
The Person in Person-centered Care

Somewhere in the pursuit of Person Centered Care the “person” or resident has been lost. Like virtually all other institutions recommending PCC, we have focused on what caregivers and facilities can do to individualize care for residents, especially resident with dementia. Unfortunately, we have not viewed the need for PCC from the resident’s point of view.

For years we have recommended that every person who comes in contact with residents go through Dementia Simulation. In this fifteen-minute exercise the employee actually experiences what the resident with dementia goes through on a daily basis. If you would like to provide this for your staff, please contact us for more information on how to make a Dementia Simulation kit.

Our kit provides facilities with scripts and processes that allow every caregiver to sequentially experience the feeling of dementia for fifteen minutes. Then, record the impact of dementia by observing another caregiver while they are experiencing dementia. Caregivers have told us that this thirty-minute exercise has resulted in them understanding and empathizing with the turmoil and confusion residents with dementia experience.

While this exercise is very effective in changing caregiver attitudes, it is still an approach that focuses on the employee, not the resident.

A recent comprehensive report (1) on behavioral interventions for residents with dementia viewed their efficacy from the resident’s viewpoint. In doing so, it established several interesting facts we should consider and communicate to our employees about residents with dementia and why intervening on a PCC basis can be so effective.

The underlying rationale for PCC is that dementia slowly robs the dementia patient of their “personhood.” In other words, the resident with dementia slowly loses track of who they were and who they are. This loss is stressful and results in depression.

There are interventions which assist in establishing or re-establishing personhood that fall under the category of “Legacy Building.” At Avila we advocate strongly that any incoming resident and their family be interviewed to allow staff to get a picture of what the new resident prefers, dislikes and what they had done in their life to date. All too often, when we seek this information and trying to resolve behaviors, we find there is no such documentation or most of the questions on a life history form are unanswered. This not only violates the basic principles of PCC but makes establishing a resident legacy almost impossible.

In these cases, or in cases where no family is available, prior life documentation may be supplemented using

information developed in activities in which the resident participates in “remembering” their past. In research on over 50 of these types of interventions and how effective they were in building personal legacy, the results were interesting.

Traditional memory interventions such as memory boxes, memory photo albums, and increasingly memory DVDs, were somewhat effective in rebuilding memory but not necessarily in rebuilding personhood or individual resident legacy.

However, interventions that were not necessarily personal memory-oriented, such as the use of tangible objects, “were found to provide staff with insights into the residents legacy and encouraged staff to take further interest in the resident. For example, interventions such as doll therapy, animal therapy, place therapy and object-stimulated reminiscence therapy served to enable reminiscence of earlier life experiences, and allowed caregiver insight into a resident’s identity which had been unknown previously to family members and healthcare professionals. It was this knowledge of the person’s life story that then gave caregivers guidance to implement Person Centered Care. It helped the caregiver to understand reasons behind the resident’s behavior and learn what was important to them in the present.”

The Person in Person-centered Care, continued

The significance of this study demonstrated that even if staff know little about a resident background, using traditional activities and being observant should allow those people who work with any resident to build PCC criteria and establish that resident's preferences. If staffing levels remain stable for a period of time, this research shows that a caregiver should be able to understand and communicate to others what is the best Person Centered Care for that resident. The next question we should be asking is "once discovered, how can that knowledge be recorded or communicated to other caregivers?"

1. Bridget Johnston; Melanie Narayanasamy; Exploring psychosocial interventions for people with dementia that enhance personhood and relate to legacy - an integrative review; BMC Geriatrics 01616:77

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