

## Directions for Using the Southeast PA Dementia Screening Tool (DST)

The Southeast PA Dementia Screening Tool (DST) was created as a non clinical assessment tool to be used by family members, direct support professionals and anyone with a supporting role in the life of someone with an intellectual developmental disability. In order to obtain the best results it is necessary to know the person for at least six months. This will assist in providing an initial baseline. Answers to the questions are best obtained through direct observation and communication with the person. This tool may not be beneficial to someone who has extreme physical disabilities. It is also recommended that all people having communication difficulties have some assistive way of communicating. This DST will allow both verbal and written information to be shared with a physician. This is NOT a diagnostic tool and your physician will need to rule out other conditions.

This tool may be used anytime you are noticing changes in the person you support. However, it is recommended that it be used for people with Down Syndrome beginning at age 35. For people with intellectual and developmental disabilities it may be started at age 50. In people who have a family history of early onset dementia, it can also be used earlier. After the initial use it should be done every year, unless changes are noted. It can then be done more frequently. (This information is also in the **General Section** of the tool.)

The DST is divided into separate sections to be completed by the appropriate person as outlined below:

### **General Section**

- Can be completed by anyone as long as they are able to answer the entire section. This can be done with the person and a support staff/family member.

### **Residential Section**

- Someone should complete it while observing the person during the day, while someone else completes this section in the evening.
- There may be changes from morning to evening and this information needs to be shared with the physician.

## Day Program/Employer Section

- Can be completed by a support person in the day program, workshop or a job coach.
- If the person does not attend a program outside of the home there may be no need to complete this section.

## General Section

The cover sheet, which serves as the **General Section** gathers all demographic information about the person being reviewed. It includes name, date of birth, gender, diagnoses/medical conditions, current medications (which should include any over the counter medications and/or any medications taken occasionally). It obtains check boxes for vision, hearing and past mental health diagnosis. There are spaces to allow listing of any further information regarding these areas. The section entitled:

### Other Information

- is extremely important since changes in a person's life may effect a person's physical and mental wellbeing.
- In this section list any changes, even if you feel they may not be important.
- There is another question entitled, "**anything else worth noting**". This allows the person performing the screening to write anything they have been unable to contribute up to this point.
- Remember to include the person's input when answering these two questions. Life changes that one person feels may not be "a big deal" may be devastating to someone else.

It is extremely important that this **General Section** be completed accurately and if further space is needed, paper may be added. You may include print outs from pharmacies and/or a medication administration record as an attachment.

## Residential Section

At the top of the **Residential Section** there are directions, with examples on how to mark the observations. In the Residential Section there are six general categories: *activities of daily living, language & communication, sleep-wake pattern, ambulation, memory and behavior*. The choices regarding the person's ability to complete each activity are: **Always been the case, Always but worse, New symptom and Does not apply**. Of these four choices there are two that are shaded because they help determine a baseline depending on the person's past/present status. If a person has

always been independent in an activity, the answer will be **Does not apply** and should be checked after each observation. If the person always needs assistance (i.e. verbal, physical, etc.), **Always been the case** should be checked after each observation. These answers will help create the baselines which indicate there has not been any change noticed for this person. However, if a person only needed verbal cues/reminders in the past and now needs more assistance when observed, **Always but worse** should be checked. On the other hand, if a person was always independent but now needs verbal reminders/cues **New symptom** should be checked. Anything which deviates from **Always been the case** and **Does not apply** should be brought to the physicians attention, since this is a change in baseline. This change in baseline should alert everyone that something may be wrong. Further investigation is needed to rule out medical and mental health condition (please see attached). *Again, it is important that the person who completes this section is very familiar with the person they are observing.*

At the end of this section there are two questions to ask the person being observed. Please ask these questions and record their answers. If they are unable to give an answer, please indicate that on the spaces provided. Lastly, please complete this section with signature, date/time completed, how long and in what capacity the person is known to the observer.

### **Day Program/Employer Section**

The directions for the **Day Program/Employer Section** are the same as for the **Residential Section**. Someone who knows the person well needs to complete this section by observing the person. This section is divided into seven categories: *activities of daily living, language & communication, memory, behavior, job performance, academic and medical*. As at the end of the Residential Section, please ask the same two questions of the person being observed and document the reviewer's information.

The **Day Program/Employer Section**, if applicable, needs to be completed within the time frame of the total DST. All information needs to be shared with the physician at the same time.