Training Manual ON THE GO



Empowering Nursing Assistants and Rethinking Skilled Therapy



This program aims to empower you to communicate more effectively with residents with dementia by collaborating with a speech-language pathologist. Session 1 will outline general communication strategies and encourage you to think about a resident that may be appropriate for this program. We would also like you to think about the most problematic communication breakdown that you may have with that resident.

General Communication Strategies for People with Dementia

Enhance Sensory Input

- Clean eyeglasses and make sure they are accessible
- Use hearing aids or personal amplifying devices and change out the batteries as needed

Adjust the Environment

- · Avoid noisy/echoing spaces and rooms
- Ensure optimal lighting (decrease glare from blinds)
- Turn off the television
- · Reduce any other distractions
- Be positive and calm

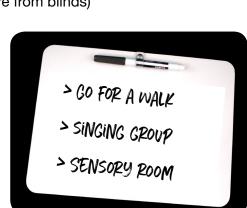
Modify your Communication

- Repeat and/or rephrase key words
- Simplify message
- Use written communication (note cards and signs) and nonverbal communication (gestures and facial expressions)
- Use a medium rate of speech (not too fast, not too slow)
- Focus on feelings not facts
- Speak face to face and approach person from the front
- Maintain your sense of humor!
- Get the person's attention before speaking
- Avoid interrupting or arguing
- Allow enough time for responses
- These strategies make sense to me.I can imagine using these strategies with the residents I care for.





CENA Initials: _____



In Session 2 we will outline the importance of visual and hearing supports when communicating with people with dementia.

Most people with dementia can read even in the later stages of the disease.

Sometimes though, the print has to be in a very large font.

☐ It makes sense to me that people with dementia may need a larger font size to read.

Glasses are also very important for many people with dementia. If your resident has glasses, it's helpful to have the glasses kept in the same place with cleaner nearby for easy access.

☐ It makes sense to me that people with dementia should have a designated place for glasses in their room.

Having hearing loss can make symptoms of dementia worse. If your resident has hearing aids, the battery should be changed every 3-10 days. All hearing aid items should be kept in the same place.

- ☐ Check this box if you know how to change a hearing aid battery.
- Check this box if you would like some quick training about how to change a hearing aid battery.



Sometimes hearing aids are not practical for many residents with dementia because they are thousands of dollars and they are not covered by insurance. Personal amplifying devices are inexpensive (\$100-200) and sometimes have better outcomes than hearing aids. Sometimes we have grants to get access to these devices for no cost.

☐ Check this box if you would like to try a personal amplifying device with a resident.







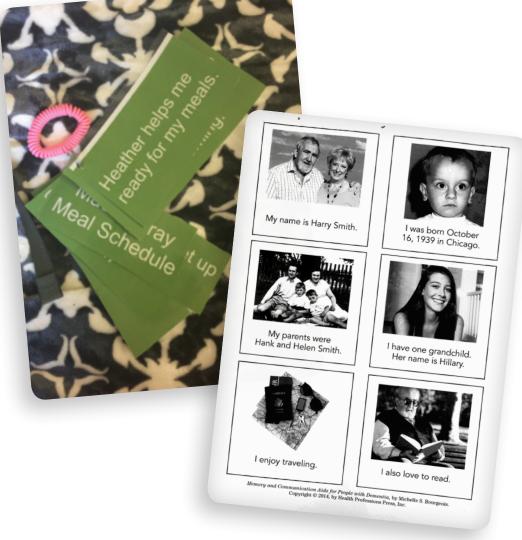
CENA Initials: __



In Session 3 we will explore external memory aids for residents with dementia and provide some examples. We will also check in with you to see if you have a resident with a problematic communication behavior in mind.

Research has shown that external memory aids such as signs, reminder cards and other visual aids can support communication, independence for activities of daily living (brushing teeth independently), and quality of life for people (smiling, feeling comfortable) with dementia.







Resident who may benefit from an external memory aid.

Situation where an external memory aid might be helpful for one of my residents.

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We will have the memory aid made for you by Session 4.

In Session 4 we will try out the memory aid with your resident. This session will also outline elements of the Positive Communication Approach for residents with dementia.

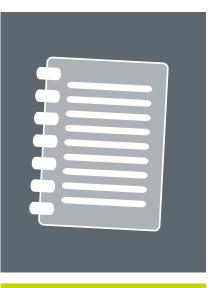
This approach consists of 5 steps when approaching a resident with dementia and check in with any vision or hearing supports.

CORE COMPONENT	EXAMPLE SCRIPT
Approach the resident from the front, gain eye contact, and smile.	Smile
Greet the resident using his or her name.	"Good morning,"
Introduce yourself and the activity.	"I'm and I'm here to help you
Show the memory aid for the activity.	"Look at this book/schedule."
Guide the resident to the activity.	"The book/schedule says, so we could go and and"

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The Positive Communication Approach Makes sense to me.
I can imagine myself using this with one of my residents with dementia

Now, let's go find your resident and show them the memory aid and/ or amplifying device. We can try out the positive communication approach together.





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In Session 5, after we review the effectiveness of hearing and vision supports, we will brainstorm the memory aids and positive communication approach you've tried.

HOW ARE THINGS GOING?

	What is working?
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	What is not working?
STORES OF THE STORES	
W	
L'All	What we will try next time?

In Session 6 we will check in again on the effectiveness of the hearing and vision supports, memory aid and positive communication approach. We will continue to brainstorm and problem solve together. This concludes the training. In 6 weeks, we will follow-up to ask you how communicating with residents is going.

What is working?	
What is not working?	
What will you try differently next time?	
I felt empowered and "heard" during this project. ☐ Yes ☐ No	
I enjoyed participating in this project. ☐ Yes ☐ No	
I plan to continue to use these techniques even though the study is over. ☐ Yes ☐ No	
I think I will use these techniques with other residents. ☐ Yes ☐ No	
Do you have any other suggestions as we continue to develop this program?	





THANK YOU FOR YOUR PARTICIPATION!



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