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Visual Supports and Dementia: Facilitating Interaction and Participation

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Learning Objectives

1. Describe how receptive and expressive visual supports can benefit people with dementia.
2. List three different areas in which visual supports can be developed for people with dementia.
3. Identify at least two types of visual supports that would benefit specific patients on their caseloads.

Agenda

- Introductions & overview
- Research review & background
- Examples of supports for communication, memory, & participation in daily activities
- Case study
- Conclusion & questions

Overview

Share some of the common characteristics of dementia.

Overview

- Characteristics of dementia
 - Difficulty with memory
 - Short-term
 - Communication Challenges
 - Word finding
 - Reduced vocabulary
 - Perseveration
 - Limited participation in everyday activities and events
 - Decreasing over time

Overview

- Difficulty with memory
 - Short-term
 - Long-term
 - New learning
- Communication challenges
 - Speech intelligibility
 - Expressive language
 - Receptive language
 - Pragmatics
- Limited participation in everyday activities and events
 - Routines
 - Social interaction
 - Activities of daily living
 - Play/recreation

Overview

- We see characteristics common to
 - Autism
 - Cerebral Palsy
 - Aphasia
 - Brain Injury
 - ALS
- } consider AAC and visual supports

Why not with dementia??

Overview

Background

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Research, Examples, Case Study

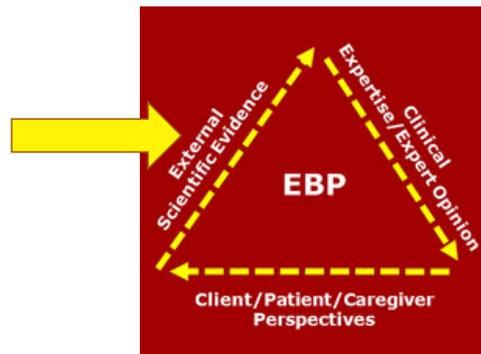


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Research Review

- Bourgeois (1991, 1992)
- Silverman and Schuyler (1994)
- Bourgeois et al. (2001)
- Small et al. (2003)
- Murphy et al. (2007)
- Dementia Training and Education Program (2008)
- Mihailidis et al. (2008)
- Fried-Oken (2009)
- Murphy et al. (2010)
- Brush et al. (2011)
- Fried-Oken (2012)
- Jimmo v. Sebellius (2014)

Research Review

- Reviewed 20 years of ASHA journal articles
 - No mention of treatment options for dementia let alone the use of visual supports
- Reviewed 100 studies from other disciplines to find many interventions that fostered social interaction and participation. For example,
 - Environmental changes increased opportunities and topics for communication
 - Written/graphic information decreased perseveration and increase appropriate responses
 - Training family and caregivers to use techniques

Conclusion: Interventions using visual supports can improve communication

Research Review

Can people with dementia use memory wallets to self-prompt during conversation?

- Yes, to
 - Initiate conversation
 - Respond to questions
- With little or no training
- Following introduction, subjects
 - Were more detailed
 - Maintained skills after 24 months
- Nursing staff appreciated the increased independence

Conclusion: Successful memory wallet use can be achieved with little or no systematic training

Research Review

Can AAC help persons with dementia? 

- Comprehensive review of AAC literature through 1993
 - Four papers
 - All by Michelle Bourgeois (including the two we just reviewed)
 - Why such little interest?
- Surveyed 100 SLPs in medical settings.
 - 28 people responded
 - 4 reported using AAC with patients with dementia

Conclusion: AAC intervention can be helpful to at least some people with dementia and their family/caregivers. More SLPs specializing in AAC must systematically address dementia

Research Review

Can memory books improve conversations between nursing aides and residents with dementia?

- Yes, they facilitated
 - More frequent communication
 - Longer interactions
 - More informative conversations
 - Higher quality interactions
- Nursing aides reported
 - Decreased depressive symptoms/increased quality of life)
 - They continued to use new communicative styles beyond the study

Conclusion: AAC techniques designed to enhance information sharing and social closeness also improved quality of life

Research Review

- Asked three questions
 - What are the most commonly recommended communication strategies?
 - What strategies are actually used?
 - What strategies are successful?
- Reviewed caregiving literature to find the 10 most commonly recommended communication strategies
- Surveyed people with AD and their spouse caregivers to determine which of the 10 strategies they use and how successful they are
 - Some decreased communication breakdowns
 - Some had no effect

Conclusion: None of the commonly recommended strategies included AAC or visual supports

Research Review

Can Talking Mats help people with dementia express their views?

- Yes, it
 - Improved the ability of people at all stages of dementia to communicate
 - Reduced repetitive behavior
 - Helped to keep participants engaged in conversation



Conclusion: Talking Mats can play an important role in improving quality of care for people with dementia

Research Review and Background

How can caregivers improve communication with patients with dementia?

- Provided a list of 22 communication tips in a brochure entitled Communication Tips When Interacting with Dementia Patients

Conclusion: Clear verbal and non-verbal communication is a part of any quality interaction, using the 22 tips will improve interactions, none of the tips include AAC or visual supports

Research Review

Can individuals with dementia use an audio or audio/video prompting system to perform handwashing more independently?

- COACH system was used to monitor handwashing and provide prompts for the next step as needed



- Results showed that
 - Individuals with dementia performed more independently
 - Caregivers workload decreased

Conclusion: People with dementia can benefit from audio and video prompts for activities of daily living (ADLs).

Research Review

Will voice output AAC improve conversation in people with moderate Alzheimer's Disease (AD)?

- Participants were randomly assigned an AAC device during two conversations
 - One device had voice output
 - One device had no voice output
- When voice output was used, participants
 - Stopped talking to press symbols over and over
 - Used less connected speech
 - Elaborated and initiated less
 - Used shortened utterances

Conclusion: Voice output AAC distracted people with moderate AD and depressed conversation.

Research Review

Can Talking Mats help people with dementia participate in decision making regarding everyday life?

- Yes, subjects reported
 - Significantly more involved in discussions when using Talking Mats
 - Significantly more satisfied with the discussion when using Talking Mats
 - Talking Mats framework clarified their thoughts and enabled them to express their views



Conclusion: Talking Mats is a technique that can meaningfully involve people with dementia and family caregivers in decisions about care

Research Review

Can environmental assessment and modifications benefit people with dementia?

- Yes—if the assessment and modifications are personalized with regards to
 - Type: signs, labels, sequencing cards, objects of reference, verbal instruction
 - Design: large, simple, contrast
 - Placement: bottom 3 feet of the wall/door
 - Materials: personal objects and photographs
 - Organization: group like items together, limit signage

Conclusion: It is important to assess the connection between dementia and the problems that people can experience during daily activities

Research Review

- The authors made three assumptions
 - Pairing external support with familiar/spared skills should maximize successful communication
 - Skills based on memory that is intact (procedural, autobiographical) are stronger
 - Supports are relevant to ADLs
- Review of various studies from 2004-2012 indicated
 - Low-tech AAC (with training) provides meaningful support during structured conversations
 - Low-tech AAC (with training) significantly reduces scaffolding provided by the conversation partner

Conclusion: This approach should be part of the standard treatment protocol

Research Review

Alleged that Medicare contractors were inappropriately applying the "Improvement Standard"

- Agreement asserts that such a standard cannot be universally applied.
- Instead, "restoration potential of a patient is not the deciding factor in determining whether skilled services are needed. Even if full recovery or medical improvement is not possible, a patient may need skilled services to prevent further deterioration or preserve current capabilities."

Conclusion: Therapy to facilitate interaction and participation can be covered by Medicare!

Research Review

- Overall, studies show that the use of communication and other visual supports can result in
 - Improved interactions
 - Improved quality of life
 - Preserved independence
 - Participation in decision making
 - Increased social closeness
 - Enhanced information sharing
- But, studies also show that communication and other visual supports are not among the top interventions recommended for people with dementia

Research, Examples, Case Study

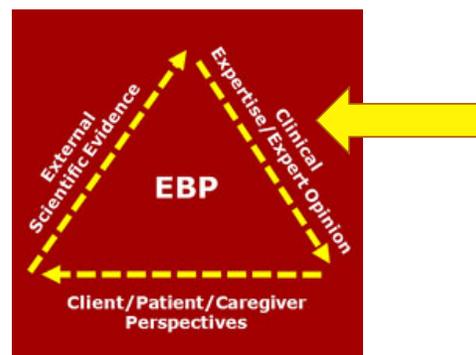


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Examples

- How can the research findings be used in “real-life” settings?
- What do successful visual supports look like?
- How do people with dementia use these supports?

Examples

Supports in three areas

- Memory
- Communication
- Participation in daily activities

Examples

Variety of supports

- Communication boards
- Communication books
- Memory books
- Signs/schedules
- Sequencing tools

Made with different tools

- PowerPoint
- Photo albums
- Boardmaker
- Apps

Research, Examples, Case Study

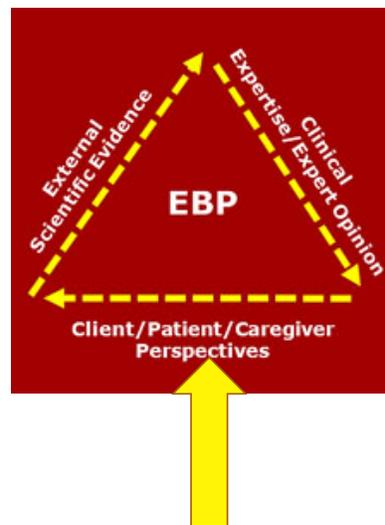


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Case Study

Case Study

Jesse will utilize compensatory strategies to communicate wants and needs effectively, maintain safety during ADL's, and participate in facility activities.

- Jesse will demonstrate the ability to choose between 2 items on a list (written words or drawings) in order to communicate wants/needs related to meal, self-care, and leisure in 8/10 trials with minimal gestural cueing.
- Jesse will use memory aids to increase engagement in interactions 80% of the time given moderate cues.
- Jesse will use a visual memory aid to complete ADLs with moderate cues 80% of the time.
- Caregiver will participate in training/education on using communication strategies and memory aids.

Case Study

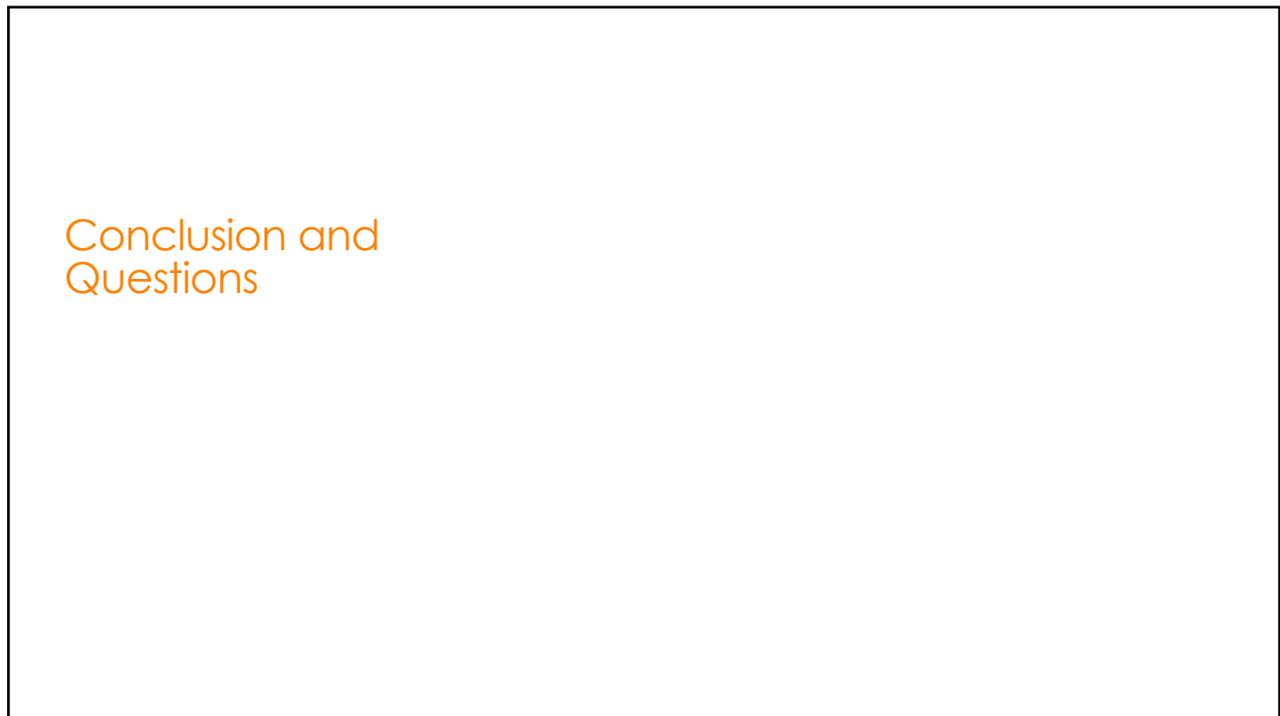
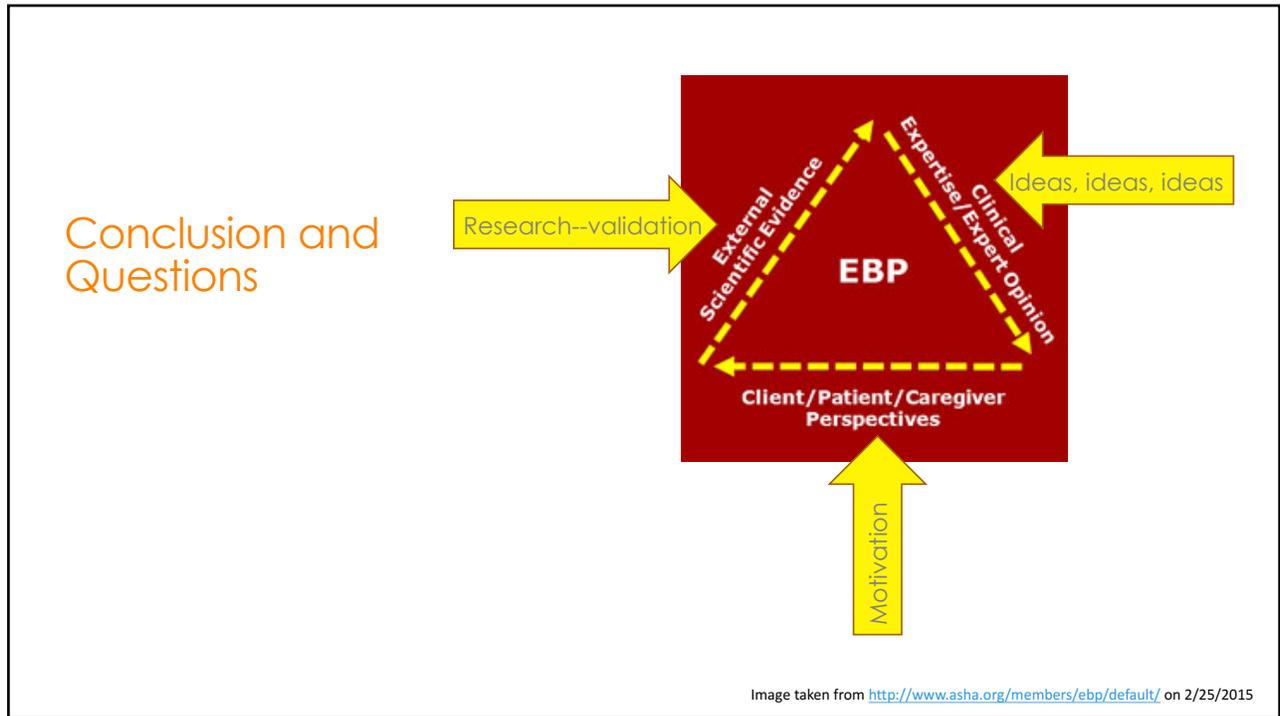
Jesse will maintain functional cognitive-linguistic skills to maximize safety and community re-entry.

- Jesse will use memory aids to recall recent events 80% of the time given moderate cues.
- Jesse will participate in planning an activity one time per week with moderate assistance.
- Jesse will read and follow written scripts to participate in telephone conversations to improve interaction with family and friends in 8/10 trials with minimal verbal cueing.
- Caregiver will teach back the use of visual supports to assist Jesse in recalling personal and safety information.

Case Study

"The nursing staff spends more time with my dad now that they know some of his stories and he doesn't become so agitated"

"It really helps to know that Jesse can do a few more things on his own for now. We have even started using some of the same things with other residents."



Conclusion and
Questions

Thank you!



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