Caring for the Person with Alzheimer’s or other Dementias

Paula Siciliano, MSN, GNC
Caring for the Person with

ALZHEIMER'S
or other Dementias

Contributor:

Paula Siciliano, MSN, GNC
Director of Education
Clinical Specialist
Applegate Home Health
Salt Lake City, Utah

The publisher gratefully acknowledges the contributions of the following individuals who reviewed this material:

Charles A. Illian, RN, BSN, CIC
Staff Development Educator
Consultant
Orlando, Florida

Kristine Beilby, PHN, MPH
Presbyterian Home Care
Roseville, Minnesota

Paula S. Elberhoumi, RN, BSN, MS
Educator & Creative Consultant
The Creative Pen
New York, New York

Robert Grabowski, MA, RN, C
Assistant Director of Staff Development
M.J.G. Nursing Home Co., Inc.
Brenner Pavilion
Brooklyn, New York

Ruth M. Hardke-Pecck, LPN
Staff Development Coordinator
Pine Valley Care Center
Richfield, Ohio

Debra A. Hillenbrand, RN, C

Ciarán O’Sullivan, RN, MS
Director of Nursing, Lake Forest Place
Lake Forest, Illinois
and Adjunct Faculty, Nursing Division
Oakton Community College
Des Plaines, Illinois

Dorothy A. Pennington, RN, BSN
Director of Staff Development
Life Care Center of North Glendale
Glendale, Arizona

Gloria N. Ristvedt, RN, BSN, BS Ed Ed
Director of Staff Development
Jenkins Living Center
Watertown, South Dakota

Deborah Snyder, RN

Barbara J. Yinger, RN, BSN
Retired Inservice Coordinator &
Home Health Aide Trainer
Home Call, Inc.
Former Volunteer Instructor
Frederick County Alzheimer’s Association
Frederick, Maryland
NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

The publisher, author, editors, and reviewers cannot accept any responsibility for errors or omissions or for any consequences from application of the information in this book and make no warranty, express or implied, with respect to the contents of this book.

Publisher does not warrant or guarantee any of the products described herein or perform any analysis in connection with any of the product information contained herein.

CREDITS

Contributor: Paula Siciliano
Development Editors: Celia McIntire and Jennifer Plane Hartman
Copy Editor: Susan Alvare
Design: John W. Davis
Composition: Celia McIntire
Illustration: Thaddeus Castillo

THANKS

The publisher wishes to thank-

Phyllis J. Lessin for her assistance in acquiring permission to adapt many of the home safety suggestions found in this in-service. The original (and highly recommended) publication is Home Safety for the Alzheimer's Patient, developed by Alzheimer's Disease Research Center, University of California, San Diego, Supported by Grant AG05131, National Institute on Aging. Ordering information is included at the end of this book.

Fran Gillen, of the Alzheimer's Disease Education and Referral Center, for her early assistance in collecting source material and for helping us put our customers in touch with the ADEAR Center. We strongly recommend that all in-service directors order the ADEAR catalog of materials; it is excellent.


©1999 Hartman Publishing, Inc. All rights reserved. Limited permission to photocopy the labeled handouts in this text is granted to direct purchasers of this book from the publisher. Copies can only be made for employees or students at ONE LOCATION of a multi-site employer or school. No other part of this book may be reproduced, in any form or by any means, without permission in writing from the publisher.
# Table of Contents

<table>
<thead>
<tr>
<th>FYI</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction and Assessment</td>
<td>7</td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Assessment A (8)</td>
<td></td>
</tr>
<tr>
<td>Assessment A Answer Key (9)</td>
<td></td>
</tr>
<tr>
<td>Assessment B (10)</td>
<td></td>
</tr>
<tr>
<td>Assessment B Answer Key (12)</td>
<td></td>
</tr>
<tr>
<td>Note-Taking Worksheet (13)</td>
<td></td>
</tr>
<tr>
<td>Key Terms (15)</td>
<td></td>
</tr>
<tr>
<td>1: Define dementia, and list related terms</td>
<td></td>
</tr>
<tr>
<td><strong>Transparencies:</strong></td>
<td></td>
</tr>
<tr>
<td>What is Dementia? (18)</td>
<td></td>
</tr>
<tr>
<td>Dementia and Related Terms (19)</td>
<td></td>
</tr>
<tr>
<td>2: Describe Alzheimer’s disease, and list other causes of dementia</td>
<td>20</td>
</tr>
<tr>
<td><strong>Transparencies:</strong></td>
<td></td>
</tr>
<tr>
<td>What Causes Dementia? (21)</td>
<td></td>
</tr>
<tr>
<td>Causes of Dementia: Distribution (22)</td>
<td></td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Causes of Dementia (23)</td>
<td></td>
</tr>
<tr>
<td>Word Search - Causes of Dementia (25)</td>
<td></td>
</tr>
<tr>
<td>Word Search Answer Key (26)</td>
<td></td>
</tr>
<tr>
<td>3: List five facts about Alzheimer’s disease</td>
<td>27</td>
</tr>
<tr>
<td><strong>Transparencies:</strong></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s Disease Statistics (30)</td>
<td></td>
</tr>
<tr>
<td>More Alzheimer’s Statistics (31)</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s Disease Facts (32)</td>
<td></td>
</tr>
<tr>
<td>PET Scans (33)</td>
<td></td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Ten Warning Signs of Alzheimer’s (34)</td>
<td></td>
</tr>
<tr>
<td>Overview of Alzheimer’s Statistics (35)</td>
<td></td>
</tr>
<tr>
<td>4: Describe the progression Alzheimer’s disease may follow</td>
<td>35</td>
</tr>
<tr>
<td><strong>Transparency:</strong></td>
<td></td>
</tr>
<tr>
<td>Mental Status Questionnaire (38)</td>
<td></td>
</tr>
<tr>
<td><strong>Handout:</strong></td>
<td></td>
</tr>
<tr>
<td>Progression of Alzheimer’s Disease (39)</td>
<td></td>
</tr>
<tr>
<td>5: Identify personal attitudes helpful in caring for people with Alzheimer’s or any dementia</td>
<td>40</td>
</tr>
<tr>
<td><strong>Transparency:</strong></td>
<td></td>
</tr>
<tr>
<td>Helpful Attitudes (42)</td>
<td></td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Helpful Attitudes (43)</td>
<td></td>
</tr>
<tr>
<td>Note Cards for Role Play (44)</td>
<td></td>
</tr>
<tr>
<td>6: List five strategies for better communication with people who have Alzheimer’s or any dementia</td>
<td>45</td>
</tr>
<tr>
<td><strong>Transparency:</strong></td>
<td></td>
</tr>
<tr>
<td>Communication Challenges and Strategies (47)</td>
<td></td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Communication Tips (48)</td>
<td></td>
</tr>
<tr>
<td>Communication Tips: Small Group Discussion (50)</td>
<td></td>
</tr>
<tr>
<td><strong>PART II</strong></td>
<td></td>
</tr>
<tr>
<td>7: Describe a safe and well-organized environment for a person with Alzheimer’s or any dementia</td>
<td>51</td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Good Idea/Bad Idea Game Cards (52)</td>
<td></td>
</tr>
<tr>
<td>Good Idea/Bad Idea Answer Key (56)</td>
<td></td>
</tr>
<tr>
<td>8: Describe five guidelines for assisting the person with Alzheimer’s with personal care and activities of daily living</td>
<td>57</td>
</tr>
<tr>
<td><strong>Transparency:</strong></td>
<td></td>
</tr>
<tr>
<td>Personal Care and ADLs (58)</td>
<td></td>
</tr>
<tr>
<td><strong>Handouts:</strong></td>
<td></td>
</tr>
<tr>
<td>Personal Care and ADLs (59)</td>
<td></td>
</tr>
<tr>
<td>Sample Care Plan (61)</td>
<td></td>
</tr>
<tr>
<td>9: List five difficult behaviors commonly exhibited by people with Alzheimer’s and describe ways to manage each</td>
<td>62</td>
</tr>
<tr>
<td><strong>Transparency:</strong></td>
<td></td>
</tr>
<tr>
<td>Managing Difficult Behaviors (64)</td>
<td></td>
</tr>
<tr>
<td><strong>Handout:</strong></td>
<td></td>
</tr>
<tr>
<td>Managing Difficult Behaviors (65)</td>
<td></td>
</tr>
</tbody>
</table>
10: List five ways to promote the dignity and independence of the person with Alzheimer’s

Transparency:
Creative Therapies (69)

Handout:
Promoting Dignity and Independence (70)

11: List three ways to maintain the morale of family members of people with Alzheimer’s

Transparencies:
Working with Families and Friends (73)
Communicating with the Family (74)

Handouts:
Common Symptoms of AD and the Impact on the Family (75)
Communicating with the Family (76)

Closing and Assessment

Handouts:
Assessment A (8)
Assessment A Answer Key (9)
Assessment B (10)
Assessment B Answer Key (12)

References

In-Service Evaluation Form

For More Information

Certificate of Completion

Record Keeping Form

Order Cards
Four million Americans currently suffer from Alzheimer's disease and an estimated six to nine million will have the disease by 2040 if a cure is not found. Because half of nursing home residents are living with Alzheimer's, and an even greater number of people with Alzheimer's are living at home, it is essential that all healthcare workers, whether nursing assistants, home health aides, or others, be trained and supported in providing the best possible care for people living with Alzheimer's disease.

We have designed this in-service to help you ensure that your clients or residents with Alzheimer’s or other dementias receive the best possible care. We hope these materials will help make your job easier and more rewarding.

This in-service is organized by learning objectives. Each objective follows a lesson plan, which is built around learning activities and teaching tools, such as transparency masters, handouts, and assessments. You may decide to use none or all of these tools in your presentation.

Because the in-service covers a lot of material, you may wish to divide your presentation into two parts:
1. Learning Objectives 1-6
2. Learning Objectives 7-11

We have indicated on the assessments where to break if you are teaching this in-service in two sessions.

Some additional resources on Alzheimer's can be ordered from various agencies and organizations. We include order forms at the back of this SourceBook to request these materials. Be sure to send the order forms promptly as it can take time to receive the materials.

Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard, flip chart, or dry erase board.

Happy Teaching!
**Introduction and Assessment**

**Estimated Time:** 5-15 minutes

**Tools:**
- Handout Intro-1 Assessment A
- Handout Intro-2 Assessment A Answer Key
- Handout Intro-3 Assessment B
- Handout Intro-4 Assessment B Answer Key
- Handout Intro-5 Note-Taking Worksheet
- Handout Intro-6 Key Terms

### Learning Activity: Lecture

The learning objectives in this in-service are designed to cover:
- Understanding dementias (including Alzheimer's) and their causes
- Developing skills to work with people who have dementia

### Learning Activity: Assessment

Two different assessments are provided for your use: one has true/false questions and one has multiple choice. You may choose to use either one as a pre-test and post-test, or you may want to use the true/false assessment as a discussion tool to introduce the in-service and use the multiple choice assessment as a more formal post-test. If you are using one assessment as a discussion tool in your introduction, consider having the participants complete the assessment in small groups, then ask each group how they think they did. Ask which questions they feel certain they answered correctly. This will make a good lead-in to the learning objectives.

### Learning Activity: Discussion

Tell participants to take notes during all lectures and discussions to help them organize and remember the information presented.

Depending on your preference this handout can be used to preview or to review the terms used in the in-service. Cross off or skip over any terms your group does not need to know.
Assessment A

Name: _______________________________________  Date: __________________

True or False. For each of the following statements, write “T” for true or “F” for false.

Part I

1. ___ A person with dementia was born without the mental abilities necessary to care for him- or herself.
2. ___ An irreversible disease, like Alzheimer’s, can be cured with proper treatment.
3. ___ Alzheimer’s is the most common cause of dementia in the elderly.
4. ___ All forms of dementia are irreversible.
5. ___ A person with Alzheimer’s can live from three to twenty years after symptoms appear.
6. ___ Half of all nursing home residents have Alzheimer’s or a related disorder.
7. ___ No cure exists for Alzheimer’s disease.
8. ___ The stages of progression of Alzheimer’s are the same in all patients.
9. ___ In the “late dementia” stage of Alzheimer’s, people have no verbal abilities and need help with all activities of daily living.
10. ___ People with Alzheimer’s can purposely be rude and angry with their caregivers.
11. ___ Taking good care of yourself is an important part of caring for dementia victims, since the job can be so draining.
12. ___ When communicating with someone who has Alzheimer’s, you may need to repeat yourself or use drawings to get your point across.
13. ___ If a person with dementia wants to talk about the past all the time, you should redirect conversation to current events.

Part II

14. ___ As soon as people are diagnosed with Alzheimer’s, they must be confined to their rooms at all times and their activity must be restricted.
15. ___ People with dementia should always wear identification in case they wander away.
16. ___ Marking stairs with brightly colored tape can help prevent falls.
17. ___ When caring for a person with dementia, you should respect their privacy by not asking about bowel movements and toileting needs.
18. ___ The amount of personal care a person with Alzheimer’s needs is likely to increase as the disease progresses.
19. ___ Sundowning means that people with Alzheimer’s tend to become more alert and cooperative towards the end of the day.
20. ___ Depression is common among people with dementia.
21. ___ Exercise can help reduce restlessness and have other benefits for the person with dementia.
22. ___ Excellent care for a person with Alzheimer’s involves promoting the person’s dignity and independence for as long as possible.
23. ___ Marking rooms with signs or pictures is a bad idea because it can confuse a dementia victim.
24. ___ Everyone can benefit if family and friends are involved in Alzheimer’s care.
25. ___ Respite care services are a good way for families of people in home care to get a break.
Assessment A Answer Key

Part I

1. False. Dementia is not inborn. It can be caused by an irreversible disease (like Alzheimer’s) or a potentially reversible condition (like drug intoxication or a tumor) that occurs during a person’s lifetime. (Objectives 1 and 2)

2. False. An irreversible disease cannot be cured. (Objective 1)

3. True. (Objective 2)

4. False. Dementia caused by certain conditions, like alcoholism or malnutrition, can be reversible if the cause is found and treated. (Objective 2)

5. True. (Objective 2)

6. True. (Objective 3)

7. True. (Objective 3)

8. False. Although there are general stages used to categorize people with Alzheimer’s, each person with the disease may show different symptoms at different times. (Objective 4)

9. True. (Objective 4)

10. False. People with Alzheimer’s often have no control over what they say or do. Caregivers should never take words and actions personally. (Objective 5)

11. True. (Objective 5)

12. True. (Objective 6)

13. False. Talking about the past or reminiscing can be beneficial for people with Alzheimer’s and it can help you learn more about how to provide the best care. (Objective 6)

Part II

14. False. People with Alzheimer’s will need different levels of care at different stages of the disease. Many activities can be very therapeutic for people with Alzheimer’s and should be encouraged, not restricted. (Objective 7)

15. True. (Objective 7)

16. True. (Objective 7)

17. False. Maintaining and documenting a toileting routine is essential to protect the physical health of a person with dementia. (Objective 8)

18. True. (Objective 8)

19. False. Sundowning means that people with Alzheimer’s can become more agitated and restless towards the end of the day. (Objective 9)

20. True. (Objective 9)

21. True. (Objective 9)

22. True. (Objective 10)

23. False. Marking rooms with signs or pictures can help a dementia victim remain oriented. (Objective 10)

24. True. (Objective 11)

25. True. (Objective 11)
Assessment B

Name: _______________________________________  Date: ___________________

Multiple Choice. Choose the correct answer.

Part I
1. A loss of mental abilities that interferes with activities of daily living is called:
   a. activity therapy
   b. sundowning
   c. dementia
   d. respite care

2. Alzheimer’s disease is:
   a. a reversible condition that can be cured
   b. an irreversible condition that cannot be cured
   c. a result of hardening of the arteries
   d. a result of drug abuse

3. Alzheimer’s is the ______ leading cause of death among adults.
   a. first
   b. second
   c. fourth
   d. tenth

4. Of all the people with Alzheimer’s:
   a. most live at home
   b. most live in nursing facilities
   c. most are hospitalized
   d. most are homeless

5. All the following statements about Alzheimer’s are true EXCEPT:
   a. No cure exists for Alzheimer’s.
   b. Gradual memory loss is often an early symptom.
   c. The only definitive diagnosis is by autopsy.
   d. Alzheimer’s is caused by high blood pressure.

6. In the “late dementia” stage of Alzheimer’s, a person will not be able to:
   a. speak
   b. control bladder or bowels
   c. eat without assistance
   d. do any of the above

7. In order to determine how much mental ability has been lost, we may use:
   a. reminiscence therapy
   b. a mental status questionnaire
   c. blood tests
   d. MRI

8. All of the following are helpful attitudes when working with people with Alzheimer’s EXCEPT:
   a. Treat all people with Alzheimer’s the same way, to be fair.
   b. Work with family members.
   c. Work with the symptoms and behaviors you see.
   d. Do not take words or actions personally.

9. The goals of care for a person with dementia should be:
   a. to provide security and comfort
   b. to promote dignity and self-esteem
   c. to encourage independence
   d. all of the above

10. When people with Alzheimer’s are frightened or agitated, you should:
    a. physically restrain them
    b. call their doctor immediately; it could mean they are very sick
    c. move and speak slowly and calmly
    d. quickly and loudly instruct them to calm down

11. Good strategies for communicating with people with Alzheimer’s include:
    a. repeating yourself when necessary, using the same words
    b. using non-verbal communication, like gestures and pictures
    c. both a and b
    d. none of the above