



***Trainer Tips:***

***Start on time so that you can stay in the time lines***

***Have the handouts including the pre/post test available prior to when the participants arrive***

## Welcome to Supportive Pathways

Please do the pretest included in your handout

Introductions:

- Name
- Where you work
- Dementia care experience
- Challenges you've encountered



***When participants arrive let them know they can start doing the pretest***

***Explain that it is a self-learning tool (they will not be marked on it)***

- will help them know their knowledge prior to taking the course
- then reassess their knowledge after completing all 7 modules

***Make sure they know they need to bring it back for the second day***

***Introduce yourself then have the participants introduce themselves using the topics on the slide***

***Explain that they must attend all the sessions in order to complete all 7 modules – this is required to get a certificate***

***Ensure they are aware of the scheduled end of the day  
(i.e. 1630 or whatever it is)***

***Tell them about washrooms etc.***

***Remind them about the importance of confidentiality and respect***

***Explain that they can follow and make notes if they wish on their copy of the PowerPoint slides found in the handout.***

Day One Outline
Personal and Organizational Beliefs
Individualized Care
Family as Partners in Care
Normal Changes of Aging
Disease Process

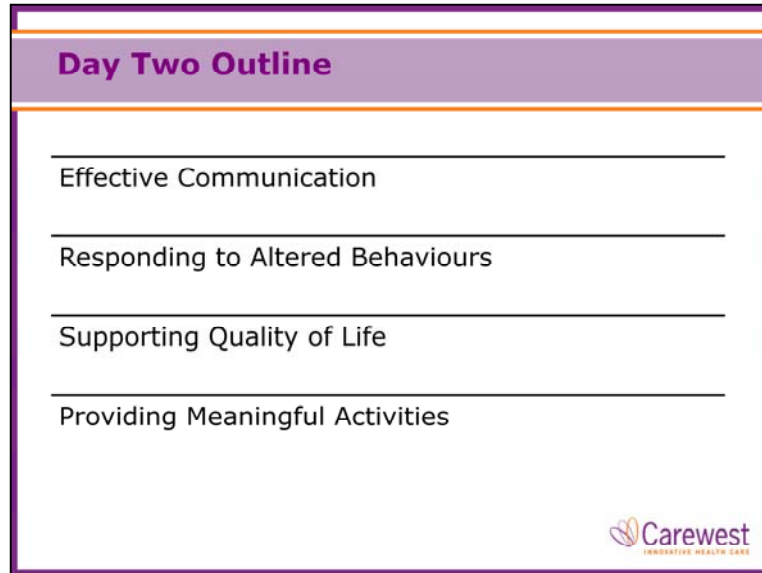
**Agenda for Day 1 – briefly describe using the notes below**

Module 1- to examine “your own” beliefs and values, as well as discuss your organizational beliefs in relation to clients with dementia. The Carewest organizational principles will be shared

Module 2 – to look at how we honor the “individuality” of the client with dementia and partner with families

Module 3 – to gain knowledge of normal changes of aging and the disease processes in dementia

**Let them know that you may also cover Module 4 (Effective Communication) on day 1**



Module 4 – to develop effective communication strategies (**may be covered on day 1**)

Module 5 – to develop an understanding, effective problem solving and strategies related to behaviors

Module 6 - to understand the importance of providing quality of life – both physical and social

Module 7- to recognize the importance of developing opportunities for individualized meaningful activities

## Share and Relate To Your Practice

Please share your knowledge and expertise with the others

- tell your stories as they relate to the topics discussed

Write down the names of two (2) people you know who have dementia and whose actions were a challenge for you

Throughout the sessions, we will ask you to think about these people and how the information relates to them and could improve their quality of life

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An additional goal involves participants sharing their knowledge and experiences with the group / facilitators

Story telling is a useful way to promote team learning, here and in their future staff groupings

Encourage the participants to think of their own clients and how they might improve their quality of life, as they progress through the Supportive Pathways program

This makes the time together more practical and the implementation of the Supportive Pathways concepts easier



**TIME REQUIRED:** 30 min for intros/pretest plus 1 hour for Module One. After module 1 you will want to plan a break

**SUPPLIES NEEDED:**

- Copy of the pre/post test for each participant if not in their handout
- DVD/LCD/ Lap top.
- Box of Kleenex
- Small pieces of paper- 5 per participant
- Flip Chart / Markers (optional)

**VIDEO Clips** - “What Do You See Nurse” (12 minutes)  
- Carewest Video – Century Club ( about 2- 3 min)



**BEST PRACTICE** - When preparing to teach this module, the points below are intended to be covered in this module. These notes are repeated at the end of the module so that the trainer can use them to summarize or review the content covered if they wish.

- Staff will demonstrate respect for the clients’ personal beliefs and values, even if they differ from their own.
- Staff will use an empathetic approach when interacting with clients and families based on their understanding of the aging process and dementia

## Objectives

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To discuss personal beliefs and values about caring for clients with dementia

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To recognize how beliefs and values can affect the care provided

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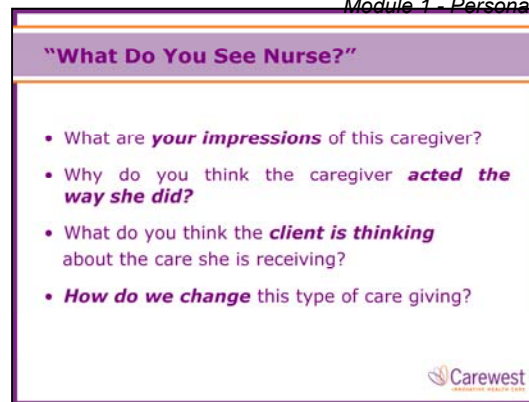
To acknowledge and identify common stereotypes that contribute to ageism and 'dementiaism'

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To discuss the importance of organizational values on quality of care



Ageism and 'dementiaism' will be defined later in the module.



**Video and Discussion- "What Do You See Nurse?" (12 minutes for video)**

(Consider leaving lights off for a few seconds at the end of the video and provide tissue for any wet eyes!)

**Explain that the video is based on a poem found in a lady's locker after she passed away (included in their handouts)**

**Instruct participants to think about the questions in their handout as they watch the video. Give them time to discuss their answers with the person beside them and then ask them to report back. You may wish to use a flip chart to record their answers.. Possible answers noted below.**

**What are your impressions of this caregiver?**

- *thoughtless*
- *not caring*
- *busy, rushed*

**Why do you think the caregiver acted the way she did?**

- *her values, beliefs, attitudes, and stereotypes.*
- *trying to be efficient*
- *task orientated*
- *trying to meet coworker expectations*

**What do you think the client is thinking about the care she is receiving?**


- *the nurse doesn't have time for her*
- *she may feel like she is a bother*

**How do we change this type of care giving?**


- *change organizational and unit cultures (person - focused care is valued)*
- *not about how many of us are giving care it is about how each of us provide care.*
- *get to know them as individuals (their life story), (likes and dislikes)*




## Definitions



**BELIEF** - conviction, opinion, expectation that certain things are true (E.g. "I believe in luck".)



**VALUE** - something that is meaningful, desirable, or has worth (E.g. I value my privacy. I value nature)



The video demonstrates some beliefs and values. Let us briefly define what we mean when we use the terms – values and beliefs. Discuss how they can affect our care.

**BELIEF-** Something we accept as true.

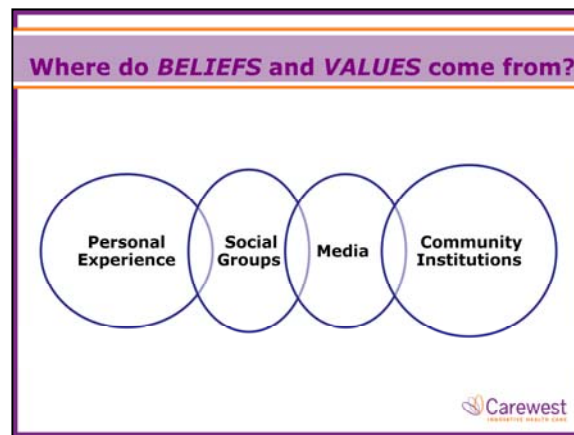
E.g. *I believe that everything happens for a reason – this may affect their reaction to having the disease (family may feel this way). I believe illness is a punishment for previous misdeeds.*

**Ask: How can our beliefs affect care?** (e.g. *If I believe all old people are deaf, I will speak loudly to all of them.*).

**VALUE** - Something that is meaningful or desirable to the person. *Some people highly value privacy while for others it may not be such a strong need. (Some value money, family, work, independence etc.).*

**Ask : How can conflicting values affect care?**

- *I value safety, but the client may want to take more risks for their own lives (walking outside alone?).*
- *You may value people and 'parties' and the client is a loner – but you take them to all gatherings because you think it's good for them.*

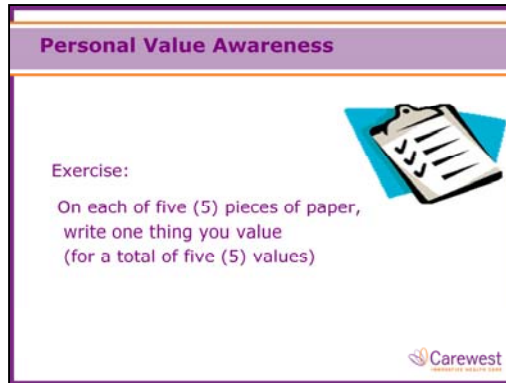


**PERSONAL EXPERIENCE** - Your family, friends, co-workers, personal experience. If you had a close relationship with grandparents you may have a favorable impression of elderly. The values and beliefs of your family are transmitted to you. If you only see sick old people, you might believe they are all like that. The time frame (generation) you were raised in may also influence your perspective.

**SOCIAL GROUPS** - Organizations you belong to may value or de-value older people. Do they invite and include older people?

**MEDIA** - The media has a big impact that we aren't really aware of. Youth and good looks are valued. Images of aging are often very negative. Baby Boomers might be starting to change this idea.

**COMMUNITY INSTITUTIONS** - School, church, government policy. For example, in our society we define those over 65 as "senior" because of the "Old Age" pension benefits starting. Religious beliefs have a strong impact on what we believe to be right or wrong.



**Intent of Exercise:** Designed to build awareness of our own values and to develop empathy for the person who experiences losses

**Distribute five (5) small pieces of paper to each participant**

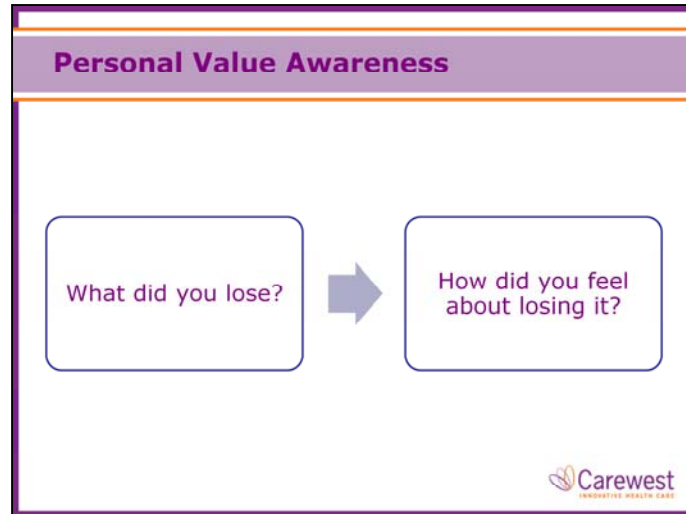
**Ask them to write down five (5) of their most important values - one on each piece of paper**

**Give them no more than 5 minutes**

**Once complete - ask them to place them face down on the table**

**When all have done so, the facilitator takes varying numbers of papers away from each person**

**Debriefing for the exercise is on the next slide**



**Discussion:**

**Ask each participant what they lost and how they feel about this?**

Additional questions for discussion (optional)

- *Would they feel differently if they had a choice about what they gave up?*
- *How would you feel about substituting a value - if you gave up your health you could keep your family?*

## Losses

Our clients may have experienced losing many of the things we value

They may have also lost many of their memories

**Can we imagine what that must be like?**




### Memory Activity

Write down the answer to these questions

What is on the front and back of the Toonie?

What was the name of your Grade 4 teacher?



Debrief after a couple of minutes. **Go to next slide.**


**Answer:**

Front: outer ring says “Canada 2 dollars”; centre has a polar bear

Back: outer ring has a small maple leaf and says “Elizabeth, D G Regina” and the year; centre has a picture of Queen Elizabeth


## Debriefing

How did it feel to not remember?



What strategies did you use to answer?

Do you think our clients who have dementia may use similar strategies?



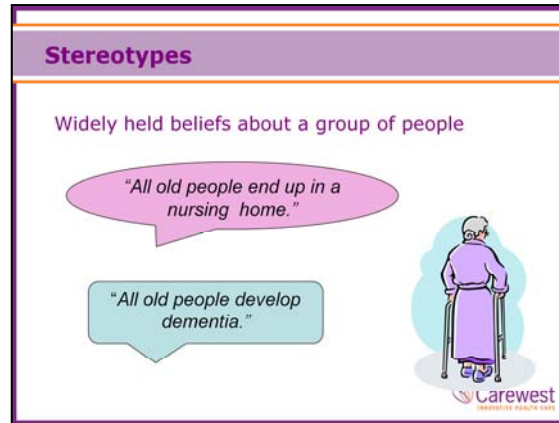
**Possible responses:**

**How did it feel to not remember?**

*Frustrating? Feel scared? Stupid? Want to leave?*

**What strategies did you use to answer?**

- *copy off your neighbour*
- *make something up*
- *just give up and not try to answer*



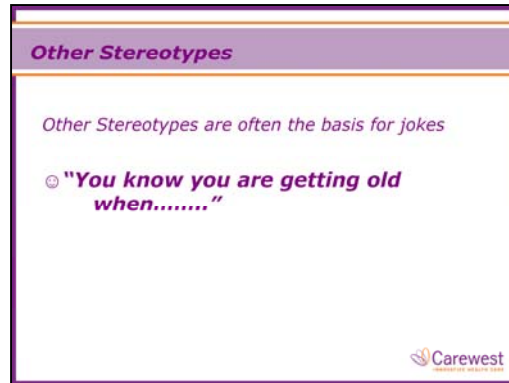
**Ask participants what percentage of Alberta Seniors live in LTC?** In Alberta 3% of seniors (over the age of 65) live in Long Term Care. (Alberta Seniors 2010)

**All old people need help and end up in Nursing Homes :** Discuss that caregivers in Long Term Care often have negative stereotypes of aging as we see mostly ill elderly.

**All old people eventually develop dementia :** Society has the idea that all older people develop dementia eventually. The prevalence of dementia does go up as we age but is not inevitable. In 2008 1.5 % of the Canadian population was living with dementia. By 2038 that number is expected to increase to 2.8% of the population. For men over 85 the incidence of dementia in 2008 was 33% and expected to grow to 43% by 2038. For women over 85 the 2008 incidence was 46% and expected to grow to 52% by 2038. (Rising Tide-Alzheimer Society)

Note –more people diagnosed of dementia does not necessarily more clients are in care facilities – some are at home with personal or family caregivers





Stereotypes are often the basis for jokes – We feel uncomfortable so we make jokes. That uncomfortable feeling may be a key to the stereotypes we hold

**TRAINER** hands out cards (in teaching package) randomly to participants

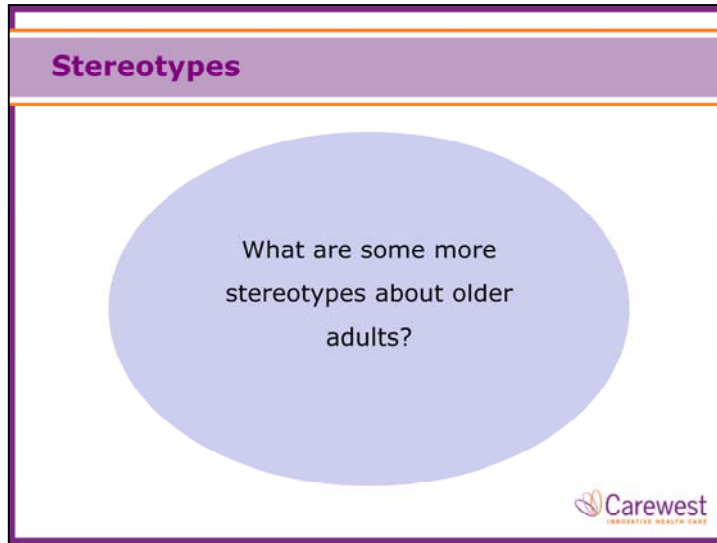
**TRAINER** starts by saying:

**"You know you are getting old when..."** and asks the individuals with the cards to finish the sentence using their card

See the back of module for sentence completion cards

**Debrief:** What were some of the stereotypes portrayed by the jokes?

- Decreased capacity.
- Physically unattractive-wrinkled
- You don't do anything, you nap.
- Illness is prevalent
- Mental decline is 'normal'
- Don't have fun anymore.
- Boring / slow



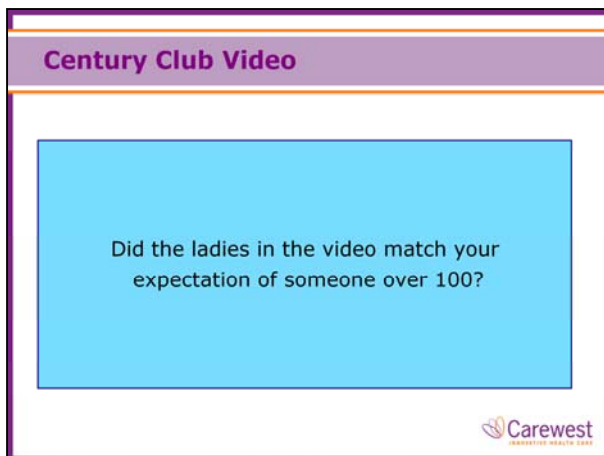
**Ask the group for more examples of stereotypes about older adults:**

- *we don't look at people as individuals-we lump them all together.*
- *non-person- different from us*

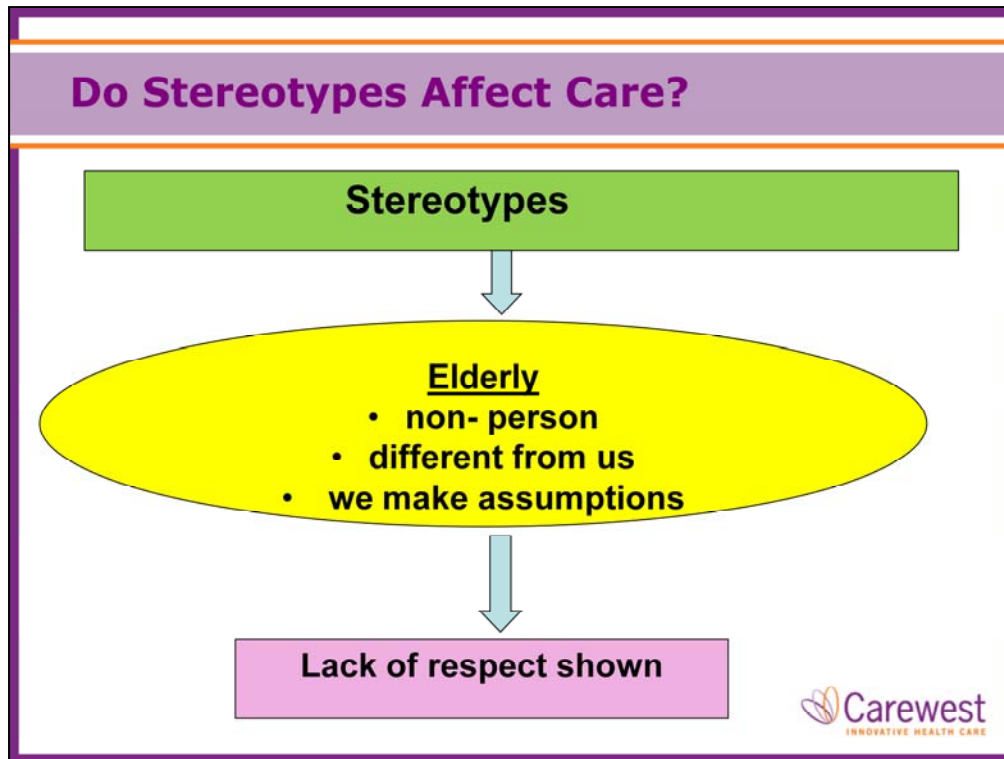
**NOTE to trainers** – *important to add the following if not brought up by group:*

**E.g. Old People:**

- *don't have sex*
- *can't learn new things*
- *are isolated*
- *are depressed - want to die. (It is not normal for elderly to express the wish to die. This can be a sign of depression/suicide risk.)*
- *all are grumpy – cranky old man*
- *go to bed at 8 pm*
- *are wise*



Play the video- Century Club (2 minutes)



**ASK: How do Stereotypes Affect Care?**

- *We lump all those over 65 as 'old people'. There is a big difference between a healthy 65 year old and an ill 95 year old person' and also between an ill 65 year old and a health active 95 year old*
- *Older adults are just as diverse as any other group- some are 'cranky', some are nice*
- *We might make assumptions that might not be true. Maybe that old man with the broken hip injured it when he was skiing – not because he fell in the bathtub*
- **Can show a lack of respect . (Satisfaction surveys have noted that clients in care don't feel respected).**

**ASK: How do you show respect?**

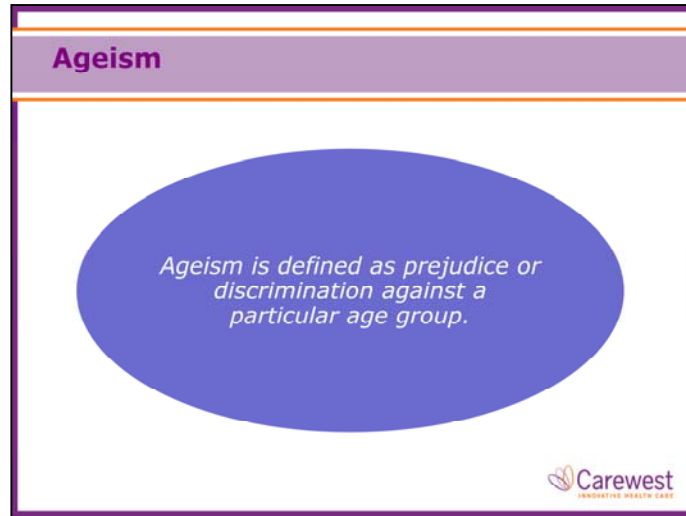
*Calling them their preferred name*

*Not talking down to them*

*Giving choices*

*Asking their opinion*

*Not ignoring them when they speak to you*

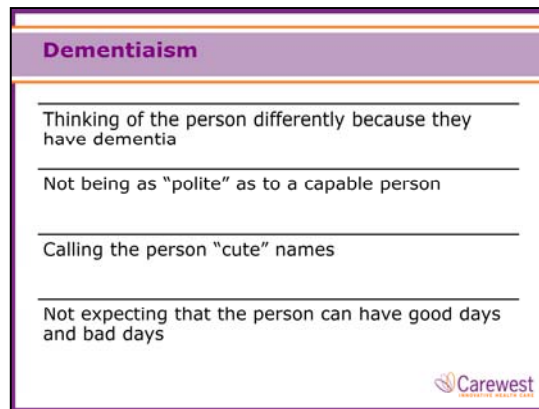


### **AGEISM:**

Negative stereotypes contribute to what is called **Ageism**

Ageism can lead to:

- older persons not being valued in our society
- discrimination in employment or access to health care (E.g. rehabilitation, expensive procedures)



Another term that is similar to ageism is **dementiaism**. 1

(Give examples of each of the following)

***Thinking of a person differently because they have dementia:***

- *not including them in activities, conversations*
- *assuming they "can't" do things*
- *not asking their opinion or offering choices*
- *thinking they do not have the same emotions as others*
- *believing they do not experience pain, etc.*

***Not being as polite as you would be to a capable person:***

- *not knocking before entering*
- *not getting their permission to do something to them*
- *not introducing them to other people*
- *walking by without acknowledging them.*

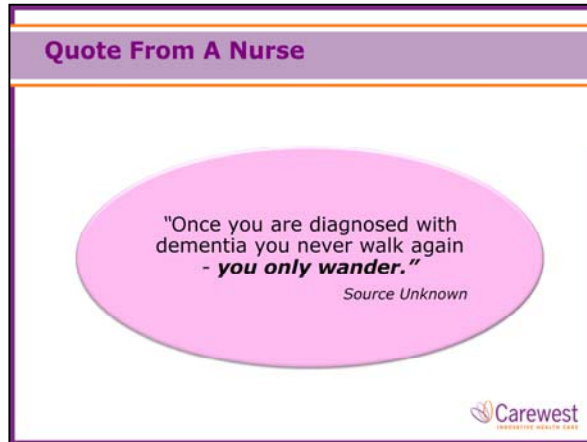
***Calling the person cute names:***

- *treating them like a child E.g. "that's a good boy - go sit over there."*
- *using a childish tone of voice*
- *calling someone "sweetie", granny etc*

***Not expecting that the person can have good days and bad days:***

- *all behavior is attributed to dementia E.g. not cranky or ill like other people*

1. Marlene Collins, Carewest Client Service Leader (2004) - Unpublished manuscript



This nurse in her quote is trying to point out that “dementiaism” can affect how we view behaviour.

The person we see wandering may be walking for exercise or looking for something. Is this normal or a symptom of dementia?

This is also an example of the ‘labeling’ that occurs – **discussed more in later modules**



Explain that the following slides cover Carewest 's Organizational Principles and that Supportive Pathways is based on these principles

Each participant needs to be aware of their Organization's Principles and how they influence the care that is provided

**For each principle ask: *What would you do to demonstrate these principles when you are caring for persons with dementia in your work place?***

***Do not spend a lot of time on this section – try get some feedback to the question and then mention the point s on each slide.***

Explain :

Carewest 'values dignity, individuality, respect, independence and the opportunity (for the clients) to make choices.'

This would mean that employees are expected to :

- *Give choices: when to get up, what to wear, what kind of juice do you want? This shows we value their choices*
- *Know about the person's social history*
- *Encourage the person to do as much as they can for themselves*





Carewest:

Clients will benefit from an environment that supports individual needs, focuses on celebrating success, fosters hope, and promotes social involvement.

- *Encourage flexible routines.*
- *Praise and encourage clients, focus on what they can, rather than can't do*
- *Staff provide opportunity for social involvement, inclusion*

**ASK: What would you do to demonstrate these principles when you are caring for persons with dementia in your work place?**



**Carewest:**

**Families and friends will be welcomed as partners; working together to support the client's quality of life.**

- *Get to know the family.*
- *Keep them involved by asking their opinions.*
- *Keep them informed.*
- *Value their knowledge of the person and what works for them. If working in a facility, ask them to go on bus trips, come in to help decorate the Christmas tree and go on outings*
- *Family caregivers seek a personalized relationship with the care providers. Understand the caregivers situation and display empathy.*

**ASK: What would you do to demonstrate these principles when you are caring for persons with dementia in your work place?**



Carewest: Clients will have the opportunity to live in an environment that is comfortable and homelike.

- *Work with the client's preferences re: when to eat or get up*
- *Bring in own belongings; dress the person in street clothes*
- *Staff wear street clothes rather than uniforms*
- *Decor is homelike.*
- *Opportunity for privacy*

**ASK: What would you do to demonstrate these principles when you are caring for persons with dementia in your work place?**



**Carewest:**

**Clients will have the opportunity to maintain and develop community ties.**

- *Recreation programs*
- *Veteran affairs*
- *PAL (visiting pets)*
- *Maintain religious ties*
- *Staying in touch with family*
- *Kids to visit (playground equipment in care home)*
- *Bus trips to community, seniors centers*
- *Take part in meaningful life roles ( explained in Module 7)*
- *Participate in community events (e.g. pancake breakfasts, parades, children coming for 'trick or treating')*

**ASK:: What would you do to demonstrate these principles when you are caring for persons with dementia in your work place?**



**Carewest: Clients will benefit from educated staff who will support each person to live their life to the fullest.**

Supportive Pathways is an example of this. We need to upgrade ourselves and be confident in our abilities.

- *Read articles*
- *Attend in-services*
- *Look at the Alzheimer Canada web-site for latest research*
- *Educate yourself re: care of that individual by checking the care plan to see what has been decided for that person – so that we all provide consistent care*



**Discuss Supportive Pathways Model of Care** - Describe each circle using the following description as a guide. This *can be very brief* as we discuss this material in detail in other modules. Try to *illustrate with examples* from your practice area.

### GET INTO MY REALITY

- Each person with dementia has a different understanding of their surroundings, which affects their day to day lives.

A person with dementia may want to leave because they believe that they are working on the farm and it is time to prepare the evening meal. As health care providers it is important that we accept and *understand the person's reality* in order to *properly assess their needs*, which in this case is to prepare the evening meal. By asking what sort of meal they would prepare and if they enjoyed working on the farm, the client benefits.

### KNOW AND RESPECT MY FAMILY, CULTURE AND SPIRITUALITY

- We need to get to *know the person behind the disease*.
- We need to *gather information* about the person.

### WHAT MAKES ME FEEL GOOD

- With *knowledge gathered* we could plan and implement care according to *personal preferences*.

## KEEP ME FREE AND SECURE

- It is important to keep the *person free* from harm in a *restraint free* environment and give a *feeling of security* in their home.

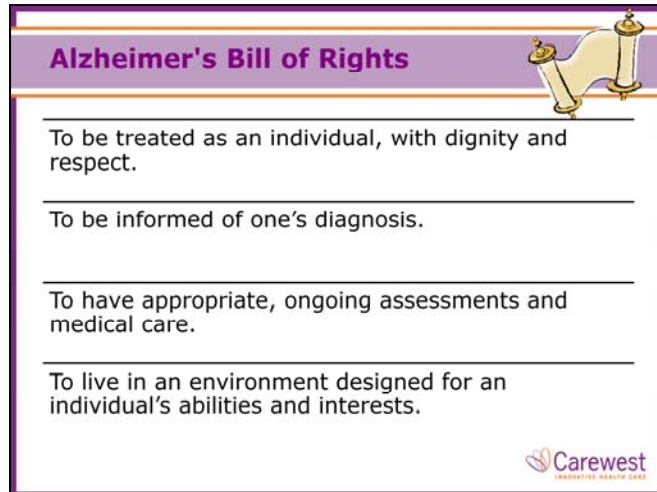
## SUPPORT MY STRENGTHS AND CHALLENGES

- Staff need to determine the person's strengths and challenges in order to support and encourage each person individually.

## KEEPING ME WHOLE

- By building all of the above circles into all care we can succeed in keeping the person whole. *Understanding the client as a person*, with individual preferences, strengths, background and weaknesses will not only enhance the care you provide but will enhance your job quality.

The other modules will look at each part of this model in more detail



The Alzheimer Society is an organization that works hard to ensure that the best care is provided to those people, who have Alzheimer disease and other dementias. They have adopted a 'Bill of Rights' that speaks to the values they want to see put in place, by all those who care, for people with these conditions.

**Ask:** As you listen to these values, ask yourself if they fit with your own beliefs and those of your organization.

**If time, Ask:** What rights make you 'take notice'?

*Source: Alzheimer Society- Adapted from: Bell & Troxel (1994) "Alzheimer Disease Bill of Rights"*



## Alzheimer's Bill of Rights



To be involved in work and play as long as possible.

To be out-of-doors on a regular basis.





To have physical contact including hand-holding, hugging and caressing, based on individual comfort and need.

To be with people who know and understand one's life story, including family, cultural and religious traditions.



### Alzheimer's Bill of Rights

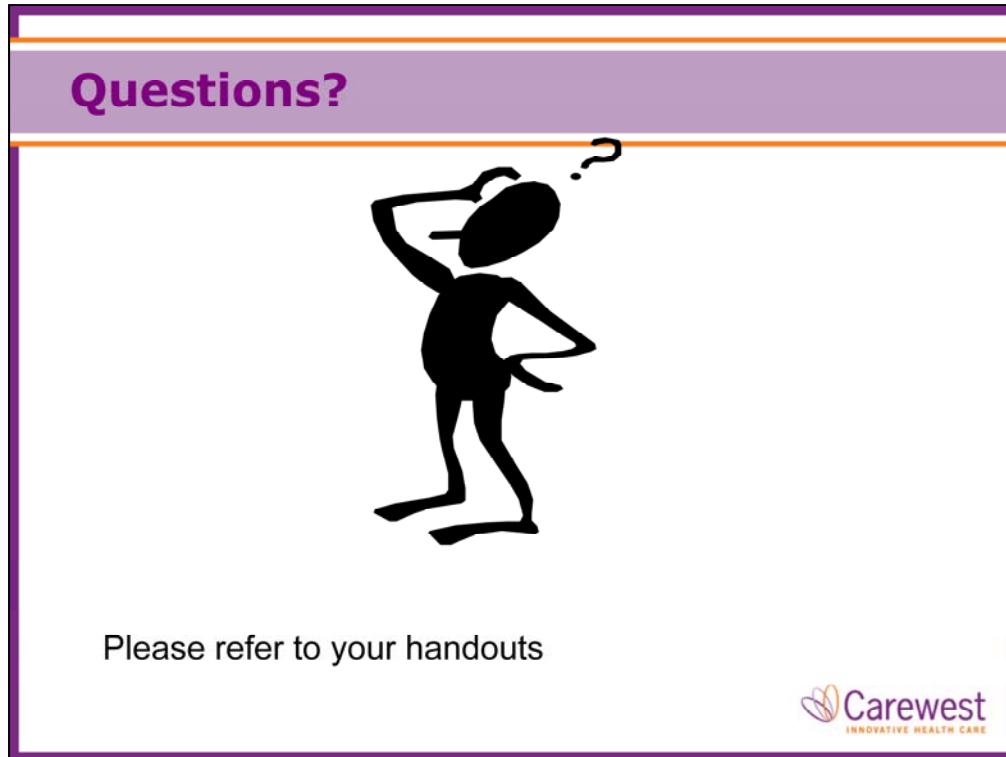
To be cared for by individuals willing to participate in ongoing training in dementia care.



We've examined our own beliefs and values as well as organizational and societal values.

Through awareness we can pause to ask ourselves where the things we hold to be true, originated from.

We need to allow ourselves to openly examine them, as care issues challenge our beliefs.



Ask participants to look at their handouts for this module so they are familiar with what is included.

### What Do You See Nurse? Poem

What do you see, what do you see?  
What are you thinking when you're looking at me?  
A crabby old woman, not very wise,  
Uncertain of habit, with far away eyes.

Who dribbles her food and makes no reply  
When you say in a loud voice, "I do wish you'd try?"  
Who seems not to notice the things that you do,  
And forever is losing a stocking or shoe.

Who, unresisting or not; lets you do as you will.  
With bathing and feeding, the long day to fill.  
Is that what you're thinking, is that what you see?  
Then open your eyes, you're not looking at me.

I'll tell you who I am as I sit here so still!  
As I rise at your bidding, as I eat at your will.  
I'm a small child of 10 with a father and mother,  
Brothers and sisters, who loved one another.  
A young girl of 16 with wings on her feet,  
Dreaming that soon now a lover she'll meet.  
A bride soon at 20 – my heart gives a leap,  
Remembering the vows that I promised to keep.

At 25 now I have young of my own  
Who need me to build a secure happy home.  
A woman of 30, my young now grow fast,  
Bound to each other with ties that should last.  
At 40, my young sons have grown and are gone,  
But my man's beside me to see I don't mourn.  
At 50 once more babies play around my knee,  
Again we know children, my loved one and me.

Dark days are upon me, my husband is dead,  
I look at the future, I shudder with dread.  
For my young are all rearing young of their own.  
And I think of the years and the love that I've known.  
I'm an old woman now and nature is cruel,  
'Tis her jest to make old age look like a fool.  
The body is crumbled, grace and vigor depart,  
There is now a stone where I once had a heart.

But inside this old carcass, a young girl still dwells,  
And now and again my battered heart swells.  
I remember the joy, I remember the pain,  
And I'm loving and living life over again.  
I think of the years all too few – gone too fast,  
And accept the stark fact that nothing can last.  
So open your eyes, people, open and see,  
Not a crabby old woman, LOOK CLOSER, SEE ME.

### What Do We See? Response by Carewest – Author: Marlene Collins

"What do we see?" you ask. What do we see?  
Yes, we need to look deeper when looking at thee.  
We may seem to be hard when we hurry and fuss  
We need to move slower and garner your trust.

We should spend far more time to sit by you and talk  
To bathe you and feed you and help you to walk.  
To hear of your lives and things you have done—  
Your childhood, your husband, your daughter, your son.

But time is against us; there's too much to do.  
We need to pay attention and see the real you!  
We grieve when we see you so sad and alone,-  
With nobody near you, no friends of your own.

We feel all your pain and know all your fear.  
That nobody cares now that your end is so near.  
We should sit and show love when you feel so afraid  
Instead of just caring whether the beds get made.

Of the dearest old Gran in the very end bed  
And the lovely old Dad and the things that he said.  
We speak with compassion and love and feel sad.  
When we think of your lives and the joy that you've had.

When the time has arrived for you to depart,  
We hope you feel loved and warm in your heart.  
We always feel thankful that you shared your last days  
To enrich our lives in so many ways.

**Note:**  
**There is indications in the literature that the poem, 'Look closer – See me', was found in a ladies locker after she passed away**

## **References**

*A profile of Alberta seniors.* (2010).

Retrieved March 5, 2012

from [http://www.seniors.gov.ab.ca/policy\\_planning/factsheet\\_seniors/factsheet-seniors.pdf](http://www.seniors.gov.ab.ca/policy_planning/factsheet_seniors/factsheet-seniors.pdf)

*Rising Tide: The Impact of Dementia on Canadian Society* (2010).

Retrieved from <http://www.alzheimersociety.ca>



## Stereotype jokes - to be cut out

✂-----

You Know You Are Getting Old When.....

**You talk about “good grass” and you are referring to someone’s lawn.**

✂-----

You Know You Are Getting Old When.....

**Going bra-less pulls all the wrinkles out of your face.**

✂-----

You Know You Are Getting Old When.....

**Your back goes out more than you do.**

✂-----

You Know You Are Getting Old When.....

**Your memory is shorter and your complaining is longer.**

✂-----

***See next page for more***

You Know You Are Getting Old When.....

**“Getting Lucky” means you find your car in the parking lot.**

✂-----

You Know You Are Getting Old When.....

**Your wild oats are Prunes and All Bran.**

✂-----

You Know You Are Getting Old When.....

**Happy hour is a nap.**

✂-----

You Know You Are Getting Old When.....

**You and your teeth don’t sleep together.**

✂-----

You Know You Are Getting Old When.....

**When your wife says “let’s go upstairs and make love” and you answer, “Honey, I can’t do both”.**

These Quotes Refer to Module #2  
(pg 38 & 39 of 39)