Introduction

There is an unfortunate phrase that is often used in reference to people with dementia who do not want to be dressed, bathed, groomed, etc. We say they are “resistant to care,” as if what we are offering is entirely benevolent and they are stubbornly ungrateful. But when someone doesn’t want to do what we want him to do, he usually has a logical reason for objecting, and frequently it has to do with his physical or emotional discomfort with what we are attempting. This presentation will cover the topic in greater depth, but below is a crib sheet with basic ideas.

Bathing

Logical reasons for resisting bathing
- Fear of falling, drowning, getting hurt
- Fear caused by poor vision
- A general fear of water
- Remembrance of after-shower discomfort (from being cold or itchy)
- Distrust of caregiver
- Overwhelmed by mechanics of bathing
- Embarrassment over diminished abilities or over being naked
- Feeling rushed, pressured, or opposite: impatient with long wait
- Tired, achy, uncomfortable
- Hypersensitive skin – water feels like needles piercing body
- Unpleasant environment – water too hot/cold, room too hot/cold, room unfamiliar looking
- Person feels no need for bath
- Not following customary routine
- Engaged in more pleasurable activity
- Anxious about some other recent event; not yet calm
- Doesn’t want to remove item which provides sense of security

We are creatures of habit. Pay attention to old habits/routines.
What do you know about the person’s past preferences?
- How often did this person bathe when living at home? Any specific days?
- What time of day did s/he bathe?
- Where or how did s/he bathe? (Shower, tub, sponge bath at sink)
- How and when has her/his hair washed/dried/set/cut?
- How much of bathing process can s/he handle unaided?
- Were there specific routines related to bathing?
- Does the person perceive bathing as a pleasant experience?

Enhancing the bathing environment
(Some of these ideas apply only to residential care communities)
- Decorate tub or shower room in as home-like a manner as possible
- Provide color contrasts between walls and fixtures
- Use towels, rugs, other fabrics to reduce noise levels/echoes
- Keep room and water temperatures comfortable for person being bathed, not yourself
- Heat towels or robes (carefully) in microwave
- Reduce fear of falling
- Provide adequate lighting
- Experiment with soothers (music, fragrances, whirlpool)

When bathing a person, be a sensitive caregiver.
- Follow preferred routines
- Be prepared (with towels, soap, fresh clothes, lotions, deodorant, etc.)
- Give pain pill, if needed
- Toilet the person before bathing
- Back off and try again later if the person is upset
- Provide multiple cues
- Use props to provide comfort or reduce anxiety
- Acknowledge feelings of fear, confusion or embarrassment; try to minimize causes of discomfort.
- Use a handheld shower nozzle to avoid the discomfort of water pouring over one’s head and to give potential control of water to the person being bathed. Aim water at feet first.
- Look for ways to make the process pleasurable – sing, reminisce, make small talk, encourage.
- Dry and clothe the person as quickly as possible after bathing. Be extra sensitive to feet, hair and torso.
- Follow the bath with a soothing routine – lotion massage of arms or legs/feet, cup of coffee, favorite activity.

Ideas for maintaining a sense of privacy
- Begin undressing process with shoes rather than a shirt or dress; it's less threatening, and bare feet help people with dementia feel “grounded.”
• Undress the person in the room where he will be bathed and cover exposed body parts with dry towels to maintain warmth and privacy.
• Allow the person to remain covered, if s/he desires, washing through towel or spraying shower under it.

**Ideas for giving the person control, encouraging independence**
• Give them choices
• Give them opportunities to maintain their sense of security (bathing with glasses)
• Give the person a chance to feel the water before bathing to determine the appropriate water temperature
• Assist only as needed (People with dementia may be helped by giving them one-step directions.)
• Create a safe environment so the person is more likely to *feel* safe.

**Dressing/Grooming Tips**

**Logical reasons for resisting dressing and grooming**
The person
• is frustrated by his/her diminished abilities to handle what was once an ordinary task.
• is in physical pain/physical discomfort
• has physical disabilities that limit cooperation
• is emotionally uncomfortable (privacy invaded, feeling rushed/pressured)
• perceives no need for the task
• isn’t following a preferred routine
• finds the environment upsetting
• is involved in another activity

**We are creatures of habit.**

**What do you know about the person’s past preferences?**
• What was the person’s preferred routine for getting up and retiring? (Order for toileting, washing up, brushing teeth, etc.)
• What time of day did s/he rise/retire?
• What parts of the dressing/grooming process can s/he handle alone?
• Did the person have other daytime grooming habits?
• Is the person comfortable with barber/beauty shop services?
• Are there favorite items/special procedures we need to be aware of?
• Does the person have a chronic illness requiring special routines? (e.g., orange juice upon rising for diabetic)
• Do any physical disabilities interfere with the person’s ability to handle each task?
• Is the person taking any medications that may compromise his self-care?
• Are there any aspects of dressing and grooming that the person especially enjoys or dislikes?

Enhancing the dressing/grooming environment

Assuming that most of these activities take place in the person’s own room:
• Eliminate closet excess
• Facilitate order/have all needed items within easy reach
• Be sure lighting is adequate
• Make sure room is a comfortable temperature
• Layer clothing for practical use
• Keep stabilizing props at hand
• Eliminate distractions
• Ensure privacy

When dressing/grooming a person, be a sensitive caregiver.
• Keep routines as consistent and close to the person’s preferences as possible
• Always knock before entering the person’s room
• Always keep the person’s safety and physical and emotional comfort uppermost in your mind
• Try to balance the needs of the person with needs of the person’s family (For example, in residential care settings, families may want their mother to continue wearing stockings and make-up when the person with dementia no longer has an interest in doing so.)
• Assist only as needed
• Keep choices simple
• Approach each task with a positive, matter-of-fact attitude
• Respect individual quirks
• Look for the logic behind behaviors
• Be flexible
• When things aren’t going well, don’t go with them
• Look for ways to make the process pleasant
• Look for little things that might be uncomfortable

Ideas for giving the person control, encouraging independence
• Give directions one step at a time. Wait until the person completes the step before giving the next direction. Use the same words to repeat an instruction. Try singing the instructions!
• Provide multi-sensory cues
• “Jump start” people as needed (e.g., put the toothpaste on the toothbrush and hand it to the person who doesn’t know how to begin.)
• Some people need all their concentration for the task; others enjoy small talk
A few words about feet
- When our feet hurt, we are likely to be crabby and resistive. Make sure people have comfortable shoes throughout the day.
- For people unable to put on their own shoes and socks, simplify footwear.
- Some people with dementia prefer bare feet. Respect that, but don’t let them get cold feet.
- Pamper people’s feet. Provide foot baths, give foot rubs, put feet up on a cushion to avoid swelling.

Dental Care Tips

To encourage dental hygiene:
- Use a soft toothbrush in the person’s preferred style; use his preferred toothpaste brand, but experiment. Bubblegum-flavored toothpaste may work better.
- Use mouthwash. Swishing/spitting abilities may outlast brushing abilities.
- Use toothpicks, but with care.
- Use chewing gum if swallowing and proper disposal are not problems.
- Use disposable, flavored sponges (type used for swabbing mouths).

A cautionary note on dentures
When a person removes his/her dentures look for the logical cause:
- Ill-fitting (possible due to weight loss)
- Sores or irritation in mouth
- Food caught between gum and denture
- Comfortable and not embarrassed without them – respect that preference

There are three ways a man can wear his hair: parted, unparted and departed.

Hair Care Tips
- Beauty parlors and barber shops are often comforting to people;
- but simplify care there as needed – short hair styles can replace perms, hair spray can be skipped.
- Some people do not like to wash their hair while bathing, but prefer the kitchen sink over a beauty parlor sink (also prevents danger of tilting head back)
- Be sensitive both to people who see having their hair brushed as a calming ritual, and those who hate it and cry out with every tangle tackled.
Nail Care Tips
- Take a lesson from manicurists and soak nails before filing or cutting them; if a podiatrist is needed, use him/her!
- Use joys of manicure for increasing pleasure: give hand massages, use fragrant lotions, polish nails.
- Broken or ragged nails can cause fidgeting and discomfort that the person may not be able to express; examine people’s nails regularly.
- Clean beneath fingernails daily.
- Realize that some people with AD have hypersensitive nails.

Cosmetics are a boon to every woman, but a girl’s best beauty aid is still a nearsighted man.
~ Yoko Ono

Make-up Tips
- Try to meet lifelong preferences; then be reasonable. As the person’s dementia progresses,
- most women become less interested in make-up and more uncomfortable with the process of putting it on and removing it.
- As their dementia progresses, mascara and eyeliner can become both an irritant and dangerous. However, many women like putting on lipstick and powdering their noses throughout life.
- Moisturizers remain important.

Shaving Tips
For women:
- Be reasonable. Shaving legs and underarms has little purpose, but some women like facial hair removed.

For men:
- Be safety conscious, but recognize remaining skills.
- Use warm towels to soften skin.
- Men can often assist with their shaving by puffing out their cheeks, tilting their head, etc.
- Practice your technique on a cognitively intact person.
- Consider the benefits of beards.

Blessed are the flexible, for they shall not be bent out of shape.
Continence Care Tips

Physiological causes of incontinence
- Poor diet
- Illness or infections
- Constipation
- Prescription drugs
- Overuse of laxatives or enemas
- Age-related physiological changes
- Fear of pain
- Reduced physical activity
- Brain damage due to dementia

There can also be psychological factors.

Logical reasons people with dementia may have incontinence “episodes”
The person
- is unable to find the bathroom in time
- recognizes the need too late
- has physical or cognitive disabilities that interfere
- isn’t following preferred routine
- perceives the environment as unclear
- feels unsafe
- is involved in another activity

We are creatures of habit.

What do you know about person’s past preferences?
- What was the person’s past routine for toileting?
- What can s/he handle alone?
- If there have been previous incidences have you determined a preventable cause?
- Is the person taking medications or does s/he have physical disabilities that contribute to incontinence?
- Does the person have cause for discomfort in the bathroom?

Enhancing the continence care environment
- Add amenities to make the bathroom look familiar and inviting
- Add grab bars, raised toilet seat or other safety aids
- Make sure it is clearly marked and understandable to the person with dementia
- Make the toilet as visible as possible; for men, make “the target” as visible as possible
- Cover up mirrors, if necessary
- Run the faucet
When providing continence care, be a sensitive caregiver.
- Be alert to subtle cues of need
- Acknowledge person’s desire for discretion
- Help person who has “accident” to save face. Never scold or belittle.
- Acknowledge feelings, but don’t suggest it’s trouble to solve
- Allow as much privacy as possible
- Never rush person; honor rituals
- If need to help someone at night, identify self and task

Ideas for helping nature take its course
- Avoid dehydration
- Add fiber to diet
- Add exercise
- Keep to a schedule
- Lower stress

Ideas for giving a person control, encouraging independence
- Assist only as needed; give directions one step at a time
- Use words the person understands
- Help person to feel safe, relaxed

Recommended resources:
For all caregivers, families and professionals
- Alzheimer’s Basic Caregiving – an ABC Guide
- Activities of Daily Living –an ADL Guide to Alzheimer’s Care
Both by Kathy Laurenhue and available through her online store at www.WiserNow.com and on Kindle

For activity staff:
Available online:

Also by Kathy Laurenhue and available through Health Professions Press:
- Getting to Know the Life Stories of Older Adults, Activities for Building Relationships (http://www.healthpropress.com/store/laurenhue-925x/index.htm) Book and CD
- Creative Mind Play Collection, CDs adapted from her former publication, Brain Aerobics Weekly, http://www.healthpropress.com/store/laurenhue-29647/index.htm