

Edgar Evergreen Scenario

Experiential Video Training Guide

Abuse and Neglect Prevention Training

Neglect of a Resident In a Nursing Home



www.uwosh.edu/ccdet/caregiver

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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 was originally 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, adult family homes, personal care worker agencies, etc.

How to Use this Guide

This training can be used for new employees, to fulfill your on-going training needs, or to address a specific incident that has recently occurred. In addition, the training can be used to train one caregiver, a group of caregivers, as a stand-alone training, or as one piece of a larger training. This Guide provides all the materials you need to get started.

Note: Although the scenarios take place in specific care settings, the setting is not central to the story. The scenario's Learning Points apply to caregivers across the long-term care spectrum. Be creative in helping your caregivers apply the lessons learned from this scenario to their day-to-day jobs.

Individual Training

As an individual training, the caregiver follows the self-guided instructions on the Training Worksheet and on the video. The training should take approximately 45 minutes to complete, including a 10 minute follow-up discussion with the supervisor.

Before beginning the training, the caregiver receives a copy of the Training Worksheet and all of the scenario handouts. Make sure the caregiver knows how to pause the video after Scene 3 to answer the questions on the Training Worksheet. The caregiver will then restart the video, watch the final scene, and complete the Professional Action Plan.

After the caregiver views the scenario and completes the Training Worksheet, it is important that the supervisor meet with the caregiver to review his/her answers. For this discussion to be productive, the supervisor must be familiar with the scenario and its Learning Points. The supervisor can refer to the answers in the Scenario Discussion section of this Guide while reviewing the Training Worksheet with the caregiver. End the meeting with a discussion of the Professional Action Plan highlighting the steps the individual caregiver will take to apply these Learning Points to his/her daily work. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- Access to the Caregiver Experiential Video
- Training Worksheet
- All handouts
- Pencil or pen

Note: Caregivers with limited literacy skills may find the self-guided training difficult. Supervisors can modify the training by using the Training Worksheet as a guide for a one-on-one conversation about the scenario. Be sure to discuss the contents of each handout.

Group Training

In group training settings, a facilitator from your organization guides participants through the video scenario, individual reflection, and group discussion. The training should take approximately 60 minutes to complete.

Before beginning the training, the facilitator should be familiar with the scenario. The Background Information section provides a summary of the scenario, a list of the characters, and the scenario Learning Points. The Facilitator Notes section provides instructions on how to facilitate and lead the Scenario Discussion. The facilitator should also watch the video and review all the handouts prior to facilitating.

During the training, the Learning Points are introduced on the video by the narrator. The facilitator reinforces these through the Scenario Discussion. Each individual completes a Participant Observation Sheet and a Professional Action Plan, which demonstrates how caregivers will implement the scenario Learning Points in their daily work.

The Facilitator Notes section provides time markers to help keep this training to a 60-minute session. The facilitator may choose to expand this time according to the discussion needs. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- A facilitator
- Caregiver Experiential Video
- A copy of all handouts for each participant
- Pencils or pens
- Whiteboard or flip chart with markers (optional)
- Learning Points poster (optional)

Expanded Training

Facilitators may choose to incorporate this scenario into a larger training. Below are some ideas on how to use this training:

- Discuss the causes of Alzheimer's-related dementia. Why is Edgar beginning to have trouble communicating? Why does he still think his wife is alive? Explore the changes in the brain that cause Alzheimer's-related dementia detailed in the "The Facts About Dementia and other Related Conditions" available at Responding to Challenging Behaviors" training available at- <http://www.uwosh.edu/ccdet/caregiver/topical.htm>
- Discuss restraint use. What is your agency's policy on restraints? Are restraints never used? Review individual Care Plans and discuss alternatives to restraints. Are there times when restraints are part of the Care Plan? Review individual Care Plans in which restraints are prescribed. Discuss the rules surrounding those restraints.
- Discuss Care Plans. Edgar has a detailed Care Plan but Carolyn did not follow it. What process does your agency use to ensure that all caregivers are familiar with each individual's Care Plan? Review your agency's policies and procedures on Care Plans.
- Discuss assertive communication skills. Janae was in the room when Carolyn moved the chair in front of Edgar's door. She tells Carolyn that the chair could be considered a restraint but she doesn't follow through. Discuss how caregivers can intervene in a non-threatening way. Consider presenting the training, "Assertiveness Training: Let Your Voice Be Heard", available at <http://www.uwosh.edu/ccdet/caregiver/topical.htm> .

Additional Training Materials

In addition to the Caregiver Experiential Video Abuse and Neglect Prevention training, the project also offers numerous classroom-style trainings available cost free at the project's website:

<http://www.uwosh.edu/ccdet/caregiver/home.htm>

Training materials for each training include:

- Facilitator Guide
- Accompanying PowerPoint presentation including short video clips
- Participant Guide
- Handouts
- Posters and other supporting materials

Background Information

Summary of the Scenario

Edgar Evergreen is an elderly resident at Greenhill Care Center who has Alzheimer's-related dementia, as well as vision and hearing loss. He often reminisces about family and the good old days. Sometimes he will pinch and yell at caregivers when he's frustrated. Staff must be careful about how they approach him because he gets startled by quick movements.

On one occasion, Edgar gets up in the middle of the night, walks down the hallway, talking about how he must find his wife, Bonnie. Facility staff know that Edgar's wife died 7 years ago. Edgar is led back to his room by Carolyn Lewis, Certified Nursing Assistant. After some time, Carolyn believes that Edgar is sleeping peacefully. Before long, Edgar is up again and heading down the hall. Carolyn, feeling the stress of caring for other residents, leads Edgar by the arm back to his bed and blocks his doorway with a recliner to prevent him from leaving the room again.

Characters

- **Edgar Evergreen**, resident
- **Lila Moore**, daughter
- **Carolyn Lewis**, CNA
- **Janae Price**, CNA
- **Brad Cooper**, RN Supervisor
- **Alicia Dillon**, Activities Director

Note: This scenario is a work of fiction intended to convey specific learning points. Names, characters and places are a product of the developers imagination or are used fictitiously. Any resemblance to actual events, locales, or persons living or dead are entirely coincidental.

Scenario Learning Points

The scenario is built around a set of Learning Points. The goal of the training is for caregivers to understand the Learning Points, demonstrate that understanding through the discussion period, and integrate the lessons learned into their daily work. The Learning Points are emphasized throughout this training in several ways:

- The facilitator posts the Learning Points in the training room using the Learning Points poster found in the Handouts section of this Guide or by writing the Learning Points on a flip chart or blackboard.
- The video narrator will introduce the Learning Points at the beginning of the video and she will review the Learning Points at the end of the scenario, pointing out how the actions of the caregivers illustrate the Learning Points.
- The crucial learning period, however, is the Scenario Discussion. Use the Facilitator Notes to lead this discussion, making sure that participants have the opportunity to demonstrate their understanding of each Learning Point.

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 • Modeling appropriate behavior to soothe an aggravated resident • Identifying resources to improve care
2. Understand the benefits of freedom from restraints	<ul style="list-style-type: none"> • Recognizing that blocking a doorway may be considered a form of restraint • Understanding the facility’s policy regarding using any type of restraint • Reviewing 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"> • Identifying how collaborating with a coworker can help provide quality care

Facilitator Notes for Group Training

This section provides step-by-step instructions on how to facilitate a group discussion around this scenario. Suggested language for the facilitator is provided in **bold**. Please note that you do not need to read this information verbatim. This is only a guide. Directions to the facilitator are in [brackets].

Much of this section is organized in a question and answer format. It is important to engage the training participants in the discussion. The questions do not need to be discussed in the order outlined here. Allow the discussion to flow naturally while making sure that all of the key points get addressed.

Welcome

Welcome: 3 minutes; 57 minutes remaining

Welcome! We are going to spend the next hour participating in an interactive video-based training. We'll spend about 20 minutes watching a video, and the rest of the time discussing what we've seen.

Be sure to watch the caregivers closely. Do you agree with their tactics? Are they providing quality, person-centered care? Do you think their actions meet the definitions of abuse, neglect, or misappropriation? Did the caregivers report the incident appropriately? What would you do if you were in their shoes?

[Make sure Learning Points are posted in a spot that is visible to the participants. You do not need to point them out at this time.]

[If the scenario does not specifically use the following hand-outs, "Caregiver Misconduct: Simplified Definitions" or "What You Should Know About Reporting", consider handing them out at this time. These handouts can be found on the website along with the training guides.]

[If your agency is not a nursing home, you may add this:]

Try to focus on the actions of the caregivers and not the setting. This scenario is set in a nursing home. Some of the terms used in the scenario may be different than the terms we use. However, the broader lessons about the important role the caregivers play in providing quality care are universal.

[Facilitator provides any necessary logistical information such as turning off cell phones and directing people to the rest rooms.]

Introduction and Scenes 1 – 3

Video play time: 15 minutes; 42 minutes remaining

Okay, we're ready to watch the first three scenes of the video.

[Group watches Scenario Introduction and Scenes 1 – 3. After Scene 3, the narrator will instruct the facilitator to pause the video. Pause the video and follow facilitator notes below.]

Participant Observations

Participant Observation: 3 minutes; 39 minutes remaining

[Facilitator hands out Participant Observation Sheet to each person.]

Working independently, take a few minutes to reflect on and record your reactions, feelings, and thoughts on the Participant Observation Sheet. I will not be collecting these but we will refer back to them during the Scenario Discussion.

Scenario Discussion

Scenario Discussion: 27 minutes, 12 minutes remaining

Now that you've had a chance to think about what happened in this scenario, let's talk about what went wrong and what could have happened differently.

[Facilitator distributes the handouts for this scenario to each participant.]

[As the facilitator guides participants through the questions, the facilitator (or a participant volunteer) can document answers from participants on tear sheets or white board during the discussion. Possible answers are listed below in italics in case the facilitator needs to spark the conversation.]

[The facilitator does not need to discuss the questions below in the order provided. Allow the conversation to flow while trying to make all the key points in the time allotted. Due to time constraints, the facilitator may choose to focus on only a handful of the following questions.]

1. How do you think Edgar feels and how does he express his feelings?

- *In scene 1, Edgar was sad and confused because he wanted to find his wife. To him, the need was very real and he didn't understand why the caregivers wouldn't let him go.*
- *In scene 2, Edgar was frustrated. He felt trapped by the chair in his doorway. He was also upset that his daughter didn't believe him.*
- *Edgar said he sometimes feels like a prisoner.*
- *It's hard for Edgar because he can't make some of his own decisions. He's used to being in charge and, at the nursing home, someone else makes the decisions.*

2. Take a look at Edgar's Care Plan for a moment. What do you think the caregivers overlook in Edgar's Care Plan?

- *The Care Plan says light or soft music should be left on at night because Edgar has trouble sleeping.*
- *There are no restraints ordered in Edgar's Care Plan.*
- *The Care Plan says to mention Edgar's interests often and encourage participation.*
- *Caregiver seemed more concerned with getting him back in his room.*

3. Why do you think Carolyn moved the recliner into the doorway? What were the red flags in this scene?

- *Carolyn didn't follow the Care Plan.*
- *Carolyn didn't know how to work with Edgar. She found his behavior challenging.*
- *Carolyn was becoming stressed out.*
- *Possible lack of staff training regarding how to handle patients with Alzheimer's disease.*
- *The Care Plan could have more suggestions on how to work with Edgar, especially at night.*
- *Janae knew it was wrong to use the recliner as a restraint but she didn't stop Carolyn from using it.*
- *Lack of staff training regarding recognizing possible caregiver misconduct.*

- 4. Let's review the handout "Risks of Restraint Use and Benefits of Freedom from Restraints." What are the risks of using restraints and the benefits of freedom from those restraints? Was the recliner a restraint? Do you think Carolyn would have moved the recliner into the doorway if she had known the potential harm to the resident?**

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

- *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 Edgar from leaving was a form of restraint.*
- *Carolyn didn't think it was a restraint. She was trying to help Edgar. She didn't realize that the chair could actually hurt Edgar.*

- 5. Let's take a look at the handout "Caregiver Misconduct: Simplified Definitions." Could Carolyn's action of blocking the doorway be considered caregiver misconduct? Which type of misconduct would it be?**

- *The definition of neglect fits Carolyn's actions.*
- *Blocking the doorway with the recliner could have harmed Edgar if he tried to get out.*

- 6. What responsibility does Janae have in this situation? Why do you think she didn't follow through? Should Janae have reported Carolyn for blocking the doorway? If yes, to whom should she report?**

- *Janae is a more experienced caregiver. She knew that putting the chair in the doorway was wrong. She should have intervened to stop Carolyn before she blocked Edgar in his room.*
- *Perhaps Janae didn't follow through because she was uncomfortable telling Carolyn that she was doing something wrong. She didn't want to take responsibility.*
- *Janae should have protected Edgar.*
- *Janae should have supported Carolyn and helped her out.*
- *Janae should have reported to their supervisor or another person in authority at the nursing home that Carolyn used that restraint.*
- *Because Janae didn't stop Carolyn, she may be in trouble too.*

7. Let's review "Tips for Communicating with People with Dementia." What kinds of approaches or communications might work better with Edgar? How do you make sure that everyone knows about those tips that work with him?

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

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

8. Lets review "Helpful Attitudes." Can you name one or two things you can do to better care for people with Alzheimer's?

[Refer to the handout for answers.]

[If your agency doesn't work with Alzheimer's patients, discuss other types of challenging behaviors your clients may have. Share tips for working with these individuals or have the group come up with tips.]

[End with a discussion of your agency's policies and procedures regarding restraints.]

Scene 4 and Concluding Remarks

Video play time: 6 minutes; 6 minutes remaining

Scene 4 "rolls back the clock" to a version of the scenario in which caregivers and staff respond more appropriately. Let's take a look at the last scene and see how the caregivers do this time.

[Group watches Scene 4.]

Wrap-Up Discussion

Wrap-up: 6 minutes

So, what did you think about Scene 4? How was it different? Did the caregivers address the concerns that we raised?

[Facilitator gives participants a minute or two to discuss.]

Now let's think about how we can apply the lessons learned from this scenario to our daily work. I'd like to ask each of you to take a few minutes to complete a Professional Action Plan. What changes can you make based on what you learned in this scenario?

[Facilitator hands out a copy of the Professional Action Plan to each participant. Facilitator can choose to have caregivers turn in the Professional Action Plan or keep it. This generally only takes a few minutes. Additionally, the facilitator could lead the group in a discussion about what would happen if this incident occurred at your agency.]

Handouts

All of the handouts for this scenario are included in the back of this guide and can be copied for each participant prior to training. Unless otherwise noted, handouts listed should be used for both individual and group trainings.

- Training Worksheet (individual session only)
- Participant Observation Sheet (group session only)
- Care Plan¹
- “Risks of Restraint Use and Benefits of Freedom from Restraints”
- “Tips for Communicating with People with Dementia”
- “Caregiver Misconduct: Simplified Definitions”
- “Helpful Attitudes”
- Professional Action Plan
- Participant Evaluation (optional)
- Learning Points Poster (optional)²

¹ Depending on the scenario, the Care Plan may also be referred to as an Individual Service Plan (ISP), an Individualized Care Plan, an Individualized Plan of Care, an Individual Program Plan, or a Service Plan. This Guide uses those terms interchangeably.

² The Learning Points Poster may be printed and posted in the room. You may print it on a standard 11” by 17” piece of paper or send it to your local copy shop to be printed in a larger form on laminated paper.

Training Worksheet

After watching the first three scenes of the scenario, pause the video when the narrator prompts you. Answer the following questions before turning the video back on to watch Scene 4.

1. How do you think Edgar feels and how does he express his feelings?

**2. What do you think the caregivers overlook in Edgar's Care Plan?
(Review Edgar's Care Plan)**

3. Why do you think Carolyn moved the recliner into the doorway? What were the *red flags* in this scene?

4. List 2 risks of using restraints and 2 benefits of freedom from those restraints. Was the recliner a restraint? Do you think Carolyn would have moved the recliner into the doorway if she had known the potential harm to the resident? (Review "Risks of Restraint Use and Benefits of Freedom from Restraints")

5. Could Carolyn’s action of blocking the doorway be considered caregiver misconduct? Which type of misconduct would it be? (Review “Caregiver Misconduct: Simplified Definitions”)

6. What responsibility does Janae have in this situation? Why do you think she didn’t follow through? Should Janae have reported Carolyn for blocking the doorway? If yes, to whom should she report?

7. What kinds of approaches or communications might work better with Edgar? How do you make sure that everyone knows about those tips that work for him? (Review “Tips for Communicating with People with Dementia”)

8. Can you name one or two things you can do to better care for people with Alzheimer’s? (Review “Helpful Attitudes”)

When you’ve completed this worksheet, turn the video back on and watch the rest of the scenario. Complete the Professional Action Plan and discuss your answers with your supervisor

Participant Observation Sheet

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?

Edgar Evergreen, Individualized Care Plan

(excerpted)

Diagnosis:

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

Edgar’s interests:

- Big band music
- Large piece jigsaw puzzles
- Talking about family, reminiscing

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 Edgar’s interests often and encourage participation

Safety:

- Edgar 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 him and encourage him to use walker often, as he 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

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: Physical 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
- 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,"
http://www.dhs.wisconsin.gov/rl_dsl/publications/Restraint.pdf

Tips for Communicating with People with Dementia

Good communications tips for any situation

- Make eye contact to get his or her attention, and call the person by name.
- Be aware of your tone and how loud your voice is, how you look at the person, and your "body language."
- Encourage a two-way conversation for as long as possible. This helps the person with AD feel better about himself or herself.
- Use other methods besides speaking to help the person, such as gentle touching to guide him or her.
- Try distracting someone with dementia if communication creates problems. For example, offer a fun activity such as a snack or a walk around the building or neighborhood.

Here are some communication problems caused by dementia:

- Trouble finding the right word when speaking
- Problems understanding what words mean
- Problems paying attention during long conversations
- Loss of train-of-thought when talking
- Trouble remembering the steps in common activities, such as cooking a meal, paying bills, getting dressed, or doing laundry
- Problems blocking out background noises from the radio, TV, telephone calls, or conversations in the room
- Frustration if communication isn't working
- Being very sensitive to touch and to the tone and loudness of voices

To encourage the person with dementia to communicate with you:

- Show a warm, loving, matter-of-fact manner.
- Hold the person's hand while you talk.
- Be open to the person's concerns, even if they are hard to understand.
- Let him or her make some decisions and stay involved.
- Be patient with angry outbursts. Remember, it's the illness "talking."
- If you become frustrated, take a "timeout" for yourself.

To speak effectively with a person who has dementia:

- Offer simple, step-by-step instructions.

- Repeat instructions and allow more time for a response. Try not to interrupt.
- Don't talk about the person as if he or she isn't there.
- Don't talk to the person using "baby talk" or a "baby voice."
- Ask questions that require a yes or no answer. For example, you could say, "Are you tired?" instead of "How do you feel?"
- Limit the number of choices. For example, you could say, "Would you like a hamburger or chicken for dinner?" instead of "What would you like for dinner?"
- Use different words if he or she doesn't understand what you say the first time. For example, if you ask the person whether he or she is hungry and you don't get a response, you could say, "Dinner is ready now. Let's eat."
- Try not to say, "Don't you remember?" or "I told you."

Here are some common personality/behavioral changes you may see:

- Getting upset, worried, and angry more easily
- Acting depressed or not interested in things
- Hiding things or believing other people are hiding things
- Imagining things that aren't there
- Wandering or pacing a lot of the time
- Showing unusual sexual behavior
- Hitting you or other people
- Misunderstanding what he or she sees or hears
- Stops bathing, wants to wear the same clothes every day

Here are some ways to cope with changes in personality and behavior:

- Keep things simple. Ask or say one thing at a time.
- Have a daily routine, so the person knows when certain things will happen.
- Reassure the person that he or she is safe and you are there to help.
- Focus on feelings rather than words. For example, "You seem worried."
- Don't argue or try to reason with the person.
- Try not to show your anger or frustration. Step back. Take deep breaths, and count to 10. If safe, leave the room for a few minutes.
- Use humor when you can.
- Give people who pace a lot a safe place to walk. Provide comfortable, sturdy shoes. Give them light snacks to eat as they walk, so they don't lose too much weight, and make sure they have enough to drink.
- Try using music, singing, or dancing to distract the person. One caregiver found that giving her husband chewing gum stopped his cursing.
- Ask for help. For instance, say, "Let's set the table" or "I really need help folding the clothes."

Resource: National Institute on Aging www.nia.nih.gov

Caregiver Misconduct – Simplified Definitions

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, saying things to intentionally frighten a resident Emotional 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 when required or transferring a resident improperly Failure to perform ROM exercises Turning off a call light Leaving a resident wet or soiled 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, medication, etc. Misuse of property, e.g. using a resident's cell phone, wearing a resident's jewelry, eating a resident's box of candy, etc. Identity theft

These definitions apply to alleged violations committed against residents in health care facilities regulated by the Department of Health Services. The DHS Division of Quality Assurance investigates allegations of misconduct by non-credentialed caregivers. If a finding of abuse, neglect or misappropriation is substantiated, that caregiver will be listed on Wisconsin's Caregiver Misconduct Registry. Caregivers with findings may be permanently barred from working in long-term care facilities such as nursing homes. In addition, DQA investigates allegations of harm to residents in nursing homes by any person. Violations against residents allegedly committed by credentialed caregivers, family, friends or other individuals may also be reported to and investigated by agencies such as DHS, county Adult Protective Services, the Department of Safety and Professional Services, and law enforcement.

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

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

Resource: National Institute on Aging
www.nia.nih.gov

Professional Action Plan

Name: _____ Date: _____

As a result of today's training, please identify some specific actions you will take in the next three days when you are back on the job.

How will you better document, report, and review Care Plans? (example: identify preferences of residents)

What you will do	When you will do it	Who will support you

How will you better recognize warning signs of abuse, neglect, or misappropriation? (example: identify patterns of behavior)

What you will do	When you will do it	Who will support you

How will you work better to protect people in your care? (example: regularly review each resident's Care Plan)

What you will do	When you will do it	Who will support you

When you return to work, what will you share with others?

Participant Evaluation

Which scenario(s) did you watch?

1) _____ 2) _____

Did you learn more about:

1 = learned nothing

5 = learned very much

How to protect residents and patients and prevent abuse and neglect? 1 2 3 4 5

How to recognize the signs and red flags of abuse and neglect? 1 2 3 4 5

How, when, and why an incident should be reported? 1 2 3 4 5

How to respond better in serious situations? 1 2 3 4 5

Your feedback and comments:

1 = not at all

5 = very much

Will you use the materials we gave you? 1 2 3 4 5

Did you like this style of training? 1 2 3 4 5

Would you recommend this training to coworkers? 1 2 3 4 5

What did you like most about this training? _____

What did you like least? _____

Use the back for more comments

Thanks for your input!



PREVENT PROTECT PROMOTE
abuse/neglect clients dignity

EDGAR 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*