Dementia Therapeutic Intervention for the SLP

For Therapists, By Therapists

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Disclosure Statement

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INTRODUCTION

Dementia diagnosis requirements:

1. Impairment of memory and at least one other domain (language, personality, executive function)

2. Represents a decline from previous level of functioning

DEMENTIA FACTS

- **Repeated falls**
- **Decline in executive function**
- **Decline in working memory**
- **Decline in spatial orientation**
- **Repetitive behaviors**
- **Odd or inappropriate behaviors**
- **Forgetfulness of recent events**

DEMENTIA FACTS- Continue

- **Changes in hygiene**
- **Personality changes**
- **Increased apathy**
- **Changes in language**
- **Perseverative behaviors**
- **Perseverative random verbalizations**
- **Changes in diet preferences**

DEMENTIA FACTS-Continue

- **Changes in eating habits**
- **Weight loss**
- **Dehydration**
- **Dysphagia**

TYPICAL AGING VS. DEMENTIA

Causes and Types of Dementia

ALZHEIMER'S DEMENTIA (AD)

Hallmark Presentation:
- -Gradual onset and continuing decline of memory and cognition
- -Frontal and temporal lobes (cognition) as well as the hippocampus (memory) are characteristically most affected.

VASCULAR DEMENTIA (VaD)

Also called multi-infarct dementia (MID)

Hallmark Presentation:
- -Step-wise decline pattern sudden cognitive deficits after an event, then a plateau with no changes until the next ischemic event

FRONTOTEMPORAL DEMENTIA (FTD)

Also called 'Picks Disease'

Hallmark Presentation:
- -Personality changes
- -Behavioral changes
- -Speech-Language changes word finding/naming

LEWY BODY DEMENTIA (LBD)

Hallmark Presentation:
- - Visual hallucinations
- - Memory loss
- - Cognitive dysfunction
- - Parkinsonism (rigidity, gait disorder, tremors
- - Associated with Parkinson's and Alzheimer's disease

HUNTINGTON'S DISEASE

Hallmark Presentation:
-Physical symptoms appear first
-Classic motor dysfunction
-Decline in executive function
-Slowing of thought processes
-Memory decline

PARKINSON'S DISEASE (PD)

Hallmark Presentation:
-PD is a progressive degenerative disease classically affecting motor control and causing:

tremors
balance
gait problems
rigidity

PSEUDODEMENTIAS TO CONSIDER

ILLNESSES THAT MIMIC DEMENTIA

- Chronic Malnutrition
- Chronic Dehydration
- Hypotension
- Orthostatic Hypotension
- Medication-Related Dementia

Medication related dementia:

- Anti-depressants
- Anti-epileptics
- Antihistamines (e.g., Benadryl)
- Cold and flu medications (due to antihistamine component)
- Antihypertensives
- Pain medications
- Sleep aids

PSEUDODEMENTIAS CONTINUED

- Alcohol Abuse
- Infectious Diseases
- Depression
- Brain Tumors
- Thyroid Disorder

MEMORY

–Encoding
–Consolidating
–Storing
–Retrieving
–Forgetting

Short-Term Memory

- Immediate Memory
- Working Memory

Lexical Memory

Lexical Memory refers to our ability to remember the words or the vocabulary of a language.

LONG TERM MEMORY (LTM)

- Episodic Memory
- Semantic Memory
- Procedural Memory

EPISODIC MEMORY

Episodic memory refers to our ability to recall personal experiences from a particular time and place, when and where an event happened in our past.

SEMANTIC MEMORY

Semantic memory includes generalized knowledge about the world that does not involve memory of when you learned it.

PROCEDURAL MEMORY

Motor memory

Procedural memory refers to the ability to remember how to perform a motor task.

Global Deterioration Scale

Dr. Barry Reisberg, et. al. 1982

Stage 1: No Cognitive Decline

Stage 2: Minimal Cognitive Decline

-forgetting where one has placed a familiar object

-forgetting names one formerly knew well

Stage 3: Mild Cognitive Decline

-word and name finding deficit evident on clinical interview

-patient may have gotten lost when traveling to unfamiliar location

-co-workers may become aware of patient's relatively poor performance

Stage 4: Moderate Cognitive Decline

-decreased knowledge of current and recent events

-may exhibit some deficit in memory of one's personal history

-concentration deficit elicited on serial subtractions

Stage 5: Moderately Severe Cognitive Decline

-patient can no longer survive without some assistance

-patient is unable during interview to recall a major relevant aspect of their current lives

-frequently disoriented about time (date, day of week, season, etc)

Stage 6: Severe Cognitive Decline

-may occasionally forget the name of the spouse upon whom they are entirely dependent

-diurnal rhythm frequently disturbed (diurnal=active during the daytime)

-frequently continue to be able to distinguish familiar from unfamiliar persons in environment

Stage 7: Profound Cognitive Decline

-verbal abilities lost

-incontinent, requires assistance toileting and feeding

-loses basic psychomotor skills (ex: ability to walk)

-the brain appears to no longer tell the body what to do

Will Medicare Pay for Maintenance Therapy?

How to Begin:
Candidate Identification

Consider all settings:

- Skilled Nursing/ALF
- Home Health
- Inpatient Rehabilitation
- Hospitals
- Long Term Acute Care
- Outpatient Services

Functional Change can be identified and documented by:

Therapists
Nurses
Physicians

Examples of *functional change*

ST: -Increasingly confused, disoriented
-Change in memory
-Impaired safety and judgment

Others:

Procedure to follow:

- Functional change has been identified
- Complete checklist
- Nursing to document functional change
- Therapy reviews functional change with a screen and chart review

Why do we screen?

Medicare Reg. 483.25

- (a): *A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to:*
  - *(i) bathe, dress, and groom;*
  - *(ii) transfer and ambulate;*
  - *(iii) toilet;*
  - *(iv) eat; and*
  - *(v) use speech, language, or other functional communication systems.*

Suggested Therapy Screening Tools

-Mini-Mental

-Brief Cognitive Rating Scale

-Set test

Screen using visual identification of physical and cognitive impairments in relation to function and safety, self care, wheelchair positioning, ambulation and transfers, communication and swallowing.

CHART REVIEW

Two options:

- **Documentation is present**
- **Documentation is needed**

***Nursing notes reflecting *functional change* in status.**

***Nursing notes reflecting an '*event*'.**

***Functional change should always be accompanied by an '*event*'.**

Potential Events:

-Illnesses

-Exacerbation of chronic conditions

-Other

Suggested Evaluation/Staging Tools

- **FLCI: Functional Linguistic Communication Inventory**
- **ABCD: Arizona Battery for Communication Disorders of Dementia**
- **FROMAJE: Function, Reason, Orientation, Memory, Arithmetic, Judgment & Emotional Status**
- **FAST: Functional Assessment Staging Test**
- **Barthel Index of ADLs**
- **Kohlman Evaluation of Living Skills (KELS)**
- **Global Deterioration Scale (GDS)**
- **Allen Cognitive Levels**
- **SLUMS**
- **MOCHA**

- Berg Balance Measure
- Tinetti Assessment Tool
- Gait Assessment Rating Scale (GARS)
- A thorough range of motion (ROM) and tone assessment in lower extremities/trunk that could contribute to an increased fall risk.

FLCI- Video

Top Five Denial Reasons Identified By Medicare Claims Reviewers

Suggested Documentation and Paperwork Guidelines

Preferred Terminology

Red Flag Terminology

Routine
Practice
General
Monitor

Paperwork & Documentation on the Evaluation:

Five Essential Parts

Reason for referral
Prior level of function
History/Medical Complications
Precautions
Clinical Impressions

Reason for Referral

Terms NOT to use independently
-decreased functional status

Reason for Referral

Better ST:

Nursing reported the patient was confused in the evening and had decreased orientation, increased confusion and was unable to problem solve related to safely transfer.

Prior Level of function

Terms not to use independently

-Living at home independently

Prior level of function

Better ST:

Pt was living at home independently over the past 3 months, able to reason, plan ADL safety and communicate basic and medical needs.

History/Medical Complications

Examples:

HTN, CHF, COPD, A-Fib
dementia
falls
debility
anxiety
confusion
CVA
altered mental status

Precautions

Terms to use:

- -Fall Risk
- -Unsafe with Transfers
- - Poor safety awareness
- -Aspiration Risk
- - Pain
- -Cardiac

Clinical Impressions

Should Include:

- -Staging information
- -Areas of functional change
- -How the pt. would benefit from skilled intervention

Developing Goals

Always relate goals to functional outcomes for the patient within the environment.

- Long-Term Goals
- Short-Term Goals
- All goals should be:
  - a) functional for the patient's capabilities according to staging
  - b) Skilled, Measurable, Attainable, Reasonable and Necessary.
  - (S M A R N)

- Communication
- Mobility
- Behavior
- Socialization
- Dysphagia

Communication

ST: LTG: Pt will utilize a communication system compatible with his/her spared skills to ensure adequate expression of basic & medical needs by mastery of the objectives:

STG: Pt. will participate when episodic memory is cued to increase appropriate communication exchanges 10 times in a session and decrease verbal preservation of " I wanna go home" over 5 sessions.

Intervention/Modality Statement:

Augmentative alternative communication ie: memory book was used to increase the patients communication exchanges an average of 2/10 times within a session

Behavior

ST: LTG: The patient will decrease affective behaviors for improved quality of life and safety within the environment by mastery of the objectives:

STG: Pt. will participate in 3 activities within a session using semantic memory to decrease verbal outbursts to 1 per session, 5/5 sessions.

Intervention/Modality Statement : Montessori intervention along with calm environment, choices and one step commands decreased verbal outbursts to 2 per session.

Socialization

ST: LTG: Pt. will utilize socialization skills with use of cues to increase quality of life by mastery of objectives:

STG: Pt. will attend 1 meaningful activity with min assist for 20 minutes to decrease fear of being alone 5 of 5 sessions.

Intervention/Modality Statement:
ADL training, validation and reminisce were skilled interventions utilized to increase socialization to 1 activity for 10 mins 5/5 sessions

Developing Interventions

Sensory
Reminiscence
Validation
Spaced Retrieval
Montessori

Sensory Intervention

(Burns & Holmes, 2002)

Sensory interventions involve the patient's sense of touch, taste, hearing, smell or sight, or some combination of these.

Case Study 1- Video

- Prior level of function: Living at home with daughter pt. able to communicate wants and needs. Memory was reported as un-reliable.
- Reason for Referral: Physician reported fall with a change in function and pt. was unable to communicate wants and needs and severe verbal perseverations were noted in speech along with crying and behavioral outburst. Memory was poor.
- LTG: Pt. will participate when LTM is cued to increase communication and decrease anxiety by mastery of the STG.
- STG: Decrease demands on working memory to decrease crying out to less than 10% over a 30 min. session.
- STG: Increase communication to purposeful exchanges 5 times within a 30 min. session.

Video

Case Study- Continue

- Intervention/Outcome Statement:

Pt. was able to communicate 10 exchanges during therapy session and crying was less than 10% . The following interventions and strategies were used :sensory stimulation, calm environment and yes/ no questions .

Reminiscence Intervention:

(Woods, 2005)

- refers to collection of memories from the past

Think Back When Questions

(Watson & Shadowens, 2010)

1. Did you have a favorite pet?
2. What were you doing when you were 21 years old?
3. Did you have to wear a school uniform?
4. Which parent had the most influence on you?
5. Who was your favorite comedian?

Case Study 2-Video

- Prior level of function- Patient was able to ambulate 50 feet with RW and propel wheelchair using lower extremities.
- Reason for Referral-Nursing reported a vascular event . Pt. sliding out of chair, neuro pushbacks out of chair and not propelling self in wheelchair.
- LTG :Pt. will ambulate using AD with MI by mastery of the STG
- STG: Pt. will propel wheelchair using lower extremity for long distances.
- STG Pt. will use a rolling walker with MI to walk short distances(room to dining room)

Video

Case Study- Continue

- **Intervention/Outcome Statement:**

Skilled interventions used to increase mobility included therapeutic activity to increase strength and reciprocal movement when propelling wheel chair along with reminiscence Pt. was able to walk 20 feet with RW using visual and tactile cues.

Spaced Retrieval

(Camp & McKitrick, 1989)

- **Gradually increases the interval between correct recall of target items**

Montessori for Dementia:

(C. Camp, 1999)

- Connecting past interests and skills with the present spared skills and needs of the patient

Case Study 3 -Video

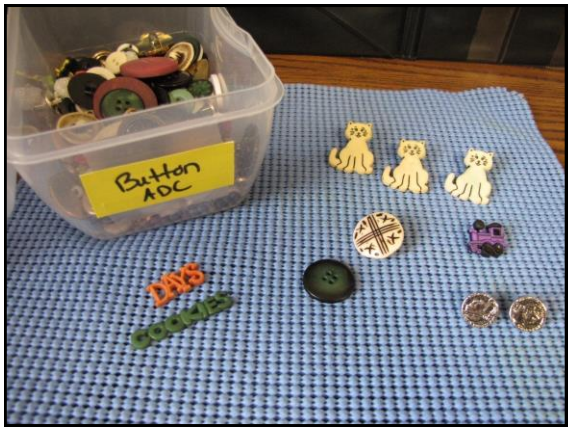
- Prior Level: Patient was living in Nursing home East Texas, able to communicate wants and medical needs, adequate socialization.
- Reason for Referral: Nursing reported recent fall, with change in communication, decreased socialization and new onset of verbal perseveration "I wanna go home I'm afraid of it"
- LTG: Manage cognition for functional communication of wants and medical needs by utilizing spared skills by mastery of STG.
- STG: Pt. will participate when procedural memory is cued to decrease anxiety and verbal perseveration of " I wanna go home I'm afraid of it to less than 10% over a 30 min session"

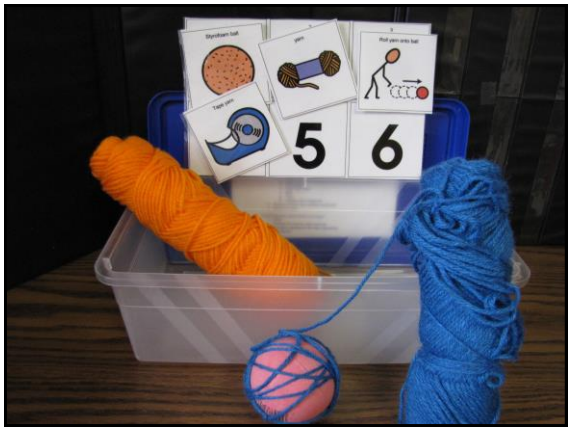
Video

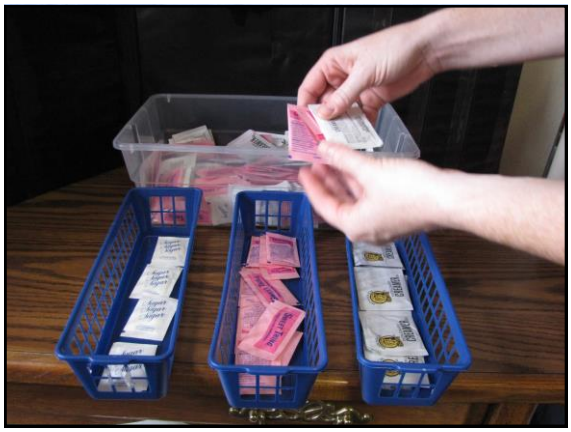
Case Study -Continue

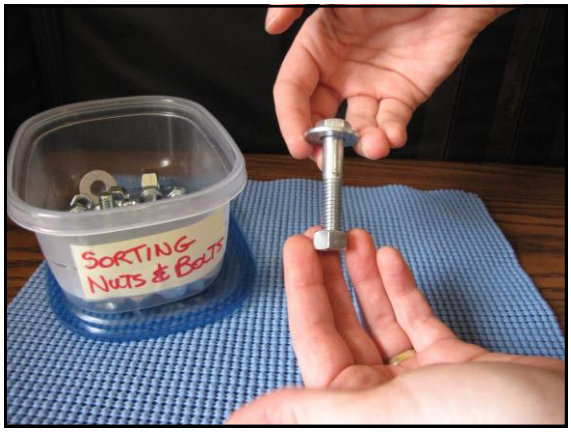
- Intervention/Outcome Statement:

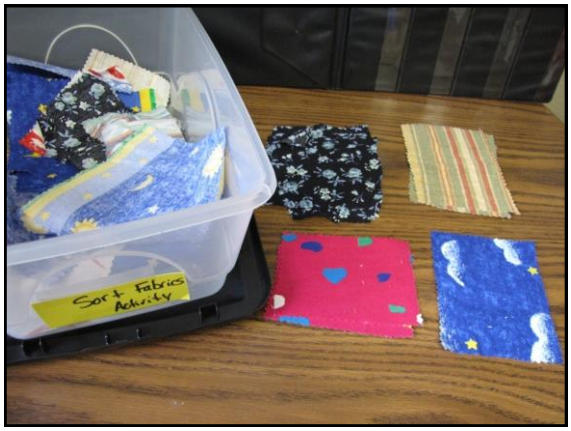
  Strategies and interventions used included: a calm environment, validation and the Montessori intervention to increase communication of wants and needs with no occurrences of verbal perseverations of " I wanna go home I'm afraid of it"

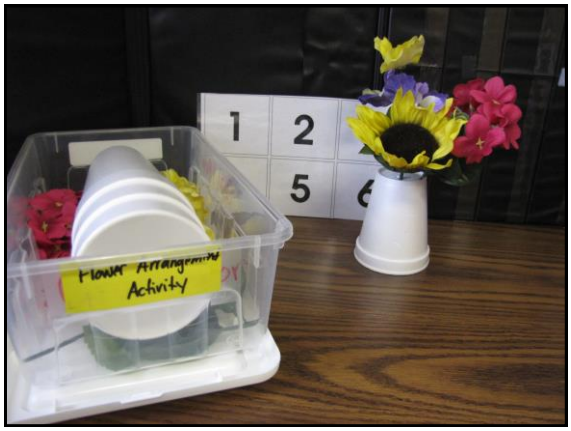


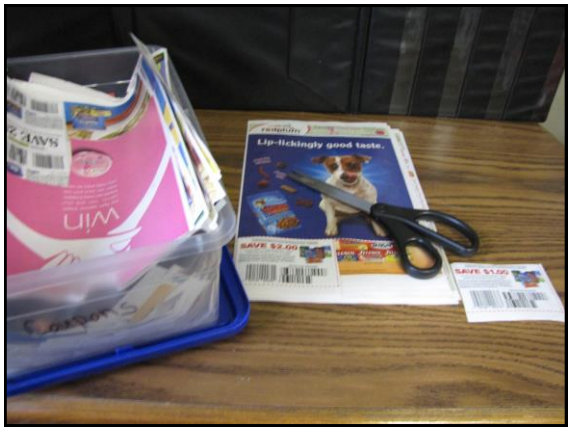












Functional Maintenance Plan

- Patient name
- Physical Assistance Requirements
- Suggested Daily Schedule
- Suggestions
- DON sign off

Functional Maintenance Video

Validation Intervention:

(N. Feil, 1993)

- **Communicating with a dementia patient by validating and respecting their feelings**

www.vfvalidation.org

Video

Thank You!

I have enjoyed being here and sharing this information with you!

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