

Brainstorming About Bathing: The Sensory Experience

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It may seem strange to those of us not living with dementia that a simple part of our daily routine that we have done so easily all these years can become such a dreaded task. Yet family care partners will often tell me that assisting the person living with dementia in getting clean in the shower or bath is one of their biggest challenges. In fact, when I first started my role as an occupational therapist in home health, my second patient ever was a 70-year-old woman, Helen, who was living with dementia and her husband, Rob, identified that assisting her in the shower was his primary challenge during their daily routine. On my first visit to their home, Rob told me that Helen used to enjoy showering in the evenings for most of her life, but now at shower time she often shouted at Rob, would say the water was too hot or too cold, and would turn away when he tried to help her wash her face. She was not able to sequence through the steps of showering to do the task independently anymore, so Rob was used to helping, but he was becoming worried about the unpleasantness of the experience for Helen. Rob had also noticed that Helen wasn't understanding his explanations for why she needed to shower or what they were going to do; often she would simply refuse and walk back into the living room.

Rob and I put our minds together at their dining room table over several visits. Rob's keen eye for noticing what had been happening during shower time, along with my knowledge about brain changes during dementia, equipped us to develop strategies for Rob to try between visits. Our first step was for Rob to consider his communication strategies to build a positive relationship with Helen even prior to entering the bathroom, and we discussed using shorter verbal cues, keeping his tone positive, choosing his words carefully as to not show his agenda ("can you help me in here for a minute?" rather than "it is time to take a shower"), and being willing to step back when something wasn't working. Rob readily implemented these basic concepts of the Positive Physical Approach™, which helped, but we still had more work to do.

Rob had already considered several of the puzzle pieces involved in thinking through this challenging situation before I even entered their home. He had adjusted the **timeline** of the day when he switched the shower to the morning instead of evening since that was typically a better time of day for Helen. He knew the **person** – who his wife was before and who she is now – and he knew she was no longer enjoying the typical showering experience; something needed to change. He recognized that Helen only truly needed to bathe every few days to take care of her **health and wellness**, so he was willing to let it go when his agenda of helping her into the shower was not met. He could see how her **brain changes** were affecting the situation and that she was doing the best she could in each moment. In our first visit, Rob and I worked on **his approach** as a care partner and how he could use the Positive Physical Approach and focus on the relationship first in every interaction. The final puzzle piece for us to consider was the **environment**, specifically the way that Helen was now perceiving the sensory experience of the shower as her brain was changing. Over the course of the

next few visits, Rob and I considered a few questions and how he might make adjustments to the sensory environment based on what he figured out:

What was Helen **seeing**? We considered that her field of vision was likely changing to binocular vision in those stressful moments, so his approach from the front became even more essential. Rob decided to be sure to give Helen visual cues to help her be able to do more on her own or to know what was coming next – he would show her the towel and point to let her know where he wanted her to bathe next instead of taking over.

What was Helen **hearing**? We contemplated how the sound of rushing water on the floor of the bathtub may be loud to Helen and her brain could be perceiving it as a threat. Rob decided to not turn on the water initially and instead have a small bucket of water to help Helen start getting clean in a calmer environment. Rob knew he talked too much and decided to be more selective in his verbal cues. He also decided to add some quiet music in the bathroom.

What was Helen **feeling** in her body? Given that Helen often complained about temperature, Rob thought she might be cold or not like the feeling of being exposed. He decided that he would warm up the liquid soap prior to putting it on the washcloth for her. As she sat in the shower chair, Rob would provide a large towel around her shoulders and another in her lap when they weren't washing those areas to keep her cozy. To minimize the startle response, Rob wanted Helen to be the first person to touch her body in the shower. He would give her a washcloth to rub her stomach and chest first, then he washed her back; this way, Helen's body would get used to the touch sensation herself before any other hands were involved. Rob and I practiced together how to use Hand-under-Hand® to assist Helen in washing her face since that area was particularly sensitive.

And finally, what was Helen **smelling or tasting**? Rob knew she liked the smell of roses and chose a soap with that fragrance for her to enjoy. As Rob tried out each of these sensory changes over the course of a few weeks, he reported that there was less refusing, less yelling, and less fear during bathing.

Not every day was perfect, and Rob still had days where he had to let go of his agenda because he knew that showering in that moment would not be a pleasant experience for Helen. Yet the days when Helen did shower were more positive for the both of them, and it was Rob's adaptability and willingness to try a new way that allowed for this improvement. Rob was encouraged that this task, even a fairly small part of their routine, was now less taxing physically and emotionally for him. Most importantly, Helen's physical and emotional needs were now also being met: she was getting clean *and* she felt safe with her care partner while doing so.

Additional resources for assisting a person living with dementia to get clean:

- [**“Advanced Care Skills in Late Stage Dementia” with Teepa Snow \(DVD\)**](#)
- [**“PAC Skills Make The Difference” \(DVD\)**](#)