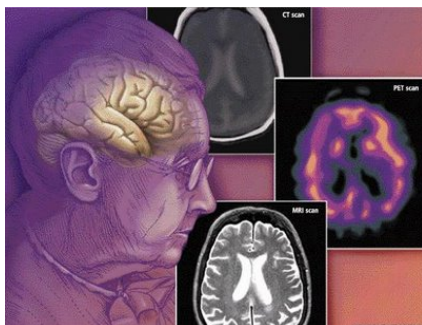


## 10 Years of Specialized Dementia Care Program

### Looking Back, Looking Forward



The Specialized Dementia Care Program (SDCP) began in November 1999. At the time, there was little research or literature on specialized dementia care in the residential setting. Since then, there has been significant advancement related to knowledge and care practices. For example:

#### Medical care

- Medications that temporarily slow the worsening of symptoms for some people
- Studies show that active medical management (e.g. appropriate use of treatment options, effective treatment of co-existing conditions) of AD and other dementias can improve quality of life

#### Earlier and more specific diagnosis

- Impacts the use of medications when they can be most effective

- Allows the person to have input about their own future
- Allows the person, with their family, to plan legally, financially, practically
- More specific diagnoses (e.g. Lewy Body Dementia, Pick's Disease, etc.) and better understanding of these allows for better care and treatment

#### Better Understanding of Clinical Care Issues

- Studies on recognizing critical needs in dementia care, resulting in more knowledge on how to respond to:
  - Depression
  - Pain
  - Behaviors
  - Nutrition/hydration
  - Quality of Life

#### Development of Guidelines/Standards

- Alzheimer's Association Key Elements (1999)
- Washington's SDC Pilot Project Standards (1999/2003)
- Alzheimer's Society/United Kingdom (2001)
- Alzheimer's Association Campaign for Quality Residential Care (2006)
- Alzheimer's Australia (2007)

(Continued on Page 3)

## Building Relationships with Residents' Families



### New SDCP workshop coming this April!

Family members are often present in specialized dementia care settings. A good relationship with the family can help staff get to know and understand the resident and help provide better care. Since family members, are each unique, it takes skill and effort to build effective relationships.

This workshop provides a 'module' of content to:

- Help your staff better understand and respond to family caregivers' actions and reactions.
- Offer practical tools and strategies for building more effective relationships.

Attendees will:

- Identify the challenges of working with families.
- Explore underlying issues that contribute to these challenges.
- Learn and practice skills staff can use in partnering with families.
- Identify strategies that build quality relationships.

For more information or to register go to:

[www.peopleware.net/2697](http://www.peopleware.net/2697)



## Activity Based Alzheimer's Care

Patricia E Johnson, Executive Director Clare Bridge of Spokane

John Norris's profound comment about dementia bears repeating, "Alzheimer's disease (dementia) is a uniquely human disorder; it affects exactly those things that makes us human."

A person-centered activity program assists in preserving the "sense" of self as we continue to honor the individual. It is not a calendar of events but an organized approach to living a meaningful life.

The cornerstone of good dementia care best practices includes an activity program that adapts to the individual's highest level of abilities, recognizes that one size does not fit all, is flexible, and focuses on a goal of enjoyment and be meaningful. The process is more important than the result.

All resident's have the right to lead valued and productive lives. Activity programs must be adjusted to the stages of the disease. A balanced program includes time for life skills, exercise, reminiscing, is creative, includes physical movement, includes

music, intergenerational, sensory elements, music, socialization, spiritual enrichment and allows time for the resident to participate to their ability. It can be pure entertainment or as simple as making one's bed, sitting quietly on a patio and taking a nap.

Make activities failure free. Participation should be voluntary. Provide verbal, physical or gesture cueing, providing only the assistance that the resident needs to complete the task. Tap into over-learned movements.

### Activities with purpose.

**Indoor Activities Are More Than BINGO**  
Dusting, folding laundry, washing dishes, cleaning and clearing the table after a meal, sweeping the floor, vacuuming, organizing cupboards, washing the windows, office tasks, organizing, sorting, being a hostess, arranging flowers, writing notes, sending notes, leading a group discussion, helping children and work bench activities, attending church, eating ice cream, reading the recipe and baking cookies...just living!

### **Outside...A Space of Freedom**

Watching the birds, filling bird feeders, swinging in a porch swing, sweeping the walk, gardening, enjoying a sunset, a walk in the park,

### **Resources:**

[www.alz.org](http://www.alz.org)

[www.alzstore.com](http://www.alzstore.com)

[www.dolls4alzheimers.com](http://www.dolls4alzheimers.com)

[www.activityconnection.com](http://www.activityconnection.com)

## CQI Corner: Measuring Your Activity Program

One way to measure a client's engagement during an activity is to use an engagement scale. For each question the answer may be either :

- A) Not at All
- B) Up to 1/2 of the time
- C) More than 1/2 of the time



Observe a number of different clients in a number of different activities and ask, did the client:

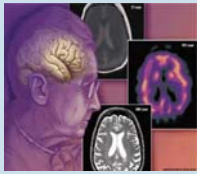
1. Participate in the activity?
2. Comment on the activity?
3. Listen/watch the activity?
4. Attend to other things during the activity?
5. Sleep/keep eyes closed/stare into space?
6. Show signs of pleasure? (laugh, smile)?

From: *Montessori Based Activities for Persons with Dementia*

For more information on this engagement scale of sample forms send an email to [Fickejw@dshs.wa.gov](mailto:Fickejw@dshs.wa.gov)

*Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.*

- William A. Foster



# 10 Years of Specialized Dementia Care Program Looking Back, Looking Forward

(cont. from page 1)

## Commonly Accepted & Best Practices

Research and experience have led to a clearer picture of what quality dementia care looks like. The value and importance of the following elements emerge:

- Understanding behaviors as communication
- Person Centered Care
- Assessment—holistic including families
- Improving Clinical Care/Nursing
- Social relationships & activities
- Knowledgeable staff, skills training
- Environment & safety

## Attitude Shift

- From being a “terminal” disease, for which not much can be done to being viewed more as chronic illness
- Focus on *living well* with dementia
- Improving quality of care, quality of life

## More training resources

- Dementia Specialty Training in Washington, original 1998, revised 2006
- Alzheimer’s Association Campaign, subsequent trainings available through Chapters
- SDCP Support Program (2006), workshops, web, educational materials
- More dementia training resources available

## Emerging Advancements

- Quality improvement in long term care
- End of life/palliative care
- Falls prevention

Washington State’s Specialized Dementia Care Program continues to lead the way in making this specialized service available through Medicaid funding.

One of our primary goals is to explore and offer ways to continuously improve quality – to make sure that you have what you need to implement best practices and emerging advancements. It’s always exciting to hear about the new ideas and practices you’re implementing.

As we look forward to our 10<sup>th</sup> anniversary in November, we hope to offer more opportunities for you. Watch for announcements of training and take advantage of these workshops to learn new information and share your ideas and successes with other SDCP professionals.

Resources mentioned:

[Medications Fact Sheet](#)

[Alzheimer’s Association - Campaign for Quality Care \(Phase 1 &2, Phase 3\)](#)

[Alzheimer’s Australia - Quality Dementia Care Papers & A Guide to Practice for Managers](#)

[Alzheimer’s Society \(UK\)](#)

[Lewy Body Dementia Association](#)

[Association for Frontotemporal Dementia \(Pick’s\)](#)

**Look for us on the web:**

[Specialized Dementia Care Program  
in Boarding Homes](#)