

Culturally Competent Care for Diverse Populations in an Adult Day Setting

Part III: Individuals with a Dementia Related Disorder

Developed by Jay White, EdD, CDP, Gerontologist
for the VCU Department of Gerontology &
Virginia Department of Social Services, Division of Licensing Programs

November 2018

1

Series Overview:

An overall increase in understanding and application of person-centered care theories and practices with diverse populations

2

Part III Objectives

- Increased knowledge of personhood and person-centered care for adult day participants with a dementia related disorder
- Discussion of Best Practices for engaging with individuals living with a DRD
- Discussion of successful, failure-free activities for adults living with a DRD

3

Why Adult Day Support?

- Nearly 5,000 adult day support centers nationwide
- Supervised care, plus physical and social activities
- Ability to return home
- Respite for caregivers
- Lower cost than other long-term care options

4

PERSON-CENTERED CARE: A REVIEW FROM PART 1

5

Person-Centered, Culturally Competent Care

An approach to care that respects and values the uniqueness of each participant. Care that seeks to maintain, even restore, the personhood of individuals. One size does not fit ALL!

Personal Worth and Uniqueness

Respect

Independence

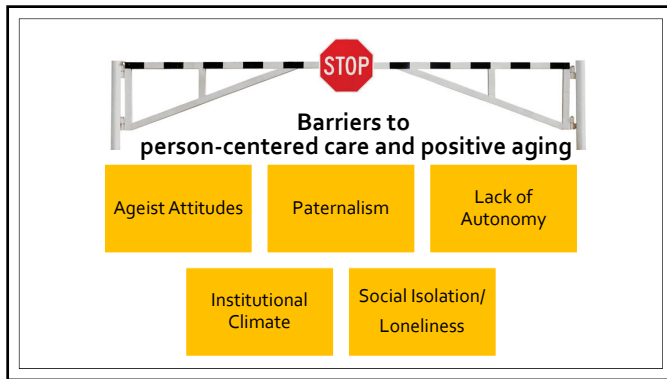
Hope

Engagement

Truthfulness

Social Confidence

6



7

Person-Centered Environment

- Residents/Participants make decisions every day about their individual routines.
- The staff have relationships with individuals so that they know their lifelong habits and honor them.
- Staff organize their schedules and assignments to meet the needs of those to whom they are providing care.

From the Pioneer Network website
<http://www.pioneenetwork.net/Providers/Comparisons/>

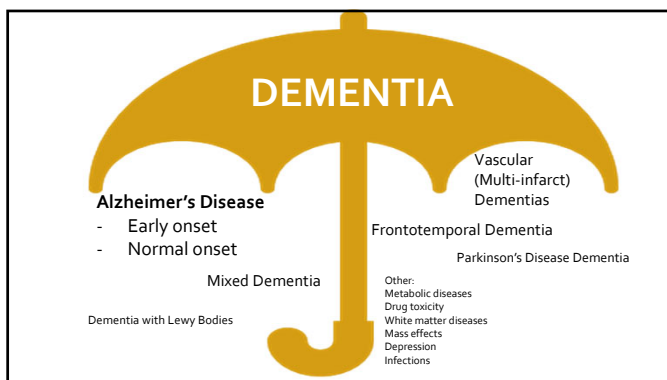
8

**8,000,000
AND
GROWING!**

9



10



11

Alzheimer's Disease	Vascular	Dementia with Lewy Bodies	Frontotemporal Dementia
<ul style="list-style-type: none"> • New info lost • Recent memory worse • Problems finding words • Mi-speaks • More impulsive or indecisive • Gets lost • Notice changes over 6 months – 1 year 	<ul style="list-style-type: none"> • Sudden changes • Picture varies by person • Can have bounce back and bad days • Judgment and behavior "not the same" • Spotty losses • Emotional and energy shifts 	<ul style="list-style-type: none"> • Movement problems and falls • Visual hallucinations • Fine motor problems – hands and swallowing • Episodes of rigidity and syncope • Nightmares • Fluctuations in abilities • Drug responses can be extreme and strange 	<ul style="list-style-type: none"> • Many types • Frontal – impulse and behavior control loss • says unexpected, rude, mean, odd things to others • dis-inhibited – food, drink, sex, emotions, actions • Temporal – language loss • Can't speak or get words out • Can't understand what is said, sound fluent – nonsense words

12

Like we discussed before...

If you have met **ONE PERSON WITH DEMENTIA**, you've only met one person. That is, **EACH INDIVIDUAL WILL TALK, ACT, REMEMBER, & BEHAVE DIFFERENTLY**, not simply because of what stage of dementia they are in, but **BECAUSE THEY ARE WHO THEY ARE.**

FirstLight
CARE

13

Common Barriers

01
Decreased attention span

02
Impulsive behavior

03
Poor judgment

04
Unstable or unpredictable emotions

05
Diminished ability to learn new things

06
Problems with memory

07
Problems with speaking and understanding words

14

Challenging Behaviors

Getting upset, worried, and angry more easily

Acting depressed or not interested in things

Hiding things or believing other people are hiding things

Imagining things that aren't there

Wandering away from their room or the community

Pacing a lot of the time

Showing unusual sexual behavior

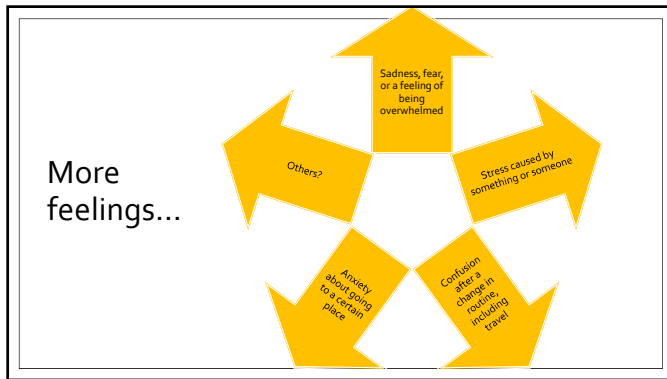
Hitting you or other people

Misunderstanding what he or she sees or hears

Also, you may notice that the person cares less about how he or she looks, stops bathing, and wants to wear the same clothes every day.

(<http://teepasnow.com/resources/teepa-tips-videos/challenging-behaviors/>)

15

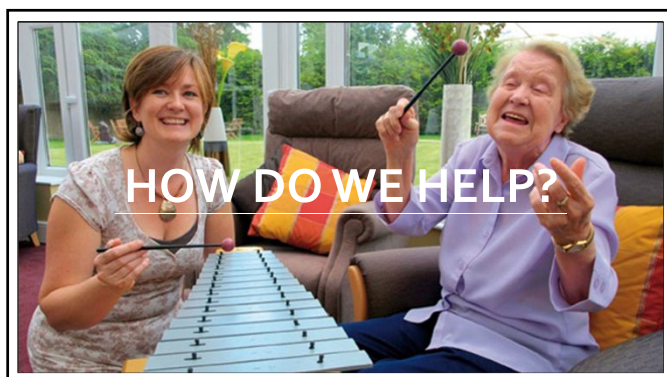


16

Problems with Surroundings...

- Being in a place he or she doesn't know well.
- Too much noise, such as TV, radio, or many people talking at once. Noise can cause confusion or frustration.
- Stepping from one type of flooring to another. The change in texture or the way the floor looks may make the person think he or she needs to take a step down.
- Misunderstanding signs. Some signs may cause confusion. For example, one person with AD thought a sign reading "Wet Floor" meant he should urinate on the floor.
- Mirrors. Someone with AD may think that a mirror image is another person in the room.

17

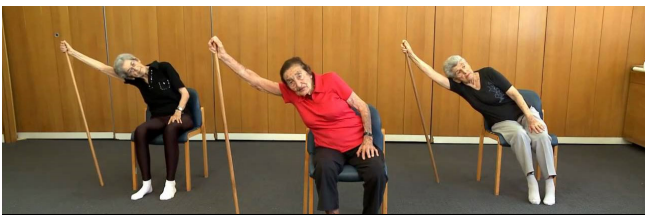


18



EXERCISE AND DEMENTIA (EARLY TO MIDDLE STAGES)

19



EXERCISE AND DEMENTIA (LATER STAGES)

20



MUSIC THERAPY

21



GARDENING

22



DANCE

23

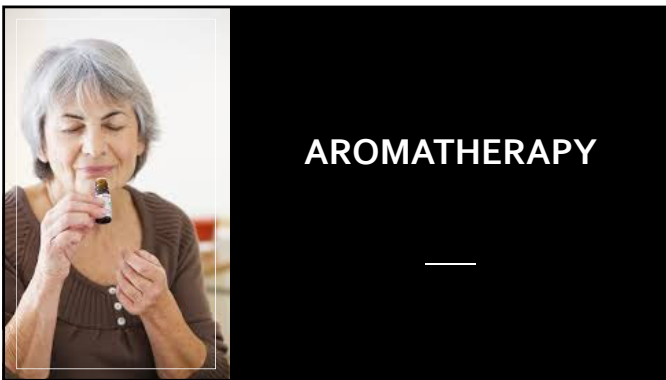


TAICHI

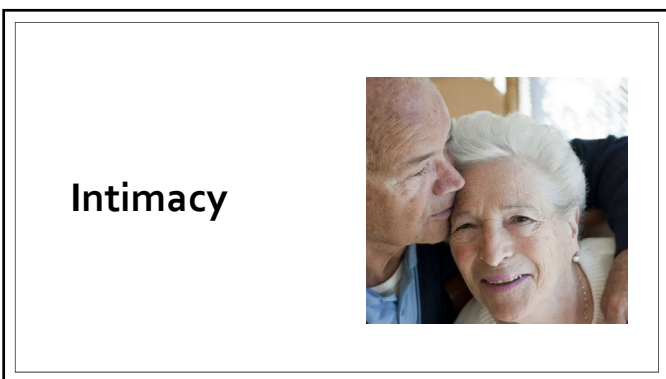
24



25



26



27



28

When is exercise not appropriate?

Exercises should be simple and failure-free

It is important to exercise only as much as your current physical condition allows. Over-exercising may be bad for your health.

If someone experiences pain or feels unwell while taking part, or after increasing their activity levels, they should stop the exercise and seek medical advice.

Know when enough is enough

29

Activities: Best practices

"ONCE YOU'VE MET ONE PERSON WITH DEMENTIA, YOU'VE MET ONE PERSON WITH DEMENTIA"

Anonymous

30

Schedules vs. Routines

Schedules:

- Events arranged by clock time
- Particular time allotted
- More events; less time per event
- Frequently educational or recreational
- Most appropriate for cognitively intact

Routines:

- Events arranged by 'people time'
- Flexible time allotted
- Fewer scheduled events; more time spent per event
- Activities often based on life skills and self-care
- Most appropriate for cognitively impaired

31

Sequential

Flexible to support
Autonomy and
Preference

Predictable

Secure and safe

Successful
Routines

32

More Best Practices

Early stage:

Acceptance; security
Saving face
Continuing familiar
activities

Middle stage:

Being useful;
helping
Validation; security
Reassuring touch &
gestures

Late stage:

Gentle input to all
senses
1:1 companionship
Nonverbal
expressions of
security

33

Person-Centered Activities are also...

- | | | | | |
|-------------------|----------------|-----------------|------------------|---|
| 1
Failure-free | 2
Adaptable | 3
Meaningful | 4
Appropriate | 5
Use known skills to the individual |
|-------------------|----------------|-----------------|------------------|---|

34

Meaningful and Appropriate

Reflects life history	Cohort	Meets needs	Usefulness
Ethnicity	Spirituality	Safe	Physical/medical needs
Meets emotional needs	Cognitive status	Age & gender	Needs related to ethnic or religious status

35

SUPPORTING PERSONHOOD



36

Failure free activities

Meaningful
Elicit positive feelings
Based on strengths and interests
Avoid correcting
Tactile
Show then do
Give hints
Back off if there are signs of frustration

•What did they do for a living?

•What activities did (or do) they enjoy most?

•Who are relatives and friends they enjoy talking or thinking about?

37

Meaningful Days

For both care recipient and care partners

Activities are:
Productive,
Leisure, Self
Care and
Rest/Restoration

38

Productive Activities

Sense of accomplishment
Associated with life role
Give a sense of purpose and achievement

Cooking/Baking, for example

39

Leisure Activities

Fun

You like it because you like it

Can be passive (watching) or active (doing)

Watching a game of cards or playing a game of cards

Failure free and non-competitive

40

Self Care Activities

Walking

Traveling

Eating

Bathing

Exercise

Organizing

Taking a walk outside in the beautiful weather or organizing a scrap book

41

Rest and Restoration

Sleep

Alone time (introvert)

Socializing (extrovert)

Spiritual restoration

- Bible study for some, aromatherapy for others
- Favorite soothing music

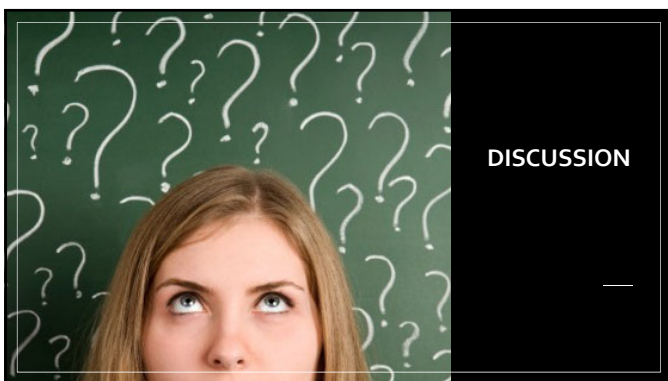
42




43




44



45



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES



Gerontology
College of Health Professions

THANK YOU!

Phone: (804) 828-1565

Website: www.sahp.vcu.edu/gerontology/

Email: agingstudies@vcu.edu

Be sure to "like" us on Facebook

<https://www.facebook.com/vcugerontology>
