



SERVING INDIVIDUALS WITH
DEMENTIA
AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES



LEARNING BROCHURE FOR
DBHDD HOSPITAL STAFF & COMMUNITY PROVIDERS



DBHDD

www.dbhddu.com

DEFINITIONS

Cognition - A combination of mental processes that includes the ability to learn new things, intuition, judgment, language, and remembering.

Cognitive Impairment - When cognition is impaired, a person has trouble with mental processes that begins to affect the things he or she can do in everyday life.

Dementia - The gradual deterioration of intellectual abilities and behavior that eventually interferes with daily living activities, such as keeping a job or driving a car.

Alzheimer's disease - The most common form of dementia, accounting for 60 to 80 percent of dementia cases. It is a progressive disease, where dementia symptoms gradually worsen over a number of years.

Developmental Disability - A chronic condition that develops before a person reaches age 22 and limits his/her ability to function mentally and/or physically.

Intellectual Disability - A condition characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

FOR FURTHER INFORMATION...

A tremendous amount of information is available on dementia and caregiving. Some of these sources are listed below:

Resources on dementia for health care providers and caregivers <http://www.psychiatrytimes.com/articles/resources-dementia-health-care-providers-and-caregivers>

Dementia and People with Intellectual Disabilities <http://youtu.be/wrKLUR-sAy6Y>

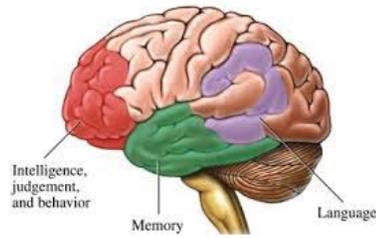
When People with Developmental Disabilities Age: Down Syndrome and Dementia <http://youtu.be/MEtkm12xE-G8th>

Mental health symptoms in people with cognitive impairment and memory loss and their caregivers: Initial findings and implications for coun-

FACTS ABOUT DEMENTIA

Dementia influences all aspects of the mind and behavior, including memory, judgment, language, concentration, personality, and social interactions.

- Dementia is not a normal outcome of aging.
- Dementia has affected 47.5 million people worldwide.
- A new case of dementia is diagnosed every 4 seconds.



- Dementia treatment currently costs \$604 billion per year
- Dementia is not a single disease but a set of signs and symptoms related to multiple diseases

Source: <https://www.openplacement.com/community/blog/dementia-facts-know/>

COMMON SYMPTOMS OF DEMENTIA

Dementia has both emotional and physical symptoms. Some of these symptoms include:

Emotional Imbalance

- Outbursts
- Withdrawal
- Dull Look
- No Emotions

Physical Indicators

- Dazed, confused appearance
- Glazed eyes
- Poor motor coordination
- Lack of balance and normal posture



SERVICES FOR CAREGIVERS



Programs/Projects	Description
Alzheimer's Association and National Down Syndrome Society	General information for caregivers
Administration for Community's National Family Caregiver Support Program (Title III E of the Older Americans Act)	Funding for community-based programs to support caregivers (age 18 and older): Counseling and training services (peer support groups and training to help better cope with caregiving stress) Respite services for temporary relief from caregiving responsibilities – at home or in an adult day care center (e.g., Lifespan Respite Care Programs)
Alzheimer's Disease Initiative: Specialized Supportive Services (ADI-SSS) Project	Improvement of quality and effectiveness of programs and services dedicated to individuals with IDD and dementia Training targeted to caregivers and providers of services to IID and dementia individuals





SYMPTOMS OF CAREGIVER STRESS

Dementia can sometimes be overwhelming for caregivers. More than one-third of caregivers report symptoms of depression.

Common symptoms of caregiver stress include:

- Denial
- Isolation, loneliness
- Difficulty making decisions
- Easily irritated and frustrated
- Feeling overwhelmed and guilty
- Exhausted, tired most of the time
- Sad, cries easily, stops enjoying things
- Use of alcohol or

MANAGEMENT OF CAREGIVER STRESS

Caregivers should take advantage of ways to deal with the stress of their jobs, such as:

Asking for help

- Joining a support group (e.g., Alzheimer's Caregiver Support)
- Maintaining social outlets – weekly visits with friends/relatives
- Using fatigue fighters – exercise, yoga, stretching
- Getting regular check-ups (including dental, vision and hearing)
- Sleeping at least 7-8 hours a night
- Eating nourishing foods
- Connecting with nature, pray/meditate

Source: http://www.alz.org/r/n_my_community_17562.asp

FACTS ABOUT DEMENTIA AND INTELLECTUAL/ DEVELOPMENTAL DISABILITIES (IDD)

The loss of memory in dementia complicates treatment of other conditions, such as IDD.

Most adults with intellectual disabilities are generally affected by forms of dementia at the same rate as other adults (about 6% after the age of 60).

Adults with Down syndrome are particularly susceptible to dementia



and may show early onset.

A large number of older-aged adults with intellectual disabilities live with their families. Dementia increases the challenges for these caregivers.

Early identification of symptoms of dementia is an important first step in

managing the course of the disease and providing quality care.

Source: <http://aadmd.org/sites/default/files/NTG-Brochure-9-24-12.pdf>

COMMUNICATION STRATEGIES



Through effective communication, caregivers can help create an environment that will make a substantial difference in handling challenges in dementia care.

- Allow individuals sufficient time to respond to a command
- Avoid use of negative words and negative approaches
- Be aware of facial expressions

- Make eye contact but do not stare
- Do not argue or scold
- Do not rush
- Eliminate noise and distraction while communicating
- Express affection – smile, hold hands, give a hug
- Move and speak slowly and calmly
- Provide one-to-two steps simple verbal instructions at a time
- Reassure individuals that they are doing a good job

Source: <https://www.alz.org/care/dementia-communication-tips.asp>

TEN COMMUNICATION ABSOLUTES

A major part of effective communication with dementia individuals is interacting in ways that are person centered. Know as much as possible about their needs, values and goals.

Use these “absolutes” in communicating with dementia individuals.

Never	Instead
Argue	Agree
Reason	Divert
Shame	Distract
Say “you can’t”	Say “do what you can”
Command or demand	Ask or model
Condescend	Encourage and praise
Say “remember”	Reminisce
Say “I told you”	Repeat
Lecture	Reassure
Force	Reinforce

caregivercards.biz/caregiver-blog/item/186-the-10-absolutes-of-caregiving-for-alzheimer-s-patients

Getting Dressed	Grooming	Bathing	Eating	Activities
Make it easy for him/her to dress on their own. Lay out clothes in the order he/she puts them on or hand them one piece of clothing at a time.	Show him/her how to brush his/her teeth step by step, or brush yours at the same time.	Use a hand-held showerhead, rubber bath mat, grab bars, and a shower stool to prevent falls. If he/she has trouble getting in and out of the tub, try sponge baths.	Keep mealtime simple and calm. Turn off the TV and radio. Move unneeded items off the table. If having many foods at once confuses him/her, serve one thing at a time.	Helping with chores can boost self-esteem. Ask him/her to dust, sweep, fix things, sort socks, fold laundry, read a recipe for you, or measure when you cook.
If he/she wants to wear the same clothes every day, don't fight it. Buy 3 or 4 sets of them.	Try an angled, long-handled, or electric toothbrush if you're brushing for him/her.	To help relax him/her during bathing, play calming music and tell him/her what you are doing each step of the way	Use solid-colored plates on a contrasting place mat so it's easier to tell his/her food from his/her plate and his/her plate from the table.	Stay active. Take a walk together every day to keep muscles strong, boost mood, and help with sleep. If he/she can't get around well, he/she may be able to use a stationary bike or resistance bands.
Make sure he/she has loose clothes that are easy to put on. Shorts and pants with elastic waistbands and slip-on shoes.	If a woman wants to wear makeup_encourage it. Help her with lipstick and powder, if she wants.	Give him/her as much privacy as you can. Put a towel over his/her shoulders and lap. Clean under the towel with a washcloth or sponge.	Remind him/her to chew and swallow, if you need to. Don't hurry. Be patient, and give him/her plenty of time to eat.	Playing word games, doing puzzles, talking about current events, or gardening can fuel thinking and memory.
Make sure he/she has loose clothes that are easy to put on. Shorts and pants with elastic waistbands and slip-on shoes are good. Skip shoelaces, buttons and buckles.	Skip eye makeup if it seems too hard for her to tackle. To keep shaving safe, use an electric razor instead of one with a blade.	If he/she tends to get anxious and hitting is a problem, give him/her a washcloth to hold. He/she will be less likely to strike and may calm down.	As it becomes harder for him/her to eat on his/her own, try finger foods like tuna sandwiches or steamed broccoli pieces. If swallowing is hard, serve softer foods like scrambled	If an activity isn't working, it might just be the wrong time. Try it again later.

Alzheimer's Disease: A Caregiver's List for Daily CareSource: <http://www.webmd.com/healthy-aging/caregiver-14/alzheimers>

EFFECTIVE TREATMENT ENVIRONMENTS FOR DEMENTIA

Treatment programs for dementia care vary depending on the exact diagnosis. This table summarizes some of the treatment approaches that do not involve medicine.

Approaches/Programs	Description
Activity engagement	Involvement of individuals in areas that are appropriate for their capabilities (e.g., events, crafts, and exercise). Integration of interventions for late-life anxiety with strategies that facilitate comprehension, encoding, and retrieval (e.g., memory cueing and spaced retrieval).
Cognitive behavioral therapy to address anxiety (CBT-AD)	Treatment components include awareness training, breathing skills, coping self-statements, and sleep skills. Caregivers who spend at least 8 hours a week with the individual participate as 'coaches' in assessment and treatment, and the intervention is conducted in the home.
Cognitive rehabilitation	The focus is on helping individuals engage in everyday activities and identifying specific strategies for dealing with difficulties resulting from changes in memory or other areas of functioning.
Environmental redesign	Use of design principles to minimize the challenges surrounding individuals and enhance how they function within the environment. Simplification, color coding and placing objects in sight or out of sight are examples of environment redesign.

