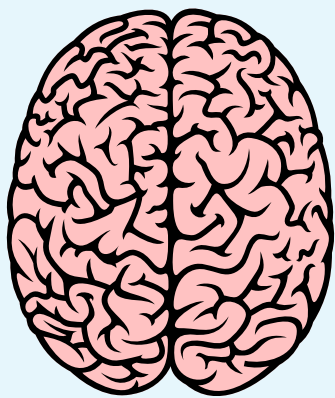


HOW DOES DEMENTIA AFFECT US?

Paying attention
and thinking
logically



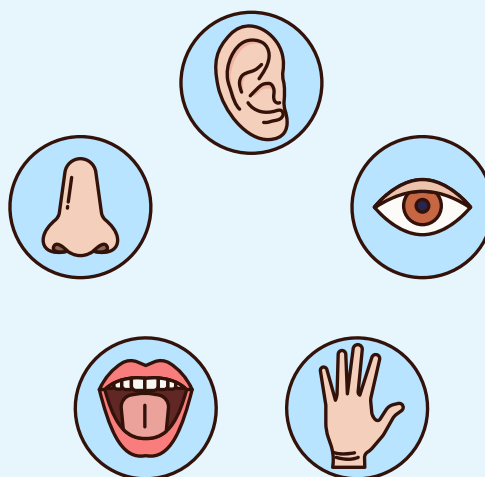
Ordering and
sequencing
information

Remembering
'time' 'location'
and 'faces'



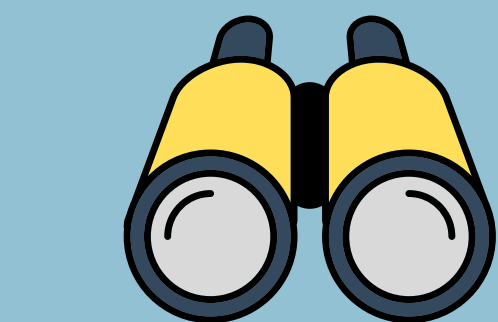
Solving
problems

As we age, our
senses
perceptively
deteriorate



Speaking/using
language
correction

Calculating



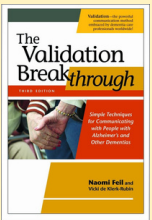
Seeing/perceiving
things accurately

These difficulties
usually get worse

Reading the
emotions
of others



what is **Validation?**

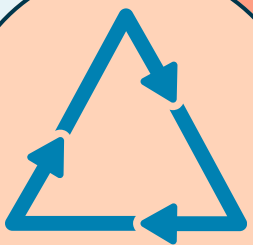
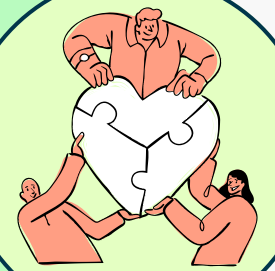


Validation developed from the experiences of Naomi Feil, a social worker with older people who started her career in the 1960s.

Validation emphasises empathy and listening. It views people with dementia as unique and worthwhile.

Instead of ignoring or stopping what might be viewed as irrational or illogical behaviour, validation offers alternatives.

People need to feel valued – loved – safe.

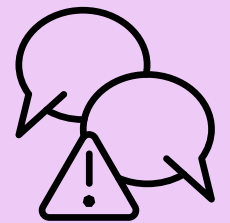


Validation is a tripod of theory, techniques, and attitude.

Each part of the triangle is dependent on the others.

If only the basic attitude is used, there will be good contact but little communication.

If techniques are used without the validating attitude, they are sterile and often ineffective.



Likewise, if attitude and techniques are used without goals, the method often goes wrong.

It is only when all 3 elements are in place that contact and communication can easily flow.

how can we use **Validation?**

Theory/Principles

People should be listened to and respected

All people are unique and worthwhile

There's a reason behind the behaviour of individuals, often stemming from unmet basic human needs.

Goals – people should feel safe, loved and valued

Understanding of normal ageing and how dementia affects us

Verbal techniques

Ask good questions to establish the story in a person's head

Speak clearly and plainly
Don't give "instructions" or argue

Non-verbal techniques

Remain present

Make eye contact in person's visual field

Be reflective of the person's own non-verbal expression

Techniques

Non-judgemental
Empathetic
Respectful
Honest

ATTITUDE

THEORY & PRINCIPLES

TECHNIQUES

WHAT IS DEMENTIA?



Dementia is an umbrella or group word for diseases that cause difficulty with memory attention and logical thinking abilities, affecting work, social and daily living activities.

Alzheimer's Disease is the most common.

Tiny fragments of a protein called beta-amyloid in the brain cause blockages and another called tau, tangle up some of the connectors in the brain making it tricky to think and process information.



Some researchers believe there may be up to 200 types of dementia which is always progressive and for which there is currently no cure.

Timely diagnosis is vital to enable understanding and appropriate support for people and their families and carers, from services and the community

**UMBRELLA TERM | ALZHEIMER'S MOST COMMON
UP TO 200 TYPES | TIMELY DIAGNOSIS IS VITAL**

HOW MEMORY AND ATTENTION ARE AFFECTED BY DEMENTIA

01

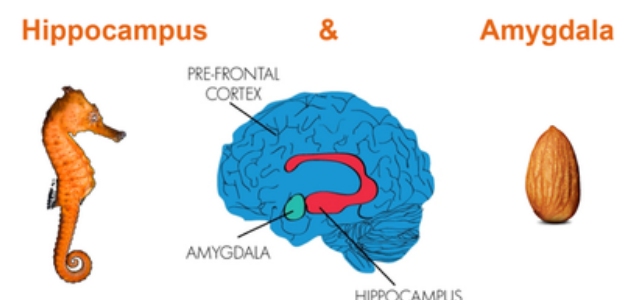
Memory is affected by dementia

Damage to the two Hippocampus (seahorses) in the brain and the correspondingly reduced storage space for paying attention, make it much harder to remember facts and events that happened a short time ago, known as short term memory loss. People can remember things that happened a long time ago, especially songs and poems but not what happened an hour ago.

02

Emotional memory

As people move through the journey of the disease they start to rely more on their emotional memory because the two Amygdala (almonds) in the brain are spared from damage, for longer.



03

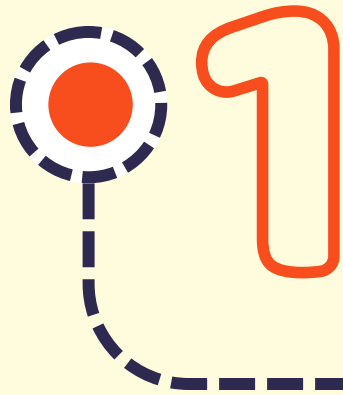
Supporting someone with a dementia

When supporting a person with a dementia, be aware that facts will become more difficult to retain and use emotional content for communication such as stories about people, places and familiar activity.



The Behavioural Stages of dementia

Stage 1: Mal-orientation



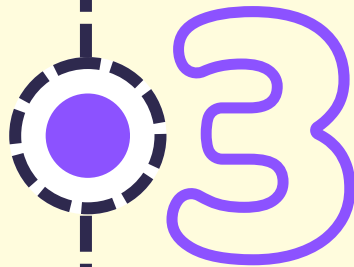
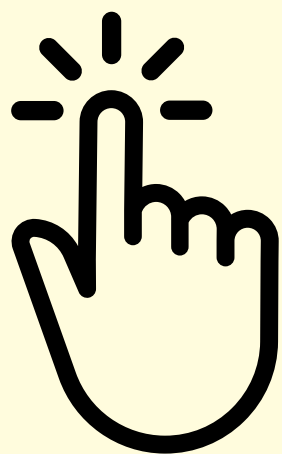
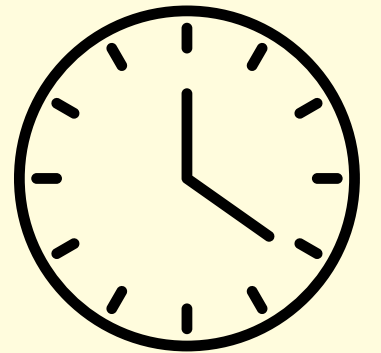
Disorientation is not always obvious, memory errors are noticeable but still possible to hide, people become suspicious and mistrustful of the motives of others when they attempt to help - try to understand how they are feeling

Tip: Keep your distance unless invited to get closer - don't expose weaknesses or errors - work with feelings including anger and frustration - don't take criticism personally.

Stage 2: Time Confusion

Obvious frequent mistakes about time and place, people feel and become lost both physically and emotionally, they often seek help from others throughout the day - this may result in people becoming fearful and distressed

Tip: Maintain good eye contact, stay in the person's visual field and use appropriate touch to aid communication - don't try to correct wrong or missing 'facts' anymore as they cannot be retained by the person - reminisce using familiar activity, music, movement



Stage 3: Repetitive Motion

Repetition of movement and limited speech - physical mobility is often reduced and people may feel isolated and alone

Tip: Put meaningful and interesting objects in a person's visual field - encourage ANY speech mirror movement to stay in touch - Use touch, music, singing and movement to replace and supplement verbal communication

Stage 4: End Stage withdrawal

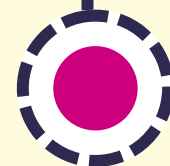
lapsing in and out of consciousness, seems like hibernation with long periods of sleep

Tip: Positive sensory stimulation - nurturing voice tones - gentle touch - tap rhythmically to music - hand massage



Split Stages

When a person presents behavioural characteristics from more than one stage. Carers will need to describe memory, language, physical and emotional abilities separately and be aware of the resulting frustration and anxiousness

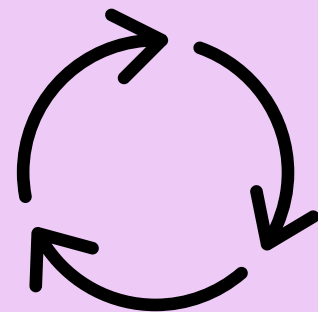


EFFECTIVE COMMUNICATION SKILLS



People living with a dementia often become quieter and appear to be in a world of their own – talking, listening, watching and communicating becomes more tricky.

The person may ask the same question over and over again, this is because of damage to the brain and the reduced storage space for new memories



Tip: Become a 'Dementia Detective' by asking engaging questions to find out what the person is thinking and feeling.

Validate those feelings with empathy so that people feel that you are 'on their side' if they are distressed and anxious. Don't try to problem solve until the person is calm and have told their story.



Carers should not be 'giving instructions' to people but rather 'enabling' them to use all their abilities and strengths to continue to live to their capabilities and reduce their anxieties and frustration.

PERCEIVING THE WORLD DIFFERENTLY

As we all age the accuracy of our senses deteriorates naturally; living with dementia compounds these difficulties

Vision

We start to have problems with depth of colour, night vision and peripheral vision which causes difficulties with understanding what's going on around us

Hearing

We may lose high frequency sounds, be affected by issues such as Tinnitus, use of hearing aids and loss of 'sharpness' and mis-hearing consonants in words, making understanding more difficult

Touch

Damage to peripheral nerve endings may cause reduced pain receptors in the skin making perception of pain difficult to contextualise and difficulties with awareness of heat – cold - pressure and the subsequent risks

Smell

Receptors reduce with age

Taste

Deteriorates with normal ageing often resulting in loss of appetite

Kinesthesia (sense of movement and balance)

Remains longest, enabling awareness of our body in space, being able to sense rhythm, movement and balance but with reduced understanding of risk

Tip: Make sure environments are well lit, avoiding lamps etc. which cast shadows. Focus lighting on important areas to draw the person to them, such as - dining table, toilet door, avoid reflective and mirror images which can cause confusion

Seeing the World Differently:

COLOUR PERCEPTION AND DEMENTIA

Use strong contrasts



Make important objects stand out



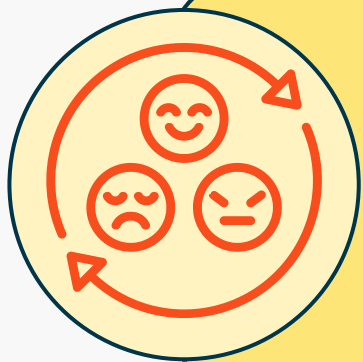
Avoid confusing patterns



Be aware of shiny or dark surfaces



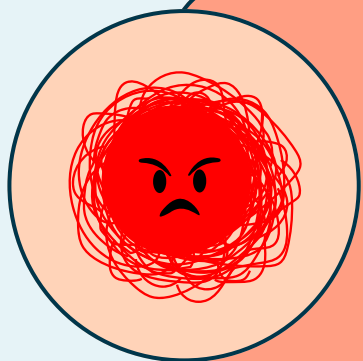
why life stories matter



Feelings and emotions affect behaviour:

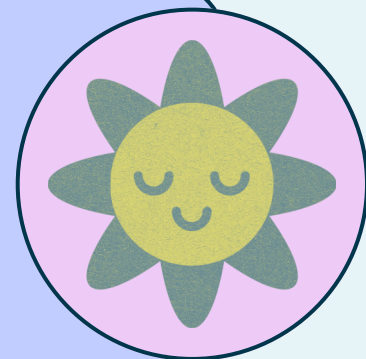
Fear
Anger
Stress
Grief and Guilt

Everyone with dementia is different and understanding their life stories really matters. Sooner or later, most people with dementia assume that their parents are still alive although it isn't true. This behaviour is linked with them not feeling safe and needing support.



ANGER is a secondary emotion to FEAR which is the primary. Loss or sadness first create feelings of vulnerability and loss of control, making us feel unsafe and uncomfortable. Everyone can become stressed, angry and defensive when they are fearful

Carers need to work out the reason for the distress, remembering to remain present with the person and not to try to problem solve situations before the person is calm and feeling safe again.



Tip: Respect my existence or expect my resistance!
People with dementia need to feel “valued, safe and loved”