

PLAN OF CARE

1. Potential for anxiety related to Memory Loss due to changes in cognition and body functions
 - a. As evidenced by
 - i. Physiological restlessness, emotional nervousness and/or tension and/or cognitive inability to concentrate.
 - b. Plan and outcome:
 - i. Participant (particularly new participants) will demonstrate a decrease in physiological, emotional and/or cognitive manifestations of anxiety due to starting a new program over the course of 3 to 4 group respites as evidenced by a more relaxed body posture and increased engagement in the program
 - ii. Participant will demonstrate a decrease in new manifestations of anxiety as Gathering leads and volunteers perceive their potential anxiety and work to resolve what staff can control
 - iii. Participant will verbalize relief of anxiety if individual is able to recognize his/her own anxiety
 - c. Professional interventions:
 - i. Assist participant to reduce present level of anxiety by:
 1. Providing reassurance and comfort, mentoring and training volunteers to do the same
 2. Stay with the person
 - a. 1:1 care is provided most of the time, with a minimum of 2:1 care on occasion.
 3. Don't make demands or request any decisions, mentoring and training volunteer to do the same
 - a. encouraging participation in reminiscing, with 1:1 volunteer knowing the Participant's Life Story to assist as appropriate for this individual
 4. Speak slowly and calmly, mentoring and training volunteer to do the same
 5. Give clear, concise explanations regarding activities
 - a. use step by step directions
 6. Attend to symptoms of anxiety
 - a. This often is eased by
 - i. caregiver staying 1st half day
 - ii. 1:1 volunteer
 - iii. If needed, participant may require additional ways to relieve fears to have program be successful
 - iv. Professional Gathering Staff (MSW, RN) to work with caregiver to determine individual needs

- b. Assist to identify causative and contributing factors
 - Is the activity too difficult?
 - Is the activity presented too quickly?
 - Does the volunteer need to encourage more?
 - Does the volunteer need to assist where communication deficits exist?
 - Interpreting this participant's possible reaction to assistance:
 - Offering a word if difficulty communicating a word
 - assuming the word based on their gestures or content of the topic if offering a guess would create an increase in anxiety
 - Does the participant need reassurance about the caregiver arriving for pick up?
 - Utilize notes handwritten by caregiver stating pick up time
 - Calling caregiver for appropriate answer if validation, joining and distracting is not decreasing the anxiety
 - ii. Leads or volunteers should caregivers to assist in troubleshooting any difficulties with anxiety
 - 1. Cell phone numbers provided to all volunteers on the backs of participants' nametags
2. Social Isolation related to Memory Loss changes
 - a. As evidenced by
 - i. Expressed feelings of loneliness from caregiver and/or participant due to life changes, i.e. not driving, not being with friends/family as used to
 - b. Plan and outcome
 - i. Identify to the participant *The Gathering* opportunity as a way of increasing meaningful relationships and cognitive stimulation by
 - 1. Encouraging and even cheerleading the individual to begin by trying out this group respite, explaining benefits to their brain and cognition
 - 2. Find ways for the participant to feel they have great value and can continue to share their wisdom with their peers at the group respite
 - a. Knowing their Life Story assists in
 - i. finding items a participant can share based on the daily theme
 - ii. Finding ways a participant can tell or hear their story, allowing for great pride and strong feelings of self-worth
 - c. Professional Interventions
 - i. Provide 8 to 12 individuals with 5 hours of group respite twice per month (weekly where possible) utilizing 1:1 volunteer to participant ratio
 - 1. To allow friendships to form
 - a. Between participants, leads and volunteers
 - b. Between participants
 - c. Between caregivers, leads and volunteers
 - d. Between caregivers



- ii. Encourage participant to verbalize feelings, mentoring and training volunteers to do the same in regards to social isolation
- iii. Assist to reduce social isolation by encouraging and fostering strong friendships
 - 1. Ask and encourage families to fill out Recipe for a Life Story
 - a. At minimum since the families may not return the Life Story, on assessment evaluate for hobbies and interests to provide to volunteers
 - 2. Request volunteers read and know participants' Life Stories or hobbies and interests from assessments
 - 3. Assist in providing cognitive and social activities throughout the 5-hour respite
 - a. Volunteers plan and execute their plan based on a theme for each day
 - i. Avinity to provide planning books and ideas
 - ii. Initial training of Volunteers for 4 hours
 - iii. Initial additional training for Lead volunteers for 4.5 hours
 - iv. Quarterly planning meetings to allow for group planning as well as Continuing Education for Memory Loss
 - v. All training and continuing education serves as basis for quality cognitive and social activities
 - b. The goal is to stimulate as many areas of the brain as possible utilizing
 - i. fine and gross motor activities,
 - 1. crafts
 - 2. woodworking
 - 3. exercise
 - ii. stimulating the senses of taste, touch, hearing, smelling and seeing,
 - iii. encouraging an increase in circulating blood endorphin levels through fun and laughter
 - iv. reminiscent activities which for most is where individuals with memory loss have their strongest recollections
 - 1. for the early-stage participants, current events are also discussed
- iv. Provide caregiver support and education groups specific to Memory loss needs
 - 1. On site during a *Gathering*
 - 2. Off site on various days and times of the week in their community
 - 3. To provide caregivers with a group of peers who are going through a similar journey a group where a trained Leader can keep the group positive, educational and supportive for all.

