

Unit 62: Understand the Process and Experience of Dementia

Unit reference number: J/601/3538

Level: 3

Unit type: Optional

Credit value: 3

Guided learning hours: 22

Unit summary

This unit provides the knowledge of the neurology of dementia to support the understanding of how individuals may experience dementia. As the life expectancy of the population increases, it is anticipated that the number of individuals diagnosed with a form of dementia will also rise. This unit will provide learners with the required knowledge to underpin their practical, caring skills.

Learners will gain an understanding of the different types of dementia and the different ways in which individuals may experience the condition. The different pathways treatment and care may take are explored, including alternative and complementary therapies.

The myths and stereotypes surrounding dementia are considered and the effects they may have on the experience of individuals, families and carers.

Learners taking the Dementia pathway in the Edexcel Level 3 Diploma in Health and Social Care (Adults) for England must take this unit.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve each learning outcome.

Learning outcomes	Assessment criteria
<p>1 Understand the neurology of dementia</p>	<p>1.1 Describe a range of causes of dementia syndrome</p> <p>1.2 Describe the types of memory impairment commonly experienced by individuals with dementia</p> <p>1.3 Explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia</p> <p>1.4 Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia</p> <p>1.5 Explain why the abilities and needs of an individual with dementia may fluctuate</p>
<p>2 Understand the impact of recognition and diagnosis of dementia</p>	<p>2.1 Describe the impact of early diagnosis and follow-up to diagnosis</p> <p>2.2 Explain the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working</p> <p>2.3 Explain the process of reporting possible signs of dementia within agreed ways of working</p> <p>2.4 Describe the possible impact of receiving a diagnosis of dementia on:</p> <ul style="list-style-type: none"> • The individual • Their family and friends

Learning outcomes	Assessment criteria
<p>3 Understand how dementia care must be underpinned by a person-centred approach</p>	<p>3.1 Compare a person-centred and a non-person-centred approach to dementia care</p> <p>3.2 Describe a range of different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia</p> <p>3.3 Describe how myths and stereotypes related to dementia may affect the individual and their carers</p> <p>3.4 Describe ways in which individuals and carers can be supported to overcome their fears</p>

Unit content

What needs to be learned

Learning outcome 1: Understand the neurology of dementia

Causes of dementia syndrome

- Alzheimer's disease.
- Vascular dementia.
- Pick's disease.
- Dementia with Lewy bodies (frontotemporal).
- Creutzfeldt-Jakob disease (CJD).
- Huntington's disease.

Types of memory impairment commonly experienced by individuals with dementia

- Decline in memory.
- Reasoning and communication.
- Changes in behaviour.
- Loss of skill.
- Abilities that fluctuate.
- Movement difficulties.

How individuals process information

- With reference to the abilities and limitations of individuals with dementia.
- Information processing.
- Sensory input of sight, sound, attention.
- Short-term memory.
- Long-term memory.
- Effects of different types of dementia on processing information.

Other factors causing changes in an individual's condition that may not be attributable to dementia

- The difference between dementia, depression and confusional states.
- Sensory changes due to age-related degeneration, e.g. macular degeneration and cataracts affecting vision.
- Loss of hearing and increase of tinnitus affecting balance.
- Reduced metabolism causing poor appetite.
- Osteoporosis and fear of falling.

Why the abilities and needs of an individual with dementia may fluctuate

- Changes to the physical environment, e.g.:
 - moving home
 - starting at a day centre.
- Changes to the social environment, e.g.:
 - changes in carers
 - loss of family or friends and social isolation
 - bereavement.

What needs to be learned

- Changes to the emotional environment, e.g.:
 - carers become stressed
 - experience of abuse.
- Personal changes:
 - changes in treatment
 - changes in medication.
- Changes in physical condition, e.g.:
 - bacteria or viral infections
 - vascular changes
 - rapidity of onset of dementia.

Learning outcome 2: Understand the impact of recognition and diagnosis of dementia

The impact of early diagnosis and follow-up to diagnosis

- Quality of life, e.g.:
 - fear
 - feeling of lack of control
 - loss of dignity
 - loss of identity
 - lack of involvement
 - invasion of privacy
 - fear of losing own home
 - inability to communicate needs and preferences.
- Social, e.g.:
 - loss of friends
 - loss of community involvement
 - difficulty in dealing with own finances
 - attitudes of others.
- Impact on health, e.g.:
 - increased risk of falls
 - nutrition
 - personal hygiene
 - reduced exercise.
- Increased likelihood of abuse, e.g.:
 - emotional
 - neglect
 - physical
 - sexual
 - financial
 - increased likelihood of injury or harm.

The importance of recording possible signs or symptoms of dementia in an individual

- Agreed ways of recording in own organisation:
 - written or electronic.

What needs to be learned

- Recording is:
 - factual
 - legible
 - dated
 - signed
 - authenticated and confidential.
- Importance of recording to highlight risk and establish if there is a pattern, an improvement or a worsening of symptoms.

The process of reporting possible signs of dementia

- Agreed ways of reporting in own organisation, including:
 - verbal
 - written
 - electronic
 - accurate
 - timely
 - confidential.

The possible impact of receiving a diagnosis of dementia on the individual

- Impact, including:
 - fear
 - denial
 - need for information
 - need for sources of support, emotional or financial.

The possible impact of receiving a diagnosis of dementia on the individual's family and friends

- Impact:
 - fear
 - denial
 - need for information
 - need for sources of support, emotional or financial.

Learning outcome 3: Understand how dementia care must be underpinned by a person-centred approach

Person-centred approach

- Principles of care, including:
 - dignity
 - respect
 - choice
 - independence
 - privacy
 - rights
 - culture
 - Rogers' three core conditions
 - seeing the person first and the dementia second
 - focusing on strengths and ability
 - preferred or appropriate communication
 - acting in the best interests of the individual
 - person-to-person relationships

What needs to be learned

- involve individual in care planning
- taking account of history, e.g. personal, family, medical.

Non-person-centred approaches

- Institutional perspective.
- Biomedical perspective.
- Techniques to meet the fluctuating abilities and needs of the individual with dementia, e.g.:
 - reality orientation approach
 - validation approach.

Techniques using the physical environment

- To meet the fluctuating abilities and needs of the individual with dementia.
- Use of assistive technologies, e.g.:
 - pressure mats
 - door alarms linked to staff pagers
 - personal pendant alarms.
- Enabling and safe environments, e.g.:
 - hand rails
 - safe flooring
 - use of colour/textures
 - practical aids.

Techniques using the social environment

- To meet the fluctuating abilities and needs of the individual with dementia.
- Use of social environment to enable positive interactions with individuals with dementia.
- Use of reminiscence techniques to facilitate a positive interaction with the individual with dementia.
- Holistic approach.
- Responsive and flexible approach.
- Involving family and friends.
- Individual's personal beliefs.
- Focusing on strengths and abilities.
- Effective communication.
- Appropriate exercise.
- Activities specific to the needs of the individual, e.g. music.
- Sensory alternative therapies, e.g.:
 - aromatherapy
 - massage.

Maintaining health and wellbeing

- Methods, e.g.:
 - conventional medicines
 - safe handling of medicines
 - complementary medicines
 - diet and nutrition
 - fluid intake

What needs to be learned

- personal care
- measures to reduce risk of infection.

Myths and stereotypes related to dementia that may affect the individual and their carers

- Stigma and its impact on relationships, e.g.:
 - social isolation of individual and carer
 - assumption of automatic loss of independence, e.g. unable to drive, unable to make decisions about own care.
- Dissatisfying interactions with the medical community, e.g.:
 - difficulty in obtaining early diagnosis
 - uncertainty about availability of support services and treatments.
- Importance of person-centred values, e.g.:
 - individuality
 - rights
 - choice
 - privacy
 - independence
 - dignity
 - respect
 - autonomy.

Ways in which individuals and carers can be supported to overcome their fears

- Person-centred planning and reviews.
- Information about accessible and appropriate support services.
- Emotional support, e.g.:
 - individuals in early stage dementia involved in decision making
 - involvement with support organisation, e.g. Alzheimer's Society.
- Training.
- Safeguarding work.
- Balance between protection and maintaining rights.
- Service provision, to include integrated working across private, statutory and third sector, e.g.:
 - hospitals
 - hospices
 - residential care
 - nursing homes
 - independent living
 - sheltered housing
 - day care
 - domiciliary care
 - GP
 - social services
 - pharmacists
 - end-of-life support
 - urgent care response
 - early intervention
 - psychiatric services

What needs to be learned

- memory services
- physiotherapists
- occupational therapists
- dieticians.
- Other health and social care workers, e.g.:
 - Admiral Nurses
 - counsellors
 - dementia advisers
 - advocate.

Information for tutors

Suggested resources

Books

Barker S and Board M – *Dementia Care in Nursing* (Sage Publications, 2012)
ISBN 9780857258014

Rahman S and Howard R – *Essentials of Dementia: Everything You Really Need to Know for Working in Dementia Care* (Jessica Kingsley Publishers, 2018) ISBN 9781785923975

Websites

www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/dementia/understanding-dementia/	Age UK, charity that supports older people with dementia and their families
www.dementiauk.org/for-professionals/free-resources/	Dementia UK , charity that gives support to individuals with dementia and their families
www.nhs.uk/conditions/dementia/about/	NHS information on dementia
www.nia.nih.gov/health/what-dementia	National Institute on Aging US organisation providing information and carrying out research

Assessment

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with the Skills for Care Assessment Principles. The assessment for learning outcomes 1, 2 and 3 may be conducted in the workplace or in a simulated environment.