

# U-First!

*Partners in Care is an inclusive term meaning the client/resident, the family/caregiver, physician(s), care team/in-house resources, case managers, dietary, activation, volunteers, and so forth and also includes support from external partners such as a Psychogeriatric Resource Consultant, CCACs, Long-Term Care facilities, the Alzheimer Society, and/or members of a Specialty Outreach Team. The U-First! Practical Tool is designed for those providing direct care and for team sharing to promote dialogue, a common language, common values, and a common approach to providing care and services. Please note, only a few examples are provided due to the complexity of the disease and wide range of possible care strategies.*

The U-First! concept/framework/acronym developed by Dr. J.K. LeClair and Pam Hamilton. Concept of the U-First! Wheel developed by 1998/99 Hastings Prince Edward County Psychogeriatric Training Workgroup. Original U-First! curriculum/resource and facilitator trainer guide developed by Cathy Conway, Pam Hamilton, Diane Harris, Dr. J.K. LeClair, Maureen O'Connell and Debbie Warren, funded by the Ontario Ministry of Health and Long-Term Care.

## P.I.E.C.E.S.

### Physical

1. Dementia is not a normal part of aging.
2. The brain controls the actions of the body and allows us to think, learn, and remember.
3. Damage to the brain effects how we interact with our environment and with others, both physically and psychologically.
4. A person with dementia:
  - is more susceptible to the effects of pain and physical conditions, which can cause changes in behaviour such as resistance to care and agitation.
  - may not be able to tell you when they have pain and where it is located.
5. Remember— "drugs, delirium, disease, discomfort!"

### Intellectual

1. Dementia is not a disease in itself; the term refers to a group of disorders that exhibit similar symptoms.
2. Symptoms of dementia include problems with the person's memory, thinking, language, problem solving, judgement reasoning and self-awareness. Remember 7 A's—"amnesia, apraxia, agnosia, agnosognosia, apathy, altered perception, aphasia!"
3. Some dementias may be reversible (e.g. caused by medication, physical illness).
4. Alzheimer Disease is the most common form of irreversible dementia.
5. The progression of the disease varies with each person; everyone is unique.

### Emotional

1. A person with dementia:
  - copes with many changes and adjustments when living with the illness. May experience a variety of feelings (e.g. anger, resentment, frustration, sadness). If the person becomes noticeably sad, irritable, or withdrawn, report this information to others so the person can be carefully assessed.
    - can sometimes become suspicious of other people e.g. accusing others of stealing; changes in the brain (e.g. poor memory). If this becomes a noticeable problem, report this information to others so the person can be carefully assessed.
2. Family cope with many changes and losses due to the illness. They may also experience a variety of feelings (e.g. anger, resentment, guilt, sadness).
3. Moving into a long-term care setting is a particularly difficult adjustment for the person and his/her family.

### Capability

1. As disease progresses it is important to encourage the person to use his/her existing skills to maximize functional ability.
2. It is important to find out what the person can and can't do so that the demands of the task can be "matched" to his/her ability.
3. When a person has difficulty, the task should be broken down "step by step".
4. Get to know the person's likes/dislikes (e.g. how the person "used to" do things).

### Environment

1. Remember that the more impaired an individual is, the more the environment influences for his/her behaviour.
2. A supportive environment that will help the person maintain his/her abilities should:
  - Provide appropriate cues to maximize independence and help him/her feel in control.
  - Be flexible to address changing needs.
  - Provide links to the familiar ("personalize environment" wherever possible).
  - Respect need for privacy and encourage family involvement.

### Social

1. Each person has unique social and cultural needs that can be met only through an individualized approach.
2. Knowing the person's "life story" is important including:
  - Ability to form relationships
  - Need for privacy and for social interactions
  - The more you understand about the person, the more you will understand what they are telling you about themselves through their behaviour. All behaviour has meaning.
3. Each family is unique and will be involved in different ways: include whenever possible, as a partner in care.
4. It is important that the family and care providers feel well supported and support one another.
5. All family has a history of which you may not be aware. Remember this when dealing with different family members.

For information regarding P.I.E.C.E.S., visit [www.piecescanada.com](http://www.piecescanada.com) or call 519-842-8021, or for the U-First! education programs visit [www.u-first.ca](http://www.u-first.ca) or call 416-256-3010.