Dementia Care for Medical Respite

October 23rd, 2022

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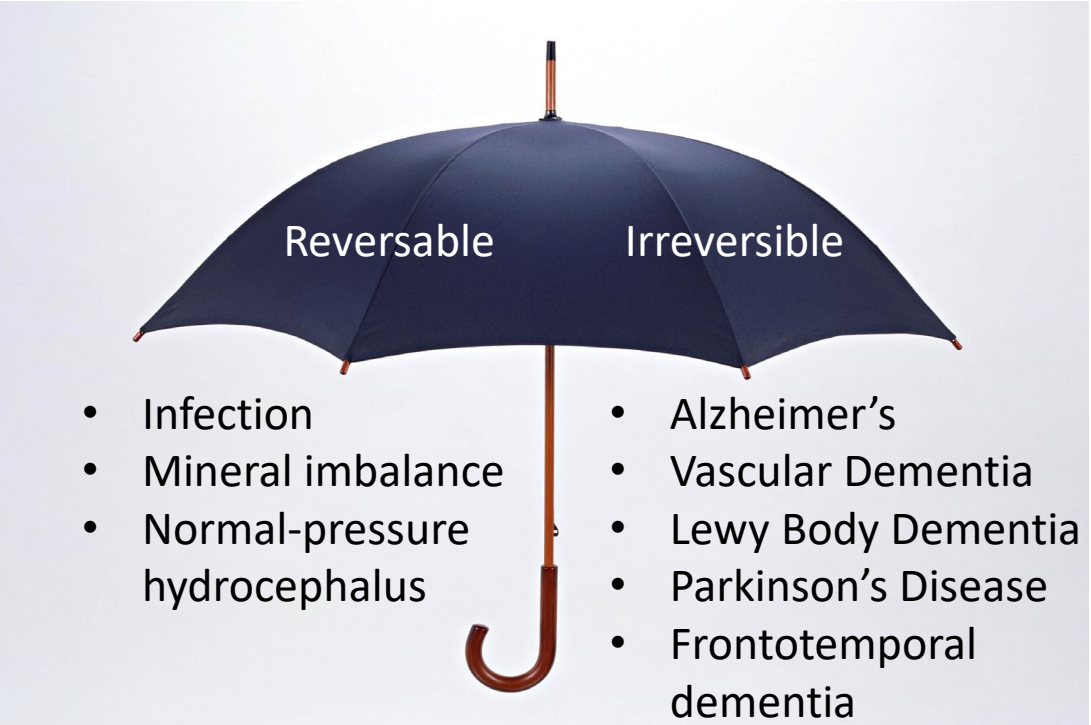
The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.

Goals

Define	Define dementia
Review	Review the most common types of dementia
Understand	Understand the impact of dementia on function
Identify	Identify the stages of dementia and primary remaining abilities
Understand	Understand a variety of strategies for working with individuals at each stage of dementia
Understand	Understand a critical reasoning framework for addressing the needs of individuals with dementia
Identify	Identify resources for helping communities to meet needs of individuals living with dementia

Overview of Dementia

- Dementia is a progressive conditioned marked by the development of cognitive deficits
- Reversable vs Irreversible forms of dementia



Forms of Irreversible Dementia

Alzheimer's Disease
- Most common form of Dementia
- Progressive

Vascular Dementia
- Caused by stroke
- Progresses in a step-wise fashion
- Know and provide education on signs of stroke to decrease risk of progression

Lewy Body Dementia
- Presents with Parkinson's symptoms (shuffled gait, postural changes, soft voice quality)
- More sensitive to Parkinson's medications
- Presents with hallucinations
- Flocculation in abilities

Frontotemporal Dementia
- Characterized by primary progressive aphasia (first changes in language)
- Personality and communication challenges precede memory loss
- Younger onset, normally in 50s

Impact of Dementia

- **Dementia impact's function**
  Function is everything we do

Emotion: Feelings	**Sensory**: perception of the external and internal environment	**Physical**: abilities of the body	**Cognitive**: what the brain needs to do to get through the day
Frustration, joy, anger, love	Taste, touch, smell, sight, vision, pain, introception, vestibular	Balance, strength, range of motion, swallow	Memory, attention, problem solving, sequencing

Dementia impact on Components of Function

Emotional Impact
- Affect may not be congruent with actual mood
- Stressors of new environment/unfamiliar people
- Baseline stress from experience of homelessness

Interventions for emotional challenges
- Always evaluate for emotional state
- Meet person where they are
- Provide opportunities to talk about feelings
- Provide appropriate positive support

Sensory Impact
- Decreased field of visual attention
- Decreased insight into introception (hunger, thirst, voiding, pain)
- Difficulty filtering sensory input
- Changes to taste receptors

Interventions for sensory challenges
- Place objects within visual field of attention
- Eliminate environmental distractions (ie. TV)
- Provide frequent opportunities for basic needs
- Use alternative pain scales to ensure pain managed
- Offer diet-appropriate seasoning (sweeteners, salt)

Physical impact
- Decreased balance
- Increased risk of falls
- Decreased swallow

Interventions for physical challenges
- Limit environmental hazards
- Provide regular opportunities for physical activity
- Watch for frequent throat clearing and/or coughing

(Champagne, T. , 2018)

Dementia Impact on Cognition

Memory

Areas of weakness:
- short-term memory
- procedural memory

Areas of strength:
- long-term memory
- new learning

Interventions for memory impairment

Always introduce yourself

Refrain from saying, “do you remember”

Limit need for new learning

Use already existing routines when possible

When aware of positive long-term memories, ask person to share them

Attention

Areas of weakness:
- selective attention
- divided attention
- switching attention
- sustained attention

Interventions for attention impairment

- Eliminate environmental distractions
- Provide more time when changing the task
- Do not ask people to complete any 2 activities at the same time (ie. walk and talk)
- Provide extra time
- Break tasks into smaller pieces and allow mental rest breaks

Framework for Intervention

Cognitive Disabilities Model by Claudia Allen

Occupational therapy framework for thinking about how to work with someone experiencing cognitive changes and way to breakdown stages of dementia

Can Do	Will Do	May Do
Functional abilities	Interests	Possibilities
Walk Eat	Sports Cultural food	Walk to dining area to eat favorite food and watch the football game

(Gitlin et al., 2008)

Stages of Dementia

Mild Cognitive Impairment (teens to early 20s)

- Follows simple written instructions
- Only notes primary effects of actions
- Uses trial and error problem solving

Strategies

- Assess for literacy and keep any written instructions very simple
- Assume problem-solving will be limited and limit need for any problem solving

Early-Stage Dementia (4-12 years old)

- Goal-directed with familiar activity
- Follows routines
- Some new learning
- Simple problem solving

Strategies

- Provide familiar activities with familiar end results
- Create consistent routines
- Determine what new learning is essential and reinforce
- Limit problem solving

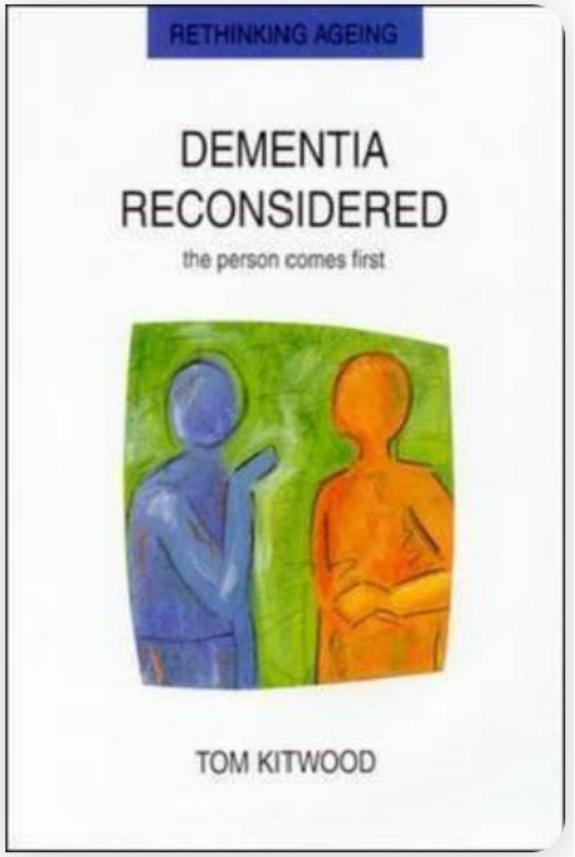
Middle Stage Dementia (18 months-3 years old)

- Grasps objects
- Hand-eye coordination
- Notices effects of actions
- Follows one-step directions with cueing

Strategies:

- Be strategic about which objects are put within reach
- Provide opportunities to safely use hand-eye coordination (food, toothbrush, etc.)
- Provide activities/objects to interact with
- Provide appropriate cues (visual, tactile or verbal)

Person-Centered Care



Dementia Reconsidered by Thomas Kitwood

- Person with dementia is the focal point of caregiving
- What does that look like in practice?
  - Personal choices are honored whenever possible
  - Care partners take time to get to know the person they are providing care for
  - Mealtimes and wake times based on personal preference
  - Temperature and lighting are based on individuals' preferences
  - Touch is only provided when consent is given
  - Bathing preferences are met whenever possible (frequency, location, temperature, amount of support)

(Kitwood, T., 1997)

General Care Partner Approaches

Change the Approach/Build Alliances

- Remember behavior influences behavior
- Always ask permission before touching someone or their belongings
- Always approach someone from the front
- Introduce yourself every time you see them
- Keep body language open and facial expressions positive
- Consider tone of voice and inflection

Change the Activity

- If a person is struggling with a task, try to make it easier by eliminating harder parts (standing)
- If the personal is struggling with a task, try to break it down into smaller pieces (ie instead of get dressed, start with put on shirt)
- Try to choose preferred activities and avoid activities the person deems undesirable (ie. Showers)

(Gitlin et al., 2009)

Create Supportive Environments

- Check lighting in room (check for shadows)
- Consider temperature, and background noise
- Put bed near toilet (urinal, depends, commode)
- Signage at eye level, simple wording or visuals
- Remove any possible clutter and create obvious paths
- Keep needs within reach (consider what their individual needs are)
- Keep stimulating, safe objects in the environment
- Consider door open/door closed preferences
- Consider if the location of the activity is appropriate
- Consider if there are any environmental triggers

Distress Behavior

Behavior: communication of feelings, mood wants or needs
Crisis: a moment or time of intense difficultly trouble, or danger that needs immediate attention
Source of distress:

External	Internal

• Environmental cues not effective
• Overwhelming environment
  • Temperature
  • Clothing
  • Lighting
• Task or supports don't match cognitive level
• People in environment
	• Illness or medical condition
	• Restroom needs
	• Hunger or thirst
	• Pain
	• Impaired vision or hearing
	• Poor coping skills
	• Unmet need to move
	• Trauma history

After a person experiences a distress behavior, take time to debrief the experience to develop a plan to avoid repeating the same problem.

Additional Resources

Resources

- **Alzheimer's Association**
- Alz.org
- 24-hour helpline: 800.272.390

Resources

- **Aging and Disability Resource Center**
- Eldercare.acl.gov/public/index.aspx
- Hotline: 800.677.1116

Resources

Department of Aging: Area Agency on Aging

Areaagencyonaging.org

Hotline: 800.654.2810

- Housing resources
- Senior help lines (unique to each state, info found on DoA website)

Resources

Alzheimer's Foundation of America

Alzfdn.org/about-afas-national-memory-screening-program/

National memory screening program

Internal Resources

Incontinence
https://nimrc.org/wp-content/uploads/2021/07/Clinical-Guidelines-in-Medical-Respite_Incontinence_Final.pdf

Medical Respite
https://nhchc.org/webinars/clinical-issues-for-medical-respite-recuperative-care-programs-series/

How do we begin to integrate these strategies into programs?

Who is trained to provide accommodations?

Who are key staff to implement organizational changes?

What strategies will be implemented first?

How do we begin to integrate these strategies into programs?

All Staff Roles – Building Alliance & Rapport

Care Coordination
- Identify strategies to support health and self-management
- Support clients in using strategies
- Increase in-person supports
- Identify community supports

Basic Clinical Support
- Provide health education using supportive learning strategies
- Reinforce information from community providers and help to apply strategies to support health

Clinical Care
- Assess for cognition and history of brain injury/other cognitive impacts, or pre- and post-medical intervention (as possible)
- Consider cognition when prescribing medications
- Document diagnoses or findings

Communicate with External Providers
- Request screening or assessment of cognition; history of brain injury
- Request documentation to help access to additional community supports

Get Additional Supports
- Refer for further medical assessment
- Refer for rehabilitation (OT, speech, psych)
- Refer to community-based support programs (*Referrals as appropriate*)

How do we begin to integrate these strategies into programs?

Behavioral Health

Care Coordination & Basic Clinical Support

- Identify and refer to behavioral health services that have more accommodations for cognitive impairment
- Help clients utilize strategies to meet program requirements

Onsite Behavioral Health

- Use interventions that are more effective with cognitive impairment
- Assess for impact of behavioral health symptoms on cognition
- Advocate for clients

Clinical Care

- Assess for impact of MAT on cognition
- Assess for impact of behavioral health symptoms on cognition
- Advocate for clients to access services as needed

Environmental Strategies

- Identify what in environment is in control of program
- Identify low cost and more immediate strategies
- Ensure all staff understand purpose of and support consistent use of strategies and environmental changes
- Identify staff and processes to maintain environmental strategies
- Provide staff time to identify, develop, and implement changes

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Questions?

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