

The person first: reflections about reminiscence, decision and person-centered attention to reduce the psychological impact of losses in Residential Care Facilities (RCF s)

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Background: Although the losses associated with aging activate additional psychological resilience resources, dependency settings, which often require admission to Residential Care Facilities (RCF's), need adequate care so that the person can maintain his/her dignity and quality of life. The activation of mechanisms for regulating losses and the preservation of the identity and autonomy of the person respecting his/her decision-making capacity are central for the preservation of the well-being of people with dependence. Portuguese RCF's are mainly based on care models that are opposed to the models of attention centered on the person, which value the person's potential and decision-making capacity. The COVID-19 pandemic has tested RCF's, highlighting their weaknesses and limitations.

Objective: This study aimed to identify ways to improve the provision of care in RCF's during the pandemic.

Method: This is a qualitative study, with data collection through an online questionnaire. Participants were invited to indicate strategies to improve the provision of care to elderly residents in RCF's. The study included 198 RCF's workers during the COVID-19 pandemic. Content analysis of the collected data was performed.

Preliminary results on the ongoing study: The results indicate that the strategies that RCF's workers consider most necessary are at the level of human resources, also highlighting the need for greater proximity, affection and attention to residents, the personalization of care and the valorization of the resident person and his/her opinions. These are considered by the participants as central strategies for the quality of care and satisfaction of RCF s workers.

Conclusion: The needs identified are in line with the guiding principles of Person-Centered Care. The use of reminiscence as a strategy for valuing the person and his/her identity, as well as the promotion of self-determination, evaluating and allowing the person to make decisions may be central to meeting the needs identified at the level of care. The necessary transition from RCF's in Portugal to paradigms of centered care is thus reinforced by the results of this study.

S4: Mild Behavioral Impairment. Assessment, biological and clinical factors in the cognitive impairment continuum

Symposium Overview

Dr. Onésimo Juncos-Rabadán, Faculty of Psychology, University of Santiago de Compostela, Spain

Mild Behavioral Impairment (MBI) is a diagnostic construct defined by the later-life emergence of persistent neuropsychiatric symptoms (for example, apathy, anxiety, depression, amongst others) displayed by older adults, with the aim to identify individuals at increasing risk of future dementia. The construct is also related to AD biomarkers including beta-amyloid, tau, and cerebral atrophy. For the assessment of MBI, researchers developed the Mild Behavioral Impairment Checklist (MBI-C) (Ismail et al., 2017) evaluating five domains: decreased motivation, affective dysregulation, impulse dyscontrol, social inappropriateness, and abnormal thought and perception.

The purpose of this symposium is to present four contributions that allow increasing our knowledge of the added value of MBI in clinical diagnosis of neurocognitive disorders.

Firstly, Dr. Maurits Johansson from Lund University (Malmö, Sweden) presents an overview of the role of MBI in the contemporary clinical diagnostic criteria for AD and some perspectives for treatment in the future.