



CONNECTING MINDS

DEMENTIA CARE NEWSLETTER

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PERSONAL SPACE

The comprehensive nature of Alzheimer's disease makes caregiving for people with the disease one of the most demanding of all caregiving situations. When working with people who have dementia the majority of caregiving takes place in their PERSONAL SPACE. We all have our comfort levels. We have all experienced a situation in which someone stands so close to us that we are made to feel uncomfortable. The brain is extraordinarily complex. Throughout the progression of dementia the individual is still able to experience discomfort that comes from someone entering their personal space.

Communication is a very important aspect of caregiving. Words are the medium but the message comes from one's tone and body language. Non verbal communication is not as sophisticated; therefore the cognitively impaired are more receptive to this.

Understanding the 3 levels of personal space may help you with some of the responsive behaviours you deal with when caring for your clients.

You always want to gain your client's attention prior to approach or touch. You must gain permission before entering someone's personal space and if you leave their personal space to go and get something or if you are called away you must regain their permission as they may not remember you were in their personal space. We can not just assume we can reenter their personal space, especially if you are doing care in their intimate space area. As well a client can revoke permission for you to enter or remain in their personal space at any time.

LEVEL 1: SOCIAL SPACE: 3' to 6'

This social space is a comfortable space and is often the space that is between you and your boss or an acquaintance. Prior to going into this space you want to gain the individuals attention by calling them by name or gaining eye contact for their attention. Be aware of your own body language – crouch or be at their level as this is less threatening, and more comfortable for your client.

LEVEL 2: PERSONAL SPACE: 18" to 3'

At this space you are at arms length. This space is usually the space that you and a close friend would share. When you are in this space, watch for clues that the other person is welcoming or rejecting your presence.

LEVEL 3: INTIMATE SPACE: 3" to 18"

We only allow a few into this space. This space is usually reserved for babies, pets, and lovers. You must have permission to enter this space and permission can be revoked at any time. This is the space that the majority of your caregiving takes place in. When entering this space you may want to start with a distal touch, such as touching their hand before their shoulder. This also is the space that you need permission to reenter.

New Members Needed

The Education Working Group, sub-committee of Dementia Network Algoma is looking for new committee members. The purpose of this group is to further develop a more coordinated and efficient system for education related to dementia. For complete information on the group including meeting frequency and terms of reference call Linda at the Alzheimer Society at 942-2195.

TIPS

- Obtain your client's attention by using his name and making eye contact.
- Explain what you are doing step by step. The person with dementia may misinterpret your actions.
- Help the person feel in control. Ask them to assist in some way.
- Respect the person's dignity. Use distraction to take the focus away from the task.
- Reduce feelings of embarrassment.
- Ask permission every time you are entering a client's personal space.

Behavioural Interventions

Pro-Attention Plan (PAP)

This may be used for challenging resident behaviours.

- some behaviours are partially attention-seeking but may not be solely for attention (crying out due to pain but the dementia prevents verbalization of the pain)
- premise of PAP is to give attention before the individual 'acts out'
- this attention is separate from care, meds, and meals
- three minutes of attention
- plan can be used with severely impaired individuals as well as high functioning
- staff signs up for a 3 min. slot, am or pm, not a specific time (min. once /week)

The 3 minutes of attention is given when a resident is not acting out. Should the resident start to act out, leave, and return when the resident is not acting out. The 3 minutes may be delivered by all staff having contact with the resident, from management to housekeeping, etc.

Consistency is the key. Individualize/personalize the conversation by being aware of past employment, hobbies and interests, what ever they enjoy talking about. If the resident is non-verbal a photo album would be a valuable tool to utilize, play music or read to the person.

PAP has also been beneficial for residents experiencing a depressive mood. Imagine yourself down in the dumps, but after receiving a concerned phone call, card or visit from a friend your mood lifts. It works for us and it will work for your resident.

Adapted from "Putting the P.I.E.C.E.S. Together" Workbook, 2005

EVENTS & EDUCATION

The following courses are available through Sault College. The first course is on-site and the rest are on-line. For complete information please call Sault College at 759-2554.

Introduction to Dementia Care

This certificate program consists of three, two hour sessions. The topics covered are 7A's of dementia, communication, sexuality, responsive behaviours, and bathing. October 12, 19 & 26.

Caregiving Skills: Participants discuss client-focused care and develop a care plan, which includes assessment of client ADL skills, social and emotional needs. Challenging behaviours, facilitative environments, and multi-cultural skills, care for the family/caregiver are also included using a case study approach.

Communication and Interpersonal Skills: This course focuses on dementia-specific communication skills, approaches to use, approaches to problem-solving, cueing, working in teams, working with families, interagency partnering, confidentiality, change process and quality assurance.

Dementia Care, Overview of: Normal aging versus dementia will be discussed including secondary influences along with a focus on assessment and diagnosis. The main emphasis of this course will be on philosophy of care, i.e. providing a holistic model of care within the existing medical model. Appropriate physical and emotional environment, effects of disease on caregiver and client, the family unit, role of research on caregiving, importance of ongoing education to maintain competence, will be discussed.

Ethics and Legalities: Principles of advocacy and lobbying, concepts of empowerment, legislation, ethical issues, and how to effect change in the work environment are emphasized. Accessing community supports/resources, knowledge of the "system" in which the client, family, and caregivers are involved, evaluating services available and identifying gaps and creative strategies to fill these gaps are also discussed.

Evaluation and Program Planning for Managers and Leaders:

This course will focus on the programs planning logic model and will examine each step in the process. Needs assessment, developing and evaluating programs for clients with dementia and their caregivers, self-evaluation for own programs/facility and management environment, and how to deal with staff will be emphasized.

RESOURCES

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www.u-first.ca U-First
www.alzheimer.ca Alzheimer Canada

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