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I began my journey with Dementiability two years ago when I took the two day Dementiability: Montessori Methods for Dementia course. In the past two years MMD has grown from an area of interest in my professional career to one of the most valuable skills I have as a recreation therapist. When I first started caring for older adults my focus was on health promotion with healthy individuals and has since become focused on caring for people who have dementia. This is a special population of people with diverse needs and unique behaviours. One size does not fit all for treatment and care plans and this is perfectly addressed in the principles of Dementiability. The focus on individual needs, skills, abilities and interests is what makes this method as successful and versatile as it is. I have implement Dementiability programs in long-term care and in a hospital setting, with my most recent work done at the hospital. My case studies were from patients on the Geriatric Engagement and Re-Integration (GERI) unit. My experience has helped me to grow as a professional, provide better care and enhance my philosophy of care.

The hospital emphasises care of acute and physical ailments as a primary focus of care and, more often than not, a patient's psychosocial needs are secondary. It has a profound impact on a person's life when there is an accident or incident that takes them from their home and sends them to the hospital, especially if they are not to return back to their home again. Patients on the GERI Unit have, for one reason or another, found themselves needing medical care and no longer being capable of looking after themselves independently. They are transferred to the GERI Unit to wait for a spot to open up in a long-term care home. The hospital essentially becomes their residence for that duration of waiting time. I say residence and not "home" because it is still a hospital and no matter how "homey" we try to make it, the physical environment is still very frigid, sterile and unfamiliar. It is even more important that we try to make the hospital feel like home in other ways by providing activities, relationships and familiar routines. Each case study brought me more understanding of the success that Dementiability can have with people with dementia. By committing to delving into who they really are as a person, and not just treating the patient, allowed me help them during a difficult time in their life.

It was challenging at first to get the care team on board with the new philosophy of care. For far too long patients were brought to programs, left in the recreation room or staying in their patient rooms with very generic and unstimulating activities. The group that attended the course went back to the hospital to share our knowledge and apply the principles we had learned. Once we were able to show others the difference that Dementiability has for patients' quality of life, the team started to come on board. Some of our patients, with the most severe responsive behaviours, were becoming more clam and even finding enjoyment in their day.

The most recent success story is MC. She would shriek, yell and swear constantly. We knew there was an underlying need and we needed to find it. As a team we all worked to find what could be the root cause of the behaviour and what need was not being met. Through consulting with her care team, listening to her daughters and talking directly to her, it became clearer. She was frightened and need someone there with her to feel secure. It is impossible to have a nurse or other staff member with MC all the time so we had to come up with other solutions. It turned out that just being in the presence of others was enough to put her at ease and so she began sitting where she could see the nurses' station. When the room assignments changed and her room was located directly across from the nurses station her behaviours decreased again. Once her behaviours subsided because her fears were looked after she began to come out of her shell. The true MC emerged and blossomed. There was a wealth of knowledge that she was just waiting to share with anybody who was interested. A patient went from being seen as needy and challenging become part of the team. She is now a fixture on the Unit and her needs are addressed as quickly as they arise. MC is now comfortable and has a smile on her face whenever you stop and say hello.

EF is a gentleman who has helped me to accept challenges and adapt plans with the evolving needs of the person. His case is difficult because, although we are finding success with Dementiability programming, he is declining quickly. His family is having a very hard time seeing their loved one fade before their eyes. The programming he participates in has changed significantly since being admitted to the hospital. One thing that has helped to have successful activities is know the philosophy with which EF lived his life. He has always been a busy man, in charge of making sure everything is running smoothly. Even though his Alzheimer's continues to advance that philosophy has stuck with him. He may not be able to do all that he once did, but he is capable of finding meaning in completing goal oriented tasks. It is these tasks that give him peace throughout the day. His writing is becoming illegible and incoherent but when he has his clipboard and is at the nurses' station he is the man in charge, helping out.

Finding someone's personal philosophy and embracing that in their care plan is key for success. BS is a caregiver at the very core of her being, even though she is a patient herself. All her life she has looked after others, putting her needs last. She never complains and is always willing to do more. Helping others is her vocation, her gift. She does not need instruction or direction when it comes to helping people. She very naturally can find someone that needs her and give them the help they need. She is roomed with a woman who is cognitively well but physically unwell. The relationship they have created is remarkable. BS helps her roommate and is in turn helping herself feel at home and accomplished. BS can no longer go to her church group and volunteer like she did but we have found other ways for her to utilize her skills. She is always looking for something to do that will help the group. Whenever there is a task that needs done or someone that needs assistance she is more than happy to help.

The three case studies have proven to me the incredible outcomes that are possible with Dementiability methods are used. In addition to evolving my own philosophy of care, it has impacted the care team on the GERI unit. It is impossible to ignore the success we have had with our patients. And with each positive experience we are gaining more attention. There are now mobile Dementiability carts throughout the hospital, in the ER, surgical, medical and rehab units. The patients may not be in the hospital long enough for the care staff to have a full understanding of who that person is but the desire to provide meaningful programming for them is evident. The mobile carts give access to preassembled activities for the other care teams to use. The other day I had a nurse from the ER come to my office because there was a patient in the ER with dementia that they could not get to calm down. They tried the activities that were in the ER but they were not working. The nurse said that the lady really like cats and asked if we had any matching or sorting activities with that theme. I gave her the resources I had and she went back on her way. I do not know how that patient faired after or whether the activity worked to relieve her anxiety but I do know that taking the time to provide her with her interests makes a difference. Our population is aging and more and more older adults are coming to the hospital seeking medical help. Having Dementiability: Montessori Methods for Dementia as part of our skill set will greatly improve how we treat new patients and how we improve their quality of life when their lives are disrupted by accident and illness.