

## Meaningful Engagement, Positive Outcomes

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## BEHAVIORS

Internal and external influences

- ▶ Vary by stage and type of dementia
- ▶ Vary by individual personality type,  
physical influences
- ▶ Influenced by past life experience
- ▶ Are often environmentally influenced

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## Types of Nonpharmacological Interventions

- ▶ Unmet needs interventions
  - ▶ Behavior communicates an underlying unmet  
need for stimulation, pain control,  
socialization, physical activity.....
- ▶ Learning and behavioral interventions
- ▶ Environmental vulnerability and reduced stress-  
threshold interventions

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### Quality of Life

<p style="text-align: center;">Eden Alternative Wellness Domains</p> <ul style="list-style-type: none"> <li>Identity</li> <li>Growth</li> <li>Autonomy</li> <li>Security</li> <li>Connectedness</li> <li>Meaning</li> <li>Joy</li> </ul>	<p style="text-align: center;">Activity Domains</p> <ul style="list-style-type: none"> <li>Social</li> <li>Creative</li> <li>Physical</li> <li>Cognitive</li> <li>Spiritual</li> <li>Occupational</li> </ul>
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### Research Suggests:

- ▶ Person-Centering methods of care significantly reduces aggression 1
- ▶ Behavioral interventions are recommended as a first line of treatment for the behavioral symptoms of dementia. 2,7
- ▶ More time on task, greater participation, less passivity result when activity is tailored to match skill level and style of interest. Engagement in activity helps to improve negative affect and agitation. 2,3.
- ▶ Scheduling activities to avoid long periods of either under or over arousal helps to reduce agitation. 2,4
- ▶ Activities designed to connect on an emotional level seem to be effective in reducing need for medication 5, 6
- ▶ Activity is best used as an intervention before behavior escalates.
- ▶ The effects can be short lived so intervention needs to be ongoing.

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## How to tailor individualized approaches to promote comfort and function

Objective 2

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### FIND OUT WHO THEY ARE!

- ▶ Identify strengths & accomplishments & **retained abilities**
- ▶ **Values** as they relate to culture, attitudes, religion etc.
- ▶ Leisure & social preferences, past & **CURRENT** interests, skills, personality type/**style of interest**
- ▶ **Barriers** to preferred leisure/social lifestyle
- ▶ **Things that comfort them**, calm them, things that are important to them

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### Historical and Current Interests

- ▶ What kind of activity do they value and why?
- ▶ Past vs. Current Interests/leisure skills

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### STYLE of INTEREST:

- \* Extraversion
- \* Openness

SOCIAL PREFERENCES: Individual, dyad, small group activities, interactive, observant....

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Preferred settings = COMFORT ZONES:  
common areas, bedroom, kitchen,  
outdoors, quiet places or where the  
action is ....

COMFORTS: simple daily pleasures,  
routines and habits,  
interests & enjoyable diversions,  
self soothing, facilitated soothing

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### Functional level

- Retained abilities
- Barriers/limitations

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### Individualized Care plans

CREATE AN INTERDISCIPLINARY  
AWARENESS of preferences, abilities,  
needs and values related to leisure and  
social/cultural lifestyle.

Care plan should include a variety of  
individualized approaches and activities.

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## Develop Individualized Approaches

- Sustain a sense of self identity/humanity
- Accommodate residents' needs / interests
- Maintain or increase functional ability
- Decrease learned-helplessness/promote autonomy
- Encourage growth & exploration
- Decrease barriers to leisure pursuits
- Promote feelings of security & connectedness

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## Care plan for VARIETY:

- ▶ productive/work activities
- ▶ self care/wellness activities
- ▶ leisure/enjoyment activities
- ▶ relaxation/restorative activities

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## ACTIVITIES

an expanded definition

- ▶ ANYTHING that is enjoyed and can be adapted to current abilities!

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Self Care - Wellness Activities



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Productive Activities



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Relaxing and Restorative Activities



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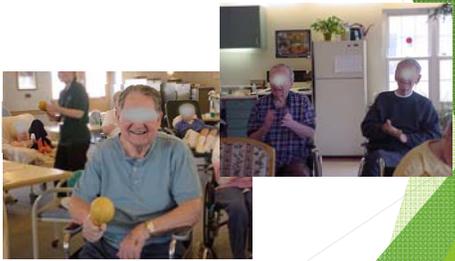
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Just for the fun of it!



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### Activity Analysis

- ▶ Physical demands
- ▶ Cognitive demands
- ▶ Emotional demands
- ▶ Social demands
- ▶ Communication demands

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### Types of programming

- ▶ Passive vs. active
- ▶ Group vs. individual
- ▶ Parallel programming - clustering different functional levels

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## Adaptations

- ▶ Simplify task: task sequencing, one step at a time
- ▶ Don't rush - 90 second rule
- ▶ Simplify Communication
- ▶ Individualize presentation
- ▶ Environmental set up

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## Adaptations continued

- ▶ changing the rules of the activity
- ▶ utilizing cues and prompts
- ▶ modify length of activity
- ▶ utilization of adaptive devices and equipment

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## It takes a TEAM

Promote Quality of Life through awareness and empowerment.

Whenever possible include family and community in meeting needs.

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### EMPOWER the Team

Do those supporting the person with dementia have:

- knowledge
- resources
- permission

to provide opportunities for engagement in meaningful activities?

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### EDUCATE the Team

- ▶ Communication skills
- ▶ Cuing to promote use of retained abilities
- ▶ Facilitating an activity for success
- ▶ Caregiver burden + teamwork
- ▶ Risks + Benefits
- ▶ Resources - availability & how to use

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### Structure for Success

- ▶ Know the person
- ▶ Understand the demands of the activity
- ▶ Utilize adaptations as needed
- ▶ Schedule for routine, allow for flexibility
- ▶ Be aware of environmental influences
- ▶ Make sure staff have needed training, skill and resources for success

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What will it take to make it happen?

- ▶Resources
- ▶Training
- ▶Get rid of the "Silos"
- ▶Regulations: Friend or Foe?
- ▶Staffing changes

Read McKnight's November 2013 Issue page 40 "Rules of Engagement"

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Activities provide opportunity to:

- be recognized as an individual adult
- use retained skills
- communicate feelings
- experience moments of joy
- expend energy or relax
- experience sense of belonging, security
- experience novelty, be energized, explore
- make a difference

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“People with dementia live in the moment. All it takes is one person in one moment to make an ‘activity’ or moment of engagement for the person with dementia - and that moment can make a world of difference.”

By Monica Heltemes  
Alzheimer's Reading Room

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