



**Hand in Hand: A Training Series for Nursing Homes
Instructor Guide**

Module 6: Being with a Person with Dementia: Making a Difference

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Methodology

This module uses lecture, interactive discussion and exercises.

(Total Time: 60 minutes)

Estimated Time	Lecture/Discussion	Page
1 minute	Welcome	4
1 minute	Being with a Person with Dementia Overview	6
1 minute	Module Objectives	10
20 minutes	Meeting Persons with Dementia Where They Are.....	16
10 minutes	Strengths and Abilities	56
10 minutes	Still There: Connecting with Persons with Dementia	74
15 minutes	Each Person Makes a Difference.....	94
2 minutes	Conclusion.....	106

Training Resources

- Television with DVD player or computer with DVD player and LCD projector.
- Module 6 DVD.
- Module 6 Instructor Guide.
- Name tags (2 per participant).
- Pens, pencils and writing tablets.
- Prizes (optional).
- Easel chart with markers.
- Post-it® notes.

Instructor Preparation

- Review the Instructor Guide and DVD. Practice exercise delivery. Rehearse with DVD.

I. Welcome



Welcome to Module 6: Being with a Person with Dementia: Making a Difference—Slide 1 of 6

Instructor Guidance:



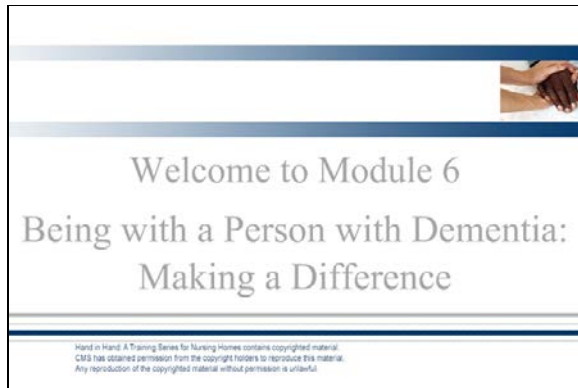
If the participants do not know each other, have each participant state his or her name, position and where he or she works in the nursing home.

Be sure to pass out a sign-in sheet to track attendance.

This module is about being with persons with dementia wherever they are in their experience of dementia, finding ways to connect with them, and understanding the difference you make in their lives.

Note: It is suggested that participants complete modules 1, 3 and 4 before this module. Module 3 provided an overview of communicating with persons with dementia. Module 4 focused on understanding the actions of persons with dementia, what we traditionally have termed “behaviors.” If this is not possible, you might find it helpful to review modules 3 and 4. A summary review of all the modules is found in the Orientation Guide.

Notes:



Slide 1 of 6

Welcome to Module 6: Being with a Person with Dementia: Making a Difference

DO

- Greet participants.
- Welcome participants to the training.
- Have participants introduce themselves (if they don't know each other).

SAY

This module is about being with persons with dementia wherever they are in their experience of dementia. It's also about the difference you make every day in their lives.

Notes:

II. Being with Persons with Dementia: Overview



Being with Persons with Dementia: Overview—Slide 2 of 6

Instructor Guidance:



Four of the modules in this Hand in Hand training series are about caring for persons with dementia. Three of their titles share a common introduction: Being with a Person with Dementia.



Being with a person with dementia means understanding his or her world by trying to see it from his or her perspective—trying to be with the person where he or she is. Being with a person with dementia is different from doing for. Being with persons with dementia recognizes them as whole individuals, who have strengths as well as weaknesses, unique needs, preferences and histories. By building on strengths and knowing who they are as individuals, we support persons with dementia to do as much as they can and to live meaningfully.

Here are the titles in the Being with a Person with Dementia series:

Module 1: Understanding the World of Dementia: The Person and the Disease

Module 3: Being with a Person with Dementia: Listening and Speaking

Module 4: Being with a Person with Dementia: Actions and Reactions

Module 6: Being with a Person with Dementia: Making a Difference

Notes:



Being with Persons with Dementia: Overview

Being with persons with dementia means:

- > Understanding things from their perspective
- > Being with them where they are
- > Recognizing them as whole & unique individuals
- > Building on their strengths
- > Connecting with them

Module 6—Being with a Person with Dementia: Making a Difference

Slide 2 of 6

Being with Persons with Dementia: Overview

SAY

This module is one of four modules on dementia. Three of the module titles begin with *Being with a Person with Dementia*. Being with a person with dementia means:

- Understanding the world of persons with dementia by trying to understand things from their perspective.
- Being with persons with dementia where they are. This means meeting them in their world, in their understanding of what is happening around them, and in what they are able to do and what they need help with. Being with is different from “doing for.”
- Recognizing persons with dementia as whole individuals, who have strengths as well as weaknesses, unique needs, preferences and histories.

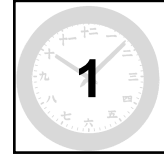
Notes:

- Building on strengths and knowing who they are as individuals.
- Supporting persons with dementia to do as much as they can and to live meaningfully.
- Connecting with persons with dementia through communication, laughter, touch and so on to validate them as human beings and as equals.
- Recognizing that sometimes the best way we can support persons with dementia is to just be with them, to sit with them, and to listen to them.

Notes:

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III. Module Objectives



Module Objectives—Slide 3 of 6

Instructor Guidance:

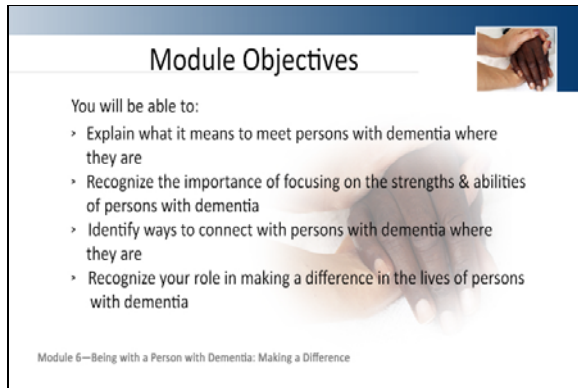


It's important to set participant expectations by stating the module objectives. It is not necessary to explain the objectives on this screen; you are only introducing the anticipated instructional outcomes. This screen should take only about one minute.

This module is about being with persons with dementia wherever they are, which involves understanding strengths as well as weaknesses. The causes of dementia are often progressive diseases. As the symptoms of dementia increase, it is important to continue to identify ways to connect with persons with dementia so that they are meaningfully engaged in life. There is a common feeling that persons with dementia “are no longer there” when they are further in their progression. However, when we say a person progresses, we mean that the symptoms become worse—the person does not become less of a person as dementia progresses.

Every interaction a nurse aide (or other caregiver) has with a person with dementia is an opportunity to connect with that person. For example, an aide bathing a person with dementia has an opportunity to connect with that person, to meet his or her emotional and social needs as well as physical needs. This module addresses the importance of connecting with persons with dementia throughout their progression and at the end of life.

Notes:



Module Objectives

You will be able to:

- > Explain what it means to meet persons with dementia where they are
- > Recognize the importance of focusing on the strengths & abilities of persons with dementia
- > Identify ways to connect with persons with dementia where they are
- > Recognize your role in making a difference in the lives of persons with dementia

Module 6—Being with a Person with Dementia: Making a Difference

Slide 3 of 6

Module Objectives

SAY

At the end of this module, you will be able to:

- Explain what it means to meet persons with dementia where they are.
- Recognize the importance of focusing on the strengths and abilities of persons with dementia.
- Identify ways to connect with persons with dementia where they are.
- Recognize your role in making a difference in the lives of persons with dementia.

Notes:

What Is Dementia?—Slide 4 of 6**Instructor Guidance:**

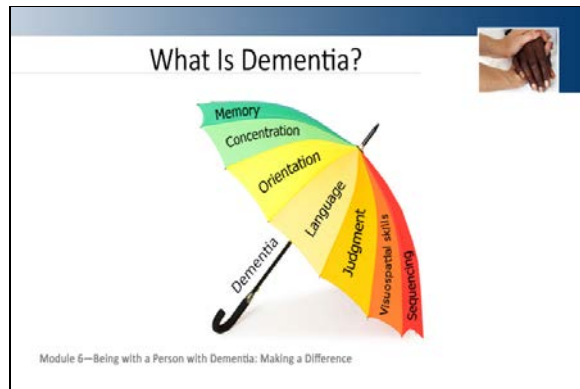
It might be helpful to review the explanation of dementia in Module 1: Understanding the World of Dementia: The Person and the Disease.



Dementia is an umbrella term that refers to a wide range of disorders and symptoms that affect a person's cognitive, physical and social abilities severely enough to interfere with the person's daily life. They include challenges with memory, concentration, orientation, language, judgment, visuospatial skills and sequencing.

- Memory refers to the processes used to acquire, store, retain and retrieve information.
- Concentration is the ability to focus one's attention.
- Orientation refers to a person's awareness of who and where he or she is, what time/date it is, and who other people are.
- Language refers to the communication of thoughts. It includes both spoken and written words, as well as nonverbal methods of communication.
- Judgment refers to the mental processes of making decisions.
- Visuospatial ability refers to the mental processes of how we make sense of what we see and how objects relate to each other.

Notes:



Slide 4 of 6

What Is Dementia?

SAY

Let's take a step back and revisit what dementia is. Dementia is not a specific disease. It is an umbrella term that refers to a wide range of disorders and symptoms, including challenges with memory, concentration, orientation, language, judgment, visuospatial skills and sequencing.

These dementia symptoms can be caused by many different illnesses and conditions—some are reversible and some are irreversible. The most common irreversible cause of dementia is Alzheimer's disease.

The symptoms of dementia worsen as the disease that causes them progresses. Therefore, the needs of persons with dementia change as the symptoms get worse. This includes both physical and emotional needs. In this module we will look at how to meet persons with dementia where they are to meet their needs.

Notes:

Module 6 Menu

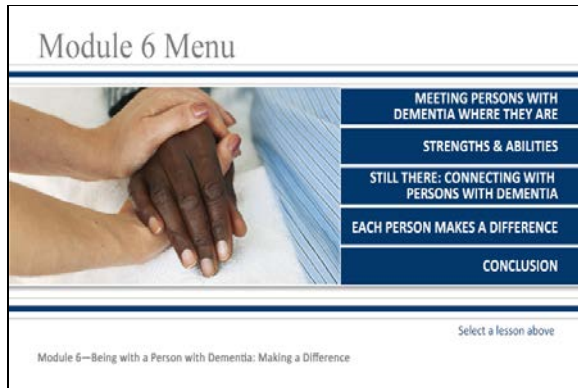
Module 6 Menu—Slide 5 of 6

Instructor Guidance:



The menu screen allows you to easily navigate through the module lessons. It is intended for the class to go through all the lessons in order so that participants can build upon what they learn. However, you can easily return to any of the topics or video clips for a refresher. At the end of the module, you can click the forward arrow at the bottom of the screen to Module 6 Video Clips. These are the same video clips used in the lessons; they are available to you for review and discussion once all lessons have been covered.

Notes:



Slide 5 of 6

Module 6 Menu

SAY

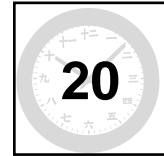
Let's get started with the first lesson, Meeting Persons with Dementia Where They Are.

DO

On the menu, click the first lesson, Meeting Persons with Dementia Where They Are.

Notes:

IV. Meeting Persons with Dementia Where They Are



Meeting Persons with Dementia Where They Are: Goal—Slide 1 of 16

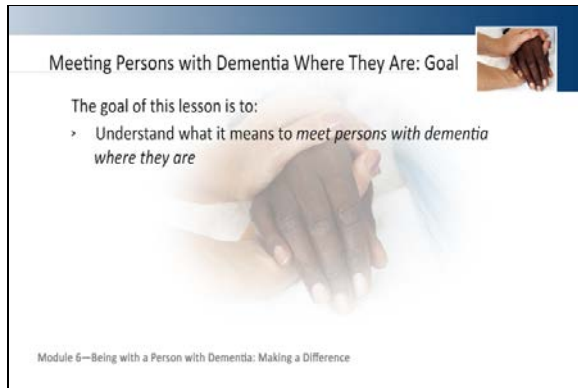
Instructor Guidance:



The goal of this lesson is to explain what it means to meet persons with dementia where they are. It includes a video clip that illustrates this concept in practice.

Notes:

A large, empty rectangular area for taking notes, shaded in light gray.



Slide 1 of 16

Meeting Persons with Dementia Where They Are: Goal

SAY

In this lesson we will explore what it means to meet persons with dementia “where they are.”

Notes:

What Does It Mean to Meet Persons with Dementia Where They Are?—Slide 2 of 16

Instructor Guidance:



In order to meet persons with dementia where they are, we must try to understand and accept their reality. How do they see the world around them? What are their physical and emotional needs?

Dementia symptoms, especially those due to irreversible causes such as Alzheimer’s disease, tend to get worse as the disease progresses. As the dementia symptoms worsen, persons with dementia will have different needs. A resident who might have been able to dress herself before might need more assistance now. At the same time, we don’t want to assume that persons with dementia are incapable of being involved in their own care. When we say “meet persons with dementia where they are,” what we mean is that we have to know where each person is in the disease process—what his or her strengths are as well as his or her weaknesses. Rather than just “doing for,” we want to see what the person can do and build upon that. A person with dementia does not become less of a person as the dementia progresses. Meeting persons where they are means always honoring them with dignity and respect and seeing them as whole individuals.

Meeting persons where they are also means understanding that you need to be a good communicator. The symptoms of dementia can cause challenges in communication. Therefore, we need to pay close attention to what persons with dementia are telling us, not only through their words, but also through nonverbal cues such as body language and behavior. It is also important that we communicate well through the way we speak and through our body language and behavior.

Notes:

To illustrate the concept of meeting persons with dementia where they are, you will show a series of five video clips of Mrs. Johnson, a person with dementia who needs assistance with brushing her teeth. With each clip, Mrs. Johnson has progressed further in her dementia. After each clip, facilitate a discussion with the class about how the aide, Gloria, meets Mrs. Johnson where she is in her dementia progression.

Note: When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

Notes:

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The slide features a blue header with the title "What Does It Mean to Meet Persons with Dementia Where They Are?". Below the title is a list of bullet points: "Accept their reality", "Know who they are as individuals", "Know where they are in their dementia", "Identify their needs", and "Recognize & honor their strengths". A photograph of two hands, one light-skinned and one dark-skinned, clasped together, is positioned on the right side of the slide. At the bottom left, the text "Module 6—Being with a Person with Dementia: Making a Difference" is visible.

What Does It Mean to Meet Persons with Dementia Where They Are?

- > Accept their reality
- > Know who they are as individuals
- > Know where they are in their dementia
- Identify their needs
- Recognize & honor their strengths

Module 6—Being with a Person with Dementia: Making a Difference

Slide 2 of 16

What Does It Mean to Meet Persons with Dementia Where They Are?

SAY

In order to be with persons with dementia, we must first try to understand their reality. Who are they as individuals? How do they see the world around them? What are their physical and emotional needs?

Dementia tends to get worse as time goes on. As the dementia symptoms worsen, persons with dementia will be in “different places” and have different needs. A resident who might have been able to dress herself before might need more assistance now. Meeting persons with dementia where they are means accepting their reality, knowing them as individuals, and knowing where they are in their dementia. This includes knowing their strengths as well as their weaknesses. Rather than just “doing for,” we want to see what the person can do and build upon that.

Notes:

Meeting persons where they are requires good communication. We need to pay close attention to what persons with dementia are telling us, not just through their words but through nonverbal cues such as body language and behavior. We also need to communicate well with persons with dementia through the way we speak to them and through our body language and behavior.

We are going to look at and discuss a series of video clips. In these clips we will see how Gloria, a nurse aide, meets Mrs. Johnson, a resident with dementia, where she is.

Notes:

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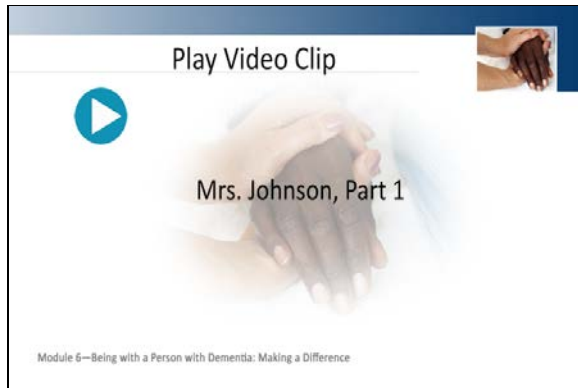
Play Video Clip: Mrs. Johnson, Part 1—Slide 3 of 16**Instructor Guidance:**

During this lesson participants will see a series of clips that show the progression of Mrs. Johnson's dementia, as well as how Gloria, her aide, adapts to her changing needs. After each clip, discuss how Gloria is meeting Mrs. Johnson in her dementia at that time.

These clips demonstrate to participants that we have to adapt to the changing needs of persons with dementia. This does not mean that we simply do more for them; rather, it means that we continually consider how we can support them to do as much as they can while assisting them in meeting their needs.

In the first clip, Mrs. Johnson is in the earlier stages of dementia. She is still able to do many things on her own, but needs reminders. The aide, Gloria, knows where Mrs. Johnson is in her dementia and knows that she needs to be reminded to brush her teeth.

Notes:



Slide 3 of 16

Play Video Clip: Mrs. Johnson, Part 1

SAY

In the first clip, Mrs. Johnson is in the earlier stages of dementia. She is still able to do many things on her own.



DO

Click the forward arrow to play the clip.

Notes:

A large, empty gray rectangular area intended for taking notes.

Discussion—Slide 4 of 16**Instructor Guidance:**

During this discussion participants will likely point out that Mrs. Johnson appears to be in the earlier stages of dementia and needs less assistance.

When discussing how Gloria meets Mrs. Johnson where she is, participants should address how Gloria continues to adapt to Mrs. Johnson's progression by understanding her strengths and weaknesses, accepting her reality, and using good communication techniques to help meet her needs.



How does Gloria meet Mrs. Johnson where she is in her dementia?



Here are some things to point out during the discussion.

- Gloria communicates well with Mrs. Johnson.
 - Gloria greets Mrs. Johnson by name.
 - Gloria knocks on the door to let Mrs. Johnson know she is there.
 - Gloria guides Mrs. Johnson to the bathroom.
 - Gloria lets Mrs. Johnson know she will be back to check on her.
- Gloria knows Mrs. Johnson can do many things on her own and just needs verbal reminders.

Notes:

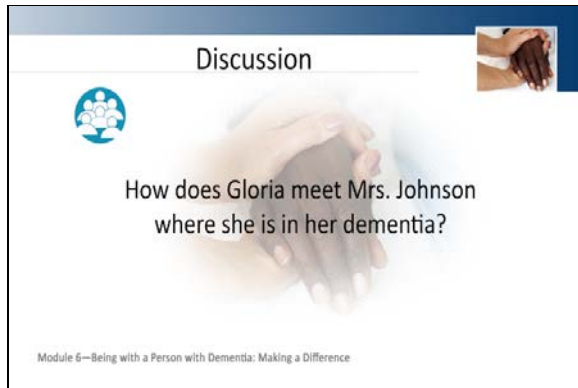
- Gloria lets Mrs. Johnson know it is bedtime and reminds her to brush her teeth.
- Mrs. Johnson is able to brush her teeth mostly on her own.

Some participants may note:

- Gloria didn't provide any set-up assistance for Mrs. Johnson.
- Gloria, while polite, may not have taken enough time communicating instructions with Mrs. Johnson.

Notes:

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Slide 4 of 16

Discussion

SAY

In the first clip, Mrs. Johnson is in the earlier stages of dementia.



ASK

How does Gloria meet Mrs. Johnson where she is in her dementia?

Notes:

A large, empty gray rectangular area intended for taking notes.

Play Video Clip: Mrs. Johnson, Part 2—Slide 5 of 16

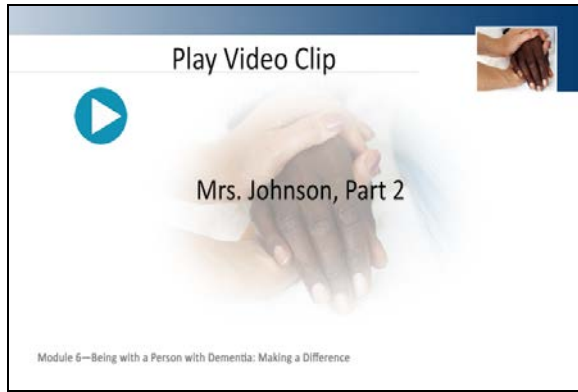
Instructor Guidance:



In this clip, Mrs. Johnson has progressed in her dementia and requires more assistance from Gloria. However, she is still able to brush her teeth on her own with visual and verbal cues.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 5 of 16

Play Video Clip: Mrs. Johnson, Part 2

SAY

This clip shows Mrs. Johnson 6 months later, and she has progressed in her dementia.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 6 of 16**Instructor Guidance:**

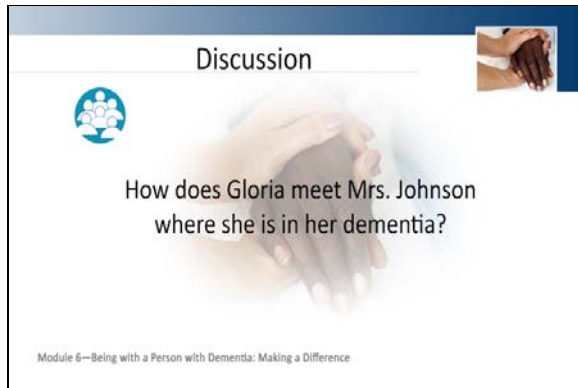
How does Gloria meet Mrs. Johnson where she is in her dementia?



Here are some things to point out during the discussion.

- Gloria communicates well with Mrs. Johnson
 - Gloria calls Mrs. Johnson by name.
 - Gloria knocks on the door when she enters the room from the bathroom. She understands that Mrs. Johnson might have forgotten that she was in the bathroom and does not want to startle her when she comes back into the room.
 - Gloria lets Mrs. Johnson know it is bedtime and cues her to brush her teeth.
- Gloria knows Mrs. Johnson needs help to get up from the chair and walks with her to the bathroom.
- Gloria knows that Mrs. Johnson needs more assistance in brushing her teeth.
 - Gloria prepares the items Mrs. Johnson needs for brushing her teeth—she puts toothpaste on a toothbrush and fills a cup of water.
 - Gloria takes more time communicating instructions and assures Mrs. Johnson that she will check on her a little later.

Notes:



Slide 6 of 16

Discussion

SAY

In this clip, some time has passed and Mrs. Johnson has progressed in her dementia.



ASK

How does Gloria meet Mrs. Johnson where she is in her dementia?

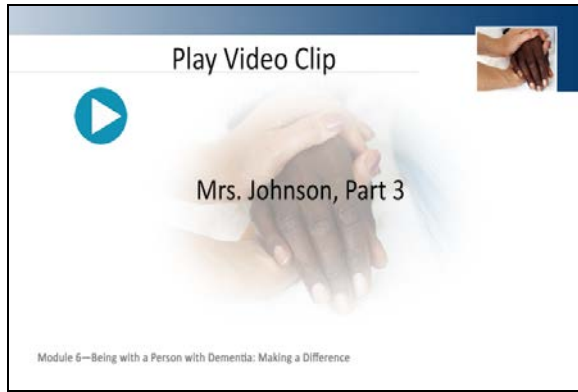
Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

Play Video Clip: Mrs. Johnson, Part 3—Slide 7 of 16**Instructor Guidance:**

In this clip, Mrs. Johnson has continued to progress in her dementia. Symptoms of dementia may cause a person to become disoriented. In this clip, Mrs. Johnson is disoriented and does not know where the bathroom is. It is sometimes helpful to put a sign on the bathroom door to remind the person with dementia where it is. The sign needs to be clearly visible and in language that makes sense to the person. For example, Mrs. Johnson uses the term “bathroom” rather than toilet or restroom. In our clip, the caregivers have found that Mrs. Johnson identifies more with a sign that says “Mary’s Bathroom” than one that says “Mrs. Johnson’s bathroom.”

Notes:



Slide 7 of 16

Notes:

Play Video Clip: Mrs. Johnson, Part 3

SAY

This clip, Part 3, shows Mrs. Johnson 8 months after the previous clip. It is now 14 months since what we witnessed in Part 1.



DO

Click the forward arrow to play the clip.

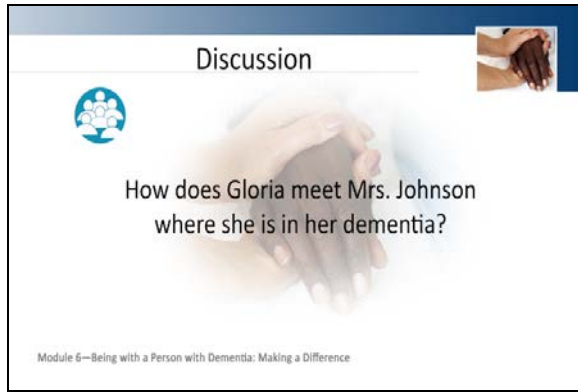
Discussion—Slide 8 of 16**Instructor Guidance:**

How does Gloria meet Mrs. Johnson where she is in her dementia?



- Gloria communicates well with Mrs. Johnson.
 - Gloria greets Mrs. Johnson by name.
 - Gloria lets Mrs. Johnson know it is bedtime and reminds her to brush her teeth.
- Mrs. Johnson seems confused about where the bathroom is so Gloria gently leads her in the right direction.
- There is a sign on Mrs. Johnson's door to let her know where the bathroom is.
- Gloria goes into the bathroom with Mrs. Johnson. In the past, Gloria has verbally cued Mrs. Johnson to brush her teeth when she was in her room getting ready for bed. Gloria knows that Mrs. Johnson now needs more assistance. In addition to verbal cues, Mrs. Johnson also needs visual cues to show her where the bathroom is located, where she brushes her teeth, where the sink is, and so forth.

Notes:



Slide 8 of 16

Notes:

Discussion

SAY

Mrs. Johnson’s dementia has progressed further; she is more confused and needs more guidance from Gloria.



ASK

How does Gloria meet Mrs. Johnson where she is in her dementia?

Play Video Clip: Mrs. Johnson, Part 4—Slide 9 of 16

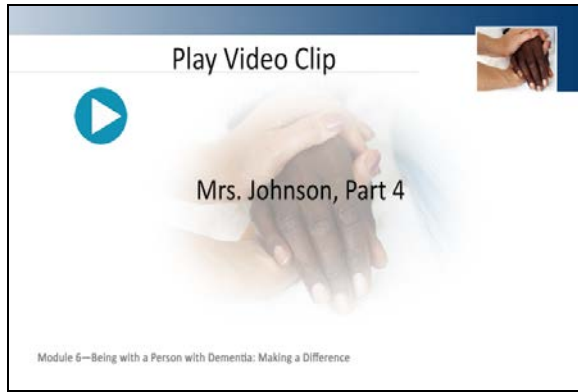
Instructor Guidance:



Mrs. Johnson’s dementia has continued to progress and she is in a different place in her dementia. She now needs more assistance with brushing her teeth. Gloria still supports Mrs. Johnson so that she does as much as she can.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 9 of 16

Play Video Clip: Mrs. Johnson, Part 4

SAY

This clip, Part 4, shows Mrs. Johnson 5 months after the previous clip. It is now 19 months since what we witnessed in Part 1.



Do

Click the forward arrow to play the clip.

Notes:

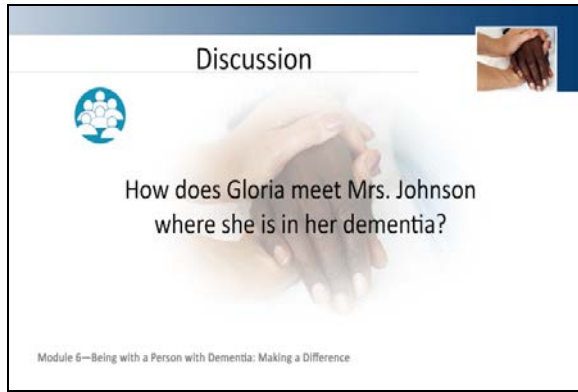
Discussion—Slide 10 of 16**Instructor Guidance:**

How does Gloria meet Mrs. Johnson where she is?



- Gloria communicates well with Mrs. Johnson.
- Gloria calls Mrs. Johnson by name.
- Gloria uses her hand to guide Mrs. Johnson's hand in brushing her teeth.
- Gloria watches Mrs. Johnson in the mirror and gently encourages her as she brushes her teeth. She smiles at Mrs. Johnson.
- When Gloria sees that Mrs. Johnson is having difficulty with brushing, she takes out a toothbrush and models toothbrushing for Mrs. Johnson.
- Gloria hands Mrs. Johnson the cup of water and reminds her to spit.
- Gloria guides her out of the bathroom when they are finished.

Notes:



Slide 10 of 16

Notes:

Discussion

SAY

Mrs. Johnson’s dementia has progressed further and she needs even more assistance brushing her teeth.



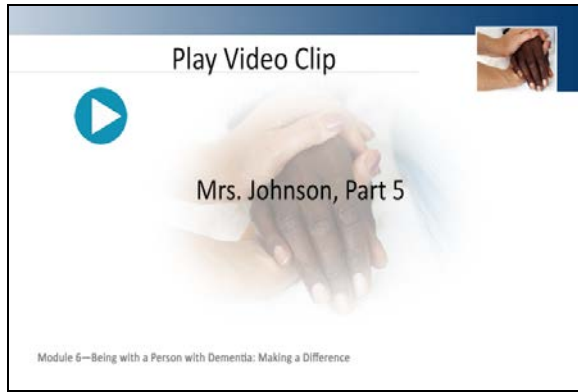
ASK

How does Gloria meet Mrs. Johnson where she is in her dementia?

Play Video Clip: Mrs. Johnson, Part 5—Slide 11 of 16**Instructor Guidance:**

Mrs. Johnson has progressed further in her dementia and is no longer able to go to the bathroom to brush her teeth. Gloria knows that she needs more assistance than in the past and meets her where she is by helping her brush her teeth in her room. Gloria continues to encourage Mrs. Johnson to be involved by talking to her as she is brushing her teeth and guiding her with verbal cues.

Notes:



Slide 11 of 16

Notes:

Play Video Clip: Mrs. Johnson, Part 5

SAY

Let's look at one more clip of Mrs. Johnson. This clip, Part 5, shows Mrs. Johnson 4 months after the previous clip. It is now 23 months since what we witnessed in Part 1.



DO

Click the forward arrow to play the clip.

Discussion—Slide 12 of 16**Instructor Guidance:**

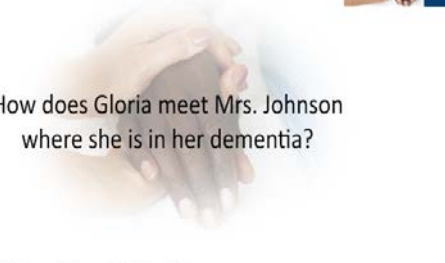

How does Gloria meet Mrs. Johnson where she is?



- Gloria communicates well with Mrs. Johnson.
- Gloria knocks, greets Mrs. Johnson by name and introduces herself.
- Gloria lets Mrs. Johnson know it is bedtime.
- Gloria approaches Mrs. Johnson from the side while brushing her teeth.
- Gloria gives verbal encouragement while brushing Mrs. Johnson's teeth.
- Gloria guides Mrs. Johnson in drinking water and spitting into the basin.
- Gloria assures Mrs. Johnson that she will be right back.
- Gloria involves Mrs. Johnson as much as possible.

Notes:

Discussion



How does Gloria meet Mrs. Johnson where she is in her dementia?

Module 6—Being with a Person with Dementia: Making a Difference

Slide 12 of 16

Discussion

SAY

Mrs. Johnson’s dementia has progressed further so that she needs more assistance from Gloria.



ASK

How does Gloria meet Mrs. Johnson where she is in her dementia?

Notes:

Meeting Mrs. Johnson Where She Is: Wrap-Up—Slide 13 of 16**Instructor Guidance:**

It's important that participants understand the cycle of events that could happen if Gloria doesn't know where Mrs. Johnson is in her dementia.

If Gloria thinks that Mrs. Johnson is able to do most things on her own, she might assume that Mrs. Johnson is doing those things and not even give her a reminder. In that scenario, Mrs. Johnson would likely forget to brush her teeth. When Gloria discovers that Mrs. Johnson didn't brush her teeth, she might conclude that she didn't brush her teeth because she can't. Actually, Mrs. Johnson can brush her teeth but just needs reminders to do so. As a result of Gloria's thinking Mrs. Johnson can't brush her teeth, Gloria might brush her teeth for her or give her more help than she needs. This might cause Mrs. Johnson to lose her ability to brush her teeth. It might also cause Mrs. Johnson to become frustrated with Gloria, because she would like to be involved in her own care, or perhaps because having everything done "to her" results in feelings of helplessness, low self-esteem, or embarrassment.

It is important to point out to participants that a person with dementia's progression might go up and down; in other words, a person with dementia might seem better some days and be able to do more. On other days we might have to go further to meet someone where she is because she is having a bad day and is able to do less.

When we meet persons with dementia where they are, we connect with them and can meet their emotional as well as physical needs.

Notes:



To wrap up, facilitate a discussion with the following questions:

Looking back at these clips, how did Gloria adapt to Mrs. Johnson as she progressed?



Some possible responses are:

- She supported Mrs. Johnson by encouraging her to be involved in toothbrushing as much as possible.
- Gloria knew where Mrs. Johnson was in her dementia so she was able to adjust the type and amount of help she needed.



What would have happened if Gloria had not adapted to Mrs. Johnson's progression?

Note: You might need to prompt discussion by specifically asking, What would have happened if Gloria had done too much for Johnson?, and What would have happened if Gloria had done too little for Mrs. Johnson?

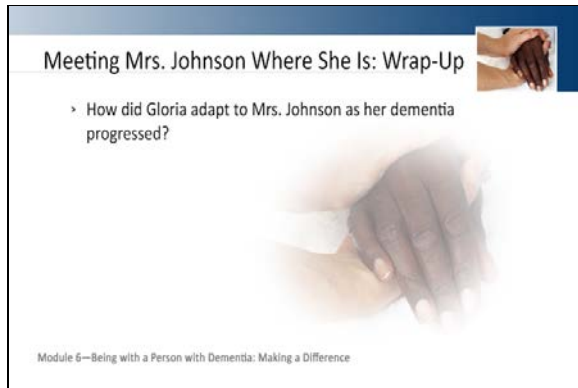


- If Gloria had done too much for Mrs. Johnson:
 - Mrs. Johnson might have lost her abilities to do things on her own.
 - Mrs. Johnson might have become frustrated with Gloria.
 - Mrs. Johnson might have felt helpless, depressed and lacking self-esteem and self-worth.
- If Gloria had done too little for Mrs. Johnson:
 - Mrs. Johnson might not have brushed her teeth at all.

Notes:

- Mrs. Johnson might have tried to brush her teeth on her own, gotten frustrated, and given up.
- If Gloria then noticed Mrs. Johnson had not brushed her teeth, she might assume she was not able to do it and Gloria might do it for her.
- Mrs. Johnson might have lost the ability to brush her teeth on her own.

Notes:



Slide 13 of 16

Meeting Mrs. Johnson Where She Is: Wrap-Up



ASK

- Looking back at these clips, how did Gloria adapt to Mrs. Johnson as her dementia progressed?
- What would have happened if Gloria had not adapted to Mrs. Johnson’s progression?

Notes:

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Meeting People Where They Are and Communication—Slides 14 and 15 of 16**Instructor Guidance:**

Gloria's ability to meet Mrs. Johnson where she was in her dementia required good communication skills. This screen reviews effective ways of communicating with persons with dementia.



Which of these strategies do you remember Gloria using with Mrs. Johnson? (Note: Gloria used all of these.)

- Always identify yourself.
- Call the person by the name he or she prefers.
- Be at his or her eye level.
- Make eye contact with him or her.
- Really listen to him or her. Give him or her your complete attention.
- Pay attention to your body language—is it showing you are “present” to that person.
- Use visual and verbal cues to get your message across.
- Look at the body language of the person with dementia to see what he or she might be trying to communicate.
- Speak slowly.

Notes:

- Speak in short, simple sentences.
- Be patient.
- Give the person enough time to talk or to respond.
- Be specific.
- Ask one question at a time.
- Give one direction at a time.
- Repeat questions or instructions if needed.
- Ask how you can help.
- Tell him or her what you are doing or going to do.
- Reassure with words and touch.
- Avoid negative words.
- Avoid arguing.

Notes:

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Meeting People Where They Are & Communication

- > Identify yourself
- > Use preferred name
- > Be at eye level
- > Make eye contact
- > Sit down with him/her
- > Really listen—give full attention
- > Pay attention to your body language
- > Use visual & verbal cues
- > Observe his/her body language
- > Speak slowly
- > Use short, simple sentences

Module 6—Being with a Person with Dementia: Making a Difference

Slide 14 of 16

Meeting People Where They Are and Communication

Meeting People Where They Are & Communication (cont.)

- > Be patient
- > Give time to respond
- > Be specific
- > Ask 1 question at a time
- > Give 1 direction at a time
- > Repeat questions/instructions
- > Ask how you can help
- > Tell him/her what you're doing
- > Reassure with touch
- > Look for feelings
- > Laugh together
- > Avoid negative words
- > Avoid arguing

Module 6—Being with a Person with Dementia: Making a Difference

Slide 15 of 16

Meeting People Where They Are and Communication (cont.)



ASK

Which of these communication strategies do you remember Gloria using with Mrs. Johnson?

Notes:

Meeting Persons with Dementia Where They Are: Summary—Slide 16 of 16

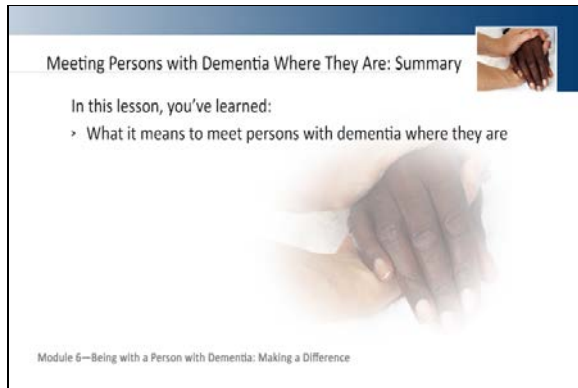
Instructor Guidance:



In this lesson we used the example of Mrs. Johnson and her aide Gloria to explore meeting persons with dementia where they are.

Notes:

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Slide 16 of 16

Meeting Persons with Dementia Where They Are: Summary



In this lesson we saw an example of meeting a person with dementia where she is throughout her progression.

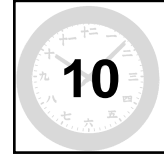


ASK

What is one thing you learned or relearned from this lesson?

Notes:

V. Strengths and Abilities



Strengths and Abilities: Goal—Slide 1 of 6

Instructor Guidance:



In order to meet persons with dementia where they are, we need to recognize their strengths and abilities as well as their weaknesses and disabilities. A strength-based approach to dementia care means focusing on what people *can* do rather than on what they *cannot* do.

Notes:

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Strengths & Abilities: Goal

The goal of this lesson is to:

- > Understand the importance of recognizing a person with dementia's strengths & abilities as well as weaknesses & disabilities

Module 6—Being with a Person with Dementia: Making a Difference

Slide 1 of 6

Strengths and Abilities: Goal

SAY

The goal of this section is to understand the importance of seeing persons with dementia as having strengths and abilities as well as weaknesses and disabilities. We all have strengths as well as weaknesses.

Notes:

Notes area for recording information.

Strengths and Abilities Exercise: Part 1—Slide 2 of 6**Instructor Guidance:**

We often define persons with dementia by their weaknesses or disabilities. For example, we might refer to someone as a “dementia patient” or “dementia resident.” Labeling people and focusing on their disabilities does not allow us to see them as whole people with strengths and abilities. When we focus only on the negative, individuals become problems that need to be solved rather than people for whom we are caring.

The purpose of this exercise is to help participants understand the impact of focusing on a person’s weaknesses and disabilities.

Exercise Instructions

- Give each participant a name tag.
- Ask them to write on their name tags one thing about themselves that they consider a weakness—something they are not good at or have trouble doing, for example, “I am a terrible cook.”
- After they have written their weakness on their name tag, ask them to put the name tag on.
- Have the participants mingle with one another for a minute or two. Tell them that when they meet each other, they can only introduce themselves by their weakness and can only talk about one another’s weakness.

Notes:



What would it feel like if you had to wear that label all the time and that was all other people focused on about you?



Some possible responses are:

- It made me feel bad about myself.
- I was embarrassed.
- I felt like other people didn't really know me.
- I felt like that was all there was to me.
- I wanted them to know good things about me, too.



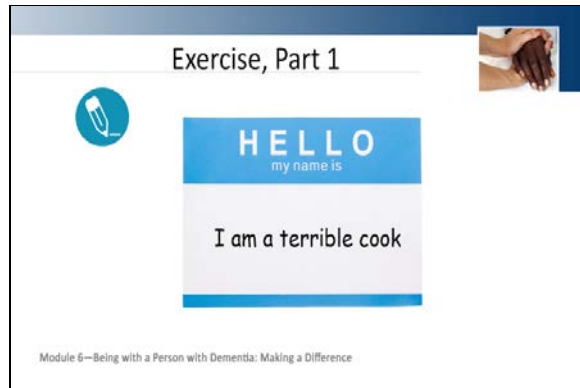
How did you feel about the other people you met?



- I felt bad (pity) for them.
- It was awkward.
- I felt like I didn't know too much about them.
- I didn't want to be around them too long.

Notes:

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Slide 2 of 6

Strengths and Abilities Exercise: Part 1

DO

Give each participant a name tag and have markers available.

SAY

Each of you has been given a name tag. On it, write one thing about yourself that you consider a weakness—something you are not good at or don't know how to do. Then put your name tag on.

Now you're going to mingle with one another for a minute or two. However, you can only introduce yourself by your weakness and you can only talk about each other's weaknesses.

Notes:



ASK (after a few minutes of mingling)

- How would you feel if you had to wear this label all the time and it was all other people focused on about you?
- How did you feel about the other people you met?

Notes:

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Strengths and Abilities: Labeling Weaknesses—Slide 3 of 6**Instructor Guidance:**

This slide shows residents and aides who have been labeled by their weaknesses or disabilities. Facilitate a discussion by asking, What do you think about these people when you see only their negative labels or weaknesses?



Participants might say:

- I focused on what was wrong with them.
- I felt bad for them.
- I saw them in a negative way.
- I saw them as problems.
- I don't really know them as whole individuals—just a part of them.



How do you think that influences how you interact with them?



Participants might say:

- I might avoid them or not want to spend much time with them.
- I might not relate to them.
- I might focus on what's wrong with them and not look at their needs.

Notes:

Strengths & Abilities: Labeling Weaknesses

Dementia; gets confused with dressing; "exit-seeking"

Bad back; forgets to punch out

Dementia; incontinent; cannot ambulate independently

Has high cholesterol; falls asleep during meetings

Had stroke; messy eater; garbled language

Has diabetes; comes late to work; very shy

Module 6—Being with a Person with Dementia: Making a Difference

Slide 3 of 6

Strengths and Abilities: Labeling Weaknesses



ASK

- What do you think about these people when you only see their negative labels or weaknesses?
- How do you think that influences how you interact with them?

Notes:

Strengths and Abilities Exercise: Part 2—Slide 4 of 6**Instructor Guidance:**

For the second part of this exercise, participants will focus on their strengths.

Exercise Instructions

- Give each participant another name tag.
- Ask them to write on their name tags one thing about themselves that they consider a strength—something they are good at or are proud of, for example, “I speak two languages.” Encourage them to think of something others might not know about them.
- After they have written their strength, ask them to wear their name tag. If they are still wearing the first name tag, ask them to cover it with the new name tag.
- Direct the participants to mingle with each other for a minute or two—when they meet each other, they can only introduce themselves by their strengths and can only talk about each other’s strengths.



What was the difference when you focused on your strengths?



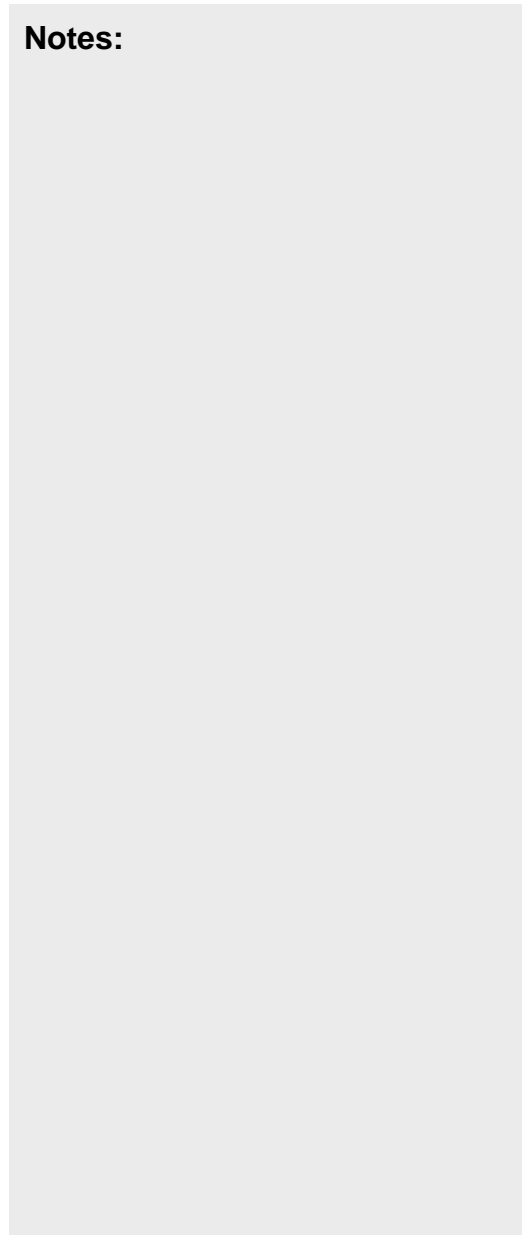
Participants might say:

- The interaction was more positive.
- I felt better about myself.

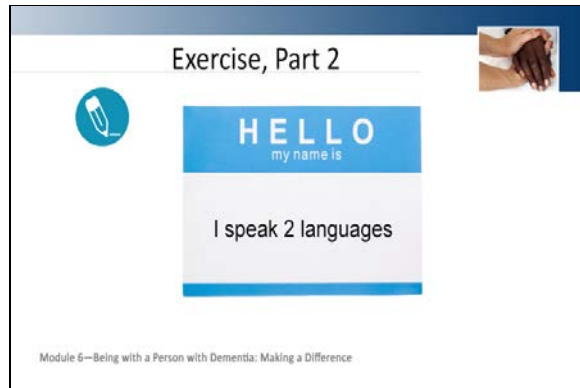
Notes:

- I could connect more with the other person. I felt like they could understand me better.
- I had positive feelings about them.

Notes:



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Slide 4 of 6

Strengths and Abilities Exercise: Part 2

DO

Give each participant another name tag.

SAY

On this name tag, write down one thing about yourself that you consider a strength—something you are good at or something you are proud of, for example, “I speak two languages.”

After you have written down your strength, put on your name tag and mingle with each other for a minute or two. You can only introduce yourself by your strengths and you can only talk about each other’s strengths.



ASK (after a few minutes of mingling):

What was the difference when you focused on your strengths?

Notes:

Focusing on Strengths and Abilities—Slide 5 of 6**Instructor Guidance:**

This slide shows the same residents and aides as before with labels of their strengths and abilities. Ask, What did you think about these people when you saw their strengths and abilities?



Participants might say:

- I saw them differently.
- I saw them in a more positive light.
- I saw them as people rather than just diagnoses or problems.
- I related to them better.
- I felt more connected to them.
- I saw them as individuals.



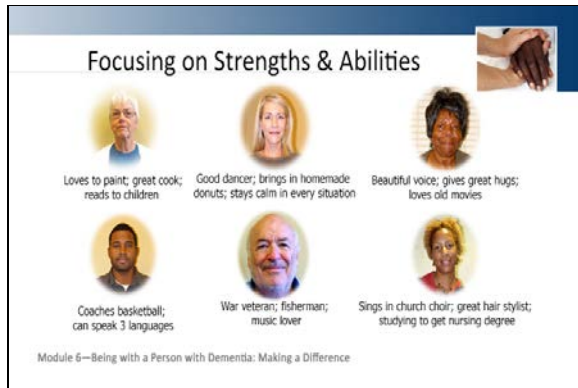
How do you think that influences how you interact with them?



Participants might say:

- I could relate to them better.
- I felt more connected to them.

Notes:



Slide 5 of 6

Notes:

Focusing on Strengths and Abilities



ASK

- What did you think about these people when you saw their strengths and abilities?
- How do you think that influences how you interact with them?

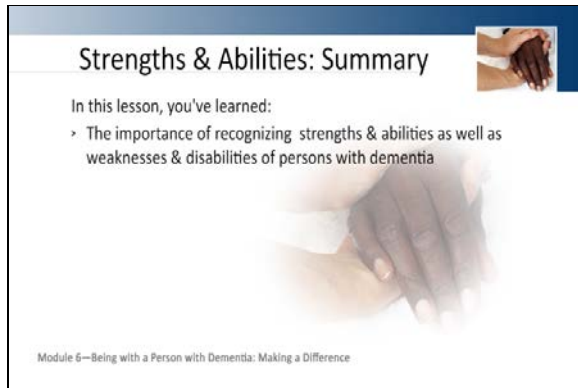
Strengths and Abilities: Summary—Slide 6 of 6

Instructor Guidance:

No instructor guidance for this slide.

Notes:





Slide 6 of 6

Strengths and Abilities: Summary



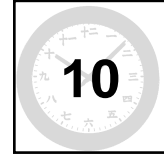
SAY

In this lesson, you've learned the importance of recognizing strengths and abilities as well as weaknesses and disabilities of persons with dementia.

Notes:

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VI. Still There: Connecting with Persons with Dementia



Still There: Connecting with Persons with Dementia: Goal—Slide 1 of 6

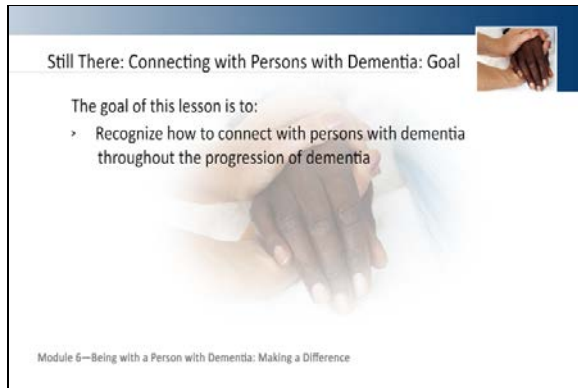
Instructor Guidance:



Every interaction with persons with dementia is an opportunity to connect with them. We can connect with persons with dementia throughout the progression of dementia and even at the end of life. We might have to find different ways to connect with persons with dementia as they progress, but the person is “still there” and deserves dignity and respect.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 1 of 6

Still There: Connecting with Persons with Dementia: Goal

SAY

Every interaction with persons with dementia is an opportunity to connect with them. We can connect with persons with dementia throughout the progression of dementia and even at the end of life. We might have to find different ways to connect with persons with dementia as they progress, but the person is “still there” and is deserving of dignity and respect.

Notes:

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Basic Human Needs—Slide 2 of 6**Instructor Guidance:**

Person-centered dementia care is based on the work of Dr. Tom Kitwood. Dr. Kitwood suggested that all human beings have five fundamental psychological needs.¹ Good dementia care involves fulfilling these needs:

- Comfort—The provision of warmth and strength.
- Attachment—The forming of specific bonds or attachments. Persons with dementia might have an even greater need to have strong attachments because they need someone to guide them through scary, frustrating and unfamiliar situations.
- Inclusion—Being part of a group. The actions of persons with dementia might be communicating that they feel left out and want to feel included.
- Occupation—Being involved in the process of life. Occupation is not just about work, but also about doing things that are meaningful to us.
- Identity—Having a sense and feeling of who one is. Persons with dementia are still there.

Persons with dementia have these basic needs regardless of where they are in their dementia. Every interaction we have with them is an opportunity to connect with them and help fulfill these needs.

Notes:

¹ Tom Kitwood, *Dementia Reconsidered: the Person Comes First* (New York: McGraw-Hill Open University Press, 1997).



Slide 2 of 6

Basic Human Needs

SAY

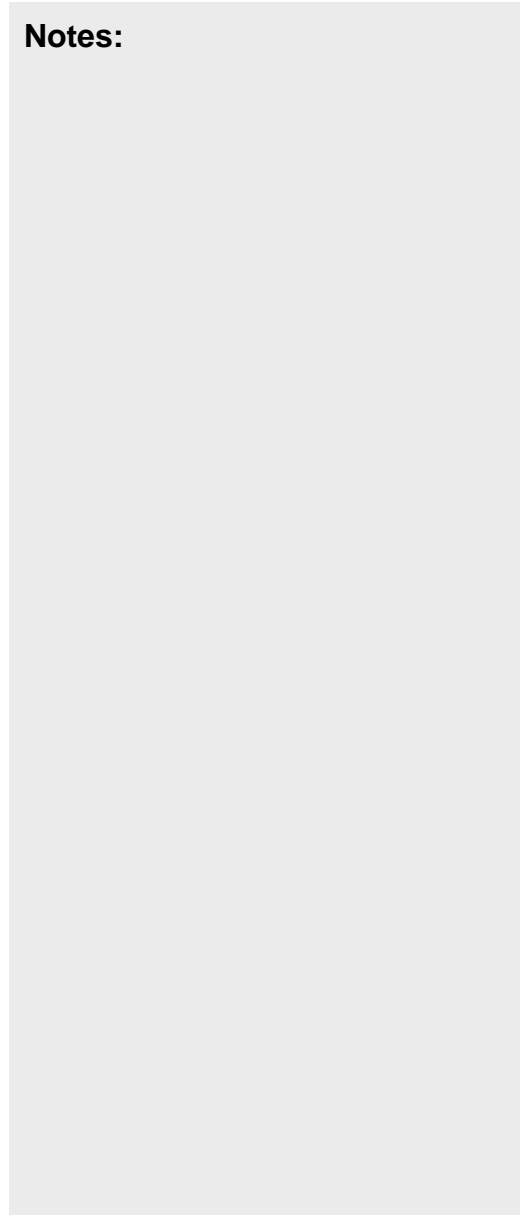
All human beings have five fundamental psychological needs. Good dementia care involves fulfilling these needs:

- Comfort—Providing warmth and strength.
- Attachment—Forming specific bonds or attachments.
- Inclusion—Being part of a group.
- Occupation—Being involved in the process of life; having purpose and meaning.
- Identity—Having a sense and feeling of who one is.

Notes:

Persons with dementia continue to have these basic needs regardless of where they are in their dementia. Every interaction we have with people with dementia is an opportunity to connect with them and help fulfill these needs.

Notes:



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Communicating Through the Senses—Slide 3 of 6**Instructor Guidance:**

Persons with dementia often have challenges with communication—both sending and receiving messages. As a person’s dementia progresses, he or she might no longer be able to communicate through words. When persons with dementia can no longer communicate with words, we can use other ways to connect with them. Communicating through the senses is particularly important at the end of life.

Touch

Touch is something most of us experience every day. Touch is a form of communication that acknowledges and connects with others. Touching certain objects can also provide comfort and pleasure. For example, people might enjoy the touch of a soft blanket or a kitten’s fur.

Sounds

Persons with dementia can participate in the communication process through listening. Although they may have difficulty understanding the meaning of words, they might respond to the sound of a person’s voice, singing, music or sounds of nature.

Smell

Certain smells can bring back memories, give us pleasure or make us feel safe. For example, the smell of certain foods might bring back pleasant memories for many of us, perhaps of good times we shared with family during meals.

Notes:

Sight

We can communicate with persons with dementia through their sense of sight. Simply watching people, animals or nature might provide pleasure for persons with dementia and make them feel connected to the world. They might enjoy looking at artwork; looking at artwork together might be a way you can connect with persons with dementia.

Taste

Taste is very important to us. It brings back memories and can provide a great source of pleasure. Think about the tastes you like the most and how they make you feel.

Notes:

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Slide 3 of 6

Communicating Through the Senses

DO

Discuss communicating through the five senses using the explanations in the instructor guidance.

Notes:

Discussion—Slide 4 of 6**Instructor Guidance:**

Facilitate a discussion with the group about how they can engage the five senses to communicate with persons with dementia.



What are some ways to communicate with persons with dementia through touch?



Some possible answers are:

- Hugging.
- Touching their arm or hand.
- Holding their hand.
- Massaging their hand.
- Rubbing their back.
- Giving manicures.
- Putting lotion on their hands.
- Giving them something soft or furry to touch.



What are some ways to communicate with persons with dementia through sounds?

Notes:



Some possible answers are:

- Offering music.
- Singing to them.
- Talking to them about your day.
- Listening to sounds of nature (birds singing, waves and so on).



What are some ways to communicate with persons with dementia through smell?



Some possible answers are:

- Smells of cooking and baking (freshly baked bread, chocolate chip cookies).
- Aromatherapy.
- Fragranced lotions or favorite perfumes.
- Fresh flowers.



What are some ways to communicate with persons with dementia through sight?

Notes:



Some possible answers are:

- Providing access to nature and the outside.
- Looking at artwork.
- Making direct eye contact with them.



What are some ways to communicate with persons with dementia through taste?

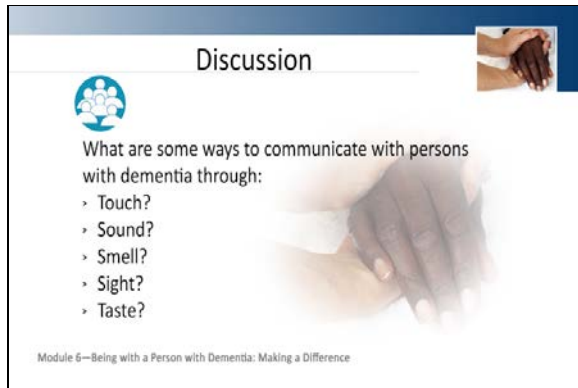


Some possible answers are:

- Offering foods a person enjoys.
- Offering different foods.
- Finding out a person's favorite foods.

Each person with dementia is an individual and has unique preferences regarding each of the senses. Knowing a person and having a relationship with him or her is fundamental to communicating in a way that is meaningful to him or her. Consistent staffing is a way to encourage caregivers to build relationships with residents.

Notes:



Slide 4 of 6

Notes:

Discussion



ASK

What are some ways to communicate with persons with dementia through touch? Sound? Smell? Sight? Taste?

SAY

Keep in mind that these ways of communicating depend on knowing the person and your relationship with him or her. Be mindful that we all have individual preferences for touch, sound, smell, sight and taste. While one person might enjoy receiving hugs, another might prefer a simple touch on the hand. While one person might enjoy music, another might find it overwhelming. When you know your resident, you know how to best connect with him or her.

Everyday Moments—Slide 5 of 6**Instructor Guidance:**

Through everyday moments such as bathing, dressing and eating, you can connect with persons with dementia and fulfill fundamental psychological needs. Use the five senses in these everyday moments to connect with persons with dementia, even those who cannot communicate verbally.



To illustrate this point, use the scenario below to lead a brief discussion about how to connect with someone during an everyday activity such as eating.

You are helping Mrs. K, a resident with dementia, eat her breakfast. Mrs. K is far along in her dementia and cannot communicate with words. What are some ways you might fulfill each of these needs while helping her eat breakfast? (Hint: Think about using the five senses.)



Some possible answers are:

- Comfort—providing warmth and strength.
 - Look for signs that Mrs. K is comfortable or uncomfortable (nonverbal communication).
 - Providing comfort items such as blankets or pillows sends the message of care and concern.
 - Touch her hand to let her know you are with her.
 - Talk to her. Talk to her about having breakfast, what you like for breakfast, or what you know she likes for breakfast. Talking to her in a familiar way shows that you have a connection with her and provides comfort to her.

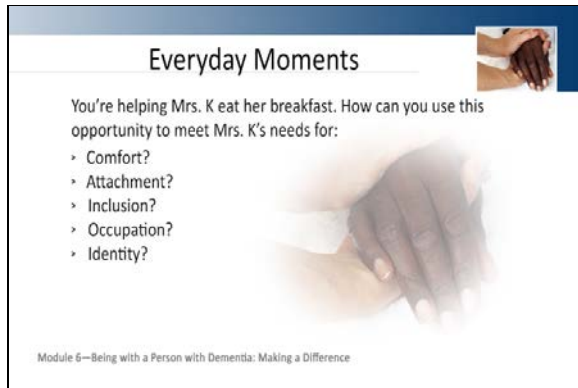
Notes:

- Attachment—the forming of specific bonds or attachments.
 - Sit next to Mrs. K.
 - Talk to her, even if she cannot respond.
 - Make eye contact with Mrs. K.
 - Touch her hand or arm to let her know you are with her.
- Inclusion—being part of a group.
 - Invite others to join Mrs. K at the table.
 - Talk to Mrs. K about her family or tell Mrs. K about your family.
 - Facilitate a conversation with the whole table, even if some persons cannot verbally participate.
 - Consider offering something that everyone can enjoy together, such as music.
 - Include Mrs. K in what is happening in the room through the senses. Tell her what you smell, see and hear.
- Occupation—being involved in the process of life; having purpose and meaning.
 - Focus on Mrs. K's strengths. For example, if she can pick up food on her own, encourage her to do so.

Notes:

- While waiting for meals to be served or plates to be cleared, involve Mrs. K in something that is meaningful to her. For example, if she enjoys wiping the table, provide her with a cloth so that she can do so.
- Identity—having a sense and feeling of who one is.
 - Call Mrs. K by her name.
 - Serve Mrs. K food that she likes and has meaning for her. For example, if Mrs. K is German, serve her German foods that she enjoys.

Notes:



Everyday Moments

You're helping Mrs. K eat her breakfast. How can you use this opportunity to meet Mrs. K's needs for:

- > Comfort?
- > Attachment?
- > Inclusion?
- > Occupation?
- > Identity?

Module 6—Being with a Person with Dementia: Making a Difference

Slide 5 of 6

Everyday Moments



ASK

You are helping Mrs. K, a resident with dementia, eat her breakfast. Mrs. K is far along in her dementia and can no longer communicate with words.

How can you use this opportunity to meet Mrs. K's needs for:

- Comfort?
- Attachment?
- Inclusion?
- Occupation?
- Identity?

Notes:

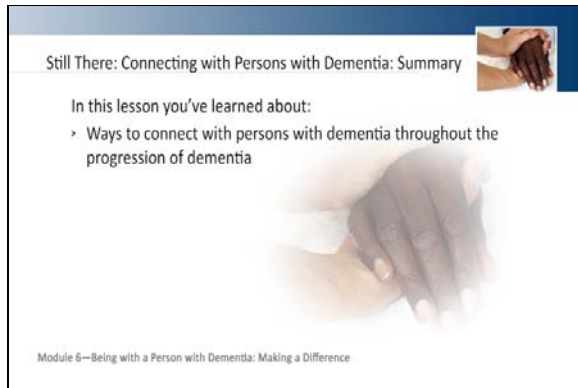
Still There: Connecting with Persons with Dementia: Summary
—Slide 6 of 6

Instructor Guidance:

No instructor guidance for this slide.

Notes:





Slide 6 of 6

Still There: Connecting with Persons with Dementia: Summary



SAY

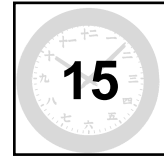
In this lesson you've learned about ways to connect with persons with dementia throughout the progression of dementia.

The progression of dementia does not make someone less of a person. Meeting persons with dementia where they are means always honoring them with dignity and respect and seeing them as whole individuals.

Notes:

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VII. Each Person Makes a Difference



Each Person Makes a Difference: Goal—Slide 1 of 5

Instructor Guidance:



In this lesson participants will see a video clip that demonstrates the role we all play in making a difference in the lives of others. After the clip, facilitate a discussion.

Notes:

A large, empty rectangular box intended for taking notes during the lesson.



Slide 1 of 5

Each Person Makes a Difference: Goal

SAY

The goal of this lesson is to illustrate the role we all play in making a difference in the lives of people who live and work in nursing homes.

Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

Play Video Clip: Each Person Makes a Difference—Slide 2 of 5**Instructor Guidance:**

The purpose of this video clip is to show the impact each of us has on everyone around us. Each character in the clip sees or is part of something that inspires him or her to “pay it forward” and show kindness to someone else. It is a value of person-centered care that every person, no matter his or her job, makes a difference. It is often in these small moments that the greatest impact occurs.

Notes:



Slide 2 of 5

Play Video Clip: Each Person Makes a Difference



DO

Click the forward arrow to play the clip.

Notes:

A large, empty gray rectangular area intended for taking notes.

Discussion—Slide 3 of 5**Instructor Guidance:**

What do you think about what you have just seen?



Some discussion points are:

- Different caregivers were shown in this clip and each of them made a difference.
- Residents and families also make a difference in our daily lives.
- One act of kindness becomes “contagious” and might inspire other acts of kindness.
- These small acts of kindness make people’s days and you have the power to do that every day.

Notes:



Slide 3 of 5

Discussion



ASK

What do you think about what you have just seen?

SAY

You have the power to make a difference in the lives of the people who live and work here. Even one small thing for one person makes a difference.

Notes:

A large, empty gray rectangular area intended for taking notes.

Optional Exercise: Appreciating the Difference You Make—Slide 4 of 5**Instructor Guidance:**

The purpose of this exercise is for participants to acknowledge the difference each person makes in the lives of the people with whom they work and for whom they care. This is an important value of person-centered care. It is also important to note that it is only through working together as a team that we can adequately care for persons with dementia. This activity can contribute to team-building.

Note: If your participants have not worked together and do not know each other well enough to comfortably complete this activity, you may choose to omit it. Reiterate that we all have gifts and thank participants for the gifts they bring to your residents and other caregivers.

Exercise Directions

Write each participant's name across the top of a separate easel chart page. Give each participant enough Post-it® notes to have at least one for every other participant. Ask participants to write on a Post-it® note one thing they are grateful for about each of the other participants and then stick their notes on the appropriate easel chart page. Some questions to stimulate thinking are:

- How has this person made a difference in my life?
- How has this person made a difference in the lives of others (other coworkers or residents)?

Notes:

- What has this person done that I appreciated (whether it was for you or for someone else)?

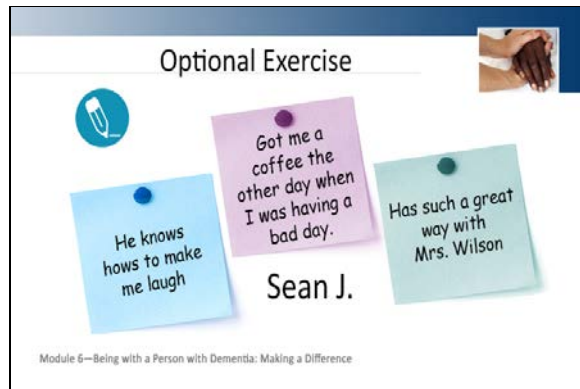
Note: An alternative way of doing this exercise is to use sheets of notebook paper, each with a participant's name at the top. Pass the sheets around and ask everyone to write one thing they are grateful for about that person. When everyone is done, post the papers on the wall.

Gratitude exercises like this can be done outside the classroom and become a permanent program at your nursing home. Here are some ideas:

- “You Rock”—Find or draw a picture of a big rock and write “You Rock” above it. Encourage staff to write the names of their coworkers with a quick explanation of why they “rock.”
- “Caught ya!”—Use a box (such as a shoebox) with a slot in which caregivers can leave index cards of “good deeds” and caring things they caught others doing, either for other caregivers or for residents. Share these good deeds with everyone at staff meetings to recognize the difference caregivers make and to express gratitude for them.

Notes

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Slide 4 of 5

Optional Exercise: Appreciating the Difference You Make

DO

Conduct the gratitude exercise using the instructions in the instructor guidance.

SAY

We all have gifts. Thank you for the gifts you bring to us here.

Notes:

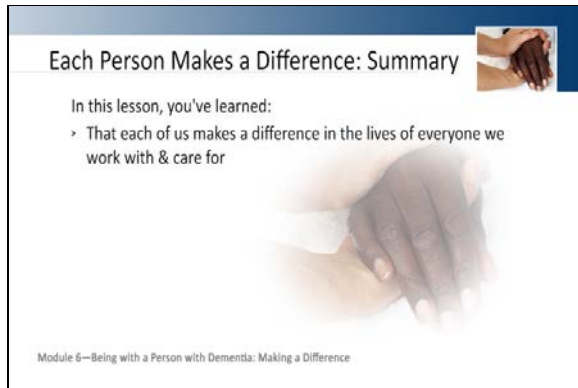
Each Person Makes a Difference: Summary—Slide 5 of 5

Instructor Guidance:

No instructor guidance for this slide.

Notes:





Slide 5 of 5

Each Person Makes a Difference: Summary

SAY

In this lesson you've learned that each of us makes a difference in the lives of everyone we work with and care for.

Notes:

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VIII. Conclusion



Congratulations!—Slide 1 of 1

Instructor Guidance:



Before concluding the training, ask whether participants have any final questions.

Notes:

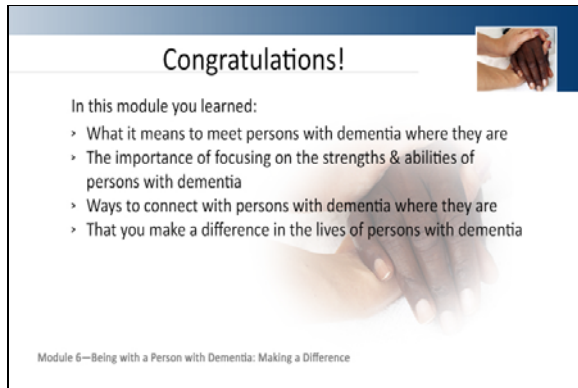
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Congratulations!

In this module you learned:

- > What it means to meet persons with dementia where they are
- > The importance of focusing on the strengths & abilities of persons with dementia
- > Ways to connect with persons with dementia where they are
- > That you make a difference in the lives of persons with dementia

Module 6—Being with a Person with Dementia: Making a Difference



Slide 1 of 1

Notes:

Congratulations!



SAY

In the last hour, we have learned about connecting with and meeting persons with dementia where they are.



ASK

Do you have any final questions?

Module 6 Video Clips—Slide 6 of 6**Instructor Guidance:**

From this slide you can easily access any of the video clips in this module for review or additional discussion.

- Video Clip 1—Mrs. Johnson, Part 1.
- Video Clip 2—Mrs. Johnson, Part 2.
- Video Clip 3—Mrs. Johnson, Part 3.
- Video Clip 4—Mrs. Johnson, Part 4.
- Video Clip 5—Mrs. Johnson, Part 5.
- Video Clip 6—Each Person Makes a Difference.

Notes:



The image shows a menu for video clips. At the top, it says "Module 6 Video Clips". Below this, there are two columns of text. The left column is titled "Meeting Persons with Dementia Where They Are" and lists "Video Clip 1", "Video Clip 2", "Video Clip 3", "Video Clip 4", and "Video Clip 5". The right column is titled "Each Person Makes a Difference" and lists "Video Clip 6". At the bottom of the menu, there is a small text that says "Select a video clip above" and a footer that says "Module 6—Being with a Person with Dementia: Making a Difference".

Slide 6 of 6

Module 6 Video Clips

Notes:

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