

Short Note

Mindfulness and Therapeutic Presence Integrated into 24 Hour Sensory Care for Elders with Dementia

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Abstract

While traditional psychotherapy is not an appropriate model of care for increasing well-being in Elders with dementia, the interpersonal focus of psychotherapy research, however, may be. Examining the process interactions between care workers and Elders with dementia from a paradigm of psychotherapy research provides us a different way to conceptualize and intervene. Adopting Langerian mindfulness and therapeutic presence techniques based on psychotherapy research for use in a spectrum of sensory care for Elders with dementia is proposed.

INTRODUCTION

I was very surprised. As I worked through my own emotional reaction, I clarified. "What you are saying is that the region where the program is, a remote part of Asia, is without the economic resources to purchase equipment to set up a multi-sensory environment and even if they did the electrical power in that region is lacking in infrastructure. The reply was "yes, we want to use a multisensory approach without equipment". I realized at that moment, I had become the proverbial horse with blinders. As a result of this experience I stepped back and started to contemplate. If you remove the equipment from a multisensory environment, what is left as a setting event or catalyst to promote change? After much thought, a simple answer occurred to me, the caregiver working with the Elder.

The impact of Neurocentrism on science and clinical practice can subtly shift the focus away from human interactions and behavior and in turn an overemphasis on the brain for understanding and intervening [1]. The treatment of dementia needs to be integrated, accounting for the cognitive aspects of biological change and the behavioral, environmental and humanistic needs of people who suffer from these issues. We need to adopt different scientific questions that can answer the multifaceted aspects of etiology, intervention and care [2]. This dual focus of inquiry is central as no pharmacological interventions have delivered a cure as of yet.

Humanist approaches to dementia care are not new; the challenge rather, is their implementation by care workers in actual practice [3]. Person centered care when put into practice produces beneficial outcomes [4,5]. A missing element in linking

humanistic practices with nonpharmacological interventions may be that; the interventions used in dementia care have not been seen as similar to psychotherapy and the orientations of the disciplines that provide care, nursing and occupational therapy, may not use the lens of psychotherapy research from which to view clinical practice. For example horticulture, pet therapy and physical exercise may be seen as tasks unto themselves and as such may not evoke the connotation of a therapeutic relationship. These interventions may evoke states of connectedness, for example a relationship with a dog can provide security but this is different than experiencing connectedness with another human. Elders with dementia have not been seen as appropriate candidates for traditional psychotherapy. Have we unnecessarily dismissed psychotherapy research which has studied extensively the role of the therapeutic relationship in producing beneficial therapeutic outcomes? I propose utilizing psychotherapy research to enhance therapeutic outcomes between care worker and Elder. In particular, the techniques of Langerian mindfulness, therapeutic presence and perceived control for use in sensory dementia care.

Multisensory therapy focuses on evoking well-being via our human sensory systems involving tactile, visual, auditory, olfactory and gustatory gentle stimulation within a context of a therapeutic relationship [6]. Despite the consequences of neurodegenerative disorders the senses remain vital in information processing of the environment via perception, cognition, and emotional processing in the ability to understand the world around us and to experience well-being security and trust [6]. Multisensory environment therapy has demonstrated positive short term effects; reducing agitation, increasing

positive mood and well-being and improved functional status in activities of daily living and long term improvements in mood and well-being [7-10]. When compared head to head with one on one music therapy to individualized multisensory therapy both were efficacious but the multisensory environment yielded better effects in anxiety reduction and an overall reduction of disease severity [9]. Sensory interventions have been given a unique status in the United Kingdom, as the National Institute for Health and Clinical Excellence and the Social Care Institute for Excellence views sensory interventions as the first line of treatment to reduce psychological distress, associated with dementia [11].

Person-centered care is comprised of many helping directives such as verbal and nonverbal communication approaches that increase the level of attunement between the care worker and the Elder [4]. Despite the efficacy of such programs it is very difficult to change and maintain staff behavior in long term care settings when implemented [5,12].

I propose that mindfulness when used in a multisensory environment or as part of a sensory focus for daily care can streamline the process of staff education for person-centered/relationship oriented care, for this one construct as it is operationally defined by Lange [13]. May positively influence all aspects of care worker elder interactions and might be easier to implement in care settings. The construct of perceived control has a long history of utility in long term care facilities, demonstrating increased Elder well-being [14]. Multisensory therapy can be practiced by the care worker as a mindful intervention which in turn engages the care worker in a more active and rewarding manner. This benefits the elder by increasing her or his self-efficacy in their own experience in a multisensory room or during daily care, which can result in increased well-being in the Elder in the short and long term.

Elders with dementia do not stay static, many factors both internal such as the neurodegenerative disease process and external factors such as the environment of a facility in relation to sensoristasis may impact a person's presentation on any given day [15]. Langer's view of mindfulness, as stated in Pagni et al., is an active process of attunement (paying attention) to the other based on the "awareness that everything is in constant change and [one] can respond actively and adaptively to these changes" p.94 [16]. Mindfulness operationally defined in this manner moves the care worker out of what would be termed mindless, which would be providing care based on prior scripted behavior such as "I always provide a bath in this manner, or this always worked for Mr. Smith before". Mindless can block subtle adaptability. This is when best practices conceptually may not produce good outcomes functionally. When a staff member is observing from an orientation of mindfulness it may increase the level of attunement between the staff member and the Elder, producing better outcomes for both parties in their own unique ways. Staff may have increased job satisfaction and the Elder may experience well-being. For example, Functional Analytic Multisensory therapy, a structured multisensory therapy, incorporates a sensory assessment and encourages the use of shaping via social reinforcement [17]. All of these clinical activities utilize mindfulness as their core tenet. The very act

of being present in the moment with another person creates change. Therapeutic presence involves being in the moment and in contact with the care worker's own helpful nurturing self, being attuned to and fully engaged in the moment at hand, and behaving with attention to the other based upon the concept that things are changing and that there are multiple choice points from which one may intervene [18]. Polyvagal theory supports that attunement results in state of connectedness between people can also evoke physiological changes associated with safety and well-being [18]. The benefits of attunement for the Elder is the experience of her or his environment through the senses with a care worker who is connected to the Elder, which in turn can reduce fear, promote exploration via the senses in a manner that is verbal and/or nonverbal, which over time, evoke trust. This in turn can increase Elders well-being by increasing the perceived control that they have over their environment [19].

CONCLUSION

Integrating the paradigm of a therapeutic relationship from psychotherapy research brings forth an emphasis on the relationship between the care worker and the Elder [20,21]. This perspective allows us to look simply at complex phenomenon in a different light. The process of being mindful while interacting through all tasks with the Elder with dementia while focusing on sensory aspects of the task will reduce mindless interactions between care worker and Elder. While efficacious Person-centered approaches are rarely implemented in the real world consistently. Langer's short operational definition of mindfulness as an active process of attunement (paying attention) to the other based on the "awareness that everything is in constant change and [one] can respond actively and adaptively to these changes" might be what is needed. Increased attunement between people is healing. When Langerian mindfulness is combined with therapeutic presence while a care worker provides indirect sensory care, such as focusing on a bath via the senses, or in a direct sensory intervention such as using multisensory environment as a means of playing to the strength of the Elder's cognitive and behavioral abilities while evoking; sensory reinforcement, perceived control, sensoristasis, and can promote increased security and wellbeing. If we can accomplish this, we are putting into practice a Dutch term which I learned long ago, 24 hour Snoezelen.

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