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I'm Not "Just the Guy in Room 225"

by Dawn Wiggins RPN, CEO New Dementians

With Positive Approach to Care, we are taught that making a connection and having a relationship is first and foremost. How else are we going to do this if we don't get to truly know the person that we are caring for?

A very popular way of collecting a complete history is the *All About Me Booklets* or questionnaire designed by PAC to gather a comprehensive history. Some people take this info and put it into story boards or other different unique ways of sharing with the caregivers, family members, and visitors to brighten the way we learn who this person really is, using pictures and adding some quotes or a few words.

I quite enjoy looking through the scrapbooks, storyboards, and the other really creative ways people have used to portray the life of the person living with dementia (PLWD).

I connect to people by getting to know them and sharing music together and I found that doing a video of their life's story made a huge impact on how the care partners felt about the person before they even came to live with us.

The videos I custom design for each person include cherished photos from all times in their life that the family has selected and words along with a song that relates to their life story or that was important to that person.

We are seeing more and more how the power of music helps people soothe and connect, and this creative and unique idea not only helps the people caring for the PLWD but it also serves as a beautiful gift for the families.

It is so powerful when you see the person's life put together in a way that connects with care partners, touching every person differently and connecting with all learning styles. What a special way to get to know that person and connect on a deeper level.

This is the report we received on the intake form. After you read it, watch the video embedded in this article of the same man, and then take a minute to compare both.

- 76 year old male with history of violent outbursts and physical aggression against wife and staff.
- Diagnosis: dementia
- Requires 1-2 security guards to restrain and four-point restraints used while in bed. Pelvic restraints used in Geri chair with table secured.

- Currently has left arm in sling due to a fall he had while attempting to get up out chair with restraint on.
- Medication list to follow. New order for antipsychotic and sleeping aid within last week

[CLICK HERE TO VIEW VIDEO](#)

What was different about the two histories?

What was similar?

What history made you want to connect and get to know Bob more and get excited to care with him?

After reading this and watching the video is there anything you would do differently the next time you are meeting a new resident?

Needless to say, after we spent time with the wife learning who Bob was, what he liked, what he didn't like, his hobbies, what brought him joy, what frustrated him, we had enough info to start a great relationship with Bob.

We learned that he only had use of one hand due to the other arm being in a sling. So assisting with care was a challenge we had to overcome. We wanted to do *with* not *for* him but found with just one hand we felt we needed to do more for him. But he quickly responded in a way that gave us our "Uh Oh" and then our "Ah Ha" moment and quickly reevaluated the situation.

We stopped what we were doing and handed the brush over to Bob to do. In doing this we saw a decrease from 30 responsive behaviors including yelling, swearing, and striking out in his first week living with us, down to one which we attributed to our fault because we were trying to do *to* him instead of *with* him. We were rushing and started brushing his hair for him instead of giving him the brush and allowing him the time to do it himself. This was extremely important to Bob.

By changing how we interacted, we changed the entire outcome. And he was smiling his huge contagious smile and his glowing blue eyes shined as he entered the dining room for breakfast. He exuded pride.

What a difference the Positive Approach to Care techniques made.

I am sure you can see how building a relationship and learning ways to allow the person to do for himself allows him to use what he still has and maintain his dignity and pride. Making sure that we aren't doing *to* the person just to get a task complete, we are working *with* and supporting them and this can change the entire outcome. This Positive Approach to Care sets everyone up for success and creates strong and meaningful relationships.