



Dementia: Spotlight On Abilities

A new abilities-based care model optimizes the strengths of individuals with Alzheimer's disease and related dementias.

ACCORDING TO THE ALZHEIMER'S Association, 5.3 million Americans have Alzheimer's disease, and those numbers are increasing as the population ages. As individuals with Alzheimer's disease and related dementias (ADRD) become more numerous in long term care environments, a workforce capable of specialized dementia care will become a vital part of the health care system. Traditional care, which focused on keeping dementia patients clean and safe, is now seen as an outmoded form of institutionalized care.

Fortunately, a paradigm shift is occurring within dementia care as experts discover new models that improve outcomes and quality of life for persons with dementia. An individualized, abilities-based care approach is giving the entire interdisciplinary team, including occupational, physical, and speech therapists; nurses; and activities and other direct care staff, the tools they need to ease their job burden and enable those with ADRD to thrive.

This person-centered care model incorporates essential life-story information while also prioritizing the discovery and facilitation of the person's best ability to function at every dementia stage. It also facilitates higher levels of independence and quality of life.

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ALLEN COGNITIVE LEVEL SCREEN (ACLS)

Consisting of a test of learning three increasingly complex sewing stitches on a piece of leather, the ACLS was developed to provide a quick measure of learning and problem-solving abilities. A standardized procedure for administering the ACLS was developed in 1978, and several studies established correlations between the ACLS and other psychological tests, such as the Brief Psychiatric Rating Scale, Shipley Institute of Living Scales, and the Symbol Digit Modalities Test.

Other studies examined the relationship of cognitive level, as measured by the ACLS, to different psychiatric disorders and between normal and psychiatric populations. The standardized directions for the ACLS were first published in "Occupational Therapy for Psychiatric Diseases: Measurement and Management of Cognitive Disabilities."

Source: www.Allen-Cognitive-Network.org.

An individualized, person-centered care approach helps the person with dementia to feel a greater sense of purpose and security as the resident remains connected to his or her individuality.

Facilitating Abilities

Using past memories in daily care plays to the strengths of the resident with dementia, which is long-term memory. The use of familiar products and the integration of familiar activities and routines primes the cognitive reserves, and with the correct care approach the person's remaining cognitive abilities are facilitated, yielding the highest potential level of independence in daily activity.

In addition to meaningful therapeutic and recreational activities for persons with dementia, the new models extend this approach to activities such as grooming, bathing, dining, and mobility.

Residents may be resistant to bathing and showering, for example, and lash out at the nurse assistant or therapist verbally or physically, or exhibit signs of obvious fear or embarrassment. Rather than forcing both resident and care partner to endure a bad experience, triggers can be identified and steps taken to bring about a satisfying outcome.

If the person feels cold, for instance, the care partner can keep the person warm by keeping him or her wrapped in a blanket or warm towels as much as possible and by maintaining a comfortable temperature in both the room and the water.

If pain is a trigger, a gentle touch and comfortable position are in order, as well as a possible change in pain medication frequency.

The new care model also urges team members to offer a choice whenever possible to maintain the resident's sense of control. Instead of telling him or her, "It's time for your shower," the care partner might ask permission to take the resident to be bathed, or offer a choice of shower or bath. If the person isn't able to communicate clearly, life-story characteristics can help to develop an understanding of the resident's preferences ahead of time.

Respectful Reactions Improve Outcomes

Perhaps one of the most important steps to person-centered, abilities-based care is a retraining of staff reactions to residents, which can make a world of difference in that resident's behavior, as well as in future interactions.

When a resident is scolded or belittled, his or her attempts at communication or independence are undermined, leaving the resident with a sense of failure. For instance, when a resident is demanding of a care partner's time, the care partner might brush the resident off with a sharp, "Not now!" reaction. But with a kind, person-centered reaction, such as, "Hi Martha, what a pretty necklace you're wearing; would you like to help me finish putting these clothes away?" that same resident can be reassured, comforted, and encouraged to open up.

Reactions that show respect and provide a sense of purpose will help gain the trust and agreement of the resident and can, and should, be of primary importance in every person-centered dementia care environment.

Since many individuals with ADRD live with occupational and emotional deprivation, a quality staff training program designed to mitigate the impact of ADRD is essential. Training must begin with an exploration of staff beliefs and perspectives about those with

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dementia. This activity often reveals the negative paradigms that facilitate negative outcomes.

For example, someone may describe a person who can walk, explore his environment, and use hands to pick up objects as a "confused rummager who wanders." This perspective suppresses and masks the person's preserved abilities, which then leads to helplessness.

Stage Assessment Essential

Another critical component of a quality dementia training program is the identification of common dementia stage characteristics and the key care

FUNCTIONAL ASSESSMENT STAGING TOOL (FAST)

One of the most comprehensive Alzheimer's disease and related dementia staging tools is FAST—the Functional Assessment Staging Test—which was developed by Barry Reisberg, MD, in 1984. This staging tool provides a clear understanding of the progression of Alzheimer's disease from start to finish and categorizes stages from 1 to 7f. Each stage of the FAST has a well-defined duration and set of cognitive and behavioral abilities affected. Each stage of the FAST also indicates the individual's mental or developmental age so that caregivers know what is appropriate stimulation.

The FAST stages are also correlated with one of the most commonly used dementia tests, the Mini-Mental State Examination.

Source: www.DementiaGuide.com

approaches to facilitate the best ability to function at every stage of dementia.

When working with someone with dementia, the best approach to help her adjust to an activity is to consider how the caregiver is handling the situation and to adjust the activity or the environment. In addition, training must teach staff to be better "dementia-capable communicators" and to understand the common triggers behind many negative behaviors.

Much is being researched and written regarding the increased costs to care for persons with ADRD, some of which is related to the health complications that often occur and lead to hospitalization. Other costs are related to the increase in functional dependency.

However, research has shown that the identification of a person's dementia stage is an essential piece to the package of services to enable a person with dementia to attain and maintain the highest practicable level of function and health possible.

The dementia stage can be broadly identified with a very quick tool, such as the Global Deterioration Scale (GDS) or Functional Assessment Staging Tool (FAST), that is administered by a nurse or social worker.

An occupational therapist with specialized dementia therapy training should then go on to further evaluate the individual through the use of a more in-depth assessment such as the Allen Battery assessments from the Cognitive Disabilities Model (CDM). These assessments and the understanding of the CDM help to truly discover the person's dementia stage, their highest possible level of function, and the techniques to facilitate and maintain this best ability.

Medicare regulations state that a therapist may evaluate and create a maintenance program to enable a person with a chronic, progressive disease such as Alzheimer's "to maximize function" and "to prevent or minimize deterioration associated with a disease." Without this additional specialized

evaluation from therapy, the caregiver may never determine the individual's true potential or how best to facilitate this potential.

Benefits Are Many

Among the benefits of identifying and facilitating the highest degree of independence at each dementia stage is a reduction in the likelihood of a health complication arising, such as a fall,

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infection, or dehydration, which are frequent precipitating factors for emergency room visits and hospitalizations. In addition, such identification can lead to less care time and, therefore, costs associated with daily care of a person with greater care needs.

The argument is growing louder for management of revenue through reduction in costs for persons with dementia. If every therapist were capable of identifying a resident's Allen Cognitive Level, then care plans would be designed to help identify high risks and corresponding prevention and intervention plans and to maximize the level of independence possible in order to reduce care time and costs.

Most importantly, the person-centered model adds meaning and fullness to the lives of residents and their families. Rather than sequestering persons with dementia away in an impersonal, one-size-fits-all setting, person-centered care offers them an opportunity to share their life stories and embrace their past, present, and future in an environment where they feel safe, productive, and appreciated. ■

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