Dementia 101: Strategies and Techniques for Students & New SLP’s

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PRESENTED AT THE ASHA ANNUAL CONVENTION
NOVEMBER 20, 2010
Some Things to Ponder...

- Memory... is the diary that we all carry about with us. ~Oscar Wilde, "The Importance of Being Earnest"

- Memory is a way of holding onto the things you love, the things you are, the things you never want to lose. ~From the television show The Wonder Years

- Memory is what tells a man that his wife's birthday was yesterday. ~Mario Rocco

- The man with a clear conscience probably has a poor memory. ~Author Unknown
For every 100 elderly patients in a nursing home in a given year, 38 will recover or stabilize so they can be discharged.

About 91% of the 1,650,000 US nursing home residents are over the age of 65.

The average length of stay for a resident in a LTC setting is 2.44 years.

The average stay for a Medicare rehabilitation patient is about 23 days.
Patients with dementia can be found in nearly every treatment setting:
- Long-term care
- Outpatient
- Acute care
- Home health care
- Private practice
Population Overview

- Some common diagnoses seen in the dementia population:
  - CVA
  - Brain Injury
  - Mental Illness
  - Dysphagia
  - Depression
  - Additional Disabilities
Dementia Review

- Dementia is not a specific disease
- Dementia is a descriptive term for a collection of symptoms that can be caused by a number of disorders that affect the brain.
- Diagnosis is made if two or more brain functions such as memory and language skills are significantly impaired without loss of consciousness.
Research Tells Us...

- Dementia is the loss of mental functions involving thinking, memory, reasoning, and language to such an extent that it interferes with a person’s daily living.
- Dementia is a group of symptoms that can include:
  - **Language disturbances** (e.g., aphasia, dysphasia, anomia)
  - **Problematic behaviors** (e.g., repetitive questioning, wandering)
  - **Difficulties with activities of daily living** (e.g., dressing, personal grooming)
  - **Personality disorders** (e.g., disengagement, aggressive behaviors)
Dementia Review

- **Diseases:**
  - Alzheimer’s disease
  - Vascular dementia
  - Lewy Body dementia
  - Huntington’s disease
  - Creutzfeldt-Jakob disease
  - Alcohol related dementia
  - Brain Injury
  - Cancer
Model of Memory (Squire, 1994)

- **Declarative Memory**
  - Facts
  - Events
  - World Knowledge
  - Vocabulary

- **Procedural Memory**
  - Skills
  - Habits
  - Simple Classical Conditioning
  - Priming
Dementia and Behavioral Challenges

- Many behavioral challenges tend to accompany dementia
  - Wandering
  - Repetitive question asking
  - Perseveration
  - Aggressive behaviors

- Always ask the question “Why is this happening?” in order to get to the root of the issue.
  - Are repetitive questions being asked because client is seeking information (actual answer to question) or seeking attention?
  - Is the client wandering because they do not know where their room is or because they are seeking social contact, attention, etc.?
  - SLP’s can target behavioral challenges in treatment as long as the intervention is evidenced-based, functional, and warrants the expertise of the therapist. SLP can also assist in making behavioral intervention recommendations to staff and family to target behaviors
Keep in mind...BEHAVIOR IS NEVER RANDOM!

May discover reasons for behavior by:
- Observing the client
- Tracking incidence of behavior (are there triggers or patterns?)
- Talking with staff/family
- Asking the client directly!
Assessment

- **Initial Assessment:**
  - Choose diagnostic tools based on diagnoses & reason stated in referral
  - Acknowledge that clients may tire easily; Be aware of test length & level of difficulty
  - Strive to complete assessments during initial session to establish goals, but remember that ASSESSMENT IS AN ONGOING PROCESS!
Functional Assessment

**Additional considerations:**

- Go beyond traditional assessment measure and conduct more functional measures to determine client’s strengths and weaknesses.
  - Naming of common items in room (walker, bed, cup, utensils, etc.)
  - Ability to perform common safety tasks (use call button to get help, lock wheelchair breaks, express common wants and needs)
  - Ask client where they may like to target in treatment with you. May answer “wish to remember better”, “want to remember names”, “want to eat like I used to”, “want people to understand me better”, etc. This leads to understanding the client’s motivation and can allow you to incorporate the client’s personal goals leading to greater treatment success.
Base goals on findings of evaluation, client interviews, & staff/family input
Must be individualized, functional, and measurable
Must show that goal is appropriate for skilled services of SLP (Caniglia, 2003)
Patient history and level of functioning should warrant goal being addressed
Goals should utilize “evidence-based” and “best practices” for treatment (Caniglia, 2003)
Explain “why” the goal is being addressed within the goal
  “Client will recall and demonstrate use of chin tuck during swallowing 80% of trials in order to decrease risk of aspiration”
Goals should be functional!

- When writing goals for dementia population, ask yourself three questions:
  - Can the patient take adequate food, liquid, and medication by mouth?
  - Is the patient safe in his/her home environment?
  - Can the patient communicate his/her basic wants and needs?
Eating

Sample goals:

- Patient will tolerate all p.o. intake without overt signs and symptoms of dysphagia.
- Patient will follow written cue for safe swallow techniques.
- Patient will follow oral motor exercises for improved bolus control.
- Caregiver will demonstrate return demonstration of education/instruction regarding safe swallow techniques/protocols.
Safe Swallow Protocols

- Diet modification as needed (including thick liquids and mechanically altered food)
- Pre/post intake oral care
- Patient positioning during and after meals
- Optimal dining environment for patients attention level
- Skilled cuing as needed
- Appropriate medication administration
Safety

- Patient will use external compensatory device for personal orientation.
- Patient will follow external written cues for environmental orientation.
- Patient will follow proper sequence for safe sit to stand and stand to sit (Be sure there is no duplication of service!)
- Patient will use compensatory strategies for safe self administration of medication.
Communication

- Patient will increase speech intelligibility following verbal cueing system.
- Patient will use communication device to express basic wants and needs (field of 8 icons).
- Patient will point to items on adapted dining room menu.
- Caregiver to demonstrate appropriate cueing for non-verbal communication techniques.
Documentation

- Paint a clear picture with your words
- Be sure to include prior functional status and the reason for decline
- Goals should be measurable and FUNCTIONAL
- Make sure your goals don’t overlap with other disciplines
- Always good to add education/training goals with family and/or caregivers.
Reimbursement

- Private Insurance
- Medicare part A
  - SNF
  - Home Health
- Medicare part B
  - Outpatient

Medicare will reimburse for skilled therapy services for patients who have a dementia diagnosis!
Functional Goal Setting & Writing

- **Avoiding Appeals**
  - Following the aforementioned guidelines, you should not experience a denial of your claim.
  - If, however, you are denied, be sure to:
    - Provide appropriate documentation where needed (explain rationale for goal; why and how it is being addressed and cite why client is likely to benefit from treatment)
    - Further explain necessity of the need for the skilled service
    - Provide citations of treatment intervention, medicare guidelines, etc. if needed
  - 2001 CMS Program Memorandum “Medical Review of Services for Patients with Dementia”
Case Study

82 year-old male; Dementia, CHF, Asthma; Diabetes; Former Musician; Wife is deceased; Children live out of town

Assessment Results: MMSE : 13/30; able to read 48 pt. sized Arial font; Client passed Spaced Retrieval Screen
Functional Goal Setting & Writing

- **Client Input:** Client wants to do more “on his own” and doesn’t enjoy being around “all of the sick people”. Feels “bored” and misses his family and old way of life.

- **Staff Input:** ‘R’ found napping in other residents’ rooms; often leaves cane in room; tends to take large bites of food when eating, leading to choking; wears cologne, sometimes in “excessive amounts”

- **Family Input:** Satisfied with care; would like a way to communicate with their father and update him on family events beyond talking on the phone
Functional Goal Setting & Writing

- Where should we start?
  - Evaluate assessment results, clients strengths/weaknesses, staff and family input

- Which areas warrant the most need? Prioritize!
  - Safety
  - Disorientation
  - Communication; Socialization

- Which areas are most effectively treated by a skilled service?
  - Forgetting cane when walking
  - Taking too large of bites during meals
  - Addressing disorientation to help client locate room
Case Study: Behavioral Challenges

What are some possible reasons the following behaviors are occurring?

- Napping in other residents’ rooms?
- Taking too large of bites of food?
- Forgetting cane?
- Wearing too much cologne?

Also important to analyze: “Who owns the problem?”

- Is it a legitimate safety or communication issue that needs to be addressed in treatment?
- Is the “problem” more for staff and family than for the actual resident?
Safety goals are client’s highest priority for treatment

- Once we understand “why” the client is exhibiting the behavior, we can set a realistic and more effective goal to treat the problem.

- **Swallowing:**
  - Problem: Client takes too large of bites
  - Why? Client’s tray was taken many times before he was finished, leading him to eat more rapidly
  - Strategy: Teach client too look at visual cue placed near tray that reads “Take your time and enjoy your meal. No one will take your tray until you are done. Take small bites”
  - Goal: “Client will recall and demonstrate ability to recall strategy of taking smaller bites during meals 90% of trials using a visual cue.”

Take your time and enjoy your meal. No one will take your tray until you are done. Take small bites.
Remembering Cane

- Problem: Client is unsafe to walk without cane; high fall risk
- Why? Client not used to having to use cane to walk safely; does not fully understand why he needs the cane & therefore chooses not to use it
- Strategy: Educate client on why he needs the cane; write down reasons, biggest being to stay safe and not fall; choose area with client to keep cane so he sees it and remembers it; use Spaced Retrieval technique to teach him to remember the cane; instruct staff to offer LOTS of positive reinforcement when he uses the cane to encourage its use
- Goal: “Client will recall and demonstrate use of cane to remain safe during walking and decrease fall risk 90% of trials.”
**Locating Room**

- **Problem:** Client is disrupting other residents; becomes disoriented and may end up in unsafe areas.
- **Why?** Client is napping in other rooms because he cannot locate his own consistently; also enjoys the social contact and attention he receives when does this.
- **Strategy:** Teach client to look for landmarks to locate room; use meaningful cues (music note on door, since client was a musician); PRACTICE locating room using landmarks starting from different locations on unit; find activities he enjoys and increase involvement to provide social contact & attention.
- **Goal:** “Client will learn landmarks in unit environment in order to locate room independently and decrease wandering into unsafe areas 80% of trials.”
Treatment

- Goal must be meaningful to the client
- Activities to meet goal must be interesting, match abilities, and be success-oriented
- Use terminology that the client, staff, and family can understand
  - Example: Ask client what they would call a “Memory Book” before terming it that; Use client response to work on goal, increasing the likelihood they will remember and use it.

- Circumvent deficits
  - Work around areas of weakness
    - Example: Dementia
      - Inattention may lead to client forgetting what they are working on in treatment and why. Remind them throughout session or write down treatment activities so he/she knows what to expect and when they will be finished.
Treatment

- Choosing treatment activities
  - Motivation is key!
  - Goals & Activity Ideas:
    - Goal: Targeting clearer speech for person with aphasia
      - Choose reading material that is interesting to client
      - Be sure font size of material is large enough for client to read
      - Participate in activity with client. Allows you to model for client as well as giving them a chance to rest and listen. (You read a sentence, they read a sentence, etc.)
      - Provide feedback and reinforcement
Treatment

- Montessori-Based Programming
  - Programming method that use Montessori educational principles to provide constructive engagement, meaningful activity, and practice of skills to older adults.
  - Uses principles from the Montessori classroom to help older adults maintain independence and learn new skills.
  - Camp and other researchers have documented the use of this programming method with persons with Alzheimer’s Disease and have found that it increases overall participation in activities, as well as rates high in staff satisfaction (Camp, 2002; Skrajner, 2007).
  - Therapists can use these methods to address goals in treatment.
Treatment

- **Spaced Retrieval (SR)**
  - Technique used to help persons with cognitive impairments recall important information over progressively longer intervals of time.
  - Has been used successfully with patients with Alzheimer’s Disease, Traumatic Brain Injury, Parkinson’s Disease, and Dementia related to HIV (Bourgeois et. al, 2001; Camp, et. al, 2008; Neundorfer, et. al, 2004; Malone et. al, 2007)
  - Is an effective tool that therapists can use to help clients reach their goals in rehab therapy and is billable and reimbursable.
  - Takes advantage of the procedural memory system and is success-based.
Spaced Retrieval:
- Begin with a prompt question for the target behavior and train the client to recall the correct answer.
- When retrieval is successful, the interval preceding the next recall test is increased.
- If a recall failure occurs, the participant is told the correct response and asked to repeat it.
- The following interval length returns to the last one at which recall was successful.

SR Example:
- Goal: Client will correctly recall and demonstrate use of chin tuck during meals to decrease risk of aspiration 90% of trials.
- Prompt Question: “What should you do when you swallow?”
- Answer: “Look at my lap”
Carryover of Treatment Goals

- If client remains motivated by their goals and their progress with them in treatment, the likelihood of carryover is much higher.
- Achieving buy-in from the staff and family of the resident is key in the carryover of treatment goals.
  - From the onset of treatment, try to involve the staff and family
  - When someone feels their opinion and input is valued, they are more willing to assist in carryover plans
    - Ask about their observations
    - Ask about any goal recommendations they may have
    - Ask for updates on the client’s progress on goals regularly
Carryover of Treatment Goals

- Provide treatment as often as possible in the client’s living environment to allow staff to see what you do and to provide education.
- Make yourself a common part of Interdisciplinary Team Meetings to keep updated on client progress & to explain goals and treatment to other staff.
- Work on a goal that makes a real impact on the staff.
  - If the client has a repetitive question asking behavior, try to address it in therapy by teaching the client a strategy to find the answer to their own question on a visual cue on their walker, for example.
- If you are viewed as a problem solver & can make the staff’s life a little easier, they will be more likely to assist in carryover of treatment goals.
  - Keep in Mind: If working on a goal focused on remediating a “challenging behavior” demonstrated by the client, be sure that the behavior and its frequency are documented in the nurse’s notes to illustrate presence of problem and need for rehab service.
Carryover of Treatment Goals

- Update the client’s family about treatment progress.
- Send brief update letter to family following treatment to summarize goal progress and recommendations.
  - Families drive the system in facilities, so they will push for follow-through and carryover of goals from staff.
Thank You!

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