

GRN Development Classes

Cognitive Impairment Content

- From a couple of hours to an entire day devoted to care of the confused patient

Faculty / Presenters

- From Nurse/MD to Interprofessional

Participants

- Frontline nurses to Interprofessional

Gero-Intensives For ALL Staff

Caring for the Confused Patient

Dementia: Structural and chemical changes in the brain and their impact on cognitive function.

Types of Dementia affecting Mood, Memory and Mobility

Communication and Cueing Skills: Changing provider behaviors to enhance patient experiences.

Delirium: An interprofessional responsibility

Distinguishing Delirium from Dementia

Planning Interdisciplinary Care for the Confused Patient

Why is Caregiver Training Important?

“Deterioration of the individual's ability to communicate contributes considerably to the stress and burden of caregivers and is often classified among the most serious stressors that caregivers must face.” (Egan, 2010)

Growing caseloads of people with dementia and their families....



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Speech Language Pathology Goals for Our Patients:

1. Improve or maintain functional ability.
2. Enhance activity and participation.
3. Enable patients to attain personally relevant goals.

How you ask?
Through Improving Communication!

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Different Stages = Different Assessment Approach

Personal Goals/ Family Impact



Standardized/ Longer/
PWD Driven

Informal/ Shorter/
More Family Driven

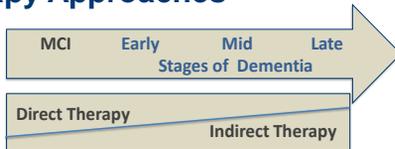
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Dementia Care Communication Therapy Model

- Person with Dementia (PWD) and Caregiver (CG) participate in the program together (must be a "dyad").
- Two therapy groups (1 or PWD, 1 for CGs) are held at the same time, and location weekly, for 8 weeks.
- Both groups are led by an SLP.
- **PWD group**: work toward individual therapeutic goals related to function and participation in daily activities
- **CG group**: concepts of communication, learn the same therapeutic strategies SLPs use, homework!

Direct & Indirect Therapy Approaches



Direct Therapy:

- How to advocate for their needs
"I need more time, "I don't understand"
- Circumlocution
- Script framework to stay on track
- Reading strategies
- Writing strategies (or typing)
- External communication and memory aids

Indirect Therapy:

- The environment
- Sensory deficits
- Partner's approach communication
- *Supported conversation*

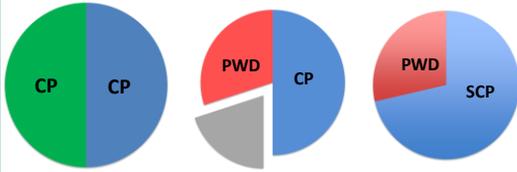
Supported Conversation

Strategies when language becomes weaker due to dementia:

1. Communication partner can carry the burden of the conversation
2. Use different multimodality strategies to make communication easier
3. Rely on non-verbal communication

(Kagan, 1998)

Indirect Therapy: Supported Conversation



PWD = Person with dementia
 CP = Communication partner
 SCP = Skilled communication partner



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Unskilled & Skilled Communication Partner

Person with impaired communication
 + **Unskilled** communication partner
Impaired communication

- Not able to participate in medical/personal decision making
- Become frustrated
- Stop trying to communicate

Person with impaired communication
 + **Skilled** communication partner
Functional communication

- Able to participate in medical/personal decision making
- Empowered
- Socially engaged



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FOCUSED Communication

- **F**ace to face
- **O**rient
- **C**ontinuity
- **U**nstick
- **S**tructure
- **E**xchange
- **D**irect



Ripich, Wykle, & Niles (1995)



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Topic Orientation

Consistently remind the person about the current topic or activity

- Use specific nouns and names of people/places
- Repeat the goal of the current activity frequently
- During discussion, provide a picture of or written word about the topic



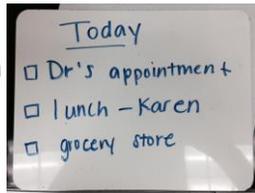
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Practice Being Direct

To this:

"We have a busy day today, Mom! We go to your doctor at 10. Then we go to lunch with Karen at noon. After that we will go to the grocery store to get stuff to make dinner."



From this:

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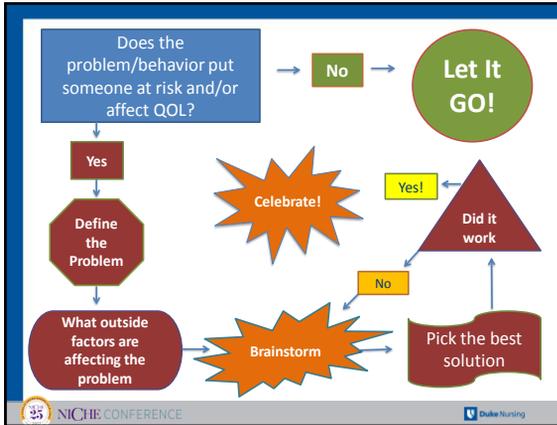
Structure Orient to Topic Be Direct

1.1	
1.2	
1.3	
1.4	
1.5	
1.6	
1.7	
1.8	



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Fix it or Let it Go?

Your mom insists on unloading the dishwasher and setting the table. But she puts things away in the wrong cabinets and puts the dishes and silverware in the wrong place!

A woman with dementia just moved in with her son who lives 4 hours from where she used to. She was very active and social prior to the move. Now she's more isolated and spends a lot of time at home.

Let it Go **Fix It**

Rely on Preserved Strengths and Interests



Unique characteristics

- Communication style of the person often reflects style prior to dementia
 - Someone who was good at math and worked as an accountant for 40 years may still be surprisingly good at math
 - Someone who was very stubborn before the dementia may remain very stubborn
 - Someone who was artistic will remain artistic

Chores: Voting; Discussion; Making choices

- Discuss household responsibilities
 - Likes/ dislikes
 - More/ less
 - Can be very “lively” discussion
 - Supportive of each other
- Opportunity to create supports to increase participation



Homework



Results

Three therapy groups to date. A total of 11 dyads. Nine dyads attended all 8 sessions.

Feedback:

- 1) group provided caregivers practical solutions for specific problems that could be used immediately at home
- 2) PWD were able to communicate with others using their individualized strategies in a supportive environment building confidence and ability

Caring for the Confused Patient: An Interprofessional Responsibility

- Learn how to be a strong communication partner. It can make or break a patient care interaction.
- Teach others, including family, communication strategies.
- Advocate for practice changes to accommodate cognitively impaired individuals.

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DukeMedicine

Communication Groups for People with Dementia and their Families

Sponsored by Duke Speech Pathology & Audiology

Eligibility: Open to people with all types and severities of dementia, their family members, and/or caregivers.

Location: Duke Outpatient Clinic, 3-102 Duke Medicine Circle, Durham, NC

Dates and Time: To be determined as groups are formed. 90 minutes one hour each week.

Topics:

- Communication Basics
- Assessment of oral diet
- Conversation Map and TIPS
- Making Your Communication Plan
- Role of Services
- Home and/or Memory Care
- Support Resources for Caregivers
- Other resources that may be available to you

Do you or a loved one experience:

- Frustration with frequent communication breakdowns, including trouble with memory
- Social isolation or fear of certain social situations
- Uncertainty of how to deal a care situation
- Concern of how to respond to statements, situations or behaviors
- Desire to make things better, but can't figure out how

If we offer an 8-week program that includes:

- Educational group sessions for family and caregivers
- Group therapy for people with dementia
- Individual therapy for personalized feedback and help

Payment: Not the insurance, including Medicaid and Medicare

To Schedule an Appointment or Learn More: Call 919-684-2859

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References

- Egan, M., Berube, D., Racine, G., Leonard, C., & Rochon, E. (2010). Methods to enhance verbal communication between individuals with Alzheimer's disease and their formal and informal caregivers. *International Journal of Alzheimer's Disease*, 2010, 1-12.
- Kagan, A. (1998). Supported Conversation for adults with aphasia: Methods and resources for training conversation partners. *Aphasiology*, 12, 816-830.
- Ripich, D.N., Wykle, M., & Niles, S. (1995). Alzheimer's disease caregivers: the focused program. A communication skills training program helps nursing assistants to give better care to patients with disease. *Geriatric Nursing*, 16 (1): 15-9.

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