“Strategies That Work!”
The Common Sense Approach
to One-to-One Programming

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Dementia Care Principles

Person-Centered Care. CMS requires nursing homes to provide a supportive environment that promotes comfort and recognizes individual needs and preferences.
Dementia Care Principles

Quality and Quantity of Staff. The community (facility) must provide staff, both in terms of quantity (direct care as well as supervisory staff) and quality to meet the needs of the residents as determined by resident assessments and individual plans of care.
Definitions Related to Recognition and Management of Dementia

Person-Centered or Person-Appropriate Care is care that is individualized by being tailored to all relevant considerations for that individual, including physical,
Barriers to Person-Centered Activity Programs

- Failure to really change how people are listened to and responded to resulting in superficial changes
- Focus on staff training to the exclusion of families and self-advocates
- Lack of attention to the implementation of plans
- Disconnection between seeing what is important to people in the process and how resources are allocated and used
Barriers to Person-Centered Activity Programs

• Focus on technical training and failure to pay attention to follow-up support, management action, and embedding person-centered values in organizational cultures
• Implementation of person-centered care without good connections to other plans and strategies
• Failure to get person centered plans developed for the main target groups
• Failure of departments to work effectively together
Definition

One-to-One Programming

Programming provided to residents who will not, or cannot, effectively plan their own activity pursuits, or residents needing specialized or extended programs to enhance their overall daily routine and activity pursuit needs.
One-to-one Programming

- One-to-one programming should be provided for all residents who have been assessed as needing such intervention, especially those residents needing added sensory stimulation, socialization, or specific activity adaptations.
- The length, duration, and content of one-to-one programming is determined by the specific needs of the individual resident. A one-to-one activity may be as short as 3 minutes if someone has extremely low tolerance, or if there are behavioral issues.
Residents who may need 1-to-1...

- Those who have symptoms of depression
- Those who do not socialize with others
- Those who prefer involvement in the privacy of their room
- Those who are bedfast
- Those who have cognitive deficits
- Those who have a type of dementia
- Those who are disruptive or abusive when in groups
Matching the Individual to the Activity

- Initial assessment/interview
- Identification of individual strengths, abilities, interests and former life-style (customary routine)
- Mental status scores, depression scales, and any other assessment tools
- Individual goals and objectives
- Activity analysis
- Staff’s skills and abilities
- Interests versus skills (adaptations/modifications)
- Evaluation
Program Types

1. Aromatherapy — “...healing with essential oils through the sense of smell by inhalation.”

2. Art Therapy — the use of art to express conscious and unconscious feelings. Technique uses methodologies that ask a resident to express, in drawings or images, what they may have trouble expressing in words.

3. Bibliotherapy — the method of assisting others through examples in reading materials such as books, plays, and pamphlets can be useful in demonstrating that others may share similar problems.
Program Types

4. Dance Therapy — "the psychotherapeutic use of movement as a process which further the emotional, cognitive and physical integration of the individual" — American Dance Therapy Association.

5. Drama Therapy — "...the intentional use of creative drama toward the psychotherapeutic goals of symptom relief...and personal growth...Stimulation of a person's creativity is a primary goal.

6. Horticultural Therapy — "...a process utilizing plants and horticultural activities to improve the social, educational, psychological, and physical adjustment of persons thus improving their body, mind, and spirit."
Program Types

7. Milieu Therapy – therapeutic interventions designed to assist in making the institutional environment healthier for residents by altering the patterns and the environment in which the residents live. Purpose is to help elders avoid social withdrawal, decreased physical activity, and other negative impacts.

8. Music Therapy – “…the use of music in the accomplishment of therapeutic aims: the restoration, maintenance, and improvement of mental and physical health.” - NAMT
Program Types

9. Pet Therapy – the use of animals to provide therapeutic effects and to illicit positive emotions.
10. Phototherapy – uses snapshots and family photo albums as a stimulation and bridge to therapeutic communication.
11. Poetry Therapy – uses poem “… as a catalyst for exploring deeper thoughts and feelings.”
12. Reality Orientation – “… continual, stimulating, repetitive orientation aid by encouraging the resident back into his environment.”
13. Remotivation – finding new ways to “…provides an environment and opportunity to activate the untouched areas of a person’s personality.”

14. Validation Therapy – “…a therapy for communicating with old-old (over 75 years of age) people who are diagnosed as having Alzheimer’s disease and related dementia.”

15. Restorative – working with other members of the interdisciplinary teams who primarily are focused on rehabilitative and restorative issues.
Program Types


17. Snoezelen Environment – a recreational program for children and adults, offers a “...blend of sights, sounds, aromas, movement and sensory stimulation in a positive environment.” Environment is created that includes visual, auditory, tactile, and olfactory stimulation.

18. Reminiscence – “...the act or process of recalling the past...”
19. Life Review – “...occurrence in older people of an inner experience or mental process of reviewing one’s life.”

20. Sensory Stimulation – a method of activating one or more of the five senses to cause a positive response.

21. Humor – “...a coping strategy based on an individual’s cognitive appraisal of a stimulus which results in behaviors such as smiling or laughter.

22. Touch and Therapeutic Touch – a tactile method for communicating...
One-to-One Programming

- Sensory stimulation or cognitive therapy; i.e., touch/visual/auditory stimulation, reminiscence, or validation therapy.
- Social engagement; i.e., directed conversation, initiating a resident to resident conversation, pleasure walk or coffee visit.
One-to-One Programming

- Spiritual support, nurturing; i.e., daily devotion, Bible reading, or prayer with or for resident per religious requests/desires.
- Creative, task oriented; i.e., music therapy, pet therapy, letter writing, word puzzles.
- Support of self-directed activity; i.e., delivering of library books, craft material to rooms, setting up talking book service.
1. Take each of the above categories (descriptions) of one-to-one programming and make a list of practices currently being implemented within your building that would "qualify" under these definitions.

2. When identifying these practices, indicate which staff or "discipline" is actually implementing the program.
Numerous experiments have shown that when normal, healthy adults are deprived of sensory stimulation they exhibit negative effects such as:

- Decreased motivation
- Poor concentration
- Impaired motor coordination
- Difficulty with abstract reasoning
- Increase in disorientation and somatic complaints
Sensory Stimulation

These effects were increased by:
- Perceptual deprivation (being in a meaningless environment) and
- Immobilization (increased the effects even further)
Sensory Stimulation

Definition:
- Sensory stimulation is an individual or group activity for the cognitively impaired who have difficulty in relating and responding to their surroundings.
- Meaningful and familiar smells, movements, feels, sights, sounds, and tastes from their surroundings are presented systematically and in a format that can be understood.
Benefits of Sensory Stimulation

Cognitive Function

• Sensory activities can help elders with degenerative cognitive functioning retain memory skills through sensory stimulation.
• One sensory stimulation activity involves use of a box that contains familiar items that have a certain quality.
• This quality could be a familiar color scheme, shape, sound or even smell or taste.
• Because the senses are powerful memory enhancers, an object that reminds elderly people of a particular place or event can also help them recall and imagine that environment.
Benefits of Sensory Stimulation

Communication

• Sensory activities for elders can be used as exercises in communication.

• Family members and residential care professionals can spend time with elderly people talking about sensory stimulation objects and the memories associated with them.

• Talking for extended periods of time about the objects helps elders recall and employ figures of speech and idioms necessary for complex conversation. Elders can use the objects not only as a subject of conversation, but also to initiate reminiscence.
Benefits of Sensory Stimulation

Relaxation

• Sensory activities use familiar sights, sounds, textures, smells and tastes to help elders recall memories and think more clearly about other times and places.

• Because sensory activities for elders focus on memory recall, many find sensory stimulation a comforting activity even while they exercise their cognitive function.
Benefits of Sensory Stimulation

Quality of Life

• The specific objects selected for a sensory stimulation kit can also enhance an elder's quality of life.

• Use items of personal importance to the individual that also evoke sensory stimulation, like photographs of family, favorite souvenirs or knick-knacks, voice recordings of loved ones or family home videos.

• Elders whose families are involved in a sensory stimulation program also have the satisfaction of feeling that their family members continue to be involved in their everyday lives.
Benefits of Sensory Stimulation

Inclusion

- Including elders in any activities, even those that may be more of a challenge for them if they have sensory impairments, makes them feel like a vital part of a family or friend group.

- When including elders in social groups that consist of many younger people as well, be sensitive about adapting activities so that they are safe and enjoyable for people with impaired vision or hearing.
**Sensory Stimulation**

What's in it for the caregiver? Individuals who are more able to relate to and participate in their surroundings......

- Feel better about themselves
- Are more calm
- Are more alert
- Are more functional
- Are less demanding as a result
Environment – Person Response System

Confusing, disorganized environmental input

Confusing, disorganized response
Environment – Person Response System

Environment: Orderly, understandable environmental input

Response: Orderly & functional responses
Appropriateness of Technique

• Does not focus on cognitive skills
• More suitable for individuals with lower functioning
• Can be implemented by staff without an extensive background in theory and treatment
Establishing Goals

• Improve environmental awareness
• Prompt familiar, functional behaviors
• Improve general level of alertness
• Enable appropriate social and environmental responses
• Provide reassuring, orienting information
• Provide pleasurable, sensory experiences
• Provide opportunities for emotional expression
Presentation of Cues

It is essential to present materials/cues in a planned, organized manner:

- Organize the cues around a particular theme or focus
- Direct the cues toward enabling an associated functional response
- Present the cues in a sequential manner
Presentation of Cues

Sensory cues should be presented in the following order:

• Smell
• Movement (kinesthetic)
• Touch
• Vision
• Hearing
• Taste
Let’s Look at the Senses...

Visual Stimulation

• Vision is our most important sense, the one through which we gain most of our information, and the one that offers the broadest range of possibilities for stimulation.

• Visual stimulation for individuals with Alzheimer’s can involve light, color, shape, or motion, or a combination of those elements.

• Gently animated lights, kaleidoscopes, colorful paintings, nature movies, fiber optic Christmas trees, a glorious sunset: all examples of visual stimulation.
Let's Look at the Senses...

Auditory Stimulation

- Our ears probably provide us with our second most vibrant source of sensory stimulation.
- Auditory stimulation for people with Alzheimer's and dementia is as effective for mood enhancement, relaxation, and cognition as it is for everyone else.
- The calming effects of music are well known. Farmers play music to their cows and the cows produce more and better milk. Music makes plants grow larger and healthier.
Let's Look at the Senses...

Olfactory Stimulation

• Some of our strongest memories, our most potent associations, are triggered by odor.
• A smell that you associate with an event or moment in the past can transport you to that moment.
• It can do so much more than just stir a memory.
• Anything that has the power to channel reminiscences should be part of the daily life of the person with dementia.
Let’s Look at the Senses...

Tactile Stimulation

• Anything touched and anything that touches us can be stimulating.
• Every solid object has texture, temperature, or shape.
• Balls in a collection can be smooth or rough, hard or soft, furry or...not.
• The sense of touch also includes the differentiation and recognition of temperature, pain, and body position.
Let’s Look at the Senses...

Gustatory Stimulation (Taste)

- In many ways taste is the most pleasurable of our senses, depending on how much emphasis one puts on food and eating.
- Taste is very closely aligned with smell, and can lead to reminiscences.
- Unfortunately our senses become less acute as we age. In many cases this is more true of taste than the other senses. Foods and beverages chosen for a strong flavor will be more beneficial than a more bland selection.
Let's Look at the Senses...

**Kinesthetic Sense (movement of body parts through space)**

- Usually not included in basic senses, but is crucial.
- Excitement and invigoration derived from strenuous exercise is obvious.
- Pleasurable sensations and stimulating from less strenuous exercise, or even body movement, are not as obvious.
- Because of increased dependence on staff to "assist," the individual with Alzheimer’s and/or Dementia does not move as much.
- So "movement" is absolutely necessary!
Helpful Hints...

• Look through their eyes
• Walk around the living area with your head slightly lowered. Try to imitate their height, taking inventory from this perspective. What do you see?
Helpful Hints...

Encourage Rummaging

• Intentionally leave safe, enticing items in plain sight, within easy reach.
• Set out purses filled with "treasures" to actively encourage exploration.
• Display treasure chests, baskets filled with objects, or even open drawers of dressers.
• Hang "dress-up" hats and colorful scarves where they can be reached.
Helpful Hints...

Entice through “In-Progress” Tasks

• Arrange simple, familiar tasks.
• Set out a basket of clothes (laundry).
• Place water in a watering can next to a (safe) plant.
• Lay out “un-matched” socks.
Sensory Stimulation Formula

- Each sense requires at least 3 different cues/prompts.
- Once you use a cue/prompt for one sense, you may not use it again for another sense.
- The idea is to “bombard” the senses!
- This formula, developed correctly, will result in the provision of at least 18 different cues/prompts related to a specific topic or subject matter.
- Goals can be individualized for each specific participant.
Sensory Stimulation Formula

- Smell
- Kinesthetic Sense
- Touch
- Vision
- Auditory Sense
- Taste
- Functional Response
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