

UTILIZING PROCEDURAL MEMORY
AS A MEANS TO INCREASE ADL
PARTICIPATION FOR THOSE WITH
DEMENTIA

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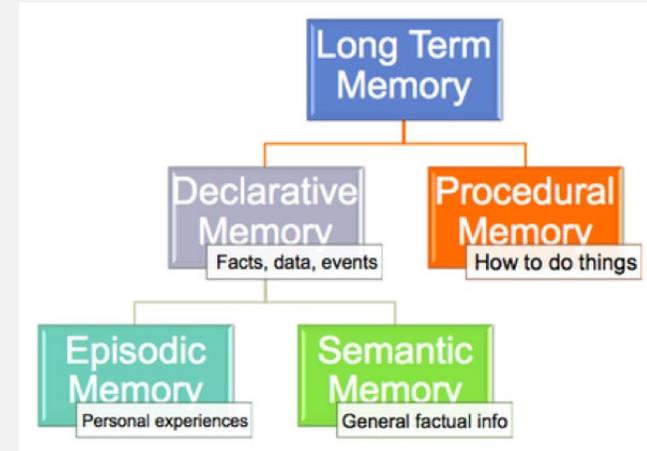
LEARNING OBJECTIVES



- Participants will
 - Understand the concept of increasing ADL participation for a person with dementia through the use of procedural memory
 - Determine when a referral for an occupational therapy evaluation and intervention would be appropriate for a person with dementia
 - Identify a few strategies for managing behavioral symptoms of a person with dementia
 - Practice communication strategies for use with people with dementia

PROCEDURAL MEMORY

- Memory and learning are closely related and interdependent
 - In dementia, learning and executive functioning are impacted by disruption in transferring short term memory into long term storage
 - Procedural memory, in contrast, is more useful for people with dementia due to a slower rate of deterioration
 - Procedural memory is based on learning through repetition/practice of motor, perceptual, and cognitive skills
 - Procedural learning is task-specific
 - Pair with environmental cues and errorless learning



ROLE OF OT

- Assessment of cognitive capacity and environmental affordances
 - Example: Allen Cognitive Levels
 - The score reflects functional capacity along a hierarchy of six functional levels (1=profoundly disabled to 6=intact executive functioning), and sublevels reflecting gradation of abilities within each level
- OT intervention
 - Modify environments to facilitate participation and decrease behavioral symptoms
 - simplify tasks
 - establish structure and routine
 - Increase participation in concrete tasks through repetition and practice
 - utilize effective cueing and communication strategies
 - train and educate of family caregivers

	Strengths	Problems	Tips for Care
4	Able to complete most ADLs.	May carry a walker instead of using it.	Needs extra time to complete tasks. Functions well in a routine.
3	Likes to do familiar tasks like folding or sweeping.	Chants "help me" but can't express what they need help with.	Loud environment can overstimulate and cause behaviors.
2	Walks with assistance. Can avoid obstacles above the knees. May drink from a cup with help.	Risk for dehydration, contractures, skin breakdown, weight loss. Loses functional use of hands.	Scheduled toileting. Frequent snacks. Make sure they can see you when approaching or talking.
1	Communicates through facial expressions. Can look at moving objects for short periods.	Reflexively grabs objects and has difficulty letting go. Can only respond to something within 12 inches of their face.	Watch face for expressions of pain, discomfort or pleasure. Place soft objects in hands when providing care.

COMMUNICATION STRATEGIES

- Supportive communication is one of the most effective ways to manage behaviors
- Cues
 - Timing, frequency, type (verbal, gestural, visual), amount, and tone of voice (for verbal)
- Activity:
 - Give the cue “Walk to the bathroom” in the most dramatically infantilistic way you can
 - Again but this time offensive and outright mean
 - One more but this time subtly emotionally manipulative or just how you think a stressed out, sleep deprived caregiver might
 - Last time, try out how you would say the cues as a non-emotionally involved OT who is training a caregiver in how to communicate most effectively with their loved one



REFERENCES

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- AOTA (2020). *Occupational Therapy Practice Framework: Domain and Process—Fourth Edition*. American Journal of Occupational Therapy, August 2020, Vol. 74, 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Allen, Claudia K., (1991). Cognitive disability and reimbursement for rehabilitation and psychiatry. *Journal of Insurance Medicine*, 23 (4).