Pg. 1 of 2



A Communique by the Toronto Partnership on Aging and Developmental Disabilities for Care Providers of Aging Adults with Developmental Disabilities

Knowledge Bites

November, 2016 Volume 1, Issue 4

Dementia in the Context of Developmental Disabilities: Caregiving Strategies to Support Changing Abilities

	What you might see?	Caregiver Strategies	What to do?
•	Difficulty learning NEW tasks	 Demonstrate the activity or break up the task into smaller doable steps E.g. instead of washing and drying the dishes, client will only help you wash the dishes 	 Changing abilities may result in the client requiring increased support including supervision, reminders, cueing and set-up. Try different approaches to
•	Loss of well-learned skills, such as crafts and/or day program routines	 Repeat instructions and provide additional cues to compensate for short- term memory loss 	see what works.
•	Skipping steps (or stalling) during routine hygiene tasks, such as dressing or bathing	 Provide supervision and cueing as needed, e.g. setting up bath supplies Prepare the environment by setting up their clothing in the order in which they will wear it 	Things To Consider: Take a Breath.
•	Failure to keep simple instructions briefly in mind, especially when the task involves going into another room to carry out the task	 Trial written reminders or instructions that client can take with them Post instructions on wall of other room Use pictures 	Be Patient.
•	Decreased ability to understand verbal instructions and/or decreased ability to verbally express themselves	 Use gestures to supplement your verbal communication Give client ample time to respond Ask close-ended questions or rephrase the question 	Remember: It's the Disease, Not the Person.
•	Shorter sentences and reliance on <i>"formulaic phrases</i> " e.g. I don't know	Ask directed yes/no questions Caregiver may need to take more time to clarify that the client has understood what is being asked Ask demonstrative questions such as "show me" or "take me there"	If you have any suggestions for upcoming Knowledge Bites topics or feedback on this
•	Turning to caregiver to respond for him/ her when asked a question		month's issue, contact us at: mslobodkin@reena.org Co-editors: Adriana Caggiano, OT Reg. (Ont.) & Sangita Singh, OT Reg. (Ont.) Psychogeriatric Resource Consultation Program of Toronto

Pg. 2 of 2

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	What you might see?	Caregiver Strategies
•	Increasing signs of perseveration e.g. perform- ing a task over and over or repeating the same phrase multiple times	 Gently call the person by their name Provide tactile cueing to get the client's attention Distract the client away from the task You may have to repeat your command a few times before you are able to distract them Speak calmly and answer the question like it's the first time
•	Incontinence with decreasing awareness of accidents	 Provide increased supervision Develop a routine toileting schedule Client may need to transition to incontinence products Avoid liquids after 6 or 7pm (unless medically necessary to reduce night time incontinence)
•	Night wakefulness with day-night confusion	 Discourage napping, or keep naps short Provide adequate lighting during the day and reduce light disruption at night Plan and encourage activities during the day If sleep disruption is severe, consider making an appointment with your client's physician
•	Misplacing or hiding valued items with no recollection of their whereabouts	 Conduct routine checks to ensure items are placed in their regular spot Trial labelling shelves and drawers to provide visual reminders of where items belong Consider using straps or decorative necklaces for eyeglasses Consider using a fanny pack or bag pack for valuable items
•	Emotional outbursts such as bursting into tears or getting angry about very small things that would not have upset them before	 Watch for a sudden increase in movement to indicate anxiety Watch for triggers, e.g. increased levels of noise, high traffic times, multiple demands for their attention, and remove the client from these situations Avoid arguing or confronting the client Leave the room for a time out – remember is it the disease not the person