



**MAY 2018**

**You are **not** alone...**

# Education on Caring for the Patient with Dementia



**Join Maritza Buenaver, MD for the  
sixth part of the series  
Family Involvement in Dementia Care:  
“Responding to Behaviors”**

**RESPONDING TO BEHAVIORS** offers information about ways to respond to challenging behaviors that are frequently seen in dementia care.

There are a wide range of behaviors that occur in dementia, and they are a common source of disagreement between family caregivers and providers.

Understanding behaviors is the first step. The next step is learning how to appropriately respond to challenging behaviors.

When responding to behaviors, **think about unmet needs**. This can help guide care and your response. Could the cause be:

- ◆ Physical? (pain, hunger)
- ◆ Psychological? (loneliness, lack of meaningful activities)
- ◆ Social? (too few or too many social interactions)
- ◆ Environmental? (too much noise, too little going on)
- ◆ Illness-related? (depression, anxiety, a new medication or illness)

Thinking about possible unmet needs can help you avoid contributing negatively to the situation.

**News Alert:**

Dr. Courtney Huhn was the recipient of the I CARE award for March which recognizes a EKHCS VA employee who exemplify VA culture through the I CARE values of Integrity, Commitment, Advocacy, Respect and Excellence.

## Four Keys to Responding to Behaviors

- 1) Stay person-centered
- 2) Adjust care approaches
- 3) Adjust environmental factors
- 4) Use personalized interventions

### 1) Stay person-centered. Consider: “Who is this person?”

- ◆ Think about the person’s longstanding habits, values, and beliefs, and incorporate them into the care routine
- ◆ Support the person’s current abilities
  - ◇ Do only what they cannot do for themselves
  - ◇ Try not to take over the task for them
  - ◇ Encourage them, provide verbal cues, and simplify the task as much as possible
- ◆ Ask yourself, “What can we reasonably expect the person to be able to do given their abilities and the situation?”
  - ◇ Keep in mind the stage of impairment; challenges in function; the individual’s personality and preferred routine, habits, and schedule; and available resources

## Tips from Family Caregivers

- ◆ Meet with care staff routinely for updates and feedback about what is or is not working regarding behavior interventions. Brainstorm on ideas together.
- ◆ Encourage your loved one to do as much for themselves as possible.
- ◆ Include your loved one in the conversation with the care staff. Do not “talk around” them.



## 2) Adjust care approaches.

- ◆ Use cueing, prompting, reminders, encouragement, and praise during tasks
- ◆ Use touch (hand-over-hand, tapping shoulder to guide direction while walking)
- ◆ Adjust your communication
  - ◇ Use short phrases and simple words
  - ◇ Be specific
  - ◇ Be aware of your nonverbal language and gestures
  - ◇ Monitor your tone of voice and facial expression
- ◆ Work at the person's pace; don't rush them
- ◆ Know and follow their habits and routines
- ◆ Keeps tasks simple - break them into smaller steps
- ◆ Avoid teaching the person new skills or routines
- ◆ Redirect or distract with a positive approach
- ◆ Avoid trying to reason with the person
- ◆ Never argue logically; instead, respond to the emotional communication
- ◆ Approach the person with positive regard
  - ◇ Do not confront or correct the person with dementia
  - ◇ Avoid "you are wrong" statements
  - ◇ Use gentle conversational orientation to distract the person and bring about positive reminiscence



- ◆ Encourage a sense of control
  - ◇ Offer simple choices
  - ◇ Explain and involve them in personal cares
  - ◇ Get the person started on the task and then cue as needed
  - ◇ Avoid doing "to" or "for" the person
  - ◇ **Always assume the person can understand,** no matter how far progressed in the disease they are

### 3. Adjust environmental factors.

- ◆ Reduce clutter
- ◆ Monitor noise levels or confusion
- ◆ Use personal or familiar objects
- ◆ Increase lighting; avoid shadows and glare
- ◆ Remove or disguise objects that may be misinterpreted (pictures, mirrors)
- ◆ Consider the timing of challenging behavioral responses - the time of day and what that may mean
  - ◇ For example, if a behavior occurs in the late afternoon, it could mean the person is tired and needs a rest so they can recharge



### 4. Use personalized interventions.

Many supportive interventions may lower levels of agitation. The key is to tailor the activity to the person's individual preferences. Possible interventions include:

- ◆ Aroma, pet, or music therapy
- ◆ Therapeutic touch
- ◆ Reminiscence
- ◆ Exercise
- ◆ Engagement with others

Make sure the activity fits the person - think about what works best for this unique individual. Consider their:

- ◆ Individual needs
- ◆ Personal preferences
- ◆ Characteristics
- ◆ Abilities

**Knowing the person with dementia is essential to responding to behaviors!**

This helps everyone to better identify unmet needs and take proactive steps to reduce challenging behaviors **before** they happen.



## Caregiver Stress/Burden Conference

# Keep the Door Open: Caring for the Caregiver

### PROGRAM

- 8:00 - 8:20 Registration and Snacks
- 8:20 - 8:30 Dr. Maritza Buenaver: Welcome; remarks. **"Keep the Door Open: What is Caregiver Stress/ Burden"**
- 8:30 - 9:20 Dr. Courtney Huhn: **"Put on Your Own Mask First: The Impact of Caregiver Burden"**: Impact of caregiver burden on patient outcomes such as hospitalization/mortality/morbidity etc.
- 9:20 - 9:30 Break: Coffee/ Snacks
- 9:30 - 10:20 Cindy Miller, Dementia Care Specialist: **"Taking Care of the Caregiver: Relieving caregiver burden both traditional and alternative ways.** In this session, we will talk about how to care for oneself, even when guilt, grief and fear is knocking on the door.
- 10:20 - 10:30 Break: Refreshments
- 10:30 - 11:00 Patty Willmeth, Council on Aging: **Resources for caregivers in Leavenworth County**
- 11:00 - 11:10 Break: Snacks and refreshments
- 11:10 - 1:15 **"How to Relax in a home Environment"**-- Hands on activities
- Presenters: 11:10 - Kate Riddle, Young Living Essential Oils Executive:  
**"Mindful Breathing: Essential Oils and Emotions - Aromatherapy"**  
11:40 - Amber D. Guzman, PsyD, Licensed Clinical Psychologist:  
**"Guided Imagery and Diaphragmatic Breathing"**  
12:15 - Laura Richardson, Certified Music Practitioner:  
**"Music is Magical: A Place Where Soul meets Soul"**
- 1:15 Closing remarks

**Date:** Saturday June 9th, 2018

**Location:** Academic Learning Center located in De Paul Library on the University of Saint Mary.

4100 S 4th Street, Leavenworth, Kansas 66048

**Sign up at your local library or call 785-350-3111 ext 53201**

This educational symposium is funded by part by HRSA 1 U1QHP28731-01-00 Interprofessional Strategic Healthcare Alliance for Rural Education at the University of Iowa and is the result of a sub-award received by M. Buenaver, MD, and support from the VA Eastern Kansas Health Care System, Topeka VA.



# Overcoming Daily Difficulties in Residents with Dementia

## Techniques for handling behaviors related to daily care

The conference presented here in Topeka was a huge success. There were 300 people trained with 100 of those individuals paid by the iSHARE grant. May 1st and 2nd took place in Salina and Wichita. Of those who attended 50 were VA employees.



# The Topeka CLCs

The Topeka Community Living Centers were able to improve their SAIL (Strategic Analytics for Improvement and Learning) rating from a 2 star facility to a 5 star facility in 6 quarters from Fiscal Year 16, Quarter 2 to Fiscal Year 17, Quarter 4. This rating assesses quality metrics such as survey results, wounds, catheter use, falls, pain, antipsychotic use and other quality measures. The team worked very hard to attain this accomplishment.

One of the key factors to this accomplishment has been the development of our continuous quality improvement culture. We started a Process and Quality Improvement Committee that meets quarterly to review all data, receive work group reports and determine future actions. The committee has various work groups that all work together to accomplish these goals. The quality trigger work groups (ex: Falls Work Group) which are time-limited focus on specific quality measures needing improvement. The other two work groups are continuous and build the innovation and quality improvement culture among the team. These include the Care Improvement Team and Process Improvement Work Group.

The Care Improvement Team reviews all incident reports monthly to identify any trends or process errors before they become bigger system problems. The Process Improvement Workgroup started with a Balanced Scorecard focusing on the four pillars that were most important to our team (Veteran and Family Satisfaction, Clinical Excellence/Regulatory Compliance, Staff Satisfaction and Professional Development, LEAN/Systems Re-Design/Stewardship). Then all ideas were reviewed and ranked according to the four pillars as well as ease to accomplish and deadline for completion. This rank ordered the ideas for process improvement in a developed Project Selection Matrix and work on in a stepwise fashion. This has helped to organize our process and improve our quality of care.

# are rated 5 Stars





The Caregiver's meeting is held the 3rd Thursday of each month at 2:30pm, Hawley East, Building 1 (Main hospital). Next meeting May 17th, 2018.

Do you have a story you would like to share? Are there questions you would like answers to from other caregivers? If so, approach Dr. Buenaver at the meeting. We meet informally at 2:15, before the meeting starts. Join us for coffee and snacks.

**Don't Forget: Hawley East, Bldg. 1. If you come through the main doors of Bldg. 1, turn right at the intersection by the elevators. Hawley Auditorium is at the end of the hall.**

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Presently we have a program for education on caring for the Veteran with dementia. It includes a monthly newsletter which can be mailed to your home, or if preferred emailed to you. You are welcome to bring the Veteran to these meetings.

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