

Medical Model

- Nursing stations, 'patients'
- Shiny floors
- Large, multilevel facilities
- Meal carts and trays
- Emphasis on routines
- Long corridors
- Large common spaces
- Uniforms

– not the best for people with Dementia

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On the Move

FROM A MEDICAL ENVIRONMENT TO A THERAPEUTIC ENVIRONMENT



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Therapeutic Environment

- Laughter, Conversation and Engagement
- 'Residents' rather than 'Patients'
- Staff in less institutional clothing
- Social model - creating a life for the person



Environment and Practices Need to be Adapted for Predictable Dementia Behaviour

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Therapeutic Environment

- Food service individualized, flexible
- Support functional ability through meaningful activity
- Adapt care to changing needs, few routines
- Establish links to the familiar (ability to personalize, homelike)



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What does the Unit Look like at 7 AM?

- Noise
- Lighting
- Staff Activity
- Resident Activity
- Breakfast Routine
- Family Involvement



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Physical Environment - Noise

- Is there overhead paging?
- Are there call bells ringing?
- Are cell phones ringing?
- What languages are spoken?
- Is music playing?



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Physical Environment

- Freedom to move within a safe environment (restrictions only from real at-risk areas)
- Opportunities to interact (artwork, plants)
- Homelike, relaxed atmosphere
- Barrier free
- Welcoming and friendly



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What is "home-like"?

- Privacy
- Familiarity, comfort
- Positive feeling
- Minimized restrictions, access to outside
- Control
- Purpose specific rooms - kitchen, living room
- Noise reduction



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Routines



- Do residents decide when they want to get up?
- Is breakfast at a set time or determined by resident preference?
- Are any baths done before 7:00 am or at their preferred time?
- How often are residents redirected from activities they chose?

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Falls Injury Prevention

- Understand reality of falls risk with dementia
- Have strategies to reduce injury risk
 - Fall mats
 - Hip protectors (around the clock)
 - Minimize restraints
 - Encourage walking/exercise
 - Review medications



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Distressed Clients/Residents

There are some Behaviours
that tell **US** things

What are they?



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Distressed Clients/Residents

- How to understand ...
what the client/resident needs?
- We need to understand ...
the language of dementia and behavior



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How Can We Support The Client with Dementia?

Behavior can be an indication
that the person with dementia
is **distressed** and needs our support.



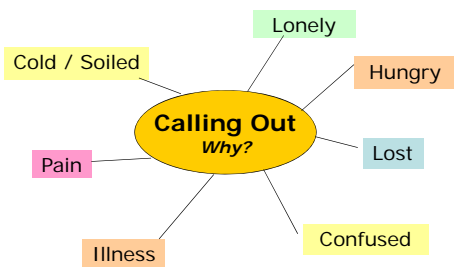
Distressed Clients/Residents



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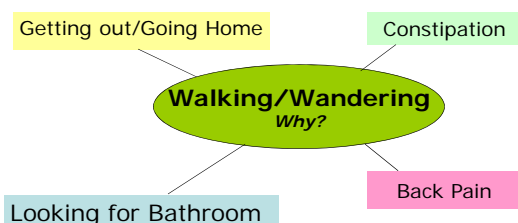
Distressed Clients/Residents



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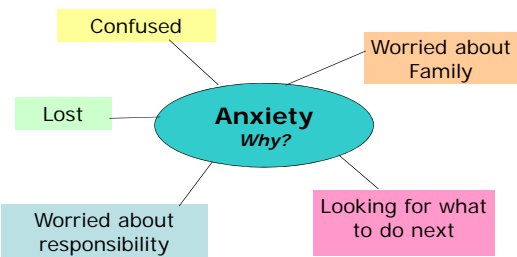
Distressed Clients/Residents



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Distressed Clients/Residents



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Distressed Clients/Residents

There are some Behaviours that are....

NORMAL

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Normal Behaviors?

What are they?

Hoarding

Rummaging

Walking
(often wrongly referred to as wandering)

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Strategies to Support the Person

You cannot medicate for these, nor should you want to!

Instead ...

we need to find ways to support their needs

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We need to ask

Is this behaviour a problem?

Whose problem is it?

When do we need to intervene?

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Intervene When the Behaviour:

Could cause *harm to themselves*

Could cause *harm to others*

Interferes with the *rights* of others
(*Peaceful enjoyment of their home*)

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How Should We Respond?

- **Ask:** Do we HAVE to do something right now?
'So *what*' if they don't want their bath today?
- **Follow:** the '*Path of Least Resistance*'
(Whatever works)

Do we have tools to support the person
and to help avoid causing distress?

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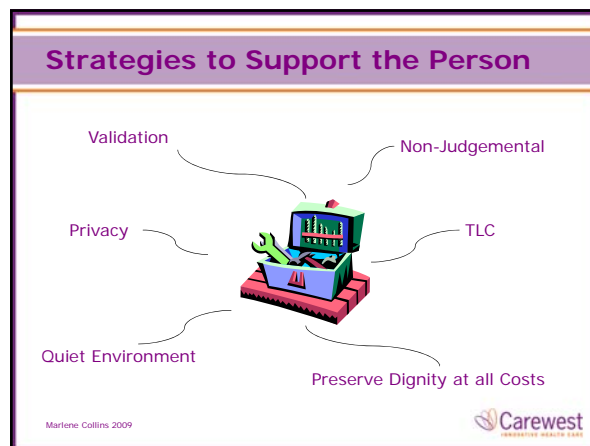
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What is in the Caregiver's Toolbox?

- Knowledge
- Personal Strengths
- Caring/Patience
- Sense of humor
- Communication skills
- Supportive environment
- Creativity
- Team support

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Understanding Distressed Families

Some families already have:

- Elevated expectations
- Struggles with role in the family
- Wishes for the person to be back to normal
- Different Beliefs/Values

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Things We Say That Distresses Families?

- NOT my job!
- NOT my shift!
- I'm on my break!
- I'm just back today
- We're short staffed today
- We have lots of clients

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Things We Do That Distresses Families?

- Appear to ignore family when they visit
- Not include clients in conversations
- Not follow through when we say we will
- Seem to be chatting with co-workers (non-work related)
- Talking on our cell phone in a client area
- Appear to ignore call bells



We can turn these actions into positives



Strategies to Support Families

Establish who is the primary family contact

Discuss with the family member all care issues



Try to hear past a negative tone of voice

Be careful of your tone of voice

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Strategies to Support Families

An apology goes a long way towards building a positive relationship

Ensure careful and thorough charting



Offer family support from all departments

Establish clear lines and modes of communication

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Strategies to Support Families

Staff need to greet family in a friendly manner

Provide care which is in line with the careplan



If there is disagreement over the careplan, set up a meeting with the family

Be careful of your tone of voice

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Ways to Support Family Partnerships

- Do a pre-admission visit when possible
- Discuss expectations and philosophy of care
- Develop a path of least resistance plan of care with family input
- Complete 'getting to know you' information with family

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Ways to Support Family Partnerships

- Maintain open lines of communication
- Provide support for their new role in care
- Problem/conflict resolve as needed
- Provide information about support groups and educational resources

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Family Partnerships include ...

- Input into care plan
- Involvement in activities
- Recognition and feeling welcome on the unit
- Being informed of care needs, changes
- Opportunities to volunteer



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Questions?



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Best Practices for Communication

Staff will **use the appropriate best practices** when communicating with clients, recognizing each person as an individual. Adapt communication strategies to the stage of dementia.

Best practices include the following strategies:

Ensure you have the person's attention

Approach within their **field of vision**

Obtain and use **direct eye contact**

Converse with the resident at **eye level** e.g. if in a wheelchair squat down

Identify yourself

Eliminate background noise

Remove distractions

Use cueing (verbal or physical)

Use **short** simple **sentences**

Use **one-step directions**

Use **gestures** e.g. washing face

Use **props** e.g. hair brush

Hold out **items** to ensure items are **visible**

Label the door with written labels or diagram

Communicate using environmental cues such as personal belongings and photos

Be aware of **tone voice**

Put the resident at ease with a **calm manner** and tone of voice (client will usually pick up more from your emotions than your words)

Be **aware of body language**

Use an **open gentle approach** e.g. offer your hands palm up

Use appropriate **gestures** e.g. nodding, beckoning

Use facial expressions e.g. **smiles**

Attend completely when listening

Be patient – give the resident time to respond

Listen for what the person is not saying – watch body language for pain, fear, hunger, etc.

Watch for signs of increasing **frustration**

Do not argue or criticize

Limit questions to yes / no answers and then validate what the person is saying

Empathize with the person and validate feelings and joining the person where they are in their reality (joining their journey):

- nodding, holding hands, verbalize their feelings e.g. “you sound sad”
- when responding to a client who is looking for her mother you might say: “Tell me about your mom...”
- Look past the behaviour to the person within and connect.

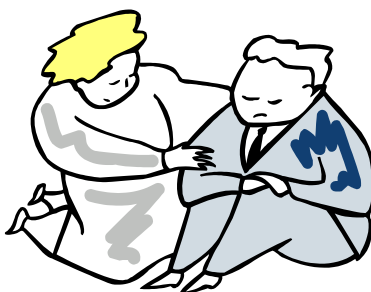
Respond creatively to help them find comfort in a situation – even if this means telling a “therapeutic fib” (source: Mary Lucero) e.g. if someone wants to catch a bus to leave, encourage them to have a cup of coffee while you check on the bus schedule – then return to let them know the bus won't come until tomorrow).

Message to Family Members, Friends and Staff

- Please don't correct me. I know better – the information just isn't available to me at the moment
- Remember, my feelings are intact and I get hurt easily
- I usually know when the wrong word comes out, and I'm as surprised as you are.
- I need people to speak a little slower on the telephone.
- Try to ignore off-hand remarks that I wouldn't have made in the past. If you focus on it, it won't prevent it from happening again. It just makes me feel worse.
- I may say something that is real to me but may not be factual. I am not lying, even if the information is not correct. Don't argue, it won't solve anything.
- If I put my clothes on the chair or the floor, it may be because I can't find them in the closet.
- If you can anticipate that I am getting into difficulty, please don't draw attention to it, but try to carefully help me through it so nobody else will be aware of the problem.
- At a large gathering, please keep an eye on me because I can get lost easily! But please don't shadow my every move. Use gentle respect to guide me.

Best Practices for Responding to Altered Behaviour

- ☆ *Staff* will know the clients' usual patterns of behaviours
- ☆ *Staff* will understand that every behaviour has a meaning and the importance of assessing to rule out physical causes (look for meaning)
- ☆ *Staff* will recognize potential triggers to behaviours
- ☆ *Staff* will stay calm, monitor their own level of fear and anxiety, and establish a relaxed mood
- ☆ *Staff* will respect a clients' personal space
- ☆ *Staff* will allow clients to remain where they are unless it is an unsafe situation
- ☆ *Staff* will provide reassurance to the clients that they will not be harmed and encourage them to talk rather than act out his anger
- ☆ *Staff* will listen to concerns, be flexible and accepting and ask what is troubling the clients
- ☆ *Staff* will provide alternatives to the behaviour, distract or divert the person's attention – state the action you want (e.g. avoid saying: "don't go there")
- ☆ *Staff* may use appropriate humour and laughter to stimulate a sense of relief and provide comfort through a sense of belonging
- ☆ *Staff* may use touch and hugs as a form of communication whenever appropriate or possible
- ☆ *Staff* will not argue, but will "let things be" or ignore behaviours if the situation is not harmful
- ☆ *Staff* will accept behaviours which are normal for a person with a dementing illness
- ☆ *Staff* will pre-plan their intervention especially when more than one caregiver is required
- ☆ *Staff* will know that approach is important



"We all boil at different degrees." Ralph Waldo Emerson