Avera Social Work/Activity discussion:

*Rules & Regulations
-Admit agreement
-Room changes
-Missing items
-Grievances & investigations
plus -

*SW perspective –
F559 Choose/be notified of room, roommate changes
F607 Investigation – defined by facility
F745 Provision of medically related social services
F850 Facility > 120 beds, requires LSW
*Activity perspective –
F679 Activities
F680 Activity coordinator

Activities & Daily Life:

Activity staff are the leaders but NOT the ONLY people providing activities.
Effective activities –
*Include individual choice
*Renew interest in life
*Bring pleasure
*Are meaningful & purposeful
Meaningful, purposeful activities facilitate individual choice.
Meaningful activities –
*Are personally or culturally valuable and relevant/important to the individual performing them.
*Characteristics of meaningful activities:
-Brings back good memories
-Are relaxing
-Enjoyable
-Makes a person laugh
-Makes a person feel alive
-Makes them feel healthy
-Makes them feel good about themselves
-Encourages meeting new people or socialization
-Encourages trying something new or something not done in awhile
-Is an important part of their culture and religion
-Helps express feelings
-Validates life experiences
Purposeful activities –
*Have an end goal that can be achieved by performing the activity—even if the goal is pleasure or entertainment.
*Enhance the participant's self-esteem, help meet personal goals and are, for a variety of reasons, personally important to the person.
Purposeful activity identification –
*Is it real?
*Does it have a meaningful end goal that can be accomplished?
*Remember...
-Adults have a need to contribute and be involved in the process of life in a way that is personally significant.
-Meeting those needs directly correlates with meeting core psychological needs for a sense of occupation and identity. Who they are...
Previous measures of success –
*The number of activities on the calendar
*The number of evening/weekend activities
*The number of people who attend a group
*Lack of quality of life deficiencies
*How decorated the facility is for holidays
*How many times per week BINGO is played. The calendar three Bs – Birthdays, Bible, & BINGO
Challenges –
*Activities are done "with" not "to" residents. There is more to life than what is on the calendar. Real life interactions happen daily and involve more than the "Activity staff."
-1 to 1 activity, there is nothing that establishes this in a specific time frame like "15 minutes minimum."
-Can be a real challenge for those with dementia. Still need to look at meaningful & purposeful.

Behavior Monitoring

Behavioral symptoms:

*May cause distress to the resident, or may be distressing or disruptive to other residents, staff or the care environment.

*May place the resident at risk for injury, isolation, and inactivity and my also indicate unrecognized needs, preferences or illness.

*May be potentially harmful to the resident himself/herself.

Often the provider stops with just coding behavior for the RAI/MDS that focuses on the resident's actions, NOT the intent of the behavior. They don't get to what may make everyone's life better.

Behavioral symptoms that are usually noted for coding:

*Physical behavioral symptoms directed toward others –

-Hitting

-Kicking

-Pushing

-Scratching

-Grabbing

-Abusing others sexually

*Verbal behavioral symptoms directed toward others –

-Threatening others

-Screaming at others

-Cursing at others

*Other behavioral symptoms not directed toward others

-Physical symptoms such as

=Hitting or scratching self

=Pacing

=Rummaging

=Public sexual acts

=Disrobing in public

=Throwing or smearing food or bodily wastes

-Verbal/vocal symptoms like

=Screaming

=Disruptive sounds

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To be effective in altering behavior, once frequency and the impact of the behavioral symptoms is determined you do need to move on and review the behavior/can't prepare an effective plan without it

*Date & accurate time

*Antecedent – what was going on or what happened before the behavior?

*Behavior

*Consequence – second half, what happened after the behavior?

*Possible function/motivation for behavior:

-Sensory stimulation

-Escape

-Access to attention

-Access to tangibles

*Others involved

*Intervention

Person Centered Care & Person Centered Thinking

Person Centered Care is a philosophy of care built around the needs of the individual and contingent upon knowing the person through an interpersonal relationship. Person Centered Care is a way of thinking and doing things that sees people using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets the needs of the individual.
Elements of Person Centered Care can be seen in OBRA 87, states "Each person receives the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
At the core of Person Centered Care is the self – who we are, our values and beliefs, etc. Maintaining selfhood is a key part of building and nurturing relationships. Providing care based on knowing the person within the context of interpersonal relationships in a way that supports individual choice and dignity. [Person Centered, Person Directed/Resident Focused]
Has been around since 1940s and in 1988 challenged traditional medical model of care – focus on processes, schedules & staff, and organizational needs.

Person Centered Thinking is a philosophy of care. It is about asking, "Who is this person? What is important to him/her?" It is a deliberate method to see the whole person, and not focus on "fixing what is wrong." A set of tools that focus on the person. Since 1989, it has been utilized when planning care for individuals with intellectual disabilities; a manner of approaching what is important to and what is important for the person. Finding the balance:
If something is important **for** us and is also important **to** us, we will do it.
If something important **for** us is not important **to** us, we have no interest in doing it.
If we want people to attend to what is **important for them** there must be an aspect of it that is **important to them**.

Skill set – Sorting Important to/Important for; Two Minute Drill; Relationship mapping; Sorting what works, what doesn't; Learning log; Communication; The Donut sort; Ritual routines; Good day/Bad day; Positive reputation; Matching; 4+1 questions