



Dementia Training for First Responders

**Developed for
Peel Region Paramedic Services**

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Peel Region



Land Acknowledgement



Introduction to Training



Why Peel Region?

Peel Region is committed to programs and resources that provide the best care possible to all persons living and working within the region.



Why First Responders?

The previous implementation of the **emotion-based model of care** suggests that these approaches will also be successful in other settings and with other care providers and response teams, **including first responders.**

Outcomes

At the conclusion of this training, participants should be able to:

- Demonstrate increased knowledge about dementia/degenerative brain disease.
- Understand and address the common biases and stigmas about dementia.
- Summarize how the brain changes in persons living with degenerative brain disease.
- Link feelings and emotions to our approaches and those approaches to connect with persons living with dementia.

Disclaimer

This training is meant to augment the training of first responders and does not preclude them using the measures that are required of them in fulfilling their roles and maintaining the safety of themselves and others in carrying out their responsibilities.

Anticipated Benefits

- Reduce the number of avoidable transfers to the emergency department.
- Increase the confidence of first responders when responding to calls for people living with dementia.
- Equip first responders with the skills to de-escalate situations of risk and/or heightened expressions.
- Increase positive feedback received from caregivers or family members.
- Increase positive feedback from first responders where dementia is an underlying issue in calls responded to.

Establishing Training Norms (Creating a Safe Space)

How can we work together today, to create a safe place where we all feel valued, respected and comfortable to share our experiences?



Brave Space

- Feeling safe is necessary to be brave and make mistakes.
- There is no shame in mistakes.
- If you feel uncomfortable, try not to withdraw, or become defensive.
- It's in these moments of discomfort that change is really taking place.
- Let's get comfortable talking about the uncomfortable.
- Be mindful of others' lived experience.

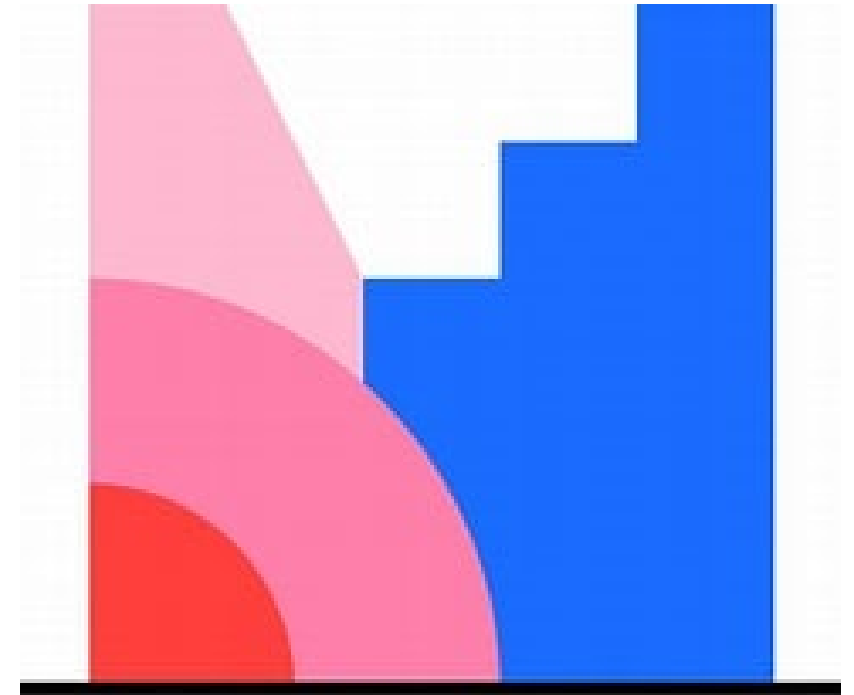


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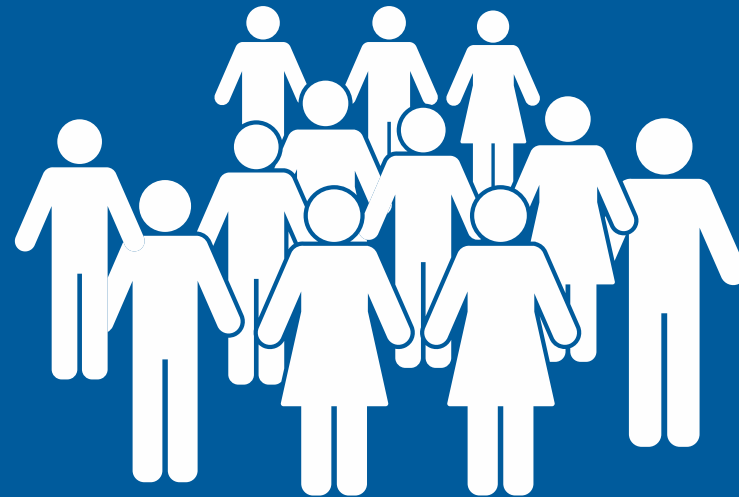
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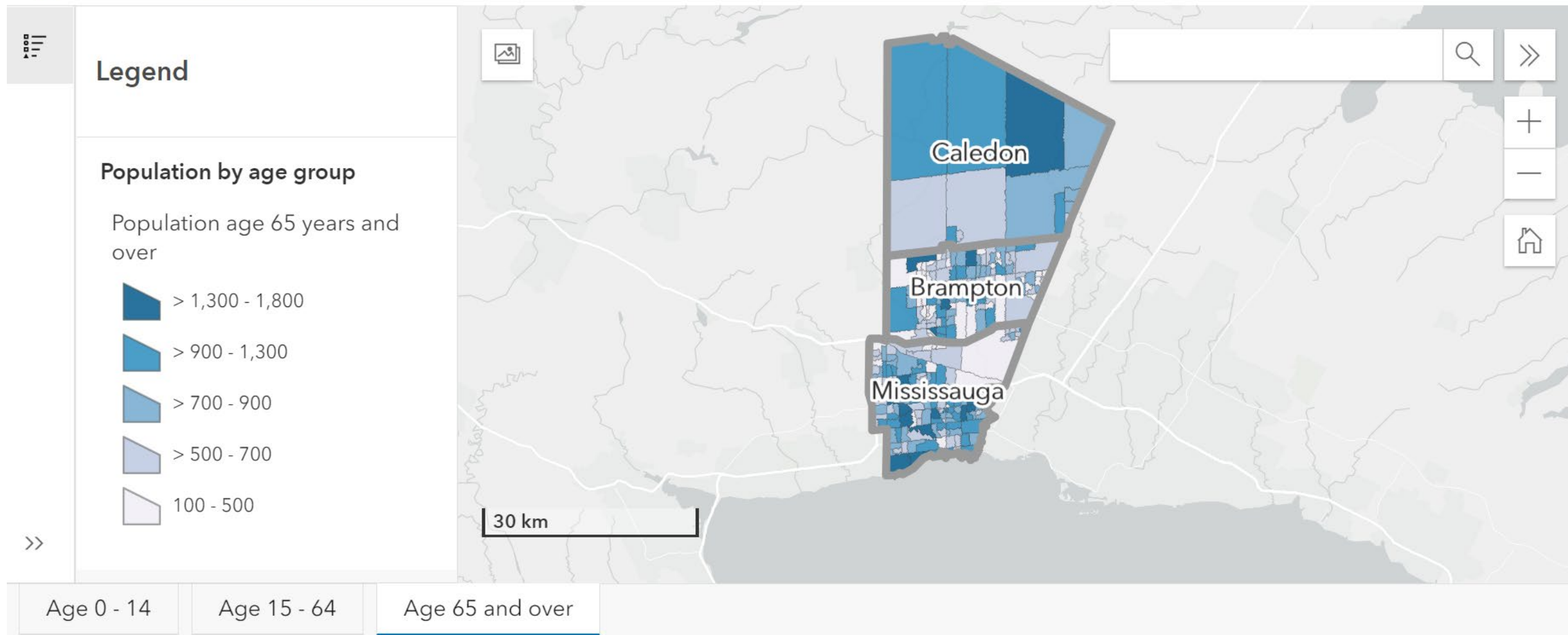


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Population Demographics and Statistics



Population age groups by Census Tract



Senior Population

- In **2021**, there were **212,000** people in Peel aged **65 years and over**, which equals **15%** of the population.
- This is an increase from **13% in 2016**.
- In the **past 5 years**, Peel's senior population has grown **20%**.
- We can expect a greater increase in the senior population in the coming 5 to 15 years as those aged 50 to 59 years grow older.

There are **255** people aged **100 years or older** in Peel, up from 200 in 2016. These people are known as centenarians.
200 of the **255** centenarians are women

Dementia Stats

- By the year **2050**, more than **1.7 million Canadians** are expected to be living with dementia, with an average of **685 individuals** being diagnosed each day.
- Approximately **1 in 4 Seniors aged 85+** have been diagnosed with dementia.
- **597,000** people are living with dementia in Canada (2020) , **747,000** Canadians live with cognitive impairment.
- **995,900** will develop dementia by 2030.
- **6.3 million** Canadians diagnosed, living with and eventually dying of dementia **over the next 30 years**.

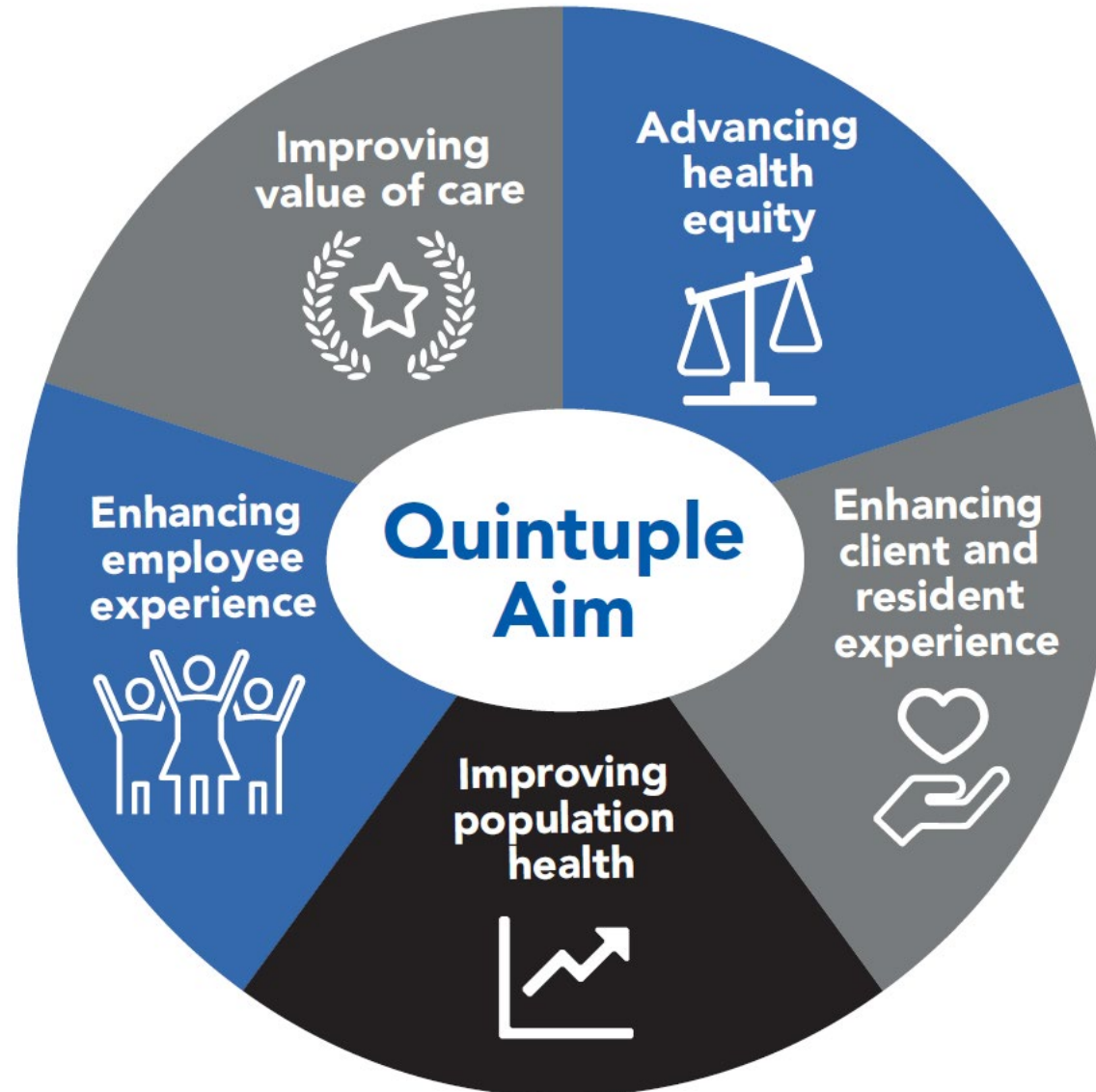


[Landmark Study](https://www.cihi.ca/en/dementia-in-canada/dementia-in-canada-summary#:~:text=The%20prevalence%20of%20dementia%20more,the%20gap%20increases%20with%20age,)

<https://www.cihi.ca/en/dementia-in-canada/dementia-in-canada-summary#:~:text=The%20prevalence%20of%20dementia%20more,the%20gap%20increases%20with%20age,>

<https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada>

Quintuple Aim



Total Call Volume - 2019-2022

Total 911 calls - Peel Region Paramedics

2019	2020	2021	2022
137,669	122,817	142,531	147,689

Call Volume of Patients Aged 65 Years and Over, July 1, 2021, to June 30, 2023

Reporting Period	Call Volume
July 1, 2021 - June 30, 2022	45,273
July 1, 2022 - June 30, 2023	47,151
% change between periods	4%





Dementia

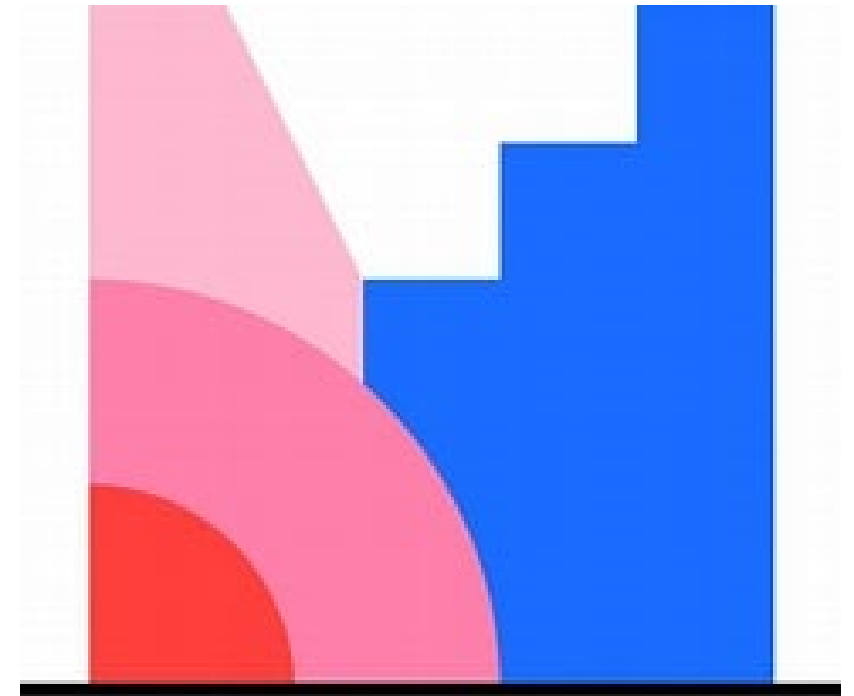


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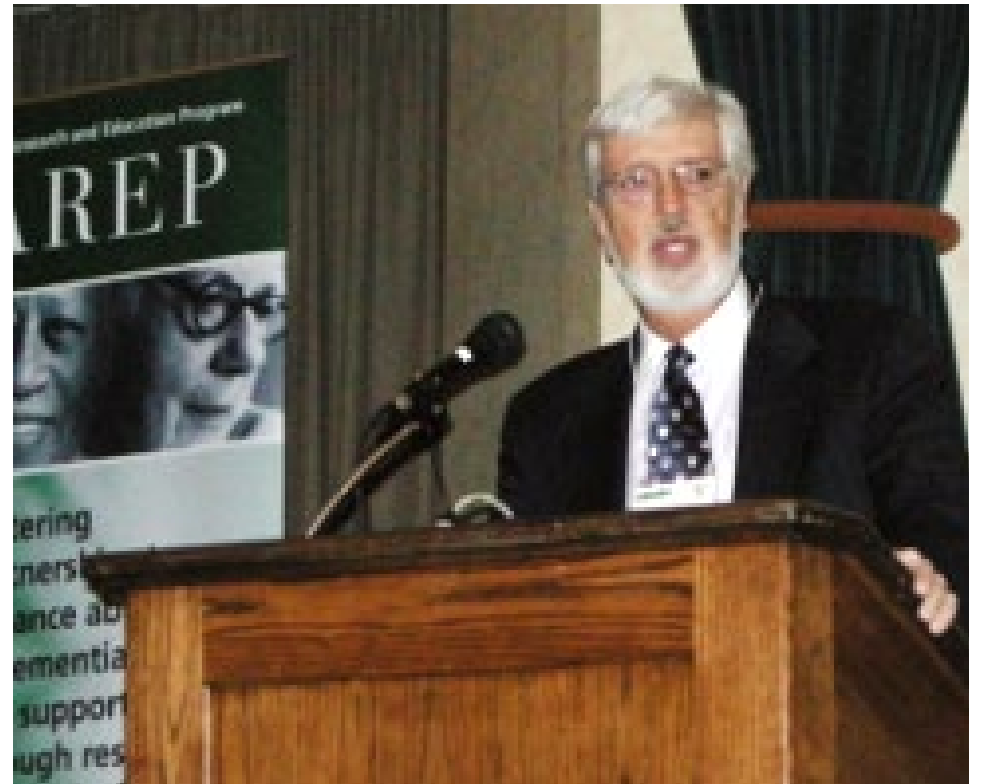
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Treating persons living with dementia as unique individuals

“If you know one person living with dementia, you know one person living with dementia.”

- Richard Taylor (2012)

Advocate, author, and person living with dementia



Bias and Stigma

Some of the consequences of negative perceptions on persons with dementia include:

- Influencing how view themselves and their lives.
- Shaping how their actions are perceived and judged by others.
- Changing how the person is treated, labelled, and stigmatized.
- Limiting the choices and opportunities available, which results in social inequality.
- Failing to recognize and limiting the contributions they can make to their own lives and the lives of others.
- Feeling ignored, silenced, overlooked, and overprotected.
- Excludes or limits a person's decision making regarding their health or care because of our perception of their decision-making capabilities.

Shifting the Perception

Personal reflection...

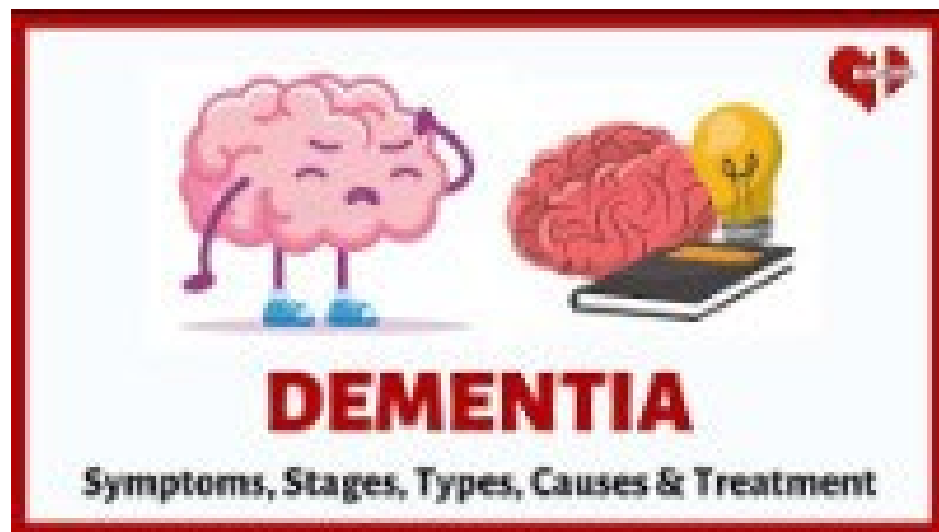
How would you respond if you were told:

"90% of persons living with dementia will experience a behavioural or psychological symptom of dementia during the course of their illness."

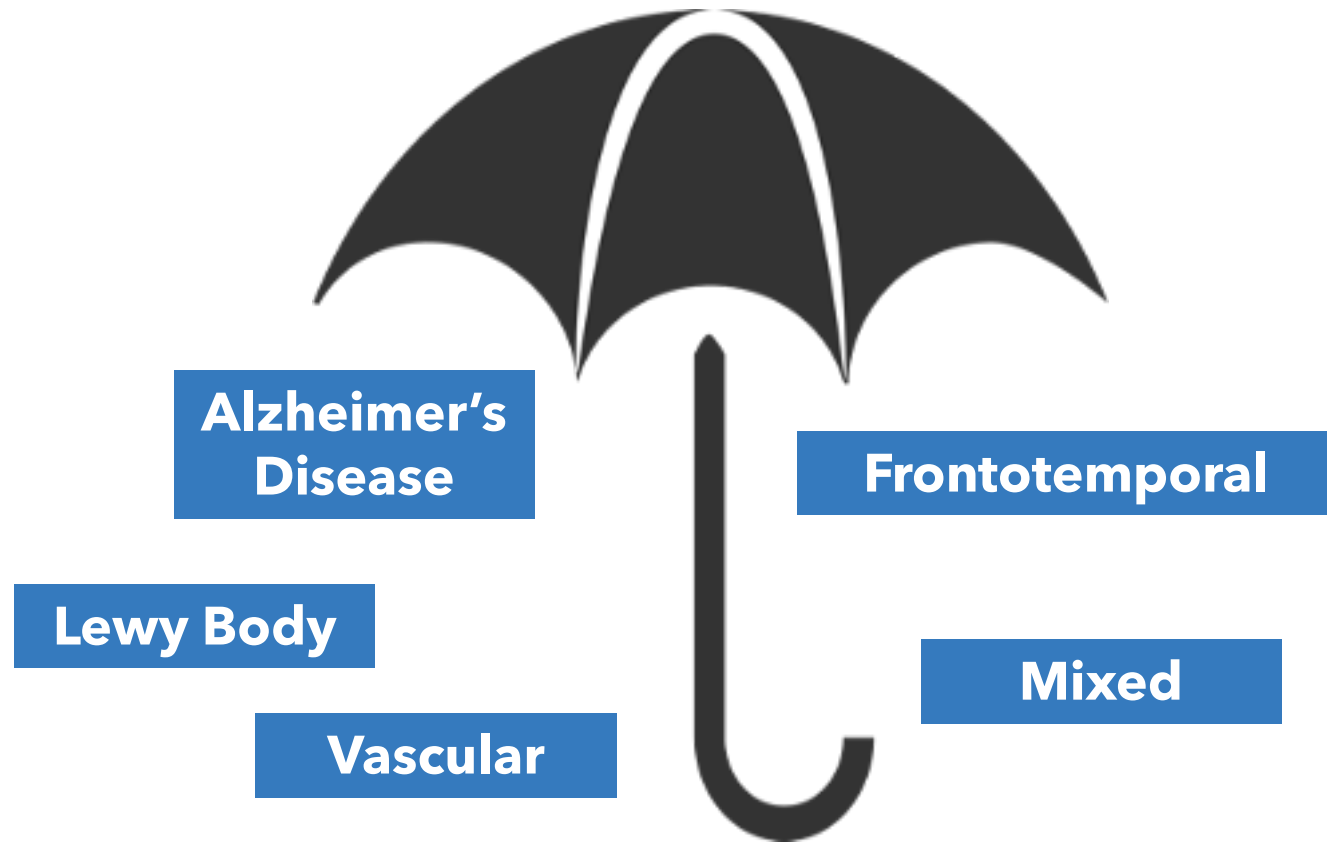
VS.

"90% of persons living with dementia will find themselves in a situation in which their well-being is not adequately supported."

Video: What is Dementia?



Dementia as an Umbrella Term



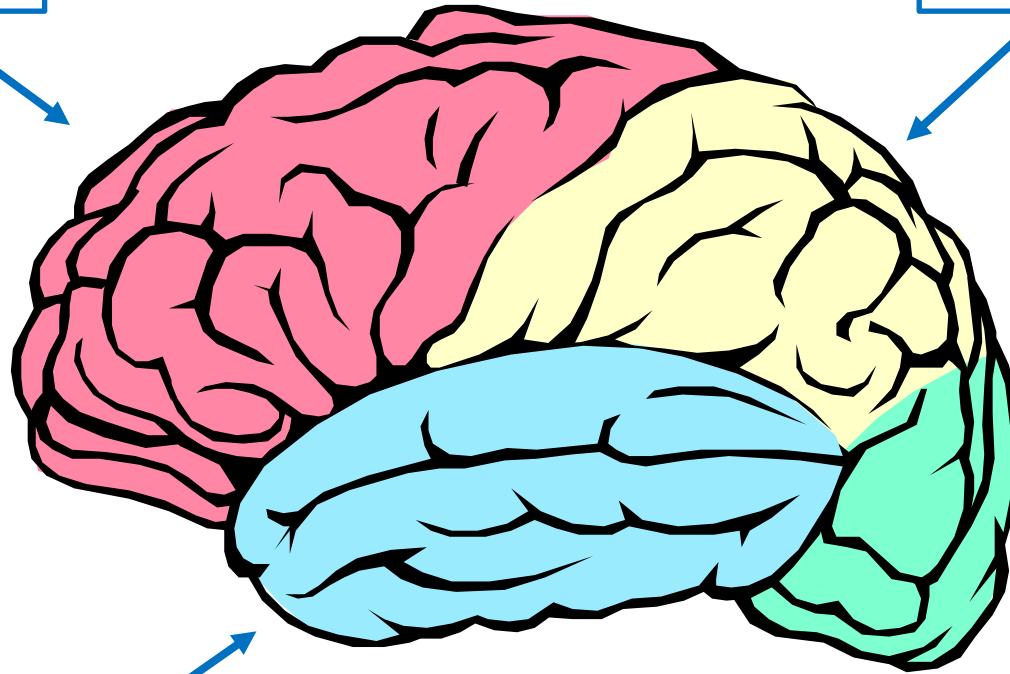
Memory
Thinking
Problem Solving
Judgment
Concentrating

Frontal Lobe

- Sets us apart from animals
- "Supervisor of the brain"

Parietal Lobe

- Reading, writing, 3-D center
- Perceptions of space, distance



Temporal Lobe

- Language and memory
- Stores words like a dictionary
- Controls new learning and short-term memory

Occipital Lobe

- Vision, visual interpretation, spatial recognition
- Recognition of shapes, colors, movement

Common Types of Dementia

Alzheimer's
Disease

Vascular
Dementia

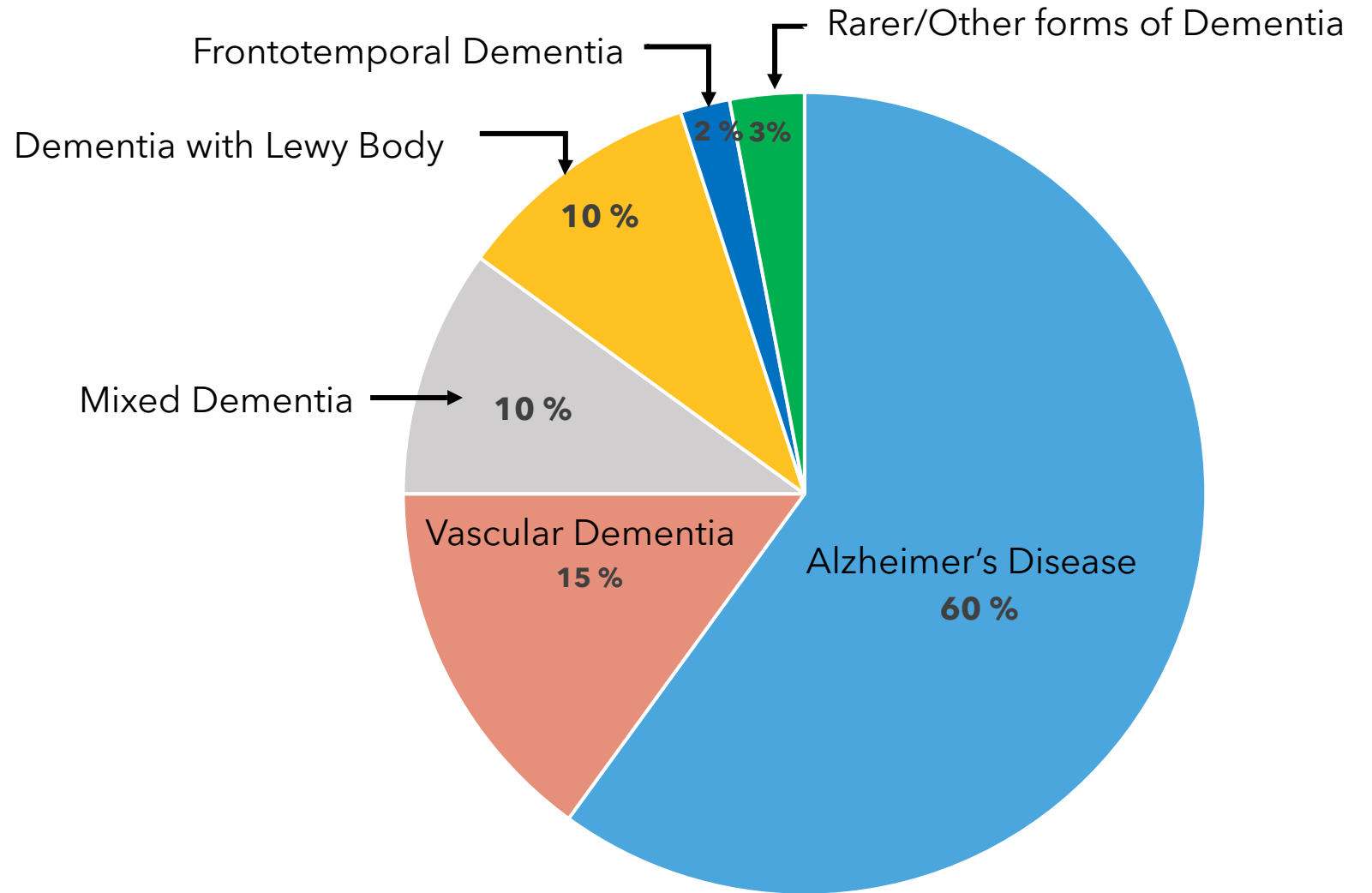
Lewy Body
Dementia

Frontotemporal
Dementia

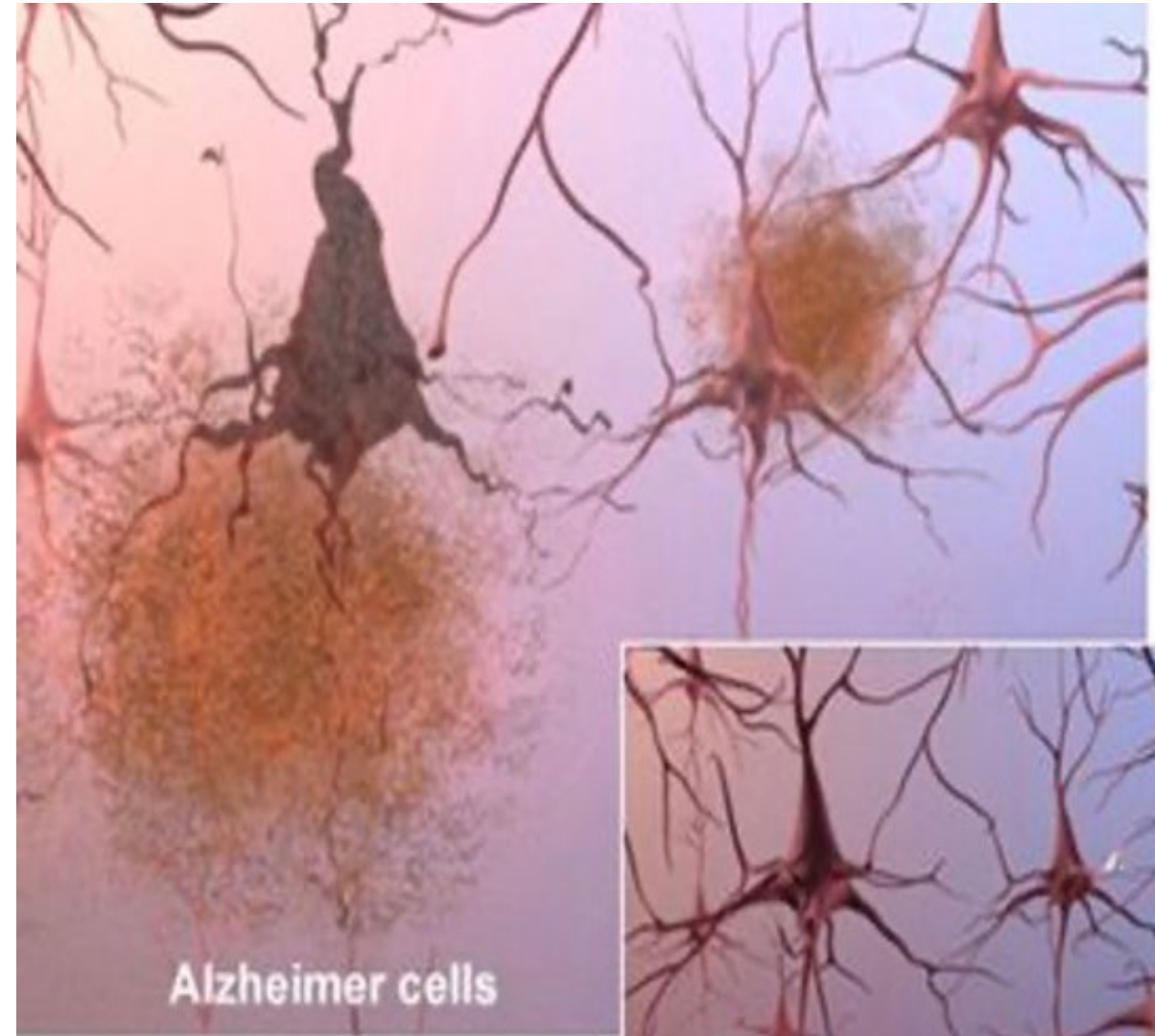
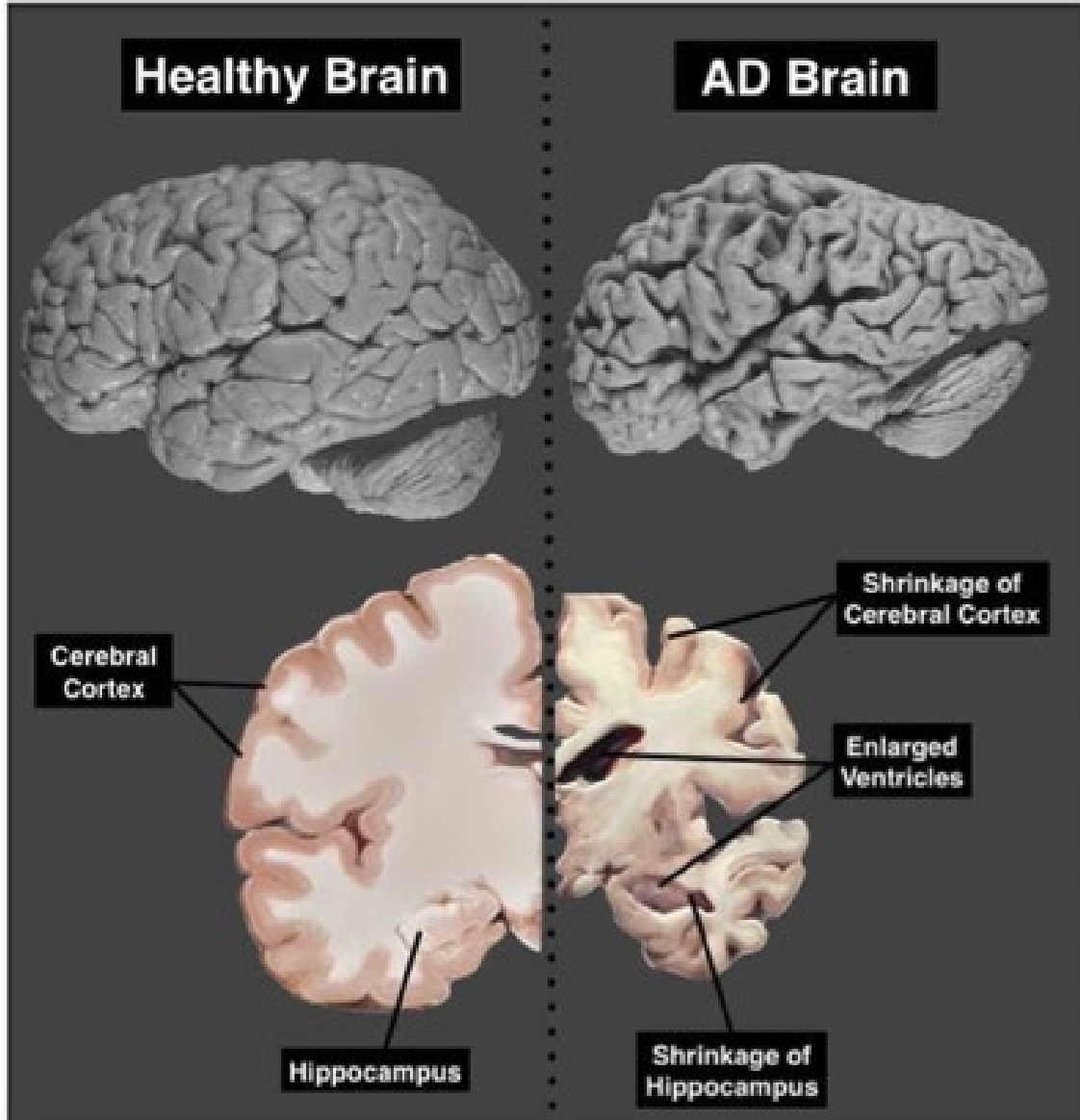


Common Dementia Proportions

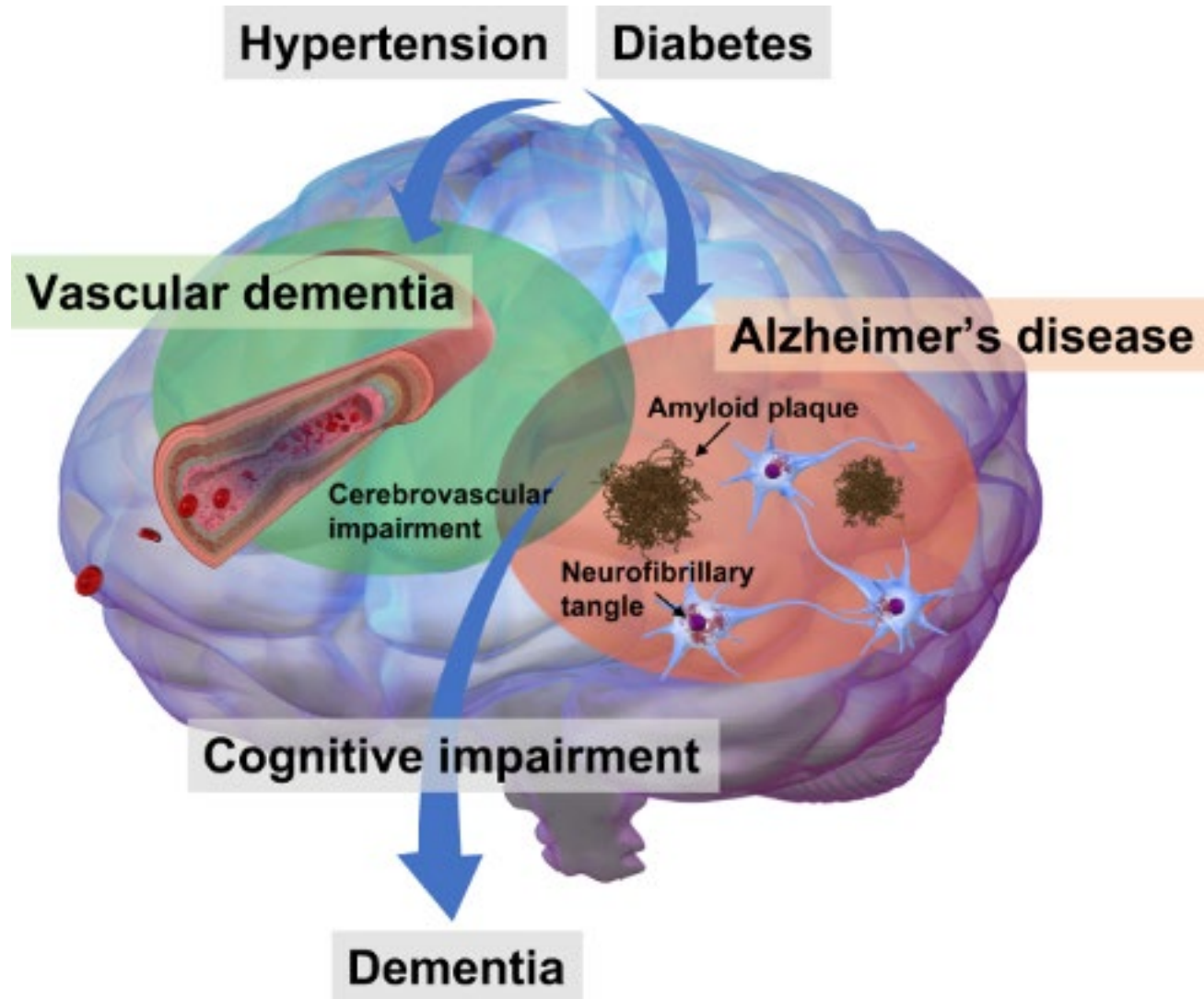
- Alzheimer's Disease
- Vascular Dementia
- Mixed Dementia
- Dementia with Lewy Body
- Frontotemporal Dementia
- Rarer/Other forms of Dementia



Normal Brain vs Brain with AD Plaques

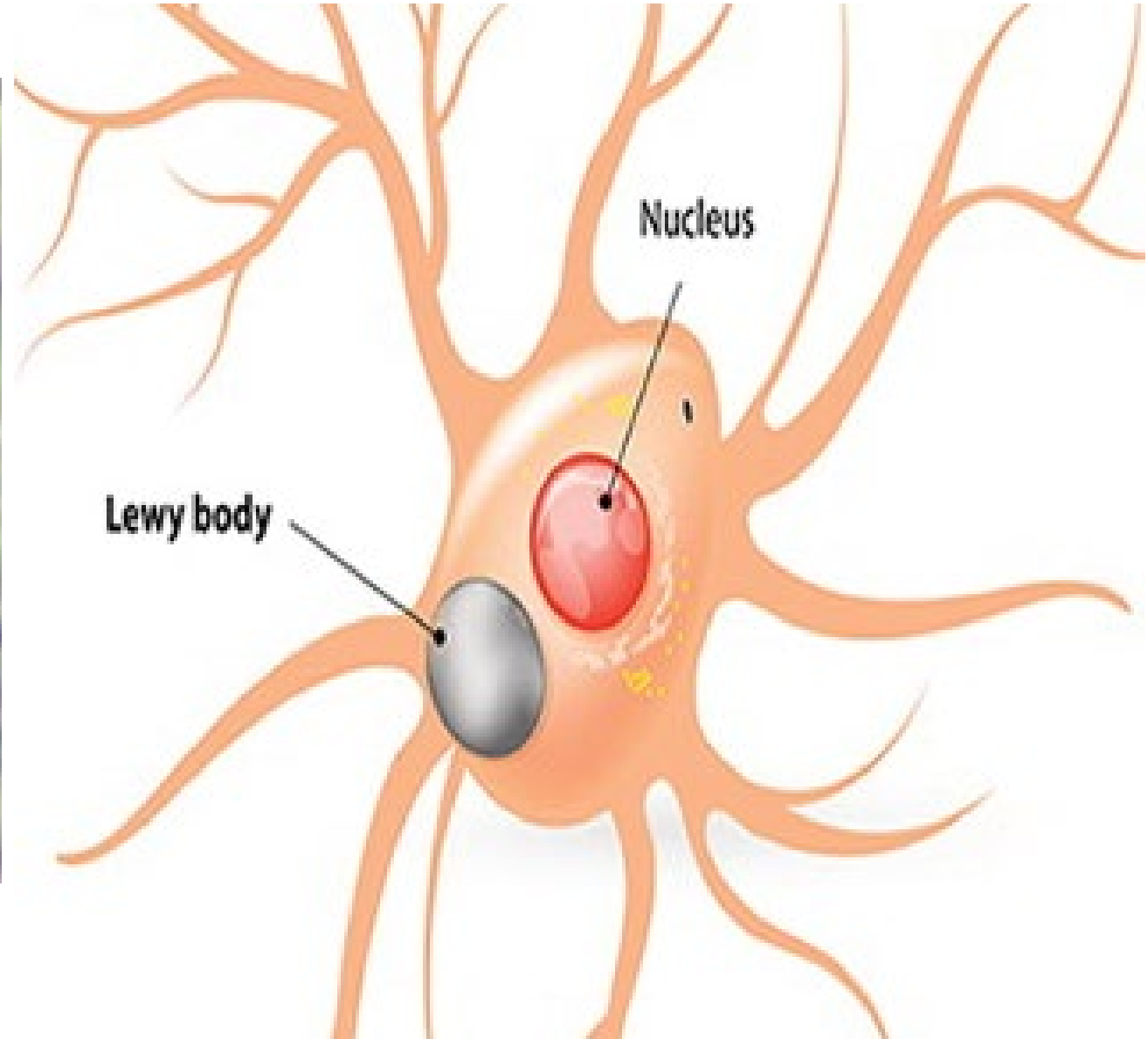
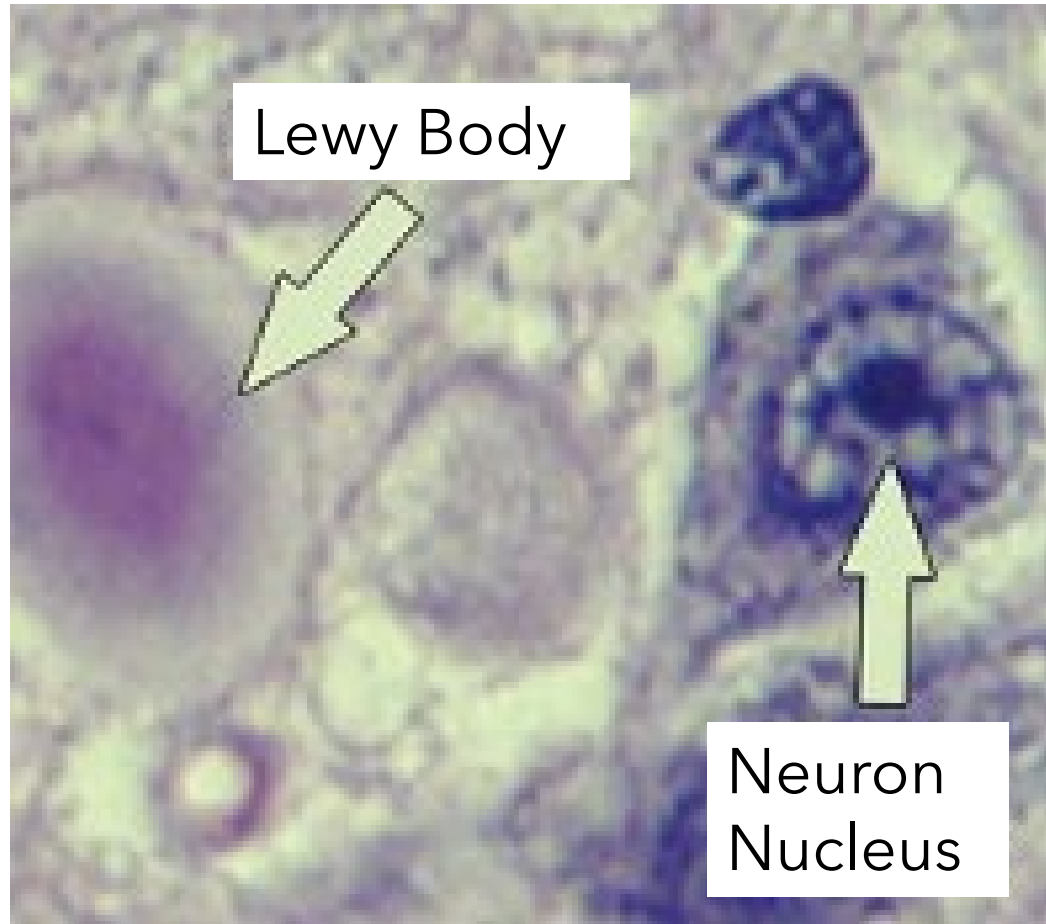


Vascular Dementia (VaD)



Roles of vascular risk factors in the pathogenesis of dementia. 2020

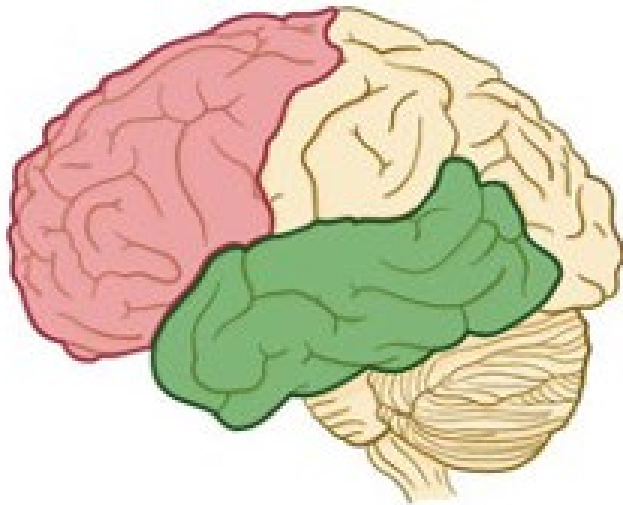
Dementia Lewy Body (DLB)



Frontotemporal Dementia (FTD)

FRONTOTEMPORAL DEMENTIA (FTD)

* DEGENERATION of the **FRONTAL** & **TEMPORAL** LOBES



* MISTAKEN for PICK DISEASE

- SUBSET of FTD
- PRESENCE of PICK BODIES
 - TANGLES of TAU PROTEINS

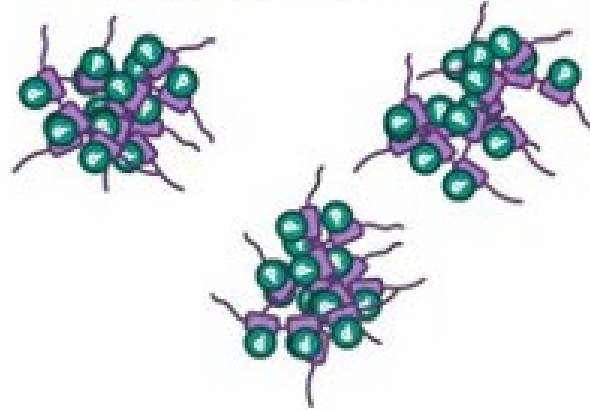
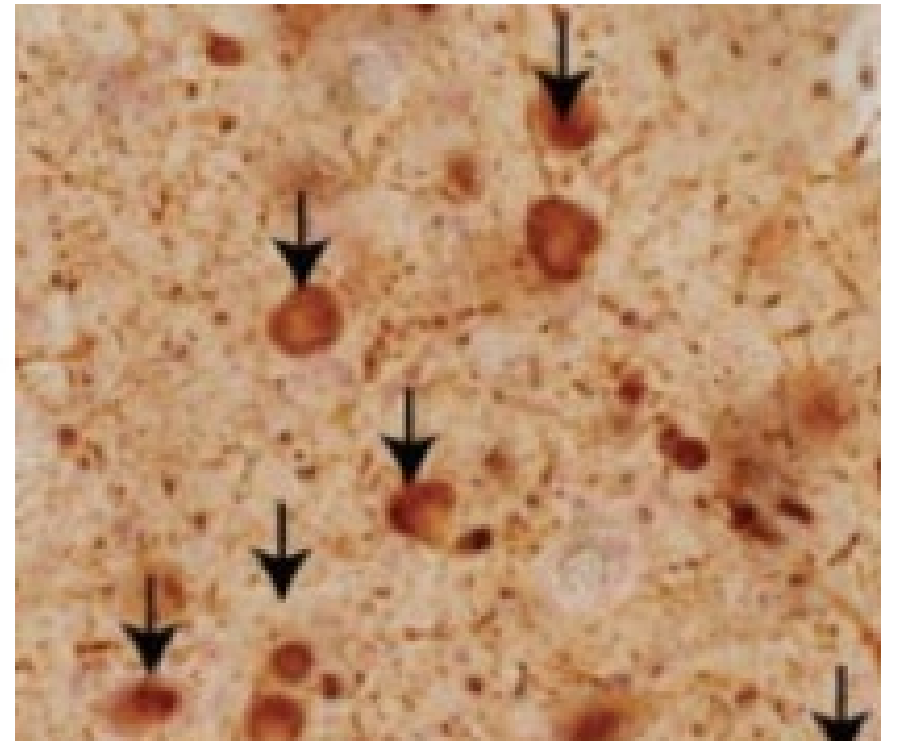


Image of a brain tissue slide from a patient with **Pick Disease**.



Arrows point to round clumps of misfolded tau protein called **Pick bodies**.

8 A's of Dementia

One way of understanding how dementia affects the brain is to look at the **8 "A's"** of dementia.

Each **"A"** represents damage to a particular part of the brain.

1. **Anosognosia** (no knowledge of illness or disease)
2. **Amnesia** (loss of memory)
3. **Aphasia** (loss of language)
4. **Agnosia** (loss of recognition)
5. **Apraxia** (loss of purposeful movement)
6. **Altered Perception** (loss of perception)
7. **Apathy** (loss of initiation)
8. **Attention Deficit** (loss of focus or perseverates)



The 3 D's

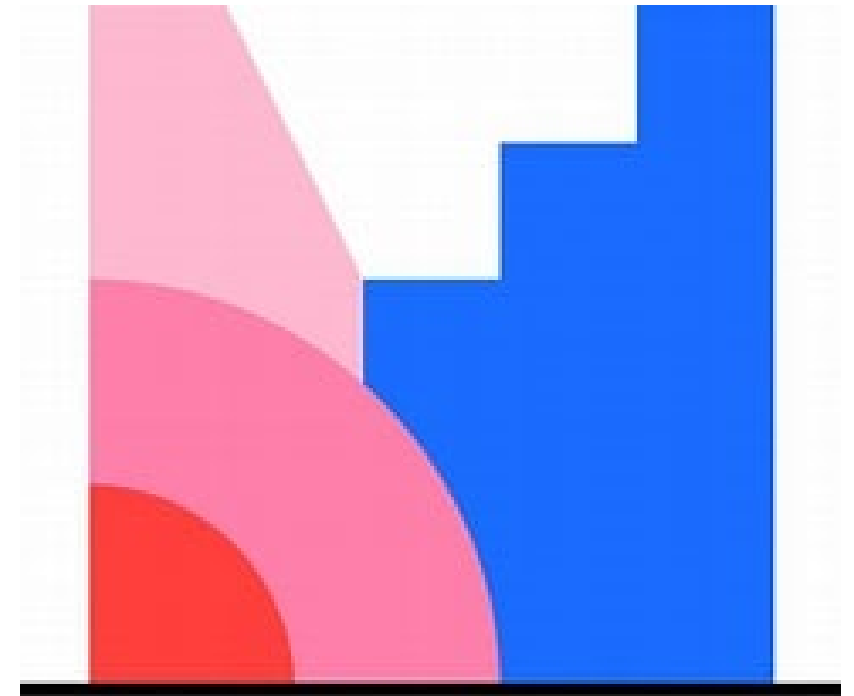
Feature	Delirium	Dementia	Depression
Onset	Sudden	Insidious	Gradual
Fluctuations	Yes - over hours	Not usually	Situational
Duration	Hours - 1 month	Months - years	Weeks - Years
Cause	Acute illness - reversible	Chronic degeneration	Reactive / biochemical
Conscious level	Abnormal	Normal	Normal
Memory	Impaired	Impaired	May refuse to answer
Conversation	Often slow, inappropriate	Word finding difficulties	Sparse
Orientation	Varies	Impaired	Normal
Hallucinations	Often present	Rarely present	Rarely present
Night-time	Worse	Can be worse	No effect

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Knowledge Check - True or False?

1. Dementia is a natural part of ageing. **False!**
2. Alzheimer's and dementia are the same thing. **False!**
3. There are symptoms which look very similar to dementia which can be caused by an infection or a bereavement. **True!**
4. People with dementia can be aggressive. **True!**
5. Dementia affects everyone the same way. **False!**
6. Dementia describes different brain disorders that trigger a loss of brain function. **True!**
7. Alzheimer's Disease is the most common form of dementia. **True!**



Valuing the Person Living with Dementia

"We are still people separate from our disease; we just have a disease of the brain... How about remembering we are a person [first]."

- Christine Bryden

Advocate, author, and person living with dementia

(Bryden, 2005, p. 143)



Potential break slide

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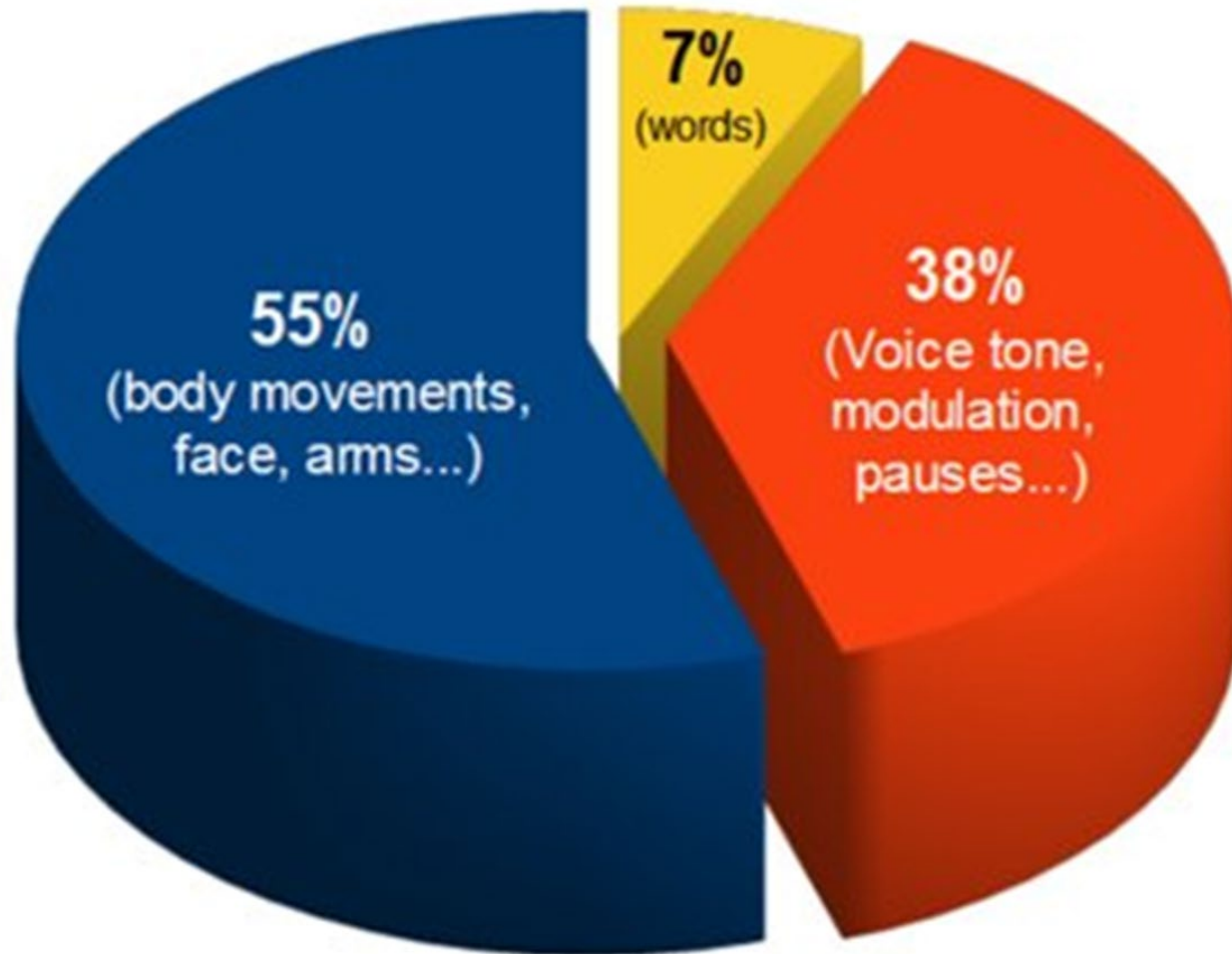
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Communication and Responsive Behaviours





Communication



Interpreting

“Every communication has a purpose, and the challenge is to discover it.”

- Dr. Jennifer Bute

Retired MD, person living with dementia

(Bute, 2013, p. 2)



Communication & Dementia

The person with dementia may experience difficulties with word-finding and may:

- Forget names of people, places and objects.
- Repeat words and phrases.
- Invent words to “fill the gap”.
- Forget more complex words
- Jumble words into a “word salad” that makes no sense
- Experience that “tip of the tongue” feeling

Communication & Dementia

- Communication with a person who has dementia is often challenging because of changes happening within their brain.
- Dementia affects speech and the use of words, as well as understanding words being heard.
- Patience is key.



Barriers to Communication

The effects of dementia on communication are often made more difficult by:

- Visual/hearing impairments
- Environment
- Personal history
- Perception of reality
- Changes in personality
- Culture
- Emotions

Communication "Do's"

- **Validate what is being communicated**
- **Reflect on what is being said** - "This is not what you expected"
- **Ask Permission before acting** - "Are you comfortable to talk about...?"
or "Is it OK if we talk about...?"
- **Observe** - "I can see... tears in your eyes, your arms are crossed etc."
- **Summarize** - "So you have just said that you don't have any money, recently divorced etc....."

Communication/ Listening Activity

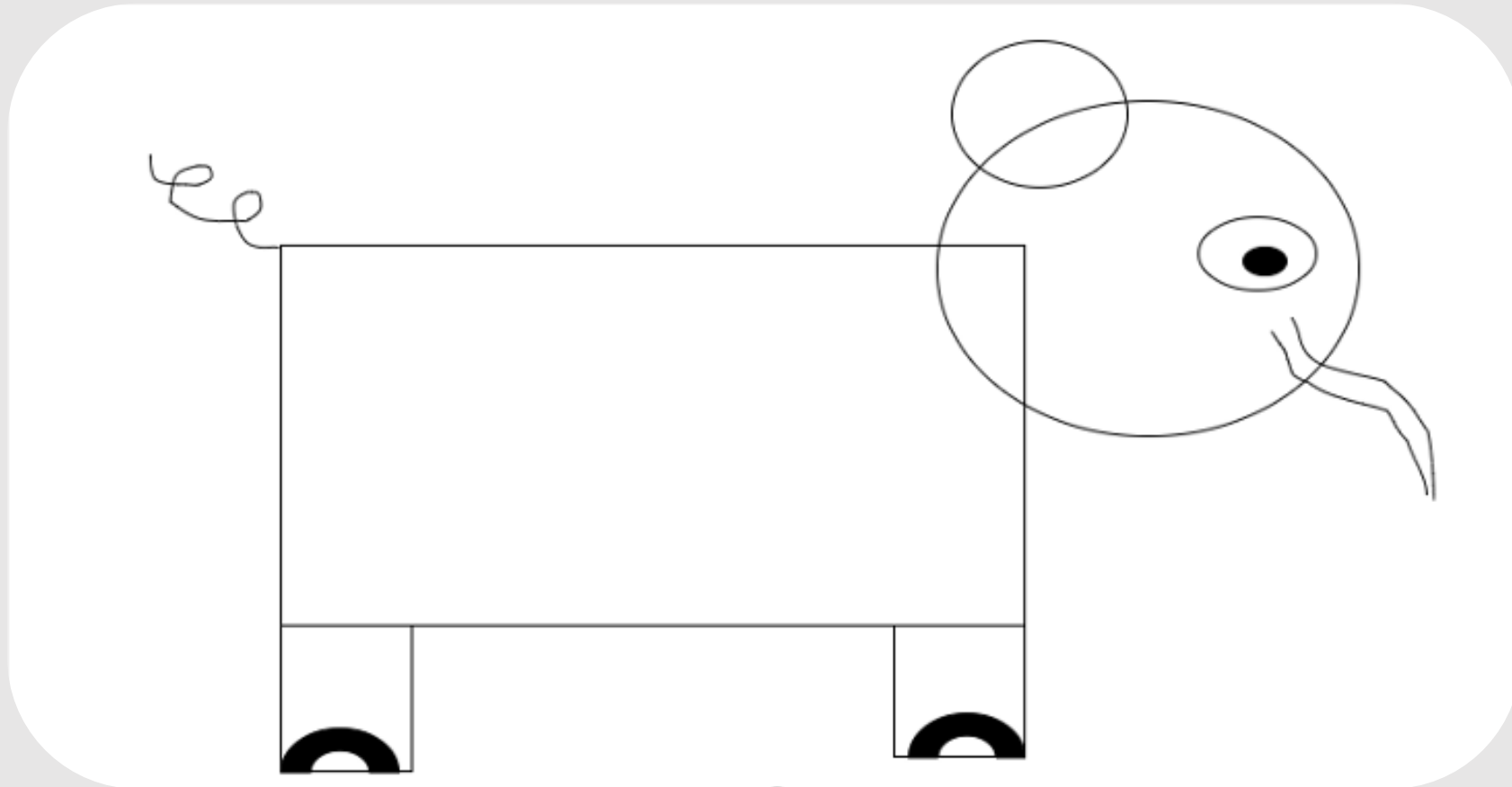
Please use a blank piece of paper, a pen and follow the instructions.



RESULTS...



What the results should look like...



What is Responsive Behaviour?

Past Understanding....

- In the past, “**behaviours**” were termed as “**disruptive**” or “**challenging**”.
- People living with dementia have expressed that:
 - This language is hurtful and stigmatizing.
 - We need a new understanding of “behaviours”.



Behaviours and Personal Expressions

- Understanding “behaviours” - shifting the language.
- Layered nature of personal expressions.
- Process for identifying, understanding, and responding to personal expressions.

Responsive Behaviours and Personal Expressions

Personal expressions exhibited by a person with a degenerative brain disease is their best attempt at expressing themselves using the remaining abilities they have.

Remember:

- All behaviour/expression has meaning.
- All behaviour/expression has a cause or causes.
- Causes of behaviour/expression may be related to many different factors, including unmet needs or a response to something, and not just the person's dementia.

Examples

Agitation

Verbal/Physical Expressions

Altered Perception

Repetitive Motor Expressions

Collecting/Hoarding



James

As you watch this video, please think about:

- The ways in which James still shows his personhood and sense of self
- Which 8 A's you see in James
- The expressions he exhibits



<https://vimeo.com/45237425>

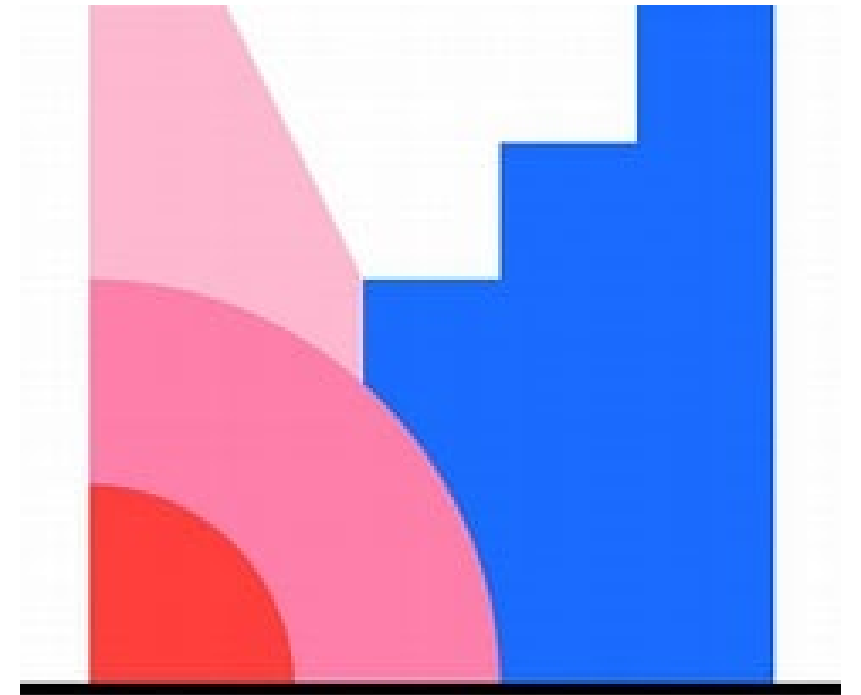
Break

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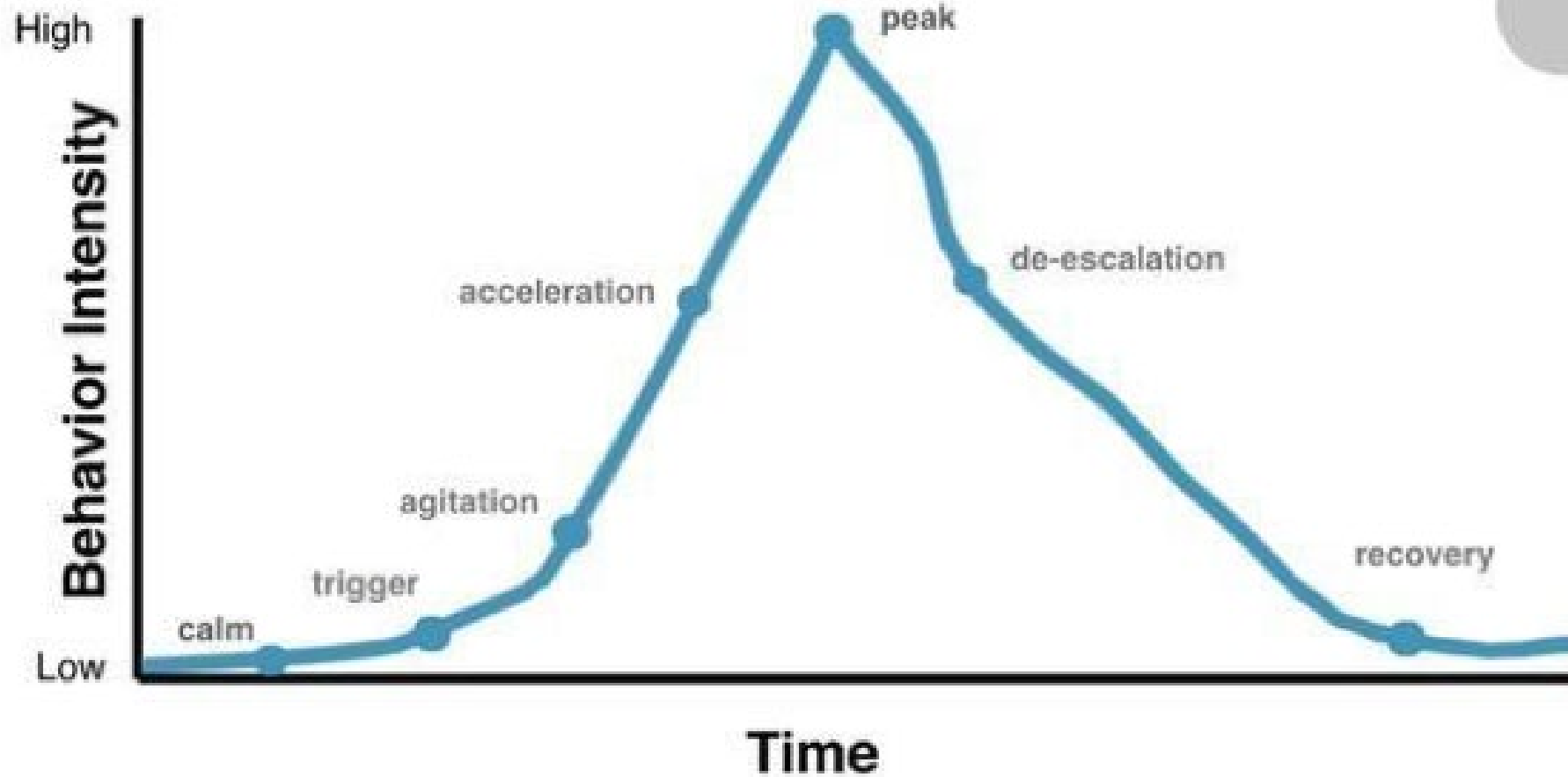
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The Escalation Cycle



De-escalation: Steps 1 & 2

1. Minimize Risk

- Take a step back.
- Give space and offer control.
- Avoid unwanted touch.
- Stay calm.
- Use preferred name.
- Give simple, clear direction.
- Call for help.

2. Continued Support

- Use "reassurance position".
- Support emotional expression.
- Be genuinely respectful and caring.
- Be aware of changes to body orientation and possible re-escalation.
- Use validation, as appropriate.

De-escalation: Steps 3 & 4

3. Identify Changes

- Acknowledge changes.
- Validate their feelings.
- Identify triggers.
- Remove stimuli/triggers.
- Respond calmly.
- Provide space.
- Use verbal redirection.

4. Validate and back-off

- Remain calm.
- Validate emotions.
- Provide space.
- Use "Stop and Go".
- Remove bystanders.
- Body language and non-verbal cues.
- Known when to take a step back.

Disarming a conversation

- We can alter the outcome of an event through understanding the circumstances and adapting to the surroundings.
- We can change the course of a conversation, via our body language, facial expressions and tone.
- We can change the outcome of a conversation by the words we choose to use and how we choose to use them.
- We can engage and influence the direction of a conversation, and the outcome it has through these powerful tools.

Reassurance Position

- Stand back and to the side, about a leg length away so that you are not perceived as a threat.
- Maintain genuine eye contact with your hands in a relaxed, open palm position that indicates you mean no harm.

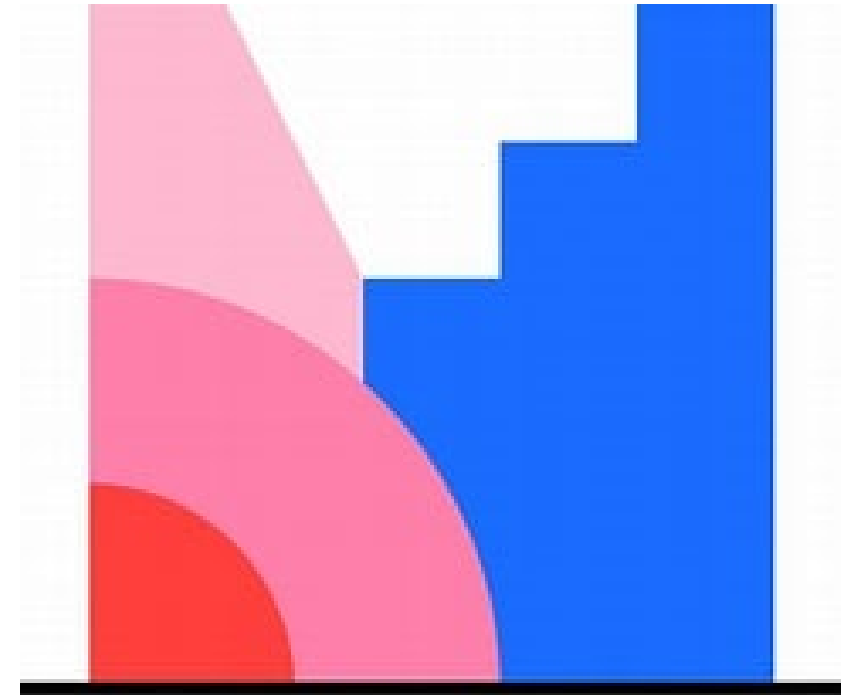


Check Your Understanding

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P.I.E.C.E.S

P hysical	<ul style="list-style-type: none">• Appearance, hearing, pain.• Look at individual as a whole, starting with their physical characteristics.
I ntellectual	<ul style="list-style-type: none">• Apathetic, altered judgment, confusion, insight.
E motional	<ul style="list-style-type: none">• Suicide risk, psychosis, trauma, depression, loss, anxiety, adjustment.
C apabilities	<ul style="list-style-type: none">• Strength and abilities.• Demands and tasks.
E nvironmental	<ul style="list-style-type: none">• Physical and social environmental stimuli.• Temperature, light, sounds, people talking.
S ocial	<ul style="list-style-type: none">• Volunteer work, career, leisure, family, life stories, cultural, spiritual.

Knowledge Check

- **True or False:** Validation is not a useful technique when responding to people living with dementia. **False!**
- **True or False:** All behaviours have a meaning. **True!**
- **What is one of the 8 A's** of dementia?

Anosognosia
Amnesia
Aphasia
Agnosia

Apraxia
Altered Perception
Apathy
Attention Deficit

LUNCH

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Quick Tips

- **Approach from the front:** Always approach the person slowly and from the front. Give them a chance to see you coming their way.
- **Validate:** Listen to and acknowledge the emotional message.
- **Call them by their preferred name.**
- **Don't try to argue or reason.**
- **Keep everything as simple as possible.**
- **Be aware of your body language** - Reassurance position.
- **Never shame, instead distract** - Use what information you know.
- **Never lecture, instead reassure** - I understand...
- **Patience, Patience, Patience!**

- Create supportive, safe environment.
- Allow personal space and avoid touching the person.
- Reduce the number of people present and remove bystanders.
- Have one calm person interacting with the client.
- Offer support from a distance.



*“Success is stumbling from failure
with no loss of enthusiasm”*

- Winston Churchill

Scenarios



Key Points

- Dementia can lead to responsive and protective behaviours that may challenge first responders.
- It is important to understand that behaviours are a form of communication - it is our responsibility to interpret them.
- Non-threatening and gentle approaches can reassure the person.
- All behaviours/expressions have a meaning.
- Personal expressions are a way for a person to communicate what they are experiencing.
- The traits and behaviours exhibited by a person with dementia will depend on the area of the brain where damage has occurred.
- When considering the 8 A's of dementia, it is important to tailor our strategies to the individual.
- Remember that all responsive behaviours have meaning.

Remember...

- Don't interpret a person's failure to respond or follow simple instructions as a lack of non-compliance or a reason to use force.
- An aggressive act by a person with dementia is usually because they are in distress or are having trouble communicating because they are under stress. It is not necessarily an intentional, violent act.

Knowledge Check

- We should ask for permission before acting. **True!**
- Most of the communication with PLWD is verbal. **True!**
- As a PLWD loses the ability to communicate with words, communication through the senses, such as through touch, vision and smell, becomes more important. **True!**

Emotion-Based Approaches



Thomas Kitwood

- **Emotional based model of care** – focuses on the person rather than the tasks. Person-Centered Care.
- Reinforces the importance of personhood through understanding and meeting specific domains of psychological needs.
- Provides meaningful and purposeful engagement.
- Removes control and allows freedom.
- Recognizes the evolving needs of a person living with dementia.
- Focuses on five domains of person-hood: Occupation, Inclusion, Attachment, Comfort, Identity.

Which Do You See?

The person with DEMENTIA.

or

The PERSON with dementia.

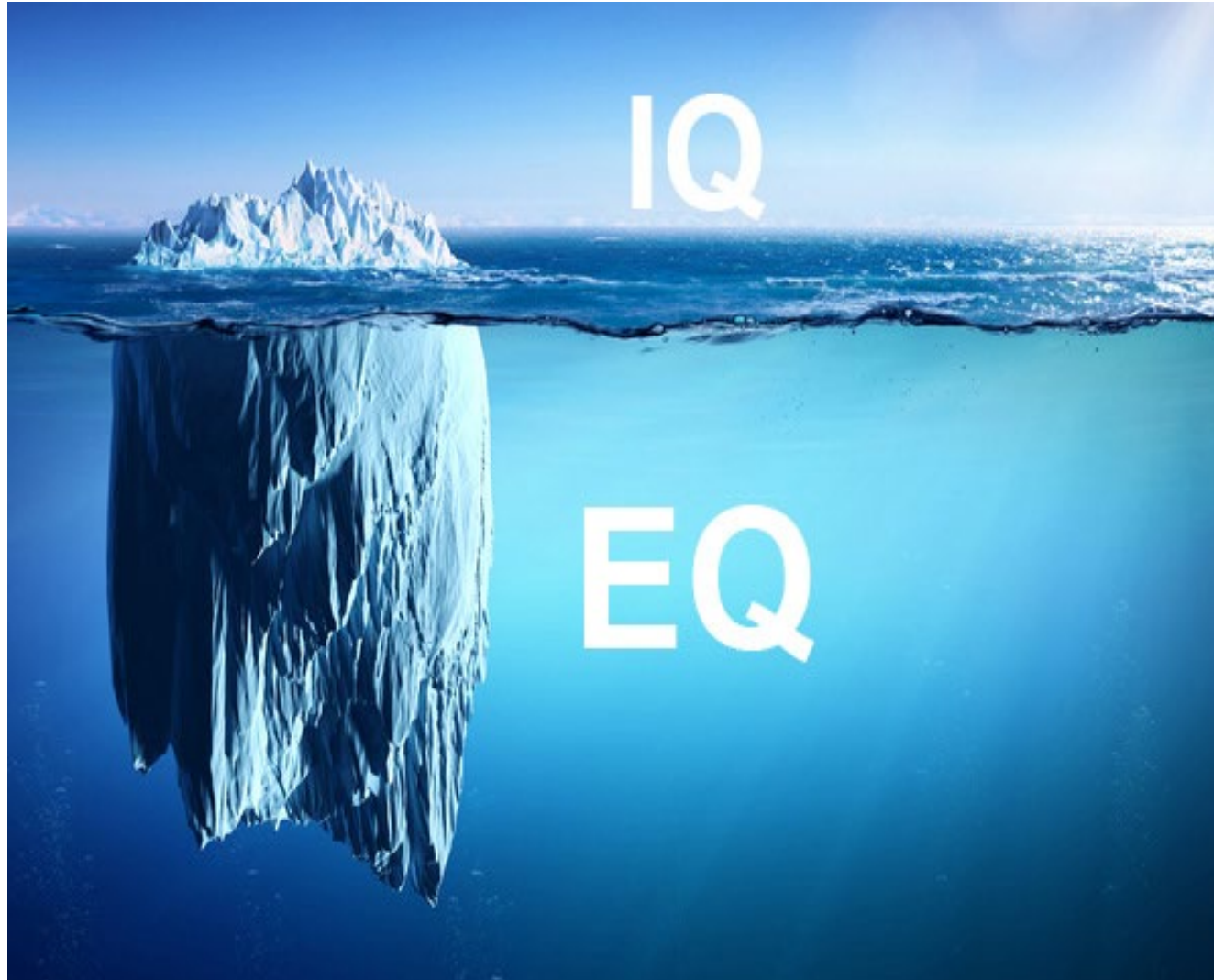
Emotional Intelligence

What is emotional intelligence?

It is the ability to:

- Recognize, understand, and manage your own emotions.
- Recognize, understand, and influence the emotions of others.

How EQ Differs from IQ



- Tasks
- Roles
- Measures
- Plans
- Budgets

Thinking Brain

- Perceptions
- Judgements
- Opinions
- Emotions
- Values
- Relationships
- Fear

Feeling Brain

EQ and People with Dementia



FEEL

TH~~X~~NK

ACT

What's Important to You?

Person Centered Interactions/ Languages

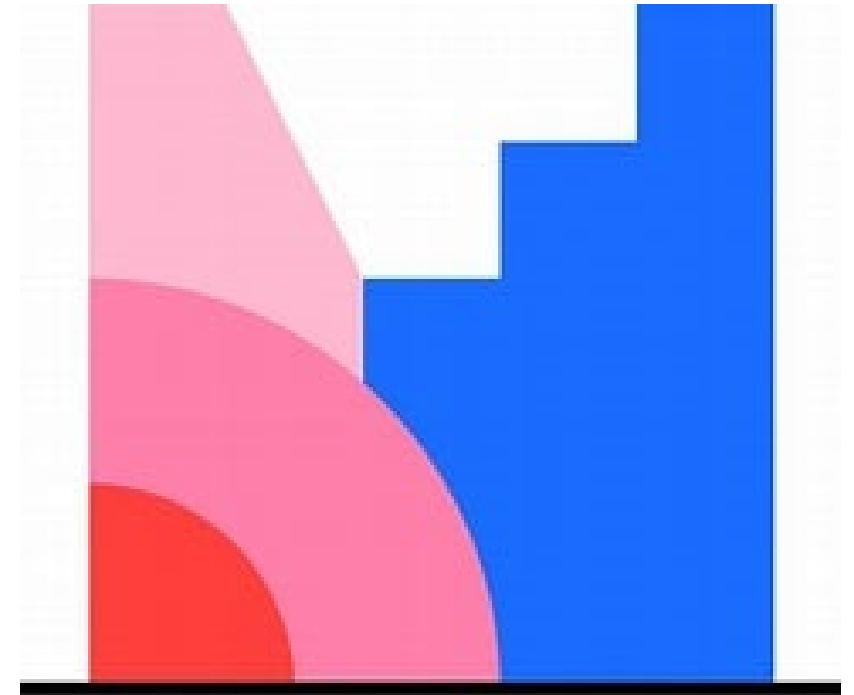


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Video: Empathy vs. Sympathy



[Dr. Brene Brown on Empathy](#)

Knowledge Check

1. What part of the brain do you think people living with dementia use most often?

Feeling brain

2. Emotional based model of care - focuses on the person rather than the tasks = _____

Person-centered

Summary Day 1

We did this today...

- Demonstrate increased knowledge about dementia/degenerative brain disease.
- Understand and address the common biases and stigmas about dementia.
- Summarize how the brain changes in persons living with degenerative brain disease.

**Welcome
to Day 2!**

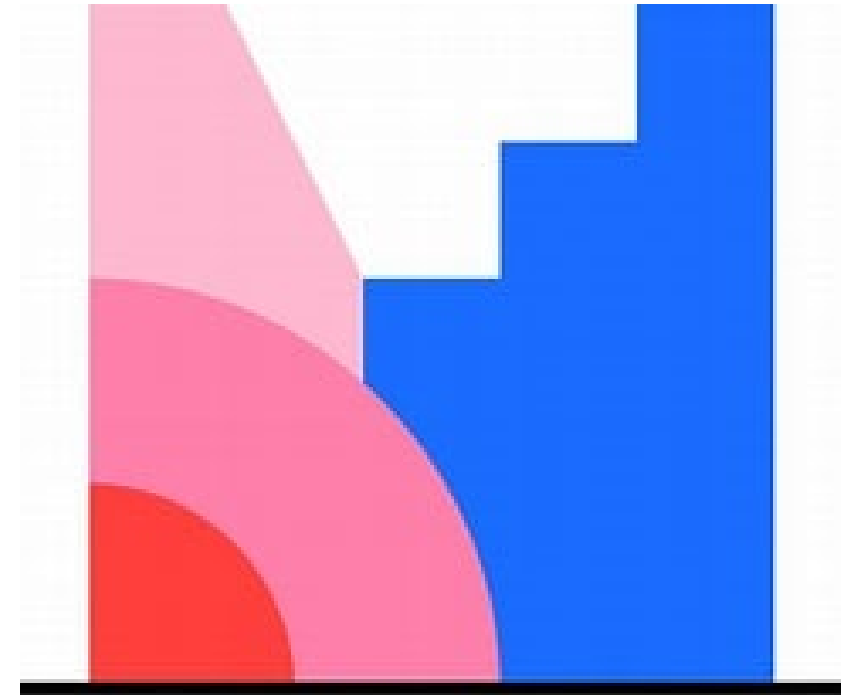


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Person Centered Interactions



Activity

In your own words, write on a piece of paper, something that helps you to calm down when you are anxious, frustrated, angry, etc.

Be prepared to share.

Keep your paper, we will come back to it.

Video: Living with Degenerative Brain Disease



[How does a person with dementia see the world?](#)

10 Approach Tips

1. Use Person Centered Care & Interactions.
2. Be aware of your body language and how you are presenting yourself.
3. Demonstrate a calm, gentle, matter-of-fact approach.
4. Use a non demanding approach.
5. Try touch to help convey your message.
6. Begin with a social conversation.
7. Be patient and allow time for a response.
8. Pause when you are having trouble being understood.
9. Pause when you are having trouble understanding the person.
10. Try another approach if verbal communication is not working.

Approach Tip #1

DO: Use Person Centered Care & Interactions

Person Centered Care is focused on:

- The whole person, not the diseased brain.
- The person's strengths, emotions and cognitive abilities not the losses experienced.
- The person within the context of family, marriage, culture, ethnicity and gender.

Approach Tip #2

DO: Be aware of your body language and how you are presenting yourself

- You set the tone for your interaction with the person.
- Be aware of your non-verbal communication.
- Be aware as well of the persons non-verbal communication.

Approach Tip #3

DO: Demonstrate a calm, gentle, matter-of-fact approach

- Come from the front.
- Go slowly.
- Move to the side.
- Get low – sit down.

Approach Tip #4

DO: Use a non-demanding approach

- Use humour (respectfully).
- Smile, be cheerful.

Approach Tip #5

DO: Try touch to help convey your message.

Approach Tip #6

DO: Begin with a social conversation

- Use short simple sentences.
- Ask simple questions that require a choice of yes/no answers rather than open ended questions.
- Use very concrete & familiar terms.

Approach Tip #7

DO: Be patient and allow time for a response.

- Allow plenty of time for the information to be absorbed.
- Give choices whenever possible (not too many).
- Ask them to try.
- Break the task down into simple steps.
- Repeat the instructions exactly the same way each time.
- Focus on what they are still able to do.
- What does that look like?

Approach Tip #8

DO: Pause when you are having trouble being understood

- Be sure you are allowing enough time.
- Demonstrate what you are saying.
- Think of the complexity of what you are saying.
- Can you say it more simply?

Approach Tip #9

DO: Pause when you are having trouble understanding the person

- Listen actively & carefully to what the person is trying to say.
- Focus on a word or phrase that makes sense.
- Respond to the emotional tone of the Resident's words.
- Stay calm & patient.
- Ask family members about possible meanings for words, names, phrases.

Approach Tip #10

DO: Try another approach if verbal communication is not working:

- Redirect the person.
- Try other forms of communicating.
- What does this look like?

Checkpoint

Discussion question: when you are in an anxious, frustrated or annoyed state, how do you feel when someone approaches you?

What helps?

What doesn't?

Summary

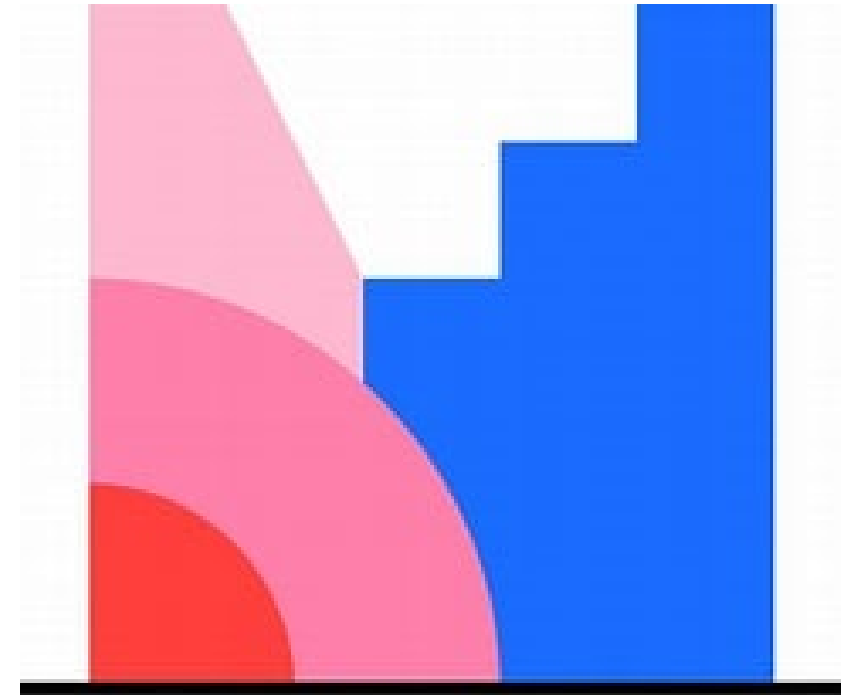
- Dementia can lead to responsive and protective behaviours that may challenge care providers.
- It is important to understand that behaviours are a form of communication, and it is our responsibility to interpret them.
- Non-threatening and gentle approaches can reassure the person.
- All behaviour/expressions has meaning.
- Personal expressions is a way for a person to communicate what they are experiencing.

Check Your Understanding

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Video: Officer Helps Elderly Woman with Appointment



[Officer helps elderly woman with appointment](#)

Common Situations

Abuse:

- “Single or repeated acts, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to another person.”
- Types: financial, physical, sexual, psychological (emotional), neglect, institutional and domestic.
- Resources you may find helpful include your local crisis center and Alzheimer’s Society.

Common Situations

Motor Vehicle Collisions:

- Disorientation and problems with memory and judgment can make it dangerous for people with dementia to continue driving.

Wandering or Getting Lost

- People with dementia can become lost very easily, even in their own neighborhood.
- People Wandering may occur at any time of the day or night and it may occur on foot or car/public transportation.

Making false accusations against others

- People with dementia may become suspicious of those around them.

Common Situations

Expressing inappropriate behaviour in public

- Memory loss, confusion, and emotional reactions due to dementia can make inappropriate behaviour (such as taking off clothes in public) a possibility.

Shoplifting

- Memory loss and confusion may cause a person with dementia to forget to pay for items, or even fail to realize that it's necessary to pay for items before leaving.

Appearance of intoxication

- Confusion, disorientation, and lack of physical coordination that accompany dementia can often be mistaken for signs of intoxication.

Common Situations

Medical emergencies

- A person with dementia may forget to take their medications or how to use medical devices (such as an oxygen machine) which can lead to a medical emergency.
- It may be challenging for a person in the later stages of the disease to verbally describe any pain they are feeling.
- Changes in the person's behaviour can be a sign of pain - caregivers can help corroborate differences in the person's behaviour.

Common Situations

Fires

- Due to memory loss and confusion, a person with dementia may be at greater risk of fire hazards in the home.
- A person may not have the insight to realize when they are in danger.

Hoarding

- Poor insight and judgment can cause a person to neglect themselves and their home.
- May excessively accumulate possessions of dubious value and quality which can substantially interfere with an individual's normal social, functional, and vocational roles.

Reunification

- Can be very traumatic for both the individual with dementia and their caregiver.
- The caregiver may have been anxiously waiting and worrying about the person which can leave them feeling very stressed.
- The person with dementia may not realize that anything is wrong and may be confused by all the concern.
- The person with dementia may not recognize the caregiver or her own home.
- Ensure that both the person with dementia and the caregiver have had an opportunity to de-escalate from the crisis that has occurred.

What can you do to help?

- Depending on the circumstances, it may be better to bring the family member to the person rather than return the person home.
- Talk to family members or caregivers to ensure that everyone is calm and able to deal with the situation before you leave.
- Encourage family, caregivers and the individual to contact their local Alzheimer Society for information on services and supports available
- Consider using a device to help facilitate a safe return should they go missing again.

Video: The Dementia Experience



This specific YouTube video supports Police Services,
but is applicable to all First Responders.

Background & information gathering

1. How severe is their dementia (i.e., Verbal/non-verbal).
2. Routines /habits.
3. Fixation.
4. Triggers.
5. De-escalation techniques that have worked in the past.
6. Use information from caregiver on how to best respond.

Approach

1. Be patient and give the person space.
2. Lessen the distractions.
3. Be alert to signs of increased frustration and try to eliminate the source.
4. Stimming.

Engage

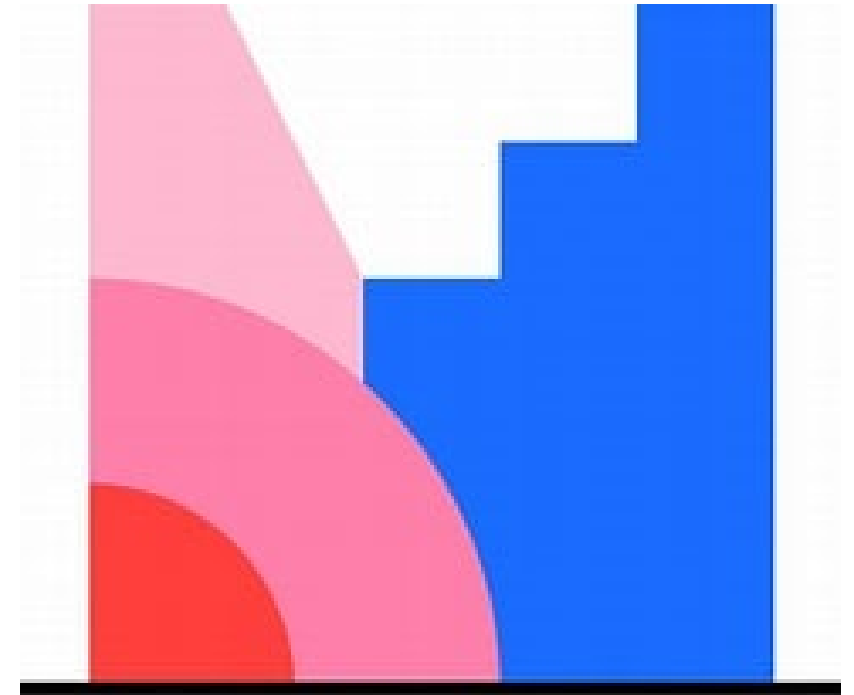
1. Use simple and concrete sentences.
2. Give plenty of time for the person to process and respond.
3. Eye Contact.
4. Speak their language.

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LUNCH

Situational Training



Learning recap

With the conclusion of this training, participants should be able to:

- Demonstrate increased knowledge about dementia/degenerative brain disease.
- Identify and address the common biases and stigmas about dementia.
- Summarize how the brain changes in persons living with degenerative brain disease.
- Link feelings and emotions to our approaches and those approaches to connect with persons living with dementia.

Thank You!

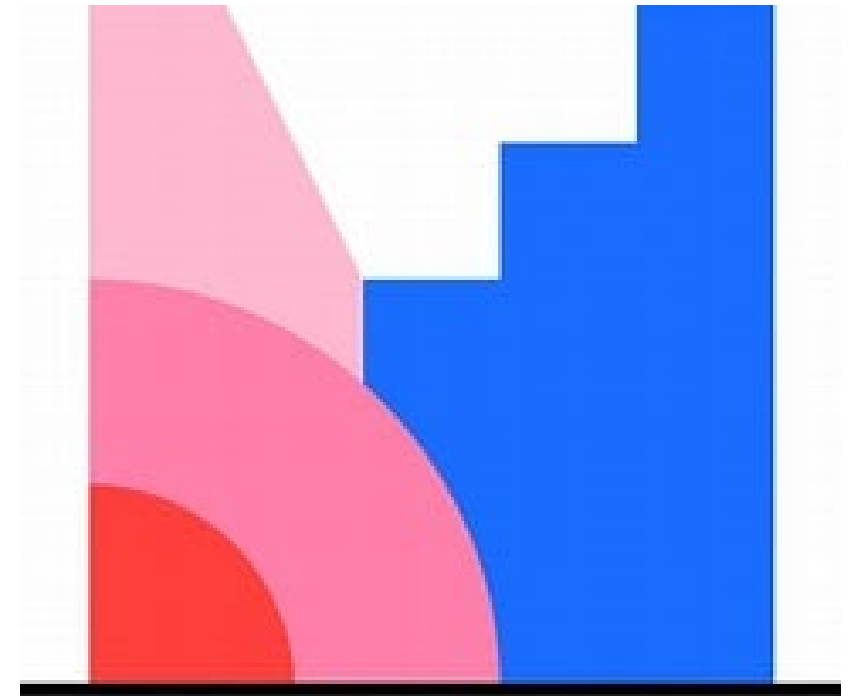


Questions..

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Additional Resources

Interacting with persons with dementia in south Asian communities:

["ਡਿਮੈਂਸ਼ੀਆ ਵਾਲੇ ਵਿਅਕਤੀ ਨਾਲ ਗੱਲਬਾਤ ਕਰਨਾ"](#) by Nellie Groenenberg, Ferzana Chaze et al.
[\(sheridancollege.ca\)](#)

Alzheimer's disease and related dementias – Central West:

[Alzheimer's Disease and Related Dementias - Central West - centralwesthealthline.ca](#)

P.I.E.C.E.S Handout -3 question template:

https://cdn.shopify.com/s/files/1/0615/5147/6953/files/Pieces_3Q_WEB_NOV_2021.pdf?v=1666102745

10 Warning signs Pamphlet:

[10-Warning-Signs-pf-Alzheimer-Society.pdf](#)

Know the 10 warning signs of Alzheimer's – Handout with pictograms:

[alzheimer-final-english-printready](#)

First Responders Handbook:

[First-Responder-Handbook-Alzheimer-Society.pdf](#)

References

Advanced Gerontological Education (2014). Gentle Persuasive Approaches (GPA) in Dementia Care: Supporting Persons with Responsive Behaviours (4th ed.). Hamilton, ON.

Aim to Engage- Dementiability & Behavioural Supports Ontario- Individualized Meaningful Engagement Through COVID-19 and Beyond- Dementiability
<https://www.dementiability.com/resources/1-Dementiability-BSO%20Engagement-Mar-3.pdf>

Alzheimer Society of Canada: The 7 A's of Dementia:
www.alzheimer.ca/en/Aboutdementia/Dementias/What-is-dementia/Seven-A-s-of-dementia

Alzheimer Society of Canada: www.alzheimer.ca/en/About-dementia/Understanding-behaviour

Person-centred Dementia care - A Vision to be Refined by Timothy Epp "The Canadian Alzheimer Disease Review" April 2003

P.I.E.C.E.S™ Learning and Development Model *PIECES* Canada. www.piecescanada.com

Takeda, S., Rakugi, H. & Morishita, R. Roles of vascular risk factors in the pathogenesis of dementia. *Hypertens Res* **43**, 162-167 (2020).
<https://doi.org/10.1038/s41440-019-0357-9>

Butterfly Model of Care, *Dementia Care Matters*, 2017

PIECES Framework retrieved August 2022

Alzheimer's Society UK, *Kids Interview People with Dementia*, 2019

Kitwood, T: *Dementia Reconsidered*, 1997

Alzheimer's Society of Canada, *Day-to-Day Communications*, 2016

Alzheimer's Society of Canada, *First responder Handbook*, 2022

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Region of Peel's Education, Training and Orientation Team

Public Health Agency of Canada

MCM - Meaningful Care Matters



Opening videos from Dr. Saha, Chief Nish,
Chief Gibson Commissioner Nancy

Video link

NOTE: Placeholder