SANDRA STIMSON
Executive Director
Alternative Solutions in LTC
and
National Council of Certified Dementia Practitioners
http://www.nccdp.org

ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of **National Council of Certified Dementia Practitioners**
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Alternative Solutions in Long Term Care offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.

Each Norman Rockwell print is paired with a national standards of Resident Rights and is illustrated by a picture depicting the "Resident Right."

Pathways to the Past

by Sandra Stimson ADC, CALA, CDP
Executive Director, Alternative Solutions in Long Term Care

Initial Assessments: Get More Information...Not Less

As part of the Nursing Home Reform Act and as part of the Reconciliation Act (OBRA) of 1987 it is required that residents receive assessments and a comprehensive care plan. Most departments are participating and completing initial assessments and reassessments. Every company is different in what forms they use. Some create their own while others use forms from catalogues. In many cases, the staff uses automated systems that include the assessments.

What are of concern regarding the initial assessments are the questions not being asked.

We are now faced with the majority of our residents who are being admitted to long term care with a diagnosis of dementia, either as a primary or secondary diagnosis. Communication is a huge component of the dementia diagnosis. One big area that is not addressed in the initial assessments is basic communication questions. What words, gestures, facial expressions and sounds does the resident know and what do they mean? In most cases the responsible party who knows the resident best should be able to provide a lot of important information.

Either, the Speech Therapist, Social Worker, Nurse or Recreation Therapist / Activity Professional must be asking the responsible party basic communication questions. What words does the resident know and what do the words mean? What do their gestures and facial expressions mean? What do the sounds mean? How did the family calm the resident down when trying to figure out what the resident wanted? Staff should ask more detailed questions about their daily routine and leisure pursuits. Get the details not generalizations. The more details you know the better. Staff should ask these questions, "How did the resident spend their morning, their afternoon, their evening and their weekends? Ask what time they get up, what time they took naps, etc. Ask the family, what behaviors did they observe in the home? Ask the family, what were their interventions and did they work? Ask more details about their leisure pursuits?

This information than must be added to the chart and relayed to all staff who work on the unit.

New York State Department of Health has a fantastic program called EDGE Electronic Dementia Guide for Excellence. See this link. http://www.nccdp.org/wandering.htm They have developed excellent tools for interviewing family as well as other fantastic resources. See their person centered forms http://www.health.state.ny.us/diseases/conditions/dementia/edge/forms/index.htm

These are complete strangers coming into your facility. It is important to have this information. Think how frustrating it is for the staff to not understand what the resident wants. Think about how much time would be saved, if only someone had asked these questions. Equally, it is frustrating for the resident as we are strangers to them as well. Some basic agitation issues and behaviors could be avoided if the staff were provided this basic information.

Equally important is to relay this information to all staff that this resident may come in contact with. Every day there should be a brief stand up meeting and all new admissions discussed with all staff who work on this unit. This includes dietary aides, housekeeping, maintenance, activity professionals, social workers, nurses, nurse's aides, etc.

Have you met residents who know only one word? But how they say the word may explain what they want. With Dementia, some residents may say opposite of what they mean to when trying to convey something. Staff has to learn to be detectives. They have to watch the body movements, facial expressions, gestures, tone in their voice as well as the words to figure out quickly what someone is trying to convey.

The resident is also watching the staff gestures, body movements, facial expressions and tone in their voice to figure out what staffs mean. Staffs need to use adult gestures to also convey what they want. The resident needs all kinds of clues to assist with communication and gestures are a part of that. But be careful not to use baby gestures and baby talk as these are not children. On some level they will understand that you are talking down to them through gestures or baby talk.

Having this information is part of basic communication approaches. It's a part of culture change and knowing your resident and providing individualized care. How can you provide individualized care and individualized approaches if you do not have this information?

Long term care staff has observed all kinds of resident behaviors when basic

communication techniques are not taught to your staff and this in turns affects the resident. Such behaviors as striking out, yelling, biting, wandering, agitation, repetitive questions and spitting can be avoided if the staff had the information available for each resident and understood the unique and individualized approaches.

When the staff's do not use good communication techniques, the resident may isolate themselves, and then that leads to depression and fatalism. Now the team is care planning for behaviors that could have been avoided if good communication techniques and approaches were taught and implemented from the moment the resident arrived in your home.

Utilize your Speech Therapist. The Speech Therapist is a fantastic resource to utilize who can suggest communication techniques and tools. The Speech Therapist should be providing in-services throughout the year because there is so much information on communication to provide to your staff that it could never be covered in one session.

One other area of communication that is not receiving enough attention is how to respond to repetitive questions. Staffs need continued training and resources in this specific area. There is a great book called "Creating Moments of Joy" available through www.activitytherapy.com. This fantastic book and resource should be available at every nurse's station, activity desk, clergy office, volunteer office, dietary department, rehab department and social services office. Often times our staff have no idea what to say when a resident states, "I want to go to work, I need to pick up my child from day care, I need to see my husband." What is the correct response when a female resident requests to see her deceased husband? Unfortunately, many staff are trained to use reality orientation and it is often times the only form of therapeutic intervention they have been taught.

Reality orientation is not the most effective communication tool, technique or approach for our Dementia residents. At times this may work in the early stages of Alzheimer's disease. Rather, there is another more humane way and that is "entering their reality and living their truth."

Creating Moments of Joy book provides excellent suggestions on what to say and how to respond to repetitive questions, or what to say when they see themselves as young and wanting to go to work. As staff, we know when we clock in for the day that we are paid to repeat our selves over and over again. As we answer the question, "what time is lunch" for the 50th time, we know we need to answer with a sincere smile. We know this but we need to remind ourselves, that if they "remembered" what time lunch was, they would not be asking over and over again. Remember, they lack the ability to retain new memories.

We have to teach our staff, that it is not lying but rather giving a resident an answer that is believable. "Enter their reality and live their truth". My grandmother as she watched the horrors of 911 unfold in front of her, she watched the Pentagon in anguish. Her husband was an officer in the Navy and deceased many years. She leaned over to the wonderful home health aide and asked, "Was my husband in there?" The wonderful home health aide replied, "Oh, no, your husband has been dead for years!" For which my grandmother replied, "Why, than didn't anyone tell me?" And her grief at that moment was as intense as it was the day he passed away. The home health aide could have responded, "He is at work, he is at the barber, he is out grocery shopping." Any of those answers would be believable and kind. In turn, it is also important that the staff know the history of the resident. Had the home health stated, he is out tending to the farm, would be an answer that my grandmother would not believe, because her husband was not a farmer.

There were many options the home health aide could have replied with but because she had not been taught any other way, and was trained to use reality orientation, my grandmother was experiencing raw grief over and over again.

During in-services, provide the staff with different scenarios and allow the staff to come up with solutions to communication challenges. The in-service director should consider the use of role playing and unique situations as another tool when teaching communication.

Provide plenty of resources to your staff from magazines, videos and books on standard approaches and new communication techniques. Utilize Alzheimer's and dementia web sites that have resources on communication and download the fact sheets.

One administrator shared a great idea. He kept the dementia resources in the employee break room. This administrator found the staff really took the time to read magazines, books and resources that were left out. Often times, these resources are just sitting piled in the DON, Department Heads and Administrator's office. Share these materials with the staff that need to read the resources the most. Additionally, make a resource library available to family and visitors as well.

Review your current Initial Assessments. These can be modified and should be changed to reflect the new detailed questions that health care professionals must be asking the family and the resident if we are to provide individualized and competent care. Provide ongoing communication in-services to your staff and make available resources pertaining to communication.

If you want to build mutual trust with your resident, avoid catastrophic reactions, depression, fatalism and loss of staff work time, the staff must be taught the tools to communicate effectively with your patients who have dementia.
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for Activity Professionals
in Long Term Care Settings
admin@theactivitydirectorsoffice.com