

**Keep People Moving and Doing What Matters:** *Appreciating components that are needed to reduce fall risk and enhance person-centered programming in early to mid-stage dementia by making use of what remains and changing our behaviors and approaches*

**Audience:** PAC Community Members and those actively working in dementia care communities or agencies. This course is also open to rehabilitation professionals (OT, PT, recreational therapy) and restorative aides who have routine contact with PLwD.

**Purpose:** Develop the awareness, knowledge and skills to provide mobility guidance and assistance that reduces distress, improves responses and addresses needs in the early GEM States, using an ability-focused model.

Observe or practice hands-on techniques and strategies that promote and sustain safer movement patterns and use established routines and habits combined with spontaneous reactions to reduce fall risk, encourage engagement in regular mobility programming that fosters well-being and reduces a variety of health-related risks, and uses a partner approach in all mobility guidance rather than a directive approach.

Develop the awareness, knowledge, and skill to use environmental and task-related modifications combined with scheduled programming, and person-focused preferences to optimize the individual's quality of life and interactions.

**Examples:** Develop knowledge, skills, and strategies that are effective when working with individuals in Diamond and Emerald States who become acutely distressed and demonstrate negative reactions to efforts related to:

- mobilize or assist with movement
- stop or redirect movement into rest states
- provide support and guidance on IADLS such as community mobility, home care, yard or garden care, care of animals, children, or others, sports or exercise activities
- provide support and guidance on personal care such as bathing, dressing, grooming, oral hygiene, or eating for either safety or task engagement issues
- promoting better postural alignment and rotational and segmented actions that acknowledge possible discomfort and pain reactions without halting efforts

- engage in meaningful activities and interactions that promote movement as an essential component without a focus on the movement as an identified outcome by the person

Develop skills and strategies to reduce the risk of:

- fall-related injuries that occur in earlier stages of dementia
- personal injuries or emotional distress related to efforts in delivering intimate care for individuals who are in Diamond or Emerald State and are experiencing acute distress with care provider efforts
- immobility problems that lead to greater problems with incontinence, lack of intake, fear of falling, muscle weakness, muscle mass loss, weight gain, and joint discomfort and pain upon efforts to move
- reduction in active participation in personal care routines
- social isolation, lack of engagement in meaningful programming related to being active, and depressed or anxious affect

### **Outline:**

- A. Interactively review functional changes in mobility, sensory processing systems, and communication abilities that are key factors in early GEM States (early stage dementia – ACL 5 or ACL4) (.75 hr).
- B. Observe then discuss the use of observable visual, auditory, and movement behaviors that provide information about lost and retained abilities, distress state, personal preferences, and speed of reaction times in order to more accurately match and support the person functioning at Diamond or Emerald GEM States at the time of the planned interaction or activity (.75 hr).
- C. Rehearse using Positive Physical Approach (PPA), Positive Personal Connections (PPC), and Positive Action Starters (PAS) that match abilities to build a relationship in the moment for engaging in mobility-related opportunities and tasks for individuals in Diamond State as a small group experience (.75 hr).
- D. Rehearse using Positive Physical Approach (PPA), Positive Personal Connections (PPC), and Positive Action Starters (PAS) that match abilities to build a relationship in the moment for engaging in mobility-related opportunities and tasks for Emerald State (.75 hr).
- E. Observe or practice mobility assist skills and cueing support to be used in conjunction with mobility aids, furniture, and equipment (beds, toilets, bedside commodes, recliners, chairs, wheelchairs, etc.) to help a person in a Diamond State move and stop moving after establishing the interactive relationship (.75 hr).
- F. Observe or practice mobility assist skills and cueing support to be used in conjunction with mobility aids, furniture, and equipment (beds, toilets, chairs, couches, cars, bedside commodes, recliners, walkers, etc.) to help a person in an Emerald State move more effectively and safely or stop moving after establishing the interactive relationship (.75 hr).

- G. Use historical personal preferences, life story, and personality traits combined with evidence of current physical, emotional, and spiritual abilities and interests and support personnel and resource availability to develop daily routines and programs that meet needs, satisfy wants, and enhance life for individuals who are in a Diamond or Emerald State (.75 hour).
- H. Discuss the importance recognizing and practice responding to changing GEM States and the value of helping others recognize these shifts in order to change approaches, expectations, and plans to reduce distress or enhance comfort and connections through Diamond and Emerald States. (.75 hr)
- I. Review all areas of skill and knowledge development and plan for implementation and practice after the sessions (.5 hrs).
- J. Q & A and Evaluations of the Experience (.25 hr).

***Please note:*** This session is focused on mobility assistance skills. In this workshop, you can choose to either observe and notice abilities or can practice using your own physical body and multi-modal cueing to assist a person living with dementia with movement and activity support. If you have personal mobility limitations or distress/pain with movement or difficulty related to vision, hearing, speech, or sensory-motor processing, special accommodations can be made, **if** advance notice is provided and a plan of support is mutually agreed upon.