

Dementia Care: Dignity and Sexuality Issues

Instructor Guide



UPDATED JUNE 22, 2011



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INSTRUCTOR GUIDE:**DEMENTIA CARE: DIGNITY AND SEXUALITY ISSUES**

Overview	Seeing and treating each resident as an individual is what distinguishes outstanding care. This course is designed to train staff how to learn more about each resident and how to handle the sensitive issues of dignity, sexuality, and independence.
Video(s)	"Dignity and Sexuality Issues" (25 minutes)
Special Supplies	None
Learning Objectives	<ol style="list-style-type: none">1. Sexuality is something that is not age specific2. We cannot impose our own beliefs on the residents3. There are things we can do to prevent inappropriate sexual behaviors

QUIZ: DEMENTIA CARE: DIGNITY AND SEXUALITY ISSUES

Name: _____

Date: _____

1. Our residents often fear losing physical ability and the loss of dignity?
 - a. True
 - b. False

2. A resident who becomes isolated may be suffering from:
 - a. The onset of an illness or medical condition
 - b. The loss of dignity and self-worth
 - c. The fear that they cannot perform social skills adequately
 - d. All the above

3. When approaching a resident, greet them using their name:
 - a. True
 - b. False

4. "Failure free activities" are activities that are:
 - a. Very simple and easy for even the severely cognitively impaired resident
 - b. One that you know the resident can succeed doing

5. If your resident exhibits child like behaviors, it is best to:
 - a. Try to communicate on their level using childlike talk and gestures
 - b. Communicate in a normal gentle adult like manner

6. If a family member asks you about a resident's medical condition, you should:
 - a. Tell them whatever they want to know because they are family
 - b. Tell them to talk to the resident
 - c. Ask them to talk to your supervisor
7. If a resident is performing a new activity but just can't get it right, you should:
 - a. Direct them to a different activity where they may be more successful
 - b. Have them keep attempting to succeed at that activity, practice make perfect
8. Asking which of the following may help you to know your resident better and promote dignity in your resident:
 - a. Their family history
 - b. What kind of job(s) they may have held in their adult life
 - c. What kind of pets they may have had and their pet's names
 - d. Hobbies they have enjoyed
 - e. All the above
9. Activities that may seem extremely boring or simple to you may be very enjoyable and make the resident feel successful:
 - a. True
 - b. False
10. Talking about a resident's behaviors or conditions with unauthorized persons is:
 - a. Ok, as long as the resident is not present
 - b. Never ok
11. A raised voice or yelling is the preferred method when attempting to redirect a resident?
 - a. True
 - b. False

12. The number one concern when assisting a resident in personal care is:

- a. Efficiency
- b. Privacy

13. To avoid inappropriate sexual behaviors, it is sometimes better to perform intimate personal care:

- a. In the evening when it is darker
- b. In the morning or mid day

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Certificate of Completion

THIS IS TO RECOGNIZE

FOR DEDICATION TO QUALITY RESIDENT CARE
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

DEMENTIA CARE: DIGNITY AND SEXUALITY ISSUES

Instructor Signature

Date

Dementia Care: Dignity and Sexuality Issues

Learner Workbook



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RAISING THE BAR

RESIDENT CENTERED CARE

Always remember, "Resident Centered Care" is individual to each resident. Just as you may have preferences, so do our residents. The "magic" of resident centered care is in the delivery...in other words, how you offer and provide care or an activity. It's the difference between providing care or a program at a specific time of day and expecting that all residents are on the same "time clock" and want to do the very same thing, as opposed to looking closely at each resident and guiding him/her toward the things that are familiar and comfortable for this resident to do WHEN and HOW he/she likes to do them, in the resident's OWN time frame.

Resident Centered Care does not limit group activities, but rather provides a rich variety of small, large and individual things to do....activities or care tasks that would be successful and meaningful to THAT resident. It's the things that happen in between the scheduled events – a routine flow of how a resident's day goes.

RESIDENT CENTERED CARE

Three keys to doing resident centered care is:

1. Obtain and maintain a thorough knowledge of the resident
2. Observe the resident's behavior and responses
3. Listen and communicate with the resident to individualize care according to the resident's needs

WORKING WITH DIFFERENT LEVELS OF DEMENTIA

Typically our residents with dementia are at different abilities or at different stages of the disease. As part of Resident Centered Care, it is important to work with residents who are at different stages. On the next three pages are suggestions for working with residents at each stage of dementia: Stage 1, Stage 2, and Stage 3.

- STAGE ONE characteristics:
 - Moderate memory loss, frustration
 - Realization of deficits beginning
 - Awareness of needing help

Initiate familiar activities

- Creative arts that provide a *sense of accomplishment*
- Daily living skills that *preserve dignity*
- Physical programs that *relieve frustration*
- Sensory programs that *strengthen recognition*
- STAGE TWO characteristics:
 - Severe memory loss
 - New material lost rapidly
 - Disoriented, only simple chores preserved

Initiate familiar activities

- Creative arts that *increase self-worth*
- Daily living skills that *reinforce old skills*
- Physical programs that *relieve wandering/pacing*
- Sensory programs that *enhance learned material*
- STAGE THREE characteristics:
 - Dependent on others and are frail
 - Cannot recall abilities

- Limited attention span
- Require nurturing and support

Initiate familiar activities FOR resident

- Creative arts, such as music listening
- Daily living skills, need to attend to with dignity
- Physical programs, such as gentle massage/touch
- Sensory programs, such as sharing family photo/stories

Before we leave this section, let's take a look at some tips for the following specific behaviors that may be exhibited by residents with dementia:

- Yelling out
- Wandering
- Sundowning
- Crying
- Stripping
- Hallucinations/delusions/paranoia
- Physically disruptive behavior/aggression

Tips for Yelling Out

- Offer a snack
- Gum chewing (for bravehearts)
- Exercising
- Discussion groups/word games
- Sensory stimulation
- 1-1 interaction
- Singing

Tips for Wandering

- Daily living skills/repetitive chores
- Walking
- Dancing
- Exercising
- Assisting staff
- Folding
- Sorting

Tips for Sundowning

- Exercising
- Walking
- Dancing
- Increase outdoor activity
- Walking after dinner
- Bed making
- Assisting staff
- Snacking
- Reading
- Listening to Mozart
- Simple table games
- Coupon clipping

Tips for Crying

- Involvement in self-care
- Receiving manicures/beauty shop
- Musical activities – upbeat tones
- Baking and cooking
- Sorting
- Visiting pets
- Visiting children
- Service projects
- Sensory stimulation

Tips for Stripping

- Cover resident with blanket/apron, etc to preserve dignity
- Provide fine motored activities
- Sorting
- Painting
- Make scrapbooks
- Assist with activities
- Physical stimulating programs – e.g., sports
- Card playing
- Competition
- Leadership role
- Sewing
- Tactile stimulation

Tips for Hallucinations/Delusion/Paranoia

- 1-1 visits
- Validation therapy
- Resident's photo album
- Music activities
- Dancing
- Socialization
- Small groups
- Discussion groups
- Current events
- Assisting others, staff
- Doing artwork

Tips for Physically Disruptive Behavior/Aggression

- Tactile stimulation
- Folding Items
- Physically stimulating activities (gardening)
- Massage
- Making scrapbooks
- Pet visits (monitor closely)
- Preparing and sharing snack
- Tearing pictures
- Sanding

We wish you much success as you strive to continue to provide the utmost care for each of your residents and his or her families.