HOME	Activity Ideas That work	<u>Debbie</u> <u>Hommel</u>	<u>Dear Debbie:</u> <u>Advice Column</u>	Current Activities in LTC	Pathways to the Past	<u>Re-Creative</u> <u>Resources</u>	Susan Berg's Act Ideas Galore	NAAP	NCCAP	Activities for Men Only	Activities 4 U
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ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide Sandra has written several books. Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of National Council of Certified Dementia Practitioners http://www.nccdp.org

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Pathways to the Past

by Sandra Stimson ADC, CALA, CDP Executive Director, Alt

initial Assessments "Interviewing a Stranger". How important is the assessment? By: Sandra Stimson ADC CALA CDP CDCM



Betty would scream for long periods of time. The staff had tried many interventions and nothing 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, "What approaches did the family use to soothe the resident?" 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 was 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, doesn'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? ٠
- 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, "Honda Honda", 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.



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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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