Building a Successful Person-Centered Dementia Program

Person-Centered Care and Culture Change

- Values and beliefs that return the locus of control to elders and those who work closest with them
- Create a culture of aging that is inclusive, life-affirming, satisfying, humane, and meaningful
- Places where elders can continue to live and, most importantly, make their own choices and have control over their daily lives

Principles of the new culture

- Resident autonomy and control
- Local decision-making
- Increased participation
- Greater individualization
- Meaningful relationships
- Respect for abilities
- Attention to built environment

Process for Mitigating Risk and Honoring Choice (Rothschild Foundation Task Force, 2014)

- Identifying and clarifying the resident’s choice
- Discussing the choice and options with the resident
- Determining how to honor the choice (and which choices are not possible to honor)
- Communicating the choice through the care plan
- Monitoring and making revisions to the plan
- Quality Assurance and Performance Improvement

New Dining Practice Standards

Approved by 12 National Clinical Standard Setting Organizations, including ASHA

New Standards Sections

- Diet Liberalization: Diabetic, Low Sodium, Cardiac
- Altered Consistency Diet
- Tube Feeding
- Real Food First
- Honoring Choice
- Shifting Traditional Professional Control to Support Self Directed Living
- New Negative Outcome

Diet determined with the person not exclusively by diagnosis.

Monitor person and condition related to their goals regarding nutritional status, physical, mental and psychosocial well-being.
Although a person may have not been able to make decisions about certain aspects of their life, that does not mean they cannot make choices in dining.

When one makes “risky” decisions, plan of care will be adjusted to honor informed choice, provide support to mitigate risks.

Most professional codes of ethics require professional to support the person in making their own decisions.

**All decisions default to the person.**

**Spaced Retrieval**

Practice at successfully recalling information over progressively longer intervals of time. Used to learn a variety of information, behaviors, and strategies (Brush & Camp, 1999).

Spaced Retrieval Makes Use of:

- Strengths of the Person with Dementia
- Repetition Priming
- Classical Conditioning
- Operant Conditioning
- Spacing Effect

**Five Easy Steps:**

- ✓ Assess the needs, strengths and weaknesses of the person
- ✓ Choose a prompt question and desired response
- ✓ Establish competence using the strategy
- ✓ Carryout the expanded retrieval practice
- ✓ Instruct others (family members, care partners, staff)

**Spaced Retrieval Technique:**

- Begin with a prompt question for the target information and teach the person to recall the correct answer.
- When retrieval is successful, the interval preceding the next recall test is increased.
- If a recall failure occurs, the participant is told the correct response and asked to repeat it.
- The following interval length returns to the last one at which recall was successful.

**Spaced Retrieval Outcomes:**

- Improvement in acquisition, retention, and generalization of trained information and/or skills
- Retention of learned information and/or skills from one day to several months following training
- Generalization of learned information and/or skills to specific contexts and situations

By learning information or procedures, individuals will experience improved health and psychosocial outcomes such as less anxiety, reduced the risk of falls, greater independence, and greater progress toward care or rehabilitation goals.

This may include behaviors or procedures such as:

- Emergency procedures
- Locking wheelchair brakes before standing
- Using a walker or assistive device
• holding the handrail when using stairs
• following step by step directions for household tasks such as the laundry
• learning where to look to find certain information
• taking medication on time, or asking for pain medication when uncomfortable
• completing daily chores
• recalling names
• washing hands after using the bathroom
• putting dirty clothes in a hamper
• recalling room number, phone number, or address
• decrease repetitive questioning

Montessori
“The environment must be rich in motives which lend interest to activity and invite the child to conduct his own experiences.” Maria Montessori

The Four Pillars of Montessori’s Philosophy
• to enable individuals to be as independent as possible
• to have a meaningful place in their community
• to possess high self-esteem
• to have the chance to make meaningful contributions to their community

Tendencies of Humans as defined by Maria Montessori
• Orientation
• Order
• Exploration
• Communication
• Activity
• Manipulation
• Work
• Repetition
• Exactness
• Abstraction
• Perfection

Prepared Montessori Environment
• Facilitates movement and activity
• Beauty and harmony, cleanliness of environment
• Construction in proportion to the child and his/her needs
• Only material that supports the child’s development is in environment
• Order
• Nature in and outside of the classroom

Montessori Teachers mentor, model, and guide
Environmental Modifications

Capacity can be described as what people “can do” in an optimal setting, while performance is what they actually “do do” outside of a clinical setting. A clinician should assess both capacity and performance while considering the critical role the environment plays.

Environmental Design Guidelines and Strategies

- Optimize Cognitive Aspects of the Environment
  - Maximize Cues
  - Personalize Spaces and Materials

- Optimize Visual Aspects of the Environment
  - Enhance Lighting
  - Enhance Visual Organization
  - Maximize Sightlines
  - Maximize Contrast
  - Minimize Glare

- Optimize Auditory Aspects of the Environment
  - Minimize Background Noise
  - Minimize Reverberation

References and Resources


Facebook: Brush Development Company Twitter:@ JenniferBrush2 www.BrushDevelopment.com