Case Study:

Care Without Confrontation: Using therapeutic storytelling to preserve dignity

FULL BLOOM Memory Care®



The Client

Margie was a nurturer. She'd been a therapist for seven decades and a mother to Carol and Anne for fifty years and counting. When her daughters were young, she hugged them through heartbreak, went to every soccer game, and arranged her schedule so she'd be home after school. She also gently mediated constant battles between the two girls, who loved each other fiercely but rarely agreed on anything.

Margie was who people turned to for help, not the one who needed it herself. But as her dementia progressed, the disease began to chip away at that identity. She got confused in the grocery store. Once she put laundry detergent in the dishwasher. She struggled to manage everyday tasks and wouldn't admit her eyesight was so bad she couldn't read the reminders her husband had left on the kitchen table.

When Margie's husband suffered a fall and was rehabilitating in a facility, Margie's routines really began to unravel. She stopped eating regularly, stopped showering, wore the same clothes for days at a time. Carol and Anne hired a homecare agency for short shifts a few times a week, but Margie wouldn't even let them in. She insisted she could take care of herself.

The Challenge

When Margie turned away that caregiver, Carol and Anne felt helpless and exasperated. The situation reignited tensions between the two women: Carol thought Anne should take care of Margie, since she lived in town. Anne resented the assumption that she should be her mother's caretaker when she had a career and kids to focus on. Both women were exhausted and scared, bracing for terrible news every time their phones rang.

One night, Margie was making popcorn and wandered into the living room to watch television—she didn't like wearing her hearing aids, but she could follow along with Jeopardy. When the burning popcorn set off the fire alarm, she didn't even hear it. Thankfully, a neighbor did.

That crisis had been averted, but Carol and Anne knew there would be more. They couldn't keep going like this: if they wanted to keep their mother safe, they needed to put aside decades of tension and work together to find a solution. They stayed up for hours talking it through. They knew they couldn't just send another caregiver to the front door and hope for a different outcome. They needed someone who understood why Margie was refusing help in the first place. The next morning, they called Full Bloom.

When we met with Carol and Anne, the first thing we explained was that Margie wasn't being stubborn or intentionally difficult; her brain couldn't recognize the changes happening in her own life, even as the signs piled up. Like many people living with dementia, she was experiencing anosognosia, a medical condition that affected her ability to recognize her own decline.

That's why the first agency failed: Margie didn't even think she needed help—let alone from a perfect stranger—so that strategy got a door slammed in the face.

Our approach was different—but we'd need their help to make it work. Therapeutic storytelling is a powerful technique, and one of the most effective ways to work with clients like their mom. Rather than insisting on facts Margie could no longer process (her husband in a facility, her vision problems, her progressing dementia), this approach offers an explanation she could understand and an acceptable reason to bring a caregiver into the home.

Margie's daughters struggled with the concept at first. It felt too close to lying. But the popcorn incident had been a wakeup call. They agreed to try.



The Solution

Margie wouldn't accept a caregiver, Carol and Anne reasoned, but she might accept an occasional driver, especially if that driver was connected to her husband. So that's how Carol and Anne introduced our Memory Care Partner to their mother. He wasn't a stranger showing up to take over Margie's personal care. He was just a nice young man taking Margie on a few errands as a favor to her husband. Margie welcomed him into her home because, in her mind, he wasn't there to take care of her. Slowly, incrementally, he was able to do a little more, stay a bit longer, visit more often. Over time, the driver was "promoted" to personal assistant, taking on additional responsibilities as Margie needed them.

The therapeutic story Margie's daughters helped craft was strong, but it wasn't enough by itself. What made it effective was the foundation of information they had given us. Our Life Story questionnaire is a detailed intake we conduct with the family of every new client. It covers the basics, like a loved one's favorite foods and where they grew up. But it also explores proudest moments, hobbies and passions, quirky personality traits, and social preferences. It helps us understand what brings comfort, what causes stress, and how to reconnect with joy.

With the insights from her daughters, we knew Margie before we even knocked on her door. We knew about her career, her love of Jeopardy, her hatred for cilantro. We knew how her husband proposed and the story of their first date. With all the knowledge her daughters gave us, Margie's Memory Care Partner was able to carefully build trust and connection.

The Outcome

Margie eats regularly now. She showers. She wears clean clothes. The house is back on track too. Thanks to her "personal assistant, " the laundry is done, the dishes are washed, and the clutter is slowly getting organized.

Carol and Anne don't jump when the phone rings anymore. They can be daughters and sisters again, instead of crisis managers. Last month, Carol flew in for the weekend, "just because." Margie still doesn't think she needs much help. But she likes her personal assistant. He knows her husband. Sometimes they watch Jeopardy together. And whenever they go out for lunch, he makes sure there's absolutely no cilantro.

Contact us for a free consultation today. We'll explain our one-on-one approach to dementia care, and how we can reconnect you with the person you love.

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