

# It's Not Your First RODEO... and it WON'T be Their Last

## Behavioral Expressions and Individualized Kits

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# Case Study

- ▶ *Rebecca is a 72 year old widow, who was admitted to a memory support neighborhood in March. She has a diagnosis of Parkinson's Disease with Dementia, Depression, Vascular Insufficiency of the lower extremity, and Parkinsonian tremors. Has displayed exit seeking behavior.*
- ▶ *Rebecca's daughter tells the staff that her mother is a self-proclaimed Hippie. She is a vegetarian, loves nature (Florida beaches), misses her husband (Bill), believes in positive and negative energy (Chi) and was always frugal.*

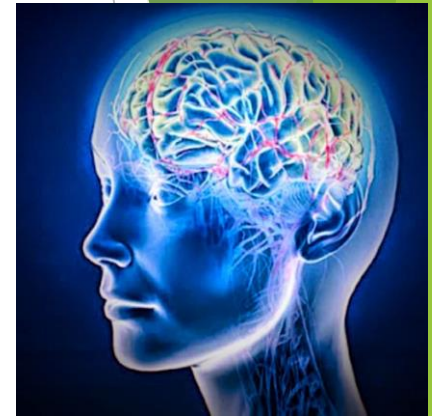
# Confabulation

## ► Confabulation:

- “a memory distortion where false information is expressed by an individual to others. It is an awareness that the person is not intentionally being dishonest, but attempting to interact with those around them.” (E. Heerema, MSW Verywellhealth.com 09, January 2020)
- Korsakoff Syndrome, Alzheimer’s Disease, Frontotemporal Dementia, Parkinson’s Dementia, and some head injuries.

# Signs and Symptoms include:

- ▶ **Confabulation-** Occurs when a person has memory loss that affects their higher reasoning
  - ▶ Create stories as a way to conceal their memory loss
  - ▶ Individuals are unaware they are not telling the truth
  - ▶ “honestly lying”
- ▶ Information was not encoded well enough into the brain
- ▶ Over-learned information- well known facts, habits or stories may rise to the forefront of the persons mind.



# Hallucinations

## ▶ Hallucinations

- ▶ Sensory experiences that occur in the absence of an actual external stimulus.
- ▶ Can be auditory, visual, tactile, olfactory (smell) gustatory (taste), kinesthetic (bodily or movement), hypnagogic (when falling asleep) or hypnopompic (when waking up)

## ▶ Alzheimer's Disease

- ▶ 30%

## ▶ Lewy Body Dementia (LBD)

- ▶ 1 in 5 ; usually is the first sign for the individual

## ▶ Parkinson's Dementia (PD)

- ▶ 25-40%; usually occurs AFTER the physical signs of PD

# Causes of Hallucinations

- ▶ Imbalance of brain chemistry
- ▶ Starvation or dehydration
- ▶ Post-traumatic stress disorder (PTSD)
- ▶ Delirium-
  - ▶ infections, fever, medications, situational depression
- ▶ Substance abuse
- ▶ Psychotic conditions-
  - ▶ includes extreme depression, and schizophrenia
- ▶ Obsessive compulsive disorders
- ▶ Charles Bonnet Syndrome
- ▶ **Dementia**



**“A person will never hallucinate something they have not experienced in some way in their life.**

**If a person has never seen a giraffe- they will never hallucinate about a giraffe.”**

**-Pamela Corsentino- LBDA Association**

# Delusions

## ▶ Delusions

- ▶ Strong false beliefs in things that are not real.
- ▶ Individuals experiencing delusions believe that these things are very real, even when they have evidence to the contrary.
- ▶ Sometimes individuals seem paranoid or suspicious of others.

## ▶ Alzheimer's Disease

## ▶ Lewy Body Dementia (LBD)

## ▶ Parkinson's Dementia (PD)

## ▶ Vascular Dementia

- ▶ **Dual Diagnosis** – various psychiatric diseases such as schizophrenia AND a dementia disease.

# Dementia and Delusions

- ▶ **Changes to the brain so that it can not connect and make sense of the world.**
- ▶ **Memory loss and confusion caused by progression of the disease**
  - ▶ Too much/ too little stimulation
  - ▶ Unfamiliar places
  - ▶ Unfamiliar routine
  - ▶ Some medications
- ▶ **Reactions to medications**
  - ▶ Muscle relaxants, antihistamines, antidepressants, cardiovascular meds, antihypertensive medications, Anticonvulsants, anti-Parkinson medications, etc.



**On September 15<sup>th</sup>...  
Rebecca's Guardian was called.**

**Rebecca was “unable to be  
redirected... and needed meds.”**



## Rebecca's Non-Pharmacological Interventions

- ▶ Offer soda
- ▶ Encourage quiet location for rest
- ▶ Encourage music
- ▶ Assist resident with TV in her room
- ▶ Offer snack
- ▶ Encourage activities (games, entertainment, physical exercise)

▶ Nurses note: Resident (Rebecca) keeps pushing the door to the patio causing the alarms to sound. Resident keeps insisting that she needs to get to the beach. Staff attempted to redirect her with a soda and putting on her favorite TV show. Redirection unsuccessful.

▶ Nurses note: Resident combative in the shower tonight. Resident claimed bugs were biting her in the shower. Staff tried singing, and talking to resident without success. Resident calmed immediately after leaving shower.

▶ Activity note: Resident told staff that she will be leaving the activity early. When asked why, she stated “the Queen died and the King was picking her up.” Her table mate started laughing and the Resident picked up her bingo card and threw it. Staff redirected her out of dining room and into her room.

# “I Swear It’s REAL!”- Challenges

- ▶ **Self harm- or harmful to others**
  - ▶ Overwhelmed, confusion, fearful
- ▶ **Other’s do not understand**
  - ▶ Lack of respect- belief
  - ▶ Lack of support from others
  - ▶ Lack of medical or mental/ psycho-social support
  - ▶ Under diagnosed- or misdiagnosed (think neurology first before psychology!)
  - ▶ Over medicated
  - ▶ Cultural background can influence the way symptoms are expressed and understood



# It's Not Your First RODEO... and it WON'T be Their Last.

Inspiration from a  
YouTube Video...

Giddy Up!



## ▶ Bull rider/ Cowboy

- ▶ Trains for years
- ▶ Trains horses so that they respond to them, trust them, not react.
- ▶ Goal is for the steer to not injure itself, the horse, or rider.
- ▶ Ride and rope as fast as possible.

## ▶ Steer

- ▶ Hanging out in some field... eating, minding it's own business...
- ▶ Rounded up... placed in a trailer, and travels somewhere...
- ▶ Goes to a RODEO... has no idea what's going on.
- ▶ New sounds, smells, environment...
- ▶ Some dude is running after me with a horse...
- ▶ Flight, Fight, Freeze

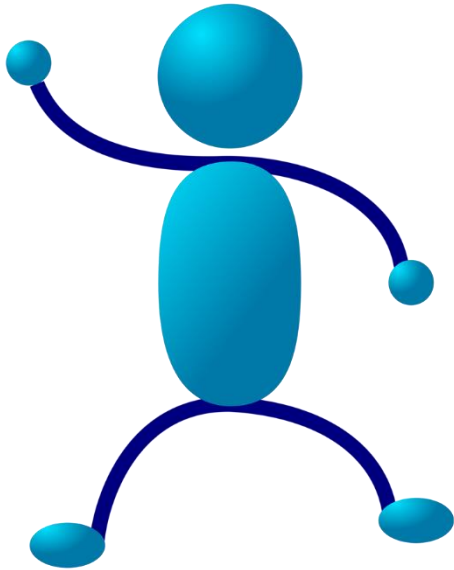
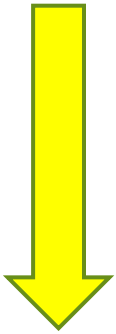


## ▶ Horse

- ▶ Trains with bull rider/ Cowboy for years
- ▶ Goal is to respond to the rider by trusting them and not reacting negatively to the steers response.

# Welcome to Your RODEO...

YOU



STEER



HORSE



- ▶ **R**ESPOND
- ▶ **O**BSERVE
- ▶ **D**OCUMENT
- ▶ **E**DUCCATE
- ▶ **O**BSERVE



# 45... 10 Commandments of RESPONDING



- ▶ **Commandment 10:** Stay calm- a tranquil disposition can help the person connect.
- ▶ **Commandment 9:** Communicate- Ask the person to tell you what is happening. Ask them if their feel afraid, confused, or agitated.
- ▶ **Commandment 8:** Validate them and talk about the experience, and ask whether there is anything you can do to help.
- ▶ **Commandment 7:** Never show any signs of amusement or threatened.



- ▶ **Commandment 6:** Never hurry the person or move quickly.  
    Gestures may add to the behavioral expression.
- ▶ **Commandment 5:** Try to reduce/ increase the stimulation (music, lights, etc.) Know their sensory tolerances.
- ▶ **Commandment 4:** Join their reality, rather than attempting to correct and point out the truth. IT'S REAL TO THEM!
- ▶ **Commandment 3:** Mirror their language. Repeat their statements back so they know you're actively listening.
- ▶ **Commandment 2:** Roll with their resistance to information or change. What are they trying to tell you???
- ▶ **Commandment 1:** RESPOND don't REACT!

# Observe

## ► Confabulation

### ► Observe for any sign of:

- Frustration, anger towards others
- Any physical, mental, or psychosocial changes/ abuse caused by others believing they are being dishonest or deceiving them.
- Using confabulation as a way to help make sense of the current situation or to help establish or preserve a sense of person identity
- Using confabulation as a way to help the person interact with others



# Observe

## ▶ Hallucinations

### ▶ Observe for any signs of:

- ▶ Individuals telling you they hear somebody/something- what is it like? (might be signal of audio hallucination)
- ▶ Wild eye movements (might be visual hallucination)
- ▶ Are they talking to non-present things or people
- ▶ Are they displaying inappropriate facial expressions- mixed
- ▶ Are they fearful, agitated, or showing any signs of harm to self or others
- ▶ Are they unaware of their surroundings- don't know where they are?
- ▶ Are they isolating self in fear or need to raise volume to drown out voices?
- ▶ Is it scaring them or are they okay with it?
- ▶ When do these hallucinations come and go?

# Observe

## ▶ Delusions

### ▶ Observe for any signs of:

- ▶ Self-harm or harm to others
- ▶ Individual feels alone, world is against them
- ▶ Verbalizations about suicide or death
- ▶ Isolation or expressions about not feeling safe
- ▶ Individual expresses feeling overwhelmed, confused, or fearful
- ▶ Delusion is starting to inhibit the individual's ability to function effectively across social realms and relationships
- ▶ Showing signs of any physical, mental, or psychosocial changes/ abuse caused by others believing they are being dishonest or deceiving them.
- ▶ If delusions are starting to change and become more intense.

# Document it!

- ▶ What is the person experiencing?
- ▶ When do they experience it?
- ▶ How is it harming them?
- ▶ Any changes going on:
  - ▶ Medications
  - ▶ Delirium- Health changes
  - ▶ Grief
  - ▶ Changes of environment (isolation...)
  - ▶ Changes of routines (includes changes in staff!)
  - ▶ Changes with cognitive, functional, etc. caused by disease progression
  - ▶ Other



# Rebecca's Non-Pharmacological Interventions

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  - ▶ Offer snack
  - ▶ Encourage activities (games, entertainment, physical exercise)
- 
- ▶ **Why were Rebecca's interventions NOT successful?**



# Non-Pharmacological Intervention Time



# Educate

- ▶ Staff (do not forget your environmental and maintenance services folks!)
- ▶ Families
- ▶ Volunteers
- ▶ Others
  - ▶ Educate on Confabulation, Hallucinations, and Delusions
  - ▶ What causes it- It's not their fault!
  - ▶ RODEO- How to respond, What to observe, What to document, How to educate others in their presence... and who to tell (Director of Social Services, Director of Nursing, Charge nurses... etc.)
  - ▶ Non-pharmacological interventions
  - ▶ No Judgement zone!!!



# Observe... Again...

- ▶ Is it getting better?
- ▶ What is working?
- ▶ Document- Care Plan- Repeat as needed.



# **Why Do our Non-Pharmacological Interventions FAIL?**

**Or**

**Work SOME of the  
time....**



# When creating a non-pharmacological intervention:

- ▶ **Look at EVERY diagnosis! Don't assume!**
- ▶ **Very specific and based upon the person's life history.**
- ▶ **Meaningful and purposeful for the individual.**
- ▶ **Determine their social tolerances/ abilities.**
- ▶ **Determine their functional abilities- body, mind, spirit.**
- ▶ **Adapt as needed for success.**
- ▶ **Update regularly.**

# Multi-Sensory Focused Programs

- ▶ Involve multi-senses when possible to promote awareness and memory- think of it as a “package deal!”
  - ▶ **Visual-** involve light, color, shapes, motion
  - ▶ **Auditory-** involve music, natural sounds or familiar noises
  - ▶ **Smell-** involve stimulating aromas
  - ▶ **Taste-** involve a favorite taste, food, dish and base upon texture and dietary needs
  - ▶ **Touch-** involve interesting textures, temperature, shapes
  - ▶ **Encourage memory retrieval by asking simple questions**
    - ▶ This is soft... what other things are soft?
    - ▶ This is sun tan lotion... When would you put this on?

# Creating a Individualized Program Kit...



# Creating Your Individualized Kits

1. Pick a **theme** idea based on the individuals interest
2. List **visual** props you would like to use
3. List other **Tactile** and **Sensory** props that you will find to make the program of interest “Pop.”
4. Now think of things you can use for **Mental** stimulation (games, trivia, discussion questions, reminiscing, etc.) that relate to your topic
5. List **Where** you will go or what you will do to get these items free or at little cost (HINT: family members...)
6. Write a program objective sheet that describes the program so that others can follow, and use the kit as well.

# Themes

- ▶ Spring
- ▶ Winter
- ▶ Summer
- ▶ Autumn
- ▶ Baseball teams
- ▶ Football teams
- ▶ Sport teams
- ▶ Sports-golf, ski
- ▶ Music- classical
- ▶ Country music
- ▶ Music (general)
- ▶ Colleges-(Notre Dame)
- ▶ Travel location (Oz)
- ▶ Beach vacation
- ▶ Route 66
- ▶ Gardening
- ▶ Baking
- ▶ Grandmas Kitchen
- ▶ Fishing
- ▶ Pets
- ▶ Military (Army)
- ▶ Occupation (teacher)
- ▶ Religious (Catholic)
- ▶ Movies (Wizard of Oz)
- ▶ Rainbows
- ▶ Farming
- ▶ Tools/Handy Man
- ▶ Quilting/Sewing
- ▶ Weddings
- ▶ Hunting/ Fishing
- ▶ Holidays (Halloween)
- ▶ And... many more....

# Beach Kit-Theme

► Now come the visuals....





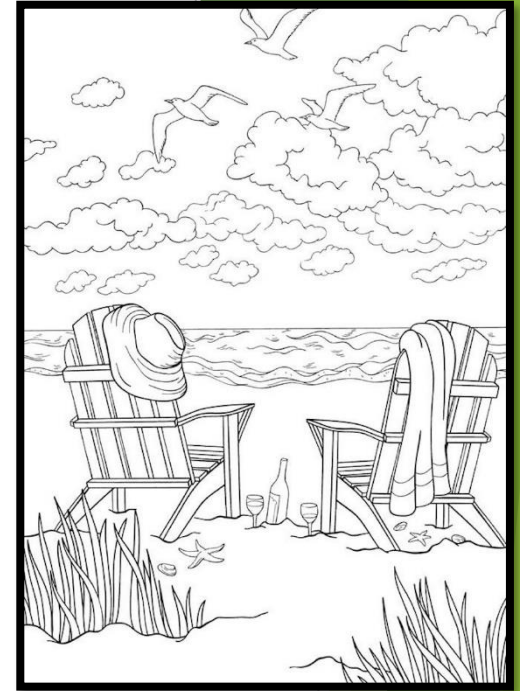
# Now add the sensory...



# Cognitive/ Reminisce

## Initiate Discussion

- ▶ **Trivia**
- ▶ **Would you rather..... Swim in Florida, or swim in Hawaii?**
- ▶ **Expressive Arts- painting, poetry, etc.**
- ▶ **Reminisce Books**
- ▶ **DVD, CD's**
- ▶ **Etc.**





# How will you use it?

- ▶ Write a program objective sheet that describes the program so that others can follow, and use the kit as well. PERSON CENTERED!
- ▶ **Narrative...**
  - ▶ **Rebecca has loved going to the beach for years- in fact, she and her husband Bill traveled to Destin, Florida every January for over 18 years. These are some fun things to reminisce about when you share time with her:**
    - *Rebecca loved to walk the beach every morning to pick up sea shells and sea glass*
    - *I really enjoy listening to the Beach Boys- in fact, I went to their concert in 1980 something....*
    - *There is nothing better than a warm sunny day in Florida... ask me why!*

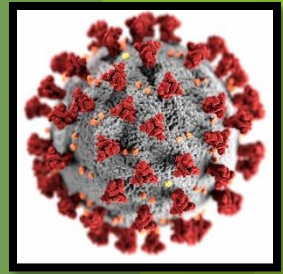
# Where will you get everything?

- ▶ Family members, client friends, etc.
- ▶ Purchase items
  - ▶ Garage sales, estate sales, etc.
  - ▶ Thrift Stores
  - ▶ S&S, Activity & Teacher stores, etc.
- ▶ Donated items...
  - ▶ Local businesses
  - ▶ Clubs- FFA, Girl/ Boy Scouts, Alumni Clubs, etc.



**GRANTS!!!!!!**

# Sensory Boxes and Kits during COVID...



- ▶ **Use materials that can be cleaned and sanitized.**
  - ▶ Identify what can be disinfected, clean, and sanitized and what can be disposed after use.
  - ▶ Plastic handled paintbrushes rather than wooden handles.
  
- ▶ **Remove any item that cannot be easily cleaned and disinfected.**
  - ▶ Machine washable items should be used by one person and or laundered after each use or not used at all.
  
- ▶ **Create a policy for safe use of sensory boxes and kits**
  - ▶ Have the individual, and leader wash their hands before and after each use.
  - ▶ Kits should be in a closed container.
  - ▶ Individualized kits should be in a closed container with the persons name on it.
  - ▶ Personalized items should never be shared (sand, clay, etc.)
  - ▶ Way to identify if the kit is sanitized, who sanitizes them- with what, what training
  
- ▶ **Create a policy for disinfecting any sensory boxes and kits.**
  - ▶ Individualized kits still need to be sanitized.

# Our Gift for You!



**Please visit our website at:**

**[www.alzni.org](http://www.alzni.org)**

**For more information about upcoming training topics and classes**

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