Evidence-based Practices in Dementia Care

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Best Evidence Based Practices in Dementia Care

1. Communication Skills
2. Music
3. Reminiscence
4. Validation
5. Behavioral activation
6. Environment modification
WHAT IS DEMENTIA

Dementia is a brain disorder affecting cognitive and executive functioning. It destroys vital brain cells, causing memory loss, confusion, impaired judgment, personality changes, disorientation, and the ability to communicate.
COMMUNICATION SKILLS

Communication is a basic human need

We communicate verbally and non-verbally
COMMUNICATION SKILLS

VERBAL COMMUNICATION:

➢ Be aware of your voice:

 ✓ Tone
 ✓ Speed of speech
 ✓ Inflection
 ✓ Words
VERBAL COMMUNICATION STRATEGIES

✓ Acknowledge their request
✓ Use simple and short sentences
✓ One instruction/one step at a time
✓ Repeat as needed
✓ Avoid “Why” questions
✓ Avoid contradicting or arguing
✓ Give plenty of time for them to respond
✓ Give them choices whenever possible
NON-VERBAL COMMUNICATION

STAYING PLEASANT, CALM AND REASSURING

✓ People with dementia often react with anger, sadness or other upset feelings when the caregiver is angry, sad or upset. This is called mirroring.

✓ Patients may respond to what is being said by reading non-verbal cues.

✓ Be aware of your body language.

✓ Smile often.
NON-VERBAL COMMUNICATION STRATEGIES

✓ Make eye contact at their eye level
✓ Get their attention with gentle touch
✓ If it is a task, show objects involved
✓ Use non-verbal cues
✓ Use all the senses to give cues
✓ Use positive body language
✓ Be patient and supportive
✓ Avoid a condescending tone of voice
eye contact

facial expressions

body posture/language

gesture

objects
POSITIVE PHYSICAL APPROACH
CONNECT

When approaching a dementia patient

• **C**ome from the front
• **O**pen palm
• **N**ot too fast
• **N**ot in front
• **E**stablish hand contact
• **C**hange to hand-under-hand
• **T**ake a seat/squat/kneel
LET’S PRACTICE!!
Erica Dickens, MT-BC, NICU-MT

• **Education:**
  Bachelor’s of Music in Music Therapy
  Appalachian State University, Boone, NC

• **Certifications:**
  – Board-Certified Music Therapist (MT-BC)
  – Neonatal Intensive Care Unit Music Therapist (NICU-MT)
  – Hospice and Palliative Care Music Therapy Certification (in process)

• **Career:**
  – 2013-2015: Sub-Contractor serving Triangle Area
  – 2015: Durham VA Health Care Facility
What is Music Therapy?

“What Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.”

Benefits of Music Therapy: Overview

Davis, Gfeller, & Thaut, (2008) list the following qualities of music that inform evidence-based music therapy treatment/interventions:

• Evokes and regulates motor responses
• Enhances emotional responses
• Facilitates social interaction
• Provides opportunities for communication of feelings, needs, and desires.
• Provides an enjoyable and nontreatening means of rehabilitation and recovery
• Evokes associations that contribute to an increase in well-being, life quality, and standard of living
• Provides diversion from inactivity, discomfort, and daily routine to facilitate treatment adherence
• Music is flexible and can be adjusted to meet the needs of varying physical, communication, cognitive, social-emotional, and behavioral functioning levels
• Music provides stimulation that holds attention and concentration
• Music is measurable and can be documented, assessed, analyzed, and validated to track progress in music therapy treatment.
Music Therapy is not Entertainment

Therapeutic music-not Music Therapy:

– A person with Alzheimer’s listening to an iPod with headphones of his/her favorites songs
– Celebrities, students, choirs, or bands performing at hospitals and/or schools
– A piano player in the lobby of a hospital
– Nurses playing background music for patients
– Artists in Residence
– Arts educators
Music Therapy is Goal-Focused

- Consults Placed by Providers
- Goal-Focused Consults:
  - **Physical** - “Veteran experiences chronic pain.”
  - **Cognition** - “Veteran with dementia displaying agitation.”
  - **Social** - ”Veteran withdrawn and minimally responsive to social interactions.”
  - **Emotional** -”Veteran tearful, depressed mood, dementia.”
  - **Communication**-”Veteran communicates with word salad, difficult to understand.”
  - **Spiritual** - “Veteran with dementia with end of life diagnosis. Singer in their church and expresses they enjoy traditional hymns.”
Plan of Care

✓ Music Therapist Receives Consult (CPRS)
✓ Initial Assessment
✓ Documentation: Goal Oriented Plan of Care
✓ Music Therapy Sessions/Interventions
✓ Documentation in CPRS
✓ Interdisciplinary Team Meetings
✓ Discharge Planning
Benefits of Music Therapy with Individuals with Dementia

- Memory recall/reminiscence
- Improves emotional states/mood
- Sense of control
- Awareness of self/environment-present moment
- Stress Management-for patient and caregivers
- Pain Management-distraction from pain/discomfort
- Physical Rehabilitation
- Emotional intimacy with family/caregivers involved in treatment
- Social interactions
- Communication with caregivers/family
- Quality of life
Where do music therapists work?

- Hospitals/Medical Facilities
- Hospice/Palliative Care
- Nursing Homes
- Adult Day Care Facilities
- Psychiatric Facilities
- Private Practice (providing services in home)
- And More!
Music Interventions

• **What are Music Interventions?**
  – Singing
  – Song writing
  – Lyric Analysis
  – Music Listening
  – Playing Instruments

• **What kind of music works best?**
  – Preferred Music
  – Live Music vs. recorded
  – Music from childhood/20’s
Music and Memories

• “The Piano Lady”
• “Dancing Days”
• “Last Kiss”
Resources

To Learn More about Music Therapy visit:

www.musictherapy.org

Questions?
Reminiscence Therapy: An Evidence-Based Approach in Dementia Care

Jayme Tetro, MSW, LCSW
Community Living Center
Clinical Social Worker
Reminiscence: What is it?

- The *enjoyable* recollection of past events
- A story told about a past event remembered *by the narrator*
- Reminiscence is not simply remembering
Reminiscence: Who benefits from it?

• Everyone!

• Specifically, reminiscence can be a therapeutic intervention for people with various stages and types of dementia and cognitive impairment

• Caregivers

(Woods, Spector, Jones, Orrell & Davies, 2005)
What are the benefits?

• Allows patient to be the expert
  – With varying types of dementia, short term memory is lost early on and long-term memories are preserved until much later in disease progression

• Socialization
  – Small group of others with dementia
  – Family members

• Decreases depressive symptoms

• Increases life-satisfaction

• Presents as a meaningful and engaging activity

(Bademli, Lök& Selçuk-Tosun, 2018)
Reminiscence: Theory Behind It

DECREASING demands on impaired brain functions and CAPITALIZING on preserved parts of brain functioning.
In the Literature...

- Pre/test, Post/Test study in Konya, Turkey
- 60 elderly individuals with dementia
- Weekly reminisce therapy for 8 weeks
- Results: Mini-mental scores improves, quality of life scores improved, depressive symptoms decreased

(Bademli, Lök & Selçuk-Tosun, 2018)
In the Literature, continued...

- Similar study in the Czech Republic
- 116 men and women with mild & moderate cognitive impairment living in LTC centers
- Results: Improvement in mental health, social participation, reduction in depression & elevated attitudes towards their old age and aging in general

(Siverová & Bužgová, 2018)
So... How do we use it?

- Individual: life review
- Group: introducing various objects, sounds and shared topics/ life events
Focusing on the Senses

- Touch
- Hearing
- Sight
- Smell
- Taste
Focusing on the Senses: Taste

• Stimulate memories by providing comforting foods

• Favorite foods from childhood?

• Ask what it tastes like? What does the taste remind them of?

• If they can’t respond to these questions, try to give foods that you know they like

• Changing flavors: salty, sweet, sour, bitter, savory
Focusing on the Senses: Hearing

- Music
- **Comforting** and familiar sounds
- Common phrases

http://musicandmemory.org/
Here comes the bride, all dressed in **WHITE**.
Easy come, easy **GO**.
Somewhere over the **rainBOW**.
Paint the town **RED**.
No ifs ands or **BUTS**.
Up a creek without a **PADDLE**.
It’s five o’clock **SOMWHERE**.
Absence makes the heart grow **FONDER**.
Sweet as **PIE**.
By the skin of your **TEETH**.
Children should be seen and not **HEARD**.
Cool as a **CUCUMBER**.
The customer is always **RIGHT**.
Dead as a **doornail**.
Don’t count your chickens before they’ve **HATCHED**
Dressed to the **NINES**.
Every cloud has a silver **LINING**.
Early bird catches the **WORM**.
Early to bed, early to rise makes a man health wealthy and **WISE**.
Elvis has left the **BUILDING**.
Fly by the seat of one’s **PANTS**.
From sea to shining **SEA**.
Has the cat got your **TONGUE**?
He who laughs last laughs **LODEST**.
I spy with my little **EYE**.
If the shoe **FITS**.
If you can’t stand the heat, get out of the **KITCHEN**.
Focusing on the Senses: Touch

- Familiar objects
- Familiar textures
Focusing on the Senses: Smell

- Familiar scents
- Soothing smells
- Candles, food, flowers
Focusing on the Senses: Sight

- Family Pictures
- School Yearbooks
- Pictures of Favorite Places
- Familiar Objects
Dementia Villages: Reminiscence as a lifestyle
In Practice

- Focus on one topic/ object at a time
- Make eye contact
- Don’t correct
- When in doubt, stick with pleasant memories
In Practice Continued

• Do your research about the person
• Stay at eye-level
• Reduce background noise
• Focus on their likes, not their dislikes
• Follow their lead!
Questions?