Partners in Caregiving in a Special Care Environment

Cooperative Communication Between Families and Nursing Homes

Julie Robison, Karl Pillemer, Rhoda Meador

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This manual is the result of a cooperative project between the Braceland Center for Mental Health and Aging, the Cornell Gerontology Research Institute, and the Foundation for Long-Term Care. To order additional copies, or for further information, contact:

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Contents

Background for Facilitators. 2
Overview of the Project. 4
Planning Partners in Caregiving. 5

Partners in Caregiving: Staff In-Service 14
Agenda and Materials. 15
Activities 18

Partners in Caregiving: Family Workshop. 45
Agenda and Materials. 46
Activities. 49

Joint Session for Family, Staff, and Administrators. 78

Handouts. 83
Staff In-Service Handouts. 83
Family Workshop Handouts 103

Appendices. 123

Background for Facilitators

Welcome to Partners in Caregiving in a Special Care Environment! This educational program is based on five years of joint research conducted by Cornell University, the Foundation for Long-Term Care and the Braceland Center for Mental Health and Aging, and on over a decade of experience in developing cooperative communication programs at Cornell University. Before turning to the actual training materials, it will be helpful for you to understand the conceptual basis of the project.

Problems in Family-Staff Relationships

Much concern exists today about the problems of family caregivers to elderly persons with dementia. However, it is often assumed that the family's involvement ends when the relative is placed in a nursing home. In fact, this is not the case: much research shows that families continue to interact with and provide care for institutionalized elderly relatives.

Family involvement in nursing homes is very beneficial for residents. However, difficulties experienced by both families and staff can sometimes cause strained relationships and decreases in family involvement. For family members, the placement of a relative in a nursing home is an immensely stressful event. Families experience guilt over "abandoning" their relatives and anger at the circumstances that made it necessary. They often have negative stereotypes about nursing homes and fears about the quality of care that their relative will receive. Families sometimes do not complain about the care received because of concerns that staff may retaliate against their relative or that they will be asked to seek care for the relative elsewhere.

Nursing home staff, too, are struggling to make ends meet and to provide good care under very demanding work conditions. Nursing homes are chronically understaffed, which leads to severe job stress on the part of nurses and nursing aides. Further, staff rarely receive training in ways to work with family members more effectively. These pressures can lead to poor relationships with the residents' families.

When a relative moves into a dementia special care unit, clear and comfortable communication between family and staff is particularly important. Residents with cognitive impairments are frequently unable to give accurate factual information about their experience in the facility or their past history and preferences. Families are thus dependent on direct-care staff for descriptions of the resident’s life in the nursing home. Unfortunately, interviews with both staff and families indicate that sharing of detailed information about residents is often inadequate. Care practices which do not take into account residents’ individual abilities, preferences, or dislikes can lead to increased undesirable behavioral symptoms. Communication of family members’ knowledge about residents’ premorbid personality, as well as their disease history, to nursing home staff is critical for developing appropriate individualized care plans. Such communication may serve to increase understanding of, and perhaps reduce the expression of, behavioral symptoms in the nursing home.

In sum, aspects of institutional life sometimes cause problems for families and decrease their involvement. In particular, staff-family relations can be strained and conflictual. Such conflict can lead to the eventual alienation of family members, and to a reduction in their involvement with their relatives. (Selected articles on family-staff relations are listed in the reference list in the appendix.)

A Response: Partners in Caregiving in a Special Care Environment

Partners in Caregiving in a Special Care Environment works on the problems just outlined. By participating in the project, families and nursing home special care unit staff will learn how to communicate more effectively with each other, to avoid problems, and to solve them when they occur. Such improved communication will make it more likely that they will work cooperatively to improve the quality of care for residents.

This program was adapted from Cornell University's Partners in Caregiving program to address the specific needs and concerns of staff and families of residents of dementia special care units. The program builds on five years of research conducted jointly by Cornell University, the Foundation for Long-Term Care and the Braceland Center for Mental Health and Aging.

In addition, it builds on the long history of research and program development conducted at Cornell University on the relationship between family and community institutions. It is specifically based on a program known as "Cooperative Communication Between Home and School," which thousands of parents and teachers have participated in nationwide. This workshop series involves learning communication skills, identifying possible changes that make the school more responsive to families, and describing how to implement those changes.

Like that program, Partners in Caregiving in a Special Care Environment is founded on what has come to be termed an *empowerment* approach. Empowerment programs help people to develop their own skills and work in their own communities. Most relations between families and nursing homes are not based on empowerment; in fact, long-term care arrangements often make family and staff *feel powerless* and unable to affect the conditions in which care takes place.

In contrast, an empowerment-oriented program views families and nursing home staff as expert partners. Mutual respect and caring form the basis of this partnership, with families bringing their knowledge of who their relative is, staff bringing technical expertise in providing quality care, and each caring for the older person with dementia. To this base, many other valuable insights and skills are added, with a feeling of care between families and staff developing.

Thus, Partners in Caregiving in a Special Care Environment is conceptually based on the empowerment model and practically based on over a decade of program development in this area. We believe that this is one of the most important strengths of the proposed project: it is founded not only on lengthy expertise in working with long-term care facilities but also on a long history of proven success in enhancing communication between families and the institutions that serve them.

Overview of the Project

Partners in Caregiving in a Special Care Environment consists of two parallel workshop series: one for family members and one for nursing home staff.

The staff workshop is structured as a full in-service day. The family program includes one 4-5 hour session. As discussed below, we recognize that this schedule may not be possible for some facilities, and other options are provided.

The project ends with a joint session with families, staff, and facility administrators. It is very important that administrators be fully supportive of the project; this final session allows them to become involved and provides them with a unique opportunity to learn how staff and families perceive the facility.

A Partners in Caregiving team is formed in each facility to plan the implementation of the program in the nursing home. This team usually consists of the director of social services, a nursing assistant, an involved family member, the director of nursing, and the facility administrator. This group meets to review the basic content of the training and to handle scheduling and logistical issues. By being part of the planning team, administrators show support for the program from the outset.

Three members of this planning team serve as facilitators for the program when it is run in the facility. The director of social services, or a designated social worker, is a co-facilitator at both the staff and family workshops. In the staff in-service, a nursing assistant serves as co-facilitator; in the family seminars, a family member of a resident acts as co-facilitator.

This manual is designed for the facility training teams. It is not a participant manual; instead, it provides detailed directions for facilitators who will conduct the training. Usually, facilitators will attend a "training of trainers" session before conducting the program. However, the exercises are described in detail in the manual and provide a good overview of the goals and activities of the project.

The contents of the staff and family sessions are nearly identical. The major difference is in the specific case studies used for discussion. However, the basic communication skills learned are the same.

This manual applies specifically to nursing home units dedicated solely to dementia care. The original Partners in Caregiving program manual is also available for use on non-dementia care units. Again, the contents of the two versions of the program are very similar, but this manual focuses on issues specific to dementia care.

Planning Partners in Caregiving

Development and Evaluation of the Program

Partners in Caregiving in the Special Care Environment is the result of several years of development and evaluation. Representatives from nursing homes were deeply involved in every stage of the program design. Early survey and focus group studies allowed us to ground the program in the actual experience of families and staff. During the development phase, pilot testing of the content took place in nursing home special care units.

The original Partners in Caregiving manual was developed and refined based on extensive use and evaluation in twenty-seven nursing homes. These facilities included rural as well as urban facilities and small and large homes. Different religious and ethnic groups were represented, including two facilities with Catholic sponsorship, one with Jewish sponsorship, and one with Methodist sponsorship. One facility served a predominantly African-American population.

Building on this experience, an expert team revised the original program for use in dementia special care units. The team included Cornell University's Partners in Caregiving research team, a gerontologist, a geriatrician specializing in dementia care in nursing homes, a psychogeriatric nurse practioner and nurse manager of an inpatient psychogeriatric hospital unit, and representatives of two state nursing home associations. The resulting Partners in Caregiving in a Special Care Environment program was then pilot tested in two facilities, one proprietary and one not-for-profit.

Does Partners in Caregiving in a Special Care Environment work? The evidence shows that it does. First, data on satisfaction with the program were collected from 70 participants in the training sessions in each facility. Satisfaction was extremely high. We will give a few examples here:

- in their overall evaluation of the training, 95% rated it as excellent or good, 5% rated it as average, and no one rated it as poor;
- 97% of the respondents said they could relate what they had learned to their day-to-day experience in the nursing home;
- 98% of the respondents said that they would recommend the training to someone else;
- 97% of the respondents said they felt very or somewhat comfortable discussing the topics in the training.

A case-comparison study of the training program was also conducted. The Braceland Center for Mental Health and Aging administered pre-test and post-test questionnaires to the staff and families who participated in the trainings.

In this study, participants improved in their feelings about the other group (staff or family members) and felt better able to handle relationships with them. (A report on the evaluation is available on request.)

Equally important was the qualitative process evaluation that has been carried out throughout the project's development. Regular discussions are held with the trainers, and their experiences and suggestions are used to revise the program. In addition, staff and family members were interviewed to learn more about how the

program could be improved. Thus, the Partners in Caregiving in a Special Care Environment program is not just the product of a few people but instead has benefited from the insights of trainers, nurses, nursing assistants, and family members, and facility administrators.

Perhaps the best evidence of the positive effects of Partners in Caregiving are both small and large changes in nursing home policies. These included:

- modifications to admission procedures with more comprehensive explanations;
- regular individual resident care conferences with family members;
- development of a staff task force focused on family relations with regular meetings;
- educational inservices addressing issues requested by family members;
- a bulletin board with staff names and photos and;
- increased recreational staffing.

In addition to such concrete changes, facilities also reported a greater openness to communication in the units that had the training, as well as an increase in morale.

Major Components of the Program

If you have already taken a quick look through this manual, you will have noticed that the program includes a staff in-service, a workshop for families, and a joint session with the facility administrator after the staff and family training. The exercises in all sessions cover the same issues, but the trainer needs to carefully review both the staff and family versions of the exercises, since there are some important differences in wording.

The components of the program are arranged in an order that allows later units to build on earlier ones. Thus, the program begins with an introduction to Partners in Caregiving in a Special Care Environment and a chance for the participants to introduce themselves. A group discussion of dementia and related behavioral symptoms follows. The next unit ("Sharing Successful Family-Staff Communication Techniques") lets the group members get some of their concerns out in the open but also focuses on positive aspects of the facility. The next two sections ("Advanced Listening Skills" and "Saying What You Mean Clearly and Respectfully") cover communication and active listening techniques.

The following three units deal with situations in which cooperative communication is particularly difficult in the nursing home: when there are cultural and ethnic barriers to communication; when values among different groups in the facility affect communication; and when a person must deal with blame, criticism, and conflict. (The final component of the program, a joint session with administrators, is discussed later.)

Types of Activities

As you look through this manual, you will also note that a number of exercises and techniques are used to involve participants in learning new skills. Remember: Partners in Caregiving in a Special Care Environment is not a didactic program, although information is sometimes given to participants in lecture form. Instead, the program is one in which participants learn and practice new skills. The program will be successful to the extent that the trainer can get the group actively involved in the learning process. Because this is not always an easy task, Partners in Caregiving in a Special Care Environment contains a number of

structured exercises and role-plays in which group members actually use what they have learned. It will be useful to review the basic types of training components that are used in Partners in Caregiving in a Special Care Environment.

A. Mini-lectures

At various points in the manual, the trainer is directed to give a short talk about a topic. An example is the "Introduction to Partners in Caregiving in a Special Care Environment" that appears at the beginning of both the family and staff trainings. These "mini-lectures" are printed in bold type in the manual. The goal of these mini-lectures is to convey basic knowledge and information to the participants.

Please note, however, that these mini-lectures are not designed to be read word-for-word out of the manual. Trainers should familiarize themselves with the content of the mini-lecture and make it their own. A good idea is to personalize the mini-lecture by adding examples from your own facility.

B. Brainstorming

In these exercises, participants generate ideas about a topic in a free, open discussion. An example in the manual is "Sharing Successful Family-Staff Communication Techniques," in which participants note things that both encourage and discourage communication. The goal of a brainstorming exercise is to call out ideas from as many group members as possible. These ideas are not immediately judged or evaluated as good or bad; they are listed on newsprint or a blackboard for later group discussion. The trainer's role is to be encouraging and positive, to assure the group that there are no "right" answers, and to summarize and draw connections among the various comments.

C. Small Group Discussions

At some points in the manual, you are directed to divide the larger group into several smaller ones. An example is in the unit on "Cultural and Ethnic Differences," in which small groups discuss questions about this topic. A major function of the small groups is to allow and encourage shyer members of the group to express their ideas. Some people may be uncomfortable sharing their ideas in a group of 12 but find it easy to do so in a group of 3 or 4. This is especially true when sensitive topics are discussed. At the end of a small group exercise, each group reports on the main points raised in its discussion.

D. Role Plays

Although some people are resistant to role-playing, in Partners in Caregiving in a Special Care Environment, there is simply no better alternative for learning and practicing the skills highlighted in the program. Participants in role-plays have the opportunity to try out a new technique in a structured, "safe" setting. Even if a group member is not one of the role-players, he or she benefits by seeing the technique "in action." Suggestions for how to facilitate role-plays are provided in the Appendix.

E. Case Discussion

A number of case studies are presented in the manual (sometimes in the context of role-plays). An example is the discussion of the "conflict resolution script" in the section on "Handling Blame, Criticism, and Conflict." Case discussions take abstract concepts and make them concrete. A major goal is to identify how the communication techniques learned in Partners in Caregiving in a Special Care Environment could have a positive effect on the case. The facilitators' role in case discussions is to encourage participants to react and to keep the discussion open and non-judgmental.

Handouts and Overheads

The manual provides you with a number of pages that are to be duplicated as handouts and made into overhead transparencies (these appear at the end of the manual). Showing an overhead helps focus the group's attention on what is being discussed. But individuals with vision problems or reading difficulties appreciate having a copy as well. And the handouts serve as reference materials that can be read over at home. Therefore, each participant should receive a complete set of the handouts.

Literacy

Some participants in Partners in Caregiving in a Special Care Environment are likely to have difficulty reading English or may be illiterate. The program is structured such that even a person who is unable to read can fully participate. For this reason, please do not ignore the instructions in the manual to read written materials aloud. These include the case studies and role-play scenarios. Reading the material aloud not only eliminates literacy problems but also allows the rest of the group time to consider the material.

You will also note that in the few exercises that call for respondents to write, the respondents are always also given the option of "just thinking about their answers" instead of writing them. This is again done in consideration of the possibility of illiterate participants. Our experience has taught us that trainers should never assume that all participants in a group can read; appearances can be deceiving, and a seemingly articulate person may have difficulties reading. For this reason, it is also best to ask a volunteer to read to the group instead of calling on someone.

Planning Partners in Caregiving in a Special Care Environment

As anyone who has spent time around nursing homes knows, no two facilities are exactly alike. Therefore, in Partners in Caregiving in a Special Care Environment, we stress flexibility. For example, in the nursing homes where Partners in Caregiving was evaluated, it was clear that some exercises worked better than others in different facilities and that different training schedules were more appropriate than others. We therefore emphasize that as a training team becomes more familiar with Partners in Caregiving in a Special Care Environment, they not only can, but should, adapt the program and make it their own.

However, based on our evaluation of Partners in Caregiving in a Special Care Environment, we have learned a considerable amount about what works and what does not when implementing the program. In this section, we use that experience to provide general guidelines on how to start up Partners in Caregiving in a Special Care Environment in your facility. Following these steps will help you to have a successful experience in your facility.

Step 1 . Create a Partners in Caregiving in a Special Care Environment Group

The most important step is to organize a planning group in your facility that will see Partners in Caregiving in a Special Care Environment through its development and implementation. This group should include-at a minimum-the facility administrator, the director of social services, the director of nursing, a nursing assistant, and a family member. We recognize that getting a group like this together may be difficult, but it is in fact one of the most important parts of Partners in Caregiving in a Special Care Environment, for two reasons.

First, the planning group represents the initial step in improving family-staff relations. By discussing the training issues and planning the program, administrators, staff, and families begin the process of learning to

work together in new ways. Second, support from the facility administration is key to the success of the program; in our evaluation study, those facilities that had supportive, involved administrators had a more successful experience, especially in the joint meeting at the end of the program.

It may not be possible for the entire planning group to meet as a whole throughout the course of the project. At a bare minimum, it is critical that at least one meeting be held with the administrator during the planning stages and that he or she receive regular updates throughout the project. Since one possible outcome of the program are changes in administrative policies, the need for administrator involvement is obvious.

The Role of the Planning Group:

The group's first task is to familiarize itself with the Partners in Caregiving in a Special Care Environment program. Members should read the manual, and one or more members should attend a "training of trainers" program if available, that is periodically sponsored by Cornell University or the Braceland Center for Mental Health and Aging or can be arranged upon request by a group of nursing homes.

Second, the planning group will need to make a series of decisions throughout the planning process, as outlined below. These decisions include:

- creating a training team;
- deciding on who should be invited to participate in the program;
- figuring out logistics such as location and time of the training and;
- selecting the person responsible for arrangements.

In the remainder of this section, it is assumed that the planning group will carry out the planning tasks outlined below.

Step 2. Create a Training Team

The first major decision of the planning group will be: Who will conduct the training? The selection of facilitators is very important. Indeed, we learned in our evaluation that the facilitator's approach and comfort level had a major impact on the success of the program.

In establishing the training team, an important decision is whether to use an internal or external facilitator. In our project, the facilitator was a social worker employed by the nursing home (in the smaller facilities, this was the director of social services; in larger ones, a member of the social work staff).

There are several advantages to using an internal facilitator. First, he or she has an intimate knowledge of the nursing home, its residents, and its policies. Second, he or she can provide continuity after the training and can help to implement changes identified by families and staff. Third, since it may be necessary to hire an outside facilitator, using a current staff member provides a savings to the facility.

On the other hand, a major advantage to using an outside facilitator is that both staff and families may be more open with an "outsider." Staff may fear that problems they raise will somehow "get back" 'to the administration and cause them (the staff) to be negatively evaluated. Families may be afraid of seeming like "complainers." Second, in a few cases, we found that facilitators from within the nursing home became uncomfortable conducting role-plays and other exercises with their co-workers. Sometimes, an outsider is able to take more risks and to persuade participants-in a way that a staff member cannot-to try something new.

Who are potential outside facilitators? Local social workers or psychologists are certainly possibilities. A particularly good option may be a former employee of the nursing home (e.g., a social worker) who has left for reasons such as retirement or the birth of a child, but who would be interested in being a trainer on a part-time basis. Such a person combines knowledge of the facility with an "outsider" status. Another possibility is Cooperative Extension agents, an increasing number of whom are becoming interested in issues of aging. A third option is to work in partnership with a neighboring nursing home and switch social work staff for training. This option offers a no-cost "outside consultant."

Based on our experience, we anticipate that most facilities will use a member of their social work staff to conduct the training. Our evaluation shows that this is usually very successful and that the social workers become even better at conducting the training as they become more experienced at it. But as we have stated above, the key is flexibility: you may wish to try the program first with the facility social worker as the trainer and an outside trainer the second time. You also may consider involving your activities director or staff development coordinator.

In addition to the facilitator, the training team for Partners in Caregiving in a Special Care Environment includes two co-facilitators: a nursing assistant and a family member. The facilitator conducts the staff training with the nursing assistant as the co-facilitator, and he or she conducts the family training with the family member as co-facilitator.

The co-facilitators are very important to the success of the training. First, Partners in Caregiving is based on an empowerment model. It is extremely empowering for group members when "one of their own," so to speak, acts as a trainer. The training then takes place on a more equal level and makes it clear that the knowledge of the participants is what the training is all about. Second, on a more practical level, conducting Partners in Caregiving in a Special Care Environment, while rewarding, can also at times be somewhat stressful; it is much better to share the responsibility with someone else. Third, serving as a co-facilitator can improve the self-esteem and empowerment of nursing assistants and family members.

The members of the training team should also become members of the planning group and meet with it regularly.

Step 3. Select a Unit for the Training

Although this may differ from facility to facility, we strongly recommend that Partners in Caregiving be conducted on a unit-by-unit basis. That is, rather than selecting families and staff from the entire facility, we have found that it is more effective to concentrate on training the staff and families on one unit at one time. This way, families and staff have a common frame of reference and learn the same skills. It is also often easier to try out changes in policies on a single unit.

Step 4. Select and Recruit Participants

If possible, it is best that the training be made available to all interested staff and family members on a unit. Since the optimal size for a training group is between 8 to 12 participants, it may be necessary to conduct more than one training. Of course, it is unlikely that all members of either group will be able to take part. But it has been our experience in Partners in Caregiving in a Special Care Environment that even when a few family members and staff on a unit go through the program, there is a "ripple effect" as the participants share the skills they learned with others.

Initial recruitment for Partners in Caregiving is not likely to be a major problem. In our experience, both staff and family members are very interested and eager to take part in programs like this. Promotional letters we developed for the project appear in the Appendix.

Two special recruitment decisions must be made in terms of the staff. First, the question arises: Who should be trained? In our sites, both nurses and nursing assistants were trained together in a single group. We made this decision because we felt that the program would also help improve nurse-nursing assistant communication and solidarity. In general, this worked very well, and very few negative comments were received in the evaluation. A facility may wish to include other staff members who have frequent contact with families as well.

The second decision relates to payment of staff for the time spent in the training. Although some staff members may consent to take part in the training on their own time, we strongly suggest that staff receive their regular wage during the training. Obviously, for some staff this may be the only way they can participate. But for all staff, receiving payment for the training demonstrates the administration's commitment to improving communication in the facility. Some facilities may choose to use Partners in Caregiving in a Special Care Environment as part of their regular in-service education for staff. This approach would integrate the program into the nursing home philosophy.

Step 5. Prepare Training

The first time a new training program is started, it is always a challenge. The key to success with Partners in Caregiving in a Special Care Environment is preparation and rehearsal. The more familiar you become with the materials, the better your -and the participants' -experience will be.

The co-facilitators should carefully read the materials in this manual. A decision must then be made about the roles each co-facilitator will play. Decide among yourselves who will lead each exercise, who will keep an eye on the time, who will handle the overhead transparencies, and so on.

Remember: different people have differing levels of comfort leading trainings. You and your co-facilitator may decide, for example, that one of you will do most of the talking to the entire group and the other will lead some of the exercises. Or one facilitator may not feel comfortable leading role-plays but may be happy to do the "mini-lectures." There is no right and wrong here; the goal is both to demonstrate how people can work well together and to relieve the pressure on a single facilitator.

A clear key to success is to rehearse all of the parts of the training. A good idea is to ask members of the planning group to take part in a "dry run" of the exercises. This allows the facilitators to practice and also helps the planning team learn what Partners in Caregiving is all about. The important thing is that the facilitators not go into the training "cold." The better they know the materials, and the more practice they have had with them, the more successful the training will be.

Step 6. Time, Location, and Arrangements

Based on the evaluation, we believe that the most effective schedule for Partners in Caregiving in a Special Care Environment is a full-day in-service for staff and one 4-5 hour workshop for family members. (The joint session for staff, family, and administrators takes place after both groups are finished). However, some sites had 2 or 3 sessions for staff and found that this also worked well. We do not recommend, however, that the training be provided in four or more sessions, over a month or more. Since each section builds on the previous one, if the gap between the first and last session is too long, knowledge will be lost. The chance that participants will drop out also increases as more sessions are added.

For reasons of convenience and cost, many facilities will choose to conduct Partners in Caregiving in a Special Care Environment on site. This has the advantage that participants will not have difficulty finding the training location. However, a different site has the advantage of getting people out of the nursing home setting, where they may feel more open to new ideas and have a greater sense of confidentiality. You may wish to experiment with the location.

One consideration that relates to both time and location is the reluctance of some elderly family members to travel at night. However, holding the training during the day excludes working family members. If sessions are to be held in the evening, try to hold them as early as possible. For example, a family training could take place at 5:30 p.m., with a break for a simple dinner. Another option is to have two family training groups, one in the evening and one during the day; this allows a maximum number of families to participate. Regardless of when the training is held, we strongly suggest serving light refreshments (or lunch or dinner, depending on the timing of the training). Sharing food often makes a group more cohesive and provides the opportunity for informal communication during a break in the training.

Step 7. The Joint Session

After both staff and families have completed the training, a joint session is held with all of the training participants and the administrator. This session is discussed in a separate section in this manual; we would like to call your attention to a few points here.

The joint session is the culmination of Partners in Caregiving in a Special Care Environment. We have found that it can be an extremely empowering experience for families and staff, one that greatly increases their understanding for one another. As noted earlier, the session can also result in concrete changes in facility practice or policy that make both staff and families happier. However, trainers may have concerns about this session and be worried that it will be overly confrontational or that it will turn into a "gripe session."

There are several keys to the success of the joint session. One is anticipating in advance the problematic topics that may arise and meeting with the administrator to prepare him or her for the session. The role of the administrator is to listen to the staff and families, and to brainstorm solutions with them. He or she must be open to the participants' suggestions and must try not to react defensively. Another key is for the facilities to remind participants to use some of the communication skills they learned in the training session. The co-trainers must play an active role in keeping the discussion on a productive and non-confrontational level.

Facilities may want to experiment with the joint session and develop a format that works best for them. One suggestion that arose from our evaluation was to hold two joint sessions. The first would involve just the family and staff training participants, to let them get to know one another and to plan the meeting with the administrator together. The administrator would then be invited to the second session.

Do's and Don't's

As a way of summarizing some of the major points we have learned from five years of working with Partners in Caregiving, we offer the following suggestions:

DO involve your administrator in the program from the very beginning, and keep him or her up to date on the progress of the program.

DO rehearse the exercises and role-plays before you conduct the training.

DO put the "mini-lectures" in your own words.

DO set a relaxed and friendly tone in the trainings. Remember, this is not a class with right answers to be learned. Instead, it is a workshop, where participants' stories and experiences are part of the learning experience.

DO feel free to modify the case discussion and role-play scenarios. If you know of situations that are more appropriate for your facility than the ones we have provided in this manual, by all means write them up and use them in the training.

DO have fun! Participants enjoy Partners in Caregiving in a Special Care Environment: you should too!

DON'T set your expectations too high at the start. It's like making pancakes-the first try might not work out so well, but the second or third one does.

DON'T be too rigid in following the program. If an exercise isn't working, go on to something else.

DON'T forget about the importance of the training environment. To the extent that you can, try to find a comfortable room for the training and provide some kind of refreshments.

DON'T assume that because a participant is quiet, he or she is not getting anything out of the training; some people may have trouble speaking up but are still learning.

DON'T let the momentum created by Partners in Caregiving in a Special Care Environment just drop; follow up on suggestions from the joint session and keep families involved.

Partners in Caregiving in a Special Care Environment

Staff In-Service: Description

The staff in-service consists of a full-day training, plus a joint session with families and administrators. We recommend that the training be conducted in one day, because each section builds on the one before, and the continuity serves to reinforce the skills learned. Further, scheduling may be difficult over time, and some staff may be absent from one or more sessions.

We recognize, however, that in some facilities it may not be possible to release staff for an entire day. It is certainly possible to divide the content into two or three units. We strongly recommend that these shorter sessions all take place within the space of one month. Again, the later exercises build on the earlier ones, and too long a gap between sessions will be less effective. Below, we provide sample agendas for both a full-day in-service and for training divided into three sessions, plus the joint meeting with administrators. Handouts for the staff in-service begin on page 83.

Agenda for Full-Day Staff In-Service

A. Introduction to Partners in Caregiving in a Special Care Environment and to Staff Workshops *(10 minutes)*

B. Participant Introduction Exercise *(15 minutes)*

C. Dementia and Behavioral Symptoms *(20 minutes)*

D. Sharing Successful Family-Nursing Home Communication Techniques *(40 minutes)*

Break *(15 minutes)*

E. Advanced Listening Skills *(45 minutes)*

F. Saying What You Mean Clearly and Respectfully *(30 minutes)*

G. Cultural and Ethnic Differences *(30 minutes)*

H. Values Line (*30 minutes)*

I. Handling Blame, Criticism, and Conflict *(45 minutes)*

J. Planning a Joint Session with Family, Staff, and Administrators *(15 minutes)*

K. Evaluation *(15 minutes)*

Joint Session with Family, Staff, and Administrators *(2 hours)*

A. Brief Summaries of Family Workshops and Staff In-Service *(30 minutes)*

B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships *(60 minutes)*

C. Where Do We Go from Here? *(15 minutes)*

D. Refreshments *(15 minutes)*

Agenda for Three Weekly Staff In-Services

Session 1

A. Introduction to Partners in Caregiving and to Staff Workshops *(10 minutes)*

B. Participant Introduction Exercise *(15 minutes)*

C. Dementia and Behavioral Symptoms *(20 minutes)*

D. Sharing Successful Staff-Family Communication Techniques *(40 minutes)*

E. Advanced Listening Skills *(45 minutes)*

Session 2

A. Feedback from Previous Session *(15 minutes)*

B. Saying What You Mean Clearly and Respectfully *(30 minutes)*

C. Cultural and Ethnic Differences *(30 minutes)*

Session 3

A. Feedback from Previous Session *(15 minutes)*

B. Values Line *(30 minutes)*

C. Handling Blame, Criticism, and Conflict *(45 minutes)*

D. Planning a Joint Session with Family, Staff, and Administrators *(15 minutes)*

E. Evaluation of Staff In-Services Series *(15 minutes)*

Joint Session with Family, Staff, and Administrators *(2 hours)*

A. Brief Summaries of Family Workshops and Staff In-Service *(30 minutes)*

B. Joint Brainstorming: Ways to Promote Even More Family-Nursing Home Partnerships *(60 minutes)*

C. Where Do We Go from Here? *(15 minutes)*

D. Refreshments *(15 minutes)*

Materials

- Newsprint, easel, marker, masking tape
- Overhead projector, screen
- Index cards, pens
- String or yarn for Values Line Exercise

Overhead Transparencies

- Goals of the Partners in Caregiving in a Special Care Environment Workshops
- Agenda for Staff In-Service
- Definition of Dementia
- Family Seminar Agenda
- Communication Helpers
- Communication Blockers
- Three Types of Feedback
- "Put Yourself in Their Shoes" Stories
- "I messages"
- Differences Questions
- Values Line
- Seven Steps to Handling Blame, Criticism, and Conflict
- Conflict Resolution Script

Handouts (enough copies for all staff members)

- Goals of the Partners in Caregiving in a Special Care Environment Workshops
- Agenda for Staff In-Service
- Agenda for Family Workshop
- Definition of Dementia
- Strategies to approach specific behavioral symptoms
- Communication Helpers
- Communication Blockers
- Three Types of Feedback
- "Put Yourself in Their Shoes" Stories
- "I messages"
- Differences Questions
- Values Line
- Seven Steps to Handling Blame, Criticism, and Conflict
- Conflict Resolution Script

Full-Day In-Service Activities

A. Introduction to Partners in Caregiving and to Staff In-Service *(10 minutes)*

Invite people to put their names, addresses, and phone numbers on a sign-in sheet when they arrive.

Begin the session within five minutes of planned starting time (even if people are still arriving). This establishes a norm of promptness and shows respect for those who arrived on time. The co-facilitators introduce themselves briefly, giving enough information so that the staff attending the workshop will have confidence in the facilitator's ability to lead a worthwhile program. Be brief. Here is an example of how a co-facilitator might introduce herself.

Welcome to "Partners in Caregiving in a Special Care Environment." I am Ellen Clay. I have worked as a social worker in this facility for five years. My previous background also includes working at a large city hospital. I have an elderly mother and father, currently living at my home, but in a separate apartment.

Here is another example:
My name is Betty Roberts. I have been a nursing assistant in this facility for five years. I have a lot of interest in residents with Alzheimer's disease and have recently begun working in the new Alzheimer's unit here. I have two children in high school.

After both co-facilitators have introduced themselves, one co-facilitator tells the group about the day's agenda and Partners in Caregiving in a Special Care Environment.

Say,

In a few minutes I'll invite you all to introduce yourselves, but first, let me tell you briefly about our day. It is our belief that families and nursing home staff can work together to improve the quality of life for residents and to relieve some of the stress that arises for both staff and families. This training will focus on communication techniques that will enable staff and family to interact in a positive, clear manner.

We will also focus on some conflict management techniques and try to gain empathy and understanding for the difficult tasks that both families and staff face daily. We will explore creative ways of reaching out and supporting one another.

This project also includes a workshop series for families of residents in this facility. In both workshop formats, we will promote the idea that staff and families make up an important partnership, and that by working together, both parties can become more comfortable initiating communication and learning new skills that will enable

them to become more effective in meeting the many challenges of nursing home care.

When a relative moves into a special, or dementia, care unit, clear and comfortable communication between family and staff is particularly important. Residents with cognitive impairments are frequently unable to give accurate factual information about their experience in the facility or their past history and preferences. Families are thus dependent on direct-care staff for descriptions of the resident's life in the nursing home. Unfortunately, interviews with both staff and families indicate that sharing of detailed information about residents is often inadequate. Often, an explicit invitation from the staff to the family to share their past experiences can help improve resident care and family and staff relationships.

Staff will gain new insights into the barriers that may prevent families from becoming more involved, and families will then learn to feel less isolated. Both staff and family members will learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts. Families and staff will be able to brainstorm together new ideas for the development of new policies, which will promote and encourage effective communication and problem resolution.

During this seminar, we will be accepting a wide range of viewpoints about family involvement and empowerment of both staff and families. Some of you may not want more family involvement in the nursing home facility, while others are looking for ways to expand it. In Partners in Caregiving in a Special Care Environment, we are not promoting one best way, but we ask you to open your mind today, to listen to each other's ideas, to put yourself as fully into the activities as is comfortable for you, to learn, and to contribute. We can assure you that you will be respected here. Remember, you are the experts: Trust your wisdom and experience, but please remain open to new ways of looking at old problems.

Place "Goals of the Partners in Caregiving Workshops" transparency on overhead and pass out handout. Then read it aloud:

GOALS OF THE PARTERNS IN CAREGIVING IN-SERIVCE

Families learn that they are important partners in their relative's care.

Families become more comfortable initiating communication with staff.

Families learn skills that help them be more effective in discussing the care of their relative with staff.

Family members feel less isolated.

Staff members gain new insight into the barriers that prevent family involvement and learn how to reach out effectively to all family members.

Staff learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts.

Staff feel less isolated.

Nursing homes develop policies that encourage a wider range of family involvement.

Say,

Partners in Caregiving in a Special Care Environment is both a program and a process. Staff members who participate in this workshop learn to see through family members' eyes, to practice advanced listening skills and conflict resolution, and to better understand their nursing home.

The program culminates in a joint session in which staff members, family members, and administrators look at the facility's policies and practices relating to family involvement. Together they decide what changes, if any, are needed. Here in [give place], the family seminar is being held on [give dates]. Our joint session is planned for [give date].

Switch facilitators.

Say,

I'd like to mention a few guidelines for our seminar and then ask you all to introduce yourselves. The bathrooms are located [give location]. There will not be smoking in this room, but we will take a break during the session. If you need a break sooner, you may quietly go out.

I also want to emphasize the importance of the confidentiality of our workshops. We will not be reporting any of the discussions that occur here to anyone in the nursing home. In the joint meeting with families and administrators, you can decide how much you would like to share about our meetings. I would like to ask all of you to respect the confidentiality of the group.

B. Participant Introduction Exercise *(15 minutes)*

As a way of warming up the group, ask the members to divide into pairs. Request that they choose a person whom they do not know. If all participants know each other, ask that they pair up with the person in the group whom they know the least well or with whom they have had the least contact.

Next say,

Instead of just introducing ourselves, we would like you to spend a little time getting to know your partner. Then, we will ask you to introduce him or her to the group. I would like to ask you to tell your partner two things that are special about you. This can be anything that is important to you; it could be about family, job, hobbies, or anything else. After one of you has talked for a couple of minutes, switch so the other person can tell about himself or herself.

Participants who already know each other may protest that there is nothing new to say. Reassure them that even long-term friends who do this exercise often learn something new. It is a good idea for you and your co-facilitator to participate as well and interview each other.

After five minutes (or earlier, if all the pairs are done), call the group together again. Go around the group and ask each person to introduce his or her partner. You and your co- facilitator should participate in the exercise by introducing one another.

Note: The goal of this exercise is to "break the ice" and help the group to learn the names of other group members and something about them. If you prefer to use another warm-up exercise that achieves these goals, feel free to do so.

Say,

Here's the outline for today's session. (Pass out copies of "Agenda" and place a copy on the overhead projector.) Are these the kinds of topics you had hoped we would work with today? Are there others you had hoped to address?

If someone brings up other topics, make a new column on newsprint marked "Other Important Topics." Then summarize the person's interest under that heading. If you can see ways that a segment of the agenda already planned will address that topic, describe it. If it seems like an important topic to several of the staff and you are prepared to deal with it (perhaps during your lunch break), tell the group that you are prepared to alter the agenda a bit to work on this important issue. (Not many facilitators will choose this option.) Or you might suggest the possibility of adding an extra session, if at the end of the day they are still struggling with this issue. It is important that you convey a sense that their concerns will be addressed and then follow through.

At this point, show them the outline of the family workshops on the overhead projector.

Say,

I thought you would also like to see the outline for the family workshops. As you can tell, the families are learning many similar skills to those we'll be working with today. Of course, not all families in the unit will attend the workshops, but most staff find there is a powerful ripple effect when even a small percentage of the

families participate. Partners in Caregiving in a Special Care Environment is so effective because it helps both staff and families develop excellent communication skills and gives staff and families a reason to meet together at the end.

C. Dementia and Behavioral Symptoms *(20 minutes)*

Say,

First, we'd like to give you some basic information about dementia and the behavioral symptoms that can be associated with it. Some of this information may not be new for you, but we want to make sure that everyone starts with the same basic concepts. The family workshop contains the same information.

We will start with a definition of dementia.

Place "Definition of Dementia" transparency on overhead. Then read it aloud:

What is Dementia?

A global decline in intellectual abilities of sufficient severity to interfere with occupational and or social functioning. This occurs in clear consciousness.

What does this mean?

- Global decline means that more than one aspect of thinking is affected.
- Sufficient severity to impair functioning means that the problems the patient has are severe enough to produce problems in their daily lives.
- Clear consciousness means that the person is awake and alert.

Say,

Some conditions can mimic dementia and must be identified and treated. These include depression, side effects of medications, and thyroid disease. Nursing homes frequently have access to a geriatric care team which can assess residents for such conditions. There are many causes of dementia, including strokes, Parkinson disease, Huntington disease and many others. Alzheimer's disease (AD) is the most common cause.

In addition to memory problems and other cognitive symptoms, dementia can cause behavioral symptoms as well, such as wandering, verbal or physical aggression, hallucinations, paranoia and delusions to name a few.

Common terminology for these behaviors includes "disruptive" or "problem" which need to be "managed" or controlled by caregivers. Joanne Rader suggests reframing this language to more neutral and resident-centered terms, such as "behavioral symptoms." These behaviors commonly express unmet needs or responses to environmental stressors which often can be identified and resolved by caregivers in order to stop, or at least understand, the behavior. Caregivers can take on the role of "detective" to identify the possible underlying causes of behaviors and then act as "carpenters" to resolve or adapt to the situation. The success of this

process depends on good communication between family and nursing home staff members.

Ask the group for an example of a resident who has behavioral symptoms. Lead the group through the following questions about 2 or 3 examples. Say,

What types of behaviors does this person exhibit?

What unmet needs or environmental stressors contribute to these behaviors?

What can unit staff do to reduce, stop, and/or understand the behaviors?

What input does the resident's family have into treating these behaviors?

Does communication with the family have an effect on resolving these issues?

Say,

In some instances, it is impossible to discover an environmental stressor or unmet need that leads to behavioral symptoms. Can anyone give an example of such a situation?

What did you do in that case?

What was the resident's family's role?

Pass out "Strategies to address specific behavioral symptoms" handout. Say,

Here are some additional strategies to approach specific behavioral symptoms for future reference.

D. Sharing Successful Family-Staff Communication Techniques (*40 minutes*)

Hand out an index card to each group member. Say,

Now we would like to hear from you. lease take a minute or two to think about something you've done to communicate with families or to encourage a family's involvement in their relative's nursing home experience. Also, please think about your greatest challenge in relation to your residents' families, something you would really like to get some new ideas about.

On one side of the index card, write down the thing you've done, and on the others, the challenge you've identified. If you would rather just think about it silently, that's fine, too. Let's take a minute or two, then you'll each have a turn to share.

Write on newsprint, as a heading for two columns:

1. Positive communication with families

2. Challenges

After 1 or 2 minutes, say,

Let's each describe one way you have promoted family-nursing home communication and also your greatest challenge with families. It isn't necessary to use the names of the people involved. Who would like to begin?

Write a summary of what each participant says under the appropriate column. If another participant later mentions something similar, place a check mark near the first summary rather than writing it out again. You do not need to comment on each individual's statement beyond thanking him or her. You could occasionally say something like "lots of great ideas here!" Say,

You have so many good ideas to involve and communicate with families. I hope you'll try one another's ideas out and ask for more information if you need it. Now let's look at the list of challenges. (Read the list aloud.) The skills we'll be learning in today's seminar should give you some useful tools for working with most of these challenges. Others may require some changes in nursing home policies, which you'll have a chance to bring up at our upcoming joint session with administrators and families.

Let's take a 15-minute break. We'll meet back here, then we'll work on some listening skills.

E. Advanced Listening Skills *(45 minutes)*

Begin this session by saying,

Nursing home care has always been a challenging job, but in the last few years it has become even more so. Nursing homes are taking in residents with more severe health problems, while funding for services is shrinking. Too many family lives are very complex, with people struggling to balance work and family responsibilities and to function in a society where values are changing rapidly and where the composition of families may change frequently. Having an understanding of what our families are facing is crucial to being able to communicate with them about the resident and to encourage their involvement.

Empathy, or being able to put yourself in someone else's shoes, is an important prerequisite to skillful communication. I have here a story about a family that we will use to learn and practice some advanced listening skills. In the family workshops of Partners in Caregiving in a Special Care Environment, families will be learning to appreciate what a difficult job nursing home staff have and practicing the same listening skills we'll be working with here.

I'm sure that most of you are good listeners. I'll share with you some information that will help you become even better at listening to your residents' family members. Incidentally, the skills we are able to learn and practice will also help you communicate better with residents, and even with other people in your life - your coworkers, your spouse or partner, your children, and your friends.

Place "Communication Helpers" on the overhead projector and ask your co-facilitator to distribute the handout to all the participants. Read each one aloud, including the examples in parentheses.

<u>Communication Helpers</u>

1. Door openers: Invitations to talk, letting the other decide whether or not to proceed. (“Want to talk about it?” “You look sad. Is something bother you?”)

2. Encouragers: (“I’d like to hear more about your family’s concerns.”)

3. Open Questions (“What do you hope your mother will gain from being here?”)

Say,

Can anyone give an example of a time when you have used a “Communication Helper?”

After two have been given, say,

These "Communication Helpers" can go a long way toward promoting good communication with family members, but we also need to avoid "Communication Blockers."

Ask your co-facilitator to distribute the "Communication Blockers" handout and put the corresponding overhead transparency on the overhead projector. Read each one aloud, including the examples in parentheses.

Communication Blockers

1. Blaming ("It's your fault. You should have brought him here sooner.")

2. "Always" and "Never" ("You are always telling me how to deal with her yelling." "You'll never understand your father's behaviors.")

3. Name-calling ("That aide is really stupid if she tries to teach him to dress himself.")

4. Labeling ("Mrs. Smith's daughter is a real troublemaker.")

5. Giving unasked-for advice ("You should put velcro across the doors to prevent other residents from wandering in. That's what they did at the first nursing home my father was in.")

6. Moralizing ("Families who really care about their relatives keep them at home. After all, her mother doesn't have many medical problems.")

7. Giving orders or threatening ("You find my father's dentures or I'm going right to the administrator.")

8. Excessive questioning.

9. Diverting or avoiding the other's concern.

Has anyone ever blocked communication with you in any of these ways?

Then ask,

Can anyone give an example of experience with any of the other communication blockers?

After someone has responded, ask,

How did that affect your willingness to communicate with that person?

Then ask,

If the other person had instead used any of the Communication Helpers, how would that have changed your communication?

Put the Communication Helpers list back on the overhead projector when you ask this question.

Next say,

Once we're able to encourage family members to say what is on their minds, through using Communication Helpers and avoiding Communication Blockers, it is important to respond in a way that lets them know we are really listening. Some of you have probably heard of "active listening," in which you give feedback to the speaker in order to communicate that you've heard what is being said. Since most of you are already pretty good communicators, I'll share with you some of the fine points of giving feedback so that you can become highly skilled at it.

There are three types of feedback.

Ask your co-facilitator to distribute the "Types of Feedback" handouts, while you place the corresponding transparency on the overhead projector.

Types of Feedback

Factual ("Your mother has only been here for 2 weeks. If you take her to a family party this weekend, she may become disoriented and agitated.")

Emotional ("I understand that you feel upset about your husband's increased confusion as he adjusts to living here. It must be really hard.")

Solution focused: focusing on resources and solutions ("Last Thursday was not a good time for you to come in to talk to me about your wife, but are you willing to come in some other time? Can your daughter give you a ride on Tuesday afternoon? I could stay a little while after my shift ends at 3:00 to talk to you.")

Read the list aloud, including the example. Then ask,

Have you ever used any of these types of feedback or have you observed someone else using them? Can you briefly describe it?

Pause for responses, and give feedback. Then say,

Now we are going to let you practice your listening skills in relation to a story about a family.

Before the in-service, you will need to read through both "Put Yourself in Their Shoes" stories and choose one for your session. You can also feel free to create your own story, using a similar format.

Put Yourself In Their Shoes - The G. Family

Sheila G. recently placed her mother and father in a nursing home. Both parents have dementia: her mother is in a very advanced stage of impairment, and her father has begun showing symptoms of memory loss and disorientation over the past six months. Mrs. G. does not recognize Sheila or any other family member, and she often refuses to eat. Mr. G, her husband, is more aware of his surroundings and complains to Sheila about how "bad" the facility is and how staff are mistreating his wife. He is also very angry at Sheila for "putting us in this home."

Sheila lives alone in a major city. She is self-employed and works as a writer. She is the only child of Mr. and Mrs. G. and feels very guilty about placing them in the facility. She gets depressed, and she often cries when she leaves the facility after a visit. She is also getting fearful that her father might be right about how staff treat her mother because she has noticed bruises on her upper arms.

Sheila also finds it very difficult when her father is verbally abusive to her, a problem that gets worse every time she visits. He also calls her and then hangs up when she answers the phone. This interrupts her work, but she is afraid not to answer it, in case there is a problem with her parents.

The next time Sheila visits, she decides to talk to the nursing assistant who is caring for her parents, who are in adjoining rooms. She wants some advice on how to handle them. She is also worried about whether her mother is getting appropriate care, and she is a little angry that the facility hasn't been more responsive to this situation. Jenny, the nursing assistant, is in the middle of a busy morning and is behind in her schedule.

Begin the role-play with this meeting between Sheila and Jenny.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this family member?

2. What skills would be most helpful?

3. What are some other ways in which this nursing home might support this particular family member?

Put Yourself In Their Shoes - The C. Family

Linda C's father was diagnosed with Alzheimer's disease 4 years ago and recently entered the same nursing home that her grandmother was placed in 24 years before. The facility is a county-run nursing home that has had a long and sometimes rocky history. During the past five years, real improvements have been made to the building and in staff development practices, including the construction of a new dementia care unit. Linda, however, remembers the poor conditions her grandmother experienced as a resident with Alzheimer's disease.

Linda is a 40-year-old single parent of a teenage son and a seven-year-old daughter. She works two jobs and often has to work on weekends, when most family members come to the facility to visit relatives. She needs to be with her children at night so has not been able to attend the orientation sessions the facility offers to families.

Linda has a deep love for her father, who is a resident on the dementia care unit and needs extra help from the staff while he adjusts to the new environment. Linda tries to get to the facility whenever she can, but she knows it bothers him that she can't come more frequently.

Last week, Linda received a report from the facility that her father is becoming more confused and that he wanders into other residents' rooms and lies down on their beds. The report also noted that he has disrobed in front of other residents several times and is unwilling to cooperate with staff when approached. Linda was also just advised by her employer that she will be expected to work extra hours over the holiday season, now only three weeks away.

Linda is feeling very stressed, and she is becoming concerned that staff in the facility may not be taking good care of her father. She decides to talk to Gloria, the charge nurse on her father's unit. Begin the role-play when Linda and Gloria meet in the hallway outside her father's room.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this family member?

2. What skills would be most helpful?

3. What are some other ways in which this nursing home might support this particular family member?

Distribute copies of the story to the participants and ask for a volunteer to read it aloud. Place a copy of the story on the overhead projector as it is read aloud. Then divide the group into two small groups of roughly equal size. Once the groups have formed and gotten quiet, say,

I'd like you to find volunteers in your group to role-play the situation in the story. Try to use Communication Helpers and whichever of the three types of Feedback you think is most appropriate. Be sure to avoid Communication Blockers. Then your group should discuss the questions at the end of your story. We'll take 10 minutes to do that. Any questions?

While the groups are role-playing and discussing their questions, circulate quietly, dropping in on each group for a few minutes, being careful not to take over. If a group is having a hard time getting someone to fill a role, offer to play it yourself. After five minutes, announce that the groups should soon turn to the discussion questions if they have not already done so. After the full 10 minutes have passed, ask the groups if they need another minute. If they do, give it to them. Then say something like,

You are terrific actors and actresses! And I heard some good discussion! Will someone please summarize what came up in your group?

After someone has summarized for the first group, lead a brief discussion highlighting anything you think needs reinforcing about Communication Blockers, Communication Helpers, or Feedback. For example, if the group got stuck, ask them to retry that section of the role-play now, using ________ type of feedback. Then ask the other group to summarize their experience, following up with a brief discussion as before. Then conclude by saying,

I encourage you to take these lists home and put them up on your fridge or to place them wherever you will see them often. Try practicing them with your residents' family members, your residents, and even your family and friends. At first, they may seem awkward, but you'll be amazed at how skillful and subtle you'll become with them after a while and what a good effect they'll have on your communication. Don't be hard on yourself if you forget them, especially in stressful conversations. Just keep practicing, and soon it will become second nature to use Communication Helpers and the appropriate Type of Feedback and to avoid Communication Blockers. In the workshop for families, family members are also learning about Communication Helpers, Communication Blockers, and Types of Feedback.

F. Saying What you Mean Clearly and Respectfully *(30 minutes)*

Say,

The listening skills we learned this morning will help you to understand family members' values and their reasons for doing what they do. What if you feel that their values are not helpful to their relatives' nursing home experience? Is there a way to communicate this while also treating them with respect? Yes!

The basic tool for saying what you mean clearly and respectfully is called the "I message." Perhaps you've run across the "I message" in other workshops or in your reading. Maybe you've heard other people use it and thought it sounded contrived or corny.

We will practice using "I messages" in ways that reflect your own personality, so they will come across as natural. "I messages" can be successfully used to communicate about anything, but since values are often a difficult topic to address, we'll give them some practice here.

Let's imagine that one of your residents, Mr. Wallace has been getting progressively more confused. When he entered the facility three months ago, he seemed cheerful, talkative, and could dress himself. But now he is resistant to care. He spits out his medications and is physically aggressive during bathing and dressing. You mention this to his daughter, who visits occasionally, but she doesn't seem to think it is important.

First let's learn the basic format for an "I message."

Ask your co-facilitator to distribute the "I messages" handout, while you place the corresponding transparencies on the overhead.

a. When __________ happens,
b. I feel __________,
c. because __________,
d. I would like __________ to happen.

"I messages" begin with a brief description of what's on your mind.

"Mr. Wallace seems more confused and agitated."

Then describe how you feel about it.

"I am worried because it has become more difficult to take care of him and give him his medications."

If you know what you want to have happen, say so. Use a Communication Helper if appropriate.

"I would like to work with you and Mr. Wallace
to find a solution. Can we talk about it?"

Then use your best listening skills to hear what the other person tells you about the situation. You will feel you have done something valuable and the other person will feel respected. Feed it back.

If you have ideas of your own, offer them lightly, using "I messages."

Thank the family for working with you. Be positive.

"I appreciate your willingness to work with me
on this. I really care about Mr. Wallace."

Notice that there was no judgment expressed about Mr. Wallace's family. Imagine how this situation could have been unfolded without understanding of values, skillful listening, and "I messages." Here is an example of what could go wrong:

"Ms. Wallace, I don't understand why you don't care about your father. How come you and the family hardly ever visit him? He's more confused, and it's awful that he is alone so much of the time. You know, he is still part of the family, and it would make my job a lot easier if you visited because he might listen to you and cooperate more. We can't be expected to do everything, you know."

This example of what can go wrong may seem exaggerated, but most of us can think of times we have not been as skillful as we could have been in communicating with families. Good listening skills and "I messages" are especially helpful in tough situations like this, when you want to get your message across without blaming.

Most staff are understanding about the ups and downs of family life and with the types of problems we have faced and resolved in our own families. The families that seem hardest to work with are those whose values seem very different from our own. That is, we may disagree with what the family member thinks is the most important.

Let's practice using "I messages" in a situation where you don't share the family member's values and you think the person's own choices have contributed to the family's problems. Don't forget to use the listening skills we learned this morning.

Please divide into three groups. In your group, take a few minutes to come up with a situation in which families are facing problems that affect the resident's care. This

should be a situation where you think that the family's values (which you don't agree with) are contributing to the problem.

Once you have the situation, find volunteers within your group to play the roles of the family member and the staff. Role-play a conversation between them with the person using "I messages" and skillful listening. The other group members should be observers, listening carefully and helping the staff person get back to the "I message" format, if necessary. Other group members should also suggest possible listening skills where appropriate. Take about three minutes with this role-play. If you get stuck, you can call on ___________ (your co-facilitator) or me.

If the groups have trouble coming up with a situation, give a few examples, for instance: A family member wants to take a resident to a friend's funeral. The resident frequently tries to leave the facility and the staff feel that she will resist coming back to the unit and will be upset afterwards.

OR

A family wants their relative to wear particular items of clothing which are difficult to put on. The staff would like them to try some adaptive clothing that they have in a catalog instead.

After five minutes, make sure the groups are moving on to the role-plays. At ten minutes, ask them to finish up. A minute later, ask them to stay in their small groups but turn their attention to the whole group. Lead a discussion about their experience using the following questions.

How did "I messages" work for you?

Were you able to put them into your own words?

Did they help you get your message across respectfully?

If you are doing the full-day in-service, this is a good time to break for lunch.

Say,

We've had a full morning! After lunch we will take a look at residents' families and learn constructive ways to communicate, especially when family values are different from yours. We'll also look at cultural diversity and at ways of handling conflict situations. Now let's take a half-hour break for lunch. We'll meet back here at ___________.

G. Cultural and Ethnic Differences (*30 minutes*)

The purpose of this exercise is to increase staff members' awareness of possible cultural or ethnic differences between themselves and family members and the way these differences can affect communication.

Say,

Each of us has a cultural and ethnic background. Some of us are quite knowledgeable about our cultural or ethnic heritage, while other people feel that they don't have any specific cultural heritage. Your heritage can include your race, your ethnic background, whether you're from a rural or urban area, the economic circumstances you are in, what country or part of this country you or your ancestors came from, and what kind of work the people in your family do or did.

It's not unusual for there to be ethnic and cultural differences between residents and staff in nursing homes. For example, more than 90 percent of all people who live in nursing homes are white. About 30 percent of nursing assistants working in nursing homes are non-white. Of course, these percentages depend on where the nursing home is located, but it gives you an idea of some of the differences that can exist.

Another example of possible cultural differences can occur in a nursing home sponsored by a particular religious group. Such a facility will probably serve a resident population that has practiced that religion. But the staff may come from a variety of different faiths.

Adapted from "Ensuring an Abuse free Environment: A Learning Program for Nursing Home Staff." CARIE, Philadelphia, Pa. Copyright 1991. Special thanks to Beth Hudson Keller.

Another important thing to note is that many of the residents who are living in nursing homes today spent their younger years in much more segregated situations. For example, the older residents may have been born in the "old country": Russia, Italy, Ireland, etc. When the resident came to the United States, he or she may have settled in an area where everyone had the same ethnic origins.

For this reason, coming to a nursing home may be residents' first intense experience with people who are different from themselves. This is very likely the first time they are dependent on people whom they know very little about. The preconceptions about other groups that they learned from their parents and grandparents are brought with them into the nursing home. It can be frightening to be cared for by people who are different from you and with whom you do not share the bond of a common background.

Of course, this does not mean that all nursing home residents have these kinds of preconceived ideas about others, but it may help to explain some of the responses they may have to caregivers who are not from the same group as them. Family

members may also have some of the same feelings of uncertainty about staff who are from a different group.

Cultural and ethnic differences do not need to be negative things. Sharing one's cultural and ethnic heritage is one of the ways we can contribute to our nursing home. However, these differences can also get in the way of effective communication.

Here are a few examples:

A family member comes from a very religious background. She involves religious practices in just about every aspect of her life and often asks a nursing assistant to "pray for her mother." The nursing assistant is not religious and feels the family member's beliefs are meaningless.

A nurse comes from a culture where children are expected to care for their parents, no matter what the cost. She has trouble sympathizing with family members who place their parents in the facility.

A nursing home has some very wealthy residents. A nursing assistant who is having difficulty making ends meet feels angry when she hears family members complain about the cost of care.

Now, let's spend some time thinking about how cultural differences may affect communication in this facility.

Divide the group into three small groups. Ask your co-facilitator to pass around hand-outs with the questions on them, while you place the overhead transparency on the overhead projector. Read the questions aloud.

What are some major cultural or ethnic differences between families and staff in this nursing home?

What kinds of problems have you encountered in the nursing home with families from different cultural or ethnic backgrounds? How did you handle such problems?

How would the communication techniques you have learned so far help in dealing with communication problems that stem from cultural and ethnic differences? Try to come up with at least one specific example where better communication would have helped.

Reconvene the group after about 15 minutes. Ask for volunteers to share their responses to the questions. Record the answers on newsprint.

Then focus on the last question. Take two or three examples of the ways in which the communication techniques would help resolve problems.

H. Values Line (*30 minutes*)

Say,

The values that are important to families, staff, and administration have a strong influence on relationships between family and the facility. Families' values affect what they want for their relatives, and the staff's values affect the way we view families and our expectations of their roles. The values of the administration can set the overall tone for decisions made in the facility.

Understanding our own values, and those of our residents' families and the administration, also helps us to communicate better. I'd like to emphasize that it is not necessary to agree with someone's values to understand them. We are not asking you to change your values but to work with families whose values may be different from your own.

Here is a tool for understanding some of our own important values, those of families, and those of facility administrators.

Ask your co-facilitator to distribute the "Values Line" handouts while you place the corresponding transparency on the overhead projector. Read all of the values out loud.

Say,

Staff, families, and facility administrators may feel very differently about how important these values are. We'd like you to rate how important you think each value is for each of these three groups.

First, look at the statements on the hand-out and indicate how important <u>you</u> personally think this value is. Make an "X" on the line to show where you stand. So, if you think it is not important, you can place an "X" near the left-hand side; if you think it is very important, you can put an "X" near the right- hand side.

On the same line, mark an "F" where you think families stand on this value.

Finally, on the same line, mark an "A" where you think the administration stands.

Go through each of the statements this same way.

Let's look at the example. The person filling that out felt that the value statement "Families should try to support facility rules without question" was very important for administrators and not very important for the families. The individual felt personally that the value was somewhat important and placed the "X" accordingly.

Please fill in the form in this way for each value. If you wish, you may think about where you stand on each issue, instead of writing them in. There are no "right" answers here; the goal is just to get us thinking and talking.

Give the group about five minutes to work on the values. Tell them it is okay not to finish them all.

While they are completing the Values Line, place two chairs about 15 feet apart at the front of the room. Place the sign that says “VERY IMPORTANT” on the chair on the right-hand side, and the sign saying “NOT IMPORTANT” on the left. Tie a string or yarn between the two chairs. It is important that the chairs at the front of the room look like the handout (left-right) orientation.

After five minutes, ask all participants to come up and stand along the line you've created indicating where they personally stand on the first issue: "Residents should be neat and clean at all times."

Then ask them to move to indicate where they think the families stand and then to move again to represent where they think the administration's values are.

Engage the group in a discussion of why they placed themselves and the other groups where they did. If there are discrepancies on where they placed different groups (for example, if they felt that a value was very important for one group and not at all for another), point this out and invite discussion.

If participants bring up questions or thoughts, try to discuss them instead of giving a "yes or no" answer. For example, they may say that residents should have freedom of choice unless they are too cognitively impaired to make decisions or that they think that resident privacy is impossible because of the care they have to provide. Encourage discussion of these issues, as time permits.

Do this for each of the values. As a way of concluding, you may want to ask the group how they think these value differences might affect communication in the nursing home.

Do You, the Facility Administrators, and Families Share Values About What is Important?

Below are a number of value statements. Staff, family, and facility administration may feel very differently about how important these are. We'd like you to rate how important you think each value is for each of these groups.

Directions:

First, look at the first statement below and indicate how important you think this value is. Make an "X" on the line to indicate where you stand. If you think it is not important, you can place an "X" near the left-hand side; if you think it is very important you can put an "X" near the right-hand side.

Second, on the same line, mark with an "F" where you think families stand on this value. Finally, on the same line, mark with an "A" where you think the administration's official outlook is.

Do the same thing for each of the value statements below.

Example. Families should try to support facility rules without question.

Example. ________________F__________________X________________A__________________
Not Important Very Important

Now, complete the following value statements.

Statement 1. Residents should be neat and clean at all times.

Statement 1. ____
Not Important Very Important

Statement 2. Family members should visit at least a few times a week.

Statement 2. ____
Not Important Very Important

Statement 3. Families should help staff out by providing some care.

Statement 3. ____
Not Important Very Important

Statement 4. Residents' freedom of choice should always be respected.

Statement 4. ____
Not Important Very Important

Statement 5. Residents with dementia who behave aggressively should be restrained.

Statement 5. ____
Not Important Very Important

I. Handling Blame, Criticism, and Conflict *(45 minutes)*

Say,

Handling blame, criticism, and conflict is a challenge even for the most skilled communicator. The skills that we've learned so far-putting yourself in another's shoes, listening well, offering feedback, using "I messages" to say what you mean clearly and respectfully-these will all help you not only in day-to-day communication with families but also those difficult situations in which a family member blames or criticizes you or a disagreement escalates into a conflict.

When someone begins to blame or criticize you, it is hard not to react defensively and start blaming, criticizing, or defend yourself. But defensiveness gets in the way of coming up with a solution that will satisfy everyone's needs.

Ask your co-facilitator to distribute "Handling Blame, Criticism, and Conflict." Place the corresponding transparency on the overhead projector. Read the points out loud, and ask participants to follow along.

<u>Handling Blame, Criticism, and Conflict</u>

1. Encourage the other person to describe the complaint fully. Use door openers, encouragers, and open questions.

2. Let the other person know you understand their complaint. Use the appropriate type of feedback-emotional, factual, or solution focused. Don’t defend yourself or retaliate with your own complaints.

3. Affirm something you admire in the person. It’s best if there is something that can help in the situation.

4. Look for the need behind the problem.

5. Together, come up with a list of possible solutions.

6. Together, choose one that meets both of your needs.

7. Agree on a specific period of time to try out the solution.

Say,

The first step in reaching a solution is to really listen. The three types of communication helpers we learned-door openers, encouragers, and open questions-are what you need to begin with.

Next, you need to let the other person know you understand the complaint. That doesn't mean you agree with it but that you understand it.

This will prompt the person to tell you what is on his or her mind. Next you can respond with feedback. If the person is angry or upset, use emotional feedback. If

the person has a factual complaint, use factual feedback. Solution-focused feedback, in which you emphasize the resources available in the situation, is especially helpful. You may have to use several rounds of feedback to understand the person's complaint completely, and it will take great self-control on your part to keep listening to the complaint without defending yourself or retaliating with some complaint of your own. This is a skill that can be learned.

Only after the other person believes that you've heard him or her and understood the complaint can you begin to work on it. One of the reasons so many conflicts go unsolved and end up in bitterness is that people skip this step. Sometimes this step alone will take a lot of the heat out of a person's complaint, especially if you combine it with affirmation. Affirmation means to mention something related that you honestly admire in the person. It's best if this is something that can help in this situation.

Once you both agree on what the problem is, look for the needs behind the problem. Too often people rush to solve the problem before understanding the need behind it. Once you understand what each of you needs, you can work together to find a solution. Together, try to come up with a list of possible solutions. Then, together, choose one that meets both of your needs. The last step is to agree on a specific period of time to try out the solution and to talk it over again. Let's try out this method with a story about a conflict between a family member and a staff member.

Ask your co-facilitator to distribute the handout "Conflict Resolution Script." Place the corresponding transparency on the overhead projector, and ask two participants to read it aloud, each taking one of the roles.

Conflict Resolution Script

Eva (nursing assistant): I'm glad to see you today.

Mrs. M.: Well, I missed the bus, so I'm late.

Eva: I wanted to ask you about how you feel your mother is doing.

Mrs. M.: Well, I can't believe you even asked. I'm really upset. I've spent lots of money and energy getting my mother some nice clothes to wear, and every time I come, she's in an old house dress that's faded and worn. The worst thing is often she's wearing somebody else's clothes! What kind of place is this, anyway? I'm thinking of reporting all this to the administrator.

Eva: Listen, what does the administrator have to do with this? We try to keep her clothes in her room, but I can't help it if the residents who are confused like your mother mix their clothes up. Your mother can't even recognize her own clothes. If you'd label her clothes more clearly, it probably wouldn't happen, anyway. And a lot of those clothes you bought don't even fit her.

Mrs. M.: They don't fit because your laundry has washed them and shrunk them. And a lot of those dresses are just plain missing. What do you people do, steal them and then blame the residents for losing things? My mom likes to look nice and I know that she's upset about this, even if she can't say so.

Eva: Maybe if you came here more often, you could wash your mother's clothes yourself, like a lot of families do. And I've been working here for 10 years, and nobody has ever accused me of stealing before!

Mrs. M: Well, maybe they should have. The fact that you don't even care about what my mother thinks or feels about this just shows that you're incompetent. I'm sure going to tell the administrator now about how you're treating my mother, so they can keep an eye on you and the other staff.

When they are done reading, ask the following questions:

1. **How would you describe the way the nursing assistant reacted?**
2. **Did the meeting benefit the participants?**
3. **Did this meeting benefit Mrs. M's mother or the other residents?**
4. **At what point did the conversation really break down?**
5. **Did this family member's criticism help the staff member to grow professionally?**

After this discussion say,

Please get into groups of three. One person will play the staff member, one the family member, and one will observe. The role of the observer is to make suggestions based on the "Handling Blame, Criticism, and Conflict" handout. Observers, you may want to ask the staff person and family member to go back a step or two in their interaction trying out another approach. Let's take five minutes in our groups of three. Any questions?

Answer any questions they have. After five minutes, ask them to come back together. Then ask,

What happened when you tried it out?

Lead a discussion about their experiences. Then ask,

Does anyone have a real life-situation you'd like to practice this technique with? Please tell us a little about it, but don't mention names.

Once a staff person has described the situation, ask for volunteers to role-play it, trying to apply the seven steps of conflict resolution. Say,

Now let's try the seven steps with this situation.

Lead a brief discussion, ending with this statement.

Mastering the art of handling blame and criticism skillfully takes work but is worth it, because it will enable you to meet even the most aggressive person with confidence.

J. Planning a Joint Session for Family, Staff, and Administrators

(15 minutes)

Say,

On _____________ (date) we will have an opportunity for a joint brainstorming session with the family members who've been involved with the family seminars and the facility administrator. The purpose is to share the highlights of what you and the family members have been working on in your sessions and to discuss ways to promote even more effective family-nursing home partnerships.

Place the staff agenda transparency on the overhead projector.

It would be very helpful if we could share the highlights of our in-service with the family members and the administration. To refresh our memory of what we've done, here is the outline of today's in-service.

Is there someone, or perhaps a team of two or three, who would be willing to briefly share the highlights of our seminar with the family members and the administrator at the joint session on _____________ (date)? You would have about 10 minutes. The family members will also give us a summary of their workshops.

After securing volunteers, ask them what they will need to make their brief presentation. Make arrangements for these needs.

At the joint brainstorming session, you will all have a chance to identify any facility policies that affect family involvement and that you think could be changed. Are there any policies or practices in this facility you would like to bring up?

This is a very important aspect of the program, so make sure to give planning for it the attention it deserves. Staff may have important issues but fail to bring them up in the joint session because of the power structure in the facility or fear of hurting someone's feelings. Assure them that this is a great opportunity to set in motion changes that will have a positive impact on the residents and that family members are likely to have similar concerns and ideas.

List their ideas on newsprint and invite participants to take notes so they will be prepared to bring these ideas up in the joint session.

Then say,

It would be nice to have refreshments at the joint session. Do you have any suggestions about how this should be arranged?

Use their suggestions and any offers to secure refreshments for the joint session. Some- times the family group will offer to provide them or sometimes the staff or the facility. Let this be the participants' decision

K. Evaluation of Staff In-Service *(15 minutes)*

It is worthwhile to allow the group to spend some time evaluating the program together. If you provide a written evaluation form, ask them to fill it out before starting the discussion. (A sample evaluation is provided in the Appendix.)

End the session by again placing the outline of the staff workshop series on the overhead projector. Say,

I appreciate what you've each contributed to our inservice, and I'm looking forward to a productive session on [give date of joint workshop]. Before we go, I would appreciate some feedback on the whole workshop series. Let's look back at the topics we've covered. [Read the topics aloud.] Please think for a few minutes about which parts of the in-service have been most useful for you and about any suggestions you might have for us if we were to offer the in-service again here or in another nursing home.

While they are thinking, prepare two sheets of newsprint with the headings "Most Useful" and "Suggestions." After five minutes, ask,

Who'd be willing to tell us what you found most useful?

When someone speaks, briefly summarize his or her statement on the list. Then ask,

Do you have any suggestions for us?

Summarize any suggestions, too. Then go on to others in the same manner until everyone has spoken. Then end by saying,

Thank you for that feedback. We've really enjoyed working with you throughout this series and look forward to our joint brainstorming session with staff and administrators on [give date]. See you there!

Partners In Caregiving in a Special Care Environment

Family Workshops: Description

The family workshop series consists of a 4-5 hour workshop, plus a joint session with nursing home staff and administrators. We believe that the material can best be covered in one session. However, depending on facility and family schedules, it may be necessary to organize the workshops in some other way. For example, the content can be covered in two shorter sessions.

The joint session should be held after the completion of the family workshop series and the corresponding Staff In-Service. The ideal time for the joint session is on the same day of the week on which the family members have been meeting, the week after their workshop series is complete. If that time is not available, hold the joint session at another time within three weeks of when staff and families complete their individual sessions. Handouts for family in-service begin on page 103.

Agenda for One Family Workshop

A. Introduction to Partners in Caregiving in a Special Care Environment and to Staff Workshops *(10 minutes)*

B. Participant Introduction Exercise *(10 minutes)*

C. Dementia and Behavioral Symptoms *(20 minutes)*

D. Sharing Successful Family-Nursing Home Communication Techniques *(45 minutes)*

E. Advanced Listening Skills *(45 minutes)*

F. Saying What You Mean Clearly and Respectfully *(30 minutes)*

Break (*15 minutes*)

G. Cultural and Ethnic Differences *(30 minutes)*

H. Values Line *(30 minutes)*

I. Handling Blame, Criticism and Conflict *(45 minutes)*

J. Planning a Joint Session with Family, Staff and Administrators *(15 minutes)*

K. Evaluation *(15 minutes)*

Joint Session with Families, Staff, and Administrators *(2 hours)*

A. Brief Summaries of Family Workshops and Staff In-Services *(30 minutes)*

B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships *(60 minutes)*

C. Where Do We Go From Here? *(15 minutes)*

D. Refreshments *(15 minutes)*

Agenda for Two Family Workshops

I. <u>Session 1</u>

A. Introduction to Partners in Caregiving and to Staff Workshops *(10 minutes)*

B. Participant Introduction Exercise *(10 minutes)*

C. Dementia and Behavioral Symptoms *(20 minutes)*

D. Sharing Successful Family-Nursing Home Communication Techniques *(45 minutes)*

E. Advanced Listening Skills *(45 minutes)*

F. Saying What You Mean Clearly and Respectfully *(30 minutes)*

II. <u>Session 2</u>

G. Feedback from Previous Session *(15 minutes)*

H. Cultural and Ethnic Differences *(30 minutes)*

I. Values Line *(30 minutes)*

J. Handling Blame, Criticism, and Conflict *(45 minutes)*

K. Planning a Joint Session with Family, Staff, and Administrators *(15 minutes)*

L. Evaluation of Family Workshop Series *(15 minutes)*

Joint Session with Families, Staff, and Administrators *(2 hours)*

A. Brief Summaries of Family Workshops and Staff In-Service *(30 minutes)*

B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships *(60 minutes)*

C. Where Do We Go from Here? *(15 minutes)*

D. Refreshments *(15 minutes)*

Materials

- Newsprint, easel, marker, masking tape
- Overhead projector, screen
- Index cards, pens
- String or yarn (for Values Line Exercise)

Overhead Transparencies

- Goals of the Partners in Caregiving in a Special Care Environment Workshop
- Outline of Family Workshop
- Staff Seminar Agenda
- Definition of Dementia
- Communication Helpers
- Communication Blockers
- Three Types of Feedback
- "Put Yourself in Their Shoes" Stories
- "I messages"
- Difference Questions
- Values Line
- Seven Steps to Handling Blame, Criticism, and Conflict
- Conflict Resolution Script

Handouts (enough copies for all family members)

- Goals of the Partners in Caregiving in a Special Care Environment Workshop
- Outline of Family Workshop
- Definition of Dementia
- Strategies to approach specific behavioral symptoms
- Communication Helpers
- Communication Blockers
- Three Types of Feedback
- "Put Yourself in Their Shoes" Stories
- "I messages"
- Difference Questions
- Values Line
- Seven Steps to Handling Blame, Criticism, and Conflict
- Conflict Resolution Script

Workshop Activities

A. Introduction to Partners in Caregiving and to Family Workshops

(10 minutes)

Invite people to put their names, addresses, and phone numbers on a sign-in sheet when they arrive.

Begin the session within five minutes of planned starting time (even if people are still arriving). This establishes a norm of promptness and shows respect for those who arrived on time. The co-facilitators introduce themselves briefly, giving enough information so that the family members attending the workshop will have confidence in the facilitator's ability to lead a worthwhile program. Be brief. Here is an example of how a co-facilitator might introduce herself.

Welcome to "Partners in Caregiving in a Special Care Environment." I am Ellen Clay. I have worked as a social worker in this facility for five years. My previous background also includes working at a large city hospital. I have an elderly mother and father, currently living at my home but in a separate apartment.

Here is another example:

My name is Janice Rogers. My mother was diagnosed with Alzheimer's disease six years ago and has been a resident here for two years. I work as a medical technologist and have a husband and two children. For the past year, I have been a member of the family council in the facility.

After both co-facilitators have introduced themselves, one co-facilitator tells the group about the day's agenda and Partners in Caregiving. Say,

In a few minutes I'll invite you all to introduce yourselves, but first, let me tell you briefly about these workshops. It is our belief that families and nursing home staff can work together to improve the quality of life for residents and to relieve some of the stress that arises for both staff and families. This training will focus on communication techniques that will enable staff and family members to interact in a positive, clear manner.

We will also focus on some conflict management techniques and try to gain empathy and understanding for the difficult tasks that both families and staff face daily. We will explore creative ways of reaching out and supporting one another.

This project also includes an in-service training workshop for staff in this facility. In both workshop formats, we will promote the idea that staff and families make up an important partnership, and that by working together, both parties can become more comfortable initiating communication and learning new skills that will enable them to become more effective in meeting the many challenges of nursing home care.

When a relative moves into a special, or dementia, care unit, clear and comfortable communication between family and staff is particularly important. Residents with cognitive impairments are frequently unable to give accurate factual information about their experience in the facility or their past history and preferences. Families are thus dependent on direct-care staff for descriptions of the resident's life in the nursing home. Unfortunately, interviews with both staff and families indicate that sharing of detailed information about residents is often inadequate. Often, an explicit invitation from the staff to the family to share their past experiences can help improve resident care and family and staff relationships.

Family members will learn about some of the pressures staff experience and better understand the roles they play in the facility. Staff will gain new insights into the barriers that may prevent families from becoming more involved, and families will then learn to feel less isolated. Both staff and family members will learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts. Families and staff will be able to brainstorm together new ideas for the development of new policies, which will promote and encourage effective communication and problem resolution.

During the workshops, we will be accepting a wide range of viewpoints about family involvement and empowerment of both staff and families. Some of you may want to become more involved in the nursing home, while others are happy with things as they are. In Partners in Caregiving, we are not promoting one best way, but we ask you to open your mind today, to listen to each other's ideas, to put yourself as fully into the activities as is comfortable for you, to learn and to contribute. We can assure you that you will be respected here. Remember, you are the experts: Trust your wisdom and experience, but please remain open to new ways of looking at old problems.

Place "Goals of the Partners in Caregiving in a Special Care Environment Workshops" transparency on overhead. Then read aloud:

Goals of the Partners in Caregiving Workshops

- Families learn that they are important partners in their relatives' care.

- Families become more comfortable initiating communications with staff.

- Families learn skills that help them to be more effective in discussing the care of their relatives with staff.

- Family members feel less isolated.

- Staff members gain new insight into the barriers that prevent family involvement and learn how to reach out effectively to all family members.

- Staff learn positive communication strategies, including effective listening, understanding defensive

behaviors, and resolving conflicts.

- Staff feel less isolated.

- Nursing homes develop policies that encourage a wider range of family involvement.

Say,

Partners in Caregiving in a Special Care Environment is both a program and a process. Family members who participate in this workshop learn to see through staff members' eyes, to practice advanced listening skills and conflict resolution, and to better understand their nursing home.

The program culminates in a joint session in which staff members, family members, and administrators look at the facility's policies and practices relating to family involvement and together decide what changes, if any, are needed. Here in [give place], the staff seminar is being held on [give dates]. Our joint session is planned for [give date].

Switch facilitators. Say,

I'd like to mention a few guidelines for our seminar and then ask you all to introduce yourselves. The bathrooms are located [give location]. There will not be smoking in this room, but we will take a break during the session. If you need a break sooner, you may quietly get up to leave.

I also want to emphasize the importance of the confidentiality of our workshops. We will not be reporting any of the discussions that occur here to anyone in the nursing home. In the joint meeting with staff and administrators, you can decide how much you would like to share about our meetings. I would like to ask all of you to respect the confidentiality of the group.

B. Participant Introduction Exercise *(10 minutes)*

As a way of warming up the group, ask the members to divide into pairs. Request that they choose a person whom they do not know. If all participants know each other, ask that they pair up with the person in the group whom they know the least well or with whom they have had the least contact.

Next, say,

Instead of just introducing ourselves, we would like you to spend a little time getting to know your partner. Then, we will ask you to introduce him or her to the group. I would like to ask you to tell your partner two things that are special about you. This can be anything that is important to you; it could be about family, job, hobbies, or anything else. After one of you has talked for a couple of minutes, switch so the other person can tell about himself or herself.

Participants who already know each other may protest that there is nothing new to say. Reassure them that even long-term friends who do this exercise often learn something new. It is a good idea for you and your co-facilitator to participate as well and interview each other.

After five minutes (or earlier, if all the pairs are done), call the group together again. Go around the group and ask each person to introduce his or her partner. You and your co-facilitator should participate in the exercise by introducing one another.

Note: The goal of this exercise is to "break the ice" and help the group to learn the names of other group members and something about them. If you prefer to use another warm-up exercise that achieves these goals, feel free to do so.

Say,

Let's look at the outline for our workshop series. [Pass out copies of "Agenda", and place a copy on the overhead projector.] Are these the kinds of topics you had hoped we would work with? Are there others you had hoped to address?

If someone brings up other topics, make a new column on newsprint marked "Other Important Topics." Then summarize the person's interest under that heading. If you see that a segment of the agenda already planned will address that topic, say so. If it seems like an important topic to several of the participants and you are prepared to create an impromptu activity to deal with it (perhaps during your lunch break), tell the group that you are prepared to alter the agenda a bit to work on that important issue. [Not many facilitators will choose this option.] Or you might suggest the possibility of adding an extra session, if at the end of the day they are still struggling with that issue. It is important that you convey a sense that their concerns will be addressed and then follow through.

Next, place the outline for the staff workshops on the overhead.

Say,

I thought you would also like to see the outline for the staff workshops. As you can tell, staff members are learning many similar skills to those we'll be working with today. Partners in Caregiving is so effective because it helps both staff and families

develop excellent communication skills and gives staff, administrators and families a reason to meet together to see if changes are needed in any of the nursing home's policies affecting family involvement. Ideally, components of Partners in Caregiving in a Special Care Environment will become incorporated into your nursing home's ongoing way of working with families.

C. Dementia and Behavioral Symptoms *(20 minutes)*

Say,

First, we'd like to give you some basic information about dementia and the behavioral symptoms that can be associated with it. Some of this information may not be new for you, but we want to make sure that everyone starts with the same basic concepts. The staff workshop contains the same information.

We will start with a definition of dementia.

Place "Definition of Dementia" transparency on overhead. Then read it aloud:

What is Dementia?

A global decline in intellectual abilities of sufficient severity to interfere with occupational and or social functioning. This occurs in clear consciousness.

What does this mean?

- Global decline means that more than one aspect of thinking is affected.
- Sufficient severity to impair functioning means that the problems the patient has are severe enough to produce problems in their daily lives.
- Clear consciousness means that the person is awake and alert.

Say,

Some conditions can mimic dementia and must be identified and treated. These include depression, side effects of medications, and thyroid disease. Nursing homes frequently have access to a geriatric care team which can assess residents for such conditions. There are many causes of dementia, including strokes, Parkinson disease, Huntington disease and many others. Alzheimer's disease (AD) is the most common cause.

In addition to memory problems and other cognitive symptoms, dementia can cause behavioral symptoms as well, such as wandering, verbal or physical aggression, hallucinations, paranoia and delusions to name a few.

Common terminology for these behaviors includes "disruptive" or "problem" which need to be "managed" or controlled by caregivers. Joanne Rader suggests reframing this language to more neutral and resident-centered terms, such as "behavioral symptoms." These behaviors commonly express unmet needs or responses to environmental stressors which often can be identified and resolved by caregivers in order to stop, or at least understand, the behavior. Caregivers can take on the role of "detective" to identify the possible underlying causes of behaviors and then act as "carpenters" to resolve or adapt to the situation. The success of this

process depends on good communication between family and nursing home staff members.

Ask the group for an example of a resident who has behavioral symptoms. Lead the group through the following questions for 2 or 3 examples. Say,

What types of behaviors does this person exhibit?

What unmet needs or environmental stressors contribute to these behaviors?

What can unit staff do to reduce, stop, and/or understand the behaviors?

What input does the nursing home staff have into treating these behaviors?

Does communication with the staff have an effect on resolving these issues?

Say,

In some instances, it is impossible to discover an environmental stressor or unmet need that leads to behavioral symptoms. Can anyone give an example of such a situation?

What did you do in that case?

What was the staff's role?

Pass out "Strategies to address specific behavioral symptoms" handout. Say,

Here are some additional strategies to approach specific behavioral symptoms for future reference.

D. Sharing Successful Family-Nursing Home Communication Techniques *(45 minutes)*

Hand out an index card to each group member. Say,

Now we would like to hear from you. Please take a minute or two to think about something you've done to communicate with staff or get involved in this facility. Also, please think about your greatest challenge in relation to the staff who care for your relative, something you would really like to get some new ideas about. On one side of the index card, write down the thing you've done, and on the other side, the challenge you've identified. If you would rather just think about it silently, that's fine, too. Let's take a minute or two, then you'll each have a turn to share.

Write on newsprint, as headings to two columns:

1. Positive communication with staff

2. Challenges

After I or 2 minutes, say,

Let's each describe one way you have gotten involved in this facility or communicated with staff and administration, and your greatest challenge in getting involved or communicating with the nursing home. It isn't necessary to use the names of the people involved. Who would like to begin?

Write a summary of what each family member says under the appropriate column. If another person later mentions something similar, place a check mark near the first summary rather than writing it out again. You don't need to comment on each individual's statement, beyond thanking the family member. You could occasionally say something like "Lots of great ideas here!" Say,

You have so many good ideas about how to communicate with the nursing home and get involved! I hope you'll try one another's ideas out and ask for more information if you need it. Now let's look at the list of challenges. [Read the list aloud.] The skills we'll be learning in our workshop series should give you some useful tools for working with most of these challenges. Others may require some changes in facility policies, which you'll have a chance to bring up at our upcoming joint session with administrators and staff.

Let's take a short break. We'll meet back here, then we'll work on some listening skills.

E. Advanced Listening Skills *(45 minutes)*

Begin this session by saying,

Caring for an elderly family member has always been a challenging job, but in the last few years it has become even more so. Many family lives are very complex, with people struggling to balance work and family responsibilities, and to function in a society where values are changing rapidly and where the composition of families may change frequently.

Nursing homes are experiencing pressures, too. Nursing homes are taking in residents with more severe health problems, while funding for services is shrinking. Having an understanding of what nursing home staff are facing is crucial to being able to communicate with them about your relative's care.

Empathy, or being able to put yourself in someone else's shoes, is an important prerequisite to skillful communication. I have here a story about a staff member, which we will use to learn and practice some advanced listening skills. In the staff workshops of Partners in Caregiving in a Special Care Environment, staff will be learning to appreciate what a difficult job families have and practicing the same listening skills we'll be working with here.

I'm sure that most of you are good listeners. I'll share with you some information that will help you become even better at listening to staff members. Incidentally, the skills we are able to learn and practice will also help you communicate better with residents, and even with other people in your life - your spouse or partner, your co-workers, your children and your friends.

Place "Communication Helpers" on the overhead projector and ask your co-facilitator to distribute the handout to all the participants. Read each one aloud, including the examples in parentheses.

<u>Communication Helpers</u>

1. Door openers: Invitations to talk, letting the other decide whether or not to proceed. ("Want to talk about it?" " You look sad. Is something bothering you?")

2. Encouragers ("I'd like to hear more about the staff's concerns.")

3. Open questions ("What do you hope my mother will gain from being here?")

Can anyone give an example of a time when you have used a "Communication Helper"?

After one or two examples have been given, say,

These "Communication Helpers" can go a long way toward promoting good communication with staff members, but we also need to avoid "Communication Blockers."

Ask your co-facilitator to distribute the "Communication Blockers" handout and put the corresponding overhead transparency on the overhead projector. Read each one aloud, including the examples in parentheses.

Communication Blockers

1. Blaming ("It's your fault that my mother's glasses get lost all the time.")
2. "Always" and "Never" ("You are always telling me how to deal with her yelling." "You'll never understand my father's behaviors.")
3. Name-Calling ("That aide is really stupid if she tries to teach him to dress himself.")
4. Labeling ("Mrs. Smith's daughter is a real troublemaker.")
5. Giving unasked-for advice ("You should put velcro across the doors to prevent other residents from wandering in. That's what they did at the first nursing home my father was in.")
6. Moralizing ("Families who really care about their relatives keep them at home. After all, her mother doesn't have many medical problems.")
7. Giving orders or threatening ("You find my father's dentures or I'm going right to the administrator.")
8. Excessive questioning.
9. Diverting or avoiding the other's concern.

Has anyone ever blocked communication with you in any of these ways?

Once someone has an example, ask,

How did it feel? How did it affect your communication with that person?

Then ask,

Can anyone give an example of experience with any of the other Communication Blockers?

After someone has responded, ask,

How did that affect your willingness to communicate with that persThen ask,

If the other person had instead used any of the Communication Helpers, how would that have changed your communication?

Put the Communication Helpers list back on the overhead projector when you ask this question.

Next, say,

Once we're able to encourage staff members to say what is on their minds, through using Communication Helpers and avoiding Communication Blockers, it is important to respond in a way that lets them know we are really listening. Some of you have probably heard of "active listening," in which you give feedback to the speaker in order to communicate that you've heard what is being said. Since most of you are already pretty good communicators, I'll share with you some of the fine points of giving feedback so that you can become highly skilled at it.

There are three types of feedback.

Ask your co-facilitator to distribute the "Types of Feedback"' handouts, while you place the corresponding transparency on the overhead projector.

Types of Feedback

1. Factual ("You decided that my mother shouldn't go to activities yesterday because she was tired from wandering all night.")

2. Emotional ("I understand that you feel bad about my husband's difficulty in adjusting to living here. It must be really hard.")

3. Solution-focused: focusing on resources and solutions ("Today is not a good time for you to talk to me about why my mother is getting so upset, swearing, and yelling at the staff, but you are willing to come in a little early some other time. Would Tuesday be possible? I could come here at 2:30 before your shift starts to talk with you.")

Read the list aloud, including the examples. Then ask,

Have you ever used any of these types of feedback or have you observed someone else using them? Can you briefly describe it?

Pause for responses and give feedback. Say,

Now we are going to let you practice your listening skills in relation to a story about a staff member.

Before the seminar, you will need to read through the "Put Yourself in their Shoes" stories and choose one for your session. You can also feel free to create your own story using a similar format.

Put Yourself in Their Shoes- Mary W.

Mary W. has worked on the dementia care unit at Fairhaven Nursing Home for a little over a year. She is married and has two children, ages 3 and 7. For the previous several years, she stayed home with her children, but money was tight and she and her husband decided they needed the extra income. Mary considered other jobs, but she finally became a nursing assistant because she had always enjoyed being around elderly people and felt she would like a job where she could help others.

Mary works on the day shift (7am-3pm). Turnover of nursing assistants is a problem for her unit, and sometimes they are short of staff on Mary's shift. Even when they aren't, Mary is kept very busy caring for the 10 residents she is assigned to. She often feels like she does not have enough time to complete her work.

Mary likes most of the residents, but she has a hard time with one of them, Mrs. R., who frequently spits at her and sometimes tries to hit or push her away. Mrs. R. refuses to participate in activities and complains about the care in the facility. She is rather suspicious and has accused Mary and other nursing home assistants of stealing her possessions, although there is no evidence that this has occurred. Mary usually gets her work done with Mrs. R. as quickly as possible and tries to "tune out" her behaviors as best she can.

Mrs. R. is especially unwilling to leave her bed. Residents who are able to do so are encouraged to get up and have their lunch in the dining room. Mrs. R. protests and sometimes spits when Mary tries to get her up.

Mrs. R.'s daughter, Joanne, usually comes to visit in the evening, so Mary has only met her once or twice. She is therefore surprised when she sees her waiting in Mrs. R.'s room toward the end of her shift. The daughter asks Mary if they could talk for a bit, because her mother is unhappy about several things and especially about being asked to get up. Joanne also wants to ask about the bruise on her mother's upper arm. Mary has had an unusually busy shift today and knows things won't be any easier tonight at home. Mary's youngest child is coming down with a cold, and Mary is eager to pick her up from day care as soon as her shift is over. Although Mary is behind schedule, she agrees to talk with Joanne.

Begin the role-play when Mary and Joanne begin their talk in the hallway outside Mrs. R.'s room.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this staff member?

2. What skills would be most helpful?

3. What are some other ways in which the nursing home might support this particular staff member?

Put Yourself in Their Shoes- Sally M.

Sally M. has been a nurse in the special care unit at Townsend Nursing Home for three years. She formerly worked as a charge nurse in an emergency room but found the work stressful and unrewarding. She wanted more long-term contact with her patients, as well as a shorter commute. In general, she enjoys her work in the special care unit, although gets frustrated by the high level of turnover among the nursing assistants within the unit. The amount of paperwork she has to do every day also bothers her because she feels it takes her away from the residents.

Patricia K. recently placed her mother in Sally's special care unit. Her mother has been showing progressive symptoms of memory loss and disorientation over the past three years. She is also showing increasing signs of depression, not wanting to participate in activities and not eating enough. Mrs. K. often complains to Patricia about how "bad" the facility is, how awful the food is, and how staff are being impolite and disrespectful to her. She is also very angry at Patricia for "putting me in this home."

Sally finds it frustrating to deal with Mrs. K. because she believes that staff are doing all they can to provide good care to her. As far as she can tell, the nursing assistants are all behaving respectfully toward Mrs. K., although some of them try to spend as little time with her as possible, because she is unpleasant toward them. Sally has followed up on Mrs. K.'s complaints of mistreatment by staff but has not been able to substantiate any of them.

Patricia has become increasingly worried about her mother's care and makes an appointment to talk with Sally. Today Mrs. K. nearly shouted at Patricia during their visit. Mrs. K. demanded that Sally speak to the staff about their impolite behavior.

Sally has just come out of a long staff meeting. She feels mentally drained and is looking forward to her vacation in two weeks. She loves working with the residents at the nursing home but does not always enjoy the paperwork and meetings. Sally is also upset that another nursing assistant quit this morning.

Begin the role-play with this meeting between Patricia and Sally.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this staff member?

2. What skills would be most helpful?

3. What are some other ways in which the nursing home might support this particular staff member?

Distribute copies of the story to the participants and ask for a volunteer to read it aloud. Place a copy of the story on the overhead projector as it is read aloud.

Then divide the group into two small groups of roughly equal size.

Once the groups have formed and gotten quiet, say,

I'd like you to find volunteers in your group to role-play the situation in the story. Try to use Communication Helpers and whichever of the three Types of Feedback you think is most appropriate. Be sure to avoid Communication Blockers. Then your group should discuss the questions at the end of your story. We'll take 10 minutes to do that. Any questions?

While the groups are role-playing and discussing their questions, circulate quietly, dropping in on each group for a few minutes, being careful not to take over. If a group is having a hard time getting someone to fill a role, offer to play it yourself. After five minutes, announce that the groups should soon turn to the discussion questions if they have not already done so. After the full 10 minutes have passed, ask the groups if they need another minute. If they do, give it to them. Then say something like,

You are terrific actors and actresses! And I heard some good discussion! Will someone please summarize what came up in your group?

After someone has summarized for the first group, lead a brief discussion highlighting anything you think needs reinforcing about Communication Blockers, Communication Helpers, or Feedback. For example, if the group got stuck, ask them to retry that section of the role-play now, using _________ type of feedback. Then ask the other group to summarize their experience, following up with a brief discussion as before. Then conclude by saying,

I encourage you to take these lists home and put them up on your fridge or to place them wherever you will see them often. Try practicing them with nursing home staff, your resident, and even your family and friends. At first, they may seem awkward, but you'll be amazed at how skillful and subtle you'll become with them after a while and what a good effect they'll have on your communication. Don't be hard on yourself if you forget them, especially in stressful conversations. Just keep practicing, and soon it will become second nature to use Communication Helpers and the appropriate Type of Feedback and to avoid Communication Blockers. In the workshop for staff, staff members are also learning about Communication Helpers, Communication Blockers, and Types of Feedback.

F. Saying What You Mean Clearly and Respectfully *(30 minutes)*

Say,

The listening skills we have learned will help you to understand staff members' values, that is, what they think is important, and their reasons for doing what they do. What if you feel that their values are not helpful to your relative's nursing home experience? Is there a way to communicate this while also treating them with respect? Yes!

The basic tool for saying what you mean clearly and respectfully is called the "I message." Perhaps you've run across the "I message" in other workshops or in your reading. Maybe you've heard other people use it and thought it sounded contrived or corny.

We will practice using "I messages" in ways that reflect your own personality, so they will come across as natural. "I messages" can be successfully used to communicate about anything, but since values are often a difficult topic to address, we'll give them some practice here.

Let's imagine that your mother has been getting progressively more confused. When she entered the facility three months ago, she seemed cheerful, talkative, and could dress herself. But now she barely speaks, seems very sad, and frequently wears her nightclothes all day. You mention this to her nurse, but she doesn't seem very concerned about it.

Say,

First let's learn the basic format for an "I message."

Ask your co-facilitator to distribute the "I messages" handout, while you place the corresponding transparencies on the overhead.

a. When __________ happens,

b. I feel __________,

c. because __________,

d. I would like __________ to happen.

Say,

"I messages" begin with a brief description of what's on your mind.

"My mother often seems more confused and unhappy."

Then describe how you feel about it.

"I'm kind of worried because it seems like she is getting worse."

If you know what you want to have happen, say so. Use a Communication Helper if appropriate.

"I would like to work with you and my mother to find a solution. Can we talk about it?"

Then use your best listening skills to hear what the other person tells you about the situation. You will feel you have done something valuable and the other person will feel respected. Feed it back. Say,

If you have ideas of your own, offer them lightly, using "I messages."

Thank the staff member for working with you. Be positive.

"I appreciate your willingness to work with me on this. I'm sure you want my mother to feel good about being here, too."

Say,

Notice that there was no judgment expressed about the staff member's behavior or attitudes. Imagine how this situation could have been unfolded without understanding of values, skillful listening, and "I messages." Here is an example of what could go wrong:

"I don't understand why you don't care about my mother. How come you and the other staff ignore her? She's confused and depressed and it's awful that no one gets her dressed in the morning. What's going on here anyway? I've got a good mind to complain to the state about this!!"

Say,

This example of what can go wrong may seem exaggerated, but most of us can think of times we have not been as skillful as we could have been in communicating with staff. Good listening skills and "I messages" are especially helpful in tough situations like this, when you want to get your message across without blaming.

Most family members are understanding about the ups and downs of working in a nursing home and realize that some things may be out of the staff's control. The staff that seem hardest to work with are those whose values seem very different

from our own. That is, we may disagree with what the staff member thinks is the most important.

Let's practice using "I messages" in a situation where you don't share their values and you think the person's own choices have contributed to the staff members' problems. Don't forget to use the listening skills we learned last time.

Please divide into three groups. In your group, take a few minutes to come up with a situation in which staff are facing problems that affect the resident's care. This should be a situation where you think that the staff member's values (that you don't agree with) are contributing to the problem.

Once you have the situation, find volunteers within your group to play the roles of the family member and the staff. Role-play a conversation between them with the person using "I messages" and skillful listening. The other group members should be observers, listening carefully and helping the family member get back to the "I message" format, if necessary, or suggesting possible listening skills where appropriate. Take about three minutes with this role-play. If you get stuck, you can call on ___________(your co-facilitator) or me.

If the groups have trouble coming up with a situation, give a few examples, for instance: You have noticed that your relative's teeth do not get cleaned after each meal and that he/she frequently has bad breath. You are concerned that his/her teeth will decay.

OR

You have noticed that your relative frequently falls asleep while eating and you wonder if it is related to medication she receives.

After five minutes, make sure the groups are moving on to the role-plays. At ten minutes, ask them to finish up. A minute later, ask them to stay in their small groups but turn their attention to the whole group. Lead a discussion about their experience.

⇒ How did "I messages" work for you?

⇒ Were you able to put them into your own words?

⇒ Did they help you get your message across respectfully?

If workshop is to be done in 2 sessions, this is a good mid-point. Say,

We've learned a lot in our first workshop! Between now and next week, I'd like you to try out one thing you learned here. You might try catching yourself in a Communication Blocker and replacing it with a Communication Helper. Maybe you'll try giving factual, emotional, or solution-focused feedback or using an "I message." Any questions?

I'll be happy to prepare a list of names, telephone numbers, and addresses of participants in this workshop series if you'd like to be able to keep in touch and continue to work together in various ways after the workshops are over. I'll send around our sign-in sheet. I'll make copies of this list for everyone next week. If you have any corrections, please mark them on the list. If you don't want your name on the list that gets distributed to everyone here, please note that in the margin, or mention it to me after the workshop.

It's been a pleasure to work with you! We look forward to our second workshop, next week at the same time and place. You will have a chance to look at what is really important to you about the care of your relative and what is important to the staff and the nursing home, and learn ways to communicate when these values differ. You'll also learn how to handle blame, criticism, and conflict in a productive way.

Session 2 Activities

Feedback from Previous Session *(15 minutes)*

Say,

Welcome to the second session of Partners in Caregiving in a Special Care Environment. Let's go around and say our names again, to refresh our memories and to give us a chance to meet new people [if there are new people]. I'm [introduce yourself].

After all have introduced themselves, say,

Tonight we will look at what is really important to you about the care of your relative and what is important to the staff and the nursing home, and learn ways to handle blame, criticism and conflict. But before we plunge into those topics, let's hear from anyone who tried out what we learned last week. Maybe you tried out a way of communicating with staff that you heard another family member tell about. You might have caught yourself in a Communication Blocker and replaced it with a Communication Helper. Or maybe you tried giving factual, emotional, or solution-focused feedback or using an "I message." Would anyone like to tell us what you tried and how it went?

Let the participants talk about what they tried and how it went. Give them factual, emotional, or solution-focused feedback where appropriate. Use any difficulties they describe as a springboard for re-teaching or reinforcing the use of Communication Helpers and feedback, and the avoidance of Communication Blockers. After fifteen minutes, congratulate them on the skillful ways in which they are applying what they're leaning in the workshop.

G. Cultural and Ethnic Differences *(30 minutes)*

The purpose of this exercise is to increase family members' awareness of possible cultural or ethnic differences between themselves and staff and the way these differences can affect communication.

Say,

Each of us has a cultural and ethnic background. Some of us are quite knowledgeable about our cultural or ethnic heritage, while other people feel that they don't have any specific cultural heritage. Your heritage can include your race, your ethnic background, whether you're from a rural or urban area, the economic circumstances you are in, what country or part of this country you or your ancestors came from, and what kind of work the people in your family do or did.

It's not unusual for there to be ethnic and cultural differences between residents and staff in nursing homes. For example, more than 90 percent of all people who live in nursing homes are white. About 30 percent of nursing assistants working in nursing homes are non-white. Of course, these percentages depend on where the nursing home is located, but it gives you an idea of some of the differences that can exist.

Another example of possible cultural differences can occur in a nursing home sponsored by a particular religious group. Such a facility will probably serve a resident population that has practiced that religion. But the staff may come from a variety of different faiths.

*Taken from "Ensuring an Abuse-Free Environment: A Leaning Program for Nursing Home Staff." CARIE, Philadelphia, Pa. Copyright 1991. Special thanks to Both Hudson Keller.

Another important thing to note is that many of the residents who are living in nursing homes today spent their younger years in much more segregated situations. For example, the older residents may have been born in the "old country:" Russia, Italy, Ireland, etc. When the resident came to the United States, he or she may have settled in an area where everyone had the same ethnic origins.

For this reason, coming to a nursing home may be residents' first intense experience with people who are different from themselves. This is very likely the first time they are dependent on people whom they know very little about. The preconceptions about other groups that they learned from their parents and grandparents are brought with them into the nursing home. It can be frightening to be cared for by people who are different from you and with whom you do not share the bond of a common background.

Of course, this does not mean that all nursing home residents have these kinds of preconceived ideas about others, but it may help to explain some of the responses they may have to caregivers who are not from the same group as them. Family

members may also have some of the same feelings of uncertainty about staff who are from a different group.

Cultural and ethnic differences do not need to be negative things. Sharing one's cultural and ethnic heritage is one of the ways we can contribute to our nursing home. However, these differences can also get in the way of effective communication.

Here are a few examples:

- **A family member comes from a very religious background. She involves religious practices in just about every aspect of her life and often asks a nursing assistant to "pray for her mother." The nursing assistant is not religious and feels the family member's beliefs are meaningless.**

- **A nurse comes from a culture where children are expected to care for their parents, no matter what the cost. She has trouble sympathizing with family members who place their parents in the facility.**

- **A nursing home has some very wealthy residents. A nursing assistant who is having difficulty making ends meet feels angry when she hears family members complain about the cost of care.**

Now, let's spend some time thinking about how cultural differences may affect communication in this facility.

Divide the group into three small groups. Ask your co-facilitator to pass around handouts with the questions on them, while you place the overhead transparency on the overhead projector. Read the questions aloud.

⇒ What are some major cultural or ethnic differences between families and staff in this nursing home?

⇒ What kinds of problems have you encountered in the nursing home with staff from different cultural or ethnic backgrounds? How did you handle such problems?

⇒ How would the communication techniques you have learned so far help in dealing with communication problems that stem from cultural and ethnic differences? Try to come up with at least one specific example where better communication would have helped.

Reconvene the groups after about 15 minutes. Ask for volunteers to share their responses to the questions. Record the answers on newsprint.

Then focus on the last question. Take two or three examples of the ways in which the communication techniques would help resolve problems.

H. Values Line *(30 minutes)*

Say,

The values that are important to family, staff, and administration have a strong influence on relationships between home and the facility. Family values affect what you want for your relatives, and the staff members' values affect the way they view families and their expectations of our roles. The values of the administration can set the overall tone for decisions made in the facility.

Understanding our own values, and those of the staff and the administration, also helps us to communicate better. I'd like to emphasize that it is not necessary to agree with someone's values to understand them. We are not asking you to change your values but to work with staff whose values may be different from your own.

Here is a tool for understanding some of our own important values, those of staff, and those of facility residents.

Ask your co-facilitator to distribute the "Values Line" handouts while you place the corresponding transparency on the overhead projector. Read all of the values out loud.

Say,

Staff, family and facility administrators may feel very differently about how important these values are. We'd like you to rate how important you think each value is for each of these three groups.

First, look at the statements on the hand-out and indicate how important you personally think this value is. Make an "X" on the line to show where you stand. So, if you think it is not important, you can place an "X" near the left-hand side; if you think it is very important, you can put an "X" near the right- hand side.

On the same line, mark an "S" where you think staff stand on this value.

Finally, on the same line, mark an "A" where you think the administration stands.

Go through each of the statements this same way.

Let's look at the example. The person filling that out felt that the value statement "Families should try to support facility rules without question" was very important for administrators and somewhat important for the staff. The individual felt personally that the value was not very important and placed the "X" accordingly.

Please fill in the form in this way for each value. If you wish, you may think about where you stand on each issue, instead of writing them in. There are no "right" answers here; the goal is just to get us thinking and talking.

Give the group about five minutes to work on the values. Tell them it is okay not to finish them all.

While they are completing the Values Line, place two chairs about 15 feet apart at the front of the room. Place the sign that says "VERY IMPORTANT" on the chair on the right-hand side, and the sign saying "NOT IMPORTANT" on the left. Tie a string or yarn between the two chairs. It is important that the chairs at the front of the room look like the handout (left-right) orientation.

After five minutes, ask all participants to come up and stand along the line you've created indicating where they personally stand on the first issue: "Residents should be neat and clean at all times."

Then ask them to move to indicate where they think the staff stand and then to move again to represent where they think the administration's values are.

Engage the group in a discussion of why they placed themselves and the other groups where they did. If there are discrepancies on where they placed different groups (for example, if they felt that a value was very important for one group and not at all for another), point this out and invite discussion.

If participants bring up questions or thoughts, try to discuss them instead of giving a "yes or no" answer. For example, they may say that residents should have freedom of choice unless they are too cognitively impaired to make decisions or that they think that resident privacy is impossible because of the care they need. Encourage discussion of these issues, as time permits.

Do this for each of the values. As a way of concluding, you may want to ask the group how they think these value differences might affect communication in the nursing home.

Do You, the Facility Administrators, and Staff Share Values About What is Important?

Below are a number of value statements. Staff, family, and the facility administration may feel very differently about how important these are. We'd like you to rate how important you think each value is for each of these groups.

Directions:

First, look at the first statement below and indicate how important you think this value is. Make an "X" on the line to indicate where you stand. If you think it is not important, you can place an "X" near the left-hand side; if you think it is very important you can put an "X" near the right-hand side.

Second, on the same line, mark with an "S" where you think staff stands on this value.

Finally, on the same line, mark with an "A" where you think the administration's official outlook is.

Do the same thing for each of the value statements below.

Example. Families should try to support the facility rules without question.

Example. ________________X______________________S_______A____________

Not Important Very Important

Now, complete the following value statements.

Statement 1. Residents should be neat and clean at all times.

Statement1. ____

Not Important Very Important

Statement 2. Family members should visit at least a few times a week.

Statement 2. ____

Not Important Very Important

Statement 3. Families should help staff out by providing some care.

Statement 3. ____

Not Important Very Important

Statement 4. Residents' freedom of choice should always be respected.

Statement 4. ____

Not Important Very Important

Statement 5. Residents with dementia who behave aggressively should be restrained.

Statement 5. ____

Not Important Very Important

I. Handling Blame, Criticism, and Conflict *(45 minutes)*

Introduce the topic by saying,

Handling blame, criticism, and conflict is a challenge even for the most skilled communicator. The skills that we've learned so far-putting yourself in another's shoes, listening well, offering feedback, using "I messages" to say what you mean clearly and respectfully-help you not only in day-to-day communication with staff members, but also in those difficult situations in which a staff person blames or criticizes you or a disagreement escalates into a conflict.

When someone begins to blame or criticize you, it is hard not to react defensively and start blaming, criticizing, or defending yourself. But defensiveness gets in the way of coming up with a solution that will satisfy everyone's needs.

Ask your co-facilitator to distribute "Handling Blame, Criticism, and Conflict." Place the corresponding transparency on the overhead projector. Read the points out loud and ask participants to follow along.

<u>Handling Blame, Criticism, and Conflict</u>

1. Encourage the other person to describe the complaint fully. Use door openers, encouragers and open questions.
2. Let the other person know you understand their complaint. Use the appropriate type of feedback-emotional, factual, or solution focused. Don’t defend yourself or retaliate with your own complaints.
3. Affirm something you admire in the person. It’s best if there is something that can help in the situation.
4. Look for the need behind the problem.
5. Together, come up with a list of possible solutions.
6. Together, choose one that meets both of your needs.
7. Agree on a specific period of time to try out the solution.

Say,

The first step in reaching a solution is to really listen. The three types of communication helpers we learned-door openers, encouragers, and open questions-are what you need to begin with.

Next, you need to let the other person know you understand the complaint. That doesn’t mean you agree with it but that you understand it.

This will prompt the person to tell you what is on his or her mind. Next, you can respond with feedback. If the person is angry or upset, use emotional feedback. If the person has a factual complaint, use factual feedback. Solution-focused

feedback, in which you emphasize the resources available in the situation, is especially helpful. You may have to use several rounds of feedback to understand the person's complaint completely, and it will take great self-control on your part to keep listening to the complaint without defending yourself or retaliating with some complaint of your own. This is a skill that can be learned.

Only after the other person believes that you've heard him or her and understood the complaint can you begin to work on it. One of the reasons so many conflicts go unsolved and end up in bitterness is that people skip this step. Sometimes this step alone will take a lot of the heat out of a person's complaint, especially if you combine it with affirmation. Affirmation means to mention something related that you honestly admire in the person. It's best if this is something that can help in this situation.

Once you both agree on what the problem is, look for the needs behind the problem. Too often people rush to solve the problem before understanding the need behind it. Once you understand what each of you needs, you can work together to find a solution. Together, try to come up with a list of possible solutions. Then, together, choose one that meets both of your needs. The last step is to agree on a specific period of time to try out the solution and to talk it over again. Let's try out this method with a story about a conflict between a family member and a staff member.

Ask your co-facilitator to distribute "Conflict Resolution Script." Place the corresponding transparency on the overhead projector and ask two participants to read it aloud, each taking one of the roles.

Conflict Resolution Script

Eva (nursing assistant): I'm glad to see you today.

Mrs. M.: Well, I missed the bus, so I'm late.

Eva: I wanted to ask you about how you feel you mother is doing.

Mrs. M.: Well, I can't believe that somebody even asked. I'm really upset. I've spent lots of money and energy getting my mother some nice clothes to wear, and every time I come, she's in an old house dress that's faded and worn. The worst thing is often she's wearing somebody else's clothes! What kind of place is this, anyway? I'm thinking of reporting all this to the administrator.

Eva: Listen, what does the administrator have to do with this? We try to keep her clothes in her room, but I can't help it if the residents who are confused like your mother mix their clothes up. Your mother can't even recognize her own clothes. If you'd label her clothes more clearly, it probably wouldn't happen, anyway. And a lot of those clothes you bought don't even fit her.

Mrs. M.: They don't fit because your laundry has washed them and shrunk them. And a lot of those dresses are just plain missing. What do you people do, steal them and then blame the residents for losing things? My mom likes to look nice and I know that she's upset about this, even if she can't say so.

Eva: Maybe if you came here more often, you could wash your mother's clothes yourself, like a lot of families do. And I've been working here for 10 years, and nobody has ever accused me of stealing before!

Mrs. M.: Well, maybe they should have. The fact that you don't even care about what my mother thinks or feels about this just shows that you're incompetent. I'm sure going to tell the administrator now about how you're treating my mother, so they can keep an eye on you and the other staff.

When they are done reading, ask the following questions:

1. **How would you describe the way the family member reacted?**

2. **Did the meeting benefit the participants?**

3. **Did this meeting benefit Mrs. M's mother or the other residents?**

4. **At what point did the conversation really break down?**

5. **Did this staff member's criticism help the family member to grow?**

After this discussion say,

Please get into groups of three. One person will play the staff member, one the family member, and one will observe. The role of the observer is to make suggestions based on the "Handling Blame, Criticism, and Conflict" handout. Observers, you may want to ask the staff person and family member to go back a step or two in their interaction trying out another approach. Let's take five minutes in our groups of three. Any questions?

Answer any questions they have. After five minutes, ask them to come back together. Then ask:

What happened when you tried it out?

Lead a discussion about their experiences. Then ask:

Does anyone have a real-life situation you'd like to practice this technique with? Please tell us a little about it, but don't mention names.

Once a family member has described the situation, ask for volunteers to role-play it, trying to apply the seven steps of conflict resolution. Say,

Now let's try the seven steps with this situation.

Lead a brief discussion, ending with this statement.

Mastering the art of handling blame and criticism skillfully takes work but is worth it, because it will enable you to meet even the most aggressive person with confidence.

J. Planning a Joint Session for Family, Staff, and Administrators *(15 minutes)*

Say,

On _____________ (date) we will have an opportunity for a joint brainstorming session with the staff members who've been involved with the staff seminars and ________________, the facility administrator. The purpose is to share the high-lights of what you and the staff members have been working on in your sessions and to discuss ways to promote even more effective family-nursing home partnerships.

Place the family agenda transparency on the overhead projector. Say,

It would be very helpful if we could share the highlights of our in-service with the staff members and the administration. To refresh our memory of what we've done, here is the outline of today's workshop.

Is there someone, or perhaps a team of two or three, who would be willing to briefly share the highlights of our workshops with the staff members and the administrator at the joint session on ___________(date)? You would have about 10 minutes. The staff members will also give us a summary of <u>their</u> workshop.

After securing volunteers, ask them what they will need to make their brief presentation. Make arrangements for these needs.

At the joint brainstorming session, you will all have a chance to identify any facility policies that affect family involvement and that you think could be changed. Are there any policies or practices in this facility you would like to bring up?

This is a very important aspect of the program, so make sure to give planning for it the attention it deserves. Family members may have important issues but fail to bring them up in the joint session because of the power structure in the facility or fear of hurting someone's feelings. Assure them that this is a great opportunity to set in motion changes that will have a positive impact on the residents and that staff members are likely to have similar concerns and ideas.

List their ideas on newsprint and invite participants to take notes so they will be prepared to bring these ideas up in the joint session.

Then say,

It would be nice to have refreshments at the joint session. Do you have any suggestions about how this should be arranged?

Use their suggestions and any offers to secure refreshments for the joint session. Sometimes the family group will offer to provide them or sometimes the staff do, or the facility. Let this be the participants' decision.

K. Evaluation of Family Workshop Series *(15 minutes)*

It is worth while to allow the group to spend some time evaluating the program together. If you provide a written evaluation form, ask them to fill it out before starting the discussion. (A sample evaluation is provided in the Appendix.)

End the session by again placing the outline of the family workshop series on the overhead projector. Say,

I appreciate what you've each contributed to our workshops, and I'm looking forward to a productive session on [give date of joint workshop]. Before we go, I would appreciate some feedback on the whole workshop. Let's look back at the topics we've covered. [Read the topics aloud.] Please think for a few minutes about which parts of the workshop have been most useful for you and about any suggestions you might have for us if we were to offer the workshop again here or in another nursing home.

While they are thinking, prepare two sheets of newsprint with the headings "Most Useful" and "Suggestions." After five minutes, ask,

Who'd be willing to tell us what you found most useful?

When someone speaks, briefly summarize his or her statement on the list. Then ask,

Do you have any suggestions for us?

Summarize any suggestions, too. Then go on to others in the same manner until everyone has spoken. Then end by saying,

Thank you for that feedback. We've really enjoyed working with you throughout this series and look forward to our joint brainstorming session with staff and administrators on [give date]. See you there!

Joint Session with Family, Staff, and Administrators *(2 hours)*

Background for Facilitators

The joint session between family, staff, and administrators is the culmination of the Partners in Caregiving in a Special Care Environment series and offers a valuable opportunity to promote a collaborative spirit.

Many facilitators, and a number of administrators, approach this session with some fear that a disgruntled family member will use the joint session to attack the administrator or air personal grievances. Careful planning and facilitation will keep the joint session positive and productive.

It is vital to meet with administrators prior to the session, to outline its purposes and structure, and to encourage their active, collaborative participation. If an administrator voices fears of being criticized during the joint session, assure him that you have tried to avoid that by carefully preparing both family and staff for the joint session. Should such a situation arise despite careful preparation, you would handle any offensive statements by reminding the group that the purposes of the joint session are to inform each other of what has been learned in the separate sessions and to initiate joint brainstorming on next steps. If necessary, you would ask participants to utilize the Listening, "I message," and Cooperative Conflict Resolution skills they have learned in their workshops.

If one person tries to dominate the joint session, you can politely, yet swiftly, cut him off by saying, "Let's make sure everyone who wants to has a chance to speak. Is there anyone who hasn't spoken yet who has an idea to add to our list?"

It is equally important to make sure that staff and family members understand the purposes of the joint session.

A. Brief Summaries of Family Workshops and Staff In-Service *(30 minutes)*

Begin by welcoming everyone to the session. Ask them to introduce themselves, and to mention whether they are a family member, staff member, administrator, or fill more than one of these roles.

Introduce the topic by saying,

In the [give name of nursing home] Partners in Caregiving in a Special Care Environment programs, families have been working hard in their workshop, and staff in their in-service, to learn effective communication skills and how to reach out to create effective partnerships between families and nursing homes.

Mr. (Ms.) (Dr.) _______________ the administrator of ______________________ Nursing Home, eagerly accepted our invitation to meet with family and staff today, because (s)he understands that when staff, family, and administrators work well together, it is much better for the residents. Let's all keep in mind that this is not a time to bring up personal problems which should be discussed individually with Mr. (Ms.) (Dr.) or the appropriate staff person.

Our joint brainstorming session today is an opportunity to share with each other and with the nursing home's administration what you've been working on and to brainstorm together about next steps.

[Give name of volunteer] has offered to give a summary of the family workshop.

Turn the session over to the family member who has agreed to give the summary. After the family member has finished, say,

[Name of volunteer] has offered to give a summary of the staff in-service.

Turn the session over to the staff member who has agreed to give the summary.

B. Joint Brainstorming: Promoting Effective Nursing Home-Family Partnerships *(60 minutes)*

After the staff member has finished say,

The value of family members' involvement in their relatives' care is widely recognized and solidly backed by many research studies as well as by observations from family and staff themselves. How can a nursing home promote effective family involvement for a wide range of relatives?

It helps when family and staff become skillful at communicating with each other, when individual staff reach out to welcome family members, and when individual family members take more initiative to get to know staff members and get involved. But these individual efforts, important as they are, are only part of the picture. Unless nursing home policies and practices promote involvement of all families, the efforts of individual staff and family members will be limited. The main purpose of today's session is to brainstorm together about changes in the nursing home's practices and policies that could promote even more effective family-nursing home partnerships.

A policy is an official procedure. Usually, but not always, policies are written down. However, families are often unclear about nursing home policies, not knowing whom to ask (or feeling intimidated).

In this session, we have an opportunity to identify those facility policies and practices that promote effective family involvement, as well as those that seem to hinder it. Then, we can go on to brainstorm a list of changes you'd like to explore.

Ask your co-facilitator to hang up the newsprint sheet labeled "Policies and Practices That Promote Family Involvement," and to record the group's ideas on it. Then ask,

What are some of this facility's policies or practices that promote family involvement and cooperation between families and staff?

Your co-facilitator should write their responses on the newsprint. You can ask for clarification if necessary. If you find that one group is dominating the discussion, encourage others to contribute. When the sheet is full or the responses die down, say,

Now let's look at any policies or practices (or lack of policies) within this facility that hinder effective family involvement and cooperation between family and staff.

Again, your co-facilitator should record their responses. When the page is full or no one is offering responses, say,

It's clear that [give name of nursing home] has some policies and practices that are very effective in promoting family involvement and, like most nursing homes, also

has some areas where changing, adding, or eliminating policies or practices could make a very positive difference in family involvement here. Are there changes you'd like to explore or encourage?

Your co-facilitator should record these ideas on the third piece of newsprint. Encourage people to explain their ideas thoroughly enough that every one understands them. When the sheet is filled or ideas have stopped coming, move on to the concluding activity, "Where Do We Go from Here?"

C. Where Do We Go From Here? *(15 minutes)*

Switch facilitators. Then say,

These are important issues, well worth further exploration. If you could see two of these suggestions implemented in the next year, which would they be? Please think for a minute about which seem most important, in your mind. You'll each have two votes to cast to help prioritize the list.

Pause for a minute, then say,

I'm going to invite you each to list aloud your first, second, and third priorities. Next to your first priority, I'll place two check marks. Next to your second, I'll place one. Then we'll consider how you want to work toward further exploring or implementing those issues you rank as most important. Questions?

Answer any questions. Then go around the room so each person can list his or her two highest priorities. Place check marks as described above. When this process is completed, circle the two or three highest-ranked issues and read them aloud. Point out that the other issues are also important and are worth pursuing in the future, but that at this session you'd like to help them make concrete plans for the issues most people felt should be pursued first. Read these issues aloud and ask the group how they would like to proceed--Get broad input--don't allow one person or a group to dominate or jump to one solution. Get agreement on next steps, with a tangible plan for checking back with the whole group on progress. Thank the whole group for their participation in this joint session and the entire program. Thank your co-facilitator and anyone else who was instrumental in making the seminar happen.

D. Refreshments

Use the remainder of the time for informal interaction among participants.

Staff In-Service Handouts

*These can also be used to make overhead transparencies.

GOALS OF PARTNERS IN CAREGIVING IN A SPECIAL CARE ENVIRONMENT

- Families learn that they are important partners in their relative's care.
- Families become more comfortable initiating communication with staff.
- Families learn skills that help them be more effective in discussing the care of their relative with staff.
- Family members feel less isolated.
- Staff members gain new insight into the barriers that prevent family involvement, and learn how to reach out effectively to all family members.
- Staff learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts.
- Staff feel less isolated.
- Nursing homes develop policies that encourage a wider range of family involvement.

Agenda for Staff In-Service

A. Introduction to Partners in Caregiving in a Special Care Environment and to Staff Workshops

B. Participant Introduction Exercise

C. Dementia and Behavioral Symptoms

D. Sharing Successful Family-Nursing Home Communication Techniques

Break (15 minutes)

E. Advanced Listening Skills

F. Saying What You Mean Clearly and Respectfully

G. Cultural and Ethnic Differences

H. Values Line

I. Handling Blame, Criticism and Conflict

J. Planning a Joint Session with Family, Staff and Administrators

K. Evaluation

Joint Session with Family, Staff and Administrators

A. Brief Summaries of Family Workshops and Staff In-Services

B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships

C. Where Do We Go From Here?

D. Refreshments

WHAT IS DEMENTIA?

A <u>global decline</u> in intellectual abilities of <u>sufficient severity</u> to <u>interfere</u> with occupational and or social functioning. This occurs in <u>clear consciousness</u>.

What does this mean?

- <u>Global decline</u> means that more than one aspect of thinking is affected.
- <u>Sufficient severity</u> to impair functioning means that the problems the patient has are severe enough to produce problems in their daily lives.
- <u>Clear consciousness</u> means that the person is awake and alert.

Strategies to approach specific behavioral symptoms

Communication

Communication difficulties are common in dementia, and often frustrating for both the patient and caregiver. Examples of communication problems include:

- Finding words, “tip of the tongue” experience
- Losing one’s train of thought
- Understanding what is being said to them

***Suggestions*:**

4 Make sure you have the patient’s attention before speaking
4 Speak slowly in a calm, low tone of voice
4 Use hand gestures to demonstrate requests (“sit here”, patting the seat of the chair)
4 Use simple, concrete words
4 Simplify the message into one or two parts
4 Give instructions one step at a time
4 Reassure rather than reason an explanation. “I’ll wait for your return” provides much comfort to someone refusing to attend a day program
4 Respond to repeated questions with simple key words or phrases
4 Try to provide the word someone is struggling to say
4 Observe facial and body language to better understand what the patient is saying
4 Listen carefully for key words
4 When trying to communicate, eliminate distractions such as radio and TV

Hallucinations

Some patients with Alzheimer's disease or other dementia will develop hallucinations. These can be distressing symptoms for both the patients and their caregivers. When they occur, the doctor should be informed so that treatment can be discussed. These are real experiences for the patient and can be frightening to them.

- Hallucinations are the experience of seeing things or hearing voices when nothing is there.
- Seeing things, animals or people are the most common hallucinations
- Hallucinations may occur as a result of another illness, an infection, medication side effects or anesthesia.
- When patients hallucinate after surgery, they may be frightened and try to run away from the visions creating safety risks.

***Suggestions*:**

4 Look for signs of an illness or infection. Examples include sudden onset of incontinence (wetting accidents), a cough, drowsiness, or unsteady walking.
4 Let your doctor know this has happened.
4 Provide reassurance. For example you might say: "I don't see those people but I'll keep you safe"
4 Provide distraction. Moving the patient to another room or changing activity can sometimes distract them.
4 Stay with patients when they are in the hospital if possible to avoid the use of restraints and sedation.

- In contrast, an illusion is a misinterpretation of something that is there. Examples include:
  - Seeing a tall plant in a darkened room as a person
  - Thinking that a door slamming is a gunshot
  - One can minimize illusions by removing clutter and making sure lighting is adequate, closing drapes at night, avoiding glare on tile floors.

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Delusions

Many patients with dementia develop delusions. Delusions are fixed false beliefs. Such beliefs are strongly held and patients cannot be convinced otherwise. Delusions can result in aggression and put patients and their caregivers at risk of harm.

Common delusions in dementia include believing that:

- Someone is stealing from them
- People are in the house who are not there
- Caregivers are not who they say they are
- Their food or medicines are poisoned
- Their spouse is unfaithful

***Suggestions*:**

4 Avoid arguing or trying to reason with them
4 Provide reassurance
4 Try to find things they say are stolen
4 Inform the doctor of the delusions
4 Try to distract them. For example, if they are looking for their deceased mother, say "I haven't seen her lately but let's get a snack and you can tell me about your mother"
4 Make sure the patient is safe and cannot wander out

Depression

Depression is a common complication of dementia causing needless suffering to patients and their caregivers. Once thought of as a natural consequence of dementia, depression occurs in 20-40% of patients and can be effectively treated. No one can "will" away depression by "being stronger." Many patients won't complain of feeling sad or depressed. It is most important to understand that this is a chemical illness much like diabetes and is NOT a normal reaction to the knowledge of having a dementing illness.

- Symptoms of depression in dementia include changes in:

  Mood-tearfulness, loss of pleasure
  Behavior-irritability, uncooperativeness
  Appetite-eating less, eating more
  Thoughts-low self-esteem, fearfulness, guilt
  Sleep-difficult falling asleep, awakening earlier than usual
  Energy-loss of energy, apathy, withdrawal

***Suggestions*:**

4 Have the patient evaluated. Report symptoms to the doctor
4 Encourage small, frequent snacks and meals to ensure adequate nutrition
4 Encourage patient to get out of bed and change clothes despite refusals
4 Assist with change of clothing to promote good hygiene
4 Inform physicians of side effects to promote taking the antidepressant
4 Offer reassurance and hope since it may take time for medicine to be effective

Task Break-down

Task-breakdown refers to simplifying the steps of activities in daily life. Task-breakdown helps to overcome frustrating problems like:

- Difficulty in remembering the steps of a task
- Becoming easily distracted
- Having difficulty coordinating movements needed to complete a task

***Suggestions*:**

4 Write down all the steps of a task
4 Observe the patient trying to complete a task to identify parts that are difficult
4 Eliminate steps of a task that are frustrating for the patient
4 Give instructions one step at a time
4 Give praise for the completion of each step.
4 Begin tasks for patients by getting them started, such as holding a shirt and putting an arm through the arm hole
4 Try putting your hand over theirs and guiding it during tasks like holding a fork to eat or brushing teeth. This is called hand-over-hand guidance.
4 Encourage patients to participate as much as they can without frustration, such as allowing a patient to stir food when they cannot follow a recipe
4 Re-evaluate task performance regularly. Most patients will have more difficulty over time and will need more help

COMMUNICATION HELPERS

1. Door Openers: Invitations to talk, letting the other decide whether or not to proceed. (“Want to talk about it?” “You look sad. Is something bothering you?”)

2. Encouragers (“I’d like to hear more about your family’s concerns.”)

3. Open Questions (“What do you hope your mother will gain from being here?”)

COMMUNICATION BLOCKERS

1. Blaming ("It's your fault. You should have brought him here sooner.")

2. "Always" and "Never" ("You are always telling me how to deal with her yelling." "You'll never understand your father's behaviors.")

3. Name-calling ("That aide is really stupid if she tries to teach him to dress himself.")

4. Labeling ("Mrs. Smith's daughter is a real troublemaker.")

5. Giving unasked-for advice ("You should put velcro across the doors to prevent other residents from wandering in. That's what they did at the first nursing home my father was in.")

6. Moralizing ("Families who really care about their relatives keep them at home. After all, her mother doesn't have many medical problems.")

7. Giving orders or threatening ("You find my father's dentures or I'm going right to the administrator.")

8. Excessive questioning.

9. Diverting or avoiding the other's concern.

TYPES OF FEEDBACK

1. Factual ("Your mother has only been here for 2 weeks. If you take her to a family party this weekend, she may become disoriented and agitated.")

2. Emotional ("I understand that you feel upset about your husband's increased confusion as he adjusts to living here. It must be really hard.")

3. Solution focused: focusing on resources and solutions ("Last Thursday was not a good time for you to come in to talk to me about your wife, but are you willing to come in some other time? Can your daughter give you a ride on Tuesday afternoon? I could stay a little while after my shift ends at 3:00 to talk to you.")

PUT YOURSELF IN THEIR SHOES - THE G. FAMILY

Sheila G. recently placed her mother and father in a nursing home. Both parents have dementia: her mother is in a very advanced stage of impairment, and her father has begun showing symptoms of memory loss and disorientation over the past six months. Mrs. G. does not recognize Sheila or any other family member and often refuses to eat. Mr. G., her husband, is more aware of his surroundings and complains to Sheila about how "bad" the facility is, and how staff are mistreating his wife. He is also very angry at Sheila for "putting us in this home."

Sheila lives alone in a major city. She is self-employed and works as a writer. She is the only child of Mr. and Mrs. G., and feels very guilty about placing them in the facility. She gets depressed and often cries when she leaves the facility after a visit. She is also getting fearful that her father might be right about how staff treat her mother, because she has noticed bruises on her upper arms.

Sheila also finds it very difficult when her father is verbally abusive to her, a problem that gets worse every time she visits. He also calls her and then hangs up when she answers the phone. This interrupts her work, but she is afraid not to answer it, in case there is a problem with her parents.

The next time Sheila visits, she decides to talk to the nursing assistant who is caring for her parents, who are in adjoining rooms. She wants some advice on how to handle them. She is also worried about whether her mother is getting appropriate care, and she is a little angry that the facility hasn't been more responsive to this situation. Jenny, the nursing assistant is in the middle of a busy morning, and is behind in her schedule.

Begin the role-play with this meeting between Sheila and Jenny.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this family member?

2. What skills would be most helpful?

3. What are some other ways in which this nursing home might support this particular family member?

PUT YOURSELF IN THEIR SHOES - THE C. FAMILY

Linda C.'s father was diagnosed with Alzheimer's disease 4 years ago and recently entered the same nursing home that her grandmother was placed in 24 years before. The facility is a county-run nursing home that has had a long and sometimes rocky history. During the past five years, real improvements have been made to the building and in staff development practices, including the construction of a new dementia care unit. Linda, however, remembers the poor conditions her grandmother experienced as a resident with Alzheimer's disease.

Linda is a 40-year-old single parent of a teenage son and a seven-year-old daughter. She works two jobs and often has to work on weekends, when most family members come to the facility to visit relatives. She needs to be with her children at night so has not been able to attend the orientation sessions the facility offers to families.

Linda has a deep love for her father, who is a resident on the dementia care unit and needs extra help from the staff while he adjusts to the new environment. Linda tries to get to the facility whenever she can, but she knows it bothers him that she can't come more frequently.

Last week, Linda received a report from the facility that her father is becoming more confused and that he wanders into other residents' rooms and lies down on their beds. The report also noted that he has disrobed in front of other residents several times and is unwilling to cooperate with staff when approached. Linda was also just advised by her employer that she will be expected to work extra hours over the holiday season, now only three weeks away.

Linda is feeling very stressed, and is becoming concerned that staff in the facility may not be taking good care of her father. She decides to talk to Gloria, the charge nurse on her father's unit. Begin the role-play when Linda and Gloria meet in the hallway outside her father's room.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this family member?

2. What skills would be most helpful?

3. What are some other ways in which this nursing home might support this particular family member?

“I MESSAGES”

a. When __________________ happens,

b. I feel ___________________,

c. because ________________,

d. I would like ____________ to happen.

CULTURAL AND ETHNIC DIFFERENCES QUESTIONS

- What are some major cultural or ethnic differences between families and staff in this nursing home?

- What kinds of problems have you encountered in the nursing home with families from different cultural or ethnic backgrounds? How did you handle such problems?

- How would the communication techniques you have learned so far help in dealing with communication problems that stem from cultural and ethnic differences? Try to come up with at least one specific example where better communication would have helped.

Do You, the Facility Administrators, and Staff Share Values About What is Important?

Below are a number of value statements. Staff, family, and the facility administration may feel very differently about how important these are. We'd like you to rate how important you think each value is for each of these groups.

Directions:

First, look at the first statement below and indicate how important you think this value is. Make an "X" on the line to indicate where you stand. If you think it is not important, you can place an "X" near the left-hand side; if you think it is very important you can put an "X" near the right-hand side.

Second, on the same line, mark with an "F" where you think families stand on this value.

Finally, on the same line, mark with an "A" where you think the administration's official outlook is.

Do the same thing for each of the value statements below.

Example. Families should try to support the facility rules without question.

Example. __________X___________F__________A__________

Not Important   Very Important

Now, complete the following value statements.

Statement 1. Residents should be neat and clean at all times.

Statement 1. ____

Not Important   Very Important

Statement 2. Family Members should visit at least a few times a week.

Statement 2. ____

Not Important   Very Important

Statement 3. Families should help staff out by providing some care.

Statement 3. ____

Not Important   Very Important

Statement 4. Residents' freedom of choice should always be respected.

Statement 4. ____

Not Important   Very Important

Statement 5. Residents with dementia who behave aggressively should be restrained.

Statement 5. ____

Not Important   Very Important

HANDLING BLAME, CRITICISM, AND CONFLICT

1. Encourage the other person to describe the complaint fully. Use door openers, encouragers and open questions.

2. Let the other person know you understand their complaint. Use the appropriate type of feedback-emotional, factual, or solution focused. Don’t defend yourself or retaliate with your own complaints.

3. Affirm something you admire in the person. It’s best if there is something that can help in the situation.

4. Look for the need behind the problem.

5. Together, come up with a list of possible solutions.

6. Together, choose one that meets both of your needs.

7. Agree on a specific period of time to try out the solution.

CONFLICT RESOLUTION SCRIPT

Eva (nursing assistant): I'm glad to see you today.

Mrs. M.: Well, I missed the bus, so I am late.

Eva: I wanted to ask you about how you feel your mother is doing.

Mrs. M.: Well, I can't believe that somebody even asked. I'm really upset! I've spent lots of money and energy getting my mother some nice clothes to wear, and every time I come, she's in an old house dress that's faded and worn. The worst thing is often she's wearing somebody else's clothes! What kind of place is this, anyway? I'm thinking of reporting all this to the administrator.

Eva: Listen, what does the administrator have to do with this? We try to keep her clothes in her room, but I can't help it if the residents who are confused like your mother mix their clothes up. Your mother can't even recognize her own clothes. If you'd label her clothes more clearly, it probably wouldn't happen, anyway. And a lot of those clothes you bought don't even fit her.

Mrs. M.: They don't fit because your laundry has washed them and shrunk them. And a lot of those dresses are just plain missing. What do you people do, steal them and then blame the residents for losing things? My mom likes to look nice and I know that she's upset about this, even if she can't say so.

Eva: Maybe if you came here more often, you could wash your mother's clothes yourself, like a lot of families do. And I've been working here for 10 years, and nobody has ever accused me of stealing before!

Mrs. M: Well, maybe they should have. The fact that you don't even care about what my mother thinks or feels about this just shows that you're incompetent. I'm sure going to tell the administrator now about how you're treating my mother, so they can keep an eye on you and the other staff.

Family Workshop Handouts

*These can also be used to make overhead transparencies.

GOALS OF PARTNERS IN CAREGIVING IN A SPECIAL CARE ENVIRONMENT

- Families learn that they are important partners in their relative's care.

- Families become more comfortable initiating communication with staff.

- Families learn skills that help them be more effective in discussing the care of their relative with staff.

- Family members feel less isolated.

- Staff members gain new insight into the barriers that prevent family involvement, and learn how to reach out effectively to all family members.

- Staff learn positive communication strategies, including effective listening, understanding defensive behaviors, and resolving conflicts.

- Staff feel less isolated.

- Nursing homes develop policies that encourage a wider range of family involvement.

Agenda for Family Workshop

A. Introduction to Partners in Caregiving in a Special Care Environment and to Staff Workshops

B. Participant Introduction Exercise

C. Dementia and Behavioral Symptoms

D. Sharing Successful Family-Nursing Home Communication Techniques

E. Advanced Listening Skills

F. Saying What You Mean Clearly and Respectfully

Break (15 minutes)

G. Cultural and Ethnic Differences

H. Values Line

I. Handling Blame, Criticism and Conflict

J. Planning a Joint Session with Family, Staff and Administrators

K. Evaluation

Joint Session with Family, Staff and Administrators

A. Brief Summaries of Family Workshops and Staff In-Services

B. Joint Brainstorming: Ways to Promote Even More Effective Family-Nursing Home Partnerships

C. Where Do We Go From Here?

D. Refreshments

WHAT IS DEMENTIA?

A global decline in intellectual abilities of sufficient severity to interfere with occupational and or social functioning. This occurs in clear consciousness.

What does this mean?

- Global decline means that more than one aspect of thinking is affected.
- Sufficient severity to impair functioning means that the problems the patient has are severe enough to produce problems in their daily lives.
- Clear consciousness means that the person is awake and alert.

Strategies to approach specific behavioral symptoms

Communication

Communication difficulties are common in dementia, and often frustrating for both the patient and caregiver. Examples of communication problems include:

- Finding words, "tip of the tongue" experience
- Losing one's train of thought
- Understanding what is being said to them

***Suggestions*:**

4 Make sure you have the patient's attention before speaking
4 Speak slowly in a calm, low tone of voice
4 Use hand gestures to demonstrate requests ("sit here", patting the seat of the chair)
4 Use simple, concrete words
4 Simplify the message into one or two parts
4 Give instructions one step at a time
4 Reassure rather than reason an explanation. "I'll wait for your return" provides much comfort to someone refusing to attend a day program
4 Respond to repeated questions with simple key words or phrases
4 Try to provide the word someone is struggling to say
4 Observe facial and body language to better understand what the patient is saying
4 Listen carefully for key words
4 When trying to communicate, eliminate distractions such as radio and TV

By Cynthia D. Steele, RN, MPH and Susan P. Kopunek, RN © 1999
The Johns Hopkins University

Hallucinations

Some patients with Alzheimer's disease or other dementia will develop hallucinations. These can be distressing symptoms for both the patients and their caregivers. When they occur, the doctor should be informed so that treatment can be discussed. These are real experiences for the patient and can be frightening to them.

- Hallucinations are the experience of seeing things or hearing voices when nothing is there.
- Seeing things, animals or people are the most common hallucinations
- Hallucinations may occur as a result of another illness, an infection, medication side effects or anesthesia.
- When patients hallucinate after surgery, they may be frightened and try to run away from the visions creating safety risks.

***Suggestions*:**

4 Look for signs of an illness or infection. Examples include sudden onset of incontinence (wetting accidents), a cough, drowsiness, or unsteady walking.
4 Let your doctor know this has happened.
4 Provide reassurance. For example you might say: "I don't see those people but I'll keep you safe"
4 Provide distraction. Moving the patient to another room or changing activity can sometimes distract them.
4 Stay with patients when they are in the hospital if possible to avoid the use of restraints and sedation.

- In contrast, an illusion is a misinterpretation of something that is there. Examples include:
  - Seeing a tall plant in a darkened room as a person
  - Thinking that a door slamming is a gunshot
  - One can minimize illusions by removing clutter and making sure lighting is adequate, closing drapes at night, avoiding glare on tile floors.

By Cynthia D. Steele, RN, MPH and Susan P. Kopunek, RN © 1999
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Delusions

Many patients with dementia develop delusions. Delusions are fixed false beliefs. Such beliefs are strongly held and patients cannot be convinced otherwise. Delusions can result in aggression and put patients and their caregivers at risk of harm.

Common delusions in dementia include believing that:

- Someone is stealing from them
- People are in the house who are not there
- Caregivers are not who they say they are
- Their food or medicines are poisoned
- Their spouse is unfaithful

***Suggestions*:**

4 Avoid arguing or trying to reason with them
4 Provide reassurance
4 Try to find things they say are stolen
4 Inform the doctor of the delusions
4 Try to distract them. For example, if they are looking for their deceased mother, say "I haven't seen her lately but let's get a snack and you can tell me about your mother"
4 Make sure the patient is safe and cannot wander out

Depression

Depression is a common complication of dementia causing needless suffering to patients and their caregivers. Once thought of as a natural consequence of dementia, depression occurs in 20-40% of patients and can be effectively treated. No one can "will" away depression by "being stronger." Many patients won't complain of feeling sad or depressed. It is most important to understand that this is a chemical illness much like diabetes and is NOT a normal reaction to the knowledge of having a dementing illness.

- Symptoms of depression in dementia include changes in:

  Mood-tearfulness, loss of pleasure
  Behavior-irritability, uncooperativeness
  Appetite-eating less, eating more
  Thoughts-low self-esteem, fearfulness, guilt
  Sleep-difficult falling asleep, awakening earlier than usual
  Energy-loss of energy, apathy, withdrawal

***Suggestions*:**

4 Have the patient evaluated. Report symptoms to the doctor
4 Encourage small, frequent snacks and meals to ensure adequate nutrition
4 Encourage patient to get out of bed and change clothes despite refusals
4 Assist with change of clothing to promote good hygiene
4 Inform physicians of side effects to promote taking the antidepressant
4 Offer reassurance and hope since it may take time for medicine to be effective

Task Break-down

Task-breakdown refers to simplifying the steps of activities in daily life. Task-breakdown helps to overcome frustrating problems like:

- Difficulty in remembering the steps of a task
- Becoming easily distracted
- Having difficulty coordinating movements needed to complete a task

***Suggestions*:**

4 Write down all the steps of a task
4 Observe the patient trying to complete a task to identify parts that are difficult
4 Eliminate steps of a task that are frustrating for the patient
4 Give instructions one step at a time
4 Give praise for the completion of each step.
4 Begin tasks for patients by getting them started, such as holding a shirt and putting an arm through the arm hole
4 Try putting your hand over theirs and guiding it during tasks like holding a fork to eat or brushing teeth. This is called hand-over-hand guidance.
4 Encourage patients to participate as much as they can without frustration, such as allowing a patient to stir food when they cannot follow a recipe
4 Re-evaluate task performance regularly. Most patients will have more difficulty over time and will need more help

COMMUNICATION HELPERS

1. Door Openers: Invitations to talk, letting the other decide whether or not to proceed. (“Want to talk about it?” “You look sad. Is something bothering you?”)

2. Encouragers (“I’d like to hear more about your family’s concerns.”)

3. Open Questions (“What do you hope your mother will gain from being here?”)

COMMUNICATION BLOCKERS

1. Blaming ("It's your fault. You should have brought him here sooner.")

2. "Always" and "Never" ("You are always telling me how to deal with her yelling." "You'll never understand your father's behaviors.")

3. Name-calling ("That aide is really stupid if she tries to teach him to dress himself.")

4. Labeling ("Mrs. Smith's daughter is a real troublemaker.")

5. Giving unasked-for advice ("You should put velcro across the doors to prevent other residents from wandering in. That's what they did at the first nursing home my father was in.")

6. Moralizing ("Families who really care about their relatives keep them at home. After all, her mother doesn't have many medical problems.")

7. Giving orders or threatening ("You find my father's dentures or I'm going right to the administrator.")

8. Excessive questioning.

9. Diverting or avoiding the other's concern.

TYPES OF FEEDBACK

1. Factual ("You decided that my mother shouldn't go to activities yesterday because she was tired from wandering all night")

2. Emotional ("I understand that you feel bad about my husband's difficulty in adjusting to living here. It must be really hard.")

3. Solution-focused: focusing on resources and solution ("Today is not a good time for you to talk to me about why my mother is getting so upset, swearing, and yelling at the staff, but are you are willing to come in a little early some other time. Would Tuesday be possible? I could come here at 2:30 before your shift starts to talk with you.")

PUT YOURSELF IN THEIR SHOES - MARY W.

Mary W. has worked on the dementia care unit at Fairhaven Nursing Home for a little over a year. She is married and has two children, ages 3 and 7. For the previous several years, she stayed home with her children, but money was tight and she and her husband decided they needed the extra income. Mary considered other jobs, but she finally became a nursing assistant because she had always enjoyed being around elderly people and felt she would like a job where she could help others.

Mary works on the day shift (7am-3pm). Turnover of nursing assistants is a problem for her unit, and sometimes they are short of staff on Mary’s shift. Even when they aren’t, Mary is kept very busy caring for the 10 residents she is assigned to. She often feels like she does not have enough time to complete her work.

Mary likes most of the residents, but she has a hard time with one of them, Mrs. R., who frequently spits at her and sometimes tries to hit or push her away. Mrs. R. refuses to participate in activities and complains about the care in the facility. She is rather suspicious and has accused Mary and other nursing home assistants of stealing her possessions, although there is no evidence that this has occurred. Mary usually gets her work done with Mrs. R. as quickly as possible and tries to “tune out” her behaviors as best she can.

Mrs. R. is especially unwilling to leave her bed. Residents who are able to do so are encouraged to get up and have their lunch in the dining room. Mrs. R. protests and sometimes spits when Mary tries to get her up.

Mrs. R.'s daughter, Joanne, usually comes to visit in the evening, so Mary has only met her once or twice. She is therefore surprised when she sees her waiting in Mrs. R.'s room toward the end of her shift. The daughter asks Mary if they could talk for a bit, because her mother is unhappy about several things, and especially about being asked to get up. Joanne also wants to ask about the bruise on her mother's upper arm. Mary has had an unusually busy shift, today, and knows things won't be any easier tonight at home. Mary's youngest child is coming down with a cold and Mary is eager to pick her up from day care as soon as her shift is over. Although Mary is behind schedule, she agrees to talk with Joanne.

Begin the role-play when Mary and Joanne begin their talk in the hallway outside Mrs. R.'s room.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this staff member?

2. What skills would be most helpful?

3. What are some other ways in which the nursing home might support this particular staff member?

PUT YOURSELF IN THEIR SHOES - SALLY M.

Sally M. has been a nurse in the special care unit at Townsend Nursing Home for three years. She formerly worked as a charge nurse in an emergency room but found the work stressful and unrewarding. She wanted more long-term contact with her patients, as well as a shorter commute. In general, she enjoys her work in the special care unit, although gets frustrated by the high level of turnover among the nursing assistants within the unit. The amount of paperwork she has to do every day also bothers her because she feels it takes her away from the residents.

Patricia K. recently placed her mother in Sally's special care unit. Her mother has been showing progressive symptoms of memory loss and disorientation over the past three years. She is also showing increasing signs of depression, not wanting to participate in activities and not eating enough. Mrs. K. often complains to Patricia about how "bad" the facility is, how awful the food is, and how staff are being impolite and disrespectful to her. She is also very angry at Patricia for "putting me in this home."

Sally finds it frustrating to deal with Mrs. K. because she believes that staff are doing all they can to provide good care to her. As far as she can tell, the nursing assistants are all behaving respectfully toward Mrs. K., although some of them try to spend as little time with her as possible, because she is unpleasant toward them. Sally has followed up on Mrs. K.'s complaints of mistreatment by staff but has not been able to substantiate any of them.

Patricia has become increasingly worried about her mother's care and makes an appointment to talk with Sally. Today Mrs. K. nearly shouted at Patricia during their visit. Mrs. K. demanded that Sally speak to the staff about their impolite behavior.

Sally has just came out of a long staff meeting. She feels mentally drained, and is looking forward to her vacation in two weeks. She loves working with the residents at the nursing home, but does not always enjoy the paperwork and meetings. Sally is also upset that another nursing assistant quit this morning.

Begin the role-play with this meeting between Patricia and Sally.

After the role-play, discuss these questions:

1. What difference might good communication skills make in working with this staff member?

2. What skills would be most helpful?

3. What are some other ways in which the nursing home might support this particular staff member?

“I MESSAGES”

a. When ________________ happens,

b. I feel __________________,

c. because ________________,

d. I would like ___________ to happen.

CULTURAL AND ETHNIC DIFFERENCES QUESTIONS

⇒ What are some major cultural or ethnic differences between families and staff in this nursing home?

⇒ What kinds of problems have you encountered in the nursing home with staff from different cultural or ethnic backgrounds? How did you handle such problems?

⇒ How would the communication techniques you have learned so far help in dealing with communication problems that stem from cultural and ethnic differences? Try to come up with at least one specific example where better communication would have helped.

Do You, the Facility Administrators, and Staff Share Values About What is Important?

Below are a number of value statements. Staff, family, and the facility administration may feel very differently about how important these are. We'd like you to rate how important you think each value is for each of these groups.

Directions:

First, look at the first statement below and indicate how important you think this value is. Make an "X" on the line to indicate where you stand. If you think it is not important, you can place an "X" near the left-hand side; if you think it is very important you can put an "X" near the right-hand side.

Second, on the same line, mark with an "S" where you think staff stands on this value.

Finally, on the same line, mark with an "A" where you think the administration's official outlook is.

Do the same thing for each of the value statements below.

Example. Families should try to support the facility rules without question.

Example. __________X____________S_________A_________

Not Important   Very Important

Now, complete the following value statements.

Statement 1. Residents should be neat and clean at all times.

Statement 1. ____
Not Important   Very Important

Statement 2. Family Members should visit at least a few times a week.

Statement 2. ____
Not Important   Very Important

Statement 3. Families should help staff out by providing some care.

Statement 3. ____
Not Important   Very Important

Statement 4. Residents' freedom of choice should always be respected.

Statement 4. ____
Not Important   Very Important

Statement 5. Residents with dementia who behave aggressively should be restrained.

Statement 5. ____
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HANDLING BLAME, CRITICISM, AND CONFLICT

1. Encourage the other person to describe the complaint fully. Use door openers, encouragers and open questions.

2. Let the other person know you understand their complaint. Use the appropriate type of feedback- emotional, factual, or solution focused. Don't defend yourself or retaliate with your own complaints.

3. Affirm something you admire in the person. It's best if there is something that can help in the situation.

4. Look for the need behind the problem.

5. Together, come up with a list of possible solutions.

6. Together, choose one that meets both of your needs.

7. Agree on a specific period of time to try out the solution.

CONFLICT RESOLUTION SCRIPT

Eva (nursing assistant): I'm glad to see you today.

Mrs. M.: Well, I missed the bus, so I am late.

Eva: I wanted to ask you about how you feel your mother is doing.

Mrs. M.: Well, I can't believe that somebody even asked. I'm really upset! I've spent lots of money and energy getting my mother some nice clothes to wear, and every time I come, she's in an old house dress that's faded and worn. The worst thing is often she's wearing somebody else's clothes! What kind of place is this, anyway? I'm thinking of reporting all this to the administrator.

Eva: Listen, what does the administrator have to do with this? We try to keep her clothes in her room, but I can't help it if the residents who are confused like your mother mix their clothes up. Your mother can't even recognize her own clothes. If you'd label her clothes more clearly, it probably wouldn't happen, anyway. And a lot of those clothes you bought don't even fit her.

Mrs. M.: They don't fit because your laundry has washed them and shrunk them. And a lot of those dresses are just plain missing. What do you people do, steal them and then blame the residents for losing things? My mom likes to look nice and I know that she's upset about this, even if she can't say so.

Eva: Maybe if you came here more often, you could wash your mother's clothes yourself, like a lot of families do. And I've been working here for 10 years, and nobody has ever accused me of stealing before!

Mrs. M: Well, maybe they should have. The fact that you don't even care about what my mother thinks or feels about this just shows that you're incompetent. I'm sure going to tell the administrator now about how you're treating my mother, so they can keep an eye on you and the other staff.

Appendices

Appendix A: Selected Articles on Family-Staff Relations

Appendix B: How to Facilitate Great Role-Plays

Appendix C: Sample Recruitment Letter for Family Members

Appendix D: Sample Recruitment Letter for Staff Members

Appendix E: Sample Evaluation Form for Staff In-Service and Family Workshops

Selected Articles on Family-Staff Relations

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How To Facilitate Great Role-Plays

Role-plays offer an opportunity for workshop participants to "put themselves in the shoes" of nursing home staff, residents and residents' family members and to practice new skills in a supportive atmosphere. Role plays can also enliven a workshop, stimulate discussion, and show participants different ways of handling a situation.

Some people enjoy role-plays and respond with enthusiasm to a facilitator's suggestion that the group role-play a situation. Some feel shy but willing to try the role-play with support. A few people hate role plays and will refuse to participate. Facilitators' comfort level with role-plays also varies. If you are comfortable with role-plays, participants in your workshop will be more willing to take part. Some workshop leaders routinely substitute discussion for role-play because of their own discomfort in leading role-plays. While this may appear to work, discussions lead only to intellectual insights, never to new skills being developed. Your effectiveness as a facilitator will be dramatically enhanced as your ability to lead role-plays grows.

Here are some guidelines for creating a supportive climate for role playing despite hesitations you or participants might have, and a few tips for handling any difficulties.

- Introduce the role-play with enthusiasm. If you don't feel enthusiastic about role- plays, consider asking your co-facilitator or a participant who does to lead the role- play.
- Briefly explain the benefits of role-playing practice a new skill you've just learned; put yourself in other's shoes; see and try out new ways of handling a situations, in a supportive atmosphere; have fun.
- Emphasize that there are no "right" or "wrong" ways to role-play.
- Clearly describe the situation to be role-played. You may want to provide brief scripts for each role.
- Ask for volunteers. Don't force anyone to role-play. If people are slow to fill the roles, introduce the following options:
    - "Team role-play." People agree to start off in each role, with the understanding that they can call for a replacement at any time. This removes most of the pressure people feel when role-playing and motivates the entire group to get involved.
    - Small-group role-play. This is often easier than role-playing in front of the whole group. Circulate among the groups to encourage them to move quickly from discussion into actual role-play.
    - Role play in pairs. Again, make sure participants move beyond discussion into role-plays.
    - Offer to play a role yourself. If you feel self conscious, say so. Remind them (and yourself!) that there is no one "right" way to role-play a situation.
- Role-play the situation.
- If the purpose of the role-play is to practice a skill, provide coaching where needed. If necessary, suspend the role play temporarily while reviewing the skill.
- Don't let a role-play drag on. Stop it when enough has happened to stimulate discussion or when a skill has been practiced in a satisfactory way.

- Always ask role-players first how it felt to try out the new skill, or to be in another person's shoes. Only after they have responded should you ask the rest of the group for reactions. Once this becomes a norm in your group, it will lessen role-players' fear of what others think.

- Use a variety of methods, selecting role plays especially when you want participants to practice a new skill or to develop empathy for another's situation. Keep in mind that there will be a variety of learning styles among workshop participants.

Sample Recruitment Letter For Family Members

Dear Family Member,

I am writing to invite you to an exciting upcoming educational opportunity, the Partners in Caregiving Program. The goal of this training is to enhance communication between nursing staff and family members of residents. We feel that this is an important program that is responding to your expressed need and desire to strengthen relationships between you and the nursing staff.

Meetings will be held on four consecutive Saturdays from 4-6 p.m. We appreciate the fact that family members have busy schedules, so we are especially hopeful that you can make the scheduled meeting dates.

We plan to begin this training program on April 2 and conclude on April 30. Our nursing staff will also be participating over the same period of time. Family member and staff participants in Partners in Caregiving will receive similar training, conducted separately. At the end, trained family members and nursing staff will get together with administrators to discuss what took place throughout the training series.

We hope you consider participating in this program. Please complete the enclosed form and return it to us soon. Feel free to contact us at 255-5555 if you have any questions. We will be calling everyone who received " letter in a week or so to gather your feelings about this training, and to answer any questions you may have.

Sincerely,

Ann Smith
Administrator

Sample Recruitment Letter For Staff Members

MEMORANDUM

TO:	Unit Three Nursing Staff
FROM:	Ann Smith, Administrator John Jones, Social Worker
DATE:	March 8, 1997
RE:	Partners in Caregiving Training

This is to inform you that Oak Hill Nursing Home will be conducting a training in the Partners in Caregiving program. Staff from unit Three will be selected to attend this training. Your participation will involve attending two one-half day, paid training sessions on April 11 and April 15, 1997.

Staff and family member participants in Partners in Caregiving will receive similar training conducted separately. At the end, trained nursing staff and family members will get together with administrators to discuss what took place throughout the training.

We feet that this is an important program that is responding to your expressed need and desire to strengthen relationships between you and families. We know that this will be an excellent learning experience. If you have any questions regarding scheduling or payment for time involved, please call. Ann Smith or John Jones at 255-5555.

Partners In Caregiving Training Evaluation

Thank you for participating in The Partners in Caregiving Training. Please take a few minutes to complete this training evaluation form. Your comments will help to improve the program by providing valuable feedback for the trainers.

1. Please circle:
   1 I attended the **family** member training
   2 I attended the **staff** member training

2. What part of the training did you like the most? Why?

3. What part of the training did you like the least? Why?

4. What surprised you most about the program? Why?

5. Overall, how prepared do you now feel to tackle communication difficulties at the nursing home?

   1 Very Well prepared
   2 Well prepared
   3 Somewhat prepared
   4 A little prepared
   5 Not at all prepared

6. Please rate each of the following activities from the training:

	Excellent	Good	Fair	Poor
a. Participant Introduction	1	2	3	4
b. Sharing Successful Communication Techniques	1	2	3	4
c. Dementia and Behavioral Symptoms	1	2	3	4
d. Advanced Listening Skills	1	2	3	4
e. Values Line	1	2	3	4
f. Saying What you Mean Clearly and Respectfully	1	2	3	4
g. Cultural and Ethnic Differences	1	2	3	4
h. Handling Blame, Criticism, and Conflict	1	2	3	4
i. Planning a Joint Session	1	2	3	4

7. The length of the "Partners in Caregiving" training program was

1 Too long
2 Too short
3 Just right

8. The material presented in the training program was

1 Easily understandable
2 Understandable
3 Somewhat difficult to understand
4 Very difficult to understand

9. The opportunity given to ask questions to make comments was

1 Not enough
2 Too much
3 Just right

10. How comfortable did you feel discussing the training topics?

1 Very comfortable
2 Somewhat comfortable
3 A little comfortable
4 Very uncomfortable

11. Could you relate the material covered in the training to your own experiences at the nursing home?

1 Yes
2 No

12. What is your overall evaluation of this training program?

1 Excellent
2 Good
3 Average
4 Inadequate
5 Very poor

13. Would you recommend this training program to others?

1 Yes
2 No

Thank you. Please feel free to add additional comments.