#### **Generalized Dementia Training**

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#### What does Dementia mean to you?

Reference: https://www.nia.nih.gov/health/what-is-dementia

- Dementia is an overall term used to describe symptoms that impact memory, performance of daily activities, and communication abilities.
- Young and elderly can develop dementia.
- OMore than one cause of dementia can occur.
- Knowing the symptoms can help doctors properly diagnose and administer any possible treatments.
- ONeurocognitive Disorders (DSM-5-TR)

#### **Cognitive and Psychological Changes**

- O Memory loss, which is usually noticed by someone else
- Difficulty communicating or finding words, with visual and spatial abilities, such as getting lost while driving
- Difficulty reasoning or problem-solving, handling complex tasks, and with planning and organizing
- O Difficulty with coordination and motor functions
- Confusion and disorientation
- Inappropriate behavior, personality changes, depression, anxiety, paranoia, agitation, hallucinations

#### Types of Major and Mild Neurocognitive Disorders (NCDs)

Reference: American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <u>https://doi.org/10.1176/appi.books.978089042578</u>

- O Alzheimer's disease
- Frontotemporal degeneration
- Lewy body disease
- Vascular disease
- 🔘 Traumatic brain injury
- Substance/medication use
- O HIV infection
- Prion disease
- Parkinson's disease
- O Huntington's disease
- O Another medical condition
- O Multiple etiologies
- O Unknown etiology

### Alzheimer's Disease

- Most common (60-80%), 95% are aged 65-or older
- Symptoms include memory loss, decline in cognitive skills, confusion with time or place, difficulty solving problems, trouble communicating, problems with familiar tasks, changes in mood and personality, and can cause trouble swallowing and difficulty walking later.
- Beta-amyloid plaques and fibrous tangles made up of tau protein in their brains can damage healthy neurons and the fibers connecting them.
- While several genes are probably involved in Alzheimer's disease, one important gene that increases risk is apolipoprotein E4 (APOE).

#### Stages of Alzheimer's

- Behavior symptoms may progress over time.
- Mild: Memory loss, mood changes, poor judgement, difficulty with simple tasks (i.e., following directions)
- Moderate: Impulsive behavior, aggression, delusions, hallucinations, coping problems, inability to learn new tasks, increased confusion, memory loss, and emotional lability, paranoid behavior and thinking, difficulty with thinking logically, problems with reading, speaking, writing, and recognizing family and friends, shortened attention span, and wandering
- Severe: Inability to perform self-care and communicate, difficulty chewing and swallowing, and may stop eating

#### **Dementia-like Conditions**

- O Dementia-like symptoms can result from fever, multiple sclerosis, low blood sugar (hypoglycemia), thyroid problems, too little or too much sodium or calcium, side effects of medications, not drinking enough liquids (dehydration), not getting enough vitamins B-1, B-6, and B-12, copper and vitamin E deficiencies, and low levels of vitamin D and folate.
- Subdural hematomas can result in bleeding between the surface of the brain and the covering over the brain, which is common in the elderly after a fall, and can cause symptoms similar to those of dementia.
- Rarely, dementia can result from damage caused by a brain tumor.

### **Risk factors**

- The risk rises as you age, especially after age 65.
   However, dementia isn't a normal part of aging.
- Having a family history of dementia.
- By middle age, many people with Down syndrome develop early-onset Alzheimer's disease.
- Increased risk with lack of exercise, unhealthy diet, drinking excessive alcohol, hypertension, high cholesterol, obesity, poorly controlled diabetes, smoking, late-life depression, sleep apnea, atherosclerosis, and some medications can worsen memory (i.e., sleep aids that contain diphenhydramine and Ditropan XL).

#### Dementia Differential Diagnosis

- Cognitive and neuropsychological tests measure thinking skills, such as memory, orientation, reasoning and judgment, language skills, and attention.
- Neurological evaluations assess memory, language, visual perception, attention, problem-solving, movement, senses, balance, reflexes and other areas.
- Psychiatric evaluation to assess mental health.
- CT or MRI scans for stroke, bleeding, tumor, or hydrocephalus.
- PET scans can show patterns of brain activity.
- Blood tests can detect physical problems (i.e., vitamin B-12 deficiency or an underactive thyroid gland).
- O Autopsy.

# Cognitive and Behavior Assessments Employed

- Mini-Mental State Exam (MMSE)-the most widely used. It takes 10-15 minutes to administer. It is scored out of 30, with a score below 24 suggesting dementia. It is used to assess global cognitive status.
- The Clock Drawing Test (CDT)
- O Adaptive Behavior Assessments
- O Functional Activities Questionnaire (FAQ)
- Montreal Cognitive Assessment (MoCA)
- Neuropsychiatric Inventory Questionnaire (NPI-Q)
- O Depression and Mood Assessments (e.g., PHQ-9)
- O Brief Interview for Mental Status (BIMS)

Brief Interview for Mental Status (BIMS)	
Repetition of Three Words	
Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said a The words are: <b>sock, blue</b> and <b>bed</b> . Now tell me the three words."	all three.
Number of words repeated after first attempt:	
0. None 1. One 2. Two 3. Thr	ree
After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a p furniture"). You may repeat the words up to two more times.	piece of
Temporal Orientation (orientation to month, year and day)	
Ask resident: "Please tell me what year it is right now."	
Able to report correct year	
<ul> <li>0. Missed by &gt; 5 years, or no answer</li> <li>1. Missed by 2-5 years</li> <li>2. Missed by 1 year</li> </ul>	
Ask resident: "What month are we in right now?"	
Able to report correct month	
<ul> <li>0. Missed by &gt; 1 month, or no answer</li> <li>1. Missed by 6 days to one month</li> <li>2. Accurate within 5 days</li> </ul>	
Ask resident: "What day of the week is today?"	
Able to report correct day of the week 0. Incorrect, or no answer 1. Correct	
Recall	
Ask resident: "Let's go back to the earlier question. What were the three words that I asked you to repeat?" If unable to remember a word, give cue ("something to wear," "a color," "a piece of furniture") for that word.	
Able to recall "sock" 0. No - could not recall 1. Yes, after cueing 2. Ye ("something to wear") red	es, no cue quired
Able to recall "blue" 0. No - could not recall 1. Yes, after cueing 2. Yes ("a color") 2. Yes	es, no cue quired
Able to recall "bed" 0. No - could 1. Yes, after cueing 2. Yes	s, no cue

# Early Detection and Assessment of Problem Behaviors

- Several factors can contribute to target behaviors and these may change
- OProblem behaviors may be reinforced
- Deficits in social, communication, and adaptive skills should be addressed
- OAssess functions of behavior problems and reinforcing preferences which may change
- Ouse a team approach to discovering the source of the problem

### **Behavior Problems**

- Increase in aggression, self-injury, property damage, crying, wandering, hoarding, falling, screaming, cursing, pacing, tardiness, day-time sleep, waking up at night, misplacing personal belongings, spending time alone, toileting accidents, poor personal hygiene, refusing meals, medical treatment and procedures
- Decreases in following staff requests to participating in daily routines, programs, leisure and group activities, following work schedule, and interacting with others

### **Psychological and Social Issues**

- Behavioral/Psychological Loss of cognitive, memory, communication, and adaptive skills, Lost items, Decrease in attention span, Difficult tasks, Problems making choices, Changes in daily schedule, Boredom/lonely
- Social Loss of support, Death of family, friends, peers, or staff, Presence of staff and amount of staff attention, presence of particular staff (preferred or non-preferred), Changes in staff, Presence of peers and amount of peer attention, Cultural issues, Disagreements with family, staff, or peers, Proximity to others

#### **Environmental and Medical Factors**

- Environmental Uncomfortable temperature (too hot or too cold), noise, inappropriate lighting (too bright or inadequate), crowding, uncomfortable seat, uneven or wet surface
- Medical/Health Headache, Diet, Allergies, Illness, Seizures, Constipation, Toothache, Earache, Incontinence, Hunger or Thirst, Wheelchair fatigue, Sleep Disorder, Pain, Hypertension, Diabetes, Psychiatric Disorders

#### **Functions of Behavior Problems**

- Behavior problems may a be a way to communicate different wants and needs.
- Obtain attention or assistance
- Gain access to tangible objects or items
- O For entertainment or pleasure
- O Escape/Avoid demands or aversive situations
- O Avoid misplacing belongings
- OReduce pain or fear
- O Loss of support and reinforcing events

### **Attention Maintained Behavior**

- If the problem behavior is reinforced by attention, provide attention for appropriate behavior and use planned ignoring for problem behavior.
- Behavior problems may be a way to gain assistance or help from others (e.g., due to decreased sensory, motor, communication, or adaptive skills)
- May need to teach communication skills to indicate wants and needs in a socially appropriate manner.
- Reinforce more independent adaptive skills. May have to use shaping techniques to retrain lost skills.
- Social reinforcers for desired behavior may include praise, eye contact, smiles, extra one-on-one attention

#### **Adaptive Communication Skills**

- Expressive Skills
   -Request reinforcers
   -Request assistance: "Help"
   -Request break
   -Reject: Say "No"
- ○-Affirm: Say "Yes"

- Responsive
- O-Respond to "wait"
- ○-Follow directions
- Transition between activities – may need more time
- ○-Follow schedule

### Access to Tangibles

- Problem behaviors may serve a means to obtain lost objects (e.g., taking glasses from others), or preferred tangibles (e.g., coke).
- Set and reinforce following clear routines to avoid loss of objects (e.g., set glasses down on the night stand and not in the living room)
- O Provide preferred objects or activities contingent upon appropriate behavior. May use a token reinforcement system, the Premack Principle, or first-then statements to help obtain preferred reinforcers.

#### **Positive Stimulation**

- O Problem behaviors may be a means to obtain positive stimulation and be entertaining or pleasurable. Problems may serve to obtain internal stimulation such as visual, auditory, tactual, vestibular, or gustatory.
- If problems are related to a lack of stimulation, enrich the current environment. If a person is retired, increase opportunities for positive experiences to reduce the reinforcing value of negative behaviors. May use environmental engineering and enhance safety.

# Escape/Avoidance

- Behavior problems appear to emerge as a means to escape/avoid demand or aversive situations (e.g., work, social interaction, crowds, noise, loss of skills, lack of understanding or hearing the request).
- For escape from demands, provide reinforcers (e.g., short break and praise) for completion of requests. May use behavior momentum (e.g., do 2-3 easy tasks before difficult one).
- To avoid misplacing objects some people may hoard or carrying too many items. Reinforce placing items in set locations and carrying only one bag.
- For escape from attention, provide private time for appropriate behavior.

#### **Pain Reduction**

OEscape/avoidance - For escape from internal stimulation (pain, hunger, headache, itching, lethargy), teach appropriate way to communicate need. OReinforce exercise, meal consumption, relaxation, compliance with medical treatment and procedures (e.g., use CPAP, use of lotion, following diet).

#### **Prevention Strategies**

- When talking with consumers, maintain eye contact.
- Speak slowly in simple sentences, and don't rush the response.
- OPresent one idea or instruction at a time.
- Use gestures and cues, such as pointing to objects.
- Write down steps of tasks to help with following directions.
- Tell them who you are.
- O Tell them what you are going to do.

#### **Proactive Techniques**

- Bright colored signs to identify rooms may be helpful.
- Keep a calendar to help remember upcoming events, daily activities, staff on duty, meals, and medication schedules.
- Oevelop a plan early on while he or she is able to participate and can identify goals for future care.

# Lifestyle and home remedies

- Encourage exercise to improve strength, balance and cardiovascular health. Exercise might also help with symptoms such as restlessness.
- Plan enjoyable activities (i.e., dancing, painting, gardening, cooking, singing) and mentally stimulating activities.
- Encourage limiting caffeine, discouraging napping if they have problems sleeping at night, and offering opportunities for exercise during the day might ease nighttime restlessness.
- Establish nighttime rituals that are calming and away from the noise of television and meal cleanup. Leave night lights on in the bedroom, hall and bathroom to prevent disorientation. Make bath time relaxing (i.e., music, warm).

#### **Effective Interventions**

- Orreat others as you would want to be treated.
- Clear and concise requests, break down tasks with one step instructions.
- Be consistent and structure routines.
- Give the person enough time to attempt or complete the task and give breaks when finished and positive praise.
- C Empower independence by teaching positive coping and problem-solving skills.

#### **Treatment Strategies**

- O Be aware of age-related stressors and make modifications to the environment (i.e., reducing clutter and noise can make it easier to focus and function and assess for objects that threaten safety).
- Focus on prevention of problems.
- Make positive change happen by reinforcing adaptive behaviors.

# How To Use Reinforcers Effectively

#### ODiscover what is actually reinforcing by:

- Ask the person what they like
- Ask family, staff, or observe what works to increase desired behavior
- Observe their behavior during leisure time
- Observe choice discrimination between two or more items/objects (e.g., beverage selection) and Preference assessments
- Be respectful of losses (e.g., sensory)

# **Positive Reinforcement**





Caregiver Fall Training Event Isabella County Commission On Aging 2200 S. Lincoln Rd Mt. Pleasant MI 48858 November 9th, 2023

Session 1: Susan Evans, Alzheimer's Association 9:30-11:45

#### Enjoying Family Celebrations and Understanding Dementia Behaviors

A person living with Alzheimer's may feel different about celebrations and holidays because of cognitive changes. Caregivers may feel additional stress as well. Learn practical tips to reduce stress and agitation, as well as, common triggers for behaviors associated with dementia.

Lunch 11:45am- 12:45pm Pancakes, Omelets, Sausage, Banana and O.J. \*Lunch provided by COA upon request at RSVP\* \*Hors D'Oeuvers and drinks will also be provided\*

Session 2: Dawne Velianoff, Founder/CEO at DMV Consulting and Networking, LLC. 1:00-3:00

#### **Difficult Decision Making and Next Steps**

Dawne will be speaking on the topic of difficult decisions and next steps. Caregivers are faced with many obstacles in front of them. Making informed choices when it comes to how to care for your loved one. Ranging from when to place your loved one in a nursing home, driving, tough talks, family dynamics, and more.

> RSVP by: October 27th to receive a free t-shirt Brandise Leonard 989-772-0748 or bleonard@isabellacounty.org \*\*\*Place your food order & t-shirt size\*\*\*