Normal Aging vs. Not Normal Aging

- Presented by Shelly Edwards, Coach
- July 10, 2020
Overview

• First Main Topics
• Dementia: What is it and What Changes?
• Third Topics
• Fourth Topics
• 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
<table>
<thead>
<tr>
<th>NORMAL Aging</th>
<th>NOT Normal Aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can’t recall a word. Describe the word to get it to pop up.</td>
<td>• Unable to think the same</td>
</tr>
<tr>
<td>• Give people time to process information. Go more slowly.</td>
<td>• Unable to do as before</td>
</tr>
<tr>
<td>• Slower to think.</td>
<td>• Unable to get started on a task</td>
</tr>
<tr>
<td>• Slower to do.</td>
<td>• Will get stuck in a moment of time</td>
</tr>
<tr>
<td>• May hesitate more.</td>
<td>• Unable to think things out</td>
</tr>
<tr>
<td>• More likely to look before they leap.</td>
<td>• Unable to successfully place a person</td>
</tr>
<tr>
<td>• Will know the person, but not find the name.</td>
<td>• Words won’t come even with visual, verbal, or touch cues</td>
</tr>
<tr>
<td>• May pause when word finding</td>
<td>• Confused between past and present</td>
</tr>
<tr>
<td>• New data reminds me of old data</td>
<td>• Personality and/ or behaviors will be different</td>
</tr>
</tbody>
</table>
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...

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
Dementia

Alzheimer’s Disease
• Young Onset
• Late Life Onset

Vascular Dementias (Multi-infarct)

Lewy Body Dementia

Other Dementias
• Genetic syndromes
• Metabolic pxs
• ETOH related
• Drugs/toxin exposure
• White matter diseases
• Mass effects
• Depression(?) or Other Mental conditions
• Infections – BBB cross
• Parkinson’s

Fronto-Temporal Lobe Dementias
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
## Positron Emission Tomography (PET) 
Alzheimer’s Disease Progression vs. Normal Brains

<table>
<thead>
<tr>
<th>Normal</th>
<th>Early Alzheimer’s</th>
<th>Late Alzheimer’s</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Normal Brain" /></td>
<td><img src="image2.png" alt="Early Alzheimer’s Brain" /></td>
<td><img src="image3.png" alt="Late Alzheimer’s Brain" /></td>
<td><img src="image4.png" alt="Child Brain" /></td>
</tr>
</tbody>
</table>

G. Small, UCLA School of Medicine.
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 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
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
• 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
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
- 952-215-7052
Additional Resources

• Ted Talk with Karen Stobbe. Using use 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, 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.
**Dementia & The Church**

**Webinar Series II**

**Normal vs. Not Normal: Aging and Keys to Connecting with Someone Living with Dementia**

The session emphasizes the value of matching helping behaviors to the person's needs and retained abilities to promote a sense of control and self-direction.


**Tools for Connecting with People Living with Dementia when Behaviors are Challenging**

The goal of this session is to reduce or minimize unproductive conversations and resistive behaviors by using effective verbal and physical skills.

www.umcdiscipleship.org/articles/august-21-2020-tools-for-connecting-with-people-living-with-dementia-when-behaviors-are-challenging

**Common Challenges in Nursing Homes and Memory Care and How to Avoid Them**

This presentation is a guide to help caregivers, who either anticipate a future need for skilled care or those who are already utilizing skilled care.


**Essential Documents for Protecting You and Your Loved One Living with Dementia**

In this course, we will discuss the legal documents, how they are used, how they could be misused and the steps to avoid those pitfalls.