Training staff to work in special Alzheimer's units

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Introduction

This article will focus on the content and methodology that are essential in training staff to work in residential care units for persons with Alzheimer's disease or related dementias. Special Alzheimer's units are now being established throughout the country in increasing numbers in an attempt to provide better care for this special group of elderly. The need for specially designed units is evident. They have the potential for offering a quality of life that will enable cognitively impaired persons to live with dignity and with a degree of serenity. These settings will attain a high quality of care, however, only if those who are establishing them have a clear understanding of how to design a milieu that will meet the social and psychological needs of those in the middle stages of Alzheimer's disease, and recognize the differences between the residential care setting and the nursing home.[2,5,6,9]

Separate housing for this population is only a first step in designing appropriate environments. A comprehensive design for residential care needs to take into account the *physical environment,* the *opportunities* to be made available to residents for continuing involvement in the world around them, and *special training* that prepares staff to discard their role of caretaker. Much is known now about ways to provide the appropriate physical environment to enable impaired persons to manage maximally.[4,7,8] Other essential factors are more complex and less clearly understood. Training methods have been developed and tested for teaching staff

the nursing and caretaking skills they need to care for nursing home residents. Teaching methods that prepare staff to respond to social and psychological needs are far less concrete and are seldom a part of staff training in nursing homes.[1] Without training in the methods of designing the psychosocial milieu, new facilities will be no more successful in meeting the needs of those with dementia than are many existing nursing homes. Perhaps a case description will illustrate the dilemma faced by the traditional setting.

A case description: Mr. C

For many years Mr. C was a successful businessman who was well respected in his community and by his colleagues. He was devoted to his wife and three children, and as a family, they had a large network of friends. Several years ago he began to have problems handling simple tasks that had been routine for him for years. After a series of tests by a neurologist, he was given a diagnosis of senile dementia of the Alzheimer's type. Although his wife was physically frail, the two of them managed day to day living for a while until his memory became so severely impaired that he was a constant worry to her. Since his children were married and living in other states, a decision was reached by the family in consultation with their physician, that he should move to a nearby retirement home.

The first six months in the retirement home were stressful for Mr. C. He had difficulty managing in the new environment; without help, he was seldom able to find the central dining room, his own room, and the bathroom in the hallway. He was often unable to recognize his wife and children, and at times seemed uncomfortable when they visited. Although he was agitated most of his waking hours, he seemed especially disturbed when he was with a large number of residents. Angry outbursts became more frequent, and he was combative with staff when they approached him about baths or when they attempted to get him out of bed. He soon became the object of much verbal abuse from other residents who were disturbed by his behavior. By this time, staff had become fearful of working with him; and he was labeled as hostile, uncooperative, combative, and a severe management problem. There was general agreement among staff that he needed a far different environment from that which they could provide for him in the large retirement home. Mr. C was relatively healthy physically and not in need of special medical care. He paced restlessly when he became agitated, and he was aggressively resistive to coercion or any attempts to structure or regulate his activities. Although Mr. C had little control over his own behavior, he was aware of the behaviors of others and quickly reacted to them. These factors alone would make him a misfit in the traditional nursing home setting which is responsible for providing good medical treatment and maintaining consistent schedules to meet daily demands. Often, the traditional nursing home attempts to care for persons like Mr. C by resorting to excessive medication and physical restraints. This person with Alzheimer's disease and hundreds like him are prime subjects for special residential care units. Such units should be special because of the unique treatment they should provide with appropriately trained staff.

Special Training Needs and Methodology

Many of the training methods described in this article were developed for and tested in a two-year demonstration called Wesley Hall,[2,3,5] a project carried out under the joint sponsorship of the Institute of Gerontology (IoG), The University of Michigan, and the Chelsea United Methodist Retirement Home in Chelsea, Michigan. Wesley Hall was a special living area established for eleven residents diagnosed as having Alzheimer's disease or other forms of dementia.

Most of the staff for the project were selected from those already employed in the retirement home or the nursing home parts of the facility. Staffing for Wesley Hall included one full-time and one half-time resident assistant on the day shift and on the afternoon shift, one resident assistant on the midnight shift, and a part-time housekeeper. There was a full-time supervisor who overlapped all shifts at various times. A nurse from the retirement home administered medications. The home's medical director also covered the special area. In recruiting and selecting staff for Wesley Hall, the following traits were considered important: flexibility, a sense of humor, patience, will-

ingness to be part of a team, and good communication skills. The direct service staff were called resident assistants rather than aides, and training emphasized that their new roles would be those of enablers, helpers, and friends rather than caretakers. The training program, introduced before the opening of Wesley Hall and carried out at intervals throughout the project, was designed to enable staff to help residents in ways that would bring about a reduction of incontinence, night wandering, and combativeness, and would improve the appearance and responsiveness of residents.

People learn in many different ways, and they are usually more receptive to training when the methods are varied, interesting, and personally involving. Following are descriptions of various training methods used in the Wesley Hall training program.

No single approach was consistently successful, but an approach such as coercion was almost always successful and was gradually discarded as inappropriate and nontherapeutic.

Lectures. Lectures provide opportunities to give content and information and directions about procedures needed by staff. However, they are seldom effective in changing negative attitudes and behaviors when used exclusively.

Audiovisual materials. Films, videotapes, or slide/tapes can often clarify and reinforce information given in lectures. They can provide visual illustrations of methods or programs that might otherwise seem vague or unrealistic. Lectures and audiovisual materials are two of the most frequently used methods in training staff in nursing homes.

Training in the technique of task breakdown. Training in ways of analyzing tasks, such as activities of daily living, is an essential part of preparing staff to work with persons with dementia. This includes training in the technique of breaking tasks down into a manageable series of steps, in how to identify the remaining capacities of impaired persons, and in ways to communicate instructions to enable them to manage the greatest extent possible.

Personalized learning experiences. Experiential exercises or personalized learning experiences are effective methods for changing attitudes and behaviors. They can be tailor-made to help staff examine specific practices or staff behaviors that may have negative impact on impaired persons. They can also help staff to individualize approaches and develop a variety of techniques that will enable them to respond to the emotional needs of individuals with Alzheimer's disease.

Role playing. Role playing, or acting out a situation by trainees, is a training method that emphasizes relationships, interactions, and feelings. It can have a strong impact on both players and observers. The dramatization of an episode or concept can provide insights into one's own behavior and its effects on others, and it can offer opportunities to test out alternative behaviors. Some of the stress of role playing can be reduced if trainees are given time to discuss possible approaches to situations in groups of three or four and to decide upon who will take the various roles. If participants are assuming the roles of a person who is cognitively impaired, it is important to emphasize the point that the role should be played sympathetically and in a way that attempts to understand how the impaired person may be feeling and not in a style that ridicules the older person.

Journal keeping. Journal keeping allows each staff trainee the opportunity to reflect on his or her actual experiences with residents. It encourages staff to observe and report accurately both their own behaviors and those of residents. A written record over a period of time can illustrate staff growth and development and provide a high degree of satisfaction and feelings of accomplishment.

Handout materials. Specially prepared handout materials are important in reinforcing a training session and in enabling trainees to review information presented. It is also helpful to make a number of carefully selected books available for those who are interested in expanding their knowledge and studying topics in greater depth.

Training outcomes

Special training methods were designed prior to and during the two year project to help 1) change many of the negative attitudes staff had toward persons with dementia; 2) expand staff's repertoire of approaches; 3) increase staff skills in helping residents to continue to function maximally, and 4) develop a cohesive staff team.

Changing negative staff attitudes. The description of the person with Alzheimer's disease has become almost stereotypical. Such words as agitated, combative, restless, incontinent, and wanderer are commonly applied. One seldom hears references to the lucid periods that even very impaired persons have, or to their sensitivity to the behaviors of others, or their social skills, or to the sense of humor that still remains very much a part of many persons with dementia. The negative attitudes of staff create feelings of helplessness, frustration, and, at times, fear. They sometimes feel incapable of coping with behaviors over which the victim has no control. The anxiety was very apparent among staff when training began for the Wesley Hall project. In particular, because of prior experiences staff members had had with several of the residents selected for the project, dealing with and responding to combativeness was a major issue.

Concerned about the negative attitudes that staff expressed toward the residents, members of the training team developed a special exercise in which they ask staff to think of their experiences with the residents about whom they were especially concerned. They were then asked to list each individual's strengths and needs (see Figure 1). In response to the exercise the descriptions differed drastically from those of earlier sessions, and staff soon recognized that they were viewing the residents from a different perspective. Ultimately this experience suggested new ways in which they might respond to residents who had been difficult in the past. This simple technique was so effective that, with the alteration in staff approaches, the behaviors of the more difficult residents began to change even before they were moved to Wesley Hall. Staff resorted to the above exercise throughout the project most particularly when they were having problems in working with a specific individual.

Exercise
Strengths and Needs of a Resident

Often times, if we can look at the strengths and needs of specific residents, we can help them through difficult times and help them avoid some of the behaviors which result when staff are not aware of them as individuals. If a resident is sdeen as being a "problem," his attributes are often ignored.

As you think of Mr. or Mrs. _____ (a resident who is not always easy to work with) what would you identify as her (her) strengths and special needs?

Strengths	Needs

Figure 1

Expanding staff's repertoire of approaches. Early in the Wesley Hall project, it became apparent that staff attempts to control residents were totally unsuccessful, and furthermore, often triggered anger and combative behaviors. Therefore, training during the first several months of the project was needed to help staff avoid some of the approaches they had previously learned and used when they were working in the nursing home. They were encouraged to develop a wider variety of approaches so that any interventions could be individualized and responsive to the resident's needs or moods of the moment. In the first of a series of training sessions looking at approaches, staff were asked to consider how they, themselves, felt when others tried to control them or force them to do something which seemed inappropriate or unnecessary. The question "Why do staff attempt to control residents?" led to much discussion about how they could maintain a bath schedule, for example, without coercing resistive residents.

The suggestion that a flexible bath schedule might be part of a solution was met with some skepticism at first. A next step was the consideration of alter-

native approaches. In pairs or trios staff members discussed ways in which they might lure Mrs. B or Mr. M to take baths. One by one each resistive resident was considered and ideas came from staff about what might appeal to or be accepted by the individual. Many alternatives were suggested and some of the approaches were tested in role playing.

It was suggested that staff actually try these new approaches and, during the following training session, describe their attempts, whether they had been effective or unsuccessful, and what adaptations, if any, they had had to make. Obviously, staff members were now able to accept the point of view that carrying out a rigid bath schedule was not to be used as the measure of success. Staff recognized that it was far more important to use approaches that gave residents the time and support they needed to respond. This helped to avoid the difficult behaviors that coercion often elicited.

A number of staff behaviors were examined to help them consider the impact they might have on residents. An exercise on *condescension* led to an especially vigorous discussion as staff considered the subtle, and not so subtle, ways they were condescending to residents. An acknowledgement of how staff felt when others were condescending to them helped to demonstrate the impact their own behaviors might have on residents.

With the help of the training team, staff developed a variety of other approaches,[2,5] No single approach was consistently successful, but an approach such as coercion was almost always unsuccessful and was gradually discarded as inappropriate and non-therapeutic. Some approaches that staff tested in the Wesley Hall project and found especially effective included touch, verbal, reassurance, humor, and diversion.

A lighthearted approach could often help residents avoid some of the anger or resistance that, in the early part of the project, could affect everyone's mood and behavior.

Some persons with dementia are very responsive to the touch of staff when sincere affection and concern are expressed. Even those who are severely impaired seem to sense the support that is being expressed by a hug, a pat, or hand holding.

Verbal reassurance can sometimes reduce agitation and anger and help residents understand that staff recognize their abilities as well as their fears and problems. An example follows:

For several weeks Mrs. M had been especially disturbed at night. Before going to bed, she often stood at her bedroom door calling to any staff person who came down the hall. She was verbally abusive if they were unable to come to her immediately, and she would sometimes follow them into the rooms of other residents to scream her resentment. Even after they helped her get to bed, she was up after a short period of time to check on the time and to continue her tirade.

In staff meeting, several members who had attempted to work with Mrs. M at various times expressed their frustrations. After much discussion and many suggestions of alternative approaches, the following plan was agreed upon and put into action. It was to be tested for several weeks.

The staff person who usually had the best rapport with Mrs. M would approach her early in the evening to sit and chat with her in an unhurried fashion. When Mrs. M became relaxed, the staff person would mention that she had a few tasks to do, but that she planned to return very soon to help her get undressed. Giving Mrs. M a hug and a final word of reassurance, staff would leave to continue to work in other parts of the area. From time to time the staff person would look into Mrs. M's room and say she was thinking of her and would be back soon. As soon as possible the staff person would return to help Mrs. M undress and get into bed. Staff would take time to rub her back for a short

time to help her relax, and on leaving, would give her a hug. Staff would reassure her that she would check back from time to time and that the night staff would do the same to see if she was sleeping well.

With touch and reassurance, staff were gradually able to help Mrs. M become less angry and agitated. These approaches also seemed to reduce Mrs. M's resentment against staff and the time they spent with other residents. Though not always successful, staff became far more accepting of Mrs. M and more attentive, and her responses often made their efforts worthwhile.

One of the surprises on the Wesley Hall project was the number of times residents responded to or initiated humor. A lighthearted approach could often help residents avoid some of the anger or resistance that, in the early part of the project, could affect everyone's mood and behavior.

Diversion was found to be a very effective approach. Many crisis situations can be avoided if staff become sensitive to signs of problems and draw residents' attention to other topics or activities before they become agitated or angry. The following examples are a demonstration of this principle:

Mr. F spent much of his time in what had become identified as his chair in the living room. He seemed contented to look at his newspaper or take part in whatever activity was taking place at the moment. On occasion, however, he seemed unable to tolerate the conversation or the number of people in the room. He would begin to swear or jump up from his chair and rush from the room. Gradually staff were able to sense his change of mood, and they could help him avoid the outburst by asking him to walk down the hall with them. Staff would walk arm in arm with him and chat in a relaxed unhurried way. They often ended the walk with a shared snack in the kitchen.

Mrs. G, a widow, often became agitated after supper when she began frantically searching for her husband. Staff learned that by walking with her, and reminding her of the good time she had had with her son when he had visited her recently, she was able to relax and forget her search for her husband.

Diversion and other approaches mentioned will frequently help residents avoid many of the behaviors that are considered "management problems" and will enable the person with dementia to live a more serene and tranquil life.

Acquired skill in the technique of task breakdown. In training staff to work on the Wesley Hall project, the idea was introduced that the new role of "enabler" would replace that of "caretaker." This new role required not only the discarding of many practices followed in their nursing home jobs, but created a need to learn how to help cognitively impaired residents to continue to do many of the tasks they had learned years before. Task breakdown has often been used by occupational and physical therapists to help physically impaired persons regain former skills or compensate for physical deficits. The technique is invaluable in helping impaired individuals to function maximally. Staff learned to recognize what steps were involved in any task, which steps each resident was able to complete, and the type of help and support each person needed to complete a step or series of steps.[10,11] The ultimate goal was for staff to help residents succeed in carefully planned activities of daily living. Staff would do no task or part of a task that residents were able to manage themselves. It was acknowledged and accepted that this would require much more staff time; but there was much less pressure in Wesley Hall for staff to move on to other tasks. They were encouraged, in fact, to interact with residents at every opportunity. It was emphasized that their efforts had the potential of retarding deterioration as well as giving residents a sense of purpose and achievement.

During the training sessions on "task breakdown," staff were asked to consider the steps involved in brushing teeth, getting dressed, or setting a table. Such tasks are so habitual in everyday life that their step-by-step character is seldom noted. In order to assess the completion of a task by persons with dementia, staff need to consider the degree of difficulty of each

step, and at what points residents might have problems

Role playing was used to practice the task breakdown technique and ways of communicating instructions. Staff then applied the techniques on the job and in follow-up sessions discussed their successes or problems.

Developing a cohesive staff team. It was emphasized throughout the training that one of the purposes of the Wesley Hall project was to learn better ways to help persons with dementia. This would require the testing of new ideas and methods, some of which might fail to be effective. It would be important for staff to share with the team their failures as well as their successes so that everyone could gain from others' experiences. The training that related to team building included experiential exercises in cooperation, in giving and receiving feedback, and in problem solving techniques.

The expectation that staff would take initiative in trying new approaches and activities was challenging, and at the same time, somewhat frightening to them. These job expectations were new to staff as were the ideas that it was legitimate to fail, and that the failure itself could provide information. After the project began, weekly staff meetings were used for training, for solving problems they were having with residents or with coworkers, and to give support and encouragement to staff. Informal staff parties and potluck suppers also helped relieve stress and allowed everyone to become better acquainted.

Many group activities were initiated by residents at Wesley Hall. Several residents were familiar with numerous old songs, and spontaneous singalongs were often initiated. Special interests or collections such as cooking, clowning and mime skills, a hat collection and a model train became part of the available activities. Special contributions by staff added to their job satisfaction, and helped to create an interesting, varied, and playful milieu that added richness to the lives of both staff and residents.

Conclusion

The establishment of special units for persons with Alzheimer's disease or related dementias requires a well and appropriately trained staff. Working with people with Alzheimer's is often difficult and stressful. If staff are to avoid burnout and, at the same time, maintain a rich and supportive environment for residents, they themselves need continuous sustenance. Effective training has the potential for changing staff attitudes and behaviors and for teaching effective approaches and techniques. Because this training may require staff to alter many of their earlier practices and conceptions about elderly persons with dementia, it can be disturbing and frightening. It is therefore important that special units be viewed as pioneering efforts, and that training emphasizes the importance of staff's roles in society's efforts to improve the quality of care for persons with dementia.

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