

# *Forging Meaningful Connections in the Time of COVID19*

*Supportive communication and meaningful engagement  
in the face of CoVID restrictions*



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# Faculty/Presenter Disclosure

- ▶ Faculty: Julie Wong and Simonne Cumberbatch
- ▶ Relationships with commercial interests:
  - ▶ None

# Disclosure of Commercial Support

- ▶ This program has **NOT** received financial support other than the support of the MOHLTC
- ▶ This program has **NOT** received in-kind support
- ▶ Potential conflict(s) of interest:  
**None to be disclosed**

# Mitigating Potential Bias

The information presented in this program is based on recent information that is explicitly “evidenced-based”.

The Behavioural Support Rounds Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the BSR Activity in support or justification of patient care recommendations conforms to the generally accepted standards.

# Agenda

## **Isolation and Loneliness in Seniors**

## **Communication in Dementia**

- ▶ Communication and Dementia
- ▶ PPE and Communication

## **Social Engagement in Seniors**

- ▶ Introduction to the TCE Tool

## **Case Study**

# Loneliness and Isolation

Social isolation is a recognized SDOH.

Low social connectivity is equated high blood pressure, physical inactivity, obesity, or smoking 15 cigarettes a day

Social isolation in seniors results in increased risk of cardiovascular, autoimmune, neurocognitive, mental health problems and increased mortality

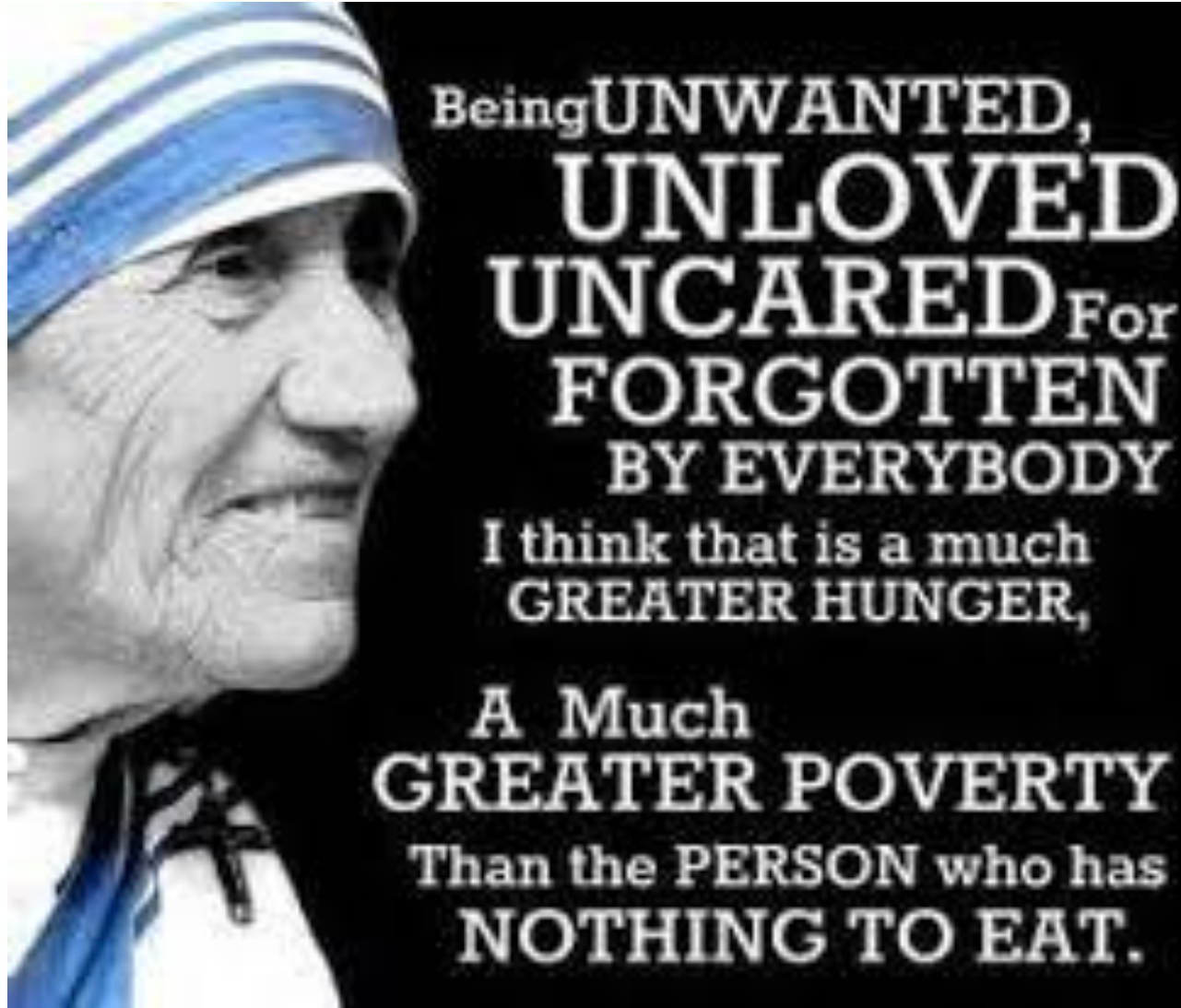


# COVID19 and Isolated Seniors


University of Michigan's National Poll on Healthy Aging found that during COVID the amount of senior reporting isolation doubled

Loneliness is more common in long-term care. At least double that of community-dwelling populations.







The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side and bottom of the frame, creating a modern, dynamic feel. The main text is centered on the left side of the slide against a plain white background.

To effectively communicate, we must  
realize that we are all different in the  
way we perceive the world and use this  
understanding as a guide to our  
communication with others

~Tony Robbins

# Dementia Affects Communication



# Dementia Affects Communication

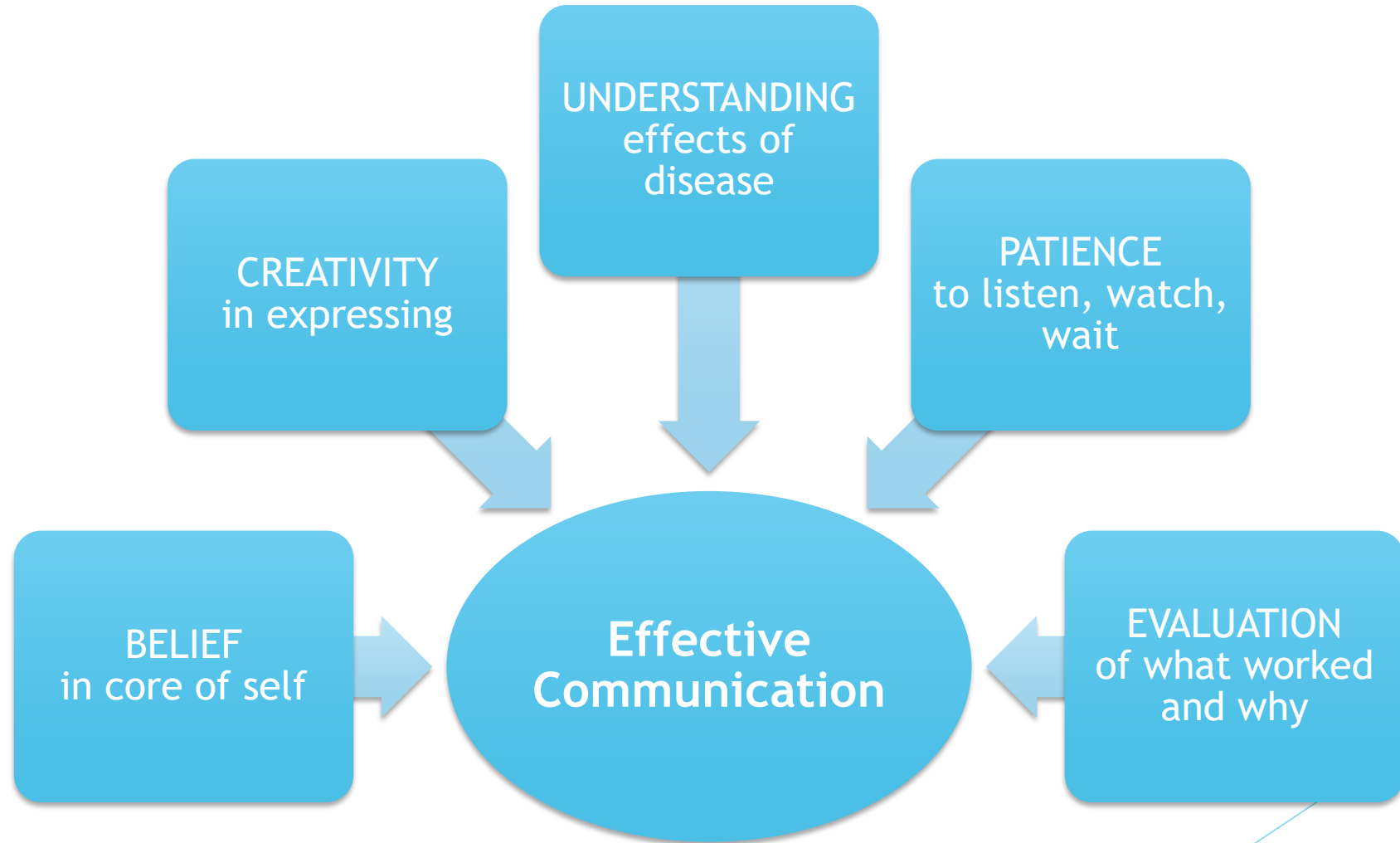
- ▶ Have less awareness of how to respond in social situations.
- ▶ Revert to speaking their mother tongue/native language.
- ▶ Vagueness in speech
- ▶ Increased reliance on non-verbal communication cues over disease journey
- ▶ Frustration when communicating

# Dementia, Communication and PPE



- ▶ Difficulty in recognition of worker
- ▶ Reduced visual cues
- ▶ Challenges of clarity
- ▶ Hearing Impairment

# Effective Communication



# Preparing for Communication

- ▶ Take stock of how you are feeling and set it aside
- ▶ Recall what you know about the person
- ▶ Prepare the environment
- ▶ Attend to any disabilities that may impede communication
- ▶ Centre yourself
- ▶ Consider the way that you typically communicate, in gesture and tone

# Your Communication Toolbox for Positive Interactions

Listen

Address the person by their *preferred* name

Keep a calm, encouraging tone of voice

Speak slowly and clearly

Be patient and give the person extra time to respond

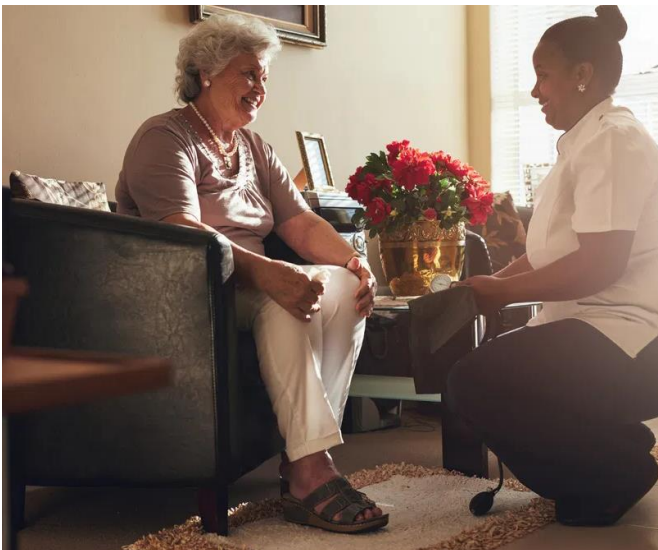
Use words familiar to the person

Mirror the other person's tone and emotion

Use touch, if appropriate

Avoid arguing, reasoning, or correcting





# Communication Strategies with PPE in mind

- ▶ Body Positioning
  - ▶ Approach slowly from the front
  - ▶ Bend down at eye level while respecting personal space
  
- ▶ Speech Modification
  - ▶ Slower deliberate pace
  - ▶ Enunciate
  - ▶ Increase volume without yelling
  - ▶ Frequent pauses, shorter sentences
  - ▶ Increase expressiveness in voice





# Consider these phrases

I told you she's not here.

I told you she's not here.

I **told** you she's not here.

I told **you** she's not here.

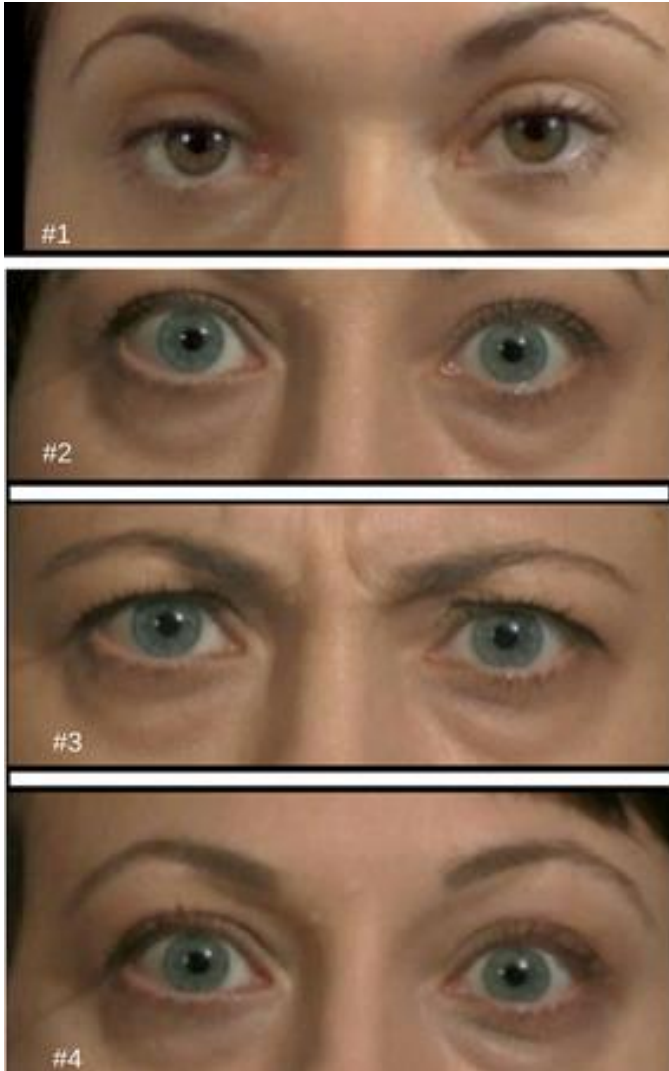
I told you **she's** not here.

I told you she's **not** here.

I told you she's not **here**.

?!

# Communication Strategies



- ▶ Dial up the Eyes and brows
- ▶ What do these expressions suggest that the person is feeling?

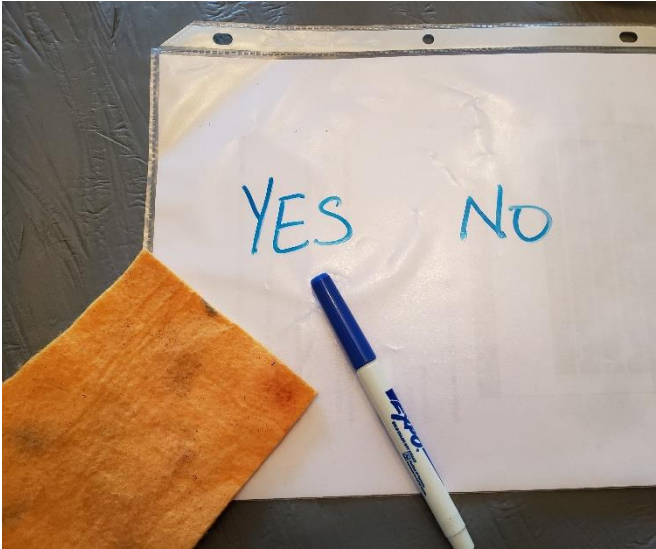
# Communication Strategies

- ▶ Take control of your non-verbals
  - ▶ Underline your words with gestures and pantomimes
  - ▶ Use commonly understood gestures
  - ▶ Cultural differences



# Modified PPE





# Written Aids

- ▶ Signs to serve as written cues
- ▶ Communication boards

## Considerations:

- ▶ Print
- ▶ Yes/No for decision making
- ▶ Colour, Size, Ease of recognition



# Connection and Social Engagement

We can prevent cognitive decline and delay AD if we keep mentally active and frequently participate in social activities.

Online technologies could be harnessed to provide social support networks and a sense of belonging



# Therapeutic and *Creative* Engagement Guide



# Using the TCE Guide

## To Make the Best Use of This Document

### Get to Know Your Client

Identify your client's hobbies, past interests, employment history and personality traits. The following resources may help in the completion of a thorough social history assessment:

- [PIECES of my PERSONHOOD](#) developed by North East Behavioural Supports Ontario
- The "[All About Me](#)" Alzheimer Society Canada Booklet.
- [PIECES of my RELATIONSHIPS](#) is a tool that supports getting to know a client who is Indigenous. It was developed by the Indigenous Cognition and Aging Awareness Research Exchange and North East Behavioural Supports Ontario. The [Quick Guide](#) provides guidance on using this tool.
- The Canadian Palliative Alliance [Social Histories for Residents with Dementia in LTCH](#), which includes both education and a fillable PDF.



# The TCE Icons

## Use our Icons

Once you have a good understanding of your client and the care environment, you can use this guide to choose the right digital, virtual, or telephone service to match the client's needs. We have created a legend to make it easy to highlight the populations best suited to the service:

Sight Loss friendly



Hard of Hearing friendly



Low cognition friendly



Low movement friendly



Best suited for group



Best suited for one-on-one



Good for using in the background



# Contents



Art



Music



Creative  
Writing



Dance



Drama



Religion and  
Spirituality



Mixed Creative  
Arts



Mindfulness  
and Yoga



Sight seeing and  
Virtual Travel



Reading and  
Digital Stories

## Religion and Spirituality

### Why Religion and Spirituality?

- A [small systematic review](#) of the evidence around dementia and spirituality indicates, "Spirituality and religion appear to slow cognitive decline, and help people use coping strategies to deal their disease and have a better quality of life," and that the "...use of spirituality or faith in daily life enabled people to develop coping strategies to help accept their disease, maintain their relationships, maintain hope, and find meaning in their lives, thereby improving their quality of life."
- Another [study](#) around dementia and religion advised that clients "... and their family caregivers benefit greatly from clinicians and other care and service providers who respect and acknowledge the role of religion and spirituality in their clients' lives."

**Technology Required:** Stable and consistent access to internet, a streaming device with a large enough screen for viewing with one or more persons and speakers (e.g., computer, laptop or tablet). Smart televisions can be used to stream these video experiences on a larger screen in a group setting. A printer for printing and sharing materials.

**Population:** Clients of almost all levels of cognition can enjoy these videos, excerpts, resources, and experiences. Clients with multiple levels of function can be engaged; these resources include written formats, streaming, and live videos that can be both watched or listened to.



Remember that singing can increase the rate of spread and distance of spread of respiratory viruses.



### TIPS FOR ENGAGEMENT

- In times of distress, many individuals find comfort in their faith, even if they are unable to vocalize their desire or need for this.
- In some faiths it is considered inappropriate to lead prayer or spiritual meetings electronically. These clients might prefer one-on-one or group in-person sessions.
- Religion can be a comfort or a trigger – do not assume that your client wishes to take part in the religion they are linked to without speaking to them or their family
- Clients with cognition challenges may enjoy songs and shorter passages (e.g., hymns and Psalms versus longer sermons)
- Religion often interacts with culture – it's important to understand both aspects in order to provide clients with person-centered care
- Check online for more resources related to your client's specific religion, as many religious institutions are now hosting Zoom or live streaming events



# Service Offerings



## DementiaAbility Religious Texts

**Summary of Service:** DementiaAbility's website provides free dementia-friendly excerpts from the bible and Buddhist teachings. These printables have larger print and prompts reminding clients to turn the page.

**How to Access:** Go to [DementiaAbility's website](#) to explore all their downloadable resources, or go directly to [Prayers and Blessings](#), [The Palms](#) or [Buddhist Teachings](#) in Chinese.

## Digital Religious Texts

**Summary of Service:** Although these free-to-download ebooks are not specific for dementia, you can still use this digital library to find information and education on almost any religious, spiritual or mythological teachings. The website offers CD versions of its works for purchase — but there are thousands of free downloads as well.

**How to Access:** Find this impressive collection at [The Internet Sacred Text Archive](#).

## Islamic Institute of Toronto

**Summary of Service:** This institute provides a number of programs, services, and education related to Islam and Islamic studies and worship. They host Live Fatwa Sessions, virtual halaqas, space-limited Jumu'ah prayers, and stream Salaatul Fajr and Maghrib on a daily basis.

**How to Access:** This and more is right on the [Islamic Institute of Toronto's website](#).

# Virtual Tours

To help you decide which virtual tour is best for your client, the links below are separated into the following categories: Museums and Art Galleries, Gardens, City Tours, Zoos and Aquariums, National Parks, and Amusement Parks.



## Museum Tours

- Explore new and changing exhibits from [The Smithsonian National Museum of Natural History \(Washington\) Virtual Tour](#)
- Immerse in a 360-degree view of the [Louvre](#)
- Go picture-by-picture in the [Van Gough Art Museum](#)
- Tour The [Vatican](#) Museum room by room.
- Enjoy the [British Museum](#) in this interactive game, which allows you to travel through time and through the museum with music and audio tours included.

## Gardens

- Stroll through the English [Waddesdon Garden](#) in a five-minute YouTube video.
- Take a three-minute walk through spring in the [Claude Monet's Garden, Giverny, France](#)
- The [Chicago Botanic Garden, Chicago IL](#) is made up of 27 small gardens that you can see in three minutes
- Warm up with a six-minute tour of Tour of [Hoomaluhia Botanical Garden](#) in Hawaii, but if you want a longer stay, walk the [Ho'omaluhia Botanical Garden](#) for a full 48 minutes.
- Return to England for six-minutes and travel through the [Top Ten Attractions at Kew Gardens](#).

## National Parks



A person is sitting on a large, light-colored rock formation. The rock has a rough, textured surface with some shadows and highlights. The person is small in comparison to the rock, emphasizing its scale. The background is dark, making the rock stand out.

Google  
presents

*The Hidden Worlds*  
OF THE

# NATIONAL PARKS

# Activities at a Glance

Religion and Spirituality	Description	Link
Dementiability Religious Texts	Free dementia-friendly excerpts from the Bible and Buddhist teachings. Larger print and reading prompts are included.	Access all offering from <a href="#">Dementiability's website</a> or go directly to <a href="#">Prayers and Blessings</a> , <a href="#">The Palms</a> or <a href="#">Buddhist Teachings</a> in Chinese.
Islamic Institute of Toronto	This institute provides a number of programs, services, and education related to Islam and Islamic studies and worship.	On the <a href="#">Islamic Institute of Toronto's website</a> .
Dementia Action Alliance (DAA)	Live and interactive Christian-based discussions called Faith, Hope and Love. Sessions are hosted by a reverend and focused on providing spiritual support Fridays on Zoom at 1 p.m.	Click the infographic on the <a href="#">DAA website</a> to access.

# Scenario: Mr. Marino

Mr. Marino is a 69 year old married Italian man living with his wife in the community

## Medical presentation

- Healthy, diet managed diabetes,
- Poor hearing and vision

## Dementia related presentation

- Likely MCI.
- Regression to first language, Mild Aphasia
- Mild short term memory loss and forgetful
- Changes in personality





# Scenario: Mr. Marino Pre-COVID

Mr. Marino is connected to his community

## Home Supports

- Spouse provides main daily support.
- Children pay for private PSW three a week
- Children visits monthly

## Community Support and Engagement

- Half day men's group on Wednesdays
- Exercise and batcha ball group on Sundays
- Walks to the Café very afternoon he walks to the café for a coffee.



# Scenario: Mr. Marino Post COVID

CoVID has had a significant effect on Mr. M's presentation and life

## Home Supports

- PSW service canceled
- New PSW initiated 3 months later

## Community Supports and Social Engagement

- Family now unable to visit
- Social groups have closed
- Cafe has CoVID rules

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# Scenario: COVID Related Behaviours

## **Dementia related presentation**

### Emergence of Responsive Behaviours:

- Restless
- Occasions of successful exist seeking
- Lost in the community or mask-less at Café
- Declines in communication including in Italian
- Decreased sleep and appetite
- Loss of interest and with drawls
- Greater personality changes
- Verbally responsive behaviours

# Helping Mr. Marino

## P.I.E.C.E.S. Assessment

Physical	Intellectual	Emotional
MCI Diet-controlled Diabetes Impacted Hearing Impacted Vision	Aphasia Amnesia	Increased Irritability More Argumentative Possible Depression Under Stimulation Loss of Engagement Appetite and Sleep Disturbance
Capabilities	Environment	Social
Functionally Independent in ALDs Able to assist in IADLs Walks Independently	Pressured to Remain in the Home	Loss of Social Engagement Lonely Loss of Cultural Engagement

# Helping Mr. Marino- Communication

## P.I.E.C.E.S. Assessment

Physical	Intellectual	Emotional
MCI Diet-Controlled Diabetes <b>Impacted Hearing</b> <b>Impacted Vision</b>	<b>Aphasia</b> Amnesia	<b>Increased Irritability</b> <b>More Argumentative</b> Possible Depression Under Stimulation Loss of Engagement Appetite and Sleep Disturbance
Capabilities	Environment	Social
Functionally Independent in ALDs Able to assist in IADLS Walks Independently	<b>Pressured to Remain in the Home</b>	<b>Loss of Social Engagement</b> Lonely <b>Loss of Cultural Engagement</b>

# Helping Mr. M- Social Engagement

## P.I.E.C.E.S. Assessment

Physical	Intellectual	Emotional
<b>MCI</b> Diet-Controlled Diabetes Impacted Hearing Impacted Vision	<b>Aphasia</b> Amnesia	Increased Irritability More Argumentative <b>Possible Depression</b> <b>Under Stimulation</b> <b>Loss of Engagement</b> Appetite and Sleep Disturbance
Capabilities	Environment	Social
Functionally Independent in ALDs <b>Able to assist in IADLS</b> Walks Independently	<b>Pressured to Remain in the Home</b>	<b>Loss of Social Engagement</b> <b>Lonely</b> <b>Loss of Cultural Engagement</b>

# Helping Mr. Marino- Loss of Connection

## P.I.E.C.E.S. Assessment

Physical	Intellectual	Emotional
<b>MCI</b> Diet-Controlled Diabetes Impacted Hearing Impacted Vision	<b>Aphasia</b> Amnesia	Increased Irritability More Argumentative <b>Possible Depression</b> <b>Under Stimulation</b> <b>Loss of Engagement</b> Appetite and Sleep Disturbance
Capabilities	Environment	Social
Functionally Independent in ALDs <b>Able to assist in IADLS</b> Walks Independently	<b>Pressured to Remain in the Home</b>	<b>Loss of Social Engagement</b> <b>Lonely</b> <b>Loss of Cultural Engagement</b>

# Imagine You're in the Picture

What steps/strategies would you consider to ensure you have the best connection possible with Mr. Marino ?





# Communication Care Plan

## How to communicate with Mr Marino

### To build rapport and help him understand:

- Use his preferred name “Teo” (full name Matteo) and greet in Italian
- Enlist wife’s support in making sure his glasses and hearing aid is turned on
- Approach slowly from the front, situate self slightly to the left
- Wear a name tag with a large photo and your role
- Acknowledge the PPE “I know I must look strange”
- Topics of interest: Batcha ball, travel and Italy.
- Learn a few greetings
- Support family with positive interaction strategies

## How Mr Marino Communities (area to build)

### To help him express himself:

- Use a blank communicate board if having trouble understanding
- Give him time to respond
- Don’t argue, validate
- Verify his answers with yes/no questions
- Encourage his use of gestures

### To explore more:

- Ability to engage in conversation?
- Ability to read and follow simple instructions
- Ability to answer open ended questions
- Common words and meanings
- Ability to still understand and communicate in English?

# Communicating Remotely: Tips

- ▶ Consistent schedule
- ▶ Familiar appearance
- ▶ Minimize other potential distractions for you and the person with dementia
- ▶ Lighting
- ▶ Positioning of device relative to you
- ▶ Be present
- ▶ Be flexible





**PLEASE WEAR A  
FACE MASK**

**POR FAVOR USE  
UNA MASCARILLA**

# Communication and Assessment

- Personal History
- Interests
- Goals
- Activity Tolerance



# Social Engagement Care Plan

- Virtual tours and coffee
- Virtual ADP
- Exercise group
- Writing



Set a schedule to take part in these activities to across the week

# The Results

## Re-establishment of Engagement and Connection

- Eating and sleep have improved
- Mr. M feels less isolation and has more purpose
- Early signs of depression has diminished
- Restlessness, Exit seeking, and Verbal Behaviours diminished
- Client has shown some recovery of language
- Spouse feels more resilient
- Family feel more engaged and better able to communicate and connect with him

# Key Messages and Takes Homes

- Social isolation impacts health
- There is no magic bullet
- No strategy works every time
- Trial and error
- Flexibility is key in any care plan
- QOL matters
- Isolated but not Alone



Thank You!  
Questions?

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