

Above & Beyond

SPRING 2025 EDITION

Your source for news and information to take our collective care to the next level

Dear Senior Living Colleague,

My journey into the world of dementia began while caring for my father who was living with probable Lewy Body Dementia more than 11 years ago. Since that time, my family has experienced life through the lens of two other forms of dementia, including Alzheimer's disease and Parkinson's dementia. Walking alongside my loved ones as they progressed through their illnesses fueled my passion to learn more so I could provide the best quality of life possible for each of them. As a Community Educator, I now have the privilege of helping others through this journey by raising awareness about dementia and sharing strategies for providing quality care to help people maintain their dignity and live their best lives.

At Hospice & Community Care and Hospice of Central PA, we know caring for individuals living with dementia can be challenging. Our teams strive to develop individualized plans of care that address the unique needs of each person and honor what is most important to them. We provide specialized care for various stages of dementia, working closely with facility staff to create a supportive environment and increase comfort by managing pain and the symptoms often associated with dementia. We also offer education about end-of-life care, what to expect as dementia progresses, strategies for addressing challenging symptoms and responding to dementia-related behaviors, and maintaining self-care while caring for others.

Thank you for allowing us to work alongside your staff to provide quality care for your residents and families who are living with dementia.



Karen Stauffer,
Community Educator

Tips for Communicating with Residents Living with Dementia

Dementia can make it harder to communicate with others. A resident living with dementia may have difficulty expressing their thoughts and feelings, which can leave them (and you) feeling frustrated.

While each resident has unique needs and preferences, the following guidelines can help you feel more at ease and better support their attention and understanding.

- **Proximity:** Explain what you are going to do before moving into an individual's personal space. Approach from the front and at their level.
- **Eye Contact:** Move to eye level to ensure that you establish and maintain eye contact with the person. Stay in the person's direct line of vision, ideally approaching from about six feet away.
- **Voice Tone:** Use a calm, reassuring tone of voice and project positive energy. A friendly and positive demeanor can help the person feel calmer. Your tone of voice and facial expressions are as important as your words.
- **Simplicity:** Keep communication simple, making one request or suggestion at a time.
- **Attitude:** Reframe your perceptions and attitude toward the person's behavior. They may not understand the task or directions.
- **Positivity:** Ask requests in a positive manner, avoiding the use of the words 'don't' or 'no'. For example, try "let's go here" instead of "don't go there."
- **Validation:** Do not confront delusions or false beliefs. Rather, validate, reassure or redirect the behavior.
- **Redirection:** Use redirection or distraction if the person is repeating a question or retelling a story.

SCAN TO WATCH...



a brief video on
how to validate
a resident living
with dementia.

Empowering You to Provide the Best Care

We understand the vital role healthcare professionals play in ensuring patients and families receive personalized, high-quality care. That's why we offer comprehensive education on dementia care, hospice care, palliative care, bereavement support, referral timing and more—equipping you with the knowledge and resources needed to provide the best possible support.

To schedule a program, contact Karen Stauffer, Community Educator, at (717) 295-3900 or kstauffer@choiceshealth.org.

When to Make a Referral for Your Resident

Referring your resident to hospice care early in their illness gives them and their family the opportunity to share their goals for enhancing their quality of life, as well as establishing comfort measures. Hospice & Community Care and Hospice of Central PA often hear from patients and their families that they wish they had sought end-of-life care earlier in their diagnosis.

The following are general physical and behavioral indicators that your resident is ready for hospice care.

- Increased sleep
- Decreased intake
- Pauses in breathing
- Settling unfinished business
- New incontinence bowel/bladder
- Increased swelling

The following questions may help determine whether your resident needs hospice care:

- May not survive within the year
- Is seriously ill and in need of pain management
- Has more than one chronic condition
- Has been admitted to the ER or hospital several times within six months
- Is facing difficult conversations regarding care and quality of life

If you answered yes to any of the above:

Contact the Hospice & Community Care Admissions Team at (844) 422-4031.

Contact the Hospice of Central PA Admissions Team at (717) 732-1000.



Women and men typically (but not always) grieve differently.

HOW TO HELP...

- **Address any other losses** secondary to the grief, such as a change in where they call home.
- **Support in a calm environment** with limited distractions, using simple language and appropriate eye contact.
- **If they become confused** or have difficulty answering questions, offer reassurance.
- **If the person is aware** and able in some way to process the loss, allow that to occur, and just 'walk the path' with them.
- **Reminisce with them** about the person who died. Talk about where they lived and what they did together.
- **Talk about pictures** that they may have displayed.
- **Listen for and help** to identify possible feelings of longing, sadness or fear.
- **Offer** a comforting hug.
- **Listen well**, make the person's reality your reality.

Grieving When Cognitive Impaired

Elderly persons with cognitive impairment may have difficulty processing their loss. They may even forget that their loved one has died, repeatedly asking others when the deceased is coming to visit. This can prove devastating for such individuals and their families who are forced to repeatedly re-experience their grief.

Most experts believe a cognitively impaired individual should be told of the loss initially, and then any further information or action should be based on that reaction. Continuing to tell a person over and over again that their loved one has died may not be helpful.

Women and men typically (but not always) grieve differently – cognitive impairment doesn't change that. Women are more likely to cry, need support from others and express their emotions. Men may not express their emotions (except for anger), and may not be willing to talk about how they feel.