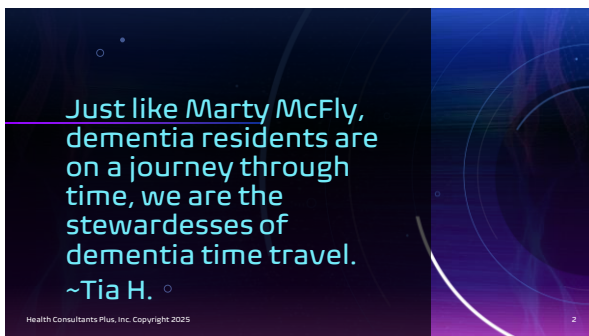




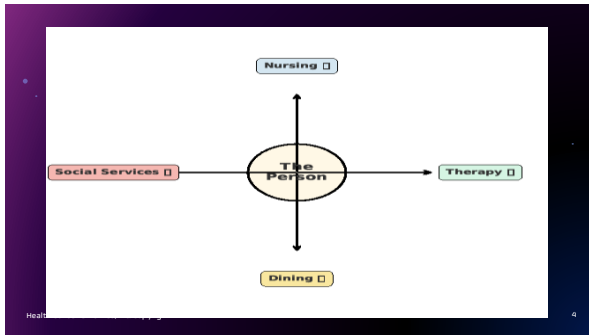


Why does "Time-Travel Work?

- The past is a roadmap to better care
- Unlocks connection points beyond the disease
- Reduces distress, enhances cooperation
- Builds empathy in staff and families
- Creates a bridge across all departments



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Interdisciplinary Impact

- Nursing: Better understanding of triggers & preferences
- Dining: Food as memory, culture connection
- Therapy: Personalized engagement & motivation
- Social Services: Supporting family narratives
- Activities: Meaningful group & 1:1 programs

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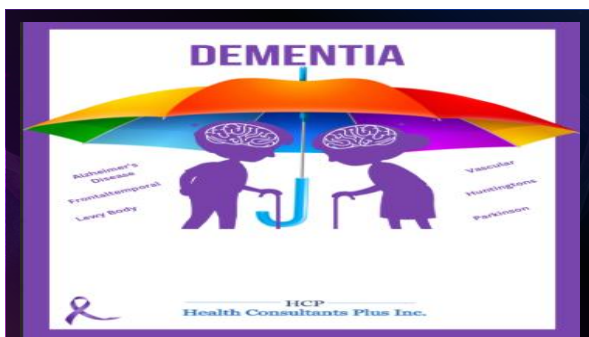


Understanding Dementia: A Journey Through Time

- Dementia
 - Group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday tasks.
- It is like being stuck in a different time period, unable to remember how and why you got there, like Marty McFly's disorientation when he first arrived in 1955.

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The Challenges We Face

- Behaviors often misunderstood
- Risk of care becoming task focused vs. person focused
- Fragmented approaches across department



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Why are we behavior babysitters?

- Regulations
- Managing behaviors often become the most important aspect of care.
- Rarely is behavior meaningless.
- Psychological needs
- Maslow's Hierarchy of Needs



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Behavior vs. Behavior Management

Behavior: Action you can see and describe

Behavior management: To control, supervise, or guide one's own or another's behavior so that it stays within certain acceptable limits

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Know Your Population

Behaviors Management Tools

Upgrade Your Programs

The Power of the Past (Life Stories)

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GREAT Things Start with knowing the resident population!

Bucket Approach:

- Increased Resident Satisfaction
- Decreased Deficiencies & Improve Compliance
- Decreased Resident Behaviors



Bucket Approach:



Cognitively Intact



Moderately Impaired



Severely Impaired

Become the Dementia Detective!

Why is the behavior a problem for you?

- Problem Solving – Detective Work!
- Dementia behaviors often appear random and make no sense at all. However, to the resident, his or her actions always have meaning and purpose.

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Dementia Detective: Questions

SOS Method:



Simple

Open Ended

Short

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ABC's of Behavior Management

Antecedent: What happened before the behavior to trigger the behavior?

- Did anyone or anything trigger the behavior

Behavior: What is the current behavior?

- What is happening?
- What did the person do?

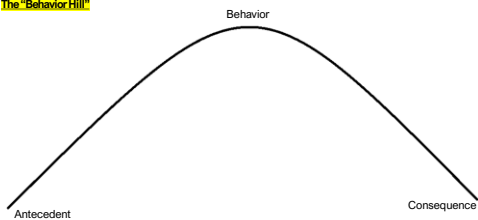
Consequence: What happens immediately after as a result of the behavior?

- What are the changes in the behavior of other people or the environment as a result of the behavior?

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The "Behavior Hill"



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Consider ALL Possible Solutions:

- Choose one or two solutions you will try first
- Don't overload yourself
- If you need to try other strategies later, that is fine
- KISS Method

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Measure Your Success!

After you tried the strategy the first time, take a few minutes to decide how well it worked.

Did the strategy make the problem:

- A lot better?
- A little better?
- About the same?
- A little worse?
- A lot worse?

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Dementia Time Capsule! (AKA Life Stories)



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Why Life Stories Matter: Unlocking the Past

Marty unlocked his past to change his future. Life stories can unlock memories and improve quality of life in dementia care.



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Connectedness

- Connectedness is word used in regulation.
- Life stories can help caregivers connect with individuals with dementia on a deeper level.
- These connections can lead to better care and improved patient satisfaction
- By unlocking memories and fostering connections, life stories can improve the quality of life for individual living with dementia.
- They feel more understood and valued.



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Life Story

Do you have a favorite food?

Please describe your favorite childhood memories.

List and describe places you have visited or traveled to.

Do you have a favorite place? (for reflection or travel)

Who were your childhood friends and what kinds of toys did you have?

Describe some of your holiday celebrations.

Please describe yourself (likes, passions, temperament)

How would people describe you?

Name

Nickname

Age

Birthdate

List and describe places you have lived

Please describe the home you grew up in.

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Life Story

Describe your siblings.

Describe your parents

Tell us about your schooling.

Did you date? Who was your first love? When was your first kiss?

How/where did you meet your spouse?

What was your wedding like (where, gifts, honeymoon, etc.)?

Describe your children.

Who were your best friends?

Describe your jobs and work history.

Did you drive? What kinds of cars did you have?

Please describe your pets.

What were some of your previous hobbies or recreational activities?

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Life Story

Please tell us about your religion, denomination, worship, etc.

What worries/stresses you?

What comforts you when you are stressed?

Tell us about your genealogy (nationality, pertinent family history)

What were some turning points in your life?

What are your weekends like? What do you do on the weekends?

What shifts did you work (if you worked outside of the home)?

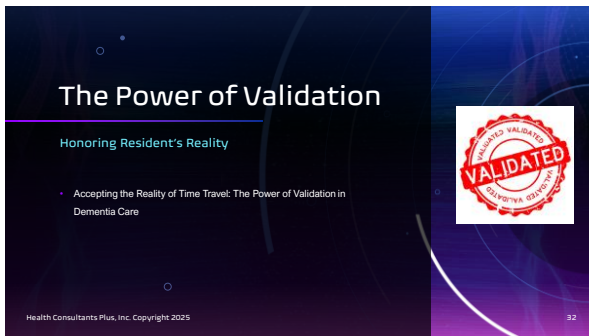
Are you a early riser or do you sleep in?

When do you normally bathe?

Do you like to take a tub bath, shower, sink bath?

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Morning & Bedtime Routines Rooted in History



Learn how the resident *always* started or ended their day.



Example: A former farmer who woke up early → schedule vital signs earlier in the day, offer coffee outdoors at sunrise.



Example: Someone who worked night shifts → don't force early wake-ups; allow flexibility.

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Personal History as a Clinical Guide

Use life story to interpret behaviors.

Example: A retired teacher resisting care → approach as a "student" asking her guidance, not giving orders.

Example: A veteran startled by touch → announce presence and approach calmly to reduce agitation.

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Emotional Safety During Physical Care

- Honor dignity by connecting the task to their lived experience.
- During bathing: "This is your time to relax, just like you did after gardening."
- During transfers: "We'll take it step by step, like climbing those old porch stairs."

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Therapy



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Physical Therapy Movement with Meaning

- **Tie exercise to past roles/hobbies:**
 - Former dancer: use waltz or swing music for balance exercises.
 - Retired gardener: practice squats/lunges by simulating "pulling weeds" or "planting flowers."
- **Walking with purpose:**
 - Instead of laps, "walk to the porch" or "deliver the mail" (functional destinations).

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Occupational Therapy Daily Living Anchored in History

- **Re-create familiar routines:**
 - Former mechanic: use hand-strength exercises with nuts/bolts or tools.
 - Seamstress: practice fine motor skills by folding fabric or sorting buttons.

Generational identity in self-care: Use vintage-style grooming items (hairbrushes, mirrors) during ADL training. Support bathing/dressing using preferred styles (robe, powder, cologne).

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Speech Therapy Communication Through Connection

Life story conversations:

- Use old family photos, music, or newspapers to spark language recall.
- Practice word-finding with generational categories (cars from the '50s, favorite foods, classic TV shows).

Swallowing therapy with comfort foods:

- Thicken or adapt familiar favorites instead of unfamiliar purees.

Health

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Dining



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Visual & Environment Strategies

Make meals easier to see and less confusing

- Use high-contrast plates and bowls (red or blue on white tablecloths)

- Solid-colored placemats to visually separate the plate from the table

- Avoid patterned tableware, linens, or tablecloths

- Use plain, non-reflective surfaces to prevent glare

- Bright, even lighting with minimal shadows

- Reduce noise and distractions to help focus on eating

Goal: Support visual perception and reduce sensory overload

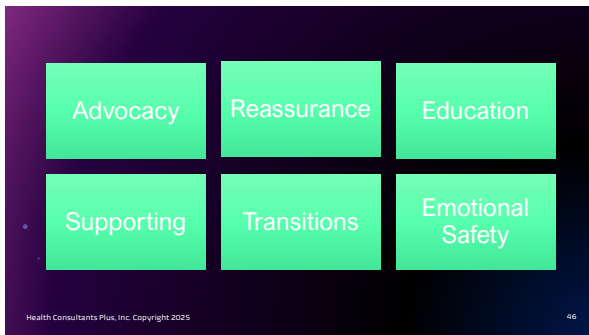
Encourage independence and reduce frustration

- Goal: Make food easier to see, handle, and eat

- ### Swallowing therapy with comfort foods:

- Thicken or adapt familiar favorites instead of unfamiliar purees.

[illegible][illegible]





Next Level: Dementia Activity Programs

Sensory Stimulation Zones: Design specific areas within the facility that cater to different sensory needs. These zones can include tactile boards, aromatherapy stations, and soundscapes that reflect residents' preferences. Regularly update these zones based on feedback from residents and caregivers to keep them engaging.

Virtual Reality (VR) Experiences: Implement VR technology to offer immersive experiences tailored to residents' interests and past experiences. VR can provide virtual travel, visits to familiar places, or participation in favorite past activities, stimulating cognitive function and emotional well-being.

Creative Arts and Expression Workshops: Offer various forms of art therapy, such as painting, sculpting, or creative writing, with a focus on self-expression rather than technique. Tailor these workshops to accommodate different levels of ability and preference, encouraging personal creativity and reflection.

Next Level : Dementia Activity Programs

Adaptive Technology Integration: Utilize technology like voice-activated assistants or touch-screen devices customized for cognitive levels to facilitate interactive and engaging activities. These technologies can provide reminders, prompts, or interactive games designed for people with dementia.

Interactive Drama and Role-Playing: Organize drama sessions or role-playing activities where residents can act out scenarios or stories. These activities can be adapted to individual preferences and provide opportunities for social interaction and cognitive stimulation.

Customized Puzzle Creation: Design personalized puzzles using photographs or images that are meaningful to each resident. These can be used as engaging and familiar activities that stimulate cognitive function and provide enjoyment.

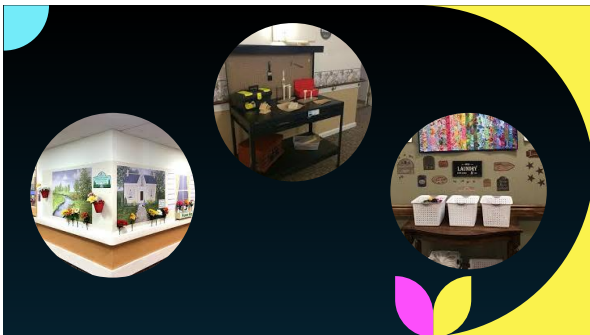
Memory Lane Walks: Create themed "Memory Lane" walks within the facility or garden areas. Incorporate visual and tactile elements related to residents' past experiences, such as historical photos, nostalgic objects, or familiar scents.

Next Level : Dementia Activity Programs

Multi-Sensory Environment for Engagement and Relaxation: Snoezelen rooms are carefully designed spaces that use a combination of sensory stimuli—including visual, auditory, tactile, and olfactory elements—to engage and relax residents with dementia. These environments aim to create a soothing atmosphere that can stimulate cognitive and emotional responses, helping to reduce agitation and enhance overall well-being.

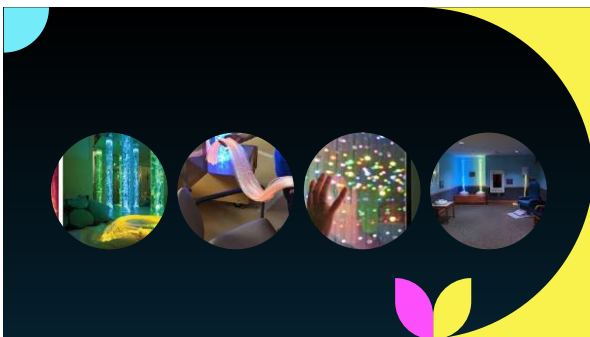
Safe Haven for Sensory Overload: Snoezelen rooms serve as a safe haven for residents experiencing sensory overload or agitation. The controlled and calming environment helps to minimize external stimuli and offers a retreat where residents can engage in activities that help to stabilize mood and encourage relaxation.

Holistic Approach to Care: The use of Snoezelen rooms represents a holistic approach to dementia care, addressing not only physical needs but also sensory, emotional, and cognitive aspects. By integrating sensory stimulation into daily routines, these rooms contribute to a more comprehensive and supportive care environment.









Next Level: Dementia Activity Programs

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Sounds great, but,
how do we make
this all work?

The Team Approach





Benefits of a Team Approach

• Why It Matters

- Improves resident outcomes by addressing physical, cognitive, emotional, and social needs
 - Increases staff satisfaction and reduces burnout
 - Reduces duplication or gaps in care through better coordination
- Enhances communication to prevent misunderstandings and errors
- Key Idea: A strong team benefits both residents and staff






Thank You!

Please don't hesitate to reach out with questions, we look forward to hearing from you!

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Tik Tok



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