BIRMINGHAM CITY University

Dementia workshop
Tips for rehab practice

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Workshop objectives:

1. **To offer an overview of the findings of a pilot study that explored Rehab Workers practice in promoting independence with people who have dementia and visual impairment.**

2. **To introduces approaches, communication tips and ideas to support practitioners with responding to the needs of people with dementia and their families.**

Title and research questions

Title: An exploration into Rehabilitation Work (Visual Impairment) practice with People who have concurrent visual impairment and dementia

Research questions:

- **What approaches have RW VI’s used to assess and meet the needs and aspirations of people who have concurrent visual impairment and dementia?**

- **How have RW VI’s sought to overcome the challenges encountered when promoting independence with people who have concurrent visual impairment and dementia?**

The context

Dementia describes "a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language"

(Alzheimer's Society,2017).

Leads to Increased isolation reduces independence

250,000 people in the UK are living with both sight loss and dementia (RNIB, 2017)

Evidence for rehab practice

Lack of evidence about how to practice

(Lawrence & Murray, 2010)

Other studies have cited that contributions to family have been beneficial and that practitioners have had issues with carers.

(Dawson, 2016)

Methodology

- **Constructionist framework**
- **Semi-structured interviews with practitioners**
- **Interpretative Phenomenological Analysis**

Results – allocation of cases

Low proportion of caseload

Other RW's felt little could be done.

Symptoms and behaviours

Poor memory

Missing part of a sequence

Loss of concentration

Lack of communication

Frustration and apathy

Doing less of usual routines

Family and carers

Sadness, frustration & isolation.

Family only sees dementia.

Taken over decision making

Limit independence due to risk

Maintain dignity

Assessment tips

Minimise distractions.

Not to concentrate on dementia

More chatting:

- Build rapport
- Find what they liked doing

Working with family

“gatekeepers to person’s life”

- Build up rapport with family to discuss anxieties
- Involve in decisions

Adapted RW approaches

All RW's evidenced an ability to promote some level of independence or

inter-dependence with some people with dementia.

But often not possible.

Introducing equipment or new ideas

- Basic devices
- Simple single function
- Part of a basic task and sequence
- It looked like what it was for.

Auditory or visual memory prompts

Following a sound for a room

Following an arrow

Room signs and pictures

High contrast & lighting

Stirling University design recommendations

Other teaching approaches

Simple tasks

Less describing

Short simple verbal prompts

Interdependence

Repeated practice

Risk - make joint decisions

Tasks that mean something

Other recommendations

More time

Keep an open mind – "don't be afraid of dementia"

Promote RW services

Learn more about dementia.

Responding
to people with dementia

What do people with dementia say they want?

- Personal choice and control over decisions
- Services designed around them, around their needs and their carers' needs
- to feel supported, valued and understood,
- a 'sense of belonging'

(DH, 2015).

'As we become more emotional and less cognitive, it's the way you talk to us, not what you say, that we remember.'

(Lowry, 2015)

Ways of looking at dementia … Brain dysfunction? Or needs related to relationships?

- Frontal -planning future actions, controlling movements, self-monitoring and abstract reasoning
- Parietal – somatic sensation, body image, visuo-spatial reasoning
- Occipital – vision
- Temporal – learning and memory, **language functions and emotional responses**

Underpinning Values
The ‘VIP Framework’

- **V** = a value base that asserts the absolute value of all human lives regardless of age or cognitive ability
- **I** = an individualised approach, recognising uniqueness
- **P** = understanding the world from the perspective of the service user
- **S** = providing a social environment that supports psychological needs

Brooker and Latham (2016)

Language - becoming more difficult…

in Dementia …Early stage

- Low frequency word finding impaired
- Circumlocution
- Fluency impaired
- Auditory and written complex comprehension impaired

Mid-stage

- Naming deficits
- Pronoun use damaged
- Errors in complex sentences
- Decreased use of gesture
- Phonemic paraphasias
- Simple sentence comprehension impaired
- Dysarthria

Grace:
http://www.youtube.com/watch?v=7wbYEK7O14E&feature=BFa&list=PL253D9A7D302B853C&lf=PlayList

Late stage

- Language initiation decreased/ceased
- Noun use non-specific
- Stereotypical utterances
- Perseverations
- Echolalia
- No gestures

Empathic Curiosity and Meaningful Communication

- Focusing our attention on the perceptual experiences of people with dementia
- Being empathic and curious may establish common ground and help build relationships

4 key sets of communication skills:

1. Asking short open questions in the present tense
2. Picking up on emotional cues
3. Giving time and space for the pwd
4. Exploring use of metaphors

(McEvoy and Plant 2014)

The honesty dilemma ‘should I go along with her?’

- **V**alidation
- **E**motion
- **R**eassurance
- **A**ctivity

  (Blackall et al 2011)

Adaptive interaction

Naomi Feil and Gladys Wilson:
http://www.youtube.com/watch?v=CrZXz10FcVM

Responding to Difficult Situations

Responding to difficult situations…

The Person with Dementia

less able to meet their own needs
in an environment that does not meet needs or is in opposition to needs

- Behaviour – an attempt to meet needs or to communicate needs
- But it doesn't always work ... The person gets frustrated or acts in ways others find challenging

What does ‘challenging’ mean?

- Distress to the person with dementia, family carer and paid carer
- Increased risk of abuse
- Increased risk of permanent care
- Increased risk of prescription of anti-psychotics
- Risk of falls, stroke, earlier death

Wandering, aggression, resistance to care, shouting, screaming, repetitive questioning

Interpreting behaviour

Brain dysfunction/ neurological damage

Drugs, usually anti-psychotics

Or…

A bio-psycho-social phenomenon, a result of interaction between the person and environment

See behaviour as a sign of unmet need

Interventions

- Life Stories
- Reality Orientation
- Memory stimulation techniques
- Assistive technology
- Validation
- Reminiscence
- Exercise
- External memory aids
- Music https://youtu.be/8HLEr-zP3fc

Reality Orientation

- The person with dementia is reminded frequently about where they are and what is going on
- This can be done with a board, or during conversation (24 hour R.O.)
- Improves memory compared to no treatment
- Spector (2000) overview – it does no harm, but may prove futile

Patton (2006)

Cognitive stimulation

- Group work with warm up activity, song and theme RO board for orientation
- Errorless learning, Spaced retrieval, Vanishing cues
- Each CST session contains exercises of different types, focusing on memory, concentration, linguistic, and executive abilities.
- Improvements in mood, confidence and concentration

Improvements maintained ‘for some time’
(Spector et al 2011)

Reminiscence …

Mediums for Reminiscence

Reminiscence can be individual or group, and
‘simple’ or ‘evaluative’

- Music – using familiar tunes or making music
- Visually – looking at photos or slides
- Tactile – holding and touching objects
- Smell or taste

Reminiscence Activity – Take something from the box – what memories does it evoke?

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Any questions…