



# Person Centered Care: Getting Back To Basics

**Presented By  
Jentle Harts Consulting**

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# Person Centered Care: Origins

- 1950's Carl R. Rogers, Psychologist
- Explored therapeutic relationships and their meaning
- Relationship was the basis of therapeutic value of interactions between therapist and client
- Authenticity of the caring enhanced client well-being

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# Person Centered Dementia Care: Origins

- 1990's, Tom Kitwood, psychologist/pastor/ethicist, Bradford Dementia Group, Bradford, England
- Challenges caregivers to examine attitudes and care practices.
- View the person first; view the clinical disease process second.
- Caregivers greatly influence the quality of life and well being of the people they care for

*Principles hold true for all groups*



# Genuine Relationships

- What does that mean?
  - Unconditional acceptance
  - Accepting them for where they are right now
  - Patient has the freedom to choose to enter or remain in the relationship or not
  - Understand their perspective

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# Why Bother With Person Centered Care?

- Consumers are more sophisticated and have higher expectations of quality care
- Baby boomers want more autonomy and control when making care decisions
- Relationships have become the key to the vision of culture change
- Expectations of quality care by third party reimbursement sources
- Regulatory expectations of quality



# Person Centered Care

**PCC = VIPS**

- **V**alue
- **I**ndividuals
- **P**erspective
- **S**ocial Environment

Courtesy of Dawn Brooker, Bradford Dementia Group, 2004

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# Person Centered Care

- In person centered care, psychological care is valued as much as physical care
- An example of best practices in care
- Concepts not complicated yet not always easy to implement
- Past practices focused on “managing” behaviors, caregiving, control, and losses
- Changing the current culture of care is a lengthy process

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## Person Centered Care, Cont.

- **Person centered practice focuses on:**
  - **Care partnering**
  - **Empowerment**
  - **Ability based focus**

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## Person Centered Dementia Care, Cont.

- We must give up labels (“whiner”, “good patient”, “noncompliant”) and examine exactly how we would want to be treated ourselves
- See all action as meaningful

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# Essential Elements of Person-Centered Care

- **Maintain and uphold the value of the person regardless of level of disability or acuity of illness**
- **Employ staff who are emotionally available to the person**

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# Essential Elements of Person-Centered Care, cont.

- The uniqueness of each person is respected
- Consider attempts to provide the core psychological needs (love, attachment, comfort, inclusion, occupation, and identity) of the person



# Core Psychological Needs





# Core Needs

- **Love** – unconditional acceptance without any expectation of direct reward
- **Inclusion** – Total acceptance of the person and your efforts to make them feel included and connected to other members of the group will actually make care easier. As social beings, if this need remains unmet, we may see so-called attention seeking behaviors, tendencies to cling or hover, or disruptions.



## Core Needs, cont.

- **Attachment** – “Without the reassurance that attachments provide it is difficult for any person, of whatever age, to function well. There is every reason to suppose that the need for attachment remains when a person has dementia; indeed it may be as strong as in early childhood” (Kitwood, 1997:82).
- **Identity** – As humans, our identity is conferred by others with the messages given through body language, tone of voice, words chosen and the level of respect given. It is therefore important in partnering in the care of persons that we know something about each individual’s life history. Empathy in responding to the person also conveys and retains the other person’s identity.

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## Core Needs, Cont.

- **Occupation** – This is a term we do not often use except when we have a paid position. In the context of person centered care, it means for the person to be involved in a significant way in the process of life using their remaining abilities. If a person is deprived of meaningful, rewarding “work”, their abilities atrophy and their self-esteem becomes damaged.
- **Comfort** – People with acute or chronic illness have a special need for our warmth and compassion to soothe their anxieties.



## What can we do?

**Most of us cannot influence research or the medical aspects of many diseases. In our daily care practices however, we *can* greatly influence the quality of life for persons with our interventions.**

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# Person-Centered Care in Care Practice

- Understand what reality is for them
- See past their disability and find their strengths and abilities
- Relate to them as one human being to another
- Help them to hold on to and express their individual identities

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# Person Centered Care in Care Practice, cont.

- Enable them to make choices and take reasonable risks
- Help to compensate for the effects of their illness while supporting their independence
- Help them to feel respected, valued and wanted



# Person Centered Care in Care Practice, cont.

- Support them while they express their feelings
- Make an effort to understand their communication and help them to understand us
- Treat them as they wish to be treated—not the “golden rule”



# Well Being

In spite of failing mental or physical powers it is possible for a person to be in a state of well being when both their psychological needs as well as their physical needs are met.



# Signs of Well Being

- Taking pleasure in some aspects of daily life
- Helpfulness
- Initiating social contact
- Affection
- Self Respect (such as being concerned about hygiene, tidiness and appearance)
- Expressing a full range of emotions, both 'positive' and 'negative'



# Personhood

**Personhood is a state of being that is bestowed upon us by other people.**

**Positive person work is a means to support personhood.**

**We diminish personhood when using care practices that demean or depersonalize**



# Thoughtless or Careless Care Practices that Demean or Depersonalize

In person centered care we assume that ill people (even children) do pick up messages that demean or depersonalize them, even if at the non-verbal rather than the verbal level.



# Demeaning Care Practices

- **Disparagement:** messages that damage a person's self-esteem
- **Infantilization:** treat in a patronizing manner
- **Labeling:** categorizing resulting in identity loss
- **Stigmatization:** treating as a diseased object

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# Demeaning Care Practices, cont

- **Invalidation:** failing to acknowledge a person's reality
- **Objectification:** treating person as an insentient being
- **Outpacing:** interacting at a pace too rapid for person to understand



## Now What?

- Where do I begin?
- Lots of ideas, but how do I use them?
- What might be barriers?



# Practical Suggestions

- **Ask for name of choice or how they prefer you address them**
- **Ask for questions**
- **Acknowledge feelings**  
**...overwhelmed, scared, inadequate**
- **Enhance your communication**
- **Figure out how to SLOW DOWN**



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