

An expanding spectrum of settings and services supports people with dementia. The range includes long term care facilities and assisted and independent-living residences, to home care, adult day services, and hospice. As the population of older adults continues to grow and demand for such services increases, organizations committed to a dementia friendly philosophy and skills and a “whole person” or person-centered approach will provide the highest quality care and have a competitive advantage over those that do not act to address this growing need.



Ready to implement dementia friendly practices? Follow the steps:

1

Prepare

- Recognize the signs of dementia.
- Identify senior-level champions who can lead and sustain dementia friendly work, and on-the-ground champions to serve as day-to-day “go to” resources for peers.

2

Learn

- Provide ongoing dementia education and communication skills training to all staff, care partners, family members, and other residents/clients.
- Learn and apply person-centered operations, care practices, and social and physical environments that facilitate orientation, enrich quality of life, and encourage independence for people with dementia.

3

Respond

- Support and communicate with people with dementia and their care partners to help them understand the process, make decisions as needs change and plan for end of life.

Continued on next page

Respond (cont.)

- Encourage people with dementia and their care partners to connect with others and engage in health and wellness activities to promote a sense of normalcy and boost resiliency of body and mind as much as possible.
- Support staff and family care partners and recognize and respond to signs of stress and burnout.
- Report suspected abuse, neglect, or financial exploitation.
- Spread dementia friendly practices to other members of your teams and networks.

Signs of Dementia¹

- Memory loss that disrupts daily life.
- Challenges in planning or solving problems.
- Difficulty completing familiar tasks at home, at work or at leisure.
- Confusion with time or place.
- Trouble understanding visual images and spatial relationships.
- New problems with words in speaking or writing.
- Misplacing things and losing the ability to retrace steps.
- Decreased or poor judgment.
- Withdrawal from work or social activities.
- Changes in mood or personality.

Dementia Friendly Communication Skills^{2,3}

- Slow pace slightly and allow time for person to process and respond.
- Use shorter simple sentences, and ask one question at a time.
- Speak clearly and calmly; be patient and understanding; listen.
- Avoid arguing with or embarrassing the person.
- Treat the person with dignity and respect.
- Be aware of your body language: smile and make eye contact at eye level.
- Seek to understand person's reality or feelings.
- Apologize and redirect to another environment or subject as needed.

Operational Best Practices⁴

- Ensure governance and leadership are rooted in person-centered philosophy and ongoing learning and engagement in best practices.
- Nurture relationships and a sense of community throughout the organization's culture and promote links with the broader community.
- Stabilize workforce and provide consistent staff assignments.
- Emphasize importance of facilitating engagement in meaningful activities as well as environmental factors that improve quality of life and wellness for people with dementia.
- Create mechanisms to ensure personnel at all levels are upholding person-centered philosophy.

General Person-Centered Care Practices^{5,6}

- Know the whole person and reflect life story, preferences, abilities and quality of life in assessments and care plans.
- Foster positive, quality relationships between direct care staff and people with dementia and their care partners.
- Minimize hospitalizations by anticipating and detecting common infections and exacerbation of other diseases and treating them on site.
- Minimize and eliminate physical restraints and psychotropic medications.
- Refer people with dementia to an occupational therapist and/or physical therapist to address fall risk, provide recommendations for sensory/mobility aids, home safety and accessibility modifications, and/ or driving evaluation, and maximize abilities.
- Refer care partners to local resources – such as support groups, respite care, care partner education and training programs, and care partner coaching services – and encourage them to use them.

Specific Person-Centered Care Practices^{7,8,9}

1. Person-centered comprehensive assessment and care plan:

- Discuss care goals, values and preferences with person with dementia, their family, and staff who regularly interact with them in assessment and planning.
- Assess personal background; cognitive, physical and functional abilities; pain; behavior; hearing and vision; decision making capacity; communication abilities; and cultural and spiritual preferences.
- Build on abilities and strengths and help to maintain functional abilities as long as possible; recognize individuality.
- Adopt strategies to help person remain connected in relationships and to the community and meaningful activities.
- Obtain advance directive information and end of life and funeral preferences; discuss the role of palliative care and hospice.
- Update plans and wishes as changes occur and make information available to staff.

2. Maximize abilities, function and quality of life:

- Treat conditions such as depression and co-existing medical conditions.

- Encourage lifestyle changes that may reduce or slow disease symptoms or progression.
- Support activities and routines that maintain and slow decline of brain health: balanced diet and nutrition; physical health and exercise; cognitive activity; and social engagement.
- Address sensory issues or impairment (e.g. vision, hearing).
- Promote independence to the extent possible by doing activities with the person rather than for the person.

3. Engage in meaningful activities:

- Individualize approach by using a comprehensive assessment and the person's life story to determine what is important to them.
- Activities can be planned or spontaneous and may involve: movement/physical activity, mental stimulation, social interaction or solitude, intergenerational interaction, art/music, pets, spiritual connection, outdoors or nature, housekeeping or tasks, engaging the senses, comforting, and other recreational interests.
- All staff positions have a role in helping people with dementia do enjoyable and purposeful activities; those in leadership

roles can model the value of engagement, provide education, and have resources available around the clock to help staff engage people with dementia in the appropriate way.

4. Promote positive behavioral health:

- Rule out medical causes, delirium, or depression for any acute changes in behavior.
- Describe and categorize the behavior; keep in mind behavior is a way to communicate.
- Identify trigger and attempt to prevent or address unmet needs or reversible conditions.
- Try to understand behavior and its triggers by becoming familiar with the person's background, capabilities, and relevant psychological, social, or environmental factors.
- Attempt to prevent negative behavior by knowing and acting on individual behavior triggers.
- Minimize confrontation and arguing.
- Begin with a focus on individualized non-pharmacologic approaches to reduce problematic behavior.
- Consider pharmacologic intervention only when non-pharmacologic approaches consistently fail or person is in danger or suffering.
- Monitor target behaviors to evaluate approach and adjust strategy as needed.

5. Non-pharmacological approaches for reducing negative behavior expressions:

- Plan activities that involve preserved capabilities, interests, repetitive motion.
- Give the person with dementia tasks that match his/her level of competency.
- Train care partners to communicate, validate, redirect, and re-approach.
- Provide routine.
- Simplify environment by removing clutter or

non-helpful stimuli.

- Involve person in meaningful activity of interest (e.g., physical activity/walk/exercise, socialization, quiet or outdoor area for solitude, nature walk, relaxation).
- Engage the senses (e.g., massage and touch, favorite music, aromatherapy, pets).

6. Pharmacological approaches to behavior:

- There are neither FDA-approved medications for Behavioral and Psychological Symptoms of Dementia nor strong scientific evidence to support any particular class of medications.
- If compelled to attempt medication, document informed consent and watch for decreased functional or cognitive status, sedation, falls or delirium.
- Attempt to wean or discontinue medication as soon as possible.

Environmental Design Considerations^{10,11,12}

- Design familiar features and spaces that prompt decision making, reduce agitation, encourage meaningful activity and social interaction, reduce risks, and maintain abilities.
- Give directions using essential signs and symbols for orientation and wayfinding.
- Choose flooring and other design features with color schemes, materials, and surfaces with appropriate color contrast that will encourage independence and not be mistaken as barriers.
- Eliminate non-emergency paging announcements; use silent alarms or methods that can alert staff to safety needs without disturbing people with dementia.
- Develop zones with recreational opportunities that engage senses with comforting smells, appropriate sound levels and lighting.
- Provide interesting, safe indoor and outdoor pathways with smooth surfaces for wandering and to encourage mobility.
- Create spaces that reduce unhelpful stimulation and optimize helpful stimulation, considering strategies to support socialization but also to provide quiet spaces to be alone.
- Give access to outdoors and nature with opportunities for familiar activities, such as gardening.
- Use technology to promote independence (e.g., motion sensors that trigger lights to reduce falls, electronic tracking devices, communication devices, alarms triggered by water level in bath or sink in private homes, talking labels/touch screens).

References

1. **Alzheimer's Association, Know the 10 Signs**
http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp
2. **Alzheimer's Society, Communicating**
http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=130
3. **Home Instead Business Training, Alzheimer's Friendly Business online course**
<http://www.helpforalzheimersfamilies.com/alzheimers-care-training/alzheimers-friendly-business-training/>
4. **Dementia Initiative, Dementia Care: The Quality Chasm**
http://www.leadingage.org/uploadedFiles/Content/Members/Nursing_Homes/Quality/DementiaCareTheQualityChasm.pdf
5. **Alzheimer's Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes**
http://www.alz.org/national/documents/brochure_DCPHPhases1n2.pdf
6. **Dementia Initiative, Dementia Care: The Quality Chasm**
http://www.ccal.org/wp-content/uploads/DementiaCareTheQualityChasm_2-20-13-final.pdf
7. **Alzheimer's Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes Phase 3 End-of-Life Care**
http://www.alz.org/national/documents/brochure_DCPHphase3.pdf
8. **British Columbia Health and Human Services, Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care**
<http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>
9. **The Open University, Designing Space for Dementia Care**
<http://www.open.edu/openlearn/health-sports-psychology/social-care/designing-space-dementia-care/content-section-0>
10. **The King's Fund, Developing Supportive Design for People with Dementia**
http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia?dm_i=21AC,2WEIH,GT HKYS,AHKU0,1#tool
11. **Dementia Enabling Environment Project**
<http://www.enablingenvironments.com.au/>

Additional Resources

Alzheimer's Association

- **Activity Resources**
http://www.alz.org/library/downloads/search_activities.pdf
- **Choosing a Residential Care Facility**
http://www.alz.org/national/documents/topicsheet_residentialcare.pdf
- **Caregiver Center**
<http://www.alz.org/care/>
- **Caregiver Stress**
<http://www.alz.org/care/alzheimers-dementia-caregiver-stress-burnout.asp>
- **Community Resource Finder**
<http://www.communityresourcefinder.org>
- **Designing Environments for Alzheimer's Disease Resource List**
http://www.alz.org/library/downloads/designenviron_rl2010.pdf
- **Inside the Brain : An Interactive Tour**
http://www.alz.org/alzheimers_disease_4719.asp
- **Living Well: A Guide for Persons with Mild Cognitive Impairment (MCI) & Early Dementia**
http://alz.org/mnnd/documents/15_ALZ_Living_Well_Workbook_Web.pdf
- **MedicAlert® and Safe Return®**
<http://www.alz.org/care/dementia-medic-alert-safe-return.asp>
- **Online Social Support Community: ALZConnected**
<https://www.alzconnected.org>
- **Personal Facts and Insights**
<https://www.alz.org/care/downloads/personalfacts.pdf>
- **Residential Care**
<http://www.alz.org/care/alzheimers-dementia-residential-facilities.asp>
- **Respite Care Brochure**
https://www.alz.org/national/documents/brochure_respitecareguide.pdf
- **Safety Center**
<http://www.alz.org/safety>
- **Stages of Alzheimer's**
http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp
- **Starting a Dementia Care Unit**
http://www.alz.org/library/downloads/search_startingdementiaunit.pdf
- **Taking Action: A Personal and Practical Guide for Persons with Mild Cognitive Impairment (MCI) and Early Alzheimer's Disease**
http://alz.org/mnnd/documents/15_ALZ_Taking_Action_Workbook.pdf
- **24/7 Helpline, 1-800-272-3900**
<http://www.alz.org>

AARP

- **The Healing Power of Music**
<http://www.aarp.org/health/brain-health/info-2015/music-therapy-for-alzheimers.1.html>
- **6 Signs of Caregiver Burnout**
<http://www.aarp.org/relationships/caregiving-resource-center/info-12-2011/caregiver-burnout.html>

Administration on Aging

- **Eldercare Locator**
<http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx>
- **National Center on Elder Abuse**
<http://www.ncea.aoa.gov/>

National Council on Aging

- **Physical Activity Programs for Older Adults**
<https://www.ncoa.org/healthy-aging/physical-activity/physical-activity-programs-for-older-adults/>
- **2015 Falls Free National Falls Prevention Action Plan**
<https://www.ncoa.org/healthy-aging/falls-prevention/2015-falls-prevention-action-plan/>
- **Adult Day Care Locator and Articles**
<https://www.caring.com/local/adult-day-care>

Others

- **ARTZ for Alzheimer's**
<http://www.imstillhere.org/>
- **American Music Therapy Association, Music Therapy and Alzheimer's Disease**
http://www.musictherapy.org/assets/1/7/MT_Alzheimers_2006.pdf
- **Timeslips Creative Storytelling**
<http://www.timeslips.org/>
- **Alzheimer's Poetry Project**
<http://www.alzpoetry.org>
- **National Wellness Institute – Six Dimensions of Wellness**
<http://c.ymcdn.com/sites/www.nationalwellness.org/resource/resmgr/docs/sixdimensionsfactsheet.pdf>
- **National Institute of Health Senior Health, Healthy Aging**
<http://nihseniorhealth.gov/category/healthyaging.htm>

- **Nutrition**
<http://www.alzheimers.org.uk/Nutrition/>
- **National Hospice and Palliative Care Organization (state by state advanced directive forms)**
<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289>
- **Gitlin LN, Kales, HC, Lyketsos CG. Nonpharmacologic management of behavioral symptoms in dementia. JAMA.2012; 308(19):2020-2029.**
http://www.actonalz.org/sites/default/files/documents/Table1_.pdf and
http://www.actonalz.org/sites/default/files/documents/Table2_.pdf
- **Validation Therapy**
<http://www.youtube.com/watch?v=CrZXz10FcVM>
https://vvalidation.org/web.php?request=what_is_validation
- **Mayo Clinic, Mild Cognitive Impairment (MCI)**
<http://www.mayoclinic.com/health/mild-cognitive-impairment/DS00553>
- **Act on Alzheimer’s Dementia Curriculum**
<http://www.actonalz.org/dementia-curriculum>
- **Kolanowski, A., & Van Haitsma, K. (2013). Promoting positive behavioral health: A nonpharmacologic toolkit for senior living communities**
<http://www.nursinghometoolkit.com/>
- **The Open University, Design for Dementia Care: Track1**
<http://www.open.edu/openlearn/health-sports-psychology/social-care/design-dementia-care>

Assessments & Assessment Tools

- **Lawton Instrumental Activities of Daily Living (IADL) Scale**
http://consultgerirn.org/uploads/File/trythis/try_this_23.pdf
- **From The Hartford Institute for Geriatric Nursing, New York University, College of Nursing: Best Practices in Nursing Care to Older Adults general assessment series Issue Number 2, Revised 2012 Editor-in-Chief: Sherry A. Greenberg, PhD(c), MSN, GNP-BC New York University College of Nursing Katz Index of Independence in Activities of Daily Living (ADL)**
http://consultgerirn.org/uploads/File/trythis/try_this_2.pdf
- **Cohen Mansfield Agitation Inventory**
http://www.dementia-assessment.com.au/symptoms/CMAI_Scale.pdf
- **Pain Assessments in Cognitively Impaired Older Adults**
<http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/default.aspx>
- **American Medical Association, Caregiver Self Assessment**
http://www.caregiving.org/wp-content/uploads/2010/11/caregiverselfassessment_english.pdf
- **Zarit Burden Interview**
<http://www.healthcare.uiowa.edu/igec/tools/caregivers/burdenInterview.pdf>
- **Patient Health Questionnaire (PHQ-9)**
http://cqaimh.org/pdf/tool_phq9.pdf
- **National Chronic Care Consortium and the Alzheimer’s Association Family Questionnaire**
<http://www.actonalz.org/pdf/Family-Questionnaire.pdf>
- **SLUMS St. Louis University Mental Status Examination**
<http://aging.slu.edu/pdfsurveys/mentalstatus.pdf>

The collective array of organizations and services that care for people with dementia are just one important part of the community. Working in tandem with other sectors, specialized memory care residential and service organizations can help the entire community become more dementia friendly. Learn more about the process and help your community and others become more dementia friendly at www.dfamerica.org.



Adapted from ACT on Alzheimer’s® developed tools and resources.