ADRC Aging & Disability Resource Center of Brown County

ADRC, DEMENTIA CARE SPECIALIST & DICE

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AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY

Wisconsin Alzheimer's Institute
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

OVERVIEW

- ADRC Overview
- Dementia Care Specialist Role
- Dementia Friendly Community Coalition
- DICE
- Communication Tools for You

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AGING & DISABILITY RESOURCE CENTER

OVERVIEW

AGING & ADRC PRIMARY FUNCTIONS

- Information & Assistance
- Elder & Disability Benefit Specialist
- Prevention & Outreach
- Programs: Education, Events, Grounded Café
- Nutrition Congregate & Homebound meals
- Dementia Care Specialist

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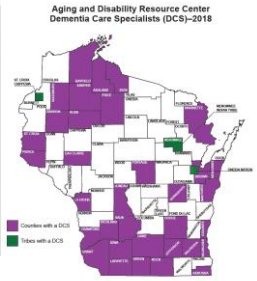
DEMENTIA CARE SPECIALIST

DEMENTIA FRIENDLY COMMUNITY COALITION

DEMENTIA CARE SPECIALIST

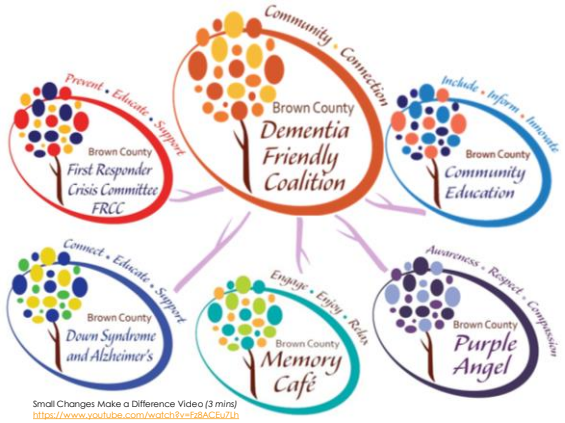
- **WI Dept of Health Services - Dementia Re-design**

1. Dementia Capable ADRC
2. Dementia Friendly Communities
3. Support people with Dementia and their Caregivers



Dementia-Capable WISCONSIN

6



Small Changes Make a Difference Video *(3 mins)*
https://www.youtube.com/watch?v=Fz8ACEu7Ih

SPARK & BARKHAUSEN SENSORY WOODS

SPARK! programs at the Neville Public Museum occur the **third Tuesday of each month at 10:00 a.m.** and are FREE for families to attend together in a comfortable environment. Space is limited, so please pre-register for the programs you plan to attend.

- 3 exercises to detect cognitive changes
- Quick with discussion that follows
- Free & Confidential
- Can share with your doctor
- Annual rescreen recommended

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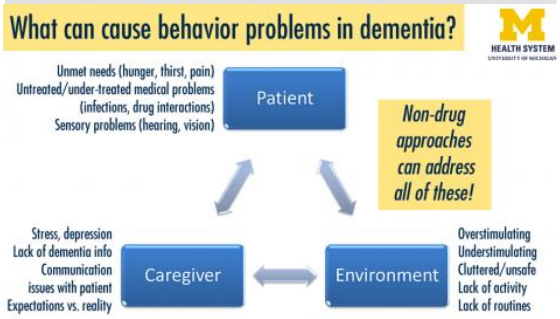
THE DICE APPROACH

THE DICE APPROACH ™



BEHAVIORAL SYMPTOMS OF DEMENTIA

Wandering
Repetitive questions
Rummaging, hoarding
Verbal outbursts – yelling, excessive vocalizations, cursing
Physical – hitting, spitting, kicking
Paranoia
Hallucinations
Sleep-wake disorders
Sundowning
Resistance to personal care
Inappropriate sexual expression

Person with Dementia Factors

- Psychiatric problems, personality issues from earlier in life
- Acute medical problems
- Sensory Changes
- Unmet needs

Environment Factors

- New or unfamiliar setting, change in routine
- Change in staff
- Noise
- Lighting
- Large number of people
- No orienting cues for way finding.

14

Environmental Considerations

15

Environmental Considerations

16

Caregiver Factors

Is it something I did?

- Attitude – relaxed or anxious?
- Body language – tense?
- Tone of voice – cheerful or demanding?
- Facial expression – smiling?

17

WHAT IS THE DICE APPROACH?

DESCRIBE

- The Person with Dementia

- The Caregiver

- The Environment

A person on the street….

An old person playing an instrument…

A bag lady with instruments….

Is this a lady…….?

INVESTIGATE

- This step is often left out of the management of behavioral symptoms
- Many antipsychotic medications are prescribed in a knee jerk fashion

CREATE

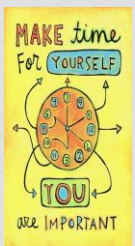
The care team collaborates to **Create** ideas to address the behavioral problems.

- Safety First! Driving, falls, wandering, aggression
- Address medical problems; pain, sleep, blood sugar
- Behavioral and environmental interventions

BEHAVIORAL AND ENVIRONMENTAL INTERVENTIONS

Family and caregiver support:

- Education is an intervention
- Caregiver respite is an intervention
- Caregiver self-care is an intervention
- Activity is an intervention



EVALUATE

- You have worked hard to
  - Describe
  - Investigate
  - Create
- DON'T STOP NOW

- How do you assess whether the CREATE strategies were effective???

OUTCOME COMPONENTS

- **Outcome measures**
  - What was tried?
  - What was implemented?
  - Did it work?
- **Note:**
  - Impact on the behavior
  - Change in caregiver bother or distress
  - Treatment of causal or contributory factors
  - Change in communication and teamwork by caregiver and staff
  - Adjustments in daily routine

NEXT STEPS IF SUCCESSFUL OR PARTIALLY SUCCESSFUL…

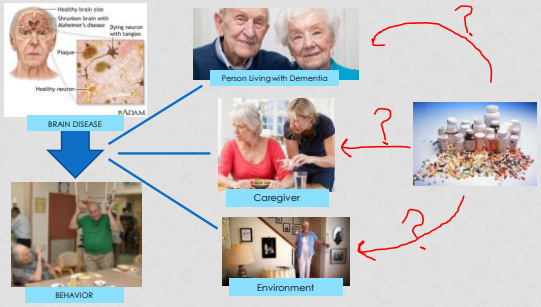
- If things looked good on evaluation, stay the course
- If things looked better but not yet a success, thing of ways to tweak the treatment plan in CREATE

IF NOT SUCCESSFUL…

- Was it really a failure of the strategies or of implementation?
- Adjust your approach!
- Repeat DICE steps and consider new strategies!

You and your loved one are a team.
Your Dementia Care Specialist is part of your team.

Psychiatric Medications as a Last Resort



One size DOES NOT fit all

If you know *ONE* person with dementia, you know *ONE* person with dementia.

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COMMUNICATION TOOLS FOR YOU

VALIDATE

Person with Dementia: "I need to call my daughter. She was supposed to pick me up!"
Caregiver: "Oh, you must be worried."

DO: Begin by validating the feeling and give a word to the emotion.

DON'T: Dismiss the person with dementia.

Why? Validation can reduce stress and agitation. The emotion is more important than the reason behind it.

APOLOGIZE

Person with Dementia: "Where did you put my wallet?"
Caregiver: "I'm sorry, I must have moved it."

DO: Take responsibility for things even if it wasn't your fault.

DON'T: Turn the blame back on the person with dementia.

Why? An apology is a great way to allow a person to move forward in a conversation.

REASSURE

Person with Dementia: "I've lost my purse. I had it right here."
Caregiver: "Don't worry, I'll help you find it."

DO: Ensure the person with dementia feels that help is on the way.

DON'T: Take the opportunity to orient the person with dementia.

Why? Whether a person has dementia or not, statements of reassurance are naturally calming.

REDIRECT

Person with Dementia: "I need to go to the bank and get my money out."
Caregiver: "Yes, let's go for a drive this afternoon. Let's eat lunch first."

DO: Respond affirmatively, then offer another activity to do first.

DON'T: Reorient the person and explain that they no longer need to go to the bank.

Why? Redirection or distraction is one of the most effective ways to change the thought process of your loved one with dementia.

DON'T REORIENT

Person with Dementia: "I want to go home. This is not my home."

Caregiver: "You grew up on a farm, right?"

DO: Identify their request as an attempt to connect and communicate an anxiety emotion.

DON'T: Try to convince them that they are "home" and reorient them.

Why? Forcing a person with dementia to accept parts of reality that they cannot understand is harmful.

BRINGING IT ALL TOGETHER

Person with Dementia:

"Nobody is going to make decisions for me. You can go now...and don't come back!"

BRINGING IT ALL TOGETHER

Caregiver:

*"I'm sorry **(APOLOGIZE)**, this is a tough time **(VALIDATE)**. I love you and we're going to get through this together **(REASSURE)**. It is important that you make your own decisions **(DON'T REORIENT)**. You know what? I got a new recipe for banana bread **(REDIRECT)**. I think you love banana bread."*

TIPS TO TAKE WITH YOU

EMOTION

- Respond to the ***emotion*** being communicated

REALITY

- Respect their ***reality,*** that is all they know

WE CAN

- They can't change but ***we can***

QUESTIONS?

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