

# Tools to Optimize Quality Dementia Care

Tackling Loneliness and Social Isolation for Residents  
with Dementia

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## Objectives

1. Describe the scope of the problem related to isolation for residents with dementia
2. Identify practical approaches to implement person-centered care initiatives while in isolation
3. Enumerate ways to enhance social connectedness while in isolation
4. Explain how elements of person-centered approach can minimize behaviors and enhance functional performance while in isolation



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## The Dementia Genotype

- Dementia genotype may increase COVID-19 vulnerability
- Might increase risk of developing a more severe case of COVID-19
- Other risk factors:
  - Cardiovascular
  - Living in a care home
  - Less likely to follow safety procedures



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## Reminders Regarding

- Hand-washing and moisturizing
- Covering nose and mouth during a sneeze or cough
- Refraining from placing things in the mouth
- Staying in a particular area
- Taking medications appropriately
- Adopting social distancing practices and refraining from sharing items



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## Infection Prevention Challenges

- Following recommended practices
- Physical distancing
- Handwashing
- Cloth face covers
- Changes to routines can lead to fear and anxiety resulting in depression and behavioral changes



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## Suggestions for Memory Care

- Maintain routines
- Dedicate personnel for the memory care unit
- Structured activities
- Safe ways to be active
- Limit the number of residents in common areas
- Frequently clean often-touched surfaces
- Ensure access to necessary medical care



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## Infection Prevention and Control

- Consider placing reminder signs for handwashing in the bathroom and elsewhere
- Demonstrate thorough hand-washing
- Use alcohol-based hand sanitizers



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## In Cases of Suspected COVID

- Consider potential risks and benefits of moving residents out of memory care
  - May reduce exposure risk
  - Moving residents with cognitive impairment may cause disorientation, anger, and agitation
  - It may be safer to maintain care on the memory unit with dedicated staff



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## In Cases of Suspected COVID

- If residents are moved
  - Provide information about the move to residents
  - Be prepared to repeat information as appropriate
  - Prepare personnel on the receiving unit about habits and schedules
  - Move familiar objects into the space before introducing the new space to the resident



9

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## Guidance for Families

- Their in-person assistance might be required to communicate important health information and emergency support
- Be prepared to use PPE
- Be aware that providers may face difficulties. Assist as you can to facilitate cooperation with care, PPE, diagnostic procedures, etc.



10

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## Person Centered Care

- Know the person!
- Complete a HIPAA-compliant personal information form
  - Individual's preferred name; cultural background; religious or spiritual practices; and past hobbies and interests
  - Names of family and friends
  - What upsets the person and what calms him or her down
  - Sleep habits; eating and drinking patterns and abilities; typical patterns of behavior; and normal daily structure and routines
  - Remaining abilities, motor skills, verbal processing and communication abilities and methods



11

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## Assist with Eating and Drinking

- Familiarize yourself with the person's patterns and abilities
- Verbal, visual or tactile cues may facilitate intake
- Sit and talk with the person during mealtime
- Assess swallowing difficulties



12

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## Walking and Unsafe Wandering

- Provide safe spaces to walk about
- Secure the perimeter of areas, if possible
- Ensure that persons with dementia get regular exercise
- Provide structured activities throughout the day
- Spending time outdoors in a safe environment



13

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## Root Causes of Behavior

- Pain
- Hunger
- Fear, depression, frustration
- Loneliness, helplessness, boredom
- Hallucinations and/or overstimulation
- Changes in environment or routine
- Difficulty understanding or misinterpreting the environment
- Difficulty expressing thoughts or feelings
- Unfamiliarity with PPE



14

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## Responding to Behaviors

- Rule out pain, thirst, hunger or the need to use the bathroom as a source of agitation
- Speak in a calm low-pitched voice
- Try to reduce excess stimulation
- Ask others what works for them
- Validate the individual's emotions



15

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## Responding to Behaviors

- Understand that the individual may be expressing thoughts and feelings from their own reality
- Try to determine what helps meet the person's needs and include the information in the individualized plan of care
- Be aware of past traumas
- Never use physical force



16

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## Proactive Strategies

- Provide a consistent routine
- Use person-centered care approaches
- Promote sharing of person-centered information across the care team
- Treat individuals living with dementia with dignity and respect
- Put the person before the task



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## Routine

- Routine can reduce the stress of isolation
- Routines help the person know what to expect
- Can improve self-esteem, dignity and confidence
- Reminders help during the earlier stages of the disease
  - At later stages, color cues, pictures, and cues will help
- Allow the person time to do it him or herself!!
  - Go slow and be patient
  - Focus on what he/she CAN do



18

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## Routine

- Try breaking the task down into sections
- Carrying out one or two steps can give a sense of achievement
- Reminders or instructions should be simple
- Be tactful



19

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## Routine

- Do things together
- Integrate regular activities into the daily routine
- Ensure he/she doesn't feel supervised or criticized in any way
- With advanced dementia, try pointing, demonstrating, or guiding an action rather than giving a verbal explanation



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## Loneliness and Social Isolation

- Social isolation refers to the objective absence or paucity of contacts and interactions between a person and a social network
- Loneliness refers to a subjective feeling state of being alone, separated or apart from others, and has been conceptualized as an imbalance between desired social contacts and actual social contacts



21

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## Loneliness and Social Isolation

- Social isolation is certainly not just an American phenomenon, or a COVID issue
- Before the pandemic began, studies indicated that nearly 25% of older Americans were socially isolated
- 43% of those age 60 and older report feeling lonely
- Loneliness and social isolation impact health
  - 26% increased risk of dementia
  - Increase risk of mortality by up to 29%
  - Chronic conditions – CAD, CVA, HBP



22

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## Stay Active and Engaged

- Plan the day
- Stay physically active
- Think of others
- Accept help from others
- Promote intergenerational connection
- Encourage older patients to keep in touch with family and friends



23

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## Help Stay Connected

- Scheduling telephone or video calls
- Developing a "What You Should Know" fact sheet
- Provide information about how families can receive updates
- Ensure adaptive devices are available where appropriate
- Remember that each family is unique



24

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Persons with dementia and their families are disproportionately affected by social distancing, isolation and lockdown

Remember that any approach is not a “one-size-fits-all”



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## Practical Ideas

- Reminisce
- Engage the 5 senses
- “Compare and contrast”
- Reflect
- Plan together
- Purposeful activity
- Laugh
- Connect with loved ones
- Virtual experiences



26

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## Keep a Sense of Purpose

- Make a list of jobs and pleasurable activities and create a daily routine
- Make a plan for the next day
- Post the timetable
- Make a list of things to do and tick each one off when finished



27

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## Stay Active

- Try to have a balance of stimulating and relaxing activities
- Adapt activities that you would normally do outdoors
- Get plenty of daylight and fresh air
- Appreciate from the window



28

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## Stay Connected

- By phone
  - Make a list of people to phone and plan when to call each one
- By post
  - Write letters or cards to loved ones
- Online
  - Email, skype, virtual connections
- In your thoughts
  - Look through photo albums
- Connect more widely
  - Make contact with people you haven't heard from for a while



29

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## Stay Connected

- Create a "Connections Plan"
- Recognize that all forms of social connections are important to health, including "superficial" social interactions
- Instrumental and emotional support are social connections
  - Consider using the Questionnaire for Assessing the impact of the COVID-19 Pandemic on Older Adults
- Community outreach programs (e.g., Well Connected)



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## Stay Positive

- Breathing or relaxation exercises
- Listen to music
- Do the things you enjoy
- Maybe try something new (with support)



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## Ensuring Safe Quarantine

- Clinical guidance is needed for the development of isolation care plans that address the personhood needs of the isolated resident
- Care plans must incorporate safeguards to minimize any harms
- Guidance about use of pharmacological management, seclusion, and physical restraint measures
- Need for staff and staff training to support these measures and infection control



32

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## Decreasing Loneliness

- Name tags
- Using a computer to stay connected
- Stay connected with family members via phone (or trained volunteers)
- Come to the window
- Urge families to send cards, letters, artwork



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## Decreasing Loneliness

- Online religious services
- Simulated Presence Therapy
- Sorting items (Montessori?)
- Mobilizing Volunteers and family members



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## Decreasing Loneliness

- Digital Solutions
- Animal interventions
  - Animal assisted therapy
  - Owning a pet
  - Robotic pets
- Creative and art therapy
  - Painting, drawing, music, etc.



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## Decreasing Loneliness

- Leisure skills
  - Productive activities (e.g., hobbies) are associated with a reduction in loneliness
  - Passive activities do not (e.g., TV, radio)



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## Case Example

- Activities met with Mr. Y individually to engage in reminiscence around themes of work, leisure, and friends or family to clarify what was important to him in his social relationships
  - He had difficulty remembering
- Together they created a scrapbook of family memories and a poster that visually represented important things that Mr. Y wanted others to know about him
  - This was hung in his room to cue meaningful conversations with others
- The therapist taught him deep breathing and relaxation techniques
  - Nursing cues him to complete several times each day



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## Key Take Aways

- Interventions that aimed to preserve autonomy are more effective (Hemingway & Jack 2013)
- Older people wish to be involved in decision making and be supported in their choices (Cattan & Ingold 2003)
- Activities were more likely to be effective if older people were involved in the planning, developing and execution of activities (Wylie 2012)
- Older people often find organized "activity programs" patronizing (Pettigrew & Roberts 2008)
- Active engagement is more effective than activities that are passive (Pettigrew & Roberts 2008)



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## Key Take Aways

- Productive engagement may include solitary activities
- 'Doing' things accumulates more social contacts than watching or listening to things (Toepoel 2013)
- Activities that presented a challenge are most appropriate (Howat et al. 2004)
- Promote a sense of purpose
  - Individuals with a sense of purpose are less likely to experience the effects of social isolation



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