




Person-Centered Dementia and Behavior Care:
Quality, Communication, and Fall Prevention


Tonya Moore, PTA
Vice President
Absolute Rehabilitation

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Objectives

- Improve understanding of “unwanted” behaviors, and the cry for help behind the action(s)
- Learn Person-Centered approaches to improve Communication and Quality
- Take away tools to reduce Falls with an Elevated Team Approach




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About dementia

Dementia is not a single disease; it's an overall term — like heart disease — that covers a wide range of specific medical conditions, including [Alzheimer's disease](#). Disorders grouped under the general term “dementia” are caused by abnormal brain changes. These changes trigger a decline in thinking skills, also known as cognitive abilities, severe enough to impair daily life and independent function. They also affect behavior, feelings and relationships.




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Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- * **Mixed dementia:** Dementia from more than one cause



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Survey & Certification - General Information

National Partnership to Improve Dementia Care in Nursing Homes

Overview


The CMS is partnering with federal and state agencies, nursing homes, other providers, advocacy groups, and caregivers to improve comprehensive dementia care. CMS and its partners are committed to finding new ways to **implement practices that enhance the quality of life for people with dementia, services from substandard care and improve person-centered, person-directed care for long-term health needs.** The Partnership promotes a multidimensional approach that includes people, workforce, care-based conditions, research, training and **learning from best practices.**

What's New?

Since the launch of the National Partnership, significant reductions in the prevalence of **antipsychotic** use in long-term nursing home residents have been documented. The National Partnership continues to work with state coalitions and nursing homes to reduce that rate even further. Recently, CMS established new national goals for reducing the use of antipsychotic medications in long-term nursing home residents by 25 percent by the end of 2015, and 30 percent by the end of 2016. These goals build on the progress made to date and express the Partnership's commitment to continue this important effort.


What are the next steps on reducing the use of antipsychotic medications, the Partnership's larger mission to **enhance the use of person-centered, person-directed approaches and person-centered dementia care practices?** CMS plans to monitor the reduction of antipsychotics, as well as the possible consequences, review the cases of residents whose antipsychotics are withdrawn to make sure they don't suffer an unnecessary decline and add the antipsychotic measure to the calculations that CMS makes for each nursing home's rating on the agency's Five Star Quality Rating System.

June 3, 2015 - Update



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"While no one can change the outcome of dementia or Alzheimer's, with the right support you can change the journey." — Tara Reed.




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What is a Behavior?




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Dictionary
Definitions from Oxford Languages · Learn more


 **be·hav·ior**
/beˈhæv.i.ər/

noun

the way in which one acts or conducts oneself, especially toward others.
"his insulting **behavior** toward me"

Similar: [conduct](#) way of behaving way of acting [deportment](#) [bearing](#)


- the way in which an animal or person acts in response to a particular situation or stimulus.
plural noun: **behaviours**; plural noun: **behaviors**



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Behavior


- Everything that people (or animals) do
 - Actions; things you can see or hear
- Behavior is learned over time
 - Shaping
- Behaviors occurs for a reason
 - It does not just happen randomly



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“Evidence shows that a large proportion of these so-called behavior problems stem from an **incongruence between the needs of people who suffer from dementia and the degree to which their environment fulfills those needs**. Thus, many “problematic behaviors” represent a cry for help, a result of unmet needs, or an inadequate attempt to fulfill those needs.”

Cohen-Mansfield, J. & Mintzer, J. E. (2005). Time for change: The role of non-pharmacological interventions in treating behavior problems in nursing home residents with dementia. *Alzheimer's Disease and Associated Disorders*, 19(1), 37-40.



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What are some “problematic” or “unwanted” behaviors in your community?

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Unwanted Behaviors


- Bathing: refusal, hitting, screaming
- Entering other rooms: looking through personal items, taking items, disturbing other patients
- Combative: hitting, pinching, or biting
- Exit seeking
- Toileting: hygiene, refusal, pinching, biting
- Hoarding
- Screaming/yelling
- Attention seeking
- Eating: refusal, playing with food, throwing food, disruptive
- Dressing: refusal, taking off clothes, hitting, pinching, biting,
- Wandering
- Sun downing



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So, what can we do?



- We all have a good understanding of what an “unwanted” or “problematic” behavior is...
 - Communication
 - Need
 - Want
 - Action
 - See
 - Hear



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Consider

- Depending on the cognitive level of the individual(s) you are caring for, are they capable of new learning?
- We have to Evolve
 - Understanding
 - Approach
- How often should we educate?
 - Do you have new people in your community?
 - Experiencing any turnover?
 - Agency?





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Education

1. Communication
2. Validation Therapy
3. Therapy Involvement

*** As we discuss, learn, and educate--- Think Fall Prevention, with and elevated team approach



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Today's Mantras

- Person-Centered
- Fall Prevention






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Retained Abilities





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Retained Abilities

- To experience human emotions
- Recognize the mood of facial expressions
- Respond to contact with nature
- Capacity to form relationships
- Engage with and respond to touch



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Communicating

"We all need to communicate with other people. We need to tell other people a wide range of things, including our needs, wishes, and feelings. How well we communicate will affect our quality of life, as well as how much we are able to keep our individuality and sense of identity."



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Tips: communicating with someone with dementia

Before you Speak

- Make sure you're in a good place to talk
 - Quiet
 - Good lighting
 - Few distractions
- Get the person's full attention
- Position yourself where the person can see you clearly
 - Same level (not standing above them)
 - Close, but not too close (personal space)
 - Eye level and Eye Contact




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Tips: communicating with someone with dementia

Before you Speak

- Body Language
 - Make sure yours is open and relaxed
- Adequate Time
 - Have enough time to spend with the person
 - Rushed or Stressed
- Think about what you are going to talk about
 - Have an idea to talk about
 - Can use the person's environment to stimulate topics
- Consider Time of Day
 - Use this time to ask questions or talk about anything you need to discuss




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Tips: communicating with someone with dementia

Before you Speak

- Make sure any of the person's other needs are met before you start...
 - Hungry
 - In Pain
 - Thirsty
 - Warm
 - Cold
 - Comfortable



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Tips: communicating with someone with dementia

How to Speak

- Clearly and Calmly
- Slightly slower pace and allow time between sentences
 - Processing
 - May feel like an uncomfortable pause for you, but important for helping the person communicate
 - Use the pause 20 seconds, time it
- Avoid speaking sharply
- Avoid raising your voice
- Use short, simple sentences




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Tips: communicating with someone with dementia

How to Speak

- Be patient
- Have respect
- Try to laugh together about misunderstandings and mistakes
 - Humor can help bring you closer and relieve pressure
 - However, be sensitive to the person and don't laugh at them
- Include the person in conversations with others
 - Being included can help a person keep their sense of identity and feel valued




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Tips: communicating with someone with dementia

What to Say

- Avoid asking too many questions or complicated questions
- Try to stick to one idea at a time
- If the person is finding it hard to understand, break down what you are saying into smaller chunks
- Ask questions one at a time
- Phrase questions for a "yes" or "no" answer
- Rephrase rather than repeat
- If person becomes tired easily, opt for shorter, regular conversations
- Use non-verbal communication to help
 - Pointing to a picture of someone or things you are talking about



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Tips: communicating with someone with dementia

Listening

- Listen carefully to what the person is saying
 - Offer encouragement
- Rephrase what you have understood
 - Verify what you understand is accurate
 - The person's reaction and body language can be a good indicator
- If the person is having a difficult time finding the right word or finishing a sentence, ask them to explain in a different way
- Listen for clues
- Pay attention to their body language



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Tips: communicating with someone with dementia

Listening

- Allow the person plenty of time
 - Don't interrupt
 - Can break the pattern of communication
- If a person is feeling sad, let them express their sad feelings
 - Don't dismiss
 - **Sometimes the best thing you can do is just listen!**



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Tips: communicating with someone with dementia

Body Language and Physical Contact

- Non-verbal communication is very important
- As a person's condition progresses, it will become one of the main ways the person communicates
- Learn to recognize what an individual is communicating through their body language
- A person with dementia will be able to read your body language
- Make sure that your body language and facial expressions match what you are saying
- Use physical contact to communicate and reassure



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Compassionate Touch

- Touch is one of our most fundamental human needs.
- Touch deprivation is real and can lead to:
 - Isolation
 - Anxiety
 - Poor trust in caregivers
 - Insecurity
 - Decreases sensory awareness



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Instrumental Touch vs Expressive Touch

- Instrumental Touch: Touch necessary to perform a task or procedure
 - Doing to or for
- Expressive Touch: Offered to show
 - Caring
 - Concern
 - Reassurance
 - Affection
 - Empathy




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Expressive touch is intentional, compassionate physical contact used in nursing and caregiving to convey comfort, empathy, and emotional support, going beyond task-oriented actions. It often includes holding hands, touching shoulders, or comforting gestures that reduce patient anxiety, stress, and pain while fostering trust. Journal of Pain and Symptom Manage... +2

Key Aspects of Expressive Touch:

- **Purpose:** It is used to provide emotional care and connection, particularly for patients experiencing anxiety, dementia, or severe stress.
- **Action:** It often involves gentle, non-instrumental touch, such as a hand massage or placing a hand on a patient's arm or shoulder.
- **Benefits:** Research shows expressive touch can decrease pulse rate, blood pressure, and respiration, as well as improve the patient-nurse relationship.
- **Context:** While commonly seen as a positive therapeutic intervention, its use can be influenced by factors such as the gender of the nurse or patient. ScienceDirect.com +3




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Expressive Touch

- **Tips**
 - Calming vs Stimulating
 - Open Hand
 - Slight increase pressure
 - Hands, Shoulders, Arms

The Hand-under-Hand® technique, developed by Teepa Snow, is a dementia care method where a caregiver places their hand underneath the person's hand to provide support, guidance, and stability during daily tasks. It promotes independence, reduces resistance, and uses muscle memory to help individuals with dementia eat, wash, or walk, allowing them to remain engaged. Positive Approach to Care +3




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Using Validation Therapy for People With Dementia


Validation therapy is a way to approach older adults with empathy and understanding. It is often used to comfort and reassure people who are living with [Alzheimer's disease](#) or another kind of dementia.



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The basic idea behind validation therapy is that people who are in the late stages of life may have unresolved issues that drive their behaviors and emotions. The way caregivers or family members respond to these behaviors and emotions can either make them worse or help resolve them.

Validation therapy is more than simply validating a person's feelings, although that is one component of it. Validation therapy focuses on helping the person work through the emotions behind challenging behaviors. These behaviors are viewed essentially as a way to communicate those emotions, especially in people with memory loss, confusion, disorientation, and other symptoms of [dementia](#).^[1]



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Validation therapy is a communication technique for people with Alzheimer's disease and dementia that validates their feelings and reality rather than forcing them to conform to present-day reality. Developed by Naomi Feil, it uses empathy, active listening, and respect to reduce agitation, promote dignity, and address underlying emotional needs, such as the need to feel safe or loved. [National Institutes of Health \(gov\) +3](#)



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Key Principles and Techniques


- **Accept Reality:** Instead of arguing or correcting, caregivers accept the person's reality, even if it is based on past memories or confusion.
- **Empathic Listening:** Listening with empathy and using a calm, low-pitched voice helps build trust and reduces anxiety.
- **Validating Emotions:** Acknowledging feelings behind behaviors (e.g., "It sounds like you're scared") rather than focusing on the factual inaccuracy of what they say.
- **Validating Past Roles:** Allowing individuals to reminisce or act out past roles (e.g., believing they are back at work or caring for young children) to resolve unfinished conflicts.
- **Non-judgmental Attitude:** Approaching the person with respect, avoiding "why" questions that can cause confusion, and using touch and music to connect. [PositivePsychology.com +7](#)



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Benefits of Validation Therapy

- **Reduces Agitation:** It lowers stress for people with dementia, reducing emotional outbursts that occur when they are challenged or corrected.
- **Improves Communication:** It helps caregivers connect with individuals who have severe cognitive decline or are non-verbal.
- **Preserves Dignity:** It makes the person feel heard and understood, which enhances self-worth.
- **Enhances Caregiver Well-being:** It can improve job satisfaction and lower stress for professional and family caregivers. [Altrain Education | +6](#)




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Validation Therapy vs. Reality Orientation

Unlike "reality orientation," which tries to orient people to the current time and place, validation therapy accepts that a person with dementia may be living in a different time in their mind. Challenging their reality can cause fear, anxiety, and frustration. [Wikipedia +1](#)

When to Use It

Validation therapy is particularly useful for people in the later stages of cognitive decline —specifically those classified as having "malorientation" or "time confusion". [National Institutes of Health \(.gov\) +1](#)



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Therapy





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Therapy

- Cognitive Leveling
- Objective Assessments
- Funded 1-1 Care
- Identify the root cause(s) of unwanted behavior(s)
- Implement a FMP (Functional Maintenance Program) and Educate
- Promote Quality
- Fall Prevention


• Promote the individual's function at the highest practicable level, safely!




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Cognitive Leveling

- Why is cognitive leveling so important?




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National Institute
on Aging

Cognitive Leveling

Cognitive leveling (establishing a patient's current baseline cognitive ability) is vital for dementia care because it allows for personalized interventions that slow cognitive decline, improve daily functioning, and manage behavioral changes. It facilitates tailored care, enabling caregivers to focus on remaining skills, manage safety risks, and improve quality of life. National Institute on Aging (.gov) 44




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NIH National Library of Medicine
 National Center for Biotechnology Information

Key Reasons for Cognitive Leveling:


- **Tailored Care and Stimulation:** Knowing the patient's level allows for targeted cognitive stimulation, which can lead to improvements in memory and communication, equivalent to a roughly six-month delay in decline.
- **Slowing Disease Progression:** Regular assessment of cognitive levels helps monitor the disease and implement strategies to delay the progression from mild impairment to dementia.
- **Safety and Planning:** Identifying the current stage helps detect safety hazards and allows patients to engage in legal and medical planning before further decline, say National Institute on Aging (.gov).
- **Improving Quality of Life:** By matching activities to the patient's current ability, it reduces frustration and improves mood, according to [Cochrane](#).
- **Optimizing Communication:** Understanding the cognitive level helps caregivers adapt their communication style to the patient's, making interactions easier. [National Institutes of Health \(.gov\) +7](#)



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Therapy

- **Cognitive Assessments (Tools)**
 - We recommend a minimum of 2
- A therapist can/should take the time to "investigate" the root cause of the behavior
- This can include, but is not limited to:
 - Gaining an in depth understanding of the individual's medical record
 - Interviewing nursing staff
 - Interviewing family members
 - Identifying previous interests, work, hobbies
 - Reviewing the past history of therapeutic interventions
 - What worked
 - What didn't



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Case Studies

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Mrs. Smith


- Consistently refused showers
 - She became agitated and upset with any bathing task
 - Consistently yelled and cried during any bathing task
 - Nursing aides were unable to bath her without a significant "battle"
 - She was at risk for further health complications due to poor hygiene



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Mrs. Smith


- Resident was referred to Speech Therapy
 - Occupational Therapy is also an option
 - Within OT's Scope of Practice
- Speech Therapist reviewed her medical diagnoses and history



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Mrs. Smith


Action	ICD-10	Description	Primary/Admission	Practi?	Date Diagnosed
	Z47.89	Encounter for other orthopedic aftercare Note: Hip fracture			01/25/2017
	S72.140D	Displaced intracapsular fracture of left femur, subsequent encounter for closed fracture with routine healing			01/25/2017
	I60.23	Acute on chronic systolic (congestive) heart failure			01/25/2017
	M05.552	Pain in left hip			01/25/2017
	M15.0	Primary generalized osteoarthritis			01/25/2017
	I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction			01/25/2017
	J18.9	Pneumonia, unspecified organism			01/25/2017
	R29.6	Repeated falls			01/25/2017



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Mrs. Smith


M62.81	Muscle weakness (generalized)	M62.81	Muscle weakness (generalized)	K59.01	Slow transit constipation
R13.12	Dysphagia, oropharyngeal phase	R13.12	Dysphagia, oropharyngeal phase	E07.89	Other specified disorders of thyroid
R41.841	Cognitive communication deficit	R41.841	Cognitive communication deficit	F32.89	Other specified depressive episodes
Z51.89	Encounter for other specified aftercare	Z51.89	Encounter for other specified aftercare	E87.6	Hypokalemia
F41.9	Anxiety disorder, unspecified	F41.9	Anxiety disorder, unspecified		
R13.11	Dysphagia, oral phase	R13.11	Dysphagia, oral phase		
R48.9	Unspecified symbolic dysfunctions	R48.9	Unspecified symbolic dysfunctions		
R53.81	Other malaise	R53.81	Other malaise		
N39.0	Urinary tract infection, site not specified	N39.0	Urinary tract infection, site not specified		
A41.9	Sepsis, unspecified organism	A41.9	Sepsis, unspecified organism		



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Mrs. Smith


- Medically complex patient
- History of Falls
- Hip Fracture
- Limited Mobility
- Dementia
- Cognitive Communication Deficits
- Anxiety
- Urinary and Bowel Incontinence



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Speech Therapist Evaluation Findings

- Behaviors may be a result of inadequate communication with the resident
- Per dementia diagnosis, SLP used the following strategies to improve communication
 - 1) Simple sentences with one step commands to increase comprehension
 - 2) Eye contact and face level interactions
 - Improve understanding
 - Improve effectiveness of non-verbal cues
 - Reduce Anxiety



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SLP identified the following during treatment sessions

- Mrs. Smith had a receptive language impairment
- She had the ability to understand demonstration well
- She responded exceptionally well to visual demonstrations when asked to complete steps of a task



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Results

- Speech Therapist made specific recommendations to improve communication and reduce behaviors
- Speech Therapist provided education to caregivers, including Mrs. Smith's family
 1. Use simple one step commands
 2. Utilize eye contact and face level interactions
 3. Use demonstration to communicate tasks



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Mrs. Smith's Response

- Patient is now able to bathe without behaviors consistently
- Patient participates in bathing tasks and is no longer dependent
- Patient rarely exhibits any "yelling", or "agitation" during bathing tasks



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Our Program


- Person-Centered Dementia Care x 3
- Functional Maintenance Program (FMP)
- Documentation is comprehensive and supports medical necessity and funded care
- Interventions
 - 3 or less
 - Simple
 - Doable
 - Staffing
 - Time
 - Realistic



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Mary


- 99 y/o female
- Medical Diagnosis: Dementia in other Diseases, classified with behavior disturbance
- Severe receptive and expressive language deficits
- Profound attention and concentration deficits
- Demonstrates visual and auditory hallucinations



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Mary

- Physician evaluated Mary for a full physiological work up
 - Recommended Exelon for medical management of behaviors
- Family request all other interventions be implemented prior to initiating medications
- Speech Therapist evaluated
 - Standardized Cognitive Assessments
 - Initiated treatments to determine best approach for improved communication



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Standardized Assessments Utilized

- Cognitive Assessment Tool Guide
 - Staffing interviews
 - Nursing
 - Activities
- Claudia Allen Mat Placement
 - Allen Low Level 3/Adapted Fast Stage 6/Low Middle Stage



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Therapeutic Interventions

- Objective and Standardized Testing
- Therapeutic trials of strategies to facilitate language and cognitive skills
- Caregiver and staff interviews
- Development of a FMP
- Implementation of a FMP
- Caregiver and staff education/training on compensatory strategies



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Snip of treatment note

Pt seen on this date at bedside. SLP completed interview with pt's primary day nurse related to pt's limitations related to language and attention. Per nursing pt at times presents with visual hallucinations that become upsetting to her. SLP provided education on validation strategy to decrease distractions, nursing verbalized understanding. Pt was perseverating on something that was on her bed that she thought should not be there. SLP stated to pt, "ok, ill move it now". Strategy was effective in eliminating agitation. Nursing also reported that pt responds well to change in environment/location and oral stimulus such as hard candy provided by pt's family to distract her from perseverations and non sensical thoughts.



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Snip of treatment note

Pt was seen in activities area on this afternoon. SLP completed staff interviews with 2 STNA's that regularly care for pt to obtain pt preferences and obtain recommendation from staff from successful interventions related to behavior management. STNA's both recommended pt likes to have oral stimulation in hard candy form to help calm her down and attend as well as responds well to simple yes/no questions vs complex language questions. Pt demonstrated ability to answer simple yes/no questions with 60% accuracy level on this date.



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Mary FMP

1. Validation Strategy
2. Ask simple yes/no questions
3. Offer resident a snack or beverage
4. Change location



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Fall Prevention



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Fall Prevention Program



Purpose:

- Promote resident's function at the highest practicable level, safely.
- Providing and implementing a scheduled therapy assessment process
- Reduction of falls
- Foster Regulatory Compliance


Resulting in: A Positive Impact on Quality of Life, Quality Measures and Star Ratings

Remember the **Why:** Patient Care, Quality of Life, Valuable Beyond Measure(s): Reduce and Prevent Falls While Promoting Highest Level of Function



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Therapy Start-Up Process: Identify those at risk for falls and initiate a baseline objective assessment.



Therapy Manager review of clinical indicators.


Prioritize those at highest risk, based on clinical indicators listed below and establish ongoing quarterly assessments as indicated, following the MDS calendar.

- Evidenced Based Clinical Indicators for Higher Fall Risk:
 - Initial Request for Orders for PT or OT Evaluation when any of the following are present:
 - Recent Fall (within 3 months)
 - Ambulating and/or Transferring with or without assistance
 - Clarification: If the patient was already evaluated, determine if the most applicable objective testing was done, (See resource provided), if not, request a new evaluation order. If testing was applicable, schedule patient to be re-assessed in 3 months.



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Clinical Indicators




- Evidenced based clinical indicators and/or factors that may contribute to an increased risk for falls

Neuropathy	Diabetes	Neuro Dx
Medication Change (High Fall Risk Factors from CDC)	New Infection	History of fractures
Emotional Disturbances	Bowel & Bladder Change	Room Change
Pain	Isolation Status Changes	Major weight loss
Vision Impairment	Fatigue	Proper Footwear
Impaired Cognition		

- Additional significant considerations impacting function at the time of evaluation:

Change in Caregivers: Education and training needed to promote mobility	Transitions from room to room: surface and lighting considerations
Fear of Falling	Location
Time of Day	Walk 10 ft +/- with carryover by nursing
Endurance	LOA with family: car transfers, stairs, other



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Our Program

- Proactive
 - And Reactive
- Identify "Clinical Indicators"
 - Screen
- Complete an Evaluation
 - Hands on assessment by a professional
 - Drives the treatment plan
 - Funded
 - Required
- Implement treatment
- Educate and Collaborate
- Full Circle ●
- Do it again, and again





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Would you like therapy to eliminate your falls?



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Me too, however...




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Interdisciplinary Team: Best Practice for Fall Prevention

Communication is Key to Success



- Team Engagement: We are all Fall Prevention Investigators. Everyone is important in the success of reducing the risk of falls.
 - Encourage and promote program
 - Recognize: Those in Fall Prevention Program
- Communication:
 - Morning Meeting: Announce those in the program
 - Collaboration with Therapy to capture "usual performance"
- Rounds + Awareness (Caring Partners/Guardian Angels)
 - Are they up without assistance? Help them sit back down and get STNA to assist
 - Are items in the room located within easy reach?
 - Room Set up, Remote Location, Accessible water, etc.
 - Anticipate resident's needs
 - Glasses? Shoes? Assistive Device Location?




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Interdisciplinary Team

"Alone we can do so little, together we can do so much."
~Helen Keller

"None of us is as smart as all of us."
~Ken Blanchard



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High Five Your Residents

- Share Handout
- Review
- Questions

Tonya Moore, PTA / Vice President
 Absolute Rehabilitation and Consulting
 7171 Keck Park Circle NW
 North Canton, OH 44720
 Cell: (330) 704-9018
 eFax: (877) 303-3908
 tonya.moore@abstherapy.com




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