

# Caring for Persons Who are Memory Impaired in Catholic Long-term Care Facilities

January 15, 2010  
CHA Webinar

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AVILA INSTITUTE  
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*Education for Compassionate Care*

# Your Faculty for Today's Event

**Sister M. Peter Lillian Di Maria, O. Carm., BA, LNHA, CDP**



Sister Peter Lillian has been the director of the Avila Institute of Gerontology in Germantown, Ny., since January 1997. The Avila Institute is the education arm of the Carmelite Sisters for the Aged and Infirm. The institute creates opportunities for individuals to share experiences and knowledge regarding their work with the aged and contributes to the field of gerontology through workshops, publications, and studies.

Sister Peter Lillian has been a member of the CHA Board of Trustees since 2008.

# Long-Term Care Webinar Prayer

January 15, 2010

In the Liturgical year, today is the first Friday in Ordinary Time. Listen to the words of today's gospel, from Mark, which I think speaks to us in long term care:

“Which is easier, to say to the paralytic, ‘Your sins are forgiven you,’ or to say, ‘Rise up, take up your stretcher, and walk?’

But so that you may know that the Son of man has authority on earth to forgive sins,” he said to the paralytic:

“I say to you: Rise up, take up your stretcher, and go into your house.”

And immediately he got up, and lifting up his stretcher, he went away in the sight of them all, so that they all wondered. And they honored God, by saying, “We have never seen anything like this.”

These words remind us that in long term care we often do not cure, although it is the cures that get the most attention, But we follow the example of Jesus when we always care.

# Disclaimer

This presentation is intended for educational purposes to health care professional only and not to be used as a substitute for complete medical training in one of the health care professions. Information contained in this presentation is not intended or implied to be a substitute for professional medical advice. Always seek the the advice of a physician or other qualified health provider for all medical problems, treatments, prior to starting or initiating any new treatment or with any questions you may have regarding a medical condition.

Do not rely upon any of the information provided by this presentation for medical diagnosis or treatment. Any medical or other decision should be made in consultation with a qualified health care provider.

# Catholic Long-term Care

## An Overview

- A privilege to serve
- All Faith belief systems say we are to be compassionate to our brothers and sisters
- Each Faith has their own roots to service
- We, in Catholic Long-term Care have a great tradition

# Catholic Long-term Care

## An Overview

- Strong biblical roots – “to the least of my brothers and sisters you do onto me ...”
- Long tradition – an extension of the healing ministry of Jesus
- Meaningful values
  - Justice
  - Dignity
  - Care for all people
  - Hospitality
  - Holistic Care

# Catholic Long-term Care Provides:

- Compassionate and holistic care
- Understanding of all Elder Issues
- Mission and Values based in the teachings of Christ
- An awareness of our call to holiness
- Our “ministry” is a call like none other

## **Accepts every challenge as opportunities to better serve our elders by:**

- Knowing the disease process of all elders entrusted to our care especially those with memory impairment
- Understanding the behaviors of the memory impaired
- Articulating the mission to serve our brothers and sisters



# Strategies to Compassionate, Professional Care

- Knowledge of the disease
- Understanding the Behavior
- Articulating the Mission



# **Memory Impairment**

## **How much do we know?**

## True or False?

Dementia is a name of a disease that people can get as they get older.

## True or False?

All People diagnosed with Alzheimer's Disease live in Nursing Homes.

## True or False?

Benign forgetfulness may be part of normal aging.

## True or False?

Persons with Alzheimer's Disease will die within 3 years of their diagnosis.

## True or False?

Depression can occur in people who have some form of dementia.

## The 3 D's clearly stated:

When memory loss interferes with daily life

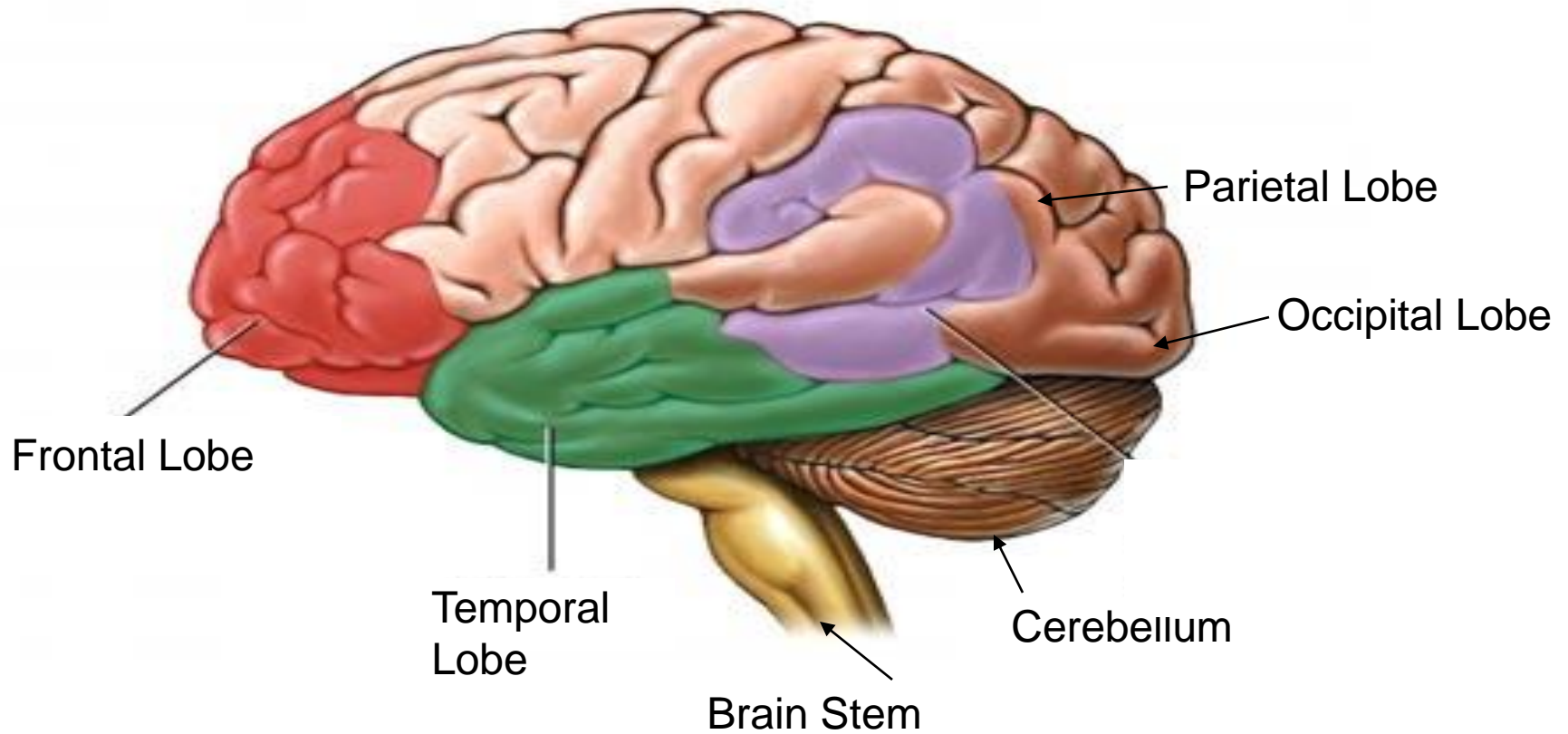
**Delirium:** a sudden change in ability to function usually caused by an acute medical condition

**Depression:** sadness so profound that it interferes with the person's ability to enjoy previously pleasurable activities; this may be new or occur over a long period of time

**Dementia:** a deterioration of thinking, remembering and reasoning so severe that it interferes with a person's ability to cope with daily life; it gets worse over time



# The Brain



# Dementia

Dementia is not a disease but rather a syndrome associated with many different underlying diseases that gradually destroy brain cells and lead to a progressive decline in mental function.

**There are over 60 causes of Dementia.  
Alzheimer's being one cause.**

**Can you name some others?**

# Dementia

- Alzheimer's disease
- Frontotemporal dementia (Pick's disease)
- Dementia with Lewy bodies
- Vascular dementia (chronic low blood flow)
- Small or large strokes
- Multiple causes
- Parkinson's disease
- Tumors
- Traumatic brain injury

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Other common dementias include cognitive impairments common with Multiple Sclerosis; alcoholic dementia; syphilis; AIDS dementia

## 4 Common Dementias:

A Comparison of Symptoms, Treatment and other information

	Symptoms	Treatment	Other Information
<b>Frontotemporal dementia Pick's disease</b>	Personality change &; language impairment more common than with AD; apraxia; impulsivity, impaired judgment & social behavior, apathy, carbohydrate craving, manic states, or grandiose delusions	No current drug treatment	
<b>Vascular dementia</b>	Stepwise deteriorating course; acute dysfunction of cognitive domains; focal neurologic signs; hyperreflexia; abnl. gait	Identify and modify risk factors; physical therapy; gait analysis	

6 Adapted from a table found in *American Journal of Alzheimer's Disease and Other Dementias*, 2002, 17(1), 11-17.

## 4 Common Dementias:

A Comparison of Symptoms, Treatment and other information

	Symptoms	Treatment	Other Information
<b>Alzheimer's Disease</b>	Insidious onset and progressive decline in cognition; remarkable memory loss	Cholinergic enhancers (cholinesterase inhibitors); disease modifying agents	Genetic risk factors identified
<b>Dementia with Lewy bodies</b>	<b>Triad:</b> Visual hallucinations; spontaneous Parkinsonism; fluctuating cognition (alterations of alertness and attention)	Cholinergic enhancers (cholinesterase inhibitors)	<b>Neuroleptic sensitivity:</b> paradoxical responses to various pharmacological agents

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# Alzheimer's Disease Statistics

- AD is the most common dementia
- In 2000 4.5 million people had AD; in 2010 that number will grow to 5.1 million; by 2030 7.7 million
- One in 10 people over 65, and 1 in 2 people over 85 have AD

# Alzheimer's Disease Statistics

- An individual with AD can live 8 to 20 years from the time the symptoms first appear
- More than 7 out of 10 people with AD live at home, with 75% of the care provided by family members or friends
- At least 60-75% of those people we care for in Nursing Homes have some form of Dementia



# **Understanding Behaviors – Providing Solutions**



# Four contributing factors of Behaviors

- The person's life-long personality
- The disease process
- The caregiver
- The environment

# Typical Scenario – INTERACTIVE

**What would you do if ...**

How do you think a person with memory impairment would respond?

# The Disease Process

- Different dementias effect the person in different ways
- Individuals with dementia tend to lose the ability to remember recent events first; later distant memories fade away
- Different portions of the brain effected by the dementia may lead to different behaviors

# The Caregiver's Expectations

- You can control what you expect the person with dementia can do
- If you demand too much of the person with dementia, you will see difficult behaviors
- If you confuse the person with dementia, or do not pay attention to what that person is trying to tell you, you will see difficult behaviors

# The Environment

- You have some control over the environment of care
- Do not over-stimulate the senses with too much noise, too many flashing lights, fast moving objects
- Do not under-stimulate the senses, leading to boredom and self-stimulating activities
- Keep things simple

## Ask Yourself

What happened?

Where did it happen?

When did it happen?

Why did it happen?

How did it happen?

# Why did he/she insist on getting out of bed or out of the chair?

Are his/her basic physical needs being met?

- Is he/she cold?
- Is he/she hungry?
- Is he/she in the same position too long?
- Does he/she have to go to the bathroom?
- Is he/she in pain?
- Is he/she afraid?

# A formula for good interventions

- Name the behavior
- Describe it (what do you see, hear?)
- Is the behavior a problem?
- What is the underlying cause
- Interventions – Who can help decide
- Trial and error – Re-evaluate



# Case STUDY?

Interactive Scenario

# A formula for good interventions in Catholic Long-term Care

- Name the behavior, understanding the disease process
- Describe the behavior within the dignity of knowing who the person is
- Is the behavior a challenge to the person?
- Why is this a challenge for them?
- Interventions – How can we help them cope?
- Trial and error – Re-evaluate

**Knowing the  
disease process**

**+**

**Understanding  
the behavior**

**= The call to serve as Jesus  
has called us to serve**

## Our call is in our actions by:

- Our example to one another and the elders we serve
- Good communication about mission, purpose and future plans
- Living the mission and articulate the values
- The “what” behind our service

# The What

You are mission-minded individuals

You are persons of service

# Your behaviors reflect the ministry of Jesus through

- Compassion for others
- Effective communication
- A Sustainable climate of hospitality
- Being accountable for all the right reasons
- Teamwork to accomplish goals for the elders you serve
- Treatment of each resident as unique with individual needs



# **Perspective**

## **Working with Frail Elders**

**What are some of the behaviors you would like to see in if someone was caring for you?**



# Relationships

Our work is about developing relationships with the people we serve – knowing the person and being able to anticipate their needs.

# Reflection

The resident I remember the most is:

Why?

# The Professional Perspective

- Individuals with the “Professional Perspective” are competent, hard-working and dedicated employees.
- They are committed to delivering “high-quality” medical and nursing care.
- They are willing to help their colleagues and are dedicated to making the nursing home a quality facility.

# The Spiritual Perspective

This employee with this perspective also shares the qualities of “professionalism and commitment” but there is an added dimension of quality – the person I serve is ***“made in the image & likeness of God.”*** ***This employee understands the call to the least of my brothers and sisters ...***

# The Spiritual Perspective

Each person I serve is getting ready  
to see his/her God ...

She/he must be frightened ...

He doesn't want to be left alone ...

this may be their last day ...

how else may I serve the person who may  
be with God today?

# The Spiritual Perspective

Answers physical and that which lies within the soul  
NO MATTER how memory impaired they may be.

# Reflection

Next time you are asked:

**“What do you do for a living?”**

Don't respond with a mere, “I work in a Nursing Home.”  
(End of Conversation)

**RATHER**, when asked, proudly say:

“I work with frail elders and I understand their behaviors and prepare them for the journey that we will all take someday”...

# Homework

The next time you are dealing with a challenge reflect upon the “why” you serve and use the strategies we discussed ...

Remember Know the Disease, Understand the Behavior and articulate the mission to be of service to your brothers and sisters.



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