Meeting the Emotional Needs of Residents

FACILITATOR GUIDE

Developed by:

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Learning Points

Let’s review the main learning points:

• Distinguish among feelings of empathy, sympathy and pity
• Discover person-centered approaches for working with residents
• Apply effective techniques to build a resident’s self-esteem

Providing quality care to residents requires meeting both their physical and emotional needs. In this session, we will introduce techniques that are effective in meeting emotional needs of those in your care. This can be especially challenging when the manner in which the resident communicates is difficult to understand.

[In advance of the training, pass out a poker chip to each participant or place a container of poker chips on each table. Wait until later in the training to direct their attention to the chips.]

Activity: Just Imagine

Please sit back, close your eyes and listen to the following image exercise of a person struggling with Alzheimer’s disease:

You are trapped in a perpetual fog. You struggle to move beyond the fog with little success—it follows you everywhere. You notice other beings at a distance, beyond the fog and clouds. Sometimes they enter your world and chatter or make sounds you don’t understand. Some try to touch you, but you withdraw. Do they mean to hurt you? You look in a mirror and don’t recognize the being staring back at you. Most objects have no meaning, and often they frighten or puzzle you. You are exhausted from trying so hard to make sense of it all.

Occasionally, the fog and clouds part. You recall, with sorrow, a time when you were part of the others and moved with purpose and knowledge. Then suddenly, you are thrown back into your grey, murky world. You feel dull and sluggish. But most of all you feel alone—so very sad and all alone.

[Wait a moment and ask participants to open their eyes. Acknowledge that this is a very distressing story and that most people will be moved by the image of another person’s reality. Ask participants to write down their feelings about this story in the space provided in their participant guides.

After a few minutes, ask the participants to volunteer some of their feelings. Write their responses in a column on the left side of the flipchart. Later in the session, you will use the list to identify each feeling as empathy, sympathy or pity.]
Empathetic Relationships

There are three emotions that many people might feel when listening to the story we just heard:

- Empathy
- Sympathy
- Pity

Empathy is a powerful emotional tool for caregivers. Empathetic listening can improve both the care of the resident and the satisfaction of the caregiver. What is empathy?

**Empathy** means considering another person’s feelings and being ready to respond to that person’s needs without making the problem your own. The caregiver identifies with the resident, *but from a distance*. Empathy is sometimes called “walking in the shoes” of someone else.

Two other emotions may be involved in a caregiver’s approach to a resident:

**Sympathy** is an emotion where the caregiver actually “owns the shoes” of the resident and experiences feelings as if the caregiver *is* the resident. The caregiver shares the suffering of the resident.

**Pity** is an emotion where the caregiver feels sorry for the resident’s situation but separates herself/himself from the resident’s feelings. With pity, the caregiver may feel dislike, disapproval, or even fear of the resident.

Discussion

[Refer back to the list of feelings on the flipchart from the previous activity. Ask participants to identify each feeling on the list as empathy, sympathy or pity. Next, on a separate sheet of paper, ask participants the following two questions. Write their responses on the flipchart. Refer to the sample answers to assure that all of the critical points are covered.]

What are the dangers when caregivers sympathize with or pity residents?

[Sample answers:
A sympathetic reaction pulls the caregiver into the situation. The caregiver may feel overwhelming sadness or depression.
A caregiver overwhelmed by sympathy or pity may not believe that s/he can make a positive contribution to the resident’s life.
Sympathy or pity can cause burnout for caregivers.]
Feeling pity for the resident indicates sorrow for the resident, but the caregiver may also feel relieved not to be in the same situation. The caregiver may even blame the resident for his or her situation.

What are the positive outcomes for viewing this story with empathy?

[Sample answers:
The caregiver can identify with the feelings of the resident but not own the resident’s issues.
The caregiver values the information as a way to understand the resident’s behavior.
The caregiver gains the ability to be kinder and more patient.]

When we develop the ability to empathize with residents, we can relate to them in an emotionally healthy manner.

**Person-Centered Care**

It really IS all about the resident! Person-centered dementia care involves focusing on factors beyond the person’s physical needs. Here are some of the important facts to keep in mind.

Persons with dementia:

- Are alive and responsive
- Are able to relate to and interact with people
- Need to have meaningful activities and experiences
- Have behavior changes due to damage to the brain
- Retain the need for love, comfort, joy, and social interaction
- Want to feel needed and useful

**Changing Attitudes**

Often, there is a lot of pressure on caregivers to “get the job done.” We become focused more on the task than on the person. In person-centered care, it’s important to shift priorities. How do we accomplish this?

- Learn the resident’s life story. Just like us, people with dementia have rich histories that will give you clues about their current behavior.
- Understand that there is a reason behind the action or reaction of each person with dementia. It’s a puzzle that needs solving.
• Encourage all residents to participate in their care in ways that they are able. Focus on ability, not disability.
• People with dementia live in the moment. Holding hands, sharing a joke or giving a compliment can give the person a feeling of well-being. It might feel like a small gesture on your part, but it could mean a lot to the resident.

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http://www.dementiacareaustralia.com/index.html*

**Discussion**

If you had dementia, what would you want your caregivers to know about you? What personal preferences and parts of your life story would you want to have included in your own care plan?

[Ask participants to offer suggestions. Document them on a flip chart.]

**Positive Communication with Residents**

We must always respond to residents as adults on an equal level. When we relate to residents in this way, the communication is straightforward and reasonable. There is no attempt to control the other person nor is there an emotional component. Adult to adult communication is respectful of self and of the other person.

When a resident behaves in a manner that seems child-like, it is natural for a caregiver to want to take on the role of a parent. Based on our own experiences with positive parenting, we might respond by encouraging, soothing, calming, or supporting the resident. This will make the resident feel safe, protected, and capable. Remember, although these techniques are also useful with children, the resident is not a child and must be respected as an adult.

Tips for positive communication include:

**Body Language:** Attentive, tilted head, concerned, compassionate, and encouraging

**Verbal Language:** “How can I help?” “Tell me about how you are feeling?” “You are okay.” “I am here for you.” “You are safe.”

Another type of response to child-like behaviors might be to address the resident in a negative parent mode. When a caregiver interacts in this manner, the goal is to attempt to control the resident or force the person to do something that you perceive to be in his or her best interest. If the caregiver responds by controlling or criticizing, the resident feels insecure, incompetent, and dependent.
When we treat another adult like a child through criticism or controlling behavior (the negative parent role), we are likely to receive a negative response in return. Like individuals of all ages who are treated this way, the resident with dementia will often respond by getting angry, defensive or uncooperative.

Behaviors and language to avoid include:

**Body Language:** Rushed or impatient movements, finger pointing, hands on hips or scowl on face

**Verbal Language:** "Stop it!" “What are you doing?” “Do what I say.” “You always...” “You never...” “Why can't you just...?”

**Person-Centered Approaches**

Medical science is still a very long way from giving us any cures for dementia. I believe that when we care for someone who has dementia there is only one solution within our grasp, one way we can help, and that is through genuine kindness and love, and real understanding.

Jane Verity, Dementia Care Australia

**Always a Wise Reason**

Residents with dementia often slowly withdraw into the past. While calling someone by the name of another person who is long dead may seem odd to you, Jane Verity says, “The thing to remember is that there is always a wise reason behind anything a person with dementia might do or say.” Here is an example:

Mr. Carlos Salgado is an 85 year-old resident with dementia. He doesn’t talk much anymore. He communicates with body language and actions. Every night in the dining room, Mr. Salgado would pick up whatever was on his plate, break it into little pieces and throw the pieces on the dining room floor.

From the caregivers’ view, Mr. Salgado’s behavior was annoying because they had to clean up after him. From a nutritional viewpoint, he wasn’t getting much to eat at dinner, although he never threw his breakfast or lunch on the floor. Some of the other residents were upset by Mr. Salgado’s throwing of food. They either complained or tried to ignore him.
Looking for the Wise Reason

Even though Mr. Salgado was physically well-cared for, there were some emotional needs that weren’t being fulfilled. Mr. Salgado may not have felt useful, needed, special, or able to exchange love. Those needs never disappear because we get old or have dementia. What does change is our ability to express those needs or have them fulfilled.

Staff learned that Mr. Salgado grew up on a small farm in south Texas. When he was a child, it was his job to feed the chickens in the yard just before dinner. Mr. Salgado’s father would pat him on the head and tell him what a good boy he was. By throwing his food on the floor, Mr. Salgado was “feeding the chickens.” He was recreating a time when he felt useful and loved by his father. Mr. Salgado felt special.

Helping a resident to feel special and unique promotes self-esteem and is the key to providing the best care possible.
Building Self-Esteem: The Poker Chip Theory

Two writers, Cumfield and Wells, came up with the theory that a person’s level of self-esteem is like a game of poker—the more poker chips you have, the higher your confidence level. When you’re holding lots of poker chips in the game of life, you’re more willing to take risks and try new things.

When someone makes us feel special, poker chips get added to our stack. Statements like, “I’m proud of you for….” or “Thank you for your help…” can make those chips add up.

Unfortunately, the reverse is also true. When we rush in and take over for a resident who is dressing too slowly, what are we really saying to the resident? “You’re helpless!” “You’re too old, too slow, and worthless.” Both actions and words steal poker chips, or self-esteem, from the person.

When we have lots of poker chips in our stack, we can allow ourselves to risk a few. It’s not so scary. We can try new situations even if we might not succeed.

But what happens when only a few poker chips remain? We become careful about risking even one or two, worried that we might lose them all. Persons with dementia usually have a pretty small stack of poker chips and are very careful about taking chances. Boosting self-esteem by supporting, cheering on, and paying compliments can allow the person to expand their experiences and feel joy, accomplishment, and self-satisfaction.

[Tell participants to pick up a poker chip from their table. Ask them to keep a chip in their pocket to remind them, each day, to think of ways to boost another person’s self-esteem.]
Simple Solutions

When we left Mr. Carlos Salgado, he had a small stack of poker chips. Let’s return to his story and help him add poker chips to his stack.

Mr. Salgado’s “wise” actions were trying to show us that he had needs that were not being met. It’s wonderful to figure out the story behind the behavior, but what happens next? How do we rebuild Mr. Salgado’s positive feelings in the present?

Mr. Salgado’s care plan was revised. When he woke up in the morning, the caregiver and Mr. Salgado would go down the hall to the facility’s pet canary cage. They would remove the cover, say good morning to the bird and make sure that he was doing well. Later in the day, a caregiver would take Mr. Salgado back to the cage where he fed the bird a bit of seed. In the evening, they returned to the cage to cover it for the night.

Now we have addressed Mr. Salgado’s need to feel useful. But how about feeling special and unique? That’s where the caregivers’ small personal gestures came in. When the bird sang, a caregiver might say to Mr. Salgado, “Thank you for taking such good care of the bird! He sings beautifully thanks to you!”

The lesson of this story is: When we can fulfill people’s emotional needs, they don’t have to withdraw into the past. They can risk a few poker chips by interacting in the present.

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Wrap-Up

To be at their best, residents require both physical and emotional care. Learning positive techniques to enhance residents’ self-esteem can go a long way in meeting their emotional needs. You play a critical role in enhancing the quality of life of those in your care.

Learning Points Review

Let’s review the learning points from today’s training:

- Distinguish among empathy, sympathy and pity
- Discover person-centered approaches for working with residents
- Apply techniques to build a resident’s self-esteem

NOTE: This material was developed by the Wisconsin Department of Health Services-Division of Quality Assurance and the University of Wisconsin-Oshkosh Center for Career Development and Employability Training (CCDET) as part of the federal Caregiver Abuse and Neglect Prevention Project.

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Training Materials Checklist

For this training, you will need:

- Laptop computer (recommended)
- MS PowerPoint (PPT Viewer can be downloaded for free at Microsoft.com)
- LCD Projector (recommended)
- Screen for viewing the PPT (recommended)
- Flip chart and markers
- Printed Participant Guides
- Poker chips
- Pens or pencils
- Evaluation (optional)
- Certificate of completion (optional)

- Note: It is strongly recommended that the PPT be viewed using an LCD projector. If that option is not available, the PPT may be downloaded and printed as a handout.