Working with Aging Populations

On this squirrel scale, how do you feel today?

Who Are We?

Meet Your Trainers

Who Are We?

Debby Dodds, M.S.

- Gerontologist
- Partner Generation Connect
- UMB MAS Professor – Gerontology

GENERATION CONNECT

Who Are We?

Bethany Osgood

- Planning and Resources Director, Tribal Liaison for ALTCEW
- NREMT/FF/Resource Officer Pend Oreille Fire Dist. #2

Aging & Long Term Care of Eastern Washington

Jenni Jones

- Community Planning and Program Coordinator
- Board member, Long-Term Recovery Group for the Medical Lake and Elk Fires

Aging & Long Term Care of Eastern Washington

Tara Hill Matthews

- Dementia Resource Catalyst/Educator for ALTCEW

Aging & Long Term Care of Eastern Washington

Acknowledgement

- Our collective team, panel of subject matter experts, and content contributors wants to share that we present the best materials that we have gathered in our presented curriculum. Our positive intent is to provide education, awareness, diverse tools, and knowledge to work with the diverse aging and disabled population in our communities. We recognize that some of the materials can be sensitive and cause emotions to rise. We ask for grace and to keep an open and positive mind while learning with us today. Thank you for your time, commitment, and the opportunity to improve health outcomes for our neighbors, family, friends, loved ones, clients, patients.

Aging & Long Term Care of Eastern Washington

Aging & Long-Term Care

- Our **vision** is to provide the best home and community-based services to support healthy living and aging in place
- **Help** older adults and adults living with disabilities age at home
- **Serve** Ferry, Stevens, Pend Oreille, Spokane and Whitman counties
- **Provide** Resources and Assistance to age in place with dignity and grace.

"Discover the resources you need to plan, prepare for, and support living independently for as long as possible."

Aging & Long Term Care of Eastern Washington

ALZHEIMER'S ASSOCIATION

Building Dementia-Capable Communities

- This grant is provided by the Dementia Action Collaborative (DAC) and supported by ALTSA
- Provide direct and indirect education, supportive services and referrals
- Create a “Dementia Friendly” community
- Collaborate monthly on community work groups
- Educate the public to recognize the 10 warning signs of Alzheimer's
- Encourage early detection and intervention
- Support care partners
- Provide education and resources for providers and the community
- Strengthen partnerships and support our aging and disabled populations
- Build resources so care partners can find the right care at the right time

Spokane Regional Dementia Friendly Community (DFC)

- This group, made up of volunteers throughout the community, strives to create an equitable and inclusive community that is safe and supportive for people living with dementia and their care partners.
- You can become a member of the Spokane Area DFC by visiting:

  Spokane Area Dementia Friendly Community - Aging & Long Term Care of Eastern Washington (altcew.org)

Today's Training

Training Topics

- Aging: Effects and Considerations
- Understanding Dementia
- Working with People Living with Dementia
- Communication
- Assessing the Situation
- Working with Care Partners and Families
- Cultural Considerations
- Statewide Resources
- Review

Introducing “Janie’s Training”

- Dementia training for all first responders and health care professionals
- In honor of:
  - Janie Osgood, who passed away from Alzheimer’s in October of 2023
  - Diane Hernandez, who inspired agency changes to their patient care forms and communication in real time to care partners during a dementia crisis
    - These patient care forms and changes will recognize the need to know how to contact care partners of those living with dementia during a crisis, before, during and after transport.

Aging

Effects and Considerations

Learning Objectives

After this section, you will be able to:

- Understand the general journey of aging
- Define ageism and list types of ageism
- List the physical effects and diseases of old age
- Discuss considerations of emergency geriatric care

Old Age

Definition of Old Age:

- Chronological age, typically beginning around 65 years.

Physiological Changes:

- Gradual decline in organ function.
- Reduction in muscle mass and bone density.

Cognitive Changes:

- Variations and possibility of cognitive decline

Psychological Aspects:

- Adjustment in cognitive processes and memory.

Social Dynamics:

- Transitions in roles and relationships.
- Potential for social isolation or loneliness.

Changes in the Aging Journey:

Changes in Pace:

- Individuals may experience a gradual slowing down as part of the aging process.

Reluctance to Admit Illness:

- Feel hesitant or embarrassed to disclose sickness or symptoms of a disease.

Diverse Aging Norms and Expectations:

- Aging introduces unique norms and expectations that vary among individuals.

Encouraging Open Dialogue:

- Foster an environment that promotes open conversations about health and unique aging experiences.

The Experience of Aging

Laughter can be a powerful tool
Humor lightens serious subjects, helping to navigate health issues with resilience.

- Alleviate stress
- Reduce tension
- Foster a positive outlook on life
- Serve as a coping mechanism

But Ageism is not Funny

Ageism refers to:

- The stereotypes (how we think),
- Prejudice (how we feel) and
- Discrimination (how we act)
- Toward others or oneself based upon age.

[Ted Talk: Let's End Ageism]

AGEISM AWARENESS DAY
OCT. 7
2023

Ageism

Internalized ageism

- How we feel about ourselves as aging people
- Ageism in which older adults marginalize and discriminate against other older people
- *Example:* I'm too old to learn how to use Zoom

Cultural ageism

- Everyday, invisible, profoundly ingrained and normalized negative messages about aging and old people
- Embedded in movies, TV, songs, jokes, etc.
- *Example:* "There was an Old Lady who Swallowed a Fly"

Ageism Fact Sheet

Ageism

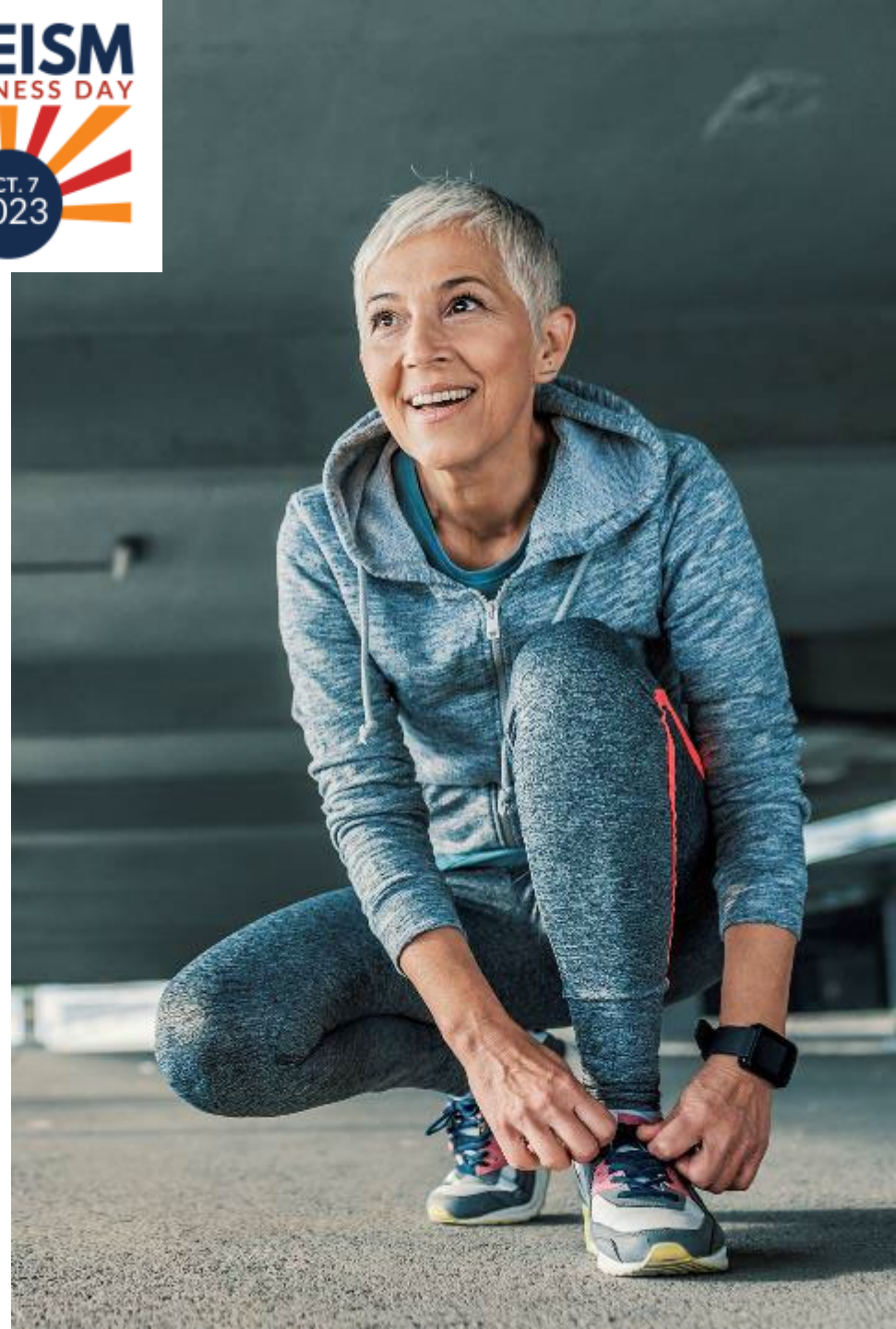
Implicit ageism

- Unconscious bias that includes attitudes, feelings and behaviors toward people of other age groups
- Operates without conscious awareness or intention
- *Example:* Expecting a younger person to be less skilled or capable

Benevolent ageism

- Patronizing, paternalistic beliefs or behaviors that older people need to be protected and taken care of by younger people, because they are no longer able to make decisions for themselves.
- *Example:* Speaking louder or slower to an older person

Ageism Fact Sheet



Physical Effects of Aging

Mobility

- Older clients may experience falling, stumbling, or loss of balance and equilibrium.
  - Falls are the leading cause of fatal and non-fatal injuries for older Americans.
  - Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall.
- They may also have less flexibility, arthritis, or loss of bone and muscle mass

Physical Effects of Aging

Sensory Loss

- Not having hearing aids, glasses or other sensory aids can exacerbate conditions like dementia.
- If you are leaving the home, make sure to collect these aids.

Environmental Concerns

- As we age, we tend to be more susceptible to heat and cold.
- We also may have a loss of appetite.
- Loss of bowel control, incontinence, drooling or having weeping eyes are common as we age.

Physical Effects of Aging

Medications

- Look for things like interactions, symptoms related to missed dosages/duplicated dosages, etc.

Airway Concerns

- Be careful if you need to intubate or insert an IV
- As we age, our skin can become thinner and more brittle
- Swallowing and vomiting can be a concern in palliative care
  - Suction is important

Diseases Common Among Older Adults

Alzheimer's and Dementia

- Approach with empathy and patience.
- Communicate effectively; involve caregivers in care decisions.

Parkinson's

- Be aware of tremors, stiffness, and balance issues.
- Provide support and assistance as needed.

Diseases Common Among Older Adults

Arthritis

- Don't assume mobility/flexibility.
- Be attentive to individual needs and adapt care accordingly.

Heart Disease

- Pay attention to signs and symptoms of heart issues.
- Be prepared to administer appropriate interventions.

Stroke

- Recognize signs promptly; time is crucial.
- Prioritize quick response and transportation to stroke care facilities.

Diseases Common Among Older Adults

Respiratory Conditions

- Administer oxygen when necessary.
- Monitor for chronic conditions.

Diabetes

- Assess and treat hypoglycemia or hyperglycemia.
- Be aware of the potential impact on overall health.

Dehydration and Malnutrition

- Assess risk; provide appropriate fluid and nutritional support.
- Consider factors such as medications affecting hydration.

Emergency Geriatric Care Considerations (physical)

1. **Cardiovascular Health:** Prone to heart-related issues.
2. **Medication Management:** Multiple medications?
3. **Fall Risk and Injuries:** Assess for fractures and head injuries.
4. **Respiratory Conditions:** Assess for respiratory distress and administer oxygen therapy when necessary.
5. **Neurological Conditions:** Assess for signs of stroke and dementia.
6. **Diabetes Management:** Assess and treat hypoglycemia or hyperglycemia.
7. **Dehydration and Malnutrition:** Assess and provide appropriate fluid and nutritional support.

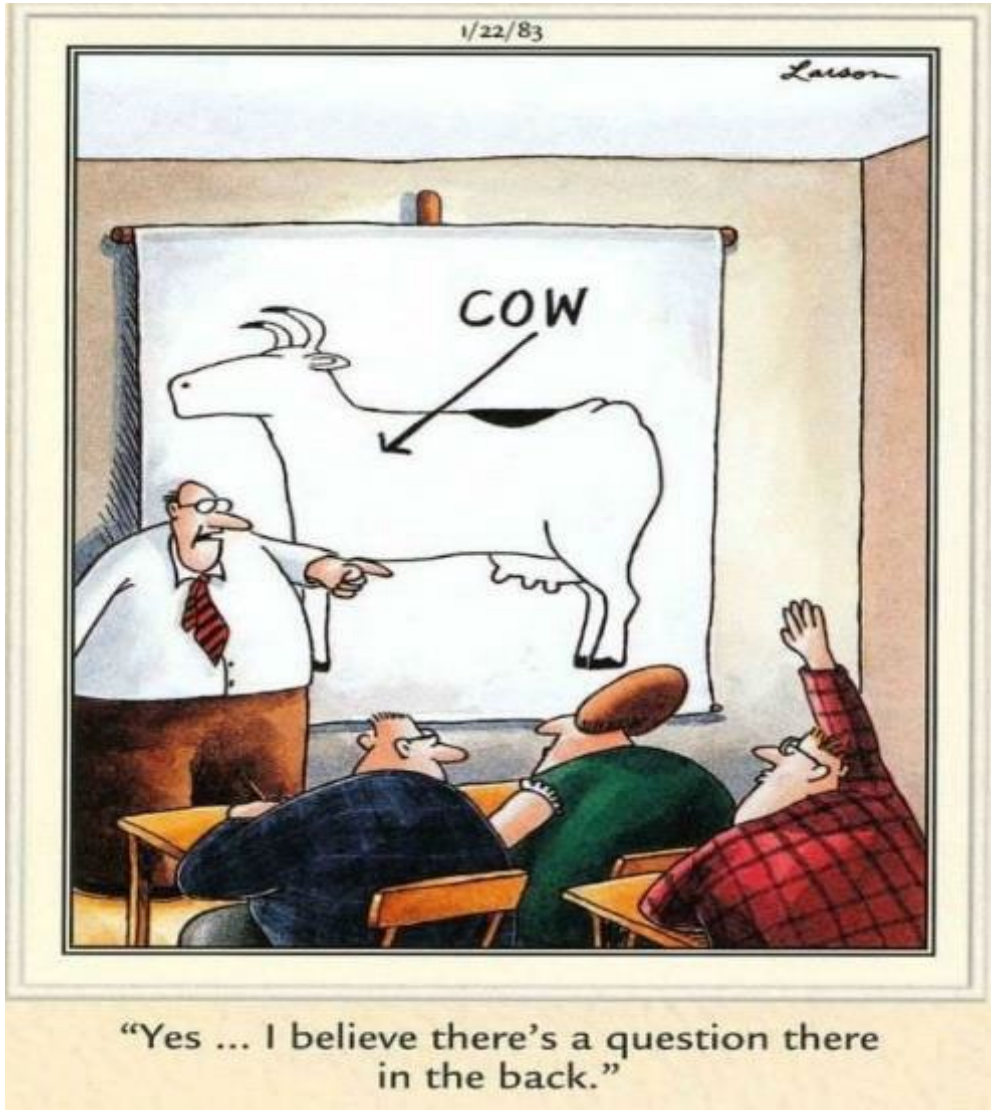
Emergency Geriatric Care (Psychological)

1. **Communication Challenges:** Use clear and simple language and consider the potential impact of sensory impairments on patient assessment.
2. **Psychosocial - Isolation, Depression, or Anxiety:** Assess patients with empathy and consider their emotional well-being.

NOTE

- **Advanced Directives and End-of-Life Care:** Be aware of any advance directives or do-not-resuscitate (DNR) orders.
- **Rural and Diverse Communities** – often times the health disparities are greater for these communities

Questions?


1/22/83
Larson
COW
"Yes ... I believe there's a question there in the back."

Understanding Dementia

Alzheimer's Disease and Related Dementias (ADRD)

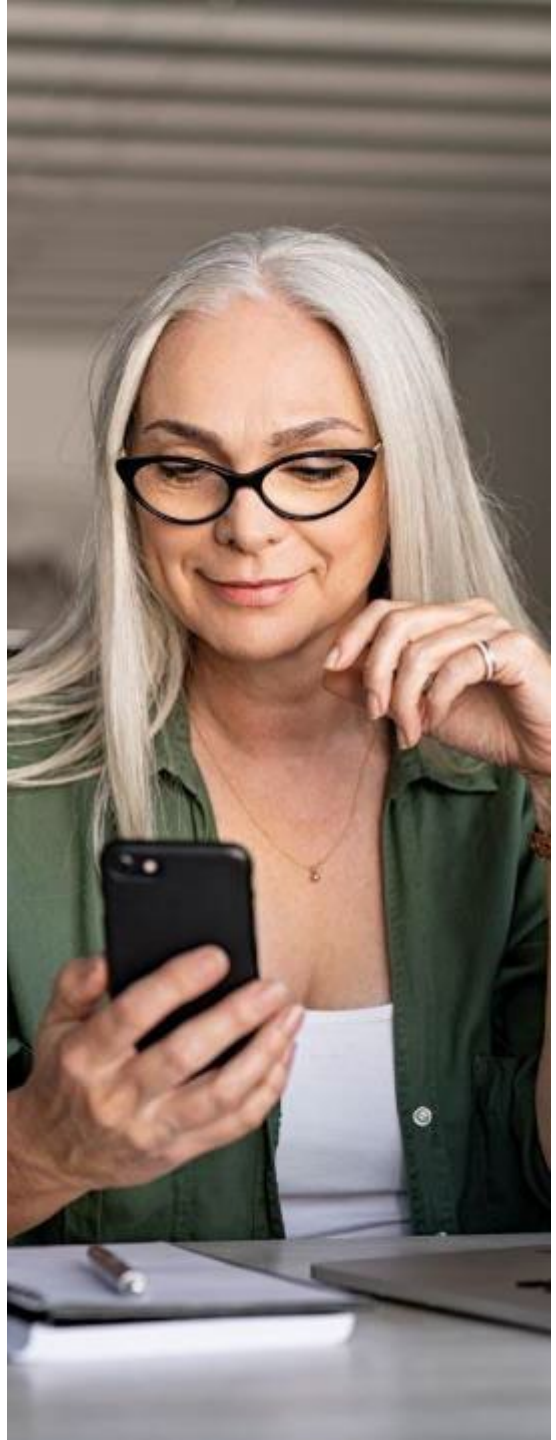
Learning Objectives

After this section, you will be able to:

- Define dementia
- Articulate the difference between Alzheimer’s disease and dementia
- List the warning signs of dementia
- Understand the symptoms of dementia
- Explain how each type of dementia affects the mind and body

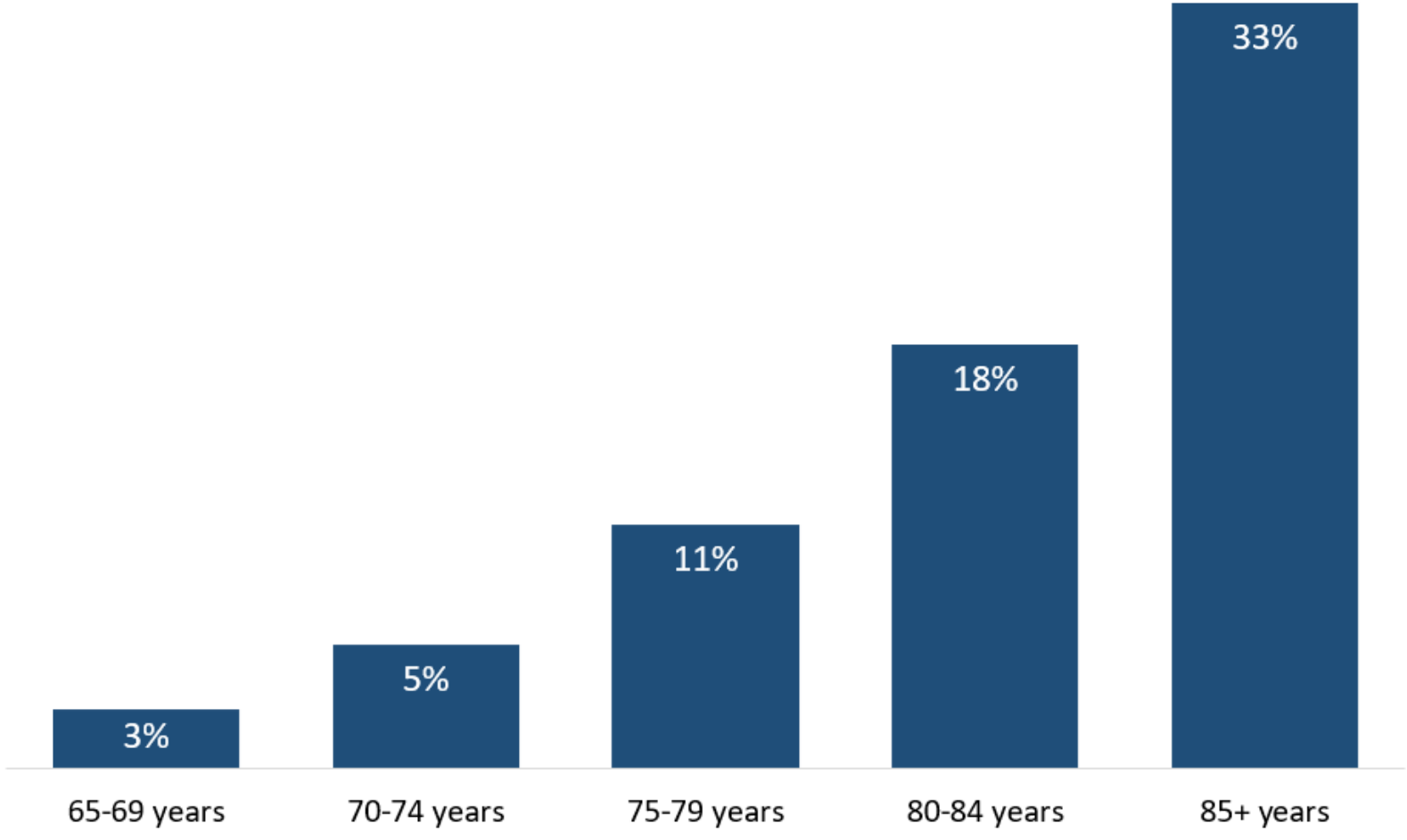
Living Well With Dementia

"I'm Still Me" Myriam's story – YouTube



Risk of Dementia Increases with Age

Among 2018 Washington State Medicare Beneficiaries Age 65+

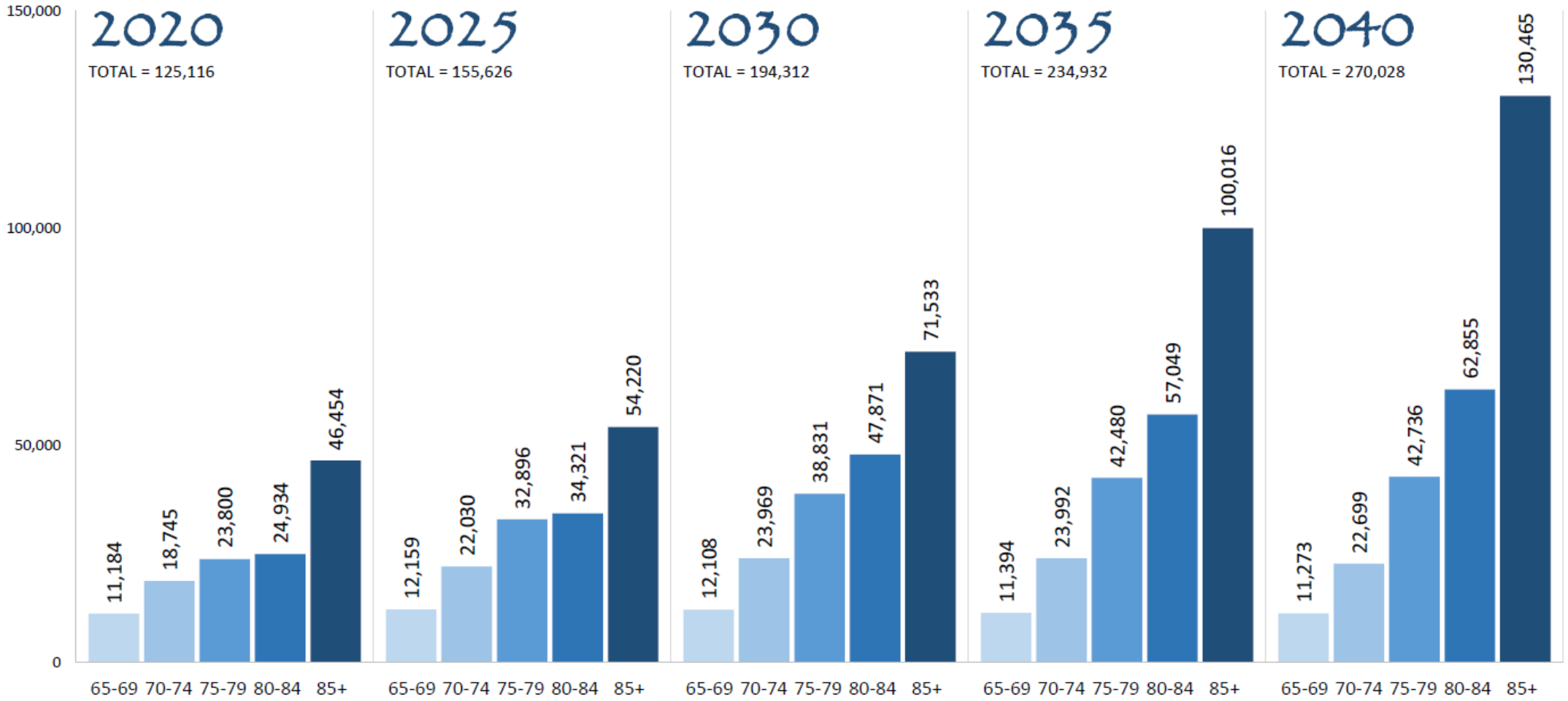


Washington State Department of Social & Health Services
Transforming lives

SOURCE: DSHS Research and Data Analysis, Integrated Client Databases.

Forecast Number of Persons with Dementia

Among Washington State Residents Age 65+



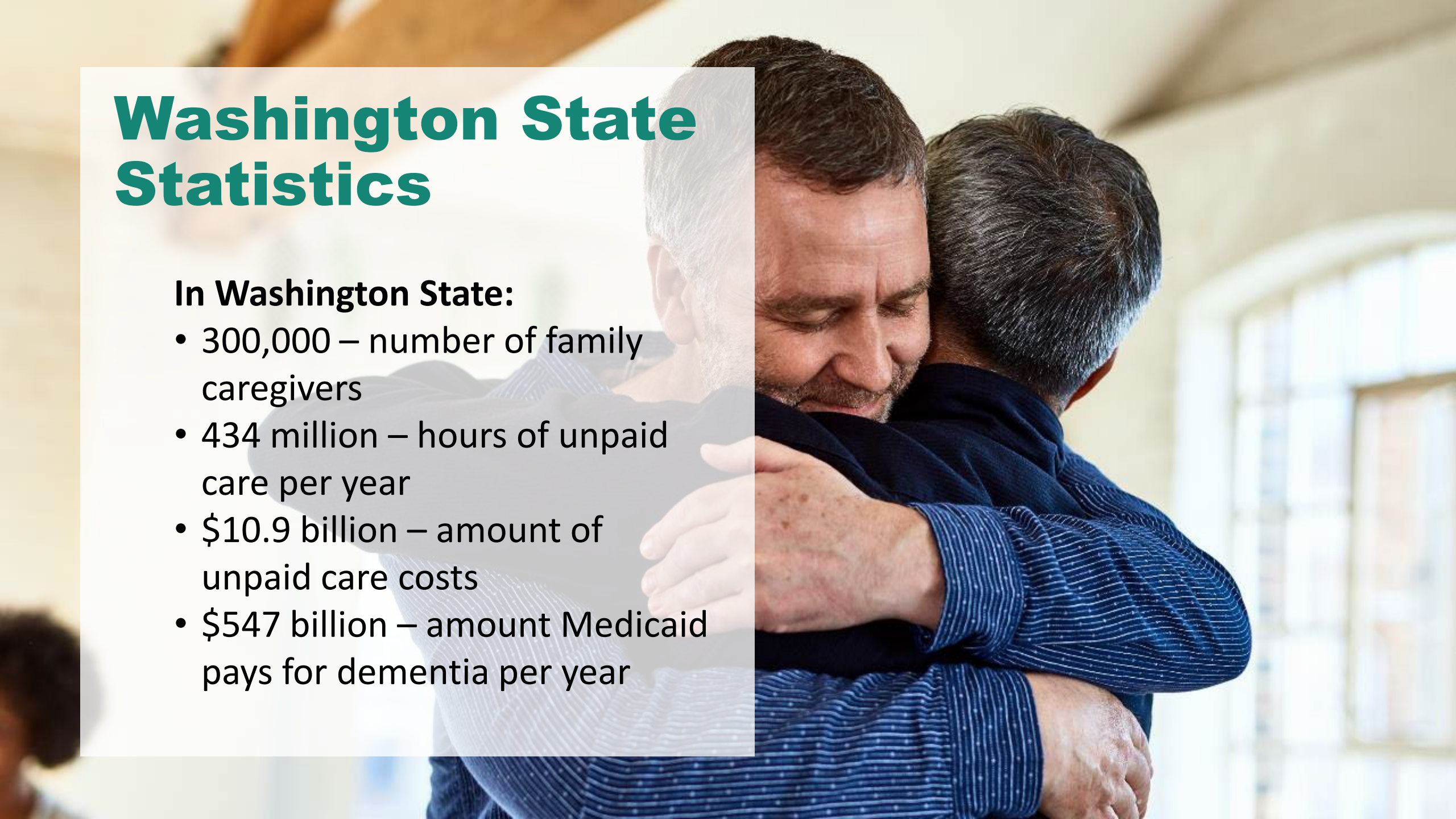
Washington State Department of Social & Health Services
Transforming lives

SOURCE: Long-term forecasts of dementia prevalence are based on observed prevalence rates for Washington State Medicare beneficiaries and detailed OFM forecasts of state population change through 2040.

Washington State Statistics

In Washington State:

- 300,000 – number of family caregivers
- 434 million – hours of unpaid care per year
- $10.9 billion – amount of unpaid care costs
- $547 billion – amount Medicaid pays for dementia per year



What is Dementia?

Dementia is:

CDC

A general term for the impaired ability to remember, think, or make decisions that interfere with doing everyday activities – CDC

ALZHEIMER'S ASSOCIATION

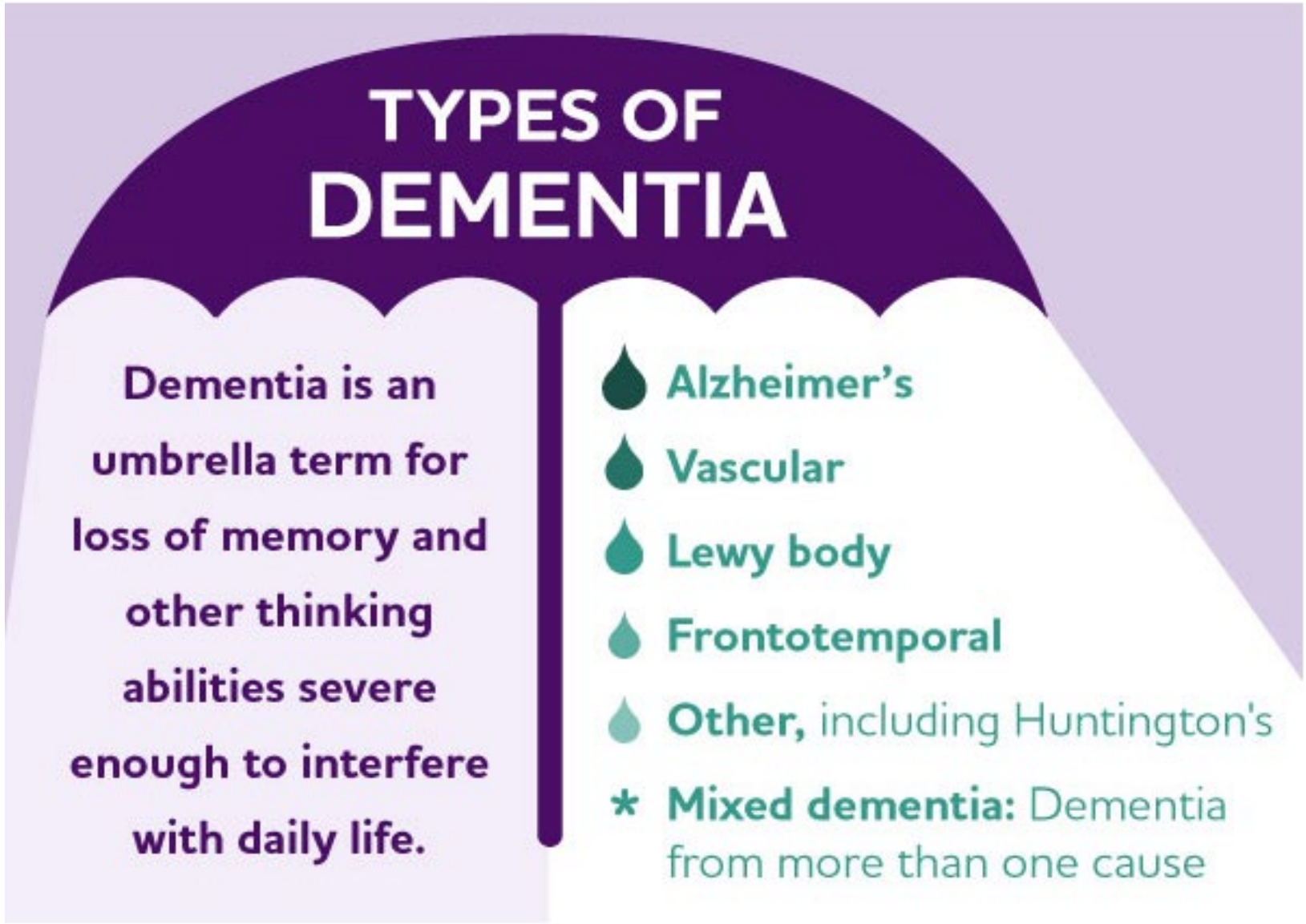
A general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. – Alzheimer's Association

A set of symptoms which includes loss of memory, mood changes and problems with communication and reasoning. – Purple Angels

Alzheimer's Society

A set of symptoms that over time can affect memory, problem-solving, language and behaviour. – Alzheimer's Society

What is Dementia?



What is Dementia?

Dementia Is:

- A specific disease symptom
- A medical condition
- A progressive illness
- A disease that can last from 8-15+ - years

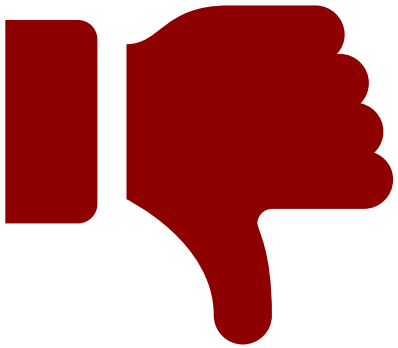
Dementia Is NOT:

- Another word for Alzheimer’s
- A death sentence
- A normal part of aging
- A mental health diagnosis, but it is a disorder of the brain that can affect mental health.

Terminology to Use

- **ADRD** - Alzheimer's disease and related dementias
- **PLWD -** Person/People Living With Dementia
- **Care Partner** - A person helping complete day-to-day tasks for PLWD
- **Alzheimer's disease** - A type of dementia that affects memory, thinking and behavior
- **Anosognosia** - PLWD can be unaware or in denial of their disease – this may not change
- **Early onset dementia** - Begins before 65
- **Cognitive Brain Disease**

Terminology to Avoid



- **Demented**
- **Dementing illness**
- **Affliction**
- **Victim/sufferer**
- **Senile/senile dementia**
- **Derogatory slang expressions** - Like “not all there” or “vacant”
- **Burden/burden of caring**
- **Crazy, violent, or neglectful**

The Alzheimer's Association 10 Warning Signs

1. Memory loss that disrupts daily life	6. New problems with words in speaking or writing
2. Challenges in planning or solving problems	7. Misplacing things and losing the ability to retrace steps
3. Difficulty completing familiar tasks	8. Decreased or poor judgment
4. Confusion with time or place	9. Withdrawal from work or social activities
5. Trouble understanding visual images and spatial relationships	10. Changes in mood and personality

Signs of Normal Aging

1. Sometimes forgetting names or appointments, but remembering them later
2. Making occasional errors when managing finances
3. Occasionally needing help to record a TV show
4. Confusion about the day of the week, but figuring it out
5. Vision changes related to cataracts
6. Sometimes having trouble finding the right word
7. Misplacing things and being able to retrace steps
8. Making a mistake occasionally
9. Sometimes feeling uninterested in social events
10. Developing specific ways of doing things and becoming irritable when a routine is disrupted

Changes With Dementia in the brain

- Over time the brain tissue begins to deteriorate, shrink, and cells die.
- Cognitive Symptoms increase
- Functional and Motor Symptoms decrease
- Behavioral and Emotional Symptoms increase
- Autonomic functions decrease

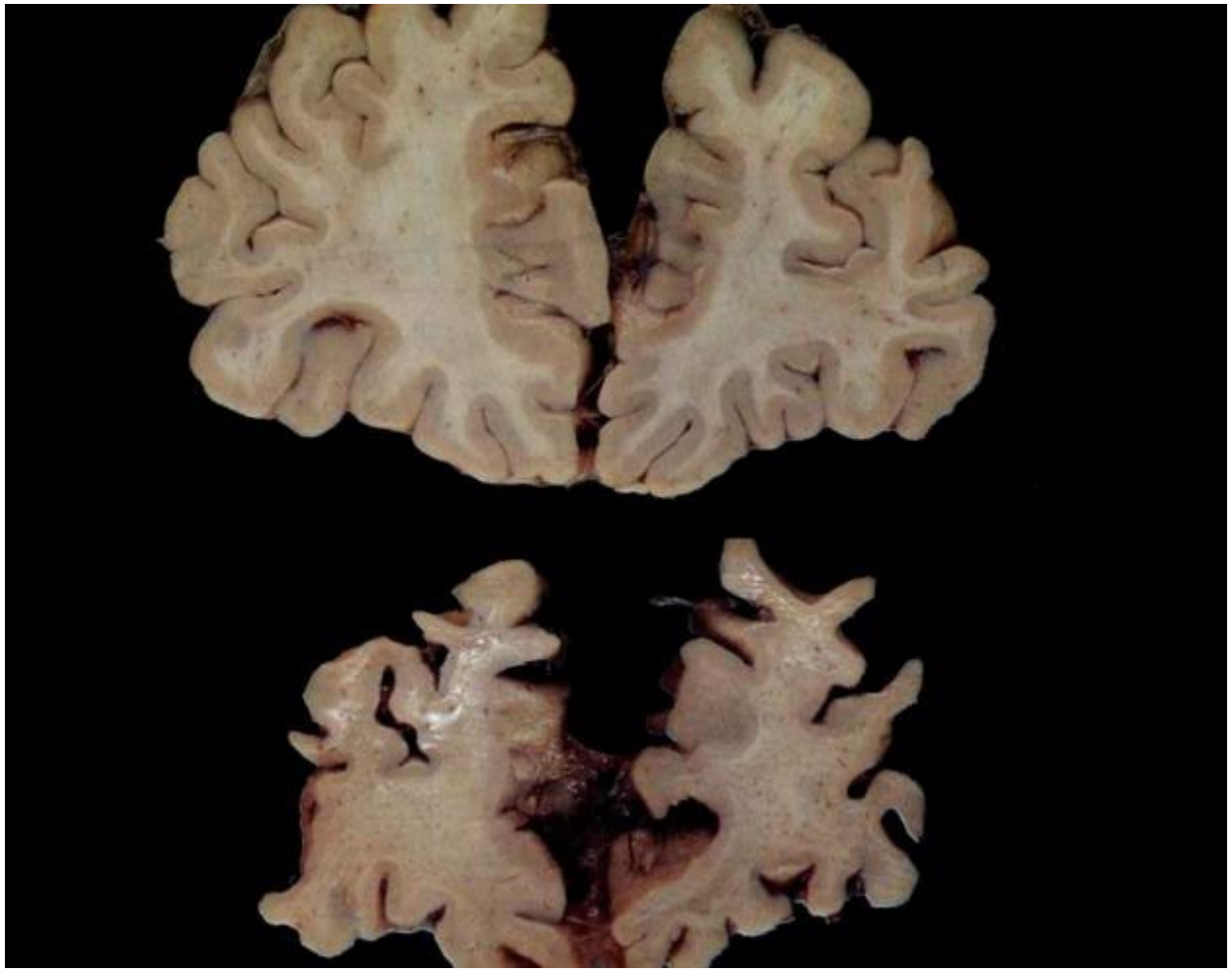


Image from Dr. R. E. Powers

Symptoms - Cognitive

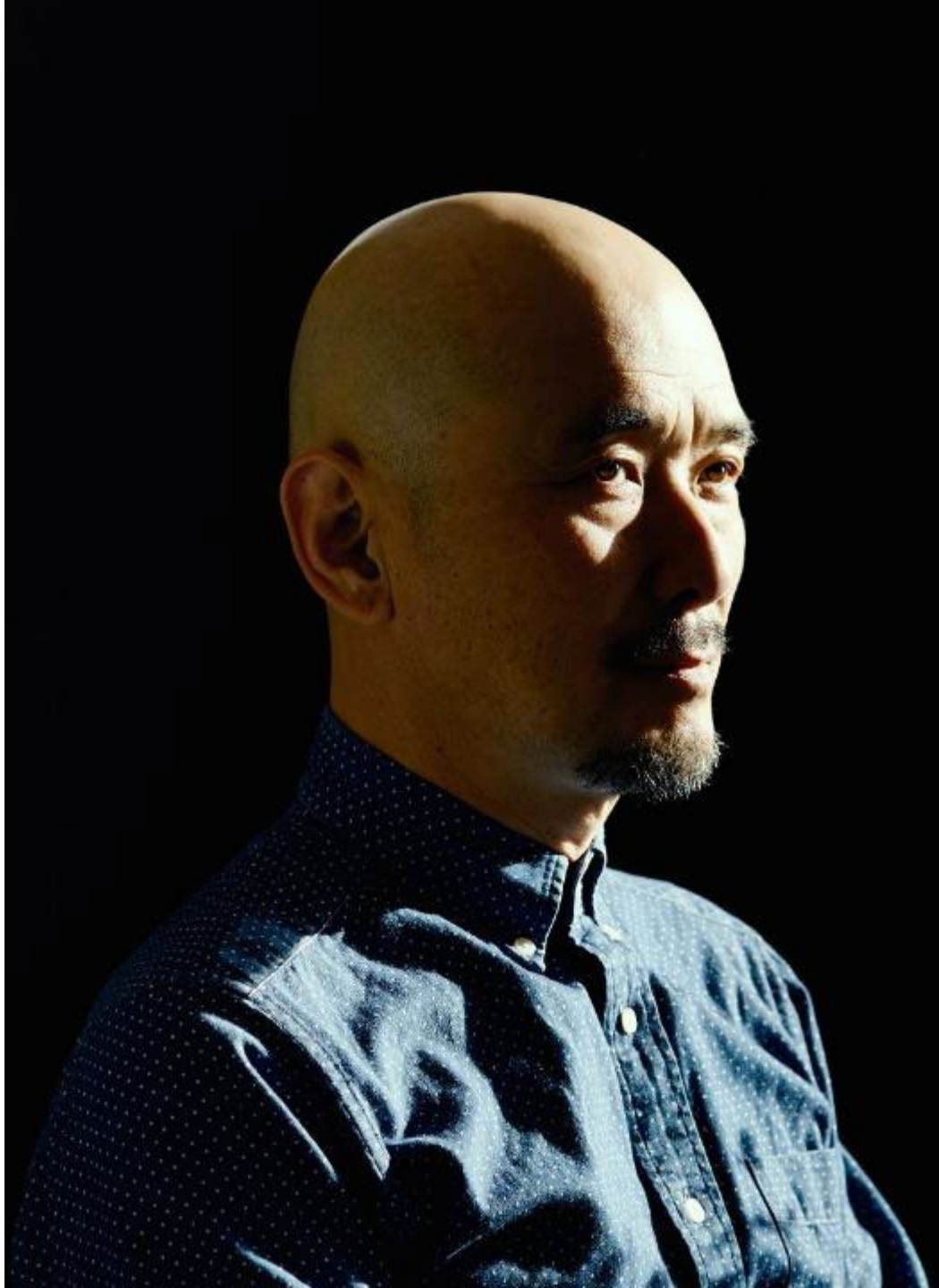
- Memory loss, especially noticed by others.
- Trouble with reasoning, problem-solving, and complex tasks.
- Difficulty planning and organizing.
- Changes in speaking or writing skills (difficulty finding words).
- Confusion with time, place, people, and location.
- Difficulty recognizing visual cues, images, people, and places.
- Difficulty recognizing familiar people, places, and time.
- Fixation on one task.
- Looping conversations on the same topic.

Symptoms – Functional and Motor

- Difficulty completing familiar tasks.
- Misplacing items frequently.
- Trouble with visual and spatial abilities (e.g., getting lost while driving).
- Poor coordination and control of movements.
- Shuffling or leaning on the wall to walk.
- Loss of balance or ability to walk.
- Trouble with chewing, swallowing, and digesting foods.
- Incontinence.

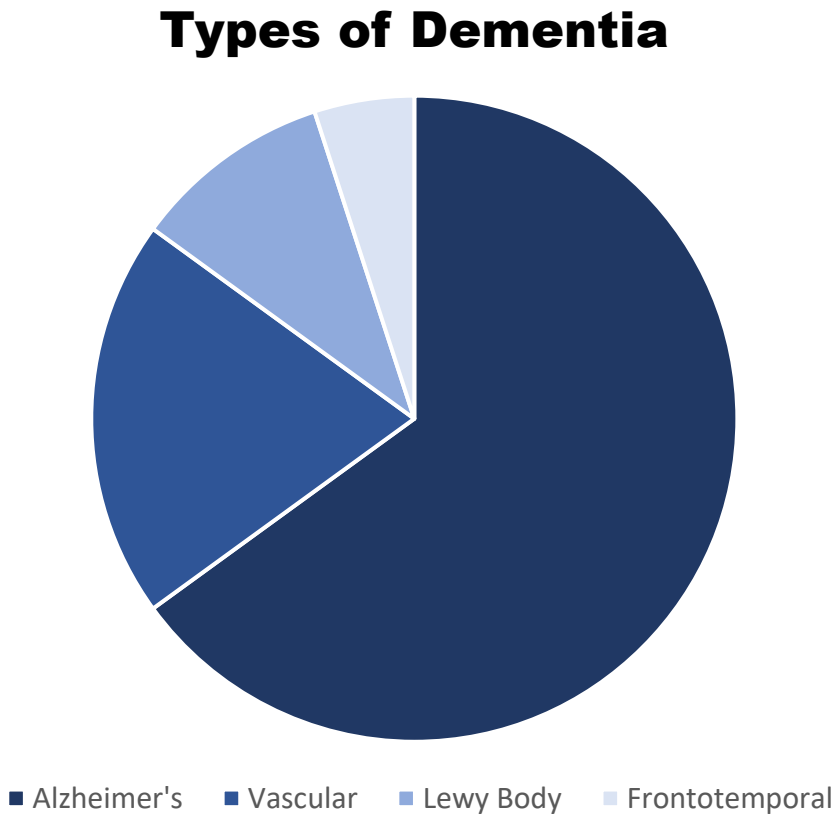
Symptoms – Behavioral and Emotional

- Changes in mood (e.g., shifts from happiness to anger).
- Personality changes.
- Depression.
- Anxiety.
- Agitation.
- Inappropriate behavior.
- Suspicion or paranoia.
- Hallucinations (seeing things that aren't there).
- Repeating words, actions, or gestures.
- Hoarding.
- Loss of emotional regulation.

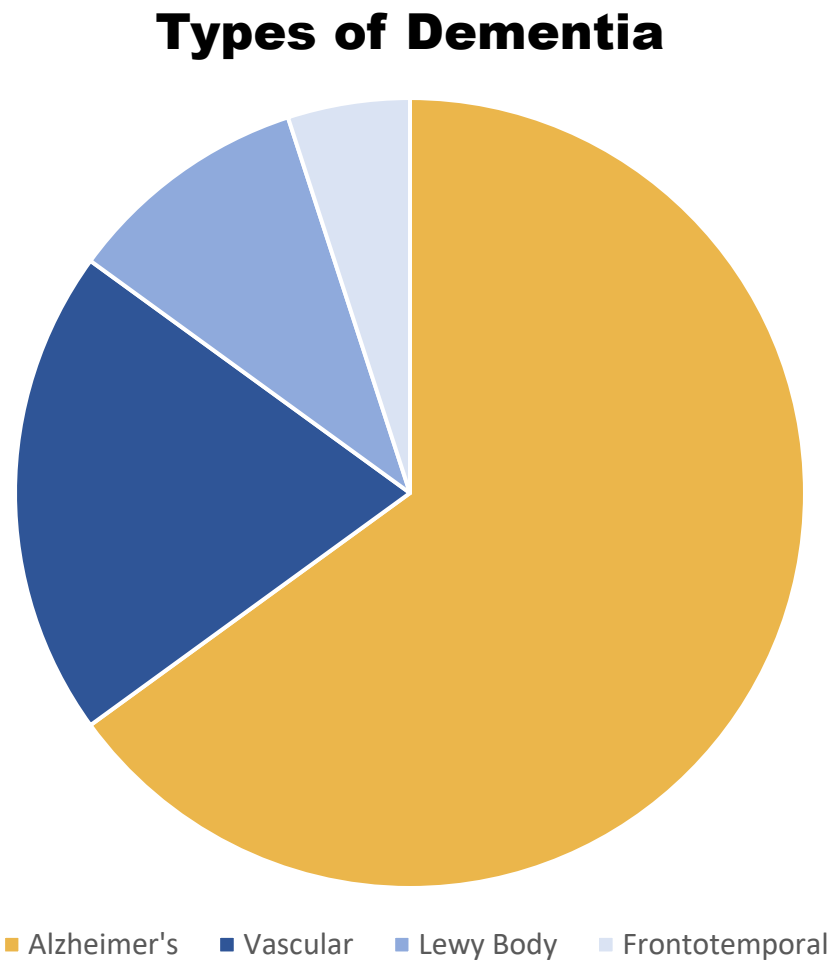


Types of Dementia-Related Diseases

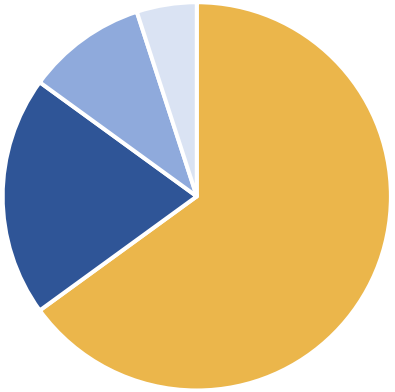
- Alzheimer's Disease
- Vascular
- Lewy Body
- Frontotemporal (FTD)
- Other types, Huntington's, Parkinsonian
- Mixed Dementia (other causes)



Alzheimer's Disease



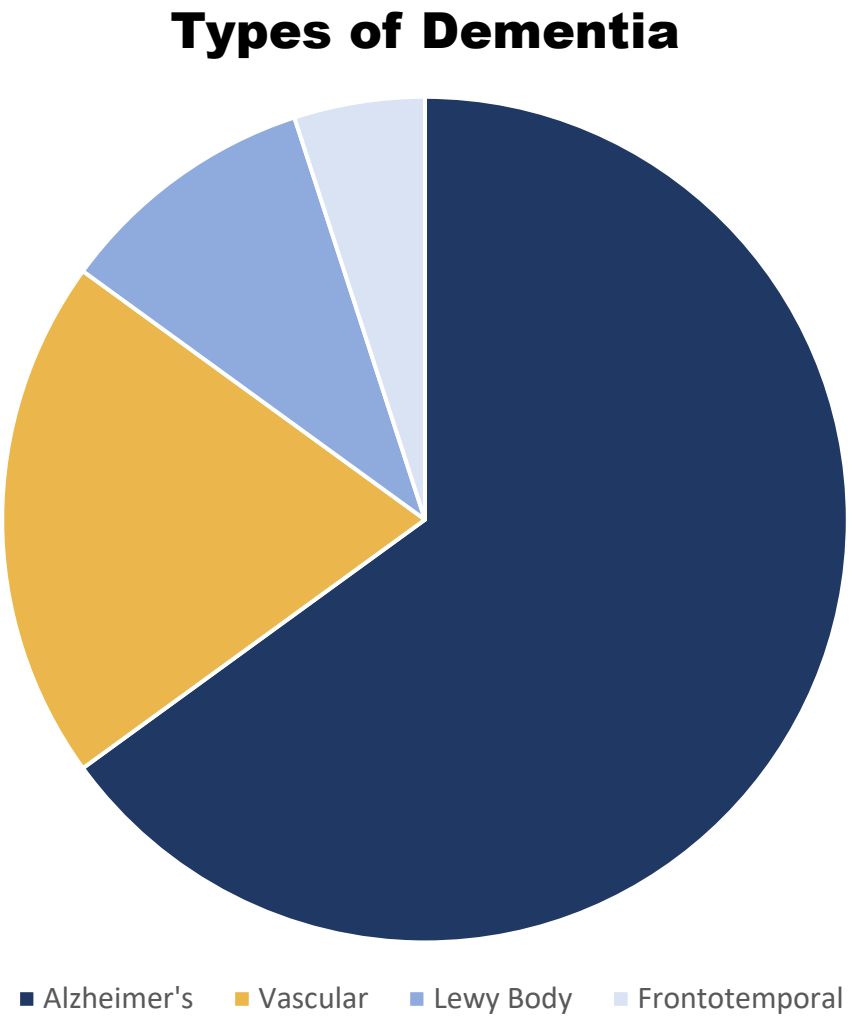
Alzheimer’s Disease



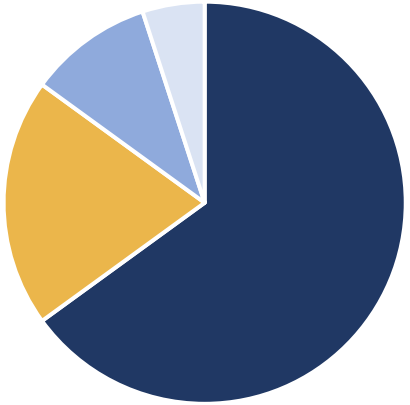
Alzheimer's disease is:

- The most common cause of dementia in older adults, 60-80%
- A progressive neurodegenerative disorder
- Characterized by symptoms like:
  - Cognitive Impairment
  - Changes in behavior and personality
  - Motor Symptoms
  - Behavioral and Psychological Symptoms Challenges in Communication
  - Safety Concerns

Vascular Dementia



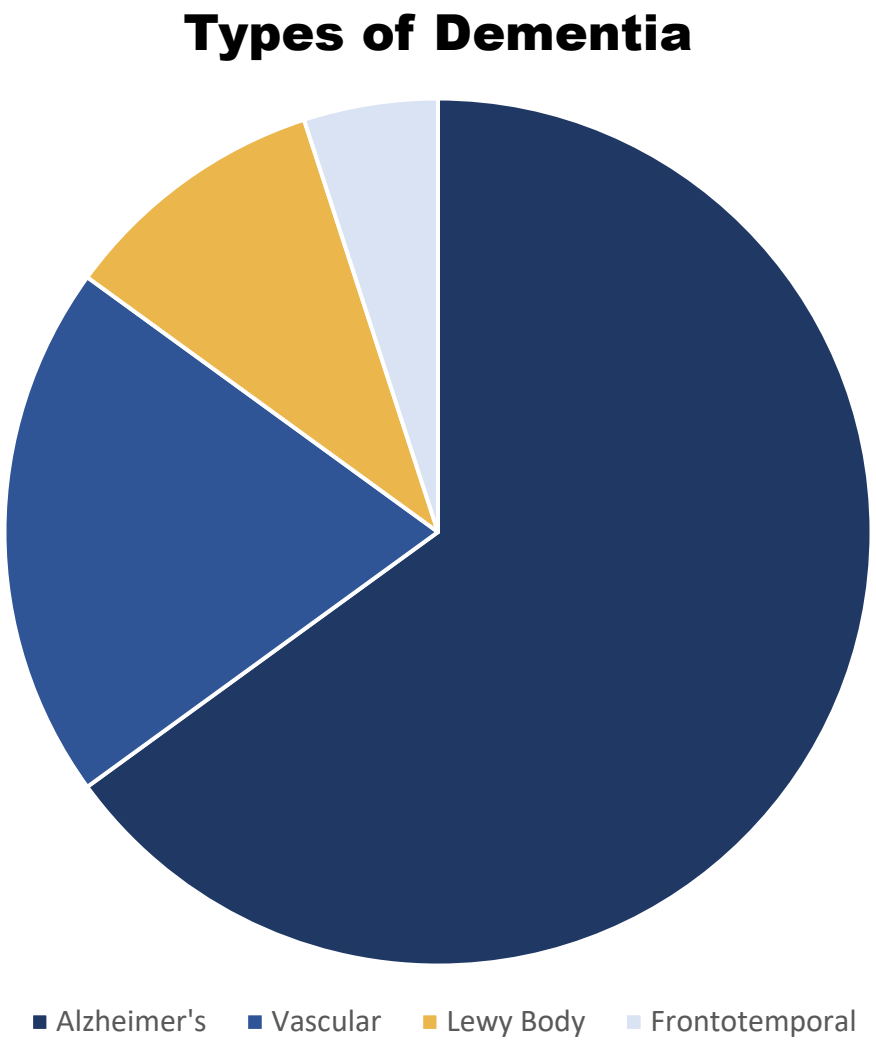
Vascular Dementia



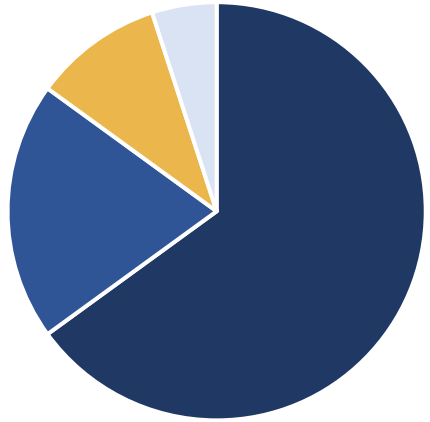
Vascular dementia is:

- The second most common type of dementia
- Caused by impaired blood flow to the brain, often due to strokes or small vessel disease.
- Characterized by varied symptoms that depend on the location and extent of brain damage
  - You may assess a range of cognitive and motor impairments
- More likely for those with:
  - Hypertension (high blood pressure)
  - Diabetes
  - History of smoking
  - High cholesterol
  - History of stroke or transient ischemic attacks (TIAs)
- Often sudden onset, especially if it is triggered by a major stroke. Can also develop gradually over time.

Lewy Body Dementia



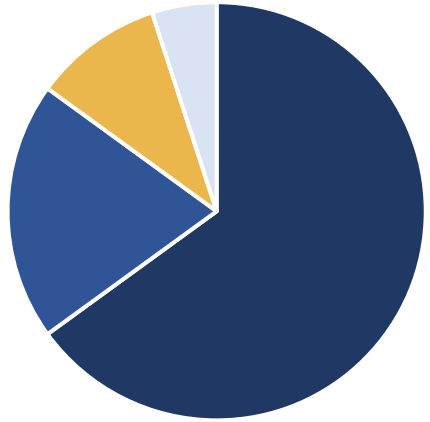
Lewy Body Dementia



Lewy Body Dementia is:

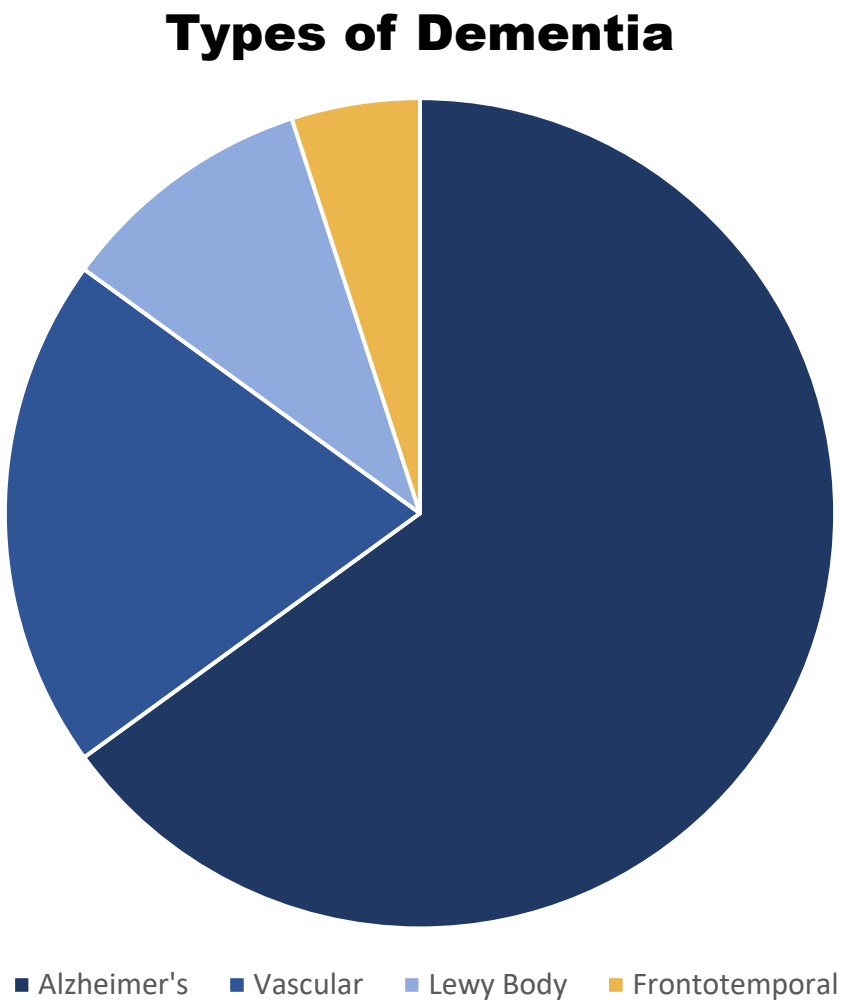
- The third most common type of dementia
- Caused by the presence of abnormal protein deposits called Lewy bodies in the brain.
- Characterized by:
  - Fluctuations in cognitive function
  - Hallucinations
  - Motor symptoms
  - Sensitivity to Antipsychotic Medications
    - May be extreme
    - These medications are commonly used to manage behavioral symptoms

Lewy Body Dementia

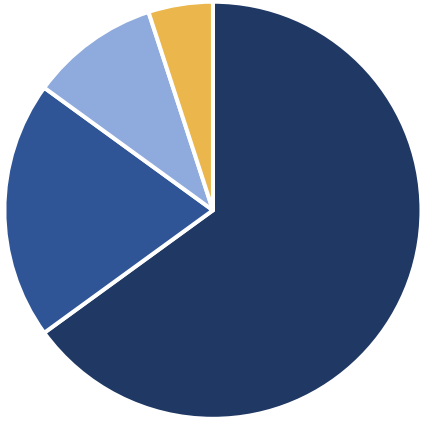


- Characterized by (continued):
  - Sensitivity to Antipsychotic Medications
    - May be extreme
    - These medications are commonly used to manage behavioral symptoms
  - Neuroleptic Malignant Syndrome (NMS)
    - Rare but life-threatening condition
    - Can occur when LBD is exposed to antipsychotic medications
    - Characterized by:
      - Severe muscle rigidity
      - Hyperthermia (high fever)
      - Altered mental status,
      - Autonomic dysregulation (e.g., high blood pressure, and rapid heart rate)

Frontotemporal Dementia



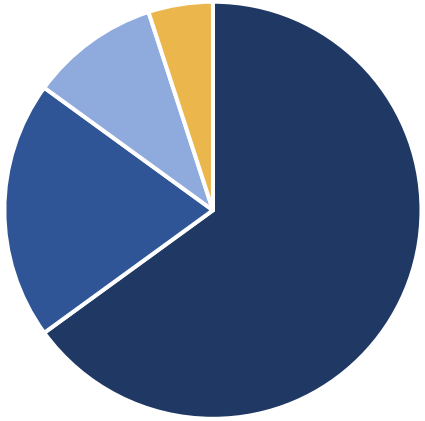
Frontotemporal Dementia



Frontotemporal dementia is:

- Relatively rare
- A progressive degeneration of the frontal and temporal lobes
- Characterized by:
  - Significant changes in behavior and personality like disinhibition, apathy, social inappropriateness, impulsivity and flattened affect
  - Changes in language and executive functions, typically 40 and 65.
- A disease that often affects those who are 40-65

Frontotemporal Dementia



To support someone with FTD:

- Involve family members or caregivers for important information and support.
- Ensure the patient is comfortable during transport, as behavioral symptoms or anxiety may be present.
- Document condition, vital signs, interventions, and any observed behavioral/communication changes during transport for continuity of care.

Other Dementias

Parkinson’s Disease Dementia (PDD)

- Characterized by cognitive and behavioral changes like memory impairment, confusion, and difficulty with reasoning and planning.
- Dementia typically occurs in the later stages of Parkinson's disease.

Huntington’s Disease

- Is not classified as a traditional dementia disease. However, cognitive decline is a significant aspect of HD, and it can lead to dementia-like symptoms.

Mixed Dementia

- Is a combination of neurodegenerative diseases. The most common form of mixed dementia is a combination of Alzheimer's disease (AD) and vascular dementia (VaD).

Reisberg Scale of Global Deterioration on Dementia Stages

- Stage 1 - No Cognitive Impairment
- Stage 2 - Very Mild Cognitive Decline
- Stage 3 - Mild Cognitive Decline
- Stage 4 - Moderate Cognitive Decline
- Stage 5 - Moderately Severe Cognitive Decline
- Stage 6 - Severe Cognitive Decline
- Stage 7 - Very Severe Cognitive Decline

Questions?

Working with People Living with Dementia

Critical Challenges

Learning Objectives

After this section, you will be able to:

- List barriers to treatment and early detection
- Explain the benefits of early detection
- Have a framework to identify and resolve dementia behaviors
- Articulate ways to support people living with dementia
- Discuss abuse and neglect as it relates to dementia

Barriers to Diagnosis and Treatment - PLWD

- Hesitation to get help, diagnosis, or treatment
- Lack of understanding and support by family, friends, co-workers, or others
- Embarrassment, stigma, guilt and self-doubt
- Isolation and Loneliness
- Bullying, physical violence, or harassment
- Poverty or health insurance that doesn't adequately cover dementia treatment
- Lack of connection to resources, support, and/or educational programming
- Few providers who can diagnose dementia

Benefits of Early Detection

With early detection, you have more options for staying healthy, maintaining independence and getting support. You can:

- Access important resources and programs for people with memory loss and their families
- Identify, treat or reverse conditions that may cause memory loss
- Make lifestyle changes or get medications that help manage your symptoms
- Get support and guidance from organizations that help people and families living with dementia
- Plan for the future, like with powers of attorney, advanced care directives and wills
- Find out what's going on with you. When you know the cause of your memory loss, you can learn what to expect and how to cope. You can also start building your support network.

"If we could have had a correct diagnosis for my wife even two years earlier, it would have given us more time to plan and to accomplish things we always wanted to do." – Jay Smith

PLWD Will Experience Progressive Losses

- Storage and recall diminishes - affects verbal processing, especially when in crisis
- Lack of orientation – time and place, feeling lost or unfamiliar in new setting
- Vision Loss - seeing shadows, being startled
- Loss of memory (people, places, things, time, tasks)
- Body functions

Spatial Awareness

- Dementia can damage:
  - The occipital lobes, which process visual information
  - The temporal and parietal lobes, which are involved in recognizing faces and judging distances
- Dementia can cause issues with spatial awareness, including:
  - How far they are from an object (for example, running into a table)
  - Loss of balance
  - Vision loss
  - Using an object for the wrong purpose (for example, using a bus card as payment)
  - Hallucinations

Supporting People Living with Dementia

- Understand the importance of recognizing dementia in the field.
- Recognize the potential for non-normative agitation or confusion.
- Include information from caregivers, if available in assessment.
- Maintain a calm and reassuring tone.
- Minimize noise and distractions, create a comforting environment.

Supporting People Living with Dementia

- Important to use patience and empathy with this disease.
  - Understand dementia can affect personality, memory and behavior
- Important to not argue to correct person experiencing dementia.
- Have a good support system and know your resources.
- Prepare for progression of disease
- Know when to ask for help

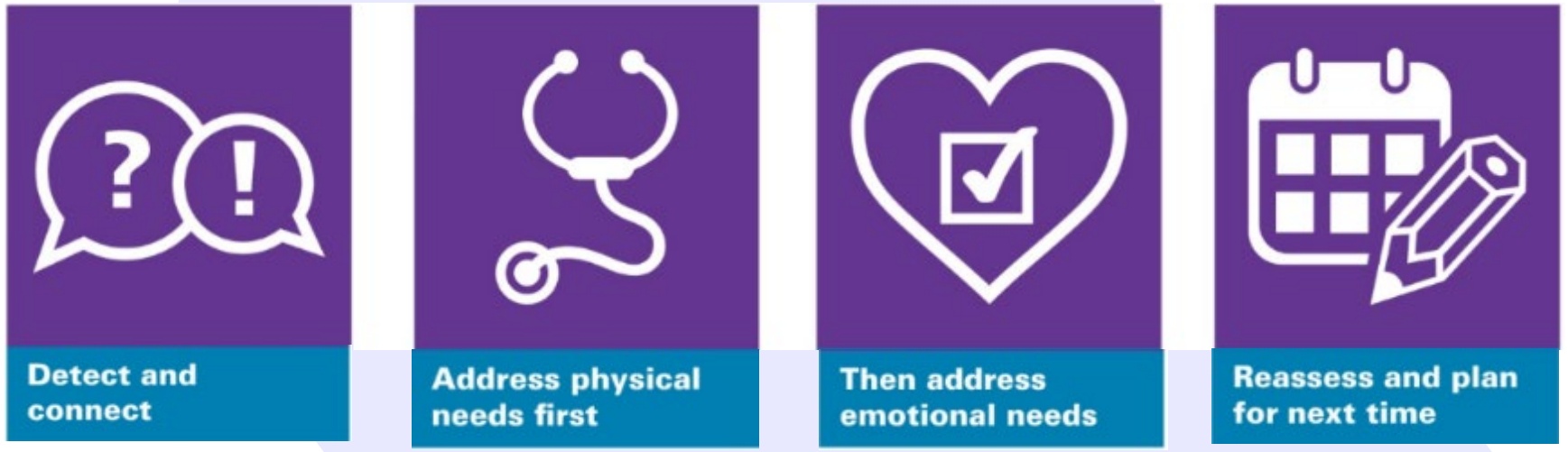
Dementia Crisis Response – Approach to patient care

Be Calm

Be patient

Be Safe

Behavior De-Escalation



- Join the person in their reality
- Try to understand context
- Connect with their feelings

- Look at medical issues, including pain
- Physical concerns, like hunger Environmental factors, like lighting

- Focus on feelings, not facts
- Reinforce that they are safe and you are there to help

- What went well? What didn't?
- How can you adjust for next time?
- Not a guilt trip!

Behavioral Interventions

- Create a calm, safe and reassuring environment
- Avoid physical or chemical restraint
- Establish proper pace of communication
- Avoiding confrontations and quizzing
- Include care partners in diagnosis decision making, bring care partner and contact info
- Be sensitive to diverse cultural and language views
- Redirect and offer simple focus on one task at a time
- The use of humor and soft redirection to de-escalate the situation

In a Medical Emergency a PLWD may:

- Forget to take medications - review medications
- Forget to use medical devices like walker or oxygen - check the area
- Be unable to remember or communicate medical or personal details
- Appear confused, agitated or lost and may refuse assistance
- Exhibit changes in behavior, or have difficulty in describing pain
  - Ask care partners about recent changes in behavior
- Be overwhelmed and stall during EMS calls and emergency departments.
  - When possible, try to take/create a quieter place – advise staff in the hospital in advance
- Resist care and refuse to be treated or transported

Abuse & Neglect

- Situations of abuse and neglect can be complicated and require careful response.
- If the person is injured, transport to a hospital immediately.
- If the person is not injured but in immediate danger, move him or her to a safe location (preferably a hospital if in compliance with agency policy).
- Some dementia patients do self-harm or can be aggressive and harm others
- If the person is not in immediate danger, offer referral to available resources.
- Always involve Adult Protective Services if you suspect abuse

Communication

Effective Communication Techniques

Learning Objectives

After this section, you will be able to:

- List possible difficulties in communicating with a person living with dementia (PLWD)
- Explain the positive approach framework and how to use it in working with PLWD
- Use body language to communicate with a PLWD
- Identify each step in the TALK Method

Communication Difficulties

Dementia can impair the ability to express needs or emotions verbally.

- This can lead to frustration and aggression

- Dementia can impair the person's ability to recall details, personal or medical history, and may result in inaccurate details about the emergency

- Pain or discomfort as a complicating factor
  - Dementia patients may be unable to communicate physical pain, leading to increased agitation.
  - Pain may manifest as shaking, Deeping lines on face and forehead, scratching or pulling at affected area, and or guarding

- Unmet Needs
  - Feeling hungry, thirsty, or needing to use the restroom without being able to communicate can cause distress.

De-escalating a person in crisis

Do:

- Use calming body language and non-verbal cues
- Use easy and familiar words to communicate
- State your name
- Emphasize that the person is safe
- Offer simple choices
- Focus on one task at a time
- Allow time to respond
- Allow a trusted person to assist with medical assessment
- ALWAYS use their first name

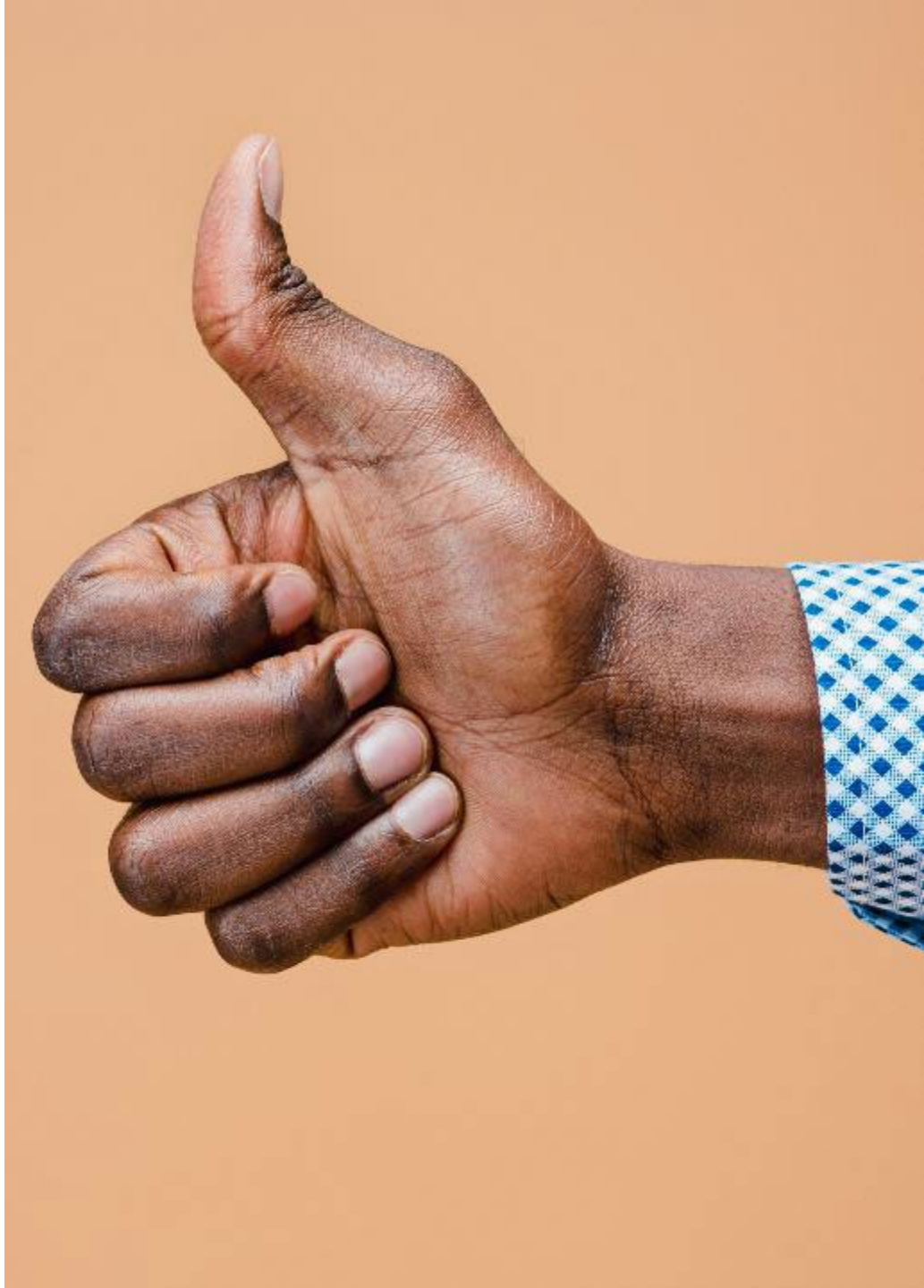
Do NOT:

- Test the client
- Speak too quickly or loudly
- Use aggressive body language
- Make demanding commands.
- Ask memory questions or long medical history questions.
- Ask multiple questions or offer multiple choices at once
  - Remember they may not have the ability to retain short-term memories

Body Language

Body language gets increasingly important as dementia progresses.

- When possible, approach from the front instead of behind
- Sit next to the person with your palms up
- Use a calm voice and facial expressions
- Maintain eye contact (when culturally appropriate)
- Use a simple touch on shoulder or top of hand
- Make easy, slow and gentle movements

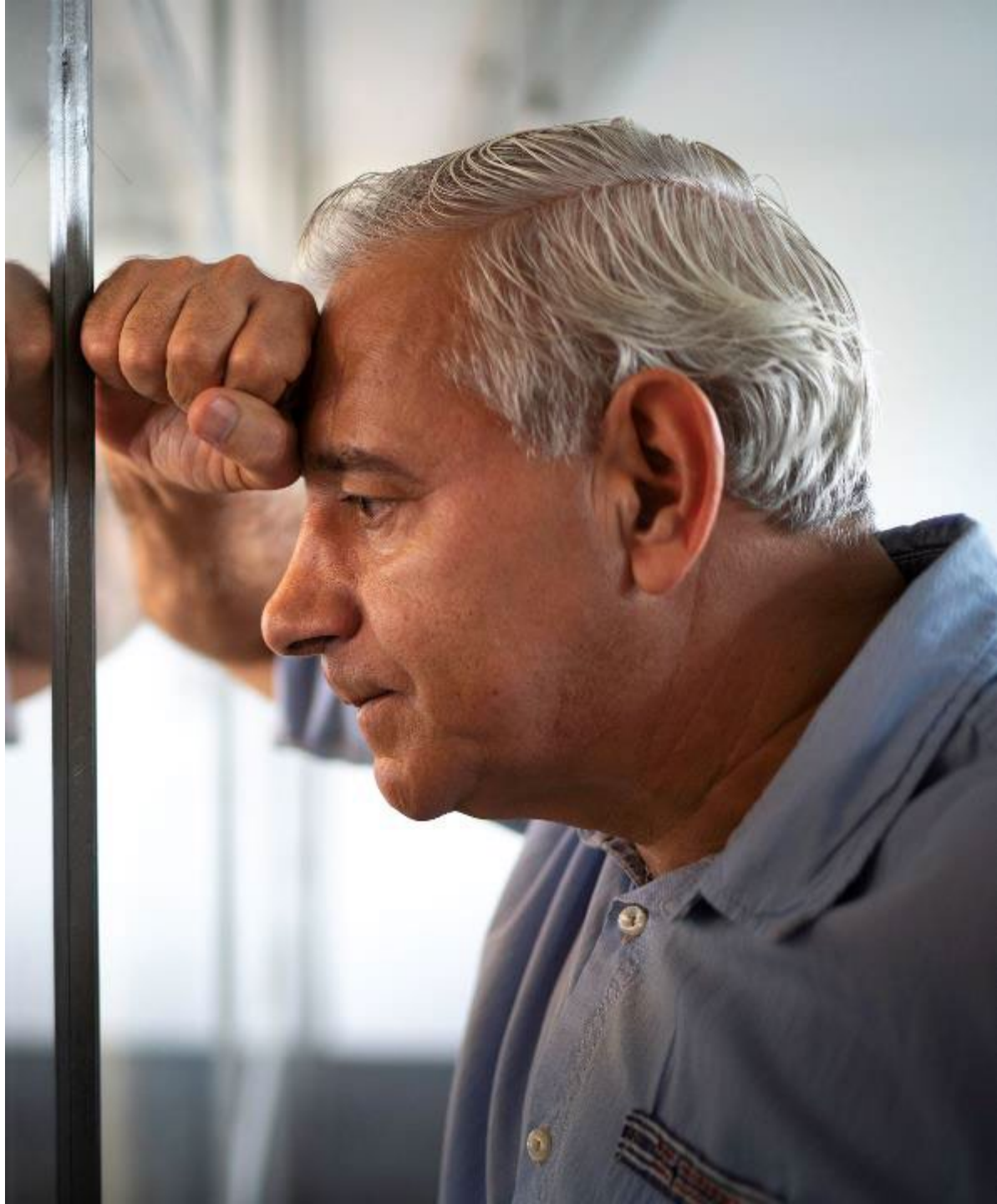


Positive Approach

- Sit eye level next to the person
- Offer your hand for tactile touch
- Give time for the person to respond
- Establish that they are safe in your care
- Simple questions and commands
- Be kind in your redirect when doing an assessment
- Explain what you are doing in simple terms
- Use redirecting statements such as: “does it hurt when I squeeze your hand” Instead of where does it hurt or what happened?

Signals of Emotional Distress

- Anger, irritation
- Anxious, scared
- Hopeless, withdrawn
- Disengaged, detached and non-responsive
- Repetitive motions or phrases
- Fixating on one item (spoon, glasses, shirt, etc.)
- Rapid eye movement or blinking
- Pacing or sitting down and standing up in rapid sequence
- Combative and hostile
- Slapping, biting, grabbing, or kicking



T.A.L.K. Tactics

“I am here to help.”

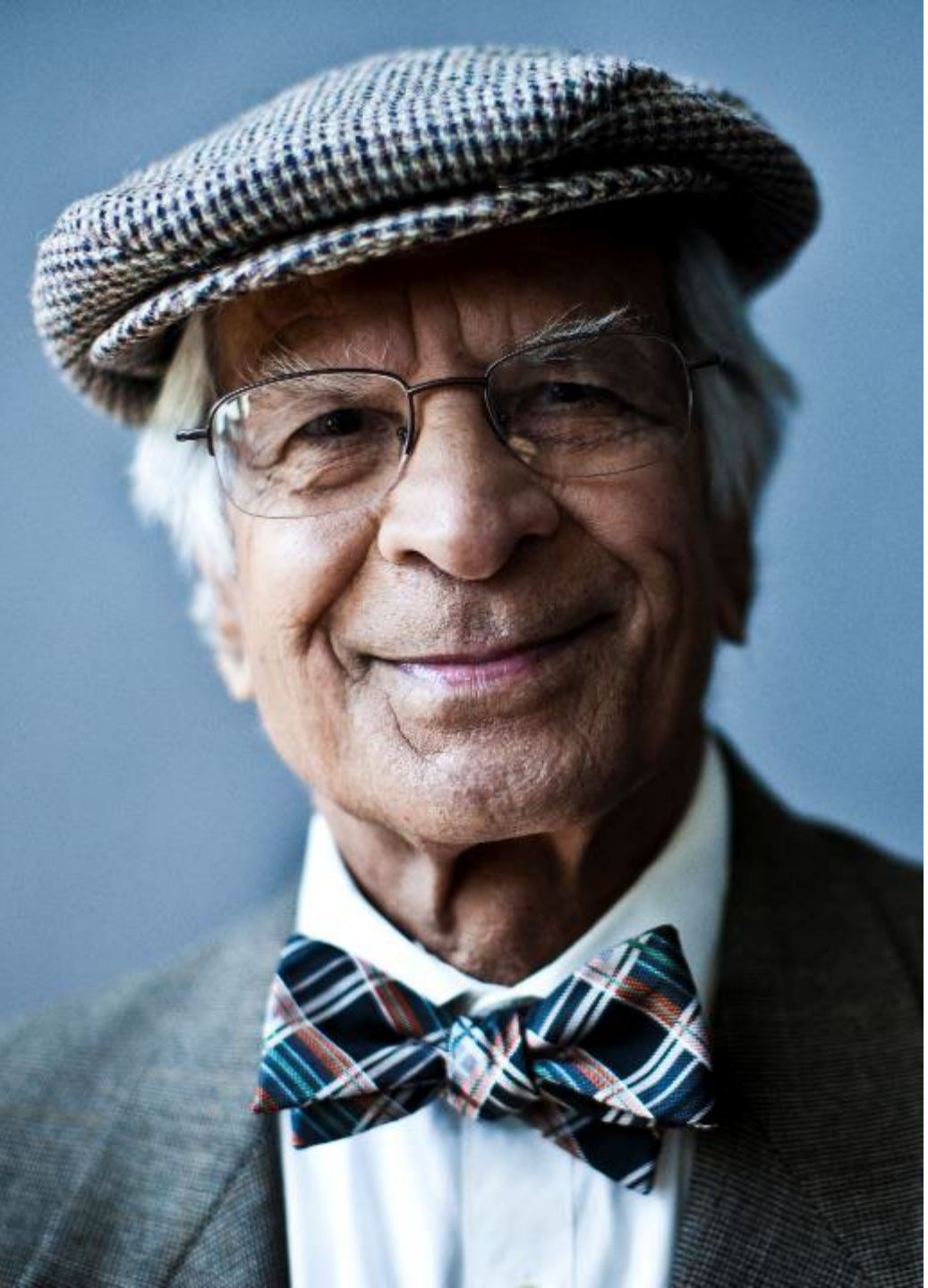
- T Take it slow
- A Ask simple, guided questions
- L Limit reality checks
- K Keep eye contact (if the person is comfortable)

Communication is the key

- Make an emotional connection
  - Use a personal comment like “Blue is my favorite color too.”
- Model Empathy
  - “Sounds like…” or “Seems like…” or “Looks like…”
- Can you help me?
  - Provide a simple task like:
    - “Will you hold this pen for me?”
    - “Can you give me a handshake?”
- Reduce Distraction
  - Create a quiet, comforting space
  - Reduce the use of harsh lighting
- Dig in and move forward - narrate what is going on
  - Provide one-on-one, step-by-step, super simple instruction
  - Use yes or no questions, and keep descriptions to a minimum
  - Explain any interactions or medical procedures in simple terms

Strength-based Communication

- Smile, keep eye contact
- Approach slowly from the front
- Sit at eye level next to the person
- Project comfort, not concern
- Introduce yourself and use their first name
- Eliminate distractions and extra sounds
- Give extra time for the person to respond
- Narrate what you are doing in simple terms
- Expect confusion and possible resistance



Special Circumstance: Non-verbal Dementia Patient

Someone in the later stages (last 1-3 years) of the disease may have significant issues with verbal communication. They may:

- Forget family members' names
- Go back to a different time period altogether, often childhood days
- Have difficulty walking
- Need extensive help for activities of daily living
- Often be bedridden

People in later stages of the disease cannot be left unattended in an ambulance and/or a hospital

Strength-Based Approach

Even in later stages, people living with dementia still:

- Feel emotion
- Read intuition and emotion
  - People may feel scared or threatened if you rush in and speak loudly
  - They may become agitated or scared if startled or exposed to aggressive behavior
- Mirror moods
  - Your calm and positive demeanor can have a significant beneficial impact
- Respond to personalized music
  - Brain regions responsible for processing music remain relatively preserved
- Respond to kindness and patience
  - PLWD often respond positively to gentle and supportive approaches

Questions?

Assessing the Situation

Understanding and Managing Challenging Behaviors

Learning Objectives

After this section, you will be able to:

- Use new tools for scene observation and response
- List techniques to build rapport and trust with a PLWD
- Explain the hand-under-hand technique for approaching someone living with dementia
- Discuss how to assist someone who is living with dementia and is unaccompanied
- Recognize diagnoses that may have symptoms that mirror dementia

Scene Observation and Response

- Observe your surroundings
- Look for hazards or weapons
- Pay attention to escalated agitation
- Keep safe zones or exits for both you and the person in the dementia crisis
- Look for falling or tripping hazards
- Be mindful of heat/cold exposure
- Look for medications or alcohol/drugs
- Know when to call for assistance/backup
- Know when to transport to a higher level of care
- Be cognizant that TBIs and intellectual disabilities may look like dementia or other crises

Assessing PLWD

- Avoid physical force or restraint
- Be creative rather than relying on reality
- Provide one-on-one, simple instruction
- Use distraction and redirection by giving the person a simple task
- Ensure the person is watched, to prevent wandering and ensure safety
- Care partners are often a great source of medical history if patient is not able to share current medical issues
- Patients are possibly less able to tolerate IV and O2 administration as well as other pre-hospital medical interventions

Techniques for Rapport and Trust

Do:

- Use non-verbal cues and simple communication
- Redirect and offer simple focus on one task at a time
- Allow care partner to assist with medical assessment.
- Hand under hand

Do NOT:

- Yell
- Make demanding commands
- Ask memory questions or long medical history questions
- Rush/hurry
- Use physical force or restraint
- Have multiple conversations at one time

Hand-Under-Hand - Teepa Snow

- Hand under hand **helps form a neural pathway connection**
- A neural partnership can change **scary** to just uncomfortable!
- Holding hands with a friend or partner builds neural pathways of connection and extends one system into another
  - They begin to function more in unison
- If hand-holding is good, then Hand-under-Hand could be more even connective
- Teepa Snow's Positive Approach to Care

Unaccompanied PLWD

If you find someone who is unaccompanied and possibly living with dementia, they may:

- Be returning to a familiar face (childhood home, bank, restaurant, school or employment)
- Seem confused and argumentative
- Not remember where they live, or their care partners' names
- Be oriented on a specific task like shopping, going to work, preparing for a meal, etc.
- Be sundowning, or losing the concept of time and place in the late afternoon or evening
- Be non-verbal, have a scared or concerned look on their face
- Be fixated on food or picking up objects of the ground
- Lose spatial awareness, may lean or tilt and be unable to balance

Potential Signs of Dementia in the Home

- Hoarding
- Difficulty with everyday tasks (uses pencil to brush teeth)
- Repetitive speech or behaviors
- Personality changes (mood or behavior – defensive or obsessive)
- Misplacing everyday items
- Loss of interest or apathy (no longer cleans house, has difficulty with hygiene or forgets to eat)
- Forgets to pay bills or how to balance checkbook
- Doesn’t fix broken items at home
- Gets lost in home
- Forgets to get dressed or wears too many/not enough clothes

Is it Dementia?

Sometimes, dementia symptoms like memory loss, personality changes, and difficulty with problem-solving or completing routine tasks can be caused by things like:

- Behavioral Health Crises
- Heat/Cold exposure
- Transient Ischemic Attack (TIAs) or strokes
- Vitamin B12 deficiency
- Infections
- Hypothyroidism
- Normal pressure hydrocephalus
- Prescriptions/medications – interactions or errors
- Undiagnosed urinary tract infection (UTI)
- Sexually transmitted diseases (STIs)
- Low or high blood sugar, uncontrolled diabetes
- Closed head injuries/traumatic brain injuries (TBIs)
- Sepsis
- Intellectual Disabilities

Possible Secondary Medical Issues

- UTI
- Uncontrolled diabetes
- Neuropathy
- Uncontrolled heart disease
- Uncontrolled high BP
- Poor nutrition
- Poor hygiene

Medication Administration

- They may have forgotten an important medication or taken a medication more than once – **resulting in "stacking" meds**
- Biology can change as we age. This means that:
  - As the brain shrinks, the body may be less capable of reacting to medication or overreact to medication
  - When possible, start at the low end of a range and then titrate to effect
- Delusions or hallucinations are common during crisis situations
- The person may not be able to communicate desire to accept or refuse medication therapy and/or any allergies they may have
- When possible, rely on written paperwork or care partners regarding medications, history and/or allergies.
- Traditional treatments can interfere with modern medications

Working with Care Partners and Families

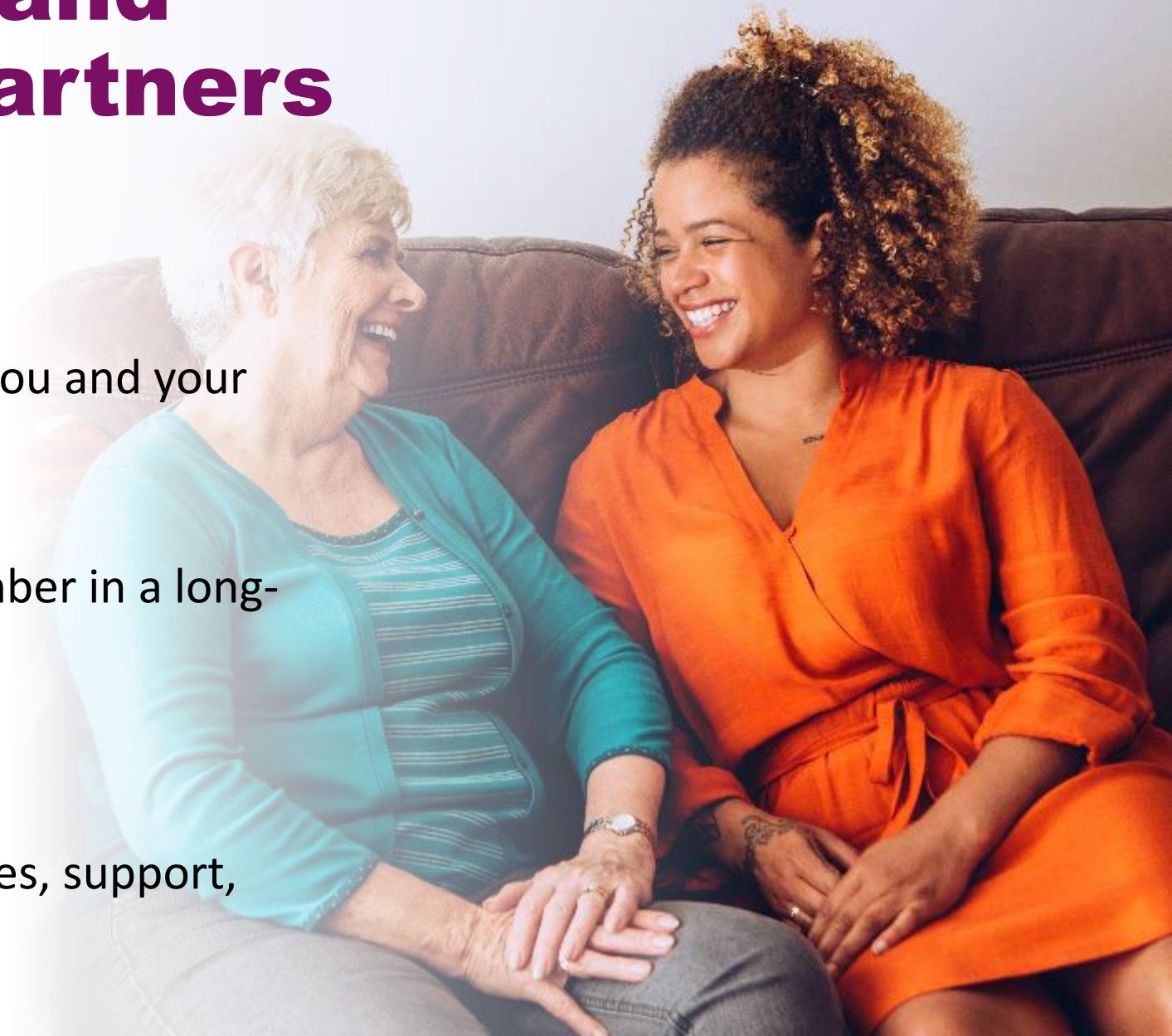
Learning Objectives

After this section, you will be able to:

- Find new ways to support care partners
- Display methods of involving care partners and family members

Breaking Stigma and Barriers – Care Partners

- Denial and grief
- Stress or lack of time
- Shame, guilt, and self-doubt for you and your loved ones
- Desire to keep PLWD “safe”
- Reluctance to place a family member in a long-term care facility
- Lack of funding/resources
- Lack of available respite care
- Don’t know where to get resources, support, and/or educational programming



Supporting a Care Partner

It’s normal for care partners to feel loss when they care about someone who has dementia.

- Many people have complicated feelings like guilt, abandonment, denial and anger.
  - This may happen at different times throughout the disease, and could look different at different points.
- **Anticipatory grief** is grief that looks ahead to things that may happen in the future.
  - For example, you may imagine changes and losses that dementia may cause, like difficulty communicating.

Working with Families and Care Partners (Recommended)

When possible:

- Make sure the care team has access to legal documentation like POAs and guardianships
- Involve families and care partners
- Consult with the healthcare team (e.g. PCP, neurologist, etc.)
- Have medical history, medications and allergies available for the care team

We recommend that all people living in the home, including care partners, have a common place for first responders to find pertinent medical information in case of a medical emergency

Involving and Understanding Care Partners

- Most care partners are related, not paid
- Reassure care partner
- Offer resources as needed
- Include care partners in decision-making if applicable
- Be sensitive to diverse cultural and language views on aging and people living with dementia
- Bring care partner and contact info (including cell number or info on patient care report) along during transport
  - In case of hospital diversion or change in patient status during transport
- Have a plan if the call is for a care partner
- Never leave patient in Triage
  - Emphasize during dispatch that patient needs a private room and monitoring due to the risk of wandering off or self harm because of confusion and/or dementia symptoms

Questions?

Cultural Considerations

Around Dementia and Aging

Learning Objectives

After this section, you will be able to:

- Discuss cultural considerations in different religious, cultural and ethnic communities
- Describe considerations around aging in LGBTQ2SIA+ communities

Aging in Diverse and Rural Cultures

- In some cultures, it's common to:
  - Refuse to dress or undress in front of men if you're a woman
  - Spit on the sick to make them well
  - Distrust and/or deny medical history
  - Yell and use large arm movements
  - Use alternative treatments like herbs, foods, or other traditional methods of treating ailments
  - Bring children or family members on the ambulance or to appointments
- People in some cultures want and expect spiritual care at the same level as medical care or emergency care
- A person's religion, nationality or culture are likely to have a major influence on their preferred music, food, clothes and everyday routines

Dementia, Religion, and Spirituality

- “Dementia” is not a recognized diagnosis in some cultures and/or religions
  - Many view it as life’s journey and the next chapter in their lives
  - The PLWD or care partner may express a denial or disagreement with the medical professional for spiritual or cultural reasons
  - The PLWD may not have a diagnosis
- Spirituality and religion are significant resources – across a wide spectrum of faith perspectives – for understanding, living with and coping with a diagnosis of dementia
  - Clinicians must respect and acknowledge the need for religious and spiritual support as part of the comprehensive and holistic care plan for PLWD
- Family, care partners, and spiritual leaders play key roles before, during, and after a diagnosis of dementia

Cultural Information

Some potential cultural complexities could include:

Lack of awareness and education about dementia and mental health conditions

- Tendency to view Alzheimer's signs as a normal part of aging or "old timer's disease"

Unwillingness to get healthcare

- Shame and guilt about mental health conditions
- Distrust in Western medicine, doctors, or clinical trials
- Downplaying signs of mental health decline or behavioral changes
- Not seeking medical help unless it's an emergency
- Not sharing private family concerns with strangers

Cultural Information

Some potential cultural complexities could include (cont.):

Caregiver relationships and beliefs

- Respect for elders and their choices or wishes for as long as possible, often without question
- In many communities, close family members are often the main source of support for those who start to have Alzheimer's symptoms
  - Caregivers may rely on their cultural perspectives to make care-related choices
- Looking to religious leaders or institutions for support and guidance
- Using religion or prayer to cope with caregiving-related stress

LGBTQ2SIA+

- For people in the lesbian, gay, bisexual, transgender, queer/questioning, 2-spirit, intersex, asexual (LGBTQ2SIA+) community, living with dementia can be additionally stressful because they:
  - Transgender people face dementia at a higher rate (18.2%) than cisgender people
  - Are less likely to have family members and children who can support them
  - Are more likely to live on their own
  - Often have less family support
  - Are more likely to face stigma
  - May have financial strain
  - May face loneliness or isolation

LGBTQ2SIA+

To build rapport and be most effective:

- Use the correct gender identifiers and pronouns
  - Use “they” until you know the correct pronouns
- Provide person-centered care
- Reassure patient that they are in a safe space
- Recognize that specific health care needs and complications accompany dementia and will need to be acknowledged
- Care partners will be your biggest source of information and support during a dementia crisis
  - Care partners may not be family members
  - Care partners tend to be older
- Gut-check any discrimination or personal bias

Patient-Centered Care for Gender Identity

- Currently, there are 81 genders
- Different cultures recognize gender as fluid and diverse
  - Acault
    - From the Buddhist people of Myanmar
    - Male assigned at birth that has been possessed by a female spirit
  - 2-Spirit
    - From some tribal communities
    - Considered “Indigiqueer”
    - Offensive if the identity is used by a non-Native
- Suggestions
  - Obtain the least amount of gender identity information to perform medical assessment and come up with a pre-hospital treatment plan (let the patient lead)
  - Try to avoid using terms like “male” and “female.” Instead, use phrases such as “67-year-old person with dementia”

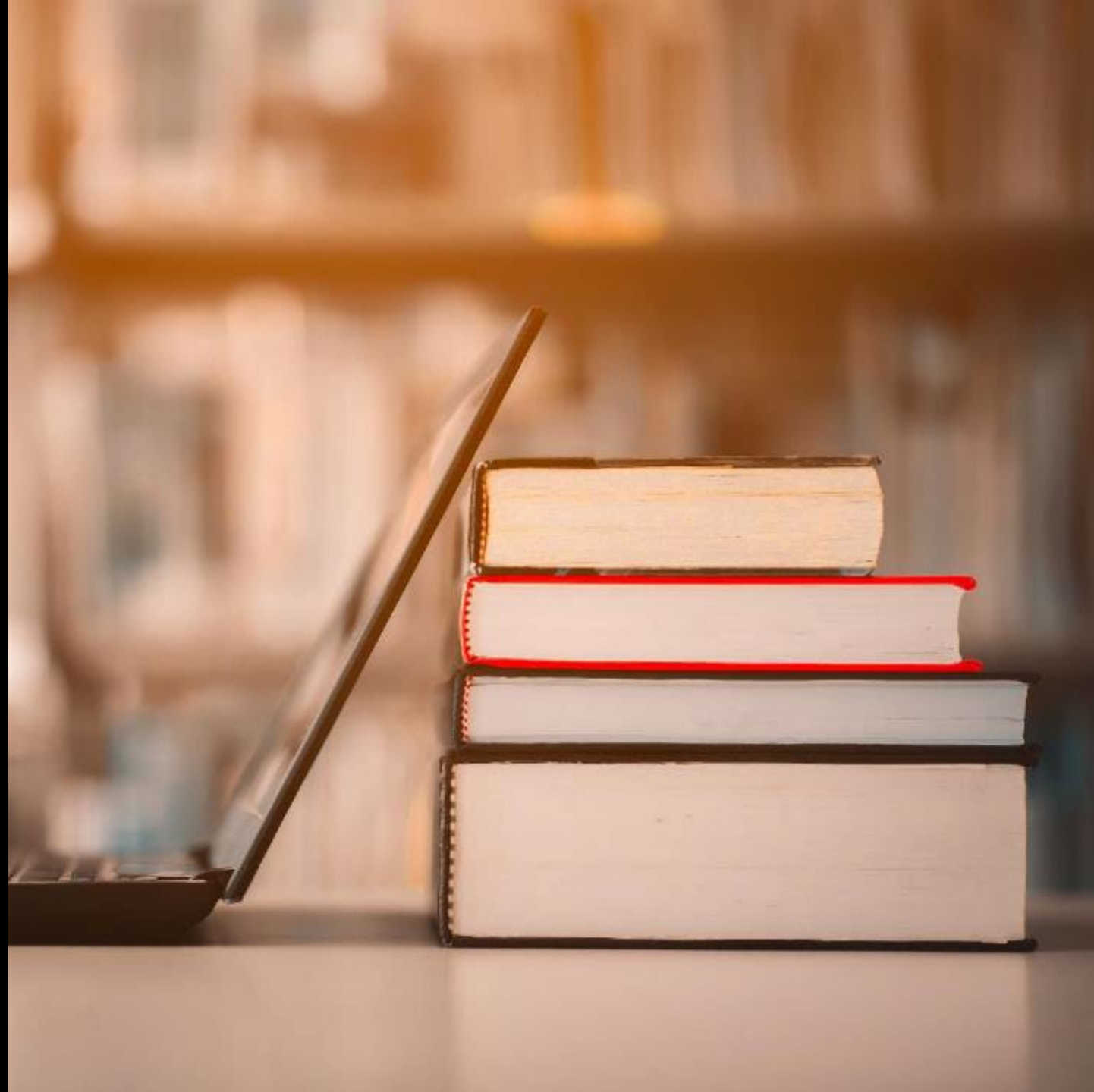
Patient-Centered Care for Gender Identity (cont.)

Understanding gender identity, pronouns, and sexual orientation

- When possible, ask for preferred pronouns and sexual orientation
- Explain reasons for asking medical questions can aid in evaluation and treatment
  - Proper way to ask about sex assigned at birth for medical purposes
    - “What is your sex assigned at birth” for purposes of evaluation, treatment, and medication dosage if needed
- Be respectful of the person’s right to share or decline to share information
- When in doubt, use preferred first name

Questions?

Statewide Resources



Learning Objectives

After this section, you will be able to:

- Find Washington-specific resources that are related to dementia and aging

Washington Resources

Dementia Action Collaborative Washington State

Home | Explore | Search | Connect | Plan

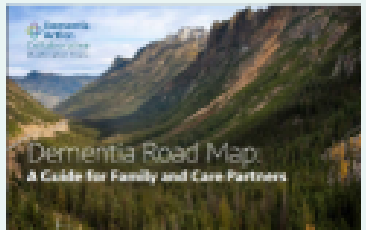
Long-term services | In your home | Support for Family Caregivers | In your community | In other Settings | Alzheimer's and Dementia | More Options

Safety | Driving | Legal/Financial | Caregiving | Medical and Dental

Alzheimer's Disease, Dementia and Memory Loss

Dementia is a general term for a decline in mental ability severe enough to interfere with a person's daily life. Alzheimer's is the most common type of dementia and causes problems with memory, thinking and behavior. Symptoms of Alzheimer's usually develop slowly, worsen over time, and hinder daily tasks. Read more about Alzheimer's disease.

Other forms of dementia include vascular dementia, Lewy body dementia, Pick's disease and Parkinson's disease. Learn more about other types of dementia and risk factors.



The Dementia Road Map: A Guide for Family and Care Partners offers guidance about what to do when a person experiences changes in memory and thinking, and offers information and tips about what to expect and steps to take if someone in your family has been diagnosed with Alzheimer's or other dementia. Read it online in English or in Spanish. Or, order paper copies, click here for ordering instructions.

[Washington State Community Living Connections (waclc.org)]

Washington Resources

Dementia Action Collaborative Washington State

Dementia Legal Planning

Get connected to a legal professional

If you are a Washington State resident and need help navigating the completion of dementia legal documents, you may be able to connect with a legal professional who will guide you through them. Attorneys can help talk through:

- Powers of attorney for finances and health care
- Health care directives
- Dementia directive form

This program serves those who are 60 and over, people living with dementia of any age, or those under 60 with a family history of dementia. This free service is subject to capacity. Please note that the Dementia Legal Planning Project does

(425) 780-5589

Dementia Legal Planning — Washington Pro Bono Council

Washington Resources

General

- Washington State Community Living Connections (waclc.org)
  - Dementia Road Map
  - Dementia Legal Planning Toolkit
  - Dementia Safety Info Kit
- Dementia | Washington State Department of Health
- Dementia Friends in Washington State - Memory and Brain Wellness Center
- Alzheimer's Association
  - Offers real-time and online education
  - Alzheimer's Association's 24/7 hotline - (800) 272-3900

Regional

- To find your local Area Agency on Aging: Eldercare Locator (acl.gov)
- https://www.dementiasupportnw.org/
- Senior Social Services | Aging & Long Term Care of Eastern Washington (altcew.org)

Washington Resources

Dementia-Friendly Homes

- Alzheimer's Foundation of America | The Apartment-A Guide to Creating a Dementia-Friendly Home (alzfdn.org)
- Home Safety Checklist for Alzheimer's Disease | National Institute on Aging (nih.gov)
- CaregiverTipSheets_DAC_09_En-Keeping-Home-Safe.pdf (wa.gov)
- Expert Advice by TCH – Caregiving Resources (thiscaringhome.org)

Caregiver

- Dementia road map: English or Spanish
- Improving Safety for People with Dementia: Info Kit (wa.gov)
- Tip Sheets for Family and Care Partners | DSHS (wa.gov)
- Partnering with Your Healthcare Provider | Dementia & Palliative Education Network (uw.edu)
- Washington State Aging Network · GetSetUp

Washington Resources

Healthcare/Provider

- Project ECHO® Dementia - Memory and Brain Wellness Center (washington.edu)
- Clinical Dementia ECHO Program - Indian Country ECHO
- Dementia Care Practice Recommendations | Alzheimer's Association

Legal

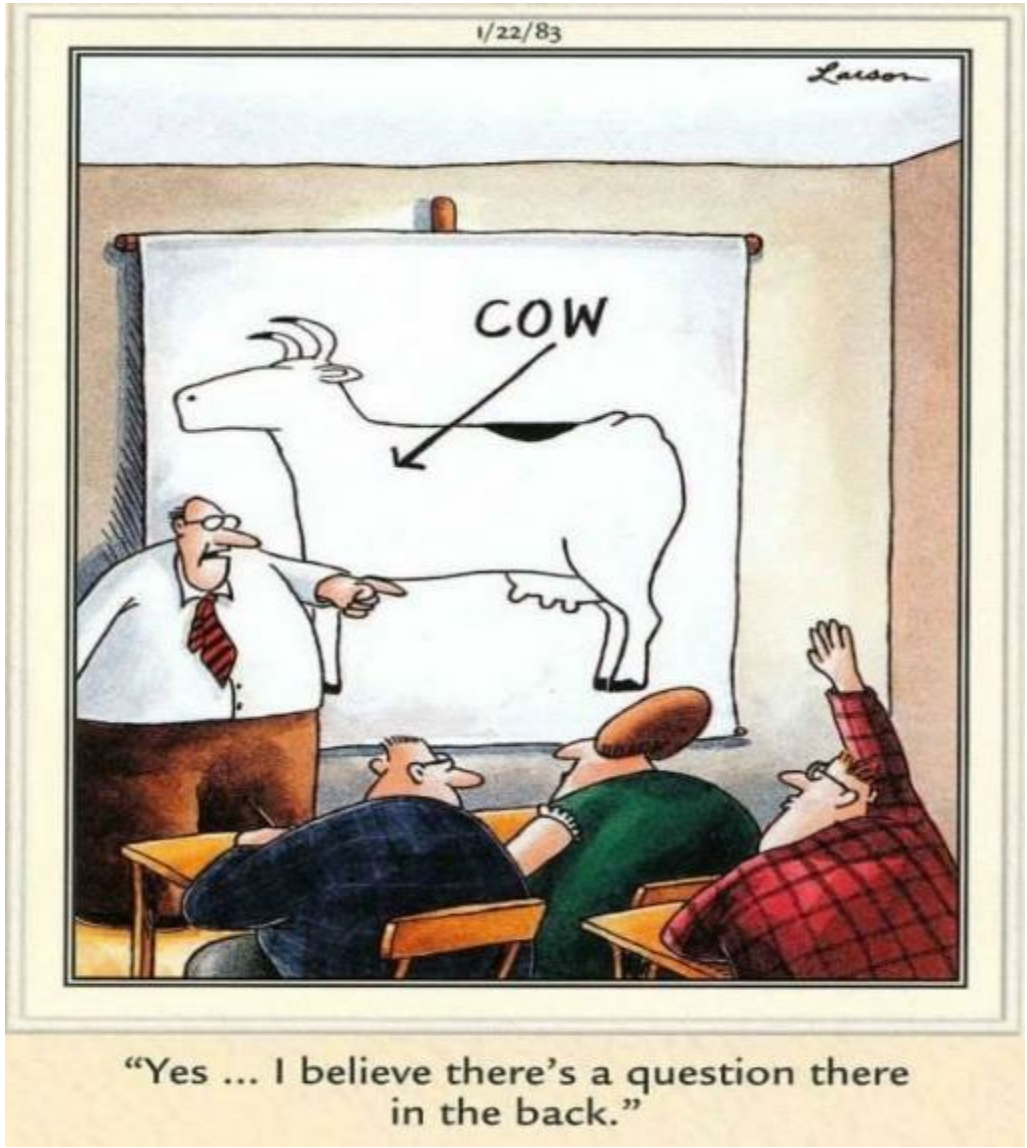
- Dementia Legal Planning — Washington Pro Bono Council
- Dementia Legal Planning Toolkit | WashingtonLawHelp.org | Helpful information about the law in Washington.

Living Well With Dementia

"We have learned to live with our memory loss and still have productive lives with family and friends. We would like to give you hope that you too can live a full life. There will be obstacles to come, but you have an opportunity to give back to your community and yourself, and to experience beauty, happiness, and kindness."

-Walt, Mark, Bob, Sarah, Roger, Ron, Helene, Rick and Midge

Questions


1/22/83
Larson
COW
"Yes ... I believe there's a question there in the back."