



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES



**VCU**

Gerontology  
College of Health Professions

# **Culturally Competent Care for Diverse Populations in an Adult Day Setting**

## **Part III: Individuals with a Dementia Related Disorder**

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*for the VCU Department of Gerontology &  
Virginia Department of Social Services, Division of Licensing Programs*

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## Series Overview:

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

## 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

# 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

# **PERSON- CENTERED CARE:**

**A REVIEW FROM  
PART 1**

# 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

Social Confidence

Truthfulness

Engagement

Hope





## Barriers to person-centered care and positive aging

Ageist Attitudes

Paternalism

Lack of  
Autonomy

Institutional  
Climate

Social Isolation/  
Loneliness

# 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/>





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

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# **SUPPORTING PERSONHOOD: DEMENTIA**

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# DEMENTIA

## **Alzheimer's Disease**

- Early onset
- Normal onset

Mixed Dementia

Dementia with Lewy Bodies

Vascular  
(Multi-infarct)  
Dementias

Frontotemporal Dementia

Parkinson's Disease Dementia

Other:  
Metabolic diseases  
Drug toxicity  
White matter diseases  
Mass effects  
Depression  
Infections

### Alzheimer's Disease

- New info lost
- Recent memory worse
- Problems finding words
- Mi-speaks
- More impulsive or indecisive
- Gets lost
- Notice changes over 6 months – 1 year

### Vascular

- 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

### Dementia with Lewy Bodies

- 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

### Frontotemporal Dementia

- 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



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.**

# Common Barriers

01  
Decreased  
attention  
span

02  
Impulsive  
behavior

03  
Poor  
judgment

04  
Unstable or  
unpredictabl  
e emotions

05  
Diminished  
ability to  
learn new  
things

06  
Problems  
with  
memory

07  
Problems  
with  
speaking  
and  
understandi  
ng words

# 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

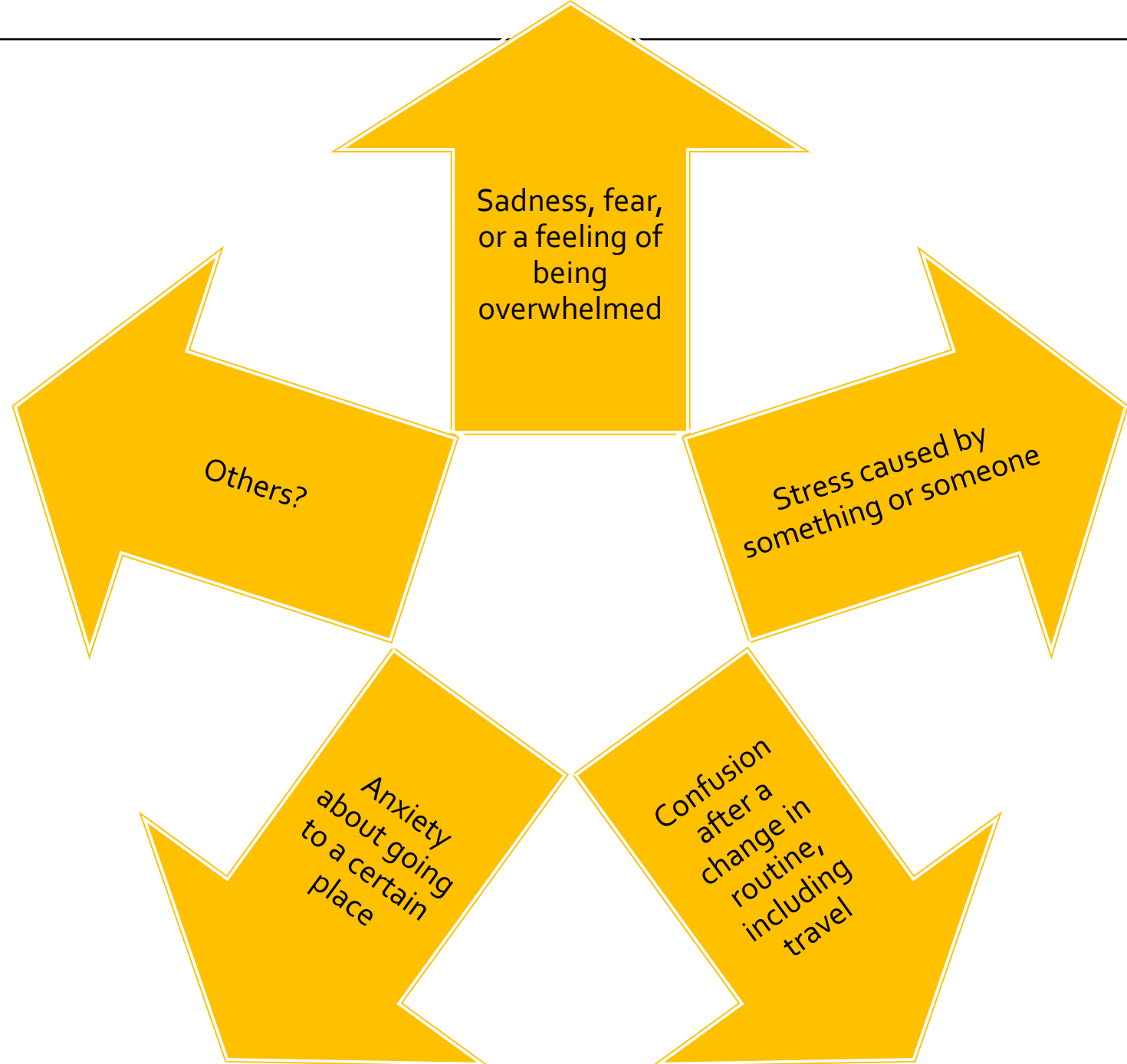
Hitting you or other people

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/>)

More  
feelings...





# 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.



A photograph of a woman and an elderly woman sitting on a couch, playing xylophones. The woman on the left is smiling and holding a mallet. The elderly woman on the right is also smiling and holding a mallet. They are both wearing light-colored shirts. The background shows a large window with a view of a garden. The text "HOW DO WE HELP?" is overlaid in the center of the image.

# HOW DO WE HELP?

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## **EXERCISE AND DEMENTIA (EARLY TO MIDDLE STAGES)**



# EXERCISE AND DEMENTIA (LATER STAGES)



# MUSIC THERAPY

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# GARDENING

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**DANCE**

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# TAI CHI

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**WALKING**

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# AROMATHERAPY

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# Intimacy



A photograph of a group of people, mostly older adults, sitting in a room and raising their hands. The image is dimly lit and has a dark overlay. The text "IS THERE A RIGHT AMOUNT?" is written in large, white, sans-serif capital letters across the center. A thin white horizontal line is positioned below the text.

IS THERE A RIGHT  
AMOUNT?

## 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

# Activities: Best practices

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

Anonymous



# 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

Sequential

Flexible to support  
Autonomy and  
Preference

Predictable

Secure and safe

# Successful Routines



# 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

# Person-Centered Activities are also...



Failure-free



Adaptable



Meaningful



Appropriate



Use known  
skills to the  
individual

# 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

A dark, moody photograph of two people. On the left, a person with long, light-colored hair is looking down. On the right, a person with short, dark hair is looking towards the camera. The person on the right is holding a smartphone. The background is dark and out of focus. The text 'SUPPORTING PERSONHOOD' is overlaid in the center in a large, white, sans-serif font. A thin white horizontal line is positioned below the text.

# SUPPORTING PERSONHOOD

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# Failure free activities

Meaningful

Elicit positive feelings

Based on strengths and interests

Avoid correcting

Tactile

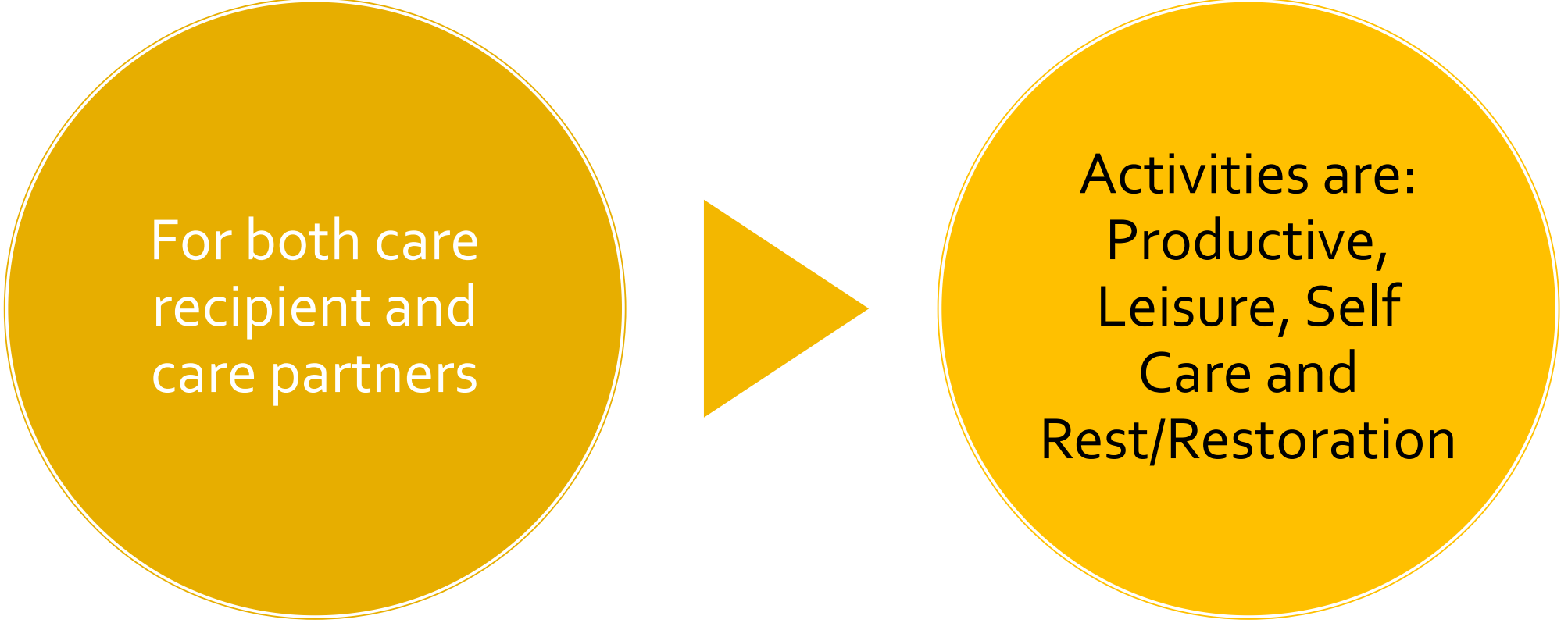
Show then do

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?

# Meaningful Days



For both care  
recipient and  
care partners

The diagram consists of two large yellow circles connected by a yellow arrow pointing from left to right. The left circle contains the text 'For both care recipient and care partners'. The right circle contains the text 'Activities are: Productive, Leisure, Self Care and Rest/Restoration'.

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

# Productive Activities

Sense of accomplishment

Associated with life role

Give a sense of purpose and achievement

Cooking/Baking, for example

# 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



# Self Care Activities

Walking

Traveling

Eating

Bathing

Exercise

Organizing

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

# Rest and Restoration

Sleep

Alone time (introvert)

Socializing (extrovert)

Spiritual restoration

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



**MEANINGFUL  
FOR BOTH!**

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# SUMMARY



# DISCUSSION

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# THANK YOU!

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