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Five Fresh Perspectives on Applying LPAA Principles to Treatment for Neurogenic Communication Disorders

Guest Editor: Audrey Holland,
PhD, CCC-SLP, BC-ANCDs

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LPAA for Dementia: Implications across the Healthcare Continuum

Natalie Douglas, PhD, CCC-SLP

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

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LPAA for Dementia

Implications across the Healthcare Continuum

Natalie F. Douglas, Ph.D., CCC-SLP

Learning Outcomes

After this course, participants will be able to:

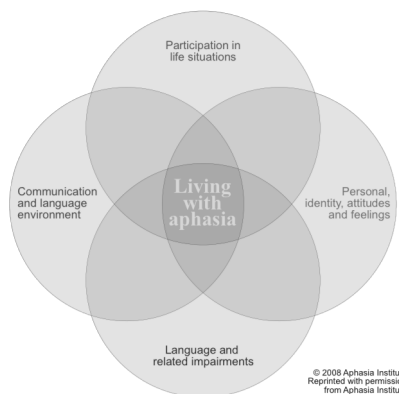
- Describe the evidence behind life participation approaches for people with dementia.
- Explain training approaches for professional and family caregivers to support life participation of people with dementia.
- Identify 3 goals that incorporate LPAA for people with dementia.

Introduction – Dementia Myth Busting

- I should only treat people with dementia for swallowing disorders.
- Dementia is progressive, and since they're just going to get worse, it is unethical to address their cognitive-communication skills.
- People with dementia cannot read.
- People with dementia cannot enjoy life.
- People with dementia have a poor prognosis to improve/maintain their communication skills.

Review of LPAA

Living with Aphasia: Framework for Outcome Measurement (A-FROM)



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Kagan, A., Simmons-Mackie, N., Rowland, A., Huijbregts, M., Shumway, E.,
McEwen, W., Threats, T., & Sharp, S. (2007). Counting what counts: A
framework for capturing real-life outcomes of aphasia intervention.
Aphasiology, 22(3), 258-280.

LPAA for People with Dementia?

- YES!
- People with dementia can live satisfying and happy lives.
- People with dementia have potential to participate actively in life situations with environmental supports, communication aids and situation specific training.
- People with dementia experience feelings, issues of identity and a wide array of attitudes.

LPAA for People with Dementia – Acute Care

- People w/dementia have poorer outcomes in hospital including more complications (Hermann et al., 2015)
- People w/dementia have less access to rehabilitative services if they have a stroke (Timmons et al., 2015)

continued

LPAA for People with Dementia – Acute Care

- “People need to be able to communicate with their health care providers as effectively as possible to get adequate, appropriate, and timely health care. People with communication disabilities are at risk of being unable to communicate effectively with their health care providers and this can have consequences on their care.” O’Halloran et al., 2012, p. S82

continued

LPAA for People with Dementia – Acute Care

- Referral for increased confusion, difficulty communicating; also on a modified diet, being seen for dysphagia
- Person with moderate-severe dementia in hospital for community acquired pneumonia, dehydration
- Admitted from skilled nursing facility
- Medication, chart review – interview staff, informal assessment
- *Quick Aphasia Battery* (Wilson et al., 2018)

LPAA for People with Dementia – Acute Care

**Participation in
life situations**

**Communication
and Language
Environment**

LPAA for People with Dementia – Acute Care

- Flipping the rehab model (Bourgeois et al., 2016)
 - Beginning with the end in mind
 - What does the person **need** to be able to do to function optimally in the environment?
 - Provide consent for medical procedures
 - Stay oriented to who is caring for them and what for
 - Express wants and needs

continued

LPAA for People with Dementia – Acute Care Case

- Skilled Speech Therapy Goals – Implementation of Communication Care Plan
 1. Elder will be oriented to place, person, time, procedure with attention to external memory aids in 8/10 trials.
 - Spaced retrieval training to attend to the memory aids
 - Large print dry erase board
 - Memory books for common procedures – electronic or paper/pen

continued

LPAA for People with Dementia – Acute Care Case

2. Elder will have access to alternative modes of communication in at least 3 accessible places throughout the hospital room.
 - Pen, paper, multiple communication boards in multiple places in the room
 - Yes/No – alternative communication to provide consent for medical procedures (or not)

continued



Free Resources

- Medical Encounter Board
- Bedside Messages

<https://widgit-health.com/downloads/for-professionals.htm>



continued

Continuity of Care

- Continuity of care – checking in with the next point of care – home health, assisted living, skilled nursing, outpatient

continued

continued

LPAA for People with Dementia – Skilled Nursing Facility (SNF)

- Elder experiencing restlessness, boredom, repetitive questioning throughout the day – causing significant burden to staff and other elders in the living community.
- Elder diagnosed with moderate dementia of the Alzheimer's type
 - MOCA assessment = 2
 - Able to read with 24 point font

continued

LPAA for People with Dementia – Skilled Nursing Facility (SNF)

**Participation in
life situations**

**Personal
identity,
attitudes and
feelings**

continued

continued

LPAA for People with Dementia – Skilled Nursing Facility (SNF)

- Flipping the rehab model (Bourgeois et al., 2016)
 - Beginning with the end in mind
 - What does the person **need** to be able to do to function optimally in the environment?
 - What does the person **want** to do?
 - Interests
 - Hobbies
 - Free tools to implement person-centered care - <https://www.pioneernetwork.net/resource-library/>

continued

LPAA for People with Dementia – Skilled Nursing Facility (SNF)

- Skilled Goals –
 1. Elder will attend to visual reminder to “Please enjoy reading a book” in 5/5 trials over 3 consecutive sessions after environmental modifications.
 2. Elder will attend to visual reminder to “Please fold the laundry” after spaced retrieval training, “What do you do when you see the dirty clothes basket?”
Answer – “Please fold the laundry” in 4/5 trials over 3 consecutive sessions.

continued^{ed}

LPAA in SNF – Functional Maintenance Plan

Name - _____

Area of Concern – Elder demonstrates increased wandering and restlessness throughout the day and often bothers other elders in the community.

Goal – Elder will engage in meaningful activity with the support of visual cues and caregiver assistance.

Approaches and Interventions - 1. Elder will utilize memory book for meaningful conversation 3x daily after meals in 5/7 days per week. 2. Elder will arrange flowers and place on dining tables before lunch 3/5 days per week.

Staff Trained: _____

Therapist Signature: _____ Date: _____

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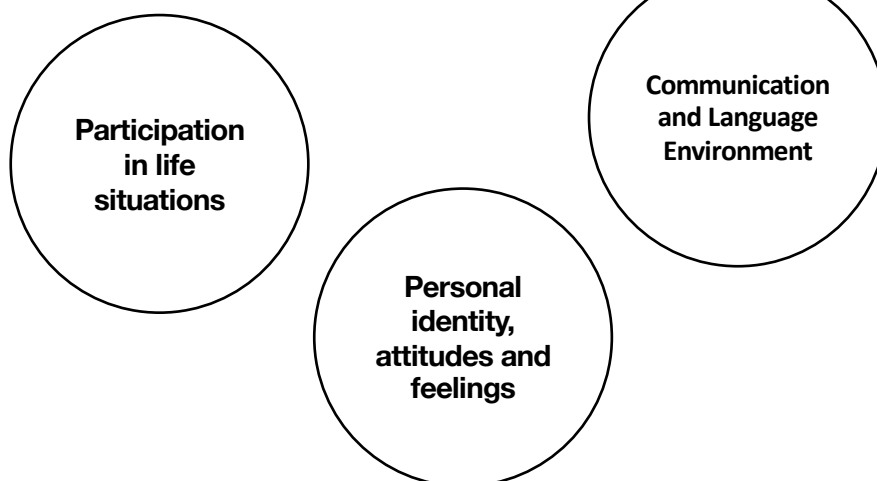
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LPAA for People with Dementia – Community Dwelling

- Elder living at home with spouse – home health services after recent hospitalization due to urinary tract infection
- Orders for cognitive-communicative services
- Prior history significant for mild vascular dementia
 - SCCAN: *Scales of Cognitive and Communicative Ability for Neurorehabilitation* (Milman & Holland, 2008) – Difficulties in memory, orientation, problem solving
 - ECAT: *Environment and Communication Assessment Toolkit for Dementia Care* (Brush et al., 2012)
 - Reads at 16-point font

continued

LPAA for People with Dementia – Community Dwelling



LPAA for People with Dementia – Community Dwelling

- Flipping the rehab model (Bourgeois et al., 2016)
 - Beginning with the end in mind
 - What does the person **need** to be able to do to function optimally in the environment?
 - Routines
 - What does the person **want** to do?
 - Interests
 - Hobbies
 - Free tools to support a “dementia” friendly environment
<https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/>

continued

LPAA for People with Dementia – Community Dwelling

- Skilled Speech Therapy Goals
 1. The elder's main caregiver (spouse) will conduct 3 optimal environmental modifications to support orientation and communication for the elder in the home setting over a period of 2-weeks.

continued

LPAA for People with Dementia – Community Dwelling

Environmental Modifications (Skilled Goal 1)

- a. Contrasting colors for plates, tablecloths; labeling of key appliances
- b. Place 2 pieces of large, preferential artwork to support wayfinding from the kitchen to the bedroom and the bathroom to the living room
- c. Move furniture to promote open view of the outside and easy, safe access to the garden area

continued

LPAA for People with Dementia – Community Dwelling

- Skilled Speech Therapy Goals (continued)
 2. Elder will Facetime 2 grandchildren 2x weekly with the use of visual supports on their simplified iPad over a period of 2- weeks.
 - a. Simplify apps on iPad home-screen
 - b. Create visual cue w/appropriate font and contrast to Facetime
 - c. Implement spaced retrieval training to support attention to visual cue for iPad Facetime call

continued



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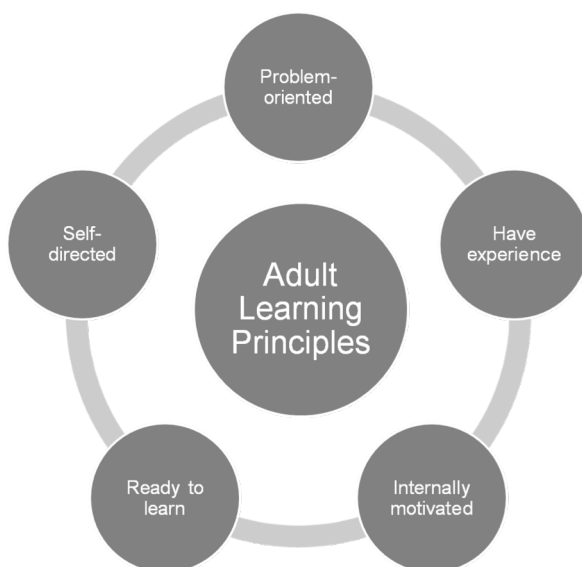
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Professional and Paraprofessional Caregiver Training Considerations

continued

Professional and Paraprofessional Caregiver Training Considerations (Knowles, 1984)

| LEARNING PRINCIPLE | LEARNER THOUGHT |
|--|---|
| The need to know | Why do I need to know this? |
| The learner's self-concept | I am responsible for my own decisions. |
| The role of the learners' experiences | I have experiences I value, and you should respect them. |
| Readiness to learn | I learn because my circumstances are changing. |
| Orientation to learning | Learning will help me deal with the situation in which I find myself. |
| Motivation | I learn because I want to. |





Professional and Paraprofessional Considerations

- As adults, learners recognize that they are responsible for their own decisions
- Adults are more apt to complete tasks in which they perceive themselves to be successful
- If it is possible to train a caregiver according to a set of choices as opposed to one prescribed action, that training will be more in line with principles of adult learning
- *Consider short, in the moment coaching sessions in lieu of longer didactic sessions*



Professional and Paraprofessional Caregiver Training Considerations

- Use multiple modalities – print, video, live demonstration
- Tailor training to specific needs of individuals
- Complete training in short, in the moment bursts as opposed to longer didactic sessions
- *Adopt a coaching, collaborative philosophy*
- Recognize the contributions and value of the trainees
- Assess outcomes of the training and revise as necessary

continued

Family Caregiver Training Considerations

continued

Spouse Caregiver Training Considerations

- Most extensive and comprehensive care
- Wives have difficulty accepting help from others
- Husbands feel more isolation and depression
- More burden and more depression when compared to adult children caregivers
- Use humor more to cope

continued

Adult Children Caregiver Training Considerations

- More likely to be involved if the parent is widowed and if they live nearby
- Daughters provide more assistance than sons
- Use wishful thinking more to cope
- Experience more rewards than do spousal caregivers

continued

Consider always – race,
ethnicity, culture

continued

Risks and Benefits of Family Caregiving

- When there is increased dependency for ADLs, there is increased caregiver depression
- Caregiver stress related to severity of dementia
- Some find satisfaction and rewards in providing care
- Consider services for respite care, support groups or other organizations that have volunteers such as religious communities

continued

Communication Strategies for Caregivers

- Use short, simple sentences
- Speak slowly
- Ask one question or give one instruction at a time
- Eliminate distractions
- Avoid interruption; allow plenty of time for responding
- Use yes/no rather than open-ended questions
- Encourage circumlocution during word finding problems
- Repeat messages with the same wording
- Paraphrase repeated messages

continued

continued

FOCUSED Communication Strategies for Caregivers (Ripich et al., 1995)

- Face to face
- Orientation
- Continuity
- Unblocking
- Structure
- Exchange
- Direct

continued

Family Caregiver Considerations

- Freely available modules for patients and families
- <https://www.uclahealth.org/dementia/caregiver-education-videos>



Communicating LPAA for Dementia to other Healthcare Professionals and Administrators

- Speaking their language
- Improved job/employee satisfaction
- Improved patient/family/client satisfaction
- Can be measurable part of quality assurance/performance improvement plans required by the Centers for Medicare & Medicaid
 - Systematic, comprehensive, data-driven approach to maintaining and improving safety quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving (Batalden & Davidoff, 2007)



Summary Question & Answer Period

- I should treat people with dementia for swallowing disorders AND cognitive-communication disorders – even in the acute phases.
- Dementia is progressive, and although the syndrome itself progresses, I can help maintain the client's cognitive-communication skills.
- People with dementia likely can read, but may need a larger font.
- People with dementia can enjoy life.
- People with dementia may have a great prognosis to improve/maintain their communication skills.

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