



Health Net's Dementia Training

For Providers and Case Managers

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*Coverage for
every stage of life™*

Learning Objectives

Following this training session, you will be able to:

- Define the different types of dementia
- Recall the symptoms and progression of dementia
- Describe behavior and communication challenges in dementia patients
- Understand caregiver stress and how to offer support
- Identify and report potential abuse
- Develop stronger care plans for persons with dementia

Material included from:

1. U.S. Department of Health and Human Services Alzheimer's and Dementia Training Curriculum
2. Alzheimer's of Los Angeles Dementia Care Specialist Training Material
(see Presentation References for more detail):

Understanding Dementia

Dementia: Overview

- Now called “Major Neurocognitive Disorders”
- Significant cognitive decline from a previous level of performance in one or more cognitive domains
- Cognitive deficits interfere with independence in everyday activities



Normal Aging

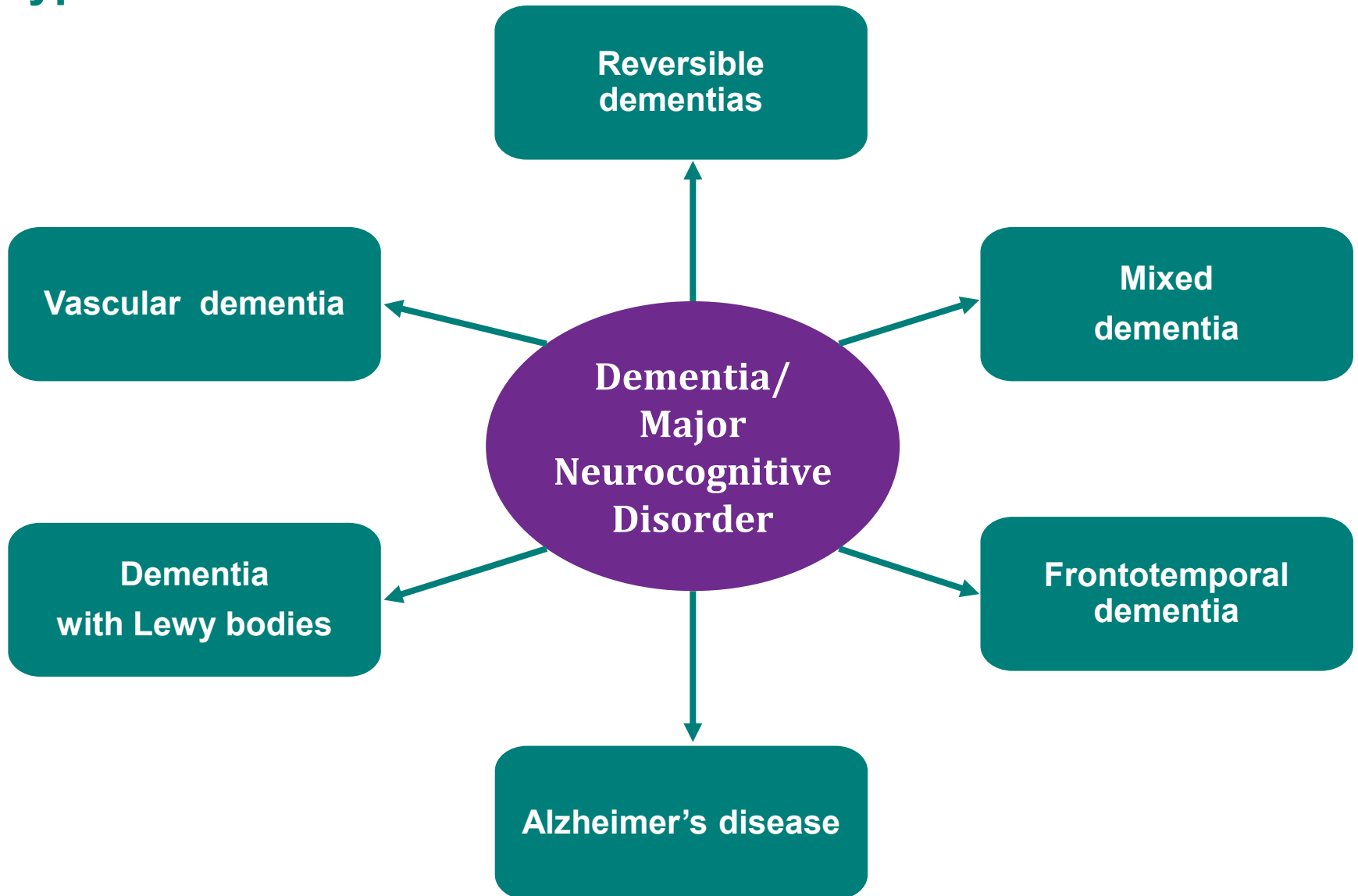
- Slower thinking, but intelligence remains stable
- Some difficulties finding the right word
- Mild decrease in short-term memory
- Changes in senses
- Difficulty paying attention
- Slower processing



Dementia Symptoms

- Dementia is defined as a “significant deterioration in two or more areas of cognitive function that is severe enough to interfere with a person’s ability to perform everyday activities” (NINDS, 2017a).
- Diagnosis of dementia requires impairment in two or more core mental functions (NINDS, 2017a).
 - Memory
 - Language skills
 - Visual perception
 - Ability to focus and pay attention
 - Ability to reason and solve problems
- **The loss of brain function is severe enough that a person has difficulty performing normal everyday tasks (including IADLs and ADLs) (NIA, n.d.).**

Types of Dementia



Vascular Dementia

- Interrupted blood flow to the brain; often caused by stroke.
- Changes in thinking can occur suddenly or worsen gradually.
- Common early signs include:
 - Trouble with planning and judgment
 - Uncontrollable laughing or crying
 - Difficulty with attention
 - Difficulty with speech
- Other symptoms can vary widely, including disorientation and loss of vision.

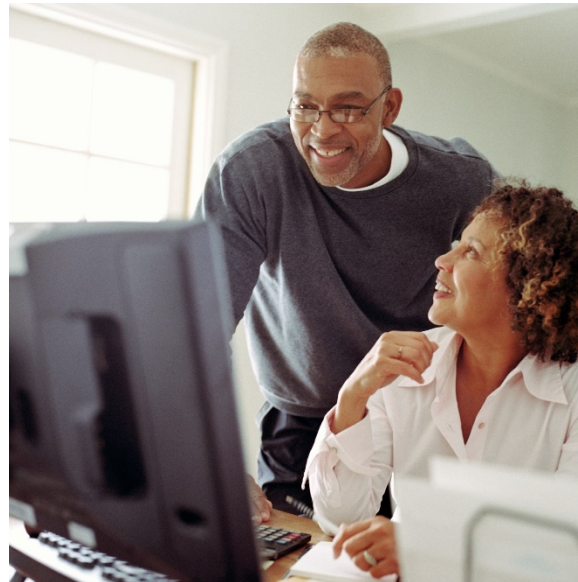
Dementia with Lewy Bodies

- Wide variations in attention and alertness.
- May include:
 - Hallucinations
 - Tremors
 - Rigidity
- Potential for adverse reaction to anti-psychotic medications.



Frontotemporal Dementia

- Begins at a younger age.
- Progresses more rapidly than Alzheimer's disease.
- First symptoms are usually personality changes and disorientation.



Mixed Dementia

- Alzheimer's disease and another type of dementia can co-exist.
- Researchers think this occurs with almost 50% of people who have Alzheimer's disease.



Potentially Reversible Causes of Dementia

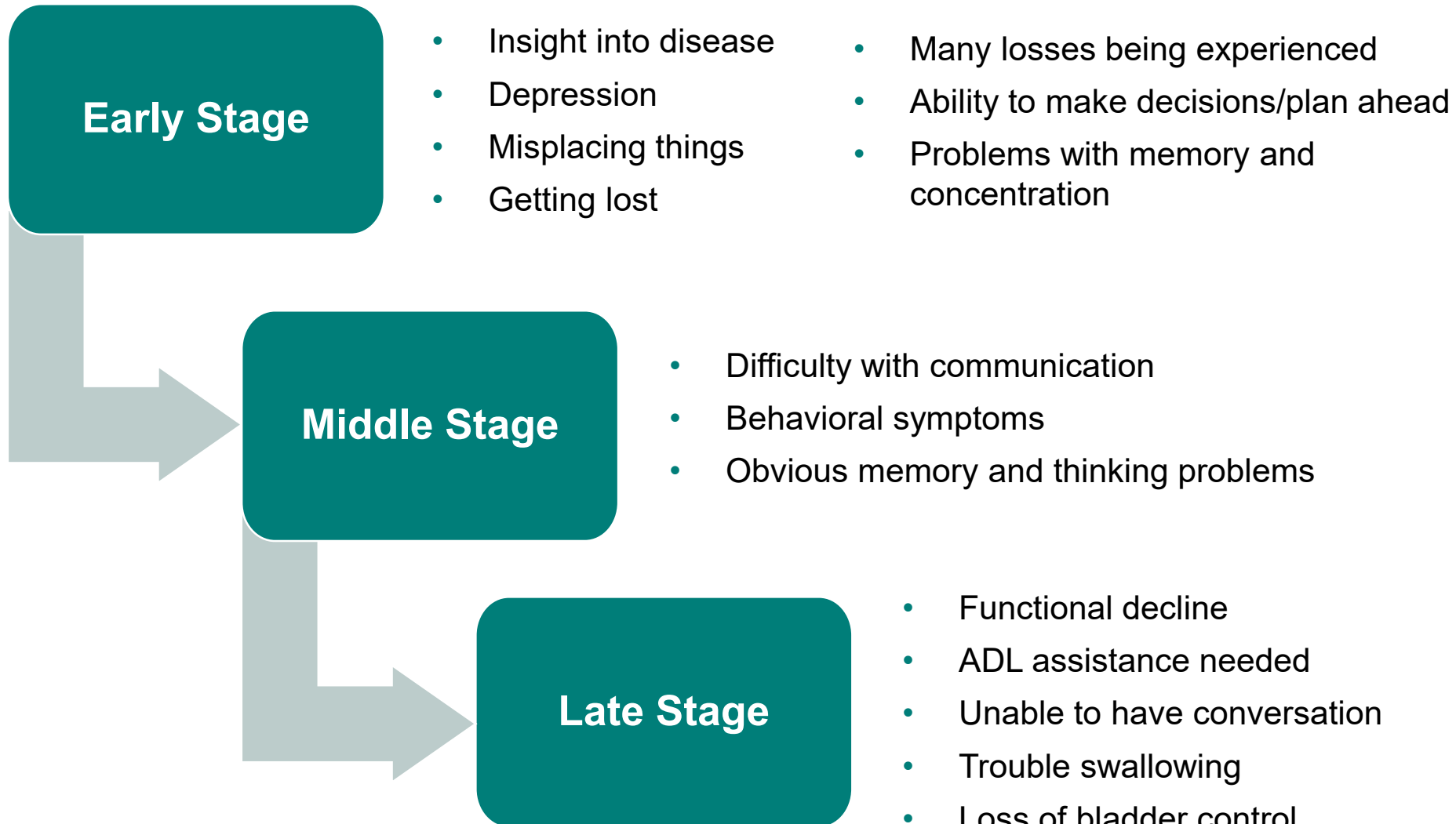
- Depression, delirium
- Emotional disorders
- Metabolic disorders (e.g. hypothyroidism)
- Eye and ear impairments
- Nutritional (e.g. B12 deficiency)
- Tumors
- Infections
- Alcohol, drugs, medical interactions



Alzheimer's Disease

- Most common form of Dementia/Major Neurocognitive disorder.
- Must be diagnosed by physician.
- Onset is gradual.
- Progressive symptoms: Memory impairment, problems with thinking and planning, and behaviors which interfere with daily life.
- Leads to death.

Progression



Managing Behaviors and Communication

Communication Changes

- Changes in the brain cause changes in how people communicate.
- Neither the person nor the behavior is the problem – the problem is the need or feeling that the person is trying to communicate with the behavior.
- Behavior IS communication.
 - Behavioral expressions affect almost all individuals at some point in the disease progression.

Behavioral Symptoms

Behavioral symptoms are not:

- Intentional
- The patient trying to be difficult
- Due to poor listening



Behaviors are not on purpose. They are part of the disease process.

Potential for Downward Spiral



Person with dementia has challenging behavior.



Increased caregiver stress/poor coping skills.



Decreased ability of caregiver to use behavioral strategies.



More challenging behaviors.

Potential for Downward Spiral



- Decreased quality of life
- Increased functional decline
- Increased caregiver distress
- Increased health care utilization/hospitalizations and cost
- Earlier nursing home placement

Communication Strategies

Components that determine impact of communication:

- 55% body language (postures, gestures, eye contact)
- 38% tone of voice
- 7% content or actual words



Improving Communication

When communicating, put yourself in their position:

- How would you feel if you were cold and did not have a way to tell someone you wanted a jacket?
- How would you feel if you were being forced to take a shower in a cold bathroom?
- How would you feel if you looked in the mirror and did not recognize yourself and thought that there was a stranger in the room?

Adjust Your Approach

- Find new ways to communicate and connect.
 - Words
 - Movement
 - How we approach someone
 - Facial expressions
 - Tone of voice
 - Touch
- Give short, one sentence explanations.
- Allow plenty of time for comprehension and response...and then triple the time.
- Repeat instructions or sentences exactly the same way.



Adjust Your Approach

Some things to avoid:

- Don't argue
- Don't reason
- Don't confront
- Don't remind them they forgot and question memory
- Don't insist



Identifying and Reporting Abuse

Elder Abuse

- As many as 1 in 10 older adults, and **1 in 2 people with dementia, are victims of elder abuse.**
- For every reported case of elder abuse, there are **23 that go unreported.**
- 70-90% of perpetrators of elder abuse are **family members, loved ones or caregivers.**
- Reporting helps link families to **needed services.**
- Victims of elder abuse are **two times more likely to be hospitalized than other seniors.**

Mandated Reporters

Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation.

Health practitioners are mandated reporters of elder abuse.



What Must Be Reported?

Isolation

Abandonment



Physical abuse

Neglect



Self Neglect

(Deficits in physical self-care, medical care, health and safety hazards, and/or malnutrition)

Financial abuse

Abduction



Why Report Elder Abuse

- It is the law.
 - Failure to report, or impeding or inhibiting a report...is a misdemeanor, punishable by county jail, a fine, or both.
- Helps connect families to support services.
- Improves quality of life.
- Can reduce hospitalizations.



Supporting Care Givers

What Do Caregivers Do?

- Manage co-existing conditions/ treatment
- Medication management
- Recognize acute medical conditions/ issues
- Wound care
- Manage behavioral symptoms
- Appointments
- Transportation
- Hygiene
- Meals
- Housekeeping
- Home safety
- Finances
- Decision-making
- Supervision
- Socialization

Caregivers are our eyes, ears, and hands.

Unique Considerations - Dementia Caregivers

- Caregiving is more demanding as disease progresses.
- Caregivers need to learn whole new language (behavior & communication).
- Person with dementia cannot change (only caregiver can adapt).
- Role changes may occur.



Impact on Caregivers

- Social isolation
- Capacity to provide care
- Anxiety
- Physical/emotional strain
- Need for informal support
- Depression
- Fatigue
- Burnout
- Emotional stress



Indicators of Caregiver Stress

10 warning signs:

1. Denial
2. Anger
3. Social withdrawal
4. Anxiety
5. Depression
6. Exhaustion
7. Sleeplessness
8. Irritability
9. Lack of concentration
10. Health problems



Provide Assistance and Encouragement

- Urge development of stress management skills.
- Promote support groups/self-help programs.
- Encourage that they make their health a priority.
- Address family conflict.
- Discuss caregiving options.
- Revisit future alternatives to home care.



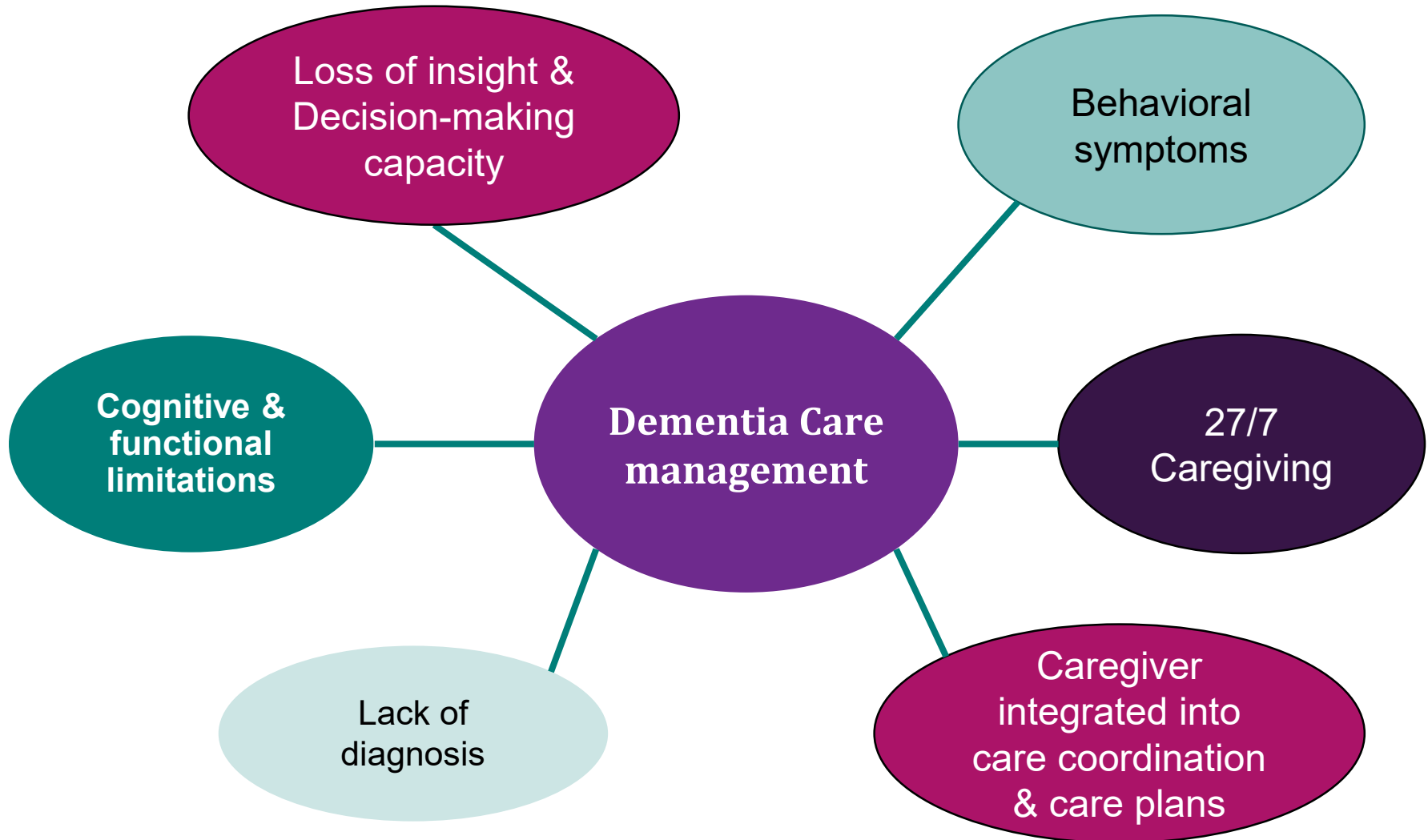
Dementia Care Management

A Dementia-Informed Lens

- It's not business as usual.
- Need to think differently about how to manage care.
- Creative approaches may be needed.
- Special instructions may be needed.
- Caregivers may need additional training and support.
- Co-existing conditions can be challenging to manage.



What makes Dementia Care Management Unique?



Monitoring and Managing Co-Existing Conditions

- Loss of cognitive ability to understand multiple conditions and disease management.
- Difficulty attending follow-up medical appointments/visits.
- Less ability to express symptoms, leading to delays in seeking treatment.
- Caregiver must learn techniques to manage co-existing conditions.
- Care managers must work to understand and address all co-existing conditions.

Managing Co-Existing Conditions

Congestive heart failure	Challenge of dementia	Potential adaptation strategies
Monitoring weight	<ul style="list-style-type: none"> • Person refuses to go onto scale • Person is unsteady when going onto scale 	<ul style="list-style-type: none"> • Try weighing person when he/she is more relaxed • Make weighing an activity • Grab bars near scale
Taking diuretic	<ul style="list-style-type: none"> • Cannot rely on patient to take medication • More toileting needs; person unable to use bathroom independently • Person is up at night 	<ul style="list-style-type: none"> • Caregiver administers medication • Caregiver assists with toileting; consider toileting schedule • Talk to doctor about taking medication in morning so person is not up at night
Compression stockings	<ul style="list-style-type: none"> • Person refuses to wear stockings • Person gets aggressive when caregiver tries to put on stockings 	<ul style="list-style-type: none"> • Elevate feet instead • Speak to doctor about alternatives to compression stockings

Creating Care Plans

Dementia can lead to challenging behaviors:

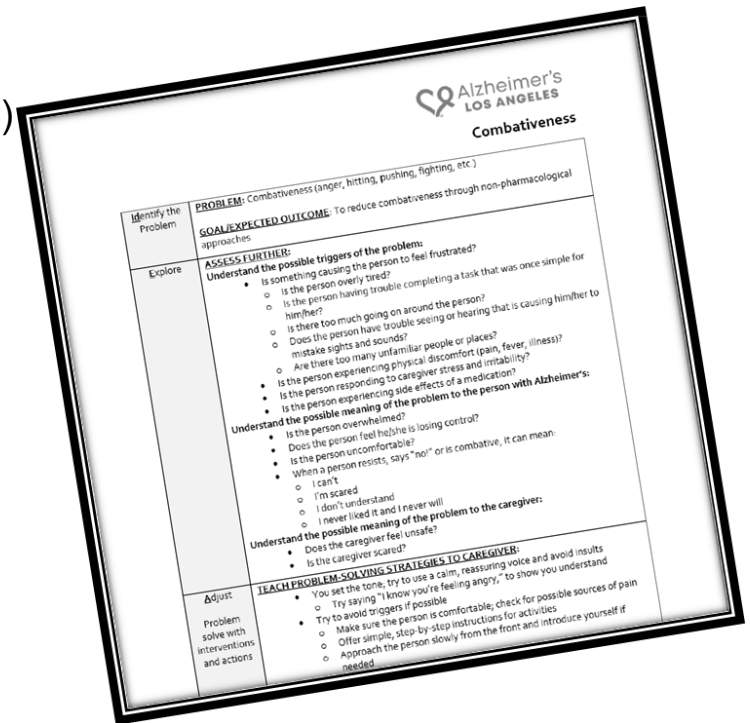
- Sleep disturbances
- Sadness and/or depression
- Combativeness
- Hallucinations
- Sundowning
- Suspiciousness and paranoia
- Screaming and making noises
- Resisting bathing or showering
- Difficulty with dressing and grooming
- Difficulty using the bathroom
- Poor medication management
- Getting lost



Enhancing Care Plans

Use resources:

- [Alzheimer's of Los Angeles Website](#)
 - Standardized Care Plans (>20 topics available)
 - Sleep Disturbances
 - Sadness and Depression
 - **Combativeness**
 - Hallucinations
 - Sun downing
 - Difficulty Eating



Make Referrals When Appropriate

- Clarify service need.
- Be specific.
- Carefully match caregiver to agency (consider language, cost, geography, culture).
- Be proactive and anticipatory.
- Go the extra mile for families; high touch.



Better Outcomes

- Ensure social determinants of health are met.
- Reduce caregiver stress and burnout.
- Improve quality of life.
- Reduce hospitalizations/readmissions.
- Delay/Prevent institutionalization.



Community Resources

Alzheimer's Los Angeles








- Website www.alzheimersla.org
- Helpline 1.844.HELP.ALZ | 1-844-435-7259
- Care counseling
- Family caregiver education
- Disease education
- Support groups



Community Resources



The Dementia Care Management Toolkit provides healthcare professionals with tools to support dementia care management. It includes assessment instruments to help identify people with dementia and their family, and to assess their needs. The contents of this toolkit are not all-inclusive and are meant to complement and enhance existing care management tools and practices. Clinical judgement should be used when working with individuals and families, and procedures, policies, regulations, laws, and mandates should always be followed.

-  The AD8 Dementia Screening Interview
-  Benjamin Rose Institute Caregiver Strain Instrument
-  Tool for Identifying an Informal or Family Caregiver
-  Care Needs Assessment Tool
-  IDEA! Strategy for Managing Challenging Behavioral Symptoms
-  Standardized Care Plans
-  Plain Language Fact Sheets
-  Health Risk Assessment Cognitive Impairment Trigger Questions

Alzheimer's Los Angeles website has many tools that can be utilized including:

Assessment Tools

- Caregiver Strain Instrument
- AD8 Dementia Screening Interview
- Care Needs Assessment

Additional Information

- IDEA Strategy Sheets
- Plain Language Fact Sheets
- Caregiver Identification

Community Resources

Health Net offers many benefits and programs to assist with managing dementia care.

Members can contact their health care provider or call member services at 1-800-675-6110 (TTY 711) or visit www.HealthNet.com for additional information

Long Term Services and Supports (LTSS)

- Long Term Care (LTC)
- In-home Supportive Services (IHSS)
- Multi-Purpose Senior Services Program (MSSP)
- Community-Based Adult Services (CBAS)

Provider and Provider groups: Please refer to the Health Net Operations Manual for additional information on these programs.

Presentation Resources

Material References

Material included from:

1. U.S. Department of Health and Human Services Alzheimer's and Dementia Training Curriculum
 - <https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum>
2. Alzheimer's of Los Angeles Dementia Care Specialist Training Material
 - <https://www.alzheimersla.org/alzheimers-los-angeles-services/professional-training/dementia-capable-health-systems/>

Thank you