

The Habilitation Model

Working with Residents with Dementia

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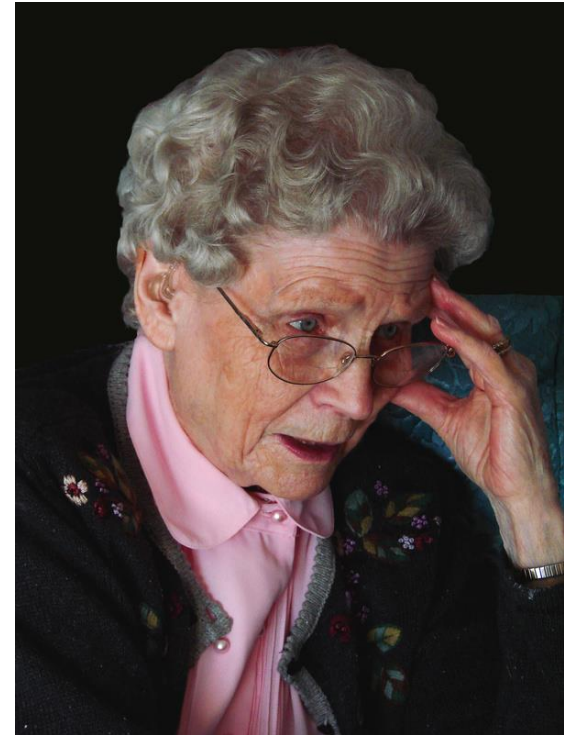
JCHE

Marsha Frankel, LICSW

JF&CS

“Dementia” is a group of symptoms,
not a disease.

- ✓ Memory loss
- ✓ Confusion
- ✓ Changes in thinking
- ✓ Changes in behavior



Symptoms of Dementia

- ✓ Memory changes that disrupt daily life
- ✓ Problems planning and solving problems
- ✓ Difficulty completing familiar tasks
- ✓ Confusion with time or place
- ✓ Trouble with visual or spatial relationships

Symptoms of Dementia

- ✓ Problems with words in speaking or writing
- ✓ Misplacing things or losing the ability to retrace steps
- ✓ Decreased or poor judgment
- ✓ Withdrawal from social or recreational activities
- ✓ Changes in mood or personality

Someone with normal age-related changes

- ✓ Forgets **parts** of experience
- ✓ **Often** remembers later
- ✓ Usually **able** to follow written or spoken directions
- ✓ Usually **can** use notes
- ✓ Usually **can** care for self

Someone with Alzheimer's disease

- ✓ Forgets **whole** experiences
- ✓ Rarely remembers later
- ✓ Gradually **unable** to follow written or spoken directions
- ✓ Gradually **unable** to use notes
- ✓ Gradually **unable** to care for self

Mrs. Celia Lombardi



Mrs. Louisa Tancredi



Types of Irreversible Dementia

- ✓ Alzheimer's disease
- ✓ Stroke or Vascular dementia
- ✓ Lewy Body dementia
- ✓ Frontotemporal Lobe dementia
- ✓ Parkinson's disease (sometimes)
- ✓ Other diseases or illnesses



Important Facts about Alzheimer's

- ✓ An irreversible, progressive brain disease that destroys brain cells and leads to death
- ✓ The risk of developing Alzheimer's increases with age, but it is not a normal part of aging
- ✓ Alzheimer's is the most common cause of dementia (60-70%)



What Alzheimer's Affects

- ✓ Memory
 - First - recent or short-term memory
 - Later – long-term memory

- ✓ Language
 - Difficulty finding words
 - Problems understanding what is said

- ✓ Vision
 - Things can look flat
 - Judging distance is poor
 - People may see just what is in front of them



What Alzheimer's Affects

- ✓ **Movement**
 - Difficulty with fine movements
 - Coordinating vision and movement
 - Eventually lose ability to walk

- ✓ **Tasks with multiple steps**
 - Are harder to do

- ✓ **Emotions**
 - Are harder to control



What Alzheimer's Affects

- ✓ Poor Insight
 - Lack insight or memory about their disease

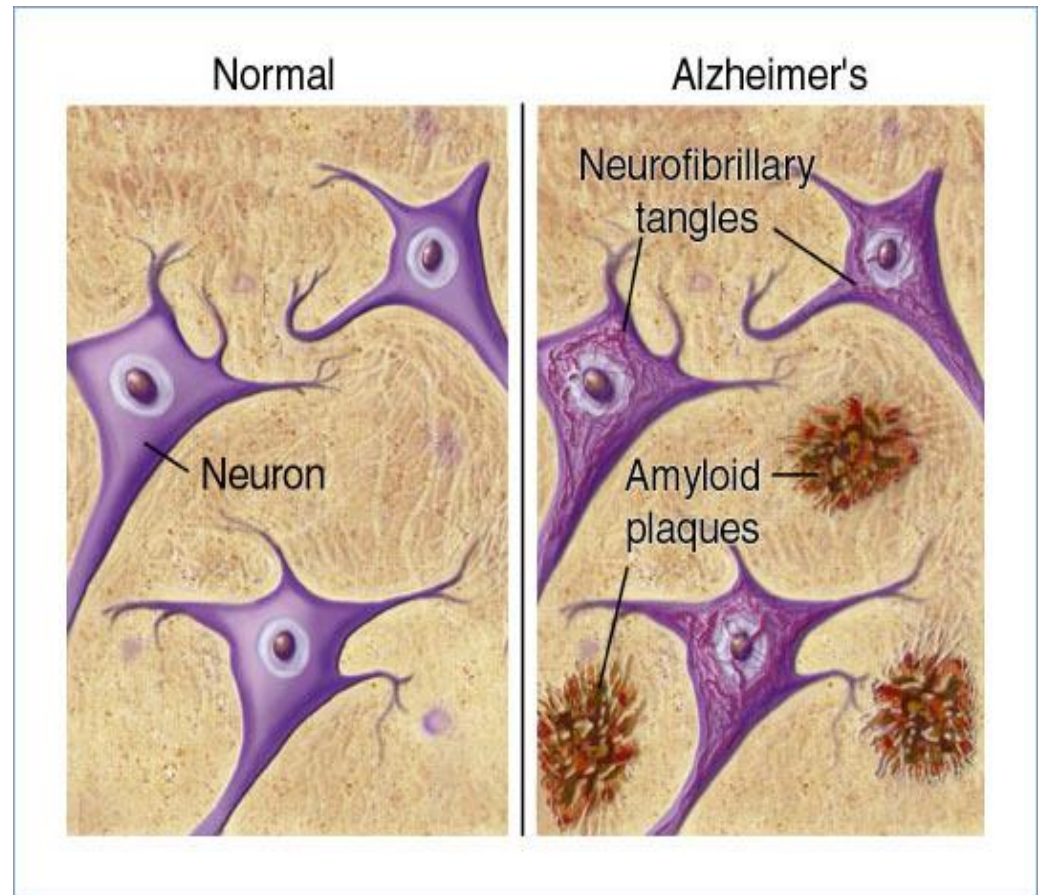
- ✓ Possibly
 - Delusions
 - Hallucinations
 - Paranoia
 - Aggression
 - Sexually inappropriate behavior



What's Happening in the Brain

Plaques

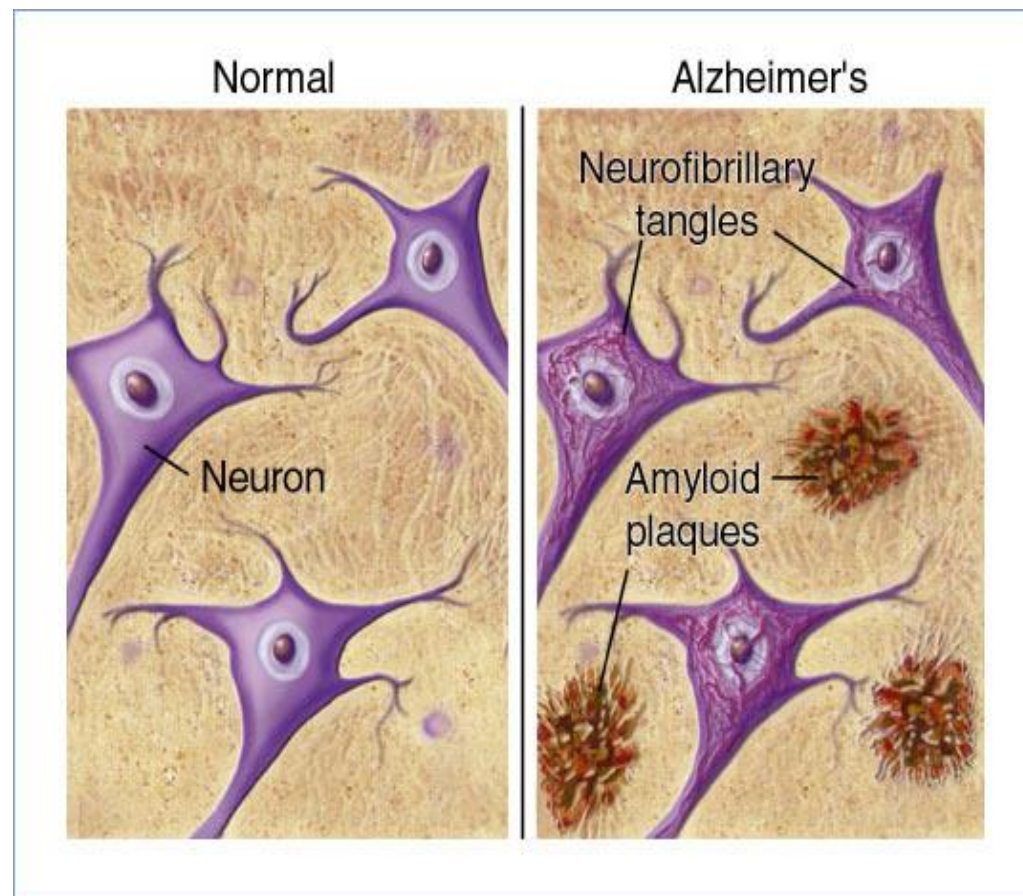
- ✓ Beta amyloid protein accumulates forming dark clumps outside neurons
- ✓ These cells are most involved with thinking, sensing, perceiving, feeling, planning, language, movement...
- ✓ These clumps cause brain cells to die



What's Happening in the Brain

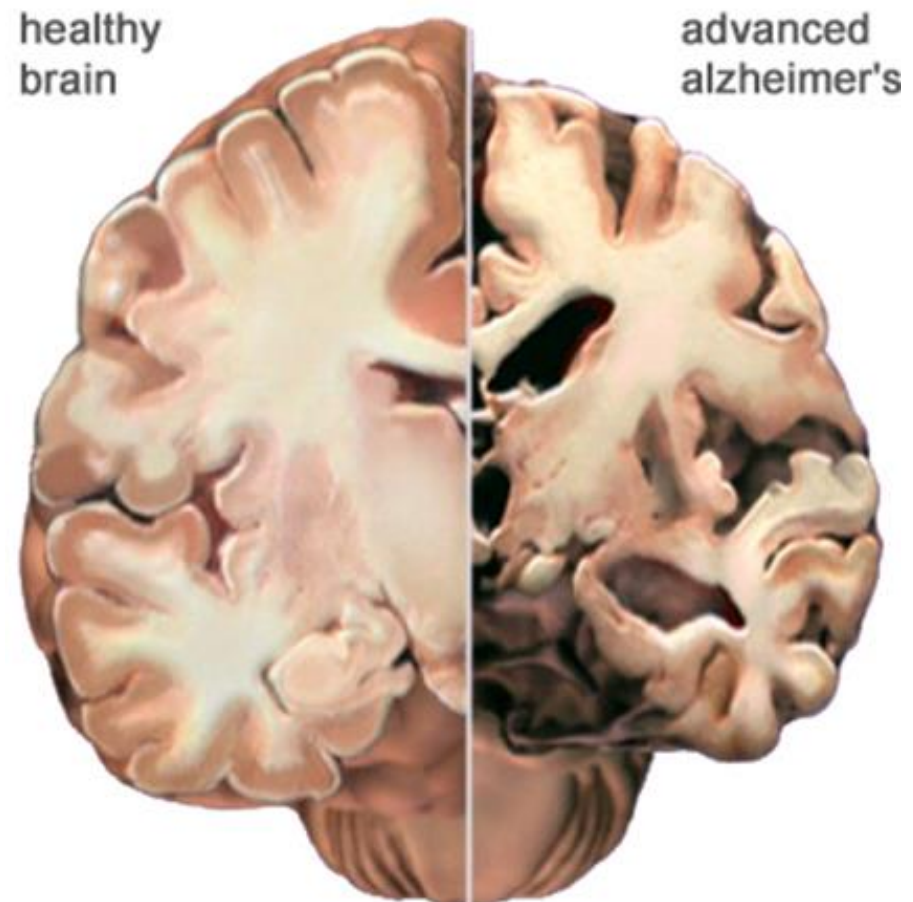
Tangles

Tau protein erodes the walls of the neurons and cause neurofibrillary tangles



What's Happening in the Brain

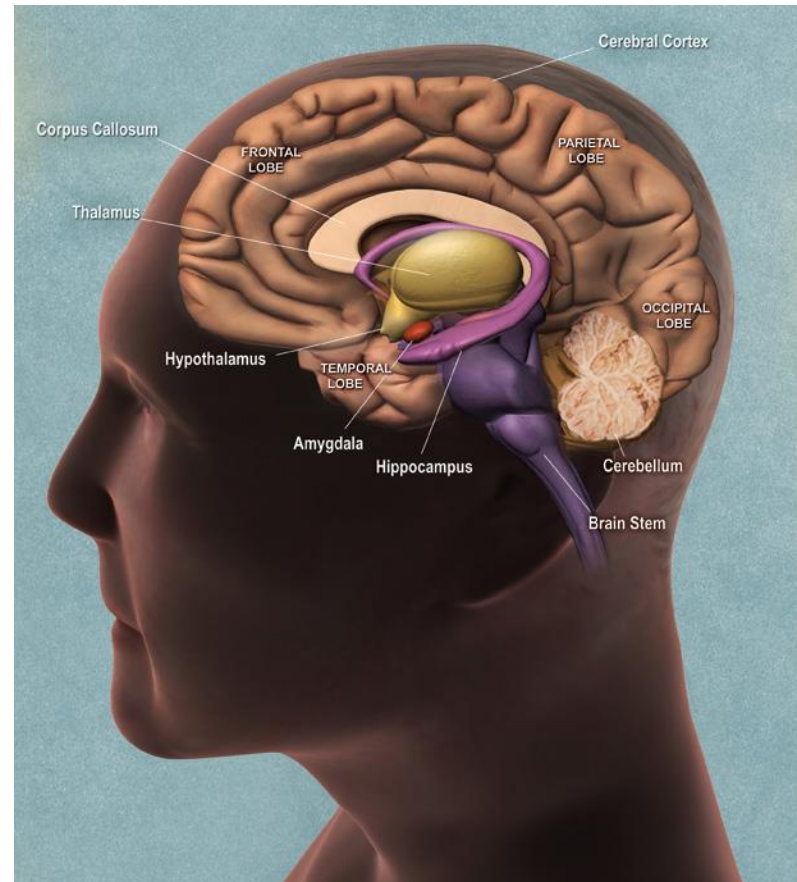
- ✓ Healthy brain weighs 3 lbs.
- ✓ Diseased brain weighs 1 lb.
- ✓ Length of decline 3-18 yrs.
- ✓ Neuropathology begins 10-15 years prior to noticeable changes

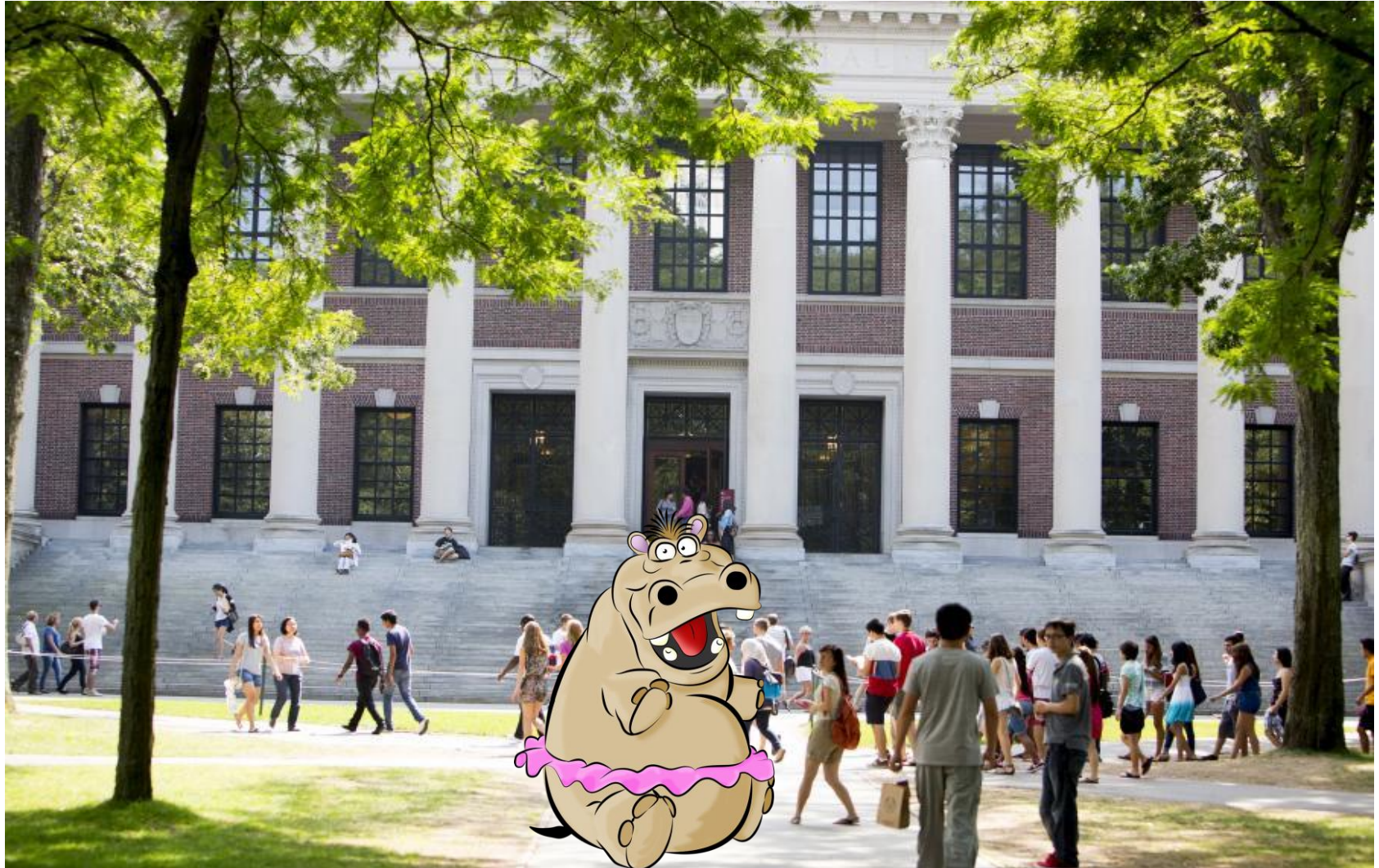


What's Happening in the Brain

Hippocampus

- ✓ The disease starts in the area of the brain just above the ears on both sides of the brain, called the **Hippocampus**.



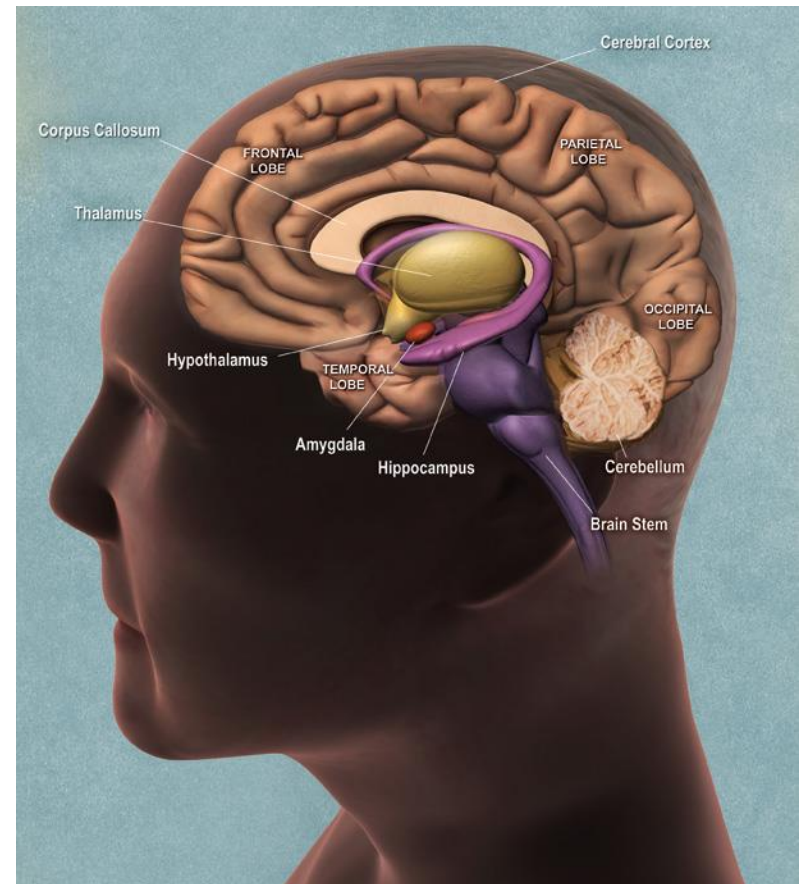


What's Happening in the Brain

Hippocampus

- ✓ Takes in new information through the senses
- ✓ Puts that information in a form that the brain can use
- ✓ Compares new information to old
- ✓ Labels and files information

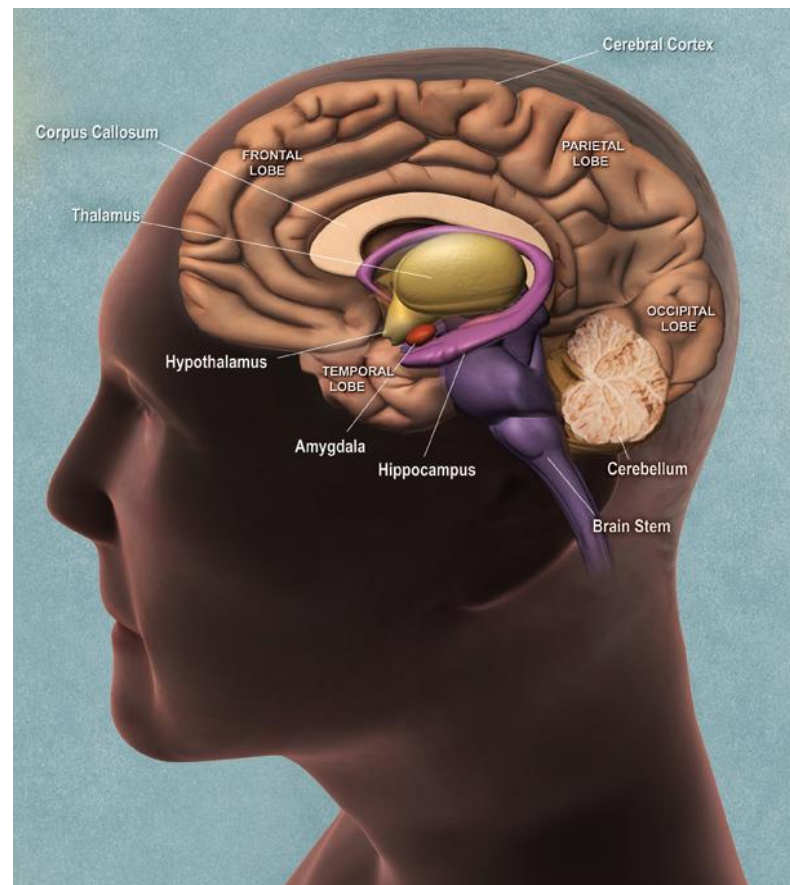
With Alzheimer's, the Hippocampus is broken



What's Happening in the Brain

Amygdala

- ✓ Almond-shaped groups of nuclei located deep and medially within the temporal lobes of the brain
- ✓ Remains pretty much intact long into the progression of the disease

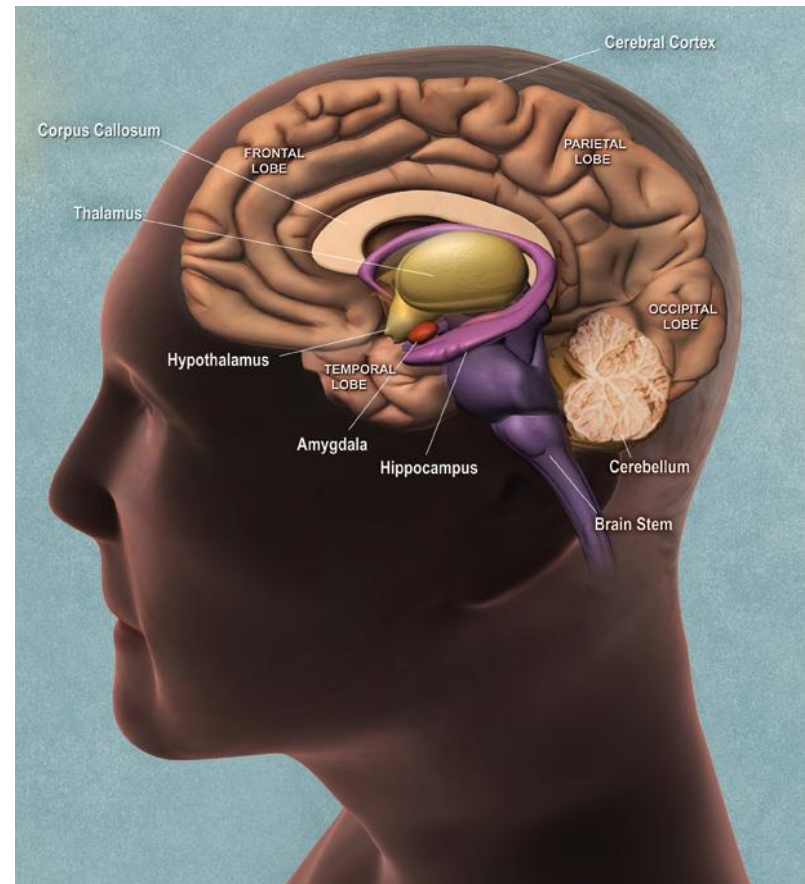


What's Happening in the Brain

Amygdala

- ✓ Involved with emotions:
 - the ability to feel emotions
 - the ability to perceive emotions
 - the ability to hold an emotion
 - the need to evoke and receive emotions in others

This is why the
Habilitation Model
focuses on emotions!



Habilitation - not Rehabilitation!

- ✓ **Re**habilitation Therapy helps a person to re-learn abilities they've lost

- ✓ Habilitation Therapy creates a milieu around the person:
 - To promote positive emotion
 - To compensate for sensory losses
 - To make the most of remaining skills and abilities
 - For staff to speak the same language of Habilitation

The Habilitation Model

Knowing and Understanding the Individual

Behavior as the Resident's
Communication with Us

Purposeful Engagement



Our Communication
with the Resident

Physical Environment

Our Approach to Personal Care

Knowing and Understanding the Individual



- ✓ Basic information
- ✓ Family history
- ✓ Education
- ✓ Work life
- ✓ Social life
- ✓ Personal preferences
- ✓ Religious affiliation
- ✓ Physical abilities
- ✓ Cognitive abilities
- ✓ Personality
- ✓ Likes and dislikes

Mrs. Elizabeth “Betty” Lester

- What do we already know?
- What does she prefer to be called?
- Did she raise a family?
- Did she have a career or job outside the home?
- What people are important to her?
- What makes her laugh?
- What songs will she sing?
- How can we learn more?



Personal Preferences



- ✓ Favorite activities
- ✓ Personal habits, daily routines
- ✓ Favorite music or songs
- ✓ Favorite foods or drinks
- ✓ Preferred colors
- ✓ Are they a “morning person” or “night-owl”?

This Can Be Difficult

- ✓ They may not be able to tell us
- ✓ Their history, preferences, and interests are unknown
- ✓ We are meeting them for the first time
- ✓ The disease causes ongoing loss and change



Strategies to Help Us Learn about the Person

- ✓ Always start by asking the person
- ✓ Keep questions simple
- ✓ Other ideas:
 - Talk with family members
 - Talk with other staff
 - Look at social history (or care plan)
 - Look at things around their rooms or homes
 - Pay attention to what they like and don't like

Share the Information

- ✓ Share care information with other staff
- ✓ Use information shared by all staff and from family
- ✓ This improves care/service planning
- ✓ Builds the team partnership



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Communication is the Most Important Aspect of Habilitation



Is there communication going on here?



What is the communication telling us?



Tips and Techniques for Good Communication



- ✓ Good non-verbal communication
- ✓ Establish an emotional connection
- ✓ Join them in their reality
- ✓ Focus on the feelings not the words

Tips and Techniques for Good Communication



- ✓ Use therapeutic fiblets
- ✓ Spend 5 to save 20
- ✓ Connect, Refocus, Redirect
- ✓ Ask the question the right way
- ✓ What to say and how to say it

Non-Verbal Communication

What we “say” without using language.

This includes:

- ✓ Body language
- ✓ Facial expressions
- ✓ Eye movement
- ✓ Gestures
- ✓ Posture
- ✓ The volume, and speed or pitch of our voices



Establish an Emotional Connection

✓ Talk, Look, Sing or Move

- Talk about: the weather, dogs, children, baseball, food, holidays, family, vacations
- Look together at: family picture, newspaper, a card
- Sing songs that are: from childhood, patriotic, religious
- Help them to move: chair or bed exercise, walk around

Do something they like.

One “yes” can lead to another “yes”!

Join Them in Their Reality

- ✓ We don't try to reorient them or bring them to the here-and-now
- ✓ We enter the world of the person with dementia
- ✓ We may need to use a “fiblest”

Focus on the Feelings, Not the Words

- ✓ We don't react or respond to the words they say
- ✓ We focus on what they are feeling:
 - “It sounds like you are very angry.”
 - “You look tired. Are you sleepy?”
 - “Does something hurt?”
 - “You look so upset. Let me see if I can help you.”



Use Therapeutic Fiblets

- ✓ We were taught that lying is wrong
- ✓ Telling the whole truth may not be good if/when it hurts someone's feelings
- ✓ With a normal, rational person, we need to tell the truth so they have the information needed to make decisions and avoid situations that cause harm

Therapeutic Fiblets

- ✓ Little white lie - to protect the person with Alzheimer's
- ✓ A person with Alzheimer's is not able to use information to make proper decisions because of the disease (remember the 1lb brain with the damaged Hippocampus)
- ✓ Generally accepted and encouraged
- ✓ The obligation is to tell a person with Alzheimer's what they need to know for the best chance of a positive emotional response, and sometimes to keep them safe

Spend 5 to Save 20

- ✓ Spend time talking (laughing, singing, holding their hand) before beginning care or a request
- ✓ This will help them to:
 - Feel a positive emotion with you
 - See you as a friend (not a stranger)
 - Adapt to a new activity more easily
 - Accept your help

Connect, Refocus, Redirect

- ✓ **Make an Emotional Connection**
Empathize with the feeling s/he is experiencing at that moment and validate the underlying emotion
- ✓ **Refocus the person's attention**
Change the resident's thinking to something different from her/his original intention
- ✓ **Redirect to something different**
Give her/him something very different to do with her/his hands, or attention

Ask the Right Question

Open ended	Two choices	Yes/No	One-sided
Where do you want to sit?	Do you want to sit by the window or by the kitchen?	Do you want to sit here?	Right here looks like a good place to sit!
What do you want for breakfast?	Do you want pancakes or waffles?	Do you want pancakes?	Those pancakes look delicious, I'll get those too.
What sports do you like?	Do you like baseball or hockey better?	Do you like baseball?	Hey, our team won their big game last night!

What to Say and How to Say It

- ✓ Speak slowly and in short phrases
- ✓ Ask for what you want, not what you don't want
- ✓ Consider “fiblets” that comfort or calm
- ✓ Approach from the front
- ✓ Make eye contact

What to Say and How to Say It

Communication Do's

- ✓ Call the person by name
- ✓ Tell them who you are
- ✓ Use gestures or hand motions
- ✓ Give one-step directions



What to Say and How to Say It

Communication Don'ts

- ✓ Don't reason or explain
- ✓ Don't ignore or deny their emotions (fear, anger, sorrow)
- ✓ Don't take what they say personally
- ✓ Don't point out or correct their misstatements
- ✓ Try really hard not to use the word "No"

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Physical Environment

- ✓ Attempts to make up for sensory losses
- ✓ Helps us feels safe and secure
- ✓ Helps us focus
- ✓ Helps us not feel overwhelmed
- ✓ Includes visual compensation and cues
- ✓ Hearing accommodations
- ✓ Physical layout
- ✓ Making paths that are free of clutter and distractions



How would you feel if you were the patient?



How would you feel or think if you were here?



Improve What They Can See



- ✓ Be in front of them
- ✓ Two times more light
- ✓ Limit glare
- ✓ Use different or contrasting colors
- ✓ Keep it simple by removing clutter

Improve What They Can Hear

- ✓ Be in front of them
- ✓ Limit noise
 - Television
 - Radio
 - Noisy appliances
 - Buzzers or alarms
- ✓ Help them avoid crowded or noisy places



Help Them Find a Room or Place

- ✓ Be sure paths are well lit, especially to bathroom at night
- ✓ Mark doorway
 - A word, picture or sign
 - Something bright or that stands out
- ✓ Make sure path is clear of distractions
- ✓ Close doors to rooms not needed or used



What could we change here?



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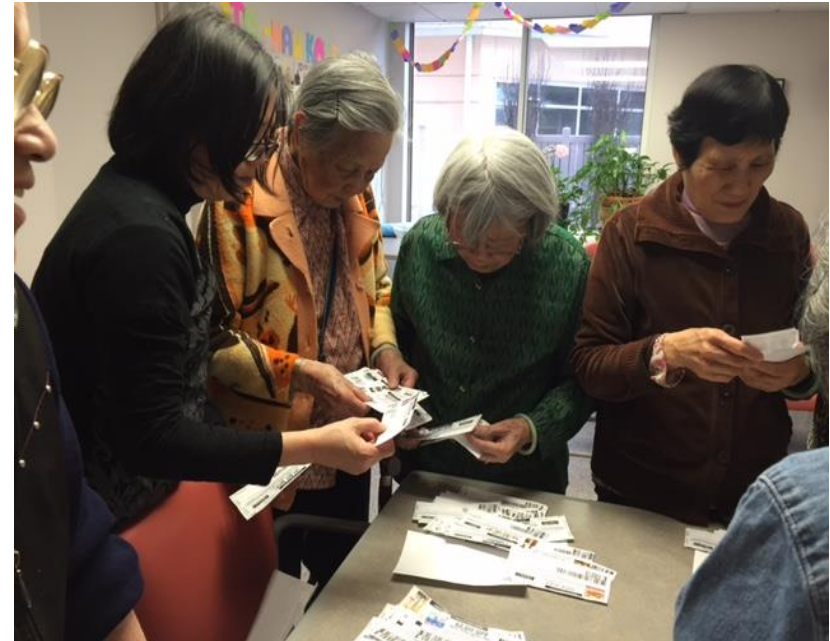
- ✓ Makes the individual feel a sense of purpose
- ✓ Keeps us engaged and active
- ✓ Physically and mentally maintains our remaining skills and abilities
- ✓ Promotes a positive emotion
- ✓ Reduces withdrawal and depression
- ✓ Keeps us active in the day for a better night's sleep



Purposeful Engagement



Planting bulbs for children at
Franciscan Children's Hospital



Clipping and sorting coupons for
friends, family and aides

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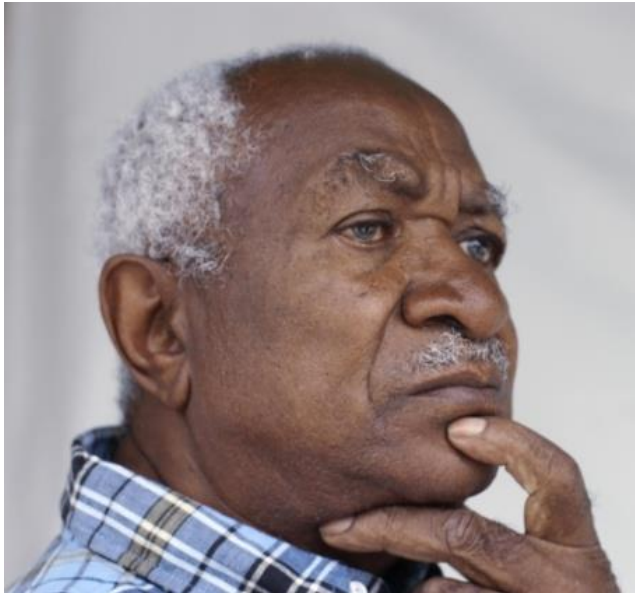
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Communication Difficulties

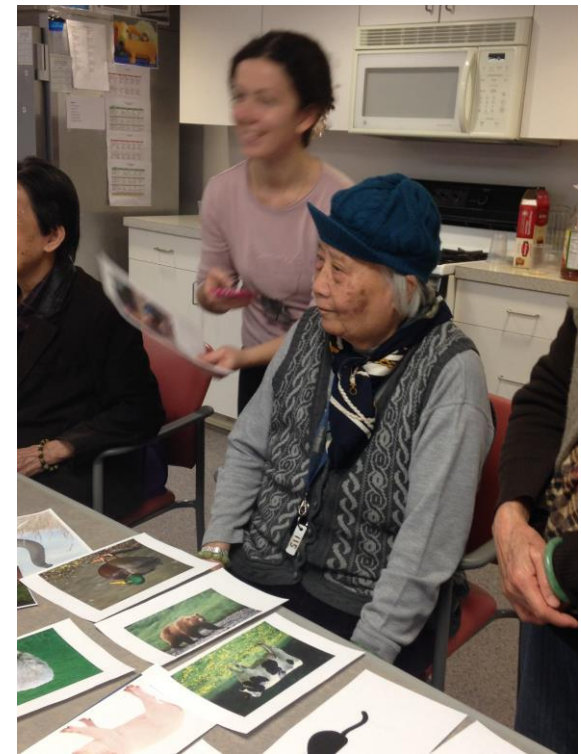
- ✓ Have difficulty finding words
- ✓ May use wrong word or create a new one



- ✓ Easily lose their train of thought
- ✓ Lose ability to read and write
- ✓ May revert to their native language
- ✓ Eventually unable to speak

We Can Help By

- ✓ Limiting distractions
- ✓ Showing interest and being supportive
- ✓ Offering comfort and reassurance
- ✓ Being patient; giving time to respond
- ✓ Offering a guess



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Behavior as Communication





Behavior as Communication



- ✓ Behavior is not random!
- ✓ Behavior may be the only way the resident has to communicate

All About Behavior

- ✓ Triggers
- ✓ Challenging vs. Problematic
- ✓ Immediate risk
- ✓ Detectives and Teams
- ✓ Tracking



Triggers

Internal

- ✓ Something happening in the mind or body of the person

External

- ✓ Something that is happening around them or to them

What could be the cause of the behavior?

The Behavior

Cause or Trigger

- | | | |
|---------------------------------------|--------------------------------------|---|
| ✓ She is rummaging in the closet... | because she is looking for her purse | I |
| ✓ He urinates behind the plant... | because he needs the bathroom now | I |
| ✓ She is talking - no one is there... | because of hallucinations | I |
| ✓ He wanders around constantly... | because he has nothing to do | E |
| ✓ She refuses a shower... | because the bathroom is too cold | E |

When does a
challenging behavior
become a
“problem behavior”?

A problem behavior
is a **health or
safety risk**
for the person with
dementia or for
someone else.



Is this a Problem Behavior

Wearing mismatched clothes	No
Asking repeated questions	No
Pacing or wandering	<i>Maybe</i>
Refusing a bath or shower	<i>Maybe</i>
Tries to hit you	YES

Habilitation Helps Us Find Solutions

We can find answers to challenging behaviors through the domains of Habilitation:

- Should we change our communication?
- Should we make a change in their environment?
- Should we change our approach to personal care?
- Should we offer more activity and purposeful engagement?

Look to the Habilitation Model

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Investigating Behavior

- ✓ At times we need to investigate to try to resolve a behavior. We want to learn:
 - The cause of the behavior (the Trigger)
 - What to change (the Trigger tells us)
- ✓ This is hard to do as the behavior is happening
- ✓ Afterward, step back, look for clues, and come up with a solution

Investigating Behavior

Using a Behavior Log

- What is the behavior?
- When did it happen?
- Where did it happen?
- Who was there?
- What was going on before the behavior?





Behavior Log

When (date, time) did the behavior happen?	What happened right before the behavior? What was the behavior? Where did the behavior happen? Who was there?	What are the Possible Triggers or Causes?	What Habilitation Concept Can Be Tried to Change the Behavior?



Addressing Behavior in the Moment

- ✓ Calmly get their attention and do not raise your voice.
- ✓ Step back if they are going to hit you. Do not hit back.
- ✓ Connect with their feelings, not their actions
- ✓ If you do get hit, say something like, “That hurt.” “It hurts when you hit me.” “Ouch! You hit me.”
- ✓ Reassure and calm them
- ✓ Look to see if their body language shows they are relaxing
- ✓ Connect with them and redirect them away from danger or the other person

Thanks for coming!

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Find the guide at:

jche.org/guide