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## Home in Place: An Activities of Daily Living Resource Guide for Informal Caregivers Caring for their Loved One with Dementia

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Home in Place: An Activities of Daily Living Resource Guide for Informal Caregivers Caring  
for their Loved One with Dementia

By

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University of North Dakota

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for the degree of

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## Approval Page

This Scholarly Project Paper, submitted by Justine Flattum, MOTS and Nora Stevenson, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

03 April, 2020  
Date

**Permission**

**Title:** Home in Place: An Activities of Daily Living Resource Guide for Informal Caregivers

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*04/09/2020*

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## TABLE OF CONTENTS

ABSTRACT.....	6
CHAPTER	
I.    INTRODUCTION.....	7
II.   REVIEW OF LITERATURE.....	8
III.  METHODOLOGY.....	18
IV.  PRODUCT.....	19
V.   SUMMARY.....	111
REFERENCES.....	114

## **ABSTRACT**

There are over 70 million people in the Baby-Boomer generation that are progressing in age (Dupuis-Blanchard et al., 2015). It is imperative that healthcare providers consider the needs of this growing population. Home in Place is a resource guide that has been created for occupational therapists to distribute to informal caregivers of older adults with dementia. This original guide is intended to be introduced by occupational therapists working in hospitals or outpatient clinics where an individual with dementia is being discharged home and caregiver education is necessary. Although this guide is intended to promote aging in place, it can also be used for caregivers providing services to individuals in skilled nursing facilities or assisted living facilities. Home in Place is designed to give informal caregivers detailed information on how to help their loved one with dementia to successfully participate in activities of daily living.

## **CHAPTER I: Introduction**

There are over 70 million people in the Baby-Boomer generation that are progressing in age (Dupuis-Blanchard et al., 2015). It is foreseen that many in this generation will be retiring within the next decade or two, if they have not already. With that in mind, it is imperative that individuals in the healthcare field are working to accommodate this growing number of the older adult population. Necessary considerations at this point in life include deciding whether one will stay in their home or move into a care facility, if they can continue to live in their home safely, or if they are in need of a caregiver for assistance.

It may be difficult for the person in need of care, or their family, to employ a trustworthy caregiver. Therefore, many individuals would prefer to continue having a family member care for them as an informal caregiver. However, many of these caregivers may not receive training or education on how to be an informal caregiver and because of this do not know how to safely provide care to their loved one. As a solution to this problem, two occupational therapy students from the University of North Dakota, with the help of their advisor, created a resource guide as a source of information for informal caregivers to utilize while providing care to their loved one with dementia. The resource guide contains chapters filled with educational strategies and sequencing pictures on how informal caregivers may help their loved one complete ADL tasks safely, effectively, and efficiently. Having the chapters organized by ADL task will help readers navigate sections with greater ease.



## CHAPTER II: Review of Literature

### Problem Description

With an increase in age, the likelihood of developing a chronic disease or disorder also increases. One of the major diseases within the population of adults 65 years and older is dementia (World Health Organization, 2012). Dementia is stated to affect around 50 million individuals within the United States, according to the World Health Organization (2019). The World Health Organization describes dementia as a public health problem. The Alzheimer's Disease International website states "there is a fundamental requirement to educate and support caregivers and improve the quality of life for people with dementia in their own homes" (Sousa, Sequeira, & Ferré-Grau, 2018). Assistance for caregivers is essential to ensure proper care is being provided to individuals who suffer from dementia.

Assisted living facilities can offer many services to their residents. However, the number of long-term care services is limited due to the increasing number of older adults. According to Stone and Harahan (2010), there is a continuous shortage of paid long-term care workers who are committed, competent, and trained in a way that meets the needs of older adults. The longer waiting lists for facilities, an insufficient number of caregivers, and inaccessible Medicaid services adds to the difficulties of providing care to older adults (Dickson & Toto, 2018).

Not only are services for older adults more difficult to access, but many people struggle with moving from the comfort of their home into an assisted living facility. According to Dickson and Toto (2018), as many as 87% of older adults in America would prefer to stay in their current home as they age. This concept is an increasing trend known as "aging in place." The Centers for Disease Control and Prevention (2013), defines aging in place as one's ability to live in his or her own home and community safely, independently, and comfortably.

Some individuals that want to age in place are also dealing with age-related impairments or chronic diseases, and may end up depending on a loved one as their main caregiver. According to DiZazzo-Miller, Samuel, Barnas, and Welker (2014), 94% of caregivers are informal family caregivers providing care to their loved ones. DiZazzo-Miller et al. (2014), defines an informal family caregiver as an individual who is an informal, unpaid caregiver who is often an immediate family member, but can include relatives, friends, and acquaintances (DiZazzo-Miller et al., 2014). If the caregiver has a lack of health experience or knowledge, this individual should not have to feel forced to move their loved one into a place with more assistance from healthcare professionals. Informal caregivers should be provided with information or training to develop skills to assist with successful aging in place with their close family member or friend.

Along with the high percentage of individuals desiring to stay at home and the limitation of access to services and facilities, there is also a lack of the necessary and credible educational information for the individual and informal caregiver on how to successfully age in place. A study done by Ducharme et al. (2011) showed less than one third of caregivers were provided information on services that are available to them upon the recent diagnosis of their relative. A thorough literature review was then conducted to determine the sources of information for informal caregiver training that do exist. However, little information or training via written or electronic sources were found for informal caregivers caring for their relative or loved one. According to Ducharme et al. (2011), there is a pressing need for assistance to help new caregivers succeed in meeting the demands associated with caregiving. The lack of education and training provided to individuals and caregivers can affect whether the individual is living a safe and healthy lifestyle within the comfort of their home.

The lack of information could be due to a shortage of collaboration between the health provider, the individual, and the caregiver. Although, family caregivers are trying to care for their loved ones to the best of their abilities, the lack of training they receive leaves them to learn through trial and error or through informal instructions from other caregivers (DiZazzo-Miller et al., 2014). This lack of resources results in an increase of injuries in both the caregiver and loved one. Brown and Mulley (1997) discovered that 41 out of 46 informal caregivers sustained injuries during their daily caregiving activities. Injuries reported included back pain, muscular injuries, muscular aches, hernias, and a twisted knee. Only nineteen of the 46 caregivers had received instruction on manual handling, and 15 of the caregivers were informally instructed by hospital staff during the patient therapy sessions. However, even with this training to a small percentage of the caregivers in the study, no caregivers reported being aware of any formal caregiver training other than some posters on the wall of how to lift properly (Brown & Mulley, 1997).

Safely completing activities of daily living (ADL) is a primary concern associated with individuals who have dementia (Fowler, Haney, & Lemaster, 2016). ADLs are self-care tasks completed on a routine basis (Fowler, Haney, & Lemaster, 2016). Difficulties with ADL function is a major symptom and defining feature of dementia, which affects individuals throughout the course of the disease and contributes to the quality of life and overall well-being of the individual (Woodbridge, Crutch, Gilhooly, & Sullivan, 2015). A study by Brown and Mulley (1997), revealed that the most troublesome ADL for elderly individuals with a disability include: toileting, bed mobility and transferring, washing and bathing, ambulation within the home, stair climbing, and dressing. In order to address these difficulties, caregivers should be

educated on strategies to assist their relative with completing tasks safely to increase their quality of life and safety within their home setting.

Current aging in place often leads older adults to seek services from long term care services and supports (LTSS) (Dickson & Toto, 2018). These services are often community-based and usually address needs that are related to ADL and instrumental activities of daily living (IADL), such as self-care, eating and meal delivery, as well as transportation. Older adults can gain access to these services through informal networking, resources from the community, or LTSS coordinated programs that are well-integrated into the community. These services are effective in providing external services and support for older adults and their needs; however, these programs do not include training or strategies to help maintain independence and participation in meaningful occupations in the home for the individual. According to Dickson and Toto (2018), current LTSS also do not include caregiver training or helpful strategies in order to successfully age in place.

Ducharme et al. (2011), described a successful program that they used to assist individuals transitioning into a caregiver role for their family member diagnosed with dementia. This study focused on providing caregivers with information on coping strategies for dealing with difficulties and preventing psychological distress. The intervention group was individualized to each participant and met seven times for the duration of 90-minute sessions. Information on communication skills for talking with family, friends, and health providers, as well as strategies of how to plan for the future emerged as a result of the study. The results of the study (Ducharme et al., 2011), indicated that participants in the intervention group had increased confidence, were better prepared for caregiving, claimed greater self-efficacy in their caregiver

role, were able to better prepare for their relative's future care needs, and resorted more frequently to the coping strategies for problem solving and reframing.

While positive outcomes occurred in relation to the interventions, the information provided during the sessions may not always be generalized to the caregiver's home setting. Another limitation to the study by Ducharme et al. (2011), was that caregivers are unable to reference back to the information they were provided once the sessions were completed since the program was only a few months long. The program also lacked information on ADL tasks that the caregiver could be assisting with (Ducharme et al., 2011). Since ADLs comprise a large portion of an individual's daily routine, it is necessary for caregivers to receive information on ways to assist their relatives with their ADL in order to create a supportive aging in place lifestyle.

An ADL resource guide that implements an interpersonal relations and interactions focus will assist in informing aging individuals and informal caregivers with how to complete daily living tasks to meet the needs of caregivers. Such a resource guide may also be a service to reduce caregiver burden. Allen et al., (2017) studied the effectiveness of reducing caregiver burden and the study concluded that OT interventions should embrace caregiver education and training in order to decrease caregiver burden and injuries. Taking on a caregiver role can be very stressful for first time caregivers providing care to their recently dependent family member or friend.

According to Sousa, Sequeira, Ferre-Grau, Neves, and Lleixa-Fortu (2016), one of the most difficult aspects of a family member being a caregiver is the transition toward accepting the role of a family caregiver. The role often occurs while balancing the physical and psychological challenges that impact social, family, and professional relationships, which often have a negative

impact on the physical and mental health of caregivers. The large aging in place movement has had unintended negative effects on family caregivers who care for older adults including worsening personal health, injury, depression, anxiety, fatigue, financial issues, and loss of employment.

Caregivers for individuals with dementia are most vulnerable to these negative experiences (Brodaty et al. 2003, Pinquart & Sorenson 2003, Nelis et al. 2008, Carstairs & Keon 2009, Braun et al. 2009). Caregivers were interviewed for a qualitative study, in response to a question about available information and support, one caregiver stated “it needs to come from us. The help doesn’t come to you. You have to fight for yourself, you have to” (Bottorf et al., 2012, p. 106). The desire for consistent, reliable information about dementia and health services was mentioned by many caregivers throughout this study. An additional concern from caregivers in this study was their lack of confidence in the use of online sources. One caregiver stated, “Maybe the new generation of young people will come and they’re quite comfortable using the Internet and other hotlines and that kind of thing, but I think really there has to be a personal network as well to help people find the resources in their own settings” (Bottorff et al., 2012, p. 107). Some caregivers were completely resistant to the idea of using the Internet altogether, and made suggestions for ways to simply access information sources that are available to them. In fact, there was an inverse relationship noted between caregiver age and comfortability with the use of the Internet. The information gathered from Bottorff et al. (2012) supports how paper versions of information can make a positive difference for some individuals within the older adult population. The proposed paper resource guide will allow greater ease in access to a reliable resource, increasing the usability for all generations.

Another important aspect of aging in place is the safety of the individual in the home during their ADLs. Lien, Steggel, and Iwarsson (2015), discussed the importance of the fit between the home environment and the person. The study expands on this statement by explaining how home modifications can increase the individual's independence by removing barriers within the home. With the addition of home modifications, individuals were said to have increased ease, safety, and comfort completing household activities which allowed individuals to age in place (Lien et al., 2015). By addressing home modifications within the ADL resource guide, barriers and challenges located within the home will be reduced, allowing the individual's home environment to be less restraining and more supportive of their ADL performance.

Edwards (2015), conducted a qualitative study founded on caregivers between the ages of 49 and 82 to determine the role of occupational therapy and informal caregivers. Edwards (2015), concluded that occupational therapy interventions for informal caregivers can include environmental modifications, simplification of routines or daily activities, suggestions of adaptive equipment/assistive technology, and training on compensatory strategies for self-care activities. Therefore, information on environmental modifications, simplification of ADLs, and adaptive equipment information or suggestions could be provided through the form of an ADL resource guide created by occupational therapists.

The value of environmental modifications was also supported by Liu, Chang, & Chang (2018), who conducted a systematic review of 43 studies and examined occupational therapy intervention for community-dwelling older adults to determine the most common intervention. Home modifications were recognized as the primary and most beneficial occupational therapy interventions regarding community-dwelling older adults (Liu et al., 2018). Additionally, Szanton, Leff, Wolff, Roberts, and Gitlin (2016) examined the effects that home modifications

have on older adults' abilities to complete ADLs and IADLs. The intervention team helping the participants included an occupational therapist, a registered nurse, and a handyman. Structural improvements of the participants' homes were made with the intent to be more successful with their functional goals. These structural improvements included environmental, installation of assistive devices, and home modifications. After interventions were completed over a five-month period, 75% of the participants improved in their ADL performance (Szanton et al., 2016). This research supports the benefits of including and discussing recommendations for home modifications and assistive technology as part of an ADL resource guide.

Dickson and Toto (2018) discovered that aside from environmental modifications, personal factors such as fear, pain and fatigue should be considered when creating plans for successful aging in place (Dickson & Toto, 2018). An ADL resource guide will address caregiver difficulties that contribute to fear, pain and fatigue. For example, an ADL resource guide that provides strategies to maintain safety of both the caregiver and care receiver will promote independence and confidence. Through a resource guide, caregivers will be educated and provided tips and strategies on how to complete ADL performance successfully and on injury prevention. The educational resource guide will increase independence and confidence and therefore, will decrease fear, pain, and fatigue for both the caregiver and the care recipient.

### **Role of Occupational Therapy**

Safety, environmental modifications, and client and caregiver training and education are well within an occupational therapist's scope of practice. The role of occupational therapy in facilitating aging in place for both the client and caregiver has been proven helpful. According to Dickson and Toto (2018), making occupational therapy services and instruction part of LTSS systems is feasible and can be beneficial to older adults desiring to age in place with the help of a



caregiver. This ADL resource guide, written from an occupational therapy standpoint, focuses on caregiver training and instruction in ADLs. It is designed to help caregivers facilitate independence, functionality, and safety for their loved one with dementia.

The Person Environment Occupation Performance (PEOP) model (Christiansen & Baum, 1991), was used throughout the creation of this resource guide. This model was chosen due to the importance the model places on the fit between the person, their environment, and their occupation and how these three concepts affect the individual's functional performance. The breakdown of the components of the PEOP model for this resource guide will include the person being the individual with dementia and the informal caregiver. The environment is the home that the individual is living in with the informal caregiver. The objects in the environment, such as the adaptive equipment and resources, also fall within the environment component. The social environment of the PEOP component is the social interactions that occur between the individual with dementia and the caregiver. These interactions include the way the caregiver is providing assistance to the individual and how they communicate with each other throughout their day. The occupation component is the ADL completion performed by the individual with dementia with the assistance provided by the caregiver. The performance component is the outcome of the ADL tasks that are being completed by the individual with the help of the informal caregiver.

The resource guide will be aimed towards individuals who experienced changes in their life as a result of cognitive changes that may be occurring as they age, as well as their informal caregiver. The PEOP model (Christiansen & Baum, 1991), used to develop the resource guide will assist in identifying common strengths and difficulties associated with occupational performance (Baptiste, 2017). As an individual ages, performance in his or her desired occupations often becomes more difficult within a home environment (Woodbridge et al., 2015).

Due to this, informal caregivers must be aware of difficulties their loved one faces and how to provide assistance in their natural environment. This model will guide the development of recommendations made related to home modifications and adaptive equipment in order to increase the fit between the person and environment.

Throughout the review of current literature on aging in place and discovering the various needs of the older adult population, it is clear that a written resource guide from the viewpoint of an occupational therapist would be beneficial. The product introduced here is a resource guide filled with pictures to enhance the ease of use and facilitate understanding of the content for a large population. The resource guide will assist in ADL education and training for informal caregivers. The number of adults with dementia is greatly increasing. Therefore, the need for informal caregivers to assist these individuals who have chosen to age in their own home is imperative. For older adults to safely age in place, informal caregivers are instrumental in supporting this and must be included. Occupational therapists have the knowledge, background, and passion for this population. An aging in place informational resource guide focused around independence, functionality, and safety will promote effectiveness of caregivers and older adults with dementia to age and thrive in place.

### **CHAPTER III: Methodology**

After reviewing the literature, it was evident that there was a lack of resources for informal caregivers providing care to their loved one. Through many database searches, the students were unable to find ADL resource guides to assist and/or provide advice for informal caregivers. Due to the limited findings, the students began developing an ADL resource guide to help fill this gap. The goal of the scholarly project was to create a guide for informal caregivers to refer to in order for them to feel well equipped, safe, and confident while providing care to their loved one.

After completing a literature review, the students reviewed the Occupational Therapy Practice Framework to ensure thorough coverage of ADL was taken into consideration. In order to organize the resource guide in a logical order, sections were made based on each ADL with tips and strategies, adaptive equipment, and safe transfers being listed for most sections. Since the resource guide was being targeted for the older population, a paper version was decided on with size 16 font to ensure ease of access and readability. Pictures and descriptions of sequencing steps to complete tasks were provided throughout the resource guide to help readers easily understand the content and to assure safe completion of tasks. Pictures and descriptions were also implemented to educate readers on the different options that can assist with increasing their loved one's independence while completing ADL tasks.

## **CHAPTER IV: Product**

The purpose of the following product is to assist informal caregivers in safely caring for their loved one with dementia. The resource guide is intended to be distributed by an occupational therapist in any setting where an informal caregiver may be caring for an individual with dementia. Some potential settings include, but are not limited to, assisted living facilities, outpatient facilities, or hospital settings when an older adult is being discharged home. The occupational therapist distributing the guide may manually write in further instruction and/or education through the “Notes” section at the end of each chapter, if specific or additional information is necessary to provide. The therapist should explain that the guide is separated by ADL tasks, and that the informal caregiver can focus on the particular chapters that are challenging in the home setting.

The product begins with a table of contents for users to easily navigate through the guide. Following the table of contents is an introduction section aimed at the informal caregiver to give an overview on why this product was created. Following the introduction are the ADL chapters; Bathing and Showering, Toileting and Toilet Hygiene, Dressing, Personal Hygiene and Grooming, Feeding, Functional Mobility, and Personal Device Care. After these ADL chapters, a resource section is included where the informal caregiver can locate helpful resources such as a helpline for individuals caring for someone with dementia, as well as a chat room to ask questions, provide feedback, and gain support from other caregivers in similar situations. The last section of the guide includes references that were used to create the guide.

**Home in Place:** *An Activities of Daily Living*  
Resource Guide for Informal Caregivers Caring for  
their Loved One with Dementia

Justine Flattum, MOTS and Nora Stevenson, MOTS

University of North Dakota

## Table of Contents

<b>Introduction.....</b>	<b>4</b>
<b>Bathing and Showering.....</b>	<b>8</b>
<b>Section 1: Safety Tips.....</b>	<b>9</b>
<b>Section 2: Adaptive Equipment.....</b>	<b>12</b>
<b>Section 3: Transfers.....</b>	<b>22</b>
<b>Toileting and Toilet Hygiene.....</b>	<b>27</b>
<b>Section 1: Safety Tips.....</b>	<b>28</b>
<b>Section 2: Adaptive Equipment.....</b>	<b>30</b>
<b>Section 3: Transfers.....</b>	<b>35</b>
<b>Dressing.....</b>	<b>28</b>
<b>Section 1: Tips and Strategies.....</b>	<b>39</b>
<b>Section 2: Adaptive Equipment.....</b>	<b>42</b>
<b>Personal Hygiene and Grooming.....</b>	<b>52</b>
<b>Section 1: Safety Tips.....</b>	<b>53</b>
<b>Section 2: Adaptive Equipment.....</b>	<b>55</b>
<b>Feeding.....</b>	<b>62</b>
<b>Section 1: Safety Tips.....</b>	<b>63</b>
<b>Section 2: Adaptive Equipment.....</b>	<b>65</b>
<b>Functional Mobility.....</b>	<b>72</b>
<b>Section 1: Safety Tips.....</b>	<b>73</b>
<b>Section 2: Adaptive Equipment.....</b>	<b>75</b>
<b>Section 3: Transfers.....</b>	<b>80</b>

<b>Personal Device Care.....</b>	<b>83</b>
<b>Section 1: Tips and Strategies.....</b>	<b>84</b>
<b>Additional Resources.....</b>	<b>89</b>
<b>References.....</b>	<b>91</b>

## **Introduction**

*Home in Place* is a resource guide created by occupational therapy students attending the University of North Dakota. The purpose of creating this resource guide is to provide skillful, factual, easy to access information for informal caregivers of those with dementia. Informal caregivers are commonly family members, but they can also be relatives, friends, and acquaintances of an individual with dementia (Dizazzo-Miller et al., 2014).

After research was completed, the students determined there was a lack of resources made for informal caregivers providing care for their loved one at home. To fill this gap, the students created various sections related to activities of daily living care composed of tips and strategies, adaptive equipment recommendations, and safe transfer suggestions. Activities of daily living (ADL) are defined as tasks directed towards taking care of your body (American Occupational Therapy Association, 2014). Since some individuals have difficulties completing ADL tasks, adaptive equipment can be used to help assist with increasing independence and safety, and information on this is included throughout the resource guide. Adaptive equipment can be confusing for some to use; therefore, caregivers are encouraged to help guide their loved ones with using adaptive equipment to make sure they are safe and successful.



One safe strategy that can be used during many ADL tasks in this resource guide is a gait belt. A gait belt is worn by the loved one around their waist, like wearing a belt with pants, only it does not go through belt loops. The gait belt is for the helper to hold, with their hand palm-side up, to provide guidance or help steady their loved one, if needed. It may be helpful to be educated by a healthcare professional, such as a Certified Nursing Assistant (CNA) on how to appropriately and safely use a gait belt with your loved one. Gait belts are helpful to use during transfers to guide and support your loved one to decrease the risk of falls. A transfer is when your loved one moves from one place to another, such as from a standing position to sitting on a toilet. On the next page there is a picture description of how to properly put on a gait belt.

(1)



(2)



(3)



(4)



(5)



(6)



Most adaptive equipment can be found and purchased online. However, if you do not have a computer or dislike ordering items over the internet, some adaptive equipment can also be found at places like Walmart, Target, Walgreens, and home medical equipment stores. You can also ask your physician or occupational therapist for resources of how to locate and buy adaptive equipment, because there are often local stores that medical professionals can guide you to.

An additional benefit of this resource guide is the ‘Notes’ section that can be found after each chapter. This can be helpful for you to write down your own thoughts for you to refer to at a later time. This section can also be used for occupational therapists to write their notes and strategies for you to be able to refer to as a reminder.

# Bathing and Showering

Bathing and showering are important tasks that need to be done on a regular basis. These tasks include gathering and using supplies, such as soap, wash clothes, body sponges, and towels. This also includes transferring in and out of the shower or bath (AOTA, 2014). It is important to ensure your loved one is being thoroughly washed, cleaned, and dried to prevent sores and infections that could become harmful for your loved one. In order to safely complete bathing and showering tasks, a list of safety tips is provided below.

### **Safety Tips:**

- **Before**

- Gather all needed supplies (soap, wash clothes, sponges, towels, etc.) and place them within reach before having your loved one enter the bathroom. This strategy will prevent your loved one from falling by being left on their own during showers or baths.
- Make sure the bathroom is well lit and warm. By having the bathroom well lit, you and your loved one will be able to see and find the supplies needed. By having the bathroom at a warm temperature, your loved one will be more willing to participate in bathing or showering and will be easier for them to hold onto washcloths.
- When getting ready to bring your loved one into the bathroom, use an assertive voice. By telling your loved one

that it is time to take a bath or shower, it will be more likely they will comply.

- If showering, have your loved one sit down on a shower chair that is set to the correct height to prevent slips and falls.

- **During**

- The water temperature should be tested before your loved one enters the water to ensure a comfortable temperature.
- It is helpful for your loved one to be involved in the process of bathing and showering as much as possible to increase their abilities and sense of accomplishment. One way to involve your loved one is to hand them a washcloth or sponge and encouragement them to wash themselves.
- To increase comfortability during the bathing and showering process, it is helpful to carry on a conversation. This strategy will distract your loved one and allow you to complete the process with less difficulty.
- It is important to communicate with your loved one what you are about to do during the bathing process and what will happen next to decrease anxiety. For example, let your loved one know you are about to wash their lower back before doing so.

- Using bath oil is not a good idea because it has cause slipperiness and potential falls. Bath oil may also cause urinary tract infections (UTI).
- **After**
  - Covering your loved ones right after bathing or showering will help make your loved one feel more comfortable and less exposed. This strategy will also help dry off your loved one to decrease the chance of slips and falls.

## **Adaptive Equipment:**

- Shower chair

- Shower chairs are designed to be placed in a tub or shower that allows an individual to sit while bathing. Shower chairs are available with or without a backrest. A backrest may be helpful for your loved one to rest against and feel more comfortable during the bathing process. Most shower chairs have adjustable legs to change the height of the chair. The recommended height of shower chairs is between 17 and 19 inches (Department of Justice, 2010). The bottom feet of the chair are usually rubber which prevents the chair from slipping on the surface of the tub or shower. It is important to make sure all four of the rubber feet are in contact with the floor of the tub or shower and do not wobble. The seat of the chair is made of water-resistant material with holes to allow water to drain, this feature also makes for easy cleaning and prevention of mold.





- Shower bench

- A shower bench is a portable bench placed inside a bathtub that allows for a level surface for an individual to sit on while bathing. A bench is different from a shower chair due to the bench being longer in length. The length of the bench allows for a set of bench legs to be inside the tub, and for the other two legs will be placed outside of the tub. This feature allows for safe transfers into the tub by having your loved one sit on the section of the bench outside of the tub which is followed by lifting the person's legs up and over the tub sides. A seated transfer into the tub helps avoid possible falls when getting into and out of the tub. The adjustable legs of the shower bench allow for the ability to make the bench the same height as the tub sides. Similar to the shower chair, the material of the bench is water resistant and allows water to drain back into the tub rather than pool onto the seat.



- Handheld shower wand

- A shower wand assists in rinsing your loved one by having the ability to get the water source closer. The shower wand gives you a direct water source to bathe certain parts of your loved one at a time, while preventing soap and water from splashing onto your loved one's face. The shower wand also allows the person to participate in bathing by holding onto the wand to rinse themselves.



- Grab bars
  - Grab bars are metal bars placed on walls to use as handles for support and balance. Grab bars can be a variety of sizes and are anchored into the wall to help prevent slips and falls. It is helpful to place grab bars where it is natural for your loved one to reach while entering and exiting the shower or tub. Placing one right outside the tub or shower can be helpful for providing support for your loved one while stepping in and out of the shower or tub. Placing one inside the shower or bathing area can assist with standing up if a shower bench or chair is used.
  - Grab bars need to be secured and anchored into the wall. A contractor or maintenance person is useful to hire in order to make sure the grab bars are installed correctly.



- Grip mat

- There are multiple styles and sizes of floor mats with a material that adheres to the tub or shower floor that are available for purchase. A mat that grips to the floor is beneficial because it allows for your loved one to avoid slipping and falling when stepping in and out of the tub. A grip mat for outside of your shower and tub is also helpful to have to prevent slipping and falling when entering and exiting the tub. These mats adhere to the floor surface when dry and wet.







- Long-handled sponge/brush

- A long-handled sponge/brush is useful for your loved one to use in order to wash their body parts that they would not be able to reach without assistance. Long handled sponge/brushes can be useful to wash backs and legs. You can also utilize a long-handled sponge/brush if you are washing your loved one and cannot reach their back or legs comfortably.



## **Safe Transfers:**

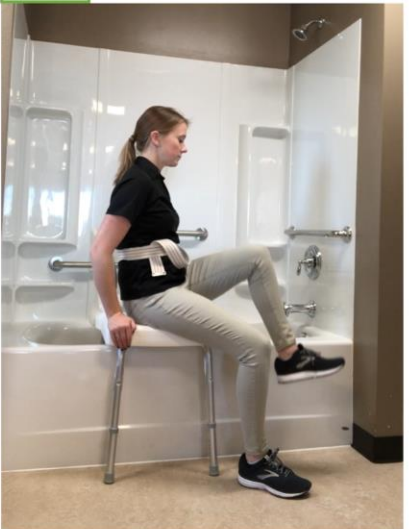
In order to complete the task of bathing or showering without injuries or falls, it is important that you and your loved one know how to complete safe transfers. With all the transfers listed below, it is important to remember to allow your loved one to go their own pace. This strategy will help your loved one feel comfortable and not rushed. This will also keep you from hurting your arms and back by pulling and lifting your loved one. A gait belt can also be used during transfers to provide support and prevent falls.

- **Bathtub transfer:**
  - Option one: Bathtubs typically have a higher edge to get legs over, causing increased difficulties with balance during transfers. Holding onto a gait belt that is properly positioned and supporting your loved one at the hips is also a good strategy during bathtub transfers to provide stability. Another strategy is to utilize a shower bench.
  - Option two: Using a shower bench allows your loved one to sit on the edge of the bench outside of the bathtub and lift their legs over the edge while sitting. This technique reduces the fall risk.

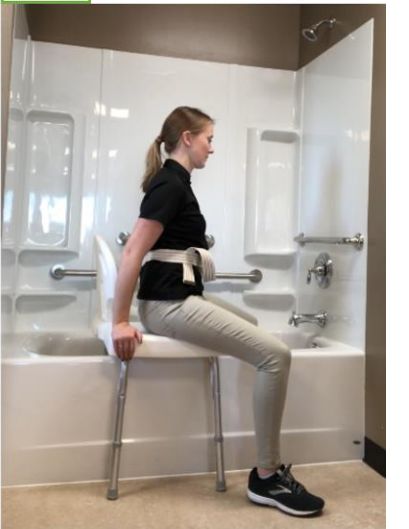
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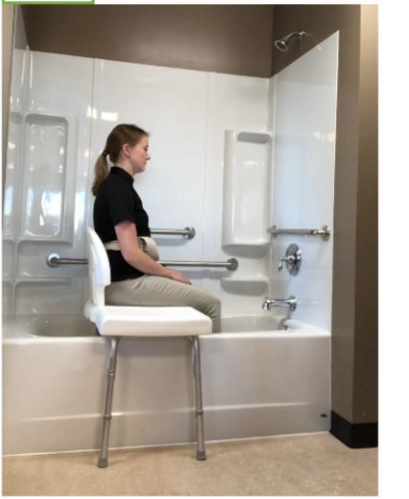
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- Shower transfer: A shower transfer can be difficult to complete if there is a ledge to get into the shower. A ledge can cause difficulties by requiring your loved one to balance on one leg while stepping into the shower. One strategy to assist in getting into the shower is placing grab bars in locations where your loved one may easily grab and hold onto to steady themselves. You can increase your loved one's balance by using a gait belt or placing your hands on their hips for guidance. The same strategies can be used to get out of the shower as well. It will be helpful to ensure the floor surface is dried to prevent slips and falls.
- Shower transfer with chair: If a shower chair is used, your loved one will not have to stand the whole time. This can help them to save energy for getting out of the shower or tub. Using simple phrases to help guide your loved one to the seat's edge will help them successfully sit down correctly and safely. A shower chair or bench with armrests will assist your loved one because they can use their arms to push down on the arm rests to stand up. This will also help decrease the amount of effort on your part so you can focus on guiding instead of lifting to be safer for you and your loved one. Telling your loved one to place their feet slightly under the chair or bench will also help the success of the transfer by giving your loved one more power to stand up.

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# Toileting and Toilet Hygiene

Toileting is something that individuals with dementia may need help with. This can include gathering and using different toileting supplies such as toilet paper or wet wipes, having the ability to manage pulling clothing up and down, and keeping a functional toileting position (AOTA, 2014). Other parts of toileting that are important to consider are transferring (getting on and off of the toilet), caring for continence needs (whether or not your loved one is able to control when they go to the bathroom), and managing taking pants on and off. (*Uniform Data System for Medical Rehabilitation, 1996, pp. III-20, III-24*) Below is a list of safety tips that will help your loved one go to the bathroom with minimal risk of injury.

### **Safety Tips**

- Allowing your loved one to go at their own pace when walking towards the toilet or commode. This will help them feel comfortable and relaxed.
- Encourage your loved one to participate in the task as much as they can while you provide support for balance and guidance to correct as needed.
- When nearing the toilet or commode, use simple instructions to guide your loved one in the process of turning around, managing clothing to get it out of the way, and sitting. Using short and simple commands will help explain what is happening and what your loved one will expect.



- To prevent bladder and bowel accidents, it can be helpful to create a toileting schedule to reduce urgency. Every two hours and before or after meals can be a good regular routine.

## Adaptive Equipment

- Self-wipe aid
  - This piece of equipment is a way for someone to wipe their own buttocks if they have difficulty reaching without assistance.



- Toilet riser/safety frame

- A toilet riser is something that can be placed on the toilet seat. It adds height to the toilet, making it easier for a person to stand up from the toilet.
- A safety frame is a way to have armrests on both sides of the toilet. These armrests can help an individual sit down slowly and safely.



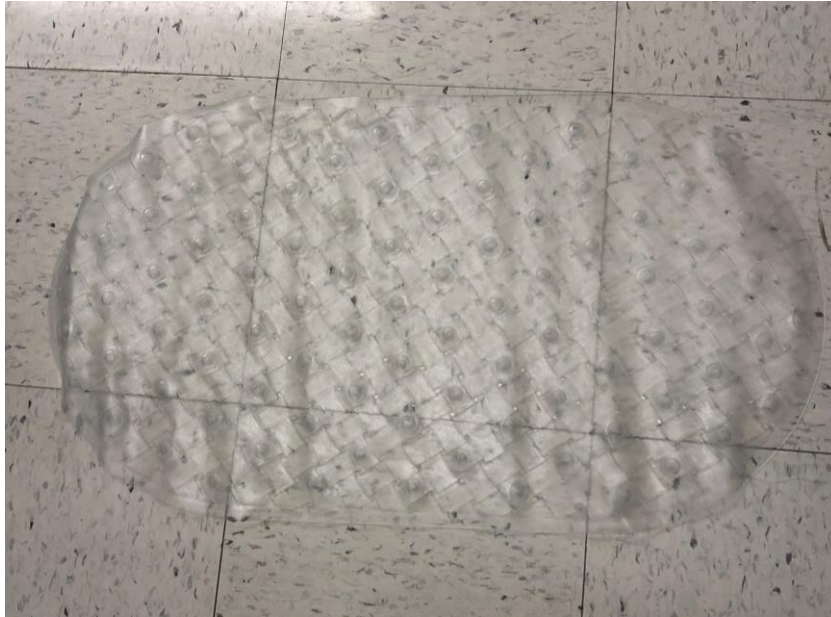
- Commode

- A commode is a portable toilet. It can be placed in any area. This is helpful if your loved one is not able to go up or down stairs to the level that a bathroom is on, or if they cannot walk long distances. A commode has a bucket that can be emptied of its contents.



- Grip mat

- A grip mat is placed on the floor and adheres to the floor to provide a non-slip surface. The mat can be placed in front of the toilet to assist with sitting down and standing up from the toilet without slipping.



- Grab bars

- Grab bars are metal bars placed on walls to use as handles for support and balance. Grab bars can be a variety of sizes and are secured into the wall to help prevent slips and falls. It is helpful to place grab bars where it is natural for your loved one to reach while sitting down and standing up from the toilet. Grab bars can assist your loved one with having a place to grab and hold onto to pull themselves into a standing position more independently. Grab bars are safer to use than holding onto towel bars or the edge of the sink because grab bars are secured into the wall and are sturdier.



## **Safe Transfers:**

- Toilet without riser: To complete a safe and successful toilet transfer, help guide your loved one towards the toilet and turn them around with simple verbal instructions. A gait belt or placing your hands on their hips can be done if physical support and guidance is needed. When getting ready for your loved one to sit down, make sure they are directly in front of the toilet to ensure that when they sit down, they will be balanced. When getting ready for your loved one to stand up, make sure their feet are shoulder width apart and directly below them. This will help your loved one stand up successfully through the full use of their legs.
- Toilet with riser: A transfer with the use of a toilet riser is less strenuous for your loved one. In order to complete a safe and successful transfer it is important to help guide your loved one to the toilet and to turn them around with simple verbal instructions. You may need to provide hands on guidance by using a gait belt or placing your hands on their hips if needed. When getting ready for your loved one to sit down, make sure they are directly in front of the toilet to ensure that when they sit down, they will be balanced on the toilet. The toilet riser allows your loved one to not have to squat down as far when sitting and helps them stand up with greater ease. Encourage him or her to reach back for the handle on the toilet riser and to use grab bars, if available.

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# Dressing

Dressing is something that is important in all individuals, but especially those with any form of dementia. Dressing can include the selection of clothing appropriate to the time of day, weather, and occasion. It can also include the order in which someone dresses or undresses, how to use buttons or zippers, and putting on or taking off personal devices such as hearing aids (AOTA, 2014). The following includes helpful strategies and adaptive equipment that can be useful for both your ease and your loved one's ability to do more on their own.

### **Tips and Strategies**

- Reducing the clutter within the room during dressing can help your loved one stay on task and avoid getting distracted. This strategy can also prevent trips and falls if there is no clutter on the floor around your loved one while they are standing up and sitting down during the task of dressing.
- If your loved one has a weak or difficult to move an arm or leg, it is beneficial to dress that limb first. This will help your loved one to be more independent in dressing by being able to use their least affected body parts to their advantage.
- In order for your loved one to be an active participant in the task of dressing, it is important to let them pick out their clothing attire. A full wardrobe to choose from can be overwhelming. Giving your loved one two pieces of clothing to choose from will allow your loved one to participate effectively. Choosing clothing suited for

the weather or occasion ahead of time can help the individual choose from a smaller selection to make sure they are dressing appropriately.

- Laying the clothing out for your loved one can also be a helpful strategy. By laying the clothing out for your loved one so they can see it can help them prepare and complete the task.
- Giving your loved one each piece of clothing can also be helpful. With only one article of clothing in their reach, your loved one will be able to help with the task of dressing and be less overwhelmed. This strategy will also ensure that your loved one is dressing themselves correctly and safely with simple instructions and supervision.
- Having your loved one wear loose fitting clothing makes getting dressed and undressed easier. Looser clothing also allows your loved one to be able to dress themselves with greater ease due to being less restricted.
- Articles of clothing with Velcro can also make dressing and undressing easier rather than zippers or small buttons, which may be harder to handle. Velcro requires less dexterity making it easier to attach and remove.
- Visual cues, such as a picture instruction sheet, can help guide your loved one through the process of dressing and undressing without close supervision. With the use of picture instructions,

your loved one will follow the steps of dressing or undressing themselves by looking at the picture steps. For successful dressing and undressing using picture instructions, your loved one must be able to follow the instructions in order to know which step of dressing they should do next.

## Adaptive Equipment

- Sock aid
  - A sock aid is helpful for your loved one to be able to put on their socks by themselves. The sock aid is a plastic device that you slip the sock over. Once the sock is on the sock aid, your loved one slides their foot into the sock aid. With their foot touching the end of their sock, they pull the strings of the sock aid towards them with their foot pointed to the floor. With this simple movement, the sock aid pulls your loved one's sock over their foot and around their ankle.



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- Dressing Stick

- A dressing stick is a wooden stick with different hooks on each end to help with dressing and undressing tasks. The stick acts as an extension of the hand and arm that helps to reach items. The hooks help with grabbing clothing to put on or push off. The hooks can also help with reaching for and pulling up or down zippers and can help with untying shoes.





- Button Hook

- A button hook is a small device that can help your loved one button up shirts or pants with increased independence. The button hook is slid through the shirt or pants buttonhole, over the top of the button, and slid back through the hole to fasten the button. The button hook can also be used to unfasten a button sliding the button hook through the buttonhole, over the top of the button, and back through the hole.



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- Zipper pull

- A zipper pull is a small device with a hook that attaches to any zipper and makes it easier to pull up. The zipper pull helps by having a larger handle that allows your loved one to grasp and handle to zip up their own zippers with increased independence.



- Reacher

- A reacher is helpful to grab clothing during the task of dressing. You can provide your loved one with guidance to encourage active participation with a reacher during dressing. Your loved one can use a reacher to assist with grabbing and retrieving articles of clothing off the floor or in places that cannot be reached. A reacher can also be used to help put on pants without your loved one having to reach all the way to the floor with their hand. Using this device to retrieve clothing can also prevent your loved one from falling during the task of dressing.



- Shoe Horn

- A shoe horn assists with putting on shoes. Your loved one can use a shoe horn by placing it in the heel of the shoe and makes it easier to slip their foot into the shoe. A shoe horn prevents bending or stooping to put on shoes, which may also prevent a fall.



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# Personal Hygiene and Grooming



Personal hygiene and grooming can be difficult for individuals with dementia due to the steps of the task that need to be completed in the correct order. Grooming and hygiene can include hair removal (such as facial hair or leg hair), brushing teeth, brushing hair, caring for dentures, flossing, clipping nails, applying deodorant, and washing face and body parts (AOTA, 2014). The following tips and adaptive equipment can help you and your loved one complete necessary hygiene and grooming tasks.

### **Safety Tips**

- Having a routine for grooming and hygiene can help your loved one form morning and night habits to complete tasks more regularly.
- A visual cue or picture instructions for your loved one can help them understand the order of steps for different grooming and hygiene tasks. This strategy can also help with building a routine.
- Sitting down while completing some grooming and hygiene tasks can lessen the chance of your loved one falling and injuring themselves. An added benefit to sitting down is that it can help them save their energy for other tasks they may need to complete.
- Completing the tasks at the same time as your loved one can encourage him or her to move safely through the task by following your actions after you demonstrate. This strategy is also a good

way to provide social interaction for your loved one while you complete the tasks with one another.

## **Adaptive Equipment**

- Built up handle toothbrush
  - Building up the handle of a toothbrush can make it simpler for your loved one to brush their own teeth. The built-up handle makes it easier to grasp and hold on to while they brush. With any built-up handle, people with dementia may not enjoy using something that feels too unfamiliar, so keep this in mind when trying things like this for self-care tasks.
- Built up handle hair comb/brush
  - A built-up handle on a hair comb or brush makes it easier for your loved one to grasp and hold onto in order for them to be more independent while brushing and styling their hair.
- Extended comb/brush
  - An extended comb or brush can be helpful for your loved one to be able to style their hair by themselves. This device can be helpful if reaching behind their head to comb their hair is difficult for them.



- Electric toothbrush

- An electric toothbrush can be a good strategy to use with your loved one to help them brush their own teeth. Your loved one does not have to move their hand or arm as much with an electric toothbrush, but still ensures their teeth get properly cleaned.



- Electric razor

- An electric razor is safer to use and will be less likely to injure your loved one. An electric razor can give your loved one independence with personal hygiene, while also ensuring their safety.



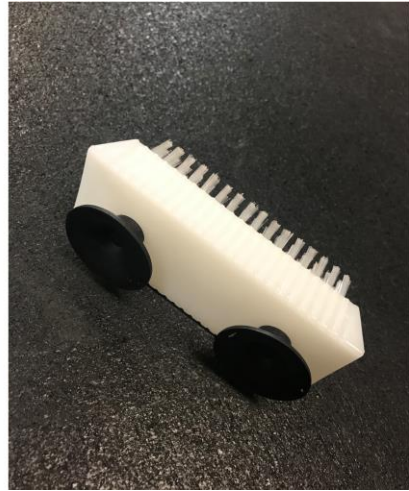
- Suction base nail clippers

- A nail clipper with a suction base helps with cutting your loved one's nails while keeping the clippers stationary. The nail clipper has suction cups on the bottom that allow it to stick to flat surfaces. This device allows your loved one, or you, to place the selected nail in the clipper with increased accuracy and less difficulty.



- Suction base nail brush

- A nail brush with a suction base is helpful to clean nails without having to hold onto the brush. The suction cups on the bottom of the brush hold the device on a flat surface. This device can be useful with individuals who have difficulty holding onto objects. The suction base nail brush can increase your loved one's independence with nail hygiene.







# Feeding

Feeding includes setting up, arranging, and bringing food or drinks up to the mouth (AOTA, 2014). People with dementia can have difficulties with tasks associated with feeding such as forgetting to prepare and/or eat a meal, as well as safety concerns. The following tips and strategies, as well as adaptive equipment can assist your loved one with the task of feeding to increase their independence.

### **Tips/Strategies**

- The following strategies were adapted from the Alzheimer's Association website.
  - Limit distractions. It might be helpful to eat in a peaceful, calm environment.
  - Keep the table simple. Clutter could make the individual feel confused or distracted from eating. It can also help to only serve one or two things at a time. This strategy will help prevent your loved one from becoming overwhelmed with too much food on their plate.
  - Sometimes individuals with dementia have a tougher time telling the difference between the food. Using a contrasting plate color can help with this, such as a white plate with a black placemat.
  - Test the temperature of foods and beverages before serving it to the person. They may not be aware of whether something is too hot to eat or drink.

- Food preferences might change in an individual with dementia, so try to remain patient if your loved one may reject certain foods they once enjoyed.
- Give them time. If needed, remind them to chew and swallow carefully.
- Join them. A meal can be the perfect time for an individual with dementia to have an enjoyable social time.

(Alzheimer's Association, n.d.)

## **Adaptive Equipment:**

- Built-up handles for silverware
  - With age can come difficulties with holding utensils to eat with, especially if the individual has another challenge, such as arthritis or Parkinson's. Built up handles can help individuals hold their utensils easier so that they can do more of the eating task without assistance.



- “Swivel” utensils

- These are helpful if an individual with dementia has any tremors (shaking) in their hands. Swivel utensils help keep the food in an upright position so that it does not fall off the utensil allowing your loved one to feed themselves without spilling.



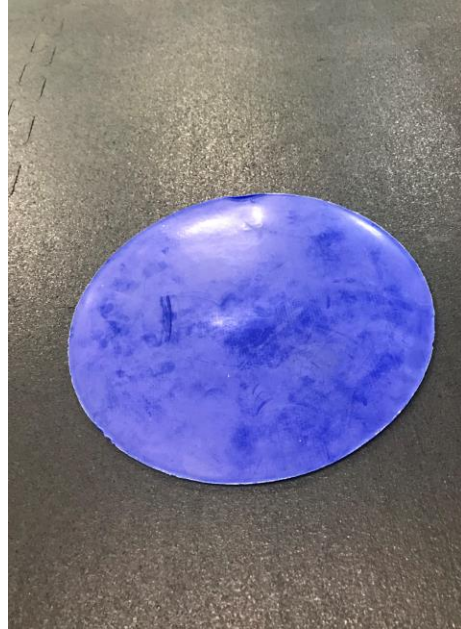
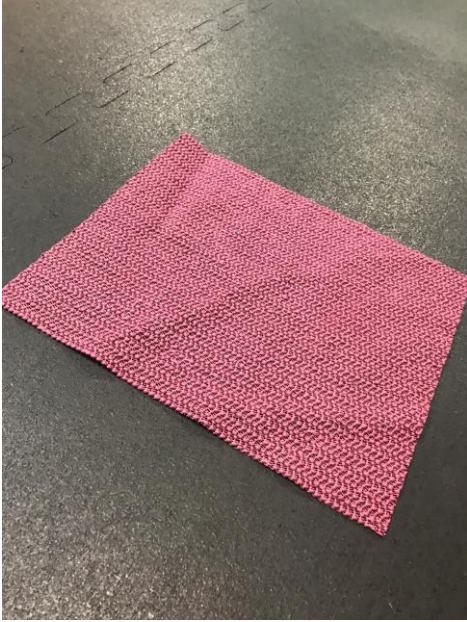
- Plate guard

- These help keep food on the plate. They can be beneficial if an individual only has use of one limb, have vision difficulties, or if you notice that they often have food fall off their plate. The edges around the plate can help your loved one scoop up food onto their utensil without any falling off the plate.



- Mats for under plate

- Using a grip placemat will help the plate not slide around on the table.





- Rocker knife

- This is a utensil that can help either prepare food or cut food on a plate. It is especially beneficial for those with decreased strength in their hands. A pizza cutter can also be used in the same manner.



- One-way straws
  - One-way straws have special valves to keep water in the straw at all times, decreasing the risk of choking and making it easier to drink. Some one-way straws have a “lip block” piece that you can add, which prevents the straw from going too far in a person’s mouth.



# Functional Mobility

Functional mobility can include moving from one place to another during everyday activities. It can also include moving around in bed, in a wheelchair, chair, or during transfers (AOTA, 2014). Transfers have been mentioned in previous chapters, however they will be reviewed again in this chapter.

### **Safety Tips**

- For all functional mobility, it is important to allow your loved one to move at their own pace. This strategy helps your loved one to feel less overwhelmed and more in control of the situation, increasing their confidence and comfortability with movements.
- The use of a gait belt may be necessary to use during functional mobility to provide guidance or balance support.
- Giving step-by-step instructions during mobility and transfers increases your loved one's success. A smaller amount of instruction allows your loved one to remember what to do and what they are supposed to do next.
- Cleaning up clutter and making sure there are no loose rugs lying on the floor will help reduce the risk that your loved one will trip and fall while walking or transferring.
- It is important for caregivers to know and understand how to use personal mobility devices (walkers and wheelchairs) in order to demonstrate or explain to their loved ones how to use it correctly.

An increase in falls can occur if your loved one is incorrectly using their mobility device.

## **Adaptive Equipment**

- **Bed Cane**
  - A bed cane is a small handrail that attaches next to the head of the bed to help with getting in and out of the bed. Your loved one can use this device to help with sitting up in bed by grabbing ahold of the bed cane to use their arms to pull themselves into a sitting position. This device can also be used to push off from when standing up from the bed.

- Lift Chair

- A lift chair is helpful with standing up out of a recliner. The chair has hand controls that lift or lower the chair's seat at an angle. The lift function allows your loved one to stand up with greater ease.
- The hand control, or remote, can be used by you or your loved one. If you do not think your loved one can control the lift chair safely, it is important to keep the remote out of sight from your loved one.





- Leg Lifter

- A leg lifter is loop with a long handle. The loop is placed around one foot while the long handle can be used to pull up on in order to assist in lifting the foot and leg up. This device can be helpful to make it easier to lift a leg into and out of bed.



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- Walker Tray

- A walker tray is a device that slides over the handles of a walker and provides a stable tray for your loved one. This device can be helpful for your loved one to transport items without having to hold them in their arms. This can prevent balance difficulties and falls.



## Safe Transfers

- For all transfers, it is important to allow your loved one to move at their own comfortable pace. This will decrease their uneasiness and anxiety, while increasing their confidence.
- Make sure your loved one is positioned as close to the surface he or she will be moving to, such as a bed or chair before beginning the transfer. This will decrease the amount of movement, distance, and potential fall risk for your loved one.
- It is important for your loved one to place their feet on the ground, slightly behind their seat. This will increase their ability to stand by using their leg strength.



- Before beginning to stand, have you loved one scoot to the edge of the chair.
- Make sure your loved one places their hands on the seat of the chair next to their legs, or on the arm rests if the chair has them. This will help your loved one to push themselves up and off the chair with their arms.



- While your loved one is using their arms to push themselves up, they should also lean forward to gain momentum out of the chair to stand up. The decreased effort and increased safety during the transfer will be beneficial for both you and your loved one.



# Personal Device Care

Many individuals with dementia may use a personal device such as hearing aids, glasses, splints or braces, adaptive equipment, or glucometers. If your loved uses a personal device, it is important for their health and safety to keep these devices clean and maintained. An individual with dementia may have difficulties following a cleaning schedule or remembering when it is necessary to clean their personal devices, so they might need to depend on you to do so. The following are some tips and strategies for some of the more common personal devices that an individual with dementia might use.

### **Tips and Strategies**

- Hearing aids: For more helpful tips on caring for hearing aids, you may search information at this website:

<https://www.healthyhearing.com/help/hearing-aids/cleaning>

- Create habits. It might help to have a routine where the loved one takes out their hearing aids each time they take a shower or bath. Having them out during hygiene tasks, such as washing their face or bathing, is a good idea so that soap and water do not interfere with how they work.
- Avoid letting the hearing aids be in extreme high or low temperatures.
- There are two types of hearing aids. In the ear (ITE) and behind the ear (BTE). The following are strategies on how to clean each type.



- *In the ear (ITE)*: Clean the openings using a soft-bristle toothbrush or a brush that was previously provided. When cleaning, hold the opening toward the ground so loose particles will fall out rather than get lodged further in. Use a wax pick to clear anything that didn't come out with the brush. Wipe the entire device with a cloth.
- *Behind the ear (BTE)*: First, examine the device for debris and remove it with either a soft brush or a cloth. Remove the earmold from the hook. Wiping them clean every day will help keep them from discoloring, and soaking them in warm soapy water will also help with this.
  - Always allow them to dry before use (preferably overnight).
  - Never use alcohol or any hard chemicals to clean them

(Victory, 2019)

- Glasses
  - If your loved one wears glasses, it is important to make sure they are kept clean. Clean glasses allow for better sight and may reduce frustration. Annual visits to the optometrist will

ensure glasses are maintained at the correct prescription and fit.

- Keeping glasses in the same safe spot when they are not worn can prevent the glasses from getting lost or damaged.

- Orthotics

- An orthotic is a device made to provide support to a body part.
- With all orthotics, it is important to keep them clean. Most orthotics can be cleaned with warm soapy water and a damp cloth. Make sure the orthotic is completely dried with a towel or by air drying before using.
- By keeping orthotics in the same safe spot when not in use can prevent damage or loss.

- Adaptive equipment

- Adaptive equipment should be kept in a location where it will be used the most. This is important in order for your loved one to be able to use the equipment within reach when it may be most important.

- Glucometers

- There are many different types and brands of glucometers. As a result of this, each glucometer type has a different set of cleaning and maintenance guidelines. With most

glucometers, it is safe to use a clean damp soft cloth to wipe away blood, oils, and dust that may adhere to the glucometer.

- It is important to keep the glucometer in a dry place for storage and safety to ensure damage does not occur to the device.



## Additional References

Additional online resources are listed below to provide you and your loved one with more information and support regarding dementia and caregiving. If you are interested in these additional resources but do not have a personal computer or smartphone, public computers can be found and accessed at community libraries.

- <https://www.alz.org/help-support/resources/helpline>
  - The Alzheimer's Association helpline is a free 24/7 helpline to connect with a master's level clinician that offers support and information to those with dementia, caregivers, family, and the public. This service is confidential and can address a variety of topics related to symptoms, safety issues, strategies to reduce stress, and legal and financial documents for future care. The phone number to the helpline is: **800.272.3900**
- <https://www.alz.org/help-support/resources/helpline>
  - This internet link leads you to the Alzheimer's Association resource locator. The website lets you enter your state and/or zip code and will find professionals and support options near you. This will also give you the contact information for each support option in your specific area.
- <https://www.alzconnected.org/>
  - This website is a free online chat room that provides a space for individuals to come and discuss topics associated with

dementia. This website creates a community for individuals to share their stories and to connect with others to provide support to one another.

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## **CHAPTER V: Summary**

The uniqueness of this resource guide is what makes this project valuable. As discussed in chapters one through three, there is a lack of guidance provided to informal caregivers providing care to their loved one with dementia. This guide is an all-in-one resource that allows caregivers to gain confidence and knowledge on how to safely care for their loved one within the comfort of their home through tips and strategies on ADLs and transfers, as well as possible adaptive equipment that may be helpful. The main focus of the resource guide was for all informal caregivers to be able to utilize the guide and understand the contents. Therefore, special considerations for organization and usability were put in place.

Language and sentence structure were carefully selected throughout the product. Sections of the descriptions were checked on the Flesch-Kincaid readability assessment tool. This assured that individuals would be able to understand the content, regardless of their health literacy level. Definitions for medical words necessary to use in the guide were provided in the introduction section to ensure readers would not be confused in later chapters. An easy to read font of Times New Roman was chosen for the entire guide for individuals to read without difficulties or misunderstandings. A font size of 16 was used due to common age-related visual difficulties occurring later in life and the expectancy of readers to be older in age. All the pictures taken for the product that include people are the authors of the resource guide, who have been previously educated on safe transfers and adaptive equipment. All pictures taken of adaptive equipment are of items available by the University of North Dakota Occupational Therapy Program, as well as the Casper College Occupational Therapy Assistant Program. Bullet points were also used for organizing topics and for clarity of sequencing steps. Additionally, chapters are organized by ADL occupations. This is different from most resources that are available for dementia since a



majority of the already existing tip and advice sheets only provide information on the condition itself, and not specific training and education for ADL safe completion.

Additional resources are provided for caregivers to reach out if more information or help is wanted. Although it would be possible to provide this resource guide online, the intention is for it to be a paper copy. The authors hope that the idea of having an already printed, paper copy of a helpful resource guide will be appealing to some older adult caregivers.

As with any first product, there are some limitations that have become evident. First, this resource guide has not been tested or implemented anywhere, so there may need to be additional revisions to increase user friendliness. Implementation of the resource guide could be conducted by future students as an independent study, as a way of further product development. Secondly, since it is very occupation-based, it may limit the number of healthcare providers that can distribute this resource guide. Another limitation is that adaptive equipment was added at the authors' own discretion. There may be equipment that was unknown to the authors, and therefore was not included. Finally, some of the photos may have a more distracting background than just a plain solid color, which may decrease the visibility of the photos.

Once the product is fully completed, the authors plan to seek appropriate approval, including IRB permission, to pilot the resource guide as an experiment to gather feedback. The hope is to ask informal caregivers of individuals with dementia to volunteer and utilize the resource guide into their daily routines. After utilizing the resource guide, positive and negative feedback about their experiences and the usability of the product will be gathered. Once the feedback is gathered and the necessary and practical changes are made, the authors would like to publish the product for occupational therapists to use as an education and training tool for informal caregivers and to allow the occupational therapists to provide the guide as a reference

for later use. Finally, the authors would eventually want to publish the resource guide in different languages in order for the guide to be more user friendly and available to a larger number of individuals.

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