

a map through the maze

Syllabus

Interdisciplinary Conference for Alzheimer Care Professionals

Wednesday, May 5, 2010
Royal Plaza Hotel
Marlborough, Massachusetts

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Keynote

Session Title: Culture Transformation: Redefining the Possibilities

Faculty: Anna Ortigara RN, MS, FAAN

Objective: At the completion of this session the learner will be able to describe the core components of Person-directed care and cultural transformation in aging services and LTC, explore the construct of power for both elders and staff to achieve transformation, identify core changes in structure and processes that result in better outcomes for elders.

Synopsis: Culture transformation in long term care and aging services has gained visibility and momentum for the past 10 years. And while person-centered and relationship-based care are commonly used terms, what are the outcomes and organizational changes that make this new model of care possible? This session will do a deep dive into all aspects of making a new culture a reality and challenge you to review your paradigm of care and caring.

Outline:

1. Define Cultural Transformation and Culture Change within the field of aging and LTC
2. Person-centered care and Person-directed care: comparing the concepts and what it takes to operationalize
3. What is Power, Empowerment and what if elders really were powerful within care settings?
 - a. Creating systems to move power to the elders or as close as possible
4. The role of leadership in organizational transformation
5. Case examples of organizational changes that result in increased power and autonomy

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- Nevis, E.C., Lancourt, J., Vassallo, H.G., *Intentional Revolutions: a Seven-Point Strategy for Transforming Organizations*. Jossey-Bass Publishers, San Francisco, 1996.
- Rahman, A. N., Schnelle, J.F., *The Nursing Home Culture Change Movement: Recwent Past, Present, and Future Directions for Research*. *The Gerontologist*, vol 48, No 2.
- Thomas, W.H., *What are Old People For? How Elders will Save the World*. VanderWyk and Burnham, Acton, MA, 2004.

Workshop # 1

Session Title: Real Communication and Critical Thinking for Success

Faculty: Anna Ortigara RN, MS, FAAN

Objective: At the completion of this session the learner will be able to discuss the core components of mature team communication, review the steps of critical thinking and shared decision making, explore consensus building as a technique to build teams and improve communication, discuss conflict as a necessary process of mature teams.

Synopsis: It is often heard, “We need to have more teamwork”. But teamwork does not happen without the development of respective and valuing partnerships. Each team member has much to contribute and clear communication systems for sharing and critical thinking need to exist for effective teams to perform. Consensus building and conflict resolution are processes to be explored and developed for mature teams to flourish and grow. This session will discuss these aspects of supporting and nurturing mature teams.

Outline:

1. Mature teams as a critical component of transformed cultures
2. Communication skills for success
 - a. Self-management
 - b. Self-awareness
 - c. Verbal communication
3. Critical Thinking framework
 - a. Reaching Consensus
 - b. Degrees of consensus
4. Conflict management and resolution in mature teams

Bibliography:

- Katzenbach, J. R., Why Pride Matters More Than Money, The Power of the World's Greatest Motivational Force, Crown Business Group, Random House, Inc. New York, NY, 2003
- Wellens, R.S., Bynham, W. C., Wilson, J. M., Empowered Teams; Creating Self-directed work groups that improve quality, productivity and participation. Jossey-Bass Inc. San Francisco, 2001.
- Yeatts, D.E., Hyten, C. High Performing Self-managed Work Teams. Sage Publications, Thousand Oaks, 1998.

Workshop # 2

Session Title: Mild Cognitive Impairment

Faculty: James M. Ellison, MD, MPH

Objective: At the completion of this session the participants will be able to recognize the symptoms of Mild Cognitive Impairment (MCI), understand its biopsychosocial assessment, and be aware of current recommendations for its treatment.

Synopsis: Mild Cognitive Impairment (MCI) is the name given to a syndrome that may in some cases represent the earliest detectable stage of dementia. Its symptoms, which include changes in memory, executive functions, mood, and behavior, exceed the effects of normal aging but do not reach the threshold of severity required for a diagnosis of dementia. MCI does not always progress, but its presence indicates an increased risk for progression to dementia. The concept of MCI, therefore, has attracted clinical and research interest because 1) early recognition of affected individuals may pave the way for more effective treatment approaches, and 2) studies of MCI may help us understand the causes and mechanisms of dementia more fully. Thoughtful evaluation of MCI can improve patients' quality of life by addressing and managing contributing medical factors, identifying and treating comorbid mood symptoms, recognizing and addressing functional and cognitive difficulties, and providing support/education to patient and family members. Even when cognitive improvement is not achieved, patient and caregivers' quality of life can be enhanced by recognition and appropriate management.

This workshop will introduce attendees to MCI, review the research that has established it as a distinct clinical syndrome, and discuss the latest management recommendations, including suggestions for preventive lifestyle alterations, and guidelines for behavioral and medication treatment.

Outline:

- 1) MCI is a defined, recognizable syndrome of cognitive impairment intermediate between normal cognitive aging and dementia.
- 2) MCI is clinically important because it affects functioning and because its presence indicates an enhanced risk for developing dementia, and because its pathophysiology may teach us about the nature of aging and dementia.
- 3) In addition to impairing memory and executive functions, MCI affects activities of daily living, social and occupational functioning, mood, and behavior.
- 4) Depression, certain medical conditions, or the effects of medications are potentially reversible causes of cognitive impairment that should be identified and treated to optimize cognitive ageing.
- 5) The full evaluation of a person with MCI symptoms includes medical, psychiatric, and neuropsychological testing. The distinction between deficits in memory storage and deficits in memory retrieval will be discussed, because this is an important part of the neuropsychological assessment of MCI.
- 6) New findings regarding the pathophysiology of MCI focus attention on the hippocampus and on diagnostic investigations of hippocampal size and regional measurements of brain metabolic activity.

- 7) New preventive and therapeutic approaches to MCI are being tested and this will pave the way for more effective future treatments.

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Ellison JM, Harper DG, Berlow Y, Zeranski L. Beyond the 'C' in MCI: noncognitive symptoms in amnesic and nonamnesic mild cognitive impairment. CNS Spectrums 2008,13(1):66-72

Petersen, R., Mild Cognitive Impairment. *Aging to Alzheimer's Disease*. New York, Oxford University Press, 2003.

Petersen, R.C., Smith G.E., Waring SC, et al. Mild cognitive impairment: clinical characterization and outcome. *Archives of Neurology* 1999; 56: 303-308.

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Workshop # 3

Session Title: Approach to the Individual with Down syndrome and Suspected Alzheimer's disease.

Faculty: Julie Moran, DO

Objective: At the completion of this session the learner will know that clinical Alzheimer's disease is a possibility, but not inevitability in adults with Down syndrome. They will be able to describe several key features that occur throughout the lifespan of the disease. They will learn the importance of early recognition and assessment of cognitive, functional, or behavioral changes in older adults with Down syndrome.

Synopsis: This workshop aims to provide an introductory framework to the link between Down syndrome and Alzheimer's disease, as well as the other medical conditions that are more frequently encountered in aging adults with DS. A diagnostic approach to Alzheimer's disease will be described, with emphasis on seeking a comprehensive evaluation that considers all medical and psychosocial factors that can lead to symptoms of cognitive and functional decline.

Outline:

1. Genetic basis of increased risk of Alzheimer's disease and Down syndrome
2. Epidemiology of Alzheimer's disease in adults with Down syndrome
3. Medical conditions that occur more commonly in adults with Down syndrome
4. Clinical criteria for diagnosis of Alzheimer's disease
5. Approach to making a clinical diagnosis of Alzheimer's disease in adults with DS
6. Features of Alzheimer's disease throughout the lifespan in early, middle, and late stages
7. Case examples illustrating common scenarios in an office evaluation of an adult with DS

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- McGuire D, Chicoine B. Mental Wellness in Adults with Down Syndrome. A Guide to Emotional and Behavioral Strengths and Challenges. Woodbine House. Bethesda, MD. 2006.
- Moran JA. Adults with Down Syndrome and Alzheimer's Disease: A Practical Guide for Caregivers. DVD. Beth Israel Deaconess Medical Center. Boston, MA. Distributed by Terra Nova Films, Chicago, IL. 2006.
- Prasher VP. Alzheimer's Disease and Dementia in Down Syndrome and Intellectual Disabilities. Radcliffe Publishing Ltd. Oxon OX, United Kingdom. 2005.

Workshop # 4

Title: A Practical Guide to Personal Care Needs for the Late Stage Resident

Faculty: Maureen Bradley, LPN, NCDP

Objective: At the completion of this session participants will be able to describe positive and creative approaches to use with late stage residents when providing assistance with all aspects of ADL's.

Synopsis: Bathing, dressing and incontinence care are the most personal and intimate aspects of caring for someone with dementia. Providing this care can be an opportunity for positive interactions or for frustrated and angry outbursts. This session will supply the tools needed for creative and non stressful solutions to use or to teach to meet the ADL needs of residents or patients.

Outline:

- A) The abilities and needs of late stage patients.
- B) Bathing
- C) Dressing
- D) Meals and feeding
- E) Incontinence care
- F) Mouth care

Bibliography:

Newel, S.; Rauscher, R.; Virgil, R. Care Plans for Culture Change. 2007.

Snow, Teepa. Accepting the Challenge, (DVD). Eastern NC Alzheimer's Association.

University of Arizona. Alzheimer's Disease pieces of the puzzle (DVD). 1990.

Workshop # 5

Session Title: How Acute Illnesses Affect AD Patients

Faculty: Juergen H. A. Bludau, MD

Objective: At the completion of the session participants will be able to understand the effects of acute illnesses on AD patients, the different presentation of disease in AD patients and recognize the effects on caregivers.

Synopsis: When people with AD become ill, the symptoms are often difficult to comprehend, leading to unfortunate consequences. This session will follow the patient from home (or LTC facility) through the emergency room into the hospital describing typical signs and symptoms, and information about how to understand the changes.

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- Mezey, M. & Maslow, K. L. Recognition of dementia in hospitalized older adults. Try This: Best practices in nursing care for hospitalized older adults with dementia. New York: The Hartford Institute for Geriatric Nursing. 2004.
- Miller, S.S. & Marin, D. B. Assessing Capacity. Emergency Medicine Clinics of North America, 18 (2), 233-241, viii. 2000.
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- Silverstein, N.M. & Maslow, K. Improving Hospital Care for Persons with Dementia. New York: Springer Publishing Company. 2005.

Workshop # 6

Session Title: Nursing, Therapeutic Recreation, Rehabilitation: Assessment Assimilation for Quality Dementia Care

Faculty: Jo Ann Jordan, RN, B.S., M.Ed.; Sharon Nichols, CTRS/L; Laura Caron-Parker, OTR

Objective: At the completion of this session the learner will be able to discuss the importance of using a framework/staging to ensure that residents with dementia achieve and maintain the highest level of functioning/quality of life throughout the continuum of care, describe approaches to promote interdisciplinary planning for dementia care, identify dementia assessment tools utilized by three practice area within long term care and compare and contrast the assessment tools in order to develop communication and a cohesive approach to care for the person with dementia.

Synopsis: Utilizing a staging process reduces a trial and error approach to the development of dementia care and ensures that all residents are given the opportunity to achieve and maintain their highest level of functioning for as long as possible. This presentation describes assessment tools utilized by three disciplines: nursing, therapeutic recreation and rehabilitation within a healthcare organization.

Outline:

1. Three dementia assessment tools
2. Cognitive, behavioral and functional measures in relationship to staging
3. Interdisciplinary planning and care coordination
4. Education/training for multiple disciplines
5. Maintenance of function, decrease in "excess disability", diversity in therapeutic recreation and decrease in behaviors and agitation
6. Quality of life and quality of care for persons with dementia

Bibliography:

- Allen, C.K., Earhart, C.A., & Blue, T. (1992). Occupational therapy treatment goals for the physically and cognitively disabled. Bethesda, MD: American Occupational Therapy Association.
- Cohen, D., Eisdorfer, C. (2001). The loss of self: a family resource for the care of Alzheimer's disease and related disorders. New York, NY: W.W. Norton & Company, Inc.
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- Warchol, K., Copeland, C., & Ebell, C. (2006). Dementia therapy: achieving positive outcomes for the person with dementia. Chesterfield, MO: Dementia Care Specialists, Inc.

Workshop # 7

Title: Management of Behavioral and Psychological Symptoms of Dementia

Faculty: Brent Forester MD

Objective: At the completion of the session participants will be able to describe a comprehensive approach to evaluating the behavioral and psychological symptoms in patients with dementia, as well as the pharmacological interventions available, and will understand the importance of the CATIE-AD study to the treatment of behavioral symptoms of dementia.

Synopsis: Determining the cause of the behavioral disturbances of dementia requires a rational and thorough approach. This session will discuss the use of behavioral strategies and evidence-based pharmacotherapy. A review of the CATIE-AD trial will be presented in the context of effective treatments for behavioral symptoms of dementia. Tolerability and safety information will also be discussed in the context of making informed treatment decisions.

Outline:

- A. More precise definitions of "agitation"
- B. Rational approach to the determination of causes for the behavioral symptoms of dementia
- C. Review of behavioral approaches
- D. Review evidence base for using atypical antipsychotic medications and mood stabilizers
- E. Review of important safety considerations
- F. Discussion of CATIE-AD trial
- G. Summary

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Wang PS, et al. N Engl J Med 2005; 353:2335-2341.

Workshop # 8

Session Title: The Impact and Resolution of Sleep Disruption in AD

Faculty: Sanford Auerbach, MD

Objective: At the completion of this session participants will be able to describe the essential elements of sleep physiology, the changes that can occur with normal aging and with AD, and common problems and approaches to diagnosis and management.

Synopsis: Disruption of sleep is not uncommon with persons with Alzheimer's. Sleep disorders are often cited as a major factor in the decision to consider facility placement. This workshop will review the basic principles to understand normal sleep, the impact of aging, and specific sleep disorders encountered in an aging population. The discussion will then focus on changes associated with Alzheimer's disease and some of the related disorders and issues relevant to the management and resolution of sleep disruption.

Outline:

- 1) The impact of sleep disruption on the patient and the caregiver.
- 2) Sleep need and drive, and changes associated with aging and dementia.
- 3) Sleep timing and the circadian rhythm and the changes associated with aging and AD.
- 4) Common sleep disorders and the relationship to aging and AD
- 5) Specific changes in sleep patterns associated with AD.

Bibliography:

- Chokroverty, S. *Sleep Disorders Medicine*, Butterworth-Heinemann, New York.
- Craig, D., Hard, D.J., Passmore, P. Genetically increased risk of sleep disruption in Alzheimer's Disease. *Sleep*. 2006; 29(8): 1003-1007.
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- Silber, M.H., Kralin, L.F., Morgenthaler, T.I. *Sleep Medicine in Clinical Practice*. Taylor & Francis (Mayo Foundation for Medical Education and Research), New York, 2004.

Workshop # 9

Title: Alzheimer's Disease: What is it? What can we do about it?

Faculty: David F. McMahon, MD

Objective: At the completion of this session participants will be able to identify and distinguish between normal aging, Alzheimer's disease, and other types of dementia, describe the cognitive, emotional, functional and behavioral changes over the course of the disease and list current psychopharmacologic and behavioral interventions and promising treatments under study.

Synopsis: Designed for those relatively new to the field or those looking for a review, this program presents an overview of the dementias, focusing on Alzheimer's disease. The differential diagnosis of Alzheimer's will be discussed, the characteristics of the disease over time in terms of cognitive, functional and behavioral signs and symptoms, as well as current treatment, both behavioral interventions and medication. Finally, a brief review of current research will highlight future potential treatments.

Outline:

- A. The concept of dementia
- B. Diagnosing Alzheimer's disease
- C. Contrasting Alzheimer's with other dementias
- D. The cognitive and behavioral aspects of the course of the illness
- E. Psychopharmacologic interventions
- F. Behavioral interventions
- G. The future: a brief overview of promising medications and research avenues

Bibliography:

American Psychiatric Association. *Diagnostic and Statistical Manual* 4th edition, Washington D.C., 1994.

Gustafson, L., Brun, A. *Dementia and Geriatric Cognitive Disorders*. 1999; 10, Supplement 1, p.1-2.

Raia, Paul. *Some clinical impressions*. *Alzheimer's Association, Massachusetts Chapter Newsletter*. Vol.19,2, Spring 2001, p 5.

Workshop # 10

Title: Wonder Why They Wander? Understanding Wandering and How to Respond

Faculty: Debra Katt-Lloyd

Objective: At the completion of this session the learner will be able to describe a range of wander situations, two preventative strategies, two intervention strategies, and name three safety resources.

Synopsis: The definition of wandering actually refers to a continuum of behaviors. This workshop will review the definitions of wandering, the reasons for and risks of wandering, and strategies for prevention and management.

Outline:

- A. Defining wandering
- B. Examining reasons for wandering
- C. Examining risks of wandering
- D. Management of wandering in community and institutional settings
 - a. Strategies for prevention
 - b. Interventions- changing your approach and using environmental modifications

Bibliography:

At the Crossroads: Family Conversations about Alzheimer's disease, dementia and driving.
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Mahoney, EK., Volicer, L., and Hurley, AC. Management of Challenging Behaviors in
Dementia. Baltimore, MD: Health Professions Press, Inc. 2000.

Silverstein, NM., Flaherty, G., Tobin, TS. Concern for the Lost Elder: Dementia and Wandering
Behavior. New York, NY: Springer Publishing Company, Inc. 2002.

Workshop # 11

Session Title: The New Massachusetts Guardianship Law: What Elder Services Professionals Need To Know

Faculty: Donald N. Freedman, JD
Kristin W. Shirahama, JD

Objective: At the completion of this session the learner will have a basic understanding, tailored to the practical needs of the elder services professional, of the standards, purposes and limitations of the new Massachusetts guardianship law (eff. July 1, 2009).

Synopsis: This workshop will provide the participant with information on the purposes, underlying policies, standards and procedures of the new Massachusetts guardianship law. The session will enable you to participate knowledgeably in determinations of need for limited and plenary guardianship and conservatorship and in the completion of the new petition and medical certificate forms.

Outline:

1. Basic outline of new law, focusing on its purposes and underlying policies.
2. Distinction between guardianship and conservatorship.
3. Who is an "incapacitated person" for whom guardianship may be appropriate?
4. Who is a "person to be protected" for whom conservatorship may be appropriate?
5. The new law requires that the authority of the guardian be no more broad than absolutely necessary to protect the individual from harm. In what specific ways may clinicians recommend limitations on the guardian's authority in support of this principle?
6. For what authority is special court authorization required, focusing on nursing-home admission and administration of anti-psychotic medications?
7. Walk-through of Medical Certificate.
8. Relationship of guardianship to durable power of attorney and health care proxy.

Bibliography:

Massachusetts Uniform Probate Code Forms, Instructions and Informational Documents for Guardianship and Conservatorship proceedings effective July 1, 2009.

MCLE – Estate Planning for the Aging or Incapacitated Client in Massachusetts: Volume I – Legal and Ethical Issues and The Numbers: Critical Figures for Lawyers Practicing Elder and Disability Law. (Donald N. Freedman).

Title V of the (Massachusetts) Uniform Probate Code, including Official Reporter's Notes.

Workshop # 12

Session Title: Experiencing the Art Masters: Bringing Museum Gallery Talks and Week-Long Immersion to Residential and Day Programs

Faculty: Janet Pozen PhD; Jane Blair MFA; Meredith Griffiths MA

Objective: At the completion of this session the learner will be able to describe the rationale and methods for developing a multi-dimensional art activity program for Alzheimer's Residential and Day Programs utilizing the life and works of well-loved famous artists and to identify how staff and families can play a key role in involvement of the resident in a week-long immersion in discussion and gallery of their works.

Synopsis: The "Living with Art" team will report the results of a successful year-long trial implementing its program in a specialized assisted living or day program for people with early or mid-stage Alzheimer's disease/dementia. The program brings real art and artists to the entire community with active and inspiring presentations, intimate and revealing discussions, quiet moments of conversation and "hanging out" with the exhibit. Activities professionals, families, and care staff play key roles in making the art "live" for the residents throughout the week. The art becomes the occasion for expression, identification, enjoyment, and communication - a satisfying adult experience for everyone. The program design supports continuation and replication using different artists.

Outline:

1. "Living with Art" origins and concept
2. Preparation, team and process
3. Communicating with families
4. The dynamic "Art Matters" presentation of the artist's life and times examining the art closely for use of color, composition, emotional impact, perspective, etc.
5. Living with the artists' works for an entire week - residents, families, and staff
6. Intimate discussions about the shared feelings stories, events, magic, and power that the art evokes
7. Incorporating the "museum"
8. Results - a meaningful adult experience of shared memories, opinions, emotions, insights, and values
9. Practical implementation - strategy and value

Bibliography:

- Beckett, Wendy. Sister Wendy's 1000 Masterpieces. DK ADULT Books: London. 1999
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- Esposito, J.C. Art Tries to Imitate Life for Alzheimer's Patients. nePsy.com 14, 7:1-2. Feb 2006.
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- Strickland, Carol. The Annotated Mona Lisa: A Crash Course in Art History from Prehistoric to Post-Modern, Andrews and McMeel: Kansas City. 1992.

Workshop # 13

Title: Laughter is the Best Medicine, Laughing Matters

Faculty: Sandra Boris-Berkowitz, M.Ed, LRC

Objective: At the completion of this session, participants will understand the health benefits of laughter, be able to lead three to five laughing exercises with patients, clients, co-workers and create two new laughing exercises.

Synopsis: This workshop will provide the participant a general understanding of the health benefits of laughter and how to incorporate laughter exercises into your work and your life. This session is interactive, and incorporates laughing, chanting, singing, dancing, and positive affirmations instilling joy and positive energy.

Outline:

- A. The health benefits of laughter
- B. Demonstrate & practice 5 laughing exercises
- C. Demonstrate & practice laughing chant
- D. Listen to and/or sing inspiring/happy songs Demonstrate & practice positive affirmations
- E. Demonstrate and practice relaxation breathing Participate in a guided meditation
- F. Demonstrate & participate in relaxation

Bibliography:

- Chopra, D. Why Is God Laughing? The Path To Joy and Spiritual Optimism. Harmony Book, Crown Publishing, Random House 2008
- Cousins, N. Anatomy of an Illness As Perceived By the Patient, Batnam Book, W.W. Norton & Co. Inc. 1979
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- Kataria, M. Laugh For No Reason. Madhuri International 2005.
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Workshop # 14

Session Title: Adapting the Home and Activities for Patients with Alzheimer's Disease

Faculty: Barbara Smith, M.S., OTR/L

Objective: At the completion of this session the learner will be able to identify how to adapt the home, activities and utilize community resources to maximize quality of life during all stages of memory loss. Participants will be able to describe 3-5 pieces of adaptive equipment or home adaptations that increase patient independence, how to make an activity book, how to help the patient best utilize community resources such as restaurants, theaters and places of worship, and why and how to provide sensory stimulation

Synopsis: This workshop will provide the participant with an understanding of how home and activity adaptations can maximize daily living skills during the early stages of memory loss. Adaptations will address the individuals changing vision, hearing, sensory perceptions, behaviors and cognitive abilities. Discussion will include why and how to include sensory stimulation during the late stage of Alzheimer's disease. Health care professionals will learn traditional occupational therapy techniques that promote these goals. The focus is how activities can be used to encourage family member involvement.

Outline:

1. Ten ways to adapt the home for safety and independence
2. Five considerations that will make community outings safe and enjoyable
3. Eight principles in adapting recreational activities
4. Five examples of creative sensory stimulation activities
5. Six factors that contribute to enjoyable caregiver visitation in facilities

Bibliography:

- Dowling, J.R. Keeping Busy. A Handbook of Activities For Persons With Dementia. Baltimore, MD: The John Hopkins University Press, 1995.
- Goodwin, D. The Activity Director's Bag of Tricks. Snellville, GA: The Activity Factory. 1982.
- Scheiman, M., Scheiman, M. & Whittaker, S.G. Low vision Rehabilitation: A Practical Guide for Occupational Therapists. Memphis, TN: Slack Inc. 2007.
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Workshop # 15

Session Title: Diet, Lifestyle, and Healthy Mental Aging

Faculty: Olivia Okereke, MD

Objective: At the completion of the session participants will be able to understand the current state of evidence regarding the impact of diet and lifestyle factors on cognitive aging.

Synopsis: This session is an introduction to the current state of evidence regarding the impacts of diet and lifestyle factors on healthy cognitive aging. Topics will include the potential influences of fruits and vegetables, particularly antioxidant foods, foods associated with insulin resistance and risk of diabetes, moderate alcohol intake and regular exercise. Current recommendations regarding optimal consumption of food types will be presented, along with important future directions for research in this area.

Outline:

- A. Understand how diet and lifestyle factors can modify risk of early cognitive decline
- B. Understand the role of fruit, vegetable and antioxidant consumption in cognitive aging
- C. Recognize possible adverse impacts on cognitive aging of foods that promote insulin resistance
- D. Understand the evidence relating moderate alcohol to cognitive aging
- E. Identify benefits of regular physical activity in cognitive aging

Bibliography:

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Workshop # 16

Session Title: Dynamics of African American and Latino Support Groups

Faculty: Fabiola Alvarez and Michael Kincade

Objective: At the completion of this session the learner will understand the dynamics of the African American and Latino caregiving/family experience, the historical background of their participation in the healthcare system, and how designated roles play an integral part in the family structure regarding support beyond the internal/family network.

Synopsis: Alzheimer's disease affects people from different cultures in specific ways, with Latino's impacted at an earlier age and African American's in higher numbers. Among many Latino and Black families, in-home care, regardless of the dangerous stress levels it can create, is culturally expected. Support groups are an excellent way to raise awareness about Alzheimer's, appropriate use of community resources and participation in research studies. They help in the wellbeing of the caregiver by showing how their situation, no matter how hectic, is not unique.

Outline:

1. An overview of the dynamics of the Alzheimer's Association's African American and Latino support groups.
2. Understanding the integration of participant's beliefs.
3. The importance and how to create collaborations among organizations.
4. How to overcome myths, barriers and stereotypes of long term care placement.
5. Understanding designated caregiving roles within the Latino and African American family and how they impact the support network.
6. The history of Latino and African Americans and the health and long term care system.

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Workshop # 17

Session Title: Treatment Decisions at End-of-Life: Legal, Medical and Spiritual Considerations

Faculty: Donald N. Freedman, JD
Michael D. Cantor, MD, JD
Rabbi Carol Mitchell

Objective: At the completion of this session the learner will understand legal, medical and spiritual considerations at end-of-life and be able to better support individuals and their families in decisions about terminating or withholding life-sustaining care.

Synopsis: The session will be a panel discussion, based on a case, involving a geriatrician, an elder-law attorney and a hospice chaplain, who will share their perspectives on medical, legal and spiritual/religious considerations in medical decision-making by or on behalf of an individual with a terminal illness.

Outline:

1. Introduction of the topic.
2. Presentation of the case.
3. Legal Considerations: Autonomy; surrogacy (the role of the health care agent and guardian); the substitute judgment and best interest rules of decision-making.
4. Medical Considerations.
5. Spiritual/Religious Considerations.
6. Putting it all together in the real world.

Bibliography:

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- Division of Bioethics, Albert Einstein College of Medicine, Montefiore Medical Center. Making Health Care Decisions for Others: A Guide to Being a Health Care Proxy or Surrogate. Bronx, New York.
- R. Pearlman, et. al. Your Life Your Choices—Planning for Future Medical Decisions: How to Prepare a Personalized Living Will. Veterans Administration Medical Center, Seattle, Washington.

Workshop # 18

Title: Setting Expectations and Making Plans: What's Real? What's Possible? What's Achievable?

Faculty: Barbara Caparulo, Psy.D.

Objective: At the completion of this session participants will be able to use an assessment approach that permits identification of at least one need area and implement treatment strategies that lead to clinical improvement and better behavioral health.

Synopsis: For people with Down Syndrome a diagnosis of Alzheimer's Disease does not mean that treatment and clinical improvement are no longer possible. This workshop will teach how to assess an individual's areas of clinical need, zero in on the most pressing issues, and develop effective treatment strategies with achievable goals. Diagnosis of the origins of behavioral problems will be emphasized. Behavioral plans that meet DMR standards and that can be implemented in the real world will be a primary focus.

Outline:

- A. Introduction to the nature of the issues concerned with dual diagnosis (Down Syndrome/Alzheimer Disease)
- B. Needs Assessment - a simple "how to."
- C. Diagnosis of the most significant behavioral problems
- D. Defining the goal/objective in realistic terms
- E. Developing the plan - simplicity, compassion, and effectiveness
- F. Measuring growth or improvement

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Workshop # 19

Session Title: True Tales of Transformation: The Green House® Project

Faculty: Anna Ortigara MS, RN, FAAN

Objective: At the completion of this session the learner will be able to identify and discuss the key elements of The Green House Model, philosophy, environment, organizational redesign, explore current independent research regarding outcomes of the model, dDiscuss specific case examples of open Green House projects and their individual stories.

Synopsis: The Green House model brings cultural transformation to skilled nursing care settings. This model restores individuals to a home in the community with power, autonomy and natural rhythms as the basis of daily life. It combines small homes with the full range of personal care and clinical services offered in the traditional nursing home setting. Founded in the Eden Alternative, this model has three core elements for transformation: environmental redesign, person-directed philosophy of care, and workforce transformation. Research and financial outcomes will be presented.

Outline:

1. The History of The Green House Project
2. The model
 - a. The Philosophy of Person-directed Care and the Eden Alternative
 - b. Environmental redesign - small homes
 - c. Organizational redesign
 - i. Workforce
 - ii. Roles and responsibilities
 - iii. Self-managed work teams
3. Independent research findings
 - a. Workflow analysis
 - b. Quality of care
 - c. Evidence-based practices
4. Case example of open Green House homes

Bibliography:

- Kane, R.A. Lum, T.Y., Cutler, L.J. Degenholtz, H.B.& Yu, T. Resident Outcomes in Small-House Nursing Homes:A Longitudinal Evaluation of the Initial Green House Program, Journal of The American Geriatrics Society, June 2007.
- Lum, T.Y., Kane, R.A., Cutler, L.J. and Tzy-Chyi Y., Effects of Green House® Nursing Homes on Residents' Families. Health Care Financing Review, Vol. 30, Number
- Thomas, W.H., What are old people for? How Elders will save the world. Vander Wyk and Burnham, Acton, MA, 2004.

Workshop # 20

Session Title: Helping Families Overcome Denial and Guilt

Faculty: Jeanette Rosa-Brady, BS

Objective: At the completion of the session participants will be able to outline several practical strategies for helping family caregivers cope with the guilt and denial that can keep them from accepting support and assistance and that hinders them from learning vital caregiving skills.

Synopsis: This workshop will provide the participant with a general understanding of the mechanisms and types of guilt and denial experienced by caregivers of individuals with Alzheimer's disease and how both contribute greatly to problems of accepting and learning about the disease, accepting support and services, and coping with the need for long-term care placement. The focus will be teaching participants to understand the origins of denial and guilt and how to use specific education techniques and information about the disease process to help clients to overcome these roadblocks.

Outline:

- 1) Rethinking denial: when it's bad, it's horrid but when it's good, it's *very* good
- 2) Two types of denial: working around each one and learning to pick your battles
- 3) The 9 reasons behind the guilt experienced by caregivers
- 4) Boiling it down: what five things caregivers need most
- 5) How to choose the best education techniques and information to overcome denial and guilt

Bibliography:

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- Mittelman, M.S., Epstein, C., Pierzchala, A. *Counseling the Alzheimer's Caregiver: A Resource for Health Care Professionals*, American Medical Association; 1st edition, 2002.
- Kubler-Ross, E. *On Death and Dying*, Scribner, 1997.

Workshop # 21

Session Title: How can so little say so much? One liners and Haiku wisdom from true experts

Faculty: Lissa Robins Kapust, MSW

Objective: At the completion of this session the learner will understand the powerful themes that are all part of the caregiving experience, including: grief, chronic sorrow, guilt, anger, fear, family conflict and also coping, holding on to hope, personal growth and spirituality. Participants will learn strategies for helping caregivers through the journey with the goal of preserving caregiver wellbeing. Participants will have the opportunity to share “one liners” that have stuck with them, and how these powerful statements have influenced their practice.

Synopsis: “The worst thing is to become a Velcro spouse in the nursing home”. “I went out and got talking books so I would have someone to talk to”. Haiku: “I remember our/ last love night but/ I cannot/recall our last talk”.

The speaker has creatively extracted “one liners” from decades of notes jotted down while facilitating caregiver support groups. In a group project, caregivers wrote Haikus; capturing in just 17 syllables images and moving experiences. These all will be used to demonstrate powerful themes in the caregiving experience. Often, these “one liners” became themes in the group; helping participants move forward or at other times became a red flag for caregivers about the dangers of their roles. In addition to understanding the poignant expressions from our caregivers, as professionals, we must also understand the counter transference feelings that powerful statements stir up for us. The session will share this professional’s most memorable comments and haikus that remind her that our patients and caregivers are always our best teachers. The session will integrate literature and research that support the themes and guide clinical practice. Importantly, it will be a chance for all participants to reflect on their unforgettable client/caregiver interactions with lessons learned.

Outline:

1. Outline of topics and talking points
2. Caregiver support groups provide “lifelines” for participants
3. How to distinguish between normal and pathological grief
4. Understand the role of chronic sorrow for caregivers and interventions to modify it
5. How to identify “red flags” for caregivers at risk for burnout or threats to wellbeing
6. How to utilize “one liners” as themes in groups
7. Designing creative interventions for support group members
8. Helping caregivers maximize their locus of control
9. Identifying opportunities for caregiver growth within the crisis of caregiving

10. Support networks for professionals
11. The role and use of humor in professional work

Bibliography:

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- Montenko, AK: The frustrations, gratifications and well-being of dementia caregivers. Gerontologist, 1989, 29, 166-172.

Workshop # 22

Title: Learning To Speak Alzheimer's

Faculty: Joanne Koenig Coste, M.Ed.

Objective: At the completion of this session participants will be able to describe the Habilitation approach to carepartnering and explain how it can improve quality of life and ease care.

Synopsis: *Carepartnering* in the upcoming years will require bringing together multi-cultures, multi-generations and multi-talents and a greater focus on the successful *carepartner* approach, Habilitation. This positive interaction *reorders priorities*: not trying to bring her into your reality but living for moments in her world; not focusing on lost abilities but capitalizing on remaining skills; not questioning, chastising, or reasoning but finding peace in his current time and place; and, most importantly, not hearing the failing words but listening to the emotion behind them. This session will help you listen when words can no longer be spoken and provide the kind of loving care that transcends illness and applauds humanness.

Outline:

- A. To recognize a new philosophy of care that makes the professional's job easier and the patient's life more sublime.
- B. To realize the benefits of living in the patient's world.
- C. To acknowledge the effect the environment plays in care.
- D. To acknowledge the carepartner role both as family member and as a professional.
- E. To recognize the unique role gender plays.
- F. To experience new modes of positive communication.

Bibliography:

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Workshop # 23

Title: The Voices of Alzheimer's Disease: Panel of People with Early-Stage Dementing Illnesses and Their Care Partners

Faculty: Nicole McGurin, MS & Janet Pozen, PhD

Objective: At the completion of the session participants will understand first hand perspectives on the experience of having Alzheimer's disease from early-stage persons that will improve his/her ability to address the concerns of this population.

Synopsis: The panel will address a wide range of issues including the diagnostic experience, disclosure of diagnosis, management of symptoms, changes in roles and relationships, and concerns for the future. Through this unique opportunity, professionals will improve their ability to communicate and empathize with early-stage persons.

Outline:

- A. Background on definition of early-stage Alzheimer's disease and prevalence of early-stage Alzheimer's disease, both early-onset and late-onset
- B. Introduction of the panel by the moderators
- C. Personal accounts by panel members about their diagnostic experience, acceptance of their diagnosis, and decision to tell others about the diagnosis
- D. Discussion by the panel about how they manage symptoms of Alzheimer's disease and what kinds of changes in roles and responsibilities have been necessary due to their diagnosis
- E. Identification of concerns for the future by the panel
- F. Opportunity for questions from the audience to the panel and from the panel to the audience

Bibliography:

- Peterson, Betsy. 2004. Voices of Alzheimer's: Courage, Humor and Hope in the Face of Dementia.
- Synder, Lisa. 2009. Speaking Our Minds: What It is Like to Have Alzheimer's. (Revised Edition).
- Taylor, Richard. 2007. Alzheimer's from the Inside Out.

Workshop # 24

Title: Beyond Bingo, Planning Creative and Meaningful Activities for People with Memory Loss

Faculty: Lorraine D. Kermond, MS
Claire McClain

Objective: At the completion of this session participants will be able describe basic strategies and creative ways to develop meaningful activities as well as leave with fresh activity ideas for people with Alzheimer's disease or related memory disorders.

Synopsis: This workshop will provide helpful tips for facilitating, planning and leading activity groups for people with Alzheimer's' disease and memory loss, including: why it is important to incorporate client's past interests and skills into creating meaningful activities, tips to facilitate an activities group, and concrete activity ideas that participants can use in their own programs. Valuable activity resources will be provided which can help with a small activities budget.

Outline:

- A. You will be able to describe why it is important to tap into your clients' strengths and past interest to create meaningful activities.
- B. You will be able to describe three steps to help motivate and focus your clients.
- C. You will be able to identify three ways to introduce and demonstrate an activity
- D. You will be able to describe three ways to involve clients in an activity.
- E. You will learn ten activity ideas that can be tried at your program.

Bibliography:

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Koenig-Coste, Joanne. Care for People with Alzheimer's Disease Training Manual. Alzheimer's Association of Eastern Massachusetts Chapter, 1998
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Workshop # 25

Session Title: Dining with Friends: An Innovative Approach to Dining

Faculty: Kelly Papa MSN, RN

Objective: At the completion of this session participants will understand the core expectations and needs for creating a dining program that is person centered, will be able to identify tools to develop a person centered dining approach, be able to assess staff's understanding of person centered dining approaches, evaluate the progress towards improvement, will be able to describe the dining needs of the person with dementia to promote dignity and nutrition, able to discuss ways to modify the dining environment to improve the dining experience.

Synopsis: "Dining with Friends" is a program that focuses on dining for residents of nursing homes with dementia. Through an interdisciplinary team effort, this program offers the opportunity for conversation, socialization, fun, hydration and nutrition. The philosophy behind the program is deeply rooted in person centered individualized care and the clinical needs of the person with dementia. This session will share the story of the development of the program, its challenges, the role of leadership in sustaining it, measures used to train staff in all departments, the evolution of changes made along the journey and methods of measuring the program's success. It will also offer a description of the specific needs, and the challenges of meeting those needs, of the person with Alzheimer's disease as it relates to eating and drinking. Details about food choices, staff's role, including families, place settings, dining scarves, offering choices and the overall dining environment will be shared.

Outline:

1. Explore the meaning of food in your life and the lives of the people you are caring for.
2. What are your expectations at mealtime? Compare and contrast to your residents dining.
3. How dining needs change as the disease progresses and how we can help them maintain independence.
4. Innovation, Assessment & Interdisciplinary Team work
5. Elements of the program are easy to remember with the acronym DINE, easily defined:
 - D-Dining is Social
 - I-Independence
 - N-Nutrition and Hydration
 - E-Environment
6. Communication, conversation, getting to know life stories
7. How dementia effects swallowing and eating
8. Hydration and nutrition needs

9. Dignified approaches such as dining scarves rather than bibs

Bibliography:

Griffin, R. Factors contributing to minimizing weight loss in patients with dementia. The American Journal of Alzheimer's disease. 1995.

Manthorpe, J. & Watson, R. Poorly served? Eating and dementia, 41 (2) Journal of Advanced Nursing. 2002.

Nolan, B. & Mathews, M. Facilitating resident information seeking regarding meals in a special care unit. Journal of Gerontological Nursing. 2004

Vitale, C., Monteleoni, C., Burke, L., Farazier-Rios D. & Volicer, L. Strategies for Improving Care for Patients with Advanced Dementia and Eating Problems: Optimizing care through physician and speech pathologist collaboration. Annals of Long Term Care. 2009.

Workshop # 26

Title: Communication Approaches to Encourage Positive Interactions and Easier Care

Faculty: Susan Antkowiak

Objective: At the completion of this session the learner will be able to describe and demonstrate verbal and nonverbal communication techniques which lead to more successful and positive caregiving in the home and/or residential care setting.

Synopsis: Mastering communication is the foundation to successful caregiving. Individuals with dementia often struggle with expressive and receptive language, yet their desire to communicate remains. Looking beyond the words and into the emotions can unlock the hidden meaning of what the person is trying to convey. This session will focus on identifying the message, making a connection and eliciting a more positive interaction.

Outline

- A. Communication challenges people with dementia face
- B. Emotional perspective of individuals with dementia
- C. Verbal communication techniques
- D. The power of non verbal communication
- E. Utilizing effective communication skills to ease caregiving challenges

Bibliography:

Bell, Virginia and Troxel, David. The Best Friends Approach to Alzheimer's Care: 2003.
Koenig-Coste, Joanne. Learning to Speak Alzheimer's: A Ground Breaking Approach for Everyone Dealing with the Disease: 2003.
Strauss, Claudia J. Talking to Alzheimer's: Simple Ways to Connect When You Visit with a Family Member or Friend: 2001.

Workshop # 27

Session Title: Nursing Home: Can it Be the Best Choice?

Faculty: Melissa Brady, MSW, LICSW, CSW-G, C-ASWCM
Janice Glick, MSW, LICSW, CSW-G, C-ASWCM

Objective: At the completion of this session the learner will be able to identify the stigmas attached to nursing home placement, positive aspects of nursing home placement, potential indicators of the need for placement and ways attendees can impact attitudes regarding nursing homes.

Synopsis: Often we hear about the negative aspects of long term care but we don't hear enough about positive outcomes of nursing home placement. Many elders in the community experience multiple hospitalizations, rehab stays, falls, & isolation and still would never consider the "last resort" of moving to a nursing home. This session will provide information and tools needed to educate clients as to when placement is appropriate and the best not the last resort. It will also provide a positive nursing home model and include discussion about the specific benefits of placement.

Outline:

1. Discussion of nursing home stigmas
2. Perspectives on nursing homes from internet, tv, books, etc.
3. Discussion of aspects of nursing homes
4. Positive nursing home Model
5. Indicators of need for placement with case examples
6. Instruction/discussion for ongoing education of health care professionals and client/families

Bibliography:

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Smith, A. Making the Nursing Home Decision,
<http://www.doityourself.com/stry/nursing-home-decision>. February 2009.

Workshop # 28

Session Title: Clinical Supports in a Day Program for Individuals with Developmental Disabilities and Alzheimer's Disease

Faculty: Susan Scott Craven, MEd; Anita Ouellette, CCC, MS; Patricia Peterson, OTR/L, MPH; Margaret Burnett, BA,RN, CDDN

Objective: At the completion of this session the learner will be able to...Attendee will learn how clinical supports can enhance day services for individuals with Developmental Disabilities and Alzheimer's Disease using the Bridgewell Day Program as a model.

Synopsis: Over the past decade there has been an increasing need to develop day services for individuals with Developmental Disabilities and Alzheimer's Disease. This session will provide an overview of a day program at Bridgewell where individuals participate in a habilitative environment where positive emotions are fostered. The session will review a functional assessment used to assist in program planning. Behavior and communication changes as well as skill and medical changes will be addressed. Program suggestions to address behavior, communication, physical and skill changes will be made to create a successful positive environment. Medical and physical changes will be discussed as well as end of life support for the individual, family and staff.

Outline:

1. Bridgewell overview
2. Day hab classroom description
3. Assessment – why and how
4. Changes in Behavior
5. Promoting Positive emotions
6. Data collection
7. Staff training
8. Changes observed in communication
9. Methods used to promote / maintain communication
10. Sensory Motor / self help / activities / adaptations
11. Medical components of the disease and end of life
12. Family, staff and peer support
13. Future plans

Bibliography:

- Antonangeli, Judith. *Of Two Minds: A Guide to the Care of People with Dual Diagnosis of Alzheimer's Disease and Mental Retardation*. Fidelity Press, 1995.
- Baer, C. Addressing Feeding with Adults with Developmental Disabilities: A Team Approach, Part 2. 28 (3) *Developmental Disabilities Special Interest Section Quarterly* 2005.
- FitzRay, B.J. *Alzheimer's Activities*. Windsor, Ca: Rayve Productions Inc. 2001.
- McCarthy, Claire et al. *Communication Supports Checklist*. Baltimore, Maryland: Paul Brookes Publishing Co. 1998.
- Nieuwenhuis-Mark, R.E.(2009). Diagnosing Alzheimer's dementia in Down syndrome: Problems and possible solutions. *Research in Developmental Disabilities*, 30(5), 827-838.

Workshop # 29

Session Title: Grief & Loss...It's Complicated

Faculty: Peter W. Ham, MA, LMHC

Objective: At the completion of this session the learner will be able to differentiate grief, grieving and complicated grief, identify symptoms of complicated grief and identify means to further assist individuals who are experiencing complicated grief.

Synopsis: Individuals living with Alzheimer's disease and related disorders experience grief and loss. Many times this grief and loss becomes complicated and impedes the individual's daily routine. This session will provide the participant with an effective framework in order to identify and address complicated grief and loss.

Outline:

- I. Introduction
 - A. What we are discussing today
 - B. Differentiating grief, mourning and complicated or unresolved grief
 - C. As commented by the American Cancer Society 2009: "For some people who are taking care of a loved one with a long-term illness, complicated grief can actually start while their loved one is still alive. Caregivers under severe stress especially if the caregiver's outlook is bleak, may be at higher risk of having abnormal grief even before the death." Symptoms of complicated or unresolved grief (American Cancer Society 2009)
- II. Discussion of the impact of complicated or unresolved grief in an Alzheimer's Support Group – Addressing the long good-bye
 - A. traditional stage theories are too implicit and superficial (i.e. Kubler-Ross) as they distort the experience and expectation of grieving
 - B. Additional theoretical frameworks to view the grieving process
 - C. Aiding the support group member and facilitators
- III. Questions and Answers

Bibliography:

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- Worden, William J. *Grief Counseling and Grief Therapy*. 4th ed. New York: Springer Publishing Company, 2009.

Workshop # 30

Session Title: Optimal Care & Comfort at End of Life in Later Stage Alzheimer's Disease

Faculty: Arlene Lowney RN MBA

Objective: At the completion of this session the learner will be able to identify 3 stages of Alzheimer's disease, describe barriers and opportunities for optimal hospice services for persons with Alzheimer's disease/related dementias, identify criteria for hospice admission, describe validated pain, behavioral and functional assessment tools for the cognitively impaired, demonstrate knowledge of compassionate care giving, provide resources to support and educate family, staff, other caregiver(s), recognize importance of proactive advance care planning, describe benefits and burdens of treatment options.

Synopsis: This purpose of this session is to provide the participant with the knowledge, skills, tools, attitude and understanding to support, communicate with and care optimally for persons [and their caregivers] who are affected by Alzheimer's Disease in the middle and through the later and terminal stages of Alzheimer's disease. It will also identify available resources for the patient, the caregiver(s) and the family.

Outline:

1. Characteristics of three stages of Alzheimer's disease
2. Benefits of habilitation and empathic presence
3. Key characteristics recognized by the FAST Scale for identification of the later stage of Alzheimer's disease and the PAINAD scale for identifying pain in the non-verbal
4. Communication techniques for the non-verbal and the dying
5. Identify importance of advance care planning
6. Recognition of the benefits and the burdens of many available interventions
7. Conceptualizing Alzheimer's as a terminal medical illness

Bibliography:

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Workshop # 31

Title: Demystifying Younger-Onset Alzheimer's Disease

Faculty: Nicole McGurin, MS

Objective: At the completion of this session participants will be able to describe the medical and psychosocial aspects of younger-onset Alzheimer's disease, discuss common myths and stereotypes and understand several approaches to serving the needs of this population.

Synopsis: This workshop will provide the audience with an understanding of younger-onset Alzheimer's disease including its prevalence, clinical presentation, and psychosocial ramifications for both the person with younger-onset Alzheimer's disease and the family. Common myths and stereotypes about younger-onset Alzheimer's disease will be addressed. Approaches to serving the needs of people with younger-onset Alzheimer's disease throughout early, middle, and late stages will be discussed.

Outline:

- A. Definition of younger-onset Alzheimer's disease (AD) and its prevalence in the U.S. population
- B. Description of clinical presentation of younger-onset AD and its diagnosis
- C. Psychosocial aspects with emphasis on family, employment, and financial issues
- D. Treatment options, including medications for cognitive and psychiatric symptoms, family education, and support
- E. Debunking the myths and stereotypes
- F. The service and support needs
- G. Examples of age-specific services for younger-onset clients
- H. Integrating people with younger-onset AD in traditional day programs and residential settings

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Workshop # 32

Title: From Early Stage to Late Stage: Setting Realistic Expectations

Faculty: Elizabeth H. Nasser, PhD

Objective: At the completion of this session participants will be understand and be able to describe appropriate expectations for individuals with Alzheimer's disease over the course of the illness.

Synopsis: Focusing on understanding the changing roles and involvement of caregivers at each stage of Alzheimer's disease, this session will provide guidelines for working with patients and families to set realistic expectations and in decision making in areas such as driving, independent living and the need for increased supervision.

Outline:

- A. Discussion of the stages of Alzheimer's Disease
- B. Steps to appropriate ongoing diagnosis
- C. Changing role and involvement of caregiver at different stages of the disease
- D. Expectations regarding remaining at home versus moving to a facility
- E. Expectations for caregivers of loved ones in nursing homes and assisted living facilities.

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Workshop # 33

Title: Recognizing Delirium: When is Acute Confusion Not Just Dementia?

Faculty: Benjamin Liptzin, MD

Objective: At the completion of this session participants will be able to describe the symptoms of delirium, identify the most common causes and describe ways to manage the symptoms.

Synopsis: Delirium, an acute confusional state, is a very common complication with patients with dementia. In this session you will learn the symptoms of delirium as well as the epidemiology, including risk factors and prognosis. Common causes as well as the management of demented patients with delirium will be discussed.

Outline:

- A. Delirium is common in patients with dementia
- B. Delirium may lead to hospitalization
- C. Delirium is commonly associated with medications
- D. Many different medical conditions can cause delirium but infections are most common.
- E. Treatment of the underlying condition or removal of the offending medication is most important.
- F. Delirious patients need careful observation.
- G. Medications may be helpful in reducing the agitation that frequently accompanies delirium.
- H. Symptoms of delirium may persist long after the acute episode has largely resolved.

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Workshop # 34

Title: Supporting Families through the Alzheimer's Journey: Facilitating Transition

Faculty: Lindsay Brennan, LSW & Susan Rowlett, LICSW

Objective: At the completion of this session participants will be able to identify the many transitions caregivers and individuals with Alzheimer's disease must navigate and discuss strategies to help families achieve the best possible care for the person with Alzheimer's while preserving their health and well-being.

Synopsis: This workshop will explore the multiple unavoidable transitions that caregivers and individuals with Alzheimer's disease must navigate. Participants will learn how to assess and understand the emotional process one goes through and gain insight and tools to help caregivers and persons with Alzheimer's succeed on this journey.

Outline:

- A. Identify at least 2 transitions families are likely to face in the early, mid and late stages of Alzheimer's.
- B. Discuss important considerations when assessing the family's emotional reactions and coping skills.
- C. Explore possible options for care at each of the identified transitional stages.
- D. Identify helpful strategies to assist the family to transition as smoothly as possible through the changing needs and levels of care at each stage of the disease.

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Workshop # 35

Title: Creating Supportive Environments

Faculty: Paul Raia, PhD

Objective: At the completion of the session participants will be understand the elements in the physical environment that hinder independence, and be able to introduce elements in home and institutional settings that improve independence and reduce difficult behaviors in those with dementia.

Synopsis: Informed attention to various features of the interior and exterior environments can improve independence and reduce difficult behaviors in those with dementia. This session will offer guidance about color, lighting, flooring, layout, noise control, aroma, seating, dining areas and safety issues as they apply to all settings.

Outline:

- A. Discuss the sensory losses caused by Alzheimer's disease and other related disorders that make it difficult to make sense of, and use an unmodified physical environment.
- B. Discuss ways to overcome sensory loss by controlling color and the design of space.
- C. Review options for flooring that promote greater independence and reduce falls.
- D. Discuss various ways to use lighting to improve independence and reduce behavioral problems in those with dementia.
- E. Identify various floor plans that promote orientation and reduce confusion in those with dementia.
- F. Identify the essential elements of design for creating prosthetic outdoor garden areas.

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Workshop # 36

Title: The Interface of Depression and Dementia

Faculty: Janet Lawrence, MD

Objective: At the completion of this session participants will be able to discuss the interface between depression and dementia in late life, based on recent research findings, and understand methods of assessment and diagnosis of depression and treatment options.

Synopsis: The session will discuss the presentation of depression in late life in general and in dementia with an emphasis on clinical assessment skills. Treatment options will be reviewed. Recent findings about the overlap between depression and dementia in late life and how these might affect our understanding of both causation and treatment will be reviewed.

Outline:

- A. The assessment of depression in late life and how this affects cognition
- B. Depression in patients with dementia and how dementia affects the presentation
- C. Suicide in patients with dementia
- D. Links between depression and dementia in terms of underlying brain abnormalities
- E. Treatment options including psychosocial, medication and ECT

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Workshop # 37

Title: Memory Systems in Dementia

Faculty: Andrew E. Budson, MD

Objective: At the completion of this session participants will understand the signs and symptoms of disruption of the episodic memory system, how Alzheimer's disrupts this and other memory systems and the impact of other neurologic diseases on memory.

Synopsis: Changes in memory are often the symptoms first noticed in someone with Alzheimer's. This session will use recent developments in the field of cognitive neuroscience to explain the different memory systems in the brain and how these systems are disrupted by different dementias using case-based examples. Episodic memory—the memory system used for remembering episodes of our life—will be highlighted.

Outline:

- A. Long term memory
- B. Short term memory
- C. Semantic memory
- D. Simple classical conditioning
- E. Procedural memory

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Workshop # 38

Title: Creating Healing Moments: Saying "Yes" to Alzheimer's

Faculty: Laura Randall, MDiv
Tammy S. Sullivan, MA, LMHC

Objective: At the completion of this session participants will be able to listen, observe, and respond in life-affirming ways with persons with Alzheimer's; understand how to ease communication through joyful and fun connections, accept the limitations caused by this illness and recognize the spiritual in our interactions.

Synopsis: Improvisational theatre techniques inherently possess many aspects of spirituality. In a supportive environment and in an enjoyable context, this experiential session will bring forward these spiritual aspects and enhance your ability to meet Alzheimer's patients in their moment. Focusing on what healing means in the face of an incurable illness, this session offers the potential for transformation (for patients, professionals, caregivers, family, friends). Participants will be supported in their search for the meaning and purpose this illness might offer to everyone it touches.

Outline:

- A. Healing and Alzheimer's
 - a. Terminal Illness
 - b. The *Healing Moments* Program
 - c. Meeting in the Moment
 - d. Spiritual Components
- B. Experiences
 - a. Mindfulness (Two exercises to illustrate)
 - b. Acceptance and Affirmation (Three exercises to illustrate)
- C. Closing
 - a. Fear of the Unknown
 - b. Honoring the Caregivers
- D. Questions and Discussion

Bibliography:

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Workshop # 39

Session Title: Building Empathy-Based Care Through Creative Expression

Faculty: Kelly Papa, MSN, RN; Eileen Smith, BSN, RNC; Michael Smith, LNHA

Objective: At the conclusion of this session participants will be able to define empathy, understand the core needs for creating an empathy based model for creative expression for people with dementia, identify creative approaches through the Arts and Humanities to help people with Alzheimer's disease express themselves, discuss ways to apply an empathy based approach to communication, and describe how to develop personalized sensory boxes.

Synopsis: Creative expression through the Arts, the Humanities and sensory stimulation enables individuals with dementia to communicate their feelings, identity and thoughts in new ways and builds empathic connections through shared emotions, reflections and life stories. This presentation offers dignified, meaningful ways to enjoy time, evoke memories, build relationships and create a sense of belonging. Using innovative approaches to engage the person with dementia can be rewarding for both the person with the disease, their family member and their caregivers.

Outline:

1. People with Alzheimer's disease have difficulty finding ways to express themselves. They still have expressive abilities that are imaginative, insightful, humorous, poetic and even inspirational.
2. Exploration of the Arts and Humanities and new approaches to sensory stimulation reveal capabilities and comprehension hidden by the disease progression.
3. Integrating guided exploration into arts activities using visualization, reflection, examination, dialogue and replication to express the feelings, memories or stories generated by a painting, drawing or sculpture.
4. The Performing Arts offer rich opportunities to connect with someone with dementia through drama, improvisational theater, humor and movement.
5. Music therapy is a form of sensory stimulation that offers the person with dementia a familiar way to express themselves.
6. Creating personalized sensory boxes to evoke memories and connection.

Bibliography:

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Workshop # 40

Title: Non-Verbal Communication with Elders with Dementia

Faculty: Donna Newman-Bluestein, M.Ed., ADTR, LMHC

Objective: At the completion of this session participants will be able to describe the importance of non-verbal interventions with people with dementia, and name two methods for non-verbal attunement.

Synopsis: Through elements of non-verbal behavior our clients can perceive themselves as safe or endangered. By physically attuning with clients, we let them know they are seen and heard, we affirm them, and can bring them back to a sense of connection and belonging. This workshop will offer experiential and didactic opportunities to enhance our understanding of non-verbal communication, both ours and that of the person with dementia. It will also discuss elements of communicative movement, including distance and proximity, posture, gestures, facial expression, rhythm, and use of space and tension.

Outline:

- A. The need for social connection in elders with dementia.
- B. Comprehensive presentation of elements of non-verbal behavior.
- C. Disparities of movement styles between caregivers and elders with dementia.
- D. Connecting with clients through movement.
- E. Providing reassurance and preventing aggressive behavior through body language.

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Workshop # 41

Session Title: Adult Foster Care: A Community Care Option for Persons with Dementia

Faculty: Janice A. Masi, MS and Kelly Magee, MSW

Objective: At the completion of this session the learner will be able to:

1. Describe the eligibility criteria for admission to the Adult Foster Care program in Massachusetts and the requirements for receipt of daily care in the program.
2. Identify three strengths of the Adult Foster Care program relative to persons with Dementia.
3. Discuss the care coordination aspects and case management requirements inherent in the Adult Foster Care program model, and the impact of care coordination on individual functional status and medical/behavioral outcomes.
4. Describe the characteristics of persons with Dementia who can benefit from participation in the Adult Foster Care program.
5. Describe the role of the caregiver in the Adult Foster Care program, and list the criteria for caregiver eligibility including requirements for family caregivers who can be reimbursed to participate in this program.

Synopsis: This workshop will provide the participant a general understanding of the Adult Foster Care program in Massachusetts, and specifically the changes in program regulations in 2007 that have resulted in the increased participation of individuals with complex care needs, many of whom are nursing facility eligible. An overview of the program requirements and structure will be discussed, with a particular focus on the characteristics of individuals who can benefit from this community-based model. The components of family caregiving and professional case management will be presented within the context of functional outcomes data and the management of medical and behavioral status by the professional team.

Outline:

1. Adult Foster Care eligibility
2. Overview of the regulations in Massachusetts and the Adult Foster Care model
3. Caregiver role and credentialing
4. The role of the family caregiver and exceptions to this role
5. Caregiver orientation, training and ongoing education
6. The role of the Case Management team-the Registered Nurse and the Care Manager
7. Care coordination and communication with medical professionals and support services staff
8. Presentation of functional outcomes data for persons with dementia

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