CSS Shared Resources, Ontario East









Land Acknowledgment

Dementia Care Essentials

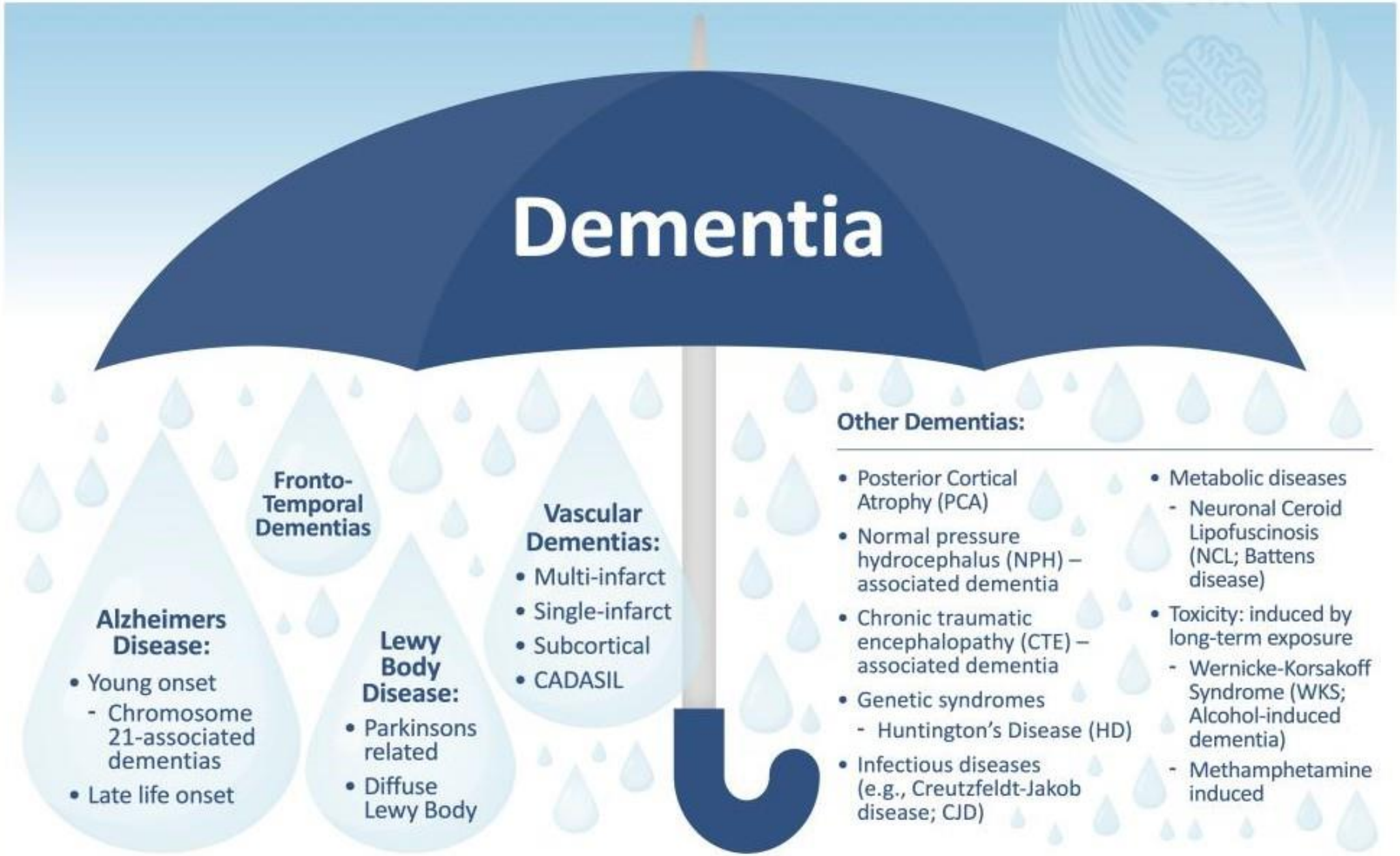
November 3rd, 2026
10:30 - 12:00

Geriatric Psychiatry Community Services of Ottawa

Kaitlyn Borutskie, BScN, MN, RN
Sharon Smith, OT Reg. (Ont.)
Psychogeriatric Resource Consultants (PRC)

Outline

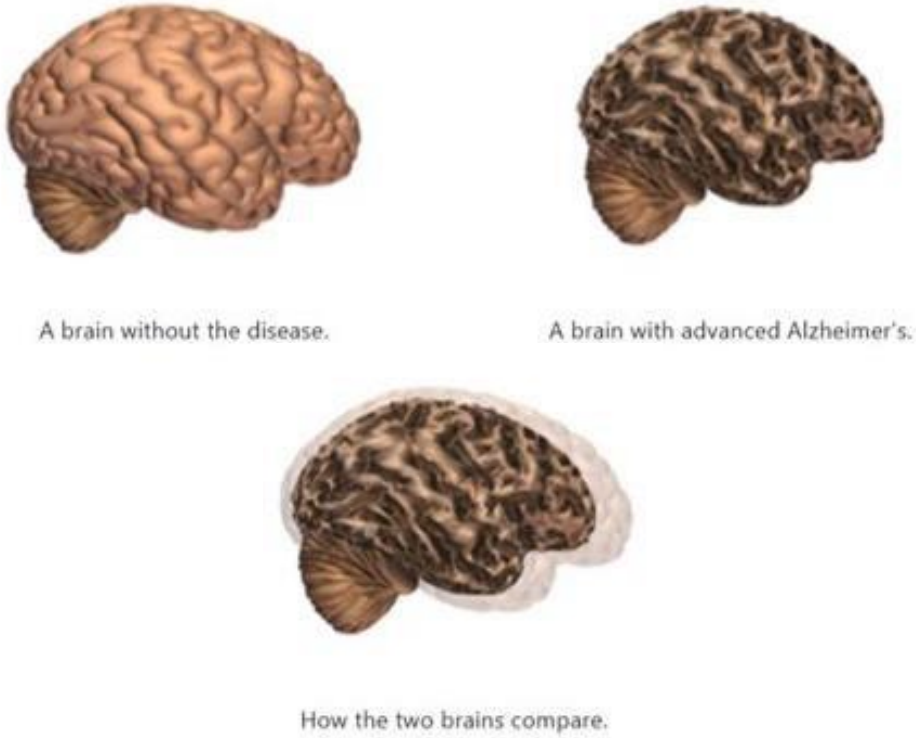
- Dementia Foundations
- Dementia Behaviours
- Person-Centered Care
- Communication Practices
- Documentation Practices
- Service Navigation for Dementia Care



Source: Teepa Snow (2019). *Positive Approach to Care*.

What is Dementia?

- Major Neurocognitive Disorder
  - Various types of dementias



A brain without the disease.

A brain with advanced Alzheimer's.

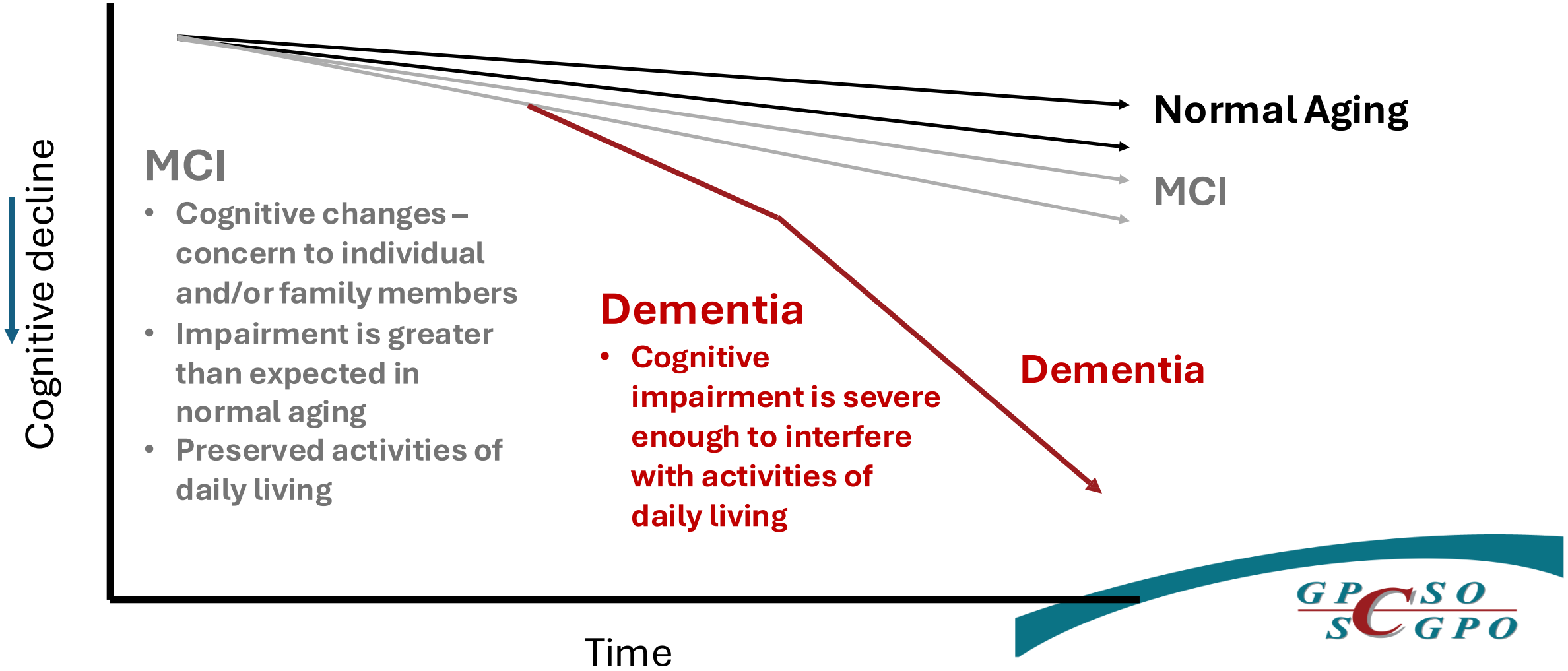
How the two brains compare.

- ❖ At least 2 parts of the brain are actively dying
- ❖ It is progressive & always changing
- ❖ It is chronic (there is no cure)
- ❖ It is terminal (but so is life!)

Changes in memory & thinking that affect a person's **ability to function** in their day-to-day lives (ADLs + IADLs)

(Teepa Snow, 2019)

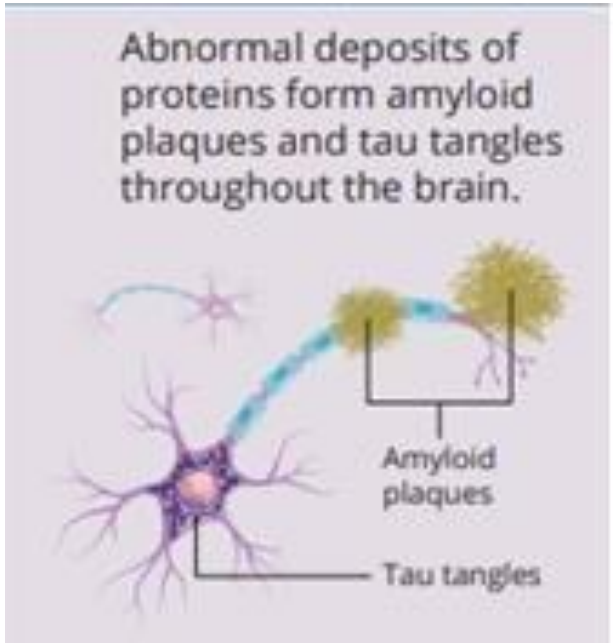
Impact on Activities of Daily Living



Alzheimer's Disease

Most common type of dementia (60-80% of all diagnoses)

Two types of protein (amyloid plaques and beta tangles) develop in the brain. These plaques and tangles interfere with brain cell function and the brain cannot effectively do all the tasks related to memory, decision making, language, etc.



(National Institute on Aging [NIH], 2023; Rare Dementia Society [RDS], 2024)

Alzheimer's Disease

Typically, a gradual progression (if sudden change, think delirium)

New details are the first to be lost (e.g., memory of recent events or conversations), with a gradual and progressive cognitive, functional, & behavioural changes.

Retrogenesis Theory by Reisberg (1999): "the process by which degenerative mechanisms in dementia reverse those of normal human development"

REGRESSION-DEVELOPMENT ANALOGY (Reisberg)

CHILD DEVELOPMENT	ADULTHOOD INDEPENDENT LIVING	STAGE OF AD
• 16 YEARS	DRIVE A CAR	
• 12+ YEARS	HOLD A JOB	BORDERLINE
• 7-12 YEARS	HANDLE SIMPLE FINANCES	EARLY
• 5-7 YEARS	SELECT PROPER CLOTHES SHOWER UNAIDED	MODERATE
• 4 YEARS	GO TO THE TOILET UNAIDED CONTROL URINE CONTROL BOWEL	SEVERE
• 15 MONTHS	SPEAK 5 OR 6 WORDS	LATE
• 1 YEAR	SPEAK ONE WORD - WALK	
• 6 MONTHS	SIT UP	
• 2-3 MONTHS	SMILE	

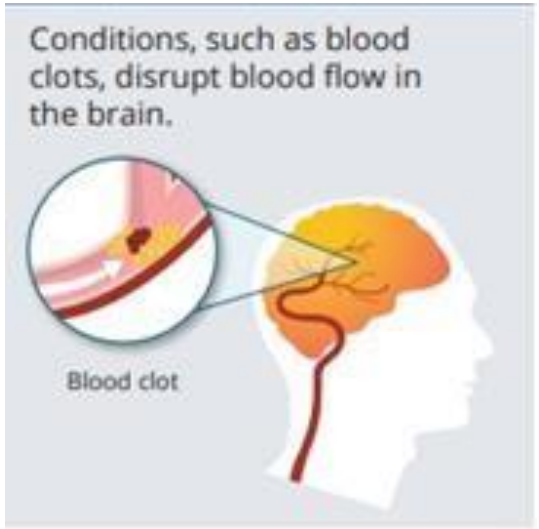
GAINING

LOSING

(Reisberg et al., 1999)

Vascular Dementia

Accounts for ~20% of dementia diagnoses & occurs when brain cells are deprived of oxygen and the affected area of the brain dies.



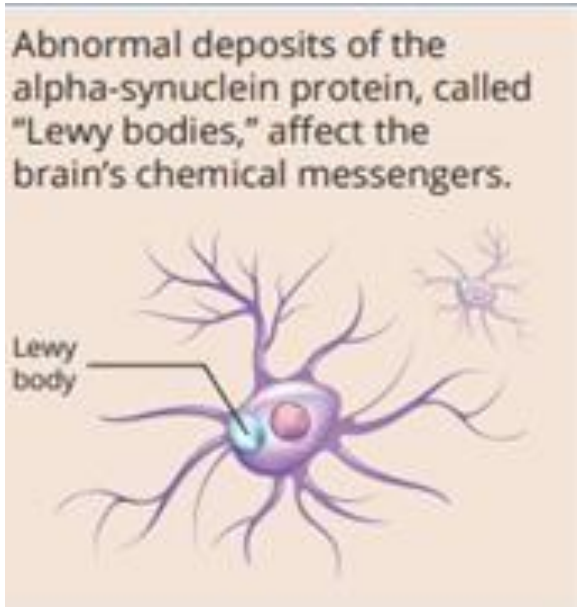
Symptoms vary depending on area of damage.
Progression occurs in a stepwise fashion after events

Common risk factors for vascular dementia: High blood pressure, diabetes, atrial fibrillation, obstructive sleep apnea, high cholesterol, smoking, obesity, physical inactivity, etc.

(National Institute on Aging [NIH], 2023)

Lewy Body Dementia

Lewy Body Dementia vs. Parkinson's Disease Dementia

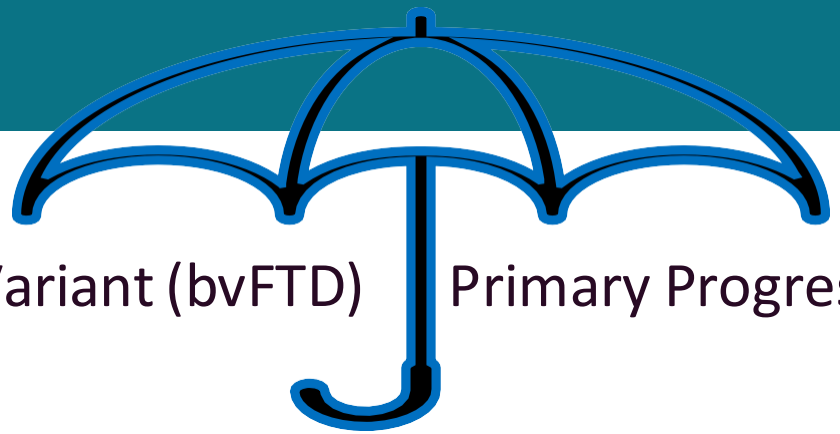


Main symptoms include:

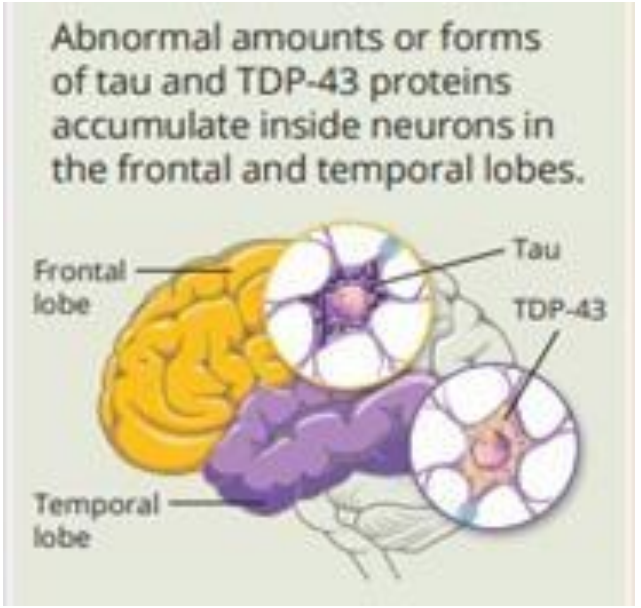
- Changes in thinking and reasoning
- Fluctuations in thinking and memory
- Visual hallucinations
- Changes in movement (slowness, stiffness, rigidity)
- Sleep disturbances

(Alzheimer's Society, 2016; National Institute on Aging [NIH], 2023)

Frontotemporal Dementia (FTD)



Behavioral Variant (bvFTD) | Primary Progressive Aphasia (PPA)



Earlier onset (most dx from 40-60)

A group of dementias predominantly affecting:

- Behaviour
- Personality
- Language
- Movement

(National Institute on Aging [NIH], 2023; Rare Dementia Society [RDS], 2024)

Frontotemporal Dementia (FTD)

Behavioral Variant (bvFTD) → Prominent changes in personality & behaviour
Primary Progressive Aphasia (PPA) → Changes in language & comprehension

Main symptoms of bvFTD:

- Reduced inhibition
- Loss of motivation
- Difficulties with executive functions
  - Planning
  - Problem solving
  - Judgement
  - Decision making
- Obsessions and compulsions
- Appetite changes
- Lack of empathy

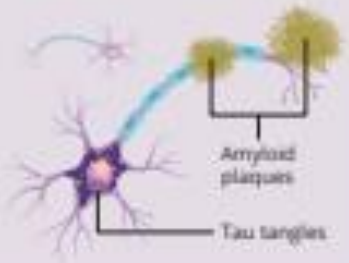
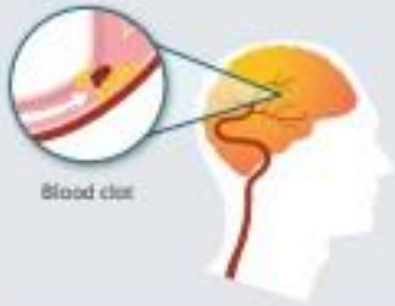
(National Institute on Aging [NIH], 2023; Rare Dementia Society [RDS], 2024)

Mixed Dementia

Multiple types of dementia at once

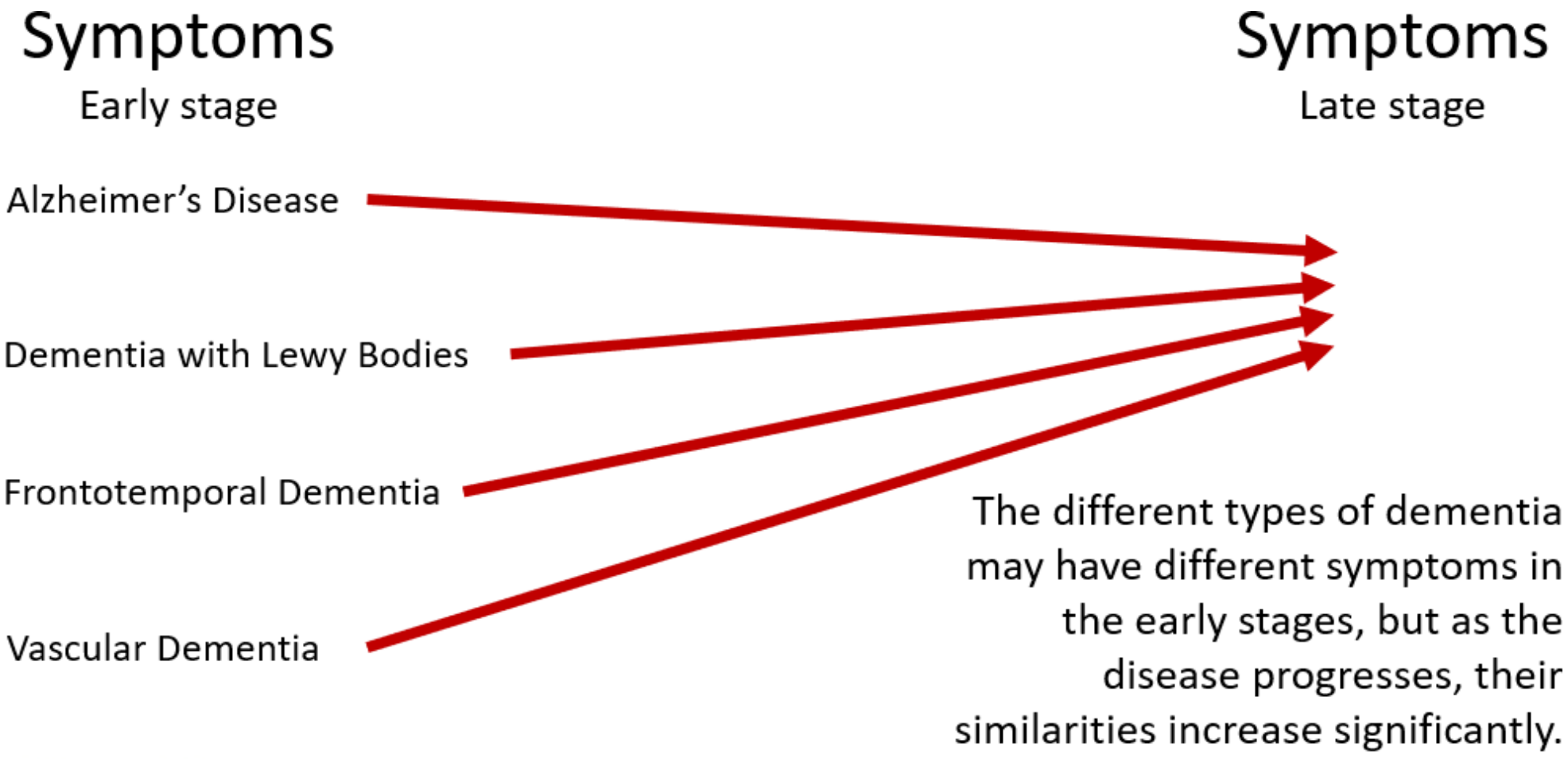
Most common types: Alzheimer's disease and Vascular dementia



Alzheimer's Disease	Frontotemporal Dementia	Lewy Body Dementia	Vascular Dementia
What Is Happening in the Brain?*			
Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain. 	Abnormal amounts or forms of tau and TDP-43 proteins accumulate inside neurons in the frontal and temporal lobes. 	Abnormal deposits of the alpha-synuclein protein, called "Lewy bodies," affect the brain's chemical messengers. 	Conditions, such as blood clots, disrupt blood flow in the brain. 
**These changes are just one piece of a complex puzzle that scientists are studying to understand the underlying causes of these forms of dementia and others.*			
Symptoms			
Mild • Wandering and getting lost • Repeating questions **Moderate** • Problems recognizing friends and family • Impulsive behavior **Severe** • Cannot communicate	**Behavioral and Emotional** • Difficulty planning and organizing • Impulsive behaviors • Emotional flatness or excessive emotions **Movement Problems** • Shaky hands • Problems with balance and walking **Language Problems** • Difficulty making or understanding speech *There are several types of frontotemporal disorders, and symptoms can vary by type.*	**Cognitive Decline** • Inability to concentrate, pay attention, or stay alert • Disorganized or illogical ideas **Movement Problems** • Muscle rigidity • Loss of coordination • Reduced facial expression **Sleep Disorders** • Insomnia • Excessive daytime sleepiness **Visual Hallucinations**	• Forgetting current or past events • Misplacing items • Trouble following instructions or learning new information • Hallucinations or delusions • Poor judgment
Typical Age of Diagnosis			
Mid 60s and above, with some cases in mid-30s to 60s	Between 45 and 64	50 or older	Over 65

(NIH, 2023)

Progression of Dementia



Functional Assessment Staging Test (FAST)

Stage		Brief description	Developmental Age	Average duration of stage
1	Normal	No deficits	Adult	N/A
2	Possible MCI	Subjective deficits	Adult	Unknown
3	MCI	Difficulty with complex IADLs	12+	7 years
4	Mild	IADLs affected (cooking, bills)	8-12 years	2 years
5	Moderate	Needs help selecting proper attire	5 -7 years	1.5 years
6a 6b 6c 6d 6e	Moderately Severe	Needs help putting on clothes Needs help bathing Needs help toileting Urinary incontinence Fecal incontinence	4-5 years 2- 4 years 	3.5 – 9.5 months
7a 7b 7c 7d 7e 7f	Severe/ Advanced	Language: 5- 6 words Language: 1 word Walking Sitting Smiling Holding one's head up	12- 15 months 1- 8 months 	1 – 1.5 years

(Reisberg, 1988)

Symptoms of Dementia

Cognitive Symptoms of Dementia

- Characterized by the 8 As
  - Anosognosia
  - Amnesia
  - Aphasia
  - Agnosia
  - Apraxia
  - Altered Perceptions
  - Apathy
  - Attention Deficits

Behavioural & Psychological Symptoms of Dementia (BPSD)

1. Perceptual
   - Hallucinations, Delusions
2. Vegetative
   - Sleep disturbances, Appetite changes
3. Emotional
   - Anxiety, Depression, Irritability, Euphoria
4. Verbal
   - Yelling, Calling out, Repetitive speech
5. Motor
   - Pacing, Wandering, repetitive movements

Amnesia

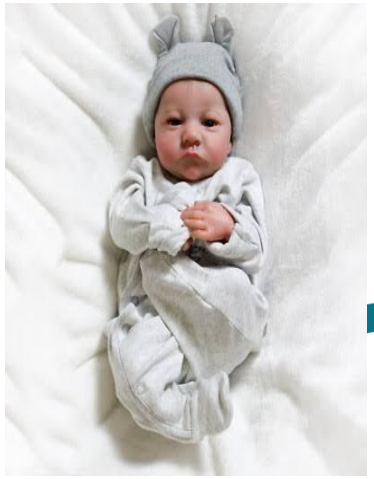
What Is It?	Examples	Possible Strategies
Memory loss, beginning with the short term and eventually extending into the long term People tend to remember their teens and 20s the most	Not recognizing where they are; Trying to leave Can't remember where things go Looking for their small children	Decorate room with familiar items to support memory Wayfinding signs & labels Routine to support predictability





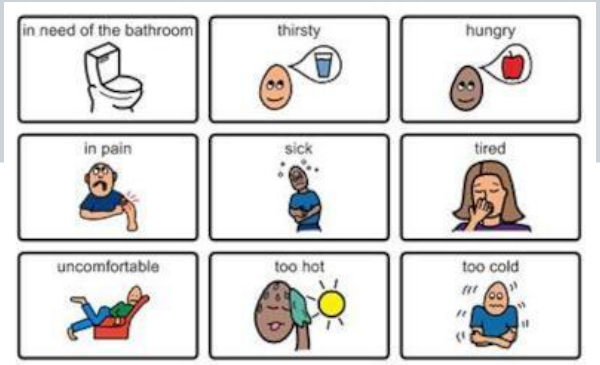


_____ will be here at _____.



Aphasia

What Is It?	Examples	Possible Strategies
Loss of ability to use language – affects individuals differently Can affect verbal communication, understanding of language, how to read and/or write Can be expressive or receptive	The person can understand language, but struggles to physically produce speech (expressive) * *common with stroke* The person can speak but doesn't understand language (receptive) May say "the frindle is 11 green" May be able to read and write, but can't follow verbal directions	Speak slowly and clearly Don't raise your voice (they can hear you!) Give extra time to respond Be mindful of body language Use communication cards



Agnosia

What Is It?	Examples	Possible Strategies
Loss of ability to recognize people, objects, and/or sounds	Not recognizing family member Using tv remote as telephone Can't recognize telephone ringing Eating non-food items	Always introduce self (family too) Large, simple name tags Label items Keep dangerous items out of reach

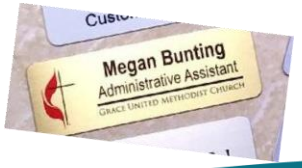








vs.



Apraxia

What Is It?	Examples	Possible Strategies
Loss of ability to plan, sequence, and carry out physical movements Difficulty performing familiar tasks	Putting clothes on in wrong order Incontinence r/t inability to remember steps, despite recognizing urge to go & finding toilet Smearing feces r/t missing a step in the sequence	Place cues in the environment with the correct order of events Set items out in the correct order Demonstrate actions simply







Altered Perceptions

What Is It?	Examples	Possible Strategies
Loss of perceptual acuity-May affect: • Depth perception • Proprioception • Misinterpretations (illusions)	Can't see bottom of tub & feel like they're sinking with no end Thinks black mat is a hole Interprets curtains as bugs	Use colour for contrast on bottom Remove dark mats / patterns Be aware of lighting, shadows, glare, items being misinterpreted





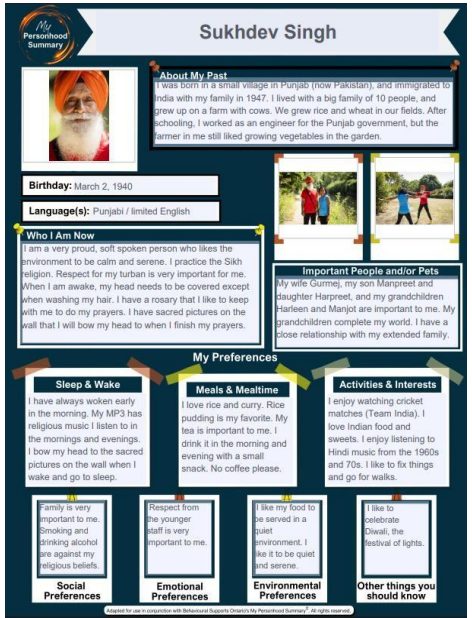




Apathy

What Is It?	Examples	Possible Strategies
Loss of ability to initiate tasks Motivation is lacking Appears uninterested / detached	Sitting in chair all day without engaging with things / people Indifferent / passive about decisions	Be the starter button! Initiate activities based on **personhood** & remaining strengths





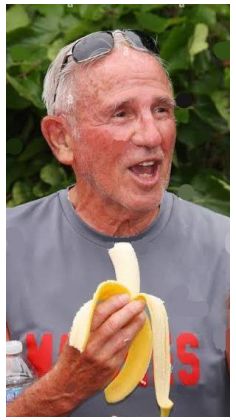
https://brainxchange.ca/BSOpersonhood

Attention Deficit

What Is It?	Examples	Possible Strategies
Difficulty maintaining attention or focus on a task	Sitting for meal but leaving before it's served to the person Starts activity and then leaves	Minimize distractions Have things set-up & ready to go Small group activities Be flexible







Anosognosia

What Is It?	Examples	Possible Strategies
Inability to recognize that something has changed with cognition, personality, and/or behaviour The person lacks insight into their condition and functional limitations They don't know, that they don't know	"There is nothing wrong with me" "I already showered today and am perfectly capable of doing it myself" "I don't need any help"	Gain the person's trust through listening & validation (don't challenge the person) Start with something pleasurable (convo, putting on music) Develop personal routine based on **personhood**, likes, and dislikes Be flexible and creative

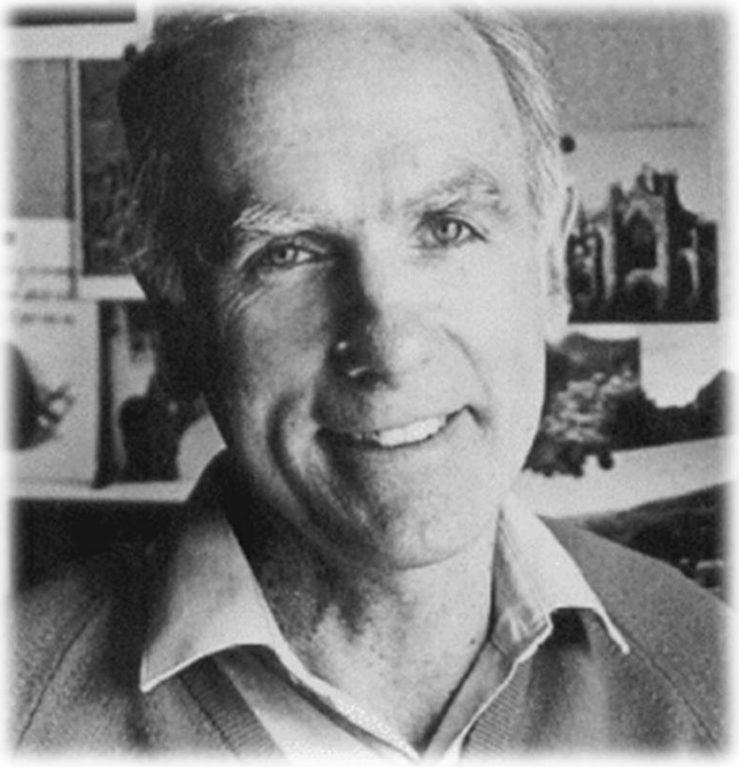




Personhood

Person-Centered Care

Person-Centered Dementia Care



Thomas Kitwood (1937-1998)

Core Principles:

- Valuing all human life regardless of age and mental abilities
- Rooted in respect for the other and knowledge of their personhood
- Paying attention to the person as a whole - not their symptoms
- Understanding the world from the perspective of the person living with dementia

(Bolby Sifton et al., 2011)

Personhood



- The qualities that make up a person's unique identity, values, beliefs, and sense of self
- Rooted in dignity, respect, trust
- Supporting older adults while respecting their desire for autonomy and independence.
- Acknowledging personhood involves our dedication to knowing who the person is, past and present, and incorporating this into their care plan as they journey through dementia.

Person-Centered Language

- Historically, language used to describe dementias has largely focused on losses experienced
- While these losses are real, negative wording can promote stigma against dementia through perceptions, interpretations and approaches to care that focus on weakness rather than strength, illness rather than wellness, and victims rather than whole persons
- By being more conscious of the language we use, we can avoid reducing people living with dementia to a series of labels, symptoms or medical terms



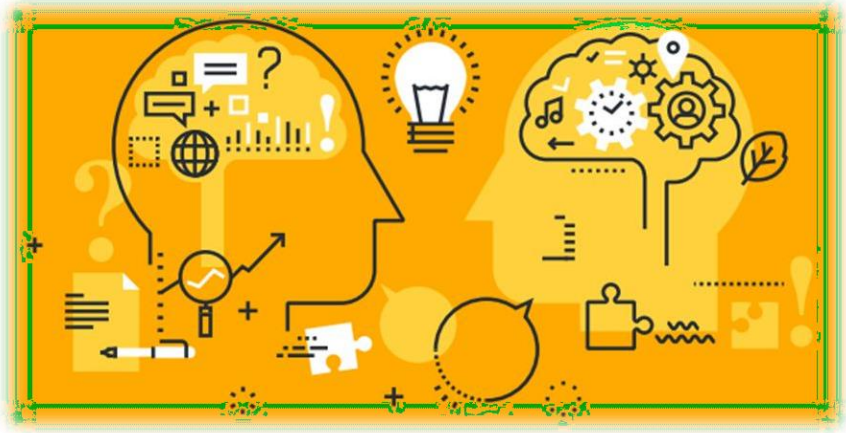
People living with dementia are still people first & must be treated as such

(Alzheimer Society of Canada, 2017)

Person Centered Language

The purpose of person-centered language is **to recognize the impact of language on thoughts and actions**, to ensure language does not diminish the uniqueness and intrinsic value of each person and to allow a full range of thoughts, feeling and experiences to be communicated while supporting the following principles:

- Personhood
- Dignity & Respect
- Acceptance & Understanding
- Relationships
- Recognition & Individuality
- Relationships of Trust



(Alzheimer Society of Canada, 2017)

Person-Centered Language

Language to be avoided	Reasoning	Person-centered language
Adult Day Care	More appropriate for children's services than adults	Adult Day Program
Bib	Terms are reflective of products used in the care of children	Apron Clothing protector
Demented person	Implies person is completely incapable	Person with dementia Person living with dementia (PLWD)
Diapers	Terms are reflective of products used in the care of children	Incontinence product Adult brief
Schizophrenic	Implies the person is only their diagnosis / illness rather than seeing the person 1st	They have schizophrenia They're living with schizophrenia

(Alzheimer Society of Canada, 2017)

Behaviours & Dementia

Behavioural & Psychological Symptoms of Dementia (BPSD)

BPSD are the non-cognitive symptoms of dementia,
like changes to behaviour and mood, that frequently occur in all dementias

Perceptual
- Hallucinations
- Delusions

Motor
- Pacing
- Wandering
- Repetitive movements
- Physically responsive

Vegetative
- Sleep disturbance
- Change in appetite

Verbal
- Yelling
- Calling out
- Repetitive speech / vocalizations
- Verbally responsive

Emotional
- Euphoria
- Depression
- Anxiety
- Irritability

Why do we see changes in behaviour?

- They are a way of communicating something
  (e.g., a need, a discomfort, a feeling, etc.)



A brain without the disease. A brain with advanced Alzheimer's. How the two brains compare.

- The person may be responding to something negative, frustrating, or confusing in his or her environment.
- To address or change the behaviour, we must look at the underlying reason or trigger

All behaviour has meaning

(GPA Basics, 2020)

The Behaviour is Just the Tip of the Iceberg

What we see:

The reasons behind it (to name a few!):



Contributing Factors

P I E C E S

Physical



- Disease
- Drugs
- Disability
- Discomfort
- Delirium

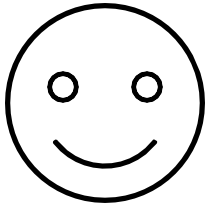
Intellectual



The 8 A's

- Amnesia
- Aphasia
- Agnosia
- Apraxia
- Altered Perceptions
- Apathy
- Attention Deficits
- Anosognosia

Emotional



- Mental Health History
- Trauma Hx
- Current Mood
- Substance use
- Coping skills

Capabilities



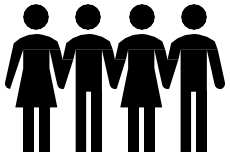
- What can they do??
  - Don't want to overwhelm or underuse abilities
- Glasses & hearing aids on and clean

Environment



- Noise
- Lighting
- Wayfinding
- Body language of others

Social



- Life story
- Preferences
  - Cultural
  - Spiritual
  - Likes & Dislikes

(GPA Basics, 2020; Pieces Canada, 2020)

BSO DOS

BSO-DOS®

Behavioural Supports Ontario-Dementia Observation System

Data Collection Sheet

D/M/Y	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*
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*Mandatory column

Observed Behaviours	
1 Sleeping	
2 Awake/Calm	
3 Positively Engaged	
For #3-8 check as you observe:	
❑ Activity	❑ Hugging
❑ Conversing	❑ Singing
❑ Hand holding	❑ Smiling
❑ Other:	
4 Vocal Expressions (Repetitive)	
❑ Crying	❑ Questions
❑ Grunting	❑ Requests
❑ Humming	❑ Sighing
❑ Moaning	❑ Words
❑ Other:	
5 Motor Expressions (Repetitive)	
❑ Banging	❑ Grinding teeth
❑ Collecting/Hoarding	❑ Pacing
❑ Disrobing	❑ Rattling
❑ Exploring/Searching	❑ Rocking
❑ Fidgeting	❑ Rummaging
❑ Other:	
6 Sexual Expression of Risk	
❑ Explicit sexual comments	
❑ Public masturbation	
❑ Touching others - genitals	
❑ Touching others - non-genitals	
❑ Other:	
7 Verbal Expression of Risk	
❑ Insults	❑ Swearing
❑ Screaming	❑ Threatening
❑ Other:	
8 Physical Expression of Risk	
❑ Biting	❑ Punching
❑ Choking others	❑ Pushing
❑ Grabbing	❑ Scratching
❑ Hair pulling	❑ Self-injurious
❑ Hitting	❑ Slapping
❑ Kicking	❑ Spitting
❑ Pinching	❑ Throwing
❑ Other:	
9	
10	

Context	
A	Alone
L	Loud/busy environment
Q	Quiet environment
F	Family/visitors present
C	Personal Care (e.g. bathing, incontinent care, toileting)
N	Nutrition - eating/drinking
M	Medication for behaviours given
P	Pain medication given
T	Treatment (e.g. wound care, creams)
R	Expressions directed at Resident/patient/visitor(s)
S	Expressions directed at Staff
X	
Y	

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

DOS Working Group (2019). *Behavioural Supports Ontario-Dementia Observation System (BSO-DOS®).* Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

BSO-DOS®

Behavioural Supports Ontario-Dementia Observation System

Worksheet

Step #1: Background *(Complete prior to Data Collection Sheet)*

Reason for Completing BSO-DOS®:

- ❑ Baseline/Admission
- ❑ Transition/Move
- ❑ New behaviour: _____
- ❑ Change in behaviour(s)
- ❑ Implementation of a new strategy/intervention
- ❑ Adjustment of medications
- ❑ Support for urgent referral/transfer
- ❑ Other: _____

BSO-DOS® start date: _____ Section completed by (print name): _____

BSO-DOS® stop date: _____ Signature: _____

Step #2: Complete the Data Collection Sheet & highlight the numbers according to the colour-coded legend

Step #3: Analysis & Planning *(Use completed Data Collection Sheet)*

		Total the Blocks for Each Day (Add up the number of blocks for each category per day)						Total the ½ Hour Blocks (Add up the number of blocks for each category over 5 days)		Calculate the Average Hours Per Day (Divide the total ½ hour blocks by 10) Hint: Move the decimal point one space to the left	Concerns		
		Day #1	Day #2	Day #3	Day #4	Day #5					Frequency	Duration	Risk
1	Sleeping						=		÷10		❑	❑	❑
2	Awake/Calm						=		÷10		❑	❑	❑
3	Positively Engaged						=		÷10		❑	❑	❑
4	Vocal Expressions						=		÷10		❑	❑	❑
5	Motor Expressions						=		÷10		❑	❑	❑
6	Sexual Expression of Risk						=		÷10		❑	❑	❑
7	Verbal Expression of Risk						=		÷10		❑	❑	❑
8	Physical Expression of Risk						=		÷10		❑	❑	❑
9							=		÷10		❑	❑	❑
10							=		÷10		❑	❑	❑

What the BSO-DOS® data reveal (e.g. types of behaviours expressed, patterns, time of day, broken sleep): _____

Possible causes and contributing factors (consider collected context and personhood information): _____

Next Steps (check all that apply):

- ❑ Continue BSO-DOS® for another 5 days
- ❑ Repeat BSO-DOS® in 4-6 weeks
- ❑ No further BSO-DOS® completion at this time
- ❑ ABC charting around particular events/behaviour
- ❑ Clinical huddle/meeting
- ❑ Progress note written
- ❑ Consult/meet with Substitute Decision Maker (SDM)
- ❑ Medication adjustment/review
- ❑ Non-pharmacological interventions suggested: _____
- ❑ Care plan updated
- ❑ Referral: _____
- ❑ Other: _____

Section completed by (print name): _____ Signature: _____

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

DOS Working Group (2019). *Behavioural Supports Ontario-Dementia Observation System (BSO-DOS®).* Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

BSO DOS

	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*
Y/M/D	19/06/20			19/06/21			19/06/22			19/06/23			19/06/24		
0700	1		DF	1		DF	1		TC	1		TC	1		CM
0730	2		DF	4	A	DF	4		TC	1		TC	2		CM
0800	4	C	DF	4 7	C	DF	4 5	C	TC	4	C	TC	2		CM
0830	3	N	DF	2		DF	2		TC	2		TC	2		CM
0900	2		DF	4	A	PL	4		TC	4	A	TC	2		CM
0930	2		DF	2		DF	2		TC	2		TC	4	A	CM
1000	2		DF	2		DF	2		LL	2		TC	2		CM
1030	4 5	A	DF	3		DF	2		TC	3		TC	2		CM
1100	2		DF	2		DF	4		TC	2		TC	3		CM
1130	2		CC	2		DF	7		TC	2		TC	3		TC
1200	2		DF	2		DF	2		TC	2		TC	2		CM
1230	2		DF	2		PL	2	N	TC	2		CM	2		CM
1300	2		DF	4 5	C	DF	2		LL	4	L	TC	2		CM
1330	2		DF	2	Q	DF	4	L	TC	4	L	TC	4		CM
1400	3		MC	2		DF	4 5	L	TC	5	C	TC	4		TC
1430	2		DF	2		DF	7 8	C	TC	1		TC	5 7	C	CM
1500	2		RM	2		SL	4		CB	1		CB	2		LT
1530	2		RM	2		SL	2		CB	2		CB	2		LT
1600	2		RM	2		SL	3		CB	2		CB	2		LT
1630	2		RM	2		SL	2		CB	2		CB	2		LT
1700	2		RM	2		SL	2		CB	2		CB	2		LT
1730	2		RM	2		SL	2		CB	2		CB	4	P	LT
1800	4	A	NT	4		SL	4		GF	4	Q	CB	2		CB
1830	2		RM	2		PB	7	A	CB	4	P	LT	2		LT
1900	2		RM	2		SL	4	A	CB	3	F	CB	3		LT
1930	3	F	RM	3	F	SL	2		CB	3	F	CB	2		LT
2000	3	F	RM	3	F	SL	2		CB	2		CB	2		LT
2030	2		RM	2	P	SL	1		CB	2		CB	2		LT
2100	2		RM	2		SL	1		CB	1		CB	2		LT
2130	1		RM	2		SL	1		CB	1		CB	1		LT
2200	1		RM	2		SL	1		CB	1		CB	1		LT

Observed Behaviours

1 Sleeping

2 Awake/Calm

3 Positively Engaged

For #3-8 check as you observe:

- ☑ Activity
- ☑ Conversing
- ☐ Hand holding
- ☐ Other:
- ☐ Hugging
- ☐ Singing
- ☑ Smiling

4 Vocal Expressions (Repetitive)

- ☐ Crying
- ☐ Grunting
- ☐ Humming
- ☑ Moaning
- ☐ Other:
- ☐ Questions
- ☑ Requests
- ☐ Sighing
- ☐ Words

5 Motor Expressions (Repetitive)

- ☑ Banging
- ☐ Collecting/Hoarding
- ☐ Disrobing
- ☐ Exploring/Searching
- ☑ Fidgeting
- ☐ Other:
- ☐ Grinding teeth
- ☐ Pacing
- ☐ Rattling
- ☐ Rocking
- ☐ Rummaging

6 Sexual Expression of Risk

- ☐ Explicit sexual comments
- ☐ Public masturbation
- ☐ Touching others - genitals
- ☐ Touching others - non-genitals
- ☐ Other:

7 Verbal Expression of Risk

- ☐ Insults
- ☑ Screaming
- ☐ Other:
- ☑ Swearing
- ☐ Threatening

8 Physical Expression of Risk

- ☐ Biting
- ☐ Choking others
- ☐ Grabbing
- ☐ Hair pulling
- ☐ Hitting
- ☐ Kicking
- ☐ Pinching
- ☐ Other:
- ☐ Punching
- ☐ Pushing
- ☐ Scratching
- ☐ Self-injurious
- ☑ Slapping
- ☐ Spitting
- ☐ Throwing

9

10

Hallucinations

False sensory perception with no external stimuli

- Visual
  - Ex. People, animals, things
- Auditory
  - Ex. Voices, music, sounds
- Tactile
  - Ex. Bugs crawling, person touching you
- Olfactory
  - Ex. Odors like gas, chemicals, perfume
- Gustatory
  - Ex. Tastes like metals, bitter, rotten



Hallucinations

- Assess the situation – Is the hallucination causing upset or distress?
  - If not, there may not be a need to intervene
- React calmly, offer reassurance, acknowledge emotions
- Avoid arguing about what they're experiencing (but don't agree)
  Ex. "I can't see what you are, but I understand it's very real to you"
- Use distraction or change in environment
- The role of antipsychotic medications

Delusions

Fixed, false belief not based in reality; Can be bizarre or non-bizarre

- Jealousy – Persistent belief that partner is unfaithful
  - Ex. You cheated on me today! (couple has been together 24/7)
- Persecutory – Person is being targeted, harassed or conspired against
  - Ex. The FBI is using mind-control on us
- Grandiose – Believes they are powerful, famous, wealthy, of high status
  - Ex. I inherited millions and the Royal family is coming to celebrate
- Erotomanic – Another person, usually of higher status, is in love with you
  - Ex. Keanu Reeves is my fiancé and we'll be together soon
- Somatic – False belief about one's own physical body or bodily functions
  - Ex. My organs are rotting inside me and they need to be taken out
- Reference – Innocuous events have direct, personal significance
  - Ex. Song lyrics were written specifically to send me a secret message



Delusions

- Confusion and memory loss are contributing factors
- Don’t take offence, argue or try and convince the person otherwise,
  - ➢ Give a simple answer and switch the focus to another activity
- The role of antipsychotic medications

VERA

Validation – The VERA Method

1. **Validate**
   Validate the persons feelings or reality. Accept the behaviour exhibited has a value to the person and isn't just a symptom of dementia.

2. **Emotion**
   Respond to their emotion, not their words.



3. **Reassure**
   Reassure the person.

4. **Activity**
   Redirect the person to a failure free activity and engage them so they feel active and occupied.

(Alzheimer Society of Canada, 2017)

The VERA Method – Example

Sarah is sitting in the dining room but not eating and looks worried. You ask if her soup is okay and she tells you the kitchen staff put dishwashing liquid in it to poison her.

	Possible Response	Reasoning for Response
Validate	"I'm sorry that happened to you"	Validate her perception of the problem
Emotion	"I would be worried too if that happened to me"	Shows you understand why she's feeling this emotion
Reassure	"I can personally get you another bowl of soup or something else instead"	Reassures no harm will come, whether real or imagined
Activity	"Here's a fresh bowl of soup. Will you be attending music after lunch?"	Engage in an activity that distracts her train of thought.

Focus on the emotion

Anxiety & Agitation

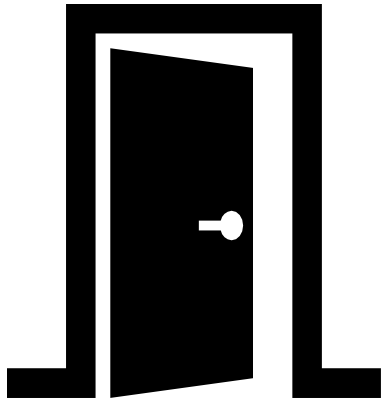
- Ultimately, the person with dementia is biologically experiencing a profound loss of their ability to negotiate new information and stimulus.
- It is a direct result of the disease
  - ➢ Fear resulting from trying to make sense of a confusing world
    - ➢ Insight into changing cognition?
  - ➢ Changes in routine and environment
  - ➢ What was personality like pre-dementia?

How can we make them feel safe & secure?

(Alzheimer Association)

Wandering & Exit-Seeking

- 3 of 5 PLWD will wander – Can occur at any stage of the disease
- No medication to make someone not want to wander!
- Is there a need they are trying to fill?
  - ➢ Use signs and labels
  - ➢ GPS Tracker
  - ➢ Secure memory care



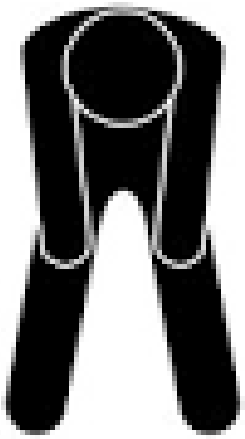
(Alzheimer Society, 2013)

The Unstimulated Brain Stimulates Itself

Are the following contributing to what we see?



Boredom



Loneliness

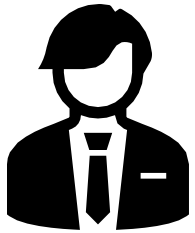


Lack of Success

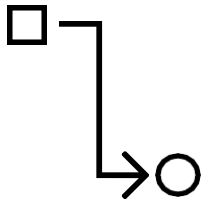
- We must **engage** the person in meaningful activities!
- Consider their needs, interests, skills – personhood
- These are **NOT** medication issues

Non-Pharmacological Options are Key

- Aromatherapy
- CBT in mild to moderate dementia
- Change of environment
- Cognitive stimulation therapy
- Education for staff and caregivers
- Engagement in other activities
- Exercise
- Individualized care plan with personalized meaningful activities
- Massage & touch therapy
- Music-based interventions
- Reminiscence therapy
- Robotic pets or animal-assisted therapy
- Occupational therapy to enhance functional performance
- Problem-based and behavioural therapy
- Removal of environmental triggers



Personhood

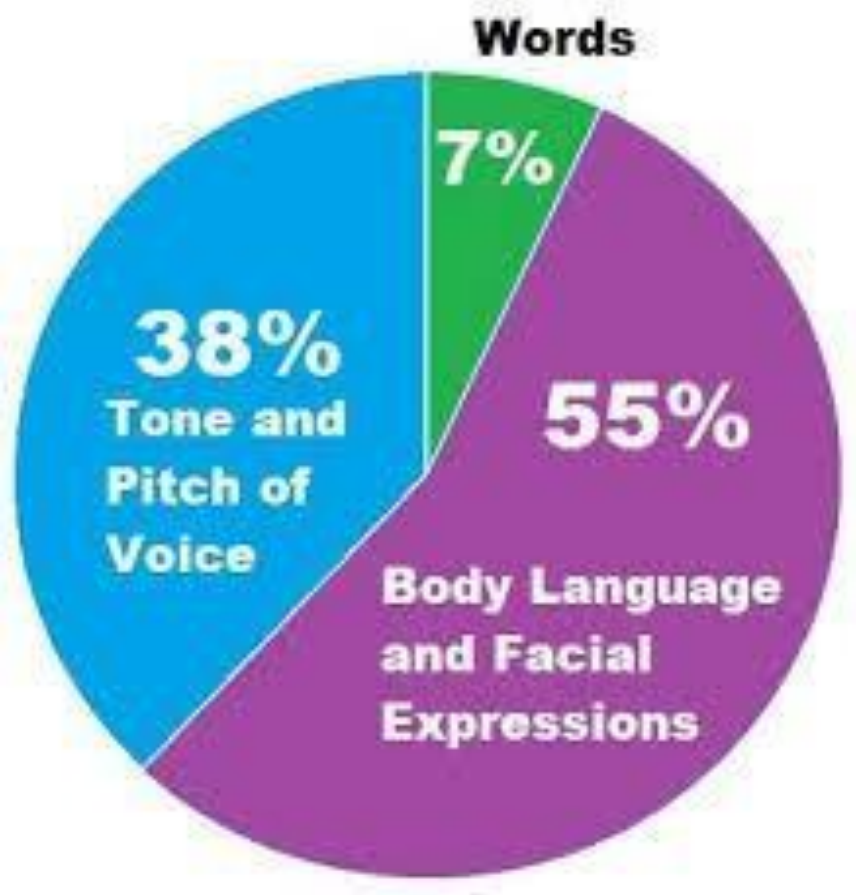


Underlying Cause

(CCSMH, 2024)

Communication Practices

Components of Communication



- What you say
- The way you say it (pace)
- How you sound (tone)
- How you look (demeanor, facial expression)

*Includes the verbal and non-verbal

Communication Approaches

1. **Approach the person from the front**
    - Helps to avoid startling the person
2. **Maintain eye contact**
    - Helps the person to focus on what you're saying. If they are seated, get down onto their level
3. **Identify yourself**
    - Don't need to make intellectual demands – set the person up for success
4. **Address the person by their preferred name**
    - Consider personhood
5. **Present one idea at a time**
    - Don't overload with info – keep it short & simple

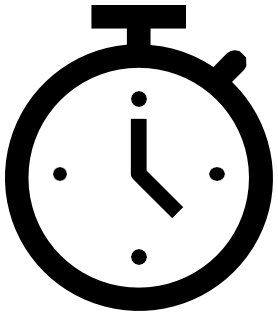
Communication Approaches

6. **Listen actively**
    - Show your interest in the person and what they have to say
7. **Repeat or rephrase the person's responses**
    - This helps to clarify what they are trying to tell us
8. **Ask 'yes' or 'no' questions**
    - This helps to clarify what they are trying to tell us
9. **Use gestures**
    - This helps to support the words we're saying with relevant non-verbal gestures
10. **Let the person know if you are going to touch them**
    - Helps to avoid startling the person

Key Idea: Give Time

Dementia involves a progressive degeneration of brain cells which affect someone's **ability to understand and process information**

- People with dementia need more time to process and respond.
- Go at their pace and give instructions one at a time.
- Don't overload with options.
- Wait for a response.
- Be accepting of inappropriate answers and nonsense words.



Connect not Correct







The VERA Method for Successful Verbal Redirection

1. **Validate**
   Validate the persons feelings or reality. Accept the behaviour exhibited has a value to the person and isn't just a symptom of dementia.

2. **Emotion**
   Respond to their emotion, not their words.



3. **Reassure**
   Reassure the person.

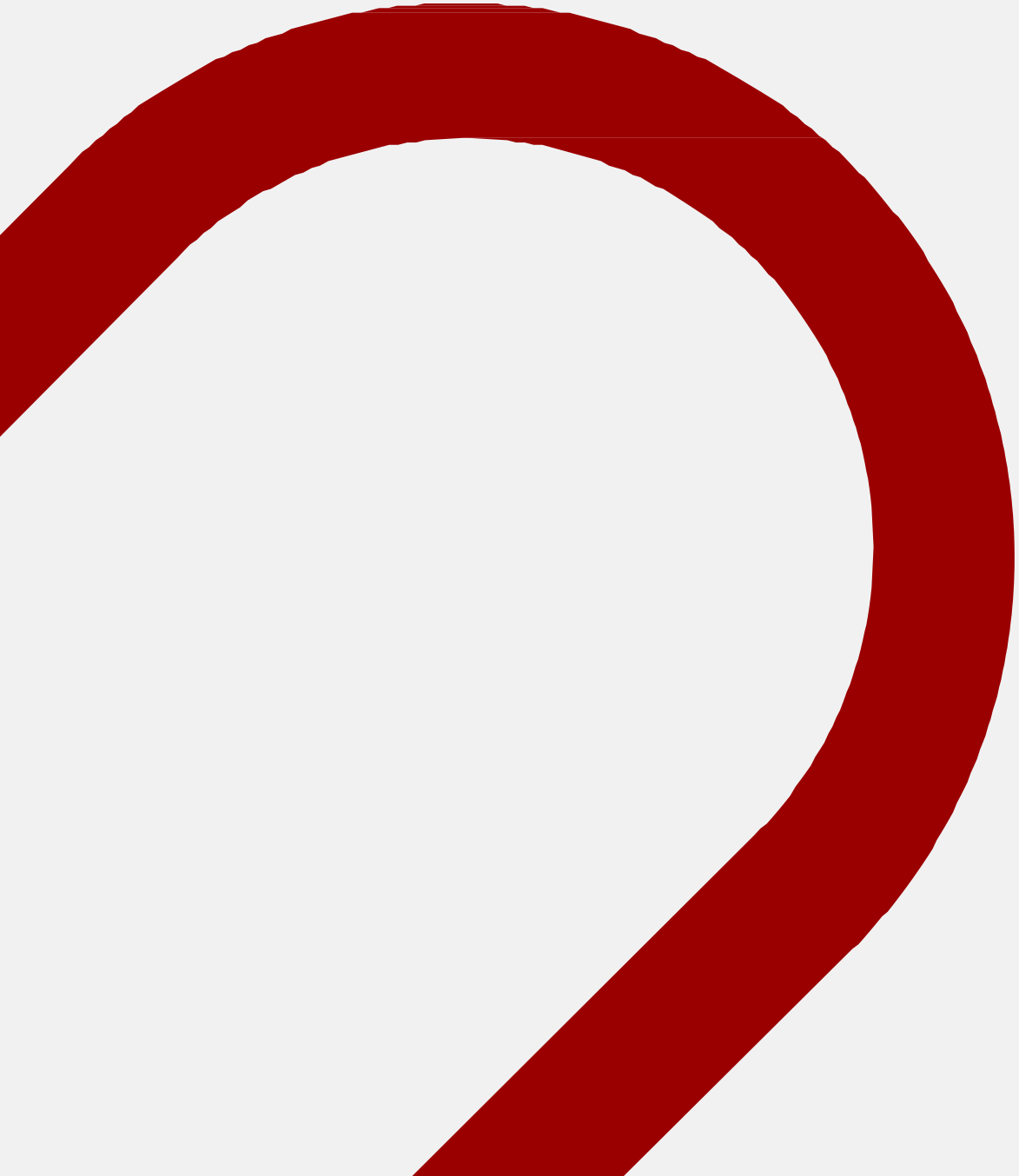
4. **Activity**
   Redirect the person to a failure free activity and engage them so they feel active and occupied.

(Alzheimer Society of Canada, 2017)

The VERA Method – Example

Joan comes to you and exclaims “someone stole my wallet!”

	Possible Response	Reasoning for Response
Validate	“I’m sorry your wallet has gone missing.”	Validate her perception of the problem
Emotion	“I would be worried too if I lost my wallet”	Shows you understand why she’s feeling this emotion
Reassure	“Thankfully we don’t need it right this minute, I will do my best to find it”	Reassures no harm will come, whether real or imagined
Activity	“I found this picture of you; can you tell me about it?”	Engage in an activity that distracts her train of thought.



Documentation Practices

Person-centered language and behavioural expressions

Vague Language	Specific Language
“person is agitated and upset”	“person is pacing the halls with their fists in balls”

Key point: Describe the behaviour using specific details

Biased Language	Objective Language
“sexually inappropriate”	“person took off their clothing and walked out of the dining area”

Key Point: Describing behaviours objectively minimizes bias.

Labelling Language	Respectful Language
“was aggressive during the activity”	“while attempting to assist to a standing position, person pulled program coordinator’s hair and screamed”

Key point: There are social and clinical consequences to labelling a person’s behaviours.

(Regional Geriatric Program of Toronto, 2024)

Print Materials

- Font with no curls - I.e., Calibri or Arial
    - Avoid fonts like *Brush Script*, Curlz, Harrington
- Avoid *italics* which are harder to read
- Size as needed for person; at least 12-14 point
- Use regular punctuation
    - Capitalize names & sentences – DON'T TYPE IN ALL CAPS
- Use titles and headings to organize info

Things in boxes stand out more

(DEEP, 2013; Public Health Agency of Canada, 2021)

Print Materials

- Pictures should make text easier to understand but aren't distracting
- Background has contrast - think about colour choice
- Avoid overly long and wordy text
    - Bullet points can be easier to follow
- Simple language – not full of professional jargon, but not patronizing
    - Remember you're writing for an adult audience!
- Matte, non-glossy paper to reduce glare

Black on Yellow Pops!

(DEEP, 2013; Public Health Agency of Canada, 2021)

Service Navigation For Dementia Care

Regional Geriatric Program of Eastern Ontario (RGPEO)

Centralized intake for specialized geriatric medicine services

- E.g. Geriatric day hospitals, in-home geriatric assessment, memory programs, etc.

Reasons to refer:

- Cognition, falls, function, mobility, medication review / polypharmacy / deprescribing, nutrition, caregiver stress, driving, risk and safety concerns

Regional Geriatric Program of Eastern Ontario
Programme gériatrique régional de l'Est de l'Ontario

Can submit referrals online or print & fax completed form

https://www.rgpeo.com/en/ways-to-refer/

GPSO SCGPO

Ontario Health at Home (OH@H)

Care Coordinators → RN, OT, SW

The organization is responsible for coordinating:

- In-home nursing, personal support, and community services like physiotherapy, occupational therapy, social work, dietician
- Assessing eligibility for long-term care placements and managing the waitlists for LTCH
- Managing waitlists for Adult Day Programs (ADPs)

Benefit:

- Anyone can refer!!
- https://ontariohealthathome.ca/

Ontario Health atHome

Past Names

1996-2017
Community Care Access Centers (CCAC)

2017-2021
Local Health Integration Networks (LHIN)

2021-2024
Home and Community Care Support Services (HCCSS)

2024 – Present
Ontario Health at Home

GPSO SCGPO

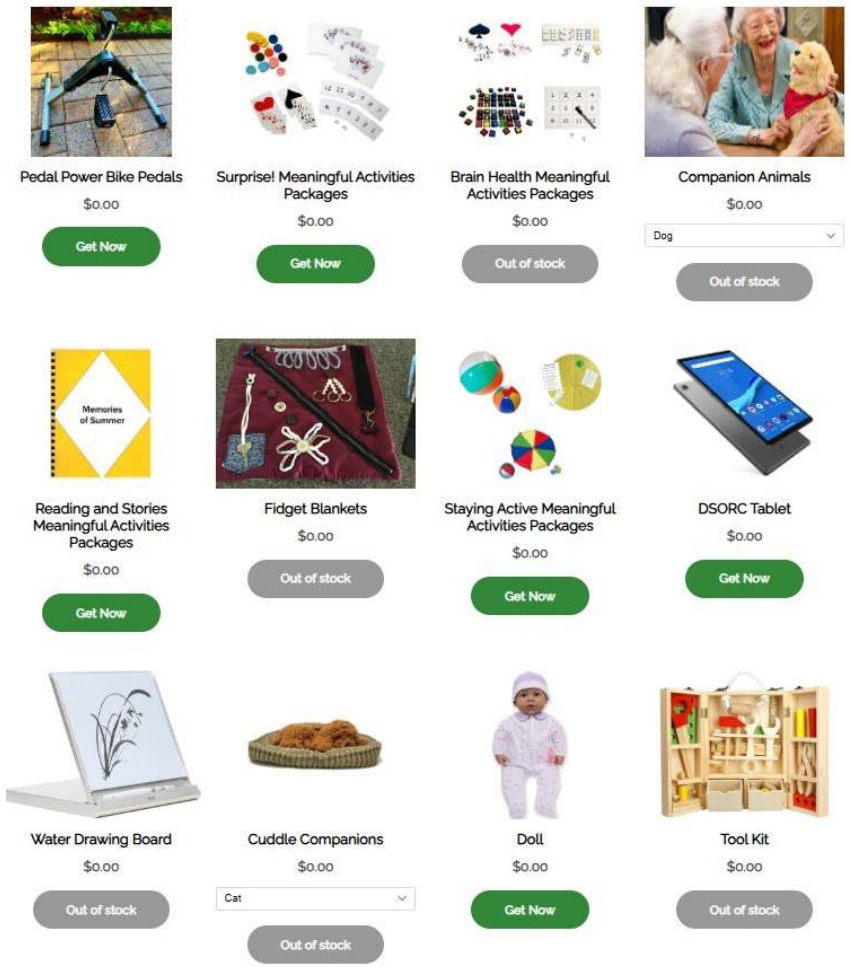
Champlain Dementia Network

Collaborative regional network in Eastern Ontario that connects healthcare providers, community agencies, researchers, and people with lived experience to coordinate and improve dementia care. E.g.

- Manages and updates the strategic plan for dementia care in Eastern Ontario
- Unites organizations (i.e. hospitals, LTCH, home care groups) to solve service gaps
- Develops evidence-based training resources for staff
- Provides toolkits and education to help frontline workers initiate goals of care and advance care planning discussions

Champlain Dementia Network
Réseau de la démence de la région Champlain

The Dementia Society of Ottawa & Renfrew County (DSORC)



Education

Dementia Care Coaches

Support Groups

Activities virtually & in person

The Lending Library

https://dementiahelp.ca/

The Alzheimer's Society Ontario

https://alzheimer.ca/on/en/about-us/find-your-local-alzheimer-society

- Alzheimer Society of Lanark, Leeds, Grenville
- Alzheimer Society of Cornwall & District *(services Cornwall, Stormont, Dundas, Glengarry)*
- Alzheimer Society of Kingston, Frontenac, Lennox & Addington
- Alzheimer Society of Toronto

Alzheimer Society
ONTARIO

GP SO
SC GPO

Thank you!

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Geriatric Psychiatry Community Services of Ottawa

GENERAL FEEDBACK

PLEASE COMPLETE SURVEY:

LET US KNOW WHAT YOU THINK!



cssshared resources
Ontario East Region

accesscss
Connect to Community Support Services