



Gateway Hotel and Conference Center ~ Ames, Iowa
Thursday, April 4, 2024

Ethical Self-Care and Cultural Competence for Professionals

Donna Van Peurse, LISW, Associate Professor, Northwestern College

Communication Between Families and Caregivers

Aimee Spores, LMSW, Dir of Social Services, WesleyLife at Home

Understanding Alzheimer's and Dementia

Becky Montgomery, Owner of Senior Home Finder of Iowa

Unpacking Post Traumatic Stress Disorder (PTSD)

Rochean Cofield, LMSW, Broadlawns Medical Center & Urban Dreams

AGENDA

Thursday, April 4, 2024

- 8:00-8:25 a.m. Registration
8:25-8:30 a.m. Announcements
8:30-10:00 a.m. *Ethical Self-Care & Cultural Competence – Donna Van Peurse, LISW*
10:00-10:15 a.m. Break
10:15-11:45 p.m. *Ethics Cont. – Donna Van Peurse, LISW*
11:45-12:30 p.m. Lunch
12:30-1:30 p.m. *Communication Between Families & Caregivers – Aimee Spores, LMSW*
1:30-1:45 p.m. Break
1:45-2:45 p.m. *Alzheimer's & Dementia – Becky Montgomery, Senior HomeFinder of Iowa*
2:45-3:00 p.m. Break
3:00-4:00 p.m. *PTSD – Rochean Cofield, LMSW*
4:00 p.m. Evaluations & Adjournment

This program complies with the Iowa Board of Social Worker Examiners Rules for Continuing Education,
meeting 3.0 ethics and 3.0 general continuing education hours

LTCSWI 2024 SPRING CONFERENCE

Gateway Hotel and Conference Center ~ Ames, Iowa

Thursday, April 4, 2024

Ethical Self-Care and Cultural Competence for Professionals – Van Peursem

Define ethical standards around our responsibilities as professionals. Discuss recent additions/changes to the code of ethics from June 2021 surrounding self-care and cultural competence. Define compassion fatigue, vicarious trauma, and burnout and the impact it has on people in the helping professions. Identify the importance of healthy self-care for professionals. Discuss different ways of implementing healthy self-care. Identify professional boundaries and their importance in professional relationships. Process through ways to increase our cultural competence and ethical apply those practices to our clients. Apply ethical decision-making skills for cultural competence through a variety of vignettes and break-out sessions.

Communication Between Families and Caregivers - Spores

Explore effective communication among families and caregivers. Cover common challenges, strategies for enhancing family cohesiveness, conflict resolution techniques, and practical communication skills for caregivers. Identify resources that can assist with caregiving and caregiver burnout. Understand the meaning and significance of effective communication in caregiving. Explore common communication challenges and conflicts. Discover strategies to promote family togetherness. Learn practical communication techniques for caregivers. Identify resources for caregivers.

Understanding Alzheimer's and Dementia - Montgomery

Learn about detection, causes, risk factors, stages, and treatment of Alzheimer's and dementia.

Unpacking Post Traumatic Stress Disorder (PTSD) - Cofield

In this program, we will define the symptoms of PTSD and discuss ways to challenge the thoughts associated with the trauma. PTSD discussion centers on forgiveness.

About Our Presenters...

Donna L. Van Peursem, LISW, is a Licensed Independent Social Worker in the State of Iowa. She practiced as a clinical social worker for 18 years and is currently an assistant professor of social work at Northwestern College, where one of her favorite courses to teach is Social Work Ethics.

Aimee Spores, LMSW, is the Director of Social Services for WesleyLife Home Care and Hospice. Aimee obtained a BA from Grand View University and went on to complete her Master's in Social Work from the University of Iowa. She has over 15 years working with chronically and terminally ill patients within the social worker scope of practice. Aimee has worked in hospice, home care, advanced heart failure clinic, acute, AL, ICF, program education, and policy at the state and city level.

Becky Montgomery is the owner of Senior HomeFinder of Iowa, a free referral service which supports families as they navigate through the difficult and stressful process of determining the best senior community for their loved one(s). Her path to founding this business started in 2002 when her mother was diagnosed with Alzheimer's disease.

Rochean Cofield, LMSW, has worked with persons as young as 6 y/o and as seasoned as 82 y/o. After graduating from the Univ. of Iowa, she served on the BOD for the ACLU of Iowa, working closely with grassroot organizations like Make It Work, CCI Action Fund and Progress Iowa. Since the pandemic, she has worked in nursing homes where COVID has been truly realized, in addition to being an essential worker working in the CCU at Methodist Hospital, all while working full time as a therapist for Broadlawns Medical Center via the Urban Dreams location.


Ethical Self-Care and Cultural Competence for Professionals

Donna L. Van Peurse, LISW
Associate Professor of Social Work/Clinical Case Manager
April 2024

1

Our Morning

- 8:30 – 11:45
- 10:00 – 10:15 – Break
- 10:15 – 11:45



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Key Concepts to be Covered

- Define ethical standards around our responsibilities as professionals
- Discuss recent additions/changes to the code of ethics surrounding self-care and cultural competence
- Define compassion fatigue, vicarious trauma, and burnout and the impact it has on people in the helping professions
- Identify the importance of healthy self-care for professionals
- Discuss different ways of implementing healthy self-care
- Identify professional boundaries and their importance in professional relationships
- Apply ethical decision making skills for cultural competence

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Don't have sex with your clients!



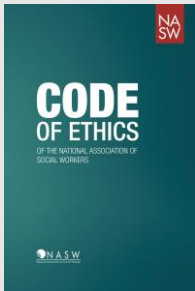
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History

- 1960
- 1967
- 1979
- 90s
- 1996
- 2008
- 2017



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- Changes went into effect June 2021
- Revisions were made on the following sections of the Code:
 - Purpose of the NASW Code of Ethics
 - Ethical Principles (The Value of Integrity)
 - Standard 1.05 - Cultural Competence

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7

We Can All Learn!



8

**When you need self care
but still have notes to do**



9

Self-Care is a
priority and necessity
- not a luxury -
in the work that we do.

SocialWork SocialWorkers

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New Language in the Purpose Section

- The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards, and encourages all social workers to engage in self-care, ongoing education, and other activities to ensure their commitment to those same core features of the profession.

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New Language in the Purpose Section

- Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers’ self-care.

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Language additions in the Ethical Principles Section (Integrity)

- Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. **Social workers should take measures to care for themselves professionally and personally.** Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

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Preventative/Reactive Language Change



- Preventative: “I’m going to board up my house and ensure safety as much as I can.”
 - **Social workers should take measures to care for themselves professionally and personally.**
- Reactive: “Things happen – there is nothing I can do about it. I’ll deal with it after it happens.”

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4.05 – Impairment (a) & (b) Ethical Responsibilities as Professionals

- Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
- Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

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2.08 – Impairment of Colleagues (a) & (b) Ethical Responsibilities to Colleagues

- Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.
- Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

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What are the differences?



Vicarious Trauma



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Burnout Definition



- Stress caused by being overburdened and overtaxed by work duties in the social work profession
- Hoffarth (2017)

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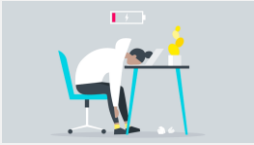
Burnout



- Develops over time
- Impact of a stressful workplace
- A study assessing burnout in social workers indicated a current rate of 21% - 67%.

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Potential Causes of Burnout



- Heavy Caseloads
- Demanding Work Schedules
- Inadequate Supervision/Support
- Workplace Conflict
- Limited Resources
- Unrealistic Deadlines
- Challenging Clients
- Exposure to Vicarious Trauma

20

What are the Symptoms of Burnout?

- Physical
 - Exhaustion (Physical & Emotional)
 - Somatic Symptoms
 - Appetite and Sleep Changes
- Emotional
 - Feeling helpless/trapped
 - Loss of motivation
 - Decreased satisfaction
 - Cynical
- Behavioral
 - Isolation at work
 - Procrastination
 - Using Unhealthy Coping Techniques
 - Alcohol
 - Drugs
 - Food
 - Increased absenteeism

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Compassion Fatigue Definition

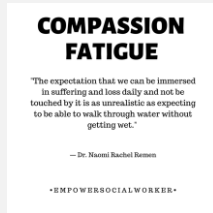
- Compassion fatigue refers to a physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes decline in his/her ability to experience joy or to feel and care for others.



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Compassion Fatigue

- Caused by exposure to suffering
- Some evidence that it increases when we don't see progress.
- Impact of helping others – It really comes because we are doing our job! (Our compassion...)
- We all have the potential to be susceptible to Compassion Fatigue



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What are the symptoms of Compassion Fatigue?

- Physical symptoms
 - sleep and appetite disturbances, nausea and dizziness
 - Feeling exhausted
- Emotional
 - Feeling helpless, hopeless or powerless
 - Feeling irritable, angry, sad or numb
 - Ruminating about the suffering
 - Feeling anger toward the events/people causing the suffering
- Behavioral
 - Blaming yourself and having thoughts of not having done enough to help the people who are suffering
 - A decreased sense of personal and professional accomplishment
 - Change in your worldview/spirituality



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Vicarious Trauma Definition

- The transmission of traumatic stress through observation and/or hearing others' stories of traumatic events.
- Can lead to experiencing, to a lesser extent, the same feelings faced by the trauma survivors.
- Can look/feel the same as PTSD
- Can have a rapid onset

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What are the symptoms of Vicarious Trauma?

- Physical Symptoms
 - Somatic Symptoms
 - Sleep Difficulties
- Emotional Symptoms
 - Preoccupation/tension with people's stories
 - Avoiding thinking about stories
 - Become numb
- Behavioral Symptoms
 - Persistent Arousal State
 - Wary
 - Hyper vigilant



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Question to ask yourself?

- Have I been showing up to work on time (or have I had a pattern of missing appointments or showing up late)?
- Have I been completing all my work tasks?
- Have I been completing my work tasks in a rigid or minimal matter?
- Have I been maintaining a professional appearance, including how I dress and groom myself?
- Have I been adhering to the highest principles of ethical practice (including maintaining client confidentiality, demonstrating respect for clients, and avoiding boundary violations)?
- Have I been following best practices and evidence-based interventions with clients?
- Have I been acting in a way that clients and co-workers can trust me as a reliable social worker?
- Have I been taking steps to continuously improve my competence and the effectiveness of my practice?

• Barsky, A. (2015). <https://www.socialworker.com/feature-articles/ethics-articles/being-conscientious-ethics-of-impairment-and-self-care/>

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STRATEGIES

- Finding a healthy work/life rhythm – taking time off when necessary
- Limiting Technology
- Being mindful of how information is affecting you
- Participation in activities that refresh you
- Practicing gratitude and being in the present moment
- Following self-care

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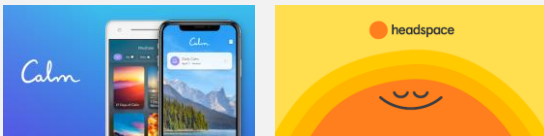
Personal Self-Care



- Good Nutrition
 - Snacks
 - Meals
- Exercising
- Sleep
- Healthy Lifestyle
 - Smoking Cessation
 - Substance Use/Abuse Awareness
 - Preventative Measures

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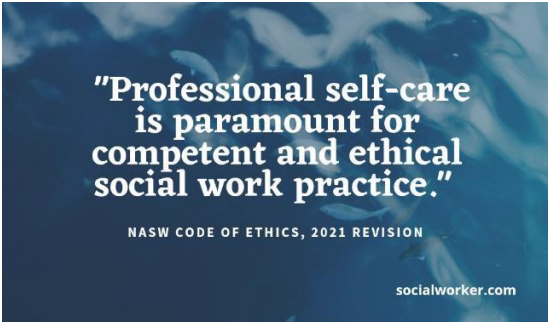
Apps



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Professional Self-Care

- "Self-care is not solely the responsibility of each social worker. Social work organizations, agencies, and educational organizations are also responsible for ensuring that social workers have the support that they need and deserve." (Barsky, 2021)

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Small Groups Discussion

- What are your agencies doing well?
- In what ways could they improve?
- How do we advocate for this in our agencies and organizations?



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Components of Professional Self-Care

(Lee & Miller, 2013)



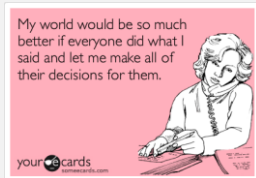
- Workload & Time Management
- Attention to Professional Role
- Attention to reactions to work
- Professional social support and self-advocacy
- Professional development
- Revitalization and generation of energy

https://www.researchgate.net/publication/266395136_A_Self-Care_Framework_for_Social_Workers_Building_a_Strong_Foundation_for_Practice

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Identify Contributing Issues

- There are many things I can't control, but I can control how I respond (or *don't* respond) to those things.
- Challenge Perfectionism
- Challenge Working too much
- Challenge Procrastination
- Challenge Negativity
 - Burnout Can be Contagious



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Benefits of Training & Development

- Increases Retention
 - Training/Development Budget is often cut
- Builds Confidence
 - People like to feel they are good at their job
- Re-energizes People



• <https://www.kaplansolutions.com/article/5-benefits-of-professional-development#:~:text=Professional%20development%20can%20help%20break,how%20they%20approach%20their%20jobs.>

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Checking Your Basic Needs at Work

(Adapted from Life Makeovers by Cheryl Richardson)

- Do I take a lunch break every day and do something unrelated to work?
- Do I work reasonable hours?
- Do I schedule "breathing room" every day so I can step back, and reevaluate my priorities?
- Is my office free of clutter?
- Do I have adequate lighting and clean air?
- Do I delegate work to free my time and empower others?
- Do my family/friends honor my work time? If no, have I asked them?
- Do I have blocks of uninterrupted time without distractions and interruptions?
- Have I scheduled specific times for returning phone calls and checking e-mail?
- Have I stopped taking on more than I can handle?
- Do I drink enough water when I am at work?
- Do I schedule time off from work (sick leave and/or vacation time) to take care of myself?
- Do I have someone to talk with about my professional life?
- Do I have creature comforts that make my office pleasant? (music and other sounds, aroma, artwork)
- Do I say yes to commitments that I later regret

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Personal Reflection by 3's

(Adapted from Life Makeovers by Cheryl Richardson)

- List Three Work Related Stressors
- List Three Personal Stressors
- List Three Ways you know you are Stressed (Signs & Symptoms)
- List Three Ways that your co-workers know you are stressed (Signs & Symptoms)
- List Three ways that your loved ones/friends know that you are stressed (Signs & Symptoms)
- List Three Methods at work by which you manage your stress
- List Three methods during non-work hours by which you manage your stress
- List the first name of co-workers who are part of your work related support system
- List the first name of loved ones/friends who are part of your support system

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Setting Your Self-Care SMART Goals

Specific – Measurable – Attainable – Relevant – Time-Based

- Based on what you wrote, identify professional goals for your self-care that will be relatively easy to do:



- Example: I will take a 15 minute walk around the building at break time each day for the next week.

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Cultural Competence



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Changes to 1.05 – Cultural Competence

- The 2017 revision to the NASW Code of Ethics changed the title of standard 1.05 from “Cultural Competence” to “Cultural Awareness and Social Diversity”
- The 2021 changes reinstated the title “Cultural Competence” to this standard.

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Competence



- Competence is one of the six core values of social work
- Competence suggests that social workers should possess a certain set of knowledge, skills, and values
- We should practice with competence and have the appropriate attitude

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Ethical Principles Section (Competence)

- **Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise.
- Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.
(NASW Code of Ethics, 2021).

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How do we gain competence?

- Commit to Learning More
 - Read
 - Trainings
 - Research
- Find a Mentor
 - Small Groups
 - One on One
- Consider each circumstance an opportunity
- Learn from mistakes and be willing to make changes



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Cultural Competence

- Linked to our ethical value of competence.
- “Cultural competence is not developed by choosing more correct than incorrect responses but instead by making thoughtful practice decisions with the best information available and learning through a process of reflection and evaluation how to do better in the future.”
(Williams, 2006)

50

Importance of the word “Demonstrate”

- Demonstrate is added before understanding and knowledge for the standards
- Why?
 - Demonstrate means responding and doing...
 - Show something by example!



51

1.05 (a) (2021 Wording Additions)

- Social workers should demonstrate understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

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Example

- Lia Lee – Hmong Family who lived in California
- Had seizures at the age of 3 months.
- Due to cultural beliefs, parents thought this showed her spiritual giftedness – Thought it was an honor.

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Recognizing Strengths

- “Social workers must understand that cultural practices that are different from those of the majority culture are not, by definition, counterproductive or dysfunctional. Rather, differences among cultural groups should be celebrated and accounted for in social work practice” (Reamer, 2024).



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Culturally Competent Practice

- Who is my client?
- Who are their families?
- What can I learn about them?
- What are my beliefs about this group?



55

Discussion

- You are a social worker in a family services agency. The agency's clients are very diverse racially and ethnically. The agency director asks you to put together a staff development workshop that will acquaint employees with key issues related to cultural competence.
- What issues would you address?
- What would you include in this workshop?
- This standard talks about viewing the strengths of each culture. How would you ensure this view is incorporated in the work you do? (Or how do you already do this in your work?)
- (Reamer, 2018)

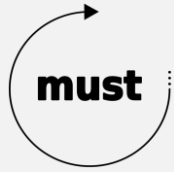
56

1.05 (b) (2021 Wording Additions)

- Social workers **demonstrate** knowledge **that guides practice with** clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers **must** take **action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.**

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No other standard uses the word “must”



• Barsky writes, “Most sections use the term “should” to denote that the provisions are intended to guide social workers about good standards of practice. “Should” also suggests that there may be exceptions to these general expectations depending on the circumstances of the situation. By using the term “must,” this revision creates a positive duty on social workers to take action against “oppression, racism, discrimination, and inequities, and acknowledge personal privilege.” (2021)

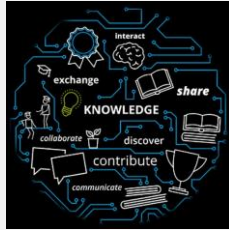
58

Recommendations for how we approach the helping process

Pinderhughes

- 1) Knowledge of the specific values, beliefs, and cultural practices of clients

[Cultural Formation Interview](#)



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- 2) The ability to respect and appreciate the values, beliefs, and practices of all clients and to perceive such individuals through their own cultural lenses instead of the practitioners

60

3) The ability to be comfortable with difference in others and not be trapped in anxiety or defensive behavior about the differences.



61

4) The ability to identify false beliefs, assumptions, and stereotypes we may hold.



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5) The ability to think flexibly and to recognize that one's own way of thinking and behaving is not the only way

63

6) The ability to engage in the extra steps required to sort through general knowledge about a cultural group and to see the specific ways in which knowledge applies or does not apply to a given client.



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This isn't an option.

- Social workers **must** take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.
- What are some tangible actions that you can take (or have taken) against oppression, racism, discrimination, and inequities in your agency/community?
- How can a social worker acknowledge their own personal privilege- what does that look like for you?

65

1.05 (C) (2021 New Standard Added)

- Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction); recognizing clients as experts of their own culture; committing to life-long learning; and holding institutions accountable for advancing cultural humility.

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We Must Know Ourselves First

- What ethnic group, socioeconomic class, religion, age group, and community do you belong?
- What were some of the values and beliefs in these groups? In your family?
- Do you remember the first time you learned about your race and ethnicity?
- What is the first experience you had with people from an ethnic group or community not your own? What was this experience like?
- Has your sense of self been influenced by the way others see you? If so, how?

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"White Privilege: Unpacking the Invisible Knapsack" by Peggy McIntosh (1989)

- [Article Link](#)
- Lists 26 items that she acknowledged were privilege for her.
- "Aha" Moment



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- If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I would want to live.
- I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed.
- I can turn on the television or open to the front page of the paper and see people of my race widely represented.
- I can be sure that my children will be given curricular materials that testify to the existence of their race.
- I can go into a music shop and count on finding the music of my race represented, into a supermarket and find the staple foods that fit with my cultural traditions, into a hairdresser's shop and find someone who can cut my hair.
- Whether I use checks, credit cards or cash, I can count on my skin color not to work against the appearance of financial reliability.
- I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people of my race.
- I can choose public accommodations without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.
- I can choose blemish cover or bandages in "flesh" color and have them more less match my skin.

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Acquires knowledge of the cultural values, beliefs, & practices of clients

- Asks questions & listens
- Respectful
- Address Language Issues
- Aware of Communication Issues
- Eye Contact
- Touching
- Personal Space
- Watch nonverbal communication



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Case Study (Small Groups)

- A 10-year-old child was referred to his school's social worker by his teacher. The teacher noticed bruising on the child's arms. The social worker interviewed the child and learned that the child's parents occasionally place a heated cup on his body or scrape a coin across his skin when he is ill. The child, the son of Cambodian immigrants, explained to the social worker that many Cambodian children are treated this way. The social worker consulted with a Cambodian colleague, who explained that these methods of "cupping" and "coining" are considered traditional forms of healing. The social worker was concerned about the marks left on the child's body and whether he should consult with state protective services officials.
- What additional knowledge would be helpful for you?
- How would you handle this situation?
- Have you had similar experiences where you work that you can share?

(Reamer, 2024).

71

Advocacy

• Reflect:



- How have you done this?
- How might you do this?

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1.05 (d) (2021 Wording Additions)

- Social workers should obtain education about **and demonstrate understanding of** the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

73

Commitment to Lifelong Learning

- This commitment means we continue to:
 - Read
 - Question
 - Reflect
 - Study
 - Seek assistance



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How can we start?

- Self-Awareness
 - What are your personal cultural values and beliefs?
- The client is the expert
 - Adopt a position of being willing to learn
- Don't make assumptions about a person based on previous experiences
 - Assumptions are never good!
- Hardy (2018)

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Thoughts

- We need to approach differences with openness, respect, and a willingness to learn.
- We need to continually try and also recognize that learning is lifelong.



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1.05 (e) – (2021 Wording Additions)

- Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients' use of and access to electronic technology and seek to prevent such potential barriers. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

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Considerations



- Access
- Income
- Age
- Physical Challenges
 - Differing physical abilities
 - Vision
- Language Barriers
 - Language Translation Software
- Preferred ways to communicate
 - Phone Call
 - E-Mail
 - Texting
 - Example
 - Reminders

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Closing Thoughts

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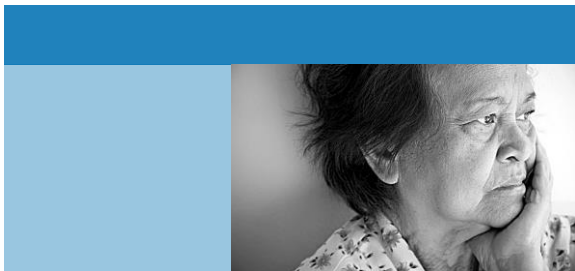


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understanding and responding to dementia-related behavior



1

Objectives

By the end of today's program, you will be able to:

- Identify common triggers for behaviors associated with dementia.
- Explain the process for assessing and identifying challenging behaviors.
- List strategies to address common dementia-related behaviors.

2

2

Triggers

Behavioral changes have many triggers



Pain or discomfort



Over-stimulation or boredom.



Fear or frustration.



Unfamiliar surroundings.



Complicated tasks.

3

3

Understanding and addressing the behavior



4

Understanding and addressing the behavior

Detect and connect

- Join the person in his or her reality by trying to see the world through his or her eyes.
- Understand the person's reality in context before intervening: Who? What? Where? When? How? What took place before, during and after the behavior took place?
- Approach the person calmly and respectfully.



5

Understanding and addressing the behavior

Address Physical needs first

- Medical issues.
- Physical problems such as:
 - Hunger or thirst.
 - Lack of social interaction.
- Environmental triggers for discomfort.



6

Understanding and addressing the behavior

Then address emotional needs

- Focus on the person's feelings, not facts
- Use your knowledge of the person's preferences to provide effective interventions.
- Redirect the energy into a more soothing activity.



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9

Understanding dementia-related and responding to behavior

Reassess and plan for next time

- Go back to detecting and connecting.
- Join the person's reality.
- What went well and what didn't?
- How can you make adjustments?



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Understanding dementia-related and responding to behavior

Apply these to any behavior



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Understanding dementia-related and responding to behavior

Anxiety or agitation

Restlessness or pacing, distress, over-reliance on caregivers



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understanding dementia-related behavior Anxiety or agitation

Let's keep Ann's situation in mind as we review these steps...



Detect and connect Address physical needs first Then address emotional needs Reassess and plan for next time

13

understanding dementia-related behavior Confusion or suspicion

Not recognizing familiar people, places or things; accusing others of theft, infidelity, etc.



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understanding dementia-related behavior Confusion or suspicion

Let's keep Ann's situation in mind as we review these steps...



Detect and connect Address physical needs first Then address emotional needs Reassess and plan for next time

15

understanding dementia-related responding to behavior Aggression

Aggressive behavior may be verbal or physical. It may occur suddenly for no apparent reason, or may emerge following a trigger.



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understanding dementia-related responding to behavior Aggression

Once again, review these steps...

Detect and connect	Address physical needs first	Then address emotional needs	Reassess and plan for next time

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understanding dementia-related responding to behavior Aggression

- Usually, aggressive behaviors associated with dementia are upsetting but not dangerous.
- Occasionally the person is a danger to themselves or others and safety measures are necessary.
- Speak with the person's doctor about medical interventions.
- Call 911 when help is urgently needed.

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understanding dementia-related behavior
Repetition responding to

Saying something over and over, repeating words, questions or behaviors.



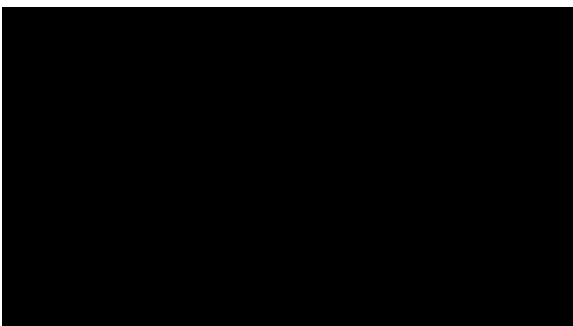
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20



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Repetition

Let's keep Ann's situation in mind as we review these steps...

Detect and connect	Address physical needs first	Then address emotional needs	Reassess and plan for next time

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Wandering

60% of people with dementia will wander, and it can happen at any stage without warning.



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Wandering

Let's keep Ann's situation in mind as we review these steps...

Detect and connect	Address physical needs first	Then address emotional needs	Reassess and plan for next time

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understanding dementia-related and responding to behavior
Contact us – we can help

 **alz.org**

- Alzheimer’s Navigator
- Community Resource Finder
- ALZConnected
- Alzheimer’s and Dementia Caregiver Center
- Safety Center

 **alz.org/findus**

- Support groups, education programs and more available in communities nationwide

 **training.alz.org**

- Free online education programs available at training.alz.org

 **800.272.3900**

- 24/7 Helpline – Available all day every day

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understanding dementia-related and responding to behavior

Questions?

Alzheimer’s Association
 We’re here. All day, every day.
24/7 Helpline: 800.272.3900
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