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# The Beatriz Lab: A Journey through Alzheimer's Disease

## FACILITATION GUIDE

Long-term Care & Home Health

INSTRUCTOR VERSION



Embodied Labs Facilitation Guide

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# EMBODIED LABS VR SIMULATIONS FOR TRAINING

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## embodied labs framework



### **Uses & Goals**

#### **Knowledge & Training**

To educate and provide information on Alzheimer's Disease.

#### **Insight & Transformation**

To empower healthcare professionals and care partners to deliver compassionate, person-centered care to persons with Alzheimer's Disease.

#### **Communication & Team Building**

To have meaningful dialogue across your team about the shared experience of embodying the same person in the different stages of Alzheimer's Disease.

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- 1 Prepare by taking a pre-assessment and discover your existing knowledge by answering questions from the Embodied Labs facilitation guide.



## PREPARE

- 2 Embody someone by putting on a VR headset and transporting yourself into their perspective.



## EMBODY

- 3 Reflect on how the VR experiences changed your views, mindset, and knowledge based on the insight you gained by embodying someone else.



## REFLECT

# THE BEATRIZ LAB

## Introduction

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### A note from the co-founders:

“The Beatriz Lab: A Journey through Alzheimer’s Disease” is very important to us at Embodied Labs. It is the experience that inspired the start of our company. We believe VR is more than a way to evoke feelings of empathy. Rather, it is a powerful behavior change tool. By taking the perspective of Beatriz, healthcare professionals and trainees are empowered to better care for people with Alzheimer’s disease, leading to more effective care practices and better quality of life. By embodying Beatriz, you will gain insight into life with Alzheimer’s and be able to better connect with and care for your loved ones, patients, clients, or others in communities who live with the disease every day. In our embodied VR experience, we hope to portray both the difficult and joyful moments — the disease surely is a mix of both.



# THE BEATRIZ LAB

## Behavior Change Statements

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The discussion questions on the pages that follow are centered around the themes and behavior change statements below.

### Disease Knowledge

Because the learner understands that Alzheimer's disease progressively damages and then kills the brain's neurons, causing the brain to shrink, they recognize a resident's communication difficulties, challenging behaviors, and physical needs as symptoms of a diseased organ, rather than as a personality or mental health problem.

Because the learner sees the communication difficulties, challenging behaviors, and physical needs as things that a resident can't do normally, rather than won't do normally, they are empowered to respond more patiently, compassionately and empathetically.

### Resident Interaction

Because the learner understands that they may be able to positively engage the parts of the brain that are making a resident feel scared, agitated, restless, angry, or bored, they use redirection to more positive behaviors and activities as a first line approach, rather than using restraints or medications.

### Communication Skills

Because learners understand that Alzheimer's disease is difficult for families and care partners and is affected by the cultural and family systems, learners use patient, compassionate, and culturally-sensitive communication skills toward a person with Alzheimer's and their family caregivers.

### Work Experience

Because learners understand their unique role in their particular workplace and as a part of the healthcare system, they see themselves as a valuable member of the care team, with skills and contributions that are vital to the wellbeing of a person with Alzheimer's disease.





# THE BEATRIZ LAB

## Part 1: Early Stage (cont.)

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### Disease Knowledge

1. How does understanding the brain has lobes that work together to carry out complex functions relate to your understanding of Alzheimer's disease?

#### **After discussion talking points:**

The brain has five lobes, but they do not work alone.

Instead, they work together to carry out complex cognitive functions, such as planning, communicating, paying attention, remembering things, and knowing where the body is in space.

2. Why is Alzheimer's known primarily as a disease that causes memory problems? Is this accurate?

#### **After discussion talking points:**

The deterioration of the brain that occurs with Alzheimer's disease almost always starts deep in the temporal lobe, where memories are stored.

When a person with the disease or their family members begin to notice symptoms, memory loss is often easily identified.

However, Alzheimer's affects many other cognitive functions in addition to memory loss. It is important to think of Alzheimer's as a whole brain disease, not just a disease that causes memory loss.

# THE BEATRIZ LAB

## Part 1: Early Stage (cont.)

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### Resident Interaction

1. Beatriz experienced some confusion in the store. How could the store employee have helped Beatriz more effectively?

**After discussion talking points:**

- Make eye contact
- Go with her to find the item
- Speak clearly
- Ask if anything else is needed

2. Can you think of some scenarios where your residents have been similarly confused? How could you help them more effectively?

3. How did you feel as Beatriz when your family members were all in your kitchen at Easter?

4. Can you think of some places where a resident may experience some of the same feelings?

# THE BEATRIZ LAB

## Part 1: Early Stage (cont.)

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### Communication Skills

1. How did you feel as Beatriz when you needed to tell your family about being sick?
  
  
  
  
  
  
  
  
  
  
2. What are some ways that you can positively interact with a loved one in early stage Alzheimer's disease?

**After discussion talking points:**

- Ask simple questions
- Engage in tactile activities, like coloring or sculpting clay
- Play music and sing or dance along together
- Use a gentle tone of voice
- Be patient when answering the same questions over and over
- Help a resident read a simple article or book

3. How can you effectively communicate to visitors about how lots of people talking at once is experienced by someone with Alzheimer's disease?

**After discussion talking points:**

When multiple people talk at the same time, even with a normal, conversational tone, a person with AD often experiences too much sensory input.

Visiting family members may need to be encouraged to talk more quietly and/or visit in small numbers



# THE BEATRIZ LAB

## Part 2: Middle Stage (cont.)

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### Disease Knowledge

1. How does thinking of the brain as a diseased organ, rather than as a disease that causes behavior and memory changes, change your perspective of the disease?

**After discussion talking points:**

Just as the build up of plaque damages arteries, or as diabetes affects the circulatory system — Alzheimer’s affects the brain’s neurotransmitters.

2. The buildup of amyloid plaques interrupt communications within the brain, and causes neurons to die. How does knowing about this process affect how you view resident behavior?

**After discussion talking points:**

People with Alzheimer’s lose function because their disease makes them unable, not unwilling, to behave and remember things normally.

3. Should the nurse making the home visit with the family have asked Beatriz: “Do you remember me?” Why or why not?

**After discussion talking points:**

It is a positive care practice not to ask someone with memory impairment if they remember you, because it may add to the persons stress level if they are unable to do so. Try greeting the person with a friendly hello and your name, instead.

# THE BEATRIZ LAB

## Part 2: Middle Stage (cont.)

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### Resident Interaction

1. How does negative tone of voice and negative interactions around a resident with Alzheimer's impact them?
2. Now that you have embodied Beatriz, what insight do you have about helping a resident who is experiencing hallucinations or delusions?
3. Think about a time where you had to use medication or restraints with a resident. Can you think of any activities or behaviors you could have used to redirect the resident toward something more positive?
4. What do you need available to you next time to be able to do that more effectively?

# THE BEATRIZ LAB

## Part 2: Middle Stage (cont.)

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### Communication Skills

1. How has embodying Beatriz impacted how you view difficult conversations with family members that you have had?
2. What are some ways that you can encourage a family member to positively interact with a loved one in middle stage Alzheimer's disease?

#### **After discussion talking points:**

- Ask simple questions
- Engage in tactile activities, like coloring, clay, or puzzles
- Play music and sing or dance along together
- Use a gentle tone of voice
- Be patient when answering the same questions over and over
- Help a resident look through a book that is mainly pictures

# THE BEATRIZ LAB

## Part 3: Late Stage

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### Work Experience

1. What were some of the things you learned from embodying Beatriz?
2. How have you or how do you plan to change your care practice since you embodied Beatriz?
3. How has your confidence level improved since you embodied Beatriz?



# THE BEATRIZ LAB

## Part 3: Late Stage (cont.)

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### Disease Knowledge

1. As the disease progresses in the brain, more of the lobes and cognitive functions are affected. How did it feel to have your family's faces look distorted during the Christmas scene?

**After discussion talking points:**

The parts of the brain that allow a person to recognize faces is deeply affected by the third stage, causing faces to be distorted and the person to be disoriented.

2. What insight does this give you into how you can care for someone who is experiencing these types of distortions?

**After discussion talking points:**

Even though the person may no longer recognize people, they still may sense that they are familiar and trustworthy.

Speaking, making eye contact, and sitting next to or in front of the person, without touching them, unless they are comfortable with light touch.

3. Is Beatriz still able to feel love and connection to her family even in the late stages of the disease? How do you know?

# THE BEATRIZ LAB

## Part 3: Late Stage (cont.)

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### Resident Interaction

1. It can be difficult to get a resident in late stage Alzheimer's to accomplish a task in a timely manner, and it can be hard for the caregiver to be patient.

Can you think of situations where you can “let go” of something that can feel time sensitive and just focus on the well-being of the resident?

2. What are some ways that you can positively interact with a loved one in late stage Alzheimer's disease?

#### **After discussion talking points:**

- Ask simple questions without necessarily expecting an answer
- Do tactile activities, like coloring, clay or puzzles
- Play music and sing along
- Use a gentle tone of voice

3. Think about the five senses. Smell and sight are often more impaired in a person with late stage Alzheimer's. What are some ways that a resident can be engaged via sound, touch, and taste?

# THE BEATRIZ LAB

## Part 3: Late Stage (cont.)

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### Communication Skills

1. Veronika (Beatriz's home health aide) and Camilla (Beatriz's daughter) had some conflict over how to best get Beatriz to take her medication.

What did Veronika do to help de-escalate the situation?

2. How have you handled a stressful situation with a family member of a resident in the past? What did you do well, and what would you do differently next time?

3. What are some ways that you can encourage a family member to positively interact with a loved one in late stage Alzheimer's disease?

# NOTES

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# NOTES

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## NOTES

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