

CARING FOR RESIDENTS WITH DEMENTIA: LESSON PLAN

Lesson Overview

Time: One Hour

This lesson teaches useful ways to work with residents who suffer from dementia.

Learning Goals

At the end of this session, the learner will:

1. Know the definition and symptoms of dementia.
2. Know some good ways to respond to difficult behavior.
3. Know the importance of trying to understand what a resident with dementia is thinking & feeling.
4. Understand the difficulties faced by someone with dementia.

Teaching Plan

Give each learner a copy of the corresponding learning guide. Before beginning, assign one of the case studies to each of three different learners. Ask them to be ready to present the case to the group. Decide whether you are going to give the matching test or use the bingo game as an alternative, or do both if you have time.

1. Explain that the learners will be examining good ways to work with residents that have dementia, and encourage the learners to ask specific questions about residents they assist. Many times other workers will have good ideas about how to help a specific resident, and they need opportunities to share this information with each other.

Section 1: Definition

1. Ask a learner to read the definition and causes of dementia from the learning guide. See if the learners have any questions about this information.
2. Briefly review the “Important things to remember about dementia” on the learning guide. Mention that it might seem time-consuming to try to figure out what a resident with dementia is thinking or feeling, but they have the right to expect this from their caregivers. In addition, spending the time to do this will often save time and difficulty later. Emphasize that there is not one right way to help, but that each individual person has special needs and special ways of relating that must be understood.

Section 2: Results and Ways to Manage

Discuss “The Results of Dementia” on the learning guide and lecture on the following ways to deal with symptoms:

1. Memory Loss

- a. Teach a skill by repeating the procedure in exactly the same way over and over again.
- b. Provide opportunities for the resident to perform skills he or she remembers from before he developed his impairment (folding clothes, raking, sweeping, sanding wood, stuffing envelopes, piano playing).

2. Language Loss

- a. It is up to the caregiver to understand and be understood by the resident.
- b. Ask direct, closed questions, not open-ended ones: “Would you like to play cards today?” not “What shall we do today?”

3. Attention Loss

- a. Remember that residents hear what we say even if they don’t seem to be listening.
- b. Minimize distractions.

4. Judgment Loss

- a. Respect the individual’s right to make his or her own decisions as you gently guide him through each step of a decision.

5. Loss of Senses or Perceptions

- a. Provide strong visual cues. For example, silverware on a white tablecloth might be difficult to see, so use a colored cloth.

6. Loss of Muscle Organization

- a. Start an activity for them at the beginning and see if muscle memory will take over.
- b. Male residents may be unable to get in a car on the passenger side, because of long habit. Let them sit on the rear left side.

Section 3: Communication—use the Guide

Review Communication Tips & “Ways to Help.”

Section 4: Case Studies—use the Guide

Ask three different learners to present one of the case studies to the group. Allow for discussion.

Section 5: Test or Game

Ask the learners to complete the matching test, &/or play the Bingo Game by calling out the test questions and letting the learners find the answers on their game cards. **Test Answers: 1.h; 2.i; 3.a; 4.m; 5.e; 6.c; 7.g; 8.b; 9.f; 10.k; 11.l; 12.d.**

CARING FOR RESIDENTS WITH DEMENTIA: LEARNING GUIDE

Understanding Dementia

Dementia is an *organic** mental disorder involving a general loss of intellectual abilities and changes in the personality.

*"Organic" means the disorder is caused by physical changes in the brain.

Many different things cause dementia. The most common, in order of occurrence, are:

1. Alzheimer's disease
2. Strokes and other blood vessel diseases
3. Parkinson's & other nervous system diseases
4. Miscellaneous causes such as alcoholism, malnutrition, head injuries, drug reactions, thyroid disease, brain tumors, and infections.

Important things to remember about dementia:

- ⇒ Adult dementia sufferers deserve the respect and status they have earned. They often do not know their abilities have changed, and do not understand why people treat them differently. They must be given as many opportunities as possible to make decisions and retain control over their lives.
- ⇒ With the right environment and support, a resident's ability to function can be strengthened and improved. If those supports are removed, the resident's function will decline.
- ⇒ The deficiencies caused by dementia affect all areas of a person's life. Although the disability is invisible, it affects the resident's ability to do even the smallest activities.
- ⇒ The way a person with dementia behaves is not just the result of impaired brain functions. Behavior is often caused by efforts to meet needs while compensating for lost abilities.
- ⇒ We can help people with dementia by trying to understand what they feel and think.

Dementia is like looking at the world, and being seen by others, through a funhouse mirror.

The Results of Dementia

1. Memory Loss

- Affects recent memories the most
- Makes it difficult to learn anything new or to follow instructions

2. Language Loss (the meaning of words)

- Makes it difficult to recognize words and understand complex sentences
- Makes it difficult to express ideas

3. Attention Loss

- Unable to start or stop a task
- Easily distracted

4. Judgment Loss

- Cannot accurately assess circumstances
- Unable to see consequences of actions

5. Loss of Perception or Senses

- Unable to recognize things or people
- Misinterpret what they see, hear, or feel

6. Loss of Muscle Organization

- Unable to perform multiple step tasks
- Require prompts or cues for routine tasks

Communication Tips

- ❖ Be open, friendly, and gentle at all times.
- ❖ Always address the person by name to get his attention at the beginning of an interaction.
- ❖ Give your full attention to the conversation or task. This helps the resident stay focused.
- ❖ Briefly introduce yourself and offer some cues when you approach, stating your name and relationship and the purpose of your visit.
- ❖ Speak slowly, but do not speak down.
- ❖ Use gentle touching or hand holding, but get permission first.
- ❖ Avoid arguing and attempts to reason with a person who is upset. Acknowledge his feelings and calmly distract him with something calming, pleasant, and friendly.

Ways to Help a Resident Perform a Task:

1. Explain each step in simple language, one thing at a time.
2. Demonstrate each step, doing the task while he or she watches.
3. Move the person through the steps of the task, placing arms and legs in the right positions.
4. If distracted, begin again at the beginning.

Remember to be patient and unhurried!

Mrs. Allen is usually cooperative and pleasant. One day you find her wandering through a hallway far from her room, opening room doors and trying to get out an exit door. When you try to steer her back to her room, she becomes resistant, standing still and loudly shouting that she won't go with you. When you take her hand to guide her along, she swings at you with her other hand.

What caregivers may assume: Mrs. Allen must be progressing in her disease and should now be classified as "aggressive." She may need additional medication or evaluation in a hospital.

What is really happening: Mrs. Allen is thirsty (changes in the brain often make people with dementia very thirsty). She knows something is wrong and that she needs something, but she doesn't understand the sensation she is feeling. She also doesn't know how to meet the need, or what she should do to find water. So she is wandering the halls, looking for some cue that will help her know what she needs to do. When you try to prevent this activity, she naturally becomes angry at your efforts to keep her from meeting an important need. She feels she is defending herself from someone who is trying to harm her.

Try this: Help Mrs. Allen figure out what she needs. Ask questions to determine why she is wandering around. Did she lose something? Is she hungry? Is she thirsty? Does she need company? Is she bored? Make the questions simple and direct, allowing for yes or no answers. If she cannot answer your questions, try bringing her a class of water or a piece of fruit. Check to see if she has soiled her clothing or needs to change into dry clothes. Once you have determined what Mrs. Allen needs and have met that need, she is more likely to return to her normal activities.

Case Studies: What Would You Do?

Mr. Blair is not normally incontinent. Recently, however, he has begun walking outside to relieve himself. Sometimes the workers find he has urinated in his wastebasket. Occasionally he wets himself. He has started to wander, and he often seems anxious and agitated.

What caregivers may assume: Mr. Blair has lost the ability to control his bladder and should be placed in adult incontinent briefs.

What is really happening: Mr. Blair cannot find the toilet. In this facility the white toilets blend in with the cream-colored tiles and walls, and his visual loss is causing him to be unable to see them. He spends much of the day looking for a place to urinate, but when he can't find one he relieves himself outside or in a wastebasket, most of which are brightly colored and easy to see.

Try this: Place a brightly colored toilet seat or toilet cover on Mr. Blair's commode to help him locate it. When you see Mr. Blair wandering anxiously in the halls or acting agitated, ask if you can help him find a bathroom and then guide him to one.

Miss Mead was a nurse for forty years. She is new to your facility, and she refuses to eat in the dining room but insists on having a tray brought to her room. She doesn't eat the food you bring, but places the dishes on her windowsills and cabinets "for the others." She is losing weight rapidly but refuses to eat.

What caregivers may assume: Miss Mead will have to be placed in a hospital and fed with a stomach tube because of her refusal to eat.

What is really happening: Miss Mead is concerned for the "others" that she sees in her room. She believes that her reflections in the mirrors and windows are actually people that need her to care for them. She will not eat until she feeds them first.

Try this: Ask questions to determine what Miss Mead is trying to do. Once you understand the situation, remove the mirrors from Miss Mead's room. Cover the windows with blinds or shades. You could provide two trays of food, one for Miss Mead and one for "the others."

DEMENTIA BINGO

Name: _____ Date: _____ Score: _____

Directions: As the questions are called out, find the answer on your card and write the number of the question in the box containing the answer. Finding at least eight correct answers out of twelve questions wins you a “Bingo!” and you pass the test.

Avoid Arguing	Loss of intellectual abilities, and personality changes	Address by name and introduce self and purpose of visit	Old Age
Make decisions and retain control over life	Try to understand what they feel and think	Tell the person how to do each step in simple language	Loss of Muscle Organization
Respect	Cope with lost abilities	Language Loss	Strong visual cues, such as contrasting colors on objects
Ask him to quit complaining and be happy	Direct, closed questions instead of open-ended ones	Ask him to give you regular reports on the facility, giving some responsibility	Minimize Distractions

DEMENTIA BINGO ANSWER KEY

Name: _____ Date: _____ Score: _____

Directions: As the questions are called out, find the answer on your card and write the number of the question in the box containing the answer. Finding at least eight correct answers out of twelve questions wins you a “Bingo!” and you pass the test.

Avoid Arguing	Loss of intellectual abilities, and personality changes 11	Address by name and introduce self and purpose of visit 6	Old Age
Make decisions and retain control over life 9	Try to understand what they feel and think 3	Tell the person how to do each step in simple language 8	Loss of Muscle Organization 5
Respect 12	Cope with lost abilities 4	Language Loss 7	Strong visual cues, such as contrasting colors on objects 1
Ask him to quit complaining and be happy	Direct, closed questions instead of open-ended ones 10	Ask him to give you regular reports on the facility, giving some responsibility 2	Minimize Distractions

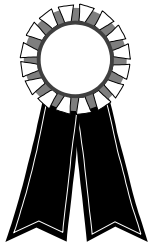
CARING FOR RESIDENTS WITH DEMENTIA: TEST

Name: _____ Date: _____ Score: _____
(Number correct)

Matching Test. Find the answer that best matches each situation. You will not use all the answers.

1. In the case study about Mr. Blair, the caregivers helped him by providing what? _____
2. Mr. Sims was a plant supervisor for most of his life. He is very unhappy in your facility, but his dementia makes it impossible for him to live alone. What intervention might help him adjust to living in the residence? _____
3. We can help people with dementia by doing what? _____
4. Many times a person with dementia behaves in a difficult fashion because he or she is trying to: _____
5. When a person with dementia can't remember how to get in to a car, or starts to brush his hair with his toothbrush, which of the six "Results of Dementia" is causing the problem? _____
6. You should do this when starting a conversation with a resident with dementia. _____
7. When a person can't think of a word, or the words come out wrong or in the wrong order, they are experiencing which of the six "Results of Dementia?" _____
8. This is one way to help a person with dementia perform a task. _____
9. It is important that persons with dementia be allowed to do this as much as possible. _____
10. It is best to use these kinds of questions when dealing with residents with dementia. _____
11. Dementia is a condition that is characterized by: _____
12. We should try not to embarrass people with dementia, but instead treat them with: _____
 - a. Putting ourselves in their shoes, trying to understand what they feel and think
 - b. Tell the person how to do each step in simple language, one thing at a time
 - c. Address the person by name, and briefly introduce yourself and state the purpose of your visit
 - d. Respect
 - e. Loss of muscle organization
 - f. Make decisions and retain control over their lives
 - g. Language Loss
 - h. Strong visual cues (contrasting colors on things the resident uses)
 - i. Ask him to give you regular reports on the activities in the facility, giving him a feeling of responsibility similar to the work he did in his career
 - j. Ask him to quit complaining and try to be happy
 - k. Direct, closed questions such as "Would you like to wear this red dress today?" instead of open-ended questions like "What would you like to wear today?"
 - l. Loss of intellectual abilities, and personality changes
 - m. Cope with or compensate for lost abilities

Certificate of Achievement



Awarded to: _____

**For Completing the One-Hour Course Entitled
"Caring for Residents with Dementia"**

Date of Course: _____ **Presented by:** _____
(Signature of Presenter or write "self-study")

Facility: _____