Abilities Care Approach: Life History Profile

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Purpose

- Share information gathered on the Life History Profile with caregivers and visitors.
- Provide opportunities for staff to have quality interactions with the patient throughout the day.
- Communicate individualized and meaningful information about the patient in a visual manner.
- Identify the stage of dementia via a color-coding system.

Procedure

1. Patient Identification – Patients who are enrolled in the Abilities Care Approach and will benefit from meaningful interactions with staff and visitors.
2. Patient Assessment – Utilize the Life History Profile or another Occupational Profile to obtain information about the patient’s roles, habits, preferences, interests, past skills and abilities, life experiences, and memories. Identify the Allen Cognitive Level or use another assessment tool to identify the stage of dementia.

Sample Documentation

“The Life History Profile will be completed to gather information about interests, retained abilities, and past meaningful and positive experiences and memories. This information will be incorporated into daily care routines to assist staff in building a positive rapport with the patient prior to providing care. Individualized patient information will also be utilized to decrease negative behaviors and promote active engagement in meaningful activities that prevent functional declines and the complications related to dementia.”

Supplies and Materials

- Label maker
- Colored duct tape
- Colored paper
- Foam boards
- Markers
- Glue sticks
- Photo tape
- Access to colored printer or pictures provided by office depot

Completed Life History Profile

- Completed Assessment to identify the stage of dementia. See the Allen Cognitive Level / Color Coding Handout
- Prior to construction of the Life History Board, assess the patient’s reaction to each image to ensure it elicits the targeted response
- Focus on a few words, just enough to start a conversation – use large font
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- Include the patient in the creation of the board during a therapy session
- Determine the best way to indicate the colored Allen Cognitive Level (i.e., colored duct tape, background color, etc.)

For LOWER level patients: the board is used primarily to inform caregivers about what is meaningful to the patient, the patient will not be expected to interact with the board

For HIGHER level patients: the board may be used to promote conversation with caregivers about the pictures and the words on the board

Evidence


This article used qualitative methods to explore the use of reminiscence with people with dementia living in long-term care facilities. Researchers found that reminiscence helped staff to “see and know” the patient better. Caregivers had greater insight into patients, which was useful in the management of behaviors and the provision of care. In the Abilities Care Approach® staff are taught to utilize cues from Life Story Boards to reminisce with patients. The staff utilize these interactions to establish and maintain rapport and trust during caregiving.


This randomized controlled trial of 23 people with dementia living in care homes found that quality of life was improved for participants who utilized a life-story book to reminisce with staff. An additional positive outcome was that staff had improvements in knowledge about the residents and improved attitudes regarding dementia when life story books were used. In the Abilities Care Approach® Life Story Boards are used to facilitate reminiscence with staff.

Cloverdale Life Story Board Results

- RG is a recent LTC resident, initially referred to OT to ease transition into LTC. Challenges included safety concerns, fall risk (had several falls at home prompting LTC admission), and agitation behaviors during care and with offers for assistance to promote continence and supervised mobility.
- Early Stage dementia- ACL 4.4-4.6 on LACLS-5.
- OT found that rapport building that included acknowledgment of RG’s personal accomplishments facilitated acceptance of offers of assistance and caregiving. Resident was noticeably more receptive to discussion of topics that had previously triggered agitation, such as safety cues, toileting schedule, and the use of a call light to request supervised mobility to prevent falls during initial rehab stay.
- Caregiver education has included use of life story prompts to build rapport with a short conversation prior to offers for assistance or reminders to use the call light to make any requests or notify staff when he needs to get up and walk to the bathroom.
- Staff reports that RG has been more receptive to their offers of assistance with familiar caregivers and caregivers who ‘get him.’
- RG says he feels ‘settled’ and is very appreciative of the opportunity to share his contributions, personal history and experiences.