Conference Session Proposal

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Dementia Live™: A Experiential Training Tool to Increase Understanding the Challenges of Living with Cognitive Impairment, Leading to Improved Communications and Care Processes

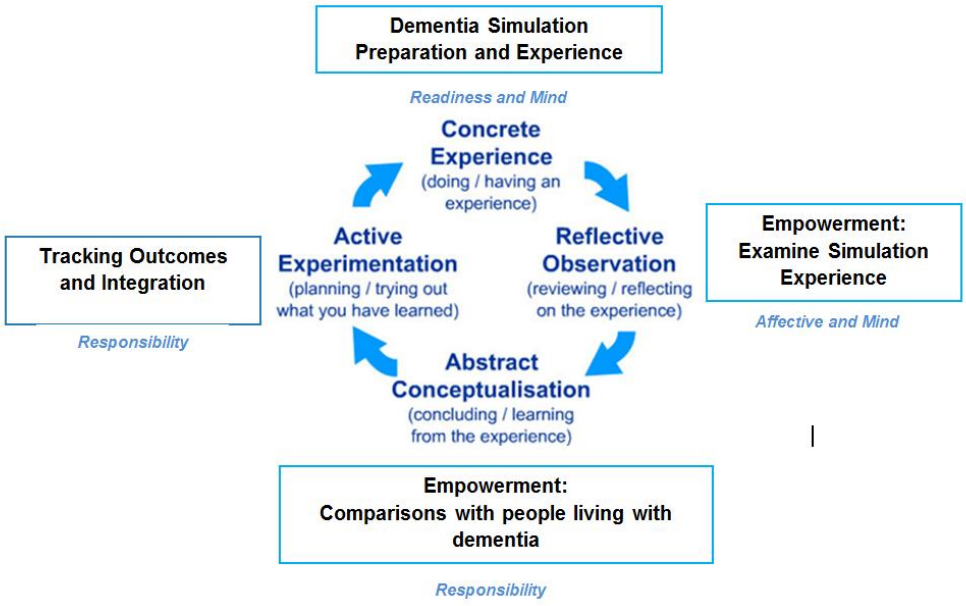
Statement of Need

There is a pressing need to equip professional and family caregivers with tangible tools to improve empathy, understanding, patience and awareness for those living with dementia. Training in today's world must be innovative in its delivery and result in tangible impact that creates positive outcomes and long term culture change across the spectrum of society now being affected by the growing numbers of persons living with cognitive impairment. Long term care providers, hospitals, colleges, universities, the non-profit sectors and even business communities are seeking innovative means to increase awareness and knowledge of dementia so that students, healthcare professionals and anyone working with older adults will change their attitudes about dementia.

Session Description

Dementia Live is a hands-on experience for care partners to *experience* life with dementia. Outfitted in specialized gear which simulates dementia specific auditory, visual and tactile changes, participants are given a series of specific tasks to perform in an enclosed *Experience* Room. After the brief but powerful experience, participants are then led to an *Empowerment Session*, where a trained AGE-u-cate professional discusses behaviors exhibited which closely mirror those of a person living with dementia. By applying the experience to reflective observation, the leader shares innovative tools to improve communications, care processes and making environmental changes that will lead to improved care and reduced stress for both care partners. Research in collaboration with Texas Woman's University in Denton,Texas USA will be discussed.

Kolb's Experiential Learning Cycle and Confluence Learning Domains and Dementia Live™



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Session Learner Objective and Content:

1. Articulate how it feels to live with dementia (feels emerge from Experience include frustration, isolation, anger, withdrawn, incapable, inadequate, unsuccessful, loss of feeling whole, anxiety)
   Content: A) Discuss behaviors typical of dementia B) Relate participant behaviors to observed behaviors C) Participant sharing and interaction among group and leader.
2. Describe typical actions of someone living with dementia (wandering, rummaging, following someone else, talking to one self, asking for help, giving up or "shutting down", strange behaviors)
   Content: A) Leader observation of participant behavior is shared B) Participant relates their actions with feelings during Experience C) Leader moves participant through phase of first- hand experience to application)
3. Explain empowerment tools that can be implemented to improve communications, care processes and environmental changes that will lead to more person-centered care.
   Content: A) Listen with understanding, reminiscence activities, validation B) Bathing, dressing, oral care, toileting, eating and drinking C) Over stimulation, home safety, modifications, allowing control and choice.
4. Recognize how Dementia Live learning model dramatically increases understanding, thus leading to improved outcomes, best practices and ultimately person-centered care.

Session Leader

Pam Brandon draws on over 20 years' experience in family and professional caregiver education. Having developed and delivered family and professional education programs, she has engaged and trained thousands of individuals and organizations. Pam is passionate about embracing positive change in aging education with innovative tools. She leads a team of professionals that include experts in clinical disciplines, social work, activities and education. She believes in collaborative work with universities to develop evidenced based programs that meet the fast growing needs of the world's aging population.

References:

1. Kitwood T. 1997. *Dementia Reconsidered: The Person Comes First*. Buckingham, UK: Open University Press.
2. Dementia Core Skills Education and Training Framework (2015) Skills for Health and Health Education England (HEE) in partnership with Skills for Care. Retrieved from http://www.skillsforhealth.org.uk/images/projects/dementia/Dementia%20Core%20Skills%20Education%20and%20Training%20Framework.pdf?s=cw1.
3. Waal, F. (2009) *The Age of Empathy.* Three Rivers Press. New York, NY.
4. What is empathy? Greater Good: Science of a Meaningful Life. Retrieved from http://greatergood.berkeley.edu/topic/empathy/definition
5. How to be an Empathetic Caregiver. American Senior Communities. Retrieved from http://www.ascseniorcare.com/how-to-be-an-empathetic-caregiver/.
6. Brunero S., *et al*. *(2010)* A review of empathy education in nursing. *Nursing Inquiry 17: 65–74.* Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20137032.
7. Waal, F. (2009) *The Age of Empathy.* Three Rivers Press. New York, NY.
8. What is empathy? Greater Good: Science of a Meaningful Life. Retrieved from http://greatergood.berkeley.edu/topic/empathy/definition

9. How to be an Empathetic Caregiver. American Senior Communities. Retrieved from http://www.ascseniorcare.com/how-to-be-an-empathetic-caregiver/.
10. Brunero S., *et al*. *(2010)* A review of empathy education in nursing. *Nursing Inquiry 17: 65–74.* Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20137032.
11. Gilson, A. and Moyer, D., (2000) Predictors of Empathy in Dementia Care Staff. *American Journal of Alzheimer's Disease and Other Dementias* July/August, 15(4) 239-251. Retrieved from http://aja.sagepub.com/content/15/4/239.abstract.
12. Zimmerman, S. *et al*. (2005) Attitudes, Stress, and Satisfaction of Staff Who Care for Residents with Dementia*. The Gerontologist 45(suppl 1): 96-5.doi: 10.1093/geront/45.suppl_1.96*
13. Elliott, K.-E. *et al.* (2015), We are not all coping: a cross-sectional investigation of resilience in the dementia care workforce. Health Expectations. doi: 10.1111/hex.12419
14. Bakker, R. (2003) Sensory Loss, Dementia, and Environments. Generations. 27(1) 46-51. Retrieved from http://www.ingentaconnect.com/content/asag/gen/2003/00000027/00000001/art00009.
15. Sight, Perception and Hallucinations in Dementia. (2013) Alzheimer's Society. Retrieved from https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1408.
16. Lykkeslet, E. *et al*. (2014) Sensory stimulation—A way of creating mutual relations in dementia care. *International Journal of Qualitative Studies on Health and Well-being*. 9: 10.3402/qhw.v9.23888. doi: 10.3402/qhw.v9.23888.
17. Brodoehl , S. *et al*. (2012) Age-related changes in the somatosensory processing of tactile stimulation—An fMRI study. *Elsevier Behavioural Brain Research*. 3.03 · DOI: 10.1016/j.bbr.2012.10.038
18. Scherder, E. (2011) *Aging and Dementia: Neuropsychology, Motor Skills, and Pain.* VU University Press, Amsterdam, The Netherlands
19. *The Role of Occupational Therapy with the Elderly* (1996) American Occupational Therapy Association, Bethesda, MD.
20. American Foundation for the Blind. *Normal Vision Changes*. Retrieved from http://www.visionaware.org/info/your-eye-condition/eye-health/normal-vision-changes/125.
21. Kada, S. *et al*. (2009) Staff attitudes towards institutionalized dementia residents. *Journal of Clinical Nursing*. (16):2383-92. doi: 10.1111/j.1365-2702.2009.02791.x.