# INFORMATION FOR CARE HOMES

## A Resource for care home staff to support the wellbeing of residents with Dementia and Delirium

# Contents

## 1: Fundamental human needs

People with dementia have the same needs as we all have, the need to feel comfort, free from pain, able to interact with others, feel engaged and stimulated and feel well in themselves. The need for physical, social and psychological wellbeing is universal. As dementia progresses a person living with dementia may be less able to recognise or express these needs to others or know how to meet these needs themselves in ways we can easily understand.

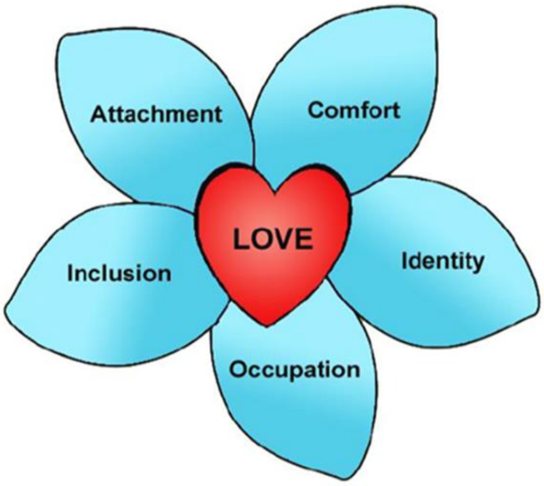
Every human has a number of physical and psychological needs which must be met in order to maintain a good sense of wellbeing. When these needs are not met, we experience feelings of discomfort or distress. This is true for everyone including people with dementia. However, people with dementia can often find it difficult to express their needs so they are often left unmet and the distress this causes can result in behaviours that challenge.

When supporting someone living with dementia, it can be helpful for carers to understand:

- The impact the condition has on that person.
- How the person might think and feel as these things will affect how they interact and their behaviours.
- A person’s life history, personality, likes and dislikes
- Present abilities and skills.

### Kitwood’s Flower can help when thinking of a person’s needs

“Kitwood’s Flower”
Tom Kitwood, Bradford Dementia Group/University (1997)



We can help! By being aware of fundamental needs, we can gain insight into what might be causing distress in a person’s life, and we can take steps to meet these needs.

| Physical & psychological needs that need To me met To maintain wellbeing | Examples of how this unmet need may be expressed | Ideas of how to meet the need |
|---|---|---|
| **Physical Comfort and Freedom from Pain** | • Asking for help<br>• Refusing to eat<br>• Crying<br>• Walking | • Ensure environment, equipment, seating, clothing are suitable.<br>• Consider pain management review.<br>• Ensure any pain medication is administered and has time to take effect before periods of planned activity such as personal cares. |
| **Perception of safety** | • Following people around<br>• Aggression | • Giving reassurance verbally and or tactile, hug, hand hold.<br>• Consider how more social contact can be planned e.g. sitting the person in a busier environment or ‘office’. |
| **Positive touch** | • Excessive hugging or touching others<br>• Distress | • Positioning pillows to give a sense of snugness and comfort when seated.<br>• Hand hold when engaged.<br>• Planned hand /head massages<br>• Doll or soft toy therapy. |
| **Love and belonging** | • Excessive hugging or touching others | • Giving reassurance verbally such as ‘we love having you here’ and or tactile, hug, hand hold.<br>• Keeping a photo diary of positive events<br>• Doll or soft toy therapy.<br>• Compiling a life history booklet/collage etc. |
| **Esteem (feel good about self & being treated with dignity and respect)** | • Appearing bored, depressed; negative comments about themselves | • Give positive verbal feedback on present skills/ achievements/ appearance<br>• Use life history compiling list of positive events to reflect on and talk about<br>• Encourage and support participate in small tasks or specific meaningful role<br>• Encourage independence |
| **Control over environment and possessions (freedom, independence, and choice)** | • Trying to leave<br>• Interfering with other care needs | • Offered choice |
| **Fun** | • Appearing bored, depressed or distressed | |
| **Occupation and Exploration** | • Demanding to go to work<br>• Excessively walking<br>• Mimicking past jobs | • Encourage and support participation in small tasks/ work related role<br>• Have meaningful engagement; items placed around the working route with chairs to sit. |

## 2: Communication and positive communication

Communication is a complex two-way process that has a major impact on a person's feelings and emotions. We communicate a lot through our body language, facial expression and tone of voice as well as the words we use. A person living with dementia will continue to will pick up on non-verbal body language and visual information when they can no longer easily understand verbal language.

Someone with dementia may not be able to understand what is happening and they might not be able to communicate as they wish – resulting in frustration.

Memory and comprehension problems experienced mean they can easily misunderstand our intentions and actions, may feel threatened and respond aggressively.

### Tips

When someone is agitated, giving verbal and tactile reassurance (if they are accepting of touch) as well as conveying the appropriate body language can comfort and help.

- ✓ Stop and give the person your attention.
- ✓ Speak slowly, clearly and at eye level.
- ✓ Remain calm and talk in a gentle, matter of fact way.
- ✓ Always remember the person behind the dementia, using their name as often as appropriate. This helps keep their dignity and aids connection and concentration.
- ✓ Keep sentences short and use simple straight forward language, focus on one idea at a time. If the person is finding it hard to understand, consider breaking down what you're saying into smaller chunks.
- ✓ Allow plenty of time for what you have said to be understood – never rush a response.
- ✓ It can be helpful to use orientating names whenever you can eg 'your daughter x ….'
- ✓ Acknowledge any emotions and empathise. 'I'm sorry; I can see this is really upsetting for you….'
- ✓ SMILE, aim to convey a friendly approachable vibe. If the person is smiling/looks anxious respond with a similar facial expression, look concerned etc to help them feel their feelings are being acknowledged.
- ✓ Repeat some of the words/phrases the person uses.
- ✓ Try to laugh together about misunderstandings and mistakes – it can help. Humour can help to bring you closer together and may relieve the pressure. However, be sensitive to the person and don't laugh at them.
- ✓ Include the person in conversations with others. This may be easier if you adapt what you say slightly. Being included can help a person with dementia to keep their sense of identity and feel they are valued. It can also help to reduce feelings of exclusion and isolation.

## Avoid

- Arguing or asking for explanations – use distraction when needed.
- Correcting a person.
- Talking about the person as if they are not there or talk to them as you would a young child – be patient and have respect for them.
- Sighing, raising eyebrows or any other negative form of body language.
- Speaking in loud environments and wait until you have the person's full attention before you start a conversation

## Using visual prompts, demonstrations and gestures

Combining a visual clue, gesture or demonstration of what is being asked can aide the person with dementia to understand what is being communicated.

If a visual prompt would be useful, gather a range of images and or phrases/words to see which support best. Ensure the size, colour and type are appropriate for the person. The Stroke Association and other sites have examples of pictorial images and the alphabet that can be used.

- Pointing or demonstrating may help a person understand what is being said to them and what to do.
- Touching & holding their hand may help to keep attention, and show you care.
- Rephrase rather than repeat if the person doesn't understand what you're saying. Use non-verbal communication to help (e.g. pointing at a picture of someone you are talking about).

## 3. Helpful responses

### 1.‘Remember when…?’

While it can be tempting to try and jog the memory of somebody living with dementia, this kind of question is often a reminder of memories lost. This can be a frustrating or painful experience, and there’s also no evidence that training the brain in this way will help somebody hold onto memories. That’s not to say you should avoid talking about the past, but it’s better to lead the conversation and allow the person to join in.

**Try instead:**

Instead of posing a question, try leading with

‘I remember when…’

That way the person can search their memory calmly without feeling embarrassed, then join in if they like.

### 2.‘I’ve just told you that’

Having to answer the same question several times can be frustrating, but repetition will happen. There is little benefit to passing on your frustration to somebody with dementia and saying ‘I’ve just told you that’ only reminds the person of their condition.

**Try instead:**

Try to be polite and as patient as possible. It’s important for somebody with dementia to feel they’re being listened to and understood.

**3.‘Your brother died 10 years ago’**

A person living with dementia may forget about a past bereavement or ask for somebody who has passed away. But reminding them of a loved one’s death can be painful, even causing them to relive the grief they’ve already experienced. How carers should respond to this may vary for different circumstances.

**Try Instead:**

It may be better to come up with another reason for someone’s absence, while at other times a gentle reminder is appropriate. In the later stages of dementia, trying to remind them that the person has died is unlikely to work and may be best avoided.

**4.‘What would you like to drink?’**

It’s difficult to process several ideas at once as cognitive abilities slow down, so it’s better to give directions or instructions one step at a time.

**Try instead…**

You could ask ‘do you want tea or coffee?’ or more simply, ‘do you want a cup of tea?’

### 5.‘What did you do this morning?’

Avoid asking too many open-ended questions, as it could be stressful for a person with dementia if they can’t remember the answer. While it might seem polite to ask somebody about their day, it’s better to focus on what’s happening in the present. It’s also important that people with dementia continue to make personal choices, but defining the options might be a helpful technique.

**Try Instead…**

‘Let’s have a cup of tea now, then after that we can go for a walk in the garden and get lunch in the dining room you like.’

### 6.‘Remember me?’

It can be distressing when somebody with dementia doesn’t recognise you but remember that the feeling is mutual. Asking the person if they know who you are can make them feel frustrated if they don’t remember or offended if they do.

**Try Instead…**

The way you greet somebody with dementia might change depending on the stage of their condition – judge for yourself but keep it friendly. A warm hello could suffice, or it may help to say your name.

### 7.'I want to go home.'

Think of as an expression of 'I'm frightened, I'm scared, I want to be somewhere I feel safe and comfortable, somewhere familiar'

**Instead Try…**

Positive responses could be: 'You have a lovely room here; it's so lovely' – describe items/colours, pieces of furniture in the room 'We love having you here.

'I love helping you, I've enjoyed meeting you so much' 'York is such a beautiful place. There are so many lovely buildings' 'I believe you worked in X. I bet that was interesting'.

### 8. 'I want my Mum/ Dad/ Husband/ Wife'

Think of as an expression of 'I'm afraid, I want to feel safe, I feel alone, I'm scared'.

**Instead Try…**

Positive responses could be: 'I'm sorry, I haven't seen him/her today… tell me about them?' 'It would be nice to see him/her' 'How wonderful to have such a long, happy marriage' 'You've a photo in your room of your mum/parents. She/they look lovely' 'Tell me about your mum'.

## 9. Help Me

Think of as an expression of ‘where am I, who are you, who are these strange people. I’m cold, I’m in pain, I need the bathroom (but I’m unable to find the words to ask for the specific help needed).

## Instead try…

‘Don’t ask direct questions eg ‘what’s wrong, why do you need help?’

this can cause more agitation when the person is unable to vocalise their need. Instead ask a question that needs a short answer, eg: ‘Are you warm enough?’ ‘Do you need help to go to the bathroom?’ ‘Do you have any pain?’.

If someone is unable to respond to direct questions, then take the lead to prompt, e.g.: I’m going in the direction of the bathroom would you like to walk with me.

## 4: Approach

Something as simple as how you approach; walk up to or start interacting with someone with dementia can set the tone for the whole interaction.

Because the brain of the person living with dementia has been damaged, this interferes with the ability to interpret and respond to information. They are no longer processing information easily or consistently and in the same way we do. That's why our natural instincts for approaching someone might seem scary or aggressive from their point of view.

Learning to approach someone in a non-threatening way sets the stage for positive interaction. Helping someone feel at ease makes it much more likely that they'll co-operate with the task at hand.

- Try to understand how they are feeling. If they are confused it isn't their fault and being forgetful isn't just a case of concentrating harder. Do your best to avoid harsh criticism or patronising comments.
- If we unintentionally startle anybody, it can trigger the natural 'fight, flight or freeze' response and cause conflict. For a person living with dementia this natural response can be easily triggered as they struggle to understand situations and their brain's ability to inhibit the response is changed.
- Don't dismiss their anxieties or roll your eyes because you've heard the same complaint or fear a dozen times before.
- What you are going through together is going to be hard and at times sad, so enjoy their here and now and where possible laugh.

### Tips

#### 1. Approach from the front

- ✓ It's a natural human response to be startled or uncomfortable with someone unseen coming up from behind and touching them or getting right in their face.
- ✓ People respond with fight (hit out), flight (try to get away), or fright (freeze and grab onto something).

#### 2. Walk slowly

- ✓ If you rush up (from their damaged brain's perspective), they'll be startled and again respond with Fight, flight, or fright.
- ✓ A good pace is to count 'one-one thousand' per step

### 3. Avoid a confrontational stance

- ✓ Instead of standing right in front of (and over) someone, use a supportive stance. Stand at arm’s length at their side (dominant, writing hand side is preferred because that instinctively makes them feel more comfortable).

### 4. Crouch down to eye level or below, don’t bend forward

- ✓ Bending forward puts your face too close to theirs, causing discomfort.
- ✓ They feel like they’re in control, so they’re more likely to be relaxed and cooperate.

### 5. Connect with the person, comment positively such as praise their appearance clothing and food

- ✓ General chit chat on the weather, commenting positively on appearance, praising something such as clothing, food, drink etc. offer a means of initial connection.
- ✓ In the early stages of the disease, a person is still able to have meaningful conversations, but may repeat stories.
- ✓ Offer your hand, don’t take theirs.
- ✓ When someone grabs or pulls you, the automatic response is to pull away and resist.
- ✓ When you offer your hand, they choose to take it, which makes them more likely to cooperate.
- ✓ Use a hand technique to guide the person with dementia.

## 5: Sundowning

It is not unusual for a person with dementia to exhibit an increase in certain behaviours in the late afternoon or early evening as dusk approaches. For example, people may become more agitated, aggressive or confused feeling they should be doing something or be somewhere else.

This is often referred to as 'sundowning'

Sundowning may be caused by:

- Disturbance to the 24-hour 'body clock' that tells our bodies when to sleep, caused by the physical changes to the brain.
- Difficulty understanding and managing the transition and progression from day to night.
- Loss of routine at a previously busy time of day.
- Too little or disturbed sleep.
- Prescribed medication (eg for pain or discomfort) wearing off.

Using the term 'sundowning' may mean that people attribute behaviours to dementia and overlook other factors, such as someone trying to communicate a need e.g. hunger, thirst, pain, the need for the toilet, to feel safe.

It is important to look at and address these potential reasons.

### Tips

- ✓ Think from the person’s point of view. Look for the meaning behind the behaviour and consider what may be causing it. Could the person's behaviour be communicating feeling unsure of what they are to do next, or feeling that they have something to do now, feeling hungry or being in pain? Consider how to address these needs, offering reassurance and if appropriate distraction.
- ✓ Try to give the person something meaningful to do at this time of day, using past activities as a guide. Promote a routine.
- ✓ Plan quiet and relaxing activities /gentle exercise for late afternoon/evening.
- ✓ Consider minimising daytime naps and make sure the person gets enough light, especially sunlight.
- ✓ Improving the environment can help. Keep lighting appropriate, close curtains as dusk approaches.

## 6: Sleep hygiene

### Sleep disturbance and night – time waking

As dementia progresses, sleep disturbances affecting a person's sleep patterns can be very common. This is separate and different from normal age-related sleep difficulties. Dementia causes problems with the sleep-wake cycle and also interferes with the person's 'body clock'. Disturbed sleep can have a negative impact on a person's wellbeing.

***Sometimes strategies to improve sleep and support a usual day/night cycle help however*** sometimes carers will have to accommodate the altered pattern taking the opportunity when the *person is awake to provide care and engagement.*

We are all different having varying sleep patterns and requiring differing amounts of sleep. A person with dementia may get up repeatedly during the night and may become disorientated when they wake. They may get dressed or try to leave feeling they need to be doing something or be elsewhere. All of this can be very stressful for carers. People with dementia may not be aware that they experience any problems during the night.

### Sleep disturbance tips for carers

- ✓ Try to work out the cause of the sleep disturbance, night waking. Are continence aids appropriate, is the environment quiet.
- ✓ Make sure the person has plenty of daylight and activity during the day.
- ✓ Think about improving the sleeping environment. Make sure the room is a comfortable temperature and appropriately lit. If it's too light, consider blackout blinds.
- ✓ Cut down on caffeine and alcohol in the evening.
- ✓ Consider having a routine, having a warm milky drink, calming music, relaxation tapes, using aromatherapy or having a bath or shower before bed. What does the person prefer to help them relax?
- ✓ Check if the persons' previous routine /work involved late nights and early rising/shift work patterns. Consider if the routine you're promoting is realistic for the person.
- ✓ To support orientation, consider having a clock next to the bed which shows whether it is day or night.
- ✓ If someone likes to have something to cuddle, consider a soft toy, or place a pillow as comfort, a feeling of security that someone is there.
- ✓ If the person wakes up at night, try gently reminding them that it's night and try to promote their usual bedtime routine, this may involve sitting in a quiet place with low lightening before guiding the person back to bed. Offer comfort and reassurance. If people are feeling insecure and unsafe they will feel less able to relax and get to sleep.
- ✓ Poor mood can contribute to poor sleep.

## 7: Personal cares

### Person centred personal care intervention

As dementia progresses, a person can need more assistance with personal cares, however the person may be reluctant to have someone else help them. Refusing assistance is common. There can be a variety of reasons for this; believing they are truly independent; do not understand or recognise the need for the care support; embarrassment; unable to concentrate/tolerate the varied sensory stimulation for the duration of the full care intervention. Knowing the reason will help how the intervention could be approached.

### Tips

- ✓ Understand how things seem from the person’s perspective. It may be important to provide emotional support before the person is able to accept practical support.
- ✓ Be flexible - adapt to the person’s preferences e.g. do they prefer baths/showers/ strip washes, specific products. Is there a time of day/night the person was used to doing this or that they are calmer? Knowing a person’s life history and preferences can help.
- ✓ Consider the language used - might referring to the intervention as a ‘pamper session’ or other term help engagement.
- ✓ First build a rapport and set the scene - introduce yourself by name, engage in positive chit chat to build connection rather than focus on the task planned, give the person time to understand your presence.
- ✓ Ensure any pain medication or medication to support mood/agitation is taken and has time to take effect prior to commencing cares.
- ✓ Encourage participation – can they gather items, make choices mindful not to overwhelm them. Aim to work with the person and their present skills.
- ✓ Be prepared – ensure all items needed are to hand, the room is warm, appeals to the persons personal senses considering if music, lighting, fragrance preferences can be explored.

## 8: Walking with purpose

### Understand walking with purpose / Exploring the environment

Some people with dementia can appear to walk with purpose displaying a need to walk around their environment. Walking may provide the person with a response to a need they have:

- Attempting to find someone or something.
- Seeking reassurance and company.
- Believe they are undertaking a previous role, work or home routine.
- Attempting to relieve pain or discomfort.
- Curiosity about their environment.
- Boredom.

Walking provides many benefits not only physical exercise but can be calming, and a means of reducing stress. It may have also been a meaningful occupation in the life history of the person or were they an active person. Additionally, some people as their dementia progresses will be engaging in their environment in a way that is fulfilling a previous work or home role or simply have a curiosity about their environment and whilst their attention span is reduced will explore appearing to seek out something or simply be curious by what attracts their attention in that moment.

### Consider:

- What do they do? Do they gather items (what sort, texture), take items to eat, move furniture, rub surfaces, push trolleys and items, go into other residents’ bedrooms?
- What could be triggering the walking?
- Would a pain review be appropriate?
- What are the challenges? e.g. fatigue, increased falls risk? Poor nutritional intake? Etc.

The right solution for the person needs to be found. Frequently, rather than stop the behaviour, the challenge is to find solutions to provide and support opportunities for safe walking e.g.

- Can meaningful engagement items be located around the route the person likes to walk.
- Can paired chairs be located so staff can encourage the person to rest.

Behaviours that challenge can occur when trying to stop the person from walking, come away from an area, return collected items etc

## Tips

- ✓ If they accept walking together, match the persons pace and then take the lead in slowing down. Direct them away from the area to sit such as acknowledging that you both have been busy and it's time for a tea break may support.

- ✓ When observing the person in another resident's room do not question why they are in there or what they are doing, rather acknowledge them warmly and redirect them out of the room such as suggesting you was looking for them to help you.

- ✓ Remove collected items out of view of the person. If a person is known to gravitate towards these items, if possible, place them again around the route the person walks

## Resources

James, I.A. (2011) Understanding Behaviour in Dementia that Challenges: A Guide to Assessment and Treatment. Jessica Kingsley Publishers.

## 9: Behaviour that challenges

### Physical aggression

If a resident becomes physically aggressive

- ✓ Do not be confrontational- this can be vocally or with your body language. Keep a calm tone and open posture
- ✓ Do not attempt to lead a resident away or initiate any form of physical contact as these actions can be misunderstood more often than not as ‘an attack’ which in turn may escalate the behaviour
- ✓ Try not to stay in a resident’s personal space- take a step back- this not only protects you but also a resident as s/he will feel less threatened.
- ✓ Do not approach a resident from behind. Always try to stay in a resident’s visual field
- ✓ Do not over-crowd a resident. Try and discreetly alert someone for assistance if necessary- sometimes the behaviour may escalate or be prolonged due to being aware there are a couple of staff in close proximity-again a resident may feel threatened
- ✓ Try not show fear, alarm or anxiety as this again can escalate the situation and the agitated behaviour
- ✓ Try to convey reassurance by the tone of your voice
- ✓ Encourage a resident to talk rather than act out any anger –use distraction techniques (PAGE …. DISCTRACTION TECHNIQUES) ask a resident if s/he can tell you what is wrong or what is troubling them.
- ✓ Actively listen to what is being said, acknowledge a resident’s feelings- reassure a resident that you and other staff members are here to help keep him/her safe
- ✓ If a resident is not responding to that member of staff, then try a change of face. Similarly, if you feel that it is the environment that is not allowing a resident to calm then try a change of environment if it is safe to do so.

## 10: Verbal Aggression

If a resident is shouting, being verbally abusive or swearing

- ✓ Stay calm
- ✓ Give a resident space and if appropriate maintain eye contact
- ✓ Don’t take insults personally- a resident may be known to swear and now because of the dementia is no longer able to control this
- ✓ Risk assess the situation and environment if a resident is becoming verbally abusive- who is in the vicinity? Can the situation be de-escalated? What has supported the resident in the past to calm
- ✓ Avoid saying ‘calm down’. Acknowledge their emotions and empathise
- ✓ Give reassurance to a resident- ask if there is anything you can do for him/her, does s/he need anything.
- ✓ When speaking to a resident give time to process what you are saying try not to overload a resident with information, keep it simple
- ✓ If the behaviour continues or you feel that talking to a resident is not de-escalating the situation then disengage and if it is safe to do so leave the area telling them, you will be back later
- ✓ Attempt to determine the cause of the distress and try again

## 11: Inhibition changes

As a person’s dementia progresses, sometimes a person can lose their inhibitions and may

behave by saying or acting in ways that others find embarrassing. They may not understand what they are doing is inappropriate

### Inhibition changes can include:

- Talking to strangers as if they are a close friend, or companion
- Saying things that are inappropriate, being rude, negative comments about others, swearing
- Undressing in public
- Sexual disinhibition by sexual comments and actions. For example, touching themselves or others inappropriately in public, masturbation

### Reasons for changes:

- Brain changes in dementia. Some types of dementia e.g. frontotemporal dementia affects the area of the brain that allows a person to weigh up their actions and what they say early on in the disease whilst for other dementia types damage to this area can be further along the disease progression
- Expression of a need such as needing the toilet, the need to be social, boredom, sexual frustration
- Expression of a feeling such as pain, skin sensitivity, feeling too hot

Tips:

- ✓ Stay calm; remember it is unlikely that the person is being inappropriate on purpose.

- ✓ Do not take insults personally, argue or react by correcting them. It may be more appropriate to ignore or have a ‘common phrase’ to use such as ‘I’m sorry you feel like that’ and then distract. Knowing what approach is right for the individual and consistency in its use by all carers can help

- ✓ Consider the persons needs and comfort, could they need the toilet, clothing too tight, too hot, be in pain

- ✓ Are there any triggers for the behaviour? Has the person misinterpreted the actions and intentions of others? This can be common especially during personal cares. Consider how you can change your approach to avoid this and if the gender of a carer makes a difference?

- ✓ If the person is bored or is known to enjoy exploration of tactile materials this may result in their actions being perceived as sexual disinhibition. Consider how can the need to be better engaged or ‘busy with their hands’ be best met. For example, with access to a range of tactile items and engagement in a stimulating range of meaningful occupations, consider choosing clothing that opens at the back

- ✓ For sexual disinhibition, remind the person who you are and if appropriate point out that it would be unacceptable before redirecting the conversation.

- ✓ It may be appropriate to encourage the person to their bedroom and consider how the persons sexual needs or need to be naked/disrobe be met with dignity and in private. What strategies and approach could the care staff take to enable this.

## 12: Distraction techniques

### Distraction

- Use topics of interest and things they like doing to help calm a resident by diverting his/her attention from the anger/anxiousness to something that will get him/her to focus on the ‘now’.

- Try to engage a resident in a conversation about a topic that is known to interest him/her or engage in an activity that they like. This could be anything from folding/ sorting items to engaging in music, having a drink and snack.

- If appropriate, talk about a resident’s family- ask about spouse/children/grand-children (only if appropriate) If possible, look through a small photo album.

- During distraction it might be beneficial to change location to another room and promote a different sensory experience such as asking someone to hold / touch/ smell /taste something.

### Interests may include for example:

- Music
- Dancing
- Singing
- Quizzes
- Bingo
- Physical exercise – watching/taking part
- Knitting
- Reading magazines, poetry etc
- History – local/European/worldwide
- Library
- Gardening/ vegetable growing
- Outings and holidays
- Baking

### Resources:

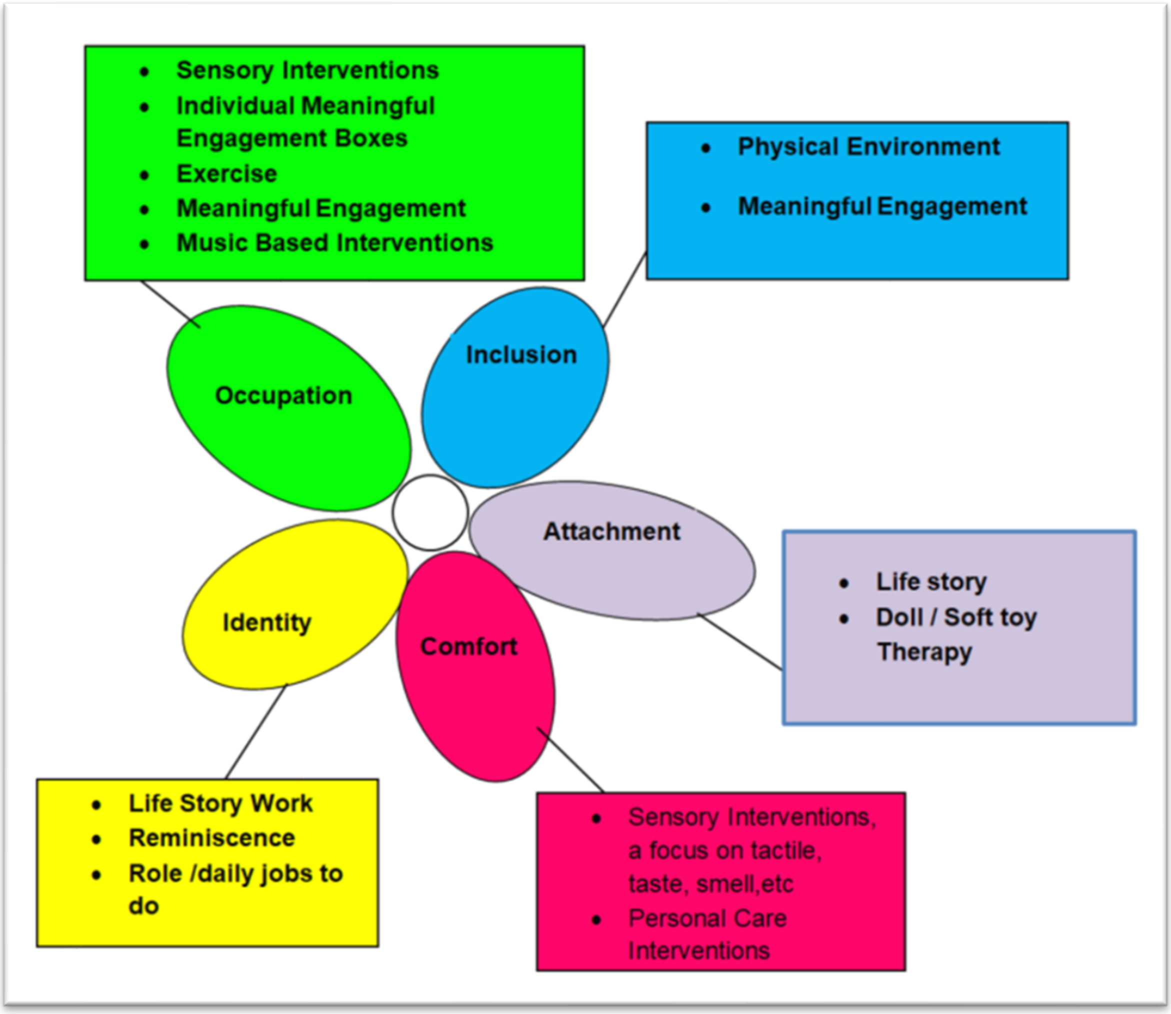
- Alive conversation cards
- A moment in time pocket guide.

## 13: Non pharmacological interventions

### Non-Pharmacological Intervention Guide

A variety of non-pharmacological interventions are vital to support wellbeing. The best types of interventions are those that tap into a person’s interests, strengths and life history. Look to old interests and routines as well as establishing new interests.

Just think ‘how would you feel if you couldn’t engage in your daily routines, undertake personally meaningful activities and do all those things no matter how small you like and love. It may be stopping and chatting over a cup of tea, cleaning, watching or playing sport, craft. Finding out what interests’ individual residents is vital.to support them to access a range of daily opportunities and support problem solving to meet individual needs.



## There are resources available on the internet many often free
## Here are a few to help get you started:

### Life story

There are many templates available, formats include collage, scrap booking, booklet, photo album, short written caption with any pictures are helpful – for example Alzheimer’s Society This Is Me booklet, Dementia UK Life story  template and information sheet.

### Reminiscence

Can be used to prompt memories of and reflection on a person’s life experience and aid conversation. It can be helpful to include multi-sensory aspects to support engagement such as talking and visually holding an item, picture

### Conversation

Prompt cards from Alive to support conversation  https://aliveactivities.org/resource-library/

### Pocket ideas

A Moment in Time engagement booklet https://www.nhsaaa.net/services-a-to-z-support-pages/pocket-ideas-a-moment-in-time/

My house of memories app free to download onto CCG tablets and able to support YouTube videos

### Music

Play list for life able to support building musical preferences https://www.playlistforlife.org.uk

### Doll therapy

Doll therapy or soft toy therapy that support feelings of nurture, love, attachment. It does not work for all people and needs to be introduced sensitively in an environment that will support the engagement positively. Alzheimer’s Society UK has information on things to consider.

### Occupation

There is a positive link between matching the right level of meaningful occupational activity and engagement to the individual skills and preferences of the person to support mood, quality of life and wellbeing. The Royal College of Occupational Therapists have a free resource Living Well Through Activity in Care Homes.

https://www.rcot.co.uk/sites/default/files/Unit4-Care-home-Inspectors-2015.pdf

### Physical Exercise

There is evidence to support the physical and mental benefits of exercise with dementia, including deconditioning, falls and frailty.

‘Sit Up, Get Dressed and Keep Moving!’ | British Geriatrics Society

**Environment**

This is an important factor to consider, living in the right environment supports our own personal preferences and skills; maintains independence; can make life easier with less physical and cognitive demands; supports wellbeing; promotes a sense of security.

Consequently, environments can impact on our mood and behaviours. This is no different for a person living with dementia, however, whilst we can problem solve and find a solution to environmental issues that concern us and cause us distress such as move ourselves to a quieter area when eating, a person living with dementia does not always have the cognitive resources to problem solve and frequently shows their distress through their mood, actions and behaviours. Even small changes to the environment can be positive.