


Beyond Memory Books: Strategies for Dementia



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Outline

- Review of Dementia; Language, Cognitive, Behavior changes
- Brief discussion of Assessment for Functional Treatment
- Theoretical Models underlying Functional Treatment
- Treatment approaches: Evolution of Memory Books
- Developing Functional Goals for Long-term Care
- Case Examples

Diagnostic Criteria for Dementia:
Diagnostic and Statistical Manual of Mental Disorders -IV
(DSM-IV; APA, 2000)

- **Memory impairment** *and* related changes in another cognitive domain (language, abstract thinking, judgment, executive functioning) that are
 - sufficiently severe to cause impairment in social and occupational functioning,
 - and that reflect a decline from a previously higher level of functioning.
- Cognitive and behavioral symptoms are
 - chronic and progressive,
 - may be correlated with specific neuropathology of an organic basis,
 - are differentiated from disturbances of consciousness (e.g., delirium) or psychiatric etiologies (e.g., depression, anxiety disorders) for which there are pharmacological treatments (Ballard, 2000).

Differentiating the effects of normal aging from dementia

- **Reversible and/or Treatable Conditions**
 - Rule out and treat metabolic and nutritional disorders, depression, other disease processes and medical conditions
- **Age-Associated Memory Impairment**
 - Rule out depression and dementia
 - < 1 standard deviation below mean of young adult scores on cognitive tests
 - Slower psychomotor speed; benign forgetfulness
 - Preserved occupational and social functioning
- **Mild Cognitive Impairment**
 - Increased frequency of memory complaints
 - Preserved occupational and social functioning
 - < 1.5 standard deviations below mean of age and education matched healthy controls on cognitive tests

Characteristics of Cognitive-Communication changes in Aphasia and Dementia: **Dementia**

Disorder of Cognition

- Memory Loss is the Core Symptom of most types of Dementia
- Other Symptoms include:
 - Language problems
 - Attention, Executive function, visuospatial difficulties
 - Troublesome behaviors: wandering, agitation, irritability, delusions, day-night disorientation
 - Depression

	Alzheimer's Disease (AD)	Vascular Dementia (VaD)	Frontotemporal Dementia (FTD)
Prevalence	60-70% of cases	15-30% of cases	8-20%
Onset	Slow, Gradual progression	Abrupt, stepwise progression	Slow, Gradual
Cognition	Memory Deficits: word finding (early) Short-term (mid) Long-term (late)	Focal symptoms: Some early; others late	Variable
	Executive dysfunction (early)	Mild executive dysfunction; Severe & early in Binswanger's disease	Selective and sustained attention deficits (early) Greater deficits than AD
Language	Intact; mild word finding (early) Semantics, pragmatics, reading comprehension, perseveration (mid) Affective responses only (late)	Focal language deficits variable Co-occurs with extrapyramidal symptoms, gait problems, paresis, facial weakness	Intact (early) Perseverative, echolalic, mutism (late) Primary progressive aphasia: early, nonfluent, language deficits Semantic Dementia: late, fluent language deficits
Visuospatial	Progressive decline	Visual field deficits	Intact (early)
Behavior	Personality, mood changes (early) Delusions, hallucinations, agitation, repetitive (mid) Ambulation, sleep, eating (late)	Depression, agitation, anxiety, apathy (early)	Profound early changes in mood, personality and social conduct

	Dementia with Lewy Bodies (DLB)	Dementia in Parkinson's Disease
Prevalence	20-30%	18-40% of Parkinson's patients
Onset	Slow, Gradual	Slow, Gradual and fluctuating
Cognition	Intact (early) Gradually fluctuating Similar to AD	Similar to DLB Fluctuating Cognition
	Attention (early) Executive dysfunction (early)	Executive dysfunction (early)
Language	Verbal fluency deficits (early) Otherwise intact (early) Similar to AD	Less language impairment than AD Early pragmatic deficits Extrapyramidal symptoms: resting tremor, bradykinesia, cogwheel rigidity
Visuospatial	Deficits (early)	
Behavior	Visual hallucinations, delusions, depression (early)	Depression, mood changes Medication related delusions and hallucinations

More dementia types

- Dementia in Huntington's disease
- Human immunodeficiency virus-associated dementia (HIV-D)
- Creutzfeldt-Jakob disease (CJD)
- Pseudo dementia
- Other Co-morbidities
 - Heart disease
 - Hip Fracture
 - Diabetes
 - CVA, stroke
 - Lung diseases

Communication and Cognitive Deficits and Strengths of Persons with AD

Communication and Cognitive Deficits	Communication and Cognitive Strengths
Early Stage	
Mild expressive language deficits related to word-finding problems for names, places Receptive language: difficulty comprehending abstract language and complex conversation Memory: Mild declarative/explicit memory retrieval deficits Executive function: inconsistent problems with IADLs (finances, shopping) Divided and selective attention lapses Mild visuospatial deficits	Phonology, Syntax, Pragmatics intact Oral reading and writing intact Intact comprehension of concrete language Good reading comprehension Intact nondeclarative/implicit and sensory memory Aware of language and memory lapses Good sustained attention and concentration
Middle Stage	
Increasing expressive language deficits: word-finding problems, lack of content in conversation Pragmatic difficulties with topic maintenance Receptive language: difficulty comprehending complex instructions, tasks Reading comprehension difficulties Memory: Increasing declarative memory retrieval deficits Executive function: lack of inhibition, planning and set shifting problems Attention: impaired in all domains Visuospatial: increasing problems	Phonology and Syntax intact Oral reading for familiar text preserved Reading comprehension good for familiar words and phrases Adequate nondeclarative/implicit and sensory memory
Late Stage	
Expression of needs and wants: may be inappropriate verbal or vocal productions; mutism at end stage Repetitive vocal and physical behavior Severely limited auditory comprehension Severe memory deficits across domains Impaired attention, fluctuating alertness	Appropriate affective responses to sensory stimuli, music (smiles, pleasant vocalization) Cooperates with appropriate cues (tactile, visual, affective) Basic needs for attention, communication, touch present

Behavior Problems

are symptoms of Memory, Language, & Cognitive Deficits

- Frequency, intensity, severity, and pattern vary by person, etiology, stage of disease, and environmental factors
- Early stage – memory issues, fearful, irritable, personality changes, mood swings
- Middle stages – problems more diverse, frequent, and difficult to manage
- Late stages – behaviors slow down, more predictable and manageable, related to nursing care

Need-Driven Compromised Behavior Model

(Algase et al, 1996)

- Theory of Unmet Needs
- Personal, social, environmental, physical, emotional needs
- Cannot communicate effectively due to language and cognitive changes
- Behaviors are expressions of need
- Misinterpreted as maladaptive
- MOST Behavior problems can be addressed with Communication-based treatments

Assessment: The Role of SLP in Dementia

- Diagnosis vs. Treatment: Historical perspective
 - International Classification of Functioning, Disability and Health (ICF) (WHO; 2001)
 - Body structures and function/Impairment
 - Physiology and anatomy
 - Activity/Activity Limitations
 - Execution of a task or action by an individual
 - Participation/Participation Restriction
 - Involvement in a life situation
- Assessment for Treatment Planning
 - Determine preserved skills & deficits
- Planning Functional Assessment to Address Functional Outcomes
 - Determine desired outcomes for maintaining function

Purposes of Assessment

- To provide a baseline measure of cognitive-communicative functioning against which to measure progress
- To identify and profile cognitive-linguistic strengths and weaknesses around which goals and a treatment plan are developed
- To provide a diagnosis and prognosis, when possible
- Assessment should not take place only at pre and post treatment evaluation sessions, but whenever there is a documented change in status

Assessment at the Activity & Participation Levels

- Identify patient
 - limitations in communication & activities of daily living
 - strengths in communication & functioning
 - problem behaviors (anxieties, repetitive questions and behaviors, social isolation)
 - environmental barriers for communication
 - desired activities and participation
- Interview the Caregivers for behavior complaints and expectations
 - These will lead to potential goals for treatment programs

Identify Problem Behaviors

- Identify, describe, and count frequency of caregiver and patient complaints.
 - What are the specific problems?
 - Where do they occur; what time of day?
 - How often do they occur?
 - What is the consequence of the problem; who says and does what; does it work?
 - What is causing this problem; activity limitation?
 - What impact does this problem have on quality of life (participation in desired activities)?

Determine frequency of problem:

Behavior Diary

Date	Time	Describe the Behavior	How Often?

Behavior Log

Day	Count Problem: Cannot find room	Count Problem: Asks what time it is.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Identify Environmental Barriers

Environment & Communication Assessment Toolkit for Dementia Care

By Jennifer Brush, M.A., CCC/SLP; Margaret Calkins, Ph.D., CAPS, EDAC; Carrie Bruce, M.A., CCC/SLP, ATP; and Jon Sanford, M.Arch.

Includes:
 Sound level meter
 Light meter
 Personal Spaces Assessment Forms
 Public Spaces Assessment Forms

2011, Health Professions Press

Determine Desired Range of Participation

Environment/Activity	People	Frequency of Contact	Problems
Home	Me Wife, Mary	24-7	Lots of arguments Loss of intimacy
Church	Minister, Friends: Bob & Jane Smith, H. Jones, many others	Sunday, Tuesday Choir Practice	Can't remember names
Senior Center	Men's Group	Wednesday	Names, following conversation
Grocery Store	Clerk	varies	Giving correct money
Son's home	Son, Spouse T.(6 yrs), M. (2 yrs)	Once/week	Yells at kids

Daily Schedule/Routines

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am	Breakfast Dressed						
9 am							
10 am	Senior Center		Senior Center				Church
11 am							
Noon	Lunch						
1 pm							
2 pm							
3 pm							
4 pm							
5 pm	Dinner	Dinner	Dinner	Dinner		Dinner	Dinner
6 pm	TV News				Dinner at Son's house		
7 pm		Choir Practice					
8 pm							
9 pm							
10 pm							
11 pm	Bed	Bed	Bed	Bed	Bed	Bed	Bed

Functional Goals Screening Protocol: Community Clients with Dementia

© Michelle Bourgeois, Ph.D. CCC-SLP & Angela Haller Rozsa, M.S. CCC-SLP
 Name: _____ Date of Screening: _____
 Medical Diagnosis: _____
 Date of Birth: _____ Age: _____ Gender: _____

PART 1: CLIENT INTERVIEW
A. Personal Information

Family	Occupation
Lives with	Hobbies
Friends	Activities
Preferences	Diets

Premorbid Basic Reading Ability Yes No Unable to answer
 Premorbid Basic Writing Ability Yes No Unable to answer
 Wears Hearing Aid Yes No
 Wears glasses Yes No For some activities
 Other languages spoken Yes No
B. MMSE Score: _____ Mid-20-23 Moderate-17-19 Severe <17
 Strengths: _____ Weaknesses: _____

C. Conversational Sample:
 Tell me about your family (or what you did for a living):

Discourse features	Present	Absent	No opportunity
Takes turns	_____	_____	_____
Reinforces turn	_____	_____	_____
Maintains topic	_____	_____	_____
Initiates new topic	_____	_____	_____
Transitions from topic	_____	_____	_____
Requests clarification	_____	_____	_____
Clarifies	_____	_____	_____

D. Orientation to Environment:
 Show me where the bathroom is? Able Requires assistance (Mild Mod Max) Not able
 Show me where your telephone is? Able Requires assistance (Mild Mod Max) Not able
 Show me where I can get a glass of water? Able Requires assistance (Mild Mod Max) Not able






E. Auditory and Tactile Behaviors:
 Is attentive when others are talking? Yes No Holds, squeezes, manipulates objects? Yes No
 Is bothered by noises (radio, tv)? Yes No Rubs, smooths, explores surface with hands? Yes No
 Is attentive to or participates in music, singing? Yes No Hits, bangs, slaps objects or surfaces? Yes No

F. Visual and Functional Reading Behaviors: (Use newspaper, magazine, other written materials in the home)
 Prompt client to "Tell me something interesting from this paper (magazine, mail, etc.)"
 Does client read aloud from the materials? Yes No
 Does client make comments about the topic? Yes No

Complete form in Handouts

Assess to determine *Expectation* for Treatment Effects

Bourgeois Oral Reading Measure (1992)

I enjoy baseball games.	The dog's name is Rover.	I live in Swissvale.	His wife's name is Mary.	My sister is 75 years old.
				

Informal Reading Assessment

Today is August 5, 2010. (40)

There is a cool breeze blowing. (36)

Buffalo are grazing on the plain. (24)

Ice cream would be a refreshing treat. (18)

Let's have a picnic near the swimming hole. (12)

More Informal Reading Assessment

Your money is safe in the bank.

Your money is safe in the bank.

My money is safe in the bank.

Don't worry – it's safe.

Spaced-Retrieval Screening (Brush & Camp, 1998)

- 1. (*NO DELAY*) "Today we are going to practice remembering my name. My name is _____. What is my name?"
 - Correct: "That's right. I am glad that you remembered."
- 2. (*SHORT DELAY*) "Good. I will give you more opportunities to practice as I am working with you today. Let's try again. What is my name?"
 - Correct: "That's right. I am glad that you remembered"
- 3. (*LONG DELAY*) "You are doing well remembering my name for a longer period of time, and that's the idea. I would like you to always remember my name. **I will be practicing this with you during therapy** by asking you often. What is my name?"
 - Correct: "That's right you are remembering for a longer period of time. You did a great job remembering my name."

■ If the client is incorrect at any level 3 times in a row, this client is not appropriate for SR training, say: "Thanks for trying so hard. Let's work on something else now."

Assessment Results Determine Candidacy for Treatment

- Intervene with individuals who:
 - Show intent to communicate
 - Demonstrate cognitive-linguistic strengths around which to structure a treatment program
 - Respond to cues
 - Follow simple directions
 - Exhibit recent/significant change in status

Guiding Principles for Functional Intervention

- Maintain independent functioning as long as possible
- Maintain quality of life via supported participation and engagement
- Emphasize personal relevance and contextual training

Theoretical basis for these intervention effects

- WHO Model (WHO, 2002):
 - Impairment, Activity, Participation
- Memory Model (Baddeley, 1995)
 - Preserved and Impaired memory systems
 - Sensory, Short term/Working, Long term memory
 - A theory of Learning (Squire, 1994)
- Person-Centered Care Model (Kitwood, 1997):
 - People need comfort, attachment, inclusion, occupation, and identity

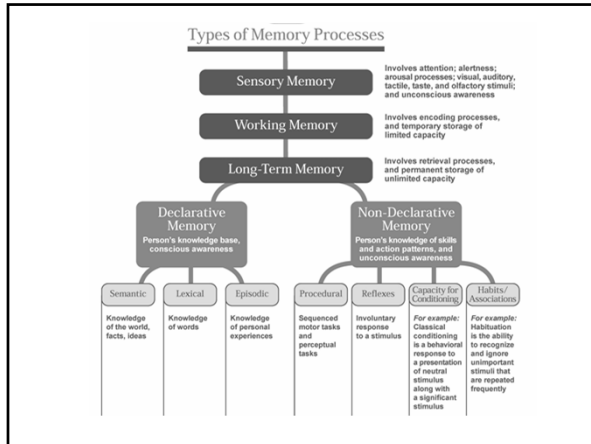
WHO model of Treatment in Dementia

- Impairment level treatment
 - Pharmacological
 - **Change language, cognition, memory processes?**
 - Poor maintenance as disease progresses
- Activity level treatment
 - Non-Pharmacological
 - **Support compensatory strategies for functional behaviors**
 - Modify cues and environment
- Participation level treatment
 - **Increase participation and engagement in desired activities**
 - Improves quality of life

Treatment needs to be appropriate:
for the settings (Environmental factors)
and for the person (Personal factors: person-centered approach)

Theoretical rationale for intervention strategies: A memory model

- Preserved memory systems
 - Enhance strength areas
- Impaired memory systems
 - Reduce demands on impaired systems by using cues and compensatory strategies



A Model of Memory for Dementia

(Baddeley, 1995)

- **Sensory memory**
 - Problems with recognition and identification
 - Early stages: relatively preserved
 - Later: need to enhance sensory cues
- **Short term memory (working, temporary)**
 - Problems with encoding and decoding
 - Early stages: most impaired
 - Reduce demands with memory aids and strategies
- **Long term memory (semantic, episodic, and procedural)**
 - Problems with retrieval
 - Early stages: word retrieval problems
 - Later stages: procedural memories relatively preserved
 - Enhance cues and Reduce demands with memory aids

Classifying language deficits and problem behaviors by memory subsystem

Sensory memory: Problems with registration, recognition, and identification	Short term, temporary working memory: problems with encoding/decoding	Long term, semantic, episodic, and procedural memory: Problems with retrieval
Visual agnosia: does not recognize common objects; puts objects in wrong places Sundowning: does not recognize his home Repetitive tactile manipulation: does not recognize object Delusions; misidentifies people, objects, places Hallucinations; sees people, objects that are not there Distracted by competing sensory stimuli; sensory overload	Repetitive questions; failure to encode answer Follows caregiver; forgets caregiver is temporarily in the other room Uncooperative, may not follow directions or instructions; failure to encode or decode verbal stimuli Agitation, pacing; failure to encode responses to anxiety induced behavior	Word-finding problems: specific words, facts, names of familiar persons, places, and events; Uses wrong name States erroneous information; lying and accusations Disruptive vocalization; inability to access words to express wants and needs Forgets how to dress, bathe, feed, toilet self Forgets how to use telephone, other familiar implements Does not complete tasks Apathy; forgets what to do Wandering; forgets where to go

Memory Strategies can be...

INTERNAL STRATEGIES	EXTERNAL STRATEGIES
Mnemonics Face-Name associations Mental retracing of events First letter associations Memory games and drills	Calendar, planner, diary Multifunctional watch, timers Shopping lists, string on finger Putting things in a special place Signs, labels, notes Tape recording

Internal Strategies require:	External Strategies require:
<ul style="list-style-type: none"> • Effortful, conscious processing • Active memory search to recall • Internal monitoring of info • Mental representation • Inside the Brain 	<ul style="list-style-type: none"> • Automatic processing • Recognition based on experience & practice • External monitoring of info • Physical, permanent products • In the Environment

External Aids for Sensory Memory

Visual cues, Auditory cues
Tactile cues, Olfactory cues

Familiar objects, sounds, smells...
 trigger memories...

Over learned memories are most resistant to neurological disease

Visual Aids

Written Cues: Notes, Labels, Lists, Signs

Organizational Cues: Planners, Medication boxes

Environmental Cues: Objects, color-coding, special places

Calendars, calendars....

Auditory Aids for Sensory Memory

Tactile Aids for Sensory Memory

Short term Memory Problems: Getting information into Memory

- Repetitive questions
- Forgets information quickly
- Does not follow directions or instructions
- Lack of cooperation, refuses, makes excuses
- All are examples of **failure to encode**, or get information into Memory

Aids for Encoding Information: Shopping Organizers

Weekly Meal Planner (For the Week of _____)

Sunday		Things to buy:
Breakfast		
Lunch		
Dinner		
Monday		Things to buy:
Breakfast		
Lunch		
Dinner		
Tuesday		Things to buy:
Breakfast		
Lunch		
Dinner		
Wednesday		Things to buy:
Breakfast		
Lunch		
Dinner		

Grocery List

Vegetables	Dairy
Meats	Breads
Canned goods	Paper
Frozen foods	Pet food

Parkvale
SAVINGS BANK

February 26, 1996

Mr. John Doe
1234 Main Street
Anytown, USA 12345

Dear Mr. Doe,

As one of our Direct Deposit customers, we would like to confirm that your Social Security and Pension checks have been arriving on time and are being deposited directly into your savings account on the first day of every month. If there were ever to be a problem, we would contact you immediately.

Thank you for your business. We value you as a customer in good standing.


Sincerely,

Jane Smith
Customer Service Representative
Suburban Branch


Written information can be re-read repeatedly


More Aids for Memory Encoding: reminder cards & memo boards

My wife Jane lost her valiant fight with cancer on May 10, 1999 and rests peacefully here.




I walk with a cane for safety.





Low tech and higher tech aids for encoding information



A Common Problem...

.....**Learning New Information** using Memory Aids

All Memory Aids must

- be Attractive to the user
- be Desirable to the user
- perform a useful function
- be Needed frequently, every day

And.... You need

to incorporate training, rehearsal, and repetitive practice

to ensure learning of desired information

Practice, practice, practice!

Ways to practice...

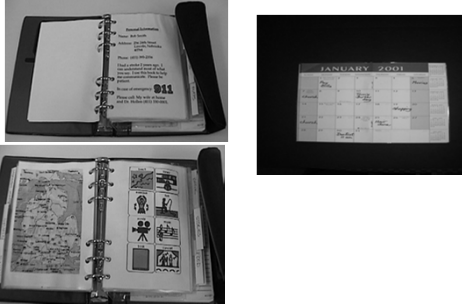
- Talk about memory cues in the environment; read them out loud together.
- Use rehearsal strategies, like **Spaced Retrieval**
 - (Camp et al., 1996; Brush & Camp, 1998)
 - "What do you do to remember where I am?"
 - "I read the memo board."
 - "What do you do to walk safely?"
 - "I walk with my cane."

Retrieval from Long term memory

- Word-finding problems: specific words, facts, names, places, events
- Forgets previously learned information
- Forgets how to use telephone, other familiar implements
- Forgets how to get to familiar places
- Forgets how to dress, bathe, feed, toilet self

Memory Aids for Information Retrieval:

Organizational aids & Planners




Memory Wallets

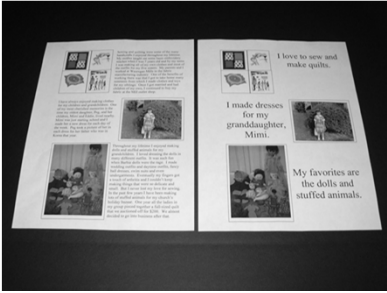


Bourgeois, 1990

Memory Books



Modifying the text maintains function

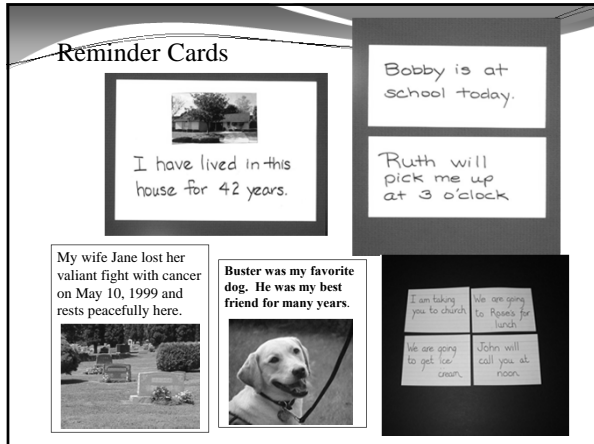


Text can address Problem Behaviors

Caregiver reported Problem Behaviors:

- Repetitive Questions
 - Where is my wife?
 - Where are we going today?
- Restlessness, Pacing
 - Places to go...things to do.
- Delusions, Hallucinations
 - You are not my husband.
 - There's a construction crew in the backyard.

Reminder Cards



I have lived in this house for 42 years.

Bobby is at school today.

Ruth will pick me up at 3 o'clock.

My wife Jane lost her valiant fight with cancer on May 10, 1999 and rests peacefully here.

Buster was my favorite dog. He was my best friend for many years.

I am taking you to church. We are going to Rosie's for lunch. We are going to get ice cream. John will call you at noon.

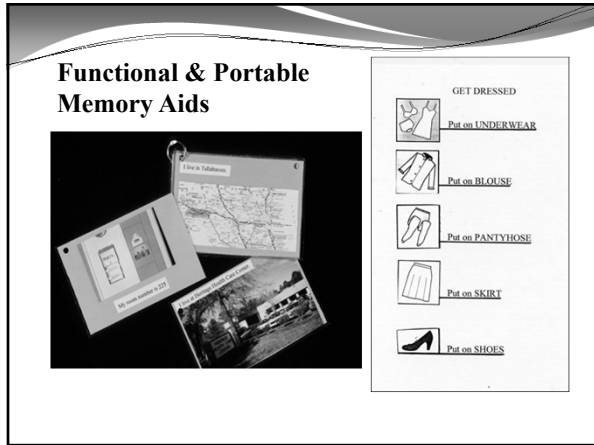
Problem in the Nursing Home:

Memory Books are not used by Residents or Nursing Aides

Solutions:

1. Make them more functional
 - Add Orientation information
 - Add Activity of Daily living information
 - Add Problem Behavior Resolution Info.
 - Give Nursing Aide ownership
2. Make them more portable
3. Establish use through training (Spaced Retrieval)

Functional & Portable Memory Aids



GET DRESSED

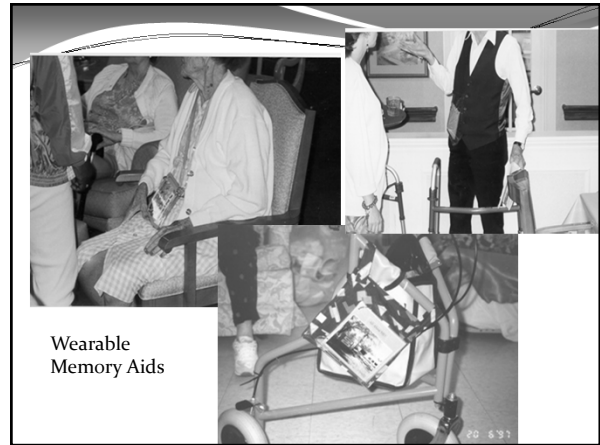
Put on UNDERWEAR

Put on BLOUSE

Put on PANTYHOSE



Put on SKIRT

Put on SHOES




Wearable Memory Aids

Eating keeps me healthy and strong.

Showering makes me feel fresh and clean.



Bourgeois, M., Dijkstra, K., Burgio, L., & Allen-Burge, R. (2001). Memory aids as an AAC strategy for nursing home residents with dementia. *Augmentative and Alternative Communication, 17*, 196-210.

- Trained Nursing Aides to use Memory Cards during care interactions
- RESULTS:
- Improved quantity and quality of interaction
 - Nursing Aides & Residents talked more
 - Nursing Aides used more facilitative behaviors
 - Nursing aides' judgment of resident depression improved

I have many enjoyable activities to do every day.

- Singing
- Exercise class
- Crafts
- Going on Walks

I EAT

- Breakfast at 8:00
- Snacks around 10:30
- Lunch at 12:30
- Snacks at 3:30
- Dinner at 6:00
- Snacks at 7:30

Things to Do

- Walk in the garden
- Watch TV
- Talk with friends
- Look at pictures in my room
- Join in Activities

Burgio, L., Allen-Burge, R., Roth, D., Bourgeois, M., Dijkstra, K., Gerstle, J., Jackson, E., & Bankster, L. (2001). Come talk with me: Improving communication between nursing assistants and nursing home residents during care routines. *The Gerontologist*, 41, 449-460.

I am taking you to church

We are going to Roses for lunch

We are going to get ice cream

John will call you at noon

Reminder Cards

Music activities are free.

The bathroom is next to my room.

Meal Ticket

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Before I sit down in my wheelchair, I will:

1. Feel for the chair with my legs.
2. Reach back for the arm rests.

Safe Swallowing Card

1. Take small bites, chew, and swallow.
2. Take tiny sips.
3. Tuck your chin.
4. Double swallow after each sip.

Countdown to Laundry Day...

- I changed my clothes.
- I changed my clothes.
- I changed my clothes.
- I changed my clothes.
- I changed my clothes.
- I changed my clothes.
- Laundry Day!

I need to change my clothes everyday.

Memo Boards

Good morning, Mom!

It is Tuesday and I am at work.

I'll be home for lunch at 11:30.

Watch TV

Fold the laundry

Love, Jane

Interest & Hobby Albums

My Home

My address was 1102 Beechwood Blvd.

My Favorite Trips and Vacations

Other uses of Written Cues: Reading Games

Montessori Sorting Game (Camp, 1999)

Old Testament

- Isaac
- Cain & Abel
- David
- Noah
- Adam & Eve

New Testament

- Mary & Martha
- Jesus
- Apostles
- Luke

The Lord's Prayer

Our Father, who art in heaven
 hallowed be thy name
 thy kingdom come
 thy will be done
 of earth as it is in heaven
 Give us this day our daily bread
 and forgive us our trespasses
 as we forgive those
 who trespass against us
 and lead us not into temptation
 but deliver us from evil

Need-Driven Compromised Behavior Model

(Algase et al, 1996)

- Theory of Unmet Needs
- Personal, social, environmental, physical, emotional needs
- Cannot communicate effectively due to language and cognitive changes
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Problem Behaviors & Goal Writing


- Orientation
- Wants & Needs
- Engagement & Activities
- Problem Behaviors
 - Nursing Home
 - Home & Family

What types of Orientation goals do you write?


- Orientation to person?
- Orientation to place?
- Orientation to time?

Orientation Assessment Form (Bourgeois, 2006)			
Assessing the Orientation Behaviors of:		(name) J.P.	
Past Behaviors for Location/Profession: <i>Retired Lawyer</i>		Desired Behaviors for location/activities: <i>home, drives to golf course, doctors, and church</i>	
Person: Oriented to person	Supports: Driver's license	Person Needs personal identity information	Supports: Driver's license Wallet identity card
Place: Oriented to place	Used maps some Used GPS in car	Place Needs written location information for emergency use Needs written supports for directions to familiar locations	Written address by telephone & in wallet Driving Directions Notebook for car
Time: Oriented to time	- Wrist watch - Outlook calendar on computer - PDA (personal digital assistant) -cell phone	Time Needs to keep daily appointments Worried about taxes & bill paying	Consolidate electronic systems (computer, PDA, or cell phone) -use monthly wall calendar to note bill/tax due dates -wrist watch

Orientation to person



Medic Alert
I am Melissa Browning.
I am diabetic.
Please call
(333)111-2222




This is me at 3. This is me now.




Orientation to Place: Physical Location (immediate, residence, community)

I live at

314 Elm Street.



Orientation to time

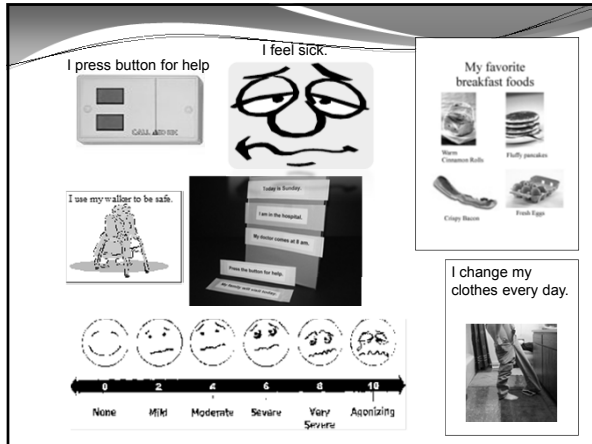




Wants & Needs

- The expression of personal preferences, likes and dislikes
- The satisfaction of hunger, thirst, physical comforts, emotional needs
- Pain, Emotions
- Safety: At home, falls prevention, medications, emergencies, in the hospital, safe eating/swallowing, personal hygiene

Personal Wants, Needs, and Safety Assessment Form (Bourgeois, 2006)

Assessing the Wants, Needs, Safety of: <i>Margaret Jones</i> (name)	
Environment: Home Hospital Assisted Living Nursing Home (circle one)	
Wants: The expression of personal preferences, likes and dislikes	
Likes: <i>Toast & black coffee for Breakfast</i> <i>Bath in the evening before bed</i> <i>Books, stuffed animals, a favorite shawl</i> <i>Classical music; she played the violin.</i> <i>Prefers to be alone in her room.</i>	Dislikes: <i>Bright light (keep blinds semi-drawn)</i> <i>Broccoli, rutabaga, slimy foods, peppermint</i> <i>Large, group activities</i> <i>Frank, a former neighbor who was mean to her dog.</i>
Needs: The satisfaction of physical comforts and emotional needs	
Physical: <i>3-hour toilet schedule; needs minimal assistance except for supervised ambulation</i> Pain: <i>Recovering from hip fracture (5/7/06)</i> <i>Pain levels range from 5-7 on a good day</i>	Emotional: <i>Likes to be touched on hands, hugged</i> <i>Family pictures and her bible are comforting</i> <i>Likes animals</i>



Engagement & Activities

- Early Stage Dementia
 - Successful use of Planners and calendars to maintain desired activities
- Middle Stage Dementia
 - Successful engagement or participation with
 - Activity reminders
 - Enhanced stimulus characteristics
- Late Stage
 - Successful engagement with Activity modifications



Problem Behaviors

- Repetitive Questions
- Fears and Anxieties
- Agitation
- Solutions:
 - Memory Book page
 - Fake letters
 - Reminder Cards
 - Memo Board


My jobs:
Dusting
Fold the laundry
Iron the clothes
Sweep the kitchen


Functional Goals

- Expressive Language: Conversation, Wants/Needs
- Receptive Language: Comprehension of conversation, questions, reading, understanding cues (auditory, visual, tactile)
- Cognition: Memory
 - Long term: naming, orientation
 - Short term: reduce repetitive questions
 - Procedural: sequencing
- Level and type of cuing/assistance?
- Criterion for mastery?
- Caregiver training goals?

Functional Goals: Early Stage Dementia

- Client will describe current week's events using daily planner providing 4 items
- Client will describe 4 future scheduled events using daily planner
- Client will describe how to drive to desired locations using driving notebook
- Client will explain how to retrieve email from his computer using written cues
- Client will increase pleasure reading to 15 min per day using large print materials.


Personal Identity Card		Driving Instructions (to be included in a Driving Notebook)	
Name: Melissa Browning Address: 1234 Ivy Street My City, My State, Zipcode Telephone: (xxx) 123-4567 In case of Emergency: Notify: Harvey Browning, my brother Telephone: (xxx) 234-5678 Medical Alert: Allergic to penicillin My doctor is: Dr. William Smith at St. Mary's Hospital Telephone: (xxx) 567-8912		From Home to Grocery Store	<ol style="list-style-type: none"> 1. Turn RIGHT at end of driveway. 2. Turn LEFT at Stop sign (Shamrock Rd.) 3. Turn RIGHT at Shannon Lakes Rd. 4. Turn LEFT at Shopping Center Entrance 5. Park the car.
Weekly Planner 		From Grocery Store to Home	<ol style="list-style-type: none"> 1. Drive to Shopping Center Entrance. 2. Turn RIGHT onto Shannon Lakes Rd. 3. Turn LEFT at Stop sign (Shamrock Rd.) 4. Turn RIGHT at Edenderry Drive. 5. Turn LEFT into home driveway.


To Check e-mail on your computer: <ol style="list-style-type: none"> 1. Press [power] button. 2. Wait until icons appear at the bottom of screen. 3. Using the mouse, Move the arrow to the Outlook icon. 4. Click the left mouse button. 5. Read through the list of mail messages. 6. Using the mouse, Move the arrow to the message you want to read. 7. Click the left mouse button. 8. Read your message. 	Keeping Track of bills and taxes 
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Functional Goals: Middle Stages:

1. Client will increase accuracy of yes/no responses using memory book and picture cues.
2. Client will decrease daytime napping with increased engagement in structured activities using reading, writing, and matching skills
3. Client and caregivers will use Memory book and Written choice for conversation
4. Client will use words, symbols, gestures to say "Thank you" and "I love you."


My wife is Linda.







I love you!



Functional Goals: Later stages

- Interventions designed to
 - Improve comprehension & cooperation
 - Increase memory retrieval & conversation
 - Maintain safety
 - Maintain socialization & preferred activities
 - Decrease agitation
 - Maintain self feeding, dressing, bathing
 - Decrease frequency of aberrant or disruptive behaviors

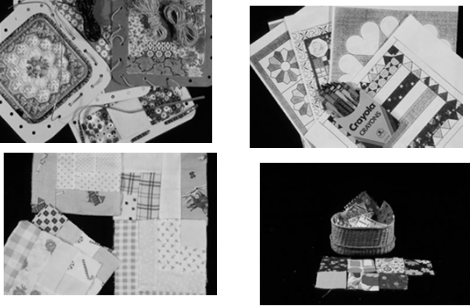
Examples of specific communication behaviors

- Remembering a caregiver's name
- Conversing at meal times, with family & friends
- Requesting preferred objects & activities
- Stating needs, level of pain & discomfort
- Sharing feelings with caregiver & friends
- Reading aloud (for socialization, to choose menu items, etc.)
- Participating in preferred activities
- Expressing satisfaction, happiness

Document change in cognitive-communication function as a result of therapy

- Language produced and/or comprehended
- Ability to express needs, satisfaction, pain
- Greater language output during social activity than during non-social activities
- Frequency of agitation or disruptive behaviors
- Amount of assistance needed during ADL

Designing Activities as Intervention

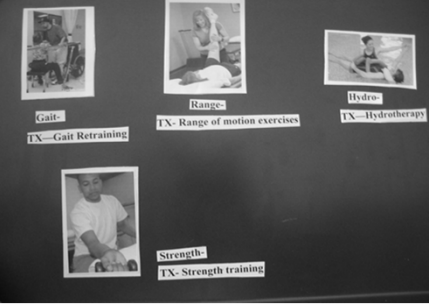


Bourgeois, M. (2001). Matching activity modifications to the progression of functional changes. In E. Eisner, "Can Do" Communication and Activity for Adults with Alzheimer's Disease: Strength-based Assessment and Activities, (pg.101-107). Austin, TX: Pro-Ed.

High Stage Level Activity:

- **Goal:** To improve functional communication for basic and social needs, the patient will produce 3 statements about personally relevant topics (therapies provided by physical therapists) with minimal assistance with 80% accuracy per 15 min session.
- This goal could be modified by increasing the number of statements when mastered at 5 and 8, related to the topic when provided with visual stimuli [therapy photographs, partial written prompts] and auditory cues [i.e., minimal prompts to encourage conversation and matching activity].

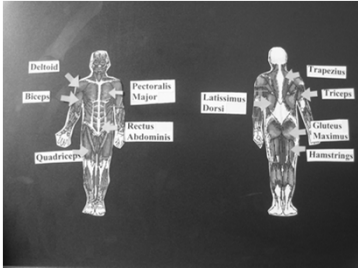
Activity: The client will match the name of the therapy to the identifying picture and state personal information about the type of therapy. If the client needs assistance there are partial word cues to use.



Middle Stage Level Activity

- **Goal:** To increase communication regarding personally relevant information (names of major muscles), the client will match muscle names to their location in the body with minimal assistance (visual cues: word bank and physical body cues from speech-pathologist) with 50% accuracy during 3 out of 5 opportunities per 15 minute conversation.
- This can be modified with mastery to 60-75-80% accuracy during 4-5 opportunities.


Activity: The client will match the muscles to the correct location on the body.



Late Stage Level Activity:

- **Goal:** To maintain interests, increase communication of social needs, and increase engagement with personally relevant materials (which is improved quality of life), the client will correctly match personally relevant stimuli (pictures of different therapies done by physical therapists), with moderate assistance (written prompts) with 50% accuracy during 2 out of 3 opportunities.
- This can be modified with mastery to 60-75-80% accuracy during 4-5 opportunities.

Activity: The client will match therapy pictures to each other. Clinician could put the name of the therapy underneath the 1st one to give assistance to the client.



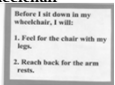
Illustrative Case #1: Dementia

- V.S. (86 yrs., B.S. degree)
- Lives in Assisted Living Facility
- Assessment: July, 2000
- MMSE: 22/30; mild dementia
- Boston Naming Test: 9/15
- WRAT 3: 52/57
- Oral Reading: 24/24 large print
- Expressive Language Conversation: rating = 5/6
- SR Screen: passed

Caregiver identified problem behaviors:

1. Client experiences difficulty remembering names daily
2. Client has difficulty initiating conversation daily
3. Client cannot recall room number daily
4. Client experiences trouble when transferring to wheelchair daily

Examples of Functional Goals

1. **Client will refer to memory book to initiate conversation**
 - a. with clinician 8/10 times within 30 minute treatment session for 2 consecutive days
 - b. with peers 6/8 times over 4 consecutive treatment days with minimal assist (clinician points to book)
2. **Client will address people by name by reading name tag**
 - a. with clinician; upon initial contact without prompts
 - b. with peers; upon initial contact with minimal prompts (pointing)
3. **Client will remember room number**
 - a. with clinician; client will respond with 90% accuracy to prompt, "what is your room number?"
 - b. client will reduce questions about room number to staff to <once per day
4. **Client will read cue card before transferring to wheelchair**
 Client will respond to prompt, "What do you need to do before you get into your wheel chair?"
 "I will read this card and do what it says."
 

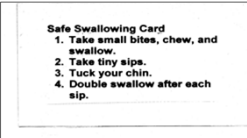
Case # 2 M.H. (84 yrs., B.S.)

Diagnosis: Progressive Neurological Disorder, Balance Disorder
Assessment: July, 2000; Assisted Living Facility
MMSE: 24/30 **WRAT 3:** 39/57 **Boston Naming Test:** 11/15
SR Screen: passed
Expressive Language Conversation: rating = 5/6
Oral Reading: 24/24 small print

Caregiver identified problem behaviors:

1. Cannot remember clinician's name
2. Consistently chokes during swallowing
3. Frequently gets bored during the day and would like to talk to someone
4. Forgets to call someone to help her get up, which results in falling

Goals:

1. Client will use her memory book to initiate conversation
2. Client will read the card and follow safe swallowing strategies
 
3. Client will recall clinician's name
4. Client will remember to ask or call her caregiver when she wants to get up

Getting Nursing Assistants to Cooperate

Development of Training materials
 Interactive CD-ROM, VHS, and Web-based training programs for nursing aides

<p>Strategies for Dementia</p> <ol style="list-style-type: none"> 1. Dementia Overview 2. Speaking Skills 3. Redirecting Skills 4. Communication Cards <p>Solving Problems</p> <ol style="list-style-type: none"> 1. What's the Problem? 2. What's the Solution? 3. Preventing Problems <p>When Bad Things Happen</p> <ol style="list-style-type: none"> 1. When Bad Things are Said: Racist Comments 2. When Bad Things are Said: Sexual Talk 3. When Bad Things are Said: Insults 4. When a Resident Dies 	<p><i>Strategies for managing Residents with Aggressive Behavior</i></p> <p><i>Strategies for managing Residents with Psychiatric Problems</i></p>
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Working With Dementia
Communication Tools for Professional Caregivers

ORCAS Center for Applied Science, Inc.

www.orcasinc.com
www.hcimarketplace.com

For information, call 1-888-349-5472

Evaluation of Training Materials

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- Irvine, A. B., Billow, M., Eberhage, M., Seeley, J., McMahon, E., & Bourgeois, M. (2012). Mental illness training for licensed staff in long-term care. *Issues in Mental Health Nursing*, 33, 181-194.
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...and the research continues

- to document the effects of written and graphic cues in a variety of settings
- to explore new ways to support and maintain personal interests and identity
- to develop caregiver training materials that enhance quality of life of both the person with dementia and their caregivers

Final thoughts...

Individuals with dementia can

- learn new information
- re-learn previously known but forgotten information and behaviors
- using interventions that reduce demands on impaired cognitive abilities and capitalize on spared ones

Clinicians can be reimbursed for

- Direct client intervention
- Caregiver training





<http://www.healthpropress.com> www.amazon.com

MEMORY BOOKS
and Other Graphic Cuing Systems
PRACTICAL COMMUNICATION AND MEMORY AIDS FOR ADULTS WITH DEMENTIA

MICHELLE S. BOURGEOIS

Dementia
*From Diagnosis to Management –
A Functional Approach*

Edited by
Michelle S. Bourgeois and Ellen Hickey