

Welcome!

Challenging Behaviors

Recognizing Unmet Needs

Start time: 10:00 am HST

You should hear music playing now.

Check that your computer is not muted and the volume is turned up. There is no phone dial up required.

Thank you for joining us!



CATHOLIC CHARITIES
HAWAII
CIRCLE OF CARE FOR DEMENTIA

Catholic Charities Hawaii 2020 Dementia Workshops for Caregivers of Persons Living with Memory Loss are made possible by a grant from the Administration for Community Living, U.S. Department of Health and Human Services, given to Catholic Charities Hawaii for the Alzheimer's Disease Program Initiative.

Please help us support this grant by completing this short 5-question pre-test poll. You will be asked to complete the same questions in a post-test at the end of the webinar. All answers are anonymous.

Thank you for your participation!

Sponsored by



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Supported in part by grant No. 90ADPI0011-01-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy. The grant was awarded to Catholic Charities Hawaii for the Alzheimer's Disease Program Initiative.

Zoom Webinar Guide

Q&A: Everyone is muted and in “listen only mode,” but we still want to hear your questions! Please use the Q&A feature to submit your questions. There is the option to ask anonymously if desired.

Chat: If you have any technical issues during the webinar, please use the chat to let us know. Questions regarding content should be submitted through the Q&A feature.

Recording: Today’s webinar is being recorded for future viewing. You will receive a link to the recording after the event.

Slides: Presenter will be sharing PowerPoint slides. You will receive a link to the PDF of today’s slides.

CEUs: There are no CEs for this event. You will receive a printable PDF certificate of completion noting the topic and duration of the webinar.

Caregiver Survey: At the end of this webinar we would like to ask you to fill out a confidential survey. We value your feedback and always want to make improvements!

A G E N D A

What are challenging behaviors?

01

What makes these situations happen?
Examining the 6 pieces of the puzzle.

02

10 human unmet needs

03

It's all about the amygdala

04

Visual, verbal and touch connections

05

Looking at our role and needs

06

When we talk situations,

What are we talking about?

List situations you get asked about:

Crises! Problems! Behaviors!

Examples of Challenging Situations

- No financial/health care Power of Attorney
- Losing Important Things
- Getting Lost
- Unsafe task performance
- Repeated calls and contacts
- Refusing
- Bad mouthing you to others
- Making up stories
- Resisting/refusing care
- Swearing/cursing, sex talk, racial slurs, ugly words
- Making 911 calls
- Mixing day and night
- No solid sleep time or sleeping all of the time
- Not following care/rx plans
- No initiation
- Perseveration
- Paranoid/delusional thinking
- Shadowing
- Eloping or Wandering
- Seeing things and people
- Getting into things
- Threatening caregivers
- Undressing in public
- Not changing clothes or bathing
- Problems w/intimacy & sexuality
- Being rude
- Feeling sick
- Use of drugs or alcohol to cope
- Striking out at others
- Falls and injuries
- Contractures and immobility
- Infections and pneumonias
- Problems eating or drinking

Introduction: Beliefs

- The relationship is MOST critical
NOT the outcome of one encounter
- We are a KEY to make life WORTH living
- People living with **Dementia** are Doing the BEST they can
- We must be willing to CHANGE ourselves

Believe:

It Takes TWO to Tango ... or Tangle

- Learn to DANCE with our partner
We must be willing to STOP & BACK OFF
- Being 'right' doesn't necessarily translate into a good outcome

Why Is Life So Difficult for Those Involved?

MANY abilities are affected

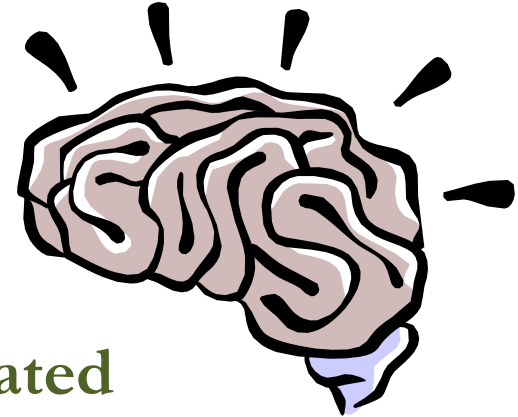
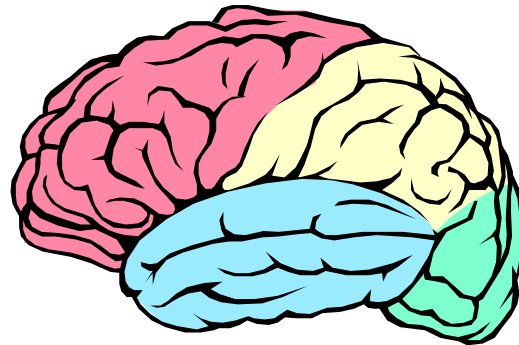
- Thoughts
- Words
- Actions
- Feelings

It is progressive...

- More brain dies over time
- Different parts get hit
- Constant changing

It is variable

- Moment to moment
- Morning to night
- Day to day
- Person to person
- Place to place



Some changes are predictable BUT complicated

- Specific brain parts
- Typical spread
- Some parts preserved

Understanding and Responding to Challenging Situations and Unexpected Behaviors

What is happening?

Why is it happening?

What helps?

What Makes it WORSE/BETTER?

What can we do to MAKE IT BETTER?

How can we PREVENT it in the first place?

LOOK AGAIN –

What Makes SITUATIONS Happen?

- SIX pieces...

- **The Person:**

- The person and who they have been
- Personality, preferences, and history

- **Health, Wellness, and Fitness:**

- Other medical conditions, sensory status, and medications

- **Brain Changes:**

- The type and level of cognitive impairment ... NOW

- **The Stakeholders:**

- People - How the helper helps
- Approach, behaviors, words, actions, and reactions

- **The Environment:**

- setting, sound, sights

- **Time:**

- The whole day... how things fit together

The Person

Think of the person first and the brain change second. Consider:

- Who they were

Personal history: joys/traumas

Life Roles: professional/family

- Who they are becoming

Preferences: likes/dislikes

Personality traits

Core values

Fitness, Health, Wellness

Remember other health challenges and previous lifestyle choices contribute to the situation. Consider:

- Ability to intake food/fluid
- Medication/supplement side effects
- Emotional/psychological stressors
- Sensory system function/sensitivity
- Personal healthy beliefs/choices
- Recent change: acute illnesses

Brain Change

Dementia is a syndrome, a collection of symptoms.

Consider:

- Diagnosed type(s) of dementia
- Delirium might present as dementia
- Self-awareness of change
- Onset and duration of Symptoms
- Current GEMS™ ability level
- Retained and changed abilities

Stakeholders

All individuals who interact with a person living with dementia (PLWD). Consider their:

- History with PLWD
- Awareness of the *whole* situation
- Knowledge of a changing brain
- Hands on dementia skill training
- Current relationship with PLWD
- Personal Agenda

Environment

Brain change impairs the nervous system and affects experience.

Consider the four Fs and Ss of a setting:

- Does it feel **F**riendly and **F**amiliar?
- Is it **F**unctional and **F**orgiving?
- Sharing **S**pace: Am I comfortable with public, personal, and intimate interaction?
- Response to **S**ensation: What happens when I see, feel, hear, smell, or taste something?
- Sensitivity to **S**urfaces: Notice responses to textures I touch, stand, or walk on.
- **S**ocial experiences: As my tolerance changes expectations of me will need modifying

Time

Are days structured and meaningful for a person? Notice if someone is experiencing time differently than you are. Consider these categories of time:

- Productive: offers value and purpose
- Leisure: preferred, fun and playful
- Wellness: gives self-care
- Restorative: calms and recharges
- Waiting: not natural or comfortable
- Where or What: becomes curious about a person's experience of place and time of day



Top Ten Unmet Needs of People Living with Dementia



Five Expressions of Emotional Distress

Angry

irritated – angry – furious

Sad

dissatisfied – sad – hopeless

Lonely

solitary – lonely – abandoned/trapped

Scared

anxious – scared – terrified

Bored

disengaged – bored – useless

Five Physical Needs

Intake

hunger or thirst

Energy

tired or revved up

Elimination

need to go or did

Discomfort

temperature or sensations

PAIN!!!

joints, internal or external systems

To Communicate...

When Someone is DISTRESSED

**First – CONNECT with the Positive
Physical Approach**

Then – Try Supportive Communication

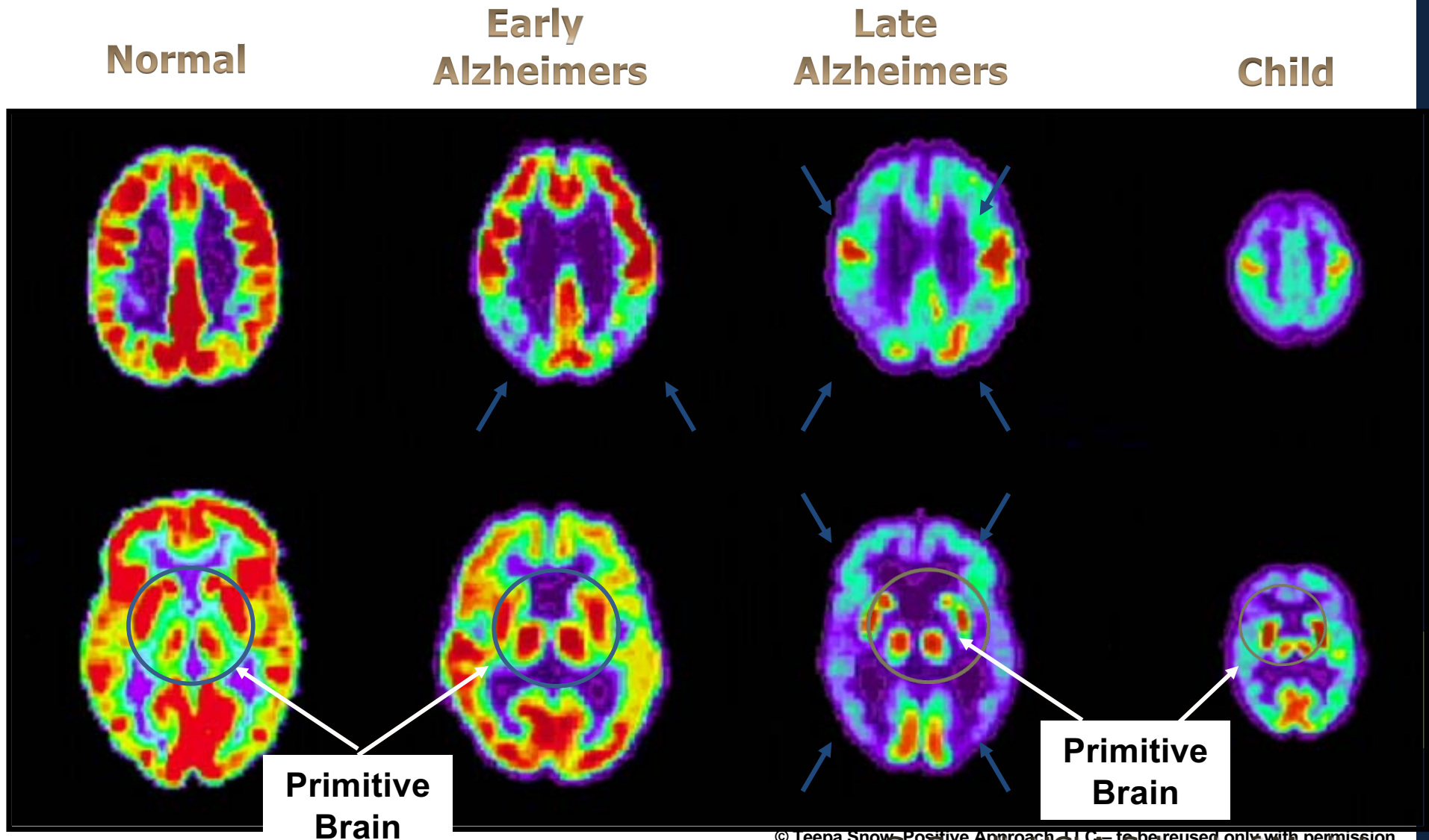
Finally – Move together to a NEW place

For ALL Communication

- If what you are trying is NOT working...
- STOP
- Back off
- THINK IT THROUGH... THEN
- Re-approach –
- Try something slightly different

Positron Emission Tomography (PET)

Alzheimers Disease Progression vs. Normal Brains



Primitive Brain is in Charge of:

Survival –

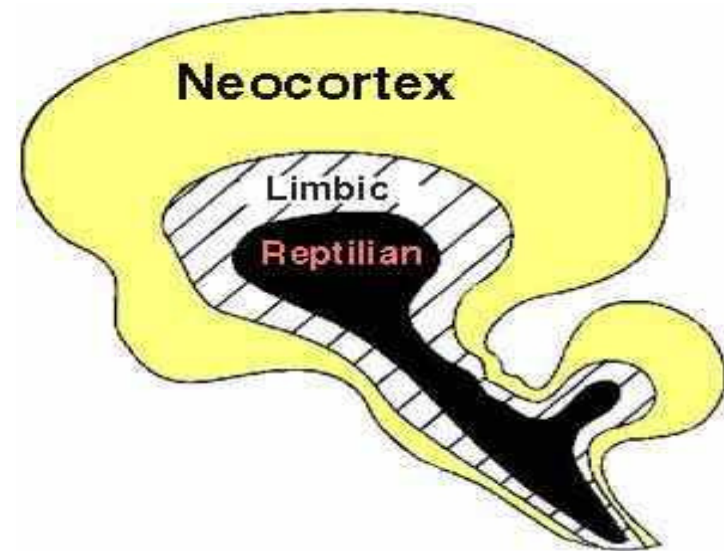
- Autonomic protective – fright, flight, fight
- Pleasure seeking – needing joy

Thriving – Running the Engine

- Vital systems
- Wake-sleep
- Hunger-thirst
- Pain awareness and responses
- Infection recognition & control

Learning New and Remembering it

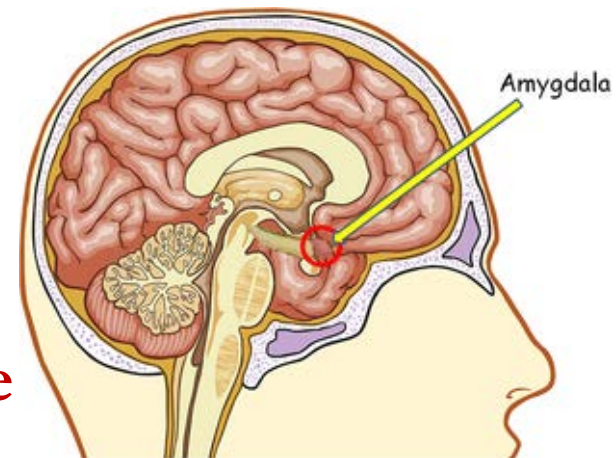
- Information
- Places Awareness
- Time Awareness



It's all about our AMYGDALA

The Amygdala:

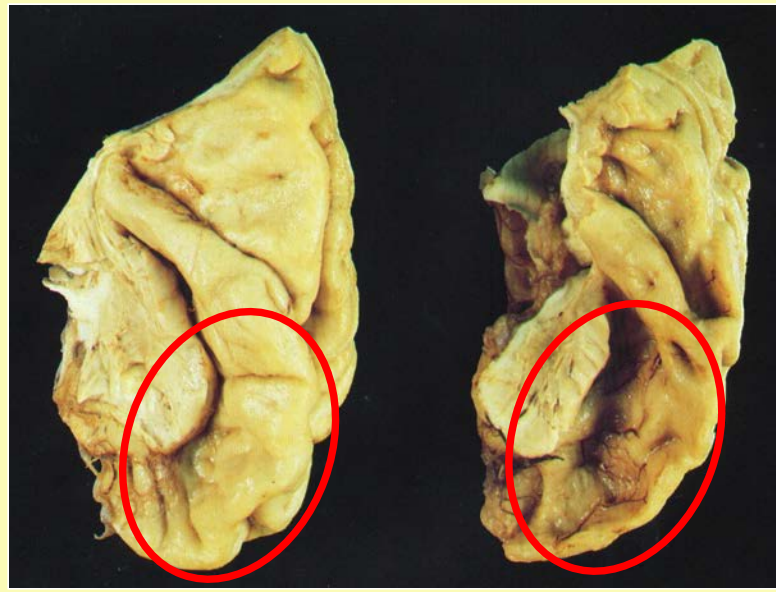
- Part of our Limbic System
- Threat perceiver
- Pleasure Seeker
- Part of the *engine* controlled by the Neo-Cortex
- Two parts – left and right
 - Left Amygdala –
 - Right Amygdala –



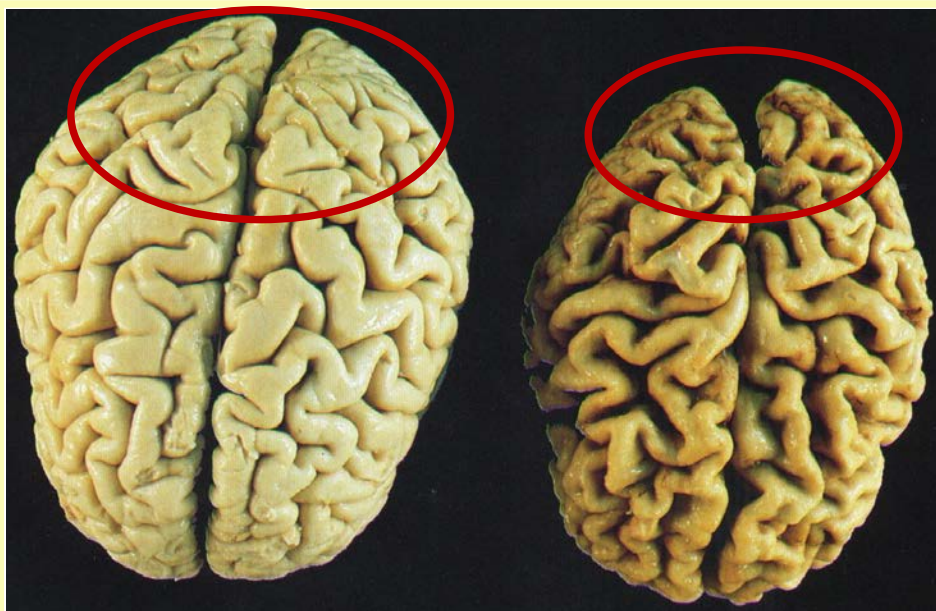
Amygdala in Control

When your
primitive brain
takes over...

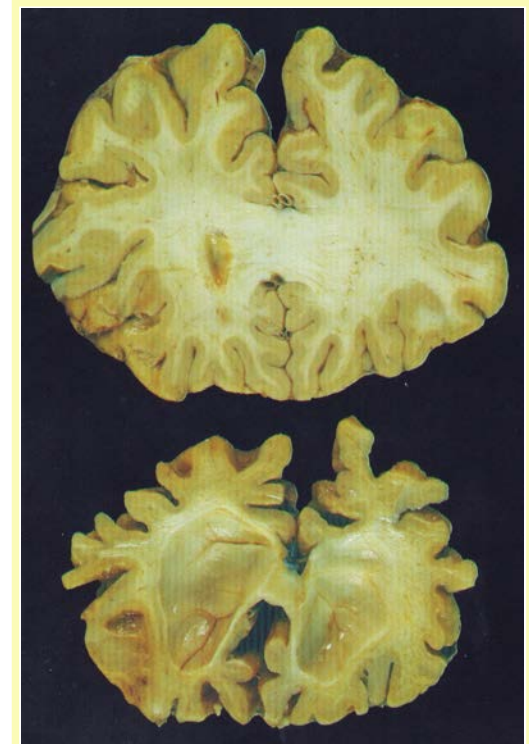
Left
Temporal
Lobe-
Language
and
Speech



Frontal Prefrontal
Cortex-
Emotions,
Behavior,
Judgement,
Reasoning



Occipital
Lobe-
Tunnel
Vision



DANGER!

Left Amygdala turns ON

and.....

Fight, Flight, Fright

**When I'm *HURTING...*
I Need *RELIEF***

Right Amygdala turns ON

and.....

I NEED IT NOW!!!

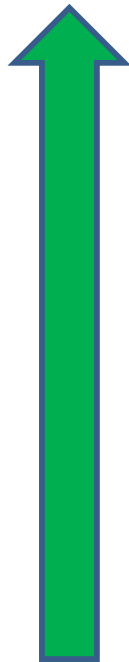
Amygdala

Right

NEED

Want

Likes



Left

DANGEROUS

Aroused/ Risky

Alert/ Aware



Visual Verbal Touch:

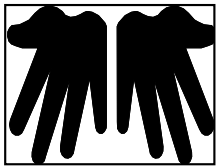
How you help... connect



● **Sight or Visual cues**



● **Verbal or Auditory cues**



● **Touch or Tactile cues**

Confrontational

If we stay standing in the front instead of moving to the side we can accidentally be perceived as confrontational. The person may feel trapped and threatened.

If we lean in closer so we can be seen clearly, it can feel like you are confronting them and is unsettling.



...vs Supportive Stance

You are not blocking their visual field and they don't feel trapped.



Visual Cues

- Signs
- Pictures
- Props – Objects
- Gestures
- Facial expressions
- Demonstrations

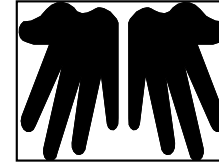


Verbal Cues



- Keep it simple
- Directed
- Matched to visual cues

Touching Cues



- Place an item or tool in hand
- Touch with a finger or hand
- Hand guidance
- Hand on shoulder or back
- Hand-under-Hand™ contact
- Hug

True or False?

- False** When communicating with someone living with dementia, using reality orientation is an effective strategy.
- True** A common mistake care partners make is trying to get the person with dementia to understand the facts as they see them.
- True** Without realizing it, care partners can be perceived by the person with dementia as being confrontational through body language and positioning.
- True** In order to survive, there are 5 basic physical needs that must be met: (1) hunger/thirst, (2) wake/sleep cycles and rest, (3) elimination, (4) comfort/personal preferences, and (5) pain relief.
- False** As a care partner, it is important to point out what the person living with dementia is doing wrong.

GEMS™ States...

Where is the Person in the progression?

Sapphires – True Blue – Slower BUT Fine

Diamonds – Repeats & Routines, Cutting

Emeralds – Going – Time Travel – Where?

Ambers – In the moment - Sensations

Rubies – Stop & Go – Big Movements

Pearls – Hidden in a Shell - Immobile



How do you go between Sapphire and Diamond?



Your triggers for GOING DIAMOND...



Your strategies for REGAINING SAPPHIRE...

When we don't have the help we need, we tend to...

- We miss early signals
- We ignore it or put up with it
- We see if it gets worse
- We worry
- We react or over-react instead of responding

Who are the stakeholders?

YOU...

AND OTHERS

The Stakeholders

- People around the person living with dementia
- Staff
- Friends
- Family
- Everyone who might have an impact

What should stakeholders avoid???

- Arguing
- Ignoring problem behaviors
- Trying a possible solution only once
- Giving up
- Letting them do whatever they want to
- Forcing them to do something

So WHAT should we do???

Build... and use Skills!

Remember... who has the healthy brain!

Believe... People with dementia are doing The BEST they can in any given moment!

Remind others...

you WILL make mistakes

Learn to recognize Your UH-OH's!

STOP what you are doing!

Back OFF & Re-think!

Possibly Change Something

Try Again!

Let it go...

FORGIVE Yourself! – You are HUMAN!

GET HELP!

- Support for YOU
- Help with the person
- Check out options – home care, day care, residential care
- Check out places – visit, observe, reflect
- Plan ahead – **when NOT if**
- Act before it is a crisis
- Watch yourself for signs of burn-out
- Set limits... It's a marathon!

Specifically for Care Partners of Someone Living with Dementia

- You need HELP
 - From someone who understands
- You need TIME
 - Truly away—physically, emotionally and spiritually
- You need to try to LISTEN!!!

Let Go:

- How it “used to be”
- How it “should be”
- How you “should be”
- I am who I was, but I’m different!

Identify

- What you're good at...and what you're not
- Who can help...and how they can help
- What really matters
- Not EVERYONE is meant to be a care partner for someone with dementia!

Teepa Snow and Leona



Upcoming Webinar

Thursday, November 5, 2020 • 10-11:30 am HST

End of Life Care and Letting Go: Providing Care in the Final Stages of Dementia

NEW! Tuesday, November 10, 2020 • 10-11:30 am HST

SPECIAL Follow-up to Nov 5th session

Advanced Care Planning and Dementia: Kokua Mau

Thursday, November 12 2020 • 10-11:30 am HST

Dining with Dementia: Techniques to Bring Joy to the Table

You will receive an email link to register for this webinar.

Thank you!

Thank you so much for your desire to learn and your commitment to making a positive difference!

Please also help us support this grant by completing a short anonymous demographic and quality survey after this webinar. Your feedback is important to us, and helps us to keep providing these free educational events to our community.

To learn more about the Hawaii Circle of Care for Dementia visit,
www.catholiccharitieshawaii.org/dementia/

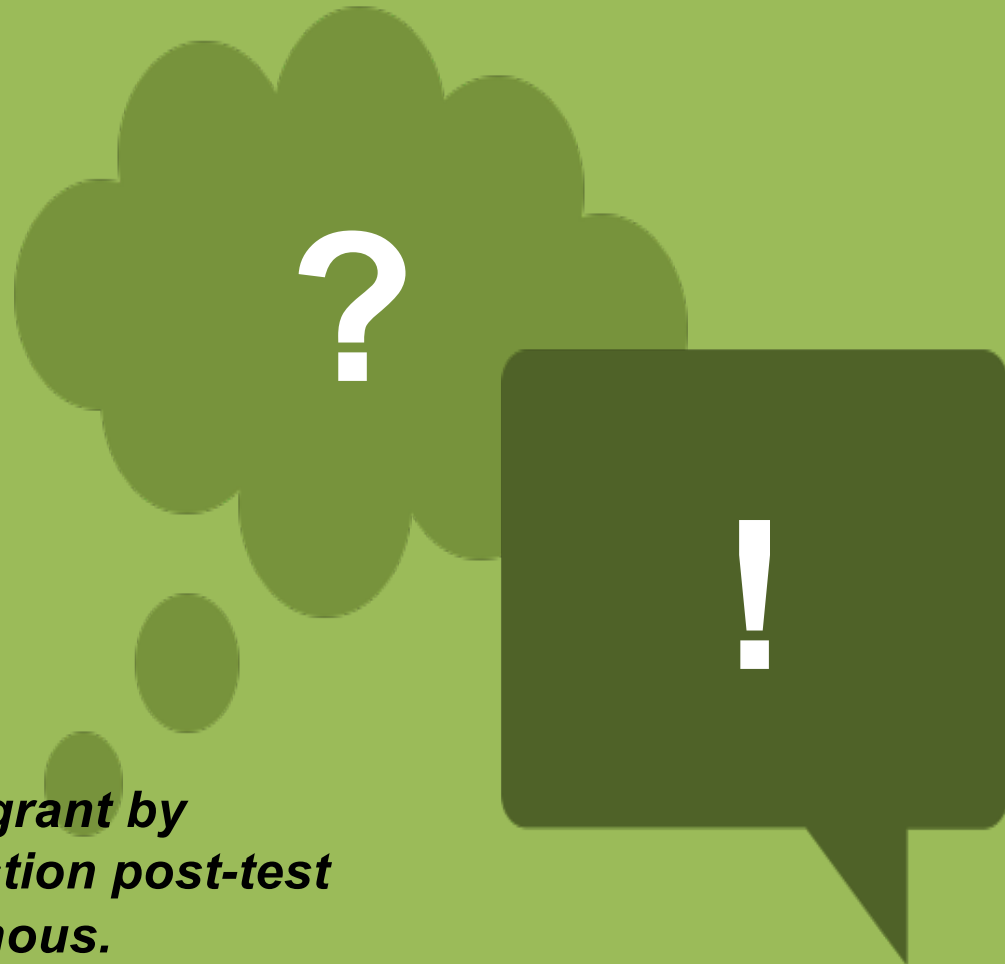
Visit www.halekuike.com learn about future Positive Approach to Care (PAC) workshops!

To learn more about PAC visit www.teepasnow.com



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Q&A



Please help us support this grant by completing this short 5-question post-test poll. All answers are anonymous.

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