The ABC Model and Institutional Care (for elderly people)
By Professor Finn Tschudi

The ABC model was first described in Tschudi 1977, and has recently been updated together with David Winter (in press). While typically used with individual clients, we also find it applicable to social systems, and I will here illustrate this by elaborating an example previously briefly hinted at.

First, the ABC model implies three related constructs:

A: Problem construct a1: problem position, PP
B: elaboration of A b1: disadvantage of PP
C: defines dilemma c2: advantage of PP

a2: desired position, DP
b2: advantage of DP
c1: disadvantage of DP

The challenge is to get at the sometimes paradoxical or chimerical ‘disadvantage of DP’, similarly the ‘advantage of PP’. Hopefully this may call forth a reconstruction of C and thereby facilitate steps towards DP. Braithwaite et al (2007) has developed a comprehensive framework for ‘responsive regulation’, and I here have a look at the unfortunately often inadequate care and respect for dignity of residents in institutions for the aged. An example:

a1: Little respect for dignity; e.g. tying an ‘unruly’ resident, a2: Respect dignity; Give resident freedom of movement
b1: Urinary incontinence, abrasive sores
b2: Preserve physical health
c2: Ritualism, keep order(?)
c1: Allow ‘unruly’ behaviour(?)

The A construct is here from a normative point of view, and this makes it mandatory to preserve health and treat residents with respect for their dignity! Sadly some directors in institutions for the aged may prefer an ‘orderly’ environment. By a dialogue a good inspector may question the usefulness and wisdom of tying any resident, and unravel more humane approaches. Braithwaite et. al. (2007) several times refer to the ideal of a ‘homely’ atmosphere. There are, however, often obstacles to this. Especially in the US it has been customary to saddle institutions for the aged with rituals that have little or no importance for the well-being of residents. The following provides one example or this. ‘Objectivity ritualism’ implies following an ‘objective’ way of measuring something, when a subjective way would better point to quality of care. For instance, It has happened that the number of pictures on the walls has been used to indicate a ‘homely atmosphere’, whereas a preferred approach might imply asking (some of) the residents where they might find a good place for visitors. For the concrete example above, a really homely atmosphere might do away with ‘unruly’ behaviour!
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Braithwaite *et al* state that a major problem is that rituals – whether about 'objectivity', 'rules', 'documentation', 'legality' etc. - may give an appearance of quality while this is quite often just on a superficial level; there are so many shallow rituals! The deeper levels deal with fundamental values such as health care, social independence, freedom of decisions, homely atmosphere, privacy and dignity, variety of experience, and safety. What needs to be realised is fidelity to care needs not fidelity to rituals.

Regarding change any prescriptive framework may slide into ritualism. Conversation (here radical reconstruction of the C construct) is seen as the most effective regulatory medium. It is to be hoped that further elaboration of the ABC model may be a helpful guide in such conversations, not only for the example here but also for other problematic social areas.

References:


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