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
- 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



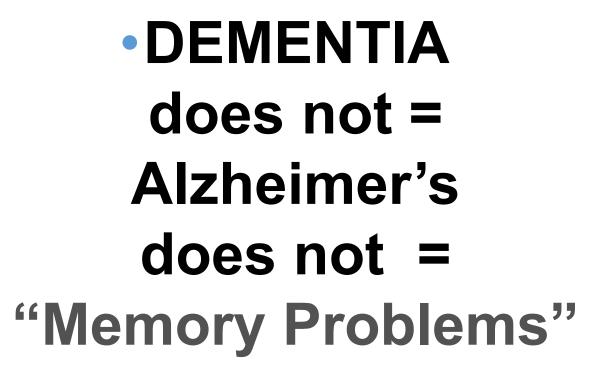
Dementia Equals...





The person's brain is dying



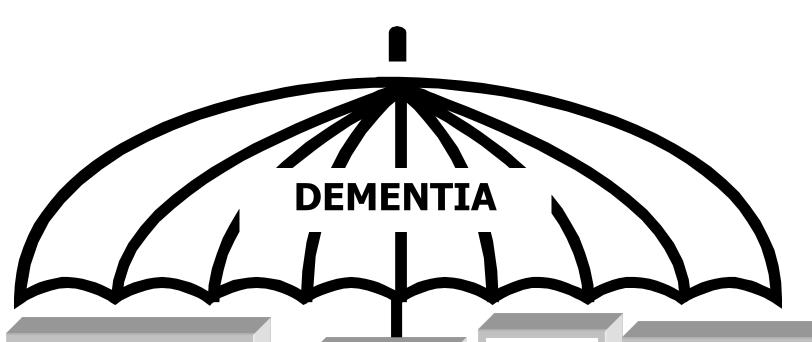




Four Truths About Dementia

- 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 Dementias (Multi-infarct)

U

Lewy Body Dementia

Fronto-Temporal Lobe Dementias

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



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



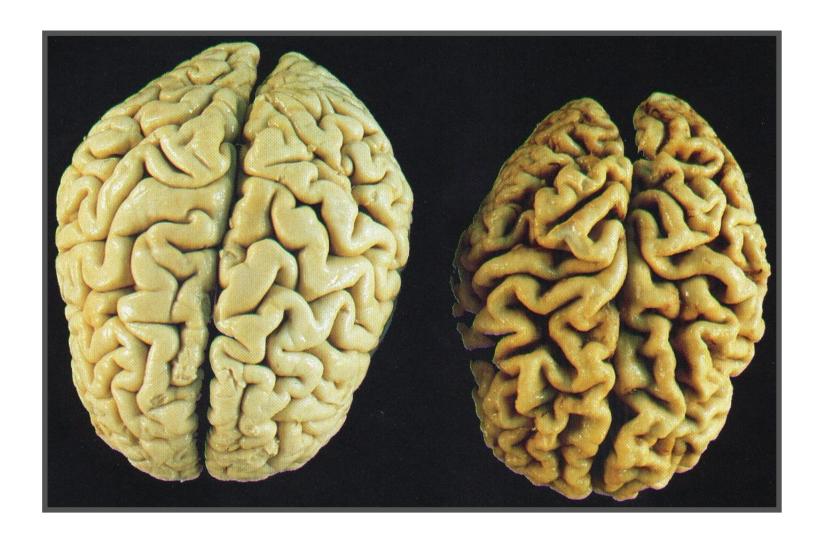
- It changes everything over time
- It is NOT something a person can control
- It is NOT the same for every person
- It is NOT a mental illness
- It is real
- It is very hard at times



Positron Emission Tomography (PET) Alzheimer's Disease Progression vs. Normal Brains

Early Late Child Normal Alzheimer's Alzheimer's





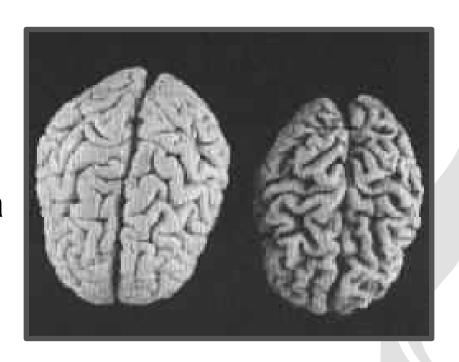
Normal Brain

Alzheimer's Brain



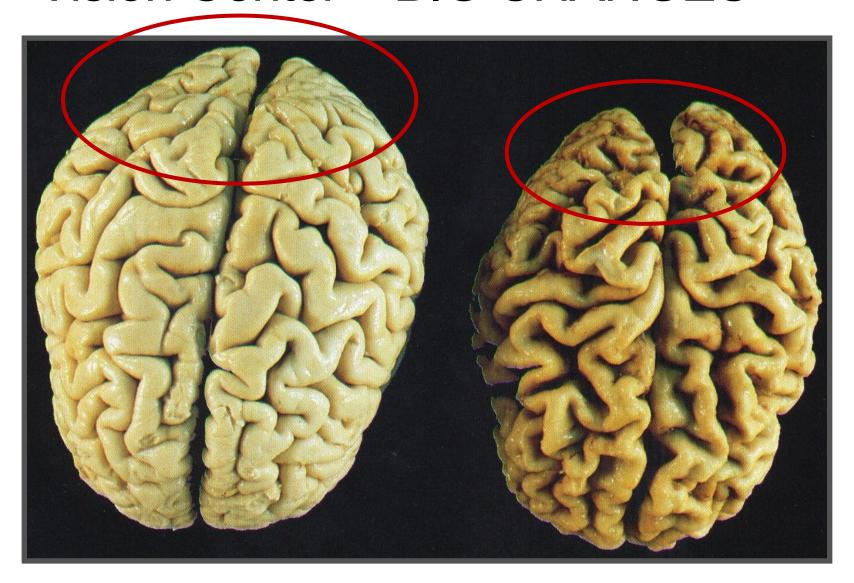
Brain Atrophy

- 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...



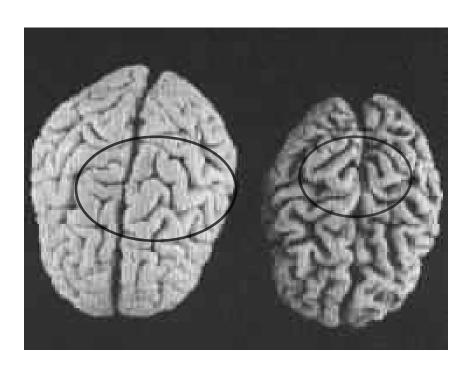


Vision Center – BIG CHANGES



Vision





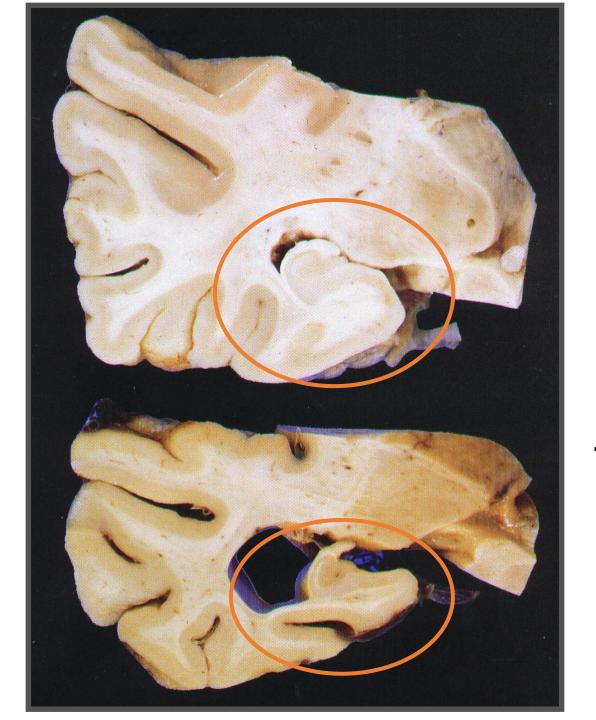
Losses

- 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



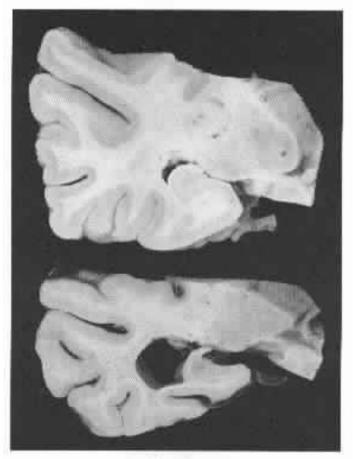




Learning and Memory
Center:
Hippocampus
– Big Change

Memory Loss





Alzheimer



Loss

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

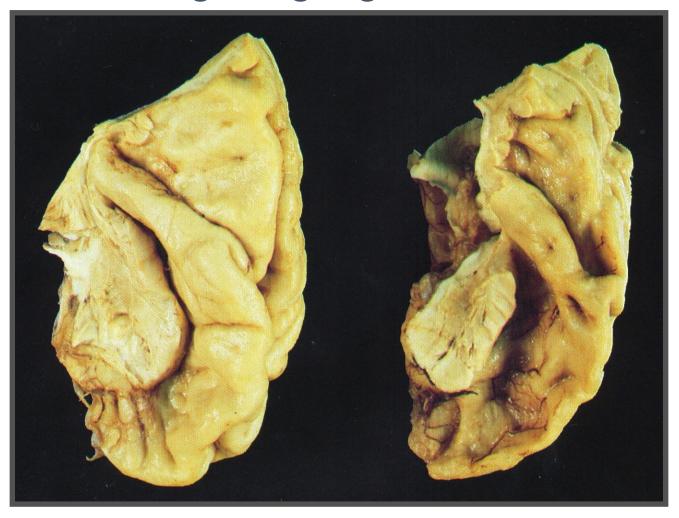
Preserved Ability

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



Understanding Language – BIG CHANGE

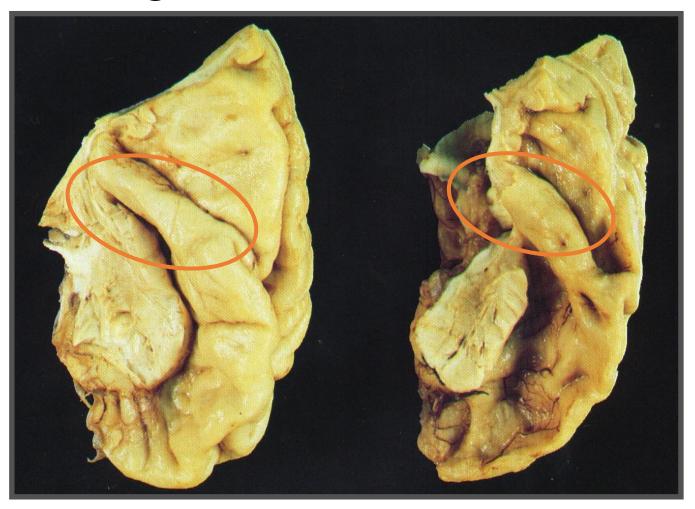






Hearing of Sound — Not Changed







Understanding

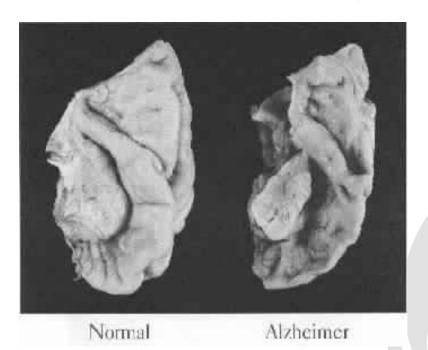


Loss

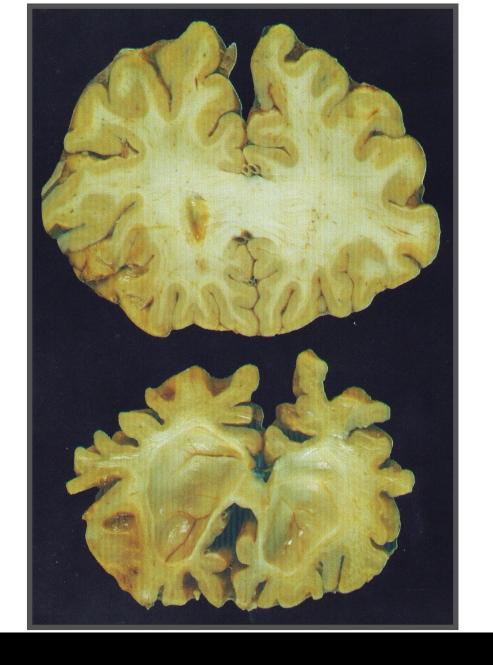
- Can't interpret words
- Misses some words
- Gets off target

Preserved Ability

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



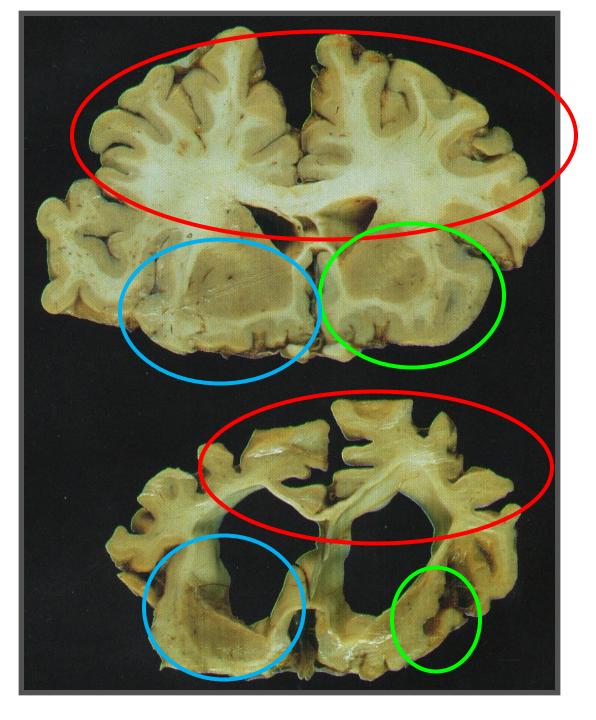






- ExecutiveControlCenter
- EmotionsBehaviorJudgment
- Reasoning





Sensory Strip
Motor Strip
White Matter
Connections
BIG CHANGES

Automatic
Speech
Rhythm –
Music
Expletives
PRESERVED

Formal Speech & Language Center HUGE CHANGES

Sensory Changes

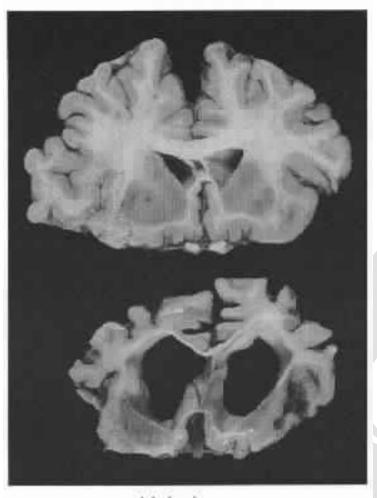
Loss

- 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

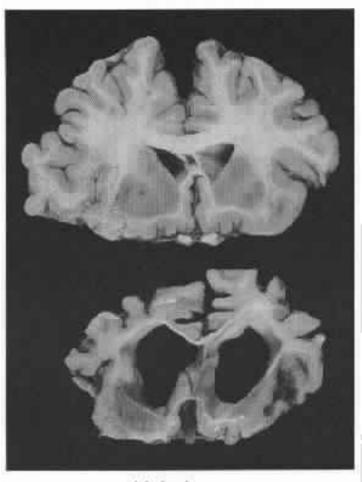
Loss

- initiation & termination
- tool manipulation
- sequencing

Preserved Ability

- motions and actions
- the doing part
- cued activity

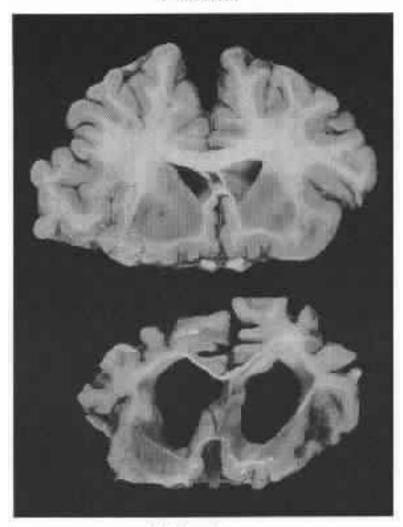




Alzheimer



Normal



Alzheimer

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.



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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/GciWltvLos
- Family Caregiver Alliance (<u>www.caregiver.org</u>) they have a behaviors page: <u>https://www.caregiver.org/caregivers-guide-understanding-dementia-behaviors</u>
- ACT on Alzheimer's is a good resource for connection to dementia-friendly resources and information on making churches dementia-friendly (<u>www.ACTonALZ.org</u>).



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.





Shelly Edwards July 10 12:00pm CDT

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.

www.umcdiscipleship.org/articles/july-10-2020-normal-vs-not-normal-aging-and-keys-to-connectingwith-someone-living-with-dementia

Shelly Edwards 12:00pm CDT

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-withdementia-when-behaviors-are-challenging

September 17 12:00pm CDT

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.

www.umcdiscipleship.org/articles/september-17-2020-common-challenges-in-nursing-homes-andmemory-care-and-how-to-avoid-them

Terrie Lewis November 5 12:00pm CDT

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.

www.umcdiscipleship.org/articles/november-5-2020-essential-documents-for-protecting-you-and-yourloved-one-living-with-dementia