

Promoting High Quality Life and Care Support in the Later Stages of Dementia:
Understanding what is really needed to provide care, programming, and support that reduces fall-related injury risk, improves engagement, and increases comfort during care routines.

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 later GEM States, using an ability-focused model.

Recognize the value of PAC hands-on techniques and strategies that promote and sustain safer movement patterns and use spontaneous reactions to reduce fall risk, encourage balanced engagement in action and rest, and use a partnered approach to transfer and mobility device assistance.

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

Examples: Develop awareness and strategies that are effective when working with individuals in Ruby or Pearl State 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 the basics of personal care such as bathing, dressing, grooming, oral hygiene, or eating
- reposition
- engage in meaningful activities and interactions

Develop knowledge and strategies to reduce the risk of:

- fall-related injuries that occur in later stages of dementia
- personal injuries related to efforts in delivering intimate care for individuals who are in acute distress
- immobility problems such as pressure sore formation, pre-mature contracture formation, and pre-mature muscle mass and weight loss
- reduction in oral intake and refusal of oral care
- feelings of personal failure and loss of control or confidence experienced by care partners who cannot establish a relationship that promotes shared communication when someone is in Ruby or Pearl State

Outline:

- A. Interactively review functional changes in mobility, sensory processing systems, and communication abilities that are key factors in later GEM States (late stage dementia – ACL 2 or ACL1). (.75 hr)
- B. Observe and evaluate 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 Ruby or Pearl GEM States at the time of the planned interaction or activity using role play and care scenarios. (.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 Ruby State in small group simulations. (.75 hrs)
- 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 Pearl State in small groups. (.75 hr)
- E. Observe and evaluate the use of PAC supported 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 Ruby State move and stop moving after establishing the interactive relationship. (.75 hr)
- F. Observe and evaluate the use of PAC related 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 Pearl State move and 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 Ruby or Pearl State. (.75 hr)
- 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 until the end of life. (.75 hr)
- I. Review all areas of skill and knowledge development and plan for implementation and practice after the sessions. (.75 hr)
- 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.