

# **Dementia Therapy & SLP Toolbox Essentials**

**Speaker**

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# Disclosure

## Relevant financial relationship

This presentation is based on the book titled *Dementia Therapy & Program Development* owned by Consultants in Dementia Therapy (CDT).

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The speech-language pathologist has a primary role in the screening, assessment, and treatment of dementia-associated cognitive-communication disorders, including caregiver training and counseling.  
(ASHA)



# “Dementia”



**Alzheimer’s Dementia**

**Vascular Dementia**

**Lewy Body Dementia**

**Frontotemporal Dementia**

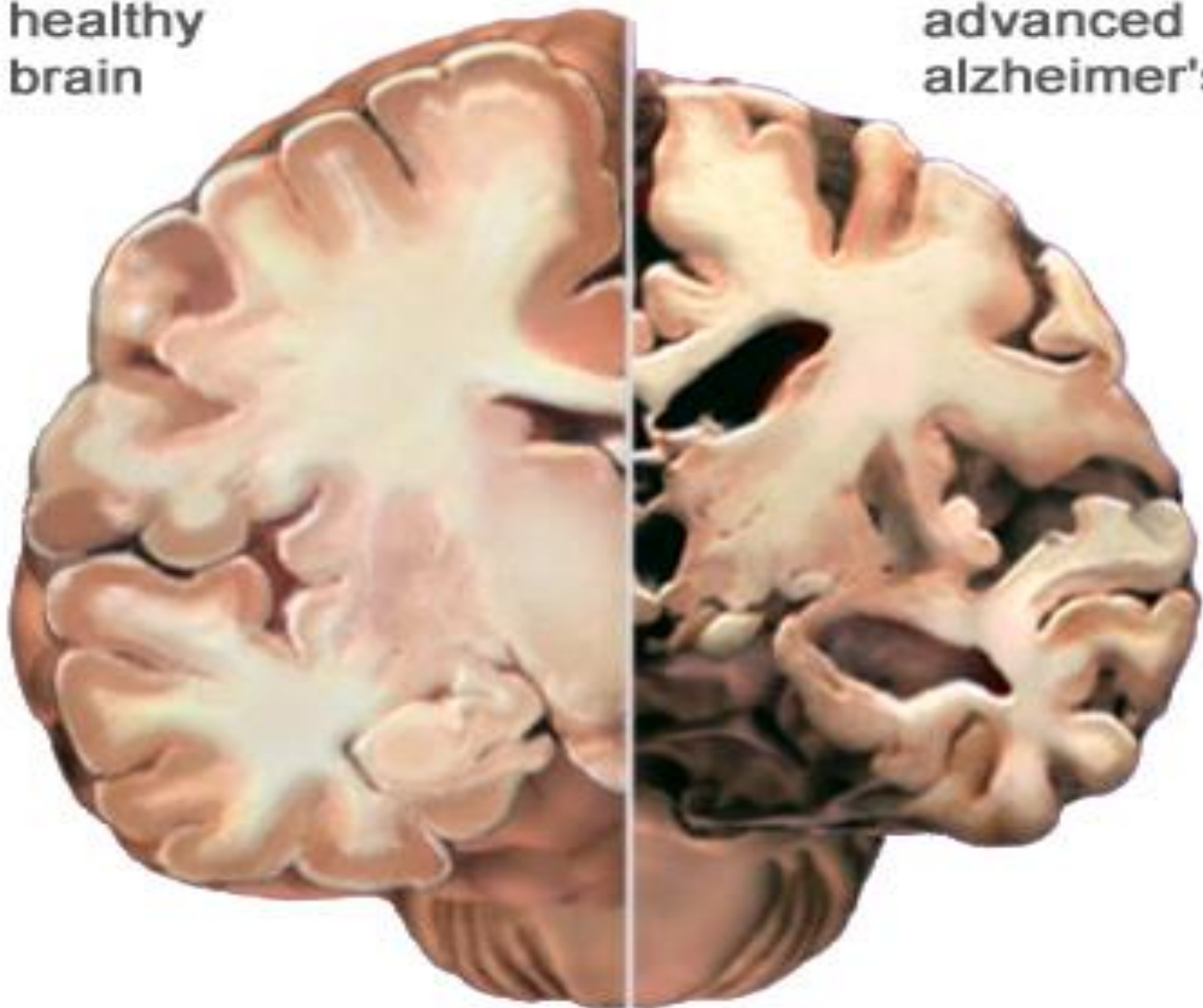


# **ALZHEIMER'S BRAIN TOUR**

<http://www.alz.org/brain/01.asp>

healthy  
brain

advanced  
alzheimer's





# **‘Retrogenesis’**

## **LONG TERM MEMORY**

**Episodic Memory**

**Semantic Memory**

**Procedural Memory**



# STAGING

Staging gives us a look at spared (preserved) vs. impaired capabilities -

Staging assists in planning:

- When is it inappropriate to write a memory goal?
- When communication begin to breakdown
- When negative behaviors may emerge
- When the person may be entering their own reality







# Global Deterioration Scale for Dementia

*Dr. Barry Reisberg, et. al.*

free resource online!

*(Notice the functional change from stage to stage)*

**Stage 1: No Cognitive Decline**

**Stage 2: Minimal Cognitive Decline**

forgetting where one has placed a  
familiar object

forgetting names one formerly knew well

## Stage 3: Mild Cognitive Decline

- word and name finding deficit evident on clinical interview
- patient may have gotten lost when traveling to unfamiliar location
- co-workers may become aware of patient's relatively poor performance




## Stage 4: Moderate Cognitive Decline

- decreased knowledge of current and recent events
- may exhibit some deficit in memory of one's personal history
- concentration deficit elicited on serial subtractions







## Stage 5: Moderately Severe Cognitive Decline

- patient can no longer survive without some assistance
- patient is unable during interview to recall a major relevant aspect of their current lives
- frequently disoriented about time (date, day of week, season, etc)

# Stage 6: Severe Cognitive Decline



- may occasionally forget the name of the spouse upon whom they are entirely dependent
- diurnal rhythm frequently disturbed (diurnal=active during the daytime)
- frequently continue to be able to distinguish familiar from unfamiliar persons in environment

# Stage 7: Profound Cognitive Decline

- verbal abilities lost
- incontinent, requires assistance toileting and feeding
- loses basic psychomotor skills (ex: ability to walk)
- the brain appears to no longer tell the body what to do







## Suggested Evaluation/Staging Tools

- FLCI: Functional Linguistic Communication Inventory
- ABCD: Arizona Battery for Communication Disorders of Dementia
- FROMAJE: Function, Reason, Orientation, Memory, Arithmetic, Judgment & Emotional Status
- FAST: Functional Assessment Staging Test
- GDS: Global Deterioration Scale



# **Establishing Medical Necessity**

- **Identify functional change**
- **Functional change impacting the person's ability to function in their environment**




## **ST examples of functional change**

- Increasingly confused, disoriented**
- Change in memory**
- Impaired safety and judgment**
- Change in swallowing safety**
- Non-purposeful chewing**
- Change in orientation**
- Increased confusion**
- New or increased wandering without purpose**

**This functional change should be documented**



# Developing Goals

- 
- Always relate goals to functional outcomes
  - All goals should be:
    - a) functional for the patient's capabilities according to stage and living environment
    - b) Skilled, Measurable, Reasonable and Necessary
  - 3 parts:
    1. What you're going to do
    2. Make it measureable
    3. Why this is necessary

# Communication Goal

**LTG: Pt will utilize a communication system compatible with spared skills to ensure functional expression of basic & medical needs by mastery of the objectives/STGs.**

**[what can 'functional expression' be? Could be speech, pointing to picture/symbol/word/phrase, gesture...]**

**STG: Pt. will increase appropriate communication exchanges 8 of 10 opportunities in a session to facilitate expression of basic needs.**

**Daily Note:**

**AAC (augmentative alternative communication) (ex: memory book) was used to cue episodic memory to increase the patients communication to 5 of 10 targeted opportunities within a session.**





## AAC Strategies and Tools for Persons With Dementia

[Michelle Bourgeois, PhD, CCC-SLP](#); [Melanie Fried-Oken, PhD, CCC-SLP](#); [Charity Rowland, PhD](#)

***The ASHA Leader***, March 2010, Vol. 15, 8-11.

doi:10.1044/leader.FTR1.15032010.8

AAC, in the form of external aids that incorporate stimuli highly relevant to a person's daily life, may include memory wallets, notebooks, calendars, signs, color codes, timers, communication boards, labels, and other tangible visible symbols that provide cues for interaction. Persons with dementia use AAC successfully, and SLPs may want to demonstrate to patients and caregivers the effectiveness of these tools.

To ensure reimbursement, goals and progress notes should reflect how speech-language treatment helps the patient to be more functional. For example, using AAC strategies may help the patient increase functional communication or participation in daily living activities, or decrease agitation.

***Janet Brown MA, CCC-SLP***, director of health care services in speech-language pathology

See entire article:

<http://leader.pubs.asha.org/article.aspx?articleid=2291890>







## MORE SLP STGs:

- Patient will demonstrate recall for functional information 70% of opportunities using visual aids/AAC with mod assist to increase independence in living environment.

[Decrease demands on working memory by providing compensatory strategies]

- Patient will demonstrate auditory comprehension of simple yes/no questions with 70% accuracy in order to communicate functional thoughts, needs, wants and/or feelings.
- Patient will demonstrate functional problem solving with 50% acc and mod cues in order to increase safety and reduce fall risk during daily living tasks.

# Interventions

- ✓ Sensory
- ✓ Reminiscence
- ✓ Spaced Retrieval
- ✓ Montessori
- ✓ Validation





# **Sensory**

**(Burns, Byrne, Ballard, Holmes, 2002)**

**Sensory interventions involve the patient's sense of touch, taste, hearing, smell or sight, or some combination of these.**





**Sight (Visual Stimulation)** – Vision is our most important sense, the one through which we gain most of our information

**Hearing (Auditory Stimulation)** – Our ears probably provides us with our second most vibrant source of sensory stimulation

**Smell (Olfactory Stimulation)** – Some of our strongest memories, our most potent associations, are triggered by odor

**Taste (Gustatory Stimulation)** – In many ways taste is the most pleasurable of our senses, depending on how much emphasis one puts on food and eating

**Touch (Tactile Stimulation)** – Anything touched and anything that touches us can be stimulating. Every solid object has texture, temperature, shape

Sensory Stimulation for Alzheimer's

BY [JOHN SCHMID](#) ON FEBRUARY 17, 2009



Alive Inside  
Dramatic Effects of Music!  
[www.musicandmemory.org](http://www.musicandmemory.org)  
Dr. Oliver Sacks

[www.youtube.com/watch?v=QG7X-cy9iqA](http://www.youtube.com/watch?v=QG7X-cy9iqA)



# **Reminiscence Therapy**

**(Chiang, Chu, Chang, et al., 2010)**

**Refers to a collection of  
memories from the past**





# Using Long Term Memory

## Think Back ....

1. Do you like music?
2. What were you doing at 21?
3. What was your first car?
4. What did you do for a living?
5. Who was your favorite comedian?





# **Spaced Retrieval**

**Cameron Camp PhD et al.**

**Gradually increases the interval  
between correct recall of target  
items**





Spaced retrieval can help people with cognitive deficits learn to retain important information by cementing the information in the procedural memory system.

Possible treatment targets include the use of compensatory strategies for swallowing, safe transfer techniques, the names of caregivers, and the use of memory aids (e.g. schedules and calendars). Achievement of these goals can promote independence and reduce anxiety, as well as improve interactions between the client and clinician or caregiver.

It's important to choose memory targets that are personal, functional, and perhaps most importantly, won't change.

<http://tactustherapy.com/spaced-retrieval-training-memory/>

# Montessori for Dementia

Montessori Based Programming for Dementia®

Developed by Cameron Camp, PhD


Guided by the principles of Dr. Maria Montessori who claimed that children who were engaged and interested in what they were doing did not exhibit problematic behaviors such as pushing, screaming or acting out in inappropriate ways.

**Connecting past interests and skills with the present spared skills and needs of the patient.**









# Examples of Montessori Treatment Activities

1. Sorting buttons
2. Rolling balls of yarn
3. Sorting sugars
4. Sorting nuts and bolts
5. Sorting fabrics
6. Flower arrangements
7. Sorting socks
8. Clipping coupons





Button  
ADC



DAYS  
COOKIES

























# Validation

Naomi Feil

Communicating with a person with dementia by validating and respecting their feelings.







# Thank You!

Peggy Watson M.S., CCC-SLP  
Consultants In Dementia Therapy

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