

GROUP ACTIVITY- WORD SEARCH

(SYMPTOMS AND CAUSES OF DEMENTIA) 10 minute activity

A	L	C	O	H	O	L	I	S	M
I	L	C	V	Z	E	Y	U	P	L
T	K	Z	A	X	H	R	K	T	S
N	L	M	H	N	B	O	V	U	M
E	O	S	A	E	W	M	Q	M	O
M	P	M	G	H	I	E	O	O	T
E	P	I	C	K	S	M	P	R	P
D	H	D	V	B	N	G	E	S	M
L	S	W	R	E	I	L	K	R	Y
P	A	R	K	I	N	S	O	N	S

- 1.) _____ is a loss of mental abilities which can interfere with a person's activities of daily living (ADL's).
- 2.) An example of an irreversible cause of Dementia is _____ disease.
- 3.) _____ is a potentially reversible cause of Dementia.
- 4.) One symptom of Dementia is _____ LOSS.
- 5.) After _____ appear an AD person can live up to twenty years.
- 6.) Alzheimer's disease is not a normal part of _____.
- 7.) In the elderly, the most common cause of Dementia is _____.
- 8.) Dementia caused by _____ may be reversible.
- 9.) _____ disease is rarer than Alzheimer's disease.
10. ___ is the second leading cause of dementia.

ANSWER KEY FOR THE WORD SEARCH ACTIVITY: CAUSES OF DEMENTIA

A	L	C	O	H	O	L	I	S	M
I	L	C	V	Z	E	Y	U	P	L
T	K	Z	A	X	H	R	K	T	S
N	L	M	H	N	B	O	V	U	M
E	O	S	A	E	W	M	Q	M	O
M	P	M	G	H	I	E	O	O	T
E	P	I	C	K	S	M	P	R	P
D	H	D	V	B	N	G	E	S	M
L	S	W	R	E	I	L	K	R	Y
P	A	R	K	I	N	S	O	N	S

1. **DEMENTIA**
2. **PARKINSONS**
3. **ALCOHOLISM**
4. **MEMORY**
5. **SYMPTOMS**
6. **AGING**
7. **ALZHEIMERS**
8. **TUMORS**
9. **PICKS**
10. **MID**

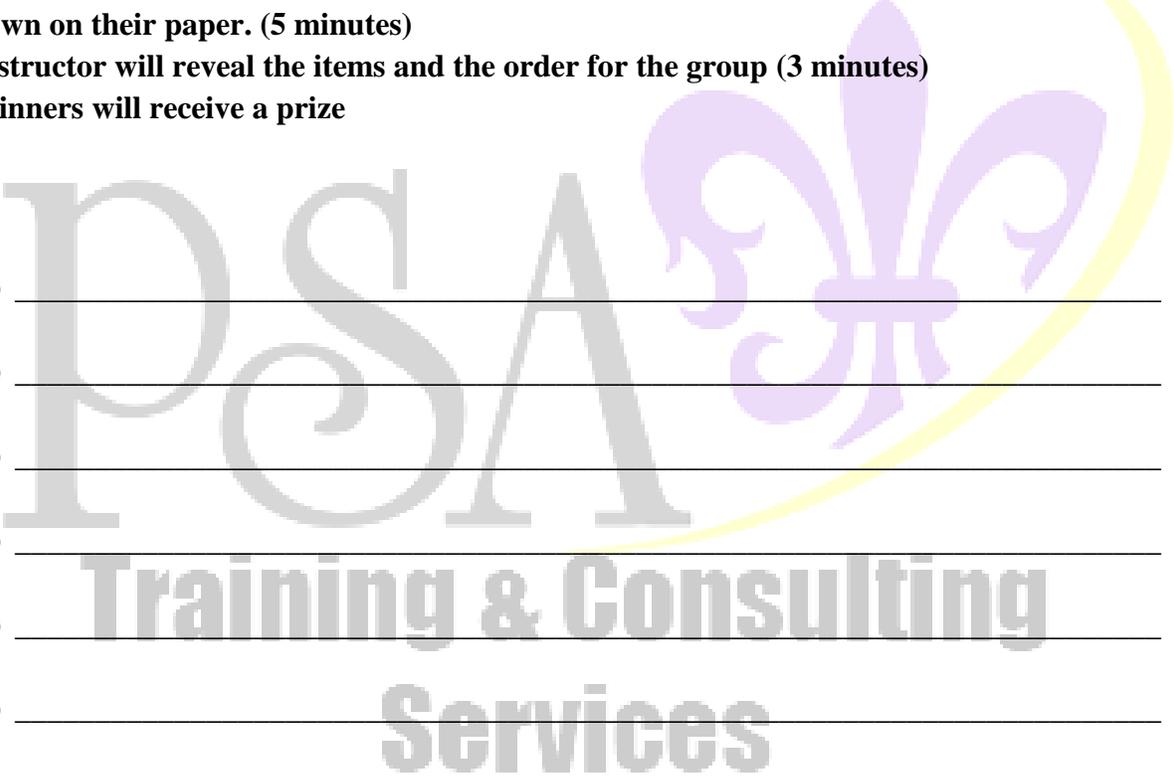


GROUP ACTIVITY- MEMORY GAME- WHAT'S IN THE BOX? (10 minute activity)

This is a recall game to give participants a general understanding for our Alzheimer's residents and what is like for them with regard to memory and recall.

Goal of Activity: The goal is to try and remember all 10 items in the order that the instructor shows the participants.

- ✓ **Instructor will have 10 items in a box**
- ✓ **Instructor will explain that the goal of this game is to try and remember all 10 items in the order that they are shown. Participants will not be allowed to write anything down.**
- ✓ **Instructor will pull out one item at a time and show it to the group for a few seconds. (2 minutes)**
- ✓ **After all 10 items are shown, participants will try to recall each item in order and write the items down on their paper. (5 minutes)**
- ✓ **Instructor will reveal the items and the order for the group (3 minutes)**
- ✓ **Winners will receive a prize**



1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

GROUP ACTIVITY/DISCUSSION

Guidelines for Assisting the Person with Alzheimer's with Personal care and ADL's. (20 minute activity)

GOAL FOR THIS ACTIVITY: GET INTO GROUPS, EACH GROUP TAKE A CATEGORY AND FILL IN THE BLANKS AND THEN REPORT OUT TO THE TEAM THE TIPS FOR THIS CATEGORY. EACH INDIVIDUAL SHOULD THEN FILL OUT THE FORM COMPLETELY FOR EACH CATEGORY.

A.) BATHING, GROOMING, DRESSING

1. _____
2. _____
3. _____
4. _____
5. _____

B.) TOILETING

1. _____
2. _____
3. _____
4. _____
5. _____

C.) GENERAL TIPS FOR PERSONAL CARE

1. _____
2. _____
3. _____

D.) PHYSICAL HEALTH

1. _____
2. _____
3. _____

E.) NUTRITION

1. _____
2. _____
3. _____
4. _____
5. _____

F.) MENTAL HEALTH

1. _____
2. _____
3. _____
4. _____

POSSIBLE ANSWERS:

BATHING, GROOMING, DRESSING

- ✓ **Schedule bathing with resident is least agitated**
- ✓ **Be organized**
- ✓ **Bathe at same time, same steps, explain in the same way to reduce confusion and frustration**
- ✓ **Ensure safety by using no skid mats and hold their hands**
- ✓ **Assist with grooming**
- ✓ **Lay out clothes in order; order they will be put on**
- ✓ **Choose easy to put on clothes: Velcro not buttons, slip on not tie up shoes, pants/skirts not dresses**
- ✓ **Help resident feel attractive and dignified.**

TOILETING

- ✓ **Follow the nursing care plan**
- ✓ **Never withhold or discourage fluids**
- ✓ **Set up regular schedule for toileting**
- ✓ **Post signs identifying restroom**
- ✓ **Do not discourage fluids before bedtime**
- ✓ **Document bowel movements**
- ✓ **Check skin for signs of irritation**

GENERAL TIPS FOR PERSONAL CARE

- ✓ **Be consistent**
- ✓ **Develop a routine and stick to it**
- ✓ **Promote self care by giving simple instructions**
- ✓ **Try hand over hand instruction if more assistance is needed. For example: place a hair brush in person's hand and hold his or hand in yours to demonstrate brushing hair.**

PHYSICAL HEALTH

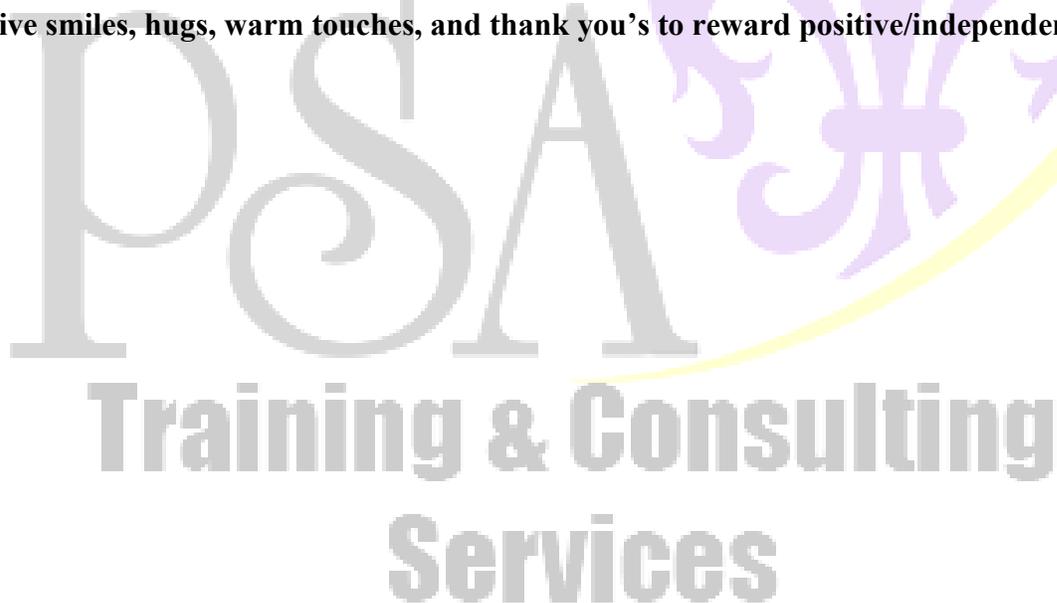
- ✓ **Assist your residents wash their hands frequently**
- ✓ **Observe their physical health and report problems**
- ✓ **Maintain daily exercise routine**

NUTRITION

- ✓ **Schedule meals at the same time each day**
- ✓ **Serve familiar foods**
- ✓ **Try smaller more frequent meals**
- ✓ **Offer finger foods**
- ✓ **Offer one course at a time and one utensil at a time**
- ✓ **If you need to feed the resident- do it slowly with small pieces of food**
- ✓ **Encourage fluids often**
- ✓ **Observe and report changes or problems in eating**
- ✓ **Monitor weight accurately and frequently**

MENTAL HEALTH

- ✓ **Encourage independence in activities of daily living (ADL) to maintain self-esteem**
- ✓ **Assist with personal grooming = increase self esteem**
- ✓ **Provide daily calendar to encourage activity participation**
- ✓ **Share by looking at pictures with them, talking, reminiscing**
- ✓ **Give smiles, hugs, warm touches, and thank you's to reward positive/independent behavior**



HANDOUT: SAMPLE CARE PLAN FOR ALZHEIMER'S RESIDENTS

PERSONAL CARE

- Maintain and provide a regular routine of daily care to resident's personal hygiene: skin, perineum, oral care, axillae, and hair (wash, brush, comb)
- Maintain consistent toileting routine. Record bowel movements. If incontinence is an issue- attempt to toilet first, then change incontinent pads.
- When resident approaches end AD stages: terminal care will be required through meticulous skin care, mouth care, and turning.
- Measure vital signs as directed
- Monitor sleep patterns and report disturbances

NUTRITION

- Small more frequent meals
- Finger foods
- Increase calories if resident is a wanderer or pacer (up to 5,000 per day if needed)
- Offer frequent sips of water throughout the day

COMMUNICATION

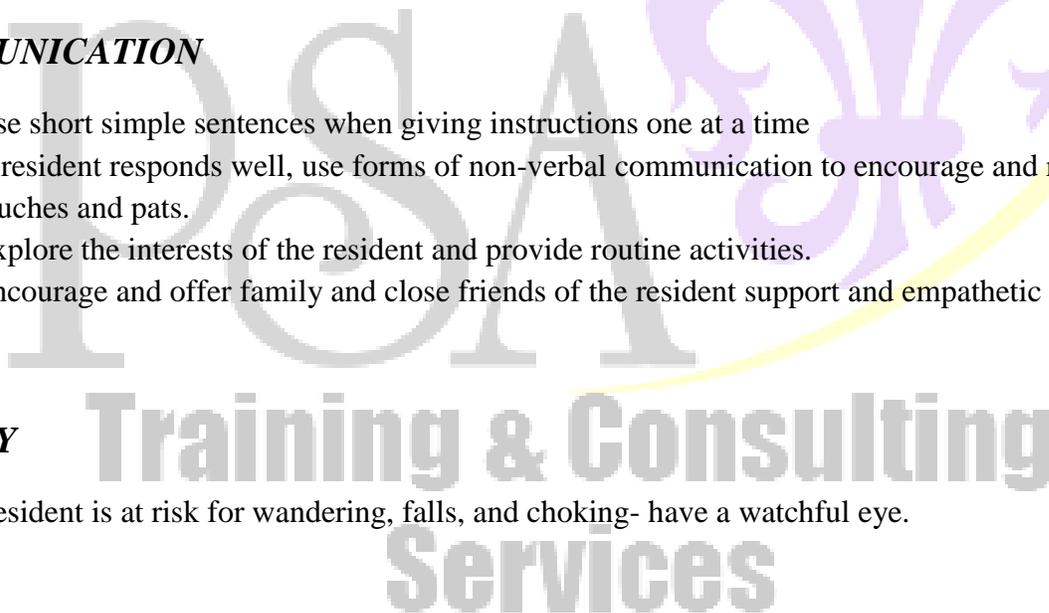
- Use short simple sentences when giving instructions one at a time
- If resident responds well, use forms of non-verbal communication to encourage and reward such as touches and pats.
- Explore the interests of the resident and provide routine activities.
- Encourage and offer family and close friends of the resident support and empathetic listening.

SAFETY

- Resident is at risk for wandering, falls, and choking- have a watchful eye.

ENVIRONMENT

- Keep resident's environment quiet



HANDOUT: CREATIVE THERAPIES

ACTIVITY THERAPY (*Useful throughout most stages of AD*)

- Comforting Activities such as: Sorting things, Simple games, Magazines, Mild Exercise

VALIDATION THERAPY (*Useful with moderate to severe AD*)

- Accept the resident for who they are do not try to reorient
- Explore the resident's world without judgment/argument
- Provide comfort and security = Restore feelings of self worth

REALITY ORIENTATION THERAPY (*Used in early stages BUT is not helpful if Dementia is Severe*)

- Use clocks, bulletin boards, calendars
- Use names frequently

REMINISCENCE THERAPY (*Is similar to validation= past but is useful in moderate to severe AD*)

- Actively explore the resident's memories
- Should be enjoyable for resident if not...STOP

PSA
Training & Consulting
Services

GROUP ACTIVITY AND DISCUSSION: *COMMUNICATION TIPS FOR CAREGIVERS*

TIPS

1. Approach from the front so you do not startle the resident
2. Monitor how close the resident wants you to be and adjust accordingly
3. Identify yourself and use the resident's name
4. Speak slowly, use a lower voice to calm the resident so it is easier for them to understand you
5. Make sure your resident does not have a hearing impairment
6. Communicate in a quiet calm place if possible for better understanding and communication

SCENARIOS IN COMMUNICATING WITH THE DEMENTIA RESIDENT

Resident is frightened or anxious → You should

1. Speak slowly, move slowly
2. Describe what you are going to do
3. Use simple language, short sentences
4. Check your non-verbal language: are you hurried? Tense?

Resident seems not to understand basic instructions or questions → You should

1. Ask resident to repeat your statements. Use short words and sentences AND give them time to answer.
2. Observe their body language- facial expressions, eyes, hands.
3. Use written messages, signs, and labels
4. Note what communication methods are effective for your resident and use them.

Resident forgets and shows memory loss → You should

1. Use words they do understand and remember. For example if you use the word tired and the resident does not remember what tired means, try to use the word rest or nap.

Resident repeats phrases or questions over and over → You should

1. Answer their questions the same way each time- this is part of the disease.
2. Responding over and over to their questions may frustrate you but it is comforting to the resident.

Resident is disoriented to time and place → You should

1. Post reminders (calendars, picture, signs on doors, activity boards)

Resident does not remember how to perform basic tasks → You should

1. Help by breaking each activity into simple steps. For example, “Let’s go for a walk... stand up, put on your sweater, right arm first....”

Resident is depressed, lonely → You should

1. Try to communicate one on one and ask the resident how they are feeling.
2. Really listen.
3. Involve the resident in activities.
4. Always report depression to your supervisor.

Resident is verbally abusive, uses bad language → You should

1. Remember- it is the dementia speaking not the person.
2. Redirect attention to something else
3. Try and ignore the language

Resident insists on doing something that is unsafe or not allowed → You should

1. Redirect activities to something constructive
2. Try not to use the word don’t

Resident wants to say something but cannot → You should

1. Encourage resident to point, gesture, or mime.
2. Offer comfort through a smile, hug, or distracting techniques

Group Activity- Role Play and Solutions for Behavior Modification of Alzheimer’s Dementia Residents. (20 minutes)

Instructor will read and act out the Role Play card, then have the group try and determine which difficult behavior is being performed. Then have the group discuss strategies to “modify” these difficult behaviors.

Possible Role Play Scenarios of Difficult Behaviors Include:

- 1.) Agitation**
- 2.) Pacing and Wandering**
- 3.) Catastrophic Reaction**
- 4.) Hallucinations or Delusions**
- 5.) Suspicion**
- 6.) Sundowning**
- 7.) Preservation or Repetitive Phrasing**

Read and act out the Role Play card then have the group try and determine which difficult behavior is being performed. Then have the group discuss strategies to “modify” these difficult behaviors.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

