STRATEGIES USED BY OCCUPATIONAL THERAPY TO MAXIMIZE ADL INDEPENDENCE IN PEOPLE WITH DEMENTIA

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Learning Objectives:

- Identify strategies to manage difficult behaviors during ADL activities of dressing, eating, and bathing
- Identify ways to modify environment for persons with dementia to minimize confusion
Pre- and Post- Questions:

1. Name three home modifications that can be made for people with dementia to reduce confusion.

2. Identify three strategies that can be used with ADL routines (bathing, eating, toileting, dressing) with people with dementia that can be utilized to decrease combative behaviors.
Consider and Reflect On:

- Think about our own habits and preferences when it comes to skin and hair care, or how we look when we get dressed.
- What are some things that you find especially important or comforting when you think of your own personal ADL rituals?
- How would you feel if you were unable to do this familiar and independent ritual?
- How would you feel if you could not have a bath for several days?
- Had dirty fingernails or uncombed hair?
- If you were unable to brush your teeth for a week?
- These lifelong daily routines are still important for the person with dementia.
Why are ADLs Difficult?

- Because of these brain changes a person with dementia may not be able to:
  - recognize you, or the object you are holding
  - comprehend what you are trying to say to them
  - remain focused on a task - short attention span
  - know what you are trying to do
  - initiate a task
  - balance themselves
  - sustain attention and get tired very easily
  - tolerate pain and/or be under-treated for it
Why are ADLs Important?

- Attention to grooming & hygiene helps us all to feel better.
- This helps a person with dementia keep in touch with his physical appearance; maintain body awareness and a sense of identity.
- We can promote a feeling of self control and maximize function if we tap into remaining skills and abilities.
- Hair and skin care, oral hygiene and manicures can be an intimate, social time - a time for sharing and caring on a very personal level.
- Sometimes we rush through these things to get them to a planned activity.
- We can think about activities of daily living as a 24-hour cycle of care.
- The more we tap into rituals & lifelong habits, the more we enhance quality of life.
Assessment of people with dementia usually focuses on the person’s deficits, and all the things that they cannot do.

Caregivers often assume that the person will not be able to help to get dressed or shave themselves.

When a person with dementia does not participate in their care, they may become resistant and angry.

The person may then become combative and this leads to them being labeled with difficult behavior.

The more we do for the person, the more dependent they become.

When we don’t use remaining strengths and abilities, the person becomes more impaired.
Caregiver Demands:

- Some of the qualities of caring & dedication can make caregivers want to help too much.
- They see themselves as caring and efficient when the person is quickly dressed or fed.
- Creates a lot of stress when the person resists being efficiently managed, and then caregivers will end up spending more time when the person becomes agitated.
- Caregivers’ work schedules also provides a lot of stress.
- They only have a certain amount of time to get the person dressed, comb their hair and brush their teeth.
- They assume that it will be faster if they perform the task on the person, but studies show this is not true.
- When they’re under pressure to get the job done, the task becomes frustrating to all, affecting quality of care.
Caregiver’s Approach:

- Cooperation happens when caregivers take the time to set the mood and tone for an activity of daily living.
- The person needs to be approached from the front & addressed by their name, so they will not be startled.
- Ideally just one caregiver will provide less stimulation; if another is needed to assist, they can stay out of the visual field of the person with dementia and hand things to the main caregiver.
- Permanent assignments create an opportunity for staff to really get to know the person’s preferences.
- Spend a few moments before engaging in the ADL task visiting and talking about things meaningful to that person, such as music or a favorite pet.
Caregiver’s Approach:

- The person with dementia depends on the environment to give them familiar cues, helping the person to figure out what they are supposed to be doing.
- If there is poor lighting, a person may not be able to recognize the piece of clothing or the shoes you are helping them to put on.
- The person may not be able to pick out the white clothing lying on the white bedspread due to a lack of contrast.
- Excess clutter can contribute to confusion.
- If there is excessive noise in the environment, the person may become confused or irritated.
- A small area that provides privacy may help the person to feel more comfortable.
- Modesty is very important to many older adults, and we can show respect by offering a quiet, private place for personal
Communication Strategies with Dementia:

- Do not rush.
- Move and speak slowly and calmly.
- Provide 1 to 2 step simple verbal instructions at a time.
- Allow patient sufficient time to respond to a command.
- Reassure person they’re doing a good job.
- Avoid use of negative words and negative approaches (Don’t scold, argue).
- Eliminate noise and distraction while communicating.
- Be aware of facial expressions, make eye contact but do not stare.
- Express affection – smile, hold hands, give a hug.

○ Gitlin & Earland, 2010
What About the Environment?

- Person depends more on the environment to give cues as dementia progresses.
- As the ability to process information becomes more impaired, the person depends on the environment more and more to give them clues about what is happening.
- Vision and hearing loss with normal aging.
- Confusion can drain energy.
- Brain changes affect how the environment looks.
- May not recognize where they are.
- Large rooms can be overwhelming if the person has visual spatial challenges.
Environmental Issues:

- The amount of light in the room is important - glare from shiny floors, open windows or bright lights can be disorienting.

- Inadequate light causes shadows - may be interpreted as threatening.

- Shadows and glare can impair a person’s ability to figure out what is going on in their environment - can contribute to anxiety and agitation.

- There may be too much clutter in the environment - when providing care, or doing an activity, only the objects needed should be visible.

- Too much noise or stimulation in the environment - loud voices or too many people - can increase agitation.

- Leave TV or radio on in the background can offer confusing cues for the person with dementia.
Enhancing the Environment:

- Persons with dementia have difficulty perceiving their environment.
- They need the environment to be predictable and constant.
- Changing the furniture around can be very disorienting and make a person more at risk for falling.
- The stairs and floor painted a different color than the walls helps to avoid confusion.
- Floors that are free of patterns or design help a person with visual spatial challenges.
- Because of brain changes, the person may not be able to judge distances accurately.
- A large room without contrast can be overwhelming.
- A person with dementia can be cold even if the room seems warm to you.
Environmental Modifications:

- Using the environment as a treatment modality
- Based in competence-environmental press model
- Involves modification to physical, task and social dimensions of environments

Purpose:
- Achieve balance between environmental demands (press) and person capabilities (competencies)
- Reduce environmental press to match person capabilities
- Decrease excess disability
Types of Environmental Modifications:

- In order to eliminate the extrinsic factors that promote excess disability (when the level of disability is disproportionally greater than expected given the limitations), there are four things that can be done:
  - Simplifying objects
  - Organizing objects
  - Providing assistive devices
  - Making home adaptations
Modify the Environment To:

- Decrease disorientation
- Increase way finding
- Support functionality
- Increase activity engagement
- Increase safety
- Minimize behavioral disturbances
Modifying the Environment:

- Enables caregivers to:
  - Increase personal safety
  - Enhance ability to manage day to day
  - Enhance mastery
  - Decrease stress
  - Decrease need for assistance
  - Decrease amount of time in hands-on supervision
Modifying the Task:

- All tasks with a person with dementia are activities.
- When a person is having difficulty, it may be the task or activity causing the problem.
- It can be too complicated, or the person may not recognize what you are trying to do.
- There are some questions we can ask ourselves:
  - Can the person see and hear me?
  - Are they wearing their glasses and hearing aids?
  - Is the lighting adequate?
  - Do they recognize the toothbrush?
  - Can they tell where the toothbrush is in space?
  - Can the person understand what you are trying to do or say?
  - Is there contrast between the sink, the floor and the wall, so the person can get cues that tell them they are in the bathroom and it is time to brush their teeth?
Modifying the Task:

- Is the person able to process the information that you are giving them?
- Are you giving the person cues by using gestures?
- Are you using words that are familiar?
- Does the person have adequate time to respond to your cues?
- Can the brain tell the body what to do?
- Is the person having trouble getting started?
- Can they verbally express themselves?
- Are you trying to do something that causes pain from arthritis?
- What about their range of motion, and fine motor skills?
- Are you giving them enough time to rest between steps if fatigue is a problem?
Environmental Skill-Building Program:

- **ESP ACTIVE PHASE:**
  - (6 Months - 5 home visits & 1 tele-contact)
  - Education about role of environment and dementia
  - Skills in problem-solving, simplifying the environment to address 11 potential problem areas
  - Technical support (e.g., adaptive devices and training in use)
ESP Intervention Protocol:

- 1st home visit – assessment; education about dementia, identification of problem areas
- 2nd home visit – problem solving about target problem (antecedents, behavior, consequences)
- 3-5th home and telephone contact – introduce, practice, modify, refine strategies for each target problem; installation of equipment, adaptive devices
- 6th home visit – review strategies, generalize process
Physical Modifications to the Home:

- Install equipment and assistive devices
- Remove objects
- Rearrange objects
- Label objects
- Color contrast objects
- De-clutter
- Place objects in sequence of use

Corcoran & Gitlin (1991)
Physical Environment – Bathroom:

- Bathroom Equipment
  - Tub bench
  - Toilet rail
  - Grab bars
  - Hand held shower
  - Long handled sponge
  - Pictures
  - Soft surfaces
  - Color contrast
Physical Environment – Bedroom:

Adding a bed grab rail
Physical Environment & Clutter:

Leads to:

- Disorientation
- Agitation
- Decreased function
De-Cluttering:

- Low demand
- Appropriate level of stimulation
- Comfortable and calming
Physical Environment – Closet:

Leads to:

- Confusion
- Inappropriate clothing choices
- Decreased functioning
Improved Physical Environment:

Strategies:

• Limited choice
• Color contrast
• Object Placement
• Previous habits

Outcome:

• Increased independence
Physical Environment –
Toilet:

White commode on white wall – disorienting

Red duct tape for color contrast
Physical Environment – Mealtime:

First Set of Strategies:

- Red placemat
- White plate
- One food item
- Cereal
- Spoon
Modifying Task Environment:

Strategies:

• Tactile cueing
• Short 1 to 2 step commands
Modifying Dressing:

Strategies:

- Verbal cueing
- Lay out clothing in order
- Proper body mechanics
Environmental Skill-Building Program:

- Customized Action Plan:
  - Introduces four types of strategies
  - Treatment goals
  - When and how to practice strategies
- Action plan introduced through role play or demonstration
- Over time, strategies are reinforced, re-evaluated and refined

**ACTION PLAN:**
1. Simplify task
2. Communicate
3. Modify the Environment
4. Engage in Activity
Mealtimes with Dementia

- When a person has dementia, there is damage to the various parts of the brain.
- With the brain changes, persons with dementia may have difficulty trying to eat a meal. The person may:
  - Not be able to recognize the food or remember what it is for.
  - See the food but not be able to pick up the fork and start eating.
  - Have a short attention span, and be unaware of how long they have been sitting at the table.
  - Be unable to handle eating utensils
  - Not be able to tell where the plate is in relation to their body.
  - Experience fatigue and become agitated.
  - Become anxious when excluded from helping with those tasks they did for so many years, setting the table, serving the food and helping with the clean up. They become participants only, a role many are unfamiliar with.
Causes of Mealtime Difficulties:

- Worry about having enough money to pay for the food
- Worry that they are not dressed properly
- Have a dry mouth, problems with their teeth/dentures
- Experience loss of sense of taste/smell as they age
- Be taking a medication that alters the taste of food
- Be constipated.
- Be depressed, interested in eating
- Not recognize that they are hungry because of the brain changes from dementia.
The Task of Eating:

- Mealtime is a complex activity.
- We have to be able to recognize the food, hold the utensil and find our mouths.
- These steps can be very challenging for a person with dementia.
- When a tray is put in front of a person with dementia it may have all of the courses, drinks and condiments.
- This collection of up to 15 items may be very confusing for a person.
- There may be no cues of where to start or what to eat first.
- If the food remains on a tray, it may be difficult for the person who has poor arm strength to hold their arm up over the edge of the tray.
Strategies for Mealtime:

- Consider removing the tray, and put the food on a plate with placemat; this promotes a more home-like feeling at the dining table.
- Avoid table clutter, only leave necessary items.
- Offer one food at a time, and serving the meal in courses may decrease confusion.
- Dishes and utensils can be modified to enhance remaining abilities. Bowls, plate guards and built up handles on utensils can promote independence.
Mealtime Strategies:

- The environment can affect the mood and appetite of a person with dementia – if the dining room is very elegant, they may worry that they are not dressed properly or that they don’t have enough money to pay.
- Glare from a highly polished floor, or bright sunlight coming in a window can be disorienting.
- Think about what contributes to the noise level in dining rooms.
- Caregivers may be rushing around delivering food, calling out to each other or to residents who will not eat or are trying to leave.
- There may be a TV or radio on for background noise - this can be a distraction for the staff and the person with dementia.
- Announcements over the intercom contribute to the noise level as well.
- People rushing around and bumping into people or chairs can be very confusing for people with dementia.
- There may be a lot of clatter as the dishes and silverware is being cleared from the table.
Mealtime Strategies:

- Make sure the person is seated comfortably.
- If the person is seated in a wheelchair, transfer them to a regular chair in the dining room.
- We all have certain food preferences - it is important to know the personal likes & dislikes people as a part of the assessment & care plan.
- We need to know the times they usually ate their meals and with whom.
- Appetite boosters, favorite rituals and holidays are also important.
- What was the person’s traditional role in meal preparation?
- Did they enjoy cooking?
- What was their favorite meal?
- These parts of a person’s life story can be incorporated in providing care and cueing the person during mealtimes.
- A person with dementia is willing and able to offer opinions about the food being served, and to enjoy the company of others.
Mealtime Strategies:

- When a person with dementia is seated at a dining room table, he may not recognize any of his dining partners and feel anxious and eager to leave.
- Taking a few minutes to introduce the person to the others at the table sets the tone for a more social occasion; put the person’s name on a card in front of their plate.
- Talking about what is being served will create anticipation that a meal is coming.
- Offering the people something to drink or a cracker to nibble helps the person to get ready for the rest of the meal and gives them something to do while they wait.
- The person may need to be reassured that they are invited to eat and there is no need to pay.
- If a person becomes easily distracted or agitated, they should be seated last in the dining room after everyone else is seated.
- When the person has the proper cues, challenging behaviors can be prevented.
Mealtime Strategies:

- Caregivers may feel rushed and pressured to do their job, and their body language can show it.
- A person with dementia is very aware of body language and unexpressed feelings, and can pick up on the anxiety and become agitated.
- Take the time to set the mood and tone to promote cooperation - spend a moment to visit socially, make sure you are smiling and relaxed - the person will feel more willing to go to the dining room.
- Encourage the person to use the bathroom before going to eat.
- Remind the person if they become anxious where they are going.
- Give the person time to process the information.
- Reassure the person if they’re worried that they are not dressed properly, or they don’t have enough money to pay for the meal.
- Stimulate appetite and create a feeling of anticipation by talking about the menu, and about the aromas you smell as you get close to the dining room.
Mealtime Strategies:

- If the person hesitates and does not want to enter the dining room, offer reassurance and encouraging words.
- Offer the person a sweater if they feel the dining room is cold.
- Sometimes a person will need assistance with eating.
- If we are assisting someone, we need to remember to focus on the person. It is easy to talk over the person’s head to other staff about our personal lives, but this is disorienting for the person with dementia, and one on one time is very important.
- Telling the person what they are eating, and offer conversation based on their personal life stories can all promote enjoyment.
- Think about the person’s remaining strengths and abilities and encourage them to hold finger foods, or use the proper utensil.
- Sometimes we just need to help them get started.
Assisting with Eating:

- Sit on the side of the person where they pay the best attention.
- An apron can cover the clothes, and is more dignified than a bib.
- Tell the person what is on the plate.
- Ask the person what they would like to eat first.
- Put a small amount on the spoon and tell them what it is.
- Give the person time to open their mouth.
- Avoid scraping the lips or teeth with the spoon or hovering over the person with the spoon.
- Wait until the mouth is clear before you offer another bite.
- Don’t mix the food together unless the person likes it that way.
- Let the person wipe their own mouth with a napkin.
- Offer fluids frequently.
- Go at a pace that is comfortable for the person.
- If we give the person the opportunity, they may be able to lift the spoon to their mouth by themselves.
Dressing Strategies:

- If balance is difficult, use a chair
- Use clothing that is one size larger for ease
- Slip-on shoes are easier than laces
- Do not rush the person while dressing – use food, singing, reassurance while dressing.
- Do not offer too many choices – hang one outfit on the door
- Use clothing that is familiar to person
- Label closets and drawers
- Use praise for their helpfulness
Managing Toileting:

- Watch for behavioral cues that person needs to toilet – pacing, pulling at clothing, bending at waist, moving from one foot to the other, yelling, increased agitation.
- Use simple commands when breaking down task.
- Use contrast in color for orientation - a white toilet on a highly polished white floor offers no cues and may promote anxiety when trying to get the person to sit down.
- Find out person’s past toileting routines and use as a guide for creating a schedule, ideally every 2-3 hours.
- Label bathroom door with a picture of a toilet.
- Protect privacy as much as possible.
- Remove wastebasket from area if it is confused with the toilet.
- Change clothing immediately when soiled or wet.
- Use clothing that is easy to remove.
- If incontinence products have to be used, don’t call them diapers.
- Offer the person something to hold while on toilet (e.g., magazine)
Bathing:

- Bathing for individuals with dementia has been reported as one of the most difficult activities of daily living and often results in unwanted behaviors.
- A review of the literature on bathing practices for those with dementia resulted in few empirically tested bathing techniques.
- Based on this review and the authors’ clinical experience, the following guidelines are presented:
  - educate the caregiver; improved outcomes are noted;
  - communication is key;
  - be flexible; consider a towel/bed bath in lieu of a shower/tub bath; and
  - optimize the environment to meet the needs of the individual and to maintain safety. (Costello & Corcoran, 2009)
Managing Bathing:

- Bathing is an extremely personal experience.
- There may be an echo in the bathroom that distorts sounds and promotes anxiety.
- Caregiver may feel they need to shout over the sound of water.
- If a person is cold, they may become agitated.
- The glare of the polished floor can be very disorienting.
- Geometric patterns on the floor can appear to be moving and a person may feel like they are going to fall.
- Taking a few minutes to set the mood and tone for a bath can do a lot to promote cooperation.
- Approach the person from the front using their name.
- Be relaxed, with a smile and calm attitude.
- Spend some time just visiting.
- Offer the person a drink and talk about something meaningful to that person, such as a favorite pet or photograph.
- Provide cues that it is time to take a bath or shower.
Bathing Strategies:

- Tell the person everything that is happening step by step.
- Ask them to test the water to see if it is warm enough.
- Offer verbal cues and allow the person to assist in any way that they are able.
- Offer them a washcloth to hold even if they cannot assist.
- Help the person cover his face with a washcloth when washing their hair - this can be very reassuring.
- If two caregivers are needed for assistance, only one person should talk to the person while the other stays out of their vision.
- This cuts down on stimulation and may help the person to feel less vulnerable.
- If the person is anxious, we can start by spraying the person’s feet and gradually move to the more sensitive areas around the trunk.
Bathing Strategies:

- Know whether person prefers a bath or shower; if latter, use a hand-held shower.
- If disrobing is an issue, allow person to wear some clothing or use a bath blanket.
- Grade bathing activity starting with one body part and gradually increasing as tolerated.
- Consider safety adaptations such as grab bars, raised bath seats and non-slide bath mats.
- Place colorful beach towels on walls to absorb echo and loud water sounds.
- Have family member present during bath time.
Bathing Strategies:

- Break the bath down into manageable steps and involve the person as much as possible.
- Sometimes if we get a person started with a washcloth, they can take over and participate.
- Tell the person step by step what you are going to do.
- Go through the steps of the bath at a pace that the person can tolerate will promote cooperation. Rushing to get the bath over with can make the person more agitated.
- Protecting the person’s privacy will help the person remain focused on the bath.
- Remember above all, that the bath is an activity.
- The person with dementia is more important than getting the job done.
- If the person becomes too agitated, other options like a bed bath may need to be considered.
References:


References: