

IS IT DEMENTIA?

CORRECTIONAL SERVICES | FACT SHEET

Your role requires you to manage offenders who are either awaiting sentencing or serving their sentence. Your interaction with them may be on a daily basis and as such you are well placed to inform correctional health services of any issues, including changes to cognition that require follow up. This fact sheet is designed to give you information that may alert you to signs or considerations you can make during the process of your work. Being aware of these signs will assist you in helping to identify concerns that an offender may be experiencing cognitive issues however should not replace your protocols for response.

What is dementia?

Dementia is a term used to describe the symptoms of a large group of illnesses which cause a progressive decline in a person's functioning. It is a broad term used to describe a loss of memory, intellect, rationality, social skills and what would be considered normal emotional reactions.

Signs of dementia

In the early stages the symptoms of dementia can be very subtle. However, often it begins with lapses in memory and difficulty in finding the right words for everyday objects. A person with dementia may experience one or more of the following symptoms:

- Forgetting recent events
- Difficulty making decisions
- Difficulty expressing their thoughts
- Confusion in understanding what others are saying
- Confusion about the day, time, where they live, where they have come from, what they have just been doing, or the actual situation they find themselves in
- Difficulty performing more complex tasks
- Difficulty managing finances
- Being anxious, crying or distressed
- Inappropriate behaviour or responses

People with dementia may differ in the patterns and type of problems they have, and the speed with which their abilities deteriorate. Their abilities may change from day to day, or even within the same day. However, what is certain is that the person's abilities will deteriorate, sometimes rapidly over a few months, in other cases more slowly over a number of years.

There are many conditions where people can exhibit signs similar to dementia such as forgetfulness or memory problems. It is best not to assume that someone has dementia just because some of the symptoms are present. Strokes, depression, alcoholism, infections, hormone disorders, nutritional deficiencies and brain tumours can all cause dementia-like symptoms.

Impact of dementia

When a person has dementia their ability to function can be compromised. For example their tolerance to stress may not be as good as it used to be. Being able to deal with uncertainties, crowds, pressure or noisy environments may cause them to become upset, angry or disoriented. Alternatively, a person may start to lose their social inhibitions, such as someone who has always taken pride in their dress, starting to dress carelessly, or doing and saying inappropriate things.

Different Types of Dementia

There are over 100 different types of dementia. Below are six of the most common types of dementia that you may come across in your role.

Different Types of Dementia

Currently there are over 100 identified types of dementia. It is important to remember that all people present differently with dementia requiring an individualised approach. Below are six of the most common types of dementia that you may come across in your role.

1. Alzheimer's disease is the most common type of dementia and will initially have an impact on someone's short term memory. Other changes can be experienced later as the disease progresses and may include communication and mobility difficulties, behavioural changes and eventually, loss of long term memory.
2. Vascular dementia is usually the result of ongoing mini stroke activity (transient ischaemic attacks or TIA's). The impact and presentation will vary depending on where in the brain the stroke activity has occurred.
3. A combination of Alzheimer's disease and Vascular dementia
4. Lewy body disease is a form of dementia that can result in changes to movement, thinking and behaviour and is increasingly more common.
5. Fronto-temporal dementia where the signs may include significant behavioural and personality changes and loss of inhibition
6. Alcohol and drug related dementia is a result of long term abuse of these substances and presents in a difficulty to learn new tasks, personality changes, balance problems and inability to present logical thinking.

A final note for correctional services is in relation to the link between head injury and cognitive disorders – whilst this may not present as a 'typical' dementia, head injuries will present with many similar issues as the above list and the information presented in this resource will be relevant to this demographic also.

Younger Onset Dementia

Dementia doesn't just happen to older people. People in their 30's, 40's and 50's also experience dementia. Whilst less common, the incidence of younger onset dementia is increasing with over 24,000 Australians living with the disease.

Aboriginal population and dementia

There is significant evidence that the prevalence of dementia in the Aboriginal populations (especially within rural and remote communities) is considerably higher than mainstream populations. Additionally poorer health, substance abuse (including petrol sniffing) and higher rates of disability mean that this population is at an increased risk of dementia. Whilst this resource is not focused on the specific issues for these population groups, additional information and support can be found at the links in the final thoughts section.

Signs to look out for

A person with dementia:

- Is likely to appear confused and disorientated
- They may lack insight and be adamant there must have been a mistake made as they have done nothing wrong
- They may have no memory of having committed a crime
- Use repetitive questioning or behaviours
- Display out of character behaviours over time
- Require additional support or reminders in normal daily activities (showering/brushing teeth/alerting to time)

These signs can be frustrating for correctional services in determining what is 'obstinate and troublemaking behaviour' and what is related to cognitive changes. This is where it is important that regular notes in offender files indicate ongoing changes such as repetitive behaviours and questioning, behaviour that is outside normal behaviour patterns and any other changes. This may require officers to compare notes or changes over different shifts and periods of time and make referrals to health services for assessment.

At the end of this document is the link to the Dementia Benchmark Checklist which may help identify these changes and further inform referrals.

Communication Considerations

- Certain behaviours are easier to understand if you suspect or know the person has dementia and these considerations will help you explore situations further. For example, a person with dementia might forget when visiting hours are, constantly asking the question of you – it is important to try not to react to what someone with dementia may be saying. If possible be ‘in the moment’ and connect with the person through acknowledging the insecurity felt. This may be challenging within your environment and the following tips for communication may assist.
- Genuine and calm reassurance will potentially bring about better outcomes so where possible read the emotion, body language and tone of voice rather than the words used.
- Repeated questions from the person with dementia may be an indicator of increased stress or fear. The result may be someone asking for their mother/husband/wife (even if deceased). This signifies a need for security and comfort. The response to this should be reassurance and validating the emotion, even when you don’t have the full information available.
- Reminiscence and diversion may assist to calm someone down and establish feelings of security. It can help someone to tell you about who they are their life history and assist with distracting from their current point of focus. For people with dementia, many of their short term memories are impacted or inaccessible so they rely on longer term memories. Reminiscing connects them to these longer held memories – this might include talking about childhood holiday locations or other memories that have a positive engagement. Diversion is useful when people become fixated on certain questions or issues. For example, the question about visiting time can be diverted by focusing on an activity or task that will engage the person with dementia and distract them, helping to calm them. More information on these techniques and tips can be found at: www.fightdementia.org.au.
- By using someone’s name, it reminds them you know who they are and a connection has been established. You may need to continually reintroduce yourself and your purpose for being there and if so, do so calmly and reassuringly with as little frustration as possible. Model these behaviours for others to use.
- If someone within your unit or team appears to have connected with the person with dementia it would be good to consider maintaining that connection where possible. You could also use their techniques or tips to support others in their interactions
- The person with dementia may have difficulty in recognising a correctional officer from their uniform. They may regress back to their own experience in uniform, or other experiences and they may struggle to articulate this appropriately. This is why it is important to gain knowledge about previous experiences and share this with others to avoid negative interactions.

People with dementia become are more vulnerable to being taken advantage of by others. Within the correctional services environment this can lead to serious consequences. Where dementia is diagnosed ensure that adequate supervision is provided where practical to avoid instances such as this.

- Consider finding out as much as you can about the person’s past experiences as this may provide insight into someone’s behaviour, especially when there have been significant changes over a period of time.
- Consider using file notes and formal/informal case discussions with other officers involved about their experiences. Challenge each other to think beyond the assumption that all behaviour is intentional.
- Consider referrals to health services with supporting information about changes and utilising the Dementia Benchmark Checklist to monitor changes.
- Consider the impact of environment on people with dementia. People with dementia work well in familiar and consistent environment and even minor changes to routine can cause anxiety and agitation.
- Consider accessing further specific advice from individual culturally and linguistically diverse or aboriginal communities where these are a further complexity on the issues presented.
- Consider where appropriate and practical, leaving possessions with the person which may assist them in remaining calm or becoming less agitated.
- Consider developing individual plans for your unit or team in the future for working with people with dementia – these could include dementia specific pathways.

Final thoughts

Your own organisational processes and procedures are paramount to ensuring your own safety and the safety of others however where and when it is possible remember to consider:

- Your approach
- Your body language
- The language and words you use
- Environmental stressors (frantic/busy environments are distressing so move to a quieter area when practical)
- Try to nominate a contact person with your unit or team to support the person with dementia until further help arrives.

Where to from here?

For more information or support please contact the:

National Dementia Helpline 1800 100 500

The Helpline can assist you with locating additional supports or resources for your state or territory including:

- Statutory bodies for guardianship issues
- Public advocate
- Advocacy services
- Community support services
- Specific culturally and linguistically diverse supports
- Aboriginal and Torres Strait Islanders supports
- Additional education and information sessions and supports for your services

Additional resources can be found at:

www.fightdementia.org.au

Dementia Behaviour Management Advisory Services (24/7 service) 1800 699 799

This service can provide 24 hour telephone support for management of behaviour of concerns relating to dementia. Follow up is offered locally within business hours.

Further resources and supports can be located on line:

Dementia Benchmark Checklist

<http://www.virtualmedicalcentre.com/dementiabenchmarkchecklist.asp>

This resource should not replace clinical and/or medical intervention and diagnosis but may be useful as checklist to identify changes over periods of time. This resource is not endorsed by the Department of Health and Ageing or Alzheimer's Australia; rather it is a tool that may support you in identifying issues of concern.

Aboriginal and Torres Strait Islanders Resources and Publications for Dementia

<http://www.fightdementia.org.au/understanding-dementia/aboriginal-and-torres-strait-islander-resources-and-publications.aspx>