I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

-Maya Angelou
BEST PRACTICES

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HERE ARE EXAMPLES OF SUCCESS INDICATORS WE SEE IN OUR SETTINGS

- Reduced medication usage for behaviors
- Highly structured program with choices
- Alternating between passive and active programs that create stimulation and rest
- Elders are relaxed, show their humor and take initiative in whatever way they can
- Quality of life is fulfilled - no matter what the stage of the disease
- Elders can channel their energy, share their wisdom and teach us all
- Everyone is involved-global approach
- Residents seek out each other and form relationships
- Staff feels more confident and offers suggestions

- Families know that their loved ones are well cared for
- Reduced family complaints
- Casual communication is working just as well as formal communication
- Staff members adjust their care and approaches when someone changes
- New staff members learn about the needs of the residents
- Vibrant volunteer and internship programs
- Reduced turnover in every department related to the neighborhood
- Excellent customer satisfaction scores, state health department surveys, and word of mouth referrals.
Resources that can Contribute:

- Therapists (music, art, movement, horticulture, massage, aromatherapy, mental health support)
- Divinity programs (chaplain interns)
- Local libraries (volunteer readers)
- Journaling Programs
- Visiting animals
- Intergenerational programs with visiting children
- Building your volunteer program

How do we do this through the stages?

EARLY STAGE - THE LOSS OF ADULT LEARNING

The Realm of Thinking, Memory, Judgment

1. Difficulty in focusing attention on significant events.
2. Decreasing interest in one's environment and present affairs.
3. Increasing indifference to the normal courtesies of social life.
4. Forgetting to use nouns in speech.
5. Uncertainty and hesitancy in initiating behavior / action.
EARLY STAGE - THE LOSS OF ADULT LEARNING

Activities to Assist With This Phase:
1. Continue activities of interest as much as possible.
2. Mobilize social circle to maintain level and discuss where extra support is needed (i.e., shorter time spans).
3. Emphasize strengths (i.e., long term memory, automatic gross motor)
4. Record stories; make photo albums, visit relatives and friends.
5. Enjoying doing something together is more important than the outcome. Try to let go of need for control.

**Remember:** These are losses of adult learning. It is a disease – not a personal affront. Don’t argue. The person’s reactions and behaviors arise from fear. They are scared.
EARLY STAGE-
THE LOSS OF ADULT LEARNING

Writing & Sharing Exercise #1:
Situation: When working with a person in early stage, what was your challenging situation?

Solution: How did you navigate with this individual to help solve a problem or help them get to a better, clearer, calmer understanding, experience, or mood?

Now please share your story with the person next to you.

MID STAGE-
THE LOSS OF ADOLESCENT LEARNING

The Realm of Feelings and Emotions
1. Obvious deficits in memory, retention, and recall.
3. Disorientation to time; may confuse night and day.
5. Resents interference of others.
6. Loses items and claims that they have been stolen.
7. Forgets appointments and personally significant events.
8. Forgets to initiate or to complete normal routines, including health and hygienic measures.
9. Hostility and anger
MID STAGE-THE LOSS OF ADOLESCENT LEARNING

Activities to Assist with Phase:
1. Simplify previous activity and encourage person to do a piece of it instead of the whole thing.
2. Allow channeling of energy instead of stopping it (i.e. allow sorting area, go for long walks and drives, sort papers, cut coupons, shred for a charity group, fold laundry, push vacuum, do household chores (rake, sweep, dust, wash windows).
3. Make greater event out of normal routines. Do a spa day for personal hygiene and ritualize it.
4. Look for activities one can observe together and require less words or cognitive mapping to understand (i.e. Walt Disney films, wildlife films, etc., nature hikes, picnics).
5. Order reminiscence materials, magazines.

** Remember there are losses of adolescent learning, as well as rising issues around trust, security, safety, and sense of self.
MID STAGE-THE LOSS OF ADOLESCENT LEARNING

Writing & Sharing Exercise #2:
Situation: When working with a person in early-middle stage, what was your challenging situation?

Solution: How did you navigate with this individual to help solve a problem or help them get to a better, clearer, calmer understanding, experience, or mood?

Now please share your story with the person next to you.

LATE STAGE-THE LOSS OF CHILDHOOD LEARNING

The Realm of Will and How Things Function

1. Disorientation to place, wandering.
2. Loses possessions.
3. Disoriented to person; may not recognize a familiar person.
4. Disorientation in motor ability; problems in performing ADLs, (activities of daily living).
5. Immodesty.
6. Disoriented to time
7. Communication difficulties.
8. Belligerent behavior frequently noted
9. Repetition of phrases and motions
LATE STAGE-THE LOSS OF CHILDHOOD LEARNING

Activities Which Assist with This Phase:

1. Encourage pieces of a task they can do or try.
2. Use “Thank You” instead of “NO”.
3. Increase use of music, visit with animals or children.
4. Label all photo albums, pictures in the house.
5. Simplify environment further.
6. Provide sensory stimulation: get fresh air, go for regular walks. Go swimming (if still able), sit in the sun, smell and touch flowers and plants, do window boxes together, carry and move things (stack wood if able – move the pile a number of times). Use aromatherapy, textures of food and colors can be enhanced.
7. Retell the person’s life story to them.

** Remember in this stage there is now loss of some childhood learning. The body instinctively tries to “get moving” to keep the “cognitive wheels” turning. Normal behavior can become exaggerated or expressed inappropriately. Try to channel them instead of stopping them. Disorientation can cause “Fight or Flight” reactions – work toward de-escalation.
LATE STAGE-THE LOSS OF CHILDHOOD LEARNING

Writing & Sharing Exercise #3:
Situation: When working with a person in late-middle stage, what was your challenging situation?

Solution: How did you navigate with this individual to help them feel understood, important and part of what was going on, to feel successful incorporating their level of functioning or get a shift in feelings and mood?

Now please share your story with the person next to you.

END STAGE-THE LOSS OF INFANT LEARNING

The Realm of the Physical Body

1. Incontinence of urine and feces
2. Ataxia
3. Visual hallucinations
4. Extreme psychomotor retardation
5. Inability to communicate or to recognize family
6. Little or no response to stimuli
7. Susceptibility to infections and injuries
8. Marked weight loss unrelated to caloric intake
9. Seizures
10. Coma
END STAGE - THE LOSS OF INFANT LEARNING

Activities Which Assist With This Phase:

- Play back tapes made of stories they told (if you have them) or tell stories to them.
- Discuss issues -- forgive them, talk about your current life.
- Utilize touch – soothing, warm, anchoring, friendly touch.
- Become uninhibited; sing, take them outside into the sun, wind and rain.
- Utilize aromatherapy; squeeze fresh OJ at their bedside, make tea, eat popsicles, berries, smell roses together, do facials, apply lotion.
- Sit on porches, look out windows.
- Bring animals to them; allow them to be near children.
- Make activities of daily living calm, meditative, serene times to be together.

** Remember: In this stage of the disease, there are losses of what was attained during infancy and early childhood. The focus now shifts from psychosocial and medical needs. The person requires more directed stimulus to make contact.
END STAGE-THE LOSS OF INFANT LEARNING

Writing & Sharing Exercise #4:
Situation: When working with a person in late-stage, what was your challenging situation?

Solution: How did you navigate with this individual to help them feel understood, important, more comfortable and part of what was going on. Did you experience the person being more lucid and clear, feeling a greater level of connection to with you? How did they show this?

Now please share your story with the person next to you.

ACTIVITIES AND GAMES FOR PEOPLE WITH ALZHEIMER’S
Importance of the Senses

- Great kitchen smells
- Visiting botanic gardens or nurturing a garden
- Growing herbs such as oregano, thyme, parsley, and other plants like lavender sage, peppermint, basil etc.
- Using these gardens items to make special soaps and lotions, and candles, teas and culinary spices.
- Using essential oils in a diffuser, hand massages, soaps and lotions as well.
- Guide a person outside to watch the sunset or sit in the sun or shade and observe the birds and squirrels, children at play, the dog fetching a ball in a park.
- The Spark program
- Going out in the evening and watching fireflies or the stars at night.
- Looking at a photo album
- Temperature differences
- Listening to a concert, a choir, or music on the radio.

The Benefits of Touch

- Therapeutic as a form of nonverbal communication
- Decreases sensory deprivation
- Increases reality orientation
- Stimulates elderly minds
- Decreases pain
- Decreases isolation and vulnerability
- Forms a sense of companionship
- Touch is an excellent form of nonverbal communication.
- Touch conveys trust, hope, and reassurance to patients.
- Caregivers describe a personal feeling of reward when intentionally physically contacting another human being.
The Benefits of Touch

Clinicians report excellent results with the elderly:
- It helped to promote sleep
- Enhanced feelings of well being
- Decreased blood pressure

A 1-year study project looked at the effects of gentle massage on two groups of elderly nursing home residents:
- Those suffering from chronic pain and those with dementia who were exhibiting anxious or agitated behaviors.
- Touch decreased pain and anxiety scores in the patients.
- Communication between patients and staff was shown to improve.
- To the elderly person in a healthcare facility, receiving touch in the form of gentle massage reduces the emotional strain of living away from familiar surroundings.
- In the end, the patient feels cared about, the relationship grows and both lives are changed forever.

“Let us touch the dying, the poor, the lonely and the unwanted according to the graces we have received and let us not be ashamed or slow to do the humble work.”

-Mother Teresa of Calcutta
How do we access different aspects of our residents?

- Reminiscing/Sensory
- Gross motor/Fine motor
- Male/Female
- Introverted/Extroverted
- Competitive/Non-Competitive
- Dual/concurrent
- Brain/Social Health
- Optimal Nutrition/functional wellness
- Mindful approaches/humor
- One-on-one/Small Group/Large Group

In Closing….

- Cycles that we all experience: falls, increased agitation, residents not liking each other, highly verbal, not verbal, sleeping too much, sleeping too little, knocking on doors, Goldie locks, laundry dragon who eats socks, repositioning, chasing elopers, adjusting activities to changes in group dynamics, etc.
- Areas we are still working on: mental health needs, company support for enough training and adjusting to changing levels of care. Hospitalizations with understanding staff knowledgeable about dementia.
- Services which have improved: adult day care, trained home care folks, respite services for families, long term care insurance which includes all the above, better diagnosis, more education and support services, more options for care. More educated families who have addressed POA, medical POA and end of life decisions.
- Current and future innovation and fun: Spark program: Museums (art, natural science, history), Botanic Gardens, insect and butterfly conservatories, Open spaces, planetariums, theaters and performing arts centers, Dementia Friendly Cities.
Thank you for attending this workshop.

We hope you found the session helpful.