

Intervention Strategies for Dementia in Persons with Serious Mental Illness & Other Disorders

AGENDA

Dementia with Mental Illness & Other Disorders: A Review

Definition & Description

Avoiding misdiagnosis: delirium, medications, aging, physical illness, pain, others

Brain changes

Effects on Cognition, Function, Behavior

Types of Dementia & Implications for Non-pharmacological Intervention: A Review

Alzheimer's Disease

Dementia with Lewy Bodies

Frontotemporal Dementia

Recognition of Dementia with Mental Illness & Other Disorders

Assessment & Intervention

Four factors: Person, Environment, Interactions with other persons, Task & daily routines

Assessment for intervention: Observation & Prevention

Differences among types of dementia

Individualizing assessment and intervention to person, disorder, stage of disorder, situation

Non-pharmacological intervention strategies

Interventions that address cognitive functions (eg Visuospatial, Sensory, Touch, Making decisions)

Visuospatial Interventions

Environmental Interventions

Environmental intervention strategies

How environment helps & hinders

Adapting the environment to a person's cognitive strengths & needs

Interpersonal interventions

Communication strategies

What helps & hinders communication

Adapting communication strategies to a person's cognitive strengths & needs

Communication to accommodate environmental challenges

Wrap up

Summary

Evaluations

Description:

This seminar will focus on dementia among persons with mental illness and other disorders. Practical non-pharmacological intervention strategies that address the effects of brain changes on cognition, functioning, behaviors, and affect will be emphasized. Suggested interventions will adapt communication, the environment, the task, and schedule of daily routines in a way that is individualized to the person, specific disorder (e.g., the type of dementia), severity of disorder, and situation.

Objectives:

Participants will be able to:

1. Review effects of brain changes in dementia on cognition, functioning, and behaviors.
2. Review interventions effective with three types of dementia: Alzheimer's disease (AD), Dementia with Lewy Bodies (DLB), Frontotemporal Dementia (FTD)
3. Describe communication strategies
4. Describe environmental interventions
5. Identify visuospatial interventions
6. Identify four factors to address with interventions

Today's Messages

Please see handout “**Basic Messages about Cognitive Impairment:** Suggestions of Assumptions to make when you care about or for a person with cognitive impairment” for elaboration and more detail.

1. **Individual:** This person is a **unique individual**.
2. **Brain Disorders:** All **psychiatric and neurological** disorders (such as Severe Mental Illness, Traumatic Brain Injury, and Dementia) are **brain disorders** with **alteration of specific cognitive functions**.
3. **Cognition:** Adding **interventions that directly address cognitive functioning** to a repertoire of interventions currently used can expand the pool of intervention options.
4. **Behaviors:** **Avoid unintentionally engaging in behaviors person finds difficult**.
5. **Coping Strategies:** Behaviors often reflect a person's strategies for coping with life and altered cognitive functioning. **Avoid depriving a person of their coping strategies** (that is, their behavior) without addressing the source or cause of the need to use a coping strategy.
6. **Trust this person's efforts:** We all have at least some cognitive impairment. No brain is perfect. We all have, since birth, created cognitive interventions for ourselves to **compensate** for the particular cognitive functions we have difficulty performing. Try to build on this person's efforts.
7. **Goals:** Help a **person discover her/his own abilities and desires**. Address the person's own self concept and life goals.
8. **Four Factors:** Address the **Person, Environment, Interactions** with the person, and **Task** or daily routines. In general, **try modifying the conditions**, rather than modifying the person or behavior.
9. **Distress:** Address a **person's feelings** rather than simply the behavior. Discern **who is distressed** and conscientiously include that person in the intervention.
10. **Types of Dementia:** Each type of dementia varies in course and challenges. Alzheimer's disease is the most common cause of dementia.
11. **Diagnosis:** Symptoms of delirium, neurological, and psychiatric disorders are often similar. **Avoid misdiagnosis**. Consider effects of medication, pain, medical/physical disorders, allergies, sensory changes, aging, emotional and environmental changes, and changes in the person's family and support system.
12. **Common Triggers:** Common triggers of distress and of changes in behavior or cognition **that can be immediately addressed** are: pain with or without movement; hypersensitivity to touch, sound, smell, etc; temperature fluctuations in the air, water, and inside the person's body due to the body's reduced ability to control its own temperature; an unmet need or desire; feeling overwhelmed; confusing cues; too little information; sensory changes, not knowing what to do next; feeling alone.
13. **Optimism and Caring:** **You can improve a situation** no matter how severe or acute it is. Conscientious **discernment of causes** and implementation of **small interventions** are key. Focus more on the **person** than on the behavior, their disorder, or the tasks of caring.