The Invisible Resident:
Re-engaging the Disassociated Resident

Keith Savell, Ph.D. and Liana Katz-Savell, B.S., AIT

Mariposa Training
www.MariposaTraining.com

Keith@mariposatraining.com
Lkatzsav@gmail.com

510-387-8130

Objectives

- Learn how to identify invisible, isolated and disengaged residents, as well as those at risk.
- Learn how to re-engage invisible, isolated and disengaged residents.
- Learn how to develop and implement a reminiscence based multi-modal sensory stimulation program.
- Learn how to identify the influence of Covid specific elements of isolation.

Take a moment ….

Allow your mind to walk down the hallways of your facility.

Do you see:

- Residents seated along the hallways or by the nursing station, those you pass by without actually seeing?
- Residents alone in their rooms, who rarely venture out, even for activities or meals?
- Residents who withdraw from engagement, rarely making decisions for themselves or are largely overshadowed by others.
- Residents in Covid isolation or on the observation unit afraid and alone with no one to talk to?

These are our ***invisible*** residents

These are our ***isolated*** residents

These are our ***disengaged*** residents

These are our *Covid* ***disengaged*** residents

Those residents we no longer *see* ….

Those residents we no longer *hear*...

The Invisible Resident

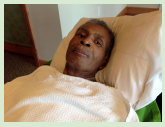
THESE are the residents who..

- Call out and staff no longer hear them.
- Remain seated for hours at a time in the hallway or around the nursing station.
- Are unable to communicate needs, interests, personal preferences, customary routines.
- May be "overshadowed" by the needs / behaviors of other residents.

The Isolated Resident

THESE are the residents who..

- Spend most of their time in bed or sitting in their room.
- Are either unable to leave their room or choose not to do so.
- Whose behavior is disruptive within social situations and who may be placed outside of a group or returned to their room.
- Live in fear of Covid



The Disengaged Resident

Ultimately, the invisible and isolated residents are at significant risk for *becoming* disengaged.

The Disengaged Resident

There are four "types" of disengaged residents:

1. **Lifestyle**: Those who have never engaged in social activities. They are content with their own company.
2. **Avoidance Seeking:** Those who see themselves as "different" from the mainstream residents and do not want to associate. Fearful of becoming "like them".
3. **Adaptation – "Learned Helpless":** Those whose efforts to be self determining have consistently been unsuccessful and who have, as a result, become "learned helpless".
4. **Enforced Disengagement:** Those whose enforced isolation is a precautionary measure related to Covid isolation

The Disengaged Resident: **Lifestyle**

- Historically not socially engagedRespect for privacy is of great importance.
- Primarily pursue self-directed activities.
- Preference for interaction with family or close friends.
- Those who consistently refuse to "engage" or participate in the life of the facility, and who we then stop trying to motivate.

Think of your residents….

The Disengaged Resident: **Avoidance Seeking**

- See themselves as different
  - Primary driver is the pursuit of rehabilitation
- Healthier, clearly see discharge in the near future, possibly younger in age
- Do not want to associate with mainstream residents for fear of becoming "like them"
- Preference for intera iends

Think of your residents….

The Disengaged Resident: **Learned Helplessness**

- As humans, we are control seeking. We make decisions constantly, and the perception of control is important. Think about how you would feel if you found that your efforts to make decisions and to influence people and events around you were no longer effective.
- Learned helplessness occurs when one perceives that the environment is not responsive to his/her self-determining efforts, (Seligman, 1975).
- Over time, the learned helpless resident ceases to be self-determining - and even ceases to express preferences concerning personal needs, interests and customary routines.

The Disengaged Resident: **Learned Helplessness**

- From the moment residents are admitted, they begin to relinquish control. Control over:
  - When they wake up and when they go to bed.
  - When they eat, what they eat, and even who they sit with at a table.
  - When they bathe, and whether to have a bath or a shower.
  - Activities in which they participate, as well as the location, duration and often seating arrangement within these activities.
- Residents also relinquish control as their physical abilities change. With declining health, residents experience loss of independent mobility, cognitive function, and decision making abilities

The Disengaged Resident: **Learned Helplessness**

- Who is The Learned Helpless Resident?
  - You will recognize the learned helpless resident as the resident who:
    - Believes asking for help is pointless.
    - Relies on others to do for them that which they could do for themselves.
    - Asks others to make decisions for them.
    - Increasingly withdrawn from active involvement in the life of the facility.

Think of your residents….

The Disengaged Resident: **Covid Disengaged - Enforced Isolation**

Who?

- Are newly admitted residents, exposed residents, non-vaccinated residents, Covid + residents
- Residents on isolation precautions and in the observation units

Those who have not...

- Seen the faces of staff
- Been touched in a meaningful manner without gloves
- Socialized with friends, neighbors, roommates
- Been physically close to family and loved ones from the community

Those who Feel

- Dirty, contagious, scared, alone...

Think of your residents….

The Solution - Is There One?

How can I prevent residents from becoming invisible, isolated or disengaged?

How can I re-engage those who already are?

The Solution - Is There One?

How can I prevent residents from becoming invisible, isolated or disengaged?

How can I re-engage those who already are?

There are many solutions!

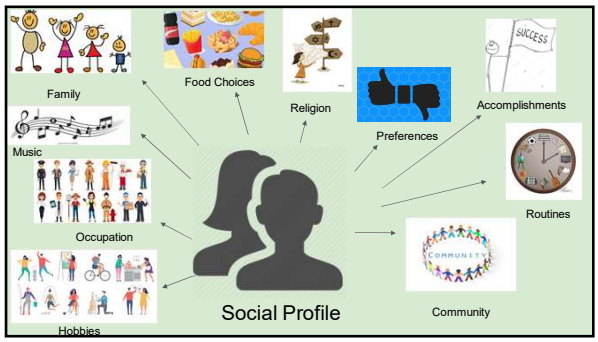
Here are a few….

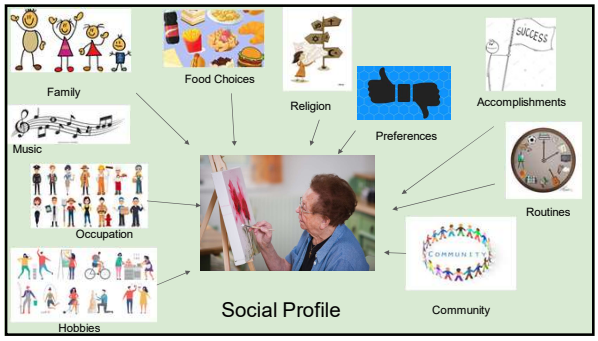
1. Embrace Person Centered Care

- Acknowledge that each individual resident has a personal identity and a history of life experiences which includes far more than just his/her medical condition or functional impairment.
- Get to know your residents as individuals and their amazing history of life experiences.
- Get to know your residents as more than just a diagnosis or a room number.
  - For example, who is our new admission? Is he the amputee in 4b who keeps asking for pain medication, or is "Mike" the guitar playing veteran who lost his leg fighting for our freedom and is now coping with depression.
- By structuring the delivery of care, activity programs and services in a manner which is truly individualized, the potential to optimize quality of life is limitless!

2. Develop a Social Profile For Each Resident

- Get to know their SOCIAL profile
  - The identity which we want others to know





An individual is not solely their diagnosis; however, a diagnosis becomes a part of an individual

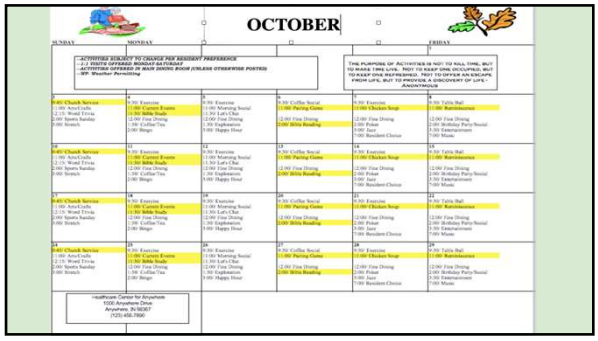
- Effects sleep patterns, eating habits, level of independence, ambulation..
- *HOW* are staff assisting residents in learning to live with a new diagnosis or prognosis?

3. Communication is key!

- Integrate all we know about the resident into the Plan of Care
- Ensure all staff have access to this information
- Ensure all staff utilize this information during their day to day resident interactions.

4. Who is Responsible?

- To ensure continuity of care, ALL staff are encouraged to identify interests and preferences of individual residents and to SHARE this information with other staff.
- Share information regarding individual needs, interests, personal preferences and customary routines through:
  - Care Plan
  - ADL Flow Sheet
  - Cardex, etc.
  - Highlighting interests on the individual activity calendars posted in the resident's room



4. Who is Responsible (Continued)?

- To ensure continuity of care, ALL staff are encouraged to identify interests and preferences of individual residents and to SHARE this information with other staff.
- Share information regarding individual needs, interests, personal preferences and customary routines through:
  - Care Plan
  - ADL Flow Sheet
  - Cardex, etc.
  - Highlighting interests on the individual activity calendars posted in the resident's room
- Ensure ALL staff utilize this information during their day to day resident interactions.

5. Build Relationships

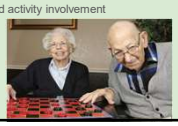
- Utilize all that you know about the resident to build relationships.
  - Between staff and residents

5. Build Relationships (Continued)

- Utilize all that you know about the resident to build relationships.
  - Between staff and residents
  - Between the resident and other residents.
    - For example, introductions at the beginning of activity programs, at the start of all meals, etc.


5. Build Relationships (Continued)

- Utilize all that you know about the resident to build relationships.
  - Between staff and residents
  - Between the resident and other residents.
    - For example, introductions at the beginning of activity programs, at the start of all meals, etc.
  - Encourage conversations
  - Encourage shared activity involvement


6. Track Activity Attendance

- Maintain a list of residents who are "at risk" and track involvement on participation records.
- Share this list with the Administrator, Director of Nursing and Charge Nurses, Activities and Social Services and most importantly, your CNAs!
  - CNAs are the most immediate lifeline to your residents. CNAs spend the most time with your residents. THEY know your residents best.
    - Empower your CNAs to empower your residents!
- Increased staff attention will result in increased resident engagement.

7. Support and Celebrate Existing Strengths and Abilities

- Encourage higher functioning residents to embrace their strengths and abilities and to utilize these to enhance the lives of other residents through:
  - Co-leading Activity programs
  - Resident Council leadership
  - Resident mentor
  - Pass the mail
  - Help set the tables
  - Decorate the building

7. Support and Celebrate Existing Strengths and Abilities (Continued)

- Ensure higher functioning residents have access to the resources, supplies, equipment and adaptive equipment that they may need to pursue independent, self-directed activity involvement.

- With that said, remember that meaningful engagement simply means engagement in life interests that are intrinsically satisfying to the individual.

"Every event, encounter or exchange is an activity, be it a bath, meal, song or smile. The scope of activities is limitless and does not only include scheduled events provided by activity staff, but every interaction with staff, relatives and others with dementia." Alzheimer's Association.

8. Provide Opportunities for Decision Making

- Important Elements
  - Number of alternatives
  - Similarity of alternatives
  - Visual presentation of alternatives
  - Principle of Generalizability

8. Provide Opportunities for Decision Making (Continued)

- Self care (choice of clothing, bed times, bathing schedule, grooming).
  - Activity participation (Activities in which to participate, where to sit, who to sit beside).
  - Leadership roles (resident led activities such as table games, exercise, music, etc.).
  - Occupational tasks (house keeping tasks, office support, intergeneration activities).

9. What About the Resident Who Says "No"?

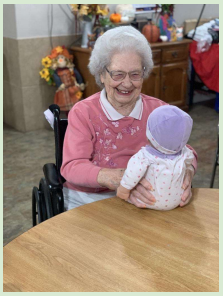
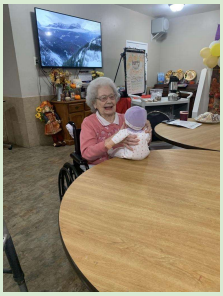
- Saying "no" is one way of making a decision,
  - Saying "no" is one way in which residents fight to remain in control and to avoid becoming learned helpless.
  - Pay close attention to **how you respond** to residents when they exercise choice by saying "no".
    - *OK Mr. Smith, it's your choice and you're in control…. But remember, saying "yes" is also a choice and [illegible] "yes" next time.*

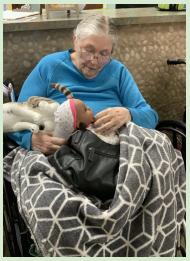
10. Reengaging Our Lower Functioning Residents

Therapy Dolls

- Provides comfort on a conscious or subconscious level
  - Objects familiar to residents provide safety, security and emotional connectivity
- Combats episodes of loneliness, anxiety and agitation
- Helps with socialization
  - Engaging with doll through conversation, engaging with others about doll, engaging in the world around doll with the doll
  - Staff may engage with resident utilizing the doll's presence
    - Engage with the resident from their perspective
      - e.g.) Doll, Baby, Friend
- Improves engagement



10. Reengaging Our Lower Functioning Residents

Reminiscence Based Multi-Modal Sensory Stimulation

- Clinically valid therapeutic intervention
- Based on three key principles:
  - Sensory stimulation is best facilitated when it stimulates long term or remote memories.
    - To access long term memory and to facilitate reminiscence, stimuli are selected which are familiar and of meaning to the resident. When selecting stimuli, consider age, gender, culture and history of life experiences……OLDER IS BETTER!
  - Sensory stimulation must be multi-modal (
    - Tactile, olfactory, auditory, visual, gustatory
  - All staff to resident interaction is meaningful.

10. Reengaging Our Lower Functioning Residents

Reminiscence Based Multi-Modal Sensory Stimulation

- Program Guidelines:
  - Schedule in the morning (when residents are at their cognitive "best") prior to the lunch time meal
  - Group size should be limited to 8- 10 and should include both lower functioning residents as well as those residents with moderate cognitive impairments.
  - RMBSS should be scheduled at least every other day.

RBMSS: Reminiscence Based Multi-Modal Sensory Stimulation




Break Out Session….

Conclusion...

- It is possible to identify and then reengage our residents who have become invisible, isolated and disengaged.
- To do so, requires that we embrace the best of culture change, and increasingly interact with our residents as individuals, with identifiable needs, interest, personal preferences and customary routines.
- With this insight into our residents as individuals, we, as staff, can then develop programs and structure interactions which will be truly engaging … meaningfully engaging.