Supportive Pathways Education Program

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Hello, it’s me!

Marlene.Collins@albertahealthservices.ca

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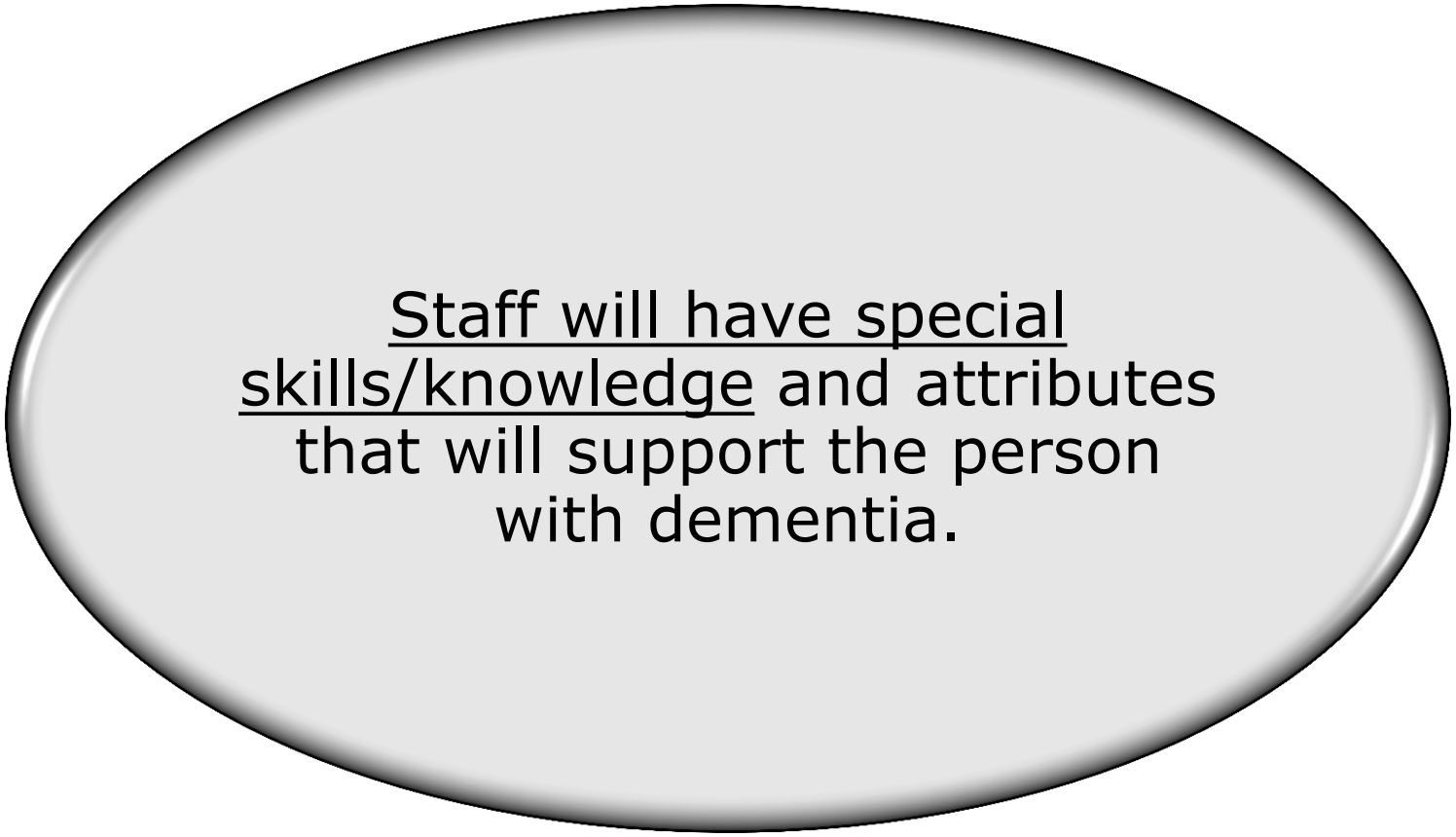
Supportive Pathways Program Goal #1



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Supportive Pathways Program Goal #2

Staff will provide individualized, whole person care to the person with dementia in a supportive environment. The goal is to optimize quality of life.

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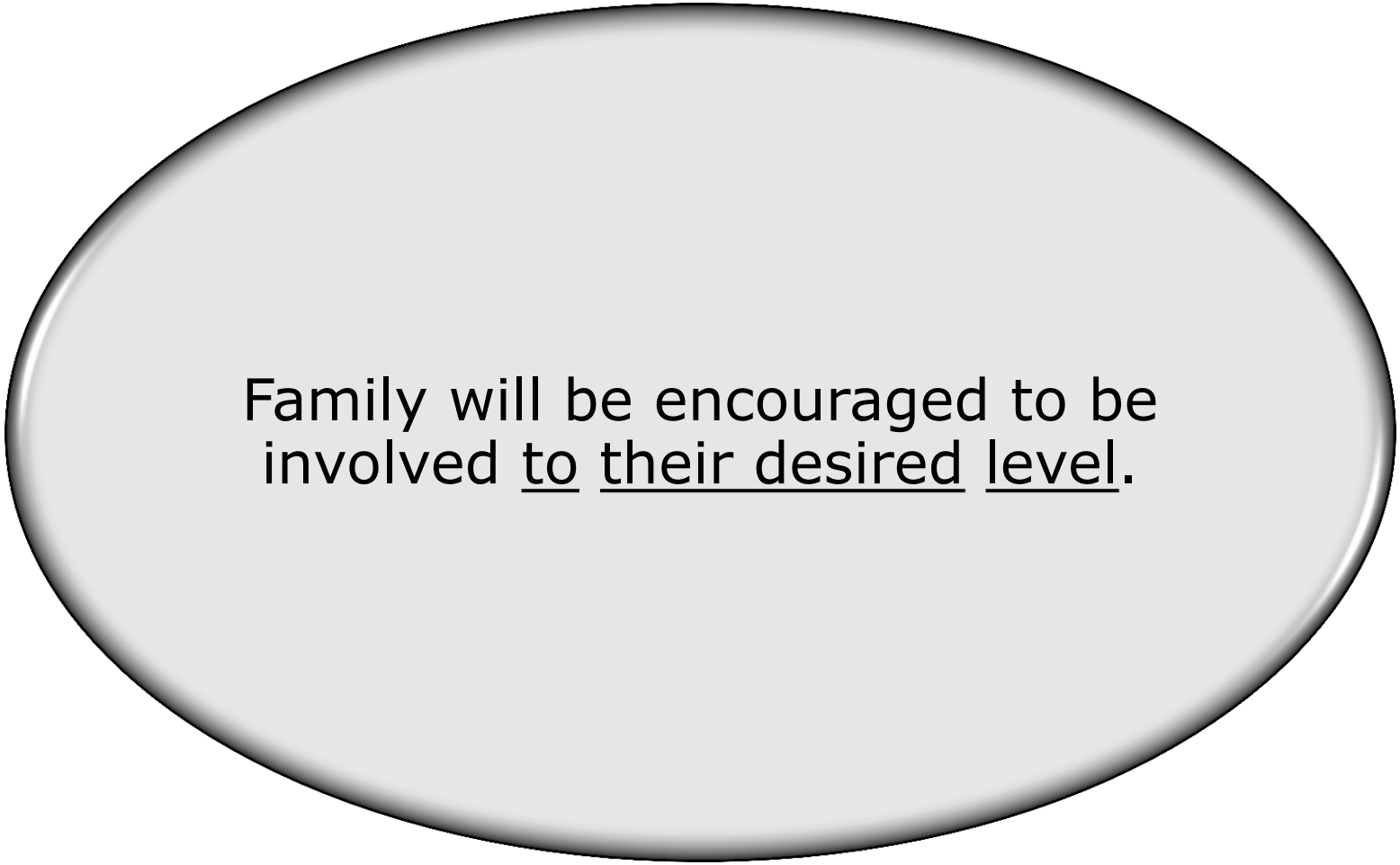
Supportive Pathways Program Goal #3



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Goals for Caring for Persons with Dementia

To provide the highest quality of life possible.

To provide comfort and an “enjoyable now”.

To preserve the dignity and the individuality of the person.

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Supporting 'Personhood'

- To support 'personhood' we provide individualized care.

- Caregiver Golden Rule: Treat others as **they** would like to be treated.

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Dementiaism

Thinking of the person differently because they have dementia

Not being as "polite" as to a capable person

Calling the person "cute" names

Not expecting that the person can have good days and bad days

"Honey, I've been through 2 world wars, the Great Depression, taught 3,297 children, administered 4 elementary schools and outlived every one of the pastors I worked with. I'm 89 - years -old and you're telling *me it's bedtime?*"

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Supportive Pathways Model of Care

(Source: M. Woloshchuk, M. Collins, C. Blake 1999)

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Therapeutic Social Environment

What does the Unit/Home look like at 7:30 am?

- Noise
- Odors
- Lighting
- Caregiver Activity
- Person's Involvement
- Breakfast Routine

Therapeutic Social Environment

- Food service individualized, flexible
- Support functional ability through meaningful activity
- Adapt care to changing needs, few routines
- Establish links to the familiar (ability to personalize, homelike)

Respect for the Person's home

How do you show respect for the person's home?

- Knocking
- Wait to be invited in
- Obtain permission
- They have control
- Suggestions not orders
- Care with their possessions

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Respect for the Person's Home

- **Should it be any different in the facility?**

"We work in their home they don't live where we work."

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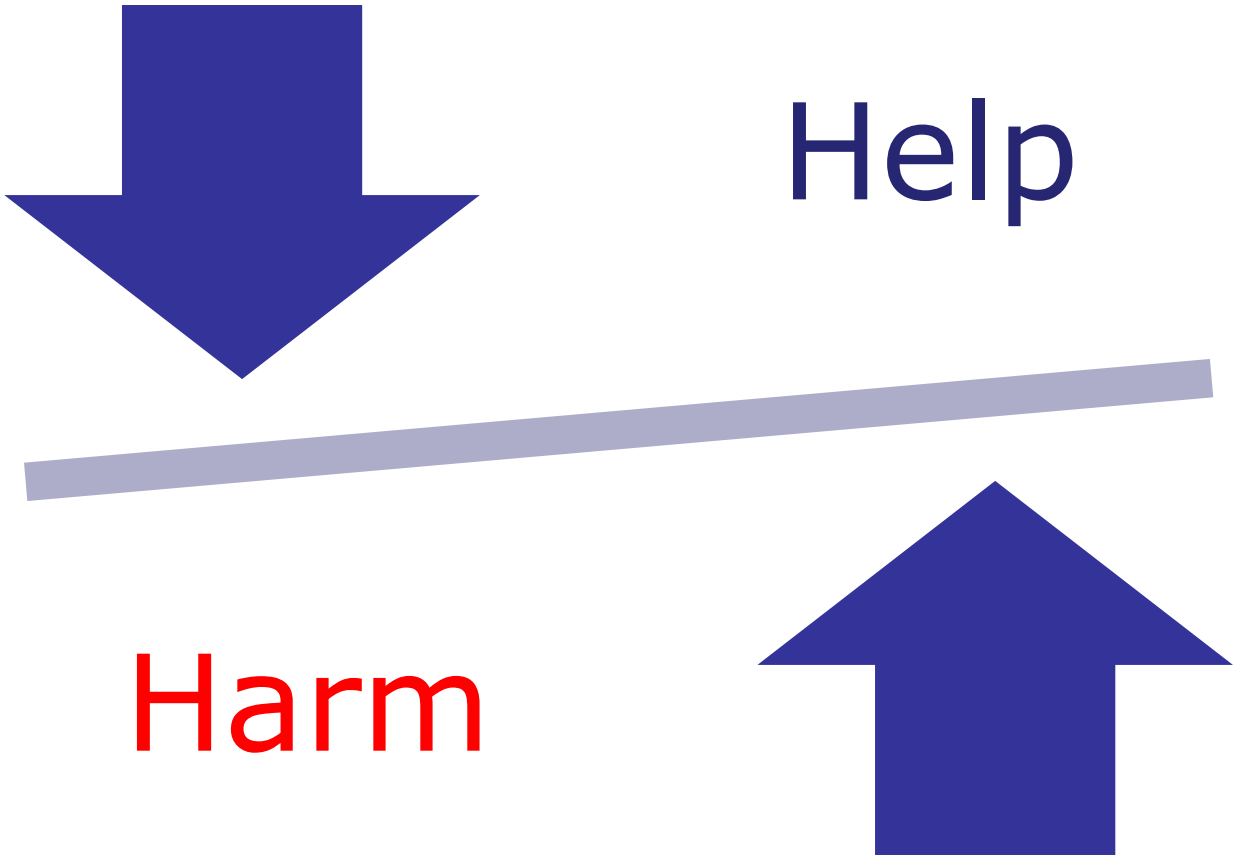
Social Environment-Routines

- Does the person decide when they want to get up?
- Is breakfast at a set time or determined by their preference?
- Are any baths done before 7:00 am?
- How often are residents redirected from activities they chose?

Quality of Life- Safety



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Responding to Altered Behaviour

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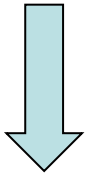
All Behaviour Has Meaning

Behaviour is a means of communication



Our challenge is to

discover what they are communicating

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Then Ask....

Is this behaviour a problem?

Whose problem is it?

When do we need to intervene?

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Intervene When the Behaviour:

Could cause *harm to themselves*

Could cause *harm to others*

Interferes with the *rights* of others
(*Peaceful enjoyment of their home*)

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How Should We Respond?

- **Ask**: *Do we HAVE to do something right now?*

'So what' if they don't want their bath today?

- **Follow**: the 'Path of Least Resistance'
  (Whatever works)

Can we find a way to avoid confrontation?

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Key Message

When two people are providing care together it is essential that:

- ✓ Only one of the two people provides any instructions
- ✓ All conversation includes the client (observe for body language)
- ✓ Staff speak English or in the client's native tongue

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Objectives

To understand that behaviours may occur when interacting with persons who have dementia

To discuss strategies to prevent and intervene when behaviours including aggression occur

To learn a problem solving approach to support persons with dementia who are distressed

To consider delirium as a cause if there is a change in behaviour

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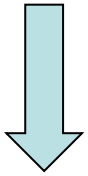
All Behaviour Has Meaning

Behaviour is a means of communication



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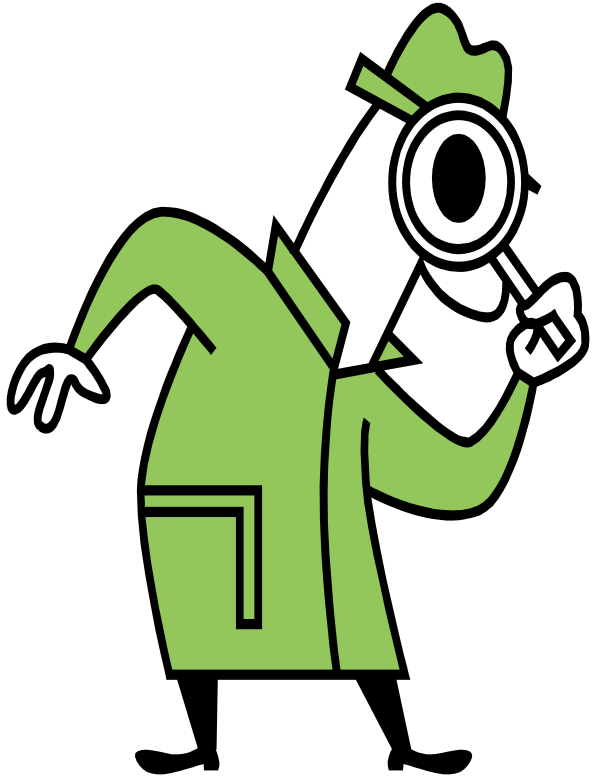
Behaviour Mapping

Be a detective



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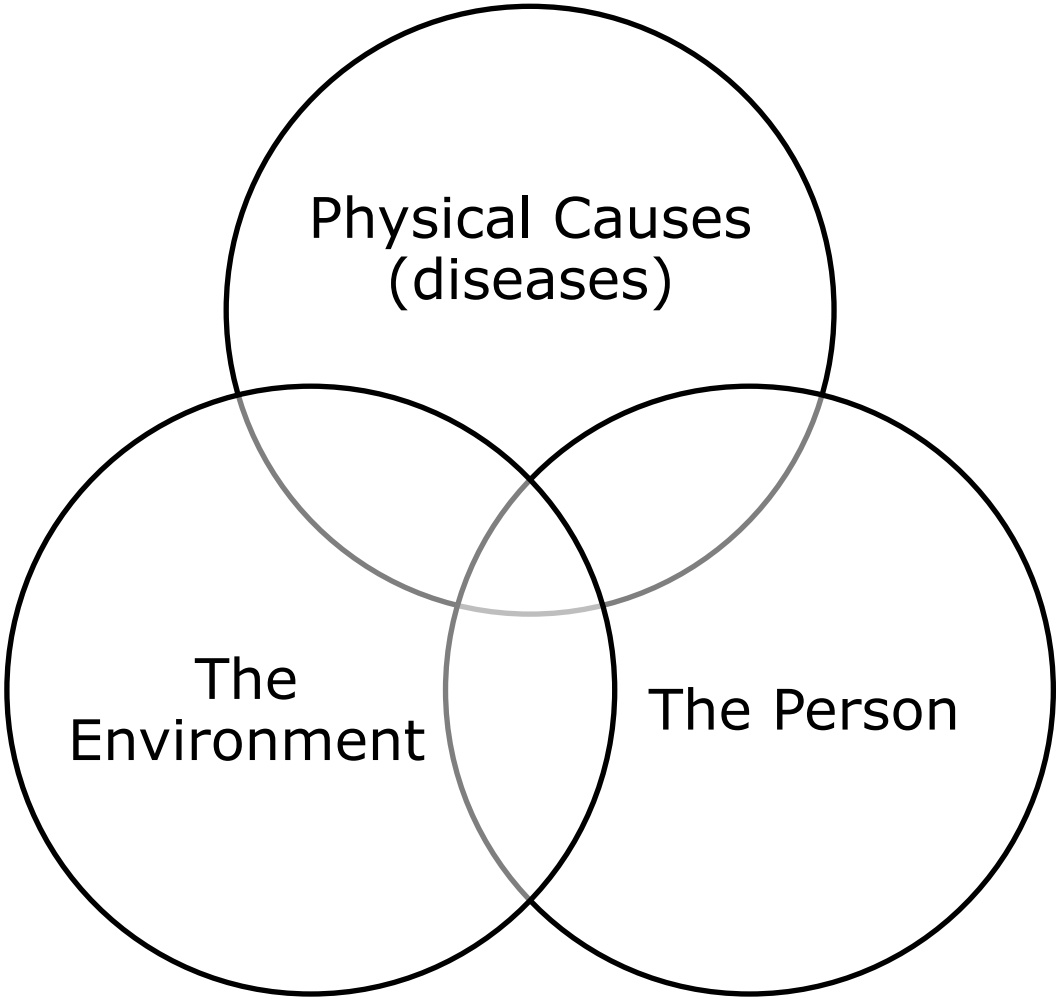
Three Factors to Consider



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Physical Causes (diseases)

Is the behavior related to:

- depression or delirium?
- UTI, pneumonia, constipation, dehydration, pain?
- medications?
- changes related to the type of dementia they have?
- what the disease has taken away?
- the stage of Alzheimer's are they in?

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Delirium

Features of delirium

- Starts **suddenly** and changes throughout the day (often worse at night)
- **Inattention**: cant focus on instructions
- Disorganized thinking: jumps from topic to topic
- Change in awareness: hyper-alert (wide eyes, jumpy) OR very withdrawn, sleepy (may have both)

May occur in people with Dementia – need to look for underlying causes such as **infections or reactions to drugs** if there is a sudden change in person's behaviour

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Depression

- A treatable condition that has various degrees and types.

- People will have a depressed mood or loss of interest or pleasure in life nearly everyday and for most of the day.

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Pain

Myth:

People with Dementia do not feel pain.

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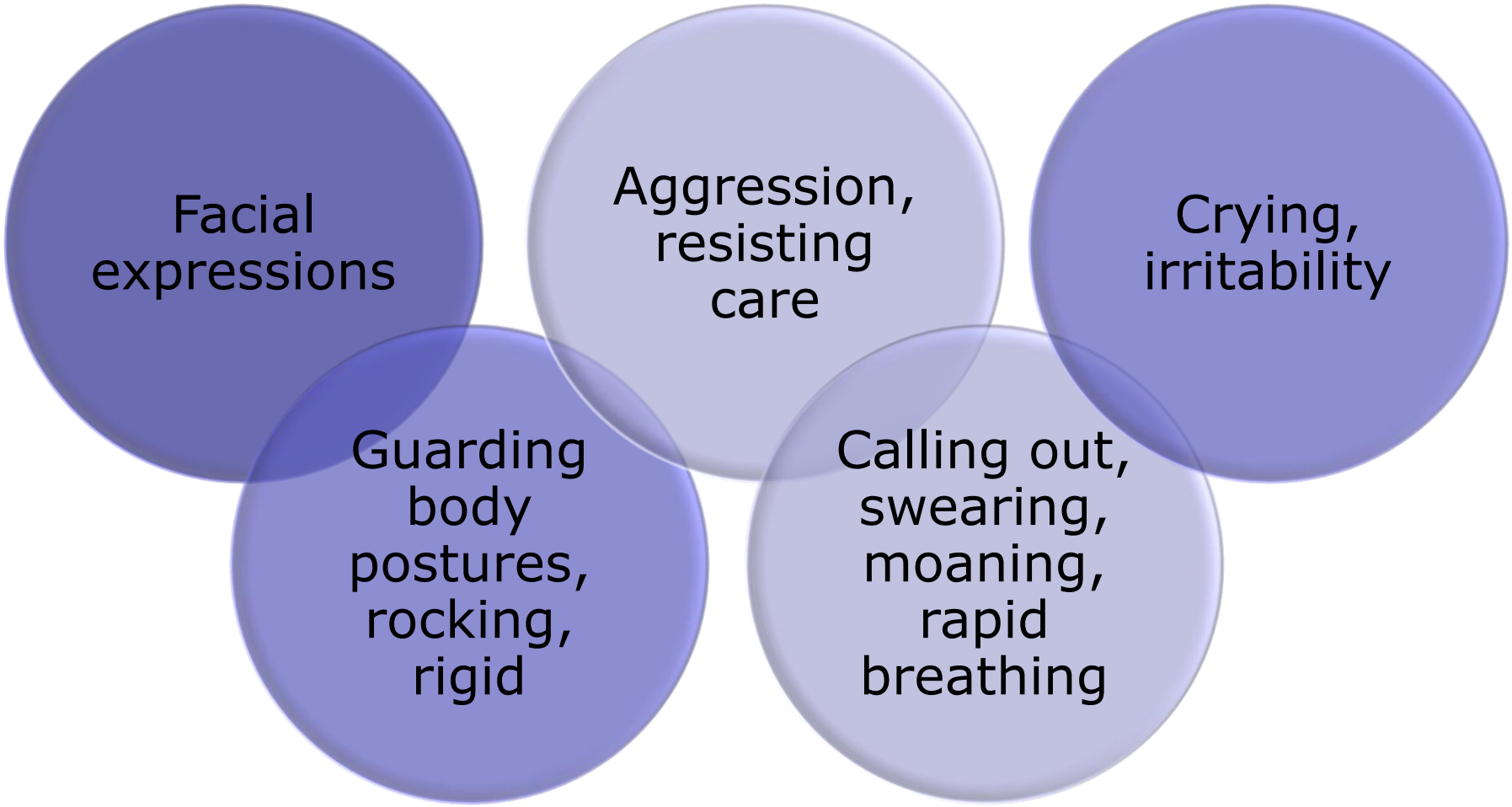
Common Pain Behaviours



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The Person:

Is the behavior related to:

- fears (e.g. post traumatic stress)?
- hunger, thirst?
- things that upset them (triggers)?
- their personality, family relationships, culture or religion?
- abilities/disabilities to understand, communicate or function?
- medical history, persistent pain, psychiatric illness?

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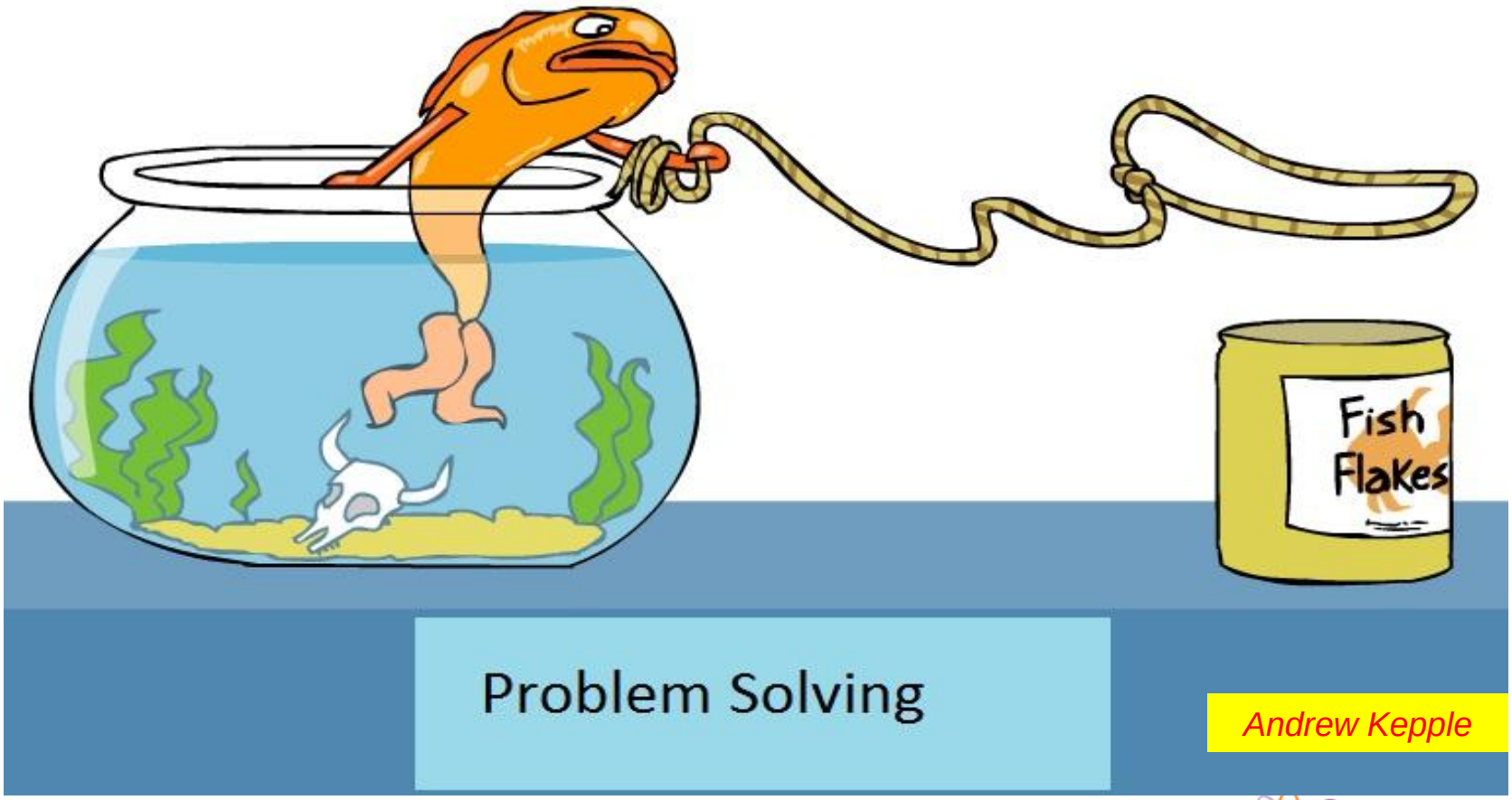

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"What were you doing immediately before you lost your memory?"

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The Environment

Is the behavior related to:

- a rushed noisy environment?
- unfamiliar caregivers/surroundings?
- no opportunity for choices?
- being unable to find their way?
- a hospital like environment ?

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What is the Fourth factor?

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The Fourth Factor - You!

Is the behavior related to:

- how you react to the behavior?
- your approach (beliefs and values)?
- your non-verbal communication?
- whether you anticipate their needs?
- the way you reinforce the behavior?

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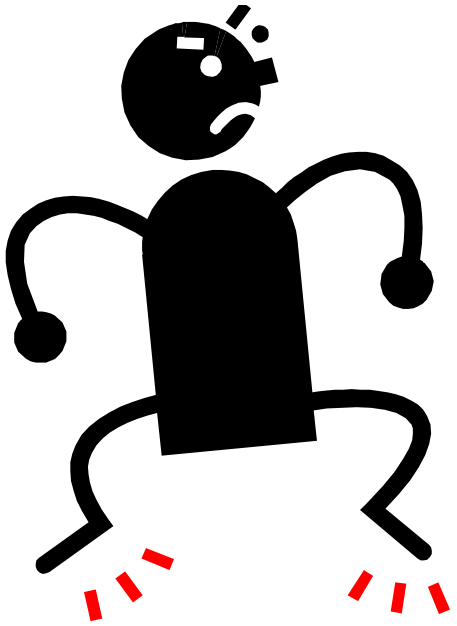
Do You Have a Pet Peeve?

What behaviour causes you to react?



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How Should We Respond?

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'So what' if they don't want their bath today?

- **Follow**: the 'Path of Least Resistance'
  (Whatever works)

Can we find a way to avoid confrontation?

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How Can We Support the Person?

Behavior can be an indication
that the person with dementia
is **distressed** and
needs our support.

Do we have tools?

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Validation

Respects the individual's sense of reality.

Validates what they may be feeling

So we need to

Join their journey – go to their reality

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Reality Orientation

- Orientates to person, place, time
- Is more useful in early stages
- Can provide cues

Should not be used if it creates distress

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What is in the caregiver's Toolbox?

- Knowledge
- Personal Strengths
- Caring
- Patience
- Sense of humor
- Communication skills
- Supportive environment
- Creativity

Support Strategies

Use a Gentle Touch

Smiles

Reassurance

Telephone Call

A visit from family or friend

Feeling helpful & needed

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Support Strategies

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Support Strategies

Change caregivers

Change approach

"If you don't insist they won't resist"

Source Unknown

Adapt

Sleep

Warmth or comfort item

Come back later

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Toolbox-Communication Strategies

Don't argue

Validation

Distraction

Positive Redirection

Reminiscing

Path of Least Resistance-Try to say "yes" rather than "no"

Tell them what they need to hear

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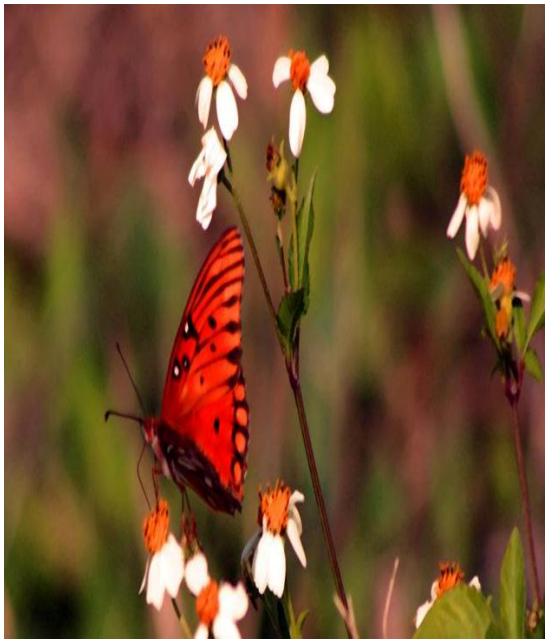
Positive Social Interaction

Butterfly Moment-
Initiating brief interactions
throughout the day



David Sheard- Dementia Care Matters

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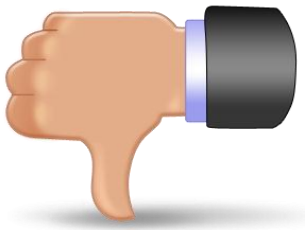
Positive Social Interaction

What's in your pocket?

The Art of Positive Redirection

Don’t tell them “they can’t”. Don’t say “no”.



Offer a positive alternative to what they want to do. “Come with me ...”

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Are Some Behaviors Normal?

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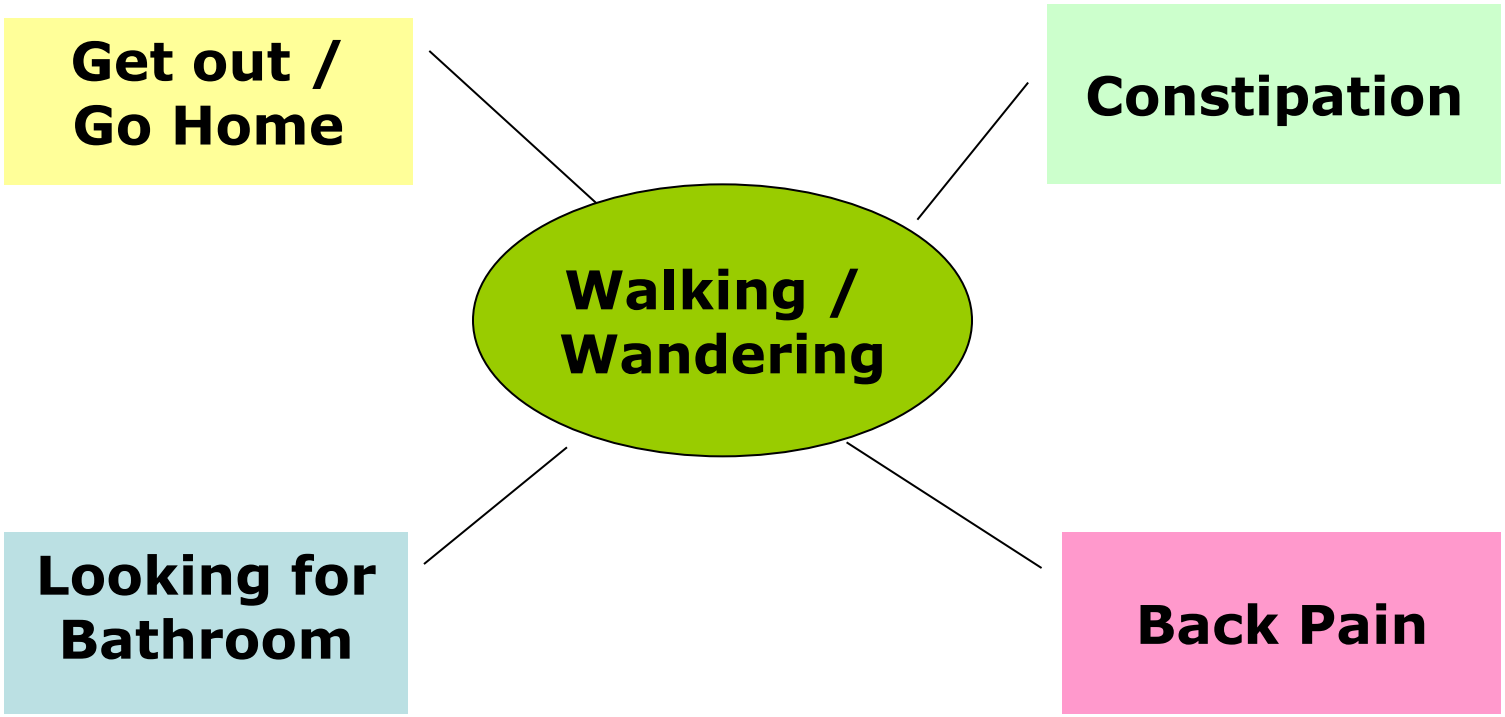
Support Strategies

You cannot medicate for these, nor should you want to!

Sometimes you can't eliminate the behaviour,

you just have to manage the situation.

Distressed Clients – "Wandering"



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Support Strategies for "Wandering"

Have up to date photo, alert neighbours

Register with "Safely Home" Program

Meet needs

Daily walks

Secure environment

GPS Tracking

Distraction

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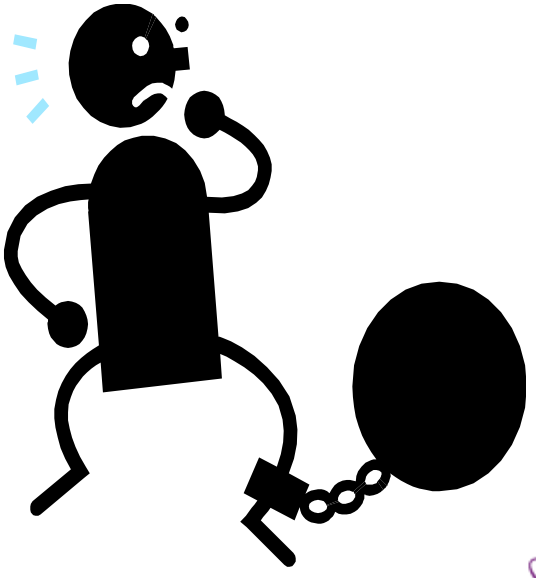
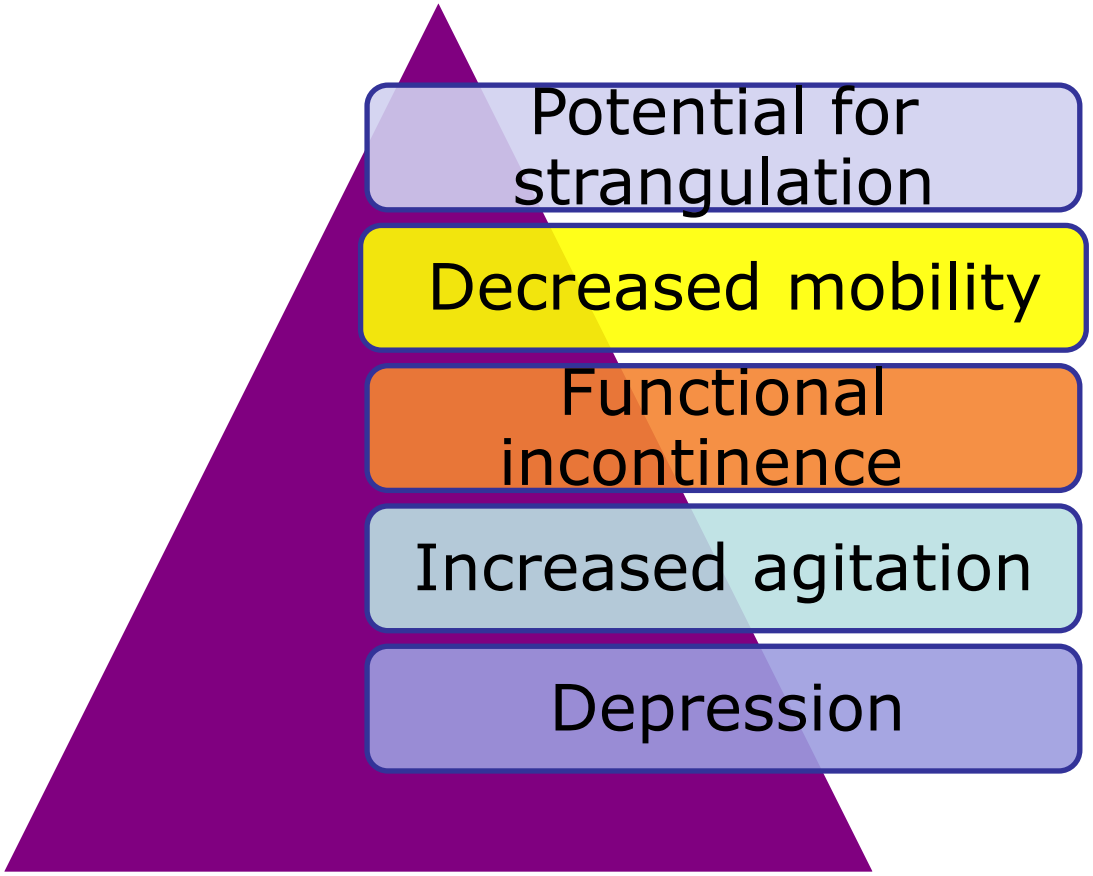
Vulnerability to Restraint

Most people are restrained because

they live in unsafe or inadequate environments.



Restraints are Dangerous



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Toolbox – Avoid Restraint Use

Strength and Rehab. program

Design for increased observation

Educate family re danger of restraint use

Bed and chair alarms

Team conference to care plan re falls

Hip protectors, floor pads

Anticipate needs- toileting

Allow wandering in safe environment, door alarms, use of technology

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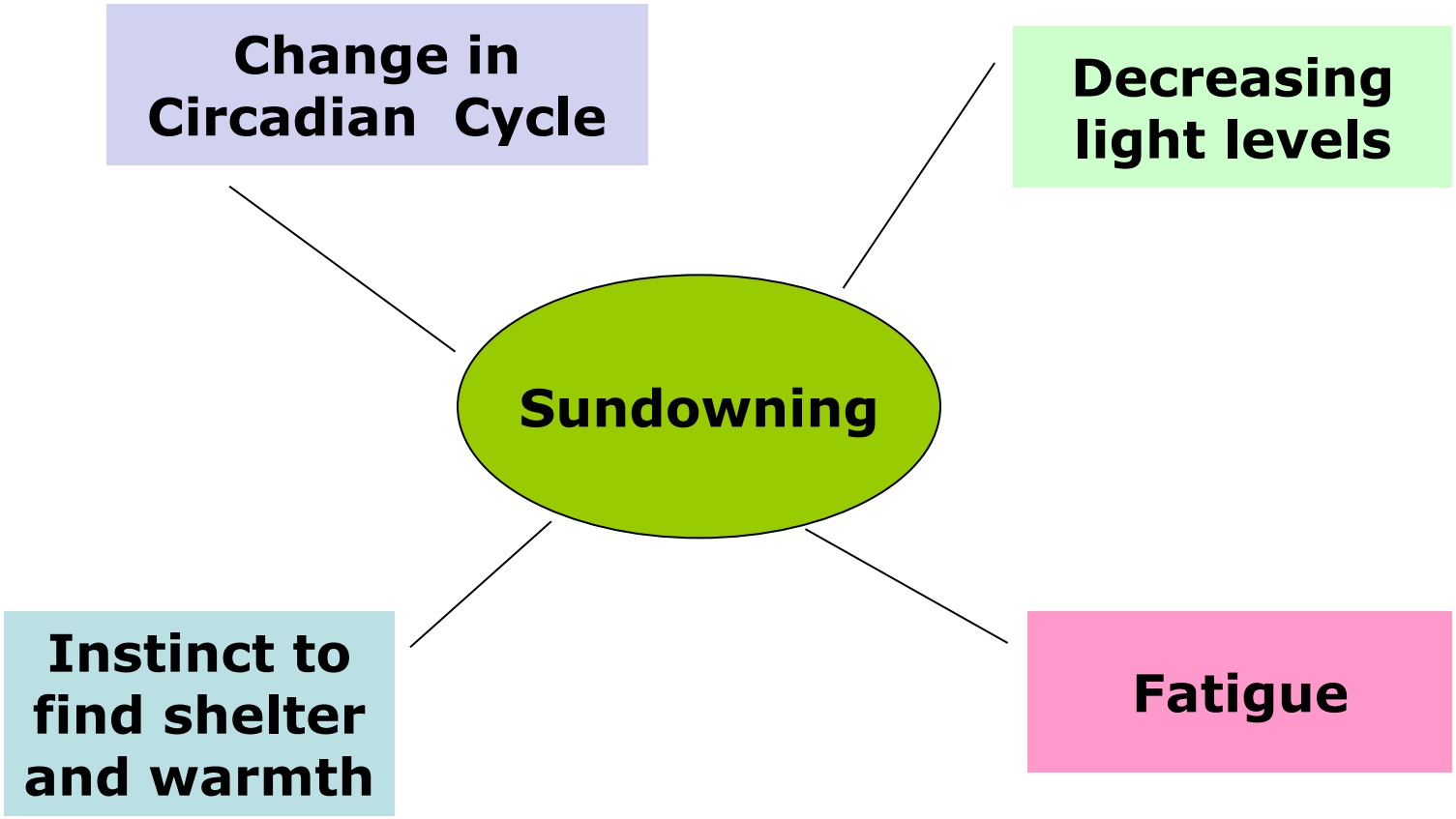
Distressed Clients – "Sundowning"



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Support Strategies for "Sundowning"

Short afternoon nap

Increase lighting to lessen shadows

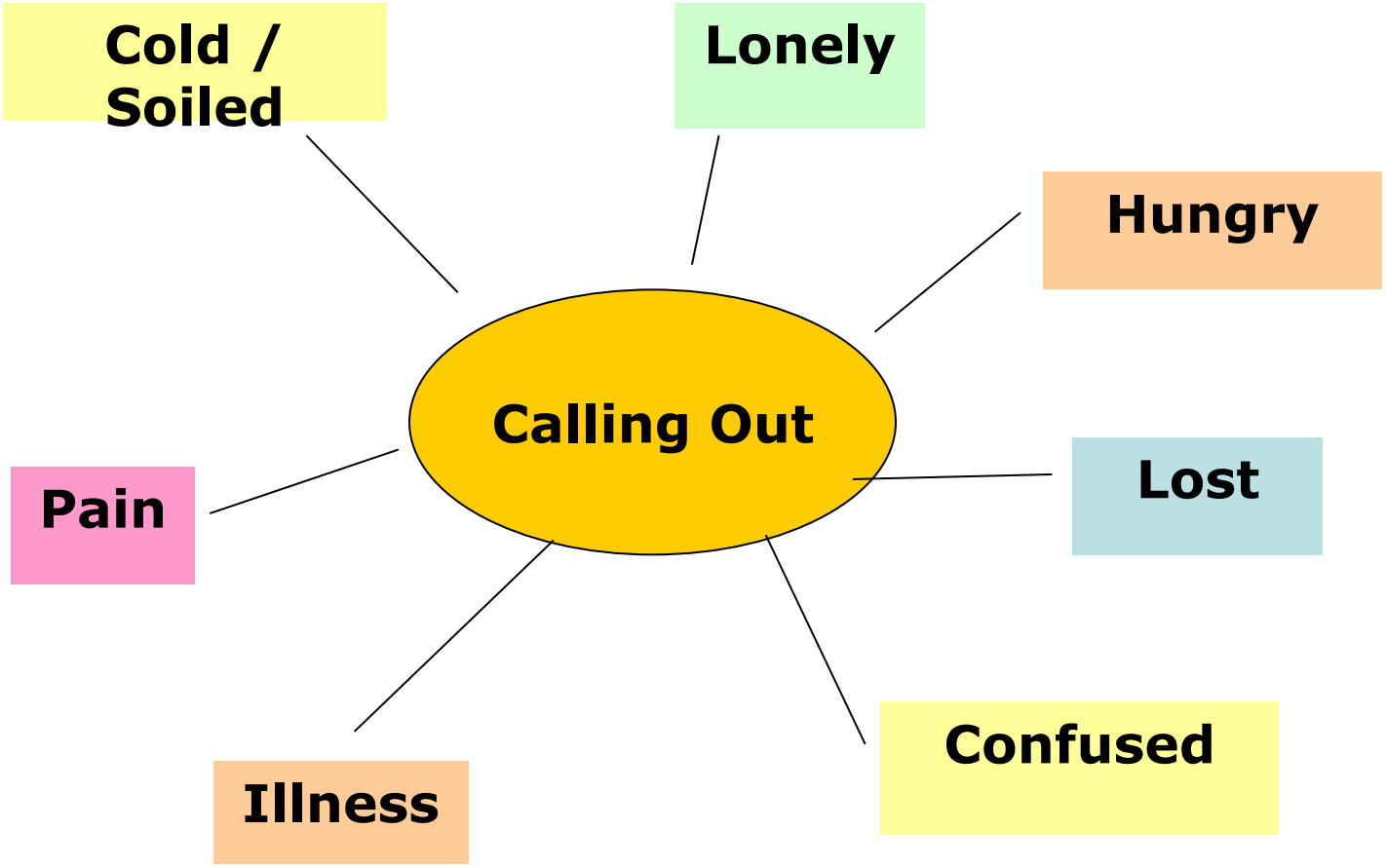
Walking

Increase staff at this time. Keep active and distracted

Validation

Quiet activities, prevent overstimulation from TV, Radio

Distressed Clients - "Calling Out"



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Support Strategies for "Calling Out"

Behaviour mapping to determine cause

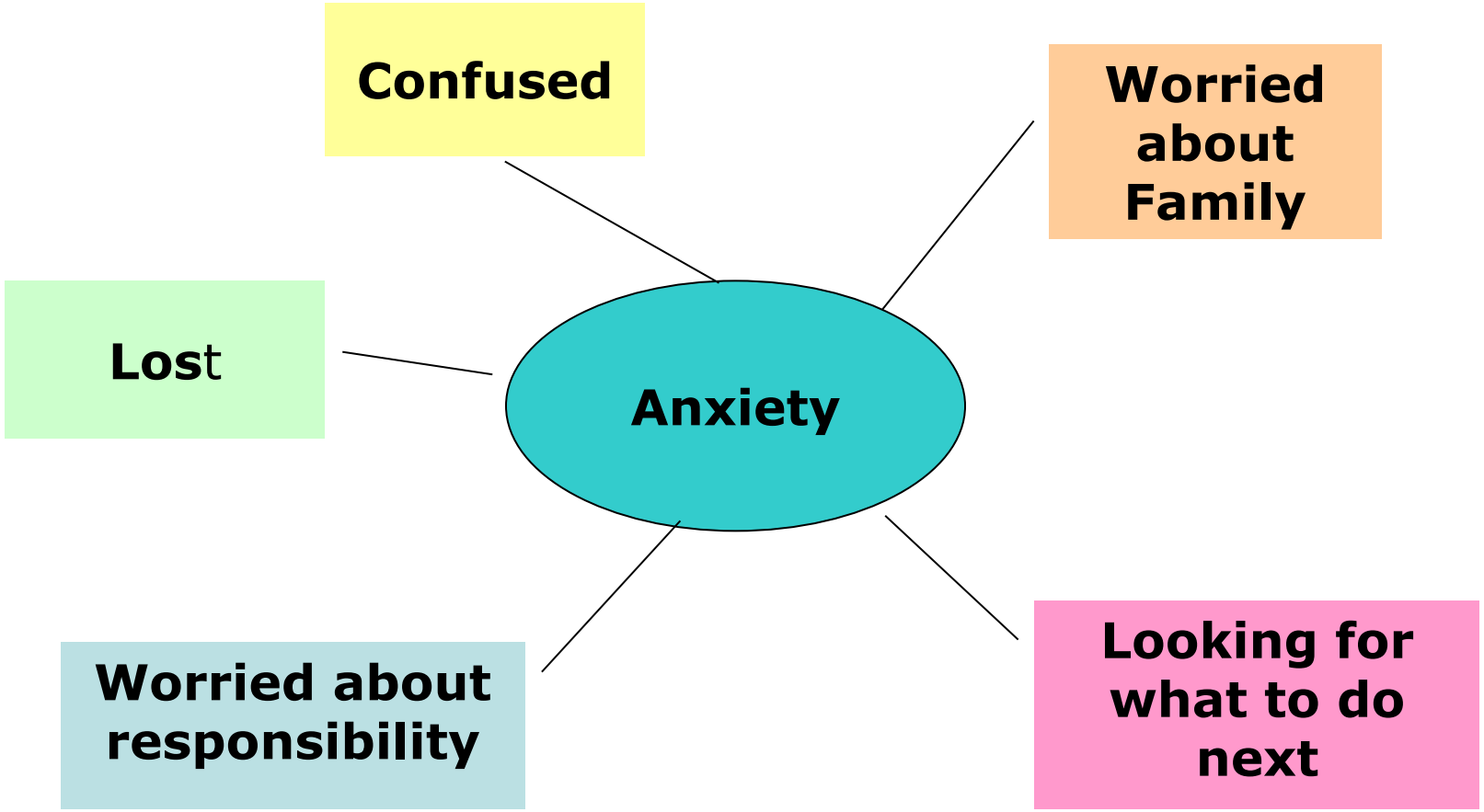
Increase contact with the person

Manage pain

Meet needs- hunger, thirst, toileting

Quiet activities

Distressed Clients – "Anxiety"



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Support Strategies for "Anxiety"

Give them a job

Allow them to be with you

Reassurance

Phone call to family/friend

Familiar environment

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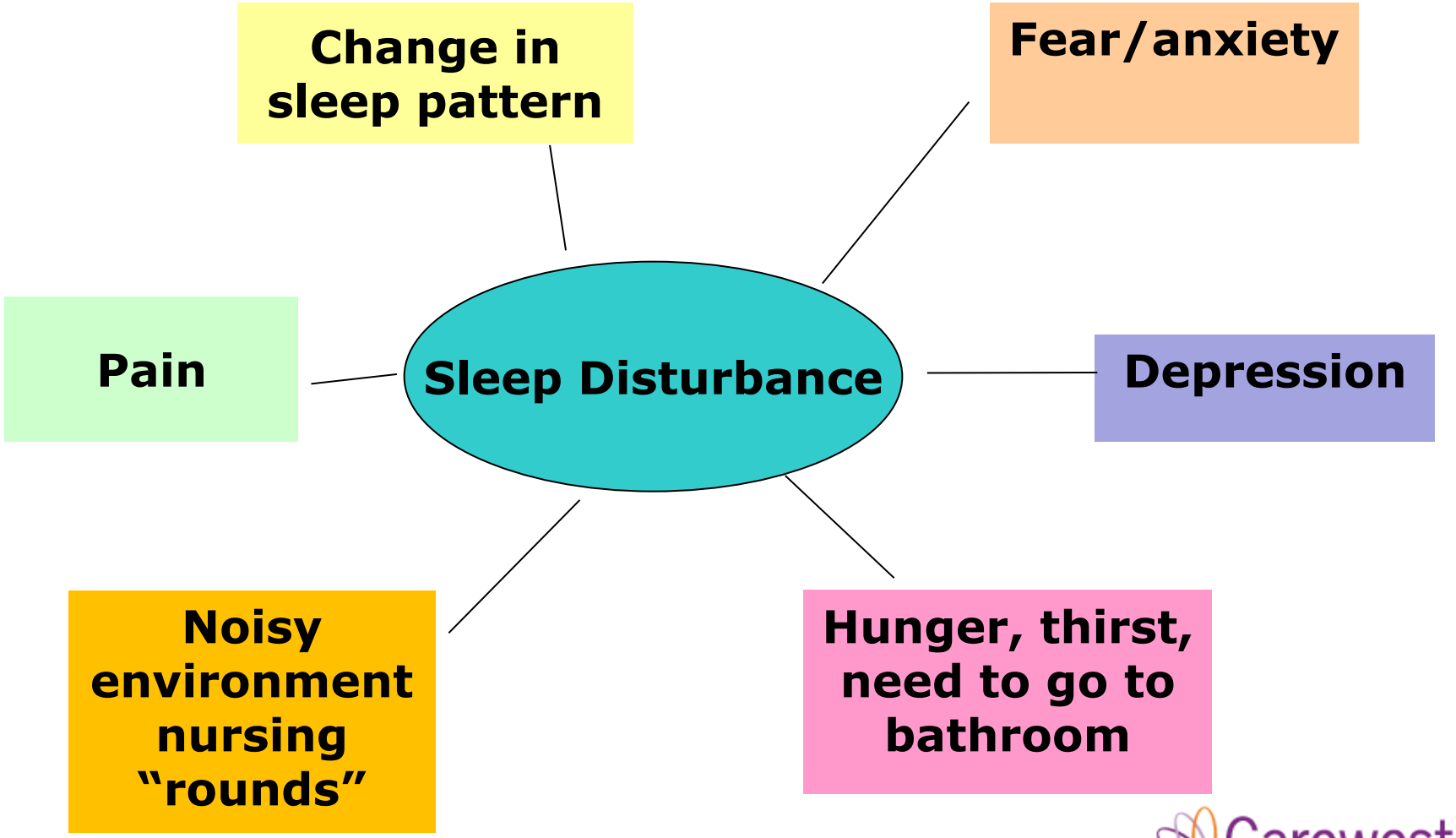
Distressed Clients – "Sleep Disturbance"



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Support Strategies for "Sleep Disturbance"

Limit daytime naps

Monitor or door alarm at home

Bedtime Routine

Manage pain

Avoid caffeine

Night light

Limit routine rounds

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Distressed Clients – "Aggression"

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ISSUES WITH APPROACH

- Noise
- Rushing
- Too many caregivers
- No choices given
- Rough care
- Staff talking over the client
- Staff not recognizing the person and their needs

Our Expectations…

"You wouldn't ask a person with COPD to 'just breathe better' would you?

***Of course not**,*

but we do catch ourselves expecting someone with dementia to 'behave better'

– this is a disease of the brain!

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Support Strategies for "Aggression"

Distract and diffuse

Behaviour mapping to determine cause.

Consistent caregivers

Manage pain

Respect personal space

Listen to "no" verbal or non-verbal. Don't argue.

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Signs of Distress

Watch for:

- Louder, faster talking
- Calling for help
- Trying to leave
- Tense muscles, clenched teeth, clenched fists
- Increased questioning
- Cursing
- Walking faster
- Interfering with others

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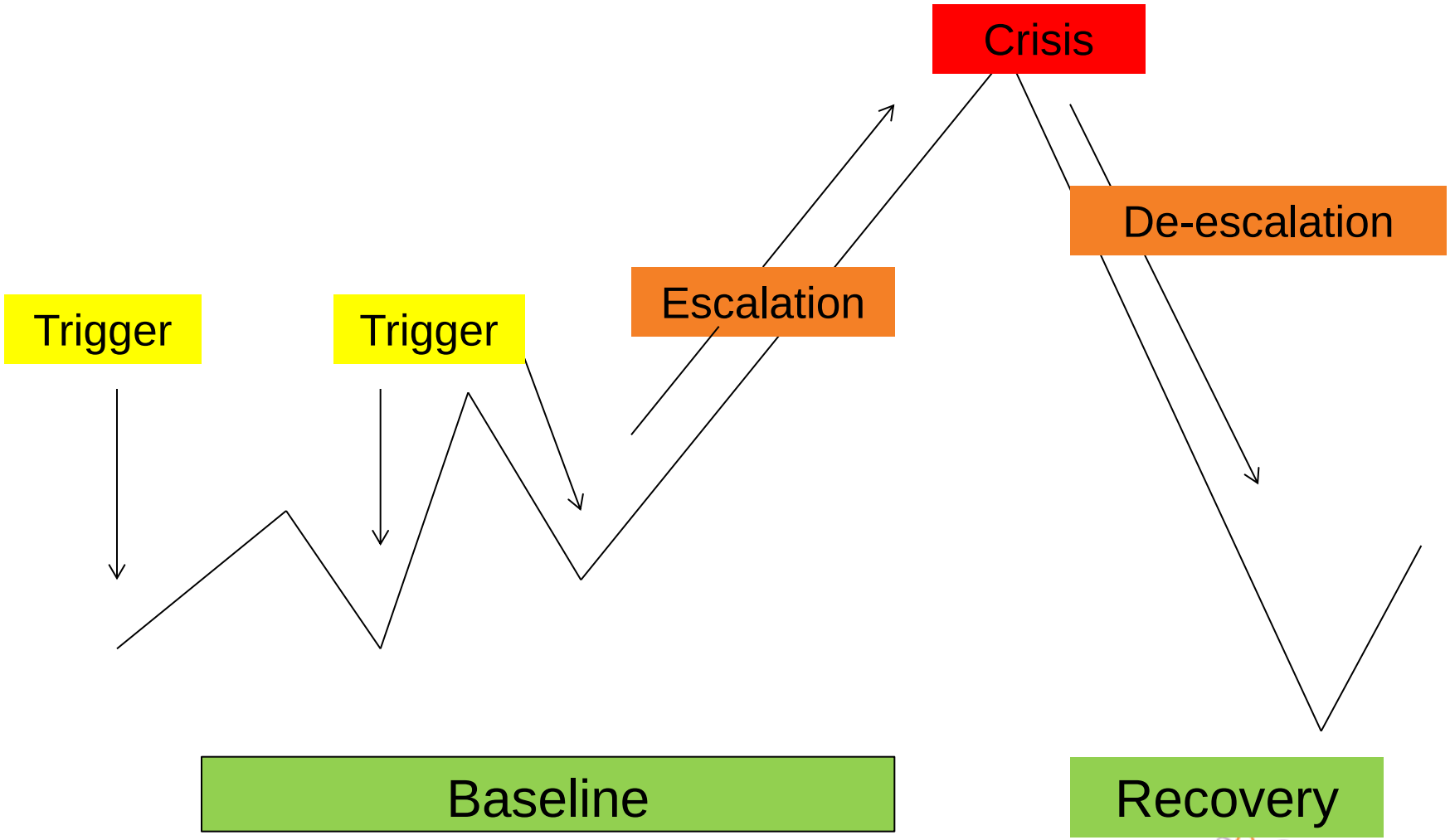
Crisis Cycle



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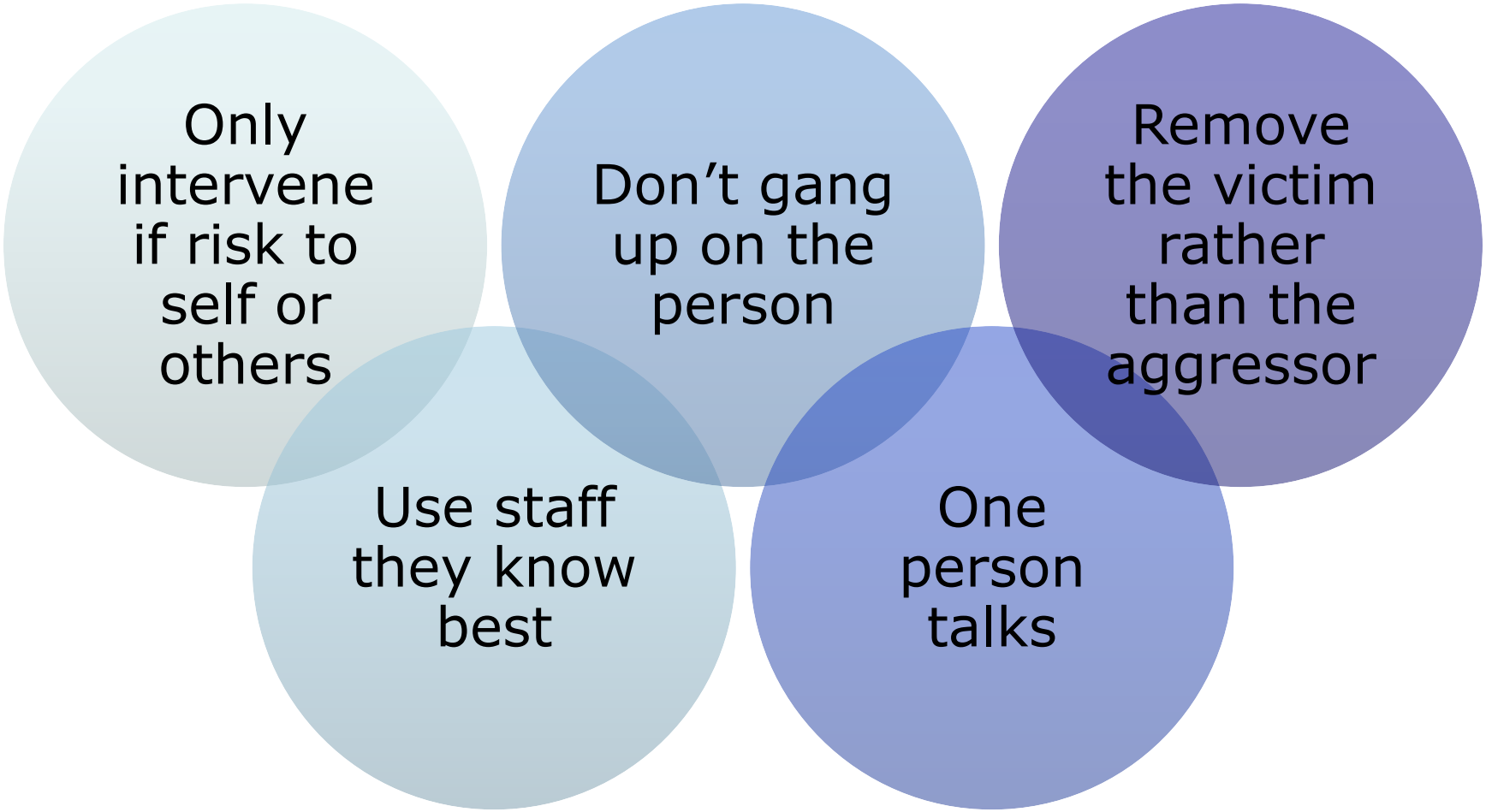
Intervention



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Debriefing

- Help to realize that the situation was not personally directed
- Empathize
- Should be about learning and problem solving not blaming

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Goals for Care

To help clients feel content and secure.

Reduction or elimination of “triggers” that lead to distressed behaviours.

To interact effectively with the person when behaviors occur.

Aim for a win/win solution.

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Family as Partners in Care

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Our Relationship with families

- **How many of us think of ‘partners’ when we think of families?**

- ***What do we think of when we think of families?***

Helpful? Loving? Dedicated? Uninvolved ? Dysfunctional? Demanding? Having unrealistic expectations? In denial?

- ***Will it help us to be more understanding when we realize that family members may be ‘distressed’?***

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Family

How would you define family?

"Family are who they say they are"

Wright & Leahey, 1994

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Who knows the client best?

Do we as staff or does the family know the person best?

Family

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Program Goals

Family will be encouraged to be involved to their desired level.

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Understanding Distressed Families

Some families already have:

- Elevated expectations
- Struggles with their role in the family
- Wishes for the family to be back to normal
- Different Beliefs/values

Distressed Families

"Grief is a constant part of the process of caring for a loved one with Alzheimer disease."

Liken & Collins,1993

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Distressed Family Strategies

Include in activities, care planning, care to their desired level

Be Proactive

Support them to not feel guilty. Invite to Family Support groups.

Have empathy for their losses

Don’t judge them

Educate on normal progression of the disease

Distressed Family Strategies

Staff need to greet family in a friendly manner

Provide care which is in line with the Care Plan

If there is disagreement over the Care Plan, then set up a meeting with the family

Be careful of your tone of voice

Risk of Abuse - Warning Signs

Suspicious injuries

Poor physical appearance or signs of neglect

Fearful of the caregiver

Discrepancy between known income and standard of living.

Worrying about documents they have signed.

Caregiver concerned more about the financial status of the person not their health status.

New friend or caregiver is isolating the person from family or friends.

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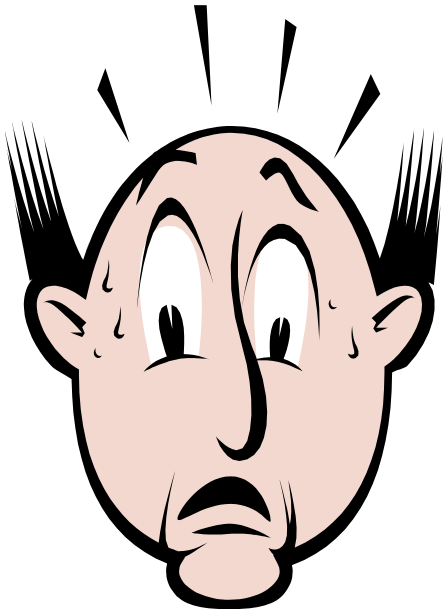
Things We Do That Distress Families

- NOT my job!
- NOT my shift!
- I'm on my break!
- I'm just back today
- We're short staffed today
- We have lots of clients



Care For Yourself & Those Around You

The Business of Kindness, Olivia McIvor, 2006

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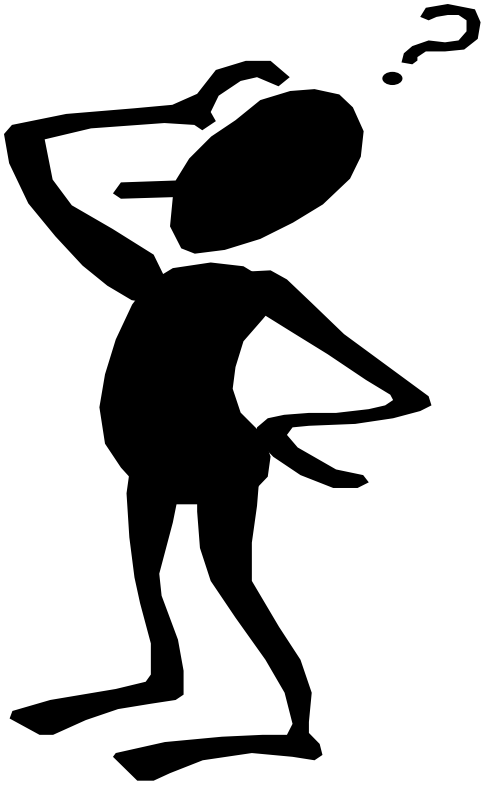
Questions?



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