

PERSON CENTERED INTERVENTION

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Handout for Inservice on Social Interactions

Developing a Relationship with the Resident to Support Remaining Abilities

1. As the visitor gets to know the resident better, they will get to know the resident's likes and dislikes, abilities in different settings and what circumstances and people support the resident's abilities in different setting and which do not. Different facets of the resident's personality such as his/her sense of humor and social persona will be revealed during the visits as will the visitor's personality. This allows the visitor to build a relationship with the resident as he/she is now, instead of being preoccupied with the loss of any prior capabilities.
2. The visitor should be very careful not to ask the resident to do something he/she is no longer able to do, so the resident is not put into a position of failure. The anxiety in both the visitor and resident is then decreased and this promotes a more personal and meaningful relationship.
3. When the resident does something inappropriate, the visitor should assume that the resident had a reason for doing it. The resident should then be given an opportunity to explain his/her perspective on the situation, instead of assuming he/she was not capable of acting intentionally for a reason that made sense to him/her. In this way, the visitor can gain insight into the resident's way of coping with the confusion of dementia and appreciate the ingenuity used to handle the problems caused by the disease.
4. The visitor can then offer affirmation with words of understanding e.g., "Oh, that is what it seemed like to you. I can see why you thought that."
5. Each resident with dementia is unique in his/her response to dementia. Each has had a different social and individual history that causes them to cope in varied ways. Therefore, every relationship that develops between a resident with dementia and a visitor will be built on the different life experiences of the resident and the visitor.
6. Residents with dementia react not only to the personal and psychological problems caused by dementia but also to the changes in their social world in the ways in which others interact with them on a day to day basis.
7. The resident's social and personal life continues despite cognitive losses, but it can not be of the highest quality unless people interacting with the resident deal more directly and positively with the resident's remaining abilities and personhood. When this is done, the well-being and self-esteem of the person interacting with the resident can grow as well.
8. By calling attention to the resident's intact abilities, the visitor can help ease his/her grief and frustration over lost abilities and the resultant dysfunctional social interaction often experienced by the resident.
9. The visitor should think of the resident as someone that has valuable life experiences to share that will add positively to the visitor's life.

10. The resident should be the source of information about himself. It is important to obtain information about the resident from the resident. This will provide a glimpse of the resident's preferred view of his/her life and how it affects him/her. So few people really take the time to learn the resident's perspective on his life, that many times the resident stops trying to give it.

11. The resident's feelings, personal experience of life and hopes should be most important to the visitor. There should be a personal 1:1 relationship between the visitor and the resident. Anyone else's view of the resident's life or feelings should be secondary. This attitude supports and empowers the resident, the same as it does for any one of us.

12. During a visit with a resident in this program, the goal is to build a two-way relationship by establishing common ground to build the relationship upon. To accomplish this:

a. Questions to explore:

- What common interests or experiences do you share?
- What experiences has this person had that you are interested in finding out about?
- What talents or personality traits does the resident have that you enjoy?
- What makes the resident happy?
- Can you share in activities that support the resident in a role of teaching you something that you are interested in learning?

b. Try to learn the resident's "language"

- What meanings are behind the resident's most common words?
- What is the resident trying to tell you? Try to understand and validate the resident's non-verbal communication, also.
- Check with the resident to clarify any communication you don't understand e.g., "Is this what you meant? I'd like to understand how you feel about this."
- What is important to the resident in his/her life today?
- What is the resident's social role on his/her unit, in activities, in the dining room?
- What is the resident feeling today? Can you find a way to understand what the resident is feeling?
- What are you feeling? Can you share your feelings with the resident and accept his/her feedback on your feelings?
- What makes the resident feel important in this setting?
- What would the resident like to do that he/she is not doing now?
- Is it possible to support the resident in this activity, or in something similar to it, that would give the resident a feeling of satisfaction?

13. The visitor should give the resident time to get to know him/her and time to answer in his/her way. The visitor can let the resident know by his/her attitude and patience that they are interested in learning what the resident has to say.