ENTRANCE INTO THE WORLD OF DEMENTIA CARE

40 Years of Professional Dementia Care With Heart

FOUNDING VISION OF MELABEV

Offer a service that didn’t exist where empathetic care, professional know how, is combined in a social setting

Person centered care

Community based – these participants belong in the society like other citizens

A holistic approach – where the family is also considered part of the program

Help families to

a) keep their loved ones at home

b) gain respite and find the strength to continue as caregivers

c) gain a partner in managing the person with dementia

Adjust the level of care according to person’s function, mother-tongue and cultural needs

Maintain a high level of quality, whether in the physical setting (furniture, dishes, cleanliness) or equipment (art supplies, ) which gives dignity to the members

Assure flexibility in the program: As the needs arose auxiliary services were added:

Groups for Russian, Arabic, English and French speakers

Support groups for the spouses Individualized family counseling

An evaluation clinic

Home care program,

Afternoon program

During corona, contact via zoom

Professional standards, research based, with opportunities for in-service training and support for the staff

Maintain high morale among the staff who identify with the goals of the organization

Educational programs for the general public

(professionals, extended families, foreign caretakers)

PRINCIPLE 1: DEVELOPING A POSITIVE ATTITUDE

TO THE PERSON WITH DEMENTIA IN OUR CARE

They are

Deserving of respect

Acceptance

We should

Focus on the person, not the diagnosis

Validate their feelings (e.g. confusion, fear, "something’s not right”, “I’m not the person I was”, "Why do they treat me as a child?”)

How do we achieve it:

Understanding the symptoms of dementia and their impact on each individual and their family

Developing a non-judgmental attitude

Creating a safe and accepting environment

Showing empathy

PRINCIPLE 2: DEVELOPING A SUPPORTING ATTITUDE TO THE FAMILY

Understanding the changes the families go through

* Understanding their loss, their fear of further decline and loss of control
* Feeling overwhelmed
* Role reversal – taking on tasks they never fulfilled in the past
* Mixed emotions – anger, shame, frustration, sorrow
* Partnership ended – deep feelings of sorry at the changed relationship
* Loneliness and isolation
* Reluctance to share the burden, ask for help, admit they aren’t capable of managing

How do we achieve it:

Providing information about their rights, the services and support available

Being available - "*You’re not alone*”

Running support groups, and individual counseling

Providing opportunities for respite (time out from the non-ending worry & care)

Empathy

Helping the families to be more forgiving of themselves

Encouraging family caregiver to take care of themselves (e.g. get enough sleep, medical care and outside activities)

Coaching caregivers to include more family members and support each other

Understanding that relieving the family caregivers has a positive impact on the clients

PRINCIPLE 3: DEVELOPING AN ATTITUDE BY THE STAFF

Concentrate on the person, not his illness by

Remembering their way of thinking is unlike ours (therefore there is no use reasoning or applying to their senses)

Exhibiting patience and fortitude – “there but for the grace of G-d go I”

Learning about the illness

Acquiring Good ongoing modeling and mentoring

Knowing your clients, what they once liked, their profession, the skills they retain (cooking, leading prayers, giving sage advice, comforting others…)

Some tricks of the trade:

Drawing out their remaining strengths

Using distraction is a wonderful tool

Being empathetic by physical touch such as a hand on the shoulder, giving a hug, saying "I'm sorry, this is really hard", “I’m here for you” – these can accomplish so much

Remember the client can only concentrate on one thing at a time

Use simple language

Don’t test their memory and ask what they can’t recall

Give positive feedback, but honest, based on real accomplishments

Learn non-verbal cues and body language

Use humor

What helps

Safe, attractive and dignified physical surroundings even in the details – no plastic dishes, art supplies for adults, etc.

A supportive work environment, team-work and open dialogue between all levels of the staff

Training and ongoing supervision

THE PRINCIPLES OF CARE עקרונות טיפול

Their reality and way of thinking is unlike ours

therefore logical reasoning is often not effective

Routine is of great importance

Distraction is a wonderful tool for management

Don’t test their memory and don't ask what they can’t recall

Use humor

Common behavioral problems and unreasonableness are expressions of the illness; Take a deep breath and try not to take them personally

Choose therapies that stimulate and add to their wellbeing

Give positive but honest feedback, based on real accomplishments

A hand on the shoulder, a hug, “I’m here for you” attitude accomplishes so much

Remember the client can only concentrate on one thing at a time

"No” now can be “yes” in an hour’s time for the client

Use simple language

Keep the standard dignified and respectful, even in the small details:

no plastic dishes, art supplies for adults, professionally trained

workers, not merely activity workers

Principles or How do you achieve it

Learn non-verbal cues and body language

Listen to what they’re trying to convey with an inner ear

Know your clients, what they once liked, what was their profession, what skills do they still retain (cooking, leading prayers, giving sage advice, comforting).

ACTIVITIES/ PROGRAMING

Each part of the program has a purpose, a therapeutic base, is professionally planned

The atmosphere of social interaction throughout the day, even unstructured parts, such as chatting, tea break, setting up the room together with clients – serve the purpose to break through the alienation and loneliness of the clients.

We do not merely fill up the hours or babysit

*Collage of clips and/or pictures*

There are 6 kinds of therapies which are especially suited to dementia care and their rationale is well researched

*All visually described*

Music

Art

Gardening

Movement

Animal

Cooking

*All visually described*

In addition new activities/ therapies are being introduced and have special value for the client to counter act their low self esteem and confusion

Computer program Savion

Beatubes

Exercises

Photography

*All visually presented*

Social activities and those that are part of any club are also included: outings, lectures, board games, visitors, events celebrated: birthdays, anniversaries, holidays

*All visually presented*

Inter generational projects: with kindergartens, school children, high school yeshiva students and university students who share Chanuka or Purim parties, common arts & crafts projects, choirs with youngsters, baby parades, and other programs with members of the community at large.

RISK REDUCTION

*a poster picturing each topic*

There is no cure for dementia in most cases

However dementia can be postponed or its decline slowed by medicines and life style changes

Healthy diet

Exercise

Reducing negative stress

Maintaining social contact with all age groups – friends, offspring, neighbors, other members of the group

Cognitive exercises to build new connections in the brain – seeking mental challenges by learning a new language, Talmud, soduko, brain games, etc.

ETHICAL ISSUES IN DEMENTIA CARE ??? *perhaps omit*

*Use poster we have to illustrate the main points*

There are no right and wrong answers to most ethical issues, nor only one answer for different situations or people.

**Examples:**

Autonomy vs. Safety

Locking-up

When to stop driving

Self-Medication

Complete Transparency vs. Selective Sharing

How much to reveal of the diagnosis?

Inform of sad news?

Maintaining Family Unity

Weighing what the patient would have wanted vs. the needs and abilities of the surrounding family

Legal issues

changing a will

giving power of attorney

sharing bank accounts

At different stages in a person’s illness, he can be lucid or confused, or he can be competent to make a decision on one subject (e.g. to undergo a medical procedure but not to decide how to use his finances) and not on another. Ethical issues need to be reassessed periodically, require flexibility, knowledge of the person's present mental state and professional guidance.

ATTAINING THE STAFF AND VOLUNTEERS THAT RUN THE CENTERS – THE SECRET INGREDIENT OF MELABEV’S SUCCESS

Melabev's Employees and Volunteers – Our Special Ingredient

Thanks to the workers and volunteers of Melabev over the past 4 decades the organization has succeeded in providing high level care. Melabev's staff exhibits a combination of personally traits such as empathy, patience, special love for the elderly and a desire to improve the lives of people with dementia and their families.

Positive feedback from the families & the clients, realizing the staff are fulfilling a huge need – is a major source of motivation.

Moreover the work environment is constructed as a source for assuring satisfaction in working with this population, of on-going support and cooperation from other staff members.

In addition the organization provides:

Training

Supervision and good role models

A combination of professionalism with honest concern

Emotional support to the staff

Good and safe environment

Monetary compensation

HISTORY AND DEVELOPMENT OF MELABEV

Established in l981 by Prof. Arnold Rosin and social worker Leah Abramowitz from Shaare Zedek . It was a pioneer undertaking founding day care facilities for patients with dementia long before the major organizations like Eshel, the Ministry of Social Welfare, the Dept. for the Elderly of each municipality and others joined the movement.

Within two years there were already 4 day care centers primarily in community center in different parts of the city. Only one, the group in Philip Leon in Kiryat Hayovel, remained in the same place from l982 – 2009 until it amalgamated with Masuah. Other groups changed venue frequently

Today there are 17 groups in four specially designed buildings in different parts of Jerusalem and Beit Shemesh, divided by level of functioning and mother language: Hebrew, English, Russian, Arabic and French

Transport is provided by an organizational van and hired vehicles as needed. For the first 15 years members were transported by volunteers

At first the organization operated as a volunteer group. A very active Friends of Melabev provided funding for 25 years and even a branch was established in the U.S.

Private donors, government agencies and foundations provided the funding for the three buildings that belong to Melabev in Jerusalem, first in Pisgat Zeev for the northern branches, then in Talpiot for the English speakers and for the past 5 years in Givat Massuah for the western and southern neighborhoods.

Today there are 17 individual Melabev groups, and each has a coordinator, two group leaders, several auxiliary workers, volunteers and National Service leaders as well as cleaning and kitchen staff.

The Ministry of Social Welfare requires the day care centers to provide transport supervision, 2 meals, therapeutic activities, trained staff, grooming facilities and certain physical conditions. Melabev has consistently fulfilled all the requirements and has been awarded prizes *[find pictures of the certificates]* and praises for high quality service.

There are smaller groups in 3 sheltered housing units in Jerusalem, and private Melabev at Home services is provided in several cities outside of Jerusalem. A new program "Melabev for Family Caregivers" for counseling family caretakers mainly on Zoom, has started in 2022.

The exhibit is designed to highlight the 40 years of service to the elderly in the Jerusalem area and offers

כניסה לעולמו של האדם עם דמנציה ויצאה עם כלים חדשים לטיפולו