If you want to...

Tangle:
- Argue
- Take over too quickly/try to help too much
- Ignore what the person says or does
- Treat the person like a child
- Do it all by yourself
- Don’t take any time for yourself

Tango:
- Go with the flow
- Help at the level of the person’s loss
- Listen with your eyes, ears, heart and spirit
- Simplify, don’t baby-fy
- Build a caregiving team
- Take time away, physically, emotionally & spiritually

Tangle or Tango

- When you tangle:
  - You think about the differences
  - You help too much or not enough
  - You interpret responses as “resistant to personal care”, “aggressive”, “mean” or “manipulative”
- When you tango:
  - You realize they’re just like us
  - With the lid off
Why do these things happen?

What could it be?
Identifying underlying issue

Possibilities
- Normal aging
- Mild cognitive impairment
- Acute confusion or delirium
- Dementia

“Normal” aging
- Aging impacts each individual in a different way.
- Some changes are universal...
  - More forgetful
  - Increased effort to learn new information
  - Takes longer to retrieve stored information
  - Improved vocabulary
  - Not quicker, but “wiser”
- But each person will change in ways that are unique to him or her.
Dementia

- ...is a disease process.
- ...makes usual life and abilities impossible.
- ...is progressive.
- ...is terminal.
- ...responds to treatment.

Delirium

- Sudden change AND fluctuations AND inattention AND altered level of consciousness OR disordered thinking
- Physical
  - New condition (infection)
  - Ongoing condition (diabetes)
  - Medications
- Emotional
- Environmental
  - Change in routine
  - Change in physical environment

Delirium

- Medical emergency
- Recovery depends on getting appropriate treatment quickly
- Still...vulnerable brain
Depression

- Can mimic dementia or delirium
- Think about losses and changes
- Does the person look forward to things they usually would have looked forward to?
- Can be typical or atypical
  - Typical: sad, withdrawn
  - Atypical: angry, distress

Structural Brain Failure: Why does he do that?

- Progressive
- One way street
- Depending on type of dementia, changes happen in different areas resulting in different changes
- Currently, medications do not impact

Chemical Changes: Why can she do it sometimes?

- Fluctuations: impacted by situation and emotion
- Extremely good moments & extremely bad moments
- Why sometimes they KNOW information, can answer questions, respond appropriately and sometimes they just CAN’T
- Medications impact chemical, not structural
Traditional Focus
When People Struggle
• We tell to concentrate or try harder
  If that doesn’t work
• We do it for them

CONNECT Approach
• We make sure to CONNECT
• So they understand and can be successful
• Change focus from what they can’t do to what they are able to do

SHOW
Visual cues
• YOU!!!
  • What you look like
  • How you move
  • What’s around that helps, or that hurts
CONNECT with the Positive Physical Approach

CONNECT
C  Come from the front
O  Open palm
N  Not too fast
N  Not in front
E  Establish hand contact
C  Change to hand under hand
T  Take a seat/squat/kneel

TELL

Instead of...
• Explaining (logic/arguing)
• Taking over
• Talking down
• Telling the truth
• Lying/deceiving/misleading
• Asking yes/no questions
• Ignoring responses

Try...
• Establishing relationship
• Speaking low & slow
• Simplifying (not baby-fy)
• Saying not now
• Finding a point that you CAN agree with
• Waiting for the response
• Asking will you help? Try?
• Saying “I’m sorry, so sorry, so very sorry”

TOUCH
Hand-under-hand

• Start all right or all left
  – Right handed person, both right hands, right side
  – Left hander person, both left hands, left side
• Shake, then shift
  – Shake hands
  – Butterfly
  – Fold over (soul or arm wrestling handshake)
• Tool in helper’s hand
  – Place between thumb and first finger
  – Hold in same position as if doing for yourself
Environment

• See
• Hear
• Feel
• Spaces
• People
• Positive: help you understand what to do
• Negative: not to do, scary

What’s Important?

• What do we NEED to do?
  – Really think about why are we doing this?
  – Why are we doing this THIS way?
• Using the prosthesis approach
  – What is the underlying loss?
  – How do we replace that?
• Think about the PERSON more than the TASK

What can we do to make things better in the moment?

• Understand what is really happening and fix it
  – PLWD, CP, E
  – Back off, change something and try again
• Make the problem smaller
• PPA/CONNECT
• Find a way to be on the person’s side
• Treat that person as vulnerable for a while
Keep it from happening again

- Systematic approach to behaviors
- Change what CAUSED the problem/trigger
- Change what made the person at RISK or reduced ability to ADAPT
- Watch early for signs of problems

Who’s this PERSON?

Physical
- Health history & habits
- Disease & disabilities
- Sensory changes
- Hand dominance
- Pain & management
- Energy level

Emotional
- Depression/anxiety (recent & remote)
- How do you know?
- What should you do?
- Optimist/ pessimist
- Personality features

Who’s this PERSON?

Social
- Love ‘em or leave ‘em (intro v extra)?
- Who’s important?
- Role in family & work
- Type of work & meaning
- Community environment

Spiritual
- Beliefs
- Practices/rituals
- Positive/negative experiences
- Tolerance of others
- Views of life
- What gives safety & strength?
Who’s this PERSON?

**Routines**
- ADLS
- Organizing the day & remote
- Patterns & routines, recent & remote
- Best time of day
- What’s the most important?

**Likes & dislikes**
- Favorites & always liked
- Pet peeves & really hates
- What is a comfortable place like?
- Good manner issues

What’s the PROBLEM?

- Is it a problem?
  - Recurrent
  - Different from usual behavior
  - Has a component of risk
- Whose problem is it?
  - Person with dementia
  - Family caregiver
  - Paid caregiver

What’s the PROBLEM?

- When does it happen?
- Where does it happen?
- Who’s around? Alone?
- How often does it happen?
- How long does it last?
- How does it seem to start?
- How does it seem to stop?
- What makes better?
- What makes worse?
What’s the **POSSIBLE CAUSE**?

**Intrinsic factors**
- Level of dementia
- Type of dementia
- Health care issues
- Sensory loss
- Emotional issues
- Spiritual distress
- The person and the history

**Extrinsic factors**
- Physical environment
  - Noise, sights, setting, temperature
- Helping approaches
  - Approach, behaviors, words, actions, & reactions
- Structure of the day
  - Pace, pattern, familiarity

What’s your **PLAN**?

- Nursing
- Social work
- Activities
- Rehab
- Dietary
- Housekeeping
- Maintenance
- Front desk
- Business

- Person with dementia
- Family
- Clergy
- Neighbors
- Others

**PRACTICE** Your Plan

- Give it a chance to work
- Watch what happens and when
- Make adaptations & try again
PASS IT ON

• If not better...
  REWORK

• If better...
  CELEBRATE!!!

Progressively Lowered Stress Threshold

• Three Levels of Behavior
  – Normal
  – Anxious
  – Dysfunctional
• Dementia reduces the amount of stimuli required to move from one level to another
• Not able to self quiet, so spiral up

PLST

• Identify and watch for early signs of anxiety
• Intervene THEN...don’t wait for dysfunctional behavior
• Difficult tasks at the best time of the day
• Alternate rest with activity
• Take an activity approach to ADLS
• Separate activities of daily living...not all am care needs to happen in the am
Can you make him/her...?

Can WE Change?

Focus on what we can change
Key Conclusions

• Let it go! Protecting the relationship is priority
• Think about the jobs only YOU can do
• Build a team of people who get it—not by yourself
• Biggest unmet need for many people with dementia is someone to be on their side. They constantly hear “no” and “don’t.”
• “It’s better to be kind than to be right” —Anne Lamott
• “Sometimes you never know the value of a moment until it becomes a memory.” —Dr. Seuss

Connecting means:

• Think about the issue from the perspective of the person with dementia
• Consider both who the person WAS and who the person IS
• Make decisions & recommendations that make sense, for THIS person in THIS situation
• Focus is on Working TOGETHER instead of DOING to!!!

Alzheimers North Carolina, Inc.

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