

The Client

One Sunday morning, our phone rang. It was Mrs. Douglas, in tears, begging us to help her husband.

Dr. Douglas had been a successful surgeon. He'd led medical expeditions to third world countries to help the poor, was a loving father and husband, an art collector and a sports car enthusiast. He led a rich, full, generous life. But his Alzheimer's had progressed rapidly—and Dr. Douglas was no longer Dr. Douglas.



The Challenge

Often with dementia comes intense feelings of fear, anger and agitation. These emotions can be particularly hard to manage in a case like Dr. Douglas's: easily mistaken for a weak older man, Dr. Douglas was trained in the martial arts and had become a danger to visitors, residents, employees and caregivers in every care environment he'd been in.

First, he was evicted from his adult day program for hitting another patient. He couldn't stay at home, because he'd hit his wife, too—Mrs. Douglas was on blood thinners and couldn't risk an injury. He was then evicted from an assisted living facility for attacking their staff. Dr. Douglas then spent a brief stint in Stanford's psychiatric unit, where he was in danger of being hurt himself by the younger residents on the floor.

Finally, Mrs. Douglas put her husband in a locked dementia care facility in San Francisco. Known for their willingness to take challenging cases, the residential facility is one of the area's best—but even they needed help protecting other residents and staff from Dr. Douglas.

That Sunday morning call to Tender Rose was Mrs. Douglas's last resort. There was nowhere else to go.

The Solution

Dr. Douglas's residential facility had a duty to protect their community. So when Dr. Douglas's violence escalated, it would have been understandable if his facility had evicted him. Luckily for Dr. Douglas, they had another idea. They urged Mrs. Douglas to find a good home care agency to provide 24/7 support in addition to what they offered.

When Mrs. Douglas called us, we knew we had to act quickly to de-escalate the situation and keep Dr. Douglas calm. We assembled a highly trained team of Memory Care Professionals to provide 24/7, one-on-one care for Dr. Douglas in the facility. He still occasionally attacked our team—even chasing a caregiver down the hall—but we were able to protect visitors, residents and staff by identifying triggers and finding ways to redirect Dr. Douglas before he could lash out.



Using short, simple sentences, we reassured him that we were his friends and he was safe. We found opportunities to validate his feelings, assuring him that we knew he was angry, that it was okay, and that he could release that anger and move on. We also stepped in when Dr. Douglas stopped eating. We discovered his biggest weakness—apple juice—and supplied apple-flavored Ensure to provide the calories Dr. Douglas needed until his appetite improved.

Slowly, we introduced Dr. Douglas to the facility's environment. One-on-one care allowed us the time to encourage him in phases: watching an activity first, for example, and eventually working up to participation. In two months, Dr. Douglas was fully acclimated to the environment. He enjoyed resident activities, ate in the dining room, and most importantly stopped attacking people.

One reason for Dr. Douglas's successful acclimation was the communication between his facility's team and ours. We see our role as one of support--the patient's primary care comes from the facility, and our job is to help wherever we can. We believe that working together, we can improve our patient's quality of life, help avoid physical and chemical restraints, and allow the community staff to focus their time and attention on other residents.

Dr. Douglas's facility knew that if Mrs. Douglas brought us onto the care team, they could protect their community and help Dr. Douglas. Effectively acting as a buffer, our one-on-one care, in partnership with the facility, was the solution that finally worked for Dr. Douglas and his wife.

The Outcome

All his life, Dr. Douglas had taken care of people. But when his Alzheimer's advanced, he was the one who needed help. Thanks to his wife, his facility and our team, he got it. We were able to reach past the disease and touch the part of Dr. Douglas that was still Dr. Douglas. "You are a doctor," we told him. "You help people. You don't hurt people." And we were right.

If someone you know with dementia is refusing care, needs medical help or has no quality of life, call us. We'll help you find a solution.

Call (415) 340-3990 or visit www.TenderRose.com

Care in Full
Bloom