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# **Initial Assessments**

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Initial Assessments

â Interviewing

a Strangerâ . How important is the assessment?

August 2008

By: Sandra Stimson ADC CALA

CDP CDCM

**Executive Director** 

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Betty would scream for long

periods of time. The staff had tried many interventions and nothing  $% \left( 1\right) =\left( 1\right) \left( 1\right)$ 

seemed to work. After weeks of trying interventions with no success

the team met with the family. During the meeting, a staff member asked the family, a What approaches did the family use to soothe the resident?a

The family responded that the client loved to watch wresting matches,

especially Hulk Hogan. Wow, what a revelation! The family

brought videos in from home. As long as the videos were played, she

as calm

The initial assessment process

is probably one of the most important key aspects of the recreation department. The interview that is conducted with a stranger

and their family is a time to find out as much information about the

Dementia client. Yet we are in a time where the initial assessment

process is being streamlined and automated to speed up the process of

the initial interview. This may be more efficient but in the long run is it truly a benefit for the dementia client and the staff?

With culture change and person centered care, we have to ask ourselves,

if the initial assessment your currently using is really effective in

finding out information and history? Because a dementia client

may be unable to tell us important information, doesnâ  $\quad$  t stand to reason

that the initial assessment and interview be more in depth and involve the family and responsible parties? Imagine how much information a family

member or responsible party is able to share!

Otherwise, what is the point

of the initial assessment and interview?

There are many kinds of initial

assessments, some you are purchasing from catalogues and others the

directors have created for the department. Generally the initial assessment is a check off form that may have a small space to add in a word or two. The questions generally have to do with past and present leisure pursuits, spirituality and religion, preferences, diagnosis, precautions, personal history, etc

There are additional questions

that should be included in the initial assessment form and interview process. The following are recommended questions to discuss with family or the responsible party.

Please tell me how (client)

spent their day at home?

How did the (client) spend

their morning?

How did the (client) spend

their afternoon?

How did the (client) spend

their evening?

What did the (client) do on

Saturdays?

What did the (client) do on

Sundays?

What types of leisure pursuits

did (client) participate in?

What time of day was best in

providing leisure pursuits?

What types of activities did

the family member or responsible party provide?

How long would these pursuits

hold (client) attention?

What are the triggers that

increase agitation, restlessness or catastrophic reactions?

What would you (family member)

do to distract (client) during these episodes?

What precautions do you recommend

that you have used at home during these episodes?

Does your (client) enjoy visits

from children? If no. why?

Does your (client) enjoy visits

from animals? If no. why?

What times during the day did

(client) take a nap and for how long?

What do certain words or gestures

mean that (client) uses?

These questions are extremely

important for your dementia clients. Think how much wasted time and frustration for the activity professional who did not know what specific

words meant. If the activity staff had taken the time to find out, for

example, that when the resident says, â Honda Hondaâ , what they wanted was a glass of juice! At home, the family might have provided a mint

when the client became agitated and began yelling out. The family and

or responsible party knows the client the best. They can offer

valuable information that can only be a benefit to the staff and the

client.

If you are required to use

the initial assessment approved by the company, meet with your administrator

and discuss adding an additional form to your existing assessment tool.

There generally is an area

on the initial assessment pertaining to Precautions. This area should

be completed for anyone that is identified with health concerns such as COPD or Diabetes and Behavioral concerns such as agitation, striking

out and yelling. Precautions are extremely important to take if you

have identified any area that the recreation staff should be made aware

of and take necessary steps to insure safety and health. Be sure

to communicate the precautions to the team and add to the care plans.

There are over 60 kinds of

dementia and the activity professional should take the time to note

the specific kind of dementia.

The Activity Director should review the initial assessment with all the activity staff. The information

that pertains to precautions, religions and diagnosis must be discussed

with the staff. The activity director should have Tabors or another medical dictionary to give general information about a diagnosis, illness or diseases. Most facilities have contracts with Hospice and Hospice can provide information on religions. The activity director should provide an overview of a specific religion to the staff in order for them to be culturally competent.

Generally, the activity assistant

completes the initial assessment and places it on the chart. Before this happens, the director should review the assessment with the staff as all staff may be called upon to work with the client. The entire department should be aware of the information on the initial assessment before it is placed on the chart. A copy of the initial assessment should be kept in the Activity Department. The Director should be conducting Q/A to insure that the assessments are completed on time, correctly, are legible and that the person completing the assessment has signed the document correctly with their name and title.

Even though the initial interview

may take longer with the dementia client and their family, in the long run the time spent will only benefit everyone.



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