

Many Probate Court judges have a background in family law and divorce practice. The judge may view a contested guardianship case through a similar lens, seeing the Petitioners as disagreeable family members who want to wrest control from the Health Care Agent/POA. Seen through tiny windows of pretrial motion hearings, the view becomes further narrowed at trial by vigorous application of evidence and procedural rules. The case ends up being less about the needs of the elder, and more about a struggle for power among parties. The judge may forfeit many opportunities to motivate the recalcitrant Health Care Agent/

POA to protect the quality of life of a person who becomes lost at the center of the swirling legal controversy.

If the judges in your state *do* understand the alternatives that prevent the need for antipsychotic medications, the recalcitrant Health Care Agent/POA can be more readily encouraged to listen to requests for services, at a time in the journey when those services will do the most good.

### 7. Are medication monitors and court-appointed attorneys in your state trained to understand the difference between memory loss and psychosis?

## Understanding Clients Who Have Dementia

By John L. Roberts, CELA

In July 2012, I took a 10-minute Virtual Dementia Tour that opened my mind and heart to the emotions that might be experienced by a person who has diminished capacity. The tour was provided by the staff at Keystone Woods Assisted Living in Springfield, Mass.

Have you ever taken a guided tour that provides a recording or a live tour guide who directs your attention and helps you understand a new or unfamiliar place? The dementia tour is just the opposite.

The following artificial impairments set me up for the indignity of dementia and the very serious emotions that a person with diminished capacity has to deal with every day:

- Headphones over my ears simulate the hearing experienced by a person with diminished capacity. The headphones play distracting bits of conversations, sirens, and noises, to simulate the mental confusion that goes with the inability to process and sort out sounds and voices.
- My eyes are covered by yellow tinted goggles with solid black focal points that obscure the center of my field of vision to simulate macular degeneration and loss of vision.
- Plastic sheets with prickly spikes are inserted in my shoes to simulate neuropathy and loss of feeling in my feet.
- Thick plastic gloves with bumpy spikes on both of my hands take away my sense of touch, and any dexterity.

**Constant irritation:** I feel annoyed that my hearing and vision is being interfered with. Why can't I see the full field of vision? What little I can see is obscured through a yellow filmy haze.

**Anger:** The tour guide gives me quick instructions of what I'm supposed to do next: fold up a pair of socks, brush my teeth, and several other tasks that I can't hear through the cacophony that's pouring into my head from the earphones.

**Fear:** I can only imagine the panic I would be feeling if this demonstration were the real thing. Someone who should know and understand my needs just took 10 seconds to tell me what to do, and pushed me away.

**Frustration:** I fumble with the pair of socks, and try to remember the other tasks the tour guide told me to do. How am I supposed to get through this if no one will help me?

**Sadness:** I know I could do some of the tasks, if only someone would prompt me or give me just a little bit of time or attention. But no one does.

After several minutes of futility, the tour is over and I have a small understanding of the emotions experienced by the person with dementia. I also have a much greater understanding of the importance of our responses to the need for care.

Antipsychotic drugs may be avoidable, if reasons for erratic behavior are understood.