

## Person-Centred Dementia Care

Person-centred care uses knowledge about the characteristics and experiences of the cognitively impaired person to plan care that enhances quality of life and minimizes responsive behaviours. It seeks to understand the person in their context, which can give behaviours meaning and point towards strategies for management.

Person-centered care is most successful when caregivers are able to be flexible around meals and activities of daily living. Consistent care providers are crucial to build trust and a sense of safety. A person-centred environment is characterized by emotional connectedness and emotional security, respect, optimization of the person's self-worth and strengths, and support of autonomy, privacy and dignity.

To carry out person-centred care, staff collaborate with those who have known the person throughout life to identify both negative triggers to situations and ways of creating an enjoyable now. A person-centred care approach requires an individualized assessment and is enhanced by use of life information during interactions with the person with dementia. Whenever possible, consult the person about their needs in a way that is respectful of their cognitive capability.

Person-centred language describes rather than labels behaviours:

- Pushes away medications versus non-compliant with medications
- Strikes out when undressed versus resistant to care
- Paces and appears upset versus agitated

These distinctions prompt care givers to understand the reason for the behaviour, rather than use medication to 'manage' the person's way of communicating. Addressing the underlying need, fear or frustration can calm the person and prevent the behaviour from escalating.

Language used to describe care assistance requirements may also be described in more person-centred ways.

- Requires assistance with eating versus "he's a feeder"
- Requires assistance with dressing and walking versus "she's a total"
- Incontinence products versus diapers.

Some care centres have eliminated the use of bibs, which are strong visual cues for depersonalization (options include more frequent change of clothes and cloth napkins with or without clips).

Person-Centred Care also requires a strong working knowledge of dementia, including a foundation of staff education through programs such as Supportive Pathways and P.I.E.C.E.S. along with ongoing in-service reinforcement.

Experience with 11 Early Adopter Long Term Care Sites in Alberta in 2013 has demonstrated that person-centred care requires time up front, to learn and discover individual care approaches and strategies, but does not require additional staff to implement or maintain.

## Person-Centred Strategies for Responsive Behaviours

Forcing care decreases trust and increases resistance, making it more difficult for the next person to provide care. More effective approaches must be explored and described in the care plan for activities such as:

- Aggressive behaviour
- Agitation
- Communication
- Dealing with challenging behaviours
- Eating and Drinking
- Inappropriate or disruptive behaviour
- Incontinence
- Moving and Walking
- Repetitive behaviour
- Resisting care
- Sexually inappropriate behaviour
- Wandering
- Washing and Bathing

## Non-pharmacologic Approaches

Non-pharmacologic approaches address underlying pain, boredom, loneliness, frustration and lack of purpose or enjoyment in the person with dementia. Many non-pharmacologic approaches show promise in managing responsive behaviours, including music therapy, pet therapy, aromatherapy and person-centred approaches (focusing on the person during care, rather than the task). Responsive behaviours may be reduced when the person experiences pleasure, joy, relationships, a sense of purpose and enhanced well-being.

Organizations are encouraged to be creative in finding additional resources (volunteer services, family councils and corporate donations) to implement non-pharmacologic approaches.

## Continued Monitoring

Monitor the effects of these interventions on the target behaviour. Continue if any positive effect is discovered, even if a pharmacologic intervention is also trialed. Regular and continued monitoring of frequency and severity of responsive behaviours helps the team determine the outcome of various approaches (both non-pharmacologic and pharmacologic).

Invite the family to share their observations of responses to interventions. Meet as a team to collect opinions from a group perspective. This will provide the most comprehensive and useful assessment.

A reduction in intensity or frequency may be a more realistic goal than elimination of a responsive behaviour. Discuss the goal with all involved: Health Care Aides, family, support staff and inter-professional team members.