



“So that’s how they feel!”

Reflections on experiential learning
& the challenge of dementia education

Catherine Brown Training & Consultancy
Marianne Cummins, CNC
Robin Grady, Catholic Community Services
AAG/ACS Dubbo April 2016

The big ask.....

Should we be pushing to include dementia training as part of the mandatory training package in residential and community care?

Mandatory training

- Fire
- Infection control
- WHS
- Privacy guidelines
- Elder abuse

How can staff connect with clients and protect them if they don't understand how people live with dementia, what they feel..
.... how do they communicate?

Call it what you will.....

What we know.....

- There is no effortless system of introducing a Person-centred care (PCC) model especially for people with dementia
- Critical mass is needed to instigate reform
- Working partnerships essential with all stakeholders
- We need leaders who are flexible, and value and respect their staff

Refs:

Choy, S. (2009) Journal of Transformative Education. Vol 7:1.

Fossey, J., Masson S., Stafford., Lawrence, V., Corbett & Ballard C. (2014). International Journal of Geriatric Psychiatry. Vol 35.

Hughes, J. (2013, June). A discussion paper. Retrieved June 2014 www.fightdementia.org.au.

Monaghan, L. (2013). The 8 Pillar Model of Community Support. Alzheimer Scotland. Scotland: The Centre for Welfare Reform

Relationships

- Potential outcomes of poor relationship management
 - Misunderstandings
 - Complaints and conflict
 - Undue stress
 - Disruption to the running of the organisation
 - Potential for threats and violence
 - Consumes disproportionate amounts of time and energy

Communication & Connections



Teaching staff to communicate well will enhance the relationship with their clients, families, their peers and their leaders

Our Journey

The goal: Inspire staff to understand the place, spirit and heart of the person living with dementia.

The means: **Experience** dementia

The commitment:

- A Framework for evidenced based practice
- Mandatory 3 hr workshops for all community care and support staff - 586 staff across NSW – 38 workshops
- Experiential session included
- Focus on person-centredness and wellbeing
- Ongoing training and resources linked back to workshops
- Building a team of Dementia Leaders



The experiential workshops

- Trained facilitators
- Training goals with the emphasis on 'feeling' the experience
- Cone of silence
- Maximise numbers per session
- Well managed debriefing session following simulation period
- Scenarios / role plays with solutions



Confronting

Intimidating



After 20 minutes..... their feelings

- ☐ **Trapped**
- ☐ **Confused, stupid, horrible**
- ☐ **Frustrated, overwhelmed**
- ☐ **Irritated**
- ☐ **Belittled, oppressed**
- ☐ **Angry**
- ☐ **Hopeless**
- ☐ **Lost**
- ☐ **Anxious, panicky**
- ☐ **Stressed**
- ☐ **Degraded, violated**
- ☐ **Jealous**



During the 20 minutes... their behaviours

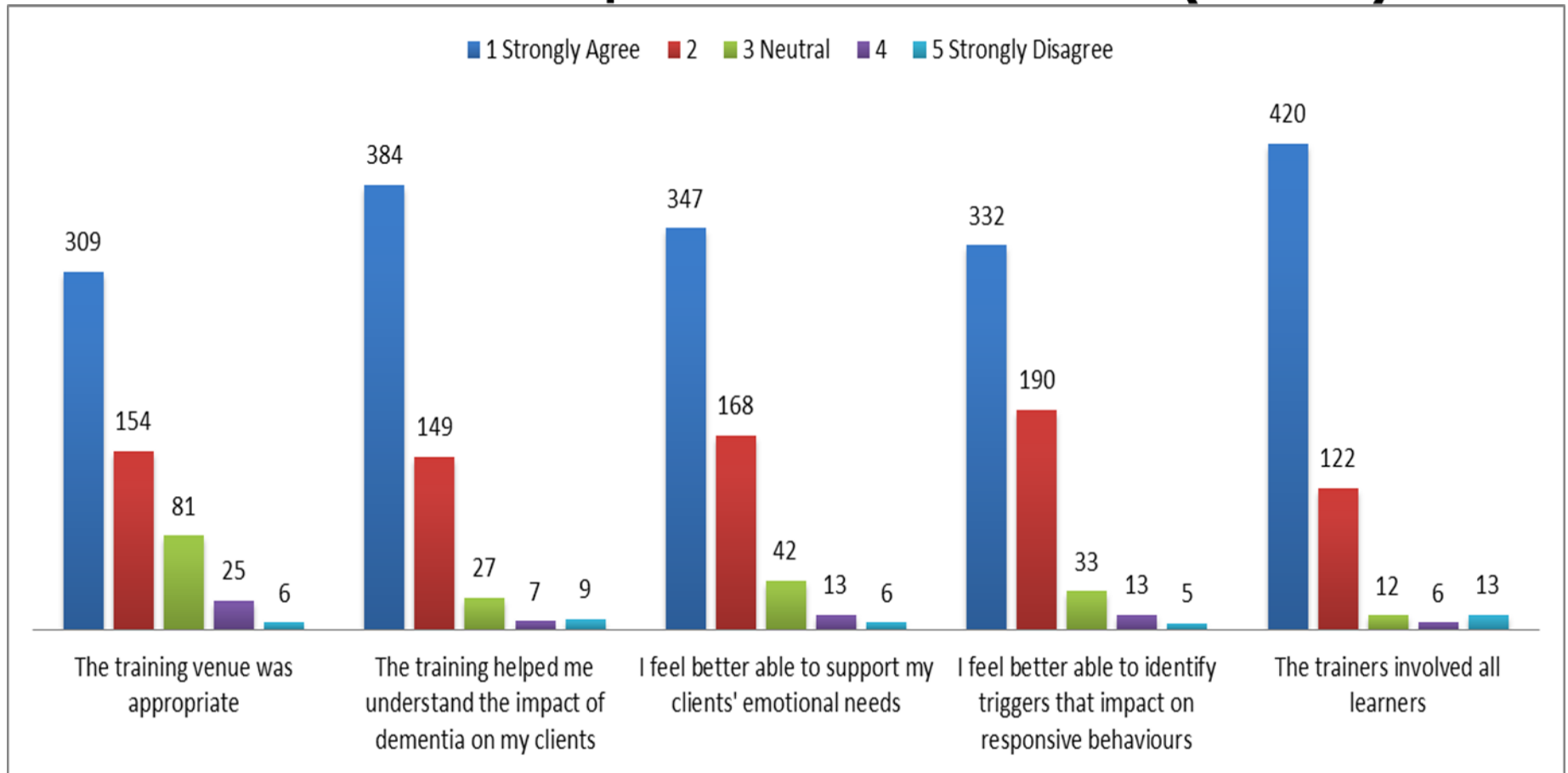
- Agitated, restless
- Withdrawing, hiding
- Apathetic
- Suspicious
- Hoarding, stealing from each other
- Resistive, aggressive
- Trying to comply, trying to rationalise
- Being sly, being rebellious, non-compliant
- Argumentative
- Sabotaging

Labelling & stigma

- *“I’d rather have an incontinent label than a demented label”*
- *“Once I got a label, I just gave up”*
- *“I was so angry I wanted to strike out”*
- *“Just because I did it my way you said I was wrong – I couldn’t get you to listen!”*



Evaluations: response rate = 98.4% (n= 577)



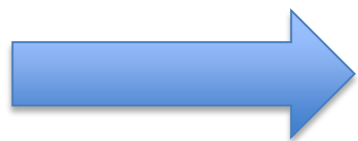
Overwhelmingly the majority of the respondents described the experiential section as having a useful impact even if they felt negatively about the experience itself.

Scripts – reducing responsive behaviours

- A key tool to support staff
 - Maintain the story - be consistent
 - Keep it simple and relevant
 - Share what works

“Good morning Barry.... I’m here to help you around the house - Johnny Howard sent me”

“I’m having trouble with this recipe – can you give me some help with it please Mary?”



Builds trusting relationships

Staff stories – their challenges

Being task & time focused

VS

***Knowing the script that fits the person
and***

Using it consistently

Next steps.....

Goals along the journey

- Key people to steer - Dementia leaders/mentors
- Mentor need key attributes that are recognised and nurtured
- Train the Trainers – developing competencies
- Using POP sessions/ toolbox talks / practice meetings to maintain the pace
- Links to further educational opportunities

Refs:

Alzheimer's Australia. (2013). Valuing People, An Organisational Resource Enabling a Person-Centred Approach. Canberra: Alzheimer's Australia.

Loveday, B. (2013). Leadership for Person-Centred Dementia Care. London: Jessica Kingsley



In that still new
landscape of
Consumer Directed
Care,
CCS plans to not be
a UFO

...but a DFO:

***✓ a dementia friendly and person centred
organisation where individualised care is not a
challenge but a human right.***



Comments/
questions?



Your Care, Your Choice



CATHOLIC COMMUNITY SERVICES NSW/ACT
catholic healthcare

**Catherine Brown, NP, Cert IV Trainer,
Catherine Brown Training &
Consultancy**
E:
catherine.brown@internode.on.net

Robin Grady
**Manager, Service Innovation
and Development Unit**
Catholic Community Services
Phone: 1800 551 834
**[www.catholiccommunityservice.
com.au](http://www.catholiccommunityservice.com.au)**