



# Caregiver Toolbox: Practical tools and approaches for caregivers November 16<sup>th</sup> 2022 – 10 am

Proudly Presented By:



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## Host - Christine Drasher Emerald Crest Memory Care



recognized experts **20** honoring memories years



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### Intelligent Memory Care

With four locations in Burnsville, Minnetonka, Shakopee and Victoria, Minnesota, Emerald Crest memory care communities are truly inspired by residents and families. **Emerald Crest** offers a specialized assisted living setting for seniors with Alzheimer's-related conditions. Our expertise allows us to create opportunities for your loved ones that go beyond conventional notions of memory care.

## Emerald Crest Memory Care Model

The Emerald Crest philosophy is rooted in the belief that individuals with dementia are unique and can flourish in an environment that provides them with opportunities for positive relationships, participation in their daily care and meaningful activities that promote success. Emerald Crest is solely dedicated to memory care and offers unique programming to meet residents' needs:



- Serene environments that are easy to navigate
  - 12-15 residents per house; 2-5 houses per location
  - Rooms surround common space, no long hallways

- Focus on ability rather than disability
  - Houses are designated by stages to provide specific programming and socialization

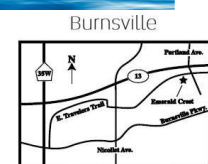
- Personalized care plan tailored to residents' unique needs
  - Developed by Registered Nurses and Occupational Therapists

- Comprehensive employee training program with qualified professional staff; those with direct care duties must undergo even further training and staff also receives on-going education

and



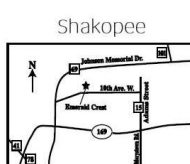
## Emerald Crest Locations



451 E. Travelers Trail



13401 Lake St Extension



1855 10th Ave W



8150 Bavaria Road

### Personalized video tours...

I'm Elizabeth, the admissions manager at Emerald Crest.

Call me, I'll personalize a video tour for a safe virtual visit!

952-908-2215 Call now,

or

[Schedule a call!](#)



[www.EmeraldCrest.com](http://www.EmeraldCrest.com) ~ 952-908-2215

## SPEAKER

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.



**Sarah Ziegler, OTR/L**  
Occupational Therapist  
16 Years at Emerald Crest

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## 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

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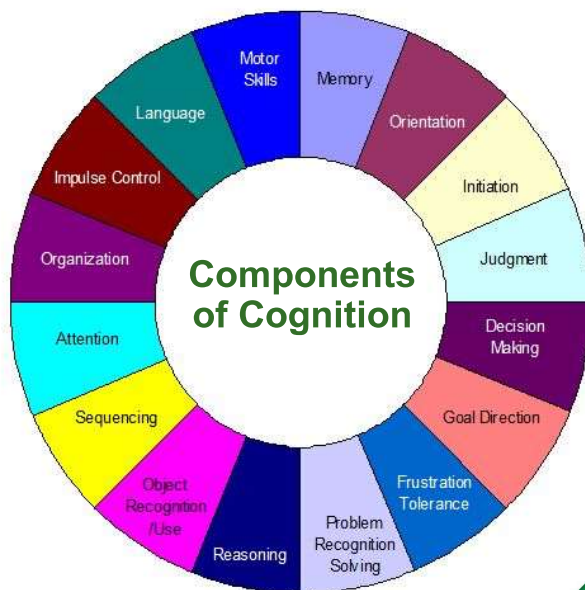


## What is dementia?

- A group of symptoms that affects an individual's thinking skills
- Begins with subtle changes in ability to organize house/job, manage finances, driving
- First sign/symptom noticed by others is memory loss
- Inability to complete quality cares in a timely manner (i.e. dressing, grooming, meals, etc.)

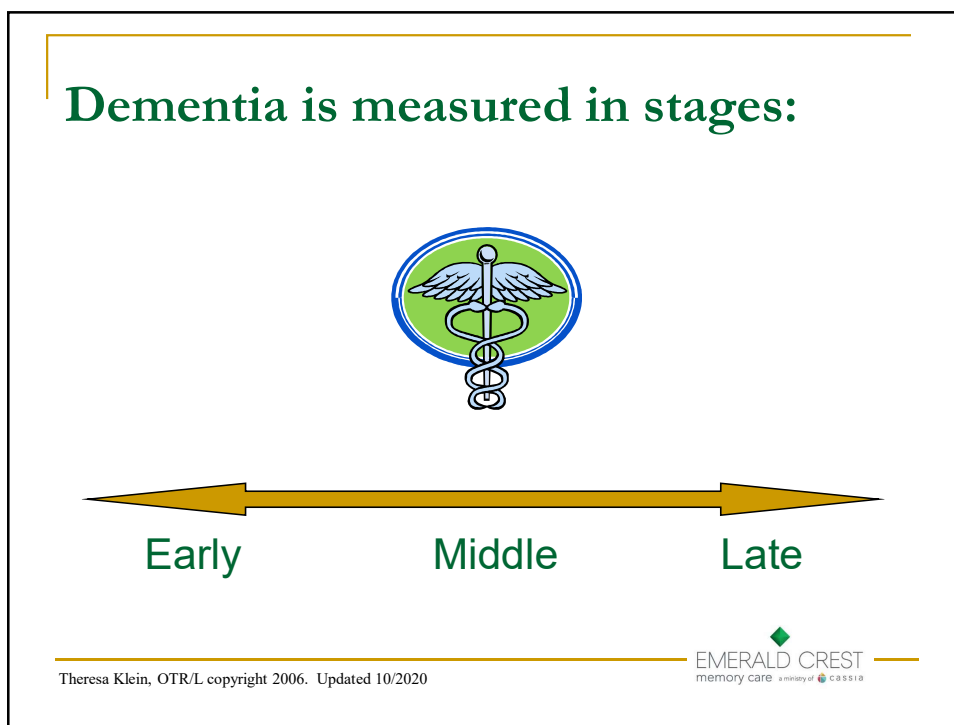
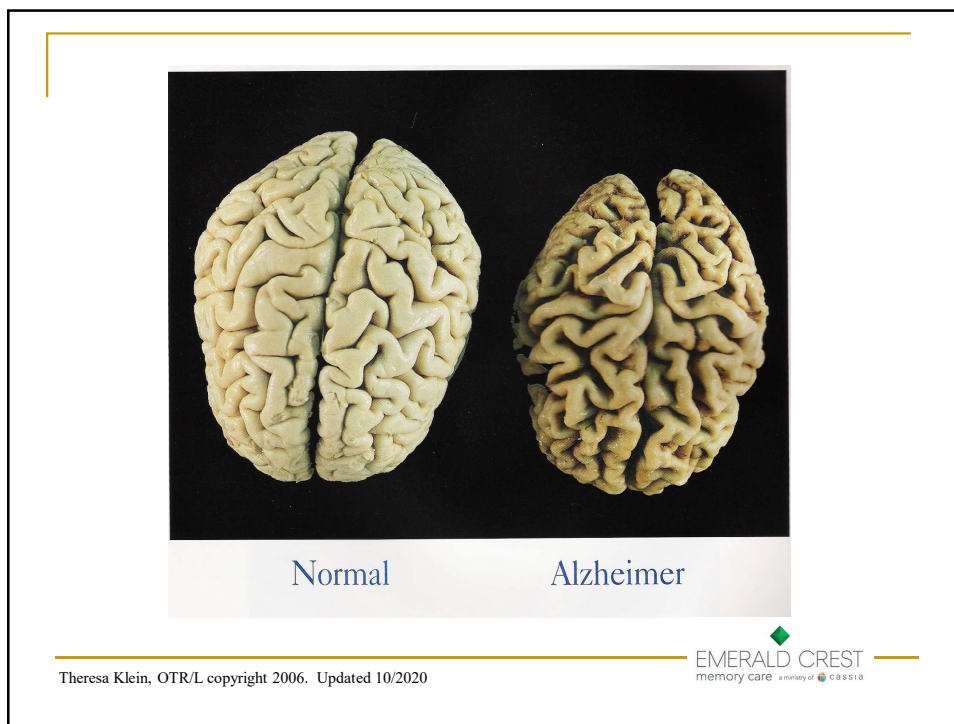
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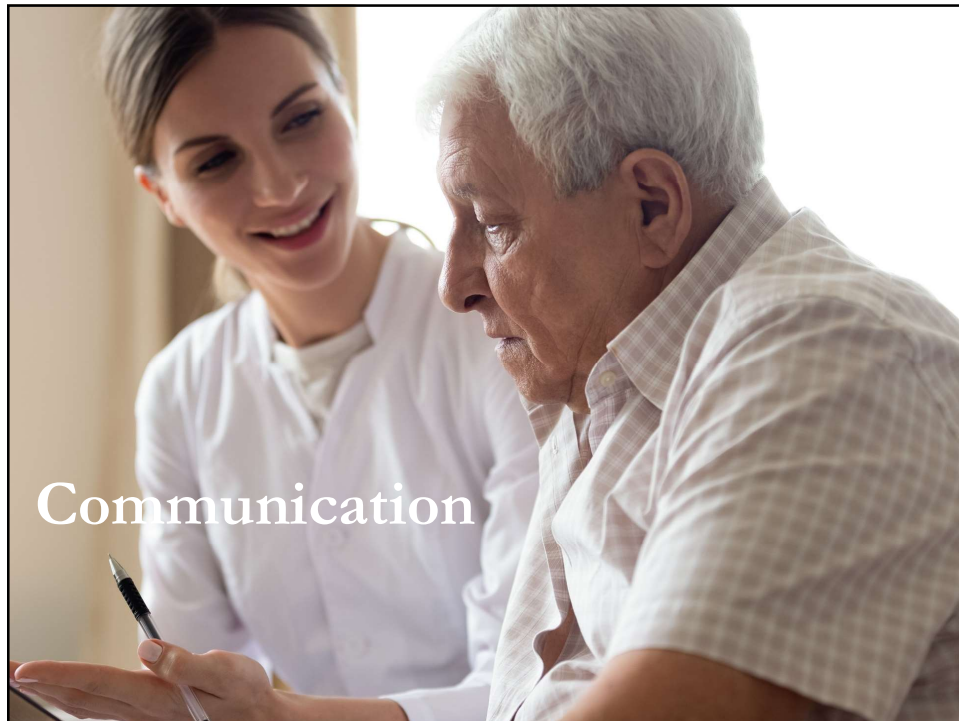




### Along the way in a caregiving partnership:

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





## Communication

### Communication skills:

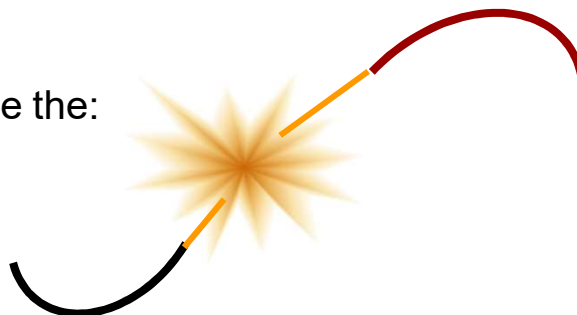
- Change when dementia is present → Aphasia
- What they say changes
- How they say things changes
- How they hear and understand changes
- **Early Stage:** Decreased ability to understand
- **Middle Stage:** Difficulty understanding and expressing thoughts and ideas
- **Late Stage:** Loss of written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

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## What is Apraxia?

- Brain does not consistently communicate with the body so performance of activities is variable
- Unable to guide the:
  - Muscles
  - Joints
  - Lungs
  - Heart



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## Signs an individual does not understand:

- Repeatedly asks “What?”; “I don’t know”, “What do you want me to do?”
- Walks away from the interaction
- Becomes verbally or physically agitated
- Covers ears, eyes, puts head down



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## Dementia communication techniques

- Individuals with dementia will focus less on the content of what you say and more on how you say it.  
\*\*\* 90% of what you say isn't coming out of your mouth \*\*\*
- Make eye contact
- Get at their level
- Repeat statements when necessary
- Know when to re-approach/re-direct
- Speak slowly and stay calm
- DON'T argue, correct, question, try to convince or re-orient
- Always be respectful

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## Care delivery essentials:

- There can and should be a method to it
- It should not be a “Hit or miss” type of method
- Should be predictable and reliable
- Should not vary from day to day
- Should not vary from caregiver to caregiver

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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



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## Early Stage Dementia:

**Communication:** Verbal directions

**Meals:** Set-up and verbal invite

**Grooming:** Verbal reminders to start

**Dressing:** Verbal reminders to start

**Bathing:** Set-up and supervision



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## Early-Middle Stage Dementia:

**Communication:** Verbal directions/sample

**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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## 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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## Middle Stage Dementia:

**Communication:** Simple verbal directions and demonstration

**Meals:** Set-up and supervision

**Grooming:** Set up, step-by-step directions, stay with the individual

**Dressing:** Set-up, step-by-step directions stay with the individual

**Bathing:** Set-up, step-by-step directions stay with the individual



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## Step-by-Step Technique is used to:

- Stay with the person through duration of care
- Guide the individual through each step of a care in order to complete the care
- Remember the order and parts of the care
- Complete all parts of the care with quality
- Monitor the speed of the care

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## Late Middle Stage Dementia:

**Communication:** 1 step at a time directions short simple statements

**Meals:** 1 item time



**Grooming:** Hand 1 item at time, provide step-by step direction

**Dressing:** Hand 1 item at time, provide step-by-step direction

**Bathing:** Hand 1 item at time, provide step-by-step direction

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## “1 item at a time” technique is used to:

- Focus attention to each step of the care
- Focus attention to objects used in cares
- Guide the resident through the care
- Control speed

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## Late Stage Dementia:

**Communication:** 1 step at a time directions, hand-over-hand assistance

**Meals:** 1 item at a time

**Grooming:** Caregiver starts/individual finishes

**Dressing:** Caregiver starts/individual finishes

**Bathing:** Caregiver starts/individual finishes



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## Use the technique of “Caregiver starts, individual finishes” to:

- Give the individual time to understand the care
- Help them remember how to use objects
- Maintain function
- Promote cooperation

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## Use of the technique “Start at the feet and work up” to:

- Prevent/decrease resistiveness
- Limit feelings of fear
- Start at an area of body that is least intrusive and give the resident time to understand the care at hand

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## End Stage Dementia:

**Communication:** Touch cues/Tell person what you are doing before you do it



**Meals:** Finger foods/Feed individual

**Grooming:** Caregiver completes/individual holds items

**Dressing:** Caregiver completes/individual moves body

**Bathing:** Caregiver completes/individual holds items, moves body

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## Use of technique “Care partner completes cares” when the individual:

- Is losing or has lost the understanding of the process of cares
- No longer remembers how to use objects
- Has difficulty following verbal directions
- Has trouble coordinating movements

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## MEAL TIME “Tricks of the Trade”

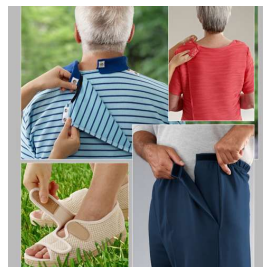
- Simplify the set-up
- Serve small portions
- Sweeten it up!
- Finger foods

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## DRESSING “Tricks of the Trade”

- Loose fitting clothing (easy on, easy off)
- Eliminate unnecessary steps (use of undershirts, bras, layers)
- Multiples of the same outfit
- Adaptive clothing



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



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## GROOMING/HYGIENE “Tricks of the Trade”

- Grooming Box
- Remove mirrors
- Simplify steps



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## INCONTINENCE

### “Tricks of the Trade”

- Signs on the bathroom door
- Colored toilet seat (men)
- Raised toilet seat
- Hide trash cans
- Toileting schedule
- Jumpsuits

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## MEDICATION

### “Tricks of the Trade”

- “These are your vitamins”
- “Your doctor asked me to give these to you”
- Hide in food or drink
- Crush

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## Safety

- Falls
  - De-clutter (remove furniture, rugs, floor mats, etc.)
  - Assistive device
  - Alarm
- Elopement
  - Bells on the door
  - “Stop”/”Do Not Enter” signs
  - Lights out
- Wandering
  - Walking program

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## Job of care partner with the person

- Fill in the “gaps”
- Takes skill and practice
- Not obvious to the individual
- Allows for successful completion of activity
- Stay calm, consistent, open, and creative
- SIMPLIFICATION is the name of the game!



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## Activity

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



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## Activity planning:

- 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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## Routine and structure provide feelings of:

- Control
- Familiarity
- Sense of purpose/meaning
- Consistency and dependability
- Safety and security
- Relief

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## Early Stage: Tasks with a clear purpose

- 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



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## 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.



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## Late Stage: Repetitive use of objects

- Tasks with 1-2 steps, repetitive
- Attention span of 15-20 minutes
- May begin to misuse objects and requires constant supervision (use utensils inappropriately, put things in mouth)



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## Late to End Stage Dementia: Sensory

- 5 Senses
  - Touch, taste, smell, feel, hear
- Object focused
- 1 step interactions
- 5-10 minute attention span



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## Managing Behaviors



## Behaviors:

A method of communication of a need not being met



## A paradigm shift:

### From:

Resident is knowingly resisting me and purposefully trying to upset/hurt me

### To:

Resident is trying to tell me something

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## What are they trying to tell us?

### Medical Need:

- High blood pressure
- Heart conditions
- Diabetes
- UTI
- Pain
- Dizziness
- Medications
- Bathroom
- Hungry
- Thirsty
- Too cold
- Too hot
- Tired

### Personal Need:

#### Changes associated with stage of dementia:

- Suspicious of others
- Refusing help with cares
- Repeating stories/questions
- Wanting to go home
- Hoarding/Rummaging
- Wandering
- Urinating in inappropriate places

#### Past memories

- Abuse
- Loss of a parent, sibling, spouse, or child
- Involvement in a war
- Divorce
- Abortion
- Accident



### Caregiver Need:

- Right approach for level?
- Body language
- Speed of care
- Tone of voice
- Patience
- Forgiveness
- Ability to "let go"
- Eye Contact
- Enough words
- Too many words

### Environmental Need:

- Activity/no activity
- Visitors/no visitors
- Too much noise
- Not enough noise
- TV/no TV
- Daily schedule/no daily schedule
- Clean room/cluttered room



## 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

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## 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!



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## Questions?



**Thank You!**

  
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2022

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