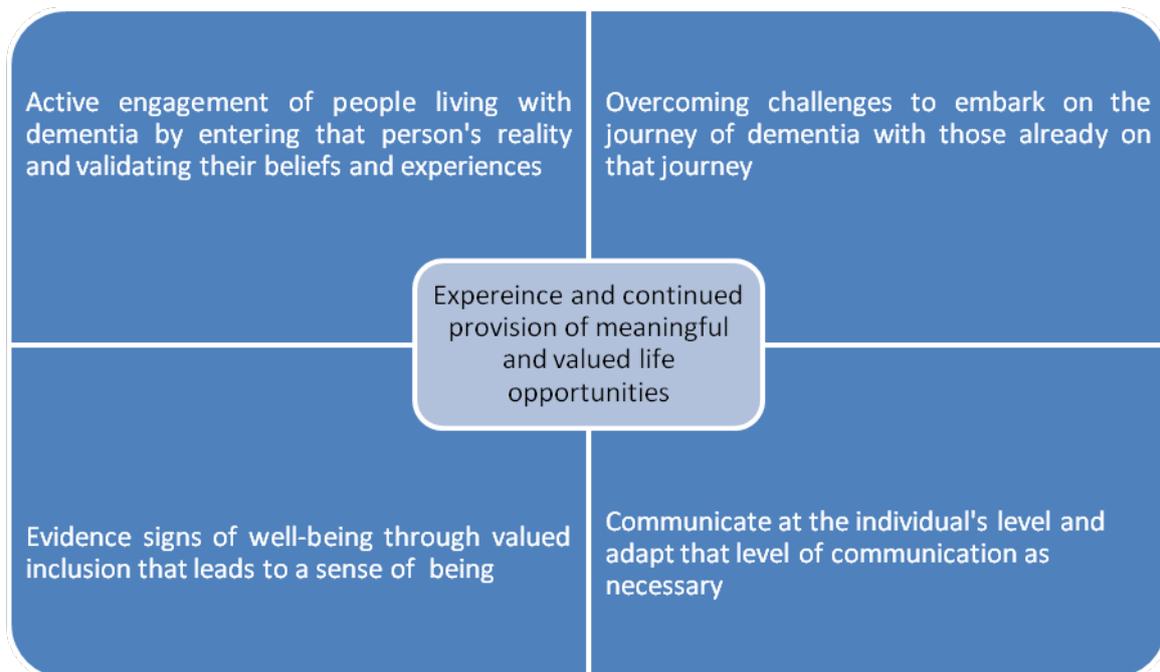




THE NIGHTINGALE MODEL FOR THE APPLICATION OF THERAPY

This model is the core of Hypnotherapy for people living with dementia as trained by Dr Daniel Nightingale.

All Nightingale Dementia Associates are encouraged to encompass the Five Facets of True Person Centered Care as outlined below.



This approach is fully inclusive and puts the client at the center of any assessment, treatment and therapy.

Experience and continued provision of meaningful and valued life opportunities

As Practitioners, one of our greatest communication skills is the ability to listen. All our clients, despite age, have valued experiences they can share with us. Our approach, and therapeutic relationship, depends heavily on our acceptance and knowledge of the client's past experiences. One of our goals during therapy is to assist the individual to improve areas in their cognitive abilities and Activities of Daily Living that will assist them to enjoy further valued life opportunities. The individual must feel a sense of empowerment and control throughout the entire therapy; a sense of safety and security. Each individual must feel confident that their therapist can be trusted unconditionally.

Active engagement of people living with dementia by entering that person's reality and validating their beliefs and experiences

We all know and accept that for the most successful outcomes the therapist must step outside of their reality and into that of the person living with dementia. I may be living in July 2013, sitting at my desk writing a book. However, Paul might be stuck in reliving a past experience that occurred in 1972 – I must enter that timeframe and embark on that aspect of the journey with him. Validation of his current beliefs and experiences strengthens his trust in me, increases his confidence to share that experience and gives me permission to assist him to find a solution which will resolve the issue.

Overcoming challenges to embark on the journey of dementia with those already on that journey

Therapists are human beings. None of us are flawless and most of us have misconceived ideas about dementia prior to specialist training in this area of work. We must overcome our own challenges and feel confident that we can support people in a therapeutic setting. The message to all the clinicians (whatever their discipline), that I have taught, those I am currently teaching and those I will teach in the future, is not to be afraid to join the journey. Climb on board and partake in whatever adventure lies ahead. We are all in it together – from the person living with dementia through to the assistant serving the individual in the store.

Evidence signs of well-being through valued inclusion that leads to a sense of being

A huge part of what we do is about valued inclusion. The Practitioners do not tell the group what the therapy plan is going to be. Instead, we develop this together. We do not lead the session. Instead, our role is to support a member of the group to lead and facilitate the session.

Communicate at the individual's level and adapt that level of communication as necessary

As a therapist working in the field of dementia, it is essential to understand that verbal communication isn't as important as we sometimes think. We therefore look at it this way: throughout our entire lives, verbal communication accounts for only 27% of contact with each other. The remainder, a staggering 73% of communication, is via body language. For this reason, we do not get hung up over the fact that someone may no longer be able to communicate verbally.

We must fine tune our ability to read body language. We might use mirroring techniques, i.e if someone makes facial gestures or body movements, we respond by mirroring those same movements. This helps establish a relationship and increases the chance of a positive therapeutic alliance. We may sing with the client – as mentioned above, the loss of ability to use the spoken word very often does not prevent the person from singing – this fact is due to the part of the brain responsible for music being located in a different area than that of speech and language, or the Broca's and Wernicke's areas of the brain.