Demystifying Resistance & Refusal

Building Skills to Make a Difference

Goals for Today:

- *New Knowledge*: Learn Something New about ‘Dementia’
- *New Skills*: Learn Some New Ways of Coping with Dementia
- *New Feelings*: Have Moments of Joy and Fun
Time Out Signal

Resisting Resistance JUST Increases Resistance

- If It Isn’t Working
- STOP & Back Off
- Think About It
- Try Again – But Change Something
Five Ways to Say “I Am Sorry!”

- “I’m sorry, I was trying to help”
- “I’m sorry I made you feel (emotion) angry, irritated, frustrated, sad, isolated….”
- “I’m sorry I made you feel (intellectual capacity or relationship unequal) like a child, stupid, like an idiot…”
- “I’m sorry, this is HARD!” (for both of you)
- “I’m sorry that happened (their perspective)

REALIZE …

- It Takes TWO to Tango …
  or two to tangle…

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Being ‘right’ doesn’t necessarily translate into a good outcome for both of you

It’s the relationship that is MOST critical

NOT the outcome of any one encounter
As part of the disease people with dementia ‘tend to’ develop typical patterns of speech, behavior, and routines. These people will also have **skills and abilities** that are **lost** while others are **retained or preserved**.
What is Dementia?

It is BOTH
- a chemical change in the brain
AND
- a structural change in the brain

- So…
Sometimes they can & sometimes they can’t

Four Truths About Dementia

- At least 2 parts of the brain are dying
- One related to memory & the one other
- It is chronic – can’t be fixed
- It is progressive – it gets worse
- It is terminal – it will kill, eventually
PET and Aging

PET Scan of 20-Year-Old Brain  PET Scan of 80-Year-Old Brain

ADEAR, 2003

- How You Do What You Do Matters!

Learning How to Communicate When Dementia is in the Picture
Communicating

- Using ALL Five Senses and Connectors

Understanding the world – FIVE Senses

- 1st – what you see
- 2nd – what you hear
- 3rd – what you feel/touch
- 4th – what you smell
- 5th – what you taste
Getting Info In – FIVE Senses

- 1\textsuperscript{st} – Vision
- 2\textsuperscript{nd} – Hearing
- 3\textsuperscript{rd} – Touch
- temperature
- texture
- pressure
- movement
- 4\textsuperscript{th} – Smells
- 5\textsuperscript{th} – Tastes

Giving Information

- 1\textsuperscript{st} – Show
- 2\textsuperscript{nd} – Tell
- 3\textsuperscript{rd} – Touch
- 4\textsuperscript{th} – Scents & Aromas
- 5\textsuperscript{th} – Tastes
Connect

- 1<sup>st</sup> – let them see you – use props & demo
- 2<sup>nd</sup> – use a FEW words – match to ‘show’
- 3<sup>rd</sup> – offer friendly touch then guide
- 4<sup>th</sup> – match then guide emotions to safety
- 5<sup>th</sup> – Know the person & use preferred name

PET and Aging

PET Scan of 20-Year-Old Brain  PET Scan of 80-Year-Old Brain

ADEAR, 2003
### Positron Emission Tomography (PET)
#### Alzheimer’s Disease Progression vs. Normal Brains

<table>
<thead>
<tr>
<th>Normal</th>
<th>Early Alzheimer’s</th>
<th>Late Alzheimer’s</th>
<th>Child</th>
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G. Small, UCLA School of Medicine.
Brain atrophy

- the brain actually shrinks
- cells wither then die
- abilities are lost
- with Alzheimer’s area of loss are fairly predictable
- … as is the progression
- BUT the experience is individual…

Learning & Memory Center
Hippocampus
BIG CHANGE

used with permission from The Broken Brain: Alzheimers, 1999 University of Alabama
Memory Loss

**Losses**
- Immediate recall
- Attention to selected info
- Recent events
- Relationships

**Preserved abilities**
- Long ago memories
- Confabulation!
- Emotional memories
- Motor memories

Understanding

**Losses**
- Can’t interpret words
- Misses some words
- Gets off target

**Preserved abilities**
- Can get facial expression
- Hears tone of voice
- Can get some non-verbals
- Learns how to cover
Understanding Language – BIG CHANGE

Hearing Sound – Not Changed
Auditory - Verbal Cues

- Keep it simple
- Directed
- Matched to visual cues

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used with permission from The Broken Brain: Alzheimer's, 1999 University of Alabama
Sensory Changes

- Losses
- Awareness of body and position
- Ability to locate and express pain
- Awareness of feeling in most of body
- Preserved Abilities
  - 4 areas can be sensitive
  - Any of these areas can be hypersensitive
  - Need for sensation can become extreme

Self-Care Changes

- Losses
- initiation & termination
- tool manipulation
- sequencing
- Preserved Abilities
  - motions and actions
  - the doing part
  - cued activity
Language

Losses
- Can’t find the right words
- Word Salad
- Vague language
- Single phrases
- Sounds & vocalizing
- Can’t make needs known

Preserved abilities
- singing
- automatic speech
- Swearing/sex words/forbidden words

Tactile – Touch Cues
- Touching a body part
- Handing the person an item
- Using Hand under hand assist
Hand-Under-Hand Assistance

Executive Control Center
Emotions
Behavior
Judgment
Reasoning
Impulse & Emotional Control

- Losses
  - becomes labile & extreme
  - think it - say it
  - want it - do it
  - see it - use it
- Preserved
  - desire to be respected
  - desire to be in control
  - regret after action

Vision Center – BIG CHANGES
Vision

- Losses
- Edges of vision – peripheral field
- Depth perception
- Object recognition linked to purpose
- SLOWER to process – scanning & shifting
- Preserved
- ‘see’ things in middle field
- Looking at… curious

Visual Cues

- Signs
- Pictures
- Props – Objects
- Gestures
- Facial expressions
- Demonstrations
Five Skill Areas

• Getting Connected
• Ways of Cueing & Helping
• Hand-under-hand Assistance
• Progression of Dementia
• Time Out Signal

Your Approach

- Use a consistent positive physical approach
- pause at edge of public space
- gesture & greet by name
- offer your hand & make eye contact
- approach slowly within visual range
- shake hands & maintain hand-under-hand
- move to the side
- get to eye level & respect intimate space
- wait for acknowledgement
Getting Connected

- Say Something Nice
- Form a Relationship FIRST!

Getting Connected

- Do Introductions
- Give your name … and you are…
- Give a compliment
- beauty, strength, brains
- Share something…
- “I’m from ____ and you are from….?”
- Make a positive observation
- “those are beautiful flowers/children…”
- Find out about the person
Ways of Cueing and Helping

- Visual Cues - Show
- Verbal Cues - Tell
- Tactile Cues - Touch

How you help...

- Sight or Visual cues
- Verbal or Auditory cues
- Touch or Tactile cues
How Do You Get Information from Residents About What They Want or Need or Think

- What they show you - how they look
- What they say – how they sound
- What they do – physical reactions

Progression of Dementia

- What Level Is the Person At?
Stages – in a positive way

Sapphires
- Diamonds
- Emeralds
- Ambers
- Rubies
- Pearls

GEMS
a positive approach…
- Sapphires – True Blue – Slower BUT Fine
- Diamonds – Repeats & Routines, Cutting
- Emeralds – Going – Time Travel – Where?
- Ambers – In the moment - Sensations
- Rubies – Stop & Go – No Fine Control
- Pearls – Hidden in a Shell - Immobile
Brain Failure

The person’s brain is dying
Three Reasons to Communicate

- Get something DONE
- Have a conversation
- Help with distress
Communication –
Getting the person to DO
Something

- Form a relationship FIRST
- Then Work on Task Attempt

Connect

- 1st – Visually
- 2nd – Verbally
- 3rd – Physically
- 4th – Emotionally
- 5th – Individually
To Connect

- Use the Positive Physical Approach

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- wait for acknowledgement
Hand-under-Hand
protects aging, thin, fragile, forearm skin

High Risk
Hand-Under-Hand Position

THEN – Connect Emotionally

- Make a connection
- Offer your name – ”I’ m (NAME) and you are…”
- Offer a shared background – “I’ m from (place) and you’ re from…”
- Offer a positive personal comment – “You look great in that ....” or “I love that color on you...”
THEN – Get it GOING!

- Give SIMPLE & Short Info
- Offer concrete CHOICES
- Ask for HELP
- Ask the person to TRY
- Break the TASK DOWN to single steps at a time

ALWAYS REMEMBER – V-V-T

- Always use this sequence to CUE:
  - VISUAL
  - VERBAL
  - TOUCH
- Make cues ‘bigger’ and SLOWER as the dementia progresses – pause longer
- GIVE FEEDBACK CUES – positive!!!!
Give SIMPLE INFO

- USE VISUAL combined VERBAL (gesture/point)
  - “It’s about time for… “
  - “Let’s go this way…”
  - “Here are your socks…”
- DON’T ask questions you DON’T want to hear the answer to…
- Acknowledge the response/reaction to your info…
- LIMIT your words – Keep it SIMPLE
- WAIT!!!!

When Words Don’t Work Well…

- Hand-under-Hand
  - Uses established nerve pathways
  - Allows the person to feel in control
  - Connects you to the person
  - Allows you to DO with not to
  - Gives you advance notice of ‘possible problems’
  - Connects eye-hand skills
  - Use the dominant side of the person
Use of Hand Under Hand

- Connecting – comforting and directing gaze
- Guiding and helping with movement
- Getting eye contact and attention
- Providing help with fine motor
- Offering a sense of control, even when you are doing almost everything

Use Supportive Communication

Repeat a few of their WORDS with a ? at the end
LISTEN…
Then –
• Offer EMPATHY
  • “Sounds like…
  • “Seems like…
  • “Looks like…
LISTEN…

AVOID
Confrontational QUESTIONS…
Use just a FEW words
Go SLOW
Use EXAMPLES…
Fill in the BLANK…
LISTEN!!!
More Supportive Communication…

- Validate emotions
- EARLY – “It’s really (label emotion) to have this happen” or “I’m sorry this is happening to you”
- MIDWAY – repeat their words (with emotion)
  - LISTEN for added INFO, IDEAS, THOUGHTS
  - EXPLORE the new info BY WATCHING & LISTENING
- LATE – CHECK OUT the WHOLE Body –
  - Face, posture, movement, gestures, touching, looking
  - Look for NEED under the words or actions

Once Connected & Communicating…

Move FORWARD
- ADD New Words…
- Move to a New Place – Location
- Add a NEW Activity

EARLY – Redirection
- Same subject
- Different focus

LATER – Distraction
- Different subject
- Unrelated BUT enjoyed
For ALL Communication

- If what you are trying is NOT working…
- STOP
- Back off
- THINK IT THROUGH... THEN
- Re-approach –
- Try something slightly different

Dementia can be treated

- With knowledge
- With skill building
- With commitment
- With flexibility
- With practice
- With support
- With compassion
What Do You THINK About Resistance Now?

What Can You Choose to DO?