



**Hand in Hand: A Training Series for Nursing Homes
Instructor Guide**

Module 1: Understanding the World of Dementia: The Person and the Disease

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Methodology

This module uses lecture, interactive discussion and exercises.

(Total Time: 60 minutes)

Estimated Time	Lecture/Discussion	Page
1 minute	Welcome	4
5 minutes	Warm-Up Exercise: Human Scavenger Hunt	6
1 minute	Module Objectives.....	10
20 minutes	What Is Dementia?	16
10 minutes	Types of Dementia	54
13 minutes	Understanding Persons with Dementia	84
10 minutes	Conclusion.....	106

Appendix

	Page
Training Follow-Up Activities.....	A-2
Handout: Human Scavenger Hunt	A-3
Handout: Human Scavenger Hunt—Resident	A-5
Handout: Brain Coloring Exercise.....	A-7

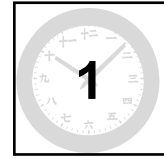
Training Resources

- Television with DVD player or computer with DVD player and LCD projector.
- Module 1 DVD.
- Module 1 Instructor Guide.
- Easel chart with markers.
- Pens, pencils and crayons.
- Prizes (optional).
- Writing tablets.

Instructor Preparation

- Review the Instructor Guide and DVD. Practice exercise delivery. Rehearse with DVD. Print copies of the handouts.

I. Welcome



Welcome to Module 1: Understanding the World of Dementia: The Person and the Disease—Slide 1 of 5

Instructor Guidance:



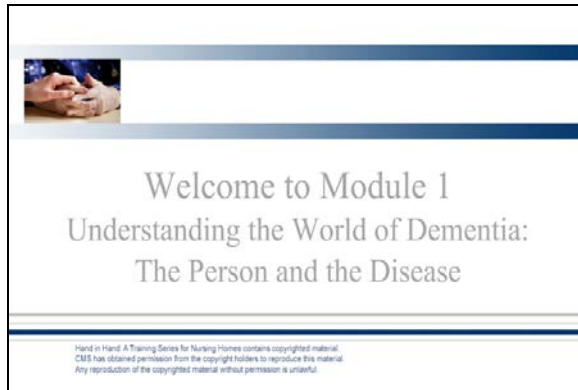
If the participants do not know each other, have each participant state his or her name, position and where he or she works in the nursing home.

So that you can have some flexibility in introducing this module, there isn't a specific script for the welcome. Instead, you will find a DO action that outlines the topics to cover on the welcome screen. You will want to ensure that students are comfortable, that they know who you are and that they understand that Module 1: Understanding the World of Dementia: The Person and the Disease will take approximately one hour to complete.

Be sure to pass out a sign-in sheet to track attendance.

Notes:

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Slide 1 of 5

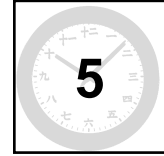
Welcome to Module 1: Understanding the World of Dementia: The Person and the Disease

DO

- Greet participants.
- Welcome participants to the training.
- Have participants introduce themselves (if they don't know each other).

Notes:

II. Warm-Up Exercise: Human Scavenger Hunt



Warm-Up Exercise—Slide 2 of 5

Instructor Guidance:



Instructor Goals

- To encourage participants to become comfortable talking to one another.
- To help participants get to know one another better.

Materials Needed

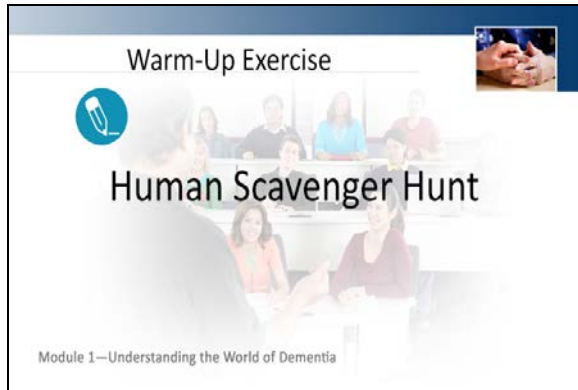
- Human scavenger hunt worksheet.
- Prizes.

The human scavenger hunt worksheet can be found in the Appendix, page A-3. You will need to make one copy for each participant.

You might want to give an example about yourself. This opens you up to sharing personal information and allows participants to get to know you better.

Notes:

Large gray rectangular area for taking notes.



Slide 2 of 5

Warm-Up Exercise

SAY

This exercise is called the human scavenger hunt. It will help you get to know each other.

DO



Pass out the human scavenger hunt worksheets, placing them face down.

Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

SAY

The human scavenger hunt worksheet lists six things that you can find out about your coworkers. In a moment you will be instructed to move around the room and talk to others in the class. The goal is to find someone who fits each description listed on your sheet and write his or her name down. For example, find someone who likes soda in the morning instead of coffee or tea and write that person's name in the blank.

Remember, you are trying to fill in all the blanks with names. The person who completes his or her sheet first will win a prize. Any questions? Great, let's begin.

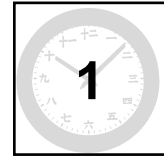
DO

Read the winning participant's responses to the class.

Notes:

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III. Module Objectives



Module Objectives—Slide 3 of 5

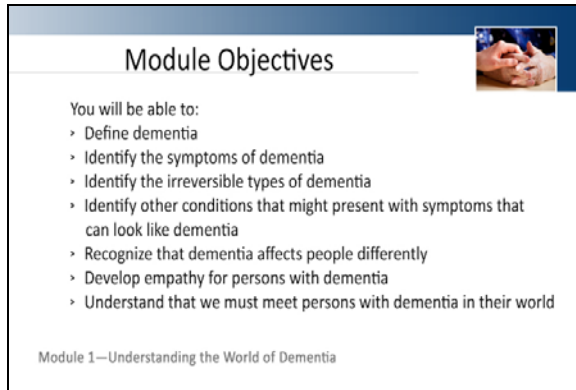
Instructor Guidance:



It's important to set participant expectations by stating the module objectives. It is not necessary to explain the objectives on this screen; you are only introducing the anticipated instructional outcomes. Remember, this screen should take only about one minute.

Notes:

A large, empty gray rectangular area provided for taking notes.



The slide is titled "Module Objectives" and features a small image of hands clasped together in the top right corner. The text on the slide lists seven objectives for the module. At the bottom left, it reads "Module 1—Understanding the World of Dementia".

Module Objectives

You will be able to:

- > Define dementia
- > Identify the symptoms of dementia
- > Identify the irreversible types of dementia
- > Identify other conditions that might present with symptoms that can look like dementia
- > Recognize that dementia affects people differently
- > Develop empathy for persons with dementia
- > Understand that we must meet persons with dementia in their world

Module 1—Understanding the World of Dementia

Slide 3 of 5

Module Objectives

SAY

Dementia is not a specific disease. It is a term that describes a wide range of disorders and symptoms associated with a decline in memory and at least one other thinking skill such as concentration, orientation, language, judgment, visuospatial skills or sequencing. In this training, we are going to talk specifically about dementia among nursing home residents.

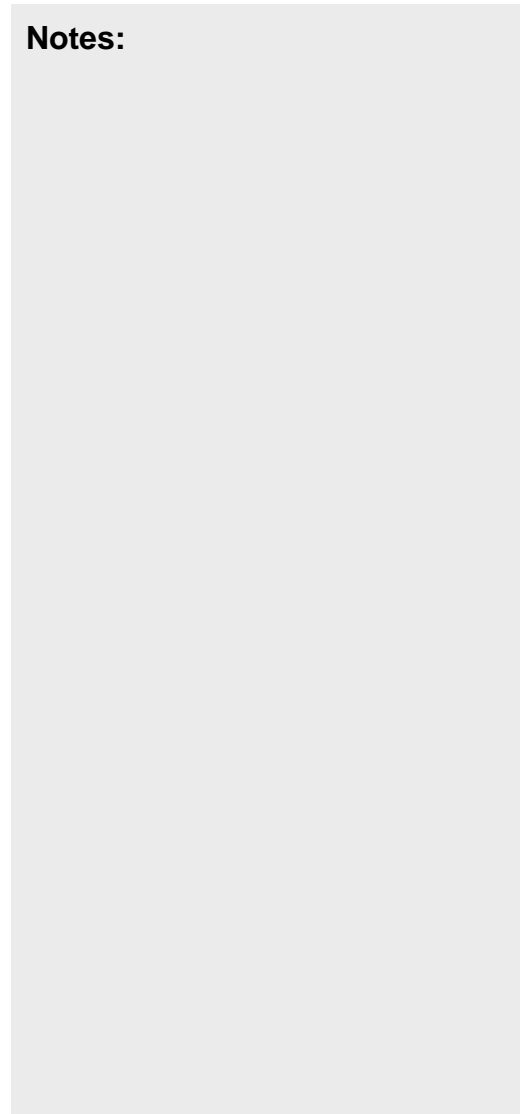
By the end of this module, you will be able to:

- Define dementia.
- Identify the symptoms of dementia.
- Identify the irreversible types of dementia.
- Identify other conditions that might present with symptoms that can look like dementia.

Notes:

- Recognize that dementia affects people differently.
- Develop empathy for persons with dementia by better understanding their condition.
- Understand that we must meet persons with dementia in their world.

Notes:



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Module 1 Menu

Module 1 Menu—Slide 4 of 5

Instructor Guidance:



The menu screen allows you to easily navigate through the module by selecting the lesson you want to present. At the end of the module, you can click the forward arrow at the bottom of the screen to Module 1 Video Clips. These are the same video clips used in the lessons; they are available to you for review and discussion once all lessons have been covered.

Notes:

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Slide 4 of 5

Module 1 Menu

SAY

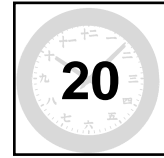
Let's get started with the first lesson, What Is Dementia?

DO

On the menu, click the first lesson, What Is Dementia?

Notes:

IV. What Is Dementia?



What Is Dementia?: Goals—Slide 1 of 11

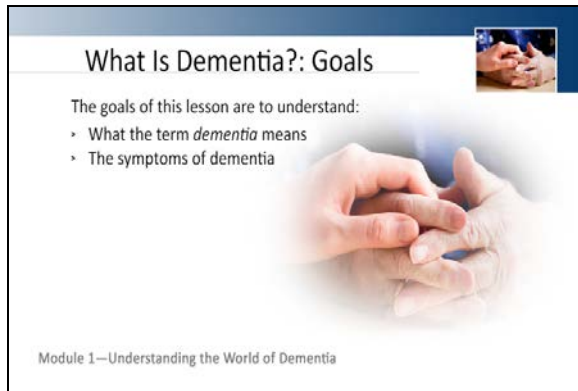
Instructor Guidance:



The goal of sharing this information is for the participants to understand the term *dementia* and the symptoms commonly associated with dementia.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 1 of 11

What Is Dementia?: Goals

SAY

The goals of this lesson are to help you understand the term *dementia* and the symptoms commonly associated with dementia.

Notes:

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What Is Dementia?—Slide 2 of 11

Instructor Guidance:



The most common question at most trainings about dementia is, What is the difference between Alzheimer’s and dementia?



If you are comfortable that the participants have an idea of the difference, begin by asking:

What is dementia?

You can then follow up with:

Do you know the difference between dementia and Alzheimer’s disease?



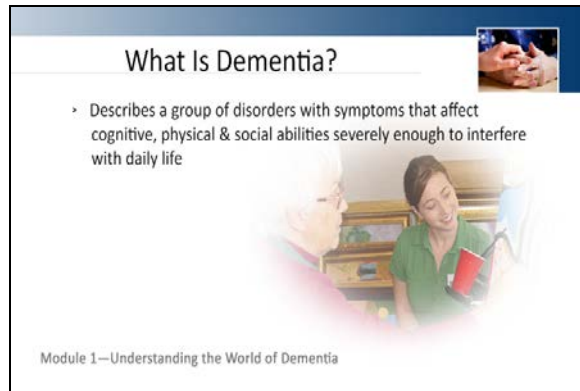
- Dementia is an umbrella term and Alzheimer’s disease is one of the types of dementia under the umbrella of dementia.



The Alzheimer’s Association defines dementia as “a general term for loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by physical changes in the brain.”¹

Notes:

¹ Alzheimer’s Association, *What Is Dementia*, <http://www.alz.org/what-is-dementia.asp>.



Slide 2 of 11

What Is Dementia?

SAY

Today’s lesson is about understanding dementia and the world of residents who have dementia.

Dementia isn’t a specific disease. Instead, think of dementia as a broad umbrella term that covers a group of disorders with symptoms that affect a person’s cognitive, physical and social abilities severely enough to interfere with the person’s daily life.

Notes:

Who Gets Dementia?—Slide 3 of 11**Instructor Guidance:**

It is important that participants understand that dementia is not a normal part of aging.

Dementia is considered a late-life disease because it tends to develop mostly in older people. However, people in their 30s, 40s or 50s can also have dementia. At age 65, about 5–8 percent of people have some form of dementia, and this number doubles every five years above that age. Two-thirds of people with dementia are women, but this is partly because women live longer and the risk of developing dementia increases with age. It is estimated that as many as half of people 85 or older have dementia.²

Notes:

² Cleveland Clinic, *Types of Dementia*, http://my.clevelandclinic.org/disorders/dementia/hic_types_of_dementia.aspx.



Who Gets Dementia?

- > Not a normal part of aging
- > Most common after age 65
- > Younger people can have dementia

Module 1—Understanding the World of Dementia

The slide features a photograph of four elderly individuals: a woman in a white top, a man in a green shirt, a man in a white shirt, and a woman in a white top. A small inset image in the top right corner shows two hands clasped together.

Slide 3 of 11

Who Gets Dementia?

SAY

Most people with dementia are older, but it is important to remember that not all older people get dementia. Dementia is *not* a normal part of aging. Dementia can happen to anyone, but it is more common after the age of 65. However, people in their 30s, 40s or 50s can also have dementia.

Notes:

Symptoms of Dementia—Slide 4 of 11

Instructor Guidance:

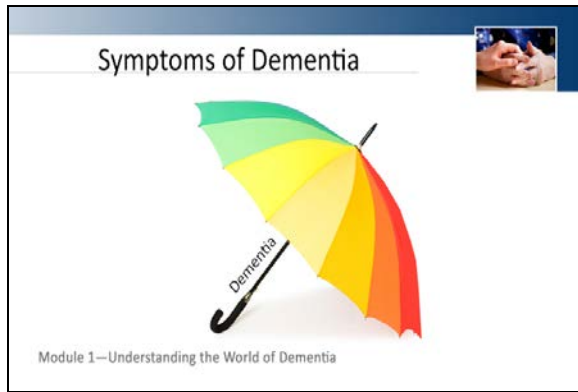


The importance of discussing each of the symptoms of dementia is to help participants understand that the actions and reactions of the residents are a result of the dementia, not something they are doing intentionally.

Each time you click the forward arrow, a new symptom will appear on the umbrella. Explain each one to the participants, using the guidance provided.

Notes:

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Slide 4 of 11

Symptoms of Dementia

SAY

Think of dementia as an umbrella, covering several different symptoms.

DO

Click the forward arrow to advance to the first symptom.

Notes:

Symptoms of Dementia: Memory—Slide 4 of 11**Instructor Guidance:**

The American Heritage Stedman’s Medical Dictionary defines memory as “the mental faculty of retaining and recalling past experience based on the mental processes of learning, retention, recall, and recognition.”³

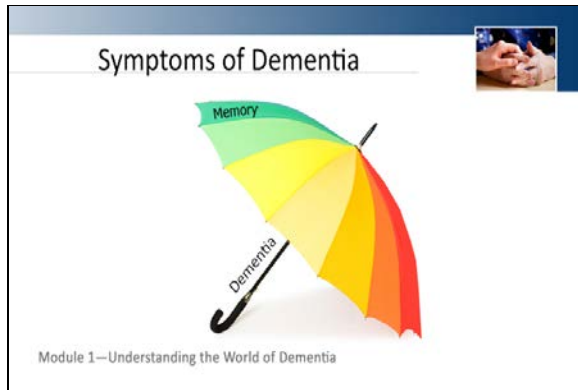
The hippocampus in our brain is shaped like a seahorse. This is the area of the brain that helps to decide if a short-term memory will become a long-term memory. Scientists believe that this is the first area that is affected by Alzheimer’s disease, the most common form of dementia. Sometimes people with dementia will not be able to remember things that just happened (such as what they ate at their most recent meal, or whether their daughter visited yesterday). However, those same residents may remember things from many years ago if they were important memories (such as major family or life events).



You may want to ask participants whether they have any experience with residents with memory loss.

Notes:

³ *The American Heritage Stedman’s Medical Dictionary* (Boston: Houghton Mifflin Company, 1995), 502.



Slide 4 of 11

Notes:

Symptoms of Dementia: Memory

SAY

Memory. This is the number one symptom that we've all seen. Each of us can identify residents who have memory loss.



ASK

Do you have any personal experiences dealing with residents with memory loss?

DO

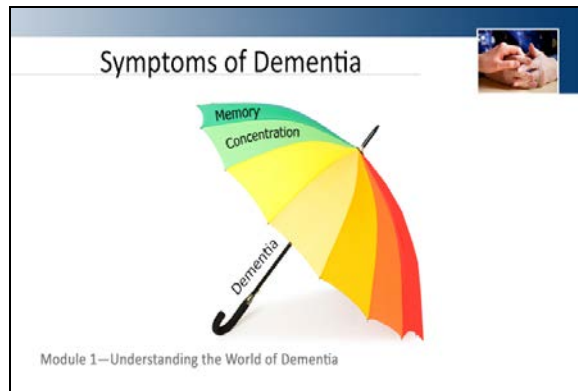
Click the forward arrow to advance to the next symptom.

Symptoms of Dementia: Concentration—Slide 4 of 11**Instructor Guidance:**

Concentration is the ability to focus one's attention.

As their symptoms progress, persons with dementia will avoid activities that require concentration. Imagine reading a book. It is very difficult to enjoy a mystery if you can't focus on the characters and remember what you just read four pages ago.

Notes:



Slide 4 of 11

Symptoms of Dementia: Concentration

SAY

Concentration. Mr. B used to enjoy sitting in the living room area and watching detective shows, but he doesn't seem to have much interest anymore. Now when you turn to his show, he sits for a bit and then gets up and goes to his room. Mr. B may be having trouble concentrating on the plot. His memory loss and lack of concentration make it almost impossible for him to follow the storyline and to understand what's happening.

DO

Click the forward arrow to advance to the next symptom.

Notes:

Symptoms of Dementia: Orientation—Slide 4 of 11

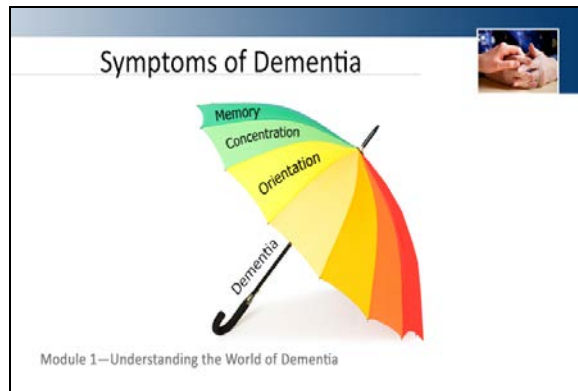
Instructor Guidance:



We typically think of orientation as “orientation to time, place and person”—this means a person’s awareness of who and where he or she is, what time/date it is and who other people are.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 4 of 11

Symptoms of Dementia: Orientation

SAY

Orientation to who, when and where. Residents may not be able to understand where they are, who they are, the date or day, or even what time it is. A resident may come out of her room at 9:00 p.m. fully dressed and looking for breakfast, thinking that it is morning instead of evening. She may think it's the year 1944. She may be looking for her mother or her children. This is *her* world.

DO

Click the forward arrow to advance to the next symptom.

Notes:

Symptoms of Dementia: Language—Slide 4 of 11**Instructor Guidance:**

Dictionary.com defines language as “any system of formalized symbols, signs, sounds, gestures, or the like used or conceived as a means of communicating thought, emotion, etc.”⁴

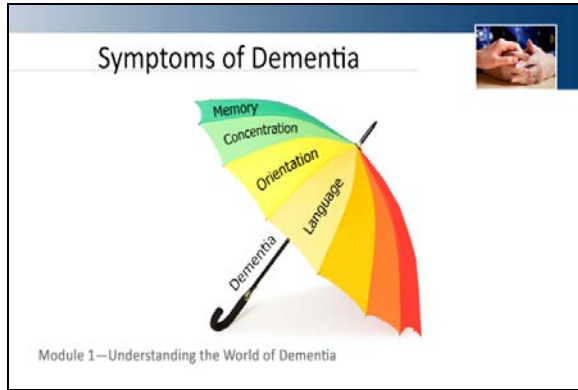
Think about how frustrating it is when you can’t find the word you want to say—especially when someone finishes your sentence for you and it is not what you were trying to say.



Add a personal story, if you have one, about someone who had a challenge with language. Ask the participants if they have any personal stories.

Notes:

⁴ Dictionary.com, <http://dictionary.reference.com/>.



Slide 4 of 11

Notes:

Symptoms of Dementia: Language

SAY

Language. Have you noticed any of our residents having difficulty with their speech? Trying to find a word and it just isn't there? Saying *cat* when they are pointing to a chair? You will notice that their ability to understand what you are saying and to communicate what they are trying to say gets worse with time.



ASK

Do you have any personal stories or experiences with residents who have had a challenge with language?

SAY

Remember, not everyone who experiences a problem with language and expressing himself or herself has dementia. Isolated language problems can occur with certain diseases affecting the brain, such as a stroke that just affects the language center.

DO

Click the forward arrow to advance to the next symptom.

Notes:



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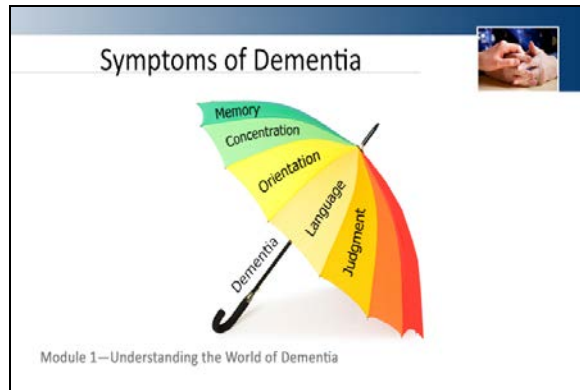
Symptoms of Dementia: Judgment—Slide 4 of 11**Instructor Guidance:**

Dictionary.com defines judgment as “the ability to judge, make a decision, or form an opinion objectively, authoritatively, and wisely, especially in matters affecting action; good sense; discretion.”⁵

If possible, use examples of residents from your own nursing home who exhibit these symptoms of dementia. Real-world examples will help make the training more relevant and meaningful for participants.

Notes:

⁵ Dictionary.com, <http://dictionary.reference.com/>.



Slide 4 of 11

Symptoms of Dementia: Judgment

SAY

Judgment. We know not to touch a cookie tray when it has just come out of the oven. We know to put on shoes when we're going out in the snow. A person with dementia, though, may not be able to make these simple decisions. The judgment skills of a person with dementia will get increasingly worse as his or her condition worsens.

DO

Click the forward arrow to advance to the next symptom.

Notes:

Symptoms of Dementia: Visuospatial Skills—Slide 4 of 11**Instructor Guidance:**

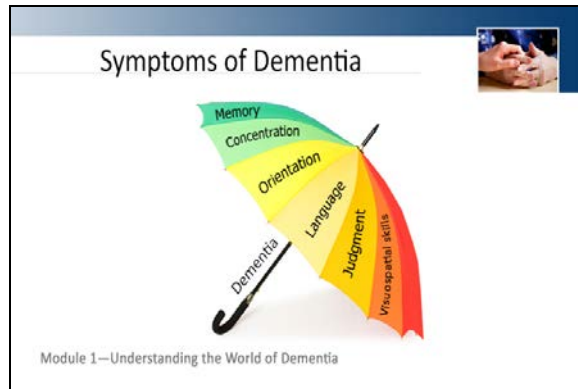
Visuospatial ability refers to the mental process of how we make sense of what we see and how objects relate to each other.

It is not important that participants know the word visuospatial. It is important, however, for them to be able to recognize that a resident is having these challenges. The resident may see a step where there isn't one, or may be afraid to walk on a shiny floor, thinking it is wet. He or she may avoid a stain on a carpet, seeing it as a hole or a muddy puddle.

The point is to be ready to assist those residents that participants know have challenges. A person who can walk just fine can fall very easily if he or she is trying to jump over a black hole.

If possible, use examples of residents from your own nursing home who exhibit these symptoms of dementia. Real-world examples will help make the training more relevant and meaningful for participants.

Notes:



Slide 4 of 11

Symptoms of Dementia: Visuospatial Skills

SAY

Visuospatial skills help us figure out how objects relate to one another; in other words, they help “make sense of what you see.” Those skills decline in persons with dementia.

We are going to learn more about these two last symptoms by looking at some video clips.

Notes:

Play Video Clip: Visuospatial Skills—Slide 5 of 11

Instructor Guidance:



This lesson uses two video clips to portray dementia symptoms.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

Use the discussion questions to help participants process what they saw.

Notes:

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Slide 5 of 11

Play Video Clip: Visuospatial Skills

SAY

This video shows a resident who is experiencing a decline in visuospatial skills.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 6 of 11

Instructor Guidance:



Using the characters’ names from the video makes them more human and real to the participants.



What did you see happening in that clip?



- Mrs. Caputo was afraid to step on the black squares.



What was Lynne’s reaction?



- She didn’t get upset and she didn’t make Mrs. Caputo feel foolish. Instead, she helped her around the black squares.



If the participants don’t recognize that Mrs. Caputo thought the black squares were a hole or a wet area, consider asking a follow-up question such as:

Does anyone know why Mrs. Caputo might not want to step on the black squares?

You want the participants to realize that Mrs. Caputo is having trouble understanding what she sees. She may be seeing the black squares as holes in the ground. Another person with dementia may see them as wet and slippery. Explain to participants that they may also see residents stop at the end of one type of carpet and not want to continue. Flooring can make a big difference to persons with dementia.

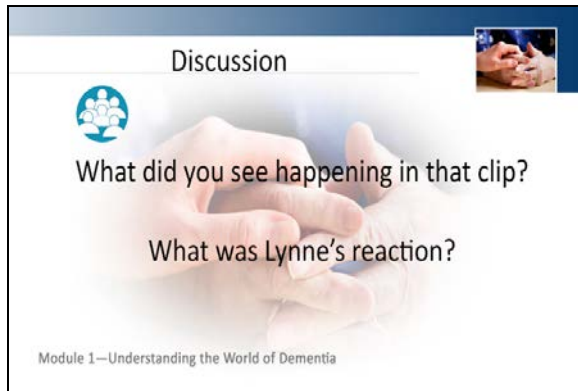
Notes:

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You also want the participants to think about the aide's behavior in the video. It will help them to start thinking about their own behavior. We will discuss behavior in more depth in later modules.

Notes:

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Slide 6 of 11

Notes:

Discussion



ASK

- What did you see happening in that clip?
- What was Lynne's reaction?

Symptoms of Dementia: Sequencing—Slide 7 of 11

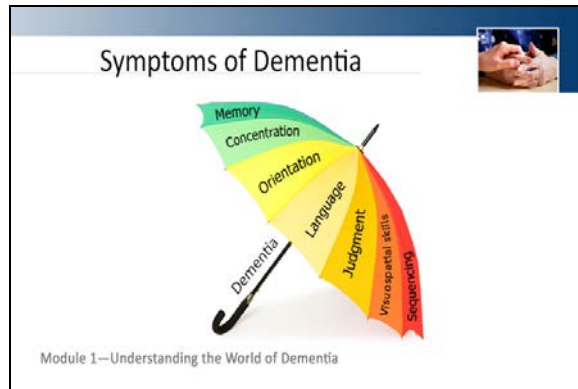
Instructor Guidance:



The American Heritage Stedman’s Medical Dictionary defines sequencing as “following one thing after another, succession.”⁶

Notes:

⁶ *The American Heritage Stedman’s Medical Dictionary* (Boston: Houghton Mifflin Company, 1995), 754.



Slide 7 of 11

Symptoms of Dementia: Sequencing

SAY

Sequencing. Sequencing means being able to do things in a certain logical order. There are many things we do every day without even thinking about them—they are natural for us. For a person with dementia, even the sequence for performing a basic activity can become confusing and complicated.

Let's look at a video clip about sequencing.

Notes:

Play Video Clip: Sequencing—Slide 8 of 11

Instructor Guidance:



When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

After the clip, ask the discussion questions to help participants process what they saw.

Notes:

A large, empty gray rectangular box intended for taking notes during the video clip.



Slide 8 of 11

Play Video Clip: Sequencing

SAY

This video clip shows a resident who is experiencing a decline in sequencing skills.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 9 of 11**Instructor Guidance:**

What did you see happening in that clip?



- Mrs. Caputo knew that she needed to put on all the clothes on the bed, but she couldn't determine the sequence for putting them on.



What was Heather's reaction?



- She didn't get upset. She was calm and didn't make Mrs. Caputo feel foolish.



Some people with dementia will put on underwear outside their clothes or put on a sweater first and then a blouse. They know which clothes they need to put on, but they can no longer figure out the correct order.



It is acceptable for you to coach the participants to the correct answers. Ultimately, you want to make sure that either you or the participants acknowledge the following:

Mrs. Caputo has the ability to dress herself if the clothes are laid out and the instructions are clear. Her increasing dementia symptoms may be making it more and more difficult for her to get dressed without assistance.

Notes:



Discussion

What did you see happening in that clip?

What was Heather's reaction?

Module 1—Understanding the World of Dementia

Slide 9 of 11

Discussion



ASK

- What did you see happening in that clip?
- What was Heather's reaction?

SAY

One thing I want to point out to you is that the aide, Heather, let Mrs. Caputo get dressed on her own. When Heather came in, she saw that Mrs. Caputo was trying to put her sock on over her shoe. She calmly removed the sock, handed it to Mrs. Caputo, and then helped her with her shoe. She let Mrs. Caputo put her sock on herself. This is an example of giving the resident just the right amount of assistance—not too much, not too little.

Notes:

Symptoms of Dementia: Review—Slide 10 of 11

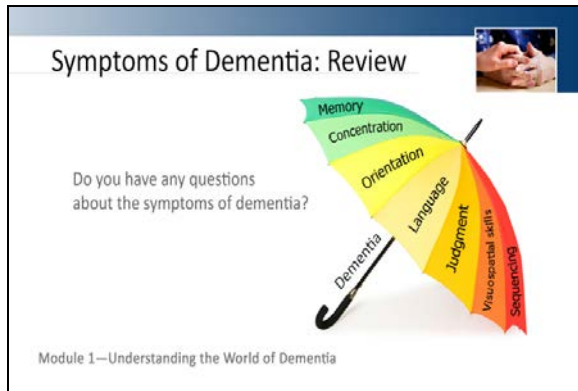
Instructor Guidance:



Ask the participants if they have any questions about any of the symptoms of dementia.

Notes:

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Slide 10 of 11

Symptoms of Dementia: Review

SAY

Here we see all of the symptoms of dementia that we discussed.



ASK

Do you have questions about any of them?

Notes:

What Is Dementia?: Summary—Slide 11 of 11**Instructor Guidance:**

It is important to ensure that all of your participants understand the definition of dementia and the symptoms of dementia before moving on.

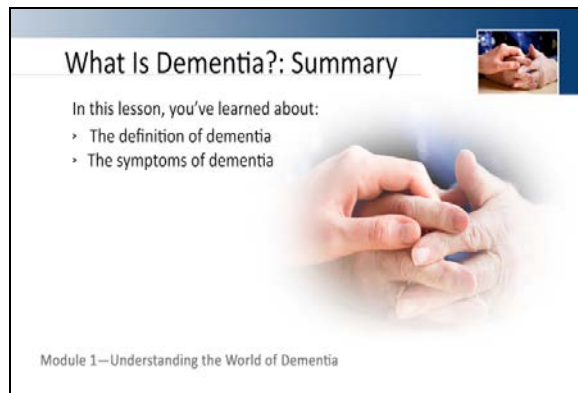


Based on what we've learned about the symptoms of dementia, why might it be difficult for a person with dementia to get dressed in the morning?



- Memory—She can't remember what the aide said or what to wear.
- Concentration—She can get her pants on but can't get her top on because she has lost her concentration on the task.
- Orientation—She may think it is night instead of morning.
- Language—She may not have understood the aide's instructions.
- Judgment—She may want to wear clothes that are not appropriate for the season or may try to wear her roommate's clothes.
- Visuospatial skills—The clothes may look like they blend in with the bedspread and she cannot see them.
- Sequencing—Remember the video.

Notes:



Slide 11 of 11

Notes:

What Is Dementia?: Summary



SAY

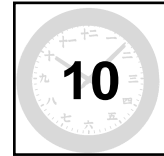
In this lesson we have learned that dementia is an umbrella term that covers a group of disorders with symptoms that make normal life increasingly difficult for our residents. We have learned that we need to be there for our residents, to assist them as their dementia symptoms worsen.



ASK

Based on what we've learned about the symptoms of dementia, why might it be difficult for a person with dementia to get dressed in the morning?

V. Types of Dementia



Types of Dementia: Goal—Slide 1 of 9

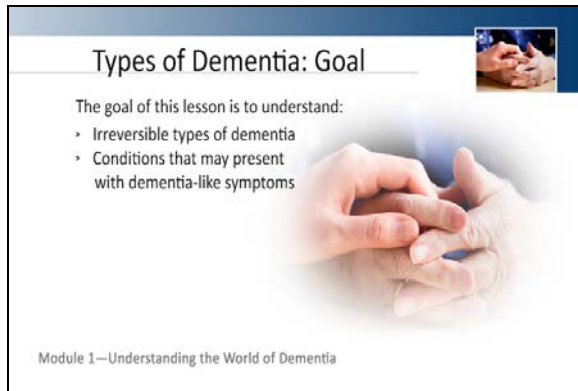
Instructor Guidance:



The goal of this lesson is to understand the irreversible types of dementia and conditions that may present with dementia-like symptoms.

Notes:

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Slide 1 of 9

Types of Dementia: Goal

SAY

The goal of this lesson is for you to understand the irreversible types of dementia and conditions that may present with dementia-like symptoms.

Notes:

Types of Irreversible Dementia—Slide 2 of 9

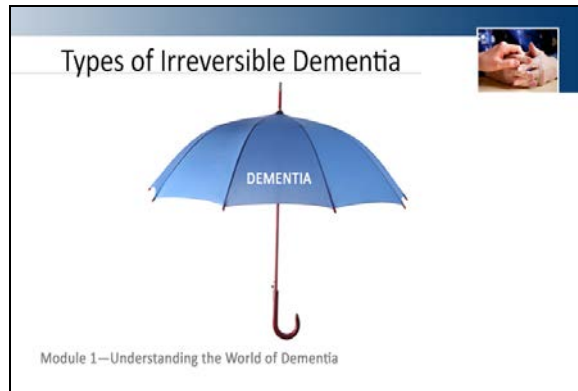
Instructor Guidance:



There are many types of irreversible dementia. Alzheimer’s is the most common. Vascular dementia, mixed dementia (which is typically a combination of Alzheimer’s and vascular dementia), Parkinson’s disease and Lewy body are other types of irreversible dementia.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 2 of 9

Types of Irreversible Dementia

SAY

There are several types of irreversible dementia; they are progressive and will continue to get worse. While medications can slow the progression of these types of dementia, they are not a cure.

We can think of these different types of dementia as being under the umbrella of dementia.

DO

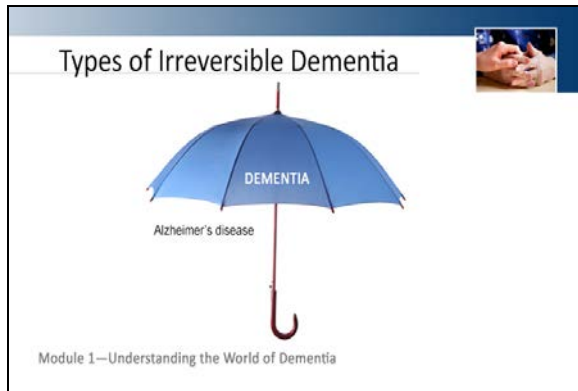
Click the forward arrow to see the first type of irreversible dementia.

Notes:

Types of Irreversible Dementia—Slide 2 of 9**Instructor Guidance:**

Alzheimer's is the most common type of dementia, accounting for 60 to 80 percent of cases. Alzheimer's disease causes brain changes that gradually get worse. In Alzheimer's disease, brain cells degenerate and die, causing a steady decline in memory and mental function. Plaques and tangles in the brain are a part of Alzheimer's.

Notes:



Slide 2 of 9

Types of Irreversible Dementia

SAY

Alzheimer's disease is the most common type of irreversible dementia, accounting for 60–80% of dementia cases.

DO

Click the forward arrow to see the next type of irreversible dementia.

Notes:

Types of Irreversible Dementia—Slide 2 of 9

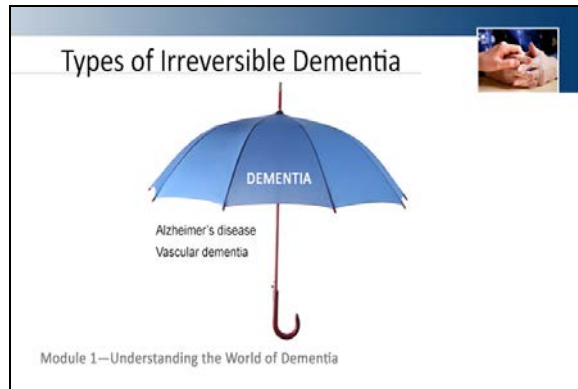
Instructor Guidance:



Vascular dementia is caused by brain damage from impaired blood flow to the brain. A person can develop vascular dementia after a stroke blocks an artery in the brain, but it can also result from other conditions that damage blood vessels and reduce circulation, depriving the brain of vital oxygen and nutrients.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 2 of 9

Notes:

Types of Irreversible Dementia

SAY

A person can develop vascular dementia after a stroke blocks an artery in the brain, but strokes don't always cause vascular dementia.

Factors that increase the risk of stroke—including high blood pressure, high cholesterol and smoking—also raise the risk of vascular dementia.

DO

Click the forward arrow to see the next type of irreversible dementia.

Types of Irreversible Dementia—Slide 2 of 9

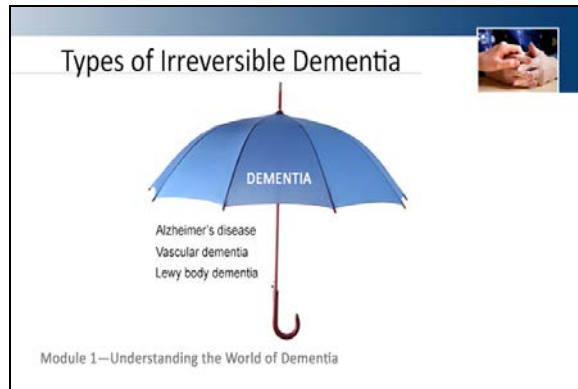
Instructor Guidance:



Lewy body dementia causes a progressive decline in mental abilities. It may also cause visual hallucinations and, like Parkinson’s disease, Lewy body dementia can result in rigid muscles, slowed movement and tremors.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 2 of 9

Types of Irreversible Dementia

SAY

Persons with Lewy body dementia are commonly misdiagnosed with Alzheimer's due to the loss of memory, or with Parkinson's disease because of the appearance of tremors. However, people with Lewy body dementia may also have visual hallucinations and moments of confusion interspersed with complete clarity.

DO

Click the forward arrow to see the next type of irreversible dementia.

Notes:

Types of Irreversible Dementia—Slide 2 of 9

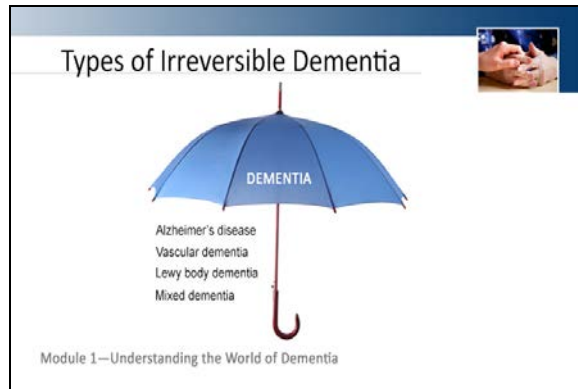
Instructor Guidance:



Persons with mixed dementia have symptoms of more than one type of dementia—for example, they may have brain changes associated with both Alzheimer’s and vascular dementia.

Notes:

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Slide 2 of 9

Types of Irreversible Dementia

SAY

Persons with mixed dementia have symptoms of more than one type of dementia—for example, they may have brain changes associated with both Alzheimer's and vascular dementia. This type of dementia may be more common than previously thought.

DO

Click the forward arrow to see the next type of irreversible dementia.

Notes:

Types of Irreversible Dementia—Slide 2 of 9

Instructor Guidance:



Parkinson’s disease is a progressive disorder of the nervous system that affects movement. It develops gradually, often starting with a barely noticeable tremor in just one hand. But while tremors may be the most well-known sign of Parkinson’s disease, the disorder also commonly causes a slowing or freezing of movement. You may notice that the faces of persons with Parkinson’s show little or no expression and their arms don’t swing when they walk. Speech often becomes soft and mumbling. About half of persons with Parkinson’s disease may develop dementia as their disease progresses, either related to the Parkinson’s disease or because they also develop Alzheimer’s disease.



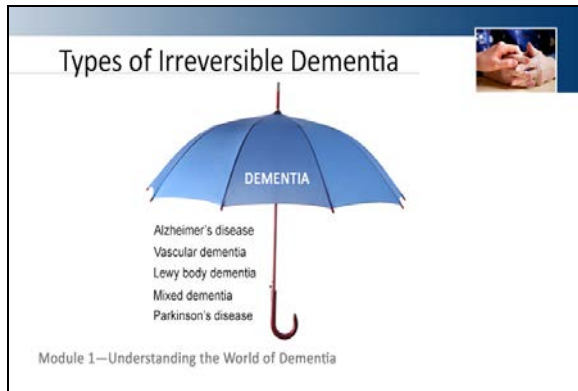
Can anyone name a famous person with Parkinson’s?



- Michael J. Fox.

Notes:

Blank area for taking notes.



Slide 2 of 9

Types of Irreversible Dementia

SAY

Have you ever seen anyone with hand tremors? That is one common physical sign of Parkinson's disease.

Can anyone name a famous person with Parkinson's?

DO

Click the forward arrow to see more types of irreversible dementia.

Notes:

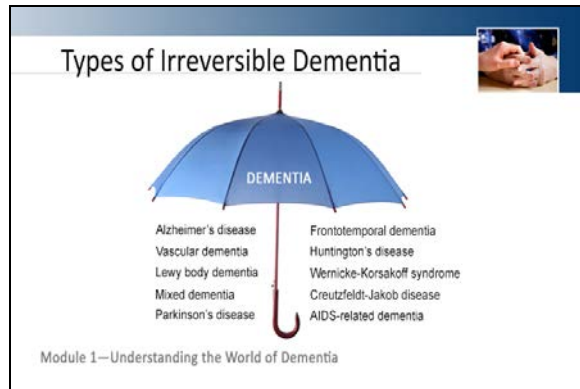
Types of Irreversible Dementia—Slide 2 of 9**Instructor Guidance:**

There are a number of less-common types of irreversible dementia. They include:

- Frontotemporal dementia which primarily affects the frontal and temporal lobes of the brain—the areas generally associated with personality, behavior and language.
- Huntington’s disease which, in addition to dementia, includes symptoms such as behavior changes, abnormal movements in the face and extremities, difficulty swallowing and speech impairment.
- Wernicke-Korsakoff syndrome, a degenerative brain disorder caused by a lack of vitamin B-1. This syndrome can result from alcohol abuse, dietary deficiencies, prolonged vomiting, eating disorders or the effects of chemotherapy.
- Creutzfeldt-Jakob disease (CJD), a rare, degenerative, invariably fatal brain disorder. It is very difficult to diagnose, occurring in only one in one million people. CJD symptoms progress quickly and lead to death.
- AIDS-related dementia. Symptoms include the inability to concentrate, impaired short-term memory, motor dysfunction and behavioral changes.

Note: More information about these types of dementia can be found in the glossary.

Notes:



Slide 2 of 9

Types of Irreversible Dementia

SAY

There are a number of less-common types of irreversible dementia. They include frontotemporal dementia, Huntington's disease, Wernicke-Korsakoff syndrome, Creutzfeldt-Jakob disease and AIDS-related dementia.

Notes:

**Other Conditions That May Have Dementia-Like Symptoms—Slide
3 of 9**

Instructor Guidance:



There are a number of medical conditions that might result in dementia-like symptoms.

Notes:

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Other Conditions That May Have Dementia-Like Symptoms

- › B-12 deficiency
- › Medication side effects
- › Depression
- › Thyroid or endocrine problems
- › Infections
- › Electrolyte problems
- › Dehydration

Module 1—Understanding the World of Dementia

Slide 3 of 9

Other Conditions That May Have Dementia-Like Symptoms

SAY

Irreversible dementia is progressive and does not get better. There are reversible conditions, though, that might result in dementia-like symptoms, including B-12 deficiency, medication side effects, depression, thyroid or endocrine problems, infections, electrolyte problems, dehydration and others.

Notes:

Conditions That May Worsen Symptoms of Dementia—Slide 4 of 9

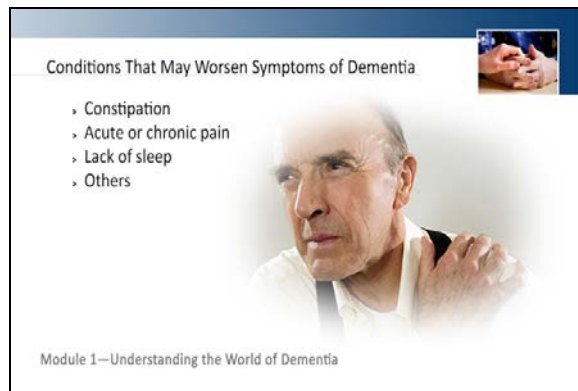
Instructor Guidance:



There are also common conditions that might result in dementia-like symptoms.

Notes:

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Slide 4 of 9

Conditions That May Worsen Symptoms of Dementia

SAY

Many residents also have common conditions—including constipation, acute or chronic pain, lack of sleep and others—that cause discomfort and can make dementia symptoms worse. These conditions may be confused with irreversible dementia symptoms, but they can often be treated and, in most cases, the symptoms of dementia lessen or go away. They must be recognized and taken care of to prevent them from getting worse.

If a person with dementia also has any of these conditions, you may see a worsening in his or her usual dementia symptoms, including increased problems with communication and behavior. It's important for you to be the eyes and ears in noticing changes in a resident, particularly if a resident suddenly has dementia-like symptoms or the symptoms get worse. For example, you are caring for Mrs. Caputo. She can usually dress herself as we saw in the video clip, but you notice increased confusion. You leave her clothes out and when you return to her room, she is still sitting in the same spot—not dressed—and looking confused. Something else may be going on with her.

Notes:

Delirium—Slide 5 of 9

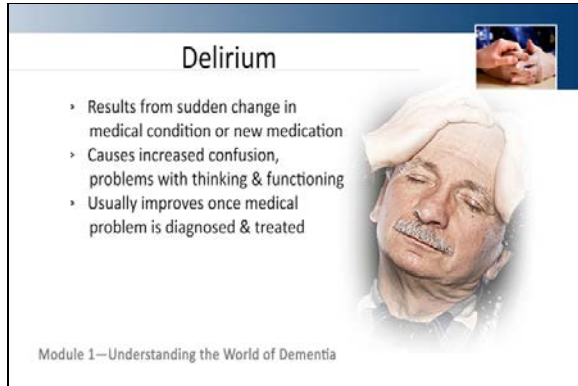
Instructor Guidance:



Delirium is always due to a new or worsening medical problem; it is very important that nurse aides notify the nurses so that they can assess the resident further. Delirium usually improves once the medical problem is diagnosed and treated.

Notes:

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Delirium

- › Results from sudden change in medical condition or new medication
- › Causes increased confusion, problems with thinking & functioning
- › Usually improves once medical problem is diagnosed & treated

Module 1—Understanding the World of Dementia

Slide 5 of 9

Delirium

SAY

Any sudden change in a resident's medical condition or a new medication can cause increased confusion or problems with thinking and functioning, especially in persons with dementia who become ill. When a new, underlying medical problem such as dehydration, pneumonia or a urinary tract infection is causing the symptoms, this is often called delirium. People with delirium may seem very alert one moment, but very sleepy within a short time. They are more confused and may have more trouble than usual paying attention to things.

This is why it is so important that caregivers really know each resident. Most often, it is the nurse aide or family who will notice a change in a person with dementia, and that change could be delirium. Delirium is always due to a new or worsening medical problem; it is very important to notify the nurses so that they can assess the person further. Delirium usually improves once the medical problem is diagnosed and treated.

Notes:

Example 1: Lack of Sleep—Slide 6 of 9

Instructor Guidance:



This example is used to help participants understand how a common condition, such as lack of sleep, can mimic a symptom of dementia.

You may want to use an example from your experience.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 6 of 9

Example 1: Lack of Sleep

SAY

Those of you who have—or have had—a young child know what the lack of sleep can do. It can cause you to lose your memory. You feel as if you can't concentrate; you may have no idea what day it is; and you may have lost your ability to speak with adults. You can't find words when speaking and your whole mind feels "fuzzy."

Notes:

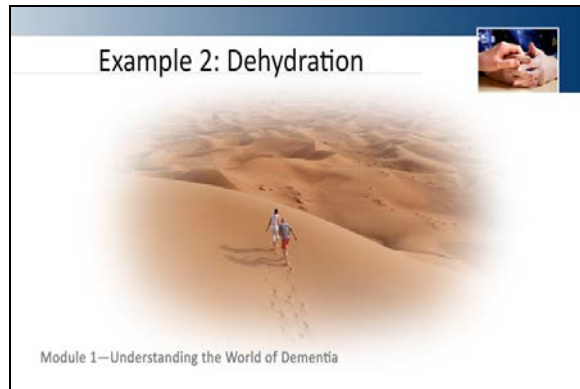
Example 2: Dehydration—Slide 7 of 9**Instructor Guidance:**

This example is used to help participants understand how a common condition, such as dehydration, can mimic a symptom of dementia. You may want to use a personal example.

Changes in the resident's behavior could also be a result of a urinary tract infection (UTI), constipation or hypothyroidism.

You may also see a change in behavior or communication caused by a new medication or change in medication dosage. Does the resident have diabetes as well as Alzheimer's disease? She may have high or low blood sugar.

Notes:



Slide 7 of 9

Example 2: Dehydration

SAY

Maybe a resident is suddenly acting differently or having problems performing activities she could do before. Could it be that she is dehydrated?

Have you ever seen a movie where people are wandering in the desert without food or water? Often in these movies, the characters rush to an oasis filled with cool, fresh water, only to find it is a mirage. This type of hallucination is an example of dementia symptoms caused by dehydration.

As you can see, the fact that a resident has an irreversible disease that causes dementia doesn't mean that other conditions won't cause new symptoms or aggravate his or her existing dementia symptoms.

Notes:

Be Their Voice—Slide 8 of 9

Instructor Guidance:



It is important that participants understand that they may be the only voice a resident has. If they notice anything that is not “normal” for that resident, it is their responsibility to let the nurse know.

Notes:

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Slide 8 of 9

Be Their Voice

SAY

If you see any change in ability, communication or behavior from what is usual for that resident, tell the nurse. *You* are the person who needs to let the nurse know about the change. Be the advocate for your residents. Be their voice.

Notes:

Types of Dementia: Summary—Slide 9 of 9

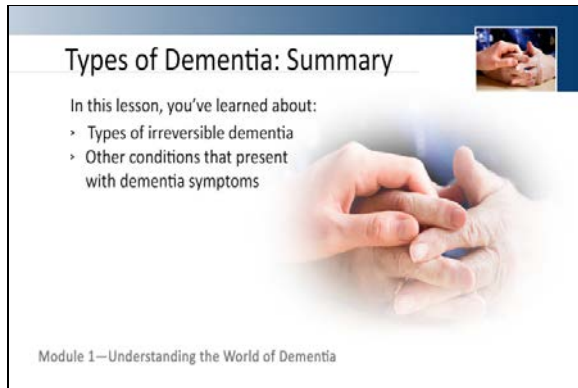
Instructor Guidance:



An important point of this lesson is that participants should tell a nurse when they see a change from what is “normal” for any of their residents.

Notes:

A large, empty, light gray rectangular area intended for taking notes.



Slide 9 of 9

Types of Dementia: Summary



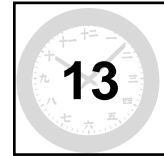
SAY

In this lesson you've learned that there are several different types of irreversible dementia. You've learned that if you see a change in any of your residents from what is "normal" for them, you need to tell a nurse what is happening.

Notes:

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VI. Understanding Persons with Dementia



Understanding Persons with Dementia: Goals—Slide 1 of 10

Instructor Guidance:

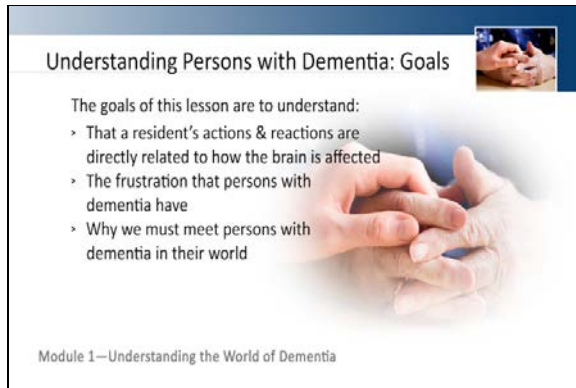


The goals of this lesson are: (1) to understand that a resident’s actions and reactions are directly related to how the brain is being affected; (2) to understand the frustrations that persons with dementia have; and (3) to understand why we must meet persons with dementia in their world.

This lesson includes an exercise and two video clips.

Notes:

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Understanding Persons with Dementia: Goals

The goals of this lesson are to understand:

- > That a resident's actions & reactions are directly related to how the brain is affected
- > The frustration that persons with dementia have
- > Why we must meet persons with dementia in their world

Module 1—Understanding the World of Dementia

Slide 1 of 10

Understanding Persons with Dementia: Goals

SAY

The goals of this lesson are: (1) to understand that dementia is a brain disorder and that a resident's actions and reactions are directly related to how the brain is being affected; (2) to know what it feels like to have dementia and understand the frustrations that persons with dementia have; and (3) to understand why we must meet persons with dementia in their world.

In this lesson you will participate in a short exercise and watch two videos to help you better understand the world of a person with dementia.

Notes:

Exercise: Brain Coloring—Slide 2 of 10**Instructor Guidance:**

You will need to make a copy of the brain coloring worksheet found in the Appendix, page A-7 for each participant. Also have available a variety of crayon colors.



Demonstrate the first few instructions on your own worksheet. Write your name above the brain on the left. Write the name *Auguste* above the brain on the right.

Be sure to give the participants enough time to complete the directions.

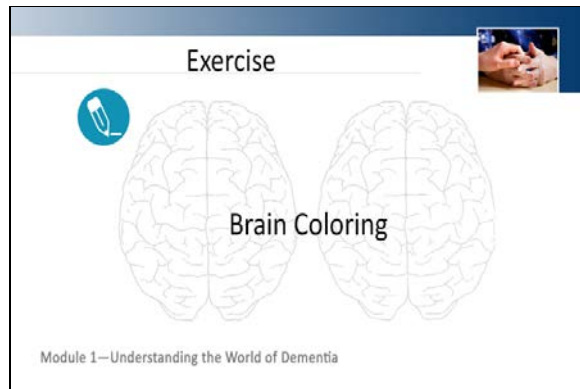


When most participants have finished coloring, go around the room and collect three or four very different looking examples from participants. Tape the completed worksheets up on a wall or bulletin board or on your easel chart. When you see most participants have finished, you can continue.



There is no simple map or exact pattern of how a degenerative cognitive disease will affect a specific person. Everyone is an individual. We all need to approach each person with that in mind.

Notes:



Slide 2 of 10

Exercise: Brain Coloring

DO

Hand out the brain coloring worksheet.

SAY

This brain coloring exercise will help us embrace each other's differences.

First, everyone pick some crayons. Write your name above the brain on the left side of the paper. Then, above the brain on the right side of the paper, write the name Auguste (A-u-g-u-s-t-e).

Now I would like you to color the brain on the left side of your worksheet two-thirds full. You can color it any way you wish, as long as it is two-thirds full.

DO

Wait a few minutes until you see most participants are finished.

Notes:

SAY

Now color the brain on the right side only one-third full. Once again, you may color it any way you wish.

DO

Wait a few minutes. When most participants have finished coloring, go around the room and collect three or four very different looking examples from participants. Tape the completed worksheets up on a wall or bulletin board or on your easel chart. When you see most participants have finished, you can continue.

SAY

Alzheimer's disease was named for Dr. Alois Alzheimer. He first documented the presence of tangles and plaques in the brain after the autopsy of Auguste D, a patient with dementia that Dr. Alzheimer had followed for several years. Both tangles and plaques are involved in killing brain cells. The tangles happen within neurons, and plaques build up between brain cells.

Let's say that, on a good day, a person with Alzheimer's disease has the ability to use one-third of his or her brain. Let's say each of you has the ability to use two-thirds of your brain.

Look around at each other's drawings and the ones that I displayed. None of your brains are the same. Even if two of you colored your brains in the same way, you used different colors. This is a simple, yet important point.

- Each person who works here is an individual.
- Each person who lives here is an individual.

Notes:

- Alzheimer's disease affects each person in a different way.
- You may have two residents who both have diabetes, Alzheimer's disease and high blood pressure, but they will act and react in totally different ways. That's because each has a different life story as his or her foundation.
- There is no simple map or exact pattern of how a degenerative cognitive disease will affect a specific person.
- Everyone is an individual. We all need to approach each person with that in mind.

Notes:

Brain Graphics—Slide 3 of 10

Instructor Guidance:



The graphics used in this lesson will help participants understand the difference between the brain of a person without dementia and the brain of a person who has Alzheimer's.

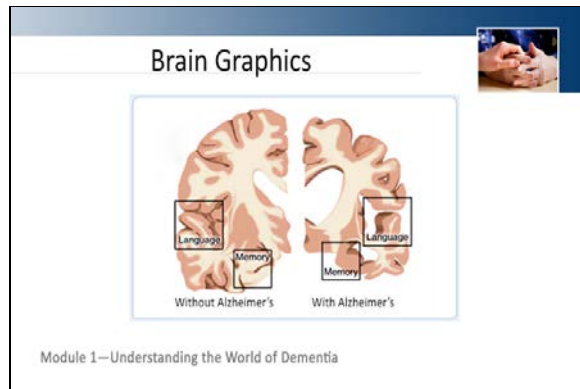


Can anyone tell me one difference between these two brain graphics?



- The brain of the person with Alzheimer's has shrunk.
- The grooves have gotten bigger in the brain of the person with Alzheimer's.

Notes:



Slide 3 of 10

Notes:

Brain Graphics

SAY

Here is a graphic illustration of the brain of a person without Alzheimer's and the brain of a person with Alzheimer's.



ASK

Can anyone tell me one difference between these two brain graphics?

Brain Photographs—Slide 4 of 10

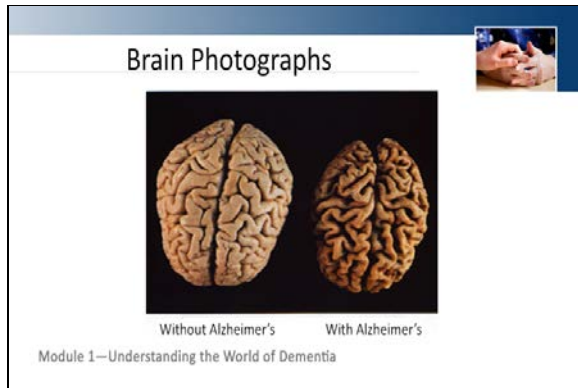
Instructor Guidance:



These are actual photographs of two brains. Once again, the difference is distinct.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 4 of 10

Brain Photographs

SAY

These are photographs of two real brains. Once again, you can see distinct differences between the two brains.

Notes:

Brain PET Scans—Slide 5 of 10

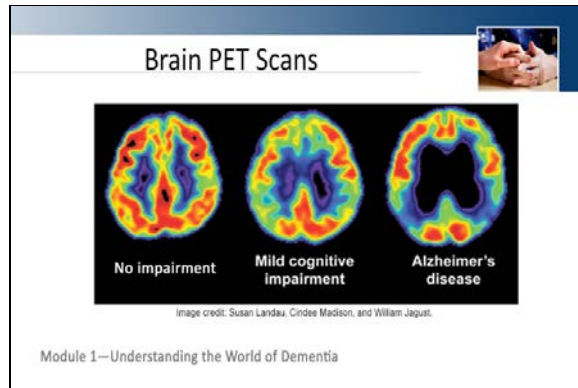
Instructor Guidance:



A positron emission tomography (PET) scan measures body functions such as blood flow and oxygen use. The purpose of the scan shown on the slide was to evaluate brain abnormalities.

Notes:

A large, empty, light gray rectangular area intended for taking notes.



Slide 5 of 10

Brain PET Scans

SAY

This graphic shows PET scans of the brains of three living people. A PET scan is like an x-ray that shows areas of activity.

As you can see, the brain on the left shows no cognitive impairment.

The brain in the middle shows mild cognitive impairment. This PET scan could belong to your bus driver, your neighbor or the cashier at the local grocery store. This is the brain of people you run into almost every day. They are having some difficulties but can still manage typical daily life.

The scan on the right shows much more damage from the progression of Alzheimer's disease. This individual would have dementia symptoms of advanced brain disease. This person needs those around him or her to be patient, kind and gentle.

Notes:

Understanding Their World: Video Clip 1—Slide 6 of 10

Instructor Guidance:



Participants will have the chance to look into the world of a person with dementia through this video clip.

After the clip, lead a brief discussion with the participants.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

Notes:

A large, empty gray rectangular box intended for taking notes during the video clip.



Slide 6 of 10

Understanding Their World: Video Clip 1

SAY

Have you ever heard the expression “walk a mile in their shoes”? Well, this next clip might help all of us understand that concept a little better.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 7 of 10**Instructor Guidance:**

What did you think of that clip?



Some questions for a more guided discussion are:

- What would it feel like to be a resident?
- How do you normally wake up? Would you like to wake up like Mr. O’Sullivan did?
- Was the aide listening to the resident?
- Did you notice any instances when Mr. O’Sullivan was trying to communicate but the aide wasn’t listening to him?

Notes:

A large, empty gray rectangular box provided for taking notes during the discussion.



Slide 7 of 10

Notes:

Discussion



ASK

What did you think about that clip?

SAY

We have all done what we just saw in that clip at one time or another—we are in a rush, we have other residents we have to take care of. The next time you find yourself in that situation, stop, take a breath and think about what it would be like if you were in the resident’s shoes.

Understanding Their World: Video Clip 2—Slide 8 of 10

Instructor Guidance:



The second clip gives participants another look into the world of a person with dementia.

After the clip, lead a brief discussion with the participants.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

Notes:



Slide 8 of 10

Understanding Their World: Video Clip 2

SAY

This clip gives you another look into the world of a person with dementia.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 9 of 10

Instructor Guidance:



What do you think about that clip?



How can we meet a person with dementia in his or her world?

Have you ever talked to a resident who believes that her adult children are still young? How can we meet her in her world while still being honest with her?



Encourage the participants to take part in this discussion. Facilitate their realization of the importance of understanding persons with dementia and meeting them where they are.

Notes:

A large, empty gray rectangular area intended for taking notes during the discussion.



Slide 9 of 10

Discussion



ASK

What did you think about that clip?

Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

Understanding Persons with Dementia: Summary—Slide 10 of 10

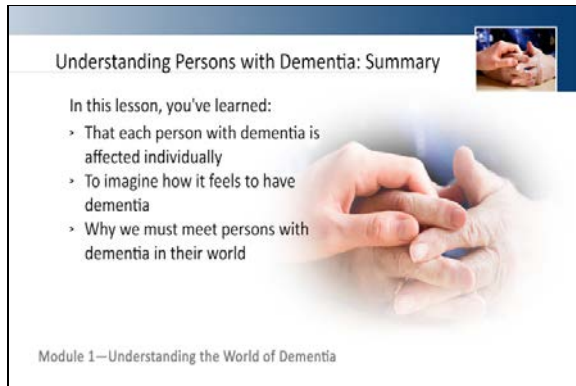


Instructor Guidance:

It is important to ensure that all of your participants understand that dementia affects people differently. You want them to think about how it feels to be an adult with dementia.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Understanding Persons with Dementia: Summary

In this lesson, you've learned:

- > That each person with dementia is affected individually
- > To imagine how it feels to have dementia
- > Why we must meet persons with dementia in their world

Module 1—Understanding the World of Dementia

Slide 10 of 10

Understanding Persons with Dementia: Summary

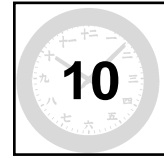


SAY

In this lesson we have learned that each person with dementia, especially Alzheimer's disease, is affected individually. We understand that it must be very hard and confusing to have dementia and to be unable to remember. We also recognize that we need to meet the person with dementia in his or her world.

Notes:

VII. Conclusion



Discussion—Slide 1 of 2

Instructor Guidance:

No instructor guidance for this slide.

Notes:





Slide 1 of 2

Discussion



ASK

What is one thing that you'll take away from this training?

Notes:

A large, empty gray rectangular area intended for taking notes during the discussion.

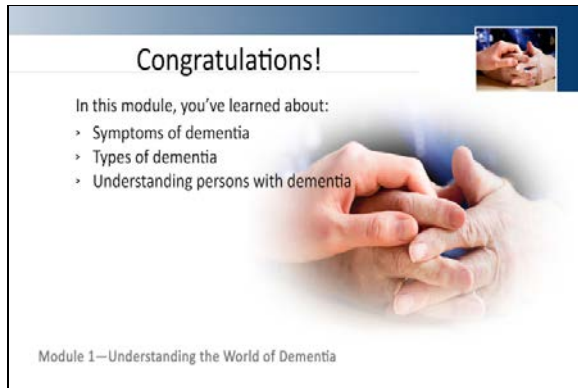
Congratulations!—Slide 2 of 2

Instructor Guidance:

No instructor guidance for this slide.

Notes:





Slide 2 of 2

Notes:

Congratulations!



SAY

In the last hour, we have discussed symptoms of dementia, types of dementia and understanding persons with dementia.



ASK

Do you have any final questions?

Module 1 Video Clips—Slide 5 of 5**Instructor Guidance:**

From this slide you can easily access any of the video clips in this module for review or additional discussion.

- Video Clip 1—Visuospatial Skills.
- Video Clip 2—Sequencing.
- Video Clip 3—Understanding the Resident’s Point of View.
- Video Clip 4—Understanding Memory Loss.

Notes:



The image shows a menu titled "Module 1 Video Clips" with a background image of two hands being held together. The menu is divided into two columns: "What Is Dementia?" and "Understanding Persons with Dementia". Under "What Is Dementia?", there are two options: "Video Clip 1" and "Video Clip 2". Under "Understanding Persons with Dementia", there are two options: "Video Clip 3" and "Video Clip 4". At the bottom of the menu, there is a footer that reads "Module 1—Understanding the World of Dementia" and a small instruction "Select a video clip above".

Slide 5 of 5

Module 1 Video Clips

Notes:

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Appendix

Training Follow-Up Activities.....	A-2
Handout: Human Scavenger Hunt	A-3
Handout: Human Scavenger Hunt—Resident	A-5
Handout: Brain Coloring Exercise.....	A-7

Training Follow-Up Activities

Instructor Guidance:



We know to make any training topic stick you must find ways to reinforce and apply the key points from the lesson. You may assign any of these optional exercises for participants to complete after the training.



Make a scavenger hunt for your participants or use the one provided on page A-5. Hand out the worksheet at the end of class and ask participants to complete it within a week. They can turn them in to your mailbox or a file box on the door or near your classroom. Be sure to give a clear due date and remind them to include their name on the worksheet.

Create a bulletin board in a common area where you can post information, ideas or interactive tools. Participants can also post one new thing they have learned about their residents. For example, they may write something about a resident's background on a post-it note and stick it to the board, such as *Mr. Smith was a dairy farmer.*

You can also collect the brain coloring worksheets the participants completed in the training and post them on a bulletin board below the following statement:

Be Patient. Be Kind. Be Gentle.

Notes:

Human Scavenger Hunt

Write the first name of the person or persons that fit the description. If there is no one to whom the question applies, write n/a.

1. Who was born in the same month as you? _____

2. Who was born the farthest away from here? _____

3. Who has the same color eyes as you? _____

4. Who is the youngest in his/her family? _____

5. Who has a cat and a dog? _____

6. Who is left-handed? _____

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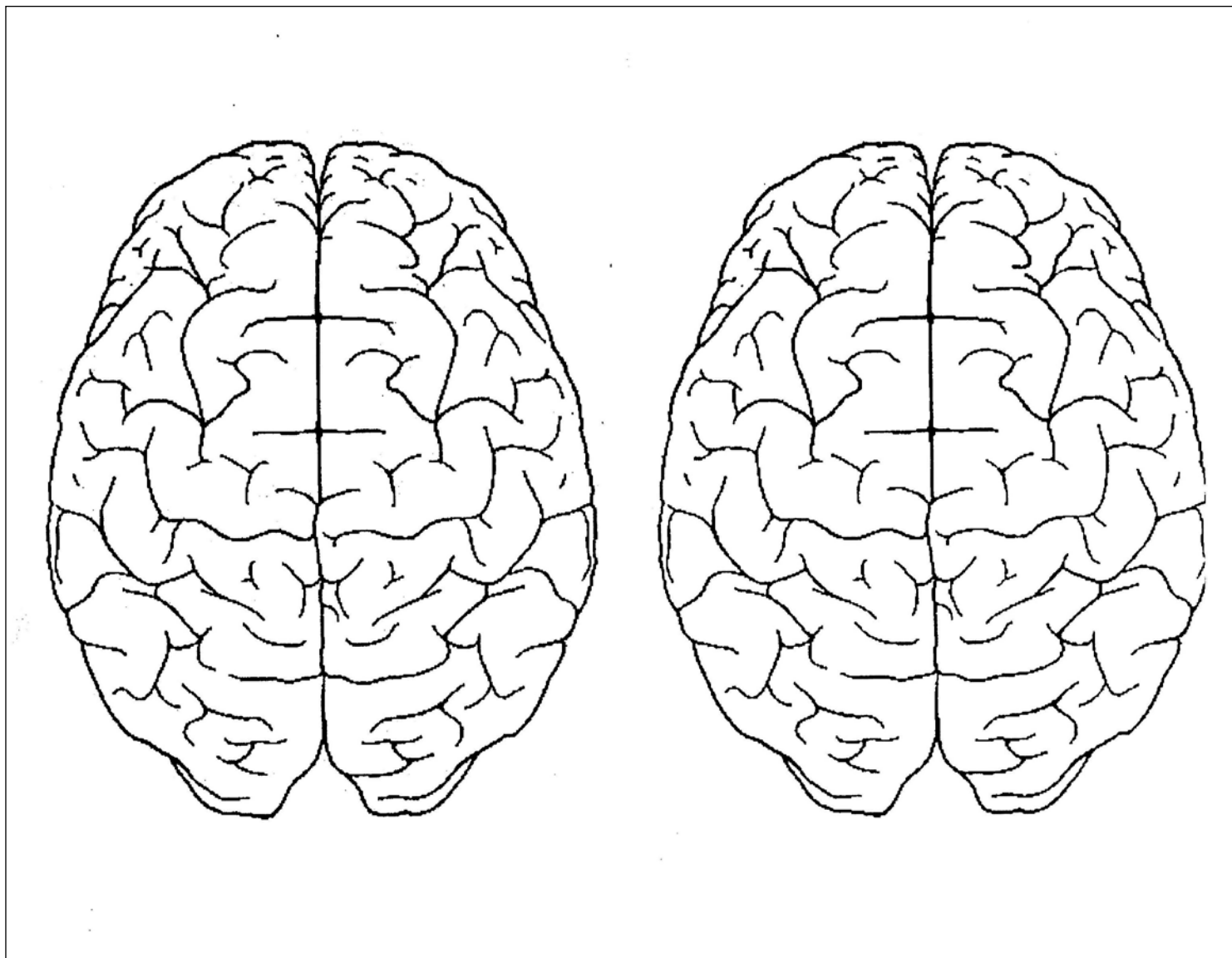
Human Scavenger Hunt—Resident

Write the name of the resident or residents that fit the description. If there is no one to whom the question applies, write n/a.

1. Who was born in the same month as you? _____
2. Who was born the farthest away from here? _____
3. Who has the same color eyes as you? _____
4. Who is the youngest in his/her family? _____
5. Who was named after a family member? _____
6. Who is left-handed? _____
7. Who smiles when you look in his/her eyes? _____
8. Who loves to cook? _____
9. Who is a veteran? _____
10. Who reminds you of one of your grandparents? _____

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Brain Coloring Exercise



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