

Centering Care

The senior living industry is just starting to understand the importance of staff-to-resident relationships.

By Joanne Malletta, LSW

Centering Care

*Person-centered
care empowers the
care recipients by
strengthening positive
feelings*

Janet, 87, who hails from New Orleans, looked out her window at a bleak Illinois sky. She was daydreaming about Mardi Gras, which she celebrated nearly every year when she lived in the Big Easy.

When Fat Tuesday rolled around, Janet's certified nursing assistant, Joyce Garcia, decided to parade around the memory support halls in a sparkly purple mask and bright green robe. Getting the rest of the staff into the act with Cajun-themed food and jazz music filling the air, Joyce succeeded in making Janet feel like a queen. (The crown atop Janet's head added a nice touch, too.)

A 'SIMPLE' APPROACH

“Even though Janet has middle-stage Alzheimer's, she can still remember how it feels to celebrate something that meant so much to her in her younger days,” says Marianne Illenberg, co-manager of the memory support program at Mather Pavilion, a residential nursing care center in Evanston, Illinois. Personhood is related to self-esteem and implies recognition, respect, and trust. Person-centered care empowers the care recipients by strengthening positive feelings, nurturing them, and reinforcing their abilities.

“The idea behind person-centered care is simple: find what the resident likes and tailor your relationship with her around that. It definitely makes a marked improvement in residents' day-to-day quality of life,” says Illenberg.

For example, Marianne says, if a resident loves the symphony, play classical music and talk about his or her favorite composers. If he or she was an editor, pass along a research paper to proofread. Undoubtedly, those who have their memories impaired can continue to have passions.

“Tapping into a resident's family is key. They're the ones who are going to tell you about their careers, religious beliefs and traditions, hobbies, pastimes, educational background, the works,” adds Illenberg.

RETRO THINKING

Yesterday's “medical model” of care bypassed any relationship aspects, and when a staff member would ask a resident to complete a task, he or she would assume that the resident would be able to do it in the staff member's way. Such dismissal of older adults' social needs betrays the spirit of service that calls caregivers to their profession in the first place.

What's the barrier then?

American culture is, for the most part, geared toward youth, and older adults

Centering Care

An organization seeking to adopt a person-centered model of care must first make a significant commitment to cultural change

are oftentimes thought to contribute very little. After all, they move their bodies slowly, they're not as "with it" mentally anymore, or they're depicted as being incapable of making sound decisions. This "retro thinking" is stereotypical. And it lingers. Until a "cure" is unearthed for Alzheimer's and other forms of dementia, some professionals think they can only provide a safe environment that curbs physical pain and suffering. Emphasis is placed on treating residents' weaknesses rather than developing their strengths.

"It's hard to imagine that senior living professionals still believe that it isn't possible to communicate effectively with people who have Alzheimer's or dementia," says Jean Brophy, vice president of senior living at Mather LifeWays, owner and operator of Mather Pavilion. "To make matters worse, understaffing and minimal training leads employees to only focus on cleanliness and the timely completion of routines."

MAKING HEADWAY

It is, however, recognized more and more in the senior living industry that quality of life, choice, and decision-making are fundamentals to providing a best practice approach. The Omnibus Budget Reconciliation Act of 1987 (OBRA) directs nursing facilities to provide care "in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality."

An organization seeking to adopt a person-centered model of care must first make a significant commitment to cultural change; meaning, staff need to work together to understand that it's worth it to get inside a resident's head. Researchers from Project RELATE (Research and Education for Living with Alzheimer's Disease and other Dementias: Therapeutic Eldercare)¹ found that it was important to improve staff's knowledge of the individual resident with whom they were working.

Second, the staff needed to be ready, willing, and able to provide person-centered care. Having both variables present in staff care was determined as pivotal to creating a person-centered response to the individual with dementia. In addition, it became apparent that to motivate and sustain excellent dementia care by certified nursing assistants, the nurse who most closely worked with the assistants must mentor them by observing, providing feedback, and setting goals.

Heightened awareness, empathy, and understanding perceptions are some of the keys that unlock the culture changes necessary to reach a person-centered care model.

Today's thinking about person-centered care is more crystallized, with dozens of programs emerging in the long-term care field.

Researched and developed by Mather LifeWays Institute on Aging, The S.E.L.F. Program provides a practical, training program to assist staff in

Centering Care

*Person-centered
care begins
with a
vocabulary shift*

understanding the person with memory loss and help them retain their sense of self. It comprises goals that include developing problem-solving skills necessary for promoting a meaningful day of activity.

ONE ON ONE

Staff structuring strongly impacts person-centered care's far-reaching affects. "One of the cornerstones of person-centered care is permanently assigned staff, which results in stronger personal relationships because there's an investment of time there. There's familiarity, and that comforts older adults," says Illenberg. "Most of the time, it's the nursing assistants who talk to the families. They're like extended family."

"I think of 'my' residents like family, yes. I see them every day. I know what kind of ice cream Lilly loves, and I know that on Sundays, Sam likes to do a jigsaw puzzle," says Garcia, who was chosen in 2006 to speak at national senior living industry conferences about her experiences caring for residents with memory loss. "I know all of this in addition to what's written on their medical charts, and I think of these details as equally important."

Training for Mather Pavilion's memory support program is thorough, above industry standards, and is based on the principles of S.E.L.F.

"Year after year, Mather Pavilion's resident satisfaction scores are high, and we attribute that to low staff turnover and being on the pulse of care trends," says Brophy.

BREAKING THE LANGUAGE BARRIER

Janet, who used to keep to herself and not attend any of Mather Pavilion's lectures or art classes, was moved by the Mardi Gras extravaganza in her honor. She's since rediscovered her love of French art, and when the weather improves, she plans to spend time with other residents in Mather Pavilion's newly remodeled garden area.

"She believes she's 35 years old, and I let her think that. Therapeutic statements along with validation therapy are central to putting Janet at the center of my care," says Garcia. "We're not saying things to a resident or doing this or that for her. We're talking with her, working with her. Person-centered care begins with a vocabulary shift."



Joanne Malleta is the director of memory support at Mather Pavilion, a residential nursing care center located in Evanston, Illinois. E-mail her at jmalleta@matherlifeways.com.

References

1. Boettcher, I. (December 14, 2004). *Training for and Sustaining Person-Centered Dementia Care. Annals of Long-Term Care. 5638-5643. 26-28.*