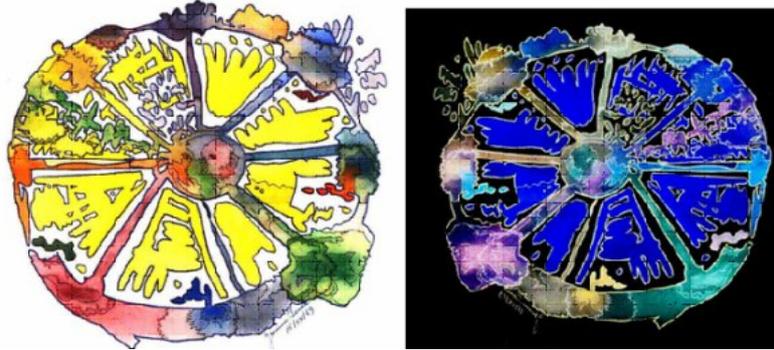


TAD (Thoughts About Dementia) Newsletter



#58: 9th November, 2013

Surprising things can happen when the police attend dementia courses and Alzheimer Cafés

Related ideas for observations and research:

Have you ever heard of a person with dementia being treated with 'heavy handedness' by security staff, customs, or the police - because they were (mistakenly) thought to be deliberately uncooperative or aggressive?

Have you ever thought about what your community would be like if people like –

postal workers, emergency service workers, bank clerks, shop-keepers, supermarket staff, pastors and parishioners, public transport workers, volunteers of charities for older people and people with dementia, hoteliers, restaurateurs, staff at tourist sites, ... **and also the police** had attended dementia courses, and were familiar with *possible early signs of dementia*, and how to engage with people with (possible) dementia and their families?

What would be your reaction to walking into an Alzheimer Café and seeing some of the local officers present, attending as guests to socialize and learn more about dementia?

Would you be surprised to learn that some police officers are sign-posting people to their local Alzheimer Café?

In your view, what other caregivers or professionals would be helpful at Alzheimer Cafés - so that they could become more familiar with local families caring for loved ones with dementia, and also to help them to liaise with the local professionals and care services?

Dear Reader

This TAD is about some *positive effects* of dementia education on the Isle of Wight (IOW) in the past five years. In particular, it's about about some recent changes to the way that police officers are working with people with dementia there.

Unexpected spin-offs have come about from dementia education both in the form of new ideas for working with people with dementia, and in particular, police officers attending their local Alzheimer Café.

Positive effects have come from synergistic work by the *Alzheimer Café UK – IOW branch* to:

- . hold dementia courses for professional caregiving staff, related professionals, service managers and family carers ^{1,2}.

(**Box 1** lists the courses.)

- . set up Alzheimer Cafés (AC) in each major locale on the island.

An AC is a form of post-diagnostic dementia education, socialization and support - in the form of monthly social gatherings for people with dementia, their family carers, caregiving professionals and volunteers - where an educational talk or interview related to dementia is presented at each meeting ³⁻⁷.

- . offer a series of free, one-day dementia courses for members of the public, volunteers and interested citizens, “**Lighting DARC course (dementia awareness reaching communities)**” ^{8*}.

Surprises

It was a surprise that about 30 police officers attended the Lighting DARC course this past year, with more expected. And also, that at each course there were serious discussions, which generated ideas about how to put the knowledge about ‘possible early signs of dementia’, ‘fear behaviour’ and ‘communication’ into practise. (Some details below.)

The biggest surprise came on walking into an Alzheimer Café to give a talk, and finding police officers present - socializing and participating as both guests and professionals. (Some of them had started attending at the behest of their colleagues even before having attended a course. What does that say about their professional, and also sometimes personal, interest and dedication?)

Police officers have also been present at other IOW cafes I’ve attended in recent months. Some were still in uniform because they were attending right after work. I wondered if their presence would make any of the AC guests uncomfortable, but it seemed not so. From what I saw and heard from various guests, their presence was a talking point and a resource - no one there seemed perturbed by it. (One person told me that having them present was like the good old days - knowing your own “Bobby on the beat” in your locale or street and keeping all feeling safe.)

How did the IOW police end up attending the Alzheimer Cafés?

After a dozen or so police officers had attended the Lighting DARC courses, and were continuing discussions with their colleagues, some of them decided that it would be worthwhile attending ACs to get to know the people with dementia and families in their 'work patches' better.

The impetus for this was linked to day-to-day police work, which can involve:

- . picking up people with dementia who are disoriented and have become lost
- . looking for people with dementia who have 'escaped' from care homes to 'go home' but cannot return to their previous home anymore
- . dealing with older people who are in driving mishaps and lost
- . attending to people who are being *sectioned* (forcibly detained by psychiatric services) – some of whom have dementia, some of whom have suspected dementia but have not yet been formally diagnosed, and some of whom are ill for other reasons.

During and after the courses, some of the police officers were very reflective about previous cases they'd been involved with. They [now] suspected that a number of people had had dementia, – especially some cases that had involved illogical arguing with older 'stropy people'. They were also thinking about things such as:

- . their assumptions about being 'crazy', 'mentally ill' and 'having dementia'
- . the unnecessary trauma caused to the people with dementia and their families by having the police called out or involved
- . the additional stigma caused by police involvement
- . the unhelpfulness of some of their communications with vulnerable people
- . the unhelpfulness of some of the other parties involved in the above situations.

New insights into previous ways of working

After the courses, several ideas were further discussed. One was that in the standard documentation for *incidents*, there was no place to mention *dementia* - the closest term was *mental health incident*. At the end of a contact/encounter with a person with dementia, this descriptor term was documented and ticked – therefore also implying that it was completed or closed. It was not really possible with such documentation to mark or leave an 'incident' (versus an on-going situation or case) as being 'still open' because longer-term intervention (checks and support) was necessary or anticipated.

Officers realized that this wasn't the most ideal way of documenting encounters with people with dementia (or possible undiagnosed dementia), because it did not always:

- . get people with dementia and their families the most appropriate help they needed at that time (i.e. if an encounter or incident was finished, there was no requirement to look at the specific impact of the dementing illness on what had happened)
- . get police officers to think about, liaise with other professionals, or help sign-post

people to the best type of longer-term help or support that a person with dementia, and/or their family, might need

- . help link the current situation (of being lost, disoriented, in a crisis with others) to previous, and potential future, similar situations

- . help the perception of how the police are involved with fragile people.

This *mental health incident* documentation also had the effect of inadvertently maintaining the stigma about dementing illnesses as being ‘mental illness’, rather than ‘neurodegenerative brain illnesses’.

Three post-course examples of awareness and positive communication:

Several officers told me about situations that they had been involved in since taking the course; some were very similar to situations some of us could encounter just being *out in public*¹⁰⁻¹³ - some were more dramatic. The course had helped them to think about how to assess and respond to people with (possible) dementia in a more considered way. Of the various examples, three were particularly striking:

1) In one encounter, police were called out to a lady who was being very verbally aggressive. They spoke to her and noticed several possible warning signs of her being ill or having (undiagnosed) dementia. They noticed that she was frightened as well as angry; she was disorientated and some of her facts *didn't tally*. The lady was taken to the hospital rather than the police station, with a request for her to be assessed by the ‘memory service team’. (The suspicion of dementia was confirmed, and the lady was given help without any unnecessary additional trauma.)

2) In another instance, officers were called out to a lady about to be *sectioned*. One officer intervened and took control quickly; this led to his de-escalating the situation such that the sectioning was no longer considered necessary. He had listened carefully and noticed some potential early signs of illness or dementia - as well as clear fear signals. He asked his colleagues to let him communicate quietly and alone with the lady - out of sight and sound of others present.

He asked her what had happened, and, what was the matter right now. She had been diagnosed with dementia - she reluctantly admitted that - but was trying to keep her independence as long as possible. She thought this stood most chance of helping her, so she aggressively resisting the help of other supposed *interferers* and *do-gooders* with all her might and main. She admitted to being terrified and lonely, needing and wanting help – but was afraid that it would be unwise to accept it. Besides settling her down so well that the sectioning never happened – he told the lady that different types of support were available. Also - about the nearest Alzheimer Café, and that important concerns like hers were precisely the types of issues that were explained and discussed there.

3) Yet another officer related how helpful it had been to learn about the frequent occurrence of poor vision and visuoperceptual changes in older people, and especially in people with Alzheimer-type dementia - and the related misperceptions

and misinterpretations that can occur (as opposed to hallucinations)¹⁴⁻¹⁶. This information had given him a new way of considering what was troubling an old lady who had been diagnosed with dementia and who was misperceiving what was happening at her neighbour's place.

It was very similar to another situation where, an old lady, living alone in her own home, thought that the poorly perceived large (and vaguely life-like) statues in the neighbour's garden - were real. She had been trying to understand their presence behaviour – and had become disorientated and upset. Some ideas that were generated for assisting with that situation were:

- . to put frosted glue-backed plastic half way up the window to occlude her view of the statues, but not reduce light levels significantly
- . to take close-up photos of the statues, label them as statues, laminate them, and leave them in the window ledge for the lady to notice when she looks out of the window overlooking the statues (and for other people to show and remind her, if this arises in conversation with them)
- . to explain to relevant others [i.e. relatives, friends, domiciliary care agency staff, and neighbours of the property with the statues] that:
 - the lady had misperceived the statues as being real;
 - this had badly frightened her;
 - and, that they would take close-up-photos of the statues for the lady to help her in case she forgot and became concerned again.

These are impressive examples by any standards.

The value of applied dementia education?

Box 2 shows the scene of walking into one of the AC's, and seeing the police staff present as social helpers and facilitators. Although I don't know how the real value of such changes in police practise could be accurately evaluated in terms of 'outcome measures' – these accounts show improvements in both 'dementia awareness' in our communities and in the types of support being offered. From a cost-effectiveness point of view, remember that these changes only took one day of a dementia course to achieve.

Conclusion:

This is the first time we've heard of police officers attending Alzheimer's cafés. I never considered they would want to attend, or that they could make such a difference. (We have been encouraging GPs, Old age psychiatrists, social workers, community and psychiatric nurses, care home staff, pastors, psychologists and others to attend, but never thought about the police.) Hopefully the content of the Lighting DARC dementia courses will continue to influence how police officers can contribute to dementia-friendly communities and society by their unique ways of helping people to feel safe and liaising with other professionals.

Any others? Two Fire fighter officers attended the *Lighting DARC course* a few weeks ago. They are involved in doing safety checks on the homes of many elderly people, particularly those who have had mishaps in the kitchen. Consider also, the vast knowledge of other people in the community, like *postal delivery workers* have. Perhaps they will be able to attend courses in future and join forces with the others.

Best Regards,
Gemma

P.S. Another milestone. Since the first one in 1997 in the Netherlands - over 200 Alzheimer Cafes have been set up. *Alzheimer Nederland* (the Dutch Alzheimer's Society), proudly mention that from any location in the country there is an AC within a 9 km radius from wherever a person is ¹⁷. In the UK, this envious statistic is about to be realized on the IOW (total 148 square miles). The five ACs are in Newport, Ryde, Sandown, Freshwater and Ventnor. The sixth, seventh and eighth ACs are being planned for Cowes, Bembridge - and a quarterly one at St. Mary's Hospital in Newport, (for people who are diagnosed with dementia while they are in hospital, and their families). We are also still hoping to start the first Alzheimer Café in a prison ¹⁸).

Box 1 Courses held on the Isle of Wight in the past five years *

- . four-day dementia courses for caregiving professionals **“Communication and care-giving in dementia: a positive vision”** ⁶
- . four-day dementia courses for families carers (an adapted version of the above course)
- . two-day course, **“How to host an Alzheimer café; for coordinators and interviewers”**
- . one-day course, introductory level for professionals, **“Observing Dementia”**
- . one-day courses in 2012 and 2013 for members of the public, called **“Lighting DARC (dementia awareness reaching communities)”** ⁸.

Most of these courses have been commissioned and held by the Alzheimer Café UK Charity, Isle of Wight *.

Box 2 Surprised at walking into an Alzheimer Café ...



References

* Funding granted to the Alzheimer Café UK, IOW, by the Dept. of Health, UK, made these courses possible in the past 18 months

** Sent out as a newsletter from: The Wide Spectrum Pubs., Sunninghill, Berkshire, SL5 7BH, UK, from the website of thewidespectrum.co.uk

*** TAD newsletters were sent out as an email newsletter from The Wide Spectrum Publications., Sunninghill, Berkshire, SL5 7BH, UK, from the website of thewidespectrum.co.uk ;they were also published in the book as in reference 3, above.

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