Designing programs for those we care for must be grounded in person-centered care. This care, based on the needs and strengths of the sisters and brothers we care for, goes beyond the “check mark” of an assessment. Providing person-centered care is vital, giving meaning and fulfillment to the lives of our elders, allowing them a sense of purpose as they age.

During this 1 hour webinar, Sr. M. Peter Lillian Di Maria, O.Carm. will discuss the importance of person-centered care programming and the best practices for designing and implementing quality programs. Alfred Norwood, President of Behavior Science, Inc. will accompany Sr. Peter to discuss the effect of aging on developing person-centered programming.

This program is recommended for those in elected leadership and those who are in ministry to their retired members.
DISCLAIMER
This webinar is intended for educational purposes only. It is not a substitute for formal medical training in one of the health care professions, nor is it a substitute for professional medical advice. For more specific information you may have to consult a health care professional.

DISCLOSURE OF VESTED INTEREST
The presenters have no personal, professional or financial disclosures to make in relation to this presentation.

DISCUSSION OF UNLABELED USE
There will be no discussion of off-label use of medication during the presentation.
Person-centered Care Programming for Retired Religious

February 6, 2012
1:00 – 2:00 PM EST
Webinar

Presented by:
Sr. M. Peter Lillian Di Maria, O. Carm.,
BA, LNHA, DCP
Alfred W. Norwood, BA

Education Arm of the Carmelite Sisters for the Aged and Infirm

Disclaimer

- This presentation is intended for educational purposes to health care professional only and not to be used as a substitute for complete medical training in one of the health care professions. Information contained in this presentation is not intended or implied to be a substitute for professional medical advice. Always seek the advice of a physician or other qualified health provider for all medical problems, treatments, prior to starting or initiating any new treatment or with any questions you may have regarding a medical condition.

- Do not rely upon any of the information provided by this presentation for medical diagnosis or treatment. Any medical or other decision should be made in consultation with a qualified health care provider.

Why Person-Centered Care?

- It Values the persons you serve, and the Congregation’s commitment to one another.

- It Validates each individual as a unique human being.

- It Connects the person to God, Self and others.
Why Person-Centered Care?

- Develops relationships.
- Concentrates on strengths.
- Understands the person and the disease.
- Knows when the person is talking and when the disease is talking.

It’s all about relationships!

No man can stay alive when nobody is waiting for him. Everyone who returns from a long and difficult trip is looking for someone waiting for him. Everyone wants to tell his story and share his moments of pain and exhilaration with someone waiting for him to come back. A man can keep his sanity and stay alive as long as there is at least one person who is waiting for him.

- Henri Nouwen
  *The Wounded Healer*

How do you know the meaning of another’s life?

- Taking time to ask the right questions.
- Taking time to listen.
- Restating the concerns and the hopes of the person.
Questions to ask to develop appropriate programming

- What gives meaning to the life of the Community member you are serving?
- Can the person give examples of people or experiences that gave meaning to his/her life?

Do you ask these questions of each member you serve?

Traditional vs Person-Centered Care

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Person-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Treatment based on medical diagnosis.</td>
<td>Care based on individual’s needs.</td>
</tr>
<tr>
<td>2</td>
<td>Schedules established for convenience of the caregiver.</td>
<td>Schedules established around resident need.</td>
</tr>
<tr>
<td>3</td>
<td>Work is task-oriented – easily transferred from person to person.</td>
<td>Work is relationship centered and staff have consistent assignments.</td>
</tr>
<tr>
<td>4</td>
<td>Decision making is centralized.</td>
<td>Decisions made by the person receiving the care and those closest to them.</td>
</tr>
</tbody>
</table>

Traditional vs Person-Centered Care

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Person-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Facility/Infirmary etc… belongs to the people who are caregivers/staff.</td>
<td>Facility/Infirmary etc… is the Religious’ home and “staff” work in their home in their room.</td>
</tr>
<tr>
<td>6</td>
<td>Structured activities revolve around the program coordinator.</td>
<td>Spontaneous programs happen around the clock.</td>
</tr>
<tr>
<td>7</td>
<td>Isolation and loneliness are common.</td>
<td>Those being served and those who are caregivers share a feeling of community and belonging.</td>
</tr>
</tbody>
</table>
Care Partnering or Care Giving?

<table>
<thead>
<tr>
<th>Care-giving</th>
<th>Care-partnering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infers that the other is</td>
<td>Both are nurtured.</td>
</tr>
<tr>
<td>less than concludes that</td>
<td></td>
</tr>
<tr>
<td>the care giver is greater</td>
<td></td>
</tr>
<tr>
<td>than.</td>
<td></td>
</tr>
<tr>
<td>I am depleting myself</td>
<td>Each is giving and</td>
</tr>
<tr>
<td>in ministering to you.</td>
<td>receiving.</td>
</tr>
<tr>
<td>Giving care can easily</td>
<td>Each encounter has the</td>
</tr>
<tr>
<td>become means of</td>
<td>potential to change me.</td>
</tr>
<tr>
<td>manipulation.</td>
<td></td>
</tr>
</tbody>
</table>

Care Partnering and Care Giving?

- Care-giving: Infers that the other is less than concludes that the care giver is greater than.
- Care-partnering: Both are nurtured.
- Giving care can easily become means of manipulation.

How do we know we are providing Person-centered Care?

- How are the concerns of retired religious addressed?
- How are the concerns of those who care for retired religious addressed?
- How are Congregational concerns addressed?

What is the culture of your facility?

- How are the concerns of retired religious addressed?
- How are the concerns of those who care for retired religious addressed?
- How are Congregational concerns addressed?
Look around...

- Is this where you would want to live in the future?
- Why? Or Why not?

What Organizational systems Changes Would You Consider?

- Age, interest, and gender appropriate activities.
- Individualized schedules for my care needs.
- The elder is put before the task.

How to Implement Person-centered Care?
Know What Causes Aging
What Causes Aging

AGING
Environment
Genetics
Biology

Normal Age-Related Changes

<table>
<thead>
<tr>
<th>DECREASED</th>
<th>INCREASED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve capacity due to passage of time.</td>
<td>Exposure to disease - causing factors.</td>
</tr>
<tr>
<td>Ability of body to maintain normal ranges.</td>
<td>Susceptibility.</td>
</tr>
<tr>
<td></td>
<td>Incidence to disease.</td>
</tr>
</tbody>
</table>

Normal Aging DOES NOT automatically include disease!

Non-modifiable Aspects of Aging

- Arterial wall rigidity.
- Cataract formation.
- Graying of hair.
- Kidney reserve.
- Thinning of hair.
- Elasticity of skin.
Modifiable Aspects of Aging

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Modifiable Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac reserve</td>
<td>Exercise, nonsmoking</td>
</tr>
<tr>
<td>Dental decay</td>
<td>Prophylaxis, diet</td>
</tr>
<tr>
<td>Glucose tolerance</td>
<td>Weight control, exercise, diet</td>
</tr>
<tr>
<td>Intelligence tests</td>
<td>Training, practice</td>
</tr>
<tr>
<td>Memory</td>
<td>Training, practice</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Weight-bearing exercise, diet</td>
</tr>
<tr>
<td>Physical endurance</td>
<td>Exercise, weight control</td>
</tr>
<tr>
<td>Physical strength</td>
<td>Exercise</td>
</tr>
<tr>
<td>Pulmonary reserve</td>
<td>Exercise, nonsmoking</td>
</tr>
<tr>
<td>Reaction time</td>
<td>Training practice</td>
</tr>
<tr>
<td>Serum cholesterol</td>
<td>Diet, weight control, exercise</td>
</tr>
<tr>
<td>Social ability</td>
<td>Practice</td>
</tr>
<tr>
<td>Skin aging</td>
<td>Sun avoidance</td>
</tr>
<tr>
<td>Elevated blood pressure</td>
<td>Salt limitation, weight control, exercise</td>
</tr>
</tbody>
</table>

“Successful Ageing is defined as the ability to maintain low risk of disease or disability, high mental & physical function, and active engagement with life.”

- MacArthur Foundation Study

Emerging research data concludes:

- As we grow older, the influence of environmental factors on our health become more important, and the influence of genetic factors becomes less important.
- Our course in older age is not predetermined.
- The frailty of old age is essentially avoidable and largely reversible.

Maintain focus is key

Personal goals
fuel activity, provide reason for living and forestall depression.

Research suggests
life satisfaction in aging is a function of being able to “adjust personal preferences to situational constraints”.

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Biology & Bad Environment

Full service careers that end quickly
- Provide no stepped retirement.
- Create voids that can lead to depression.

---

Biology & Bad Environment

Neural losses in aging
Impact executive control often leads to
- Short term memory losses.
- Cognitive slowing.
- Increased prejudice.
- Social inappropriateness.
- Increased depression.
Biology & a Good Environment

1. Control Group
   - Long weekend at resort in winter
2. Experimental Group
   - Long weekend, simulating 20 years ago
3. Both groups tested
4. Results
   - Experimental group looked, felt, was better
   - Improved health/mental tests

---

Think well of yourself

- Aging stereotypes impact memory
  - Seniors presented positive/negative stereotypes.
  - Asked to do memory tests.
  - Those who shown positive stereotype did better.
  - Those shown negative stereotype did worse.
  - Young subjects showed no stereotype impact.
- Pessimism increases risk of dementia 30%
- Depression with Pessimism increases risk 40%

---

Religion’s impact

- Religiosity/spirituality is linked to health-related physiological processes — including cardiovascular, neuroendocrine, and immune function.
- Religiosity/spirituality was associated with reduced mortality in healthy population studies but not in diseased population studies.
- Elderly ill men and women who experience a religious struggle with their illness appear to be at increased risk of death.
Stress Accelerates Aging

- "Everybody's trying to figure out what causes aging and premature aging.
- We all know that stress seems to age people – just look at the aging of our presidents after four years,
- The new study "demonstrated that there is no such thing as a separation of mind and body – the very molecules in our bodies are responsive to our psychological environment.”

Person Centered Activity

Study found

- Tailoring activities to capabilities of individuals with dementia resulted in:
  - reduction in behavioral symptoms and
  - improvement in quality of life.
  - reductions in time spent in daily care by caregivers.

Person-centered Activity

Moderate

Indoor gardening effective for
- sleep,
- agitation,
- cognition
- Fewer behaviors

Severe

Sensory-focused strategies
- aroma,
- preferred live music,
- multi-sensory stimulation.


Person Centered Catholic Care

- Early Stage Dementia:
  - A perpetual novena; lighting a candle for a specific prayer request.
- Middle Stage:
  - Attending complete religious services
  - Attending abbreviated liturgical service
  - Singing Hymns
- End Stage:
  - Holding and reciting the Rosary,
  - Engaging in ritualistic prayer,
  - Holding religious icons and singing songs.

Simulate a Comfort Zone

- A 7-day-a-week program is staffed by specially trained nursing assistants who provide activities of daily living in an unhurried manner, with a “loving touch” approach to care.
- Residents were involved in the program for at least 30 days showed a decrease in residents’ withdrawal, social interaction, delirium indicators, and trend for decreased agitation.

Stimulating Memory and Preserving Function

---

**Person-centered Care Programming for Retired Religious**

February 6, 2012
Webinar @ 1:00 PM

---

COSPONSORED BY

National Religious Retirement Office

AVILA INSTITUTE of GERONTOLOGY, Inc.
Stimulating Memory: “Use it or lose it!”

- Stay mentally active.
- Research shows us that we can continue to learn throughout our lifetime.
- Try reminiscence activities.

Sample Reminiscence Activities

- Reminiscence kits made by Congregational members to include:
  - Photo album.
  - Story book with photos or postcards from significant locations with an explanation of their significance.
  - Significant object(s) from the past.
- What season-based activities do you provide? (Include cognitive, physical, sensory, social)

Stimulating Memory: “Make new friends, but keep the old.”

- Remain socially active.
- Find a compatible group.
- Encourage them to use their strengths.
Variety of activities can help retain memory

- Design the activity to the cognitive level and interests of the individuals in the group.
- Allow the person to enjoy “failure-free” activity, while continuing to stimulate the mind and senses:
  - Music
  - Relay stories of Ministry
  - Art work
  - Tasks that are engaging based on their gifts

Provide self-directed activity opportunities:
- Laundry basket with brightly colored items.
- An “office” with desk with appropriate items.
- Activity apron.
- Activity box geared to needs of individual residents.
- Fabric samples of a variety of textures and colors on a ring or in a basket.
- Carpet samples in a bin.
- Use of technology.

Activities that Enhance Memory

Activities that keep us socially active
- Small discussion groups.
- Card playing group.
- Any activity (including meal times) that are shared with others.
Activities that Enhance Memory

Activities that stimulate the senses
- Bake: bread, cookies, pies.
- Make a potpourri.
- Plant and tend an herb garden.
- Flower arranging with strongly scented, brightly colored flowers.
- Music (in a room with a minimum of echo, or with earphones).
- Create a collage of favorite pictures.

Activities that Enhance Memory

Activities to stimulate old memories
- What was your favorite Saturday matinee?
- What was the happiest day of your life?
- What was your entrance ceremony like?
- Describe the town where you were born.
- What is your favorite winter (spring, summer, fall) activity?

Activities that Enhance Memory

Activities to stimulate old memories
- Make a memory book.
- Name that tune!
- Trivia from the past.
- Sing-a-long.
- Reading familiar scripture passages.
Activities that Enhance Memory

Activities to stimulate the mind
- Card games.
- Arts and crafts projects.
- Poetry reading or reciting.
- Intergenerational activities.

Appropriate use of TV, DVDs / Videos and Audio

- History Channel “This Week in History”.
- Animal Planet.
- TV Land.
- Old radio programs.
- Old movies, especially musicals.

Activities that Enhance Memory

Activities that stimulate the body
- “Walking” Club.
- Bowling.
- Swimming Club.
- Chair exercises.
Activities to make visits meaningful

Go somewhere together. It is often the journey, not the destination that is important.

- Walk outside and sit in the garden or on a park bench and discuss what you each see.
- Read a book of poetry or novel.
- Explore another part of the facility.
- Take a ride in the car.

Why Person-Centered Care?

<table>
<thead>
<tr>
<th>It is our moral obligation.</th>
<th>It develops relationships.</th>
<th>It provides Choice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>We share Jesus’ healing ministry.</td>
<td>The Person’s needs before our own.</td>
<td>It gives control and independence.</td>
</tr>
<tr>
<td>We are unique human beings.</td>
<td>Values my Opinion.</td>
<td>It includes all ideas.</td>
</tr>
</tbody>
</table>

“Old age is a lonely period. At no time in a person’s life is kindness so much needed and appreciated. Efficiency is wonderful, but it should never replace kindness. All professional skill should stem from the kindness and compassion of Christ.”

- Mother Mary Angeline Teresa, O.Carm,
  Foundress of the Carmelite Sisters for the Aged and Infirm
Pastoral Care - Spiritual Assessment

Level of Orientation:  
- [ ] Oriented  
- [ ] Cognitive Impaired  
- [ ] Forgetful  
- [ ] Non-Verbal

Information Obtained from:  
- [ ] Resident  
- [ ] Family  
- [ ] Other

What gives meaning to the resident’s life?
- [ ] Faith / beliefs  
- [ ] Family / support  
- [ ] Social relationships  
- [ ] Local faith community

Comments:

Does resident exhibit or express feelings, signs or symptoms of:

PAIN:  
- [ ] physical  
- [ ] emotional  
- [ ] social  
- [ ] spiritual  
- [ ] familial

- [ ] fear  
- [ ] anxiety  
- [ ] anger  
- [ ] loneliness  
- [ ] teary  
- [ ] grief/loss  
- [ ] denial  
- [ ] sadness  
- [ ] withdrawal  
- [ ] peaceful  
- [ ] acceptance  
- [ ] adjustment

Comments:

What religious practices / religious services / spiritual support are important to the resident?

- [ ] Mass  
- [ ] Holy Communion  
- [ ] Anointing of the Sick  
- [ ] Sacrament of Reconciliation  
- [ ] Rosary  
- [ ] Bible  
- [ ] Private Prayer  
- [ ] Grief Support  
- [ ] Jewish Services / Visitation  
- [ ] Protestant Services / Visitation  
- [ ] Pastoral Visits / Support  
- [ ] Life Review  
- [ ] Choir

Comments:

Does the Resident have any favorite religious symbols and / or Saints?

Comments:

Date: __________________________  Signature: __________________________
<table>
<thead>
<tr>
<th>List all group activities you know resident enjoys participating in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Arts &amp; Crafts</td>
</tr>
<tr>
<td>☐ Bingo</td>
</tr>
<tr>
<td>☐ Music Events</td>
</tr>
<tr>
<td>☐ Competitive Games</td>
</tr>
<tr>
<td>☐ Shuffleboard</td>
</tr>
<tr>
<td>☐ Movies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Crochets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1-1 Special Program Visits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Responds to voice</td>
</tr>
<tr>
<td>Comments: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mode of Participation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Attends on own</td>
</tr>
<tr>
<td>☐ Needs reminder</td>
</tr>
<tr>
<td>☐ Needs encouragement</td>
</tr>
<tr>
<td>☐ Needs coaxing</td>
</tr>
<tr>
<td>☐ Attends late</td>
</tr>
<tr>
<td>Comments: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavior / Responses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Follows directions well</td>
</tr>
<tr>
<td>☐ Assumes leadership role</td>
</tr>
<tr>
<td>☐ Requires reassurance</td>
</tr>
<tr>
<td>☐ Needs encouragement</td>
</tr>
<tr>
<td>When: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verbal Responses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Slow</td>
</tr>
<tr>
<td>☐ Fast</td>
</tr>
<tr>
<td>☐ Regular</td>
</tr>
<tr>
<td>When: Easily frustrated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>May Concentrate on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bowel &amp; Bladder</td>
</tr>
<tr>
<td>☐ Other: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Regular diet</td>
</tr>
</tbody>
</table>
Resident Profile (cont.)

Resident's Name

Check Appropriate Traits:
- Easily agitated
- Adaptable
- Aggressive
- Ambitious
- Apprehensive
- Calm
- Cheerful
- Childish
- Argumentive
- Anxious
- Congenial
- Cooperative
- Complainer
- Depressed
- Withdrawn
  - Often
  - At times
- Dominating
- Nervous
- Strikes out
  - At others
- Worries
- Cries easily
- Finds fault
- Feaful
- Follower
- Hoards items
- Helps others
- Hostile
- Good natured
- Humorous
- Indecisive
- Independent
- Indifferent
- Intolerant
- Decisive
- Demanding
- Leader
- Loving
- Angry
- Listener
- Loner

- Lethargic
- Mischievous
- Motivated
- Melancholy
- Negative influence to others
- Nonchalant
- Noisy
- Nurturing
- Argumentative
- Outgoing
- Opinionated
- Overbearing
- Over reacts

Personality Traits:
- Taciturn
- Sad
- Sunny
- Quiet
- Talkative
- Relaxed
- Reliable
- Rejects groups
- Religious
- Popular
- Positive
- Negative
- Sarcastic
- Seclusive
- Socially independent
- Sensitive
- Spectator
- Seeks physical attention
- Timid
- Temper tantrums
- Territorial
  - To where
- Resentful
- Sullen
- Yells out
- Talks during groups
  - Frequently
  - At times

Resident's Needs Pertaining to Activities
- Structured activities
- Help making adjustments
- Individual projects
- Kept busy
- To feel important
- Mental stimulation
- Responsibilities
- Sense of belonging
- Sense of accomplishment
- Sense of leadership

Additional Comments:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

## Individualized Therapeutic Program

**Discipline**

<table>
<thead>
<tr>
<th>Activity Capability</th>
<th>Physical Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Individual</td>
<td>Specify:</td>
</tr>
<tr>
<td>□ One to One</td>
<td></td>
</tr>
<tr>
<td>□ Small Group</td>
<td></td>
</tr>
<tr>
<td>□ Large Group</td>
<td></td>
</tr>
<tr>
<td>□ Prefers to participate as an observer</td>
<td></td>
</tr>
</tbody>
</table>

**Suggested Programs** (Be very specific)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Materials / Devices**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Program Implementation

Date Implemented: ____________________________________________

Discipline: ________________________________________________

Program: __________________________________________________

Materials Needed: __________________________________________

Purpose of Activity: _________________________________________

Expected Outcome: __________________________________________

Time Allotted: ______________________________________________

Signed: ____________________________________________________
References

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• Culture Change in Long-Term Care; Weiner and Ronch, 2002. www.HaworthPress.com

• Person Center Care: A Model for Nursing Homes; Rantz and Flesner, 2004. www.nursingworld.org
Meet the Speakers

Sr. M. Peter Lillian Di Maria, O.Carm., BA, LNHA, DCP
Director, Avila Institute of Gerontology, Inc

Sr. M. Peter Lillian Di Maria has been the Director of the Avila Institute of Gerontology in Germantown, New York since January 1997. The Avila Institute is the education arm of the Carmelite Sisters for the Aged and Infirn. The Institute creates opportunities for individuals to share experiences and knowledge regarding their work with the aged and contributes to the field of gerontology through workshops, publications and studies. Sister M. Peter Lillian has been in the Continuing Care ministry for over 30 years often working in many administrative capacities. She has lectured many times on Alzheimer's Disease, Palliative Care, Geriatric Spiritual Care, Family Care Issues, Stress Reduction and Team Building. Sr. Peter has developed successful Dementia Care Programs, Dementia Care Curriculums and assisted in developing a Palliative Care Resource Manual that is specific for Geriatric Care. Sr. Peter Lillian has lectured in the United States and Ireland. Sr. Peter Lillian has worked with many Congregations concerning Aging Issues.

Alfred W. Norwood, BS, MBA
President and Founder of Behavior Science, Inc

Alfred Norwood is the President and Founder of Behavior Science, Inc. (1997-present). He is a behavioral psychologist who uses primarily ABA techniques and neurological research to resolve behaviors in community and institutional based dementia patients.

He has worked as a consultant for chain for-profit, non-profit and independent SNFs and ALFs and trained staff in the use of non-pharmaceutical, individualized care plans for residents with moderate to severe dementia. All training programs and techniques have resulted from working directly with specific nursing units, CNA’s and residents. The techniques he employs for training are the result of extensive training experience and his understanding of the neurology of attention, conscious processing & memory. His clients are taught to use a wide variety of easy to deploy non-pharmaceutical interventions for the most commonly seen behaviors to build highly individualized pro-active and effective care plans. All interventions are research based and proven in numerous successful applications.

His programs were tested by a local County LTC agency and qualified for reimbursement under Medicaid waivers. Similar tests were conducted for LTC insurance who also elected to reimburse policy holders for the S&LC program. The original program was based upon 18 months of his in home treatment conducted in partnership with Alzheimer's & Dementia Outreach program of ViaHealth Home Care.

Mr. Norwood has also developed “Engineered Music”. This highly effective intervention is based upon the use of individualized albums of music, preferred by dementia patients during pre-morbid times. Each song is engineered to accommodate common neural losses in the pre-frontal/frontal cortex and medial temporal lobe e.g. the music includes only easily understood timbres and chord structures with highly entrained and prominent melodies to enhance patient comprehension. Albums are composed of collections of songs which reinforce problematic behaviors e.g. slow tempo, minor key, songs with lyrics about evening, night or sleep used to prepare dementia patients for bed or keep them in bed.

Mr. Norwood developed a process using team dynamics to force consensus on critical organization issues. The process has been used by high growth, high technology companies, companies supplying acute and long term care providers and care providing teams themselves e.g. nursing units, home health care teams etc. He also has worked with LTC & ALF’s facilities and PACE sites for 15 years in cost effective improvement of care for residents with dementia.