

# **Recommended Slides for Workshop A**

Normal Aging (1 hour)

Not Normal Aging (1 hour)

# 5 Senses

## How Humans Take In Data



1. What you see
2. What you hear
3. What you feel/ touch
4. What you smell
5. What you taste

# Visual Data



- **The most powerful sensory input.**

*People with dementia pay more attention to what they see than what they hear.*

# Auditory Data



- What do we often do wrong?

**Care partners like to talk.**

*The person with dementia is focused on how we look visually and they are not processing the content.*

# Make a Note



- No touching until you've done a visual/ verbal
- Don't do "**to**" someone...do "**with**" someone
- Dementia robs skill before robbing strength
- Use "hand under hand" to support



## NORMAL Aging

- Can't recall a word. Describe the word to get it to pop up.
- Give people time to process information. Go more slowly.
- Slower to think.
- Slower to do.
- May hesitate more.
- More likely to look before they leap.
- Will know the person, but not find the name.
- May pause when word finding
- New data reminds me of old data

## NOT Normal Aging

- Unable to think the same
- Unable to do as before
- Unable to get started on a task
- Will get stuck in a moment of time
- Unable to think things out
- Unable to successfully place a person
- Words won't come even with visual, verbal, or touch cues
- Confused between past and present
- Personality and/ or behaviors will be different

REALIZE ...



*It Takes TWO to Tango ...  
or two to tangle...*



# Dementia: What is It?



- It is BOTH
  - a chemical change in the brain
- AND
  - a structural change in the brain
- This means...
  - It may come and go.
  - “Sometimes they can and sometimes they can’t.”

# Dementia: What Changes

- Structural changes –permanent
  - Cells are shrinking and dying
- Chemical changes - variable
  - ✓ Cells are producing and sending less chemicals
  - ✓ Can ‘shine’ when least expected – chemical rush



*Dementia Equals...*



# Brain Failure

*The person's brain is dying*

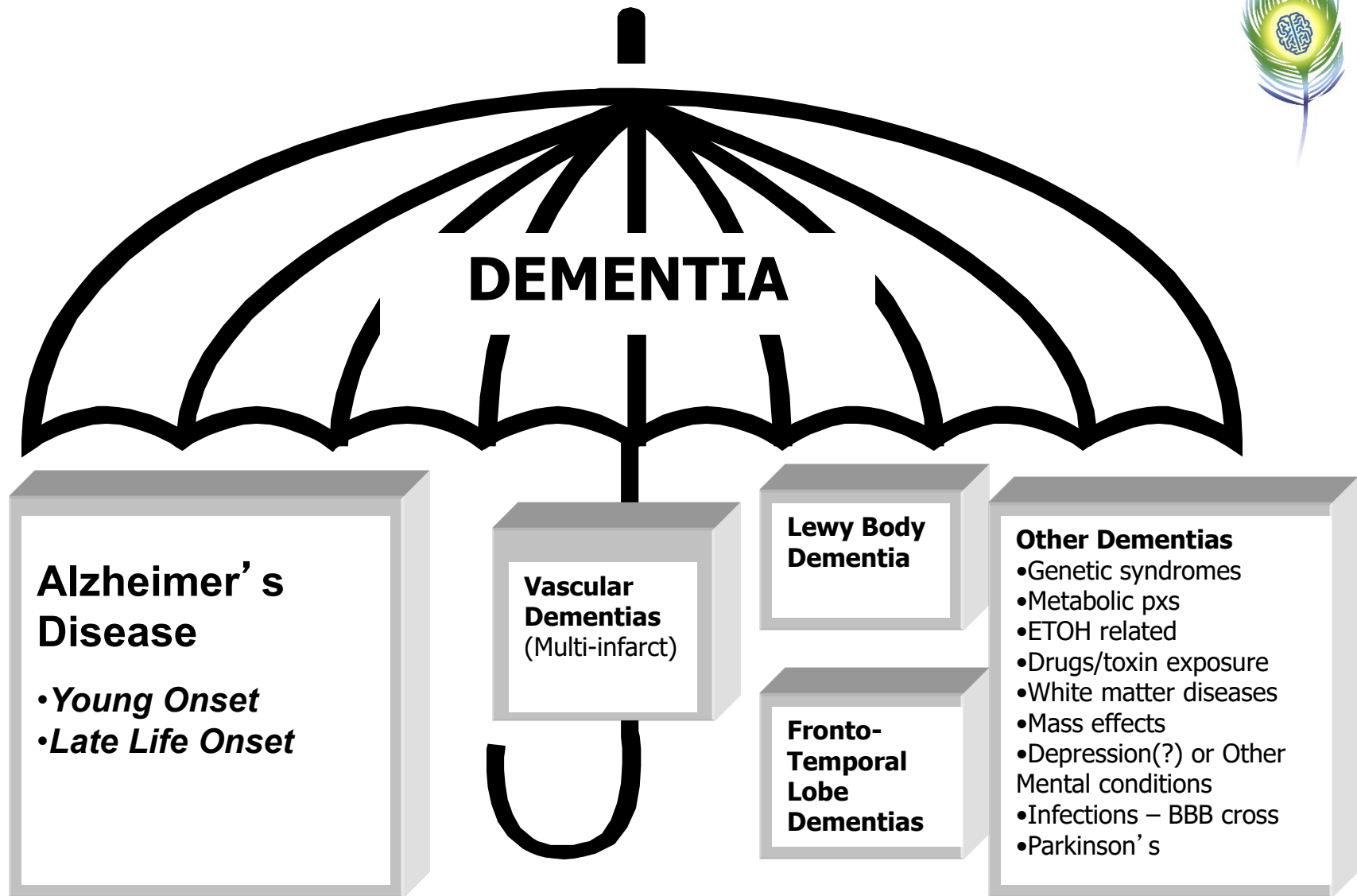


**DEMENTIA**  
does not =  
**Alzheimer's**  
does not =  
**"Memory Problems"**

# Four Truths About Dementia

1. At least 2 parts of the brain are dying
2. It is chronic and can't be fixed
3. It is progressive and will get worse
4. It is terminal





# Alzheimer's



- New information is lost
- Recent memory worsens
- Problems with word finding
- May misspeak
- Will become more impulsive and indecisive
- Gets lost
- Changes are noticeable every 6-12 months
- Typically lasts 8-12 years

# Mild Cognitive Impairment



- MCI is the beginning of a not-normal condition
  - ✓ Memory
  - ✓ Language
  - ✓ Behavior
  - ✓ Motor skills
- Not life altering, BUT definitely different...



# Is MCI always Dementia?



- Could be a form of DEMENTIA
- Symptom of another health condition
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Delirium
- Pain-related

# Mimics of Dementia Symptoms



## •Depression

- can't think
- can't remember
- not worth it
- loss of function
- mood swings
- personality change
- change in sleep

## •Delirium

- swift change
- hallucinations
- delusions
- on & off responses
- infection
- toxicity
- dangerous



# If You Notice Changes...

- You Should
  - ✓ Get an assessment
  - ✓ Go see the doctor

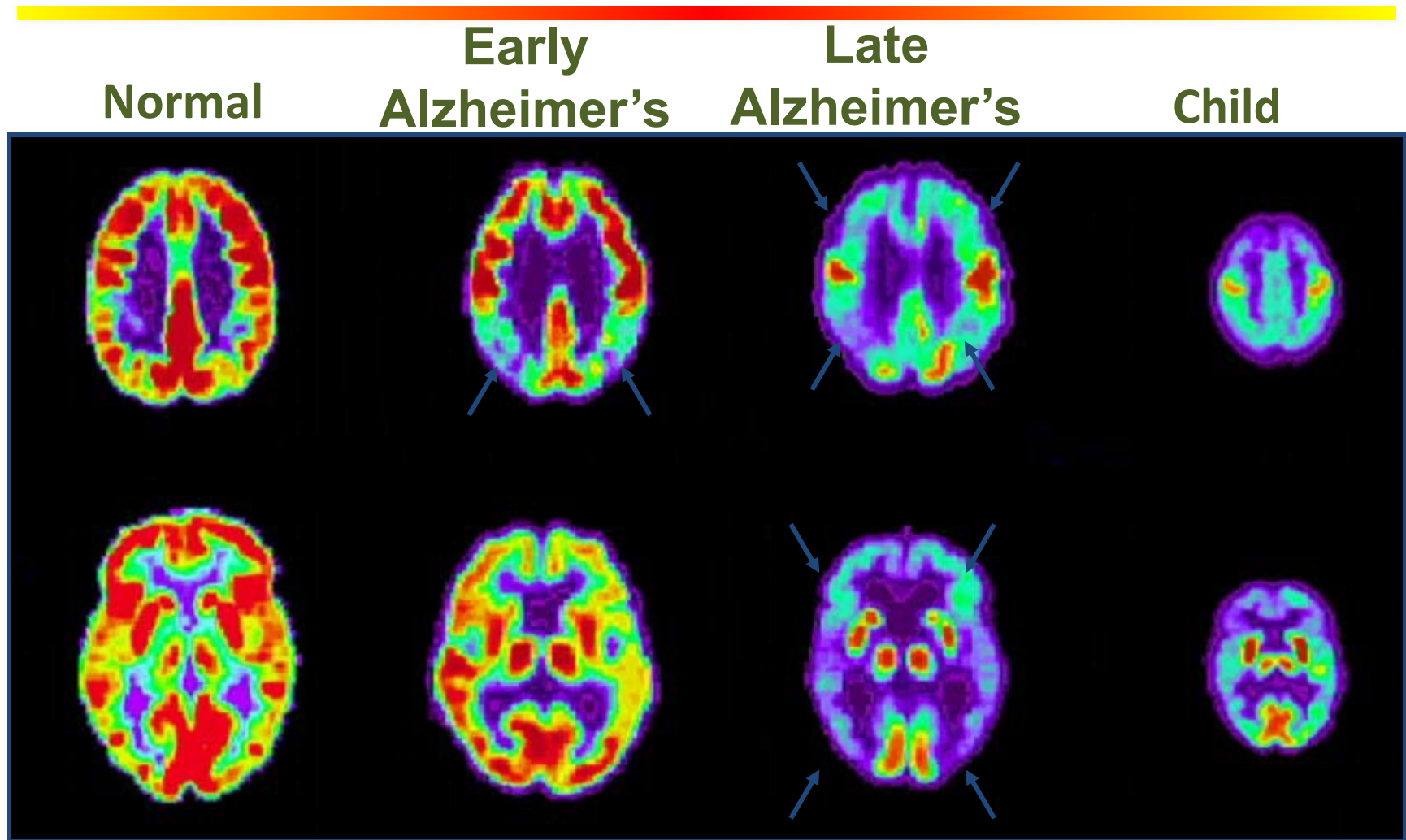
# Dementia...



- It changes everything over time
- It is NOT something a person can control
- It is NOT the same for every person
- It is NOT a mental illness
- It is real
- It is very hard at times

# Positron Emission Tomography (PET)

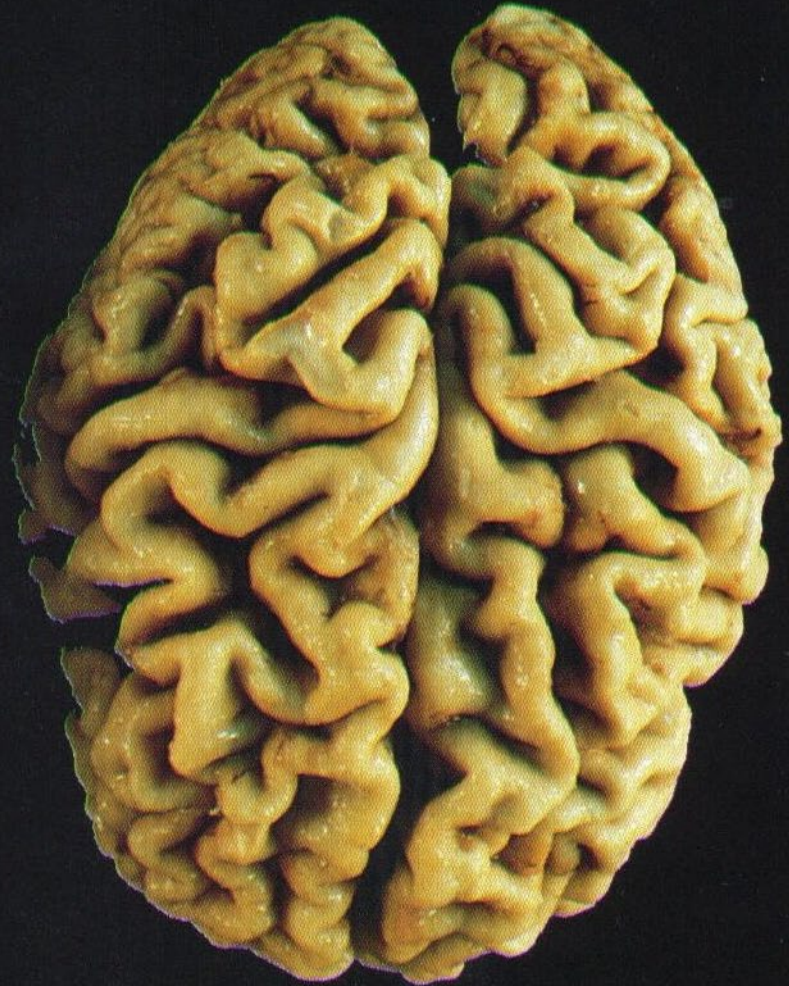
## Alzheimer's Disease Progression vs. Normal Brains







**Normal Brain**

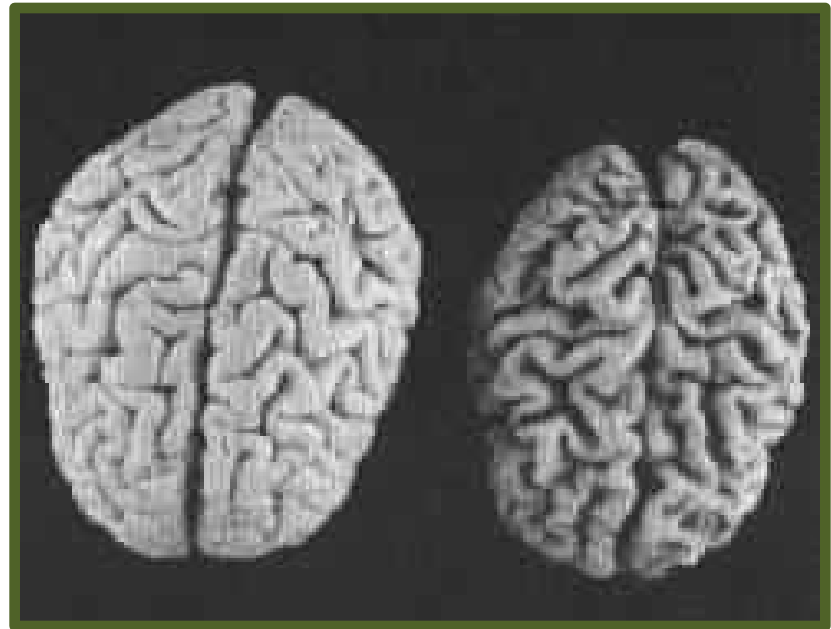


**Alzheimer's Brain**



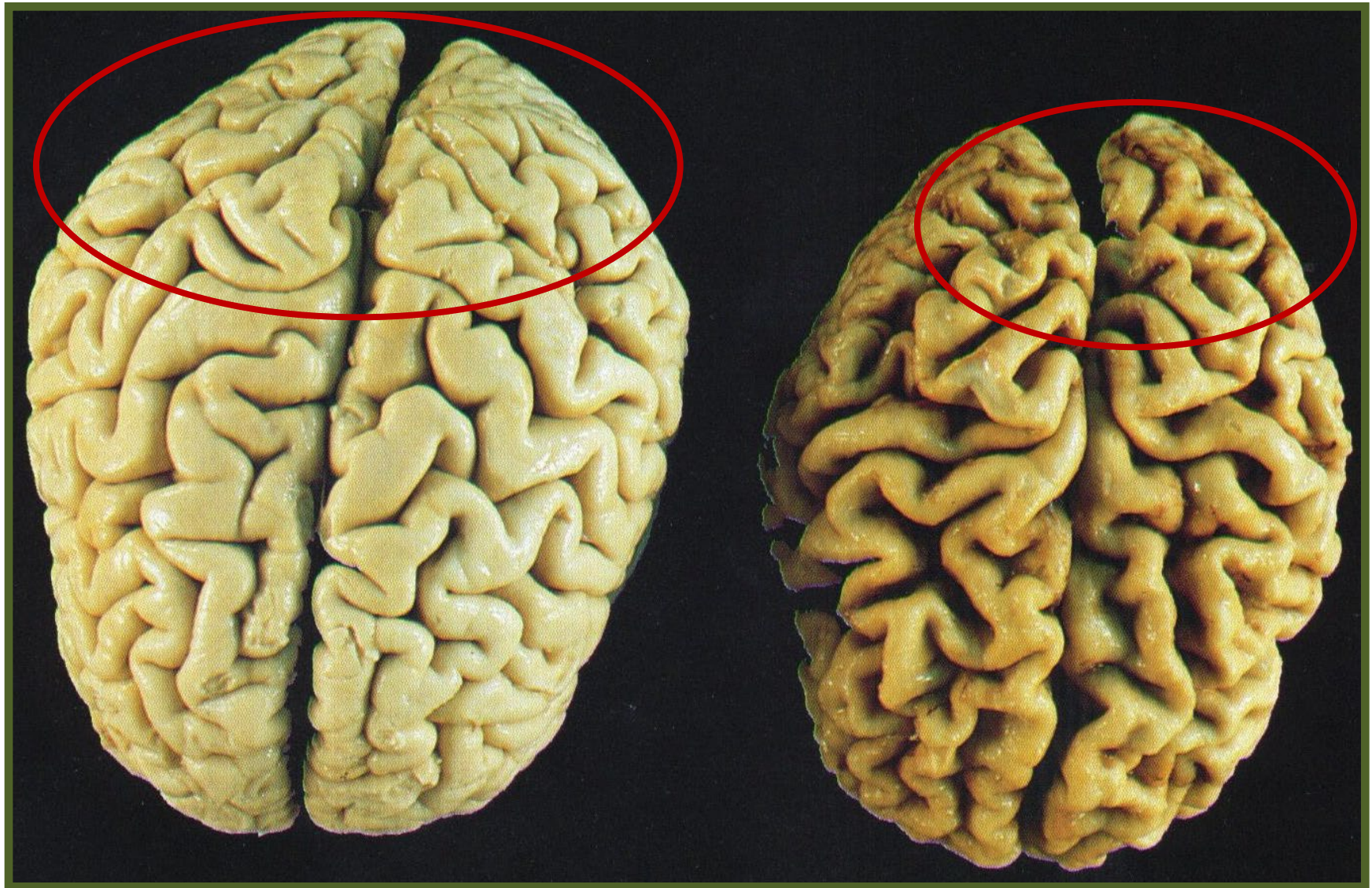
# Brain Atrophy

- The brain actually shrinks
- Cells wither then die
- Abilities are lost
- With Alzheimer's area of loss is fairly predictable
- BUT the experience is individual...



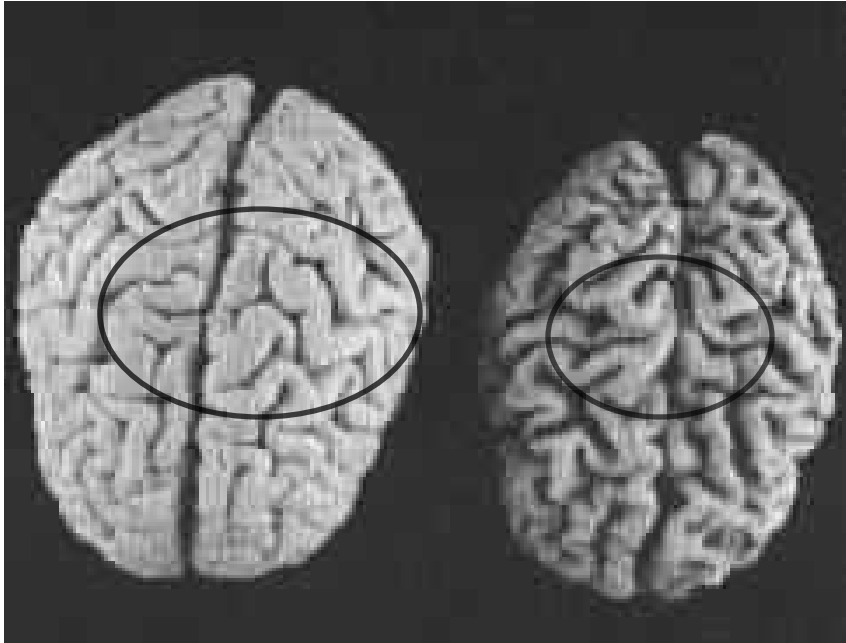


# Vision Center – BIG CHANGES





# Vision

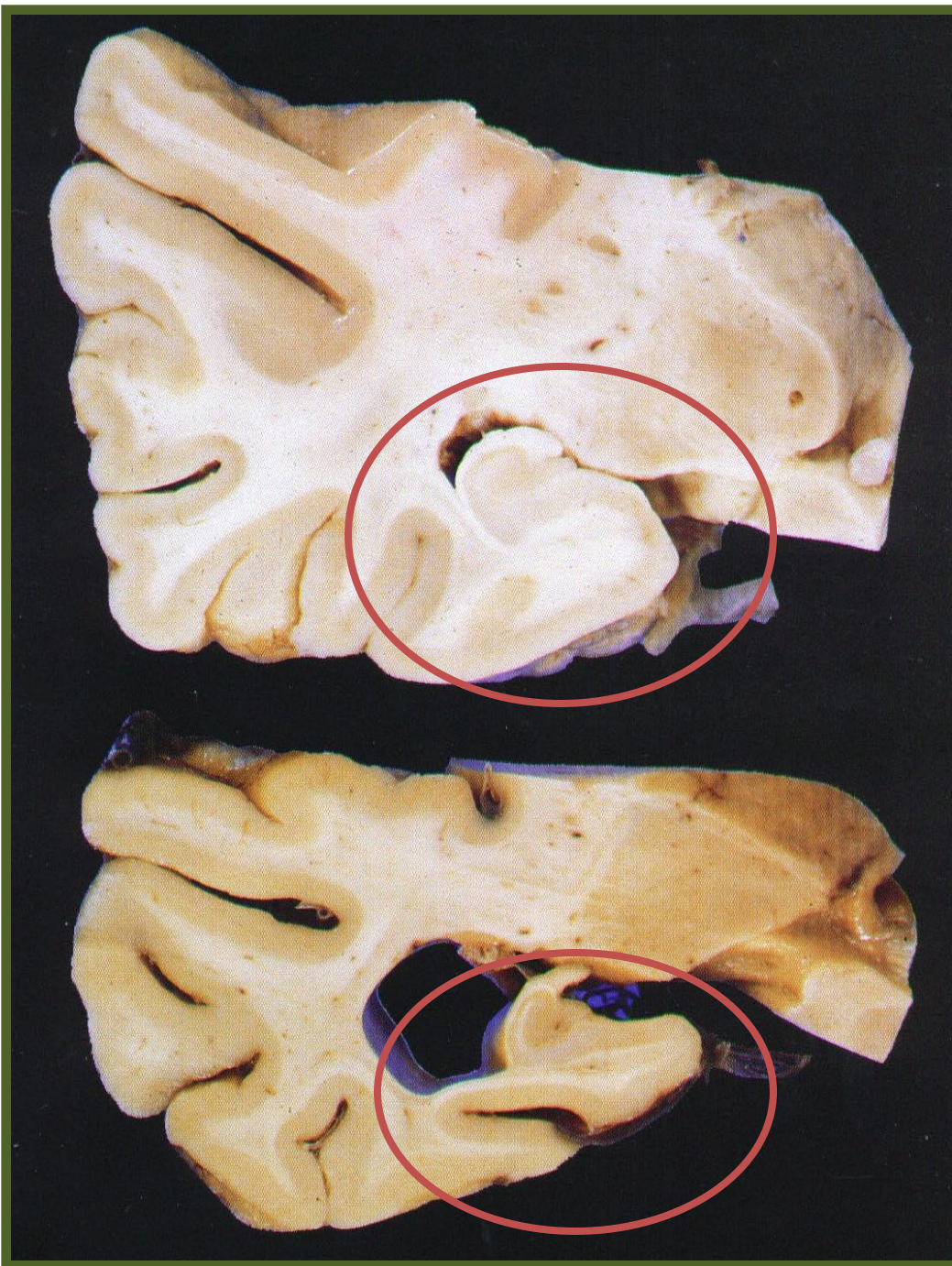


## Losses

- Edges of vision – peripheral field
- Depth perception
- Object recognition linked to purpose
- SLOWER to process – scanning & shifting focus

## Preserved

- ‘See’ things in middle field
- Looking at... curious



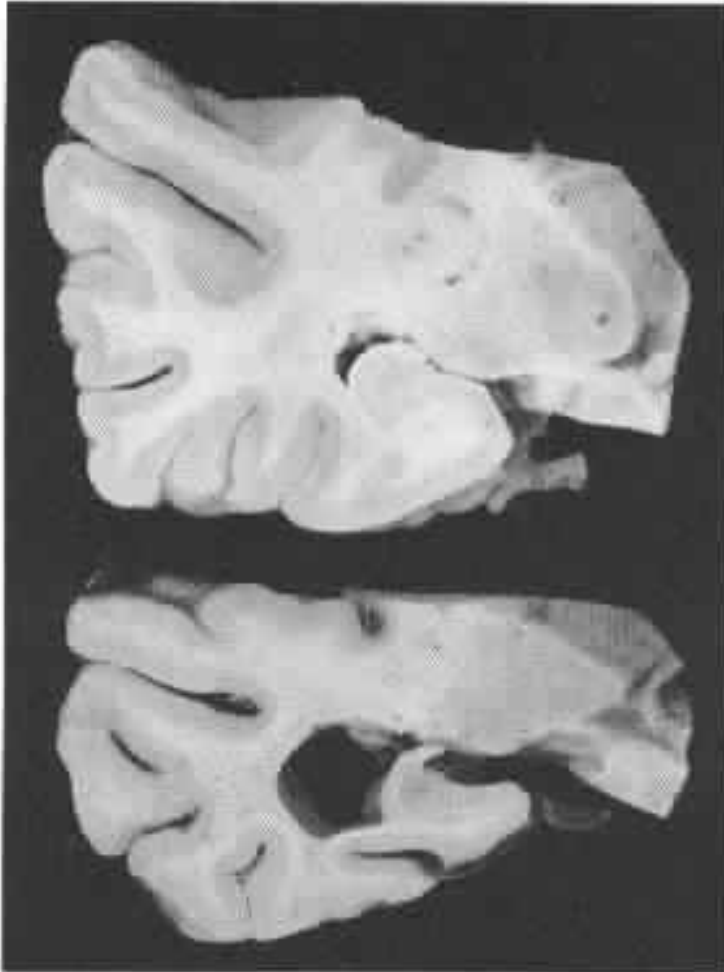
- Learning & Memory Center

- Hippocampus  
BIG CHANGE

# Memory Loss



Normal



Alzheimer

## Loss

- Immediate recall
- Attention to selected info
- Recent events
- Relationships

## Preserved Ability

- Long ago memories
- Confabulation!
- Emotional memories
- Motor memories



# Understanding Language – BIG CHANGE





# Hearing of Sound – Not Changed



# Understanding

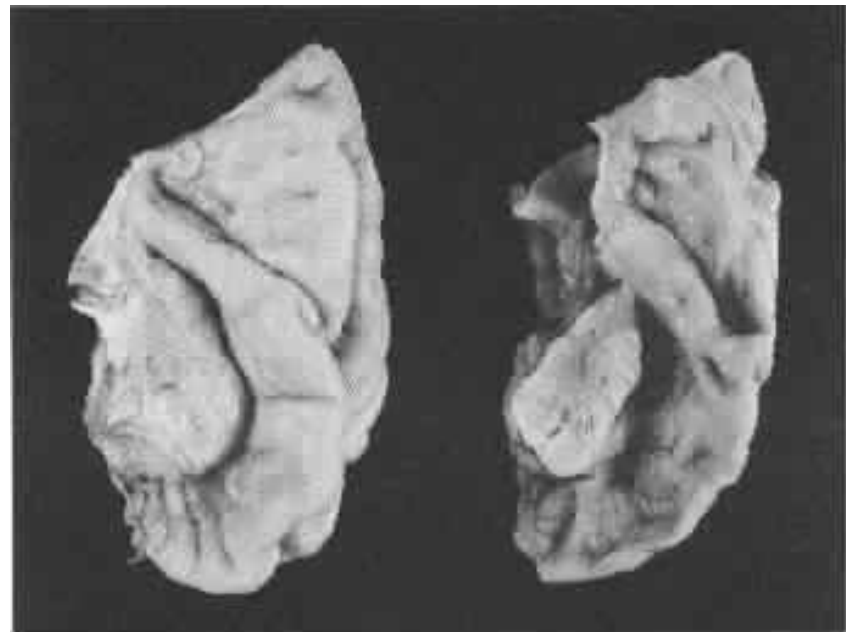


## Loss

- Can't interpret words
- Misses some words
- Gets off target

## Preserved Ability

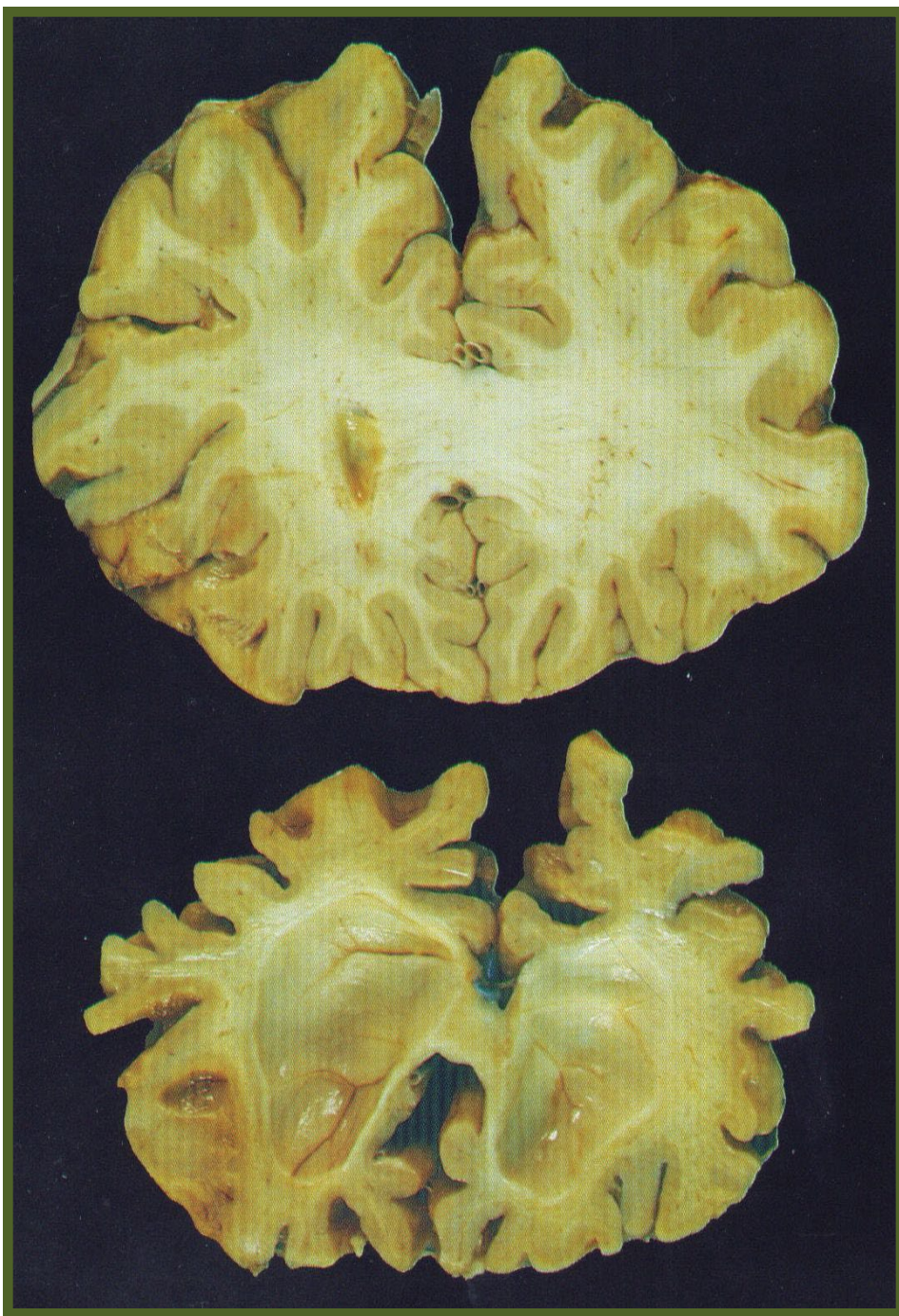
- Can get facial expression
- Hears tone of voice
- Can get some non-verbals
- Learns how to cover



Normal

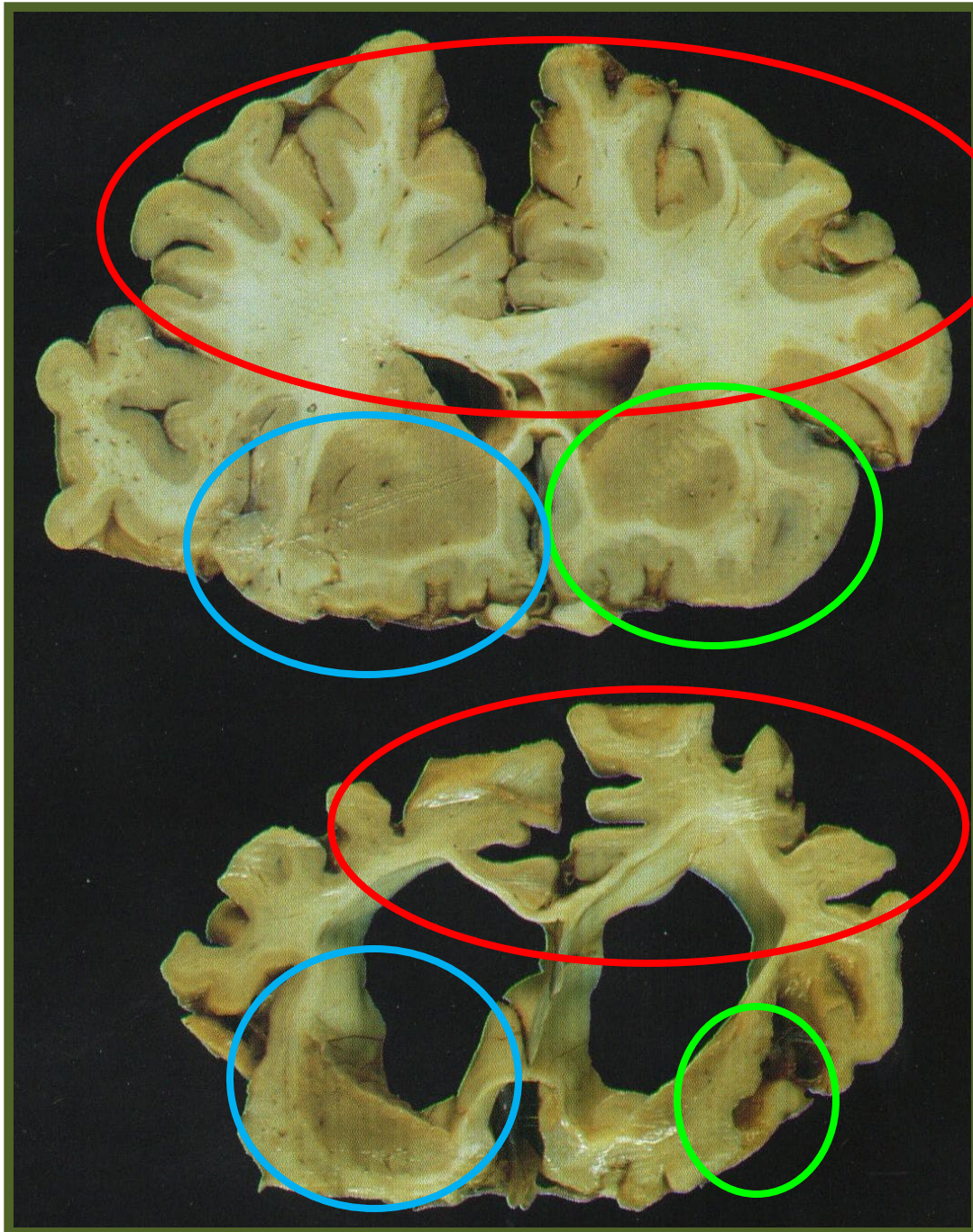
Alzheimer





**Executive  
Control  
Center**  
Emotions  
Behavior  
Judgment  
Reasoning





**Sensory Strip**  
**Motor Strip**  
**White Matter**  
**Connections**  
**BIG CHANGES**

**Automatic Speech**  
**Rhythm – Music**  
**Expletives**  
**PRESERVED**

**Formal Speech &  
Language  
Center**  
**HUGE CHANGES**





# Sensory Changes

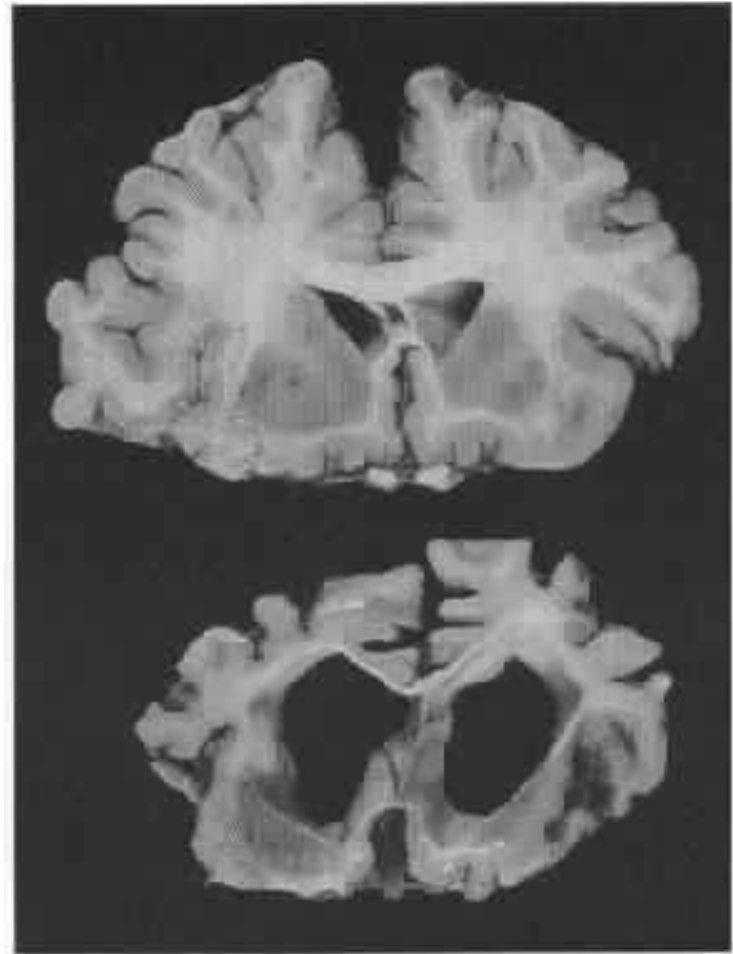
## Loss

- Awareness of body and position
- Ability to locate and express pain
- Awareness of feeling in most of body

## Preserved Ability

- 4 areas can be sensitive
- Any of these areas can be hypersensitive
- Need for sensation can become extreme

Normal



Alzheimer



# Self-Care Changes

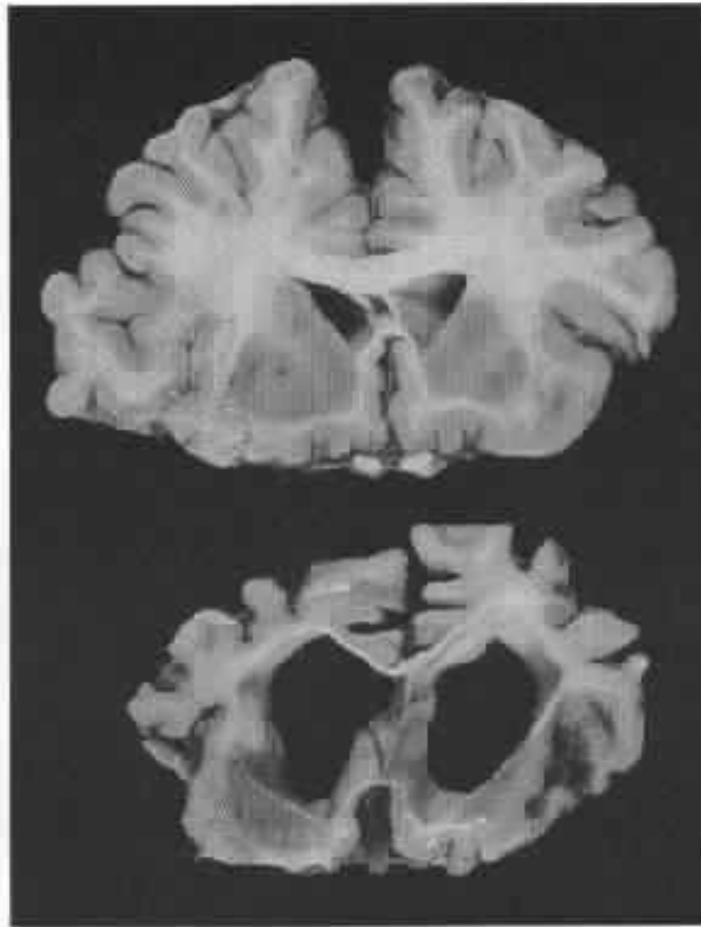
## Loss

- initiation & termination
- tool manipulation
- sequencing

## Preserved Ability

- motions and actions
- the doing part
- cued activity

Normal

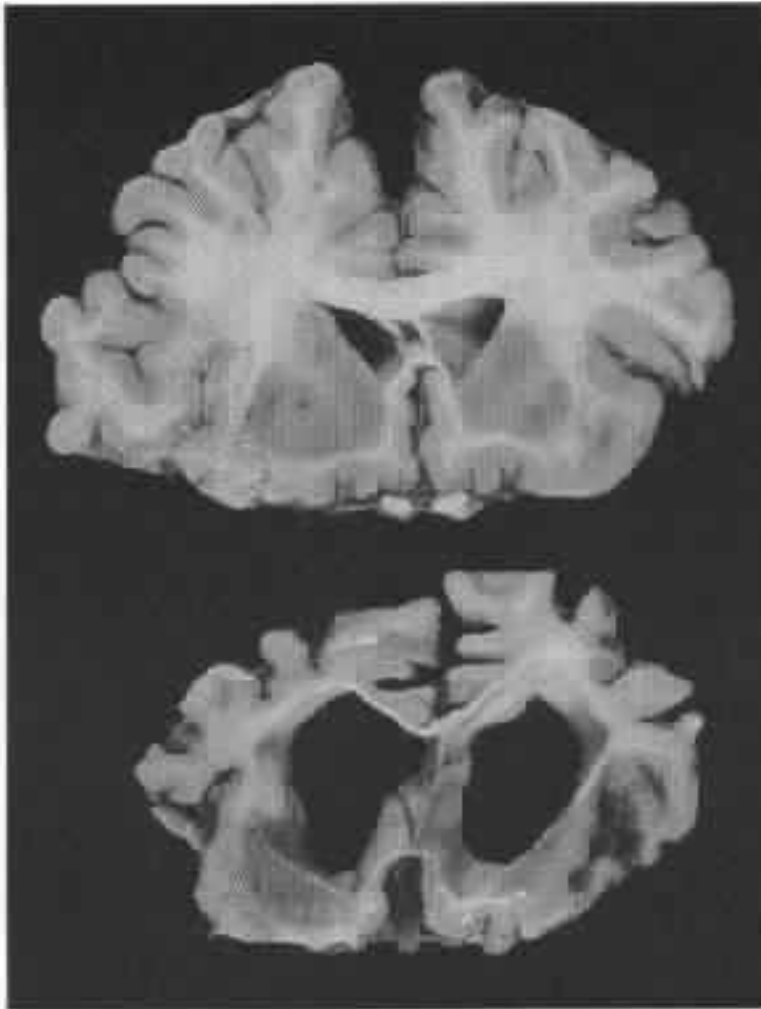


Alzheimer

# Language



Normal



Alzheimer

## Loss

- Can't find the right words
- Word Salad
- Vague language
- Single phrases
- Sounds & vocalizing
- Can't make needs known

## Preserved Ability

- Singing
- Automatic speech
- Swear words, sex talk, forbidden words

# The Basics for Success



- Be a Detective NOT a Judge
- Look, Listen, Offer, Think...
- Use Your Approach as a Screening Tool
- Always use this sequence for CUES
  - ✓ Visual - Show
  - ✓ Verbal - Tell
  - ✓ Physical – Touch
- Match your help to remaining abilities



# Build Skill

- Positive Physical Approach™
- Supportive Communication
- Consistent & Skill Sensitive Cues
  - ✓ Visual, verbal, physical
- Hand Under Hand™
  - ✓ for connection
  - ✓ for assistance
- Open and Willing Heart, Head & Hands



# Approach Matters



Use a consistent Positive Physical Approach™

- Pause at edge of public space
- Gesture and greet by name
- Offer your hand and make eye contact
- Approach slowly within visual range
- Shake hands and maintain Hand-Under-Hand™
- Move to the side
- Get to eye level & respect intimate space
- Wait for acknowledgement



# Supportive Communication

## Make a connection

- Offer your name – “I’m (NAME)... and you are...”
- Offer a shared background – “I’m from (place) ...and you’re from...”
- Offer a positive personal comment – “You look great in that ....” or “I love that color on you...”

# Emotional Communication



## Validate emotions

- EARLY – “It’ s really (label emotion) to have this happen” or “I’ m sorry this is happening to you”
- MIDWAY – Repeat/reflect their words (with emotion)
  - ✓ LISTEN for added information, ideas, thoughts
  - ✓ EXPLORE the new information by ‘watching and listening’ (wonder what they are trying to communicate)
- LATE – Check out their ‘whole’ body –
  - ✓ Observe face, posture, movement, gestures, touching, looking
  - ✓ Look for NEED under the words or actions



# Keep it SIMPLE



- USE VISUAL combined VERBAL (gesture/point)
  - ✓ “It’s about time for...”
  - ✓ “Let’s go this way...”
  - ✓ “Here are your socks...”
- DON’T ask questions you DON’T want to hear the answer to...
- Acknowledge the response/reaction to your information...
- LIMIT your words – SIMPLE is better always
- Wait, Pause, Slow Down

# When Words Don't Work Well



## Hand-under-Hand™

- Uses established nerve pathways
- Allows the person to feel in control
- Connects you to the person
- Allows you to DO with not to
- Gives you advance notice of 'possible problems'
- Connects eye-hand skills
- Use the dominant side of the person

# Use Hand-Under-Hand™



- Connecting – comforting and directing gaze
- Guiding and helping with movement
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything



# For ALL Communication



**If what you are trying is NOT working...**

- STOP
- Back off
- THINK IT THROUGH...
- Then, re-approach
- And try something slightly different

# Care Partners Need To...



- Take care of yourself
- Understand the symptoms and progression
- Build skill in support and caregiving
- Build skill in communication and interactions
- Understand 'the condition' of brain change
- Identify and utilize local resources
- Set limits for yourself



# Gem Dementia Abilities

*Based on Allen Cognitive Levels*

- A Cognitive Disability Theory – OT based
- Creates a common language and approach to providing:
  - ✓ Environmental support
  - ✓ Caregiver support and cueing strategies
  - ✓ Expectations for retained ability and lost skill
  - ✓ Promotes graded task modification
- Each Gem state requires a special ‘setting’ and ‘just right’ care
  - ✓ Visual, verbal, touch communication cues
- Each can shine
- Encourages in the moment assessment of ability and need
  - ✓ Accounts for chemistry as well as structure change



- **Sapphires – True Blue – Slower BUT Fine**
- **Diamonds – Repeats & Routines, Cutting**
- **Emeralds – Going – Time Travel – Where?**
- **Ambers – In the moment - Sensations**
- **Rubies – Stop & Go – No Fine Control**
- **Pearls – Hidden in a Shell - Immobile**



People living with dementia  
need care partners to think about and act on  
what they want, need, and think.

### **Watch and Observe**

- What they show you- how they look
- What they say – how they sound
- What they do – physical reactions