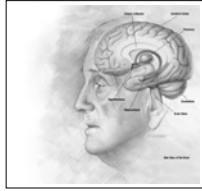


Mind, Body, and Spirit in Dementia Care



Mind, Body, and Spirit in Dementia Care
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Mind, Body, and Spirit in Dementia Care Course Description

Residents with dementia have emotional and spiritual needs that should be met and go beyond simply attending to their basic physical care. This dementia care program encourages maintaining a positive care environment that embraces the unique care needs, rather than view care as a constant burden or challenge. Practical approaches to the variety of personal care needs, including bathing, grooming, feeding, and assisting with medications will be covered. Safety concerns and risk management strategies will address the special care concerns. Meeting the needs of the resident's family will also be covered.



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Dementia Care: Mind, Body, and Spirit Course Objectives

Objectives: At the conclusion of this program, the participants will be able to:

1. Demonstrate basic strategies for effective communication.
2. State the importance of meeting the needs of the mind, body, and spirit of the person with dementia.
3. Identify behaviors that may indicate certain care needs.
4. List two nutritional needs of persons with Alzheimer's disease.
5. Explain four important steps to providing a bath to someone with dementia.
6. Identify possible meanings behind a challenging behavior.
7. List three possible physiological reasons for challenging behavior.

continued-



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Dementia Care: Mind, Body, and Spirit Course Objectives, cont.

Objectives, cont.: At the conclusion of this program, the participants will be able to:

8. Discuss techniques to help families cope with their own negative feelings.
9. Demonstrate three strategies to assist a resident to safely consume his medications.
10. Discuss the importance of advance directives.
11. List three risk management strategies when caring for persons with dementia.
12. Describe four ways to honor the past of the resident with dementia.
13. List three practical interventions when caring for end stage dementia.



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Describe a Positive Care Environment

- What will the physical environment provide for the person with dementia?
- What view towards dementia will your staff have? How would they define dementia?
- Will psychoactive meds be used? If so, when?
- What would food service look like?
- What will be different in a positive care environment that addresses the unique characteristics of the resident?



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CARING FOR THE MIND:



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Caring for the Mind

- Understanding limitations
 - Focus on what the resident is **CAPABLE** of doing
 - Resident abilities are often greater than what the family reports
- Encourage capabilities
 - Perform only partial assistance with tasks when possible
 - Use cuing
 - Use modeling



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Adapting the Environment

- Lighting
- Furnishings
- Colors
- Windows
- Flooring
- Seating arrangements
- Decorations
- Outdoor accessibility
- Temperature
- Calmness
- Cues
- Noise Level
- Comfort
- Homelike
- Uniforms



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CARING FOR THE MIND:

COMMUNICATION



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Communication

- The foundation of all human care is communication. We must first understand what our residents want and need, and then communicate back to the resident.
- Communication effects our ability to meet our resident's grooming needs, to feed him, to medicate him and most importantly to nurture him.



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Dementia Impairs Communication

- It affects the ability for receptive communication (the ability to understand what is being told to us)
- When a resident cannot understand what you are trying to communicate she may:
 - Resist care
 - Think you are trying to “hurt her”
 - Think you are trying to “trick her”
 - Feel alone as though no one is on her side



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What Can Worsen the Ability to Understand? (Receptive Communication)

- Not speaking clearly or loud enough
- Speaking too fast
- Standing where the resident cannot see you when you speak
- Using sarcasm, jargon or culturally unfamiliar terms
- Rude tone or body language
- Communicating in “baby talk”
- Too much environmental stimuli



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Dementia Impairs Communication (expressive communication)

- As dementia progresses the resident may lose the ability to express thoughts effectively
- May have fluent aphasia where he is able to say a lot of words together, yet the words lack a clear message
- May revert back to a native tongue
- May forget the names of people or nouns



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Communication Techniques

- Know the timing of your resident. We do not want to jump in too soon and complete every sentence, yet we do not want him to struggle for an embarrassingly long time.
- If he cannot say what he wants and you have made suggestions, simply change the subject, use methods of distraction, and come back to the need in a bit.
- If the resident struggles excessively, frustration will build.
- Sometimes it is effective just to give a reassuring physical gesture and say to the resident, "I can see we are not communicating well."



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CARING FOR THE MIND: BEHAVIORS



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Residents May Communicate Through Behaviors

- Look at the behaviors below...what could you speculate the resident is communicating?
 - Taking off pants, even in public
 - Patting the table and moving dining chairs
 - Pacing excessively and opening cabinets as though looking for something
 - Crying out



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Possible Physical Reasons For Those Behaviors

- Urinary Tract Infection (UTI)
- Pain or discomfort
- Hunger
- Thirst
- Medication side effects
- Heat
- Cold



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When Discussing Behaviors...

- Caregivers may often use the term “problem behavior.” Who has the problem with it? The resident or staff? Or family? Often times it is all in the attitude.
- Examples:
 - Pacing may be exercise
 - Moving things about may be re-decorating
 - Repeating a question may be clarifying and reinforcement



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Activities for Wandering

- Daily living skills (e.g., sweeping, dusting, washing tables, watering plants, making beds, etc.)
- Walking
- Dancing
- Exercising
- Assisting staff (e.g., pushing wheelchairs, getting snacks, etc.)
- Folding
- Sorting



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Behaviors: Anger and Agitation

- Do not express impatience
- Maintain calmness – smile and reassure
- Speak slowly and offer comfort
- Re-direct to quiet area
- Engage in favorite pastime
- Offer favored food or beverage
- Whisper



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Activities for Anger and Agitation

- Offer a snack
- Chewing gum (when appropriate and safe)
- Exercising
- Walking
- Mentally stimulating activities
- Sensory stimulation
- One-on-one interaction
- Singing



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Behaviors: Aggression

- Remain calm on approach
- Get help if necessary
- Use change-of-face technique
- Attempt to redirect
- Redirect to safe area (resident's room, quiet area, etc.)
- Provide distraction...use resident interest



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Activities for Aggression

- Tactile stimulation
- Folding items (e.g., clothes, washcloths, towels)
- Physically stimulating activities
- Massage
- Making picture scrapbooks
- Pet therapy
- Having a snack
- Cutting or tearing pictures from magazines and sorting into categories (e.g., good, animals, people, objects)



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Behaviors: Violent and Catastrophic Reactions

- Immediately call for help
- Remain calm
- Do not crowd resident
- Ensure other resident safety
- Remove self or others from area
- Do not run or turn your back
- Remove potential weapons
- Place safe article (pillow, blanket) between you and resident
- Call 911 if necessary



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Sexuality



- Consent and resident rights **MUST** be addressed
- Provide privacy
- Maintain confidentiality
- Interrupt sexual language – redirect to protect other residents/staff
- Never reprimand
- Assist resident in redressing and washing hands if appropriate



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Inappropriate Sexual Behavior

- Invite resident to activities
- Engage in tactile stimulation, such as craft
- Praise when appropriate
- Notify supervisor of any incidents
- Update service plan
- Residents are often inadvertently deprived of necessary human touch. Care staff can meet this need when providing activities of daily living, e.g., combing/washing hair, bathing, handshake, shaving, shoulder massage. Often, meeting this basic human need will thwart inappropriate sexual behaviors.



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Medication Refusal

- People with dementia may take a variety of medications, not only for their dementia, but also other chronic health conditions.
- People with dementia often cannot advocate for themselves when medications are not working or unwanted effects are impairing their well being.
- People with dementia often refuse medications
 - “Oh Honey, I don’t take pills- I have always been very healthy.”
 - “I am not swallowing that poison you are trying to give me.”
 - “Oh, thank you, but I already took my medicine.”



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Interventions for Medication Refusal

- May taste bad; serve with a food if not contraindicated (not to be forced)
- Ask for liquid formula
- Ask for quick dissolve formula
- Ask for topical formulations
- Give meds at pre-accustomed location (e.g., some residents only will take their meds in the bathroom)
- Change-of-face—may take for a different staff member
- Walk away and re-attempt again

What else can you do? What has worked for you?



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CARING FOR THE BODY: PHYSICAL CARE



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Physical Care

- When caring for the body, mind and spirit of the resident, think of Maslow's Hierarchy of Needs. At the base of Maslow's Hierarchy are the basic physical care needs:
 - Nutrition
 - Physical health, including medications
 - Personal care: dressing, grooming, bathing, etc



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Meeting Nutritional Needs

- Residents need a balanced, high quality diet with appropriate caloric intake.
- Weight loss is a common issue with Alzheimer's disease, yet the exact causative factor is still not proven.
- Weighing residents (typically monthly) is a fundamental step to adequate nutritional assistance. As resident becomes nonambulatory a chair scale will be needed.



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Ensure Adequate Nutritional Care

- Understand special dietary needs
- Get a clear picture of food preferences (may need to interview family)
- Have a system of communication among staff with the above information
- Follow the FDA food pyramid
- Ensure adequate staff for residents who require assistance with eating
- Serve dementia-friendly foods in a dementia-friendly manner



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Dementia-Friendly Tables

- Nothing dangerous on the table.
 - What might that be?
- Easy-to-use utensils. This does not mean only plastic. Consider "Corelle Wear." Use heavier mugs when a tremor.
- Few distractions. Excessive condiments can be a distraction. Serving too many dishes of food at one time can cause increased confusion.
- Pre-cut foods are helpful.



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Assisting with Meals

- Sit down! Never hover over a resident when assisting.
- Enjoy a bite to eat yourself with him or her.
- Relax. It is not unusual for a dementia resident to require an hour for a meal.
- “Load” spoons for forks, but do not feed until necessary.
- Use the power of body language. Look at the food. Focus on the plate—it draws the resident’s eye there.



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If Feeding Is Necessary

- Do not rush the resident
- Know the resident’s “food order” preference
- Check for pocketing or cheeking—allow time to swallow
- Do not “wash food down” with liquids
- Do not overload spoons
- Check temperature of food before beginning by spooning a small amount on your wrist--never assume it is cool enough
- Stay with feeding. If you walk away the resident may not re-engage eating if he or she waits too long between bites
- Do not put dessert out initially, unless you are willing to have resident eat it early or first. Do not scold or say “You cannot have that first.”



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Nutrition Exercise

- Show Advanced Healthcare Studies, LLC video:
– *Food Service in Dementia Care*



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Nutrition Exercise, cont.

- Next, have the caregiver explain how to assist the person with dementia with his/her meals.
- Speak to the resident as a caregiver.
- How would you instruct the resident?
- Switch roles



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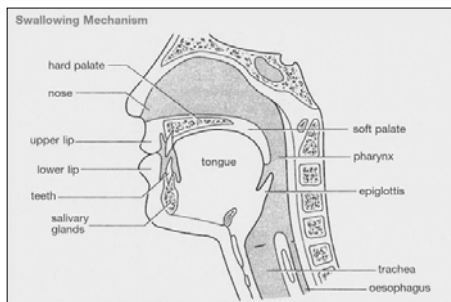
Dysphagia and Aspiration

- Dysphagia refers to a difficulty swallowing
- Typically related to strokes, Parkinson's disease and other neuromuscular disorders
- The resident with dysphagia is more at risk for choking and aspiration (inhaling food or liquids into the lungs)
- Careful interventions must be followed to ensure the safety of the resident with dysphagia



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Dysphagia and Aspiration, cont.



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Dysphagia and Aspiration, cont.

Signs and Symptoms

- Coughing and choking while eating
- Drooling or spilling food out of the mouth
- Pocketing food in the cheek
- Some residents may aspirate without any obvious symptoms (a.k.a. a silent aspirator)
- Watch for signs and symptoms of a respiratory infection in residents at risk for dysphagia (cough, fever, chills, etc.)



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Dysphagia and Aspiration, cont.

Interventions

- Maintain a relaxed pace. Hurrying increases the likelihood of choking and aspiration.
- Instruct the resident not to talk for a few seconds after swallowing.
- Cut food into small bite-sized pieces.
- If the resident is weak or paralyzed on one side of the body, place food into the mouth on the unaffected side of the mouth.
- Instruct the resident to swallow twice after every bite.
- Look in the cheek for food that may have been "pocketed."
- Do not "wash down" food with liquids.
- Allow the resident to sit up or stand for 15 minutes after completing a meal or snack.



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Personal Care: Bathing

- Have all supplies handy so resident is not left unattended
- Check temperature of water
- Allow resident to put hand in water to become accustomed
- Provide a hand towel to protect face as needed
- Hand held showers prevent splashing of overhead shower
- Pour water from container when any shower device is unacceptable
- Grab bar to hold on to if standing for rinsing or perineal care
- Distract with pleasant conversation
- Give the resident something to hold on to if resisting or slapping out



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Personal Care: Grooming

- Request electric razor, unless safe with safety razor
- Remove make-up once applied in the morning to prevent over-use
- Baby tooth brushes are often easier when assisting - less gag response
- Keep hair styles to what the resident is used to - avoid cutting hair or resorting to braids etc.
- Allow accessorizing if it was the resident's pattern - if the resident feels beautiful it makes an attitude difference
- Watch details resident may now overlook - dirty nails, poor hygiene in "crevices"—dry skin which needs lotion



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Personal Care: Dressing



- Request ample supply of clothing
- Monitor for proper fit as residents can have significant injury without complaining
- Lay clothes out in the order to be put on
- Put clothes on weak side first-remove strong side first (if impaired)



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Personal Care: Dressing, cont.

- Roll up clothing as applied, open zippers, etc. to avoid tugging or struggling.
- Remove soiled clothing from the room once off the resident to avoid redressing with soiled clothing.
- Allow residents to wear favorites often - this can be a comforting factor.
- Some residents dress many times a day. This cannot always be considered a problem.



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Personal Care: Incontinence

- Get as much information about voiding patterns, etc. before admission
- Set up the environment to promote continence: clear view of toilet, easy access, grab bars, etc.
- Never accept a change in continency as normal; always get a medical evaluation.
- Assist with toileting as long as possible - diapering is a last resort
- Provide meticulous skin care



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Personal Care: Incontinence, cont.

- Toilet regularly--at least every two hours--allow the resident to completely empty the bladder; use methods of distraction (radio, something to read, pictures, etc.)
- Provide signage to the toilet
- Use assistive devices when needed (bedside commodes, urinal)
- Use "easy to remove" clothing
- Provide adequate fluids--dehydration can cause the bladder to spasm and spill urine



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Personal Care: Incontinence, cont.

- Always provide privacy
- Be very matter of fact about "accidents"
- Refer to diapers as briefs or pants
- Do not use negative body language or sounds (holding nose, making faces, etc.)
- Have all supplies ready, so resident is not left standing partially clothed
- Have something for the resident to hold so he does not place his hands in urine or feces
- Engage the resident in pleasant conversation
- Do not talk about the incontinency in front of the resident
- Invite him to "go for a walk" or "freshen up," rather than "lets change your brief"



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**CARING FOR THE BODY:
SPECIAL CARE, SAFETY, AND
RISK MANAGEMENT
CONCERNS**



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Falls

- **Do not claim you can or will “prevent” falls**
- **The most common activities at the time of a fall for older people in aged-care facilities are:**
 - getting in or out of bed (29%)
 - walking (27%)
 - getting up from sitting (16%)
 - reaching, bending, and performing activities of daily living (12%)

(Tinetti 1987)



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Falls, cont.

- **The most common causes of falls by older people with dementia in aged-care facilities are:**
 - material, slipping (over urine), stumbling (17%)
 - gait and equilibrium disturbances (16%)
 - sitting down incorrectly (11%)
 - urge to walk in spite of physical inability to walk safely (6%)
 - fatigue (5%)
 - agitation, confusion, and irritation (4%)

(Van Dijk et al. 1993)



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Falls, cont.

- **Extrinsic risk factors are hazards in the environment, including:**
 - uneven or slippery surfaces
 - poor lighting
 - inappropriate placement of frequently required items (for example, a drink being placed on a table out of reach), and poorly stored items in walkway areas that might be tripped over (such as stands or cleaning equipment)
- **Intrinsic factors**
 - The major intrinsic factors include age-related functions involved in balance, such as reduction in strength and balance
 - Dementia and other causes of impaired cognition are another risk factor. Other intrinsic fall risk factors include:
 - history of previous falls
 - acute health problems (e.g., pneumonia, urinary tract infection)
 - polypharmacy and specific medications
 - incontinence and orthostatic hypotension



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Elopement Risk

- **Any** diagnosis of dementia is an elopement risk
- Staff need be aware of risk
- Never say never
- Heightened risk in AL, unsecured areas
- History of elopement is only true predictor of risk

Why would a resident elope?



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Elopement Protocols

Mrs. M is missing....Supervisor takes charge

- All staff notification
- Room/area search
- All campus search
- If not found in specified time, start neighborhood automobile search
- Notification to authorities
- Present resident photo, description, typical behavior
- Notification to family and physician



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Elopement Protocols, cont.

- Take search lights if nighttime
- Residents typically are found within one mile
- Residents become frightened and often hide in natural areas such as brush
- Residents may not respond to calling name
- Time is of the essence
- Keep family informed



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Skin Breakdown

Factors that contribute to skin problems

- Poor nutrition, especially if associated with weight loss and decreased protein intake
- Dehydration
- Lack of ability to ambulate or move about easily
- Inability to turn in bed or from side to side in a chair
- Decreased sensation
- Poor circulation
- Poor cognitive function
- Sliding down in a chair or bed when skin is tugged opposite of muscle and bone (shearing)
- Loss of bladder and/or bowel control
- Decreased activity



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Skin Breakdown, cont.

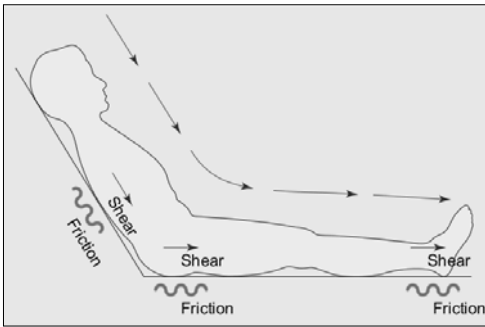
Areas most prone to skin breakdown

- Bony prominences of the body (sacral area, scapula, elbow, spinous process)
- Parts of the body where skin is in contact with skin (under arms, under breasts, etc.)
- Body parts with poor circulation (heels)



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Skin Breakdown, cont.



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Skin Breakdown, cont.

Interventions

- Inspection
- Keep skin clean
- Keep skin properly moisturized
- Prevent chaffing and excessive wetness
- Encourage mobility and movement
- Provide incontinent care
- Report and document skin problems



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CARING FOR THE SPIRIT: SOCIAL NEEDS ASSESSMENT



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Dealing with Loss

- **Instructors:** Please read “The Experience of Dementia as a Journey.”



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Social Needs Assessment

- It must be more than a “pretty” form:
 - Customs/practices
 - Beliefs (spirituality)
 - Fears
 - Joys (hobbies, interests, activities)
 - Family history/attachments (close relatives)
 - Sociability (large groups, individual activities, friends)
 - Daily lifestyle



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Daily Lifestyle History

- What time does she like to wake up?
- What time does she eat breakfast?
- Did she follow a rigid schedule? (9-to-5 job, etc.)
- Did she work outside the home?
- How did she dress? Casual? Formal?
- Does she bath at night or in the morning? Every day?
- Was she a couch potato or active in her free time?



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CARING FOR THE SPIRIT: PERSONHOOD AND BELONGING



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Caring for the Spirit: Emotional Wellbeing


- Help our residents to feel connected through having a purpose
 - Residents may volunteer for tasks
 - There is a human need for most to feel needed by others--help your resident to fulfill the need
 - What tasks could be performed by a resident with moderate to severe dementia?



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Nurture Your Resident

- Help your resident to have a sense of belonging within your community.
 1. Encourage him to sit with other residents
 2. Ask him to share memories with others
 3. Refer to the community as "your home"
 4. Encourage old friends and family to visit often
 5. Celebrate good times together as well as share sorrows
- What other suggestions do you have to help a resident to feel connected with others?



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Nurture Your Resident, cont.

- Resident sense of identity and preservation of his/her sense of self is important.
 - Celebrate culturally specific holidays
 - Talk often about the resident’s career successes
 - Brag about his/her children and role as mother/father
 - Display any hobbies the resident does or once did
- Describe other methods to enhance the resident’s ability to cherish who he or she is?



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Nurture Through Touch

- First things first: Not all residents like touch. Respect the resident’s feelings about that.
- Make sure touch does not have sexual connotations
- For many residents, just sitting next to him gives a sense of closeness
- Touch can be structured such as a gentle hand massage or in passing—a pat on the shoulder
- Pets can provide a touch connection as well



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Nurture Through Sweet Words

- Affirm your resident’s importance through loving words of friendship and appreciation.
 - “Charlie, your happy spirit at breakfast makes it easy to come to work.”
 - “Mrs. Finlin, I so appreciate how kind you are to the other residents. Thanks for visiting with ____ like you do.”
 - “Gertrude--tell me more about cookie baking. Your daughter told me you were the best baker.”
- Are there cautions when giving kind words? What do we have to be careful about?



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**CARING FOR THE SPIRIT:
SPIRITUALITY AND FAITH**



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Spiritual Dimension

- All people have a spiritual dimension in their lives. It is the essence of every person whether or not they have a religious faith and is the response of the person's innermost being to the influences that act upon it.
- Think about it...
- Does "spirituality" diminish as dementia increases?
- Is there a difference between spirituality and religion?



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Spirituality Takes Many Forms


- It does not have to be connected to a specific belief or form of worship. It can be about the spirit or the soul. For many people, spirituality is simply a search for meaning, values and purpose in life. Some people satisfy their spiritual yearnings by seeking harmony with nature and the universe. Others express through music, meditation, or art.



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Admission Notes


- Some organizations are changing forms that read “religious belief” to rather say “spiritual needs.”
- What do you think?
- Is there a difference?
- Is it possible for care staff to impose their personal expressions of faith more easily when a resident is diagnosed with dementia?



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Alongside Caring For the Body...Spiritual Care Includes:


- Recognizing the individual identity of the person
- Respect the need for spiritual expression
- Help the resident to maintain spiritual practices
- Maintain contact with faith groups
- Welcome and affirm the contribution a resident with dementia may make to the spiritual lives of others



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Recommendations from Research
(Author: Sue Barrance)

1. Include the spiritual life of people with dementia in the existing training programs for staff, including medical professionals.
2. Develop ways of understanding the kind of spiritual care that is needed by people from ethnic minority backgrounds and creating appropriate training and support services.
3. Creating imaginative ways of supporting the spiritual life of those who care for people with dementia on a day-to-day basis (your staff).
4. Creating spiritual groups in our communities.
5. Looking at the spiritual dimension of hospice care for persons with dementia.
6. Find ways for enabling people with dementia to speak about their own spiritual life.



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Findings: Calvin College Research, 2003

- “Upsets in memory, agency and perspectivity combine to frustrate a patient’s abilities to execute strategies for reading, constructing, listening to or visually following most text based presentations. This included reading scripture and listening to a sermon...”
- Residents will need different activities as key mediators of God’s grace. Perhaps song, simple prayers, celebration for spiritual assurance and security.



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Communion (Calvin Research)

- “It is amazing the awakening of memory that taking communion can have. It offers an upholding sense of community. It can take on new meaning...the presence of Christ. It makes it real and concrete in a manner that those suffering with Alzheimer’s are capable of experiencing.”



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Exercise

- Break into three or more groups
- Each group will come up with 3-5 spiritual expression ideas for ONE example listed below:
 - 82 year female resident with mid-stage dementia who practiced Seventh Day Adventism her whole life and espoused very conservative beliefs in younger years
 - 91 year old American Hopi Indian with early dementia, raised on a reservation until his mid 20’s
 - 76 year male resident who is a practicing Muslim (instructor may change examples depending on expertise in the group)
- Have groups share results.



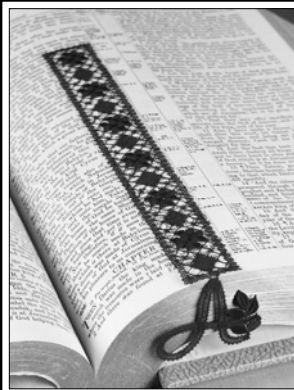
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Sample Worship Service (Rev. Jonathan Currier)

- Hymn: one verse from a well known hymn
- Prayer: Short and addressing themes of concern for elderly people
- Scripture: King James version is more familiar. A single lesson that offers hope or encouragement.
- Homily: 3-5 minutes. Focus on relationships, rather than abstracts. Kindle hope.
- The Lord's Prayer: well known
- Blessing: Offers peace and encouragement



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Suggested for Easy Understanding:

- Psalms
- Ps. 22 My God, My God
 - Ps. 23 The Lord is my Shepherd
 - Ps. 46 God is our refuge and strength
 - Ps. 100 Make a joyful noise
 - Ps. 121 I will lift up mine eyes



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Favorite Well Known Hymns

- We Gather Together
- All Things Bright and Beautiful
- What a Friend We Have in Jesus
- O God, Our Help in Ages Past
- O Worship the King
- Amazing Grace
- How Great Though Art
- Love Divine, All Loves Excelling
- Rock of Ages
- Holy! Holy! Holy! Lord God Almighty



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Examples of Jewish Service

- Introductory Song: Mah Tovu (morning); Shalom Aleichem or Lecha Dodi) Sabbath evening
- Barchu (public call to worship)
- Shema
- Chant the Avot together, continue with silent prayer and sing Oseh Shalom



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Music

- Music is able to touch not only the mind, but the heart and soul as well. For thousands of years this has been recognized in seeking to offer hope and comfort. When King Saul of Israel was sinking into depression he would call upon David to play his harp. Years later, when David was King he wrote the psalms, literally a hymn book of the Bible.
- For the Jew: Sound of Shofar and cantor singing
- For the Catholic: Sound of a Gregorian chant
- For the Protestant: Familiar hymn



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Prayer for Early Dementia

- O God, the trouble with having a memory problem is the frustration and fear I feel everyday. I can never be sure I have done and said the right things. I have memories—happy memories of my family, youth of beautiful days, of my faith. Help me to preserve those. Help me to always have gratitude and love. I am grateful to those who love and help me—my family, my caregivers and my God.



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Caregiver Prayer

- O God, grant us the wisdom and serenity to be good caregivers to our residents. Help us to see clearly what would help, when it would help, and how to best give help. Teach us patience, that we may bring love to the task. Guide us away from our panic, and toward our compassion, that we may continue to build happy memories with our residents, staff and families. Help us to be creative, caring and faithful to Your guidance. Forgive us when we lose our patience, and grant us strength and peace.



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CARING FOR THE MIND, BODY, AND SPIRIT: FAMILY CONCERNS



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Family Considerations: Nurture the Needs of the Family

- Help to alleviate guilt, worry, and shame about placement:
 - Take every opportunity to point out the good times the resident is enjoying
 - Share stories about the family that your resident told--it affirms the family is not forgotten as well
 - Keep the family informed closely about any change in condition so there are no surprises
 - Allow the family members to share their burden with you



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Interventions for Challenging Families

- Manage expectations
 - Begins before admission
 - Disclosure, disclosure, disclosure
 - Help the family understand dementia, progression, behaviors, etc.
- Appropriate admissions
 - Do not be “bullied” by a family
 - Get your information from more than one resource
 - Follow your instincts



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Interventions for Challenging Families

- Limit-setting
 - Provide the family with a copy of house rules
 - Use the service plan to document goals and expectations
 - Do not allow a family to coerce you into violating regulations
 - Seek legal advice when family is impairing facility operations or resident health/safety



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Other Family Support Ideas


- Host a regular “family night”
- Ask the Alzheimer’s Association to host a support group onsite
- Provide private areas within the facility
- Obtain written materials on dementia basic, such as information from Alzheimer’s Assn. or other groups

What are some other ideas for supporting families?



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CARING FOR THE MIND, BODY, AND SPIRIT: END-OF-LIFE CARE



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End of the Dementia Journey


- It is now the norm to care for residents with dementia to the point of death
- Important considerations
 - Seek hospice support as soon as eligible
 - Clarify DNR/advance directive use
 - The resident with dementia deserves care of the body mind and sprit through death--it is not for active dementia only
 - Family and caregiver grieving support



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Class Discussion: Putting it all together - service plans


- Divide resident care into 3 categories:
 - Physical
 - Emotional
 - Spiritual
- Name 3-4 true “comfort” interventions for each category.
 - Your resident is a 61 year old person with dementia, down’s syndrome, and end stage cardiac disease. The resident is now on hospice and is bedbound. The resident is unable to verbally communicate, is frequently short of breath, has weeping wounds on lower legs, and grabs on tight to your hand whenever you are close or providing care. The resident has no family.



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End of Life Journey


- Comfort measures
- Ensure basic needs
- Additional family and caregiver grieving support




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Advanced Directives

- Clarify what a DNR order is with the family
 - Not an order to withhold care
 - Not an order to never call 9-1-1
- Who may “honor” a DNR?
 - Licensed nurse or physician
 - Emergency medical services
- Resident with a DNR isn’t breathing and doesn’t have a pulse, what does a caregiver do?
 - On hospice: call hospice
 - Not on hospice: call 9-1-1




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POLST

- Assembly Bill No. 3000 (Wolk) was signed into law by Gov. Schwarzenegger on August 4, 2008 (effective Jan. 1, 2009).
- This new law ensures that when a patient has a completed **Physician Orders for Life-Sustaining Treatment (POLST)** form, the form must be honored by all health care providers.



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POLST

- The POLST program is designed to improve the quality of care people receive at the end of life.
- See a copy of the most current POLST form in your Supplemental Student Handout.
 - Note: **The form should be copied/printed on 65# Cover Pulsar Pink paper stock.**



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POLST

- The new Physician Orders for Life Sustaining Treatment (POLST) form is a “portable” physician order form that:
 - It is intended to go with the patient from one health care setting to another (that is why it is bright pink for easy recognition of the form).
- It is designed to be a statewide mechanism for a patient to disclose his or her wishes about a full range of life sustaining or resuscitative measures including:
 1. Patient wishes for resuscitation
 2. Medical interventions
 3. Antibiotics
 4. Artificial feedings



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POLST

- A POLST form addresses a range of treatment options and enables a patient to clearly express their treatment preferences regarding life-sustaining treatments such as resuscitation, nutrition, and pain management.
- It does NOT replace an Advance Directive; it compliments the Directive
 - (However, if there is a conflict, the most recent date prevails)
- It may replace a DNR
 - (Note: if there is both a DNR and a POLST, the most recent date prevails)



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POLST

- The POLST Paradigm Program has already been implemented in numerous states around the country, including Oregon and Washington.



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Brief Summary of POLST

The POLST:

- is a standardized form that is brightly colored and clearly identifiable;
- can be revoked by an individual or their representative at any time;
- is legally sufficient as a physician order and not an advance directive;
- is recognized, adopted and honored across treatment settings;
- provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors it;
- allows an individual with capacity to, at any time, request alternative treatment to that treatment that was ordered on the form, and
- does not require health care providers to use a POLST form, but requires that health care providers honor POLST orders.



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POLST

- The complete text on AB 3000 can be found at:
http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_2951-3000/ab_3000_bill_20080804_chaptered.pdf
- More information about the POLST in California can be found at:
<http://www.finalchoices.org/>



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Thank you

- Thank you for having caring hands that support those who need your care.
- Thank you for having loving eyes that see beauty in wrinkled bodies and boney hands.
- Thank you for having ears so tuned to the needs of the residents, even when words are not understood.
- Thank you for having loving hearts that nurture and nourish those in your care.



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Exam

1. Which of the following is an irreversible cause of dementia?
- A. Medications
 - B. Depression
 - C. Alzheimer's disease
 - D. AIDS
 - E. C & D only
 - F. All of the above



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Exam

2. The longest stage of dementia is:
- A. The First Stage that leads up to and includes diagnosis
 - B. The Second Stage that begins after diagnosis
 - C. The Terminal Stage that is near the end of life
 - D. None of the above; all stages are about the same in length



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Exam

3. With a resident who has dementia, it is important to focus on the what the resident is capable of doing, rather than pointing out what they cannot do.
- A. True
B. False



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Exam

4. Dementia impairs both a resident's ability to understand what is being told to him/her as well as the resident's ability to express his/her thoughts effectively.
- A. True
B. False



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Exam

5. If a resident is struggling with completing a sentence, it is important to jump in right away and complete the sentence for the resident.
- A. True
B. False



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Exam

6. If a caregiver has a resident who is angry, agitated, or aggressive which of the following may be helpful?

- A. Remain calm
- B. Redirect the resident to a quiet area
- C. Provide a distraction to an activity of resident's interest
- D. All of the above



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Exam

7. When assisting a dementia resident with his/her meal, it is best to have all of the food for the meal, including dessert, in front of the resident at one time.

- A. True
- B. False



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Exam

8. Dementia is considered an intrinsic risk factor for the risk of falling.

- A. True
- B. False



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Exam

9. Persons with dementia have less of a need for religious and/or spiritual expression than residents without dementia.

- A. True
- B. False



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Exam

10. Which of the following is important to do for a dementia resident's family?

- A. Take every opportunity to share the good times that the resident may be enjoying
- B. Allow the family to "bend the rules" so they feel better about their loved one's placement
- C. Keep the family informed about any change of condition in the resident
- D. Educate the family on dementia, typical disease progression, and anticipated behaviors
- E. A, C, & D only
- F. All of the above



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CLASS EVALUATIONS

CORRECT!



WRONG



NO!

WRONG



NO!



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