

LESSON PLAN COVER SHEET

COURSE NAME: Georgia Crisis Intervention Team (CIT) Training		UNIT CODE:
LESSON TITLE: Safe Return, Saving Lives Together		HOURS: 01
PREPARED BY: Alice (Prioletti) Hoffmann, Georgia Chapter Alzheimer's Association	DATE: 10-25-05	APPROVED BY:
REVISED BY: Alice (Prioletti) Hoffmann		DATE(S): 12-01-05
INSTRUCTIONAL METHODS: Lecture, video, pre-test/post-test, and discussion.		CLASSROOM SETTING: Academic
TERMINAL PERFORMANCE OBJECTIVE (TPO): Student should be able to recognize symptoms of Alzheimer's disease, approach individual properly, and look for identification on the person and call for safe return when encountered by a suspicious looking person in the field that may be a victim of Alzheimer's disease.		
ENABLING OBJECTIVES (EO):		
<ol style="list-style-type: none"> 1. Demonstrate an awareness of the risks associated with wandering behavior. 2. Describe common signs and symptoms of Alzheimer's Disease. 3. Identify benefits of the Alzheimer's Association Safe Return Program. 4. List techniques for effectively interacting with a person who has Alzheimer's disease. 5. Describe ways to recognize a person who may be affected by Alzheimer's disease. 6. Demonstrate knowledge of situations you may frequently encounter involving a person with Alzheimer's disease. 		
TRAINING MEDIA (see Appendix A): <i>[check each that apply to your lesson plan]</i>		
<input type="checkbox"/> Transparencies <input checked="" type="checkbox"/> Videotape <input type="checkbox"/> Chalkboard <input type="checkbox"/> Flip chart <input type="checkbox"/> Audiotape <input type="checkbox"/> Other: <i>[list additional training media needed here]</i> <input checked="" type="checkbox"/> Slides <input type="checkbox"/> Poster		
EQUIPMENT/MATERIALS (description and quantity):		
HANDOUTS (see Appendix B): Power Point, Pre-test, Post-test and Alzheimer's disease facts sheet attached. Will be using overheads of a sample registration form, sample fax notification, sample discovery report, and sample missing report. Police Pocket Cards, Law Enforcement Guide and Safe Return Brochures		
REFERENCES: Alzheimer's Association Safe Return Law Enforcement Official Training Book, Chapter Statistics		
STUDY ASSIGNMENTS:		

ALZHEIMER'S DISEASE

Overview

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking, and behavior. Common symptoms are memory loss, problems with reasoning and judgment (weather, etc.), disorientation, difficulty in learning, loss of language skills, and a decline in the ability to perform familiar tasks. The disease was first described by Dr. Alois Alzheimer in 1906. Since then, researchers have developed a deeper understanding of the changes in the brain and behavioral changes that characterize the disease. The rate of progression varies from person to person. The time of onset of symptoms until death averages eight years. The lifespan ranges 3-20 years. The person with disease eventually becomes incapable of caring for themselves and must rely on help of others with his or her activities of daily living.

Over 4.5 million persons are diagnosed in the United States. The number of people diagnosed will triple by the year 2050. One in ten people over the age of 65 will develop Alzheimer's disease. One in two people age 85 and older will develop Alzheimer's disease. Approximately 161,000 Georgians are diagnosed. This is the number of the persons actually diagnosed; but, there are many people who go undiagnosed for years because they are scared to find out. Two to three times the diagnosed numbers are impacted by the disease, whether they are a family, friend or caregiver.

I. Diagnosis

A. Early and Careful Evaluation

1. Health History
2. Physical Examination
3. Neurological and Mental Status Assessments (MMSE)
4. Analysis of Blood and Urine
5. Chest X-Ray
6. CT, MRI or PET (Positron Emission Tomography)

B. Primary Doctor and Specialist *(both involved in evaluation process)*

(Note: These tests will provide a 90% accurate diagnosis. The only way to be 100% sure is post mortem through an autopsy.)

II. Treatment

- A. No cure for Alzheimer's disease.
- B. Combination of good planning with medical and social management the burden can be eased on the person with Alzheimer's disease and his or her family.

- C. Physical exercise, social activities, proper nutrition and a calm and well structured environment may help the person to continue functioning.
- D. There are medications available to slow the progression of the disease.
 - 1. Some examples of medications that can be used are Aricept,
 - 2. Exelon,
 - 3. Reminyl,
 - 4. Cognex and
 - 5. Memantine

III. Behaviors

A. Wandering

- 1. Most common and potentially life-threatening behavior associated with Alzheimer's disease.
- 2. Approximately 67% of those with Alzheimer's disease are at risk of wandering
- 3. Wandering cannot be predicted, it can occur anytime, anyplace.
- 4. If the person is not located within 24 hours, 46% of wandering individuals may die due to hypothermia, dehydration, or heat exhaustion.
- 5. Wandering may not have a meaningful pattern, or it may be purposeful in a direct path. For example, one person may see railroad tracks and follow the tracks until their path is blocked, while another person may leave a safe environment and wander aimlessly.
- 6. The average distance traveled is only about half a mile.

B. Causes of Wandering

- 1. restlessness due to boredom or lack of exercise (which in some instances within a safe environment can be a helpful form of exercise as long as someone is with the individual)
- 2. confusion about time
- 3. change in physical environment (trying to find "home")
- 4. over-stimulation from crowds,

5. noise
6. argument with a caregiver
7. fear caused by a delusion or hallucination
8. medication side effects
9. a desire to meet former obligations that no longer exist (some pack a suitcase to carry their belongings)
10. inability to communicate basic needs. In some instances, a person may go to the mailbox and not find his or her way home or may attempt to look for a spouse or child (because he or she no longer looks familiar).

C Sundowning

Sundowning is a behavior that occurs in the late afternoon through early evening that can lead to unsafe wandering due to the inability to see well in dim light. Causes of Sundowning include:

1. confusion
2. inability to cope with stress of the day
3. restlessness from inactivity in the late afternoon
4. if the caregiver experiences fatigue and stress, which the person can sense and may cause them to become anxious.

(Note: A missing person with Alzheimer's represents an emergency.)

IV. Recognizing Alzheimer's disease

A. Identification Clues

1. Identification bracelet or necklace with the words "Memory Impaired" on it
2. Clothing tags, etc.
3. Driver's license or ID card in a wallet or pockets

B. Physical Clues

1. Blank facial expressions,
2. Inappropriate clothing (winter versus summer),
3. Age (what statistics show) and an

4. Unsteady gait due to visual problems associated with the disease

C. Psychological Clues

1. Short-term memory loss, while memories from distant past may be largely intact
2. Forgetfulness may come and go and sometimes within minutes
3. May appear uncooperative
4. Inability to understand what is heard
5. Confusion can result in the ability to grasp and remember the current situation
6. Difficulty judging,
7. Inability to sort out the obvious
8. Disoriented about their own and other's identities and roles
9. Alzheimer's disease hinders an individual's communication skills causing them to have difficulty understanding the meaning of words, keeping thoughts clear, speaking logically and following simple instructions
10. A person may experience delusions and hallucinations causing them to develop false ideas, which sometimes originates in a misrepresentation of a real event
11. A person may appear to be agitated, causing irritation and nervousness
12. Excessive stimuli may trigger a "catastrophic" reaction, which is exhibited by increased symptoms of restlessness, pacing, agitation and anxiety
13. The individual may break down crying when confronted by authority in a uniform
14. In extreme cases, the person may become aggressive and lash out

V. Frequently Encountered Situations

- A. Wandering- As discussed earlier, wandering is the most common situation you will encounter.
- B. Driving- Alzheimer's disease affects reaction time and visual-spatial perception. Because someone may be driving, they may be unaware of how serious their disease is, they may become lost or even leave the scene after an accident, literally forgetting what happened.
- C. False Reports- Persons with the disease may call to report an intruder who may be a family member or themselves that they saw in the mirror as someone else.
- D. Victimization- Persons with the disease are easy prey for con-artists, robbers and muggers.
- E. Shoplifting- Alzheimer's disease does not cause criminal behavior but it does hinder a person's memory and ability to think logically. They may forget and take something out of a store.

- F. Indecent Exposure- Persons with the disease may sometimes result in inappropriate behavior such as taking clothes off in public or being sexually aggressive due to the disease.
- G. Homicide and Suicide- Unfortunately without a cure for this disease, caregivers can become overburdened with its devastating effects and choose to end life. It may result in tragic suicide and/or homicide cases. PWD become Paranoia and may no longer recognize a family member and perceive them as an intruder and kill them.
- H. Appearance of Intoxication- Behaviors and symptoms associated with this disease can give an appearance the same as someone who is intoxicated, substance abuse or over-medicated. Where there are no obvious sign of intoxication, you may want to consider the individual's behavior as a consequence of Alzheimer's disease.
- I. Abuse and Neglect- Alzheimer's disease causes personality changes therefore causing the person to become aggressive and possibly harm their caregiver or family member.

VI. How to interact with a person with Alzheimer's disease

- A. Remember to treat the person with respect and dignity.
- B. Avoid restraints if possible (no handcuffs).
- C. Approach from the front and introduce yourself- **Very Important**
- D. Speak slowly and calmly because some people do not hear your words as you say them. It takes them time to comprehend what you say.
- E. Keep the "climate" calm and supportive.
- F. Ask only one question at a time.
- G. Keep instructions positive
- H. Substitute non-verbal for verbal communication
- I. Avoid shouting
- J. Keep explanations simple

VII. Responding to incidents involving Missing Persons

- A. Take Action Immediately! The person is considered "Endangered Missing", so each instance is considered an Emergency Situation.
- B. Initiate search and check immediate area and familiar places.
- C. Enter a report to NCIC.
- D. Use search techniques through SAR dogs and search through heavy briars or bushes.
- E. Issue a radio report to the local community.
- F. Notify change of shifts at your department.
- G. Ask nearby police departments to include a report in all shift briefings.
- H. Inform media outlets when weather is severe, the person has a life-threatening health problem or when it

*****SHOW 13 MINUTE VIDEO*****

Safe Return Program

Safe Return is a National Identification System that operates 24 hours a day, 7 days a week. It assists in the safe and timely return of individuals with Alzheimer's disease and related dementias who wander and become lost. Safe Return has over a 95% success rate when registered in the program and a 43% without being registered. The program costs a one-time \$40.00 for the person with the disease and an additional \$5.00 for the caregiver if they choose to get one.

Safe Return Benefits

*****Pass out samples*****

The benefits of Safe Return are Identification Products, 24-hour toll free crisis line, National Database, Fax Notification, chapter support, information and training. Registrants receive a stainless steel medical alert bracelet or necklace that states the individual is "Memory-Impaired" with their own ID number and Safe Return toll free number. They also receive iron-on clothing labels, key chains, refrigerator magnets, lapel pins, telephone stickers, and wallet cards. All these items are inscribed with the same information as the bracelet. The National Database stores the registrant's caregiver information, critical medications/health conditions and the registrant's photo. A 24-hour crisis line operates nationwide 24 hours a day, 365 days a year. The number is used to report a memory-impaired adult as lost or found. A fax alert system is capable of sending missing person information and photos anywhere in the country. For each missing incident, a report is faxed to the local law enforcement agency and the local Alzheimer's Association. A nationwide network of over 200 community-based chapters provides support and guidance to families and caregivers. We are on call here locally 24 hours a day, 365 days a year to offer support to our families when there is an incident. Safe Return educates families, caregivers, emergency personnel and other community professionals about how to recognize these symptoms, prevent wandering and effectively use Safe Return.

How Safe Return Responds

Discovery Incident: (*explain in detail*) typically a law enforcement official or Good Samaritan will notice a confused, disoriented or lost adult, see a Safe Return product and call the toll free crisis line. The clinician will access the information in the computerized database and make arrangements to reunite with caregiver. Missing Incident: (*explain in detail*) Safe Return will receive a call about a missing registrant. Clinician makes sure the police are called and completes a missing person profile. *If a person is not registered in Safe Return, we can still help, please call us.

Safe Return Crisis Line: 1-800-572-1122

******You will be given pocket cards and law enforcement guides******

Alpha Team K9 Search & Rescue

Alpha Team is an all-volunteer 501 © 3 non-profit organization that provides resources and personnel to the search and rescue and emergency response community. They have air scent, trailing, cadaver dogs available to search through urban areas, buildings, and water. They must be coordinated through the police. They are available 24/7 at no cost. Their team members are trained year round in all types of weather as well as day and night (demonstrations available). They are a member of the National Association of Search and Rescue Team and GEMA certified. Visit the website at www.ATSAR.org

IIIX. Call to Action

- A.** Look for identification
- B.** Call number on identification
- C.** Inform others
- D.** Sponsor registration day
- E.** Publish information in newsletter
- F.** Provide financial assistance to cover cost of Safe Return
- G.** Display information in office and call us when you need more
- H.** Train new employees or ask me to come train them.

*****GIVE POST-TEST*****
*****GIVE EVALUATION FORM*****

Wrap Up and Review

Please feel free to call me at 1-800-272-3900 or 404-728-1181, ext: 244 for any questions.

Alzheimer's Association and the Core Services

The Alzheimer's Association was founded in 1980. The mission of the Alzheimer's Association is to eliminate Alzheimer's disease through the advancement of research and to enhance care and support for individuals, families and caregivers. Our vision is to create a world without Alzheimer's disease while optimizing a quality of life for individuals and their families. Our Core Services are Safe Return, Support Groups (over 100 statewide), Information and Referral (24/7 helpline), Education (on-going professional, grant supported family) and Care Consultation.