

MAJOR NEUROCOGNITIVE DISORDERS: DEMENTIA

Programme régional ambulatoire de gériatrie (PRAG)

THE ADAPTED APPROACH



WHY ADAPT YOUR APPROACH?

Interacting with someone who has a neurocognitive disorder can be difficult at times. The approach we use with them can sometimes be the cause of some disruptive behaviors. However, there are guidelines that can help foster a positive relationship that is adapted to your loved one's condition!





Here are some things you might want to pay attention to the next time you interact with someone with dementia:

YOUR FACE

- Make eye contact with your loved one.
- ❖ Keep smiling and look relaxed! A smile can help reassure your loved one.

YOUR POSTURE AND YOUR GESTURES

- Present yourself in front of your loved one and put yourself at their level, so that they do not feel dominated.
- ❖ If you are concerned that your loved one may become physically aggressive with you, keep about an arm's length away from your loved one.
- ❖ Be aware of your non-verbal communication/behaviour. For example, avoid sudden gestures.
- ❖ Use hand gestures to help your loved one understand what you are explaining.
- Do not be afraid to nod your head, point to objects and use facial expressions to communicate your message!
- ❖ Avoid grabbing your loved one with a "pinch grip". Instead, try to place your hand near the elbow to support their arm.
- ❖ Extend your hand out to your loved one so that they can take it. This is a pleasant intervention that can be reassuring and comforting. Verify their reaction so that you can adjust your body contact to their positive reactions.

YOUR WORDS AND YOUR VOICE

- Initiate the discussion with a topic that is meaningful to your loved one.
- Speak slowly, in a soft tone of voice, but loud enough for them to hear you.
- Use simple sentences. Avoid metaphors and complicated words. For example, say, "it's time to take a shower, do you want to come with me?"
- ❖ Ask one question at a time and give your loved one time to answer (they may be slower processing the information). Repeat the question calmly if necessary.

WHEN YOU INTERACT

- ❖ Avoid confronting them with their losses (Don't you remember? I told you that two minutes ago!).
- ❖ Observe your loved one's non-verbal language to get an idea of their mood.
- * Reassure them and help them verbalize their emotions.
- Consider that your loved one understands a lot more than you might think!

THINK BEFORE YOU ACT

It may be tempting to intervene in all of your loved one's problematic behaviours. However, sometimes it may be more beneficial to refrain. Taking a step back and looking at the behavior from a new perspective may allow you to avoid escalating the situation.

To help guide your thinking, take a moment to ask yourself:

- ❖ Does the behavior pose a health or safety risk to your loved one or others present?
- ❖ Who is the behavior bothering? (Your loved one? Yourself?)
- Is it necessary to intervene?

Example 1:

Despite your repeated requests, your loved one refuses to eat the vegetables on his plate. Even though you have spent hours cooking, to prepare a good meal for him/her, it may be best not to insist, since his/her health or safety is not at risk.

Example 2:

In February, your loved one wants to go outside without a coat when it is -20°C. In this situation, it is necessary to intervene in order to prevent your loved one from catching cold and getting frostbite.



In the event that your loved one exhibits behaviors that concern you, do not hesitate to contact:

- Info-Santé/Info-Social 811
- Your assigned worker at the CLSC
- Discussion with the health care team
- A doctor

The proposed strategies are suggestions for possible solutions to explore. Be creative and adapt them to your loved one, because you know your loved one the best!

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Phaneuf, M. (2007). Le vieillissement perturbé : La maladie d'Alzheimer (2° édition). Montréal, Canada : Chenelière Éducation. Rey, S. (2015). Gestion optimale des symptômes comportementaux et psychologiques de la démence chez les aînés vivant en centre d'hébergement et de soins de longue durée – Guide de pratique clinique pour les infirmières. Repéré à https://medfam.umontreal.ca/wp-content/uploads/sites/16/2018/07/Guide-de-pratique-clinique-SCPD_Sciences-infirmieres_2015.pdf

MSSS. (2014) Approche non pharmacologique visant le traitement des symptômes comportementaux et psychologiques de la démence. Repéré à https://publications.msss.gouv.qc.ca/msss/fichiers/2014/14-829-06W.pdf

