

Strength based models for people with dementia



**ASSIGN
BUSTER**

The strength based model represents a paradigm shift — a movement away from a deficit based model which is one that can lead to a long list of the things that are considered to be ‘ wrong’ with people’s learning and development or that people cannot do, and insufficient information about strengths and strategies to support the people’s learning and development.

Strength based model is valuing everyone equally and focused on what the person can do rather than what the person can’t do and create hope by focusing on what has worked well for them in the past. It is describing learning and development respectfully and honestly. It is building on the person’s abilities and acknowledging that people meet difficulties that need awareness and provide so communication can be seen as resources not barriers.

- Strengths

1. It builds self-esteem and sense of competence or accomplishment for patients with dementia and their families.
2. For patients with dementia it focuses on health and well-being by embracing an asset-based approach to promote the positive.
3. It values everyone equally including patients with dementia and focuses on what the person can do rather than what the person can not do and create hope by focusing on what has worked well for them in the past.
4. It builds on the abilities for clients with dementia and acknowledges that they meet difficulties so they learn awareness so that can communicate with other without barriers.

5. It attempts to identify ' what works' and ' how it works' for clients with dementia so that they can be continued and developed to match the client's abilities.

- Weaknesses

1. It may not work in people with dementia and families with safety and high risk factors such as abusing patients by carers or families or addictions like smoking and drinking.

2. It may set people with dementia up for disappointments especially with unrealistic goals since they are not able to achieve the goals at all.

3. It may be impediment to relevant information such as feeling that people with dementia have expected to frame the statement in positive terms and it may not allow them to get a complete picture of the theirs improving and development.

4. People with dementia may not find out the services they can get voluntarily and may be seen as resistant or non-compliant.

5. People with dementia who are suffering from financial issues or having social stigma may not be able to access the services.

- Assessment

Assessment should begin with the person's interests and attributes, rather than their deficits. Questions to obtain strengths, capacity and interests are a key part of assessment. The information should be elicited through a

friendly conversation with the person about the abilities, interests, daily routines and desires such as

- Tell me about yourself – and about you as a person.
- What are your interests? What do you enjoy?
- What do you like to do?
- Who are the people that are especially important to you? Tell me about these relationships.
- What community connections do you have – who is part of your community? Or What community activities are important to you?
- What do you want to achieve? What is getting in the way of this happening? (Elicit why strengths are not used, for example religious or cultural belief or restriction.)
- What ideas do you have to overcome these hurdles?
- Tell me about your daily routine and what makes a good day for you.
- What are the things you do, each day or each week, because you really want to – not because you have to?
- Can you describe how you do specific tasks and their components (for example, can push a shopping trolley and select items from a shelf but cannot lift heavy bags; can push the vacuum but cannot bend down to plug it in; can shower but cannot step over the bath edge into the shower).
- What kind of exercise do you get each day?
- Planning

Planning is to maximise and improve the person's independence and quality of life. It supports the person's strengths and abilities, and lists strategies to

respond to their needs. It occurs in discussion with the person, and with their carers, family, friends, guardian and other organisations where relevant. It also has to be the person centered and individual recovery plans may be used.

planning:

- is an active process that includes interpreting assessment information, feedback, review, monitoring and exiting
- involves balancing comparative and competing needs, and assisting the person make decisions proper to their needs, wishes, values and situations.
- is reactive to the cultural needs of the person and maintains cultural sensitivity
- may require entrance to counseling or information from a area of sources to expand a proper solution
- takes into account the availability of services (within and beyond the organisation) and improve creative and flexible solutions to proactively
- assist the person to obtain their goals
- may be a staged process.

Plans change as a person obtains their goals continually or their preferences or circumstances changes.

- Co-ordination

Co-ordination of this models have to consistent with the Right arguments which clarifies that people with dementia have the right of access to all services, resources, options and choose to live actively and participate in the

community. The services and support for people with dementia have to address present clinical problems but also include social, housing and spiritual needs. Coordination may include the following tasks :

- states shared goals and outcomes
 - outline the duties and responsibilities of each service provider
 - coordinate service providing to support the person to achieve their goals
 - assist communication of agreed strategies and interventions, to ensure all service providers are well-informed and working for the same goals
 - identify the person responsible for care coordination, such as a key worker, care coordinator or case manager, as appropriate
 - monitor and review service provision and plan for discharge, transition or exit from the service.
-
- Perspectives

1. Build hope through strengthened relationships with people, community and culture.
2. Strengthens the belief that people are experts in their own lives and the professional or carer's role is to increase and explain choices and encourage people to make their own decisions and informed choices.
3. Love the positive perspectives such as glass as half full rather than half unfilled,
4. Experts take a quality based system with client's remaining capacities, not the client's handicaps.

5. Provide more than possessing time, the point of quality based models is to give individuals with dementia with on-going and significant intercession all through the time of their sickness.

6. Collaboration and reduce power among individual, family and staff based on the difference.

- Summary of expected outcomes

1. Person and individual centered support services because the model focused on client's needs.

2.. Have a strong sense of identity such as if there is the person with dementia who came from Korea, staying in residential facility in New Zealand and when careers encourage the person to use his/her own language which is one of the person's strength and respect the culture, the person will get more strong self-esteem and confidence.

3. Be more effective communicator through the strength based model. If the person with dementia is good at understanding non-verbal communications and when careers use this strength to try to communicate with the person, strength based model can make him/her to be good communicator to improve communication skills.

4. Make them to be more independent from their families and careers through improving their strength and getting services which is focused on the strength.

References

Department of education Auckland (Sep 2011) Strength-Based Approach

Retrieved from [http://www.eduweb.vic.gov.](http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/strength-workingpaper.pdf)

[au/edulibrary/public/earlychildhood/learning/strength-workingpaper.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/strength-workingpaper.pdf)

Department of Health information for a healthy New York Strength based care planing Retrieved from [https://www.health.ny.](https://www.health.ny.gov/diseases/conditions/dementia/edge/strength/index.htm)

[gov/diseases/conditions/dementia/edge/strength/index.htm](https://www.health.ny.gov/diseases/conditions/dementia/edge/strength/index.htm)

Department of education Auckland (Sep 2011) Strength-Based Approach

Retrieved from [https://www.eduweb.vic.gov.](https://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/strength-workingpaper.pdf)

[au/edulibrary/public/earlychildhood/learning/strength-workingpaper.pdf](https://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/strength-workingpaper.pdf)

IRISS Strengths-based approaches for working with individuals Retrieved from [http://www.iriss.org.uk/resources/strengths-based-approaches-](http://www.iriss.org.uk/resources/strengths-based-approaches-working-individuals)

[working-individuals](http://www.iriss.org.uk/resources/strengths-based-approaches-working-individuals)

Advance healthcare network Strength-Based intervention for adults with Alzheimer's Retrieved from [http://speech-language-pathology-audiology.](http://speech-language-pathology-audiology.advanceweb.com/Article/Strength-Based-Intervention-for-Adults-with-Alzheimers-4.aspx)

[advanceweb.com/Article/Strength-Based-Intervention-for-Adults-with-](http://speech-language-pathology-audiology.advanceweb.com/Article/Strength-Based-Intervention-for-Adults-with-Alzheimers-4.aspx)

[Alzheimers-4.aspx](http://speech-language-pathology-audiology.advanceweb.com/Article/Strength-Based-Intervention-for-Adults-with-Alzheimers-4.aspx)

Victorian Government initiative Strengthening assessment and care planning

Retrieved from [http://www.health.vic.gov.](http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf)

[au/hacc/downloads/pdf/assess_guide.pdf](http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf)

PMC Social role valorization in community mental health housing Retrieved

from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3644172/>

<https://assignbuster.com/strength-based-models-for-people-with-dementia/>

Kendrick, Michael (1994) Some reasons why social role valorization is important Retrieved from <http://www.cheshire.ie/docs/infobank/servicedesign/SomeReasonsWhy.pdf>

NDA Supporting people with autism spectrum disorder to obtain employment Retrieved from [http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/091BDD567113418180257B050032020C/\\$File/autism_paper.htm](http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/091BDD567113418180257B050032020C/$File/autism_paper.htm)

Joe Osburn (1998) Social role valorization Retrieved from <http://www.socialrolevalorization.com/articles/overview-of-srv-theory.html>