

## **Designing Your Own Person-Centered Program**

The SunBridge Sol-Oasis Program® demonstrates that person-centered programs are especially beneficial for centers caring for a high concentration of individuals with mental illness. However, these same care practices can improve the quality of life and quality of care for all residents. Providing person-centered, strength-based care can diminish the impact of environmental triggers that aggravate residents with mental illness. Consequently, the vicious cycle of hospitalizations and additional medications can cease. Programs that focus on such care practices provide residents with the tools and skills to live a satisfying and hopeful life, even with the limitations they may face with physical and mental illness.

The core components of the program should include the following practices:

### **Person-Centered:**

Person-centered care is care that is based on the person, their likes, dislikes, hopes and dreams. It is very important that staff “get to know” their residents. This is done through thorough assessments, interviews and observations. Listen to your resident’s story. What did they do in the past? Do they have family? What were their hobbies? What is their daily routine? What plans do they have for their future? The more you know about your residents, the more you will be able to meet their needs.

*Example:* Jon has suffered with schizophrenia for over 50 years. If he is in a situation where he cannot see the exit, he will yell and push people out of his way in an attempt to get out of a room. Because we practice person-centered care, we know that when we bring Jon into a room, we face him toward the exit and ensure that there is a path for him to be able to leave when he wants. By knowing Jon, and meeting his need to be able to exit a room, we have eliminated possible behaviors that could result in injury.

### **Strength-Based:**

Strength-based care is care that is based on what a person can do, not on what they can not do or what disease they have. When your residents’ come to your center, they have many abilities. As caregivers, we sometime create excess disability in our residents’ by doing for them when they are still able to do for themselves. When we know our residents, we know what they are still able to do despite their illnesses. It is important that we focus on those abilities or strengths so that our residents can be active in their own care.

*Example:* Mary suffers from bipolar disorder and has periods of paranoia. Mary also suffered a stroke and has limited use of her right arm and leg; however she has full use of her left side. It is important to Mary to have control over her belongings. When she does not feel in control, she will accuse staff and her roommates of taking things. Knowing Mary can and enjoys putting her clothes away herself, laundry brings her clothes directly to her. This allows Mary to be in control of her belongings and eliminates accusatory statements. This also prevents excess disability as

Mary is still able to do this by herself despite her limitations from her stroke. In the past, Mary may have received additional medication to “manage” her accusatory statements.

### **Meeting Needs:**

All behavior is a form of communication. When we know our residents we are able to recognize what are residents are trying to “tell” us through their actions.

*Example:* Ray has dementia. He also has difficulty making his needs known verbally. Ray makes his needs known by tapping on his table, a wall and sometimes his chair. He does not like to be incontinent and will make loud sounds and strike out if he is not taken to the bathroom promptly. The behavior of tapping is the way Ray communicates to us his need to go to the bathroom. By knowing Ray, and understanding his methods of communication, we are able to meet his needs, prevent incontinence, maintain dignity and prevent possible injury to others.

### **Recovery Based:**

Recovery-based care focuses on supporting our residents’ in living each day to the best of their abilities. Recovery is about living each day to the best of one’s ability despite one’s illness. When we practice person-centered, strength-based care practices, our residents will have the opportunity to be able to live each day to the best of their abilities. Our residents have hopes, dreams and desires, just like you and me. When we know our residents, we are able to help them make those hopes, dreams and desires become a reality.

*Examples:* Doug loves math and always wanted to teach but he has suffered from mental illness all his life and never got the chance. Doug now teaches an algebra class in his center.

Bob was disfigured in an accident and hadn’t been out of his center in 7 years because he felt he was ugly. Bob is now going out and gardening and even went fishing with a group from his center.

Rita led a life of drugs and homelessness. She always dreamed of getting dressed up and going to a prom. She never got the chance until she came into our center. Rita went to a Fall Ball all dressed up. Her dress was beautiful but her smile was breathtaking.

A young resident who died from AIDS stated; “Just because I live in a nursing home does not mean my life is over; it just means I have new horizons to explore.” This says it all for what recovery-based care is all about.

### **Group Programs:**

Group programs, beyond the center activities program, provide the opportunity for residents to work together in developing necessary skills they may need. These skills may include social skills and coping skills.

*Example:* An example of a coping skills group may be working with a resident who gets upset and uses foul language to recognize when he is getting upset, count to ten and then deep breathe before he speaks. By practicing this and recognizing his triggers, the resident is now able to voice his needs appropriately.

**Training Component:**

Developing competent staff is an essential component to insure success in providing person-centered, strength-based care. Training structure should include:

- ∞ Center training: All employees in the center must be trained on the program components. This includes the administrator, ancillary departments and consultants.
- ∞ Just in Time Learning Circles: When opportunities are identified, employees should participate in 10 minute learning circles.
- ∞ Quarterly Learning Circles: On a quarterly basis, key components of the program should be reviewed with all employees.
- ∞ Annual Re-training: On an annual basis, all employees should be re-presented the program training in its entirety.
- ∞ Upon hire: All new staff should promptly receive training.
- ∞ Understanding Our Residents' Experience: Identifying the needs of our residents' involves understanding their experience. Training exercises should include sensitivity training, as well as, training that is specific to experiences the employees can relate to.