



MEMORY CARETM
HOME SOLUTIONS

www.memorycarehs.org

Delivering evidence-based treatment to extend and improve quality time at home for people living with dementia and their families

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OTR/L

PROGRAM DIRECTOR

Non-drug dementia interventions are effective and beneficial

Medications are not the magic solution.

Persons living with dementia & their families still need:

- Methods to **prevent and reduce behaviors**
- Strategies to **live as safely and independently** as possible

Evidence shows that non-pharmacological interventions:

- Reduce intensity and frequency of difficult dementia behavioral symptoms
- Improve well-being for both persons living with dementia & care partners

(Gitlin et al., 2010)



Evidence-Based Dementia Treatment

**CARE OF OLDER PERSONS IN
THEIR ENVIRONMENT (COPE)**

**NEW WAYS FOR BETTER DAYS
(TAILORED ACTIVITY PROGRAM)**

Skills₂Care[®]

www.Drexel.edu

www.Jefferson.edu

**DELIVERED BY ALLIED HEALTH
PROFESSIONALS:**

Occupational Therapists

- Assess preserved cognitive abilities
- Identify needed level of support and maximize function of person with dementia
- Build caregiving skills with care partners
- Prescribe activities and strategies to reduce behavioral symptoms

Clinical Social Workers

- Assess mental health of people with dementia and care partners
- Provide dementia education for families
- Link with resources and plan for the future
- Deliver therapeutic counseling



MEMORY CARE[™]
HOME SOLUTIONS

We cannot change dementia, but we can change.....



CARE APPROACH



THE ENVIRONMENT



TASK/ACTIVITY





The Dementia Q&A Panel **June 29, 2021**

- **John A. Kantke, Attorney at Law**

Estate & Elder Law Services (E&ELS), Volunteers of America
Minnesota

Legal Capacity

- Questions from attendees:
 - “I would love to hear more about how capacity can vary by subject, time of day, etc--and how prof can 'meet people where they at”
 - “How is it determined when someone with power of attorney can make decisions?”
- Attendee questions bring up two different times when it may be necessary to determine legal capacity:
 - Legal capacity at the time a legal document is signed
 - Legal capacity at the time a legal document is used
- Incapacity Planning:
 - Power of Attorney
 - Health Care Directive
 - Release of Information
 - Trust
 - Etc.

Legal Capacity is Situational

- Attorneys can independently determine the legal capacity of their own clients.
- A diagnosis (dementia, etc.) alone does not equal legal incapacity.
- Capacity must be analyzed in the context of the specific task at hand:
 - The capacity to do.... ?
- The client needs to understand the general concept and purpose of the legal document.
- The client does not necessarily need to be able to understand every clause of the legal document.
- Legal capacity requires that the client know what they are signing in that moment. It does not require recollection later.
- Consider:
 - Are answers to questions consistent?
 - Are answers to questions appropriate?

Incapacity Timeline

	<u>BEFORE</u> <u>Incapacity</u>	<u>AFTER</u> <u>Incapacity</u>
<u>FINANCIAL</u>	Power of Attorney: appoints “attorney-in-fact” to make financial decisions.	Conservatorship: Judge appoints “conservator” to manage finances under Court supervision.
<u>MEDICAL</u>	Health Care Directive: appoints “health care agent” to make medical decisions	Guardianship: Judge declares incompetence and appoints “guardian” to manage health under Court supervision

Incapacity Timeline

	<u>BEFORE</u> <u>Incapacity</u>	<u>AFTER</u> <u>Incapacity</u>
<u>FINANCIAL</u>	Power of Attorney: <u>DUPLICATION</u> OF RIGHTS	Conservatorship: <u>REMOVAL</u> AND <u>REASSIGNMENT</u> OF RIGHTS
<u>MEDICAL</u>	Health Care Directive: <u>DUPLICATION</u> OF RIGHTS	Guardianship: <u>REMOVAL</u> AND <u>REASSIGNMENT</u> OF RIGHTS

1ST WEDNESDAYS

GUARDIANSHIP INFORMATION CLINIC

Drop in during clinic hours to meet with our social workers or attorney for educational information

and to get their questions answered in real time:

no appointments,

no voice mail, no phone tag,

just direct access to our

social service and

legal team members!

Contact: cesdm@voamn.org



CESDM

CENTER FOR EXCELLENCE
IN SUPPORTED DECISION MAKING



GUARDIANSHIP INFORMATION LINE

952-945-4174

1-844-333-1748

cesdm@voamn.org

Distinguishing Dementias

Dementia Type	Memory Deficit	Rapid Course	%	Δ In Personality	Hallucinations
AD	++	-	60-80	+/-	+/-
Vascular	++	-	10-20	+/-	+/-
Lewy Body	++	-/+	15	+/--	+
Fronto-temporal	-	+	5	++	+/-

Medicines That May Complicate Thinking

- Anticholinergics
 - Antihistamines (Diphenhydramine, Hydroxyzine)
 - Tricyclic Antidepressants (Amitriptyline, Nortriptyline)
 - G.I./urinary antispasmodics (Dicyclomine, Oxybutynin, Tolterodine)
 - Anti-emetics (Prochlorperazine, Promethazine)
 - Muscle Relaxants (Cyclobenzaprine)
 - Anticholinergic Anti-PD agents (Benztropine, Trihexyphenidyl)
- Benzodiazepines (Lorazepam, Diazepam)
- Non-benzodiazepine, benzo-receptor agonists (Zolpidem)
- Opioids (Oxycodone, Morphine)

Inviting and Reinventing Purpose



Understand
what
matters
most



Ask for their
help



Involve
friends/family



Play to their
interests/hobbies



Listen

We cannot change dementia, but we can change.....



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<https://www.sph.umn.edu/research/projects/rlk/>