

Emotion-Based Care



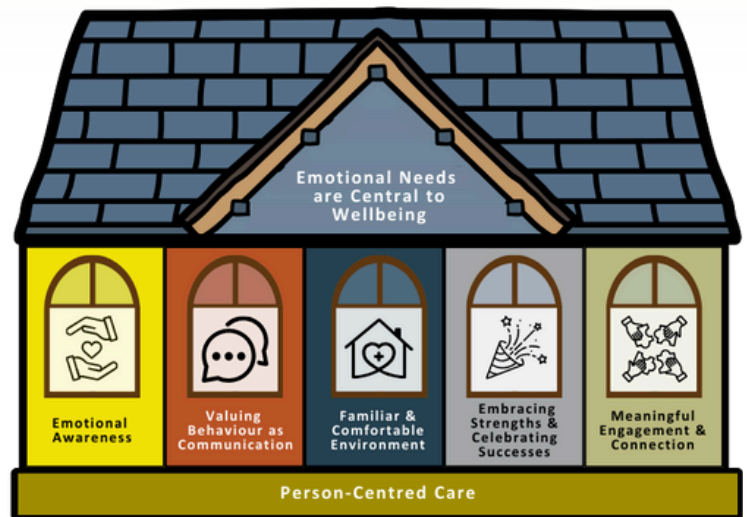
Emotion-based care is supporting the person's emotional and social functioning, specifically supporting the person in coping with the cognitive, social, and emotional changes they are experiencing as a result of dementia.¹ It encourages looking beyond just the tasks of physical caregiving, but to consider and respond to the person's emotional experience.

Grounded in Person-Centred Care^{2,3}

- Individuals are recognized as unique beings with preferences, desires, and life history.
- Preferences are determined through emotional reactions.⁴
- Care, interactions, and environment are personalized.

Emotional Needs are Central to All Wellbeing^{4,5}

- Recognizes emotions remain when task-based abilities are lost.
- The individual feels valued, safe, socially connected, and trusting of caregivers.
- The person's emotions and experiences are validated.



Emotional Aware Care Providers^{6,7}



- Carers can identify and respond appropriately to own emotions
- Carers can identify how emotional responses impact (positively and negatively) their provision of care
- Carers are emotionally attuned to the person they are supporting

Valuing Behaviour as Communication^{8,9}



- Understands behaviours are communication of unmet needs
- Identifies the unmet need behind the behaviour in order to meet the need, rather than simply 'managing' the behaviour



Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

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Familiar and Comfortable Environment^{10,11}



- The space is comforting and home-like, with items that are familiar and have emotional meaning to the person
- The day has a routine, to provide predictability, yet is flexible based on personal needs
- Carers provide emotional warmth

Embracing Strengths & Celebrating Successes^{12,13}



- Supports the person to achieve successes
- Celebrates the person's contributions to the community
- Encourages independence and self-confidence

Meaningful Engagement and Connection¹⁴



- People living with dementia are valued community members
- Fosters a sense of purpose, pride, belonging, and accomplishment
- Opportunities personalized to strengths and interests

Why are These Important?^{15,16}

- Reduced anxiety, loneliness
- Increased self-esteem, life satisfaction
- Improved cognition
- Reduced responsive behaviours

ALL of which increase quality of life!

References

1. Finnema E, Dröes RM, Ribbe M, Van Tilburg W. The effects of emotion-oriented approaches in the care for persons suffering from dementia: A review of the literature. *Int J Geriatr Psychiatry*. 2000;15(2):141-161.
2. Mitchell G, Agnelli J. Person-centred care for people with dementia: Kitwood reconsidered. *Nurs Stand*. 2015;30(7):46-50.
3. Kitwood T. The experience of dementia. *Aging Ment Health*. 1997;1(1):13-22.
4. Lawton MP, Van Haitsma K, Klapper J. Observed affect in nursing home residents with Alzheimer's disease. *J Gerontol B Psychol Sci Soc Sci*. 1996;51B(1):P3-P14.
5. Lee KH, Lee JY, Boltz M, McConnell ES. Emotional expression of persons with dementia: An integrative review with implications for evidence-based practice. *Worldviews Evid Based Nurs*. 2019;16(5):344-351.
6. Abbott KM, Heid AR, Spector A, Heppner A, VanHaitsma KS. Building relationships to enhance person-centered care through emotion-focused care. *Alzheimers Dement*. 2021;17(S8):051861.
7. Heid AR, Heppner A, Cheatham D, VanHaitsma K, Abbott KM. Emotion-focused communication training online: Development and evaluation of acceptability. *Gerontol Geriatr Educ*. 2024;45(4):618-631.
8. Cohen-Mansfield J. Theoretical frameworks for behavioral problems in dementia. *Alzheimers Care Q*. 2000;1(4):8-21.
9. Cohen-Mansfield J, Dakheel-Ali M, Marx MS, Thein K, Regier NG. Which unmet needs contribute to behavior problems in persons with advanced dementia? *Psychiatry Res*. 2015;228(1):59-64.
10. Fleming R, Goodenough B, Low LF, Chenoweth L, Brodaty H. The relationship between the quality of the built environment and the quality of life of people with dementia in residential care. *Dementia (London)*. 2016;15(4):663-680.
11. Calkins MP. Evidence-based long term care design. *NeuroRehabilitation*. 2009;25(3):145-154.
12. Van't Leven N, de Lange J, van der Ploeg E, Pot AM. Working mechanisms of dyadic, psychosocial, activating interventions for people with dementia and informal caregivers: A qualitative study. *Clin Interv Aging*. 2018;13:1847-1857.
13. McGovern J. Living better with dementia: Strengths-based social work practice and dementia care. *Soc Work Health Care*. 2015;54(5):408-421.
14. Cohen-Mansfield J, Dakheel-Ali M, Marx MS. Engagement in persons with dementia: The concept and its measurement. *Am J Geriatr Psychiatry*. 2009;17(4):299-307.
15. Lin CL, Chen R, Kustanti CY, et al. The effectiveness of emotion-oriented approaches on psychological outcomes and cognitive function in older adults: A meta-analysis of randomised controlled trials. *J Glob Health*. 2024;14:04123.
16. Finnema E, Dröes RM, Ettema T, Ooms M, Adèr H, Ribbe M, Van Tilburg W. The effect of integrated emotion-oriented care versus usual care on elderly persons with dementia in the nursing home and on nursing assistants: A randomized clinical trial. *Int J Geriatr Psychiatry*. 2005;20(4):330-343.