

Edna Evergreen Scenario

Facilitator's Guide

Abuse and Neglect Prevention Training

Greenhill Care Facility Neglect of a Resident Alzheimer's-related Dementia

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caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect *clients* *dignity*

This training project is sponsored by the Wisconsin Department of Health and Family Services in partnership with the University of Wisconsin-Oshkosh Center for Career Development. The project is funded by a federal grant from the Centers for Medicare and Medicaid Services.

The primary goal of the training is to reduce the incidence of abuse, neglect, and misappropriation. The training is designed for direct caregivers and managers in nursing homes, long-term care hospitals, facilities serving people with developmental disabilities, hospices, home health agencies, community-based residential facilities, and personal care worker agencies.

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Facilitator Notes – Opening the Scenario

Opening Section: 10 minutes

Facilitator says¹:

Welcome to the Edna Evergreen Scenario. Each of you has chosen a life to lead in this session. Please read through the starter descriptions in your binder. In a few minutes, I will ask you to briefly introduce your life to everyone, describing your values and relationships to others.

[Give participants approximately 3 minutes to read through their life starter information.]

Before each of you introduces yourselves, let me provide a brief description of the scenario and walk you through the Learning Points we'll focus on.

[Read the Summary of the Scenario to the group. Review learning points for the scenario. Refer to Learning Points poster.]

Summary of the Scenario

Edna Evergreen is an 80-year-old resident of Greenhill Care who has Alzheimer's-related dementia, as well as vision and hearing loss. She often reminisces about her family. Sometimes she will pinch and yell at caregivers. Staff must be careful about how they approach her because she can be startled by quick movements.

On one occasion Edna gets up in the middle of the night, walks down the hallway, talking about how she must find her son. Facility staff know that Edna's son Billy was fatally injured in a car accident several years ago. She is led back to her room by Carolyn Lewis, CNA. After some time Carolyn feels that Edna is ready to go back to bed. Soon though, Edna gets up once again. Carolyn, feeling the stress of caring for other residents, leads Edna by the arm back to her bed and blocks her doorway with a recliner to prevent her from leaving the room again.

¹ Please note that we do not expect you to read these sections verbatim. This is only a guide to what you'll tell the group.

Scenario Learning Points

As a result of this session, participants will:	Participants will demonstrate this by:
1. Identify appropriate responses to patients with dementia	<ul style="list-style-type: none"> • Discussing how to intervene when someone behaves in a confused manner • Model appropriate behavior to soothe an aggravated resident • Identify resources to improve care
2. Understand the benefits of freedom from restraints	<ul style="list-style-type: none"> • Recognize that blocking a doorway may be considered a form of restraint • Understand the facility's policy regarding using any type of restraint • Review the definition of neglect by a caregiver. Could blocking the doorway be considered caregiver neglect?
3. Model the benefits of providing support for a coworker	<ul style="list-style-type: none"> • Identify how collaborating with a coworker can help provide quality care

[Ask participants to go around the group and introduce themselves, in character, using their starter page. Start with the resident.]

Facilitator says:

Here's how we'll go about conducting the session:

- You can identify the scenes you will be in by looking at the bottom of your starter page.
- You don't have to memorize your lines. Before each scene, you'll be given a few minutes to look over your lines.
- I'll call for each scene by number and color, so you'll know when it's your turn to participate. I'll also give you some stage direction so you'll know where to stand or sit as you have your conversations. When you are not in a scene, simply relax and follow along.
- You'll be given an opportunity to get into the life you are leading during the warm-up.

Time Check: 70 minutes remaining

Facilitator Notes – Warm-Up

Warm up: 3 minutes

Facilitator says:

Let's get into our lives with a brief warm-up exercise. This is meant to give you an opportunity to get comfortable in your new lives.

Remember, these are casual chit chats – not about the situation. Everyone will be interacting in a warm-up exercise at the same time.

[Point out warm-up handout to each participant.
Give them general stage direction. You may need to encourage them to start.]

Warm-Up

Edna, Lila, Brad and Nancy:

- Edna discusses with Lila the nice party last week for another resident's 90th birthday. The resident is Harry.
- Nancy tells Brad about how much Harry enjoyed the German Chocolate cake that the kitchen staff made for him.
- We all had a great time.

Carolyn, Alicia, Patricia, and Don:

- Patricia and Alicia discuss the recent training they attended about working with other staff.
- Carolyn and Don talk about the challenge of working different shifts and balancing family with work.

Facilitator Notes – Scene One (Blue)

Time check: 67 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

In scene one, Carolyn sees Edna, barefoot and in her nightclothes, heading down the hallway toward the exit – for the second time tonight. Carolyn runs after Edna and tries to gently direct her back to bed. Edna is agitated, crying, and shouting that she **MUST** go to her son who has been hurt. Carolyn knows the son, Billy, was killed in an auto accident several years ago.

Carolyn gets a little flustered. She feels that she needs to get Edna back to her room soon so that other residents are not awakened. Carolyn takes Edna by the arm and leads her back down the hall. Edna is clearly frustrated and still worried about her son.

Carolyn, you have re-directed Edna to her room once again. You are encouraging Edna to get back in bed, but Edna is still distressed. Patricia and Nancy will enter the scene after hearing Edna raise her voice with Carolyn.

Scene One: Blue

Time: Tuesday, 2:30 am

Participants: Edna, Carolyn, Patricia and Nancy

Edna: Let me out of here! I have to see my son!

Carolyn: Edna, everything is OK. Let's go to sleep now, huh?

Edna: But my son, I have to see my son!

Carolyn: Edna, please. Let's go to sleep. You're going to wake everyone up.

Edna: Why are you trying to stop me?

Carolyn: Edna, I'm just going to slide your recliner into your doorway. I want to make sure you don't leave your room again tonight. I'm afraid you'll get hurt. This is for your own good!

Edna: I'm so worried about Billy. I have to go see how he's doing. You can't keep me here!

Patricia and Nancy enter Edna's room.

Patricia: Carolyn, what's going on? Hello Edna, it's Patricia. Is everything OK?

Edna: No! I didn't do anything to deserve this. My son needs me. It's a mother's duty to go to help her child!

Nancy: Edna, I'm glad you came back to your room. We were worried about you.

Patricia: Here, let me help you get back in bed, Edna.

Edna: Oh all right, but I really wish you'd help me find Billy.

Carolyn: Thank you for getting back in bed, Edna. I think you'll feel much safer with the recliner in your doorway. It will remind you not to leave your room again.

Carolyn, Patricia, and Nancy move to the hall. Carolyn pushes the recliner into the doorway on her way out.

Carolyn: Now that the doorway is blocked, I feel better about Edna. I don't know any other way to keep her safe!

Patricia: What if she tries to climb over the recliner and hurts herself?

Nancy: I never thought about how she might hurt herself!

Patricia: Carolyn, have you checked Edna's Care Plan? There is no order for any type of restraint.

Carolyn: Restraint? All I did was try to keep her from getting out of her room and falling or something. What's wrong with that?

Patricia: Oh, Sheldon and Harry's call lights are on! Nancy and I will take Sheldon. Carolyn, please check on Harry.

Facilitator Notes – Scene Two (Green)

Time Check: 62 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

In the following scene it is 6 hours later, about 8:30 am and Lila has come to visit her mother. The recliner is no longer in Edna's doorway. Someone from the day shift pushed it back into the room. Edna seems to recognize her daughter today, and Lila is pleased at that.

Lila, please enter your mother's room. Edna, you are glad to see your daughter!

Scene Two: Green

Time: Tuesday, 8:30 am, 6 hours after the incident

Participants: Edna and Lila

Lila: Good morning, Mom. How are you this morning?

Edna: Hello, Lila dear. I had a very difficult night. I couldn't sleep...I don't really remember why.

Lila: I'm sorry you had problems sleeping, Mom. Did you get your sleep medication?

Edna: I think so, but I was very restless and wanted to walk in the hallway. One of the staff made me get back in bed. I think she was mad at me! I hate to be such a burden...

Lila: You're not a burden, Mom. We all love you very much. Why do you think the caregiver was mad at you?

Edna: The last time she put me back in my room, she pushed the recliner in front of my door, so I couldn't get back out. I was very sad...I think I cried myself to sleep.

Lila: Gee, Mom, the recliner's right where it should be. Are you sure you weren't having a bad dream?

Edna: Lila, I know my memory isn't what it used to be, but I remember the CNA pushing the chair in front of my door as she left. You can ask Patricia! She was here, too.

Lila: OK, Mom, I'll check with the Director of Nursing to find out about this. No one should be keeping you prisoner in your own room!

Facilitator Notes – Scene Three (Yellow)

Time Check: 57 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

Lila is not sure about the recliner incident, but she makes an appointment for the next day to discuss her mother's care with Brad, the Director of Nursing (DON) and Alicia, the activities director. Meanwhile, Brad has checked with Patricia and discovered that Carolyn did indeed push the recliner in front of Edna's door. Alicia and Brad have gotten together before Lila's appointment to discuss the incident.

Alicia, please have a seat in Brad's office. Lila will join you shortly.

Scene Three: Yellow

Time: Wednesday, 10:00 am, 1½ days after the incident

Participants: Brad, Alicia, and Lila

Brad: I'm very unhappy to learn that Carolyn used Edna's recliner as a restraint, Alicia. I'm conducting an investigation. I have temporarily reassigned Carolyn to the kitchen where she won't have contact with residents.

Alicia: I agree, Brad, but I also want staff to understand the benefits of keeping residents free from restraints.

Brad: You know all of our staff go through training, Alicia. We have so many residents with dementia issues—staff should be well aware of how to care for those residents.

Alicia: Well, our residents have different needs. Some staff don't know all residents that well. You know as well as I do that we often have people cover other floors or shifts.

Brad: And newer CNAs, like Carolyn, don't know Edna as well. Is that what you're saying?

Lila knocks on Brad's door.

Brad: Come on in, Lila.

Lila: Good morning, Brad. Hello, Alicia. I'm very upset about the incident with my mother. I understand it really did happen! I feel bad that I didn't believe Mom at first.

Brad: I'm very sorry about what happened to your mother, Lila. Greenhill has a strict policy of no restraints. Using the recliner to block the doorway is against that policy.

Alicia: Brad and I have been talking about how to improve your mother's care.

Lila: Well, I'm happy to do anything I can to help out. Brad, I want you to get back to me with changes and improvements you plan to make. I just can't sleep at night worrying about Mom.

Brad: I understand, Lila. Again, I apologize for what happened. And I'll get in touch with you soon.

Facilitator Notes – Debrief Scenes 1, 2, 3

Time Check: 50 minutes remaining

Debrief: 30 minutes

Participant Observation Time

Facilitator says:

Let's take a break from the action to give you time to reflect for a few minutes.

[Hand out Participant Observation Sheet to each person.]

On your **Participant Observation Sheet**, take about 3 minutes to reflect and document your reaction, feelings, and thoughts.

You should work independently on this. We won't be asking you to hand this in. It is only for you to write down some of your thoughts about the situation. Your observations should be made from your *character's* point of view.

[After they've each written, begin the discussion.]

Participant Observation Sheet

Name of Character: _____

Please answer the following questions from the perspective of your character in the scenario:

How do you feel about what has happened so far?

What are some of the **red flags** that things aren't right?

What do you wish would have happened?

Facilitator says:

Let's discuss the scenario starting first with how each of you are feeling about what is happening, then we'll move on to what could have happened differently in this situation. Please use your **Participant Observation Sheet** [hold up sheet] during this discussion and stay in your life.

[Always start by asking the resident how she feels first – we are here to serve the resident! Next, ask others about their feelings. After everyone shares feelings, move to Promising Practices discussion]

Facilitator asks:

[Only allow about a minute per person to explain their feelings]

- **Edna**, how did it feel to have your doorway blocked?
- What about you, **Carolyn**? How are you feeling about moving the recliner?
- **Patricia**, how are you feeling about this situation? Please review Edna's Care Plan for us. Do you think blocking the doorway went against Edna's Care Plan or the nursing home's policy against restraints?
- **Nancy**, how did you feel about Carolyn moving the recliner to keep Edna safe?
- **Lila**, how do you feel about your Mom being trapped in her room?
- **Alicia**, how did you feel after Brad told you about the incident?
- **Brad**, what were you thinking when Lila called you about the incident?
- **Don**, do you have any observations to add?

Edna Evergreen – Individualized Care Plan

(excerpted)

Diagnosis:

- Middle dementia – Alzheimer's related
- Becoming increasingly confused

Edna's interests:

- Big band music
- Large piece jigsaw puzzles
- Talking about her family

Nutrition:

- Provide small, nutritious meals frequently
- If wandering or pacing is present, increased calories may be needed
- Offer water frequently throughout the day

Communication:

- Use short simple sentences when making requests, giving one instruction at a time
- Use kind touches, pats, and other forms of non-verbal communication
- Mention Edna's interests often and encourage participation

Safety:

- Edna is at risk for falls, wandering, and choking
- Frequent supervision is necessary
- Staff should maintain consistent routine of care to help alleviate confusion
- Staff should walk with her and encourage her to use her walker often, as she may forget to do so

Other:

- Sometimes has trouble sleeping
- Staff should monitor sleep habits and report disturbances
- Alleviate distress and promote sleep by leaving a light or soft music on at night

Promising Practices Discussion

Facilitator says:

[Facilitator can document key Promising Practices on tear sheets or white board during the discussion. If the recorder or documentation specialist is present, he/she may document as well.]

Why do you think that Carolyn moved the recliner into the doorway? Were there any *red flags* in this scene?

Sample answers:

- Challenging behavior of resident
- Stressed out caregiver
- Possible lack of staff training regarding how to handle patients with Alzheimer's disease
- Failure to appropriately follow Care Plan – or possibly an incomplete Care Plan that did not make appropriate suggestions to Carolyn
- Lack of staff training regarding recognizing possible caregiver misconduct

Facilitator says:

It's important to know that facilities set the policy on restraint use. But it's good for caregivers to know about the benefits of being free from restraints.

In Scene Three, Brad made it clear that it was against the facility's policy to use restraints with residents. He also believed that blocking the door and preventing Edna from leaving is a form of restraint. Alicia offered to share information with Carolyn and other staff about the risks of using restraints with residents. Let's review that information now. Alicia, please pass out the handout: "Risks of Restraint Use and Benefits of Freedom from Restraints."

[Give participants a minute or two to review]

Risks and Side Effects of Restraint Use

Psychological/Emotional Effects

- Feelings of humiliation, loss of dignity
- Diminished quality of life; increased stress, confusion, fear
- Depression, withdrawal, isolation, desolation; loss of hope and internal motivation
- Anger, frustration, demoralization
- Increased agitation, hostility, and aggression; learned dependence
- Diminished staff opinion of the resident

Physical Effects

- Pressure ulcers and skin irritation
- Bone loss from decreased weight-bearing activity
- Stiffness and muscle atrophy from lack of use
- Increased risk of respiratory infection
- Reduced functional capacity, decreased ambulation
- Increased risk of contractures
- Decreased mobility
- Deconditioning
- Physical discomfort, increased pain
- Serious injuries from falls
- Increased morbidity and mortality
- Increased risk of death from struggling to get free
- Increased stress on the heart
- Increased risk of death due to strangulation or asphyxiation
- Risk of burns if trying to burn the restraint off
- Risk of injury from restraint friction on the skin
- Nerve injuries
- Increased constipation, increased risk of fecal impaction
- Increased incontinence
- Increased risk of urinary tract infection due to urinary stasis
- Sleep disturbances
- Restricted circulation
- Decreased appetite

Benefits of Individualized Care and Freedom from Restraints

Psychological/Emotional Effects:

- Increased self-esteem and dignity
- Improved quality of life
- Increased participation in decision-making
- Less confusion, depression, and withdrawal
- Decreased anger, agitation, hostility, and aggression
- Increased opportunities for socialization
- Increased hope and motivation for improvement

Physical Effects:

- Fewer pressure ulcers, skin irritation, and skin tears
- Less bone loss and muscle atrophy
- Decreased risk of respiratory and urinary infections
- Improved functional capacity, decreased dependence
- Less risk of death and serious injury from a fall
- Fewer incontinence episodes, less cost of care
- Less constipation, fewer impactions
- Improvements in sleep and rest patterns
- Improved circulation and appetite

**Excerpted from “*Providing a Quality Life While Avoiding Restraint Usage*”
Produced in 1999 by the Wisconsin Department of Health and Family Services,
Office of Quality Assurance**

Facilitator says:

Please stay in your life and talk about the risks of using restraints and the benefits of freedom from those restraints. Do you think Carolyn would have moved the recliner into the doorway if she had known the potential harm to the resident?

[Don or Facilitator may document responses on the flip chart.]

[Quote a couple of the risks/benefits from the handout to get the conversation started if needed.]

Sample answers:

- [see risks/benefits from the handout]

Facilitator says:

Alicia or Don, please pass out the handout “General Tips for Communicating with People with Dementia.” I’ll give you a moment to look over the tips on your own.

[Give participants a minute or two to review]

Tips for Communicating with People with Dementia

Good communications tips for any situation

- Always approach from the front so you do not startle the person
- Determine how close the person wants you to be
- Communicate in a calm place with little noise or distraction
- Always identify yourself and use the person's name
- Speak slowly-- using a lower voice is calming and easier to understand
- Be aware and adjust your approach if the person has a hearing impairment

Communicating with people who have dementia

If the person...

You should...

Is frightened or anxious

- Move and speak slowly
- Try to see and hear yourself as they might-- always describe what you are going to do
- Use simple language and short sentences. If performing a procedure or assisting with self-care, simplify and list steps one at a time.
- Check your non-verbal language. Are you tense, hurried?

Forgets, shows memory loss

- Use the same words if you need to, repeat an instruction or question. However, you may be using a word the person doesn't understand, such as "tired." Try other words like "nap," "lie down," or "rest."

Has trouble finding words or names; substitutes sound-alike words

- Suggest what you think the word is. If this upsets the person, learn from it and try not to correct. As communicating with words (written and spoken) becomes more difficult, smiling, touching, and hugging can help communicate love and concern- - remember some people find touch frightening or unwelcome.

Seems not to understand basic instructions or questions

- Ask the person to repeat your statements. Use short words and sentences, allowing time to answer
- Pay attention to the communication methods that are effective and use them
- Watch for non-verbal communication as the ability to talk diminishes. Observe body language: eyes, hands, facial expressions
- Use signs, labels, or written messages

Repeats phrases or questions over and over

- This is part of the disease. Answer the questions the same way each time. Even though responding over and over may frustrate you, it communicates comfort and security.

Wants to say something but cannot

- Encourage people to point, gesture, or mime. If they are obviously upset, but cannot explain why, just offer comfort with a hug, a smile, or distraction techniques. Attempting to verbalize may be more frustrating.

<i>If the person...</i>	<i>You should...</i>
Is disoriented about time and place	<ul style="list-style-type: none"> • Post reminders, such as calendars, activity boards, pictures, and signs on doors. Prior to the final stage of dementia, signs and labels can sometimes help with orientation. However, reality orientation does not help in the later stages of Alzheimer's.
Does not remember how to perform basic tasks	<ul style="list-style-type: none"> • Help by breaking each activity into simple steps. For instance, "Let's go for a walk. Stand up. Put on your sweater. First the right arm..." Always encourage people to do what they can
Reminisces or lives in the past	<ul style="list-style-type: none"> • Encourage reminiscing if it seems to give pleasure. It is an opportunity to learn more about the person.
Insists on doing something that is unsafe or not allowed	<ul style="list-style-type: none"> • Try to limit the times you say "don't." Instead, redirect activities toward something constructive
Hallucinates, is paranoid or accusing	<ul style="list-style-type: none"> • Do not take it personally. Try to redirect behavior or ignore it. Because attention span is limited, this behavior often passes quickly.
Is depressed, lonely	<ul style="list-style-type: none"> • Take time, one-on-one, to ask how the person is feeling. Really listen. Try to involve the person in activities. Always report depression to your supervisor
Is verbally abusive, uses bad language	<ul style="list-style-type: none"> • Remember it is the dementia speaking and not the person. Try to ignore the language or redirect attention to something else
Has lost most verbal skills	<ul style="list-style-type: none"> • As speaking abilities decline, use non-verbal communication. People with AD will understand touch, smiles, laughter, much longer than they will understand the spoken or written word. • However, remember that some people do not like to be touched. Approach touching slowly. Be gentle, softly touching the hand or placing your arm around the person. A hug or a kiss can express affection and caring. A smile can say you want to help. • Even after verbal abilities are lost, signs, labels, and gestures can reach people with dementia. • Assume people with AD can understand more than they can express. Never talk about them as though they were not there

Adapted from Siciliano, P. (1999) "Caring for the Person with Alzheimer's or Other Dementias," Hartman Publishing.

Facilitator says:

What kinds of approaches or communications might work better with Edna? How do you make sure that everyone knows about those tips that work for her?

Don, could you please record our examples on the flip chart?

[Quote an example or two from the handout to encourage conversation]

Sample answers:

- Refer to past events in Edna's life to redirect her
- Update Edna's care plan with effective communication tips
- Everyone who has contact with Edna should be invited to contribute to the care plan, including direct care staff, family members, social workers, etc.
- Ask family to put together a memory board (photo collage) of events from Edna's past
- Give Edna choices. If one doesn't work, try another.
- Ask for a medical assessment for Edna—perhaps her sleeplessness is due to medication or a medical problem
- “Spend time to make time.” Sometimes just a few extra minutes with a resident can save time later on.

Facilitator says:

Finally, let's take a look at the misconduct definitions.

Caregiver Misconduct: Definitions and Examples

Caregiver Misconduct means any of the following: abuse of a client, resident, or patient; neglect of a client, resident, or patient; or misappropriation (theft) of the property of a client, resident, or patient.

MISCONDUCT	SIMPLE DEFINITION*	POSSIBLE EXAMPLES
ABUSE	<p><i>An intentional act that:</i></p> <p>Contradicts a health care facility's policy/procedures AND Is not part of the care plan AND Is meant to cause harm.</p>	<ul style="list-style-type: none"> • Physical abuse – hitting, slapping, pinching, kicking, etc. • Sexual abuse – harassment, inappropriate touching, assault • Verbal abuse – threats of harm, intentionally frightening a client • Mental abuse – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions
NEGLECT	<p><i>A careless or negligent act that:</i></p> <p>Fails to follow facility procedure or care plan AND Causes or could cause pain, injury or death BUT Is not intended to cause harm.</p>	<ul style="list-style-type: none"> • Not using a gait belt as required or transferring a client alone • Failure to perform ROM exercises • Turning off a call light • Leaving a client wet or soiled • Skipping work in a client's home without notifying your employer • Disregarding hydration orders • Failure to deliver or administer medication
MISAPPROPRIATION	<p><i>An intentional act that:</i></p> <p>Is meant to permanently deprive a client of property OR Misuses a client's personal property AND Is done without the client's consent.</p>	<ul style="list-style-type: none"> • Theft of cash, checks, credit cards, jewelry, etc. • Misuse of property, e.g. using phone to make toll calls • Identity theft

These definitions apply to caregivers in health care facilities regulated by the Wisconsin Department of Health and Family Services.

A caregiver with a substantiated finding of abuse, neglect or misappropriation is listed on Wisconsin's Caregiver Misconduct Registry. Caregivers with findings may not work in certain facilities unless approved through the Rehabilitation Review process.

Facilitator says:

Could Carolyn's action of blocking the doorway be considered caregiver misconduct? Which type of misconduct would it be? Should Patricia and Nancy have reported Carolyn for blocking the doorway? If yes, to whom should they report?

Sample answers:

- The definition of neglect might fit Carolyn's actions.
- Blocking the doorway with the recliner could have harmed Edna if she tried to get out
- Patricia and Nancy should have reported to their supervisor or another person in authority at the nursing home.

Facilitator says:

Before we move onto the last scene, let's compare the Learning Points to the questions and answers we just discussed.

I'm also going to pass around one more handout for you to keep called, "Helpful Attitudes." It helps provide better care for people with Alzheimer's disease.

Helpful Attitudes

to help **you** provide better care for people with Alzheimer's Disease (AD) and dementia

People with AD are individuals

- AD develops differently in different people. One care plan cannot serve all people with AD.
- Take an interest in each individual.
- Knowing people's likes and dislikes helps you manage their behavior
- Be an expert on the people you care for

Work with the symptoms or behaviors you see

- People with AD show different symptoms day to day. Focus on the symptoms and behaviors you see, rather than on the disease.
- Notice change in behavior, mood, and independence and report your observations

Be understanding and compassionate

- AD is a devastating mental and physical disorder that affects everyone who surrounds and cares for the one with AD.
- Remember that people with AD do not always have control over their behavior. Don't take their behavior personally
- Think about the symptoms of AD in terms of your own life. How would you feel? How would you want to be treated?
- Assume that people with AD have insight and are aware of the changes in their abilities
- Provide security and comfort
- Provide opportunities for success and personal satisfaction

Work as a team

- People with AD may not distinguish among aides, nurses, or administrators, so be prepared to help when needed.
- Share insights and observations with your team
- Part of AD care is noticing changes in behavior, or physical and emotional health. Working as a team, more subtle changes will be noticed

Take care of yourself

- Acknowledge that caring for someone with dementia can be emotionally and physically demanding
- Be good to yourself physically, emotionally, and spiritually
- Be aware of your body's signals to slow down, rest, or eat better.
- Remember that your feelings are real and you have a right to them
- Share your feelings with others, especially those experiencing similar situations
- Use any mistakes as learning experiences

Work with family members

- Family may know things you would have to learn by trial and error.
- Family members can be of great comfort to dementia victims, helping you provide excellent care.
- Suggest environmental changes or modifications as appropriate to the person with AD.

Always remember the care program goals, including:

- Providing security and comfort
- Maintaining dignity and self-esteem
- Promoting independence
- Providing assistance with appropriate care and interventions during each stage of the illness

Alzheimer's Association
24-hour, toll-free Helpline
1-800-272-3900 statewide

Long Term Care Ombudsman Program
1-800-815-0015

Wisconsin Guardianship Hotline
1-800-488-2596

Facilitator Notes – Scene Four (Pink)

Time check: 20 minutes remaining

[Direct the participants in the scene to read through the script briefly. Tell other participants they may relax and prepare to watch the scene unfold. If an optional life is **not** being played, the facilitator may read those lines.]

[At the end of the scene, thank the participants and ask them to return to their seats as necessary. Be sure to praise the participants for their efforts.]

Facilitator says:

Now we're going to roll back the clock to the moment Carolyn is about to push the recliner into Edna's doorway. (Carolyn has managed to redirect Edna to her room.) Let's watch how more information and training can protect both the resident and the caregiver. A photo collage, assembled by Edna's family, has been placed on the wall in her room.

Scene Four: Pink

Time: Tuesday, 2:10 am, same day as Scene Two

Participants: Carolyn, Edna, Patricia, and Nancy

Carolyn: Edna, I hope you will stay in your room this time.
You seem so upset and I'm afraid you'll get hurt.

Edna: Please don't make me stay here. I need to go to my son.

Patricia and Nancy enter the room.

Patricia: Carolyn, can we help out?

Carolyn: Thanks, I could use some help.

Patricia: Hi, Edna, I'm Patricia. Would you like to rest in your recliner for awhile? We could put on some music.

Edna: No! Please, I really have to get to my son! He needs me.

Patricia: Isn't that a picture of you and Billy in your photo collection on the wall?

Edna: Yes, isn't he handsome? Billy is such a good son.
That picture was taken at a Glenn Miller concert that we went to. We had the best time!

Carolyn: It's great that you and Billy like the same music.
I know Billy is very special to you.

Patricia: That's a beautiful dress you're wearing in the picture, Edna!

Edna: I made it myself. I was a very good seamstress in my day.

Nancy: That dress is gorgeous! I could never sew anything like that.

Patricia, Carolyn, and Nancy chat a bit longer with Edna about Billy and her dress.

Edna: What time is it anyway? I'm getting pretty tired. I think I'll just rest in my recliner for awhile. I don't really feel like getting in bed.

Patricia: Ok, Edna. That sounds good. Let us know if you need anything else. Good night.

All the caregivers walk out into the hallway.

Carolyn: Thanks for coming in and helping out! It's much easier when I don't feel so alone! I'm glad that her Care Plan was updated! Everyone had a chance to give ideas on how best to care for Edna.

Patricia: I really like all the new photos and clippings that Edna's daughter brought in and hung on the wall. It gives us lots to talk about with Edna.

Nancy: Wow, being a caregiver can be really hard! I hope I learn to care for residents as well as the two of you.

Facilitator Notes – Debrief Scene Four and Scenario Wrap-Up

Time Check: 15 minutes remaining

Facilitator says:

In the second version of the story:

- How did that second version of the scenario feel, **Edna**?
- **Carolyn**, did that work better for you? How did that feel?
- **Patricia and Nancy**, did you feel you were more supportive of Carolyn?
- **Alicia and Brad**, how did the caregivers do? Are you pleased with this second version?
- **Lila**, as Edna's daughter, do you feel your mother received better care?
- **Don**, what did you observe in this second version?
- Which version resulted in the greatest safety, dignity, and respect for all concerned?

Facilitator says:

What were some effective strategies and responses to this situation? What was done to prevent caregiver neglect in the last scene?

Sample answers:

- The Care Plan was updated and contained input from those who know Edna best: experienced staff and family members.
- Edna's family contributed photos and newspaper clippings and made them into a collage on Edna's wall, where they are very accessible to caregivers on short notice.
- Encouraged Edna to talk about her son
- Understood that Edna doesn't *have to* be asleep if she doesn't want to sleep

- Followed the Care Plan and suggested an activity focused on her interests—listening to music
- Gave Edna alternatives and choices
- Took the time to let her talk about her son
- Staff knew Edna's family history and knew that the death of her son was a stressor for her.
- After Edna was feeling calmer, staff were able to distract or redirect her.

Facilitator says:

What can be done to protect the resident from future neglect?

What should be done in the facility to promote the client's safety, dignity, respect, and health?

Sample answers:

- Regularly review Individualized Care Plans
- Acknowledge that people with dementia need to feel useful in order to elevate self-esteem
- They need to care for themselves and others and give and receive love.
- Plan and host inservices on dealing with challenging behaviors
- Have direct-care staff contribute regularly to the ongoing evaluation of a patient's condition
- Remind family members that they are advocates for their loved ones and encourage them to report concerns to a supervisor immediately

Facilitator says:

What can be done in the facility to promote the staff member's safety, dignity, respect, and health?

Sample answers:

- Praise CNAs for their patience and skill in dealing with challenging patients
- Create a protocol back-up system to help CNAs who feel they may “lose it” with patients
- Develop staff support groups to discuss issues of frustration
- Make certain that management takes staff recommendations seriously and acts on some of the issues raised
- Regularly review with staff the cause and extent of problems with residents and develop specific improvement plans
- Ask staff for ideas on how they can be better supported

Wrap-up discussion

Time check: 3 minutes remaining

[Review the Learning Points, thank participants for their participation, and tell them what they will be doing next]

Summary of the Scenario

Edna Evergreen is an 80-year-old resident of Greenhill Care who has Alzheimer's-related dementia, as well as vision and hearing loss. She often reminisces about her family. Sometimes she will pinch and yell at caregivers. Staff must be careful about how they approach her because she can be startled by quick movements.

On one occasion Edna gets up in the middle of the night, walks down the hallway, talking about how she must find her son. Facility staff know that Edna's son Billy was fatally injured in a car accident several years ago. She is led back to her room by Carolyn Lewis, CNA. After some time Carolyn feels that Edna is ready to go back to bed. Soon though, Edna gets up once again. Carolyn, feeling the stress of caring for other residents, leads Edna by the arm back to her bed and blocks her doorway with a recliner to prevent her from leaving the room again.

Lives

Lives depicted:

- **Edna Evergreen**, Greenhill Care Nursing Home resident
- **Carolyn Lewis**, CNA at nursing home
- **Patricia Prentice**, CNA at nursing home
- **Lila Moore**, Edna's daughter
- **Alicia Dillon**, activities director at nursing home
- **Brad Cooper**, RN Supervisor at nursing home

Optional lives:

- **Nancy Wilson**, new CNA at nursing home
- **Don Records**, Documentation Specialist

Who is in each scene:

- **Scene One** (on Blue paper): Edna, Carolyn, Patricia, and Nancy
- **Scene Two** (Green): Edna and Lila
- **Scene Three** (Yellow): Lila, Brad, and Alicia
- **Scene Four** (Pink): Edna, Carolyn, Patricia, and Nancy

Color of the Scenario: Green

Materials needed

Props:

- Clipboard with Edna's Care Plan for Patricia
- Office supplies for Alicia
- Office supplies for Brad
- Photo collage for Edna's wall
- Puzzle, photos, and music tapes for Edna's room

Theme posters:

- Station Poster
- Learning Points
- Prevent, Protect, Promote
- Know the Client and Their Needs
- Scenario Settings

Handouts:

- "Risks of Restraint Use and Benefits of Freedom from Restraints"
- "Tips for Communicating with People with Dementia"
- "Caregiver Misconduct: *Definitions and Examples*"
- "Helpful Attitudes"
- Participant Observation Sheet
- Recorder Forms

Handouts in Experiential Training Handbook:

These handouts are optional, but are recommended for the best possible outcome to experiential training. They can be found in the Appendix of the Experiential Training Handbook at <http://dhfs.wisconsin.gov/caregiver/training/trgIndex.HTM>. The Handbook has important information and tips on how to conduct the training.

- "Caregiver Misconduct: *Definitions and Examples*"
- "What You Should Know About Reporting"
- Professional Action Plan
- Participant Evaluation

Edna Evergreen, age 80

Starter page

- You have been a resident of Greenhill Care Facility for 4 years.
- You are beginning to feel confused about your surroundings. Some people talk to you like they know you. You're not sure that you've ever met them before.
- You have fond memories of your family. You like to talk about them and sometimes you think your children are still young.
- Sometimes you feel that you need to go and find out how your family is doing because you haven't seen them for a while. You were a good mother. Your family depended on you. You still feel responsible for looking after them.
- You get frustrated when you have trouble communicating or when you can't remember something.

You value:

- Your family
- Your independence
- Being treated with respect and dignity by those around you

Props: Family photos, jigsaw puzzle, music tapes

Scenes you are in: One (Blue), Two (Green), and Four (Pink)

Carolyn Lewis, age 34

Starter page

- You are a Certified Nursing Assistant (CNA) and have worked at Greenhill for six months.
- You respond well to most residents, but sometimes, you are frustrated by your job.
- You enjoy the residents. You have just started working on the third shift. There are fewer staff on this shift. This makes your job more challenging.
- You work the third shift so that you can be home to get your kids off to school in the morning. Between work and home, you don't get much sleep.

You value:

- Getting your work done in a timely manner
- Ensuring that residents are where they need to be at the appropriate time
- Getting home so that you can be with your family

Props: None

Scenes you are in: One (Blue) and Four (Pink)

Patricia Prentice, age 36

Starter page

- You are a Certified Nursing Assistant (CNA). You have worked at Greenhill for three years.
- You have worked on the third shift for one year. Because you serve many residents with dementia, things change daily.
- You know the residents well and other staff depend on you to intervene in difficult situations.
- When you started your job, you had some training about responding to residents with dementia. Mostly, you have learned from your experience and from your coworkers.

You value:

- Following the Care Plan at all times for each resident
- Support of others when necessary to follow the Care Plan
- Protecting the dignity, self-determination and respect of all residents

Props: Clipboard with Edna's Care Plan

Scenes you are in: One (Blue) and Four (Pink)

Lila Moore, age 50

Starter page

- You are Edna's daughter and her only living child. Your brother Billy died in a car accident several years ago and your father passed away last year.
- You're worried about your mother's illness. It's stressful to visit her sometimes. You never know if she will recognize you or not. It almost seems like your roles are reversed, and you have become her mother.
- You think that your mother is receiving good care at Greenhill Care Facility, but you fear that her difficult behavior is hard for caregivers to deal with.

You value:

- Your family and friends—you and your husband belong to several clubs and enjoy traveling
- Making sure that your mother is well cared for
- Learning about Alzheimer's-related dementia, so that you can understand your mother better and contribute ideas to Greenhill staff

Props: None

Scenes you are in: Two (Green) and Three (Yellow)

Alicia Dillon, age 40

Starter page

- You have been the Activities Director at Greenhill for the last year. You are also an LPN.
- You believe in good communication among staff, residents, and administration.
- You also make suggestions for activities in each resident's Individualized Care Plan.
- You love the residents and have an open-door policy for both staff and residents.
- Everyone at the facility sees you as someone they can always trust and talk to when they have a problem.

You value:

- Appreciating staff—you know what a tough job they have
- Honoring the elderly—they have much to teach us
- Treating people as you would want to be treated

Props: Office supplies

Scenes you are in: Three (Yellow)

Brad Cooper, age 39

Starter page

- You have been the Director of Nursing (DON) at Greenhill for the past 5 years. You worked hard to get to where you are at the facility.
- It's such a challenge to hire and keep good staff. It seems like you spend most of your time meeting minimum staffing requirements and interviewing job candidates.
- Although you know that staff could use training on ways to deal with dementia-related behavior, how can you find the time?
- You are an organized and responsible person, but you have a reputation for being hard to approach. You are interested in your staff, but you have a very demanding job and too little time!

You value:

- Your management role at Greenhill Care Facility
- An orderly environment where staff get their work done promptly
- Your leisure time--you love to play tennis and golf

Props: Office supplies

Scenes you are in: Three (Yellow)

Nancy Wilson, age 22

Starter page

- You have just completed training as a CNA. This job at Greenhill is your first!
- You learned some ways to respond to residents with dementia during your training. You know you have much more to learn to be great at your job.
- You have been working with CNA Patricia a lot lately. You don't know Carolyn very well. She just transferred to third shift this week.
- You are eager to do well, but worry that you're still a bit slow to get your cares done. You worry that you're putting more stress on other staff.

You value:

- Getting out of the classroom and into the real world
- Providing good care for elderly and fragile people
- A positive attitude—you are eager to learn more

Props: None

Scenes you are in: One (Blue) and Four (Pink)

Don Records, Documentation Specialist

You are the documentation specialist. You will need to pay close attention to the activity in this scenario. Your job is to observe all the scenes and report on the following topics:

General observations worth noting and reporting:

Identify potential *red flags* of harm to the resident:

What could staff have done to prevent the situation from happening?

Evidence of efforts to protect Edna after the incident:

Evidence of ways to promote Edna's dignity and respect:

Evidence of ways to promote staff members' dignity and respect:

Materials Checklist

The documents on the following pages will be printed full-scale for this Scenario.

Edna Evergreen Scenario Suggested Materials Checklist

Scenario Props:

- ___ 3 green tablecloths
- ___ Clipboard with Edna's Care Plan for Patricia
- ___ Office supplies for Alicia
- ___ Office supplies for Brad
- ___ Photo Collage for Edna's wall (Scene 4)
- ___ Puzzle, photos, music tapes for Edna's room

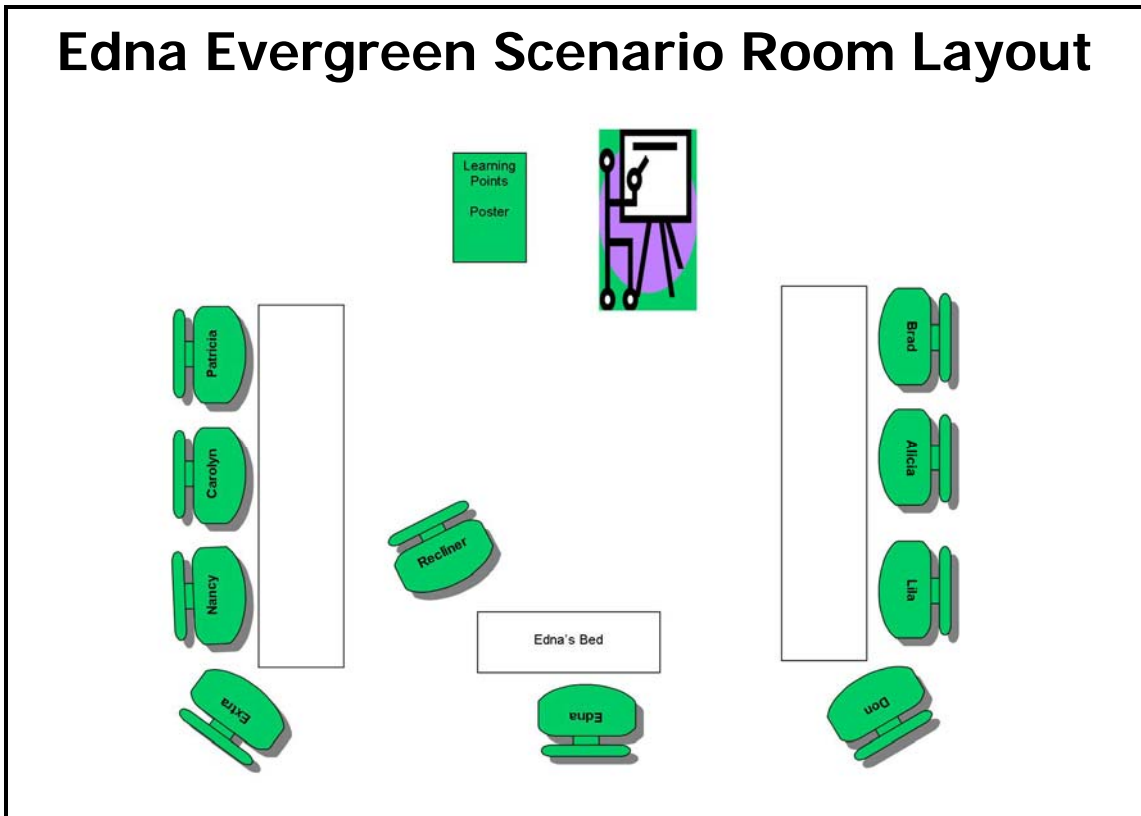
Handouts:

- ___ Benefits of Freedom from Restraints
- ___ Communication Tips
- ___ Helpful Attitudes
- ___ Caregiver Misconduct
- ___ Participant Observation Sheet
- ___ Recorder forms

Facilitator Supplies:

- ___ 1 Facilitator's Guide
- ___ 8 Life Binders
- ___ Pencils for participants
- ___ Flip chart or Whiteboard with markers
- ___ Timer with battery
- ___ 9 Name Badges
- ___ Scenario Setting posters
- ___ Support Posters
- ___ Scenario Layout sheet
- ___ Learning Points poster
- ___ Station poster

Room Layout and Name Badges



Scenario Setting Name Badges

Facilitator	Edna Nursing Home Resident	Alicia Activities Director
Brad RN Supervisor	Carolyn CNA	Patricia CNA
Nancy New CNA	Lila Edna's daughter	Don Documentation Specialist

Scenario Setting Posters



Greenhill Care Facility Hallway



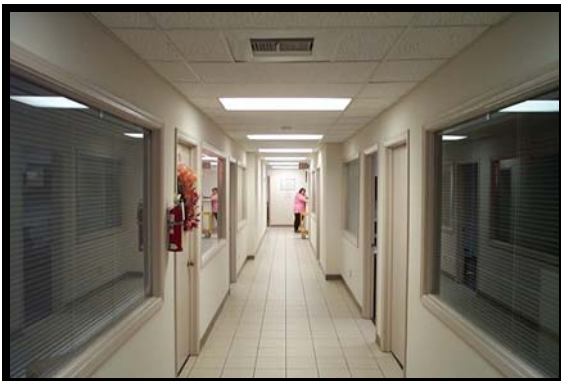
Edna's Door



Edna's Room



Brad's Office



Greenhill Care Facility Hallway



Lila's Home

Support Posters

Prevent...	<i>abuse and neglect</i>
Protect...	<i>vulnerable people</i>
Promote...	<i>respect of clients and caregivers</i>

KNOW the client



their needs

their service plan

Learning Points and Station Poster

Learning Points Poster

EDNA EVERGREEN

LEARNING POINTS

- Identify appropriate responses to residents with dementia

- Understand the benefits of freedom from restraints

- Model the benefits of providing support to a co-worker

caregivers

PREVENT PROTECT PROMOTE
abuse/neglect clients dignity

Station Poster for Main Meeting Area

Edna Evergreen



Neglect of a Resident with Dementia

Nursing Home