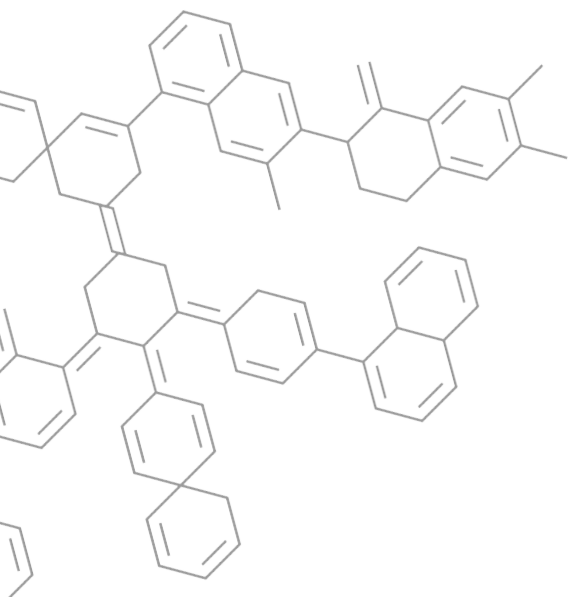




How to use the CMS Hand in Hand Training for Dementia Care



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The purpose of **Hand in Hand** is to provide nursing homes with a high-quality staff training program that emphasizes person-centered care for residents with dementia as well as resident abuse prevention. This CMS training program consists of six, one-hour modules that include training videos, instructor guides, and handouts.

For a copy of Hand in Hand, visit www.cms-handinhandtoolkit.info/Index.aspx.

While abuse is an important topic for the purpose of reducing antipsychotic medications in your facility, this guide focuses only on those four modules related to dementia care.

- **Module 1** – Understanding the World of Dementia: The Person and the Disease (pages 5–106)
- **Module 3** – Being with a Person with Dementia: Listening and Speaking (pages 5–100)
- **Module 4** – Being with a Person with Dementia: Actions and Reactions (pages 8–162)
- **Module 6** – Being with a Person with Dementia: Making a Difference (pages 5–106)

These four modules are an excellent way to improve staff skills in managing the care of residents with behavioral symptoms related to dementia through individualized, person-centered care. While the target audience is nursing assistants, these four modules can be used to train all facility staff in how to respond to residents with dementia.

Just a Few Easy Steps

Step 1: Assign a staff member as the trainer (e.g., staff development coordinator, ADON, unit supervisor) who will prepare and conduct each of the four classes.

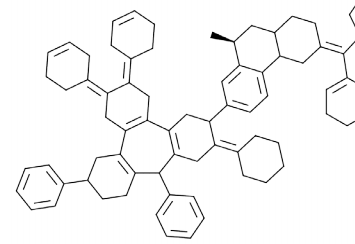
Step 2: Decide where classes will be held, the target audience, and the class schedule.

Step 3: Obtain the following training resources and equipment:

- TV with DVD player
- DVDs of modules 1, 3, 4, 6
- Instructor guides for modules 1, 3, 4, 6
- Easel chart with markers
- Pens, pencils, and crayons
- Writing tablets
- Prizes (optional)
- Post-it notes (Module 4 only)
- Name tags – 2 per participant (Module 6 only)

Step 4: Prepare for training sessions.

Review the instructor guide on page 4 of each module and watch all four DVDs. Select the exercises you think are appropriate for your staff and practice conducting them. Print copies of the handouts for the module to be conducted. Rehearse your presentation using the DVDs and make sure your presentation is within the 60-minute time limit. Have the entire handbook available for reference as you are going through the guide.



Module One - Understanding the World of Dementia: The Person and the Disease

This comprehensive overview helps staff build a good foundation for developing effective dementia care skills.

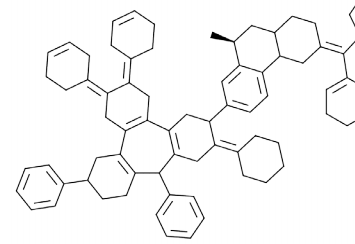
Objectives:

1. Define dementia.
2. Identify symptoms and types of dementia as well as other conditions that might present as dementia.
3. Recognize how dementia affects people differently.
4. Understand the importance of meeting the resident with dementia in their world and how that approach improves daily care.

Tasks:

Show and Discuss	Slides	Pages
Welcome, Human Scavenger Hunt Exercise, Objectives, Module Menu	1-5	5-15
What is Dementia?	1-11	17-53
Types of Dementia	1-9	55-83
Understanding Persons with Dementia	1-10	85-105

- Show and discuss **Video Clip 1: Visuospatial Skill** about a resident experiencing a decline in visuospatial skills.
- Show and discuss **Video Clip 2: Sequencing** about a resident who is experiencing a decline in sequencing skills.
- Use the following handouts and activities to engage the staff and encourage interaction and participation as a means of reinforcing the importance of applying what you learn in training:
 - **Human Scavenger Hunt (page A-3)** – Helps participants get to know each other
 - **Human Scavenger Hunt-Residents (page A-5)** – Helps participants get to know the residents
 - **Brain Coloring Exercise (page A-7)** – Helps staff embrace each other's differences



Module Three – Being with a Person with Dementia: Listening and Speaking

This module focuses on “being with” a person with dementia and listening to and speaking with him or her rather than “doing for” or “doing to” a resident. This reminds staff of the importance of knowing a person with dementia, seeing him or her as a unique individual, and recognizing the relationship they have with that person.

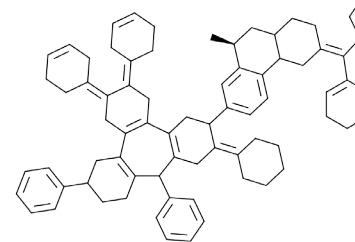
Objectives:

1. Explain why persons with dementia have unique communication needs.
2. Identify strategies for communicating with persons who have dementia.
3. Recognize the impact of interactions with persons who have dementia.
4. Understand how to look for meaning in verbal and nonverbal communication.

Tasks:

Show and Discuss	Slides	Pages
Welcome, Overview, Objectives, Module Menu	1-6	5-19
Why Dementia Causes Changes in Communication	1-8	28-49
Communication with Persons with Dementia	1-11	51-79
More than Words	1-6	81-99

- Show and discuss **Video Clip 1: Good Morning** about a resident who receives usual morning care.
- Show and discuss **Video Clip 2: Good Morning** which demonstrates a second approach to caring for the same resident. Ask participants which residents in their unit they think would benefit from the second approach.
- Show **Video Clip 3: Dr. Al Powers** that reinforces effective communication.
- Use the following handout to reinforce how to look for meaning behind the words when communicating with persons who have dementia.
 - **More than Words (page A-5)**



Module Four – Being with a Person with Dementia: Actions and Reactions

This module provides an overview of effective communication with persons who have dementia. It helps staff gain a deeper understanding of behavioral symptoms and how to respond in ways that support the resident and minimize challenging behaviors.

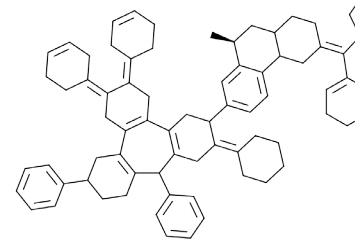
Objectives:

1. Understand behaviors of a person with dementia as actions and reactions that are forms of communication.
2. Evaluate possible reasons behind the person's actions and reactions.
3. Identify ways to prepare for, prevent, and respond to challenging behaviors.

Tasks:

Show and Discuss	Slides	Pages
Welcome, Overview, Objectives, Module Menu	1-7	7-27
I Want to Go Home	1-6	29-41
Actions and Reactions: Why?	1-14	43-81
Actions and Reactions: Ways to Respond	1-14	83-127
Brainstorming	1-12	129-161
Video Clip & Discussion	1-3	163-169

- Show and discuss **Video Clip 1: Refusing to take a bath.** Ask participants to identify residents who have similar behaviors and the challenges.
- Show and discuss **Video Clip 2: Putting non-food items in mouth.**
- Show and discuss **Video Clip 3: Collecting items that don't belong to him.**
- Show and discuss **Video Clip 4: Being with Mr. Haynes.** Ask participants to draw comparisons between those in the videos and those under their care. What are the most challenging aspects of management for participants?
- Use the **Brainstorming Worksheet** to brainstorm ways to respond to the actions of persons with dementia.



Module Six – Being with a Person with Dementia: Making a Difference

This module explains being with persons who have dementia, where they are in their experience of dementia rather than where staff want them to be in the nursing home environment.

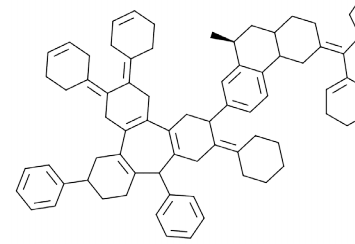
Objectives:

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

Tasks:

Show and Discuss	Slides	Pages
Welcome, Overview, Objectives, Module Menu	1-6	5-15
Meeting Persons with Dementia Where They Are	1-16	17-55
Strengths and Abilities	1-6	57-73
Still There: Connecting with Persons with Dementia	1-6	75-93
Each Person Makes a Difference	1-5	95-105

- Show and discuss **Video Clip: Each Person Makes a Difference**
- Ask participants to identify residents in their units and to problem solve new approaches based on each resident's unmet needs.
- Use the Team Huddle Exercise that follows to help your staff practice how to problem solve and develop non-pharmacologic interventions.



Team Huddle Exercise

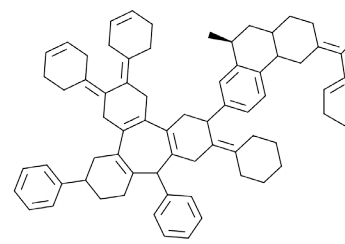
Effective team problem solving is often difficult in dementia care because behaviors can be extremely challenging for residents, families, and staff. Success depends upon a variety of factors such as underlying beliefs and comfort level of caregivers, individual knowledge and skill level, and effective critical thinking and communication skills. Unit-based team huddles are critical for effective problem solving in real time to conduct root cause analysis and develop non-pharmacologic interventions for challenging behaviors related to dementia. To help participants practice huddles and apply class content, ask them to form small teams of 4–6 persons, read the following case study, and conduct a team huddle to problem solve and develop interventions. When teams have finished, discuss common strategies, barriers, and questions.

Case Example

Mrs. Jones is an 83-year-old widow who was admitted to the dementia care unit last month from assisted living where she fell, resulting in hip fracture and hospitalization. She was a homemaker with three children, played the organ in church, and liked to garden. One daughter visits 1–2 times per week. Mrs. Jones has moderate to severe dementia with no safety awareness and lower extremity weakness.

Meds		Medical Conditions	
Diltiazem	Citalopram	Alzheimer’s disease	Coronary artery disease
Clonidine	Risperidone	Dysphagia	Macular degeneration
Metoprolol	Buspirone	GERD	Incontinence of B&B
Tylenol PRN	Lorazepam PRN	Hypertension	Gait abnormality
Omeprazole	Haloperidol PRN	Osteoarthritis	

1. The last two weeks, Mrs. Jones has become increasingly agitated during showers. Today she tried to hit a nurse aide. At times, and especially in the late afternoon, she moans loudly and cries out. Staff members use a pressure alarm in her bed during the night and in the wheelchair during the day. Describe behavior using action verbs.
2. Identify what the resident is communicating and her possible unmet needs.
3. Determine possible triggers (e.g., events, persons, equipment, routines, noises).
4. Note underlying medical conditions and medications that may be important.
5. List at least five non-pharmacologic interventions to try.





**Learn more about dementia and
antipsychotic drug reduction at
www.atomalliance.org/antipsychotics**

This material was prepared by the atom Alliance, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), coordinated by Qsource for Tennessee, Kentucky, Indiana, Mississippi and Alabama, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Content presented does not necessarily reflect CMS policy. 14.ASC2.10.017

