

TODAY'S FOCUS

- What is Quality of Life for the elders we serve?
- What does the new paradigm of life enrichment look like?
- How can we be instrumental in making this a reality?
- What tools can we use to lead the journey to meaningful engagement?

YOU DON'T NEED A TITLE TO BE A LEADER

LIGHT THE WAY

- Since what we see is what we think, how can you change your thinking so you can see the world in a different light? (Ben Novell LMFT)
- Since what we see is what we think, how can you change your thinking so you can see the elder care community in a whole new light?

Have a vision-Be Demanding

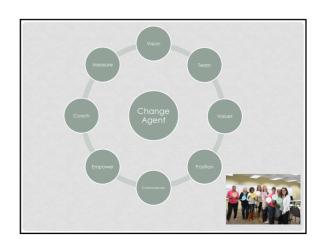
It can be done

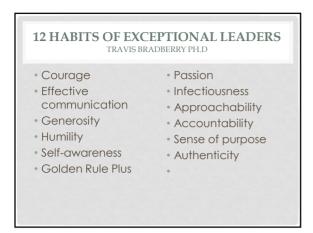
Perpetual optimism is a force multiplier

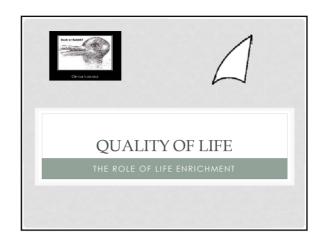
Colin Powell

http://www.youtube.com/watch?v=12

1HBWxBd-U&feature=related

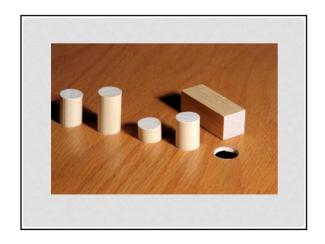




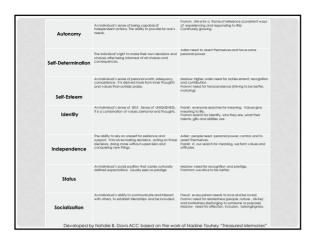




"The ordinary arts
we practice
every day at
home are of
more importance
to the soul than
their simplicity
might suggest."



	COMPONE	
Individual Choice and Control	Home Environment "small is better"	Nurturing Relationships
Meaningful use of leisure time Implementation of daily schedules-life long habits, patterns Recognition of individuality-personalized lifestyle preferences and unique talents Promotion of dignity, respect-purpose and contribution-"the giver role"	Neighborhoods with familiar routines and people (staff, residents) Social dining environments Individualized living space Outdoor and garden areas Home practices	Consistent care givers: Relationship to care partner is central to QOL Meaningful social connections "Building Community" Residents-staff-family- volunteer-community





"Relationships are not only the heart of long term care, they are the heart of LIFE." (C. Williams)

"Through a relationship all things can happen, without one, nothing." (H. Shore)



5 STEPS TO CONNECTION

- 1. Awareness of attitudes, fears, stereotypes
- 2. Know the Person-REALLY
- 3. Understanding of how to structure opportunities to use the "brain that remains"
- 4. Ability to SIMPLIFY, ADAPT and CHANGE THE RULES
- 5. Ability to use engagement strategies



ENGAGEMENT

- Rowe-"Successful Aging"
 - http://www.thirteen.org/openmind/health/successfulaging/2640/
 - "A positive interaction with society, with the community, with a social network."
 - "If a Dr. could ask only one question to determine how you are doing....."

SOCIAL ENGAGEMENT

- Reinforces our identity-concept of self
- Increases our ability to cope-resiliency (patterns and values)
- Increases feelings of trust and security
- Encourages acceptable behavior
- Promotes a positive sense of well-being-"friendship is the best medicine"
- · Stimulates activity across the brain
- Promotes an emotional connection to the activity

SOCIAL ENGAGEMENT

- Through social interaction we learn of ourselves,...groups and social interaction are the major source of information to help develop a concept of "self."
- One of the skills basic to adequate functioning is the ability to get along in a group. Failure to belong or be accepted often leads to inadequate functioning.
- High self-esteem in newly admitted residents is related to high frequency of social interaction. (Anderson) Life review helps to promote positive outcomes. (Haight)
- Relational aspects of well-being are possible in severe dementia, interpersonal processes remain. Emotional sensitivity and spiritual awareness are possible (Bob Woods RYCT, University of Wales Bangor). Reminiscing promotes feelings of inclusion. (Gibson)
- "When relationships are challenged, it can cloud other aspects of life. Decreases in a person's social relationships may affect psychological well-being, and have an impact on mood, behavior and physical activity." CAA #7

DEMENTIA AND SOCIAL INTERACTION

Barriers

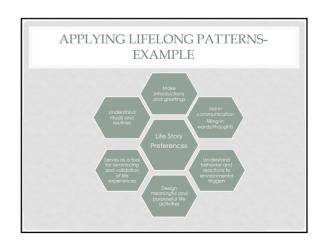


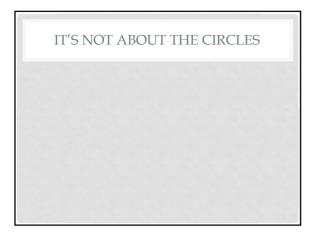
YOUR ROLE IN ENGAGEMENT

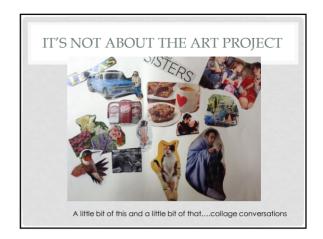
- Create opportunities to
 - Share ideas
 - Initiate conversation
 - · Display emotion (positive, negative and humor)
 - Belong to a group
 - Experience social sensitivity-be helpful
 - Show creativity
- Assert desire
- BE somebody-ME
- · Connect families connect and engage

ENGAGEMENT COACH

- Knows the players
- Designs the plays for success
- One step at a time
- Provides support and guidance
- Reinforces along the way
- Celebrates accomplishments
- Redesign the play if it doesn't work!







NORMALIZATION OF LIFE **PATTERNS** Things I like to do on a daily basis (food, Things I like to do occasionally Things I like to do for Relationships Other things I that are important to me (type of socialization) have enjoyed/lifetime experiences special drink, personal habits, spirituality, (weekly or monthly) occasions (once in a Stories I like to while) pursuits)

LEADING THE JOURNEY Tools for Enrichment

Leading the Journey

- Provide increased opportunities (choices) of activities for residents in small group formats
- Include varied leadership of activities and groups to utilize the talents and strengths of staff
- Provide **shared participation** (and enjoyment) between staff and residents in life celebrations and events.
- Create opportunities for engagement through relational activities
- Utilize routine "care" situations to promote engagement (beverage/snack carts, 2 hour rounds, evening routines and care)
- Create opportunities to maximize socialization during dining
- Provide materials to trigger **informal/spontaneous** interactions (displays, pictures, written prompts and questions, ongoing activity)
- Provide staff with "engagement" questions/topics (pocket talkers)
- Support the continuation of family relationships

RELATIONSHIPS: THE JOURNEY

Relationships: the Journey

- Explain the process of developing a "nurturing relationship" (Maslow's Hierarchy of Needs)
- Identify techniques to gather life story informati Explain the process of "triggering" reminiscence
- Identify 3 benefits of social engagement
 Compare and contrast the following:

 o Friendliness and friendship
 o Solitude and lonely
- Care and treatment
- Demonstrate the ability to listen with empathy, openness and awareness
 Demonstrate the ability to use the NCFC approach (name, compliment, fact, conclusion)
 Give 2 examples of ways that enable the resident to be the "giver" in the relationship
- Identify techniques to initiate conversation using life story information Give 2 examples of patronizing communication Give an example of "instrumental" and "affective" communication.

- Give an example of "significant touch"
- One an example of significant Court learning to daily life.

 Demonstrate the ability to direct conversation between residents using life story information. Demonstrate the ability to use person-first language

