Normal Aging vs Not Normal

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Overview

• Understanding Human Data Processing: What's Normal
• Dementia: What is it and What Changes?
• What Do Care Partners Need To Know
• Teepa Snow's GEMS®
• Questions & Discussion

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 Disease  
- Young Onset  
- Late Life Onset

Vascular Dementia (Multi-infarct)  
Fronto-Temporal Lobe Dementia  
Lewy Body Dementia  
Other Dementias  
- Enzymatic syndromes  
- Metabolic  
- Hypoxic-ischemic injury  
- Post-traumatic  
- Other (e.g. Creutzfeldt-Jakob Disease, Parkinson’s Disease, Normal Pressure Hydrocephalus)

Alzheimer’s  
- 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
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 and Memory Center: Hippocampus – Big Change

Memory Loss

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

**Preserved Ability**
- Long ago memories
- Confabulation!
- Emotional memories
- Motor memories
Understanding Language – BIG CHANGE

- 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

Hearing of Sound – Not Changed

- Normal
- Abnormal
• 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
Self-Care Changes

Loss
- initiation & termination
- tool manipulation
- sequencing

Preserved Ability
- motions and actions
- the doing part
- cued activity

Language

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

Positive Approach to Care

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

What’s on your mind?

Enter your question in the chat box on the right side of your screen.
Webinar Sponsors

Discipleship Ministries

Apparent Plan
• Tracy Keibler, Director
• tracy@apparentplan.org
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Additional Resources

• Ted Talk with Karen Stobbe. Using the rules of improvisation to break through conventional caregiving techniques and open up new worlds for persons with dementia. [https://youtu.be/GciWItvLo_s]

• Family Caregiver Alliance (www.caregiver.org) - they have a behaviors page: [https://www.caregiver.org/caregivers-guide-understanding-dementia-behaviors]

• ACT on Alzheimer’s is a good resource for connection to dementia-friendly resources and information on making churches dementia-friendly (www.ACTonALZ.org).

Additional Resources, pg. 2

• Positive Approach to Care (www.teepasnow.com) – Consulting services – free 30 minute consultations to discuss any issue around support someone living with dementia or brain change; webinars, tools, etc.
• Find Teepa Snow on Facebook – she is live every day at 8 am EST, PAC team is live weekdays 5 pm EST.
• Questions about Lewy Body Dementia, check out www.lbda.org
• Questions about Fronto Temporal Lobe, check out www.theaftd.org
Additional Resources, pg. 3

- **Positive Approach to Care, LLC.** Teepa Snow Positive Approach to Care Certified people are trained in a variety of dementia education levels.
  - **Trainers** can give presentations and/or do training sessions for your church or community. Trainers often present in churches for free.
  - **Consultants** work with family members or a person living with dementia looking for care resources or help on the journey
  - **Coaches** if you are looking for assistance in helping staff learn how to work better with those they are caring.
  - If you have any questions in general, you can reach out to Shelly Edwards, Business Development Coordinator for Positive Approach to Care at shellye@teepasnow.com or visit www.teepasnow.com for more info.