

Through the Eyes of A Person With Dementia

Facilitator Guide



MILWAUKEE COUNTY
Department on Aging



alzheimer's  association®

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Introduction

In late 2017, the Milwaukee County Department on Aging and the Alzheimer's Association, Southeastern Wisconsin chapter, partnered together to create a series of six videos that would portray different challenging scenarios from the point of view of a person living with dementia. These videos were funded by the Wisconsin Department of Health Services through an Innovation Grant.

Dementia is the term we use to describe symptoms such as the loss of memory and other cognitive abilities serious enough to interfere with daily life. Although Alzheimer's disease is the most common cause of dementia, there are several other types such as Vascular, Parkinson's, Lewy Body, and Frontotemporal Degeneration, to name a few. Each type of dementia may result in different deficits.

The videos illustrate what might be a typical approach to a situation followed by an approach which is actually more beneficial to the person living with dementia and the person helping them. The principles underlying the beneficial approach are grounded in Person-Centered Dementia Care which is recognized as the gold standard when caring for a person with dementia. Person-Centered Dementia Care respects and values the uniqueness of the individual. Additionally, Person-Centered Dementia Care seeks to maintain, even restore, the quality of life for each individual through the creation of a care environment that promotes personal worth, dignity, social confidence, and hope.

When providing care to someone it is common to focus on getting the task done. However, working with a person with dementia is all about the **relationship** that develops between the caregiver and the person living with dementia. Even if a person with dementia does not remember someone, they will remember how that person made them feel. Everyone has the tools and abilities to improve communication with people with dementia. Because of changes in the brain, a person with dementia leans on behavior as a form of communication. We need to remember to engage and communicate with a person with dementia at his or her own level.

In thinking about our own approach to caring for someone with dementia, it may be helpful to consider the following questions:

1. What do people with dementia need?
2. Consider your own basic needs: What do you need to be happy?
3. What is essential and important to you in your life?

While people with dementia have declining cognitive abilities, the level of assistance each person requires will vary and will increase as the disease progresses. This significantly increases the person's vulnerability and ability to remain safe in the community.

For a better understanding of the psychosocial needs of someone with dementia, please refer to Appendix 1.

Discussion Guide Overview

The Video series:

Through the Eyes of a Person with Dementia: A Visit to the Doctor

Through the Eyes of a Person with Dementia: Caregiving at Home

Through the Eyes of a Person with Dementia: First Responders

Through the Eyes of a Person with Dementia: Residential Care

Through the Eyes of a Person with Dementia: Emergency Department

Through the Eyes of a Person with Dementia: Mobile Crisis

These videos are recommended for use in new employee orientation, in-service training, first responder or law enforcement roll calls, or in other learning environments as a discussion tool. Each video illustrates two separate approaches. A facilitated discussion after the video will allow for reinforcement of key messages while providing an opportunity for viewers to consider other communication strategies as they explore the issues in the context of their own roles.

For the Facilitator

Your job as the facilitator is to ask guiding questions to help the viewers understand what the person living with dementia is experiencing. Additionally, the facilitator's role is to help provide understanding of how our approach can make a difference in the outcome of a challenging situation. The right approach can make a difference for a person living with dementia and for those helping him/her.

There are three options for having a discussion following the videos:

1. Use of power point slides with notes
2. Use of talking points and questions that follow here on pages 5 and 6
3. Worksheet in Appendix 3

The power point slides were designed for those interested in expanding their knowledge about communication and behaviors associated with dementia, broadening the conversation about each video's content. Material for these slides was drawn extensively from The Savvy Caregiver Program, a licensed, evidence-based program. Each slide includes a notes section to assist the facilitator. The content can be read directly or shared in the facilitator's own words. Slides also reference worksheets located in the Appendix of this facilitator guide.



General Talking Points for the videos:

- What do you think the person living with dementia was feeling? Experiencing?
- Knowing that all behavior is a form of communication with dementia, what do you think the person living with dementia was trying to communicate?
- What went wrong in the first scene? What was corrected in the second scene?
- How did things change once the focus shifted from completing a task to engaging the person living with dementia, as part of getting the task done?
- Was there anything in the environment that contributed to the situation, either negatively or positively?
- What tools do you need to be successful caring for someone with dementia?
- The videos show one way to be helpful. What are some of the strategies you've used in the past that have been successful in helping someone living with dementia?
- Are you likely to use anything you learned from this video in your role?

Additional talking points for specific videos

a. Through the Eyes of a Person with Dementia: A Visit to the Doctor

- What were some of the challenges that the person living with dementia faced just getting ready for their day?
- What were some of the environmental changes made in and around the office setting in the helpful approach?
- What did the caregiver do differently to reduce stress for the person living with dementia in the second approach?

b. Through the Eyes of a Person with Dementia: Caregiving at Home

- Why do you think the person living with dementia was fearful in the bedroom during the first scene?
- What are some specific ways in which the caregiver could have involved the person living with dementia in making lunch?
- What type of information is helpful for caregivers to have to establish a relationship?

c. Through the Eyes of a Person with Dementia: First Responders

- Why are some people living with dementia fearful of first responders?
- What did the police and paramedic responders say to break down the tasks in the helpful approach?
- What are other strategies that first responders can use to put the person living with dementia at ease?
- Why is it important to avoid administering psychotropic medication for people living with dementia?

d. Through the Eyes of a Person with Dementia: Residential Care

- What did the caregiver and the art instructor do in terms of their physical approach in the helpful scenario?
- What are some other strategies used in residential facilities that demonstrate person-centered care?

e. Through the Eyes of a Person with Dementia: Emergency Department

- How did the doctor and the nurse treat the family member differently in the two approaches?
- Why is it important not to argue with someone living with dementia?
- What are some environmental changes that can reduce the stress of a visit to the Emergency Department?

f. Through the Eyes of a Person with Dementia: Mobile Crisis

- How did the initial telephone call for help set the tone for crisis response?
- How did the assessment go in the initial response from the crisis workers?
- What are some changes that happened in the second approach that provided the caregiver and person with dementia with a better experience?



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APPENDIX 1

Psycho-Social Needs of a Person with Dementia

In the book, *Dementia Reconsidered: the Person Comes First*, author Tom Kitwood proposes that the primary psychological needs of a person with dementia are:

- **Comfort:** Most important when people are feeling more fragile
- **Occupation:** This can include either involvement with others or solitarily
- **Attachment:** New and different experiences and environments heighten the need for attachment.
- **Inclusion:** Can be a result of expansion of their person
- **Identity:** If all the other primary psychological needs above are met, a person's identity can provide a sense of meaningfulness.

Kitwood, T. M. (1997). *Dementia reconsidered: the person comes first*. Buckingham [England]: Open University Press.

Appendix 2

What's Going On in the Brain? How Can We Make Things Easier?

In 2002, The Savvy Caregiver Trainer's Manual was developed by K. Hepburn, M. Lewis, J. Tornatore, C.W. Sherman and J. Dolloff through grants from the Alzheimer's Association and the UCare Minnesota Foundation. The Savvy Caregiver is a 12-hour training program delivered in 2-hour sessions over a 6-week period. The goal of the series is to introduce family caregivers to the caregiving role, providing them with the information, frame of mind, and skill sets needed to successfully fulfill that role, while informing them about important self-care issues. The following information comes from the Savvy Caregiver Trainer's Manual. More information along with specifics on how to purchase this world-class caregiving resource can be found through HealthCare Interactive online. <https://www.hcinteractive.com/families>

Memory: Memory is the capacity that links the present to the past and provides a sense of connection and continuity to life. The fabric of relationships is held together by memory, not just the "facts" of who's who in one's life, but the emotional bonds that have developed over time and that are at the core of those relationships. Memory anchors a person's place in the world; it enables a person to be at one with his/her life story and to see how that story has evolved. Memory has other functions, as well, enabling people to know how to act in a variety of situations and providing a key ingredient for acquiring new skills and behaviors.

Care providers can expect to see memory functions getting worse over time. The person's ability to recall events and to recognize friends and family will fade. Learned behaviors are forgotten. This is important because appropriate social behaviors (manners) are learned behaviors, so one can expect to see coarser behaviors from a person living with dementia as the disease progresses. Over-learned behaviors, behaviors the person acquired early on and practiced a great deal, may be retained very late into the disease.

Some strategies to assist:

- Supply information that is missing (Don't "test" or make the person try to remember). These losses are disease related, not a matter of choice, and these types of interactions will not jog the person's memory back into working order.
- Be prepared to help others understand that if a person living with dementia is behaving in an unmannered fashion or using coarse language that this is a byproduct of the disease.
- Offer reminders to help the person continue to do tasks that have been familiar to them. Start with verbal cues then move to visual and tactical cues as needed. Start with the least invasive approach to assisting the person and work up as needed. Offering too much help when it is not needed can cause frustration for the person living with dementia.
- Re-engage the person in activities/tasks that have been familiar to them. Repetition and routine are very important and help to develop a sense of the familiar which is comforting and provides security.
- Be prepared for emotional outbursts that can occur when the person doesn't remember a person, place or thing that they would normally remember. These impairments are frustrating for them to experience.
- Be prepared that as a care provider you may become frustrated with the types and amount of supports that are needed to support a person living with dementia. Have an outlet to deal with your feelings rather than getting upset with the person.



Language: Language, both expressed and received, is an essential capacity for communication. As dementia progresses, the use of language as a means of communication, by and with the person, will become increasingly unreliable. Language involves many abstract and high level thoughts. Things we relate to through language can be completely non-material, like ideas. Things we relate to through the senses, like sight and touch, are much more immediate to us. As the disease progresses, a person loses the subtlety and fine details involved in language and is left with a gross vision of things. Eventually things become undifferentiated entirely and are unnamed and unnamable.

For some people living with dementia verbal skills remain pretty good even at advanced stages of the disease. They retain many stock phrases and can seem to carry on a fairly ordinary social conversation. The content of their conversation however is typically not as sophisticated as their speech. This is important for a couple of reasons. Care providers can be fooled into thinking the person can do more than s/he really can. Care providers can slide into expectations that the person will be able to perform at a higher level than possible. Second, language is a retained skill. It is something over-learned. Because of this, utilizing language skills can provide some pleasurable activity for a person living with dementia and should be encouraged by care providers.

Some strategies to assist:

- Have social conversations with the person. Allow him/her to feel as much a part of the conversation as possible. Take into consideration that the conversation may not be factual or based in true accounts because of the cognitive changes they are experiencing.
- Keep in mind that loss of language skills cannot be reversed. Provide support as a person works through word-finding difficulties.
- Use visual prompts such as pictures to break down communication barriers.
- If the person is experiencing a stressful situation, work to remove the source of the stressor. Language deteriorates very quickly as the person living with dementia becomes more confused and uncomfortable.
- Simplify language as much as possible and when repeating information give the same information in the same tone and at the same pace as the first time the information was given. People living with dementia need more time to process information they are receiving.

Reason: Perhaps more than any other power of thought we rely on the presence of reason in other people for the basic way we behave with another person. Reasoning ties closely to issues related to behavior because we typically use reasoning as a way to persuade or convince someone to do something. Care partners may observe a person living with dementia unable to think through issues and properly assess their situation. The person may take a position and no amount of reasoning will change the person's mind. A person living with dementia will also have more difficulty or inability thinking through the consequences of a particular action. They are unable to look ahead at the "what ifs" through abstract thinking or consider how their actions may affect another person. The person living with dementia becomes more and more self-centered.

Some strategies to assist:

- Early in the disease progression a person living with dementia may be able to reason. Work with the person to assess this ability but let go of the expectation if it becomes evident that the person is having difficulty.
- Speak as directly as possible in simple language providing only needed information as explanation. It is difficult for persons living with dementia to process a lot of information all at once.

Judgment: Judgment helps a person make good choices and remain safe. It is a capacity that allows one to think abstractly about a range of possibilities, assess them in terms of an individual's values and the potential outcomes of possibilities, and make choices that are in one's best interests. Judgment allows a person to monitor their own behavior. Judgment enables behaviors that protect a person's well-being. Some examples of judgment capacity include thinking before speaking, driving carefully, responding to emergency situations, using tools, hunting and fishing activities, cooking and baking, making investments and prudent purchasing decisions.

Some strategies to assist:

- Address safety concerns upfront. Involve the person living with dementia in the decision making to the extent that they are capable of making informed decisions. Avoid overprotecting out of fear or embarrassment but rather base actions on where the person living with dementia is in their disease progression.
- Take advantage of assessments from specialists trained to identify safety risks. For example occupational therapists that specialize in driver safety can assess whether a person should discontinue driving or rather if modifications can be made to continue driving until disease progression shows further incapacity.

Perception: Perception involves both reception and interpretation of information from the outside world through the medium of the senses. The concerns for a person living with dementia are due to misinterpretation of information they are receiving. Poor vision and impaired hearing can exacerbate this deficit. Problems with perception can cause distress for many people living with dementia. For example, a person may not recognize their own reflection in a mirror or window and perceive that it is a stranger. A person may misplace their wallet or purse and perceive that someone stole their money. Or a person may watch a news broadcast on television and perceive that something being reported involved them directly. Changes in perception can lead to confusion, fear and suspicion. Persons who experience concerns with perception can become overstimulated easily by the sensory overload that takes place.

Some strategies to assist:

- Assess the person's environment to see what might be causing the problem for the person. Take into consideration what the person is watching on television, how much background noise is in the physical space, if the space has windows or mirrors that could be causing confusion, or if the space is cluttered or unorganized.
- Avoid trying to convince the person that what they perceive is incorrect. Rather provide reassurance that help is available to alleviate the problem.

Abstraction: Abstraction is the power of thought that allows a person to consider the world in non-material and non-concrete terms. Abstraction is the key to the world of ideas and concepts like numbers, time, directions, relationships, and hypothetical situations. The ability to see time as a continuum with a past, present, and future is a function of abstraction. A person living with dementia may have difficulty recognizing a memory of something that happened in their life as an event from their past and become confused when attempting to piece events and people together in their lives. Following directions and thinking about things numerically will also become increasingly more difficult.



Some strategies to assist:

- Determine how much or little the person living with dementia is able to use abstract ideas reliably. For example, does time still matter? This can help guide when it is appropriate to introduce an impending event to the person. For example, letting the person know it is time to leave for an appointment just before going rather than telling them several hours ahead of time can reduce repetitive behaviors.
- Limit or eliminate usage of abstractions in interactions with a person living with dementia.

Attention: Attention allows a person to remain focused and to deal with the many distractions that occur in the environment. Attention is the filter used to make choices among competing stimuli in one's life. Some stimuli is mental (for example, problems or concerns a person works through in their mind) and others are more concrete and immediate (things and people in a person's surrounding environment). Attention allows a person to select the stimuli most important to focus on and allows one to "get back on track" when they do become distracted. For persons living with dementia, all stimuli that are presented have equal value. As the disease progresses, the person's attention will move from stimulus to stimulus with little control or discrimination. The person will require more structure, refocusing, and prompting to stay on track even with simple tasks.

Some strategies to assist:

- Simplify tasks and activities and limit choices to decrease confusion.
- Reduce stimuli that come from surroundings and people in the environment as needed.
- Be patient with the person and avoid rushing them through an activity or task. Create ample time for successful completion.

Organization: People typically assume organization in their normal interactions. There is understanding that things are tied together in some kind of relationship. Step A has to go before Step B and the result of these two goes together with the results of Steps C, D, and E to enable Step F which leads to a desired outcome. Dementia gradually erodes a person's ability to see and act on these relationships. The person may get stuck or lost in them creating confusion and frustration. People living with dementia have increasing difficulty establishing and remembering endpoints or the plans that get them there. The number of steps involved in completing a particular activity or task can become extremely problematic.

Some strategies to assist:

- Fit a task or activity to the person's abilities.
- Offer reminders throughout the task or activity as needed to help keep the person on task.
- Provide the proper set up to successful completion of the task or activity.
- Offer appropriate prompts and reminders to help with keeping order to the task or activity's organization and successful completion.

Hepburn, K. W., Lewis, M., Sherman, C. W., Dolloff, J. & Tornatore, J. (2002). *The Savvy Caregiver Trainer's Manual*. University of Minnesota

Appendix 3

Negative Interactions – What did you notice in the first approach?

Depersonalizing Interaction	Examples	What did you identify in the video?
Treachery	Using forms of deception in order to distract or manipulate a person.	
Disempowerment	Not allowing a person to use the abilities that they do have.	
Infantilization	Treating a person in a patronizingly (or “matronizingly”) way.	
Intimidation	Inducing fear in a person, through the use of threats or physical power.	
Labeling	Using a category such as dementia, or “organic mental disorder,” to explain a persons’ behavior.	
Invalidation	Failing to acknowledge the subjective reality of a person’s experience.	
Banishment	Sending a person away, or excluding them—physically or psychologically.	
Objectification	Treating a person as if they were a non-person to be pushed, lifted, filled, pumped, or drained.	
Ignoring	Behaving in conversation or in action as if a person with dementia was not there.	
Imposition	Forcing a person to do something.	
Withholding	Refusing to give asked-for attention.	
Accusation	Blaming a person for actions or failures of action that arise.	
Disruption	Intruding upon a person suddenly or disturbingly.	
Disparagement	Telling a person that they are incompetent, useless, worthless, etc.	



Appendix 3

Positive Interactions - Which of the following positive social interactions did you identify in the second approach?

Opportunities for Social Interactions	Examples:	What did you Identify?
Recognition	Careful acts of listening, eye contact, greetings, appropriate contact.	
Negotiation	Consulting a person with dementia about his or her needs and preferences, offering choices, and allowing them to remain in control	
Collaboration	Working with someone on a task, problem solving together, "not doing things to"	
Play	Allowing opportunities to provide spontaneity and self-expression, encouraging laughter and smiles.	
Stimulation	Interactions that use the senses, tasting enjoyable foods, smelling fragrances and aromatherapy, touching fabrics, and objects, expression through art	
Celebration	Celebrating anything a person with dementia finds enjoyable, requires rapport building and ongoing engagement, through the life story	
Relaxation	Ensuring safety, security and promoting a lack of fear. Providing comfort, peace, and a quiet environment.	

Opportunities for Psychotherapeutic Interactions	Examples	What did you identify in the Video?
Validation	Acknowledge a person with dementia's emotions, respond with empathy even in the face of crisis, hallucinations and delusions.	
Holding	Acknowledge a person with dementia's need to feel safe.	
Facilitation	Allow a person with dementia to utilize their abilities that remain.	
Opportunities for Social Reciprocity	Examples	What did you identify in the Video?
Creating	Can be verbal or nonverbal. A person with dementia participates in singing, dancing, holding hands, or participating in other activities.	
Giving	Can be verbal or nonverbal. People with dementia express concern for others, show affection or gratitude.	

Kitwood, T. M. (1997). *Dementia reconsidered: the person comes first*. Buckingham [England]: Open University Press.



Appendix 4 Debriefing Guide for use after a challenging situation

The purpose of debriefing after an incident is not to identify what was incorrectly or to lay blame, but to identify teachable moments that can ensure safety for all involved.

Behavioral Changes

The challenging behaviors of cognitively impaired people that create most of the distress, difficulty, and even danger involved in their care. Apathy or depression, for example, can further deplete a patient's already limited quality of life. Agitation and aggression can endanger both patient and caregivers. Inappropriate sexual behaviors, which can frighten or harm others, can make it difficult for a cognitively impaired person to get along with others at home or in long-term care settings. Sleep disturbances can tax the endurance of caregivers beyond tolerance. Yet there are no widely standardized treatment approaches for addressing these behaviors, and no FDA-approved medications to treat them.

Preventing challenging behaviors in a person with dementia represents one of the most important objectives of dementia care. Recognizing that the caregiver and/or the environment may be responsible for triggering the challenging behavior is key. . Keep in mind that all behavior is a form of communication. With better prevention and control, people with dementia will be able to remain in a less restrictive environment, impose fewer burdens on their caregivers, and sustain a higher quality of life for a longer time.

Pulling both physical and psychosocial approaches together into a cleverly organized mnemonic, Dr. Helen Kales and her colleagues (JAGS 2014; 61:762-9) have described the "DICE" model for intervention with challenging behaviors in people with dementia.

- "D" reminds us to "describe" a disruptive behavior. What is it? When does it occur and with whom? What is the patient perspective on the behavior? How much distress does it cause patient and caregiver?
- "I" reminds us to "investigate" the causes of the behavior. Is it an indicator of unrecognized pain, frustration, fear, or boredom? Does it represent medication side effects or an undiscovered medical or psychiatric condition? Is it the result of sensory changes and functional limitations? Does it represent an inappropriate caregiver expectation or a cultural issue?
- "C" reminds us to "create" an intervention that addresses the behavior directly. This may include diagnosing and treating pain-inducing physical conditions such as constipation, using a behavioral analysis to craft a behavioral treatment plan, supporting the caregivers, simplifying tasks, finding meaningful activities, or increasing/decreasing stimulation in the environment. Individualized music therapy, for example, can take into account a person's musical preference and provides soothing music through headphones and an MP3 player. When appropriate, the created intervention may include use of an appropriately chosen and monitored medication.
- Finally, the very important "E" reminds us to "evaluate" the effect of the intervention, noting whether it has helped and also whether there have also been unintended consequences or side effects of the intervention.

Suggestions:

Deep breathing techniques: Breathe in through your nose counting to 5, hold the breath counting to 5 breathe out your mouth counting to 5. (Repeat at least 5 times)

Talking Points:

Close your eyes and remember what happened immediately before the event (incident) using the DICE model described above:

Describe what happened?

Investigate the Cause?

After viewing the video do you feel you have a better understanding of what a person with dementia is experiencing? Create an intervention:

After viewing the video, and discussing alternate techniques how would you change your approach in the future?

Evaluate the process:



APPENDIX 5 Dementia and Crisis Response in Wisconsin

When someone is in a crisis situation and is unable to care for themselves or is in danger of hurting themselves or others (as in the case of someone with mental illness, substance abuse disorders, and developmental disabilities), an involuntary commitment may be considered under Chapter 51 of the Wisconsin State Statutes. **In the case of someone living with dementia however, with no accompanying mental illness, the State Supreme Court in its 2012 Helen E.F. decision ruled that Chapter 51 does not apply because dementia is not treatable in the same way that other illnesses are, and that a better vehicle to consider is Chapter 55 of the Wisconsin State Statutes which allows for Emergency Protective Placement and Service Provision. A summary of both statutes follows.**

Chapter 51

Provides legal procedures for voluntary and involuntary admission, treatment and rehabilitation of individuals (adults and minor children) afflicted with mental illness, developmental disability, or drug dependence.

Criteria:

1. The individual has a mental illness, developmental disability, or drug dependence.
2. The individual's illness/disability/dependence is treatable.
3. The individual is dangerous to him/herself or others, due to the illness/disability/dependence.

Chapter 51 is used for more time-limited treatment.

Standards of Dangerousness Required for Involuntary Civil Commitment

1. Recent acts, attempts or threats of suicide or serious bodily harm to self.
2. Recent acts, attempts, or threats of serious bodily harm to others, or violent behavior which places others in reasonable fear of serious physical harm.
3. A pattern of recent acts or omissions which evidences impaired judgment causing the individual to be an inadvertent danger to self.
4. Mental illness causes the individual to be so gravely disabled that he/she is unable to satisfy life's basic needs for nourishment, medical care, shelter, or safety.
5. Individual's psychiatric treatment history, coupled with his/her present mental deterioration due to incompetent decision to refuse psychotropic medication, causes likelihood that the individual will lose ability to function independently in the community.

Methods of Initiating an Involuntary Civil Commitment Proceeding

- Law Enforcement Emergency Detention
- Treatment Director Emergency Detention
- Three Party - Petition for Examination
- Criminal conversion
- Treatment Director's Affidavit

Probable Cause Hearing

- Court hearing must be held within 72 hours of individual's detention at a mental health facility (excluding weekends and holidays).
- Witnesses testify from personal observations about the allegations of dangerousness in the petition or ED, and doctor testifies about mental illness, disability, or dependence, and treatment.
- After the hearing, the judge determines if there is probable cause (reason) to believe the allegations, and cause to detain and treat the individual at a mental health facility.

Probable Cause Hearing:

Possible Outcomes

Case is dismissed for lack of sufficient evidence that the individual is mentally ill or dangerous.

1. Settlement Agreement is approved by the court.
2. Case is converted to temporary guardianship and protective placement or services, if the individual does not have a treatable mental illness.
3. Probable cause is found:
 - a. Final hearing is scheduled within 14 days of detention

Chapter 55

Chapter 55 procedures apply to persons with long-term care needs. Chapter 55 provides legal procedures for emergency protective placements which are a means of intervening in an emergency situation if it is probable that an individual, as a result of an impairment as defined in Chapter 55, is incapable of providing for his or her own care or custody so as to create a substantial risk of physical harm to himself, herself or others if protective intervention is not immediately taken.

Criteria:

1. The individual has a permanent impairment such as severe and persistent mental illness, traumatic brain injury, degenerative brain disorder, developmental disability or other like incapacity.
2. **The person's disability is permanent or likely to be permanent.**
3. The person is so totally incapable of providing for his/her own care or custody as to create a substantial risk of serious harm to oneself or others. The harm can be proven by evidence of overt acts or acts of omission.



Standards Required for Involuntary Commitment:

1. The person has a primary need for residential care or custody.
2. The person is incompetent and requires a guardian under Chapter 54.
3. A pattern of recent acts or omissions which evidences impaired judgment causing the individual to be an inadvertent danger to self.

Methods of Initiating an Emergency Protective Placement:

Chapter 55 Statute provides that if from personal observation of or a reliable report made by a person who identifies him or herself to law enforcement, fire fighter, guardian or authorized representatives of a county department or agency, can detain an individual if above criteria is met.

Probable Cause Hearing

- Court hearing must be held within 72 hours of individual's detention at an EPP facility (excluding weekends and holidays).
- The Individual must have a guardian or a request for guardianship must accompany the petition for Emergency Protective Placement
- The Individual must be examined by a psychologist for competency and the report must accompany the petition.

Probable Cause Hearing

Possible Outcomes:

1. Case is dismissed for lack of sufficient evidence that the individual is appropriate for an Emergency Protective Placement.
2. Probable cause is found:
 - b. Temporary Guardianship and Protective placement order is initiated.
 - c. Final hearing is scheduled within 30 days of detention

The Least Restrictive Principle

Every aspect of Chapter 55 is controlled by the principle that people should get the services they need in the least restrictive setting most appropriate to meet their needs.

Chapter 55 covers protective services. A protective service may be any kind of care that can be provided to assist a person.

Emergency Protective Placement

Chapter 55 provides a way to intervene in an emergency situation if it appears probable that:

- The individual will suffer irreparable injury or death or
- Will present a substantial risk of serious physical harm to others.

Made possible through a Wisconsin Department of Health Services Innovation Grant

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