

Positive Approaches to Care— 10 Ways to de-escalate a crisis

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- ► Audio Ø and video Ø are muted for all participants.
- By selecting the Q & A and Chat features will populate to your right. Please ask questions using the Q&A featured and use the chat function for everything else.
- Our moderator will read questions to the speakers at the end.
- ► To view closed captions, please select the link in the Chat box.
- Presentation slides will be posted at: https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon, and recordings will be posted shortly after the session.

Oregon's Older Adult Behavioral Health Initiative (OABHI)

Why: Older adults and persons with disabilities face unique barriers to having their needs met.

What: We are here to help improve the quality of life and systems of care for older adults and people with disabilities.

Who: 24 specialists that work throughout Oregon's 36 counties serving older adults in gaining better access to necessary behavioral health services.

How: Specialist conduct community education, workforce development trainings and complex consultations. We help engage and encourage collaboration with other agencies to improve outcomes for older adults.

For more info visit: gobhi.org/programs/oabhi





Housekeeping

Please look for a separate email from ioaevaluation@pdx.edu for an evaluation for this training. You will receive a certificate once you complete the online evaluation. It is helpful for overall Older Adult Behavioral Health Initiative evaluation to have all participants respond to the survey.

NASW CEUs

If you need a NASW CEU Certificate please fill out the attached evaluation tool that you will receive after this training.

I will send you a certificate once I receive a completed evaluation. You do not need to complete the attached evaluation if you do not need NASW CEU's.



Positive Approaches to Care— 10 Ways to de-escalate a crisis

Description

This training enhances caregiver understanding of the root cause of this behavior and offers strategies for preventing escalation and restoring a resident's sense of safety and control.



Objectives

- This training will:
- Provide an overview of how the brain works for those living with dementia, and how, when feeling threatened, the primitive part of their brain becomes "the boss" of their behavior.
- Understand the role of the 5 senses and how they drive behaviors.
- Provide an introduction to the "Positive Approach to Care" in supporting those living with dementia
- ▶ Learn 10 ways to help a person de-escalate when under stress.

Four Truths About All Dementias:

- At least two parts of the brain are dying
- It keeps changing and getting worse progressive
- It is not curable or fixable chronic
- It results in death terminal

Dementia

Fronto-Temporal Lobe Dementias

Alzheimers Disease:

- Young onset
- Late life onset

6

Lewy

Body

Disease:

Parkinsons

Lewy Body

related

Diffuse

Multi-infarct

Vascular

Dementias:

- Single-infarct
- Subcortical
- CADASIL

Other Dementias:

- Posterior Cortical Atrophy (PCA)
- · Pick's disease (PiD)
- Normal pressure hydrocephalus (NPH)
- Chronic traumatic encephalopathy (CTE) – associated dementia
- · Genetic syndromes
 - Huntington's Disease (HD)
 - Down Syndrome-associated dementia (HD)
- Infectious diseases (e.g., Creutzfeldt-Jakob disease; CJD)

- Metabolic diseases
 - Neuronal Ceroid Lipofuscinosis (NCL; Battens disease)
- Toxicity: induced by long-term exposure
 - Wernicke-Korsakoff Syndrome (WKS; Alcohol-induced dementia)
 - Methamphetamine induced



Normal Brain

Alzheimer's Brain

Positron Emission Tomography (PET)
Alzheimer's Disease Progression vs. Normal
Brains

Early Late **Normal** Alzheimer's Alzheimer's Child



G. Small, UCLA School of Medicine.

Impact

- Learning and Memory
- > Thinking and Planning (Initiate, Sequence & Terminate)
- Speaking and Understanding Speech
- Sense of one's body location in relation to objects around it (sensory motor)
- Sensory Intake
 - Speed of Processing
 - > Visual
- Body regulation(i.e. Blood pressure, body temperature)



The Thinking Part of the Brain

THE NEOCORTEX

The Outer Surface of the Brain

Frontal Lobe:

Regulates Behavior and Impulse

Temporal Lobe:

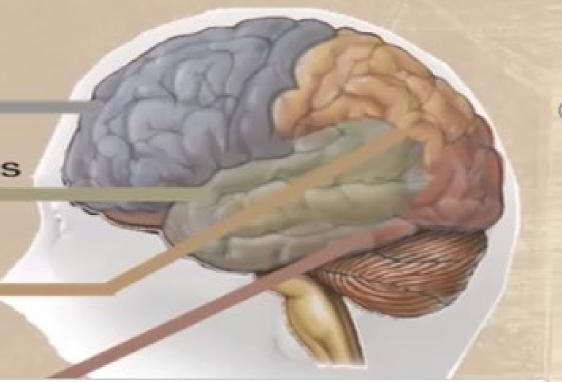
Speech and Language Related Skills

Parietal Lobe:

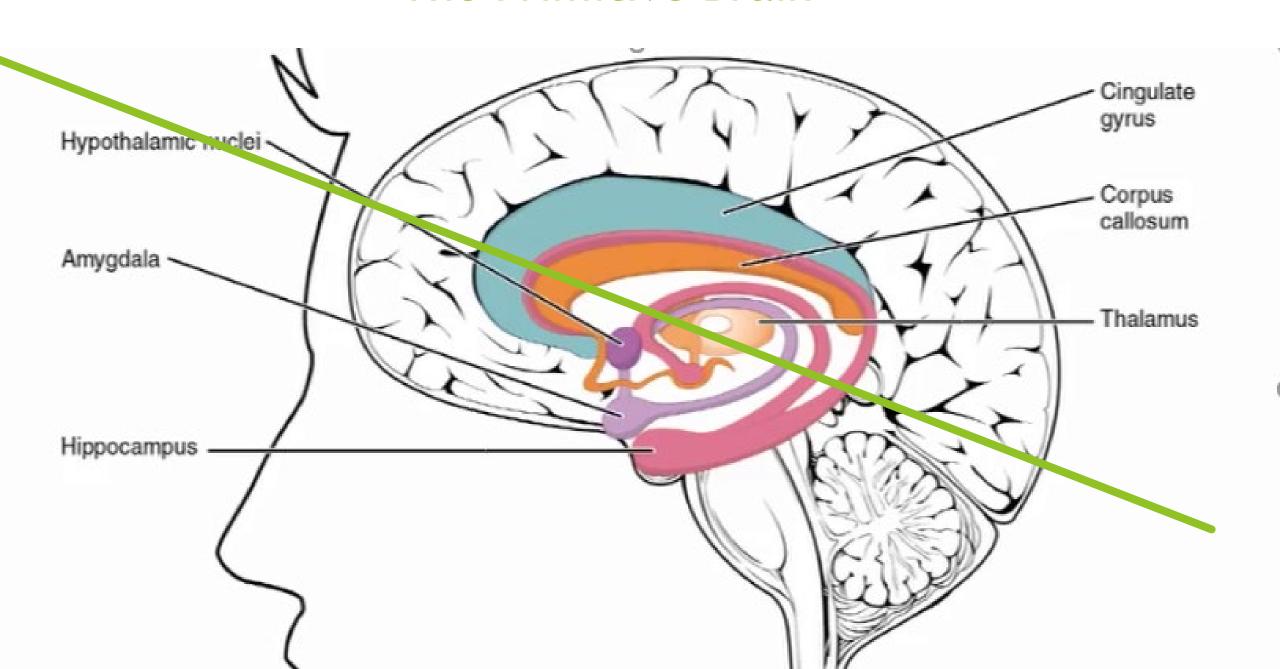
Processes Sensory Information

Occipital Lobe:

Processes Visual Information



The Primitive Brain



Positron Emission Tomography (PET)
Alzheimer's Disease Progression vs. Normal
Brains

Early Late **Normal** Alzheimer's Alzheimer's Child



The Amygdala - "Most Primitive Part of the Brain"

- ▶ Boss of Life" when it sees a threat
- ► Turns off
 - Thinking
 - Language
 - Skills
- Narrows Visual Focus to a Tunnel
- ► GOAL- To keep you alive by getting rid of the threat or getting away from it

₩ ₩

10 Ways to de-escalate

1. Remove Threat

2. Create Space

3. Be on his/her side





10 Ways to de-escalate

- 4. Get at or below eye level
- 5. Use Hand under Hand





When Words Don't Work Well

Hand-under-Hand™



- Uses established nerve pathways
- Connects you to the person
- Gives you advance notice of 'possible problems'



When Words Don't Work Well

Hand-under-Hand™



- Allows the person to feel in control
- Use the dominant side of the person
- Connects eye-hand skills
- Allows you to DO with not to
- Use pumping of hand



Finally... Approach Matters

Use a consistent Positive Physical Approach™

- Pause at edge of public space (At least 6 feet)
- Gesture and greet by name
- Offer your hand and make eye contact
- > Approach "slowly" within visual range
 - ➤ Shake hands and maintain Hand-Under-Hand™
 - Move to the side (Supportive Stance)
 - > Get to eye level & respect intimate space
 - Wait for acknowledgement (get connection- wait for response)





Positive Physical Approach™ 2hr (virtual)

This workshop focuses on Positive Approach to Care "care partnering" techniques, including Positive Physical Approach™ (PPA) and Hand Under Hand™ (HUH).



Will learned skills to:

> enabled to shift from simply "dealing with the behaviors" to creating a positive and caring environment.

- recognize signals of "unmet needs and growing distress" in the person living with dementia (PLwD)
- > respond in a way that reduces anxiety and improves quality of life.



10 Ways to de-escalate a crisis

6. Breath in Sync

7. Calm Voice

8. Relax Body



5 Senses How Humans Take In Data

1. What you see





Visual Data



► The most powerful sensory input.

People with dementia pay more attention to what they see than what they hear.



5 Senses How Humans Take In Data

1. What you see

2. What you hear





Auditory Data



What do we often do wrong?

Care partners like to talk.

The person with dementia is focused on how we look visually and they are not processing the content.

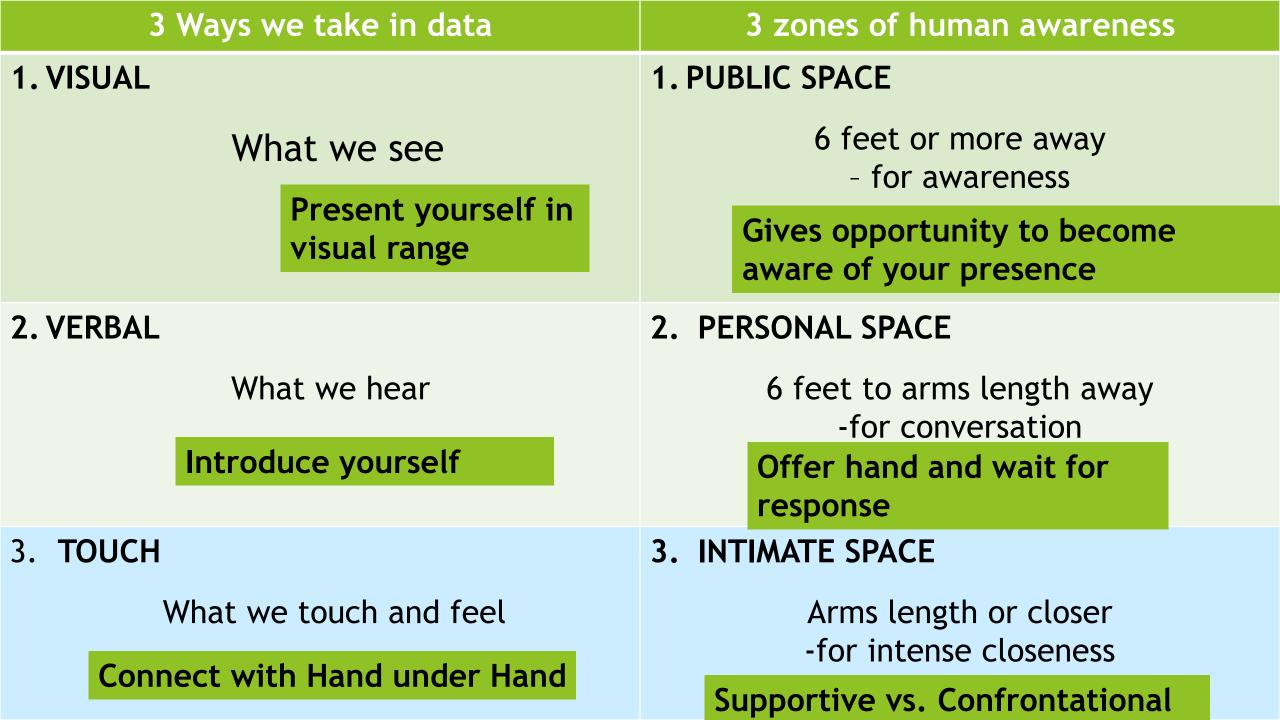


5 Senses How Humans Take In Data

- 1. What you see
- 2. What you hear
- 3. What you feel/ touch







Make a Note



- ▶ No touching until you've done a visual/ verbal
- ▶ Don't do "to" someone...do "with" someone
- Dementia robs skill before robbing strength
- ► Use "hand under hand" to support



5 Senses How Humans Take In Data

- 1. What you see
- 2. What you hear
- 3. What you feel/ touch
- 4. What you smell
- 5. What you taste





REALIZE ...



It Takes TWO to Tango ... or two to tangle...



10 Ways to de-escalate a crisis

9. Attend to Needs

10.Be willing to go to where She/He is



The Basics for Success



- Be a Detective NOT a Judge
- Look, Listen, Offer, Think...
- Use Your Approach as a Screening Tool
- Always use this sequence for CUES
 - √ Visual Show
 - ✓ Verbal Tell
 - ✓ Physical Touch
- Match your help to remaining abilities



1 hr. Virtual Trainings available for you

- Filling the Day with Meaning
- Introduction to GEMS®
- ▶ 10 Ways to De-escalate a Crisis
- Normal Aging vs. Not Normal Aging

- Challenging Behaviors (Coming Soon)
- Dementia 101 (Coming Soon)
- Connecting Through Music (Coming Soon)
- Brain Changes (Coming Soon)

2 hr. Virtual Trainings available for you

► Workshop A-Normal Aging vs. Not Normal Aging

Workshop B-Positive Physical Approach™

► Workshop C-The Living GEMS®



Questions?



Thank you for letting me share

Contact Information

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