HPP
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BIOMEDICAL VERSUS EXPERIENTIAL MODEL IN DEMENTIA CARE

Shifting from institutional to person-centered care

	BIOMEDICAL MODEL	EXPERIENTIAL MODEL
DEMENTIA DEFINED	Progressive, irreversible, fatal	Shift in perception of the world
BRAIN FUNCTION	Loss of neurons and cognition	Brain is malleable, learning can occur
VIEW OF DEMENTIA	Tragic, costly, burdensome	Continued potential for life and growth
RESEARCH GOALS	Almost entirely focused on prevention and cure	Find ways to improve lives of those with dementia
ENVIRONMENTAL GOALS	Protection, isolation, disempowerment	Maintain well-being and autonomy
ENVIRONMENTAL ATTRIBUTES	Disease-specific living areas	Inclusive living areas
FOCUS OF CARE	Programmed activities; tasks and treatments; less attention to care environment	Diverse engagement; relationships; care environment is critical
STAFF/FAMILY ROLE	"Caregiver"	"Care partner"
VIEW OF BEHAVIOR	Confused, purposeless; driven by disease and neurochemistry	Attempts to cope, problem solve, and communicate needs
RESPONSE TO BEHAVIOR	"Problem" to be "managed"; medication, restraint	Care environment is inadequate; conform environment to person
BEHAVIORAL GOALS	"Normalize" behavior; meet needs of staff and families	Satisfy unmet needs; focus on individual perspective
NONPHARMACOLOGIC APPROACHES	Focus on discrete interventions	Focus on transforming care environment
OVERALL RESULT	High use of meds; continued suffering; decreased well-being	Rare use of meds; attention to spiritual needs; improved well-being