Person-centered dementia practices

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Creating a Safe and Caring Environment through Person-centered Dementia Practices

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Gerontology

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Person-centered dementia practices

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OBJECTIVES

Define person-centered care

Recognize signs of dementia

Differentiate effective vs noneffective communication

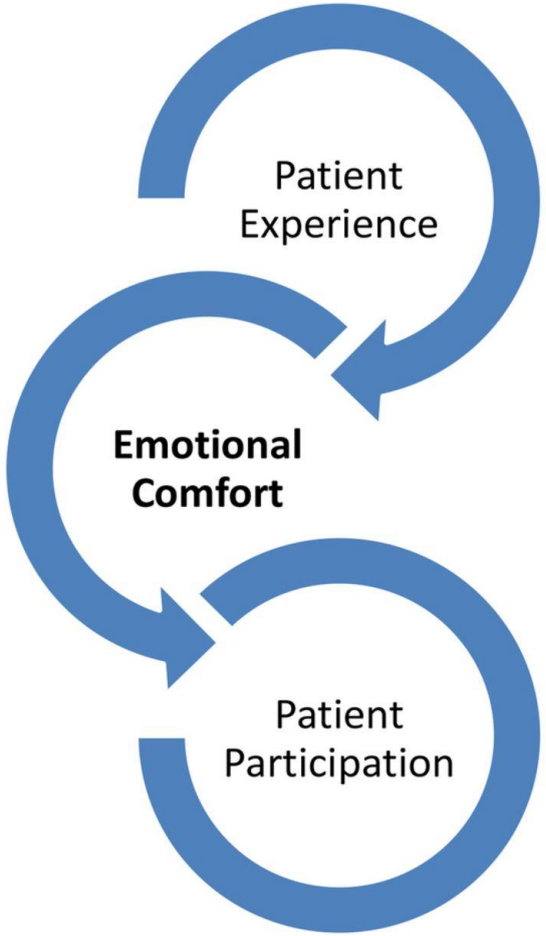
Discuss trauma informed care

Raise your hand if you can relate to these

- ❑ I always dot my “i”s and cross my “t”s at work!
- ❑ I never leave work for the person relieving me!
- ❑ My residents/loved one(s) are on a tight schedule!
- ❑ I make sure they are fed at least three times per day!
- ❑ They are bathed and ready before breakfast and/or their families coming to pick them up for an outing!

What is person-centered care?

Person-Centered Care

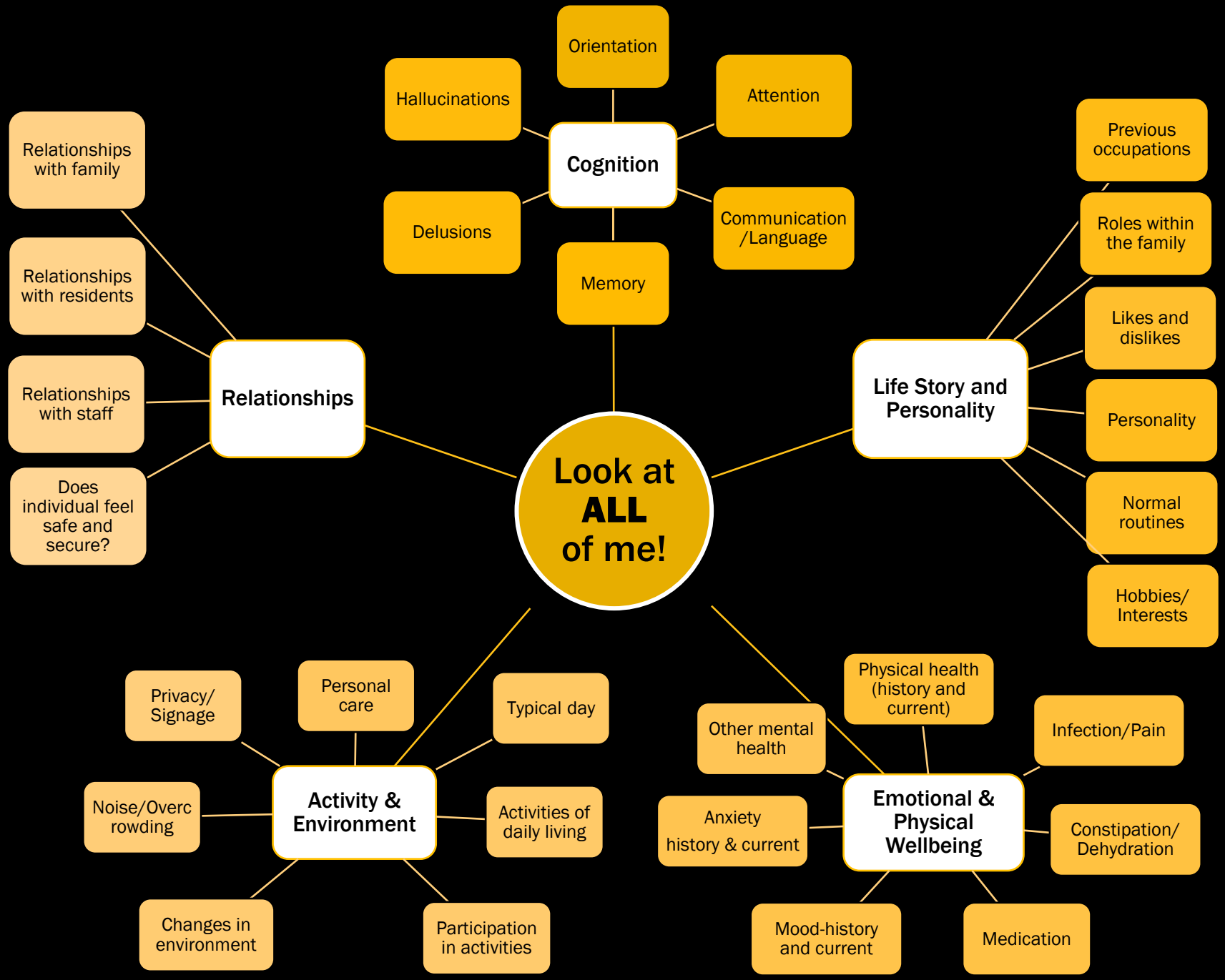


- *Interpersonal interactions*
- *Environment*
- *Personal characteristics*

- *Patients' feelings of security, knowing, value as a person, and connection to others*

- *Empowerment*
- *Enablement*
- *Engagement*

Dementia Practices



How do we support someone in brain failure?

First, we have to recognize what those changes are.

Signs & symptoms of dementia

A symptom is a manifestation of disease apparent to the patient himself, while a sign is a manifestation of disease that the physician perceives.

The sign is objective evidence of disease; a symptom, subjective.

How many can you name?

(Please enter these in the Questions tab of your webinar's control panel.)

Dementia is loss of mental functioning

Memory

Language

Learning ability

Judgement

Orientation

Pseudo-Dementia/Reversible Conditions

Mental/ emotional disorder	Drug reaction	**Metabolic**	Infection
Tumors	Nutrition	Hearing/vision	Discomfort

How about delirium?

Confusion w/ hypo or hyperactivity

Inattention or altered consciousness

Disoriented (person & place)

Fluctuating mental status

Withdrawn

Rambling speech

Difficulty reading or writing

Easily distracted

CONFUSION *(affects 50% older adult w/infection)*

Terms often used

Acute Confusional State

Delirium *(used to describe severe confusion)*

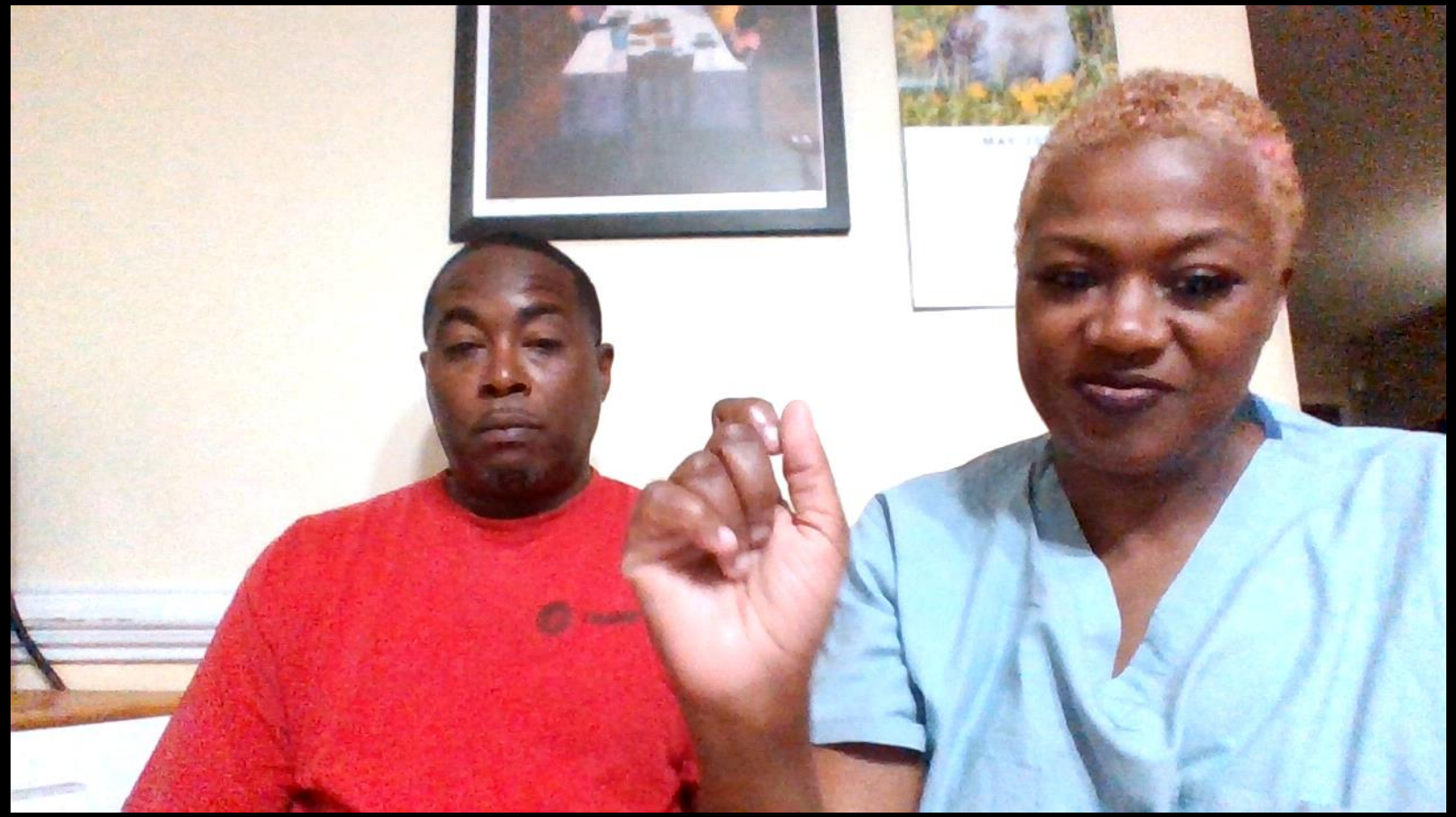
- confusion w/hyper/hypoactivity
- fluctuating
- inattention or altered consciousness

** ER Visit is indicated*

Familiarizing Self with Loved Ones

- Changes in behavior
- Spotting signs of trauma

Nonverbal Communication Strategies



Communication: How they communicate

Changes Based on Early (mild) Stage of Dementia

- Difficulty finding the right words.
- Taking longer to speak or respond.
- Withdrawing from conversations.
- Struggling with decision-making or problem-solving.

How we can effectively respond

Ask directly how to help with communication.

Keep sentences clear and straightforward.

Leave plenty of time for conversations.

Include the person in conversations that affect him or her, like planning for their future.

Ineffective communication in this stage

- Making assumptions
- Making decisions without them
- Pushing our own agendas
- Disconnecting to avoid difficult conversation or other situations

Communication: How they communicate

Changes Based on **Middle (moderate) Stage of Dementia**

Increased difficulty finding the right words.	Using familiar words repeatedly.	Inventing new words to describe familiar things.
Easily losing train of thought.	Speaking less frequently.	Communicating through behavior rather than words more often.

How we can effectively respond

Approach gently	Join their reality	Keep it slow and basic	Give multiple cues (visual, gestures)
Respond empathetically and reassure	Ask clarifying questions	Offer a guess or fill in words (if welcomed)	Hand under hand to help guide

Ineffective communication in this stage

Criticizing, correcting and arguing	Watch your tone	Rushing
Not acknowledging their emotions	Quizzing	Doing things for them versus with them

Communication: How they communicate

Changes Based on Late (severe) Stage of Dementia

Communication is reduced to a few words or sounds.

Possible responses to familiar words or phrases.

How we can effectively respond

Listen and watch for expressions of pain (e.g. moaning or grimacing) and respond promptly.

Help them feel safe and secure.

Continue to bring respect to each conversation.

Keep talking even when their not responding

Use all five senses to communicate.

Ineffective communication in this stage

- Sudden movement
- Touching without verbalizing
- Yelling or whispering
- Speaking quickly

Communication in All Stages of Dementia

- Join their reality to connect.
- Understand and accept what you can and cannot change.
- Remember they retain a sense of self despite the losses.
- Demonstrate respect and connect through feelings.
- Always treat them as an adult.
- Try to decode their communication method.
- Recognize the effects of your mood and actions.
- Try to understand the source of reactions.
- Help meet the needs while soothing and calming them.

Gem States

Sapphire – Normal aging; Not dementia

Diamond – First signs of change or signals of a stressed brain

Emerald – Moderate symptoms of cognitive changes

Amber – Middle stage changes

Ruby – Late stage changes

Pearl – Late stage; end of journey

Support needed in Gem States

Sapphire (flexible) – visual/auditory/physical cues

Diamond (rigid) – advanced notification (allow for preparation)

Emerald (imperfections) – match visual to verbal cues

Amber (momentary sensations) – a lot of physical guidance; time out for breaks

Ruby (challenged by transitions) – create opportunities to stimulate all senses

Pearl (hidden in a shell) – nonverbal cues; sensation that comforts and stimulates

Trauma Informed Care

4 Rs

Realization

Recognition

Responding

Resisting re-traumatization

6 Guiding Principles

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Traumatic Moments

Present trauma can escalate dementia.

Some examples:

- Death of a loved one
- Hospital Admission
- Abuse
- Extreme forces (fire or natural cause)
- Being displaced

Traumatic Memories can resurface

Painful memories are not forgotten. Examples:

- Being neglected or abused
- Witnessing a murder or other crime
- Previous loss of a child, spouse or very close friend/relative
- Other PTSD circumstances (war, racism or other forms of discrimination)
- Being displaced

Trauma Informed Care

- Respond as you would if it’s happening right now.
- Give them space to sit in whatever emotion they are experiencing.
- Recognize that unmanaged trauma will surface with dementia.
    - This is an opportunity for them to heal.
- Know that it’s not personal for you but for them.
- They may actually need forgiveness for trauma they caused.
    - Allow that.

CONSIDERATION FOR MEMORY CARE

Challenges	Recognize changes in behavior	Maintain consistent routines/ staff (only essential) when possible	Continue structured activities	Provide ways to remain active
Changes to routine (i.e. disruption in schedule, unfamiliar equipment/care-givers) can cause fear, anxiety, depression or confusion				

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SAVE THE DATES!

FEBRUARY 1

IPC training with Dr. Andrew Heck and Mary Locklin titled "One Behavior is Not Like the Other: Impact on IPC Practices"
2:00-3:00 pm

FEBRUARY 8, 15, and 22

IPC Lunch-and-Learn Series: **"Strategies for Implementing IPC Protocol and Practices"** with Katie Gilstrap of VCU and Mary Locklin.
11:00 am – 12:00 pm.

MARCH 29

VCU DSS Conference on **Narrative Care**.

Creating a Safe and Caring Environment through Person-centered Dementia Practices

Adult Protective Services (APS) 101 – What You Need to Know

Carey Raleigh, MSW, CMC

Adult Protective Services

Philosophy of APS

01

ADVOCATE for the capable adult

02

DETERMINE the least restrictive intervention

03

PRESERVE the adult's right to make decisions

04

CONSIDER LEGAL ACTION only after all other alternatives have been explored

Adult Protective Services

The APS Program is state supervised and locally administered through 120 local departments of Social Services

Practice is based on policy. Policy is developed in response to the Code of Virginia (state law) and agency regulations.

APS Funding

Funding is 80% state and 20% local.

Unlike child welfare programs, there has not been any direct federal funding for APS in Virginia or in any other state in the history of time until recently (2021).

TRUMP	BIDEN
• President Trump signed the Coronavirus Response and Relief Supplemental Appropriations Act before leaving office, which resulted in Virginia receiving $2 million in June 2021. • *These funds must be spent by September 2023*	• President Biden signed the American Rescue Plan Act of 2021, which will result in approximately another $2-4 million for Virginia which will be disbursed in 2 rounds. The first round was received in the last part of 2021. • *These funds must be spent by September 2024*

APS Service Population

Adults age 60 and over or 18+ that are incapacitated who have been abused, neglected or exploited, or are at risk of being abused, neglected or exploited without regard to income or resources.

Incapacitated Person

An adult who is impaired by:

- Mental Illness
- Intellectual Disability
- Physical Illness or Disability
- Advanced Age
- Other Causes to the extent that the adult lacks sufficient understanding or capacity to make, communicate or carry out reasonable decisions regarding his/her well being

  (22 VAC 30 – 100- 10)

Who Are Reporters?

Voluntary	Mandated	Self Reports
ANYONE who suspects that a vulnerable adult has been or is at risk of being abused, neglected or exploited shall make a report.	The Code of Virginia requires that certain individuals make a report when they suspect that a vulnerable adult has been or is at risk of being abused, neglected or exploited.	

Who Are Mandated Reporters?

Code of Virginia 63.2-1606 requires that certain individuals report *suspected* cases of abuse, neglect or exploitation

Required to report **IMMEDIATELY**

Any person who fails to report shall be subject to a civil penalty (Code of Virginia 63.2-1606)

Poll

Have you ever made an APS Report?

Who Are Mandated Reporters?

A partial list of mandated reporters includes:

- ✓ Doctors
- ✓ Dentists
- ✓ Nurses
- ✓ Guardians
- ✓ Social Workers
- ✓ Law Enforcement
- ✓ Mental Health Professionals

Who Are Mandated Reporters?

Any person employed by or contracted with a public or private agency or facility who works with adults in an administrative, supportive or direct care capacity

Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to:

- Companion
- Chore
- Homemaker
- Personal Care (Home Health) workers

Mandated Reporter Training

Mandated Reporter Training for APS can be found at:

- https://www.vadars.org/aps/AdultProtServ.htm

- This is an interactive e-learning module.
- Each person receives a certificate upon completion of the course.

How to Make an APS Report?

Report suspected abuse, neglect, or exploitation of adults to Adult Protective Services at your local department of Social Services or to the 24 hour, toll-free hotline at:

1-888-832-3858

(1-888-83ADULT)

Questions/Comments people ask/say to themselves before calling

- What if I do not know for sure A/N/E is happening?
- What if I just think it is happening, but I do not know if it is happening?
- Should I wait until I know for sure?

The answer is: *If you SUSPECT it, you CALL!* ☺

Reporter Rights

Immunity

- from Civil and Criminal Liability

Protecting the Identity of the Reporter

- The report and evidence received by the local department and any written findings, evaluations, records, and recommended actions shall be confidential and shall be exempt from disclosure requirements of the Virginia Freedom of Information Act

Malicious Reports

- Any person 14 years of age or older who makes or causes to be made a report that he (or she) knows to be false shall be guilty of a class 4 misdemeanor. Any subsequent conviction of this provision shall be a class 2 misdemeanor.

Characteristics of a Valid Report

The adult is 60+ years old or 18+ years old & older with incapacity

There must be circumstances that describe an allegation of abuse, neglect, or exploitation

The report must list an address and provide enough information to be able to identify the person of the report

The agency receiving the report must be the agency of jurisdiction

What is Abuse?

- The **willful** infliction of physical pain, injury, or mental anguish or unreasonable confinement of an adult (Code of Virginia 63.2-100)

- Indicators: multiple or severe bruising, fractures, over medicated, restrained inappropriately, isolated

What is Neglect?

Neglect

- An adult is living under such circumstances that he/she is not able to provide for him/herself or is not being provided services necessary to maintain his/her physical/mental health and that the failure to receive such necessary services impairs or threatens to impair his/her well-being (Code of Virginia 63.2-100)
- Indicators: untreated medical conditions, pressure sores, fecal/urine smell, lack of food, dirt/fleas/lice on the person, soiled bedding/furniture, dehydration

Self-Neglect

- An adult who is not meeting their own basic needs related to mental/physical impairments. Basic needs refers to food, clothing, shelter, health/medical care.
- This is the MOST common type of APS report that is received and investigated

What is Exploitation?

- The illegal use of an incapacitated adult or their resources for another's profit or advantage
- The most common type of exploitation is Financial Exploitation

- Indicators: unexplained disappearance of funds, misuse of money or property by another person, change in payee or power of attorney, chronic failure to pay bills

Poll

Have you ever suspected Abuse/Neglect/Self Neglect or Exploitation?

What to Expect After Making a Report

- Validity is determined of the report.
- If sent for investigation, then the APS Worker will initiate the investigation within 24 hours.
- An unannounced face to face visit is done within the first 7 days of the report, unless it is determined to require a more immediate response.
- The APS Investigator has up to 45 days to complete the investigation.
- The investigator is only able to share minimal information with reporters due to confidentiality.
- The investigator will send a letter to the reporter notifying them of the disposition.

APS Dispositions

Needs Protective Services & Accepts

- A review of facts shows a preponderance of evidence that adult abuse, neglect, and/or exploitation has occurred or is occurring; or there is a reason to suspect that the adult is at risk of abuse, neglect and/or exploitation and needs protective services in order to reduce the risk

APS Dispositions Cont.

Needs Protective Services and Refuses

- A review of facts shows a preponderance of evidence that adult abuse, neglect, and/or exploitation has occurred or is occurring; or there is a reason to suspect that the adult is at risk of abuse, neglect and/or exploitation. However, at the time the investigation was completed, the adult refuses to accept services and does not lack capacity to consent to services. The case will be closed.

APS Dispositions Cont.

Need for Protective Services No Longer Exists

- The subject of the report no longer needs protective services. A review of facts shows a preponderance of evidence that adult abuse, neglect, and/or exploitation has occurred. However, at the time the investigation is initiated, or during the course of the investigation the person who is the subject of the report ceases to be at risk of further abuse, neglect and/or exploitation.

APS Dispositions Cont.

Unfounded

- A review of the facts does not show enough evidence to suspect that abuse, neglect, and/or exploitation has occurred or that the adult is at risk of abuse, neglect and/or exploitation.
- This disposition can also be used if a worker is unable to make contact with the subject of the investigation or if there is another reason that the investigation is unable to be completed

SFY22 Substantiated Types of Maltreatment in Virginia

Type of A/N/E	Number # / Percentage %
Self-Neglect	8, 756 / 62%
Neglect	2, 068 / 15%
Financial Exploitation	1, 692 / 12%
Physical Abuse	770 / 5%
Mental Abuse	639 / 5%
Other Exploitation	210 / 1%
Sexual Abuse	62 / <1%
TOTAL	**14, 197**

Dispositions of Substantiated Reports/Investigations from FY22

Needs & Accepts Services = 4, 200	Needs & Refuses Services = 2,679	Needs No Longer Exists = 5,945

The percentage of reports substantiated in SFY2022 = 48%

Rights of Adults

Adults with capacity have the right to refuse services even if everyone involved in the case believes that assistance is needed.

Rights of Adults

The adult is in charge of decision-making until he or she delegates that responsibility voluntarily to another or the court grants that responsibility to another person.

Rights of Adults

Adults have the right:

- To be treated with dignity and respect
- To refuse treatment and assistance
- To make their own choices about how and where they will live (self-determination)
- To privacy

Remember:

ADULTS HAVE THE RIGHT TO MAKE BAD DECISIONS…

Fact vs Fiction
(Common Misconceptions)

What APS *Cannot* Do

- Force protective services upon an adult who has capacity to refuse services.
- Take an endangered adult into custody.
- Investigate when the alleged victim is no longer at risk.
- The fact that APS cannot do some of these things may be upsetting and frustrating to the community members and family who frequently want "something to be done" about the situation.
- Community members and family members may feel that "APS didn't DO anything" to help their friend, neighbor, loved one.

What APS *Can* Do

- Receive and evaluate the report for validity
- Investigate all valid reports
- Determine if services are needed
- Provide a wide array of services, if the adult (with capacity) agrees to accept assistance
- Refer the Client to community resources if they agree
- Make a disposition
- Notify the Reporter that the report has been investigated

What Else *Can* APS Do?

Refer a case for prosecution

Refer a case to regulatory agencies for investigation

Provide services or link client to services that enhance the client's safety

Help to strengthen informal support systems

Obtain emergency, medical or protective orders when needed/warranted

Provide legal intervention for Guardianship and/or Conservatorship if warranted

Adult Services/Adult Protective Services

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https://www.vadars.org/aps