STAYING CLOSE TO THE ONES YOU ❤️ WITH TELEVISITS

Broad River Rehab Family Training
Objectives

- Understanding the risks associated with reduced socialization and interaction in the geriatric population
- Comprehending the impact of cognitive, visual, hearing, and sensory limitations on non face to face communication
- Providing care teams with a tool to assess best methods for verbal and visual communication
- Assist families and care providers with understanding how to establish an ideal sensory environment for communication
- Explore high, low, and no tech options for remaining engaged with your loved ones during periods of limited visitation
Why are we here today?

- Visits to nursing homes nationwide will be temporarily restricted under the national emergency that President Donald Trump declared Friday to battle the novel coronavirus.
- Based on recommendations from the Centers for Disease Control and Prevention, the administration's guidance limits all visitors, volunteers and nonessential personnel, with a few exceptions, such as end-of-life situations.
- Distance communication can never serve as a replacement for true human contact. We miss significant cues, including body language, eye contact, touch and changes in vocal inflection and tone. Let’s face it: It’s just not the same.
Social Isolation and Risk in the Elderly

- A 2016 study led by Newcastle University epidemiologist Nicole Valtorta, PhD linked loneliness to a 30 percent increase in risk of stroke or the development of coronary heart disease (Heart, Vol. 102, No. 13).

- "Lacking encouragement from family or friends, those who are lonely may slide into unhealthy habits," Valtorta says. "In addition, loneliness has been found to raise levels of stress, impede sleep and, in turn, harm the body. Loneliness can also augment depression or anxiety."

- Researchers at the Florida State University College of Medicine also found that loneliness is associated with a 40 percent increase in a person's risk of dementia (The Journals of Gerontology: Series B, online 2018). Led by Angelina Sutin, PhD, the study examined data on more than 12,000 U.S. adults ages 50 years and older. Participants rated their levels of loneliness and social isolation and completed a cognitive battery every two years for up to 10 years.

- Among older adults in particular, loneliness is more likely to set in when an individual is dealing with functional limitations and has low family support, Hawkley says.

- Better self-rated health, more social interaction and less family strain reduce older adults’ feelings of loneliness, according to a study, led by Hawkley, examining data from more than 2,200 older adults (Research on Aging, Vol. 40, No. 4, 2018). "Even among those who started out lonely, those who were in better health and socialized with others more often had much better odds of subsequently recovering from their loneliness," she says.

- Source: American Psychological Association (APA)
MASLOW’S HIERARCHY OF NEEDS

- **Physiological needs**: air, water, food, shelter, sleep, clothing, reproduction
- **Safety needs**: personal security, employment, resources, health, property
- **Love and belonging**: friendship, intimacy, family, sense of connection
- **Esteem**: respect, self-esteem, status, recognition, strength, freedom
- **Self-actualization**: desire to become the most that one can be
Scheduling Visits and Contact

- If you are a family coping with reduced visitation, it will decrease anxiety and a loved one’s anxiety if there is a set and expected time to communicate daily.

- Additionally, if the loved one experiences any form of memory loss, having a written cue in a visual place regarding daily schedule will be helpful and reduce repetitive questions to the caregivers.
Age Related Vision Changes

- Many older adults experience age-related vision changes that can’t be corrected with eyeglasses, contact lenses, or surgery. Occupational therapy practitioners help people with low vision function at the highest possible level by preventing accidents and injury (e.g., improving lighting), teaching new skills (e.g., eccentric viewing, visual tracking), modifying the task or environment (e.g., recommending magnifiers), and promoting a healthy lifestyle (e.g., ensuring they can participate in their daily activities).

- Source: American Occupational Therapy Association (AOTA)
Vision Considerations for your Loved one

- Can they see to dial a phone?
- Is the lighting adequate in their room?
- Generally any tech devices used, has anyone assessed their ability to see the screen and navigate through apps, etc. appropriately?
- Hand-written letters, are they legible?
Visual Field Solutions

- Encourage all techniques which improve the sensory environment:
  - Eye-glasses,
  - Adequate lighting in the room,
  - When using any form of a visual or written cue ensuring the font and **contrast** promote understanding of the message.

- *Mom*- I am calling you daily at 12 noon versus **MOM- I am calling daily at 12 noon**
Auditory Environment

- Presbycusis, **age-related hearing loss**, is the gradual loss of hearing in both ears and is a common problem linked to **aging impacting 1 in 3 adults over age 65**.
- Presbycusis often affects the ability to hear high-pitched noises such as a phone ringing or beeping of a microwave.
- Therefore, consider if a resident can even hear the ring and set the volume accordingly for success.
Auditory Considerations for your Loved one

- Does your loved one have a hearing loss?
- Do they own hearing aides?
- Do they use them?
- Are their batteries stocked and can someone onsite change them?
- Is the volume set appropriate for all devices you plan to use? Phone, tablets?
Auditory Solutions

- If your loved one doesn’t have hearing aids or chooses not to use them, consider use of an amplification device.
- As high-pitch tones can be difficult to hear, keep an even vocal tone during calls, no elderspeak allowed!
- Don’t compete with the external environment.
- All communicators should limit any background sound present from a radio, television, or general facility noise.
- Stick to your call, interaction schedule to allow time to set up the environment to avoid distraction.
# Cognition: Normal Aging Memory Changes

<table>
<thead>
<tr>
<th>NORMAL AGING</th>
<th>Noted Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to live Independently</td>
<td>In stressful situations</td>
</tr>
<tr>
<td>Word finding difficulties</td>
<td>When in Pain or Grieving</td>
</tr>
<tr>
<td>Increased time needed to process new learn new information</td>
<td>When attempting to multi-task</td>
</tr>
<tr>
<td>Difficulty multitasking</td>
<td></td>
</tr>
</tbody>
</table>
Cognitive Considerations for your Loved one

- Does your loved one have a hearing loss? This impacts cognitive abilities
- Do they have history of stroke, active dementia or any other conditions which impact their ability to understand communication?
- If you are using a schedule- will this be impacted by memory loss?
- When you communicate in person- evaluate how they typically best understand you (sentence vs. conversational)
Cognitive Solutions

- Remember when communicating off site you should use same approaches you use in person.
- Think... when I am meeting with Mom, Dad, etc. when you speak do you use open ended conversation (any topic), do you typically stick to one topic? Does your loved one need time to process information typically? If so simulate this same approach when using phone contact or other electronic forms.
- Before initiating conversation, ask if they can hear you?
- If your loved one does have limited cognitive skills- collaborate with the facilities care team
- Unsure how to best communicate with your loved one- Seek input from the facilities Social Services Director, Speech-Language Pathologist, or Occupational Therapist.
# Dementia and Communication Abilities: Early Stages

<table>
<thead>
<tr>
<th>Area</th>
<th>Deficit</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Decreased for time</td>
<td>Oriented to person and place</td>
</tr>
<tr>
<td>Memory</td>
<td>Decreased for recent events; misplaces objects</td>
<td>Can reminisce, preserved procedural/habit memory</td>
</tr>
<tr>
<td>Attention</td>
<td>Distractible; decreased concentration</td>
<td>Can follow 3-step commands</td>
</tr>
<tr>
<td>ADLS</td>
<td>Decreased with IADLS</td>
<td>Can bathe, feed self and dress</td>
</tr>
<tr>
<td>Sequencing</td>
<td>Difficulty with complex</td>
<td>Can order similar and familiar tasks</td>
</tr>
<tr>
<td>Cognition</td>
<td>Decreased word recall, decreased vocabulary</td>
<td>Can express needs, answer yes/no questions; comprehends language</td>
</tr>
</tbody>
</table>
## Dementia and Communication Abilities: Middle Stages

<table>
<thead>
<tr>
<th>Area</th>
<th>Deficit</th>
<th>Abilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Decreased for time and place</td>
<td>Oriented to family</td>
</tr>
<tr>
<td>Memory</td>
<td>Decreased for current events</td>
<td>Can reminisce with assist; preserved habit memory</td>
</tr>
<tr>
<td>Attention</td>
<td>Highly distractible</td>
<td>Can give examples; can repeat</td>
</tr>
<tr>
<td>Sequencing</td>
<td>Decreased for even familiar activities</td>
<td>Simple tasks with assist</td>
</tr>
<tr>
<td>ADLs</td>
<td>Decreased IADLs, decreased dressing</td>
<td>Can bathe with assist; generally continent; feeds self</td>
</tr>
<tr>
<td>Cognition</td>
<td>Decreased word finding; decreased verbal output; scattered speech</td>
<td>Reads at word level; expresses need for assist; follows 2-step commands; can gesture</td>
</tr>
</tbody>
</table>
Dementia and Communication Abilities: Late Stages

<table>
<thead>
<tr>
<th>Area</th>
<th>Deficit</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Decreased for time, place, environment and body parts</td>
<td>May know name and will respond to greeting</td>
</tr>
<tr>
<td>Memory</td>
<td>Very poor word finding and STM</td>
<td>Some habit memory intact: reading, singing</td>
</tr>
<tr>
<td>Attention</td>
<td>Highly distracted; unable to track conversation</td>
<td>Will attend to pleasant stimuli (music)</td>
</tr>
<tr>
<td>Sequencing</td>
<td>Decreased for even familiar tasks</td>
<td>May carry out routine tasks with assist</td>
</tr>
<tr>
<td>ADLs</td>
<td>Decreased for IADLs and ADLs including late stage</td>
<td>Often can transfer and feed self</td>
</tr>
<tr>
<td>Cognition</td>
<td>Utterance appear nonsensical; decreased output (verbal) and reading comprehension</td>
<td>Can respond/answer basic questions and yes/no level tasks</td>
</tr>
</tbody>
</table>
High Tech Versus Low Tech Consideration

- It’s not as simple as handing your loved one a tablet or encouraging them to Skype or FaceTime.
- How many of us actually had time to prepare?
- Before use of High Tech or New Tech practice or assessment of use should occur including any additional applications, navigation of the system including fine motor skills.
- When using tablets consider not only using for communication or mental stimulation, family photos can also be included to increase connection with loved ones.
Keep it Simple: Letter Writing Themes

- Letters can flow like a natural conversation, so consider, if I were in the facility today, what would we talk or reminisce about.
- Consider partnerships with local school districts to allow students to have greater engagement in community.
- Letters can have a daily theme: Our family vacations, The crazy grandchildren, Home-cooked meals we all love, Rocking through the Ages.
- Use a reminiscence approach to encourage return letters.
Reminiscence Therapy (RT) is an evidenced-based intervention approach that uses the life history and experience of an individual to improve his or her sense of well-being.

RT programs typically involve the discussion of past activities, events, and experiences – using tangible prompts, such as photographs, familiar items, and music from the past.

The customized nature and individual focus of reminiscence therapy make it an intervention particularly well suited for individuals from diverse backgrounds.

RT Works by tapping into long-term memory area associated with long-term episodic memory and deficits, including difficulty remembering specific autobiographical events, situations, and experiences.

Reminiscence and the Power of Long-Term Memory
Useful References

Alzheimer’s Association: Communication and Alzheimer’s
https://alz.org/help-support/caregiving/daily-care/communications

American Occupational Therapy Association, Low Vision in Older Adults
https://www.aota.org/Practice/Productive-Aging/Low-Vision.aspx

American Speech Language Hearing Association, Communicating Effectively with Elders and Their Families

US Department of Health and Human Services, National Institute of Health: Age Related Hearing Loss
https://www.nidcd.nih.gov/health/age-related-hearing-loss

US Census Bureau, Fast Facts
https://www.census.gov/history/www/through_the_decades/fast_facts/
Questions?

Renee Kinder M.S., CCC-SLP, RAC-CT
Vice President of Clinical Services
rkinderr@broadriverrehab.com