>Confusion, frustration, embarrassment, and behavioral outbursts</th>
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<tr>
<td>Use of communication devices (such as a picture board, books, or pictures) encourages resident’s independence and decreases frustration</td>
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</tbody>
</table>

#### (S-29-30) Dementia and Alzheimer’s Disease – Communication Tips by Nurse Aide

- Communication tips to use when caring for resident with Alzheimer’s disease
  - Be calm and supportive
  - Focus on feelings, not facts
  - Pay attention to tone of voice
  - Identify yourself and address the resident by name
  - Speak slowly and clearly
  - Use short, simple and familiar words, and short sentences
  - Ask one question at a time
  - Allow enough time for a response
  - Avoid the use of pronouns (e.g., he, she, they), negative statements and quizzing
  - Use nonverbal communication, such as pointing and touching
  - Offer assistance as needed
  - Have patience, flexibility and understanding

#### (S-31) Dementia and Alzheimer’s Disease – Key Words About Behavior Issues

- Behavior – how a person acts
- Catastrophic reaction – an extreme response
- Delusion – a false belief
- Depression – a loss of interest in usual activities
- Paranoia – an extreme or unusual fear
- Sundowning – increased agitation, confusion and hyperactivity that begins in the late afternoon and builds throughout the evening
- Trigger – an event that causes other events
- Wandering – moving about the facility with no purpose and is usually unaware of safety
- Alzheimer’s disease progresses in stages and so does behavior

#### (S-32) Dementia and Alzheimer’s Disease – Behavior Issues

- Behavior – an observable, recordable, and measurable physical activity
  - People with normal brain function have the ability to control responses
### Module T – Dementia and Alzheimer’s Disease

- People with Alzheimer’s disease and dementia have lost much of this ability

#### (S-33) Dementia and Alzheimer’s Disease – Behavior Issues

- Behavior is a response to a need
  - The resident is frequently unable to express his or her needs because of cognitive losses
  - Nurse aides must be attentive to gestures and clues demonstrated by the resident
  - Every behavior is a response to a need or situation
  - Gestures, sounds, and conversation may reveal trigger to the behavior
  - As verbal skills diminish, behavior becomes the communication method

- Before choosing a specific behavioral intervention, trigger of behavior must be identified

- Triggers may be environmental, physical, or emotional
  - Environmental triggers – rearrangement of furniture, increased number of people in facility, change in daily schedule
  - Physical triggers – new medications, infections, pain
  - Emotional triggers – may include reactions to loss, depression, frustration, self-perception, past life events, personality

#### (S-34) Dementia and Alzheimer’s Disease – Behavior Issues

- Effective behavior management
  - Identifying trigger
  - Understanding trigger
  - Adapting environment to resolve behavior

- Changing the environment (such as reducing excessive noise and activity) or providing comfort measures (such as rest or pain medication) may reduce behavior

- Intervention must meet needs of resident while maintaining respect, dignity and independence

- Successful behavioral interventions
  - Preserve resident’s dignity
  - Helps staff gain confidence, improve morale, and increase job satisfaction

- Behavior control also assists in reducing use of restraints, decreases abuse and neglect, and increases family satisfaction

#### (S-35) Dementia and Alzheimer’s Disease – Behavior Issues

- Common behaviors
### Module T – Dementia and Alzheimer’s Disease

- Wandering
- Sundowning
- Depression
- Disorientation to person, place, and/or time
- Inappropriate sexual behavior
- Emotional outbursts
- Combativeness (hostility or tendency to fight)
- Inappropriate toileting (use of inappropriate areas for toileting, such as a plant)
- Easy frustration
- Repetitive speech or actions
- Swearing, insulting, or tactless speech
- Shadowing (following others)
- Withdrawal
- Hoarding (hiding objects or food)
- Sleep disturbances
- Paranoia and suspiciousness
- Delusions and/or hallucinations
- Decreased awareness of personal safety
- Catastrophic reactions (extreme emotional responses such as yelling, crying, or striking out that seem out of proportion to the actual event)

#### (S-36) Wandering

- Wandering is a known and persistent problem behavior that has a high risk factor for resident safety
- Safety risk factors may include
  - Falls
  - Elopement
  - Risk of physical attack by other residents who may feel threatened or irritated by the activity
- Residents wander for several reasons and may include
  - Trying to fulfill a past duty, such as going to work
  - Feeling restless
  - Experiencing difficulty locating their room, bathroom or dining room
  - Reacting to a new or changed environment
- Preservation of resident safety is the main objective when caring for the wandering resident and interventions include
  - Establish a regular route
  - Provide rest areas
  - Accompany the resident
  - Provide food and fluid
  - Redirect attention to other activities or objects
  - Determine if behavior is due to environmental stress
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(S-37) Sundowning
- Sundowning is a behavioral symptom of dementia that refers to increased agitation, confusion, and hyperactivity that begins in late afternoon and builds throughout the evening.
- Interventions
  - Encourage rest times
  - Plan bulk of activities for the morning hours
  - Perform quieter, less energetic activities during the afternoon

(S-38) Sexual Activity
- Inappropriate sexual activity is another behavior issue. Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures are the characteristics of this behavior.
- Interventions
  - Treat the resident with dignity and respect
  - Remove resident from public situation
  - Redirect attention to an appropriate activity
  - Assist the resident to bathroom

(S-39) Dementia and Alzheimer’s Disease – Agitation
- Agitation occurs for a variety of reasons.
- Nurse aides must ensure safety and dignity of agitated resident while protecting safety and dignity of other residents.
- Interventions
  - Do not crowd the resident; allow them room to move around while still providing for safety
  - Ask permission to approach or touch them
  - Maintain a normal, calm voice
- Interventions
  - Slow down and do not rush the resident
  - Limit stimulation in the resident’s area
  - Avoid confrontations and force
  - Avoid sudden movements outside of the resident’s field of vision

(S-40) Dementia and Alzheimer’s Disease – Disruptive Verbal Outbursts
- Disruptive verbal outbursts are one of the most persistent behaviors in a long-term care facility. These outbursts may include:
  - Screaming
  - Swearing
  - Crying
  - Shouting
### Module T – Dementia and Alzheimer’s Disease

- Loud requests for attention
- Negative remarks to other residents or staff (including racial slurs)
- Talking to self

- Anger and aggression are often the visible symptoms of anxiety and fear.
- Interventions
  - Reassure residents that they are safe
  - Redirect their attention to an activity
  - Assist residents with toileting, feeding or fluids
  - Move residents to a quiet area
- Notify nurse immediately of aggressive behaviors that may threaten other residents and/or staff and stay with the resident

#### (S-41) Dementia and Alzheimer’s Disease – Catastrophic Reaction

- Emotional, environmental, or physical triggers may result in a catastrophic reaction
- Catastrophic reactions are out-of-proportion responses to activities or situations

- Warning signs of a possible reaction
  - Sudden mood changes
  - Sudden, uncontrolled crying
  - Increased agitation
  - Increased restlessness
  - Outburst of anger (physical or verbal)

#### (S-42) Dementia and Alzheimer’s Disease – Catastrophic Reaction

- Interventions include
  - Speak softly and gently in calm voice
  - Protect resident, self, and others as necessary
  - Remove the person from a stressful situation
  - Avoid arguing with the resident
  - Avoid the use of restraints
  - Redirect the resident’s attention
  - Change activities if the activity is causing the reaction

#### (S-43) Dementia and Alzheimer’s Disease – Catastrophic Reaction

- Interventions that should not be used include
  - Arguing with resident or other staff members
  - Speaking loudly to resident or other staff members
  - Treating resident like a child
  - Asking complicated questions
  - Using force or commanding resident to do something

#### (S-44) Dementia and Alzheimer’s Disease – Catastrophic Reaction


### Module T – Dementia and Alzheimer’s Disease

#### Reaction
- Caregiver behaviors that should be encouraged and used to decrease or prevent use of restraints
  - Maintaining calm and non-controlling attitude
  - Speaking softly and calmly
  - Asking one question at a time and waiting patiently for the answer
  - Using simple, one step commands, and positive phrases
  - Avoiding crowding resident with more people than needed for the task
  - Providing a distraction, such as an activity or music

#### (S-45) Dementia and Alzheimer’s Disease – Activities
- Goal in the care of residents with Alzheimer’s disease is to give support needed so that they can participate in the world around them to the best of their ability
- Nurse aide must focus on the fact that the resident is involved and satisfied, not on the task or activity

#### (S-46) Dementia and Alzheimer’s Disease – Activities
- Activities fall into two categories
  - Doing activities – keep the person busy
  - Meaningful activities – have value to the resident with dementia
- Activity-based care is focused on assisting resident to find meaning in his or her day, rather than doing activities just to keep the person busy

#### (S-47) Dementia and Alzheimer’s Disease – Activities
- Principles of activity-based care
  - Focuses on giving caregivers the tools to create chances for residents with dementia to be successful in activities and their relations with other people
  - Uses any daily activity that can be broken down into individual, sequential steps
  - Works within remaining abilities or strengths of the resident with Alzheimer’s disease, helping to shift emphasis away from resident’s disabilities and impairments
  - Adjusts an activity based on resident’s ability level
  - Depends on caregiver’s interest and desire to create opportunities for successful interactions that are planned and guided to encourage resident’s full involvement
  - Rewards the resident’s attempts at participating in activities and provides them with a sense of being capable and alive
### Module T – Dementia and Alzheimer’s Disease

(S-48) **Dementia and Alzheimer's Disease – Activities**

- Timing of activities is important and individualized
  
  - Attention and focus activities, physical activities and sensory activities provided during each resident’s prime time and on a set, routine basis may increase participation and satisfaction with that activity

- Cultural environment refers to values and beliefs of people in an area
  
  - Staff, residents, families, visitors and volunteers determine culture of the facility
  
  - Promotion of positive environment begins with inclusion of the residents and making them feel important to relationships and activities

### TEACHING TIP #1T: DVD

Show DVD, *Still Alice*, if available.

### TEACHING TIP #2T: Guest Speaker

An employee from a local Alzheimer’s unit

(S-49) **Dementia and Alzheimer’s Disease – Nurse Aide Stress and Burnout**

- Providing care on daily basis for resident with Alzheimer’s or dementia extremely stressful

- This population of residents may be more prone than others to becoming victims of abuse or neglect

- Because of this, nurse aides that deal with Alzheimer’s or dementia residents must take additional precautions to ensure they do not over-react or react negatively to resident behaviors

- Regardless of the cause, nurse aides must take necessary steps to ensure that they do not react inappropriately to resident behavior

- Frustration can lead to
  
  - Negative, harsh or mean-spirited statements made to staff or residents
  
  - Physical abuse of residents
  
  - Emotional abuse of residents
  
  - Verbal abuse of residents
  
  - Neglect of residents

- Nurse aides must always remember that statements and behaviors of residents suffering from Alzheimer’s or dementia are beyond control of the resident and not personally directed toward nurse aide

- Usual profile of employee who is subject to burnout
  
  - Takes work personally and seriously
## Module T – Dementia and Alzheimer’s Disease

- Works over at end of a shift
- Works extra shifts
- Takes on extra projects
- Very high or unrealistic expectations
- Perfectionist attitude

- **Signs of staff burnout include**
  - No longer enjoying work
  - Irritable with residents and co-workers
  - Fear of failure, inadequacy, job loss and obligation to supervisor, co-workers, family
  - Feelings of being overwhelmed
  - Viewing work as a chore
  - Frequent complaints of illness

- **Strategies to use to assist in preventing burnout include**
  - Maintain good physical and mental health
  - Get adequate amounts of sleep on off days and before each shift
  - Remain active within family and community
  - Maintain a separation between work and personal relationships
  - Maintain a sense of humor