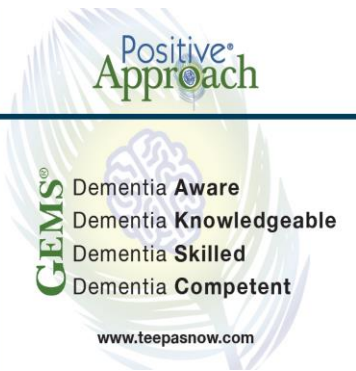


Changing the Culture of
Dementia Care
One Mind at a Time



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Changing Resistance to Care to Participation in Care

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Four Truths About Dementia:

1. At least 2 parts of the brain are dying- one related to memory and another part
2. It is chronic – can't be fixed
3. It is progressive – it gets worse
4. It is terminal – it will kill, eventually

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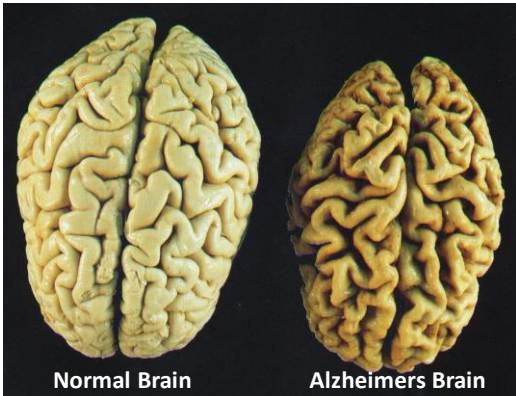
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Brain Failure

The person's brain is dying

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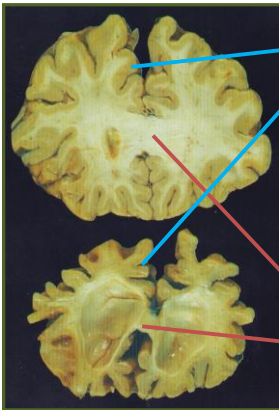


Normal Brain

Alzheimers Brain

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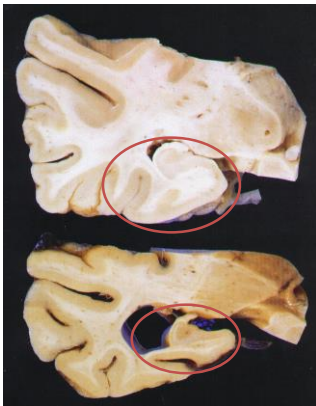
**Storage units
- data**

**Executive
Control
Center:
Emotions
Behavior
Judgment
Reasoning**

**Wiring -
connecting,
bringing data in
and sending
data out**

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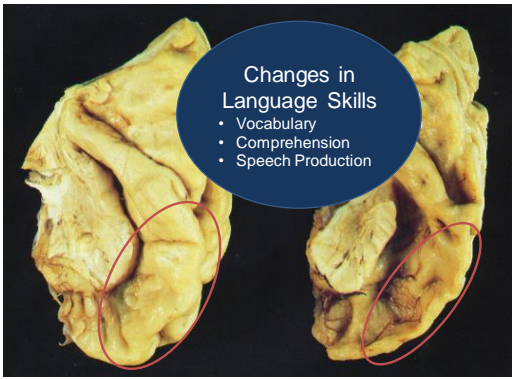


**Hippocampus
Big Changes:**

- Learn and remember
- Way-finding
- Passage of time

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Understanding Language – Big Change

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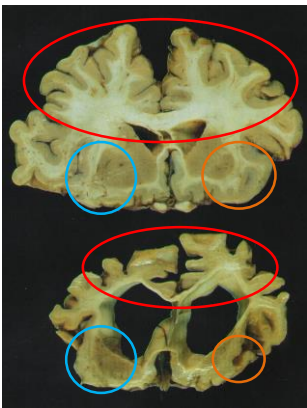
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Hearing Sound – Not Changed

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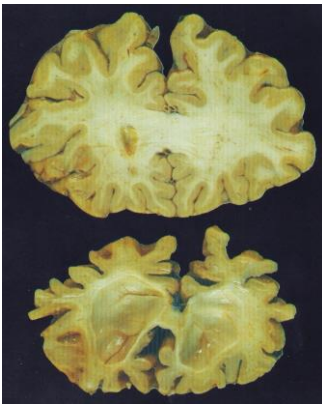
**Sensory Strip
Motor Strip
White Matter
Connections:
Big Changes**

**Automatic
Speech
Rhythm – Music
Expletives:
Preserved**

**Formal Speech
and Language
Center:
Huge Changes**

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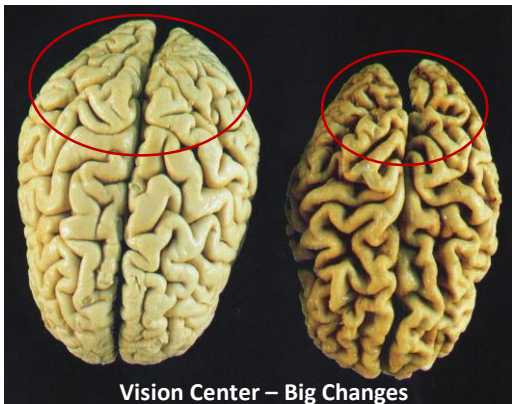


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Executive Control Center Changes:

- Being logical, reasonable, rational
- Controlling impulses
- Making decisions
- Initiating-sequencing-terminating-transitioning
- Being self-aware
- Seeing other perspectives

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Vision Center – Big Changes

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What Causes Distress or Resistance?

Mismatch between:

- What we expect versus what actually happens
- What we can do versus what is needed
- What was versus what is
- What we want versus what we get
- What we want versus what the other wants
- Who we are with versus who we want to be with
- Where we are versus where we want to be
- Who we are versus who we want to be

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Resisting Resistance Just Increases Resistance!

If something isn't working,
Stop and back off!
Think about it
Try again, but change something!

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How Can We Help Better?

It all starts with
your approach!

Be a Care Partner, not
a Care Giver!

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Positive Physical Approach™



- Pause at edge of public space (6 feet)
- Greet with your open hand next to your face, smile
- Call the person by name, if possible
- Move your hand into handshake position
- Approach slowly and within visual range
- Move from a handshake to Hand-under-Hand®
- Shift into a Supportive Stance alongside them
- Get low by standing or kneeling, but don't lean in
- Make a connection and wait for their response

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Hand-under-Hand® Assistance



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Use of Hand-Under-Hand®:

- **Connecting:** comforting and directing gaze
- **Guiding and helping with movement**
- **Uses established nerve pathways**
- **Getting eye contact and attention**
- **Providing help with fine motor**
- **Offering a sense of control, even when you are doing almost everything**
- **Gives advanced notice of possible problems**
- **Allows you to do with, not to**

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How Do We Help People Transfer and Move Safely?

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To Get Someone to Do Something:

Connect and form a relationship first, then work on getting them to do something!

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To Connect Emotionally:

- Make a connection
- Offer your name: "I'm (name) and you are...?"
- Offer a shared background: "I'm from (place) and you're from...?"
- Offer a positive personal comment: "You look great in that!" or "I love that color on you."

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Then, Get it Going!

- Give simple and short information
- Offer concrete choices
- Ask for the person for their help
- Ask the person to try
- Break the task down to single steps at a time

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Give Simple Information:

- Use Visual (gesture or point) combined with Verbal:
 - “It’s about time for...”
 - “Let’s go this way.”
 - “Here are your socks.”
- Don’t ask questions you don’t want to hear the answer to
- Acknowledge the response/reaction to your info
- Limit your words and keep it simple
- Wait!!!!

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To Connect With Someone Who is Distressed:

Use Supportive Communication

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What is Supportive Communication?

- Repeat a few of their words with a question at the end
- Listen
- Then:
 - Offer empathy:
 - “Sounds like...”
 - “Seems like...”
 - “Looks like...”
- Listen
- Avoid confrontational questions
- Use just a few words
- Go slow
- Use examples
- Fill in the blank
- Listen!!!

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More Supportive Communication:

Validate emotions:

- Early: “It’s really (label emotion) to have this happen” or “I’m sorry this is happening to you”
- Mid-stage: Repeat their words with emotion
 - Listen for added info, ideas, thoughts
 - Explore the new info by watching and listening
- Late: Check out the whole body
 - Face, posture, movement, gestures, touching, looking
 - Look for the need under the words or actions

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Five Ways to Say “I Am Sorry!”

- I’m sorry, I was trying to help
- I’m sorry I made you feel (emotion: angry, irritated, frustrated, sad, isolated....)
- I’m sorry I made you feel (intellectual capacity or relationship unequal: like a child, stupid, like an idiot...)
- I’m sorry that happened, it shouldn’t have
- I’m sorry, this is hard!

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What Shouldn't We Do?

- Argue
- Make up stuff that is not true
- Ignore problem behaviors
- Try a possible solution only once
- Give up
- Let them do whatever they want to
- Force them to do things

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So What Should We Do?

Remember who has the
healthy brain!

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Believe:

People with dementia are
doing the best they can!

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