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Online Dementia Training



Supervisor Strategy Guide for Training

These additional approaches and training exercises can be used to augment and reinforce the education and development that the CNAs are receiving in the CARES[®] Online Training and Certification™ Programs. It is our hope that CARES is not simply a training that you and your CNA complete and is then forgotten. Instead, we hope the strategies in this guide help you make the evidence-based practices and person-centered care approaches part of your organization’s culture. As we all know, changing culture is not easy, and many strategies need to be employed to change care team behavior. We believe that this guide can play an important part in achieving that goal.

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The CARES[®] 5-Step Method Review, Reinforce and Reassure

1. Ask the CNA to write up an example of how they have used CARES with a person who is living with dementia during the past week. Share this example with other staff members in a meeting and post the write up in the break room.
2. Walk up to the CNA and say, "Tell me about a really challenging situation today and how you used the CARES Approach or what could have been done differently next time using the CARES Approach."
3. If staff members are not using the CARES Approach daily, simply encourage them to keep trying.
4. Remind staff members that CARES should be used every day. Reassure staff members by telling them that any new approach will take 28 days to make into a habit.
5. Let staff members know that it is possible to use the CARES Approach even when they have limited time and have many people in their care. Let them know that this may be the most important time to use CARES!
6. Lead by example and take a moment to demonstrate the CARES Approach yourself. Talk about the five CARES steps (C - Connect with the Person, A - Assess Behavior, R - Respond Appropriately, E - Evaluate What Works, and S - Share with Others), and then apply the approach with an actual person you care for.

CARES® Dementia 5-Step Method™ Activities

1. Learning the CARES Approach

In the first module, the CNA learns the five steps of the CARES Approach and how to apply them as a caregiver. Copy each of the following CARES steps onto small strips of paper:

- **C** – Connect with the Person
- **A** – Assess Behavior
- **R** – Respond Appropriately
- **E** – Evaluate What Works
- **S** – Share with Others

Have the CNA draw one of the pieces of paper. Ask the CNA to define the step they drew and present an example of the step.

2. Exercise - Likes and Dislikes

Ask your CNA to take a blank sheet of paper and write the numbers 1 to 5. Tell them to leave space because they will be writing a statement down for each number. Now read the following scenario to them:

We're going to pretend you are about to be admitted to a care facility where no one will know you and where you will be dependent on them to take care of your needs. Think about what you want the care providers to know about you. What are your likes? What are your dislikes? What are your personal preferences? This information will be the basis of how the care providers relate to you. What do you want your future care providers to know about you? What can you tell them about yourself that will help them connect with you?

Now, on your sheet of paper, list five statements about yourself that would make you feel comfortable while someone is helping you with your own care. For example, you might say, "I love music, and it puts me at ease." Or "I really like being by myself. Being in a group of people really makes me uncomfortable." When you are done, we will go over your answers. You can start to write your five statements now.

After 5 to 10 minutes, ask your CNA to share what they wrote down and why it would be important for others to know this information about them and how it would feel to them if their preferences were ignored or, worse yet, never known. When you are done, ask them to keep this activity in mind as they care for people living with dementia. Just because they may not have told you (or aren't able to tell you) their likes and dislikes doesn't mean they no longer exist. Brainstorm ideas on how they could find out someone's likes or dislikes—even if the person is unable to communicate them him- or herself.

3. Discussion - Challenging Behavior

Write the following critical concept and four categories on a whiteboard.

- “It is important to think about what might be causing a person’s behavior.”
- Changes in health and comfort
- Environmental factors
- Problems with a task
- Communication difficulties

Ask your CNA to list two examples of what might cause dementia-related behavior for each category. Be sure to ask if they have experienced this behavior personally and what steps they’ve taken to minimize the behavior. *Usually, staff focus on the task and try different ways of “getting the job done.” Instead, reinforce the importance of always stopping and returning to step 1 of CARES: Connect with the Person.*

CARES® Serious Mental Illness™ Activities

1. Differences between Serious Mental Illness and Dementia

Ask your CNA to think about one person they care for who is living with a serious mental illness, and another person they care for who is living with dementia. On a white board or flip chart, write the following questions for them to consider for both the person with serious mental illness and the person living with dementia:

- How has their memory changed over time?
- How have their other thinking skills (such as attention, judgment, abstract thinking, language, and/or motor skills) changed over time?
- Has their ability to perform daily tasks changed over time?
- Has the amount of help you need to provide changed over time?

After 5-10 minutes discuss what they've noticed about each person's thinking skills and abilities. *The observations will likely show that people with SMI may improve over time, while people with dementia can have "good days" and "bad days," but their abilities eventually get worse over time.*

Finally, ask:

- What is the goal for caring for people with SMI?
- What is the goal for caring for people living with dementia?

The goal for caring for people with SMI is to help them improve. The goal for caring for people living with dementia is to let them do things for themselves whenever possible but be ready to do more when they can no longer do something on their own.

2. Empowerment - Role Play

Pick one of the three scenarios below:

- Scenario 1: Jonas is 55 years old and lives with bipolar disorder. Lately he's been irritable and loud. Today, when it's time for his physical therapy appointment, he refuses to go. How might you handle this situation?
- Scenario 2: Joanne is 67 years old and lives with major depression. You know her symptoms are back when she stays in bed and doesn't want to do anything. It's time for her to go eat, but she won't get out of bed. How might you handle this situation?
- Scenario 3: John is 75 years old and lives with schizophrenia. Lately he's been talking to himself more and frequently arguing with people. When it's time for him to take his medications, he refuses. How might you handle this situation?

Have one of you act as the person living with the serious mental illness, while the other acts as the caregiver. Make sure to have fun role-playing and take turns in each of the roles.

Think about and discuss the following:

- How did the caregiver's approach feel to the person with SMI?
- How did the person's behavior feel to the caregiver?
- What worked well and what could have been better?
- Did the caregiver help empower the person?
- What are some suggestions for how the caregiver might revise their approach in the future?
- What would you share with others on the staff?

Possible suggestions may include Truly listen to what they are saying. Validate their feelings. Ask questions. Encourage them. Explore options together. Let them decide. By being respectful and non-judgmental, you will build a relationship where the person feels comfortable discussing their feelings. Being supportive and encouraging will help build trust. Be patient. Talk about other things of interest to them. As you get to know the person better, focus on their strengths and hopes. Talk to them as adults. Give them the dignity to be able to make choices.

3. Serious Mental Illness – Common Myths

On a white board, write three common myths about people with serious mental illness.

- Myth A: There are no treatments for SMI.
- Myth B: You can't understand and communicate with people with SMI.
- Myth C: People with SMI are always "crazy."

Discuss and talk to your CNA about the following:

- Have you encountered anyone, at your job or in your community, who may have expressed one of these perspectives? What was said?
- For each myth listed above, if you hear someone saying something like this, what could you say to help educate them about the truth?

➤ *Possible responses to Myth A: Effective treatments do exist. Medications can help minimize delusions and stabilize moods. Reducing stress and avoiding triggers can help lessen or prevent symptoms. Staying active with meaningful activities can improve overall well-being. People with SMI, including many famous people, can and do lead successful, productive, meaningful lives.*

➤ *Possible responses to Myth B: If you take the time to get to know the person, you will begin to understand how and why their behavior is a way of dealing with stress. When you understand what stresses them and how they feel, you can communicate awareness, acceptance, and comfort.*

➤ *Possible responses to Myth C: The abilities and symptoms of people with SMI vary widely, but when they have few or no symptoms, they are like any other person. When a person is on the right medication, feels understood, and is no longer under stress, you may find there are a lot of similarities between the person with SMI and a relative, friend, or even yourself.*

- Why is it important to educate people about the facts of serious mental illness?

Possible responses: Mental health awareness will help reduce the stigma surrounding mental illness. Because of misconceptions, many people choose to suffer in silence rather than seek treatment. People of all ages and backgrounds should feel comfortable asking for help for themselves or someone they know. If you can educate even one person, it will help end the stigma of mental illness, which will help save lives.

CARES® Activities of Daily Living™ Activities

1. Discussion – Eating Challenges

Write each of these eating challenges on small slips of paper and place them in a hat or basket:

- Mr. Chan is not interested in eating.
- Suzanne is easily distracted and wants to eat off the plate of the person next to her.
- Mrs. Livingston’s daughter complains to the supervisor that the facility never seems to offer her mother her favorite foods.
- Sylvia pockets food in her cheeks sometimes—especially meat.
- Create your own idea for an eating challenge you have faced.

Have your CNA select a piece of paper and discuss the following question:

- What strategies would you use to help the person in your scenario be more successful with eating?

Possible Responses:

- *Some of our taste sensations dull as we age, but the sweet sensation lasts the longest. Sweet items such as yogurt, applesauce, ice cream, health shakes, and bananas can be used as encouragement.*
- *Make sure people who wear glasses have them on at mealtimes. People eat better when they can see what’s on their plate. Using plates that are not the same color as the table and serving food on a plate that is not the same color as the food can make it easier for older people to see their plate and what they are eating.*
- *Having food available on a cart or on display at all times allows people to eat when they are hungry and helps them get the nutrition they need. If your organization doesn’t offer snacks throughout the day, use the nutrition cabinet, if necessary, for snacks. Offering small quantities more often can work better with older people.*
- *Encourage family members to bring favorite foods and eat with their loved ones. Sometimes people with dementia eat better with family around.*
- *Using the hand-over-hand technique can help people with dementia start the motion of bringing food to their mouth. Often, they can then continue on their own.*
- *Some people eat better when they are seated by certain people, such as someone of the same gender or someone with whom they are familiar like a roommate.*

2. CARES Approach – Toileting Accidents

Read the following to your CNA and discuss the questions in the context of the CARES Approach.

“Having an accident” can be difficult for a resident as well as for a staff member.

- How do you respond when a resident has an accident?
- How do you preserve the person’s dignity in this situation?
- How can the CARES approach help?

In Review, CARES stands for:

- C** – Connect with the person
- A** – Assess Behavior
- R** – Respond Appropriates
- E** – Evaluate What Works
- S** – Share with Others

3. Discussion – Mobility Challenges

The purpose of the activity is to get your CNA to think about and share strategies for assisting multiple people with mobility.

Sometimes, you'll need to coordinate the positioning and mobility of several people at once. Think of three residents in your care and share strategies you have found successful when considering the following.

- Each person's needs and in what order to assist people.
- The room and the safest location for each person.
- The use of mobility and transfer devices like walkers, wheelchairs, and transfer belts.

Possible Responses:

Mobility Can Change from Day to Day

- *Consider each person's physical abilities, emotional needs, and level of pain.*
- *When deciding who to move when, consider each person's level of mobility. Transfer the people who are more independent first. This allows them to engage in other activities like caring for a doll or pet, visiting with a friend, watching their favorite TV shows, or even just enjoying the view out the window. This also gives you more time to spend with people who have greater needs.*

Consider the Person's Interests

- *Place the person who likes movies near the television, the person who likes visiting with others near their friends, and so on.*
- *If someone doesn't converse and usually sleeps, a comfortable chair in a quiet location may be best.*

Consider the Person's Physical Condition

- *Ask the person what kind of chair he or she prefers.*
- *Recliners can provide comfort for individuals with a sore back or sore hip. (Note that recliners that do not allow a person to freely get up can be considered a form of restraint.)*
- *Remember to keep walkways clear to help prevent falls.*

Remember to connect with the people, remain flexible, and stay aware of their day-to-day needs.