

Dementia Care and Canadian Model of Occupational Performance and Engagement (CMOP-E)

@Spoteurope #Stayhome campaign 2020

Chaired by: Emma Rodrigues (social media lead SPOTeurope)

The topic for the second week is: 'Dementia care and the use of the CMOP-E'. Throughout the week, SPOTeurope provided you videos and literature regarding this topic. On the 3th of april, we hosted another video call where we discussed this week's topic.

At first we did a recap of the [case study](#) we shared on monday. This was about Betty who has recently moved into a care home as her Dementia was resulting in her being unable to manage at home. Before retirement, Betty was previously a Nurse Practitioner at the local hospital. Since moving into the care home, she believes that she is back at working at the hospital. She would go into other residents room and insists on assisting them with their activities of daily life. This results in a lot of aggression from other residents as Betty forgets that she has already been in their room numerous times during the day. At times, Bettys relationships with other residents can become hostile due to this.

With this case in the background, we explored Betty's situation according to the CMOP-E model (Polatajko, 2013).

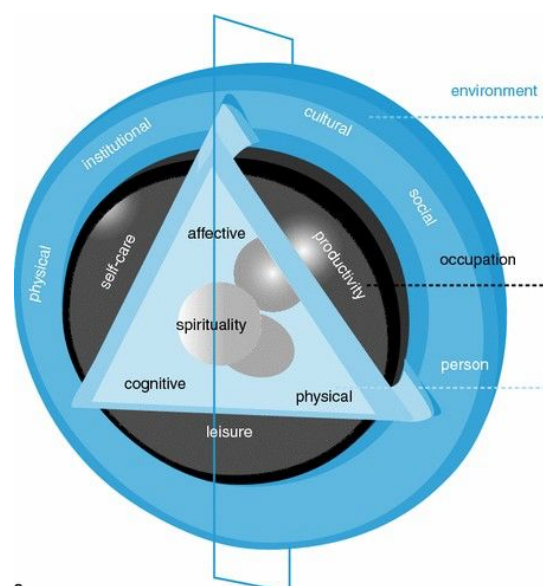
The CMOP-E model is a 3D model that consists of three layers:

Environment:

- Physical
- Social
- Institutional

Occupation:

- Self care
- Productivity



- Leisure

Person:

- Physical
- cognitive
- affective
- Spirituality (values)

This model can be used for different perspectives; Betty's, carers and therapist observation. During the meeting we only focused on the perspective of Betty. In the presentation you could read the other perspectives as well.

Environment

Physical – Betty will explain that she is at work if in conversation with others. When walking by other residents rooms she comments 'they are elderly with dementia'.

Social – role is to perform work based tasks, when communicating with other residents she approaches them with a caring attitude, greeting them and asking if they are ok / if they need anything. This results in a negative response from other residents.

Institutional – Not aware of any financial management, does not talk about getting paid or providing for her family.

After Emma had shared this with everyone, she asked what the others thought about.

What would be the result of back to reality approach? Or would this provoke resistance?

Yes, resistance could occur. Therefore it would better to go with Betty her thoughts and involve her in the tasks. Suggest that she could start laying the table for lunch. When doing this you involve her in the task and give her the feeling of understanding.

If you let her assist, would this be fair against other residents?

Currently Betty has nothing to do, occupational in-balance, which result in seeking for activities. If you give her activities, she is busy and won't disturb the others. So yes, it may not be fair but this way results in less frustration from all sides.

Recommendations:

- ❖ Acknowledge that she is working 'I can see that you have been busy'. This aims to reduce her perception of her role being challenged – reducing agitation.
- ❖ Communicate with Betty in a way that responds to her reality e.g. 'have you got time to help me with this?' This provides Betty with the feeling that she is in control and again.

Occupation

Self-care / Leisure – Due to Betty's perceived worker role, does not willingly engage in self-care and leisure as it is inappropriate in the workplace as she states she is 'too busy'. Betty will cooperate with prompting and relations to her work role but can cause Betty to become agitated if challenged rather than encouraged – this is when most incidences occur.

Productivity – Betty is happiest when fulfilling her worker role – while taking part in this without being challenged, there are less incidents of aggression . Betty is able to balance this with rest periods with prompts of 'going on a break' and has a set time at 'tools down time' each day that she recognises as 'her time.'

Interventions

- ❖ Allow Betty to have her clipboard with paperwork of a school nurse that has been provided. This aims to provide Betty with comfort that she is in her worker role if there is not any other physical tasks that need doing. This provides her with a sense of identity throughout the day.
- ❖ Engage Betty in activities around the home e.g. washing pots, tidying up. This aims to allow Betty to remain in her worker role and gives her a purpose, reducing agitation.

A participant in the video call also came up with painting as an activity. Firstly, painting is always good for the brain. Betty could focus on painting techniques to share her knowledge with the other. Also, she could assist the one one who is in charge; handing out the brushes and pencils, clean the room afterwards, offer a drink, etc...

Person

Physical – Betty does not recognise physical changes due to ageing and makes no comment on this and reports no concerns regarding mobility or pain.

Cognition – Betty believes she is younger than the other residents as she refers to them as 'older people' and believes that she is a working age. Betty does not have insight into her cognitive needs and does not think about looking after herself as she is always 'at work'.

Affective – Betty's mood is appropriate for a managerial position, she is positive as long as she is not being interrupted within her role. However, will respond positively if going for a break with one of the care staff is suggested.

Usually, when you are looking at the person with dementia, you automatically think that things from the past are things the person will like now as well. This only works when someone is feeling like he/she is back in that time. When

someone is not there (yet) and you offer things from the past, it could result in resistance. Therefore, it is important to figure out in which cognitive age the person functions and anticipate on this. In Betty her case you could ask for example how her work day has been. By doing this you create a feeling of understanding.

Intervention

- ❖ Care staff to provide more detailed evidence on recording system of Betty's overall mood. This will provide good information to use when writing recommendations.
- ❖ Care manager to educate staff on the completion of ABC charts. This will allow staff to know when to fill them out and what to include – making them more sufficient to gather information from.

Spirituality (values)

Puts pride in providing a high standard of work, explains this in conversation and always looks at the fine detail when completing tasks.

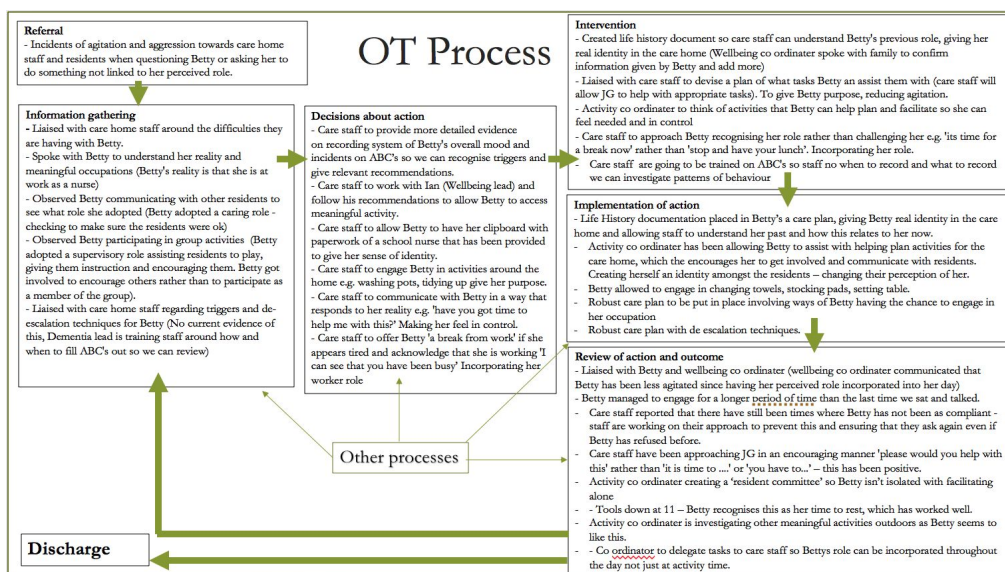
Likes being personable with 'her patients' (other residents), actively goes to check that everyone is ok.

Places high value in helping others, whether this be staff or other residents – always encourages other residents and makes sure that they are ok.

Enjoys a sweet treat and a hot drink with others when having 'a break', will state this when having a break. During assessment, Betty communicated that she was enjoying the tea and cake as she usually does.

Interventions

- ❖ Therapist to arrange a visit to work on some 'life story' work with Betty. This will give Betty real identity in the care home and give the care staff understanding of Betty's history and how this relates to her personality and actions today.
- ❖ Therapist to complete life story work and communicate this to use in the care home. This will give the care staff better understanding of Betty's needs and will allow them to understand her.



Literature:

- ❖ Polatajko, H. J., Davis, J., Stewart, D., Cantin, N., Amoroso, B., & Purdie L. (2013b). Specifying the domain of concern: Occupation as core. In E. A. Townsend & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation* (2nd ed., pag. 13–36). Ottawa: CAOT Publications ACE.
- ❖ Hagedorn, R (2006). *Tools for Practice in Occupational Therapy. A Structured Approach to Core Skills and Processes Elsevier LTD. China. Pages 75-76*
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- ❖ Law, M., et al (2018). *COPM The Canadian Occupational Performance Measure*. [Online] Available at: <http://www.thecopm.ca/> [Accessed 29 10 2018].