Slide 1

Dementia:
Issues Related to Neglect, Abuse, & Challenging Situations and Behaviors

Developed by: Teepa Snow

Slide 2

What are the Issues
that
you
face
related to ***Dementia***?

Slide 3

Major Areas of Concern with Dementia

- Safety of the Person
- Safety of Others
- Safety of Property
- Problems with Public Behavior
- Communication Problems

Slide 4

Safety of the Person

- Physical abuse by others
  - (includes possible sexual abuse)
- Verbal abuse by others
- Neglect by others
- Fraud by con artists or companies
- Theft/Fraud by 'family' or 'friends'
- Wandering & elopement
- Medical emergencies

Slide 5

Safety of Others

- Abuse of caregiver
- Neglect of others (family members)
- Driving
- Verbal aggression –agencies, providers, companies,
- Unsafe housing or environment
- Unpredictable reactions to 'approach'
- Animal problems

Slide 6

Safety of Property

- Problems with sanitation, and home maintenance
- Finances
- Ownership of items
- Shoplifting
- Gifting… then wanting it back
- Money, banks, checks, jewelry, land…

Slide 7

Problems with Public Behavior

- ‘Bad’ Language issues
- ‘Inappropriate’ Behavior issues
- ‘Unexpected’ Responses to authority
- Problems following instructions
- Not obeying the ‘rules’
- Repeated ‘false’ reports about neighbors or family

Slide 8

Communication Problems

- Interviews – making no sense OR changing the story
- 911 Calls
- Repeated offenses
- Refusals to comply
- Agreement to do – NO follow-through
- Nuisance calls and reports
- Can’t understand speech

Slide 9

Why Should We Be Worried About DEMENTIA?

Slide 10

A Few Facts…

- Aging is the greatest risk factor
- Early signs are subtle
- Early signs are inconsistent
- Doctors only catch it 20% of the time
- It's a relatively new condition
- There are many different types

Slide 11

Why Should We Be Worried About DEMENTIA?

- The number of people over the age of 65 is rising dramatically (from <12% to >17-20% by 2020)
- Lots of women
- Lots of lower educational levels
- Lots of out of state arrivals
- Limited health care support

Slide 12

SO… What is Dementia?

- It is NOT part of normal aging! It is a disease!
- It is more than just forgetfulness - which is part of normal aging
- It makes independent life impossible

Slide 13

Cognitive Changes with Aging

- Normal changes = **more forgetful & slower to learn**
- MCI – Mild Cognitive Impairment = **1 problem area**
  - memory, word finding & complex problem solving problems (½ of these folks will develop dementia in 5 yrs)
- Dementia = **Chronic thinking problems in > 2 areas**
- Delirium =**Rapid changes in thinking & alertness**
  (seek medical help immediately)
- Depression = ***chronic unless treated, poor quality , I "don't know", "I just can't" responses, no pleasure***
  can look like agitation & confusion

Slide 14

Ten Early Warning Signs

- memory loss for recent or new information – repeats self frequently
- difficulty doing familiar, but difficult tasks – managing money, medications, driving
- problems with word finding, mis-naming, or mis-understanding
- getting confused about time or place - getting lost while driving, missing several appointments
- worsening judgment – not thinking thing through like before
- difficulty problem solving or reasoning
- misplacing things – putting them in 'odd places'
- changes in mood or behavior
- changes in typical personality
- loss of initiation – withdraws form normal patterns of activities and interests

Slide 15

What Could It Be?

- Another medical condition
- Medication side-effect
- Hearing loss or vision loss
- Depression
- Delirium
- Severe but unrecognized pain
- Other things…

Slide 16

Drugs that can affect cognition

- Anti-arrhythmic agents
- Antibiotics
- Antihistamines - decongestants
- Tricyclic antidepressants
- Anti-hypertensives
- Anti-cholinergic agents
- Anti-convulsants
- Anti-emetics
- Histamine receptor blockers
- Immunosuppressant agents
- Muscle relaxants
- Narcotic analgesics
- Sedative hypnotics
- Anti-Parkinsonian agents

Washington Manual Geriatrics Subspecialty Consults edited by Kyle C. Moylan (pg 15) – published by Lippencott, Wilkins & Williams , 2003

Slide 17

What Makes Dementia Different?

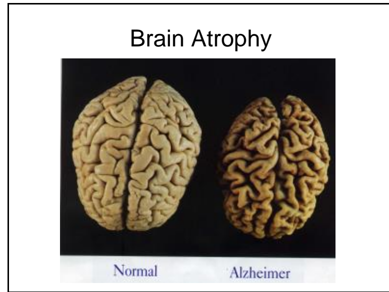
- The illness is slow to start – hard to see
- Not consistent –good days/bad days *or moments*
- Gradually gets worse
- Motor skills are still OK for a long time
- Self-awareness is usually limited
- Self-monitoring is not possible
- Social skills are often preserved

Slide 18

Brain Failure

The person's brain is dying

Slide 19



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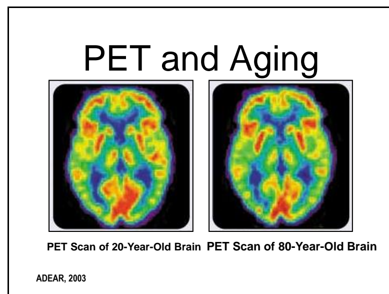

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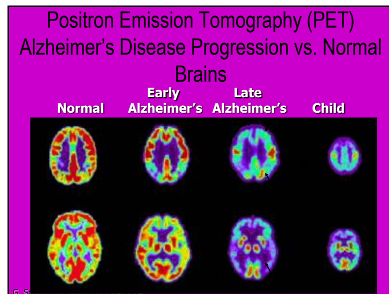

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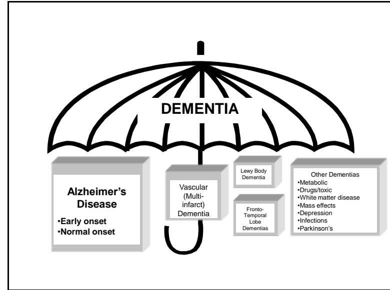


Slide 23

Alzheimer's

- New info lost
- Recent memory worse
- Problems finding words
- Mis-speaks
- More impulsive or indecisive
- Gets lost
- Notice changes over 6 months – 1 year

Slide 24

Vascular Dementia

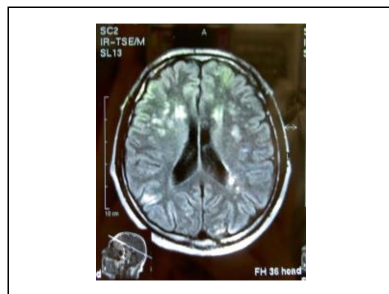
- Sudden changes
- Picture varies by person
- Can have bounce back & bad days
- Judgment and behavior 'not the same'
- Spotty losses
- Emotional & energy shifts

Slide 25

Vascular dementia

CT Scan
The white spots indicate dead cell areas - mini-strokes

Slide 26



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Lewy Body Dementia

- Movement problems - Falls
- Visual Hallucinations
- Fine motor problems – hands & swallowing
- Episodes of rigidity & syncopy
- Nightmares
- Fluctuations in abilities
- Drug responses can be extreme & strange

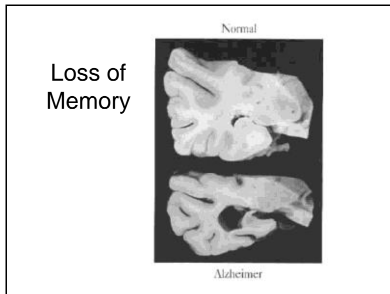
Slide 28

Fronto-Temporal Dementias

- Many types
- Frontal – impulse & behavior control loss
  - Says unexpected, rude, mean, odd things to others
  - Dis-inhibited – food, drink, sex, emotions, actions
  - Becomes 'stuck' or obsessed about 'things'
- Temporal – language loss
  - Can't speak or get words out
  - Can't understand what is said, sound fluent – nonsense words

Slide 29

Loss of Memory

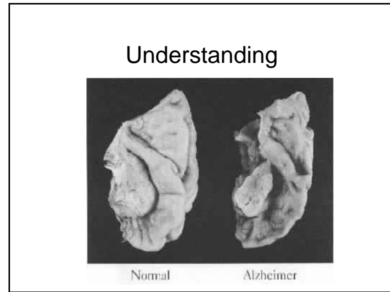


Slide 30

Memories

- Losses
  - Where & when you are
  - What is going on
  - Where you want to go
  - What you want to do
- Preserved abilities
  - Confabulation!
  - Emotional memories
  - Motor memories

Slide 31

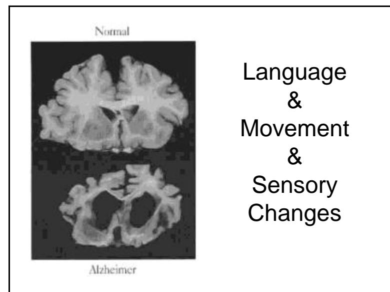


Slide 32

Issues of Understanding

- **Losses**
  - Can't interpret information
  - Can't make sense of words
  - Gets off target
- **Preserved abilities**
  - picks up on facial expression
  - picks up on tone of voice

Slide 33



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Language Issues

- Losses
  - Can't find the right words
  - Not able to say what you mean
  - Can't make needs known
- Preserved abilities -
  - automatic speech
  - singing
  - swearing
  - turn taking

Slide 35

Sensory Changes

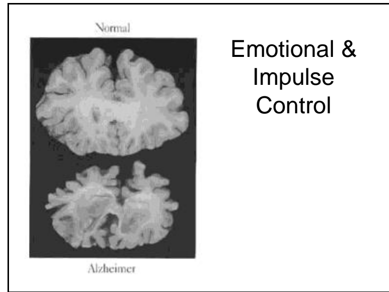
- Losses
  - Awareness of body and position
  - Ability to locate and express pain
  - Awareness of feeling in most of body
- Preserved Abilities
  - 4 areas can be sensitive
  - Any of these areas can be hypersensitive
  - Need for sensation can become extreme

Slide 36

Self-Care Changes

- Losses
  - initiation & termination
  - tool manipulation
  - sequencing
- Preserved Abilities
  - motions and actions
  - the doing part
  - cued activity

Slide 37



Emotional & Impulse Control

Slide 38

Issues of Impulses & Emotions

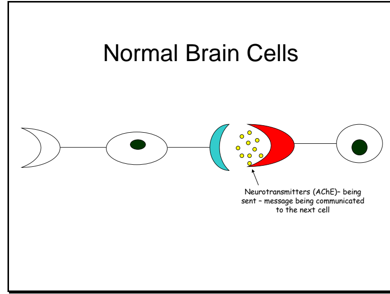
- Losses
  - becomes labile & extreme
  - think it - say it
  - want it - do it
  - see it - use it
- Preserved
  - desire to be respected
  - desire to be in control
  - regret after action

Slide 39

What happens with Alzheimer's Disease?

- Two processes
  - Cells are shrinking & dying
  - Cells are producing less chemical to send messages

Slide 40



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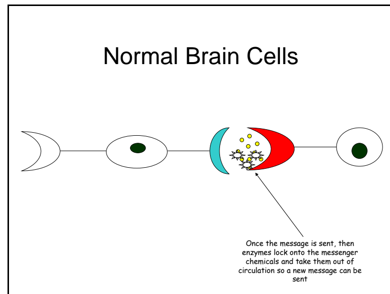

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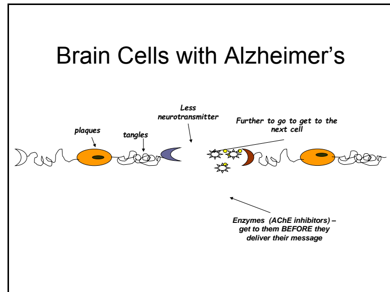

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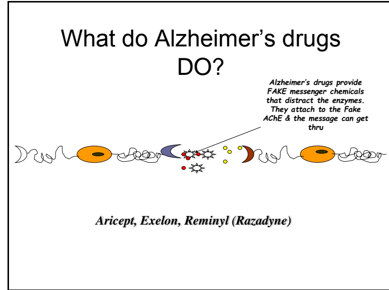


Slide 44

Other Medication Questions

The basics…

What else is used for people with dementia?

Slide 45

Drugs that treat symptoms

- Antidepressants
- Mood stabilizers
- Antipsychotics
- Anxiolytics/Benzodiazepines

Slide 46

Other drugs

- Blood pressure medications
- Anticholinergics
- Any other medication

Slide 47

So… If you see these meds

- Be aware that even though there may not be a diagnosis, if you note Aricept, Excelon, Razadyne, or Namenda – the doctor thoguht there was a memory problem in progress
- If you also see some of these other meds – the situation may be more problematic

Slide 48

So… You are on the scene

You suspect or know dementia is part of the picture
Consider the following:

Slide 49

What Can You Do to Help?

- Recognize what the problem might be
- Be willing to try something different
- Use a Positive Physical Approach in Interactions
- Use Positive Communication Skills
- Consider Project Lifesaver
- Contact the Alzheimer's Association for more information

Slide 50

Positive Physical Approach

- Come from the FRONT
  - Make sure they are aware of you, before you get close or touch (knock, call out)
  - Stop your movement at 6 ft. out – pause & greet
- GO SLOW
  one second - one step OR let them come to you
- Get to the SIDE
  - Use *supportive* stance NOT confrontational
  - Provides visual and physical 'out' for the person

Slide 51

Positive Physical Approach

- Get LOW
  - Sit down or get down to the person's level
  - Reduce intimidation without invading space
- Offer your HAND
  - Greet the person as a 'friend' rather than as a 'threat'
  - It also provides safety for you from 'striking out and connects you to the person (prevents wandering or leaving)

Slide 52

Positive Physical Approach

- Introduce yourself by name
  - Making sure the person 'knows you'
  - Also cues them for the next step…
- WAIT for a response… (count to 10)
  - Let's you know if they processed
  - Let's them know you are listening
  - Use your non-verbal skills while you are waiting

Slide 53

Positive Physical Approach

- Come from the front & offer your hand
- Go slow
- Get to the side
- Get low
- Introduce yourself
- WAIT for a response…
- Then talk

Slide 54

When to Use This Approach

- When you have been called in BUT there is not an 'immediate' danger situation BUT there is 'risk'
- When the person is 'misunderstanding'
- When the person is scared or disoriented
- When a 'lost person' is found
- When a caregiver is having 'trouble'

Slide 55

Positive Communication

- Get the person to DO something
- Deal with distress
- Get information *** Can't be reliable

Slide 56

Get the Person to DO something

- Introduce self and get name…
  - "Hi, I'm Officer ____, and you are????
  - This helps you get connected & see if info is correct without stressing the person
- Offer simple, short info about situation
  - "It sounds like you are _____ (give an emotion you think the person may be experiencing). PAUSE
  - "I want to ask you a few questions to help…."
  - This gives orienting info about what is happening and sets the interaction up

Slide 57

Get the Person to DO something

- Provide simple choices
  - "Did you call us or did your daughter call?"
  - Helps you determine if the person is able recall situation and accurately select choices
- Ask for help
  - "Could you help me …"
  - Providing help is frequently almost automatic and gets things going

Slide 58

Get the Person to DO something

- Ask to TRY
  - "Could you give it a try?..."
  - Safer to 'try' something than to 'be sure'
- Break tasks down in steps
  - "Lean forward, reach back, sit down…"
  - Use words, gesture, then demonstrate

Slide 59

Having a Conversation

- Use the positive physical approach
- Introduce self
- Ask something about origins…
  - Where are you from?
  - What kind of work did you do?
  - Who is in your family?
- Use some of their words in your responses

Slide 60

Having a Conversation

- REALIZE!!!!
  - They will not be 100% accurate in recent recall of information

  BUT!!!!
  - They do have emotional memories
  - They may remember OLD stuff well – out of sequence and situation
  - They will make specifics up to fit their feelings

Slide 61

Having a Conversation

- Confirm understanding through head movement opposite of correct response
  - "Am I wearing a blue shirt? While you move your head in the incorrect direction
- Consider using a second officer to get info from significant other – other space
  - Helps to keep the person busy and occupied while more info is gathered

Slide 62

Dealing with Distress

- Use the approach
- Make a ***visual and physical*** connection
- Make an ***emotional*** connection
- **VALIDATE** – offer support for what is 'true'
- Use some of ***their words***
- THEN –
  - Use ***redirection*** – same topic with new direction
  - Use ***distraction*** – different topic with action
- Move to a new location or activity

Slide 63

Rating Systems for Changing Cognitive Levels

Alzheimer's Association
Global Deterioration
Cognitive Disabilities

Slide 64

Rationale

- 3 systems – all use numbers
- Each has value – together confusing
- People are not numbers
- Until we begin to the see the beauty and value in what the person is at this point in time – we will never care for them as we should
- Gems are precious and unique – common language and characteristics

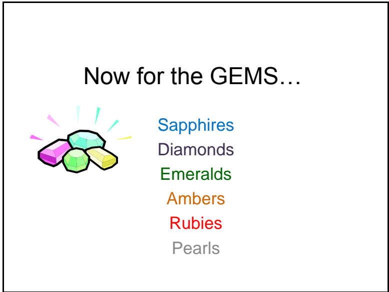
Slide 65

Gem Level Approach

- Based on Allen Cognitive Levels –
  - Cognitive Disability Theory – OT based
- Creates a common language & approach to providing –
  - Environmental support
  - Caregiver support & cueing strategies
  - Setting expectations regarding retained abilities and lost skills
  - Promotes graded task modification for success

Slide 66

Now for the GEMS…



Sapphires
Diamonds
Emeralds
Ambers
Rubies
Pearls

Slide 67

Slide 68

Levels & Help

Levels	Diamond	Emerald	Amber	Ruby	Pearl
Typical behaviors	• Uses old habits uses routines • Seems rigid • Easily frustrated with others • Does the familiar	• Works on tasks • See = do • Not see = not do • Looks for things to do • Asks questions • Errors & skips in doing	• Manipulates things • Investigates places and things • Repeats familiar actions • Trouble with tools	• Walks a lot • Repeats … • Big body movements • Little use of fingers • Can't sit still or can't get going	• Reflexes get stronger • Controlled movement stops • More internal • Sometimes aware
Cues that help	• Words, short instructions & directions • Signs, pictures, notes • Watching others do it	• Set up • Simple words • Pictures • Objects • Watch you do • Hand under hand guide - selected parts	• Demo • Gestures • Single step verbal cues • Hand-under-hand assist	• Gross demo • Hand under hand assist • Take movement breaks • Let go & return	• Touch • Smooth slow voice and hands • Familiar sounds, smells, contact • H-U-H help

Slide 69

What Can & Does the ***Diamond*** Person Do?

- Seeks authority figures for help
- Follows simple directional signs
- Follows prompted schedules
- Follows familiar routes to get around
- Looks for places, people, activities that are desired BUT gets lost easily
- Becomes easily frustrated when things don't go well or others won't 'behave right'
- Will look and sound 'normal' most of the time

Slide 70

What Can & Does the *Emerald* Person Do?

- Asks questions over and over
- Picks up on visual information more than verbal
- Elopes - Goes back to old work & home habits
- Elopes – To get away from current rules/situation
- Has some problems with hygiene, personal care, care of others or pets, can't be alone
- Becomes upset if unable to figure out what should or needs to be done

Slide 71

What Can & Does the *Amber* Person Do?

- Needs step-by-step guidance & help for care
- Follows demonstrations and hand-under-hand guidance after a few repetitions, uses utensils (not always well)
- Likes to handle, manipulate, touch, gather, place things
- Will not respect others' space or belongings
- Goes to places or activities that are interesting visually, tactilely, auditorily
- Leaves places or activities that are TOO busy or crowded

Slide 72

What Can & Does the *Ruby* Person Do?

- Walks/wheels around a majority of the time when awake
- May carry objects or rub/clap/pat with hands
- Tends toward movement unless 'asleep'
- Uses hands poorly, not spontaneously, inconsistently
- Follows gross demonstration & big gestures for actions
- Limited awareness of others - may invade personal space
- Gets stuck in 'tight' places
- Leaves during 'unpleasant' experiences

Slide 73

What Can & Does the ***Pearl*** Person Do?

- Is bed or chair bound
- Has more time asleep or unaware
- Has many 'primitive' reflexes present -Startles easily
- May cry out or mumble 'constantly
- Increases vocalizations with distress
- Difficult to calm
- Knows familiar from unfamiliar
- Touch and voice make a difference in behaviors

Slide 74

Sample Cases…

- Now, that you know more about dementia…

Slide 75

- You see an old man urinating in a potted plant.
- When you approach, he says "When you got to go you got to go!"
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 76

- You get phone calls 3 nights in a row from an old woman who lives alone
- “There’s someone breaking in my house”
- When you walk around the house, you note tree branches scraping against the bedroom window
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 77

- At a license check, an older woman gets very upset, can’t find her driver’s license or registration and drives off in a panic
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 78

- You notice an elderly man staggering down the street.
- He looks disheveled and confused
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 79

- You get called to a house by an older woman who says…
- “My son’s wife’s been sneaking in my house at night stealing my gowns and underwear”
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 80

- You approach a lady who is obviously distressed. You ask her if you can help and she’s says she missed the bus and asks if you can give her a ride home. You ask where she lives and she gives you an address of a house that burned down two years ago.
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 81

- You get a call that an older woman is shoplifting at Walmart. When you arrive the woman and the clerk are both distressed. (“She’s done this before and we can’t let her get away with it.” “This woman (the clerk) keeps grabbing my pocket book.”
- First Thoughts?
- More Thoughts?
- What would you say & do?
- WHY? Why NOT?

Slide 82

In Summary…

Slide 83

So… What will they do?

- They will confabulate – part of the disease … but it isn't 'traditional lying'
- They will agree to do something – then will NOT remember at all about it – and argue with you
- They will NOT be able to control impulses
- They will behave differently with you than with family (early on)
- They may try to avoid you and hide more during search & rescue situations

Slide 84

…What will they do?

- They think they can and should be able to do things the way they ALWAYS have
- They do NOT see errors or problems
- They may miss key words, but act like they are 'getting it'
- They will ask you the same thing over and over
- They do 'get lost' easily – even on familiar routes

Slide 85

…What will they do?

- They can sometimes do things no one expects them to be able to do
- They will blame others for problems
- They will call you (the authorities) to help them with problems – even when they are wrong
- They will follow others – getting lost in public places

Slide 86

What ELSE???

- If you are suspicious … consider a referral
- Learn more about these conditions
- Consider an In-Service for all officers
- Share info about those with dementia with others on the force
- Think about being proactive – rather then reactive, especially with wandering and elopement risks, domestic abuse and neglect, driving, & fraud

Slide 87

Alzheimer's Organizations

- Alzheimer's Foundation of America–
  - National organization with local groups
  - 1-866-232-8484
  - www.alzfdn.org
- Alzheimer's Association–
  - National organization with local chapters
  - 1-800-272-3900
  - www.alz.org
- Project Lifesaver – tracking system