



# One Day at a Time:

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DEMENTIA STRATEGIES IN EVERYDAY LIFE

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# Disclosures

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- Speakers have no actual or potential conflict of interest in relation to this program/presentation.



# Objectives

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1

LEARNERS WILL USE A STRUCTURED AND ORGANIZED APPROACH TO RECOGNIZE AND COPE WITH CHALLENGING BEHAVIORS BY MEETING UNMET NEEDS AND INTERVENING EARLY AND OFTEN WITH AT-RISK INDIVIDUALS.

2

LEARNERS WILL RECOGNIZE THE VALUE OF PROMOTING WELL-BEING IN REDUCING CHALLENGING BEHAVIORS AND SYMPTOMS.

We have learned....  
Medications are NOT the Magic Solution.

Medications do NOT treat the underlying cause of behaviors

Side effects

- Fall risk
- Sedation
- Reduced responsiveness
- Black box warnings





## Non-Pharmacological Interventions

Persons living with dementia & their families still need:

- Methods to prevent and reduce behaviors
- Strategies to live as safely and independently as possible

Evidence shows that non-pharmacological methods:

- Reduce intensity and frequency of behaviors
- Improve well-being for both persons living with dementia & care partners



# Behaviors Unveiled: Unmet Needs

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All persons need basic needs met to function at their highest possible level:

- Hydration
- Nutrition
- Shelter
- Safety
- Dignity and positive treatment from others

When needs are unmet, behaviors increase.



# Rule Out Basic & Medical Causes of Unmet Needs

We must be detectives to rule out the following

- General discomfort
- Need to urinate/bowel movement
- Hunger/thirst
- Movement needs
- Lack of activity; need for engagement
- Constipation
- Pain – e.g. with acetaminophen or ibuprofen (pending MD Permission)
- UTI
- Rule out medication interactions

Coordinate with physician as appropriate to treat



# Viewing “Behaviors” as Poor Well-Being



At a basic level, humans (both persons with cognitive change AND their care partners) need:

- To feel safe and have their needs met

Beyond that, important factors for well-being include

- **P**ositive emotion
- **E**ngagement/mindfulness
- **R**elationships that are high quality
- **M**eaning and purpose in daily life
- **A**ccomplishment and feeling competent





# Positive Emotion

- Happiness, Cheerfulness, Joy, Calmness, Peace, Comfort
- Absence of negative emotion (anger, sadness, frustration, depression, anxiety)
- Considerations for PLWD...
  - Feelings of sadness, helplessness, anger, etc. with diagnosis, situation, etc.
  - Changes to daily routine and interactions with others that may have negative emotion
  - Dealing with co-morbidities of depression & anxiety
  - Living 'in the moment', emotions can change quickly



# Engagement



- “Flow” - Being ‘one’ with whatever task, activity, role you’re in
- Immersed in activity, concentration on present
- Loss of self-consciousness
  
- As a PLWD...
  - May not be able to complete tasks or activity in the same way
  - Engagement is often pulled in many directions



# Relationships

- High quality, positive connection with others
- As a PLWD...
  - Withdrawal and isolation may continue with disease progression
  - Relationships with social supports may change or end
  - Relationships may intensify with primary caregiver or close care team



# Meaning

- Attributing yourself to belonging to or serving something that is bigger than yourself
- Examples: faith, religion, causes, family, friends
- As a PLWD...
  - May not be able to participate in causes, religion as previously done
  - New limitations to what meaning looked like before dementia





# Accomplishment

- Mastering a skill
- Achieving a goal
- Can be 'small' or 'large' accomplishments
  
- As a PLWD...
  - Goals and accomplishments look different
  - Redefining of success





# Well-Being While Living with Dementia

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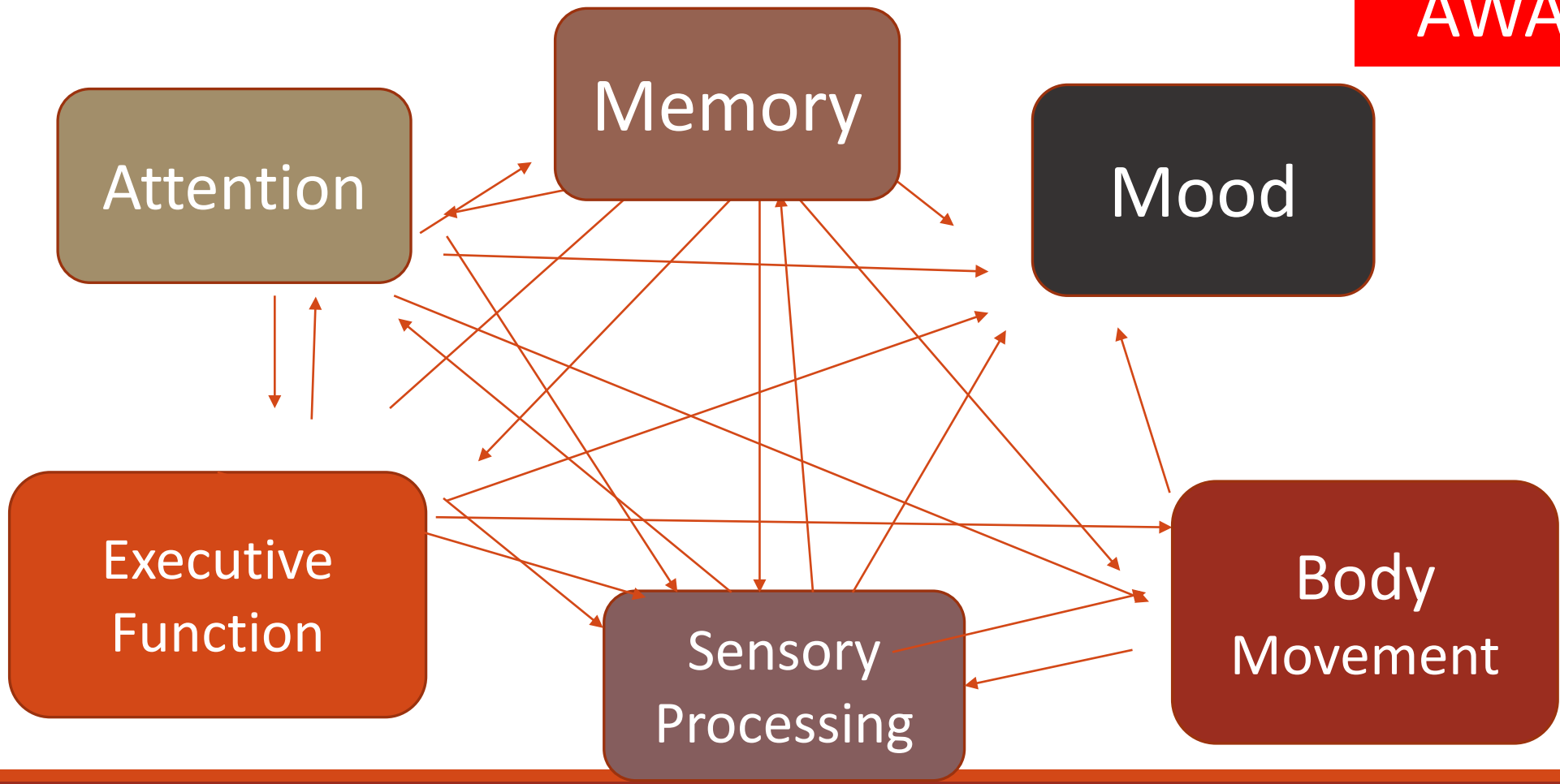
As the brain changes, well-being may look different

- The person living with dementia requires more assistance to rule out causes of unmet needs
- Detective work on the part of care partners can help reveal unmet needs
- Understanding how the person living with dementia is processing can help us to understand their experience and reveal needs



# Dementia is a **processing** disorder

**LACK OF AWARENESS**





# Examples of “Behaviors”

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Angry

Irritable

Confused

“Stubborn”

Not following through with things

Not wanting to admit they have problems

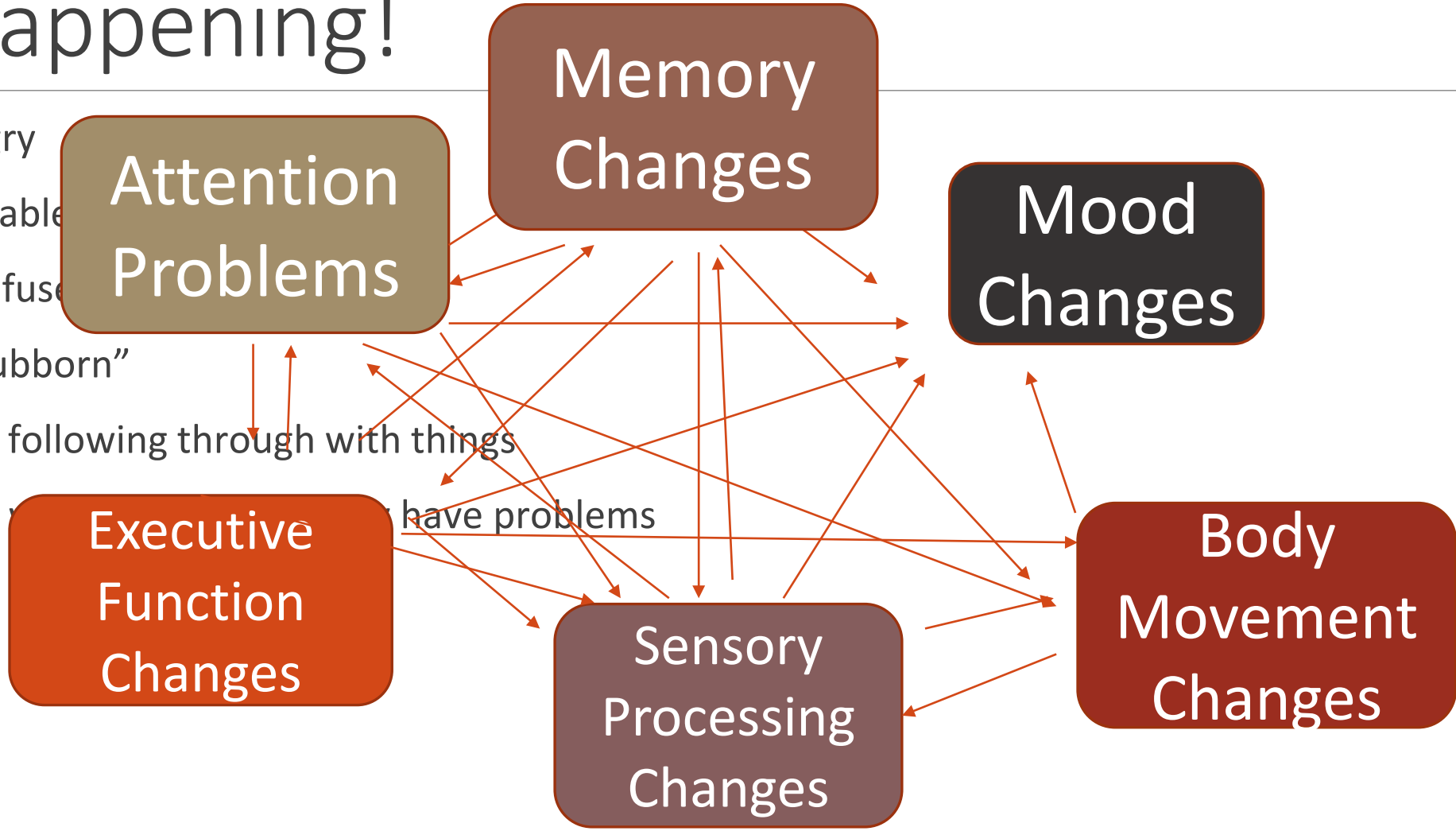
Being “in denial”





# NO WONDER “Behaviors” are Happening!

Angry  
Irritable  
Confused  
“Stubborn”  
Not following through with things  
Not ... have problems





# No WONDER “Behaviors” are happening!

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Our FIRST job in preventing and addressing dementia behaviors is to

ENTER THE PERSON'S REALITY

...because they can't enter ours.



Emotion – what are they feeling right now?



Opinion – what is their opinion or experience right now, regardless of my intention?



Meet them  
where their  
brain is!



# Experience of Person Living with Dementia: Resisting Care



I'm not sure what I'm supposed to be doing or where everything I'm looking for is

**DISCOMFORT, CONFUSION**

I think I'm getting ready for the day but I'm NOT totally sure

**FEAR, CONCERN... THERE MUST BE SOMETHING REALLY WRONG!**

Who are these people trying to tell me what to do? Why are they trying to stop me from helping myself?

**ANGER, FEAR, CONFUSION**

They are talking to me and I don't know what they are saying! They are getting in my personal space!

**ANGER, SADNESS, IRRITATION**

They are acting like I'm a child!

**AGITATION, ANXIETY**

**ANGER, EMBARRASSMENT**



# Resisting Care: OBSERVED Behavior

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“Agitated”

“Resistant to Care”

“Refusing”

“Physically combative” (we know – this was fear)

“Doesn’t like me”

“Won’t listen to reason” (OF COURSE! They have dementia...)

## The TRUE issue:

They are COMMUNICATING EMOTION and WE have not yet succeeded in figuring out HOW to meet their needs!



# Underlying Emotions: Fear, Anxiety, Agitation ...Reflect a Loss of:

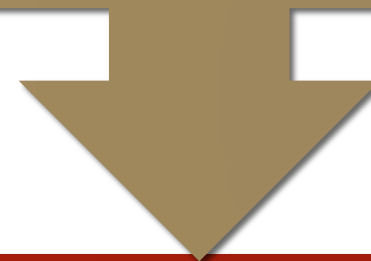
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- Sense of self
- Feeling of independence
- Feeling of accomplishment and competence
- Contributing to something meaningful
- Connecting with others in high quality relationships
- Feeling of safety
- Comfort



There is an emotional, physical, or spiritual  
UNMET need



We must be detectives to determine how to  
rule out emotional causes

Feeling lonely, scared, inadequate,  
unhelpful, loss of sense of self...

Behaviors are a  
form of  
COMMUNICATION



# Our Communication Approach is KEY

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We can prevent behaviors AND reduce them when they are happening by strategically using phrases and techniques to SUPPORT feelings of adequacy, independence, and positive well-being

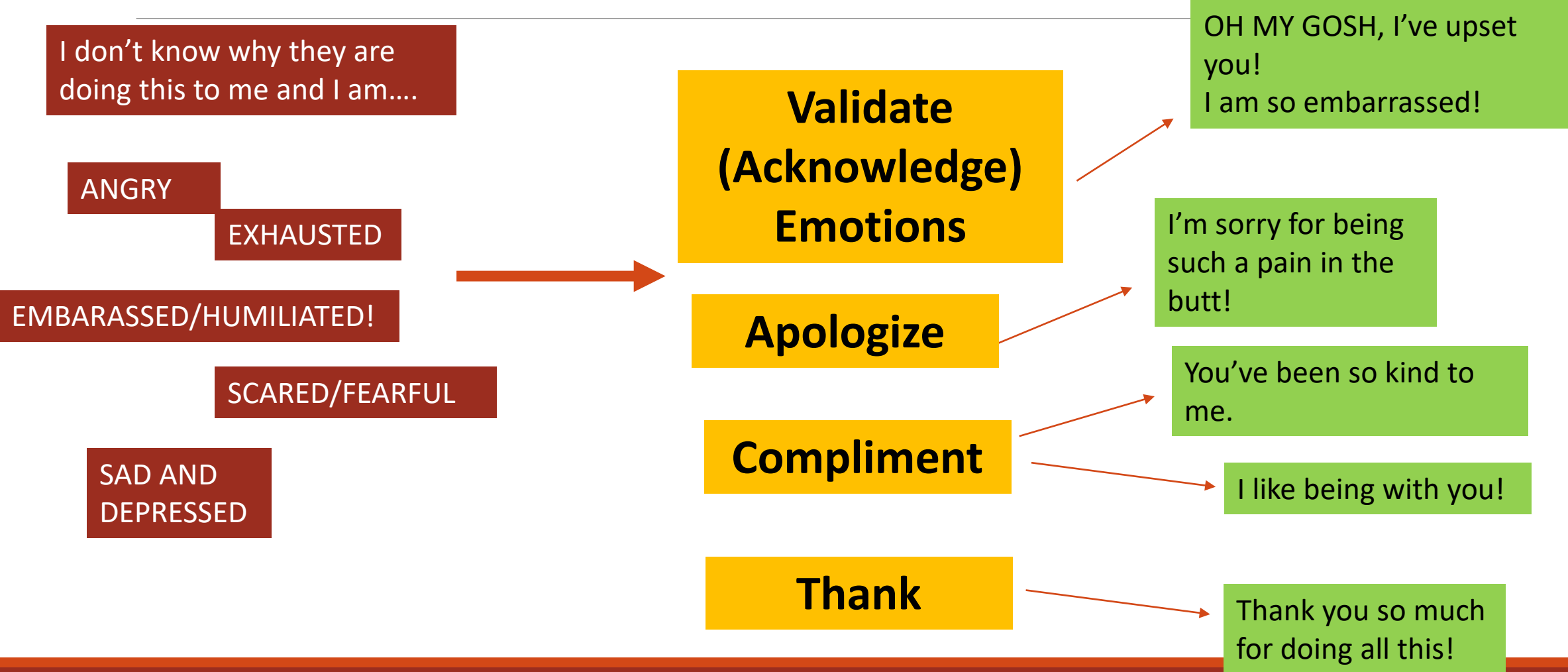


Embrace STRATEGIC phrases that create automatic feelings of comfort.





# Basic Methods to Communicate at Emotional Level





# Communication Techniques

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Shift focus from deficits to positives

Deeply listen & try to solve the problem

Redirection/distraction: change the subject/focus

Change of Scenery: get to a different location or to a different person

## Do NOT:

- Argue
- Correct them
- Explain why they are wrong
- “But....”
- “No....”
- Take it personally

# Preventative Communication





# Day to Day Prevention of Behaviors

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Evidence shows that the following results in fewer behaviors:

- Modified communication approach as addressed above
- Structured daily routine
  - Medications, meals, sleep/wake
  - Activity engagement
- Regular and consistent activity engagement
- Social interaction
- Removing environmental triggers



# Behavior Modification Framework

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ROUTINE



ACTIVITY



COMMUNICATION



ENVIRONMENT



Case Study:

Gerald &  
Pamela

Pamela is concerned by the following:

- Napping during the day
- Awake at night
- Excessive alcohol use



# Behavior Modification Framework

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ROUTINE



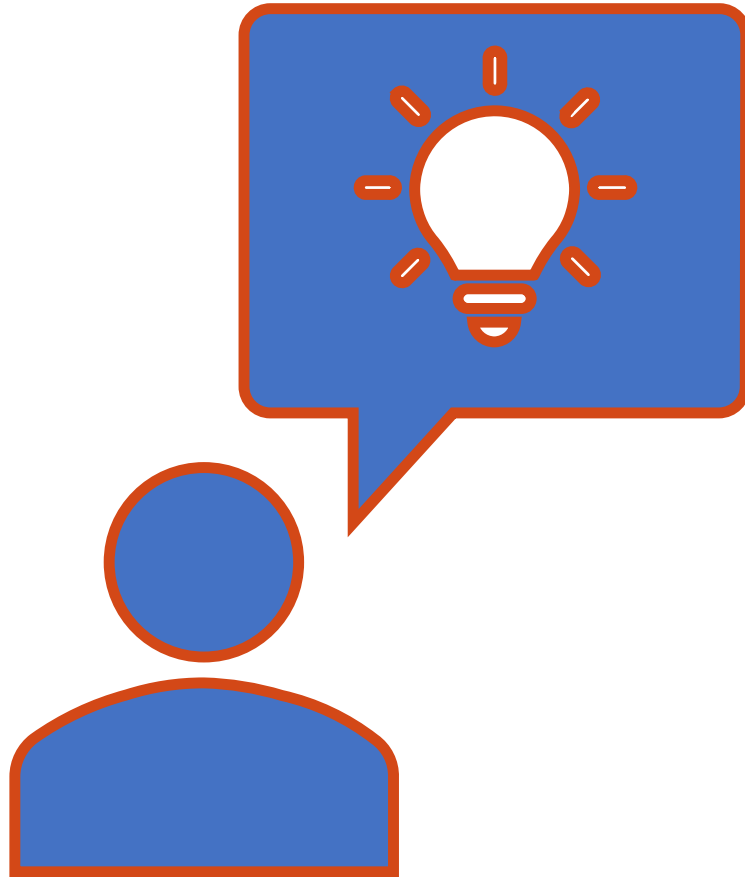
ACTIVITY



COMMUNICATION



ENVIRONMENT



# Problem Solving & Brainstorming Sessions

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# Implement a Structured Daily Routine



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Consistency each day with times for:

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Wake

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Meals & water

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Medications

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Physical & social activities

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Sleep

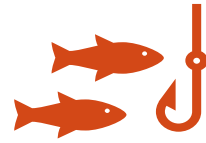


# Activity Engagement to Address Well-Being



**Gerald currently only watches TV...**

**Mood is 'sour' per the family**



**Investigation of past enjoyed activities which included:**

- Fishing
- Word searches
- Puzzles & games
- Walking the dog
- Listening to music
- Going on drives



**Facilitation of Activities**

**Look at this!**

**Will you help me with this?**

# Purposeful Social Interactions



From withdrawn and alone to:

- ❖ Scheduled weekly dates with each daughter
- ❖ Senior Companion for engagement & activity
- ❖ Frequent breaks for Pamela



# Environmental Changes



Addressing SLEEP by:

- ❖ Overhead lights versus lamps/nightlights only
- ❖ Written visuals: “It’s Nighttime” “Pam is asleep”

Out of SIGHT, out of MIND!

- ❖ Alcoholic vs non-alcoholic beer
- ❖ Activity items OUT to be seen



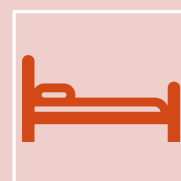
# Communication Patterns as an Environmental Support



Care Partners are part of the environment!



Altering communication techniques as an environmental change



Prompts instead of questions

'It's bedtime, come lay down'

# Gerald Experienced:

- Improved mood
- More regular engagement
- Reduced alcohol use
- Reduced napping during the day
- Better sleep at night





# Pam Experienced:

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- Improved mood
- Better sleep
- Feeling less upset
- Feeling more confident





# NOW YOU TRY!

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# A note on TRIAL AND ERROR

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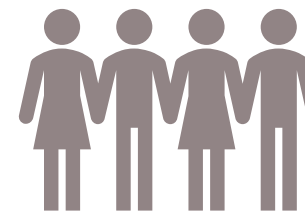
**Think of it as an  
“experiment”**



**If at first you don't  
succeed..... try, try  
again!**



**Consider how quickly  
you can reapproach  
and try again**



**Teamwork makes the  
dream work**



**Once a successful  
framework is  
developed for each  
client, consistency is  
key**

**New routine may take weeks or months before optimal adaptation is finalized**

# Summary of Behavior Recovery & Prevention!

## ***CONSIDER THE EMOTION***

**DISCOMFORT & CONFUSION**

**FEAR**

**FEELING THREATENED**

**ANGER  
AND  
AGITATION**

**ANXIETY,  
SADNESS, AND  
WORRY**

**EMBARRASSMENT**

**ADJUST  
YOUR  
APPROACH**

## ***TRY THESE ANTIDOTES***

**Greet with Space**

**Acknowledge  
Emotions**

**Apologize**

**Thank**

**Compliment  
(Distract)**



# Caring for Yourself As a Care Partner

Recognize your  
own emotion  
too!

*You can't change people with dementia, but you can change YOUR approach.*

Patience is key

If you get frustrated, step away, gather yourself, and re approach

**Take time for yourself and debrief/problem solve with coworkers**



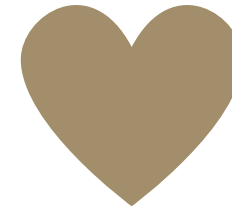
# Review: Behaviors as Unmet Needs

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## Basic Needs

- Food
- Water
- Shelter
- Comfort/Pain Needs
- Dignity & relationship



## Well-Being

- Positive Emotions
- Engagement
- Relationship
- Meaning
- Accomplishment



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# Resources for Continued Learning

Memory Care Home Solutions Youtube Channel  
[https://www.youtube.com/channel/UCIZ2x26fXb\\_lazQulX530Qw](https://www.youtube.com/channel/UCIZ2x26fXb_lazQulX530Qw)

Family Caregiver Alliance  
<https://www.caregiver.org/ten-real-life-strategies-dementia-caregiving>

Teepa Snow [www.teepasnow.com](http://www.teepasnow.com)

A Caregiver's Guide to Dementia (Gitlin & Piersol, 2014)  
[https://www.amazon.com/dp/B00MN0TOA2/ref=rdr\\_kindle\\_ext\\_tmb](https://www.amazon.com/dp/B00MN0TOA2/ref=rdr_kindle_ext_tmb)



Questions?

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