

Guidance for Namaste Care Workers

Delivering Namaste Care

*Delivering excellent care every day for people
living with advanced dementia*



**University
of Worcester**

Association for
Dementia Studies



Authors: **Jacobson-Wright, N., Latham, I, and Frost, F.**

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For further information about our research implementing Namaste Care, including training and support opportunities, please contact: dementia@worc.ac.uk

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Professor Dawn Brooker, Association for Dementia Studies

Introduction

This guide is designed to support Namaste Care Workers: those staff in care homes who are going to be running Namaste Care sessions. It should be read together with its partner guide: 'Guidance for Care Homes: Implementing Namaste Care'. This guide focuses on the specifics of Namaste Care sessions whereas the care home guide gives information on how to plan, deliver and evaluate Namaste Care for residents.

These guidance documents have been developed following a 3-year research project and as such are based in the experience of care home organisations and practitioners. Selected quotes or examples from their practice are used throughout. To read the full research project report go to: www.worc.ac.uk/dementia

This guidance is not intended to replace the original book: Simard, J (2013) "The end of life Namaste Care program for people with dementia." In addition, St Christopher's Hospice have developed a toolkit for Namaste Care which is also a valuable resource. It is available at: www.stchristophers.org.uk

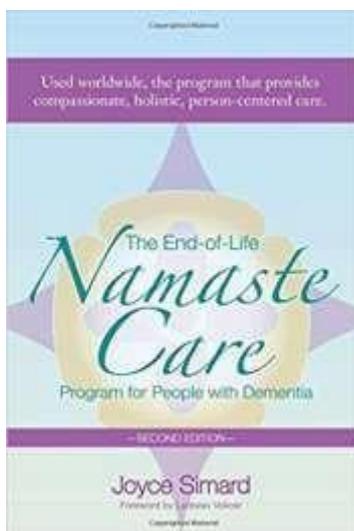
What is Namaste Care UK? An Overview

“People with advanced dementia living in any care setting deserve the right to be acknowledged, enjoy meaningful activities, be in the presence of others, and receive the loving touch approach that is the foundation of Namaste Care.”

Joyce Simard



The Namaste Care programme was developed in the USA by Joyce Simard. As a Social Worker aiming to create more social opportunities for people with dementia in care facilities, Joyce became aware of the gap in provision of social, emotional and psychological support for people with more advanced dementia. She observed that despite improvements in dementia care overall, ‘the experience of advanced dementia remains misunderstood and underserved’ and that improvements in the care of people with advanced dementia have tended to focus on medical needs. She commented that, ‘residents with advanced dementia are well groomed, changed, and fed. But what is their quality of life?’ (Simard, 2013).



It is this focus on enhancing quality of life that defines Namaste Care. Through a daily programme involving a range of physical, sensory and emotional care practices, residents with advanced dementia are supported to engage with carers, family and their surroundings. The programme includes improving pain management, increased access to snacks and drinks, using music, aroma, visual stimuli, therapeutic touch and personalised, nurturing communication with each individual.

The word 'Namaste' is a Hindu term which can be translated as meaning 'to honour the spirit within'. It is this meaning which inspired Joyce Simard to name the programme she created, (Simard, 2013) and it is a meaning that continues to be relevant as we translate this work to the UK.

Since Joyce created the programme it has been implemented in countries around the world, including in the UK. Early research indicated that this care programme could be beneficial for people in the advanced stages of dementia by helping to alleviate symptoms such as agitation, depression, pain, reduce the use of medications such as antipsychotics and avoid inappropriate hospitalisation in people living with advanced dementia (Stacpoole et al, 2014). However, more research was needed to explore these impacts and how best to implement the approach in UK care homes.

The Namaste Care Intervention UK has its roots in Joyce's work, and combines it with an evidence base taken from literature and the practical experience of early UK pioneers of this approach. This UK Intervention has been developed alongside Joyce Simard and other key professionals in this field and has been refined through its practical application in 6 case study care homes in the UK. In the box on the following page you can see an overview of the impact the Namaste Care Intervention UK had on the residents and staff of the 6 case study care homes

The Impact of Namaste Care

The impacts of Namaste Care Intervention UK

For residents

- Namaste Care resulted in a statistically significant decrease in agitation and a statistically significant increase in quality of life for residents who took part
- Qualitative reports of increased communication, improved eating and drinking, weight gain, reduced calling out, reduced aggression and improved signs of well-being

“One lady who hardly speaks or shows any emotion normally, with hand massage and one-on-one time she is clearly very happy in a chilled environment and to see her smile is a joy!” (Staff comment)

For staff

- Namaste Care did not have any impact (positive or negative) on staff job satisfaction, stress or burnout.
- Staff involved all highlighted that it was a positive experience and one that helped them develop closer relationships with their residents

“It’s had a big impact on me. Because to see them enjoying it, that to me, to see somebody... I’ve got tears in my eyes now haven’t I? It makes me feel as if I’m doing a good job and at the end of the day that’s what we try to do every day isn’t it?” (Staff member)

For family and visitors

- Families needed encouragement to be involved, but once they took part in training or attended sessions they saw it as overwhelmingly positive for residents and the care home.
- The approach often helped to open up new ways of communicating with their loved one.

“Doing the whole training myself has encouraged me to do more things with him...It was a real eye opener for me ...It’s given him more quality of life through what the home have done but also making me think differently. It was a real light bulb moment for me” (Family member)

Further Information

Namaste Care: Simard, J. (2013) *Namaste Care: The End of Life Program for People with Dementia* (second edition). Baltimore: Health Professions Press.

US site for Namaste Care: <http://namastecare.com/>

Association for Dementia Studies, University of Worcester:

<https://www.worcester.ac.uk/discover/namaste-care-intervention-uk.html>

St Christopher's Hospice Namaste Toolkit: www.stchristophers.org.uk

Namaste Care Intervention UK film: <https://youtu.be/2kSnvJxScUM>

Namaste Care film by Jawa group: <http://www.jawagroup.co.uk/namaste.html>

NIHR Namaste Feasibility trial: <http://www.namastetrial.org.uk/index.php/the-trial>

General text on person-centred dementia care: Brooker, D. and Latham, I. (2016) *Person-centred dementia care; making service better with the VIPS framework* (second edition). London: Jessica Kingsley

Recent journal articles on Namaste Care

Bray, J., Atkinson, T., Latham, I. and Brooker, D. (2019) **Current Practice of Namaste Care for people living with dementia in the UK**. *Nursing Older People* 31 (1) pp 1-7

Bray, J., Brooker, D., Latham, I., Wray, F. and Baines, D. (2019) **Costing resource use of the Namaste Care Intervention UK: A novel framework for costing dementia care interventions in care homes**. *International Psychogeriatrics* (online) pp 1-10

Bray, J. Brooker, D. and Garabedian, C. (2019) **A rapid assessment evidence review for the activity components of Namaste Care** *Dementia* (in press)

Bray, J., Brooker, D. Latham, I., and Baines, D. (2019) **Modelling the comparative costs of Namaste Care: results from the NCI-UK study** *International Psychogeriatrics* (in press)

Mcgee, M., McCorkgill, G., Guille, S., and Coates, V. (2017) **Feasibility of the Namaste Care programme to enhance care for those with advanced dementia**. *International Journal of Palliative Nursing*. 23(8), 368-376

Stacpoole, M., Hockley, J., Thompsell, A., Simard, J., and Volicer, L. (2014) **The Namaste Care programme can reduce behavioural symptoms in care home residents with advanced dementia**. *International Journal of Geriatric Psychiatry*. 30, 702-709.

The Challenge of Change

Bringing Namaste Care into your setting is likely to require a change in the way your care home currently operates, in particular how staff time is allocated. It will inevitably bring some disruption of the status quo. It will take planning, work, determination and perseverance, but our research has shown that the work pays off!

“We’ve put it in our newsletter, run the information days with your help, we’ve emailed out to our relatives lots of information and spoken about it constantly, our team leaders are running their own little group meetings now with their teams, so we’ve encouraged that on to their agendas to talk about it, so it stays as a hot topic”

Care Home Deputy Manager

The partner guide to this one (“Guidance for care homes: implementing Namaste Care”) discusses in-depth the planning and preparation needed to implement Namaste Care successfully in a care home. It’s therefore important to make sure that your manager has read that guide. In this guide we summarise some of the key issues that care homes in the research study learned through the process for you to bear in mind as you begin to implement Namaste Care

The process of change: what we know

Namaste Care involves everyone in the care home

It is important to think of Namaste Care as a ‘whole home’ endeavour. It involves, managers, care staff, activities staff, housekeeping, maintenance and kitchen staff, not just the staff who run individual sessions (known as Namaste Care Workers). In our case study homes, viewing it in this holistic way made implementation much easier. However, when it was seen as an ‘activity’ or isolated from the running of the home, implementing it was more challenging.

Genuine leadership is vital from the outset

The manager of your care home will play a critical role in making this change happen. Our research suggests that without the manager’s active and practical support, it will be very difficult to bring about the changes needed to implement Namaste Care.

In our 6 care homes, getting started was helped significantly when managers actively engaged. For example, in one of our case study homes, the manager and senior staff rota-ed themselves onto run Namaste Sessions in the first few weeks, and made a point of stepping in to cover sessions if staff were off sick. In another the manager checked in with staff everyday to ask if the session had been run, even when she was not on duty.

Get excited and share that excitement!

Tell everyone you can. It has been shown to be important to involve as many people as possible in your care home community to make Namaste Care a success, not just the care or activities team.

What was most influential in getting Namaste Care off the ground?

“Spreading by word of mouth the positivity of Namaste to other colleagues, healthcare professionals, regional managers within the company,”

Care Home Deputy Manager

Share information

Share information with all staff, families and visiting professionals. Involve different people in making decisions about how Namaste Care will run in your home. This helps different staff groups (such as kitchen staff) to feel valued. It also means they take more ownership and responsibility for making Namaste Care a success. Below are some examples of how the case study care homes shared information:

- Displaying posters
- Designing a flyer
- Holding information evenings for visitors
- Short presentations at staff meetings
- Sharing film clips of Namaste Care
- Running ‘taster’ Namaste sessions for staff
- Brainstorming themes for food/drink treat.

Take time to plan properly

In the long run this is more effective than rushing ahead.

“As a team we took all the information on board and started to plan what items we needed for the Namaste room. Our home managers allocated roles to certain people which I thought was a good plan; it allowed us to structure and organise how we were going to execute the project,”

Namaste Care Worker

Identify who the champions of Namaste Care will be in your home

These people are likely to emerge as you start to plan and communicate within your home. Make sure to celebrate these people and empower them as much as possible.

“Some of the staff here don’t see the benefit of it. I think personally it’s ‘cause they haven’t been trained. They can’t see the difference that it’s making. And then there’s the other staff that regularly go in it and they can see the benefits. And they are all for it. One in particular comes the mind... she’s very, very good in there, and you know, she’s become, sort of, our Namaste queen as it were”

Namaste Care Worker

Keep the momentum going

Once Namaste Care has begun, it is important to celebrate the successes, share the stories of the impact on residents and the feedback from family to keep everyone motivated. In one of the case study homes they used a poster reporting the impacts they had seen. This helped other staff who were less involved to see the benefits.



Namaste Care Intervention UK

The following tables illustrate the components of a typical Namaste Care Session within the Namaste Care Intervention UK. This was developed based on a review of the existing evidence from literature and current practice in the UK that relates to the elements of Namaste Care as outlined in Simard, J (2013) *“The End of Life Namaste Care program for people with dementia”*.

- We have provided a description of the core elements important for a Namaste Care session. The Namaste Care Worker would therefore need to be prepared to deliver any of these in every session. Over the next 3 pages you will see the elements that make up the Namaste Care Space and activities
- All elements in the session are tailored to the needs and preferences of the individual residents. Therefore, there should always be variation depending on individual needs. For example, if someone present has an aversion to the smell of lavender, a different aroma would be used.
- Each Namaste Care space should contain the equipment necessary, as well as any individual equipment (such as hairbrushes, soap etc.) stored appropriately and separately for each individual. The Namaste Care Worker should not need to leave the room during sessions. The organisation and running of Namaste Care sessions is discussed in detail in this practitioners’ guide.
- During our research study, many participants felt that it was easier to understand Namaste Care by seeing it in action, rather than reading about it. This is why we developed the free to download film “seeing is believing” This can be accessed via the links provided earlier in this guide

The Namaste Care Space: These elements create the right ambience for the Namaste Care session

Element	Detail	Specific Guidelines/Advice (if needed)
1. Natural light and the ability to alter light level	Avoiding strong artificial lighting. Light level can be altered easily using dimmer switches, blinds etc. If natural light is not available, create calmer atmosphere if needed use low lighting, (fairy lights, lamps etc.).	Natural lighting will not always be available, a permanent space should be the priority
2. Specific and calming aroma	Natural aroma not artificial. Lavender, lemon, orange, rosemary or a combination of these.	Use of a diffuser, plug in or room spray that is compliant with health and safety of the home. This is not aromatherapy and should not be described as such.
3. Background sounds or music	Gentle and relaxed; designed to create atmosphere, not to provide entertainment. Reduction of general everyday 'care home' (voices, hoovers, call bells etc.) noise is important.	Consider which other routines may need to be altered: e.g. housekeeping outside the room, noisy phones or alarm calls carried by staff
4. Background visual stimuli on a screen	Often accompanies the music on a DVD, gentle and relaxed, designed to create atmosphere not provide entertainment	Be mindful of the images on the screen and how they may be interpreted by residents.
5. A beginning and an end	An individual welcome for each resident into a relaxing and calm space. Towards the end of the session, music, aroma and lighting changed to activate participants.	A clear beginning and end is crucial for Namaste to feel 'special'. Effort should be made to bring all residents in swiftly to avoid interruptions.
6. The overall ambience	Paying attention to the feeling and atmosphere of the space and paying attention to all senses. Preparing the space in advance. Everyone should notice a difference upon entering the space.	Spacing of chairs should be flexibly used to encourage sociability and engagement e.g. if someone would benefit from sitting near a window to watch birds or in a small social group then this should be encouraged.

The Namaste Care Activities: These elements are the content of a Namaste Care session

Element	Detail	Specific Guidelines/Advice (if needed)
1. Physical Comfort	Individual systematic assessment of pain as part of session; attention to hydration and provision of comfortable seating throughout session	The Pain Assessment in Advanced Dementia (“Painad” Warden et al, 2003) is recommended for use unless care home has an established pain scale already successfully in use
2. Nature	Creating opportunities for experiencing nature: use of plants, flowers, leaves; seasonal themes; views, sunlight and fresh air when possible	Using flowers collected from the garden. Training and guidance to warn re: avoiding poisonous plants/ flowers.
3. Expressive Touch	Using touch to primarily communicate closeness: through hand and arm massage using unscented oils and creams (unless aroma is beneficial); hair brushing; hand, face and feetwashing	Additional forms of expressive touch and massage can be used (foot, back, face, arms etc.) if worker feels comfortable and resident is receptive.
4. Food	Creating opportunities to experience a variety of tastes, sensations and textures. Choice and variety are key.	This does not replace meal times, but is instead a way to stimulate taste sense. Individual dietary needs will need to be considered, such as need for thickeners or diabetic diet.
5. Drinks / Hydration	Creating opportunities for continuous hydration, through regular and varied drinks such as: ice lollies, smoothies etc.	Individual needs such as swallowing difficulties need to be considered.
6. Tactile Stimulation	Creating opportunities to experience a variety of touch sensations and to interact: textures, materials; soft blankets; rummage boxes, twiddle muffs etc.	

<p>The following elements are to be used in a highly individualised way. Each Namaste participant should be ‘assessed’ for whether this element may enhance quality of life and how best to implement it in the sessions.</p>		
Element	Detail	Specific Guidelines/Advice (if needed)
1. Individualised music	Using playlists of significant music, played to the group. Consideration must be given to ambience/ atmosphere of space.	In specific circumstances headphones and individualised playlists can be used if it enhances the well-being of individuals
2. Engagement with dolls	Should be considered and offered to each participant. Work will be required to overcome attitude barriers of staff and familymembers.	Use guidelines on use of dolls from Mackenzie et al, 2007. Training and preparation will need to address and prepare for discussions with staff and family.
3. Involvement of family	Creating opportunities for families/visitors to participate in Namaste Sessions whenever possible.	Training will need to address how to involve families and model aspects of Namaste Care (such as massage).
4. Significant items	Using objects of significance to the individual (photos, perfume, memory boxes etc.) to aid connection and interaction.	
5. (Optional) Engagement with animals	Where in-house or visiting animals are available these should be used in Namaste sessions. There should also be consideration of any animal substitutes (soft toys, robotic simulations etc.) if available in the home.	Training discussion around whether available and whether suitable for individual residents. Consideration should be given to allergies and phobias.
6. (Optional) Snoezelen/ multisensory	If a care home has sensory equipment/snoezlen environments then it should be used in Namaste Care.	

Creating a Namaste Space

Things to think about when choosing a space in your care home:

- A dedicated space works best, so that it can become known as the 'Namaste room'
- A quiet space without lots of noise nearby
- Enough space to comfortably seat the number of residents who will be attending
- If a dedicated space is not available, it could be a space which has another purpose but can be used exclusively for Namaste Care at relevant times
- It could be a larger room with a smaller area partitioned off
- Sockets for music, diffuser etc.
- A screen or projector to play background images
- Optional: windows with a view outside to nature
- Optional: a sink area

Make sure to make best use of the space you have, think about:

- Painting with calming colours
- Pictures on the walls and/or decorating the space with coloured materials
- Bringing nature in: having plants or flowers in the space
- Natural or low lighting
- A sign on the door that lets people know a Namaste Care session is taking place and to be respectful if someone needs to enter (an example can be found in the useful documents section)
- **Most important:** welcoming and friendly people!

Below are some pictures of the Namaste Care spaces of our case study care homes. These show that a lot can be done with even the smallest of spaces. The decoration and position of the room help contribute to the atmosphere of Namaste Care



In the research, the care homes used the following techniques to decorate and equip their Namaste Care spaces:

- Displaying notices in the home asking for specific items and explaining why; visitors are often happy to donate second hand items or will purchase gifts for the home
- Posting on social media asking for items, (one of our homes ended up with 8 free foot-spas this way!)
- Inviting residents to help with decoration, either physically or by giving opinions on the space as it develops.
- Approaching local businesses who may sponsor or donate a piece of equipment
- Fundraising for specific equipment, people are often more willing to donate when they know what the money will be used for

What a difference a space makes...

One of the surprising outcomes of our research was how significant the Namaste Care space became for residents, even when Namaste Care was not taking place in it. We heard many stories about residents choosing to queue up outside the room and referring to the space in positive terms in their daily life. In one care home, their dedicated Namaste Care Room became known as a space that helped to calm and relax, and so was used as a 'chill out' room when particular residents were angry and highly agitated.

"I brought a resident in who was very uptight. I sat with him, no music or lights etc. Just daylight. The ambience of the room calmed him. He became more relaxed and we had a bit of a chat"

Namaste Care Worker

"And the other thing I've noticed is that people will come down here and they recognise the room, and their face will light up and they'll say, oh, I've been in here before, I like it in here, which is wonderful"

Care Home Activity Co-ordinator

Who will be your Namaste Care Workers?

When thinking about who will directly deliver Namaste Care in your home, there are several things to consider. Our research showed that it is important that Namaste Care is not seen solely as an 'activity'. It is the delivery of essential care, simply in a creative way. Therefore, care staff should be the mainstay of your Namaste Care Workers. Nursing staff and Activity Co-ordinators can play a huge role in setting up and supporting Namaste Care, but for the sessions to be regular and sustainable in the long term the involvement of the care team is needed. In our research, where care staff were fully integrated in running the sessions they ran far more smoothly.

"I've tried to make it as inclusive as possible, so regardless of what grade you are, whether you're in the kitchen or domestics, whatever, and intermittently I do sort of push for that. And we're going to introduce the Namaste training as part of the induction, process."

Care Home Manager

In addition, consider using the staff rota to formally signify who is responsible for Namaste Care each day/shift. This made a big difference to the implementing care homes as it meant staff 'owned' the sessions and planned for them. When staff were not 'rota-ed' on it led to disagreements and missed Namaste care sessions.

"I've included it on the rota...each day. I think what I would like to do is get them looking ahead and thinking 'ok so that day is my day, so what am I going to do that day? What's on our plan for Namaste they day?'"

Care Home Deputy Manager

Finding the right personalities in the team to take on this role can make a big difference to the success of the Namaste Care sessions. Take your time to think about who would be best placed to take this forward. These people will be the ambassadors for Namaste Care. You may also want to consider recruiting volunteers to support the sessions. Namaste Care provides an ideal opportunity for people interested in volunteering to contribute within a defined role.

“They need to be calm, caring, compassionate, not rushed. Not task orientated, not thinking about what they should be doing. They should go into that room, close the doors and just go with the flow and just...and as I say, I’ve got some that are better than others at doing it you know. And I think they just need to be open minded”

Care Home Manager

The job description overleaf was helpful for the care homes when trying to identify the Namaste Care Workers in their teams.

Namaste Care Worker Job Description

Job Summary

The Namaste Care Worker will take a lead role in supporting residents in the care home with more advanced dementia. As part of a team of Namaste Workers, they will prepare for and implement daily sessions of Namaste Care for identified residents.

Key Responsibilities

A Namaste Care Worker will be expected to:

- Attend and engage in training and support to understand Namaste Care
- Be involved in the planning and creation of a Namaste space within their home
- Identify residents who may benefit from Namaste Care
- Motivate colleagues and family members to get involved
- Talk with visiting professionals about Namaste Care
- Talk with families about their relative, including conversations about end of life
- Deliver daily Namaste Care sessions
- Record notes of what happens within each Namaste Care session

Skills, Qualities and Experience

A Namaste Care Worker will have:

- Experience of working with people with dementia, particularly people with more advanced dementia and complex health needs
- Experience of working with people at the end of their life and supporting residents and families through this time
- An excellent practical understanding of delivering person-centred care
- The ability to work alone and be self-motivated
- An open-minded, creative approach
- A calm and sensitive manner
- Excellent listening and non-verbal communication skills
- Patience and the ability to work at a slow pace to match residents
- Good organisational skills

Selecting Residents for Namaste Care

Namaste Care is designed to particularly support people with advanced dementia, but what do we mean by advanced dementia? This is where dementia has progressed to a point where a person is likely to have significant difficulties affecting their thinking, speech, continence and mobility.

Namaste Care supports the people in your home whose dementia is most advanced. This will vary depending on whether the home is primarily residential or nursing and on the individual people in your care. With this in mind, who may be suitable to attend could include those who:

- Have significant cognitive impairment affecting memory, thinking and communication
- Have more positive interactions one-to-one than in large groups
- Have been identified as needing end of life care
- Benefit from slower, quieter interactions
- Enjoy more sensory activities
- Disengage with other activities in the care home, either by withdrawing, sleeping, calling out or otherwise indicating that they are not enjoying it.
- Have restricted mobility
- Are reliant on non-verbal communication with limited ability using and understanding language
- Are at risk of poor hydration and weight loss

How many people attend a Namaste Session?

This will depend on two things; the size of your Namaste Care space and how many residents a single worker is expected to support at any time. You will consider this later on in this guidance. In our study, sessions seemed to work best when 4-8 residents were in attendance with one Namaste Care worker.

Selecting residents with complex needs

Namaste Care may be appropriate for someone whose dementia is not advanced but who has more complex needs because of mental health issues, a learning disability or because of behavioural and psychological symptoms that make it more challenging for them to engage in care home life.

"I have got a friend of mine whose mother goes on occasion, and in addition to dementia she's got other mental health conditions and so it can be difficult for them to do things with her, like changing dressings and things like that... And, they've taken her to a Namaste session before doing that and apparently then she will let them do whatever they need to do. Because she's just relaxed"

Relative of a Care Home Resident

Selecting residents during periods of ill-health

It may also be appropriate to consider inviting someone to Namaste Care for a short time during a period of ill health, where a quieter environment with more one-to-one care could be helpful for them while they are recovering.

Do they have their emotional needs met elsewhere?

Namaste Care provides a nurturing, supportive environment that could appeal to a broad range of people, including those without dementia, or whose dementia is less advanced. However the purpose of Namaste Care is to provide a daily programme of activities for those people who are not able to access or enjoy the usual activities provided in your home.

It is therefore important to ask when deciding whether to invite someone to join Namaste Care, **'do they have their needs met elsewhere?'** If they are able to actively engage in other activities and groups, it is likely that Namaste Care is not needed for them at this time. If you notice that they particularly like or benefit from an element within Namaste Care, e.g. hand massage/ music, perhaps you could think about how this element could be used in the home more widely.

If you are unsure whether someone will enjoy or benefit from Namaste Care, bring the person to a session and observe them. This may not provide an answer straight away. Someone may initially only choose to stay in a Namaste Care session for a short time, may be unsettled or may have days when they do not want to be there. That does not mean it is not of benefit to them at other times. Take a long-term view

and judge over time whether Namaste Care feels like the right place to support that individual.

"I just think it's been a great additional tool if you like, to use for people living with dementia or not. We've had people not living with dementia also join in and enjoy it,"

Care Home Manager

"Namaste here, it's open to anyone. I know it's specifically designed for people with dementia but we allow anybody to attend. It's all about relaxation and giving one to one time to individuals as well,"

Care Home Deputy Manager

Remember, people's needs change as their dementia changes, so the process of identifying residents for Namaste Care will need regular review.

Further Information

Alzheimer's Society factsheet, Later Stages of Dementia:

https://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1100

Later Stage Dementia: Bruce and Jan's story:

<https://www.youtube.com/watch?v=chgshB6LCyc>

Namaste Sessions: Frequency & Time of Day

You will need to think about when to run your Namaste Care sessions. Traditionally, Namaste Care is delivered twice daily. However, this can be off-putting for some care homes. In our study, care homes often found it easier to start with one session a day and this still produced benefits for residents. Significantly, when care homes had implemented one session a day and saw the benefits they sometimes moved to two sessions a day, started a second session for a different group of residents, or used the Namaste Care approach in other ways in addition to the sessions, (for example, one-to-one in people's bedrooms or when someone is restless at night).

"I think it's changed the routine of some of the residents, it's given them something to look forward to. It means that up there, they're getting something every day that they can or cannot attend, whereas with one activities co-ordinator, it's hard to do that with 4 units, it's something that can happen every day on that unit where physically possible unless there's an issue or a problem of some description,"

Care Home Manager

Commitment is important

Often people ask why every day? Why not less often? The idea behind Namaste Care is that it is a programme to meet people's basic psychosocial needs. Sessions should not be seen as a 'luxury' add-on activity, but as an essential way of meeting these needs which are otherwise often neglected. Psychosocial needs are fundamental and make the difference between existing and living. Just like we eat, sleep and use the toilet every day, we also want to work, play, talk, spend time outdoors, share, laugh, hug, be listened to, relax etc.

"Namaste Care should be like lunch. When it's busy or we're short staffed we don't say: 'Oh sorry, we didn't have time to give people lunch'."

Joyce Simard

The aim is to eliminate days where residents with advanced dementia are spending their time alone, disconnected, potentially in pain or distressed, unable to interpret or interact with their environment or other people apart from having their basic physical needs met.

It is therefore important that when you begin implementing Namaste Care you are committed to making it happen whatever the circumstances. The care homes in our study found that committing to provide one or two sessions a day and knowing that they would be held to account through the research project was helpful. You should consider how you will monitor and record the sessions and their impact. There are some useful resources in the final section of this guide that could help.

The time of day for Namaste Care

The time of day should be chosen based on what fits in with your residents' needs and what is practical for your home. It needs to be a time of day when it is possible to have approximately 2 hours which are not interrupted, so you will need to arrange the session times so that they do not clash with meal times etc.

"I think it's because it's uninterrupted. The actual environment itself, straight away you can just sit there. I could have just stayed all day there. It makes you want to be in there. And it's protected time and it's the attention. Because we all know that people living with dementia, more than anything else they need time from the staff, and they actually get that that's protected. It's really, really nice,"

Care Home Manager

Within our case study care homes, the average length of sessions was 1.5 hours, with 15 minutes at the beginning and end of the session to prepare and clear away. This is what we would recommend.

Some residents find consistency in timing of sessions important and it helps to provide a structure to the day. There have been some examples of residents waiting outside the room for Namaste Care to start, showing that it becomes a reliable part of their day. Therefore consistency in the timing of sessions is important and so you should plan for this.

Things you should think about when choosing the time of day to run your sessions:

- You may want to run your sessions late morning between breakfast and lunch, in the afternoon after lunch, or in the evening after an evening meal.
- You may want to run a session in the evening, involving night staff.
- Are there particular times of day where residents with advanced dementia seem more distressed and restless? Could Namaste Care help with that?
- Who are the residents who are likely to attend and what time of day you think they will most benefit from this intervention?
- If other routines are creating a barrier to Namaste Care, think about how they could be more flexible to enable Namaste Care. For example: could people be enabled to have lunch earlier or later? Could staff take their breaks at a different time?

Re-organising Staff Time

Namaste Care is a practical, affordable solution to meeting the needs of residents with advanced dementia. It is an approach which relies on flexibility and a willingness to change how time is organised in your care home, rather than bringing extra professionals in or employing extra staff

Staffing Ratio

The ratio of staff-to-residents within a Namaste Care session is envisaged to be the same as the staff- to-residents ratio which currently exists in your home. So, for example, if your care home staff-to- resident ratio is 6 residents per member of staff, you would expect to have at least 6 residents in Namaste Care supported by 1 Namaste Care Worker. This means the ratio of residents to staff remains the same in the rest of the home.

“We’re doing it on a week-to-week basis based on the rota, we don’t want the same people feeling like they’re being left to run all the sessions. We also thought that to begin with it would be nice if people buddied up whilst they gain their confidence,”

Deputy Manager

In the research, several of our care homes successfully utilized volunteers to support Namaste Care sessions. In particular, one home identified a family member who would be especially gifted in delivering Namaste Care and decided to employ her to run the sessions once a day together with a staff member. This really helped in their implementation as there was someone in the home whose sole responsibility was making Namaste Care happen every day. Whilst not essential, this may be something you and your home want to consider.

Using Space and Time Differently

Before you begin to implement Namaste Care you will need to think about how space, time and staffing will be used differently to enable Namaste Care. Whilst your usual care routine will continue either side of the Namaste Care session, you will need to address the issues below in your planning:

Pre-planning

- The Namaste Care Worker will need to be allocated to Namaste Care and not expected to attend to other duties, for the 2 hour slot of the session. This needs to be communicated to all staff.
- Care staff and the Namaste Care Worker should plan in advance how the Namaste Care Worker will call for extra support if needed, (for example if a resident needed to use the toilet). This is particularly important when residents may require two members of staff to help them due to reduced mobility.
- The Namaste Care Worker will need to know how to assess pain and who to approach if they believe a resident is in pain.

Before the session

- The Namaste Care Worker will need to have time to prepare and set up the room before the session starts. The room should be set up ready for residents to be invited in so that the special atmosphere is immediate. The space should not be set up around people if at all possible.
- The Namaste Care Worker should aim to have everything that is needed in the room, so that they do not have to go in and out of the space as this can be disruptive of residents' experience.
- Care staff should consider whether each resident needs support to use the toilet or change before the session, so that their experience is as undisturbed as possible

During the session

- The Namaste Care Worker is responsible for greeting each resident and creating the atmosphere for Namaste Care. Therefore they should not be expected to fetch residents for the session, or do any other tasks during the session. All staff in the home should help bring residents to the room for the start to the session.

At the end of the session

- At the end of the session, the Namaste Care Worker should formally end the session and say goodbye to all residents. All staff in the home should help with supporting residents to leave the space.

- Consideration should be given to allowing the Namaste Care Worker to take a break following the session. Running Namaste Care may seem physically relaxing, but it is emotionally tiring.

“And you don’t want the same people doing it day in day out. You don’t want it to get boring for them and for a lot of them, it’s not boring at all but there are some who think, ‘oh gosh, I could be doing something else’... And it’s teaching staff the benefits and letting them see residents queuing up at the door and say ‘look at that, you know, they’re waiting for you’,”

Care Home Manager

Session Structure

Set up

The Namaste Care UK Intervention consists of a number of different elements. These elements may occur in a different order depending on needs on the day, but the Namaste session should have a basic structure that remains the same. The Namaste Care Worker on that day is responsible for setting up the Namaste space. It is important that the space is set up before individuals arrive, so that people are being invited in to a space that feels different to the rest of the care home. Thought should be given to how seating is arranged and where individuals sit to maximise their engagement. For example, sitting near a window if someone likes to watch the birds, or thinking about interpersonal dynamics when seating people near to each other.

Welcome

It is the responsibility of every staff member in the home to assist residents to get to the Namaste Care session. The Namaste Care Worker should remain in the room to welcome people as they arrive. Each resident should be greeted with their name and made contact with as they are being made comfortable in a seat. For example, this could be by making eye contact, a gentle handshake or a hand on their back.

[A resident] is brought into room in wheelchair by a member of staff and transferred into a large arm chair. She is repeatedly saying 'Please help me lord, please help me lord,' No pauses, just over and over again. The Namaste Care Worker comes over once she is settled in the chair and bends/kneels down near her and puts her arms around her, hugging her firmly and closely. She is soothing her, stroking her arm up and down and whispering 'shhhh, shhhh' quietly into her ear. Towards the end of the minute [resident] quietens down and appears to stop saying 'please help me lord'. She closes her eyes.

Observation of a Namaste Care session

Ending

Towards the end of a Namaste Care session, any lowered lights should be turned up, livelier music played and activities introduced to energise people before the next part of their day. This could involve activities such as singing, blowing bubbles or throwing a balloon. This is particularly relevant during the day, perhaps where a mealtime follows the session. If the session is being held in the evening, a continuation of more relaxing and soothing activities may be more appropriate.

The music was turned up and became louder. [Resident] sat tapping her feet, looking around the room. Her hands started to move and tap when the next song played. Her hands danced and her body moved to the music. She began dancing, clapping and smiling when the Namaste Care Worker started dancing. She held a tambourine she was given and shook it. She examined it and then tapped it on her leg.

Observation of a Namaste Care Session

Goodbye

It is important that the end of the session is acknowledged. This gives an opportunity to thank people for being there, to say goodbye individually and to help people with the transition to the next part of their day. Once again all staff in the home should be involved in helping residents to move out of the Namaste space. As with welcoming people, using names, eye contact and touch will help to connect to each individual.

Conclusion

Following the session, time will be needed for the Namaste Care Worker to clear up the space and to make brief notes. These could be recorded in individual residents' notes or in a simple communication book. It is important to record any 'moments' that seemed to have worked for a resident so that the whole team can learn from it.

"Lovely session, all the residents enjoyed it. One of the new residents prone to panic attacks came in shaking and upset, but we managed to calm her down by giving her a hand massage, doing her nails and ... a nice long cuddle. She settled down a bit,"

Entry in Namaste Care room communication book



Comfort, Pain and Seating

To be able to engage in a Namaste Care session and take any benefit from it, it is important that residents are comfortable. This includes ensuring seating is appropriate and that any pain is properly assessed and treated.

When thinking about seating for residents, consider an individual's:

- Size and height
- Level of mobility, i.e. walking, sitting, standing and ability to adjust their position once in a chair
- Amount of time spent sitting in one type of chair
- Any concerns around skin integrity

Consider making a referral for an Occupational Therapy assessment to ensure that an individual's seating is optimised. Seating can be a big expense so you may need to discuss this with families and/ or come up with creative fundraising solutions.



It may also be worth thinking about whether having soft blankets round shoulders or across knees, will make someone feel more comfortable and comforted.

Pain in advanced dementia

When someone's dementia is more advanced it can be difficult for them to interpret pain and communicate it to those around them. It can then go under-treated.

Studies suggest that 80% of care home residents experience some degree of pain and that appropriate pain relief can reduce levels of agitation.

(Schofield, 2013; Husebo et al, 2011)

When trying to determine whether someone is experiencing pain, consider:

- Body language including facial expression

- Behaviours that could indicate pain, such as calling out, resisting touch, agitation, restlessness or groaning
- Pre-existing conditions of which pain is a symptom, e.g. Arthritis, migraine etc.
- Current health issues, e.g. Constipation
- If someone is having unusual, acute pain you may also see physiological changes such as sweating, pallor, increased blood pressure or pulse rate. However, it's important to note that if someone has chronic pain (constant and ongoing) these physiological changes will not necessarily occur as the body adjusts to pain being 'normal'.

Tools to help assess pain

As part of Namaste Care, it is important that pain is properly assessed and appropriate pain relief prescribed. It is also important that this is reviewed regularly to ensure assessments are adapted to people's current needs and that any pain relief continues to be effective.

There are various tools that can be used to assess pain. If you already have a tool in place in your home, you can continue to use this. We have included a copy of the **Pain in Advanced Dementia (PAINAD, 2003)** in the **Useful Documents** section at the back of this manual for you to use if you do not currently use a pain assessment tool. PAINAD and 'DOLOPUS-2' scales are those recommended for people with severe cognitive impairment in UK national guidelines, (Schofield, 2018).

Medication Reviews

Alongside assessments of pain and ensuring appropriate prescriptions for pain, Namaste Care provides a useful opportunity to consider reviewing other medications. It may be particularly relevant to reconsider the necessity of medication related to managing behavioural and psychological symptoms which Namaste Care aims to address.



Music and Sounds

The purpose of music and sounds within Namaste Care is to create a relaxed atmosphere, rather than providing entertainment. Choice of music should therefore reflect this, focusing on gentle background music at an appropriate volume for the residents and the size of room. You may also want to use recorded nature sounds such as the sea or birdsong. Research has shown that using background music with people with dementia in care settings can increase caloric intake and improve engagement and mood, (Thomas and Smith, 2009; Ziv et al, 2007). Having short breaks between music and sounds may help to bring people's attention to their sound environment, rather than playing them continually. It will be important for the Namaste Care Worker to pay close attention to the sound environment from the perspective of a resident. Dementia can make it harder to filter out 'background noise'.

At the start there was contradictory music on (bouncy music on the stereo and sounds from DVD) but at 5-mins a staff member changed the DVD to water images and sounds and switched off the CD music – explaining to the other staff member why he was doing it, ('a bit of harmony'). Fairy lights on the far wall near the TV were flashing at the start (quite distracting) again the MOS switched them to static.

Observation of Namaste Care Session

Personalised Music

In some instances it may be appropriate to personalise music through individual headphones, for example if someone only responds to particular music that is not thought to be supportive to other residents attending Namaste Care. The decision to do this should take into account whether this might isolate the individual from the rest of the group.

Varying Music at Different Points of the Session

Towards the end of a Namaste Care session, the music can be changed to create a different energy. Choosing music with a stronger, livelier beat encourages movement, singing and interaction. Singing familiar songs has been found to increase conversation and interactions and impact on the social atmosphere (Dassa and Amir, 2014). Another option for engaging through sound at this point would be to read aloud poetry. It is worth experimenting with different music and sounds to see what people respond to.

Further Information

Music for Dementia: <http://www.musicfordementia2020.com/>

Playlists for Life (personalised music playlists): <https://www.playlistforlife.org.uk/>

Tales of Music and the Brain: Sacks, O. (2007) *Musicophilia: Tales of Music and the Brain*. London: Pan Macmillan Ltd.



Background Visual Stimuli

Selecting Visual Stimuli

These may be permanent fixtures of the Namaste room or elements that are added and changed over time. The aim is to have something that is attractive and relaxing for those residents who can see, but not distract or distress those whose vision is compromised. You may need to observe residents closely for a few sessions to see how they are experiencing the visual stimuli. Speciality lighting, bubble tubes and fish tanks could all provide something interesting visually. As the pictures earlier show, fish tanks, bubble tubes and optic fibre lighting can provide something visually interesting and were used frequently and to good effect in the case study care homes.

Alternatively, you may wish to use a screen with film or still images on. As with music, this is part of creating the atmosphere of Namaste Care, not for entertainment. This should provide a gentle stimulus, not a dominating presence. Some of these background nature films play with their own soundtrack of music or nature sounds. These can be used for the background sound or muted alongside a separate choice of music/ sounds. See below for examples on you-tube, or dvds that can be purchased.

Where homes had a view to the outside that could be attractive for residents, this could also be used for visual stimuli. For example, in one of the study homes, the Namaste room looked straight on to a small patch of garden and so a bird feeder and bird bath were set up outside so that a resident could watch.

Whatever you choose, remember to reflect on how residents may be experiencing it, Sometimes, even though something can look nice to staff, it may not be helpful for residents:

“There are fairy lights on the far wall, flashing on and off. The member of staff goes over and changes them so that they are on all the time, explaining to a colleague that they had found the flashing lights to be disruptive for some residents who would get up and leave when they were on that setting”

Observation of Namaste session

Further Information

Nature Scenery with music: <https://www.youtube.com/watch?v=w0szAwgybZs&t=3511s>

Aquarium footage:

<https://www.youtube.com/watch?v=iu6xldAdjwo&list=PLVFn6MPkoYZTEYcXTbbAZXljiAuTxUb>

Calmer by Nature DVD: <https://shop.alzheimers.org.uk/all-gifts/calmer-by-nature-two?search=dvd>



Scents and Aromas

Creating aromas for relaxation

When setting up the Namaste space, thought should be given to aroma. This is part of creating the right atmosphere by appealing to all 5 senses. The aroma used should be natural, not artificial. Using a diffuser is the most effective way but you can also use a room spray based on essential oils. Lavender, rosemary and lemon have all been shown through research to have relaxing properties and so these would be obvious choices. Consideration can also be given to the time of day or the season. In the case study care homes some Namaste Care workers planned ahead and designed 'themed' sessions, combining particular scents with food and drink treats and linking them to the time of year or particular events.



Example treats from 'Lavender day' at a care home

Using scent to encourage interactions

Thought should also be given to other scents within the session. This may connect with your inclusion of nature or during other interactions: bringing in a bunch of seasonal flowers or herbs for people to smell, giving people a chance to smell a favourite hand-cream before using it, using food and drink smells like coffee beans or ground spices. The individual sensory biography can be used to identify preferences for each resident. This can be found in the '**Useful Resources**' section of this manual.

Safety Note: Always check for any allergies or sensitivities before using scents and look out for negative reactions once the sessions have begun.

Further Information

Aromatherapy A-Z: Patricia Davis (2005) *Aromatherapy A-Z*, London, Vermilion.

Absolute Aromas website: <https://www.absolute-aromas.com>



Nature: ‘bringing the outside in’

Reconnecting with nature during Namaste Care

People with advanced dementia in care homes have fewer opportunities to go outside and connect with nature. Combined with their cognitive impairment, this means it is easy for them to become disconnected from the outside world and the time of year. Bringing nature into Namaste Care sessions is a way for people to reconnect with the world around them. Interventions using nature have been shown to have a beneficial impact on wellbeing (Chalfont, 2007; Gibson et al, 2007).

Although sessions are generally held indoors, on a sunny day, doors and windows can be opened to let in fresh air. During warm sunny spells in the summer, several of our care homes held the sessions in the garden with positive results.

Spring, Summer, Autumn, Winter!

Natural objects brought in to a session could include seasonal flowers, plants, herbs or different textures such as stones, wood or feathers. It might include sharing bird’s egg shells in spring, grass cuttings in summer, fallen leaves in autumn, and even snow in winter! Bringing nature in does not have to cost anything; simply picking a few flowers or bringing back shells from the beach can provide enough to stimulate a response. If everyone in your care home community is aware of Namaste Care, there are lots of opportunities for staff and families to bring in natural objects from their gardens, nearby parks or further travels.

‘I planted a window box for him and we put lavender in so I can rub the lavender and give him that smell and have that relaxing smell in the room and stuff... To show him...I am already thinking now I need to be taking conkers and leaves in because it's autumn’

Resident’s family member

Further Information

Dementia Adventure: www.dementiaadventure.co.uk



Food and Drink

Encouraging Improved Eating and Drinking

As dementia progresses, dehydration (and related issues such as urinary tract infections) and weight loss can become significant problems. During Namaste Care, food and drink should be offered repeatedly to encourage improved nutrition and hydration. Any food and drink offered will need to take into account individual needs around swallowing and textured diets. These should be properly assessed by a Speech and Language Therapist, and individual guidance recorded and followed.

As with other areas of Namaste Care, collecting information about an individual's sensory biography should help with food and drink choices. This sensory biography is included at the end of this manual.

'There is one lady... she got quite upset and agitated during mealtimes and stuff... so, she'd lost quite a bit of weight 'cause she just was refusing to eat, and she was just getting very aggressive at mealtimes when we were trying to assist her... But, then when she'd go into Namaste we are able to give her quite a few treats and she was taking yoghurt and mousses and biscuits. She's put on quite a lot of weight now... When she went over a certain weight, I just got so happy, because she was finally above it, and it was nice to see that... And I think that was mainly because of coming into Namaste and giving her treats'

Namaste Care Worker

Stimulating the senses through food and drink

Research suggests that the meaning of food is very personal and individual and that both physical and psychological reasons can contribute to a lack of appetite (Acreman, 2009). In Namaste Care, any food and drink offered is focused on giving pleasure and stimulating the senses, such as experiencing the texture of chocolate melting on the tongue or the sharpness of lemonade. Food offered may be hydrating in itself, such as fresh fruit, or high in calories, such as ice-cream. Similarly drinks might include fruit juice or smoothies. Foods offered are treats and snacks rather than mealtime replacements.

Namaste Care Worker comes up to [resident] and shows her the plate saying, 'a marshmallow?' She takes one and puts it in her mouth and sucks/chews. [Later on] the Namaste Care Worker gives her a plate (containing the rest of the marshmallows). Resident says 'oh, thank you' as she squashes her hand onto the plate/marshmallows. She then places the plate on the side table carefully. She fiddles with the marshmallows some more and then puts one in her mouth.

Observation of a Namaste Care Session



Objects and Stimuli

There are likely to be a combination of objects used during Namaste Care sessions. Some of these may relate to other elements, for example nature. Tactile objects such as 'twiddle muffs' or different textured materials may be enjoyable, or rummage boxes where items might provoke reaction or comment.

Using Individuals' Personal Objects

Some objects may be more personal and be kept in a personalised bag for individuals, such as hair brushes or significant photographs. Blankets provide warmth, comfort and reassurance and each resident should have a blanket available if they want it. If these are kept in individual bags there will not be a need to wash them following every session unless they are soiled.

Some residents may have particular objects that hold great meaning for them, or that seem to provoke relaxation or comfort. These should be made available during Namaste care sessions

[Resident] is sat in arm chair, relaxed body language and facial expression. She has the soft toy cat in her lap. She lifts her left hand to stroke the cat's cheek and head - very deliberate, as you would stroke a real cat. [Later on] She stroke cat's head, looking directly at it and deliberately stroking its nose. She then lifts the cat up and kisses it on the nose and head, she pulls it away and then looks at it with adoration. She then says to the cat 'I shall take you home and keep you! Will they want you back?'

Observation of a Namaste Care Session

Using Objects Towards the End of Session

It may be particularly helpful to consider using objects to stimulate interactions towards the end of the session, when you will usually want to raise energy levels. Bubbles and balloons are slow moving and encourage people to reach out to touch them. For those people who do not engage physically, they can still provide a stimulating environment visually.



Using Touch and Massage

A cornerstone of Namaste Care is the use of therapeutic, expressive touch. People with advanced dementia are likely to receive functional touch every day during care tasks. However, unfortunately they can often be deprived of touch which intends to communicate warmth and connection as they may not be able to initiate this in conventionally understood ways. Holding hands or putting an arm around someone can give reassurance and comfort and express closeness. When people no longer have a range of language, touch is an important part of our non-verbal communication 'toolkit'. Touch is of course very personal and it is important that we keep aware with each person and at each interaction whether someone is comfortable with what we are doing.

Namaste Care Worker gently strokes her hand. Resident cries out and then looks at the member of staff stroking her hand. She very gently strokes her own finger. She now looks quite relaxed. Member of staff sits back down beside her and strokes her arm. She whispers to her 'Is that better?' resident looks up at her face. Member of staff leans over and hugs her, stroking her arm and rubs her head against hers. Resident sits back in chair and shuts her eyes. She appears to be less anxious now, breathing deeply.

Observation of a Namaste Care Session

Massage

Massage is one type of therapeutic touch. This does not mean that you need to be trained as a professional massage therapist. There are simple techniques you can learn to be able to give a basic massage. It is useful to have pillows, towels and hand creams/ massage waxes in the Namaste Care space to enable you to make people comfortable while you offer a massage. Hand massage is a useful place to start. There is a YouTube clip below which demonstrates a simple hand massage technique. Practice this with colleagues, family and friends to gain confidence. Do not worry too much about getting it 'right'. Try to relax into it and focus on making the other person feel calm and relaxed.

To develop therapeutic touch further, think about the quality of attention in massage and transfer these qualities to washing someone's face, brushing their hair etc. It is about taking the time and using touch to connect.

Using the 'M' Technique

There are many different types of massage and the massage used in Namaste Care is much gentler than a 'deep tissue' massage or 'sports massage'. The M Technique is a method of massage, using gentle stroking movements done in a repetitive motion. This can be done on hands and feet and other areas of the body. This technique can be used in situations when other forms of massage may be inappropriate, for example on someone experiencing breathlessness, some forms of cancer, deep vein thrombosis and active dying, (Buckle, 2009).

Safety note: Do NOT give a massage if someone has broken, weeping, infected or highly sensitive skin. If you are concerned about skin integrity, pain or existing health conditions make sure to consult the person's care plan or medical professionals if appropriate. There are some health conditions where massage may not be appropriate.

NO GLOVES!

There are no gloves used in Namaste Care, unless in exceptional circumstances (such as someone who has a specific infection that requires barrier nursing). Gloves are a barrier to skin to skin contact and meaningful touch.

Further Reading

Embracing Touch in Dementia Care: Tanner, L. (2017) *Embracing Touch in Dementia Care*.

London: Jessica Kingsley Publishers.

Hand massage demonstration Using the 'M' technique:

<https://www.youtube.com/watch?v=OfZxM6jTr9s>

St Christophers Namaste Toolkit (Guidance on Therapeutic Touch Document):

www.stchristophers.org.uk/education/resources

Touch for fragile clients: International Federation Professional Aroma-therapists, (2015) In Essence 12:13

The 'M' Technique for dementia, Buckle, J. (2009) Working with Older People, 13:3



Dolls and Soft Toys

Research has shown that the most significant interactions for engaging people with dementia are those with other humans or animals. Second to these are engaging with a representation of a person or animal, such as a doll or soft toy (Cohen-Mansfield et al, 2010).

Using Dolls and Soft Toys on an Individual Basis

For some people with advanced dementia, being able to hold and interact with a doll or toy animal provides comfort, meaning, attachment and a sense of purpose. Studies have shown the use of dolls improving communication, nutrition, mood, social interaction and general wellbeing for people living with dementia (Mitchell et al. 2016; Alander et al. 2015; Bisani and Angus 2013).

The use of dolls and soft toys can be seen as controversial, perhaps especially by family members, as, without careful explanation it can appear patronising. It is important that a decision to try using a doll/ soft toy is discussed with family so that they can understand the reasons behind it and be reassured that this is not about infantilising their family member. The decision to introduce a doll/ soft toy should be taken on an individual basis, not just given to every person who attends Namaste Care. It is significant to note that prior life experience does not necessarily reflect who will benefit from having access to dolls (James et al 2006). If a resident already has a favourite doll/ soft toy/ other object which they like to keep with them in the care home, they should be encouraged to bring this to the Namaste Care session.

Resident sat in chair holding two soft dolls. Namaste Care Worker kneels down in front of her and asks her what the dolls names are. Resident talks to the dolls softly rearranging their clothes. She looks towards the worker who is talking to another resident. She holds the dolls hands together as if they are holding hands. She then smiles at them whilst speaking quietly to them. She strokes the hands of the dolls and points at them whilst speaking to them softly. She then rearranges the position of dolls as if to make them comfortable on her lap.

Observation of Namaste Care Session

Further Reading

Guidelines on the use of dolls in care settings: Mackenzie L, Wood-Mitchell A, James I (2007) *Journal of Dementia Care*. 15, 1, 26-27.

The Namaste Care Session: a Visual Summary





Maximising Communication Opportunities

As dementia progresses, communication becomes more challenging, both for the person living with dementia and for those around them. People are social beings with an inbuilt need and desire to communicate with others. Although verbal communication skills can diminish significantly in advanced dementia, the need for human connection remains. A key part of Namaste Care is giving opportunities for improved communication and understanding, to open up avenues of communication that might not always be possible in a busy care home environment. The quieter environment of the Namaste Care space, with dedicated time for interactions and minimised distractions, gives a good basis for improving our connections with our residents.

Namaste Care is a 'strengths-based' model, so when thinking about communication, we need to know what someone's continuing strengths are, rather than focusing on their difficulties. We also need to get to know each individual person. Some of this personal information may be gleaned before Namaste Care sessions start but knowledge should be built on through the sessions.

'For a long time when he came up a lot of the time he was asleep and I thought, well, this is not making any sense. He can stay downstairs and be asleep. So then we started to talk to him and touch him and then we had this breakthrough and now we can get him chatting... The last we started talking to him about football and he was elated, we thought it was lovely and his daughter has definitely noticed a difference'

Namaste Care Worker

As language diminishes and non-verbal communication become a person's main way of connecting, our observation skills are vital. We need to hone these skills and pay attention to even the most subtle of movements and sounds.

Adaptive Interaction

Adaptive Interaction is an approach to communicating with people living with advanced dementia, devised by Maggie Ellis and Arlene Astell which fits well with Namaste Care. The Adaptive Interaction approach breaks down non-verbal communication and suggests how to better understand communication from people with advanced dementia so that you can find a shared 'language' to connect. Their

book is referenced below, along with a short film clip demonstrating some of their work.

Applying the developmental model

When the care homes in the research project received their training in Namaste Care, one aspect that was particularly helpful was the ‘developmental model’. This refers to an understanding of the way human beings develop from when they are first born, and how they grow and mature from being babies, to toddlers, children and so on throughout their life. A developmental perspective looks at lots of different aspects, such as how we develop our relationship and social skills.

This is **NOT** about thinking of people living with advanced dementia as similar to babies or ‘child-like’. This doesn’t make sense as a direct parallel, because people living with dementia have lived years of their lives and had diverse and rich experiences which have shaped who they are. They are adults and should be regarded as such. However, we can gain some insight in to the way people with advanced dementia might be feeling and behaving, by understanding developmental stages that all human beings go through. This is because the changes that happen in the brains of people as their dementia progresses can mean they lose some skills that they had previously learnt, but there will be earlier developmental abilities that they are more likely to retain. One example of this would be the skill of *speech*, which can get lost as dementia progresses, but the earlier developmental skill of *eye contact* (that babies do from birth) is much more likely to be retained. As a general rule, innate skills and abilities (those we are born with) are more likely to continue into advanced dementia than those skills we have had to learn later. Thinking about a developmental model can also help us to challenge some in-grained practices with regard to advanced dementia, as well and highlighting the need for Namaste Care in your home.

“The thing that resonated with me was the discussion about you wouldn’t just change a baby’s nappy, give them a bottle and then leave them in a room on their own and think that was acceptable.”

(Training feedback)

“It isn’t anything complicated. I come back and back to the developmental model when I’m thinking about Namaste Care...what it is to look after a baby? You could say that you make sure they’re clean, fed, not in pain, but that’s not the essence of what it’s about. It’s about love, it’s about connection”

(Namaste Care Trainer)

Thinking developmentally can help us adopt a 'strengths- based approach'. This is where we think about what someone's strengths are, rather than focusing on their disabilities. When a person is living with very advanced dementia, their disabilities are likely to be very marked, and if we focus on what someone *cannot* do, it can make it difficult to know how to communicate with them or support them. If we think about what they *can* do, it gives us a starting point for making a connection with them. Namaste Care is built around this focus on strengths. The PAL instrument (reference below) also takes a strengths based approach, to understand where the person is and tailor interactions to best fit. When we're thinking from a developmental perspective and about continuing strengths in advanced dementia, we may want to consider the following:

- The importance of all five senses
- The use of eye contact
- Skin-to-skin contact and touch
- Awareness of basic reflexes
- Observing subtle facial expressions
- Listening to sounds and vocalisations
- Mirroring sounds and movement

These are all part of our innate repertoire for communicating and connecting with other human beings and are likely to remain with a person even in advanced dementia.

Further Information

Astell A, Ellis M (2018) *Adaptive Interaction and Dementia: How to Communicate without Speech*. Jessica Kingsley Publishers.

Pool, J. (2011) *The Pool Activity Level (PAL) Instrument for Occupational Profiling*. Jessica Kingsley Publishers

Film, Adaptive Interaction: <https://www.astellis.co.uk/what-is-adaptive-interaction>

Film, Gladys Wilson and Naomi Feil: <https://www.youtube.com/watch?v=CrZXz10FcVM>



Working with Families

Namaste Care requires a whole home approach, which also includes family members and visitors to the care home. Families should be informed from the outset about Namaste Care, and invited to be involved in all aspects of planning, creating and delivering Namaste Care.

Informing Family Members

A poster displayed in a prominent place could be used to inform family members about the introduction of Namaste Care in your home. They should have the opportunity to attend an information meeting or taster sessions to find out more, regardless of whether their family member is currently likely to attend. If a resident is identified as being appropriate for Namaste Care, family members should be informed and invited to discuss in more detail why their family member has been invited to join. Family members themselves should be encouraged to join the sessions if they would like to. This meeting is also a good opportunity to discuss what is meant by 'advanced dementia' and to open discussions about end of life care.

Including Family Members and Visitors in Namaste Care Sessions

During Namaste Care sessions, the Namaste Care Worker should include visiting family members in the session, helping them to feel comfortable and offering the opportunity and guidance for them to join in the activities, e.g. hand massage/ brushing their hair/ singing.

'And I joined in with a few actually when I happened to be there in the week and he particularly liked the hand massages and that kind of thing, because I used to be a massage therapist... I even helped out one day with a couple of the other residents that I knew well, just did a hand massage for a few of them and it's something I'd like to get involved with in the future if I could'

Relative of a resident participating in Namaste Care

'My Mum is not suitable for Namaste right now, as she is quite able. However, it's comforting to know that the home do it as I know she will get to that stage in the future'

Relative at a Families Meeting in the care home



Palliative and End of Life Care

This does not constitute a specific element in Namaste Care, but is an integral part of what a Namaste Care approach offers and it is important that the content and approach of Namaste Care is in keeping with good practice in palliative care.

“Wherever the person is cared for the environment should be therapeutic, calm and respectful...comfortable and include activities...” (Lillyman and Bruce 2016, p7). It is significant that a central component of Namaste Care is expressive touch, one of the final senses retained to the end of life (Nicholls et al 2013). It is also important to note that in terms of using music and sounds, again hearing is one of the last senses people retain (Haig, 2009).

‘But the really lovely one that really got to the essence of Namaste, that really did touch me, was a lady who has died now. We managed to get her up, because she was downstairs, and we managed to get her up for a session; and she absolutely was transfixed by it. She just glowed, you know? And two days later she died. But the thing is, if it’s at the end of life, at the endpoint of life, we did it for her... And that was huge; that was huge, and I thought, wow, this is quite something. The actual...what we really needed, ultimately, to do, we have done for this lady. And I was so pleased for her’

Namaste Care Worker

Namaste Care can provide a way of continuing to care for and nurture someone until the end of their life, and can provide insight into ways for family to continue to connect with them.

“You matter because you are you, and you will matter to the end of your life, and we will help you not only to die peacefully but to live until you die,” - Dame Cicely Saunders

Further Information

Alzheimer’s Society factsheet, End of Life Care:

https://www.alzheimers.org.uk/downloads/file/2267/factsheet_end_of_life_care

St Christophers Namaste Toolkit (End of Life Care Information):

www.stchristophers.org.uk/education/resources

Joining the Online Community of Practice

What is a community of practice?

A community of practice is: "A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly," Wenger-Trayner et al, (2014)

A community of practice is created when a group of people share a:

- **Domain:** an area of expertise
- **Community Grouping:** members engage in joint activities, share information and care about each other
- **Practice:** members are practitioners that share a repertoire of resources, experiences, stories, tools and ways of addressing recurring problems.

We have created an online community of practice for like-minded professionals to share ideas around their Namaste Care practice. You can join the Namaste Care community of practice for free by following the link below and creating a quick, simple profile:

www.adscommunities.ning.com

By joining the community of practice you will also be able to download copies of this manual (and others) and the Namaste Care film.

We look forward to seeing you there and hearing about your Namaste Care journey!

Opportunities for Namaste Care Training

Some practitioners have implemented Namaste Care in their services without specific training. However, it is worthwhile considering whether training would help in your implementation. Training can be a great way to enthuse staff members and ensure that everyone has a clear idea of the 'goal' the home is trying to achieve. The case study care homes in our study received two training sessions: one for the leaders of the service and one for possible Namaste Care Workers.

Training is available through a variety of sources and we list the ones that informed our research project training package below. You could also consult others on the Community of Practice to see what was most useful for them.

Suggested Training Opportunities:

Worcester University Masterclasses:

<https://www.worcester.ac.uk/discover/dementia-masterclasses.html>

St Christopher's Hospice Namaste Care Training:

<http://www.stchristophers.org.uk/course/st-christophers-namaste-care-programme-training-package/>

Namaste Care International:

<http://www.namastecareinternational.co.uk>

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Useful Documents

- 1. Namaste Care Intervention UK Welcome Sign**
- 2. Namaste Care Intervention UK Checklist**
- 3. Individual Sensory Biography**
- 4. Pain in Advanced Dementia Scale (PAINAD)**

Namaste Care Room

Welcome

Please enter quietly

Namaste Care Intervention UK Checklist

This checklist is intended to act as a reminder for the Namaste Care Worker when setting up and running a Namaste Care Session. It is not intended to be prescriptive.

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Welcome sign on the door							
Comfortable seating							
Natural light or lights lowered							
Aroma diffuser set up or room spray used							
Background visuals on a screen							
Music playing							
Bringing nature in							
Facilities for cleaning hands/ alcohol gel							
Food prepared (crockery, cutlery) including dietary and swallowing needs							
Drinks prepared (cups, straws) including dietary and swallowing needs							
Clean towels, pillows and cushions							
Hand creams/ oils							
Objects/ stimuli, e.g. twiddle muffs, bubbles, balloons, feathers							
Individual dolls/ soft toys							
Individual bags with blankets etc.							

Individual Sensory Biography

	SIGHT/ VISUAL	HEARING/ SOUND/ MUSIC	SMELL	TASTE	TOUCH/ SKIN
Any impairment, vulnerability or difficulty? (If one eye or ear affected, specify which)					
Any sensory aid needed, e.g. glasses?					
Preferences and favourites (give details)					
Dislikes (give details)					

Pain Assessment in Advanced Dementia Scale (PAINAD)

Instructions: Observe the patient for five minutes before scoring his or her behaviors. Score the behaviors according to the following chart. Definitions of each item are provided on the following page. The patient can be observed under different conditions (e.g., at rest, during a pleasant activity, during caregiving, after the administration of pain medication).

Behavior	0	1	2	Score
Breathing Independent of vocalization	<ul style="list-style-type: none"> Normal 	<ul style="list-style-type: none"> Occasional labored breathing Short period of hyperventilation 	<ul style="list-style-type: none"> Noisy labored breathing Long period of hyperventilation Cheyne-Stokes respirations 	
Negative vocalization	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Occasional moan or groan Low-level speech with a negative or disapproving quality 	<ul style="list-style-type: none"> Repeated troubled calling out Loud moaning or groaning Crying 	
Facial expression	<ul style="list-style-type: none"> Smiling or inexpressive 	<ul style="list-style-type: none"> Sad Frightened Frown 	<ul style="list-style-type: none"> Facial grimacing 	
Body language	<ul style="list-style-type: none"> Relaxed 	<ul style="list-style-type: none"> Tense Distressed pacing Fidgeting 	<ul style="list-style-type: none"> Rigid Fists clenched Knees pulled up Pulling or pushing away Striking out 	
Consolability	<ul style="list-style-type: none"> No need to console 	<ul style="list-style-type: none"> Distracted or reassured by voice or touch 	<ul style="list-style-type: none"> Unable to console, distract, or reassure 	
TOTAL SCORE				

(Warden et al., 2003)

Scoring:

The total score ranges from 0-10 points. A possible interpretation of the scores is: 1-3=mild pain; 4-6=moderate pain; 7-10=severe pain. These ranges are based on a standard 0-10 scale of pain, but have not been substantiated in the literature for this tool.

Source:

Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *J Am Med Dir Assoc.* 4(1) pp 9-15

PAINAD Item Definitions (Warden et al., 2003)

Breathing

1. *Normal breathing* is characterized by effortless, quiet, rhythmic (smooth) respirations.
2. *Occasional labored breathing* is characterized by episodic bursts of harsh, difficult, or wearing respirations.
3. *Short period of hyperventilation* is characterized by intervals of rapid, deep breaths lasting a short period of time.
4. *Noisy labored breathing* is characterized by negative-sounding respirations on inspiration or expiration. They may be loud, gurgling, wheezing. They appear strenuous or wearing.
5. *Long period of hyperventilation* is characterized by an excessive rate and depth of respirations lasting a considerable time.
6. *Cheyne-Stokes respirations* are characterized by rhythmic waxing and waning of breathing from very deep to shallow respirations with periods of apnea (cessation of breathing).

Negative Vocalization

1. *None* is characterized by speech or vocalization that has a neutral or pleasant quality.
2. *Occasional moan or groan* is characterized by mournful or murmuring sounds, wails, or laments. Groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
3. *Low level speech with a negative or disapproving quality* is characterized by muttering, mumbling, whining, grumbling, or swearing in a low volume with a complaining, sarcastic, or caustic tone.
4. *Repeated troubled calling out* is characterized by phrases or words being used over and over in a tone that suggests anxiety, uneasiness, or distress.
5. *Loud moaning or groaning* is characterized by mournful or murmuring sounds, wails, or laments in much louder than usual volume. Loud groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
6. *Crying* is characterized by an utterance of emotion accompanied by tears. There may be sobbing or quiet weeping.

Facial Expression

1. *Smiling or inexpressive*. Smiling is characterized by upturned corners of the mouth, brightening of the eyes, and a look of pleasure or contentment. Inexpressive refers to a neutral, at ease, relaxed, or blank look.
2. *Sad* is characterized by an unhappy, lonesome, sorrowful, or dejected look. There may be tears in the eyes.
3. *Frightened* is characterized by a look of fear, alarm, or heightened anxiety. Eyes appear wide open.
4. *Frown* is characterized by a downward turn of the corners of the mouth. Increased facial wrinkling in the forehead and around the mouth may appear.
5. *Facial grimacing* is characterized by a distorted, distressed look. The brow is more wrinkled, as is the area around the mouth. Eyes may be squeezed shut.

Body Language

1. *Relaxed* is characterized by a calm, restful, mellow appearance. The person seems to be taking it easy.
2. *Tense* is characterized by a strained, apprehensive, or worried appearance. The jaw may be clenched. (Exclude any contractures.)
3. *Distressed pacing* is characterized by activity that seems unsettled. There may be a fearful, worried, or disturbed element present. The rate may be faster or slower.
4. *Fidgeting* is characterized by restless movement. Squirming about or wiggling in the chair may occur. The person might be hitching a chair across the room. Repetitive touching, tugging, or rubbing body parts can also be observed.
5. *Rigid* is characterized by stiffening of the body. The arms and/or legs are tight and inflexible. The trunk may appear straight and unyielding. (Exclude any contractures.)
6. *Fists clenched* is characterized by tightly closed hands. They may be opened and closed repeatedly or held tightly shut.
7. *Knees pulled up* is characterized by flexing the legs and drawing the knees up toward the chest. An overall troubled appearance. (Exclude any contractures.)
8. *Pulling or pushing away* is characterized by resistiveness upon approach or to care. The person is trying to escape by yanking or wrenching him- or herself free or shoving you away.
9. *Striking out* is characterized by hitting, kicking, grabbing, punching, biting, or other form of personal assault.

Consolability

1. *No need to console* is characterized by a sense of well-being. The person appears content.
2. *Distracted or reassured by voice or touch* is characterized by a disruption in the behavior when the person is spoken to or touched. The behavior stops during the period of interaction, with no indication that the person is at all distressed.
3. *Unable to console, distract, or reassure* is characterized by the inability to soothe the person or stop a behavior with words or actions. No amount of comforting, verbal or physical, will alleviate the behavior.

