







EMERALD CREST







The role as the Occupational Therapist at Emerald Crest is to work with the housing director, nurse, direct caregivers, and families to identify what challenges or gaps our residents may be experiencing due to their dementia. The OT then works with the team to identify and develop strategies and techniques to fill in those gaps so that they can maximize the residents' abilities and level of function. They focus on cognitive assessments, behavior management, staff training, and finding opportunities for residents to participate in daily care and meaningful activities that promote success and self worth.

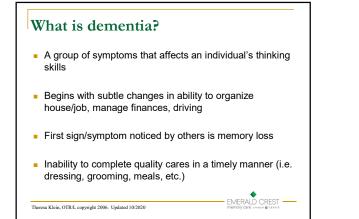


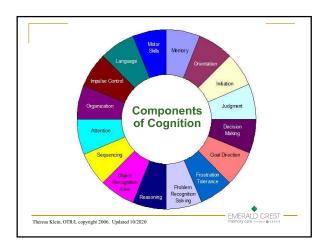
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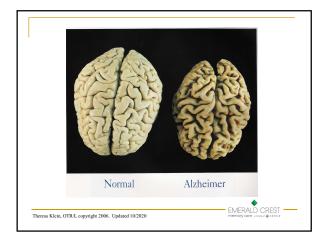
952-233-8811 Ext. 205 Jennifer.Lavoi@cassialife.org

Objectives

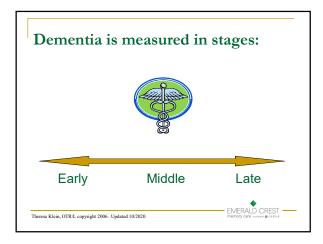
- Understand the changes caused by dementia related to: communication, participation (in cares and activity), and behavior
- Become familiar with common approaches used to provide care to individuals with dementia at each stage















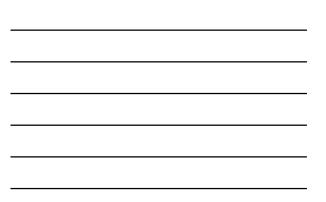
Along the way in a caregiving partnership:

- The individual with dementia is the driver
- You are the navigator
- You are their GPS
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• Without your guidance they have the potential to become lost and fail



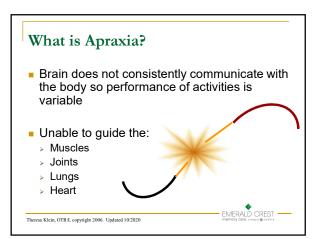


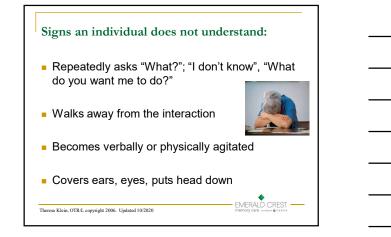
Communication skills:

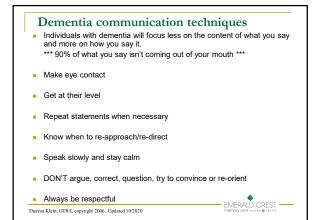
- Change when dementia is present → Aphasia
- What they say changes
- How they say things changes
- How they hear and understand changes
- Early Stage: Decreased ability to understand
- <u>Middle Stage</u>: Difficulty understanding and expressing thoughts and ideas
- Late Stage: Loss of written and verbal communication, rely on social gestures

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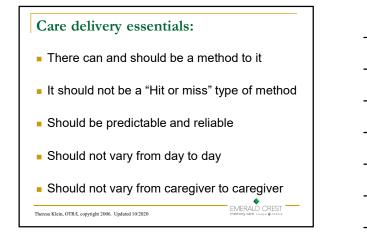
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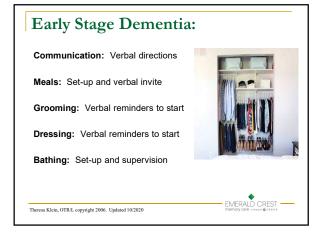




Role of caregiver in delivery of cares:

- Compensate for the physical skills that are impaired or missing
- Compensate for the cognitive skills that are impaired or missing
- Fill in the missing pieces or gaps
- Instead of doing it all for them, assist them to reach the desired goal
- Encourage and allow them to assist





Early-Middle Stage Dementia:

Meals: Set-up and supervision

Grooming: Set up and supervision, monitor to assure quality and completion

Dressing: Set-up and supervision; Verbal reminders to start and to change clothes; monitor to assure changing clothes

Bathing: Set-up and supervision, stay with the individual to monitor for completion and safety

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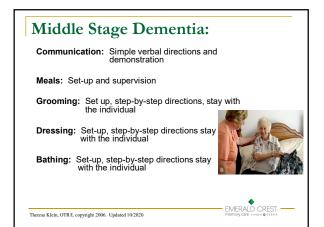


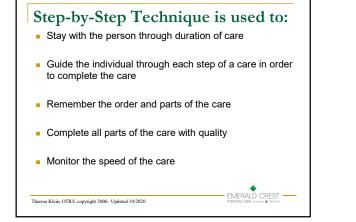
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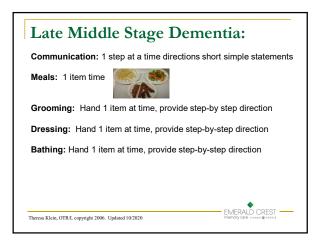
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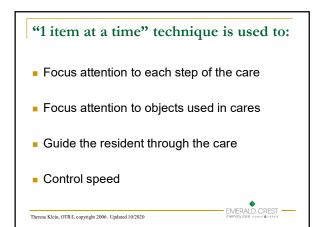
Set Up and Supervision Technique is used to: Gives a verbal cue to get started

- Make sure all needed supplies are available and used
- If possible lay out items in order to ensure proper use (i.e. clothing, grooming supplies)
- Provides supervision to ensure quality and completion
- Care partner may leave and check back to assist with problem solving and completion

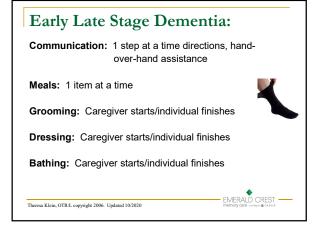




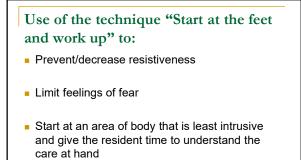




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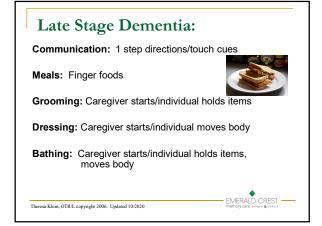


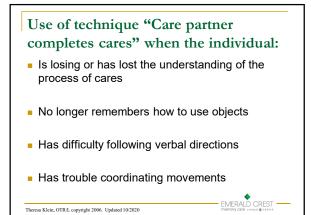


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BATHING "Tricks of the Trade"

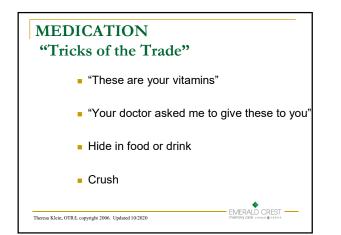
- Time of day bath/shower offered
- "Come with me"
- Bathing history; method and frequency
- Crank up the heat in the bathroom
- Use a bath bench
- Wash hair last"Spa day"
- E. Paul

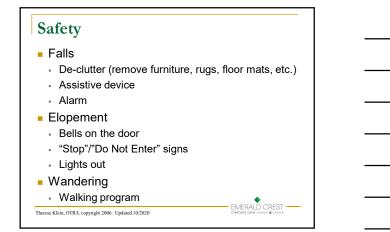
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- Water pressure
- Temperature (heat room, warm towels)









Job of care partner with the person

- Fill in the "gaps"
- Takes skill and practice

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Not obvious to the individual



- Allows for successful completion of activity
- Stay calm, consistent, open, and creative
- SIMPLIFICATION is the name of the game!





Activity • When someone is living with dementia, they still identify with their lifetime roles and seek out meaning and purpose

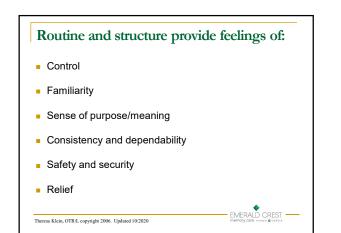




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- The fine balance between enough stimulation and over stimulation
- Purposeful activity versus noise
- The goal in mind when creating stimulation: for individual not the caregiver

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- Reading and writing
- Open-ended conversation
- Imagining, able to think more abstractly
- Attention span of 45 minutes to 1 hour
- Tasks with 4-5 steps





Early Middle Stage

Simple tasks with a clear ending

- Some talking, but mostly focused on doing
- Tasks with no more than 4 steps and 30 – 45 minutes in length
- Objects have meaning
- Concrete, clear ending



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Middle Stage: Familiar tasks

- Tasks with 2-3 steps and 20-30 minutes in length
- Less able to talk and do
- Needs step by step directions. Must stay with the person.

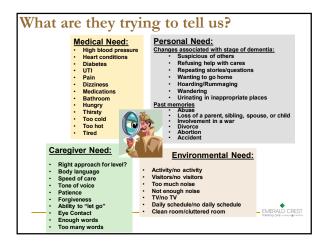














Care partner identifies and applies solutions

- Look to the "anatomy of a behavior" model for guidance
- Listen with ears AND EYES!
- If the 4 parts appear unbalanced work to balance them
- Trial and error approach required
- Perseverance is necessary
- Theresa Klein, OTR/L copyright 2006. Updated 10/2020

How do we measure the success of our care?

- By monitoring for:
 - Lack of behaviors
 - Completion of cares
 - Your loved one's demeanor is stable
 - Yourself, your family and your loved one are satisfied

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Dementia Care can be challenging...

...but having an understanding of the disease process and having some tools and "tricks" in your back pocket can make it more successful and rewarding!



