



Supportive Pathways Education Program

MODULE 6

Supporting Quality of Life



Objectives

To understand the importance of providing quality to the lives of persons with dementia.

To understand that the environment consists of physical as well as social elements.

To understand safety issues when caring for persons with dementia.

To understand that individuals should have opportunities to have their needs for intimacy met.

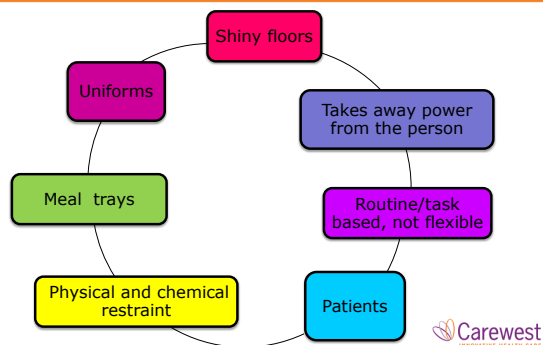
To recognize the danger in restraint use.



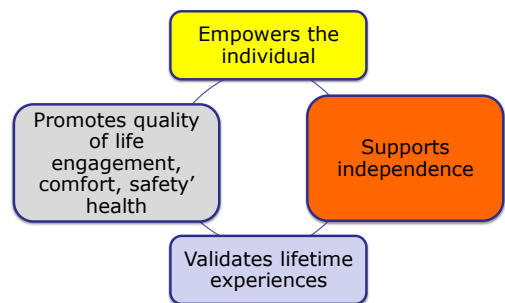
Confessions of an Old Cowboy



Medical Model of Care



Therapeutic Social Model



Therapeutic Social Environment

What does your Unit/Home look like at 7:30 am?

- Noise
- Odors
- Lighting
- Caregiver Activity
- Person's Involvement
- Breakfast Routine



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Social Environment – Unit Routines

- Does the person decide when they want to get up?
- Is breakfast at a set time or determined by their preference?
- Are any baths done before 7:00 am or when they preferred?
- How often are residents redirected from activities they chose?



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Creating a Therapeutic Social Environment

Laughter,
conversation
and
engagement

Clients/Residents
rather than
patients

Social model-
creating a life for
the person

Staff in less
institutional
clothing

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Therapeutic Social Environment

What does "comfortable" look like?

- Privacy
- Familiarity, comfort
- Positive feeling
- Minimized restrictions, access to outside
- Freedom to choose and do (if it is safe)
- Purpose specific rooms - kitchen, living room
- Reduced background noise

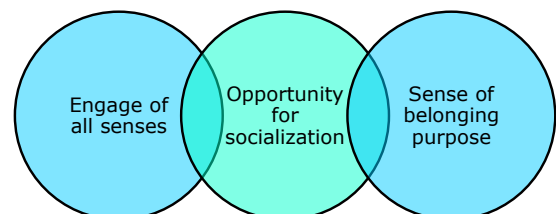
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Meals Begin Before Food is on the Table



Importance of Mealtimes



Supporting Quality of Life - Physical Environment

- Freedom to move within a safe environment (restrictions only from real at-risk areas)
- Opportunities to interact (artwork, plants, items to rummage)
- Comfortable, relaxed atmosphere
- Barrier free
- Welcoming and friendly



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Respect for the Person's Home

How do you show respect for the person's home/or their room in a care facility?

- Knocking
- Wait to be invited in
- Obtain permission
- Respect their need to be in control
- Offer suggestions not orders
- Take care with their possessions



Remember:

**"We work in their home,
they don't live where we work"**



Importance of Possessions - Activity

You have had a stroke and are moving into a care facility

What is one item you would want to bring in to your new room?



Story of Ellen

Did George have the right to pack away Ellen's things?

Did George realize that Ellen's recent behavior may be related to her environment being changed?

As a Home Care Support Aide who might you suggest?



Physical Environment - Noise

What noises are heard in the client's environment in your work setting?



Physical Design Features

More Visible



Less Visible



Safe Access to Outside



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Wayfinding Cues



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Physical Design Features



Dining Next to Kitchen

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Personalizing



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Strategies for Success at Home

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Is it Safe to Leave the Person Alone?



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Safety Issues

- Risk of Burns
- Getting lost
- Ingestion of harmful substances
- Other- power tools, guns, sharp items



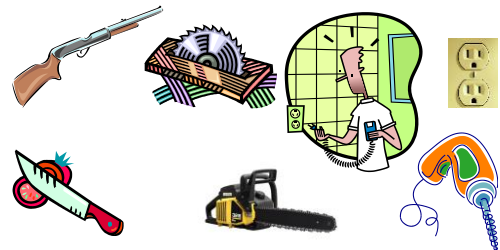
Risk for Burns



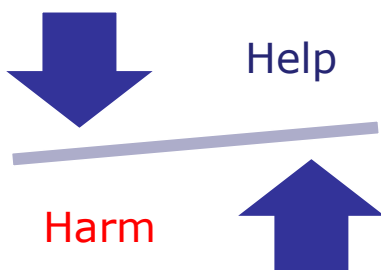
Ingestion of Harmful Substances



Other Hazards



Quality of Life- Safety



Helpful or Harmful?

- Non-skid socks
- Shiny, reflective floors
- Obstacles in room/halls
- Bathroom Light on/off
- Bed sensors
- Side rails
- Medications
- Scatter rugs
- Music
- Clothing Protectors



Set Me Free

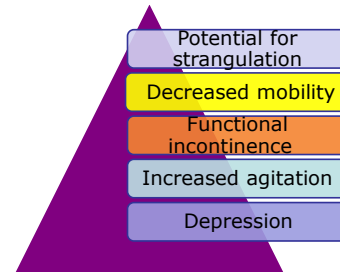
Most people are restrained because they live in unsafe or inadequate environments.



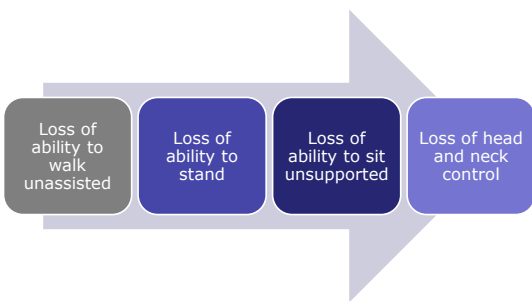
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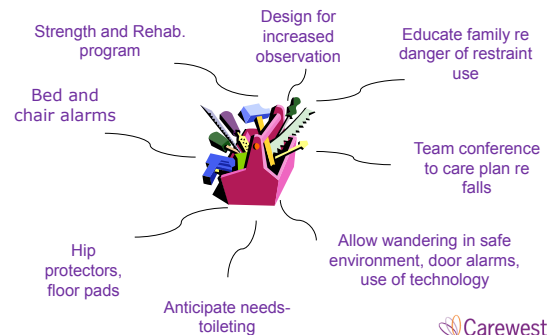
Restraints are Dangerous



Progressive Loss of Mobility



Toolbox – Avoid Restraint Use



What would you say and do?

1. You are a new staff member and a co-worker is insisting that you need to restrain the residents to keep them safe.
2. A family member is insisting that their mother be kept in restraints to keep them safe.



Falls Injury Prevention

- Understand reality of falls risk with dementia
- Have strategies to reduce injury risk
 - Fall mats
 - Hip protectors (around the clock)
 - Minimize restraints
 - Encourage walking/exercise
 - Review medications



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What does Locked mean to you?

Secure



Locked



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Quality of Life – Intimacy/Sexuality Needs

Video: 'Bringing Sexy Back'

As you watch the video think
about people you care for ...



Sexuality

Intimacy

How can we support the need
for intimacy/sexuality?

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What is Intimacy?

- The experience of being known, understood and loved
- Includes talking loving words, kissing, hugging, and body contact
- A sense of connection or relationship

Source: Bradford Dementia Group, University of Bradford 2005

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The Issue of Consent

Are people with dementia able to give consent?

YES

NO

MAYBE



When are people vulnerable?

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Consent

- A person with dementia can agree (has the capacity to decide) to participate in sexual activity
- They are capable of expressing a full range of emotions, both 'positive' and 'negative'
- They are able to show mutual affection
- Agreement to participate is indicated by their verbal and non verbal communication

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Signs of Wellbeing

- Body relaxation
- Sensitivity to the emotional needs of others
- Positive mood: smiling, laughing, happy
- Initiation of social contact
- Affection

Source: Bradford Dementia Group, University of Bradford 2005

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Meeting Needs for Intimacy

What ways can we support their needs?

- Involve family and ask for their suggestions
- Provide opportunity for privacy
- Include touch and kindness in your care
- Offer options e.g. a body pillow if they seem lonely in bed

What strategies do we need in place so that all individuals involved are protected?

- Non judgemental staff
- Close supervision and monitoring



Judgemental vs. Factual Documentation

Judgemental	Factual
I discovered him in her room...	<i>I entered the room and saw Tom and Mary...</i>
He looked guilty	<i>He looked away when I walked up to him</i>
He repeatedly groped her	<i>He touched her breast several times</i>
She stalked the corridor waiting for the staff to go to tea	<i>She was observed walking in the corridor</i>



Judgemental vs. Factual Documentation

Judgemental	Factual
I saw him lurking outside her room	<i>I observed Tom standing outside Mary's room</i>
He is a deviate who doesn't belong here. He should be in a psych hospital	<i>Keep your opinions to yourself!</i>
He is a predator	<i>Don't write this ever!</i>



Video – Freedom of Sexual Expression

or

Case studies



Questions?



Please refer to your handouts



Help or Harm

Are these objects helpful or harmful? Both?

Items	Helpful?	Harmful?
Non-Skid Socks		
Shiny Floors		
Cart / Equipment in Halls		
Bathroom Lights On / Off		
Bed Sensors		
Siderails		
Medications		
Scatter Rugs		
Roller Chair At Desk		
Music		
Clothing Protectors		
Carpets		

PERSONAL REFLECTION:

If it were you – would safety or freedom be most important? Why?

Facility Case Studies

Case Study #1

You are working in a LTC facility with patients with dementia. You notice that Mary has befriended Elmer. She calls him “Bert”, her husband’s name and he does not mind either the wrong name or the extra attention. She holds his hand when they walk, kisses him when she greets him and dotes on him. She always initiates the encounters. The relationship goes no further and appears innocent. Mary’s husband Bert, however, is not pleased and wants Elmer to leave his wife alone.

Case Study #2

You work in a secure unit with a resident that was a pastor in the past. He has a Dutch door (can be opened on the top and closed on the bottom). You notice that he has his shirt and tie on and is looking very neat. However when he comes out of his room he does not have any clothes on from the waist down. This is a pattern that repeats itself. Staff have also observed him masturbating in front of the desk.

Case Study #3

Bill is a patient with Frontotemporal dementia. He was already labeled as a “pervert” by the previous facility where he resided. He was particularly difficult to cope with during his morning care when he will grab at the staff’s breasts and make very suggestive remarks to them. Staff do not want to get assigned to him.

Case Study #4

Stella was recently admitted to your facility. Prior to admission her husband Matt cared for her in their own home. Stella has dementia. Since coming into the facility, Stella wants nothing to do with Matt. He visits regularly and tries to hold and kiss her but she is very fearful of him and resists his attentions. Staff have asked him not to push his attentions on her when she is fearful. He is very insistent and tells staff that he has a right to do this as he is the husband.

Home Care Case Studies

Case Study #1

Sandra and Howard are married and live at home with their 2 teenage sons. Howard was diagnosed with dementia 6 months ago. Sandra has been struggling to raise her sons and look after their home and Howard who needs total assistance with all his ADL's. Howard is constantly asking Sandra for intercourse. Sandra no longer sees Howard as her sexual partner. She is quickly tiring of constantly saying "NO" to his advances.

Case Study #2

Rita and Morris have been married for 45 years. Morris has dementia and forgets that Rita is his wife. He believes her to be his cleaning lady. He is constantly requesting her to do the dishes or make the bed. When on their daily trip to Tim Horton's, Morris is constantly flirting with anyone and making suggestive requests to come home with him. Rita is embarrassed and is nervous about taking him on outings.

Case Study #3

Marvin is caring for his wife Pat who was diagnosed with Lewy Body Dementia 2 years ago. Marvin has been married for 41 years and their relationship has been very intimate and close. Marvin continues to want intercourse with his wife and intimacy. Pat wants nothing to do with intimacy. She is very happy without it. Pat is very upset with Pat's reaction to his efforts at intimacy.

Case Study #4

Bonnie has a problem. She is presently caring for Mike, her husband who was diagnosed with Korsakoff's Dementia. She is lucky to have many friends who still drop by to visit her. Unfortunately, Mike has begun to masturbate and she is very upset with this behavior and is concerned if her friends are there when it happens, her friends will stop visiting.

References Module 6

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