



ALZHEIMER'S DISEASE & RELATED DISORDERS TRAINING FOR PROFESSIONAL CAREGIVERS

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Module 1: OVERVIEW OF THE DEMENTIAS

Alzheimer's Disease & Related Disorders

TRAINING FOR PROFESSIONAL CAREGIVERS

NORMAL AGING MEMORY CHANGES

- **Memory slows as people age**
(people as young as 35-40 may notice memory glitches)
More easily distracted
- **Some areas decline normally while others remain stable**
- **Metabolism slows as brain slows**
- **Storing & recalling information takes longer**
- **“More time in – More time out”**
- **Normal memory slipping often called “forgetfulness”**

3 D'S OF MENTAL ILLNESS IN ELDERLY

- **DEPRESSION**

- **DELIRIUM**

- **DEMENTIA**

DEPRESSION

- ✓ A brain disorder with either a biological or psychological basis
- ✓ Depression affects 6.5 million of Americans age 65 and over
- ✓ Rate of depression rises with age
- ✓ 80% elders in long term care have depression
- ✓ 70-90% improve with treatment
- ✓ Cause may be due to life changes, trauma, stress, medications
- ✓ Not a normal part of aging

DELIRIUM

- ✓ Temporary confusion/Intellectual impairment often caused from medical conditions
- ✓ Common in elderly (especially when hospitalized) but is reversible
- ✓ Often caused by drugs/medications/UTI
- ✓ Often act out
- ✓ Mimic psychiatric symptoms

DEMENTIA

NOT A DISEASE

DEMENTIA IS:

- ✓ Group of symptoms
- ✓ Impaired memory, thinking & reasoning skills
- ✓ Unable to make good decisions or choices
use good judgment or logic
- ✓ Impairment interferes with daily functioning
- ✓ Can't self motivate or initiate tasks
- ✓ loss of common sense
- ✓ All neurological systems are affected
(vision, vestibular, touch, taste, smell)

OVERVIEW OF DEMENTIAS

- **ALZHEIMER'S DISEASE: AD**

The most common dementia disorder, affecting as many as 5.7 million Americans. AD is a progressive, neurological degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Symptoms include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, inability to use good judgment, think logically, make good choices and decisions, perceptual abnormalities, personality change, difficulty learning, and loss of language and communication skills. The rate of progression varies from case to case. Diagnosis to death ranges from 2 to 20+ years. Accurate diagnosis can only be confirmed by examining brain tissue by autopsy. However, a thorough examination is recommended to eliminate all other possibilities leaving AD as the diagnosis.

MULTI-INFARCT or VASCULAR DEMENTIA: MID

After Alzheimer's, the second most common cause of dementia is vascular dementia. Mental deterioration caused by multiple strokes (infarcts) in the brain. Onset may be sudden as many strokes can occur before symptoms appear. These strokes may damage areas of the brain responsible for a specific function as well as produce generalized symptoms of dementia. As a result, MID may appear similar to AD. MID is not reversible or curable, but treatment of underlying condition (high blood pressure) may modify progression. Sometimes symptoms improve over time, when it does get worse it usually progresses in a stepwise manner with sudden changes in ability. MID is usually diagnosed through neurological examination and brain scanning techniques. (CAT scan, MRI).

- **LEWY BODY DEMENTIA: LBD**

Lewy Body dementia mimics the AD cognitive symptoms. Other symptoms include fluctuating cognition with clear variations in attention, alertness, and wakefulness with periods of unresponsiveness, recurrent visual hallucinations, Parkinsonism motor symptoms such as rigidity, sleep behavior disorder. Patients have a high negative sensitivity to neuroleptic medications. Victims suffer repeated falls, fainting, dizziness, unexplained sweating or coldness, delusions, anger, sadness, choking, weak voice. Disease can last 2-20+ years and accurate diagnosis is by autopsy. Usually occurs sporadically.

- **PARKINSON'S DISEASE: PD**

Parkinson's disease is a progressive disorder of the central nervous system which affects more than one million Americans. Individuals with PD have a lack of the substance, dopamine, which controls muscle activity. PD is characterized by tremors, stiffness in limbs and joints, speech impediments, bradykinesia or slowness of movement, instability, or impaired balance and coordination and difficulty in initiating physical movement. Generally, patients eventually develop AD as well.

- **FRONTOTEMPORAL DEMENTIA: FD**

Frontotemporal dementia includes Pick's disease, corticobasal degeneration, and progressive aphasia and semantic dementia and this group is often referred to as Pick Complex or Prion diseases. All are characterized by behavioral abnormalities, and problems with language, many of which overlap with known primary psychiatric syndromes. Symptoms include loss of interest, obsessional behaviors, loss of social inhibitions leading to social improprieties, impaired ability to express themselves, and mood disturbances. While memory may remain relatively intact, it will also be distorted and affected. FD victims are not inclined to wander or get lost. FD has a strong genetic component.

- **PROGRESSIVE SUPRANUCLEAR PALSY: PSP**

Progressive Supranuclear Palsy is a Parkinsonian disorder. Victims have prominent axial rigidity and eye movement abnormalities as well as cognitive disturbances particularly in language and sub cortical executive functions.

- **HUNTINGTON'S DISEASE: HD**

Huntington's disease results from genetically programmed degeneration of brain cells, called neurons, in certain areas of the brain. HD is a familial disease, passed from parent to child through a mutation in the normal gene. Each child of an HD parent has a 50-50 chance of inheriting the HD gene. It usually begins during mid-life, and is characterized by intellectual decline, irregular and involuntary movements of limbs or facial muscles. HD may include personality changes, memory disturbances, slurred speech, impaired judgment and psychiatric problems. Age of onset and rate of progression varies from person to person.

- **CREUTZFELDT-JAKOB DISEASE: CJD**

Creutzfeldt-Jakob disease is a rare, fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms of CJD include failing memory, changes in behavior and lack of coordination. The disease progresses rapidly, mental deterioration becomes pronounced, and involuntary movements, (muscle jerks) appear. Often patients become blind, develop weakness in arms or legs, and ultimately lapse into a coma. A definitive diagnosis can only be obtained through autopsy.

- **NORMAL PRESSURE HYDROCEPHALUS: NPH**

Normal Pressure Hydrocephalus is an uncommon disorder that involves an obstruction in the normal flow of cerebrospinal fluid. This blockage causes a buildup of cerebrospinal fluid on the brain. Symptoms of NPH include dementia, gait changes, urinary incontinence and head injuries.

ALZHEIMER'S IS A DISEASE

- ✓ Progressive and degenerative
- ✓ No known definitive cause or cure
- ✓ Symptoms can be treated, not stopped or reversed
- ✓ Most common of the dementia disorders
- ✓ Accurate diagnosis only by autopsy

THE AMAZING BRAIN

- The human brain:

- center of the nervous system
- manages movement, memory, speech and all the sensory systems

- The cells (neurons):

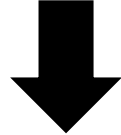
- communicate via chemical messages
- Messages leave the cell body via the axon.
- messages activate the **neurotransmitters** (acetylcholine) that allow the messages to pass from one cell to the next across gaps called **synapse**.
- A typical neuron can have from 1,000 to 10,000 synapses.
- Messages received by **dendrites** which deliver the messages to the next cell which in turn repeats the process by sending the message on to other cells.

THE AMAZING BRAIN

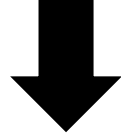
A HEALTHY BRAIN:

- Weighs 2-3 lbs. (1300-1400g.)
- 75% water
- Uses 20% of oxygen an individual breathes in
- 100 Billion cells referred to as neurons (adult brain)
- 2% of adult body weight (150 lb. person)
- 15-20% of blood flow is between heart and brain

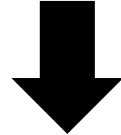
NEURON



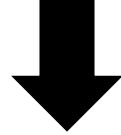
AXON



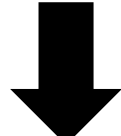
NEUROTRANSMITTER



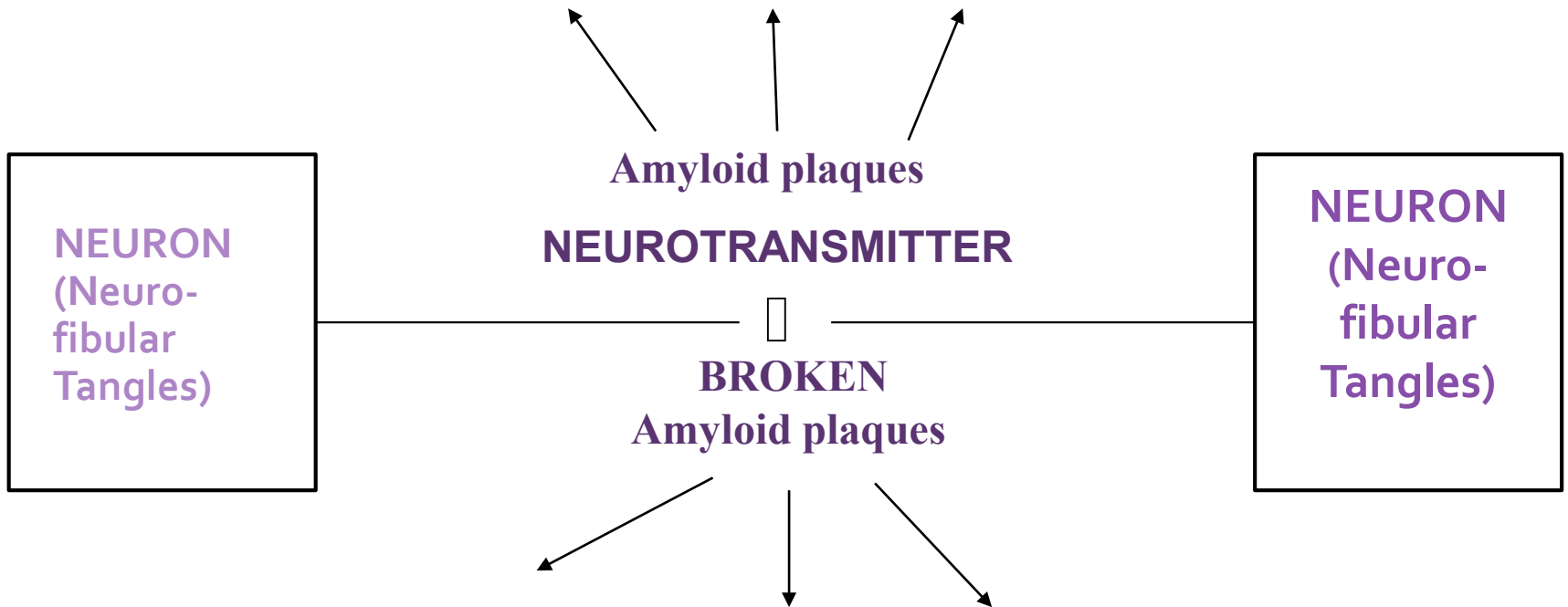
SYNAPSE



DENDRITE



NEURON



Diseased Brain

- Alzheimer's disease primarily affects the cerebral cortex, including the temporal, parietal, and frontal lobes of the brain.
- The hippocampus, located in the temporal lobe controls memory, learning, and emotions.
- When the neurotransmitters fail, the chemical messages can no longer cross the synapse.
- The brain develops amyloid plaques found in the space between neurons and neurofibrillary tangles found abnormally twisted inside the neurons.
- The plaques and tangles are the pathological markers of the presence of Alzheimer's disease.
- When activity ceases from one neuron to the next, the cells decline and die.
- Neuroplasticity of the brain is compromised. Cognitive function declines and all neurological systems are jeopardized.
- (New cells can form but the diseased immune system cannot sustain new growth.)

STAGES OF ALZHEIMER'S DISEASE

- **Stage 1 EARLY (2-4 years)**
 - Mild memory impairment begins to affect functional abilities (job, activities of daily living)
 - Confusion, mood/personality changes
- **Stage 2 MIDDLE (2-10 years)**
 - Diminishing attention span, focus
 - Self-care decline
 - Delusions & hallucinations are not unusual
 - Repetitive statements, loss of language
- **Stage 3 LATE (1-3 years)**
 - Can't recognize people, even self in mirror
 - Loss of bowel & bladder control
 - Bedbound, unable to walk
 - Completely dependent on others
 - Increased susceptibility to infections/other diseases

AFFECT ON CAREGIVERS :

STAGE 1

- ✓ Anxiety, fear, denial, embarrassment
(Regular supervision advised but can stay alone for short periods.)

STAGE 2

- ✓ Tired, depressed, frustrated, overwhelmed, stressed
- ✓ Own health deterioration
(Constant supervision required. Cannot stay alone.)

STAGE 3

- ✓ Burnout
- ✓ Anticipatory grief
- ✓ Feelings of discouragement, failure
(24/7 supervision required, constant protection.)

REISBERG DETERIORATION SCALE for STAGES of ALZHEIMER'S DISEASE

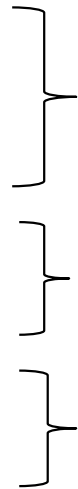
LEVEL	CLINICAL CHARACTERISTICS
<p style="text-align: center;">1</p> <p>No cognitive decline</p>	<p>No memory deficit evidence/no subjective complaints</p>
<p style="text-align: center;">2</p> <p>Very mild decline (forgetfulness)</p>	<p>Misplaced objects Occasionally forget names of familiar persons No evidence of deficit clinically No deficit in job or social situations</p>
<p style="text-align: center;">3</p> <p>Mild (Early confused)</p>	<p>Earliest clear-cut deficits Coworkers notice poor performance on job Word & name finding deficit Reading retention/concentration deficit Denial of symptoms/anxiety evident</p>

LEVEL	CLINICAL CHARACTERISTICS
<p style="text-align: center;">4 Moderate (Late confused)</p>	<p>Clear evidence of decline; Poor concentration Decreased knowledge of current/recent events Unable to manage finances/travel Flattening effect; withdrawal from challenging situations</p>
<p style="text-align: center;">5 Moderately severe (Early Dementia)</p>	<p>Needs assistance to survive Unable to recall names, phone numbers etc. Time & place disorientation May be able to self toilet and eat</p>
<p style="text-align: center;">6 Severe (Middle dementia)</p>	<p>Entirely dependent for survival Forget names of close family Sketchy knowledge of past life Unaware of general surroundings Incontinent; personality & emotional changes Obsessive, anxiety symptoms, cognitive abulia (lacks decisiveness)</p>
<p style="text-align: center;">7 Very severe (Late dementia)</p>	<p>Total loss of verbal abilities Incontinent; loss of psycho-motor skills Brain no longer tells body what to do</p>

A COMPARISON GLOBAL DETERIORATION SCALE STAGES OF ALZHEIMER'S DISEASE

GLOBAL SCALE

- Level 1 (no cognitive decline)
- Level 2 (very mild decline)
- Level 3 (mild decline)
- Level 4 (moderate)
- Level 5 (moderate/severe)
- Level 6 (severe)
- Level 7 (very severe)



STAGES

Stage 1 (Early)

Stage 2 (Middle)

Stage 3 (Late/terminal)

REISBERG'S GLOBAL DETERIORATION SCALE

ABILITIES

ACQUIRED		LOST
12+ YEARS	Hold a job	Borderline
7-12 YEARS	Handle simple finances	Early
5-7 YEARS	Select proper clothes	Moderate
5 YEARS	Put on clothes	Severe
4 YEARS	Shower unaided	
4 YEARS	Toilet unaided	
2-3 YEARS	Control urine	
2-3 YEARS	Control bowels	
15 MONTHS	Speak 5-6 words	Late
1 YEAR	Walk	
6-9 MONTHS	Sit up	
2-3 MONTHS	Smile	





Module 2: **COMMUNICATION**

Alzheimer's Disease & Related Disorders
TRAINING FOR PROFESSIONAL CAREGIVERS

COMMUNICATION

VERBAL

NON-VERBAL

VERBAL:

- **Often struggle to find words**
- **Unable to process every word**
- **May hear but not comprehend**
- **May have hearing impairment**

WHAT YOU CAN DO:

- **Speak in short sentences**
- **Simple directions/commands**
- **Eye contact, smiles and patience**
- **Look for clues of understanding (ex: facial expression, eye contact)**

NON-VERBAL:

- Depend on body language for information
- Use all senses (sight, hearing, touch , smell, taste)
- Read facial expressions
- Behavior influenced by emotions

WHAT YOU CAN DO:

- Convey calm, cheerfulness, encouragement
- Use gestures with words to convey message (ex: wave good-by)
- If unresponsive, leave alone briefly, then return & try again

PAIN ASSESSMENT

- **COMPLEXITIES OF PAIN ASSESSMENT:**
 - **Behaviors associated with pain may be absent or difficult to interpret**
 - **Symptoms of dementia often confused with actually indications of pain**
 - **As disease advances, caregivers must discover new & different ways to assess pain**
 - **Be vigilant of medications that may alter or mask pain**

- **POSSIBLE PAIN INDICATORS:**

- **Moaning, sighing, screaming, displaying extreme frustration**
- **Continuous rubbing, or patting of same body area**
- **Tugging on clothing**
- **Sudden onset of heavier confusion**
- **Change in mobility or continence**

- **PAIN DETERMINATION:**

- **Read facial expression, use Wong-Baker Facial Grimace Scale or similar scale**
- **Check for a rise in blood pressure.** (Pain can cause surge of adrenaline which can increase heart rate and arterial blood pressure. Chronic pain often allows the body to adjust back to normal numbers.)
- **Verbal clients will not complain** for fear of an emergency room visit, hospitalization or nursing home placement
- **Act on your instincts!** (If you believe pain is present, then it probably is!)

PERSONS WITH DEMENTIA MAY:

- ✓ Not follow a conversation
- ✓ Be unable to understand instructions
- ✓ Not remember all the steps of a task
- ✓ Get confused during conversation due to background noise
- ✓ Experience language aphasia
- ✓ Finish meal, go to another room & ask “when do we eat?”

CAREGIVER SHOULD ALWAYS:

- ✓ Approach slowly from the front
- ✓ Establish eye contact with a smile
- ✓ Converse calmly at eye level
- ✓ Allow time for response

COMMUNICATING WITH A PERSON WITH DEMENTIA

REMEMBER:

“A person with dementia forgets what they forget”

STAGE ONE

- ✓ **Difficulty understanding what is asked of them**
- ✓ **Optimal focus usually early in day**
- ✓ **Focus on one topic at a time**
- ✓ **Use specific words, correct names for people & objects**
- ✓ **Often forget words, events, special occasions**

STAGE TWO

- ✓ Need help focusing on world around them
- ✓ Stimulate sensory systems
 - Calm with gentle massage
 - Stimulate smell with bread, soap, hay etc.
 - Elicit listening behavior & keep attention using physical touch
- ✓ May understand more than can speak
- ✓ Be patient

STAGE THREE

- ✓ **Speak warmly, use eye contact, touch with love, smile to calm**
- ✓ **Pat gently or stroke, touch with love, reassurance & patience**

TOUCH WITH CARE

- Touch is the first sense humans experience.
- Humans begin to lose tactile sense at a rate of 1% a year beginning about age 18.
- It is a basic human need; a lifeline that communicates love, safety, care, reassurance, trust.
- Touch can easily be misinterpreted based on cultural/religious beliefs.
- Professional intentions must be clear. Boundaries may need to be established. (touch may be perceived as sexual interest, a pat perceived as a disciplinary “slap”)
- Ethical touch is considered within the context of therapeutic sensitivity to patient and considers such variables as gender, history, culture, diagnosis, etc.

For persons with Alzheimer’s:

“Compassionate touch is the language of the human heart”.

CaregiverFamily.com; Zur Institute Inc.

GENERAL COMMUNICATION GUIDELINES

- LISTEN FOR FEELINGS
- RESPOND TO FEELINGS

(AVOID SAYING YOU UNDERSTAND, BECAUSE YOU CAN'T)
(CAN SAY, "SOUNDS LIKE YOU ARE VERY ANGRY OR HAPPY ETC.)

- BE EMPATHETIC
- SEEK UNDERSTANDING, NOT ADVICE
- SILENCE IS A FORM OF COMMUNICATION

EXTERIOR NOISE

Can be a source of *extreme distraction & frustration* for a person with dementia who is trying to converse, or understand. What is manageable for you may be amplified & distorted for dementia person. They cannot filter the noise in the background.

As brain shrinks, the word processing center shrinks

May hear every word but brain only processes every 3rd, 5th, or 10th word

NO is a safe answer! Do not understand what is being asked or expected of them so answer is NO!

HOW ALZHEIMER'S DISEASE AFFECTS COMMUNICATION

- **APHASIA**: (expressive & receptive) Inability to retrieve/remember words, understand spoken or written words; inability to speak or write for purpose of communication. Vocabulary dictionary declines
- **AMNESIA**: Inability to remember current/recent or remote facts. "Remember the old, forget the present".

- **AGNOSIA**: Inability to recognize previously learned sensory input (ex. faces) Can see but not recognize what they are seeing, may hallucinate.
- **APRAXIA**: Inability to do pre-programmed motor tasks. Movement disruption.
- **DYSPHAGIA**: Inability to swallow properly

**“PERSONS WITH DEMENTIA ARE
NORMAL INDIVIDUALS WITH
COGNITIVE DEFICITS”**

(QUOTE ON REDUCTIONISM)

EMOTIONS

When communication & responsiveness declines, emotions & the soul remains intact.

Must nurture & validate.

Patient will:

- Respond to physical touch
- Observe body language
- Interpret facial expression
- Listen to voice inflections
- Recognize warmth, concern, love, tenderness

Reassure of safety and that needs will be met

REMINISCENCE

- **Purpose of reminiscing:**
 - Keeps a sense of personal worth & identity
 - Preserves family history & tradition
 - Helps cope with losses/changes experienced with aging
 - Substitutes for actual experience
 - Resolves past conflicts
 - Breaks up boredom during periods of isolation
 - Stimulates creative/expansive thinking
 - Develops personal philosophy of life and its meaning

The past is a more familiar place than the present for persons with memory impairments.

WAYS TO ENCOURAGE REMINISCING

ASK ABOUT:

- **Past occupations & hobbies**
- **Exciting moments in history**
- **Special events in person's life**
- **Historical events**
- **Popular songs, fashions, personalities of their era**

ITEMS THAT PROMOTE REMINISCING:

- Photo albums
- Scrap books
- Collectables
- Music
- Other memorabilia

Note: some subjects may need to be avoided because of negative memories.

- Ask questions to evoke memories
- Avoid interrupting
- Allow silent reminiscing

VALIDATION

Enter the reality of a person with dementia on an emotional level.

a) Empathy

builds trust

reduces anxiety

restores dignity

b) Evaluate

c) Stimulate

d) Organize thoughts

NAOMI FEIL: Creator of validation therapy recognized throughout the world as state of the art therapy for Alzheimer's disease and related disorders.

EXAMPLES OF VALIDATING A PERSON'S FEELINGS

HELP WORDS:	SUGGESTIONS:
Hearing words	Sounds like what? Is it loud/soft? Noisy all the time? When does it stop?
Sight words	Looks like what? Is it bright/dull? What color is it? Is it pretty/ugly?
Taste words	<ul style="list-style-type: none">• Is it spicy/bland?• Is it smooth/rough?• Is it hot/cold?
Touch words	<ul style="list-style-type: none">• Is it hard/soft?• Is it cold/hot?• Is it sticky/rough?

AVOID:

- **Sensitive topics**
- **Don't pry or pressure**
- **Don't problem solve**
- **Don't repeat conversation with others**
- **Don't minimize or question authenticity of conversation**
- **Don't let your opinions or values distort meaning**
- **Don't interrupt**

ASK: WHO – WHAT – WHEN – WHERE – HOW

NEVER ask WHY!

VALIDATION PLUS LEFT BRAIN RIGHT BRAIN AWARENESS TO INTERPRET BEHAVIOR

LEFT BRAIN	RIGHT BRAIN
• Logical - "Facts", Independent	• Emotional - "Feelings", Dependent
• Rational	• Creative - Intuitive
• More Physical	• More Spiritual
• Career Oriented	• Family - Home Oriented
• More Males	• More Females
• More anger	• More sadness
• They are important	• Others are important
• Worked with things	• Worked with people
• Not threatened	• Easily distracted
• In much denial	•
• Not guilty - Blamers	• Guilty
• Didn't do	• My fault
• Little emotion	• Suspicious
• Flat effect	• Smiles

LEFT BRAIN CONTINUED:

- Argumentative
- Stuffed anger (Not coming out)
- May need medication to decrease anger & anxiety (Best to use validation)
- Does not see well to left
- Does not perceive well from left
- Approach from right
- Activity best to right
- Wallet or purse for self-esteem - Identity
- May be best to shake hands (touch on shoulder)
- Their way
- Best not to touch
- Use logic and reason
- Think first

RIGHT BRAIN CONTINUED:

- Apologize often (I'm sorry)
- Stuffed fear (Insecure)
- May need medication for fear and anxiety (Best to use validation)
- Visual not as much of a problem
-
- Approach from left
-
- Wallet or purse for security
- Likes touching - Hugs
- Others way, controlled by others
- Easier to control, loves being touched
- Use feelings
- Feel first

VALIDATION PLUS LEFT BRAIN - RIGHT BRAIN AWARENESS TO CONTROL BEHAVIOR

LEFT BRAIN

Logic - Facts

RIGHT BRAIN

Emotions – Fears

BATHING

EXAMPLES

- The water will be turned off for a week, so logically we need to take a bath or the water will be hot for only an hour.
- Your doctor is coming, so we need to take a bath or your daughter will be upset or others are finished. It's your turn.

LEFT BRAIN

Logic - Facts

RIGHT BRAIN

Emotions – Fears

ELOPEMENT

EXAMPLES

- Where are you going?
- How will you get there?
- Do you have your keys?
- Do you have change for the bus?
- I have been looking for you!
- You're always so helpful!
- I need your help!
- Do it for me!

STOPPERS

- Your car is being repaired.
- Come in to answer phone.
- Let's go inside for keys, or change.
- Your daughter (doctor, other) wants you to stay here - wait for her here.

Works well for both Left and Right

Use name

Use distraction

Use logic (appeal to both)

Use emotions

CARES APPROACH

C – CONNECT

A – ASSESS

R – RESPOND

E – EVALUATE

S – SHARE

CONNECT with person

ASSESS behavior

RESPOND appropriately

EVALUATE what works

SHARE results with others



APPENDIX

Alzheimer's Disease & Related Disorders
TRAINING FOR PROFESSIONAL CAREGIVERS

OBJECTIVES

- **Devices:**

- Personal alarms to alert staff
- Facility alarms to prevent leaving unnoticed
- Use canes, walkers, railings, grab bars
- Respect privacy when using cameras, monitors, etc.
- Use adequate lighting
- Respond to call buttons even when used excessively (think about reasons why it may be used excessively!)

Daily Routine:

- Importance of same daily schedule
- Follow same steps through each activity of daily living
- Promote feelings of safety and security by following same rules of daily engagement
- Maintain orderly, clutter-free environment in all rooms and throughout facility
- Talk patient through each step of activity as you go

Staffing:

- Familiarity is important
- Transfer of trust from staff shift to shift
- Be sympathetic to comfort (temperature, frequent mobility, tasty food)
- Good clinical notes in patients' charts can help prevent catastrophic reactions to change
- Validate patients' concerns (For example: if they think they lost something, help them look for it until you can distract them)
- Never forget that you are the patients "Helpline"!

ETHICAL CONCERNS

CONFIDENTIALITY – CONFIDENTIALITY – CONFIDENTIALITY

AUTONOMY:

The right to self-determination and the capacity to determine one's own destiny and as such needs to be respected. Right of an individual to refuse medical treatment and for a doctor to refrain from intervening against a person's choice. An autonomous decision is one made freely, without influence, by a competent, sometimes appointed person. Freedom to move about as long as not a danger to self.

JUSTICE:

Moral obligation to act on the basis of fair adjudication between competing claims. It involves fairness, entitlement and equality. Protection against attitudes, prejudice and discrimination that are often shown toward devalued persons.

BENEFICENCE:

Being kind, loving, charitable toward persons at risk. Involves balancing the benefits of treatment against the risks and costs involved. Sometimes excessive harm/pain may be involved but must be weighed against the long term overall desired outcome in the future.

NEVER FORGET:

This is the patients' home, you may work there but you are also a guest in their home! You work your shift and then go home, they ARE home!

RESPECT IS RECIPROCAL

RESPECT THE PATIENTS RIGHT TO HAVE RIGHTS!

- **Respect their home**
- **Respect their right to privacy**
- **Respect their property**
- **Respect their right to autonomy**
- **Respect their right to make choices**
- **Respect their right to expect your respect**
- **Earn mutual respect through shared trust and honesty.**

When assisting patients with personal/medical care:

- Use the privacy curtain
- Shut the door
- Cover exposed body
- Don't disrobe them in front of others
- Pay attention to task (For example: it is not appropriate to have personal discussions with other employees when feeding, changing diapers or bathing a patient, etc.)
- Don't talk ABOUT them, especially in front of them, talk TO them!
- Interact with patients; give them the undivided attention they deserve and they often crave

Remember:

Patients are human beings with a history and a personal life, they are not just your job! Learn from them, they all have a story to share. BE A PATIENT LISTENER!

Use empathy in making care decisions and choices:

- If you are the patient, how do you want to be treated?
- How do you want others to treat your mother, brother etc.?

Adaptation:

- Listen to the patients even when they are demanding, stubborn, and unpleasant! They are where they are because they are sick, immobile, declining and giving up their independence. Ask yourself how you might react in the same situation?
- They are afraid of the circumstances, they are afraid they will never go home.
- Validate their fears, pains, losses.

THEY ARE NOT GIVING YOU A BAD TIME,
THEY ARE HAVING A BAD TIME!

CASE STUDIES FOR DISCUSSION:

During discussion keep in mind the patients right to self-determination, right to choose and refuse even when their own well being may be compromised or jeopardized. Consider the rights of all persons involved.

CASE #1:

- The patient is Jewish while his roommates/tablemates are Christians. He is offended at the sight of Christian symbols used in decorations, songs etc. used at holiday time. (Or the patient may not have expressed concern but the family members are disturbed by these symbols being displayed when they visit.)

How can this situation be resolved so the cultural beliefs of all parties are respected?

- **Ethical considerations:** Invite offended parties into a dialogue to promote better understanding of their religious diversity. Reassure all parties that their autonomy is respected and their rights are protected.
- **Consider:** inclusion of both cultures, separate religious services, and.....

CASE #2:

The patient refuses to take her medications. She accuses the nurse of trying to poison her and further, wants to know why she is being held prisoner in this place. How can the nurse distract and redirect the patient and in the process convince the patient that she can trust the nurse and that the nurse is her friend and would not intentionally hurt her?

Ethical considerations: Remind and respect patient's right to self-determination. Weigh competence against capacity to make own choices and decisions and use professional resources in the process.

Consider: changing environment, change meds schedule, change how present meds, reassure, reassure, reassure, and.... TRY AGAIN LATER!

CASE #3:

Late in the afternoon, the patient regularly becomes excessively agitated and aggressive. The patient is Sundowning. He lashes out both verbally and physically at those trying to restrain and comfort him. He will throw anything he can get his hands on. He often hallucinates. Clearly his anxiety level is “over the top!” How can this behavior be quelled, the patient subdued, and everyone’s safety restored?

Ethical Considerations: Maintain moral respect for the situation realizing that the patient may not be able to sense any responsibility for his/her actions. As care providers our obligation is to maintain the patients’ safety and wellbeing. We may not inflict our own judgment regarding the appropriateness of the behavior.

Consider: change tone of voice, body language, facial expression, offer favorite drink or snack, back off but remain close by to insure safety and.....