



# Addressing Barriers to Providing Dementia Training for Direct Care Workers

A Final Report of Three Grant  
Projects Awarded by the  
Georgia Gerontology Society

June 2018

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## I. Introduction

During the 2013 session of the Georgia General Assembly, legislators created the Georgia Alzheimer's and Related Dementias (GARD) State Plan Task Force, a multidisciplinary group convened to improve dementia research, awareness, training, and care. In June 2014, Governor Nathan Deal signed the Georgia Alzheimer's and Related Dementias State Plan<sup>1</sup> into action, and the Task Force became an Advisory Council. With a plan in force, the Advisory Council is

- ready to call for the early, accurate detection of dementia,
- willing to battle stigma and misinformation, and
- able to provide an incomparable web of support to families that need it.

Georgia's recommendations cover a range of topics, including research, services, policy, public safety, workforce development, and public education. Undergirding all of these areas is the importance of partnerships – creating a deeply coordinated statewide team of agencies, nonprofits, businesses, and organizations.

Currently, the GARD advisors make up six different work groups that are tasked with making strides toward the goals and objectives outlined in the State Plan. Those work groups are:

- Workforce Development
- Service Delivery
- Outreach and Partnerships
- Policy
- Public Safety
- Healthcare, Data, and Research Collection

With the increasing number of individuals with dementia, including Alzheimer's, it is crucial to improve education, training, and organizational support for Direct Care Workers (DCWs) in order to prepare for and fulfill the need for highly competent direct care workers who can deliver quality comprehensive person-centered care to people living with dementia. While DCWs are often considered the “eyes” and “ears” of the long-term care system, they face multiple challenges in their workplace such as low wages, few benefits, heavy workloads, and lack of professional respect. These factors have a tremendous impact on turnover and ultimately continuity of care for the recipients of long-term care services and supports. The evidence shows that high-quality training and receptive organizational culture can improve both quality of care and quality of life for the care recipients as well as DCWs job commitment and retention. Successful training is also connected to retention and recruitment strategies and career ladder development.

The GARD Service Delivery work group has conducted a survey aimed at providers. This survey identified challenges to providing dementia training for DCWs.

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<sup>1</sup> <https://dhs.georgia.gov/sites/dhs.georgia.gov/files/GARD-PLAN.pdf>

The top two challenges identified were:

1. Staffing costs (i.e. staffing not adequate to cover for those who are out for training and/or it is too expensive to pay for staff to train while having to pay employees to cover)
2. Location of trainings/travel to training sites

In the fall of 2017, the Georgia Gerontology Society released a request for proposals to address barriers to providing dementia training for direct care workers. In January 2018, three grants of \$2,500 were awarded to fund three projects. The grant period was from January 15, 2018 to May 30, 2018. This report summarizes the work completed by these projects. These projects were made possible through funds provided by the GA Department of Human Services, Division of Aging Services. If you would like to connect with the project managers for more information, please contact the GGS Executive Director at [administrator@georgiagerontologysociety.org](mailto:administrator@georgiagerontologysociety.org).

## **II. Coastal ConnectedCare, Inc.: An In-Person Approach**

The Middle Long-Term Care Ombudsman Program of Coastal ConnectedCare, Inc. provided training sessions entitled “Providing Person-Centered Care for Persons Living with Dementia” for direct-care workers in long-term care facilities. During the grant period, 15 training sessions were provided on-site at 13 skilled nursing facilities. Ten of the facilities were located in Chatham County and three facilities were in Macon-Bibb County. A flyer was developed to inform prospective training sites of the availability of the training at their facility and the priority topics to be covered. Facilities were encouraged to compensate direct care workers who participated, and preference was offered for nursing homes which could make the training available to at least 35-40 participants.

A subsequent training session was provided as a “Train the Trainer” at the Long-Term Care Ombudsman Program Conference on June 13, 2018. Approximately forty Ombudsman representatives were provided with information about the session, which can be used to provide in-service trainings to long-term care facility staff throughout the State of Georgia. The Long-Term Care Ombudsman Program has a program standard for each local program to provide in-service trainings to at least 50% of the facilities in its area each year, regarding resident rights, abuse reporting, quality of care, quality of life, and related issues.

### ***Overview of Training***

Portions of a Person-Centered Care training film developed by Scripps Gerontology Center at Miami University of Ohio was shown. The film was accompanied by a training guide, utilizing discussion questions designed to engage participants and allow them to relate what they view on the film to the work they do each day. The goal of the discussion questions was to shift the mindset away from the traditional medical model of providing care, and break down the “us/them” mentality which often exists between staff and long-term care residents.

Attendees were introduced to a specific activity designed to give them a concrete tool for enhancing the quality of life and quality of care for the residents they serve. The activity involved the creation of a one-page individualized profile for each resident which could be posted in a resident’s room (with consent). Information would be gathered by speaking with the resident and key support persons (family and/or friends). The one-page personal profile would outline preferences and specific care needs of a resident. The focus of the profile is to learn what matters to people and how they want to be supported. Staff was equipped with the information they needed to approach residents in the manner in which the resident best responds, resulting in a more positive outcome for the resident and for the direct-care worker. Staff was encouraged to use the information on the resident’s personal profile as a key part of their daily job description. Once a one-page profile is created, direct care staff can quality test the information by asking on a regular basis “What is working?” “What is not working?” and adjust accordingly.

Attendees had an opportunity to further understand the concept by creating a personal profile for themselves. A worksheet of personal preference questions was completed by attendees, and from those responses, attendees created their one-page personal profile. Attendees were also encouraged to explore the emotional connection they have with the preferences they choose to

include in their personal profile. Attendees had an opportunity to reflect on the way their personal preferences have developed in part as a result of their experiences, culture, values, and life challenges.

An intrinsic goal of this hands-on exercise is to promote the self-awareness of the person-centeredness of their caregiving. A discussion about the value of understanding residents as individuals with specific preferences and needs will hopefully lead to better communication and stronger relationships between staff and residents. Attendees had an opportunity to share their personal profiles with each other as a peer learning strategy. The sharing was thought to increase the level of engagement in their learning process and strengthen their sense of teamwork.

Attendees were given a pen to use during this exercise with an imprinted message “I hear you. I know you. I respect you.” The pen will serve as a daily reminder in the future for attendees who will be encouraged to remember and practice their new skills when they use the pen.

This training sought to help attendees understand how implementing a person-centered approach to care will improve the quality of life and quality of care for residents and promote better communication between staff and residents. Consistent assignment, a critical component of person-centered care was discussed and encouraged during the training. While the decision to implement consistent assignment is usually a management decision, input and encouragement from direct care workers may influence decisions of management to consider utilizing consistent assignment.

An additional aspect of the training was to provide trainees with an overview of abuse prevention, abuse recognition, and abuse reporting, with specific information for recognizing and reporting abuse of residents living with dementia. As resident advocates and experts in the field, LTCO representatives are in a unique position to provide resources and education about abuse in long-term care facilities.

### ***Results***

As part of the project, a pre-test and post-test was developed with five questions covering the priority topics of the training. Success was measured by an improvement in scores by at least 50% of attendees. Of the attendees who completed the pre- and post-test, 93% showed an improvement in their score with many showing a significant improvement.

### ***Lessons Learned/Challenges***

Since the trainings were all provided on-site, a benefit was that direct care workers did not have to travel to a training location. However, it was sometimes difficult to control trainees arriving after the training had begun and leaving before the training was over, because staff sometimes had duties they had to address. This had an impact on continuity of the session and on the pre-test/post-test process. Another challenge was that some facilities did not have an adequate space for providing a training to a large group of people. Trainers were sensitive to the fact that the designated training space might also be a room that residents needed to use for an activity.

In an effort to protect confidentiality and put attendees at ease when taking the pre-test and post-test, trainers asked attendees to use an identifying number (i.e. the last four digits of the individual's phone number) in lieu of requiring names. This was a method suggested by other research projects, but as it turned out, some attendees used a different number for the pre-test and the post-test, making it difficult to match the two. Tests were scored immediately after each session, so every effort was made to use other methods to determine which tests were taken by the same person, even if the numbers did not always match. However, not all pre-tests and post-tests could be matched. Some individuals who attended the training did not turn in a pre-test or post-test.

Finally, a significant challenge was accessing a large enough group of direct care workers at each training site. Possibly because staff was still needed on the floor, or staff chose not to come in to the facility for the training, most sessions had fewer trainees than anticipated. While our target was 35-40 people at each training, only one of the trainings had 36 people in attendance. The range for attendees at the other trainings was between 8 and 29 people. In total, 270 individuals received training (204 in Chatham County and 66 individuals in Macon-Bibb County). In an effort to reach more workers, one of the nursing homes was encouraged to invite direct care workers from all four of their long-term care properties in Chatham County. While we encouraged facilities to have more workers in attendance, there was no way for us to mandate attendance. However, it is our belief that by providing the "Train the Trainer" session in June, we will continue to have an impact and hopefully as a result many more direct care workers will receive person-centered care training in the coming year throughout the state.

Each attendee was provided with several items to reinforce the training and to spark additional conversation in the workplace. Many attendees were complimentary of the pen provided to them to keep, which read "I hear you, I know you, I will honor your preferences." Attendees also were able to keep the One-Page Personal Profile they created during the training, "discussion questions" handout with their notes from the training, and a bookmark detailing Communication Tips for Residents Living with Dementia. Some facility staff requested a copy of the blank personal profile to consider using it with residents in their facility, and extra bookmarks for distribution to staff who were not in attendance.

Consistency in the training process was successfully achieved by having the same two trainers provide the trainings at all facilities, using the same handouts and outline developed to accompany the PowerPoint Presentation.

### **III. HomeTown Health, LLC: An Online Approach**

HomeTown Health, in partnership with the Georgia Chapter of the Alzheimer’s Association, published two accredited online training courses on “Understanding Dementia” and “Communication” based on needs identified for DCWs in Georgia. With the inclusion of videos and other interactive activities in the course, each courses’ length ended up being 90 minutes – 120 minutes for completion. Therefore, according to International Association for Continuing Education And Training (IACET) accreditation standards, HomeTown Health is authorized to offer 0.2 CEUs or 2 credit hours of continuing education units for each course.

#### ***Understanding Dementia – The Basics: Memory Loss, Dementia and Alzheimer’s***

Course Description: With the increasing number of individuals with dementia, including Alzheimer’s, it is crucial to improve education, training, and organizational support for direct care workers (DCWs) in order to prepare for and fulfill the need for highly competent direct care workers who can deliver quality comprehensive person-centered care to people living with dementia.

Alzheimer’s disease and related dementia are not a normal part of aging. It is a progressive and fatal brain disease that is the most common form of dementia. This course lays the foundation for Direct Care Workers to provide patient-centered care to individuals and their families with dementia and Alzheimer’s.

Learning Outcomes:

- Identify common conflicting messages and stigma’s related to dementia.
- Differentiate between general memory loss, dementia, and Alzheimer’s disease.
- Differentiate between irreversible and reversible dementia.
- Describe methods to differentiate between dementia and Alzheimer’s disease.
- Describe the symptoms and effects of dementia and Alzheimer’s disease.
- Describe how dementia and Alzheimer’s affects the brain.
- Describe the stages of the disease(s).
- Identify the benefits of early detection.
- Identify causes and risk factors of dementia.
- Describe the steps included in a clinical assessment of a patient.
- Outline the treatment and common medications provided to patients.
- Describe patient-centered methods to utilize to help patients address impairments related to dementia or a diagnosis of Alzheimer’s disease.
- Describe ways DCWs can promote early diagnosis.
- Identify actions direct care workers can take to help reduce stigmas and stereotypes related to dementia.
- Describe methods to help family members or caregivers to address impairments related to dementia or a diagnosis of Alzheimer’s disease.
- Identify resources and organizations that can help patients and family members with dementia and Alzheimer’s.



## ***Effective Communication: Strategies for Direct Care Workers***

Course Description: Individuals living with dementia often experience changes in behavior that can be confusing to friends and family. For caregivers, learning to decode messages through attitude, tone of voice, facial expressions, and body language can help both parties to connect and communicate in meaningful ways. This course will explore how communication takes place when someone has Dementia or Alzheimer's disease, and how to establish and build meaningful relationships through improved communication strategies

- Recall the ways the brain changes in people with dementia (PWD) and Alzheimer's Disease and its effect on function and behavior.
- Describe the communication changes that take place throughout the course of dementia and/or Alzheimer's disease.
- Define strategies for decoding the verbal and behavioral messages delivered by someone with dementia and respond in ways that are helpful to the person.
- Describe the importance of providing personalized, tailored, patient-centered care that is based on patient preferences
- Identify patient-centered strategies to connect and communication at each stage of the disease, including verbal, non-verbal or written communication.
- Recall examples of words to utilize that are empowering and enriching as well as words and terminology to avoid.
- Recall examples of how to perform active listening.
- Describe communication considerations based on varying cultures of individuals and their families.

### ***Course Outline & Curriculum Design***

*Principle #1: Adults learn best being interactive.*

Most learners resort to the easiest/fastest method of learning; it's up to the trainer to make sure they are actually learning. When adults are involved in and help direct their own learning, they are more engaged and learn more. People need to practice as they learn, and hear things more than once to remember them. To meet this need, "Check In" activities, such as a quiz, were incorporated.

*Principle #2: It's important to incorporate learning breaks.*

Adults generally need time to process and think through the information. For this reason, the curriculum avoided presenting large amounts of new information all at once. The courses were also split into shorter lessons that could be completed with the individual coming back to finish other sections as needed. The Check Ins also allow time for breaks and to make sure the individual is ready for the next step before proceeding. Some of the Check Ins ask questions and prompt them to think about a questions and give them a moment/pause in order to learn.

*Principle #3: You will never teach an adult anything unless you attach it to something they already know.*

Based on the principle of “Scaffolding,” in which learners start at the bottom, and build up layers/work their way up building a scaffold of learning as they go. As a learner increases competence, they move to a higher level. Keeping this principle in mind means being cognizant of helping them to connect new knowledge to old. This was incorporated several ways. Sometimes preconceptions or things heard previously can make an adult learner think they can’t learn something new or can’t adopt new perspectives on subjects. This means that the course designer has to be aware of misconceptions and also help the learners “unlearn” something first through the content shared. In addition, scaffolding also means the course designer needs to “prime” the learner at the start of training: jog the learner’s memory about what they already know or where they are at now to prepare for what they are about to learn. This was accomplished by providing a pre-test assessment to help the learner to think about what he/she already knew. In addition, several Check Ins (especially the first two lessons) use quiz questions as a part of the courses and ask the learner to think about specific circumstances as a DCW.

*Principle #4: Keep various adult learning preferences & personality types in mind.*

There is no one preferred learning style that works for all students. For this reason, the course designers incorporated visual slides, audio commentary, and multiple videos of real life experiences from caregivers and individuals with dementia.

*Principle #5: Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.*

For this reason, it was made clear in the course description who the course is intended for and the purpose of the training. Throughout the training, as well as through the videos, examples were included that intended to reflect on participants’ own experiences, and were relevant to their needs.

## **Results**

Due to the challenges described below, the courses were not made available as quickly as expected. At the time of the report made to the Georgia Gerontology Society, 20 individuals were enrolled into the two courses online. Four individuals were successful in completing the first course as a part of the initial pilot audit of the courses. HomeTown Health plans to continue to allow pilot trainees to complete the courses to collect additional feedback after the conclusion of this project. (You can contact [administrator@georgiagerontologysociety.org](mailto:administrator@georgiagerontologysociety.org) to connect with the project manager for additional results.) Upon pilot review, if there are any clarifications or additions that we can make to the curriculum in the two courses, HomeTown Health and course author will make revisions before publicizing the courses to the public at large for training use at no charge.

For the four completed courses, the following scores were reported in the pre-assessment of current levels, and then post-assessment/final quiz at the end of training. All four successfully

completed the final with at least an 80% or higher, and all showed improvement of knowledge, an average increase of 22.5%.

An evaluation was also collected to gain additional feedback on the course training, instructor knowledge, learning preferences, and overall effectiveness of the training program. A self-efficacy question was also included on the evaluation for these courses. The question “On a scale of 1 to 100, 100 being the highest, please rate your own ability to provide appropriate care to individuals with dementia at this time“ was added to the final “evaluation” on the Learning Management System to allow individuals to self-rate their ability to perform based on the measure developed. So far, results have ranged from 90 to 100 following the completion of the course.

### ***Lessons Learned/Challenges***

Due to an unexpected earlier-than-scheduled maternity leave for one of the program authors, these courses were not finalized until later than planned which did not allow for as much feedback as desired prior to the end of the project period.

Recommendations from participants so far have included a note regarding the volume of the course. There are a few spots in which the volume level changes (not equalized) between the video and voice recordings of the presenter. This is being addressed.

In the aging field, this type of training is needed as a basis for individuals to provide appropriate care for individuals who have been diagnosed with Alzheimer’s or another form of dementia. Caregivers must understand the changes that are happening to the individuals in order to provide the highest level of care for them. Again, these courses are only a beginning point in the care techniques that are necessary and more extensive trainings are necessary in order to give caregivers more specialized training. The projected numbers of people diagnosed are due to increase at a rapid rate, and care providers need to understand the disease and have better training in order to care for the growing number of people affected.

In addition, Hometown Health has identified additional trainers from various organizations who have offered to help to build and author future training in the following areas:

- Dining and Nutrition for Individuals with Dementia
- Pain Management for Individuals with Dementia
- Palliative and End-of-Life Care for Individuals with Dementia
- Prevention and Reporting of Abuse for Individuals with Dementia
- Reduction of Preventable Hospitalization for Individuals with Dementia
- Requirements for Dementia Care Training
- Tying Dementia into QAPI
- Person-Centered Care
- Empowering the Person and Enriching Their Life

If additional funding is available to support their development, HTH would be interested in continuing to develop coursework so that the training could be offered free of charge to Georgia

DCWs. If additional funding is not available, a nominal fee may be charged to participants in order to support the development of additional courses.

Initial feedback indicates that the training is well received. HomeTown Health has received several requests for this training including requests from other individuals that are not DCWs but have family members with dementia.

## **IV. RelyFy: A Mobile App Approach**

RelyFy utilized the grant funds to build a mobile app for assessing the efficacy of mobile app based training on dementia care for direct care workers. RelyFy Care, a mobile app for android and iOS phones, was built with a training module and released for free for all direct care workers.

### ***Description***

6 Videos are available on the following topics:

1. Safe work practices for Caregivers
2. How to approach residents
3. How to distract and redirect
4. Stop and Assess
5. When doing all the right stuff doesn't work
6. Bath Time - Easing the stress

The video content was sourced from WorkSafeBC, and made available in public domain on YouTube.

Users were asked a 10 question quiz. At the completion of the quiz, direct care workers received a congratulatory message for successful completion of the training. Correct answers were shown in green. Users were given opportunities to select correct answer if they previously selected an incorrect answer. This overcame their fear of being judged or measured by their employers.

### ***Results***

The mobile app was marketed through a caregiver event and an online survey link. In total, 9 direct care workers completed the survey. 89% of users found the mobile app based training very easy to follow. The two most useful parts of the mobile app based training were the short videos being easy to follow and the convenience of watching the training on the phone when the user had time. 88% of users felt that the training would certainly help them in dealing with clients with dementia. 67% of users said they would be very interested in trying other training made available via videos and quizzes on their phone.

### ***Lessons Learned/Challenges***

More content needs to be developed and the app needs to be promoted so that more direct care workers can benefit.

## **V. Conclusion**

The Georgia Gerontology Society is proud to have been able to award funds for these projects to work towards addressing barriers to providing dementia training for direct care workers. While longer projects with additional funds may be better able to develop a training system that can be offered statewide, GGS is pleased with the products of these grant projects. Three separate methods were utilized and all showed promise in delivering training to direct care workers. Both the online and mobile app will be able to be utilized beyond the grant period and have the potential to be expanded upon with additional topics. By providing a train-the-trainer to other Ombudsmen in the state, the in-person training will also expand beyond the course of this grant.

Solving the challenges of providing training to direct care workers is not an easy task. Not all work environments are the same and the ability to utilize in-person training versus online training versus a mobile app based training will vary amongst workers and providers. The solution is likely a combination of training platforms with a consistent message. These grants are one step towards understanding how to improve access to training for direct care workers. GGS would like to thank the GA Department of Human Services, Division of Aging Services for making these grants possible.