

So, Your Patient Can't Follow Directions

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Objectives

- Participants will be able to demonstrate the following skills:
 - adaptation of the environment to facilitate maximum performance
 - matching the challenge of the activity to the person's cognitive capabilities
 - focusing on success through errorless learning
 - tapping into procedural memory using Spaced Retrieval technique

Discussion throughout the training

- What are effective methods to maximize abilities with a person with dementia?
- Why do we believe that a person with dementia is unable to follow directions?
- What abilities are commonly retained longer in a person with dementia?



Dispel Myths



Snowden's research – The Nun Study

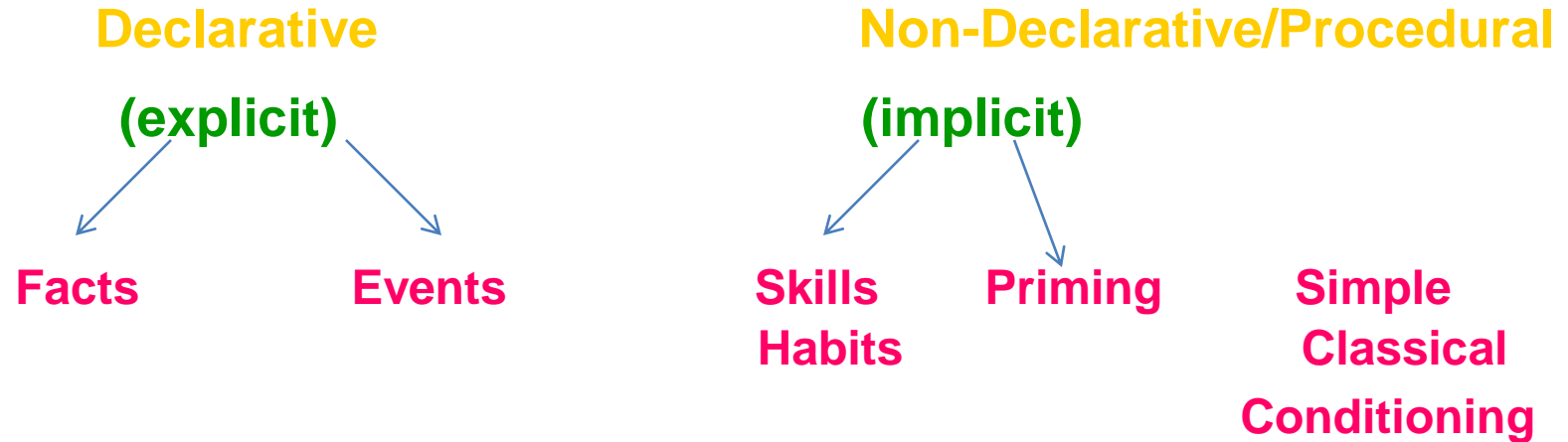


Models, Techniques & Frames of References

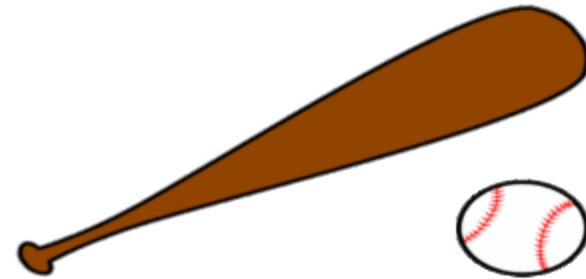
- Squire's Model of Memory
- Allen Cognitive Disabilities Model
- Spaced Retrieval Technique
 - Errorless Learning
- Abilities-based approaches



Declarative vs. Procedural Memory



Finish the Phrase. .



Declarative Memory Exercise

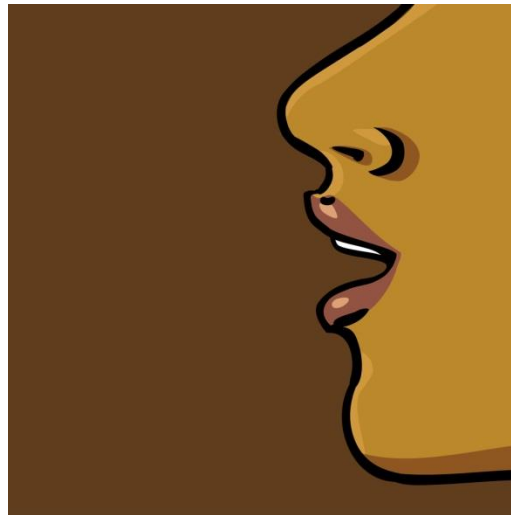
- Recalling the answers uses declarative memory
- Some answers are difficult to recall because of
 - Infrequency of use
 - Lack of exposure to information



Spaced Retrieval Technique

- Different than Verbal Cues
- A cue that able to be replicated

Min, Mod, Max VCs???



Introduction to Spaced Retrieval Technique

- An intervention aimed at aiding an individual in successfully remembering names/objects or how to perform tasks over longer and longer intervals of time
- A structured training approach for teaching new information.



Spaced Retrieval Technique

Locking the brakes



Catastrophic reaction



Errorless Learning

- SR makes use of “errorless learning”
 - Found to be more effective than “trial & error” learning in those with memory impairment
 - Errorless learning means that a wrong answer is immediately corrected with the right answer and the person is asked to repeat the right answer

Actually...

Allen's Cognitive Disabilities Model

- Predicts functional level of patients at each score
- Identifies what type (level of assist) the patient needs for safe completion for various tasks
- Identifies the rehabilitation needs and treatment approach to relearn tasks and learn new tasks

Cognitive Disabilities Model

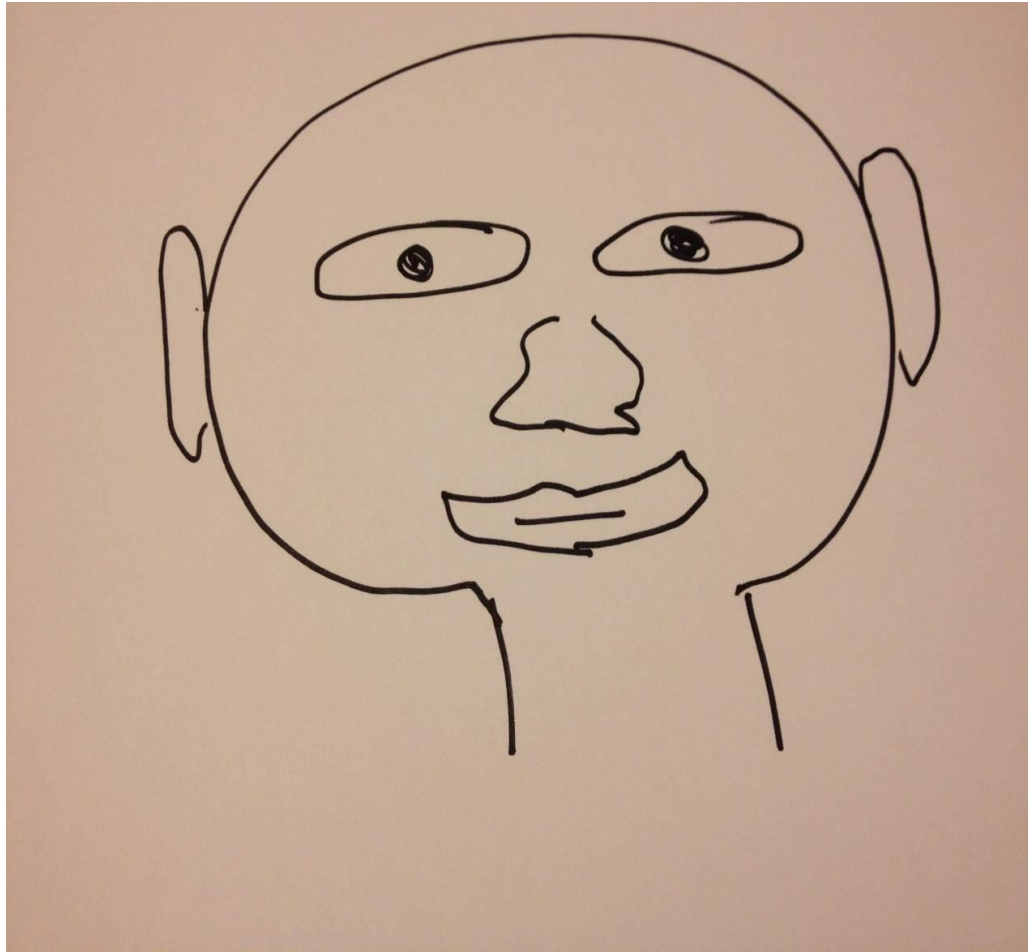
- Cognitive Disabilities Model
 - Abilities based approach
 - Right amount of challenge – avoid under/over
 - Clinicians assess using familiar and unfamiliar functional demands to understand cognitive and functional capacities
 - Understand relationship between global cognitive processes, global capacity to function

Mental Energy (power)

- The levels provide the clinician with the information to provide the right amount of challenge
- Match the complexity of the task, the mental energy required to perform the task with the resident's cognitive abilities



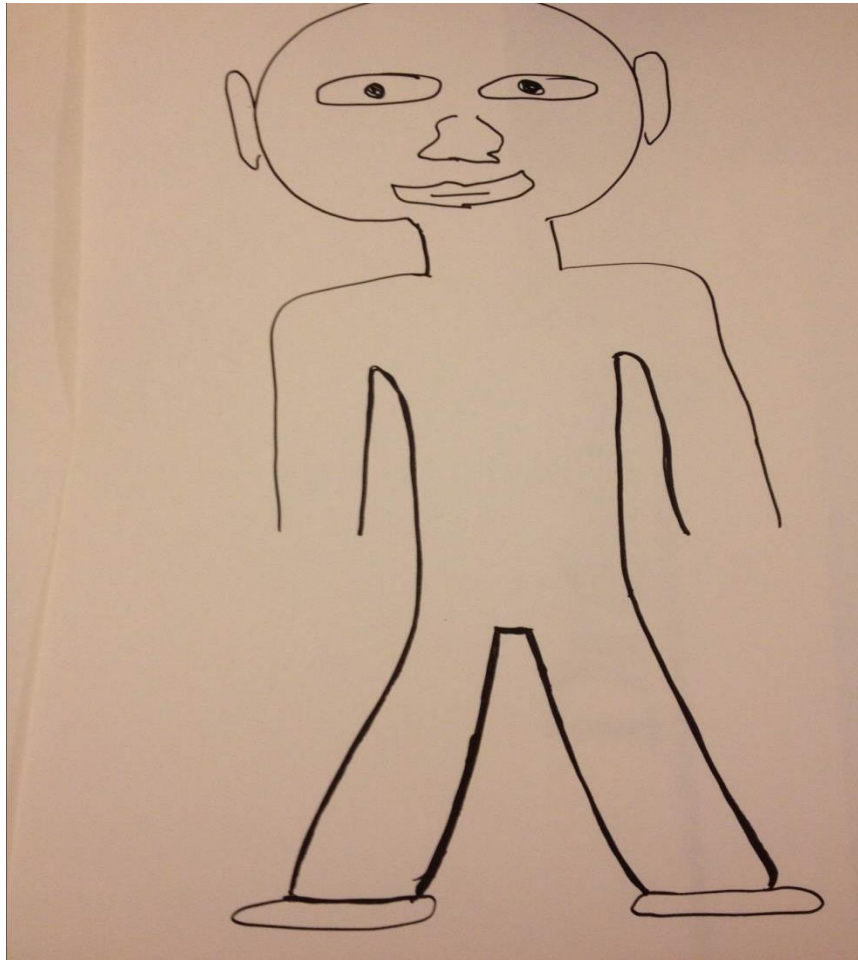
Level 1



Level One—Automatic Actions

- Limited speech
- Reflexive—protective reflexes
- Ability to locate strong stimuli
- Limited body movements
- Dependent in ADL
- Withdrawal from noxious stimuli
- Insufficient ability to respond to internal and external stimuli to function
- Information processing slow

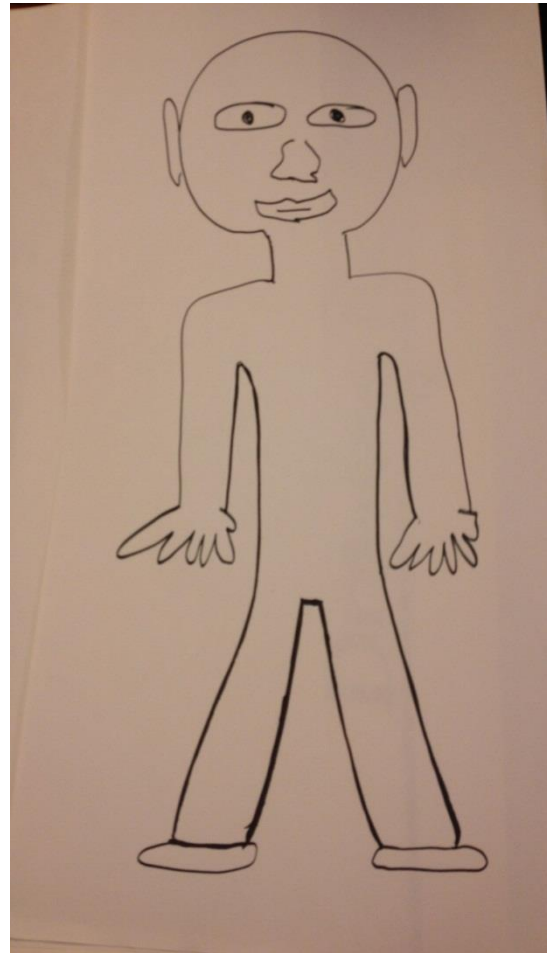
Level 2



Level Two—Postural Actions

- Words versus conversation
- Universal non-verbal signs
- Follows direction to count of 3
- Overcoming effects of gravity
- Postural control...gross movements versus fine movements...sitting, standing, walking
 - Walk to a self-identified location (toilet & bed)
- Can use grab bars and railings for support
- Marked assistance with ADL
- Behaviors are slow, may need frequent reminders

Level 3



Level Three—Manual Actions

- Grasp of objects in close proximity
- Check grasp pattern...distinguish between objects
- Sustains actions on objects
- Quality of performance inconsistent – limited sequencing
- ADL abilities improve – placing of objects, demonstration
- Daily routines, familiar tasks
- Respond to verbal cues
- Engage in actions – use of objects, sense of completion

Level 3 – “BEHAVIORS”

- Let’s talk about Maria





Level 3 to 4 – shift from actions to activity

Ability without Quality – Level 4



Level Four—Goal Directed Activity

- Talks the Talk
- Reading comprehensive questionnaire
- Does well w/ familiar tasks
- Can sequence through self care tasks
- Can complete a goal
- Ability to scan the environment
- Capacity to memorize new steps
- Ability without quality



Level 5 – Exploratory Actions



Level Five: Exploratory Actions

- Learns through exploring the environment
- Problem solving capacity through trial and error
- Improves fine details of actions
- Considers social standards
- Has the capacity to make fine motor adjustments
- Flexibility to change the steps
- Decreased ability to plan ahead or prevent mistakes

Level 6 –Planned Activities



Tap into remaining abilities

- Retro-genesis theory
- Last in first out
- First in last out
 - Think
Developmentally

READING

Basic ADLS

Toileting

Communication

Dressing

Grooming



Ability-Based Approaches

3 Key Elements - RED

- **R**ecognition instead of recall
- **E**xternal cues help with “doing”
- **D**oing helps prolong ability

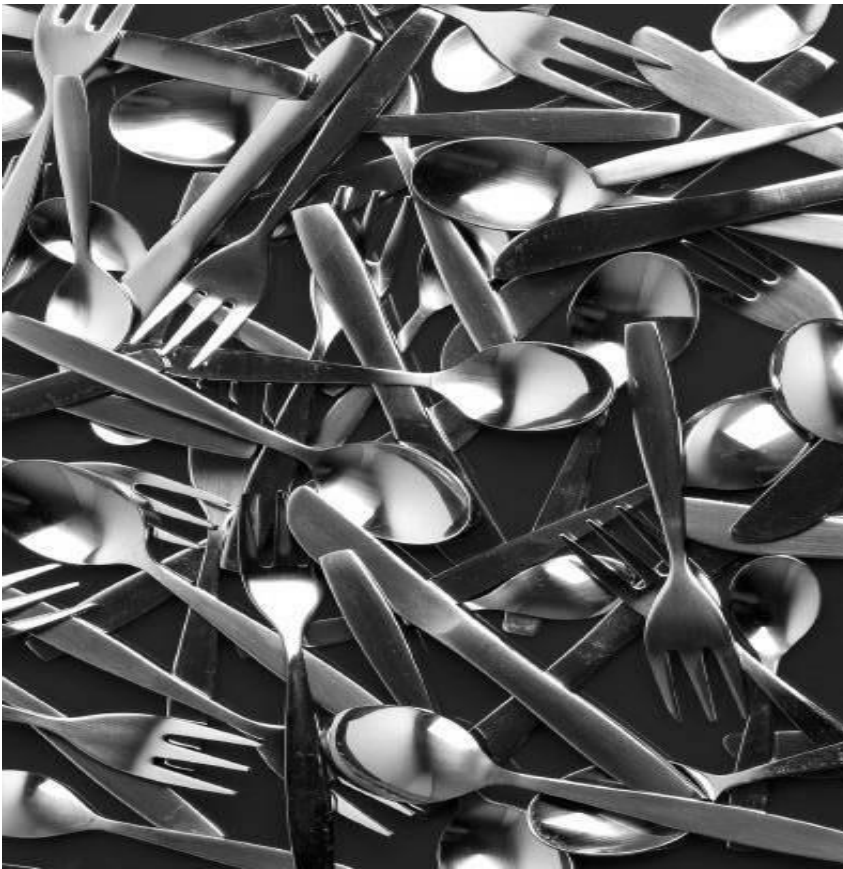
Item sorting – Silverware

Matching object to picture



Item sorting – Silverware

Matching object to word

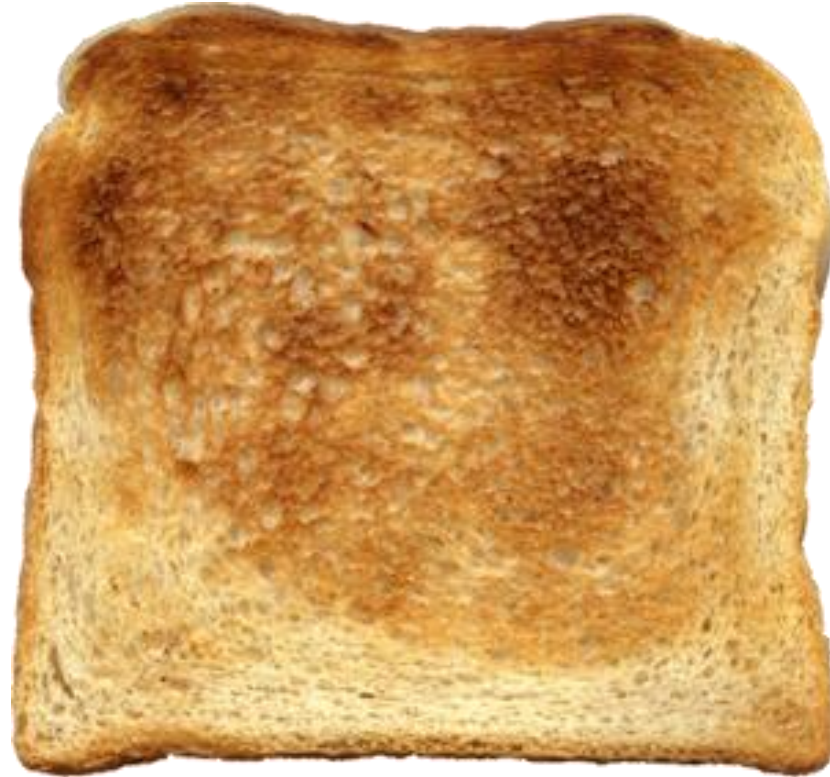


FORK

KNIFE

SPOON

Let's Make Toast



Context, habits, routine - tools

CONTEXT

DAILY ROUTINES

HABITS



Tools to Understand Patient

- Occupational Questionnaire
- Role Checklist
- Interest Inventory
- Preferences for Everyday Living Tool

ROLE CHECKLIST

NAME _____ AGE _____ DATE _____

SEX MALE FEMALE ARE YOU RETIRED? YES NO

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

The purpose of this checklist is to identify the major roles in your life. The checklist is divided into two parts, present 10 roles and define each one.

PART I
Circle each role, indicate by checking the appropriate column. If you performed the role in the past, if you presently perform the role, and if you plan to perform the role in the future. You may check more than one column for each role. For example, if you volunteered in the past, do not volunteer at present, but plan to do so in the future, you would check the past and future columns.

ROLE	PAST	PRESENT	FUTURE
STUDENT: Attending school on a part-time or full-time basis.			
WORKER: Part-time or full-time paid employment.			
VOLUNTEER: Donating services, at least once a week, in a hospital, school, community, political campaign, and so forth.			
CAREGIVER: Responsibility, at least once a week, for the care of someone such as a child, spouse, relative, or friend.			
HOUSE MAINTENANCE: Responsibility, at least once a week, for the upkeep of the home such as housecleaning, car wash, etc.			
FRIEND: Spending time or doing something, at least once a week, with a friend.			
FAMILY MEMBER: Spending time or doing something, at least once a week, with a family member such as a child, spouse, or other relative.			
RELIGIOUS PARTICIPANT: Involvement, at least once a week, in groups or activities affiliated with one's religion (including worship).			
HOBBY/AMATEUR: Involvement, at least once a week, in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or team.			
PARTICIPANT IN ORGANIZATIONS: Involvement, at least once a week, in organizations such as civic organizations, political organizations, and so forth.			
OTHER: A role not listed which you have performed, are presently performing, and/or plan to perform. Write the role on the line below and check the appropriate column(s).			

INTEREST CHECKLIST

Activity	What has been your level of Interest						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past ten years			In the past year			Yes	No	Yes	No
	Strong	Some	No	Strong	Some	No				
Gardening/Yardwork										
Sewing/needle work										
Playing card										
Foreign languages										
Church activities										
Walking										
Car repair										
Writing										
Dancing										
Golf										
Football										
Listening to popular music										
Puzzles										
Holiday Activities										
HW/Book										
Movies										
Listening to classical music										
Speeches/lectures										
Swimming										
Bowling										
Visiting										
Mending										
Checkers/Chees										
Barbecues										
Reading										
Traveling										
Parties										
Wrestling										
Housecleaning										
Model building										
Television										
Concerts										
Pottery										

Preferences for Everyday Living Inventory® Nursing Home Version- Mid-Level (PELLNH)

Resident _____ Room Number _____ Interviewer: _____ Date: _____

Instructions to the Interviewer

- Introduce yourself to the resident:** "Hello Mr./Mrs./Ms./Dr. _____, My name is _____ (name), and I am the _____ (position) here at _____ (facility). How are you today?"
- Describe what you are going to ask the person to do:** "This conversation is to help us get to know you better. The questions are about you, so there are no wrong answers. We will not share your answers with other residents or staff. Only the research team will look at these materials. If you are uncomfortable with any question, please let me know. Feel free to not answer that question. Do you have any questions?"
- Explain how the interview works:** "I am going to ask you questions about your preferences. I would like to know what your preferences are right now. Some of the questions may ask about things you feel you can no longer do by yourself, but I'd like to know if these activities would be important to you if you could do them with assistance or find a way to do it."

OCCUPATIONAL QUESTIONNAIRE
Developed by N. Ruppel Smith with assistance from G. Kiehlhoffer and J. Hawkins Watts (1986).

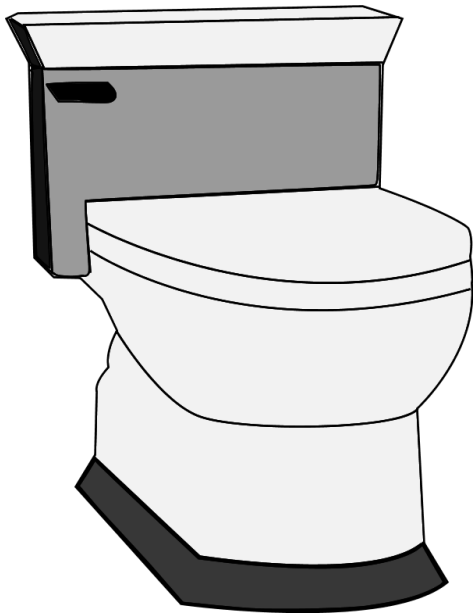
Today's date _____

Name _____

Age _____

THINK: Activities	Question 1	Question 2	Question 3	Question 4
1. Consider this activity to be: 1 = work 2 = hobby/leisure 3 = necessary 4 = not	1. How often? 1 = Very rarely 2 = Rarely 3 = Often 4 = Very often	2. How important? 1 = Not important 2 = Somewhat important 3 = Important 4 = Very important	3. How much do you enjoy this activity? 1 = Like it very much 2 = Like it 3 = Neither like nor dislike it 4 = Dislike it 5 = Strongly dislike it	4. How long have you been doing it? 1 = 1-3 months 2 = 3-6 months 3 = 6-12 months 4 = 1-2 years 5 = More than 2 years
7000	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
530	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
600	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
630	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
700	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
730	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
800	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
830	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
900	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
930	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1000	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1030	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1100	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1130	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1200	1 2 3 4	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Environmental Adaptations



Interdisciplinary Approach

- Leveling playing field....consistent education amongst the IDT
- Roles and responsibilities – assessment, intervention and skills integration
- Insert image of Dementia Practice Guide

Team and Family Education

- Understanding Performance Modes – Allen Levels
- Family knows context, values, culture, roles, routines and habits
- Creating a planned day
- Supporting successful family visits
(collaboration with Recreation and Therapy)

The Breakfast Club (Boczko)

- Small group of clients
 - Prepares
 - Serves
 - Eats
 - And cleans up breakfast together
- 45 minute meetings 5 mornings a week
- Homelike quiet setting

The Breakfast Club (Boczko)

- Organization & decision making
- Conversation & social skills
- Maintenance of early life memories
- Interest and involvement
- Language and reading skills
- Positive emotions
- Prevention of learned helplessness
- Prevention of isolation

Paradigm Shift

- Milieu, Assessment Processes, Skills Integration



So Your Patient CAN Follow Directions

- If your team....
 - Adapt the environment
 - When you change your approach
 - Match the challenge to the patient's cognitive abilities
 - Match the task complexity to the patient's abilities
 - Focus on success through errorless learning
 - Tap into the procedural memory using SR