

Support Group Leader Guide

Session 1

AT THE CROSSROADS

Assessing
Driving Ability
& Activity



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Session 1. *Assessing Driving Ability and Activity*

Welcome and Course Goals

Welcome to our special series on dementia and driving. We appreciate your efforts to be here and look forward to working with you. Our goals are to:

- Help family members decide when and how a person with dementia should limit or stop driving; and
- Prolong the independence of drivers with dementia while protecting their safety and the safety of others on the road.

We'll learn ways to monitor driving, talk about driving, limit driving and plan for not driving.

Introductions

My name is _____ and I am (title/position/role). Please tell us (1) your name, (2) your relationship to the person with memory loss, and (3) in one sentence, what you would do or not do if you couldn't drive for one week. ——*

(Option: Depending on the number of participants and available time, have participants first answer the questions with the person next to them, and then introduce their class partner to the group.)

Course Overview

We'll be working together on the concepts in this booklet, *At the Crossroads: Family Conversations about Alzheimer's Disease, Dementia & Driving*, provided by The Hartford. Our course is divided into three main topics.
(If participants do not already have it, distribute the booklet and the "Course Overview" handout.)

Today we'll learn how to assess driving abilities and activities. Next week, we'll focus on how to build family support for eventual cessation of driving. During our third meeting, we'll add to our options and outside support.

* Instructor's questions that invite participant comments are designated by long dashes (———).

“Course Overview”
handout
in back
pocket of
this guide.

FOR PARTICIPANTS

AT THE CROSSROADS:

Course Overview

The purpose of this course is to:

- Help family members decide when and how a person with dementia should limit or stop driving, and
- Prolong the independence of drivers with dementia while protecting their safety and that of others on the road.

TIMEFRAME
3 sessions, 2 hours each

SESSION 1: Assessing Driving Ability and Activity Date/Time _____

APPROXIMATE TIMING	ACTIVITIES AND LESSONS	MAIN QUESTIONS TO BE ANSWERED
15 Minutes	Introductions and course overview	
30 Minutes	Lesson 1: Driving and the Brain	How can cognitive changes affect driving skills?
15 Minutes	Break	
30 Minutes	Lesson 2: Warning Signs for Drivers with Dementia	How can I know if a person should stop driving?
20 Minutes	Lesson 3: Assessing Transportation Needs	Where, when and why does my relative drive?
10 Minutes	Homework and Summary	

SESSION 2: Building Family Cooperation and Communication Date/Time _____

15 Minutes	Experiences	
15 Minutes	Lesson 4: Getting There	What are my transportation alternatives?
30 Minutes	Lesson 5: Not Going It Alone	Who can offer support?
15 Minutes	Break	
30 Minutes	Lesson 6: Conversation Planner	How can I have good conversations about not driving?
15 Minutes	Homework and Summary	

SESSION 3: Knowing All Your Options Date/Time _____

20 Minutes	Experiences	
20 Minutes	Lesson 7: Agreement with My Family	How can driving be included in advance planning?
20 Minutes	Lesson 8: The Role of Healthcare Providers	How can I get doctors to help?
15 Minutes	Break	
25 Minutes	Lesson 9: “Last Resort” Strategies	If all else fails, then what?
20 Minutes	Closing Activities	



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Ground Rules

Timing. To benefit fully from the course, you really should attend all three sessions. Please arrive on time, and we’ll take a break about halfway through each session. Restrooms are located _____.

Confidentiality. All information shared in the group is confidential. However, I am obligated to tell authorities if someone is in danger of hurting themselves or others. This legal requirement doesn't pertain to driving safety issues.

Additional information. If you have questions about dementia that aren't related to driving, you can see me after class, and I can refer you to additional resource material. (See Appendix A, Overview of Dementia) You can contact me or my colleague(s) during the week at _____ (phone number). We have a lot to learn from each other, so we invite you to share your thoughts, ideas and questions.

Transition to Lesson 1

This course is not about older drivers, but about drivers with dementia. Older adults as a whole are safe drivers and capable of determining when and where they can drive – such as not driving during rush hour or at night. (For background information, see Appendix B, Facts about Older Drivers) But people with dementia lose driving skills and awareness of their declining abilities. In cases of dementia, families must be more proactive. First, let's see how cognitive changes affect driving.

LESSON 1. Driving and the Brain: How can cognitive changes affect driving skills?

Introduction

(Distribute handout “Driving and the Brain.” Ask for volunteers to read aloud the handout narrative up to the section with the chart. The facilitator can then highlight selected functions associated with each brain part shown in the diagram.)
What information in this reading was the most interesting or important? ———

“Driving and the Brain” handout in back pocket of this guide.

FOR THE FAMILY

SESSION 1: Assessing Driving Ability and Activity

LESSON 1

Driving and the Brain

How Can Cognitive Changes Affect Driving Skills?

To grasp the brain's complexity, imagine what it would take to connect six billion people around the world by telephone. Now consider the greater complexity of an estimated 100 billion brain cells, each capable of almost simultaneously connecting to hundreds – and sometimes thousands – of other neurons.

When you drive a car, different regions of your brain cooperate to receive sensory data, prioritize information, recall related past experiences, anticipate likely scenarios, analyze options, and synchronize movement responses.

Nerve connections carried through the brain stem help a driver sense a bump in the road or a skid of the tires. A slight turn of the steering wheel to adjust direction is possible because of stored learned reflexes in the cerebellum. The brain's temporal lobe decodes slight variations in auditory signals, analyzing the position and intensity of sounds – from the car radio, a nearby car's honk or an ambulance siren in the distance.

Countless visual images compete for a driver's attention – the speedometer, the rearview mirror, a speed limit sign, the yellow divider lines, an oncoming truck or a pedestrian in the crosswalk. The frontal lobes allow you to juggle the competing tasks of paying attention to the road in front of you, changing the radio station, being aware of the ambulance in the rearview mirror, watching the speedometer, recalling the directions to your destination, and making a decision of what to do when a child steps off the curb in front of you. Through an elaborate process, different brain parts are responsible for determining shape and color, tracking motion, comparing memory of past experiences, and prioritizing optical signals.

Today's fast-paced roadways can challenge any brain. But what if neurons and connectors in different parts of the brain become diseased or damaged?

Driving with Dementia

Driving with dementia is not just about remembering how to get home. Slower neural connections can delay reaction time. When trying to avert danger, milliseconds matter. A difference of 100 milliseconds in response time can translate into several feet when braking at highway speeds, a difference between life and death.

Safe driving is not just a matter of concentration, as if driving were a single act. A person with dementia can lack the rapid, flexible response patterns needed to handle unusual, unexpected or new situations.

By definition, most types of dementia (e.g., Alzheimer's Disease, Frontotemporal Dementia, Vascular Dementia, Dementia with Lewy Bodies) involve a progressive decline in functioning due to the degenerative nature of the brain disease. As such, all people with degenerative dementia will eventually become unable to drive safely.

No two brains are the same. The initial parts of the brain involved in dementia, the progression of the disease, and the profile of cognitive strengths and weaknesses all vary. Although no one knows precisely what happens in an individual's brain during every act of driving, an overview of how the brain works helps us understand how dementia can affect driving.

(continued on other side)

 THE HARTFORD

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(Emphasize the following.)

- Driving requires highly complex and sophisticated thinking processes.
- Cognitive deficits seriously compromise driving abilities.
- The problem is the disease, not the person.

(Depending on available time and the size of the group, participants may be divided into pairs or small groups to answer the discussion questions.

Then, together as a group, draw from participants' comments to the discussion questions.)

Discussion Questions

(Emphasize the following key points to each question as shown below.)

1. Using the chart on the handout, which parts of the brain would be necessary for turning on the radio while responding to a yellow light? ——
 - Every major part of the brain plays an essential role in good driving skills, especially in this example where both auditory and visual messages must be processed simultaneously.
2. Are persons with dementia likely to be aware of when they need to limit or stop driving? Why or why not? —— (For additional information, see Appendix C, Facts About Drivers with Dementia.)
 - Most people tend to overrate their driving skills, but this is especially true when a cognitive impairment affects judgment and analytical skills.
 - Persons with dementia lose the ability to assess their situation.
 - They can lack judgment, become overly confident and be unaware of the cognitive changes affecting their driving.
 - People with dementia can falsely reason:
 - “Just because I got lost doesn't mean I can't drive.”
 - “I've driven for years without an accident.”
 - “I make sure to look where I'm going.”

3. Are family members always aware of the driving risks when a person has dementia? Why or why not?——
 - Changes in the brain can be slight, gradual and not immediately apparent.
 - Family members can overlook, deny or make excuses for driving errors.
4. Based on this information, why would co-piloting – giving instructions on how to drive – be unsafe? Similarly, why might a GPS (global positioning system) make driving more risky for a person with dementia? ——
 - A co-pilot cannot foresee dangerous situations far enough in advance to relay instructions to the driver, who then must react in time to avoid an accident. The delay could be deadly. Driving is not a game of chance.
 - Co-piloting and co-navigating are different. As passengers, we all occasionally give directions or point out dangers to a driver. This co-navigating is supplemental help. But, it isn't safe to act as a co-pilot, giving the driver instructions on what to do next.
 - A safer situation is to have the person with dementia be a co-pilot while someone else drives.
 - Navigational systems such as a GPS require additional cognitive agility and may only add distraction and confusion for a person with dementia. Drivers who are at risk of getting lost probably are at risk in other ways.
5. Why is the family's role important in decisions about driving and dementia? ——
 - A family member who observes driving skills can assess abilities better than the person with dementia can.
 - Everyone with Alzheimer's disease or other degenerative dementias, which progressively worsen, eventually must stop driving. They need encouragement and support from the family during this process.

Transition to Lesson 2

Some people with dementia can drive safely for a while after a diagnosis. A family member wants to avoid either overreacting or underreacting – being either too quick to restrict driving or too slow to respond to unsafe driving. The challenge is to preserve a person’s sense of independence for as long as possible, and simultaneously protect the safety of the person and others. How can family members know when a person with dementia should limit or stop driving? We will address this question after break.

Break 15 minutes

LESSON 2. Warning Signs for Drivers with Dementia: How can I know if a person should stop driving?

Introduction

What are some driving behaviors you might see if someone’s driving was impaired? ——— (Make a list of questionable driving behaviors that the group identifies as warning signs.) Distribute handout “Driving Warning Signs.”

“Driving Warning Signs” handout in back pocket of this guide.

FOR THE FAMILY

SESSION 1: Assessing Driving Ability and Activity

LESSON 2

Driving Warning Signs

A diagnosis of mild dementia alone is not an automatic reason to stop driving. Families can use this list as an objective way to monitor any changes in driving skills over time. The signs are ranked from minor to serious. Written notes of observations can help you make informed decisions and may be useful in conversations with healthcare providers.

Consider the frequency and severity of incidents. Several minor incidents or an unusual, major incident may warrant action. Look for patterns of change over time. Isolated or minor incidents may not warrant drastic action. Avoid an alarming reaction. Take notes and have conversations at a later time, instead of during or right after an incident.

Driving Behavior Warning Signs – When Noticed, How Often	
1. Decrease in confidence while driving	16. Uses a “copilot”
2. Difficulty turning to see when backing up	17. Bad judgment on making left hand turns
3. Riding the brake	18. Near misses
4. Easily distracted while driving	19. Delayed response to unexpected situations
5. Other drivers often honk horns	20. Moving into wrong lane
6. Incorrect signaling	21. Difficulty maintaining lane position
7. Difficulty parking within a defined space	22. Confusion at exits
8. Hitting curbs	23. Ticketed moving violations or warnings
9. Scrapes or dents on the car, mailbox or garage	24. Getting lost in familiar places
10. Increased agitation or irritation when driving	25. Car accident
11. Failure to notice important activity on the side of the road	26. Failure to stop at stop sign or red light
12. Failure to notice traffic signs	27. Confusing the gas and brake pedals*
13. Trouble navigating turns	28. Stopping in traffic for no apparent reason*
14. Driving at inappropriate speeds	29. Other signs:
15. Not anticipating potential dangerous situations	



THE HARTFORD

* Stop driving immediately

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This handout gives a systematic, objective approach to help assess someone's driving skills.

(Read aloud the opening paragraphs to the warning signs list. Briefly compare the list of warning signs on the handout with the list the group developed.)

Have you already observed your relative making any of these driving errors? ——— How many of these mistakes have you yourself made? (Jokingly)——— Could someone build a case for why you or I should not be driving? ———

The point is: a one-time offense might not warrant an end to driving. On the other hand, frequent minor errors could indicate that the cognitive impairment is affecting driving abilities. When in doubt, err on the side of safety.

Now take a moment by yourself and put a check mark beside the warning signs list that you or someone in your family have already observed in your relative's driving, then count the number of warning signs you have. **(Allow time.)**

Let's see how much of a range in numbers we have in our group. Tell us how many warning signs you've observed. ———

(This question is intentionally specific to avoid opening the discussion up to individual, lengthy stories. If participants do tell about individual accounts, listen attentively but be ready to move to the key point.)

Emphasize the following main points.

- Consider the frequency and severity of incidents. Warning signs can be few or many, minor or major. Several minor incidents may warrant action. An unusual, major incident – such as confusing the gas and brake pedals – may call for an immediate end to driving. Getting lost in familiar places may be related to a medication or physical illness, or it might indicate serious cognitive changes affecting driving. This should be brought to the attention of a doctor immediately.
- Look for a *change* in driving skills. Consider the driver's previous driving behavior. Did the person always drive this way? Is this something he or she did in the past but is now doing more frequently? You need to know what "normal" driving behavior is for your loved one in order to recognize changes in behavior.
- Look for *patterns*. Monitor and document incidents over a period of time. Isolated or minor incidents don't warrant immediate or drastic action. Everyone makes mistakes while driving. But if you're noticing more mistakes or progressively more serious mistakes, then driving skills probably are diminishing.

- Avoid an alarming reaction. When you see a warning sign, consider the circumstances. Avoid pointing out mistakes while the person with dementia is driving, unless immediate safety is at risk. Having a conversation at a later time will likely be more productive.
- Track observations over time. A written record will give you confidence that you're making an informed decision to allow or restrict driving. It can provide useful information to your loved one's primary care physician, neurologist or other family members.
- Try not to be obtrusive in the car. Don't sit in the passenger seat with the sheet in front of you as you take notes. Also, don't start the discussion of driving or driving behavior while the person is at the wheel.

Benefits of Using the Warning Signs

How can you benefit from using this driving assessment tool? (**When possible, use participants' comments to emphasize these key points.**) ——

- The form helps family members avoid overreacting to single or minor incidents.
- It provides a more objective, less emotional basis for decisions.
- It can help the person with dementia – and other family members and medical professionals – understand the situation.
- Family observations over time may be more informative than one-time professional driving evaluations, and without the added expense and time. Outside evaluations may be useful later on, especially if another opinion would carry more weight.

Homework

During the next week, can you make the time to observe your relative's driving and later jot down what you observed? Next week you can share what you observed – good and bad.

Transition to Lesson 3

In order to observe driving, you need to know where and when your relative is driving. Do you know how driving relates to the social interactions and quality of life for your relative? This will be covered in our next lesson.

LESSON 3. Assessing Transportation Needs: Where, when, and why does my relative drive?

Introduction

Why do we drive? When we first started driving, we drove for the fun of it – especially if Mom and Dad paid for the gas. We still might like to “go for a drive” occasionally. But as adults, driving is mostly a way to fulfill physical needs – a trip to the bank or the grocery store. It can also be our social lifeline, connecting us to friends, family and the community.

Earlier we talked about how not driving for a week might affect us. Now, imagine for a moment that you couldn’t drive for a month, a year – or ever. How would this change your life? Your activities? Your relationships with others? ———

Exercise

(Distribute the handout “Driving Activities.”) This next handout will help us identify driving-related activities for your relative. (Read the introduction to the lesson chart.)

“Driving Activities” handout in back pocket of this guide.

FOR THE FAMILY

SESSION 1: Assessing Driving Ability and Activity

LESSON 3

Driving Activities:

Where, When and Why?

Driving allows us to take care of basic physical needs such as banking and shopping, and our social needs of connecting with other people. Family members need to know where, when and why their relative with dementia drives.

Most accidents happen close to home. The risk of being in an accident decreases every time the need to drive – even short distances – is reduced. Family members can look for ways to reduce the need to drive, but still fulfill those basic physical and social needs.

Type of Activity	Activity	Frequency/Time How often? What day and time?	Social Interactions Who is he/she with while going to, or participating in, activity?	Transportation Alternatives What changes could reduce the need to drive?
Routine: Frequent trips (daily or weekly), usually for tasks (e.g., shopping, exercising)				
Periodic: Regular, maybe monthly (e.g., doctor’s visit, card games with friends)				
Occasional: Special events (e.g., vacation, concert, sporting event, family celebrations)				

* questions to consider on other side

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Think of the types of activities your relative drives to on a regular, periodic and occasional basis. You probably don't know all the activities, but you can start the process. First, list the activity and then write when and how often he or she does that. Also list the people he or she interacts with at the activity or going there. For now, do not complete the last column on possible changes to reduce driving. We'll consider this later. **(Give examples from the chart below to help participants get started.)**

Chart Examples

Please take a couple of minutes to start your chart and then we'll discuss it as a group.

Type of Activity	Activity	Frequency/Time	Social Interactions	Transportation Alternatives
Routine	Drives to the local store to buy newspaper or milk	Every other day	Travels alone. Chats with people behind the counter, buys a cup of coffee, reads the newspaper and visits with friends.	Ask a neighbor if they could go to the market together; will buy him coffee and introduce to friends.
Periodic	Fills prescription at local pharmacy	Once or twice a month	Travels alone. Chats briefly with pharmacist.	Relative can pick up prescription(s) before a weekly visit.
Occasional	Ball game	Every other month or so	Drives with son (person with dementia picks him up), sometimes granddaughter comes along. Stops at a favorite restaurant on the way to the game, knows the restaurant owner.	Older cousin can come along and drive.

Questions for Discussion

1. For the most part, do you know where and when your relative drives, or do you need to discuss this with him or her? ——
2. Why is it important for families to consider the physical and social aspects of driving? (Consider some of the activities and interactions a person has because of their driving.) ——
 - Many driving-related activities relate to one's quality of life. For example, when we go to the post office, we might greet and chat with the clerk. As much as possible, you want to make sure your relative doesn't lose social connections.
3. What can you do to increase social contacts while reducing driving? ——
 - Schedule people to visit regularly, either as volunteers or for pay.
 - Arrange for friends to take the person with mild dementia on errands or to social or religious events.
 - See that visits from friends include outings, such as eating out or going to the park.
 - Find replacement social activities at local associations and centers (senior centers, adult day programs, support groups or local Alzheimer's Association). These may provide support and social activities for you and your relative.

Session Summary and Homework

In this session we considered (1) brain changes that affect driving, (2) warning signs of impaired driving, and (3) assessment of transportation-related activities. (**Show handouts that are related to each lesson.**) We'll get the most from this information by using it.

- (1) During the next week, you might want to help other relatives understand how dementia can affect driving by sharing the handout on "Driving and the Brain."
- (2) Do you think you'll have opportunities to observe driving this week? You can jot down personal notes using the "Warning Signs" checklist.

(3) You've started to identify transportation-related activities. Can you talk with the person with dementia or other family members to identify other current transportation activities? Begin thinking about possible changes that can reduce the need for a person to drive. (Read suggestions in the bottom section of the handout.) Perhaps you could keep these two worksheets in a handy spot as a reminder to use them.

Later we will add to our possibilities for alternative transportation.

Do you have any questions or comments about what we've covered so far? -----

Next week, we'll learn about your experiences from these assignments.
Then we'll consider:

- (1) What are some other transportation alternatives?
- (2) Who can be a source of support so you don't bear the responsibility alone?
- (3) How can you have positive, progressive and purposeful conversations about someone not driving?

Would answers to these questions be helpful? -----

See you next week.

These materials have been prepared to enhance the reader's knowledge of sensitive topics related to aging. They are general in nature and are not a substitute for a care strategy developed for a specific individual. Not all acceptable safety measures are contained in these materials. Additional measures may need to be explored in individual cases. Readers are encouraged to consult the appropriate professional for this purpose of planning detailed, individualized care strategies.



AT THE CROSSROADS:

Course Overview

The purpose of this course is to:

- Help family members decide when and how a person with dementia should limit or stop driving, and
- Prolong the independence of drivers with dementia while protecting their safety and that of others on the road.

TIMEFRAME

3 sessions, 2 hours each

SESSION 1: Assessing Driving Ability and Activity

Date/Time _____

APPROXIMATE TIMING	ACTIVITIES AND LESSONS	MAIN QUESTIONS TO BE ANSWERED
15 Minutes	Introductions and course overview	
30 Minutes	Lesson 1: Driving and the Brain	How can cognitive changes affect driving skills?
15 Minutes	Break	
30 Minutes	Lesson 2: Warning Signs for Drivers with Dementia	How can I know if a person should stop driving?
20 Minutes	Lesson 3: Assessing Transportation Needs	Where, when and why does my relative drive?
10 Minutes	Homework and Summary	

SESSION 2: Building Family Cooperation and Communication

Date/Time _____

15 Minutes	Experiences	
15 Minutes	Lesson 4: Getting There	What are my transportation alternatives?
30 Minutes	Lesson 5: Not Going It Alone	Who can offer support?
15 Minutes	Break	
30 Minutes	Lesson 6: Conversation Planner	How can I have good conversations about not driving?
15 Minutes	Homework and Summary	

SESSION 3: Knowing All Your Options

Date/Time _____

20 Minutes	Experiences	
20 Minutes	Lesson 7: Agreement with My Family	How can driving be included in advance planning?
20 Minutes	Lesson 8: The Role of Healthcare Providers	How can I get doctors to help?
15 Minutes	Break	
25 Minutes	Lesson 9: "Last Resort" Strategies	If all else fails, then what?
20 Minutes	Closing Activities	

Driving and the Brain

How Can Cognitive Changes Affect Driving Skills?

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Nerve connections carried through the brain stem help a driver sense a bump in the road or a skid of the tires. A slight turn of the steering wheel to adjust direction is possible because of stored learned reflexes in the cerebellum. The brain's temporal lobe decodes slight variations in auditory signals, analyzing the position and intensity of sounds – from the car radio, a nearby car's honk or an ambulance siren in the distance.

Countless visual images compete for a driver's attention – the speedometer, the rearview mirror, a speed limit sign, the yellow divider lines, an oncoming truck or a pedestrian in the crosswalk. The frontal lobes allow you to juggle the competing tasks of paying attention to the road in front of you, changing the radio station, being aware of the ambulance in the rearview mirror, watching the speedometer, recalling the directions to your destination, and making a decision of what to do when a child steps off the curb in front of you. Through an elaborate process, different brain parts are responsible for determining shape and color, tracking motion, comparing memory of past experiences, and prioritizing optical signals.

Today's fast-paced roadways can challenge any brain. But what if neurons and connectors in different parts of the brain become diseased or damaged?

Driving with Dementia

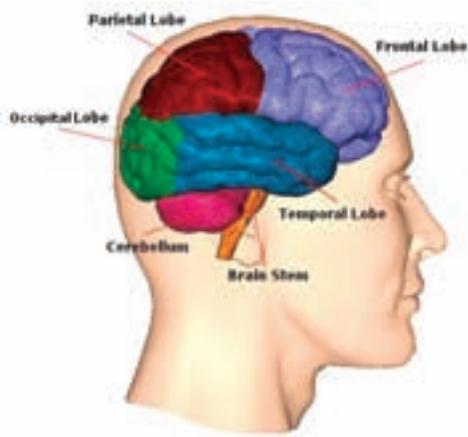
Driving with dementia is not just about remembering how to get home. Slower neural connections can delay reaction time. When trying to avert danger, milliseconds matter. A difference of 100 milliseconds in response time can translate into several feet when braking at highway speeds, a difference between life and death.

Safe driving is not just a matter of concentration, as if driving were a single act. A person with dementia can lack the rapid, flexible response patterns needed to handle unusual, unexpected or new situations.

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No two brains are the same. The initial parts of the brain involved in dementia, the progression of the disease, and the profile of cognitive strengths and weaknesses all vary. Although no one knows precisely what happens in an individual's brain during every act of driving, an overview of how the brain works helps us understand how dementia can affect driving.

(continued on other side)



Brain Functions During Driving

The chart shows the main functions of major parts of the brain. As you read about the various functions, which brain parts would you say are essential for good driving?

BRAIN PARTS	FUNCTIONS
Frontal Lobe	<ul style="list-style-type: none"> • Anticipates potential danger • Decides how to respond to situations • Helps plan, organize and carry out activities • Controls the ability to multi-task • Controls emotional response • Oversees problem-solving and decision-making • Controls memory of habits, muscles, and body movement
Parietal Lobe	<ul style="list-style-type: none"> • Involves visual-spatial perception • Recognizes movement and manipulation of objects • Integrates signals from all senses • Coordinates visual attention and touch perception
Occipital Lobe	<ul style="list-style-type: none"> • Controls visual response
Temporal Lobe	<ul style="list-style-type: none"> • Controls hearing • Manages memory acquisition/storage • Processes some visual perceptions • Categorizes objects
Cerebellum	<ul style="list-style-type: none"> • Coordinates voluntary muscle movement • Maintains balance • Holds memory for reflex motor actions
Brain Stem	<ul style="list-style-type: none"> • Controls reflexes • Affects alertness • Affects sense of balance

What Do You Think?

- Using the information above, what parts of the brain would be necessary for turning on the radio while responding to a yellow light?
- Are persons with dementia likely to be aware of when they need to limit or stop driving? Why or why not?
- Are family members always aware of the driving risks when a person has dementia? Why or why not?
- Based on this information, why would co-piloting – giving instructions on how to drive – be unsafe? Similarly, why might a GPS (global positioning system) make driving more risky for a person with dementia?
- Why is the family's role important in decisions about driving and dementia?

Resources

Robert P. Lehr Jr., Ph.D., Brain Functions and Map, Centre for Neuroskills, at <http://www.neuroskills.com/brain.shtml>, accessed June 20, 2007.

U.S. National Institutes of Health, 2000. Lesson 1-The Brain: What's Going on in There?, at <http://science.education.nih.gov/supplements/nih2/addiction/guide/lesson1-1.htm>, accessed June 26, 2007.

Myeonggi Jeong, Manabu Tashiro, Laxmi N. Singh, et al, 2006. Functional brain mapping of actual car-driving using FDG-PET, *Annals of Nuclear Medicine* (20:9, 623-628).

Jonathan Levy, Harold Pashler, Erwin Boer March 2006. Central Interference in Driving. Is There Any Stopping the Psychological Refractory Period?, *Psychological Science* (17:3,p. 228).

Driving Warning Signs

A diagnosis of mild dementia alone is not an automatic reason to stop driving. Families can use this list as an objective way to monitor any changes in driving skills over time. The signs are ranked from minor to serious. Written notes of observations can help you make informed decisions and may be useful in conversations with healthcare providers.

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Driving Behavior Warning Signs - When Noticed, How Often

1. Decrease in confidence while driving	16. Uses a “copilot”
2. Difficulty turning to see when backing up	17. Bad judgment on making left hand turns
3. Riding the brake	18. Near misses
4. Easily distracted while driving	19. Delayed response to unexpected situations
5. Other drivers often honk horns	20. Moving into wrong lane
6. Incorrect signaling	21. Difficulty maintaining lane position
7. Difficulty parking within a defined space	22. Confusion at exits
8. Hitting curbs	23. Ticketed moving violations or warnings
9. Scrapes or dents on the car, mailbox or garage	24. Getting lost in familiar places
10. Increased agitation or irritation when driving	25. Car accident
11. Failure to notice important activity on the side of the road	26. Failure to stop at stop sign or red light
12. Failure to notice traffic signs	27. Confusing the gas and brake pedals*
13. Trouble navigating turns	28. Stopping in traffic for no apparent reason*
14. Driving at inappropriate speeds	29. Other signs:
15. Not anticipating potential dangerous situations	

* Stop driving immediately



Driving Activities:

Where, When and Why?

Driving allows us to take care of basic physical needs such as banking and shopping, and our social needs of connecting with other people. Family members need to know where, when and why their relative with dementia drives.

Most accidents happen close to home. The risk of being in an accident decreases every time the need to drive – even short distances – is reduced. Family members can look for ways to reduce the need to drive, but still fulfill those basic physical and social needs.

Type of Activity	Activity	Frequency/Time How often? What day and time?	Social Interactions Who is he/she with while going to, or participating in, activity?	Transportation Alternatives What changes could reduce the need to drive?*
Routine: Frequent trips (daily or weekly), usually for tasks (e.g., shopping, exercising)				
Periodic: Regular, maybe monthly (e.g., doctor's visit, card games with friends)				
Occasional: Special events (e.g., vacation, concert, sporting event, family celebrations)				

* questions to consider on other side

Questions to Consider

Here are some questions to consider in identifying alternate options that can satisfy the physical and social needs of the person with dementia:

- Can the person with dementia share the activity with a friend who can drive?
- Can you identify someone who can drive the person with dementia to an activity regularly?
- Are home deliveries possible (e.g., prescriptions, groceries, online ordering)?
- Can you encourage others to visit regularly and also run errands with the person with dementia?
- Can services be brought to the home (e.g., a hairdresser who makes home visits)?
- Can telephone or e-mail conversations occasionally substitute for personal visits?
- Is public transportation or publicly provided special needs transportation available for some trips?