



Creating a Therapeutic Environment



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1. Philosophy of care focused on well being – finding and holding the Comfort Zone
2. Being fluent in Alzheimer's
3. Drug free/minimal
4. Personalized interventions
5. Reduced Noise
6. Traditional Environmental Supports
7. Shift Change
8. Redefined "activity"
9. A process to enhance sleeping & waking
10. Restructured bathing

The focus of our attention will be these 5. There are certainly others but these five are key.

All behaviors happen for a reason

. . .not because of dementia!

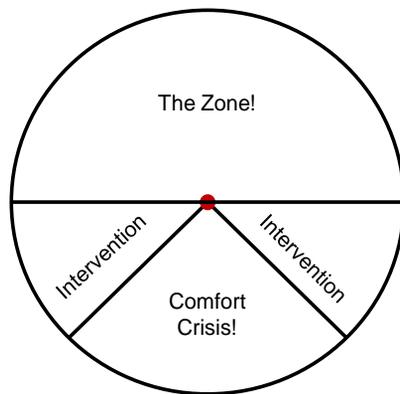
ALL Behaviors are a form of communication!



As staff who work with people with dementia we know that one of the most difficult parts of the job relates to dealing with challenging behaviors. Not just because it is disruptive but because it's difficult to see the people we care about in so much anguish. These behaviors can include hitting, slapping, kicking, punching, biting, spitting, crying, public displays of sexual needs, yelling, calling out, repeating the same question over and over and a host of other behaviors. Many people associate these behaviors with dementia and Alzheimer's disease but those of us who work with people with dementia know differently. What we have commonly come to understand is that all behaviors happen for a reason not necessarily because of dementia. Our job then, is to discover what is prompting the person to display these challenging behaviors. Highly skilled staff become experts in identifying the situations and stimulus that create or elicit challenging behaviors. Next slide



1. Finding & Holding “The “Zone”



The Zone

- Comfort
- Safety/Security
- Well being
- Therapeutic Environment

The Zone represents the center of well-being for residents. Apply personal interventions before a crises occurs!



The Big Thing

- If all behaviors happen for a reason and it isn't necessarily dementia that causes them
- ADDRESS the Un-met Need

The big thing to remember is that all behaviors happen for a reason and it isn't necessarily dementia that causes it

Reasons for Challenging Behaviors



Experts in the field of Alzheimer's and dementia behavior research have come to recognize that many of the behaviors that we see are actually caused by irritation within these four specific domains. The domains are 1. physical and emotional 2. environmental 3. communication and 4. tasks.

Watch for clues in the four domains

- Physical/emotional
- Environmental
- Task
- Communication





1. Philosophy of care focused on well being

- Engaged and purposeful life!
- Feeling free!
- Having pleasant experiences and friends
- Feeling reassured and safe



2. Being fluent in Alzheimer's

- Staff develop such a keen understanding of their residents that they understand their actions, words and expressions
- Can anticipate problems before they arise
- Can deliver through their own actions, words and expressions a deep sense of caring and love that comforts and supports the resident
- Described as KNACK-David Troxell & Virginia Bell (Best Friends Approach to Alzheimer's Care)

3. Drug free/minimal environment

- Black box warning states “Increased mortality”
- Antipsychotic medications are ineffective and dangerous in this population
- There is no chemical rationale for their use to “treat symptoms of dementia”



WARNING

Increased Mortality in Elderly Patients with Dementia-Related Psychosis — Elderly patients with dementia-related psychosis treated with a typical antipsychotic drug are at an increased risk of death compared to placebo. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. [this drug] is not approved for the treatment of patients with dementia-related psychosis.



4. Personalized Interventions

1. Easy access to personal intervention resources
 - a) Cubby with boxes filled with resident comfort items
2. Understanding of resident routines
3. Likes and dislikes
4. Knowledge of ways to support during uncomfortable tasks



5. Noise Reduction

- Identify & Measure
- Recognize the intrinsic benefits for residents and staff

Example: Bob's Secret!

- Bob's Special care unit
- 38 men/2 women
- Compared to a correctional facility
- 81 combative reportable events in 1 month





Outcomes

- Decreased the incidents of combative events 81-3
- Saved money on medication \$75k
- Hired activity staff person for 4-9 PM
- Decreased staff absentee rate by 41%

Example: ICP Pilot



- Listen to the sounds in your setting.
 - What do you hear?
 - From where is it coming?

Noises from food trucks, carts, staff calling to one another from hallways, overhead paging, all contribute to an industrial atmosphere that resembles a warehouse more than someone's home—a resident's home. Our own homes' are not without familiar sounds—creaking floors, laughing, TVs, radios playing, water through pipes but the level is usually within one's control and usually at a level agreed upon by those who dwell together. Noise in nursing homes is yet, another area that is outside of a resident's control.



6. Traditional Environmental Supports

- Ensure adequate lighting
- Soothing colors
- Limit glare
- Attention to temperature

7. Shift Change or periods of high activity

- Stagger departures
- No long goodbyes
- Don't put the words in their mouth



8. Restructured “Activities”

- Built from the Holistic Model and 5 essential needs
- In-house Day Care
 - 7:00 am -9:30 PM
 - Universal Workers
 - Clustered activities
- Meaningful/therapeutic activities
- Personalized interventions



9. Strategies for Sleeping & Waking *St. Elizabeth Home*

- Avoid sleep deprivation
- Shoot for 8-10 hours of continuous sleep
- Start with just one person-track their sleep patterns over two weeks
- Easy people first!
- Figure out food and meds
- Slowly spread as you are able



10. Strategies for Bathing



- ICP Pilot-
Spa/guest book
- Experiential
exercises