Responding to Challenging Situations

FACILITATOR GUIDE

Developed by:

University of Wisconsin Oshkosh
Center for Career Development (CCDET)

Wisconsin Department of Health Services
Division of Quality Assurance

Permission is granted to reproduce these training materials with proper attribution for internal use within healthcare organizations or government agencies at no cost to the training participants. Other reproduction is prohibited without written permission from UW Oshkosh CCDET. All rights are reserved. For information on reproducing these materials, please contact the Director of UW Oshkosh CCDET at 920-424-3034.

www.uwosh.edu/ccdet/caregiver
Table of Contents

Learning Points ........................................................................................................... 3
Activity: Think of a Challenging Situation ................................................................... 3

Recognizing Unmet Needs .............................................................................................. 4
The Reasons behind the Behavior .................................................................................. 6
Calming Techniques ...................................................................................................... 7
  Validation ..................................................................................................................... 7
  Redirection .................................................................................................................. 7

10 Common Challenging Situations .............................................................................. 9

Person-Centered Approaches to Challenging Situations .............................................. 13
Person-Centered Approaches to Challenging Situations .............................................. 14

Activity: Person-Centered Responses to Challenging Situations .................................. 24
Life Histories .................................................................................................................. 24
  Mrs. Rose Rondoni – Life History .............................................................................. 25
  Mrs. Ruth Stone – Life History .................................................................................... 28
  Mrs. Betty Matthews – Life History ............................................................................ 31
  Mr. Thomas Beal – Life History .................................................................................. 34
  Mr. Juan Escamilla – Life History ............................................................................... 37

Closing Activity—Index Card .......................................................................................... 40

Wrap Up ......................................................................................................................... 41

Learning Points ............................................................................................................. 41

Training Materials Checklist ......................................................................................... 42
Learning Points

Let’s review the main learning points:

- Recognize unmet needs of residents with dementia
- Identify calming techniques to reduce stress
- Apply person-centered approaches when responding to residents’ needs

As caregivers, we frequently find ourselves in the position of caring for a resident whose behaviors are difficult to understand. These behaviors can be stressful to the resident, the caregiver and the other residents in the facility. By improving our skills in recognizing the need behind the behavior and applying person-centered approaches to care, we will become more successful in responding to the challenges we encounter.

Activity: Think of a Challenging Situation

[Pass out an index card to each participant or place the cards on the training tables before the session begins.]

Before we get started today, please take a moment to think of a challenging situation that you have encountered with a person in your care. (Please don’t write/say the resident’s name.) Please describe the situation on the index card. When you finish, put the card aside—you’ll have a chance to look at it again later.

[Give participants a few minutes to think about a situation and write it on their card.]
Recognizing Unmet Needs

Dementia reduces a person's ability to deal with stress. By keeping the environment as free of stressful conditions as possible, we will often be able to reduce the number and intensity of difficult behaviors.

The behavior will seem easier to handle if you remember these steps for finding the most helpful response:

- Identify the behavior.
- Try to understand the unmet need the person is trying to express.
- Change the environment (not the person) to improve the situation.

Try to figure out if there is a pattern to the behavior.

- Did it happen just once or does it happen often?
- Does it happen at the same time of day?
- Does a certain setting seem to trigger the behavior?
- Have there been recent changes to the resident's environment such as a new roommate or caregiver?

Getting to know the person behind the dementia is the key to providing successful care. Learn about the resident's lifetime habits, preferences, and ways of coping. People with dementia usually function better with a simple, regular routine. Avoid too much noise, too much activity, and too many people. Provide plenty of time for residents to do things at their own pace. Many residents enjoy listening to familiar music. They might have a special, quiet place with a favorite chair. Other helpful strategies for managing resistance include:

- Begin by identifying yourself and calling the resident by his or her preferred name.
- Approach the resident from the front.
- Maintain good eye contact.
- Offer a guess. If the person uses the wrong word or cannot find a word, try guessing the right one.
- Encourage unspoken communication. If you don't understand what is being said, ask the person to point or gesture.
- Avoid distractions.
- Avoid complicated questions or instructions.
- Use short sentences and simple words.
- Speak slowly.
- Give a resident plenty of time to respond and don't interrupt.
- Don't criticize or argue.
- Use a calm, gentle manner.
- Keep your tone of voice low and pleasant.
- Use warm and friendly facial expressions.

When a resident is confused, it helps to show what you mean rather than just trying to explain it in words. For example, take a resident to the toilet and point to it before asking if he or she needs to go to the bathroom.

Toward the end of the day, confusion, agitation, calling out, and wandering tend to increase. This is commonly known as “sundowning.” It is best not to plan activities like bathing at this time of day. Encourage calm, quiet time in the evening in order to promote good quality sleep.
The Reasons behind the Behavior

Many behaviors result from the loss of cognitive ability or functional decline. Put yourself in the resident’s shoes for a moment.

What do you think your response would be if:

- You could no longer button your shirt?
- You could no longer tie your shoes?
- You couldn’t find the words to tell anyone what you need, you want or what hurts?
- A complete stranger asked you to undress for a bath?
- A caregiver gives you instructions and you only understand half the words?
- Your surroundings seem unfamiliar or even scary?
- You don’t recognize people who say they are your family?
- You don’t even recognize yourself?

Dementia affects the parts of the brain that involve thinking, reasoning, and memory. People with dementia still have feelings, need love and support, and retain the ability to feel sadness or anger.

Be aware that people with dementia are not going to learn new things or relearn old skills, no matter how hard you try. Instead of trying to correct persons with dementia, it is far more helpful to redirect them away from the negative or frustrating experience. This can be done by offering an enjoyable activity or opening a discussion of a memory that gives pleasure to the resident.
Calming Techniques

No matter what the situation, it’s important to reduce stress and frustration in order to meet residents’ needs. Let’s discuss two major techniques for caregivers to use when encountering difficult situations:

Validation

Validation adds truth to the resident’s reality. An example is when the resident firmly believes that it’s his or her birthday and is waiting for guests to arrive for the party.

In validation:

- Remember that a resident with dementia is getting information from the brain that is not consistent with the current situation.
- The goal is to make the resident comfortable, not to correct beliefs.
- Respond to the resident’s reality. For example, “Tell me about your birthday party.”

Redirection

Redirection attempts to replace the resistant behavior with another action. For instance, if a resident is banging on a door and trying to leave, you might ask her if she would like to go for a walk or have a snack. People with dementia have short attention spans. They are likely to forget what initially upset them when they are directed to another activity or topic.

In redirection:

- Know the resident’s history. If a resident loved to go bowling, ask about the best score he ever had or who was on his bowling team.
- Encourage talking about a pleasant event in the person’s past. Because residents with dementia have trouble with recent memories, they are naturally drawn to events from earlier times.
- Even residents who can no longer talk may enjoy hearing about their pasts or looking at photographs from times gone by.
- One thing is certain: to be successful in redirecting a resident, you can’t be a stranger to the person’s past!

Trying to correct a person with dementia will only increase resistance. Redirection involves “changing the subject” or “redirecting the negative behavior.”

For example, Lucy believes that her son is coming to get her. She has been standing at the front door with her coat and purse for over an hour. Instead of telling Lucy that her son isn’t coming, ask Lucy to tell you about her son and suggest they return to her room to look at pictures of him. It should calm Lucy to engage in a pleasant activity and distract her from her current “reality.” Sometimes, just moving to another room or going for a walk is enough to replace the resistant behavior.
10 Common Challenging Situations

Let’s look at ten frequent challenges associated with caring for people with Alzheimer’s disease, other forms of dementia and cognitive disabilities.

[Briefly summarize each of the following situations.]

Bathing

A combination of factors including unfamiliar surroundings, fear, and modesty can make bath time a stressful experience for both the resident with dementia and the caregiver.

Activities of Daily Living (ADLs)

ADLs include dressing, toileting/incontinence care, oral hygiene, grooming, shaving, and hair care. While it may be tempting to rush through ADLs, many persons in your care retain the ability to complete some of their own self-cares. Why is this? It’s because most individuals with dementia retain “procedural memory” until the latest stages of the disease.

Procedural memory is defined as “remembering how.” Habits and skills that we learn over a lifetime become automatic, e.g. tying shoes, shaking hands. Only in the later stages of dementia do residents lose these abilities.
Mealtime

Activities around mealtime can be very stressful for people with dementia and for their caregivers. Caregivers are busy escorting residents to the dining room or making arrangements to assist with feeding residents in their rooms. During this busy time for caregivers, residents with dementia can become anxious and confused, resulting in challenging situations.

Anger and Agitation

We all have days when we feel stressed out. Persons with dementia experience stress too and may lack the ability to relieve their stress in a healthy way. The result may be anger, aggression, agitation or other challenging behaviors.

Physical and Verbal Aggression

Some residents may actually take anger and agitation a step further. They may become verbally aggressive or threatening. In some cases, a resident may strike out at a caregiver or family member.
Disruptive Vocalizations (DV)

Disturbing vocal responses by residents with dementia are sometimes called Disruptive Vocalizations, or DV. DV includes screaming, swearing, threatening, repeating words over and over, making noises, speech that makes no sense, moaning, and whistling.

Caregivers report that DV is among the most stress-inducing behaviors of persons with dementia. It also can lead to anxiety and agitation for other residents. Unfortunately, some facilities handle DV by isolating the person. Later, we’ll explore some other solutions that may be more supportive of the resident’s needs.

Wandering

In the book, My Journey into Alzheimer’s Disease, Robert Davis kept a journal about his experience. His words help us understand some of the feelings that individuals with dementia experience. Consider this quote from his book:

“When the darkness and emptiness fill my mind, it is totally terrifying. I cannot think my way out of it. It stays there, and sometimes images stay stuck in my mind. Thoughts increasingly haunt me. The only way I can break the cycle is to move.”

When a person with dementia wanders, it can lead to challenging situations. To us, it may seem that the wandering has no purpose, but, as we can see from Robert Davis, the resident does have a reason.
Elopement

Elopement can mean two people running away together to get married. But with dementia, we are talking about a resident who leaves a facility unescorted and sometimes unseen. Elopement can be one of the most dangerous behaviors for a resident with dementia.

Sexual Responses to Intimate Cares

People with dementia still have the basic desire for intimacy. Intimacy does not always mean sexual intimacy. Caregivers can meet a resident’s need to feel supported and safe by providing nonsexual touch and active listening. However, some of the cares that are provided to residents are very personal, such as bathing, dressing, and incontinence care. Unwanted responses like fondling or inappropriate touching by residents can be disturbing for caregivers.

Families and Caregivers

Sometimes relationships between family members and caregivers in long-term care facilities can become strained. Families may experience strong emotions when they transfer the responsibility for their loved one to strangers.
Person-Centered Approaches to Challenging Situations

Next, we will be reviewing a chart titled Person-Centered Approaches to Challenging Situations.

The ten challenging situations we just reviewed are listed in the left column. In the middle column, examples of the unmet need causing the challenging behavior are listed. In the third column, you will find some strategies and person-centered approaches for dealing with the situation successfully.

[Review the chart briefly with participants, focusing on the three columns. They will be using this chart in their next activity, so it’s not necessary to go into great detail at this time.]
### Person-Centered Approaches to Challenging Situations

<table>
<thead>
<tr>
<th>Common Situations</th>
<th>Possible Unmet Needs</th>
<th>Person-Centered Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bathing</strong></td>
<td>Room is too cold</td>
<td><strong>Maintain privacy and dignity</strong></td>
</tr>
<tr>
<td></td>
<td>Water is too cold or too hot</td>
<td>- Undress the person in the bathing room; close the door/pull the curtain.</td>
</tr>
<tr>
<td></td>
<td>Unfamiliar, impersonal surroundings</td>
<td>- Cover body parts unless being washed; consider a same-sex caregiver when possible.</td>
</tr>
<tr>
<td></td>
<td>Embarrassment/modesty</td>
<td><strong>Adjust time and routine to suit the resident</strong></td>
</tr>
<tr>
<td></td>
<td>Fear of the activity</td>
<td>- Is the resident used to a bath just before bed, upon rising in the morning?</td>
</tr>
<tr>
<td></td>
<td>Pain associated with movement</td>
<td>- Can the bathing be rescheduled—does it have to happen now?</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Reassure and provide a pleasant environment/distraction</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Offer encouragement (You’re doing great! You smell so good!)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Be calm; encourage resident involvement when possible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Have one consistent caregiver provide baths; if two caregivers are needed, one washes while one reassures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If two caregivers are needed, talk to the resident, not each other.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Offer a reason for bathing (company’s coming).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Turn on soft, familiar music; sing a song with the resident.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Talk about the resident’s family, history or favorite activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Keep the resident’s hands busy holding a washcloth or sponge.</td>
</tr>
<tr>
<td>Common Situations</td>
<td>Possible Unmet Needs</td>
<td>Person-Centered Approaches</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Activities of Daily Living (ADLs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dressing</td>
<td>Lack of privacy, loss of dignity</td>
<td><strong>Promote independence and self-sufficiency</strong></td>
</tr>
<tr>
<td>• Toileting</td>
<td>Frustration at loss of ability</td>
<td>• Focus on what the resident can do instead of what they can’t do. Reduce resistance by involving the resident in ADLs as much as possible.</td>
</tr>
<tr>
<td>• Incontinence care</td>
<td>Doesn’t recognize the caregiver or the object in your hand</td>
<td>• Tap into the resident’s rituals and lifelong habits through friends and family.</td>
</tr>
<tr>
<td>• Oral hygiene</td>
<td>Doesn’t understand what the caregiver is saying</td>
<td>• Avoid “excess disability” factors. Make sure needed glasses or hearing aides are in place.</td>
</tr>
<tr>
<td>• Grooming</td>
<td>Doesn’t understand the reason for the activity</td>
<td><strong>Use approaches that minimize stress</strong></td>
</tr>
<tr>
<td></td>
<td>Has untreated pain with no way to express it</td>
<td>• Approach the resident from the front and speak their name.</td>
</tr>
<tr>
<td></td>
<td>Has a chronic disease that affects mobility, balance, ROM, etc.</td>
<td>• One caregiver alone, when possible, is less confusing.</td>
</tr>
<tr>
<td></td>
<td>Fatigue/weakness</td>
<td>• Talk to the resident about topics that have meaning to them.</td>
</tr>
<tr>
<td></td>
<td>Urinary Tract Infection (UTI)</td>
<td>• Use short sentences and give one direction at a time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use gestures and gentle guiding to cue a resident who doesn’t understand.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Make the setting more comfortable</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure good lighting so the resident can clearly see clothing, shoes, toothbrush, etc. Poor lighting can also create shadows and inspire fear.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use contrasting colors to help residents pick out objects better. A white towel hung on a white wall may seem invisible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep things neat. Clutter contributes to confusion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider the noise level and make adjustments.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Choose a small, private area to address modesty.</td>
</tr>
<tr>
<td>Common Situations</td>
<td>Possible Unmet Needs</td>
<td>Person-Centered Approaches</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mealtime</td>
<td>Loss of ability to feel hunger</td>
<td><strong>Address barriers to an enjoyable mealtime</strong></td>
</tr>
<tr>
<td></td>
<td>Sense of smell or taste is limited/lost</td>
<td>- Check teeth, dentures, gums and mouth for signs of discomfort.</td>
</tr>
<tr>
<td></td>
<td>Sees dining partners as strangers</td>
<td>- Are medications affecting appetite or taste?</td>
</tr>
<tr>
<td></td>
<td>Needs to use the bathroom</td>
<td>- Seat the person comfortably -- move from wheelchair to dining room chair when possible.</td>
</tr>
<tr>
<td></td>
<td>Doesn’t recognize eating utensils</td>
<td>- Know the resident’s food preferences -- talk about the person’s role in mealtime in the past.</td>
</tr>
<tr>
<td></td>
<td>Noisy, crowded space</td>
<td>- Introduce the resident to others at the table (use place cards with names to make the person feel welcome).</td>
</tr>
<tr>
<td></td>
<td>Oral pain (mouth, gums, dentures)</td>
<td>- Sincerely invite the person to dinner.</td>
</tr>
<tr>
<td></td>
<td>Food is unfamiliar</td>
<td>- Offer a drink or small snack to the resident while they wait to be served.</td>
</tr>
<tr>
<td></td>
<td>Overwhelmed by choices or demands</td>
<td>- Invite easily distracted or agitated residents last to the dining room.</td>
</tr>
<tr>
<td></td>
<td>Fear of failure</td>
<td><strong>Encourage success and independence</strong></td>
</tr>
<tr>
<td></td>
<td>Excluded from preparing meals, cleaning up</td>
<td>- Avoid clutter on the table.</td>
</tr>
<tr>
<td></td>
<td>Stressed about paying for the meal</td>
<td>- Cue the resident by using verbal reminders/light touch to the arm.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Offer one food at a time; serve the meal in courses to decrease confusion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Use modified plates, forks, spoons, etc. to promote independence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tie an apron over clothing instead of a bib.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Give the resident a task during clean-up time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Create a pleasant atmosphere</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Use tablecloths or placemats (solid colors, not confusing patterns).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Play soft background music; turn off the TV.</td>
</tr>
<tr>
<td><strong>Common Situations</strong></td>
<td><strong>Possible Unmet Needs</strong></td>
<td><strong>Person-Centered Approaches</strong></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| **Anger and Agitation** | Doesn’t understand what is being said or done to them  
Can’t hear well or see clearly  
Fatigue  
Other illnesses/chronic diseases  
UTI/constipation  
Medications  
Believes something is lost  
Can’t separate fact from fiction (paranoia)  
Sees or hears things that no one else sees/hears (hallucination)  
Touch or invasion of personal space  
Fear of unwanted intimacy | **Use positive thinking**  
- See anger and agitation as a sign of unmet need instead of poor behavior.  
- Try to determine what the resident is trying to express.  
- Discover the real need when the resident expresses a desire to go to another place (e.g. home). Talk about that other place.  

**Methods of easing/preventing the behavior**  
- Limit choices and give the person time to respond.  
- Look around. Are there many people, high noise level, sudden movements, startling noises?  
- Don’t argue with the resident--validate instead.  
- Check your approach. Are you hurried, anxious, using a loud voice?  
- Use their life story to offer distractions.  
- Try to perform the care in a setting that feels safe to the resident.  
- Approach slowly, be calm, use positive body language and a pleasant tone of voice.  
- Help the resident search for the “lost” item. |
<table>
<thead>
<tr>
<th>Common Situations</th>
<th>Possible Unmet Needs</th>
<th>Person-Centered Approaches</th>
</tr>
</thead>
</table>
| Physical and Verbal Aggression | Feels out of control, Feels scared, Feels frustrated, angry, Has pain | **Positive responses to aggression**<br>• Stay calm and avoid angry body language, e.g. hands on hips, pointing fingers.<br>• Remember that individuals with dementia always have a reason behind their behavior.<br>• Respect personal space—don’t get too close.<br>• Relocate other residents if safety is at issue.<br>• Acknowledge the anger; give time for cooling down.<br>• Re-approach later.<br>• The behavior isn’t intentionally directed at you—don’t take it personally.<br>• Never strike a resident back.<br>• If you need help, get it (no matter how busy everyone else seems).<br><br>**How can you develop a plan to prevent the behavior?**<br>• Get input from everyone who cares for the person, including family members.<br>• Identify the problem. Who, what, where, when, why?<br>• Use the person’s life history to try to identify the source of the behavior.<br>• What feelings are being expressed?<br>• Did you notice any triggers to the behavior?<br>• Were there any warning signs (agitation, rocking, tapping hard on a table, frowning)?<br>• Identify strategies that worked in the past or didn’t work.<br>• Focus on the goal—it’s all about the resident’s comfort and security. It’s not about meeting schedules or getting the job done.
<table>
<thead>
<tr>
<th>Common Situations</th>
<th>Possible Unmet Needs</th>
<th>Person-Centered Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disruptive Vocalizations</strong>&lt;br&gt;• Screaming or swearing&lt;br&gt;• Threatening&lt;br&gt;• Repeating words over and over&lt;br&gt;• Making noises&lt;br&gt;• Speech that makes no sense&lt;br&gt;• Moaning&lt;br&gt;• Whistling</td>
<td>Hunger&lt;br&gt;Fatigue&lt;br&gt;Fear, confusion&lt;br&gt;Needs to use the bathroom&lt;br&gt;Changes in the brain&lt;br&gt;Sensory overload&lt;br&gt;Others’ behavior&lt;br&gt;Frustration&lt;br&gt;Feeling powerless, without purpose&lt;br&gt;Loneliness&lt;br&gt;Pain</td>
<td><strong>Know the facts behind DV</strong>&lt;br&gt;• The DV usually lasts for short periods of time.&lt;br&gt;• It is almost always a response to a specific situation.&lt;br&gt;• A very small minority may engage in DV without an obvious reason and for long periods of time.&lt;br&gt;• DV is often seen as the most difficult of all dementia behaviors.&lt;br&gt;• The behavior often does not respond to behavioral/medication interventions.&lt;br&gt;• Certain approaches work for some residents, but not others.&lt;br&gt;• It may be a sign of reaching the terminal stage of dementia.&lt;br&gt;• Most DV problems resolve themselves, given enough time and patience.&lt;br&gt;<strong>Develop strategies to minimize/prevent the behavior</strong>&lt;br&gt;• Keep to regular routines; offer reassurance.&lt;br&gt;• Spend time with the resident.&lt;br&gt;• Try to find out what happened immediately before the behavior started.&lt;br&gt;• Is one caregiver able to connect with the person? Try having that person approach the resident.&lt;br&gt;• Develop a meaningful activity that relates to the resident’s life history (e.g. offering a basket of yarn because the resident used to love knitting).&lt;br&gt;• Provide necessary aids like glasses, hearing aids, walkers.&lt;br&gt;• Report to your supervisor when you suspect pain or discomfort. Appropriate staff should do an immediate pain assessment.&lt;br&gt;• Ask for a break.</td>
</tr>
<tr>
<td>Common Situations</td>
<td>Possible Unmet Needs</td>
<td>Person-Centered Approaches</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Wandering</td>
<td>Changes in the brain</td>
<td><strong>Assess the effect of the wandering</strong></td>
</tr>
<tr>
<td></td>
<td>Resident is stressed/anxious</td>
<td>• Is the wandering soothing or helpful to the resident?</td>
</tr>
<tr>
<td></td>
<td>Acting out a regular routine such as checking on the children or doing the laundry</td>
<td>• What are the dangers or risks to the resident?</td>
</tr>
<tr>
<td></td>
<td>Getting exercise</td>
<td>• Does the resident have the strength and coordination to walk safely?</td>
</tr>
<tr>
<td></td>
<td>Discomfort, pain</td>
<td>• What is the impact on other residents (unwanted intrusion)?</td>
</tr>
<tr>
<td></td>
<td>The resident is lost, e.g. trying to find the bathroom</td>
<td><strong>Consider the benefits of wandering</strong></td>
</tr>
<tr>
<td></td>
<td>The environment is unfamiliar</td>
<td>• Walking provides exercise.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It provides purpose and self-worth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wandering can soothe; fill a need.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Ensure “safe” wandering</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitor the resident.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Create a safe environment, e.g. clutter-free, well-lit, exits disguised.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Ways to prevent unsafe wandering</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Distract the wanderer with other favorite activities, a snack or music.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plan walks, walk with the resident.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Restrict fluids in the evening.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Make sure the resident has gone to the bathroom before bed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If possible, limit naps during the day.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Allow the resident to sleep in a chair or in day clothing.</td>
</tr>
<tr>
<td>Common Situations</td>
<td>Possible Unmet Needs</td>
<td>Person-Centered Approaches</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| **Elopement**     | Opportunity: an exit door is left open  
The resident doesn’t understand why they can’t leave  
Following staff or family member  
Resident is disoriented  
Acting out a regular routine such as going to work, picking children up from school  
Distress, searching for a lost item or memory | **Safety measures that a facility can provide**  
- Install doors that need a special code or card; place alarms on exit doors.  
- Provide ID bracelets for residents.  
- Register with the Alzheimer’s Association Safe Return Program.  
- Keep a current photo of all residents along with identifying information, e.g. height, weight, hair and eye color, medical conditions, and dental work.  
- Maintain a list of where the resident is likely to go and of dangerous locations nearby.  
- Develop a procedure, to be followed immediately, when a resident leaves the facility. |  
**How staff can help prevent elopement**  
- Leave through an exit that is not visible to residents.  
- Keep coats, purses or other objects associated with leaving out of sight.  
- Find out the reason for the elopement. Try to fill the need that is being expressed or adjust the stressful situation. |  
**What to do when you discover a resident has left the facility**  
- Notify the person in charge immediately.  
- Contact authorities/law enforcement to begin an immediate search.  
- When the resident is found, avoid scolding, punishing, or showing that you are upset.  
- Reassure the resident that they are safe and resume normal routines. |
<table>
<thead>
<tr>
<th><strong>Common Situations</strong></th>
<th><strong>Possible Unmet Needs</strong></th>
<th><strong>Person-Centered Approaches</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intimate Personal Cares</strong></td>
<td>Believes the caregiver’s touch has sexual intent</td>
<td><strong>Responding to unwanted touching</strong></td>
</tr>
<tr>
<td></td>
<td>Responds by fondling or inappropriate touching of the caregiver</td>
<td>• Stay calm, but move out of the resident’s reach or gently remove their hand.</td>
</tr>
<tr>
<td></td>
<td>May confuse the caregiver with a spouse or former partner</td>
<td>• Continue with the care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Don’t scold or shame the resident. Often the resident misunderstands the situation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Try to stop the behavior without calling attention to it by providing a distraction or redirection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understand that the resident’s behavior is the result of the death of brain cells.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Keep in mind that your reactions can affect the resident’s self-esteem.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Report the behavior to the charge nurse or supervisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Know that you have the right not to accept unwanted or uncomfortable actions by residents.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Preventing the behavior</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If possible, avoid whatever triggered the behavior.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ask for a caregiver of the same gender to be assigned to the resident in the future.</td>
</tr>
<tr>
<td>Common Situations</td>
<td>Possible Unmet Needs</td>
<td>Person-Centered Approaches</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Family Relationships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary caregiver assumes a different role when their loved one enters long-term care</td>
<td>• Consider family members as a source of information that will improve the care of your resident and provide you with workable approaches to caregiving.</td>
</tr>
<tr>
<td></td>
<td>Guilt of family members</td>
<td>• Understand that family members have difficult decisions to make regarding the care of their loved one.</td>
</tr>
<tr>
<td></td>
<td>Caregivers treat family members as visitors who aren’t involved in the care plan</td>
<td>• What you perceive as negative behavior by a family member may be a result of grief, guilt or another emotion.</td>
</tr>
<tr>
<td></td>
<td>Family members see caregivers as uncaring or lacking knowledge about their loved one’s habits and history</td>
<td>• Learn about cultural differences.</td>
</tr>
<tr>
<td></td>
<td>Changes in the level of care between a home and facility setting</td>
<td>• Encourage family members to tell you about the resident’s life history and welcome photos, books or albums that remind the resident of the past.</td>
</tr>
<tr>
<td></td>
<td>Cultural differences</td>
<td>• Accept that caregivers may wish to provide personal cares, like a wife assisting with her husband’s bath, or a son having lunch with his mother.</td>
</tr>
<tr>
<td></td>
<td>Normal progression of dementia symptoms blamed on the facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resident and family have negative feelings about the care</td>
<td></td>
</tr>
</tbody>
</table>
Activity: Person-Centered Responses to Challenging Situations

Next, we’ll take the information we’ve covered today and apply it to some specific situations.

[If you have a small group, select one or two scenarios to cover. Give participants several minutes to read the scenario and jot down their thoughts about the first challenging situation. Ask the group for responses individually. Document responses on a flip chart. Give participants an opportunity to copy new ideas into their own training materials. Move on to the second challenging situation and follow the same process.

For larger groups, consider breaking the participants up into smaller teams. Assign a scenario to each team. Instruct each team to appoint a recorder and a reporter. Have the members of the team take several minutes to read the scenario and jot down their thoughts about the first challenging situation. Ask them to discuss their thoughts and record them to share with the full group at the end of the exercise. Ask them to proceed to the second challenging situation and follow the same process. When they have completed their work, have each team report out on their observations and suggestions. Document responses on a flip chart. Give participants an opportunity to copy new ideas into their own training materials.]

Life Histories

Please meet five people who are in your care. After each resident’s life history, you will find two examples of a challenging situation involving that resident.
Mrs. Rose Rondoni - Life History

Mrs. Rondoni is a 91-year-old woman who moved to Honeysuckle Haven one week ago. Mrs. Rondoni was considered the head of her family and has spent her entire life caring for others. She was the one everyone came to with their problems. After she raised her own children, she raised five of her grandchildren and also helped care for several of her nieces and nephews.

Mrs. Rondoni has always been very independent and resourceful. When she first began forgetting things and misplacing items around the house, she was extremely impatient with herself. It has now progressed to the point where Mrs. Rondoni has trouble finding the right word. She also has made several mistakes writing out checks to pay bills. Recently, she lost her way going to her granddaughter’s house, which is only three blocks away.

When her family first approached Mrs. Rondoni about moving to Honeysuckle Haven, she was very resistant. She said, “I was born in this house and I’m gonna die in this house.” Suddenly, Mrs. Rondoni made a complete turn around and said, “All right, I’ll do whatever you say.” The family made arrangements for her to move to Honeysuckle. They told the staff that Mrs. Rondoni was a very independent person who liked to make her own decisions and do for herself. They also told the staff that Mrs. Rondoni had surprised them by agreeing to move to Honeysuckle Haven.

When Mrs. Rondoni arrived at Honeysuckle, she was very quiet and kept to herself. She did whatever the staff asked of her and seemed to be a model resident.
Challenging Situation: Physical and Verbal Aggression (Mrs. Rose Rondoni)

On Thursday, Teresa, the CNA, came to Mrs. Rondoni’s room to help her dress for the day. Teresa knocked on the door and entered the room. “Good morning, Mrs. Rondoni,” she said. Mrs. Rondoni looked up at her and said nothing. Teresa got out the washcloth and washed her face. Then Teresa chose an outfit for Mrs. Rondoni from her closet and helped her put it on. Finally, Teresa held up Mrs. Rondoni’s toothbrush and toothpaste. Suddenly, Mrs. Rondoni grabbed the toothbrush out of Teresa’s hand and yelled, “I hate you! Get the hell out of my room!” Then Mrs. Rondoni threw the toothbrush at Teresa. Teresa was shocked at Mrs. Rondoni’s behavior. She ran crying from the room.

What might be some of the unmet needs that Mrs. Rondoni is expressing?

____________________________________________________________

____________________________________________________________

____________________________________________________________

What are some of the person-centered approaches that Teresa might use?

____________________________________________________________

____________________________________________________________

____________________________________________________________
Challenging Situation: Wandering (Mrs. Rose Rondoni)

It is Mrs. Rondoni’s seventh day at Honeysuckle Haven. At her one-week evaluation meeting with staff, CNA Ashanti mentions that Mrs. Rondoni is doing a lot of walking up and down the halls. She seems to walk aimlessly. Ashanti is afraid that Mrs. Rondoni will hurt herself. She always escorts Mrs. Rondoni back to her room, telling her to stay put. This wandering usually occurs about 5:00 in the afternoon.

What might be some of the unmet needs that Mrs. Rondoni is expressing?

What are some of the person-centered approaches that Ashanti might use?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Mrs. Ruth Stone - Life History

Mrs. Stone is an 82-year-old woman who has been living at Golden Meadows Nursing Home for a little over a year. Before coming to Golden Meadows, Mrs. Stone lived with her husband in the home the couple built when Mr. Stone retired.

The couple has been married for almost sixty years. They enjoyed many good times together and had many friends. Over the years, their social circle became smaller, but up until Mrs. Stone began to exhibit signs of dementia, they still enjoyed going out with a few close friends for dinner or to watch a movie.

For many years, Mrs. Stone volunteered for the local blood drive and for their church. She especially enjoyed her weekly visits to the homes of church members who lived alone and couldn’t get out much. Everyone looked forward to her visits because she was so easy to talk with. Mrs. Stone insisted that she got more out of the visits than anyone.

About three years ago, Mrs. Stone was diagnosed with Alzheimer’s disease. The disease progressed fairly quickly. Mr. Stone cared for his wife at home until she began leaving the house on her own and getting lost. Twice, she was missing for more than an hour. After the second incident, Mr. Stone decided he could no longer ensure his wife’s safety at home, and she was admitted to Golden Meadows.

It was not an easy decision for Mr. Stone to make, and he still feels guilty about not caring for his wife in their home. The Stones have two daughters who do not live in the area but are very supportive of their parents. The daughters agreed with their father that moving their mother to Golden Meadows was the best thing to do, given the circumstances.
Challenging Situation: Activities of Daily Living (Mrs. Ruth Stone)

Sally, a CNA at Golden Meadows Nursing Home, knocks and enters the room of Mrs. Stone to help her get dressed. For the second morning in a row, Sally finds clothing and shoes thrown on the floor. Sally thinks Mrs. Stone’s family must have brought every item of clothing Mrs. Stone ever owned. Her closet and drawers are stuffed full.

Sally hurriedly selects Mrs. Stone’s clothing for the day and, without a lot of small talk, gets her dressed. Then Sally puts away all the clothing and shoes on the floor. Mrs. Stone is not very cooperative, but finally Sally is able to get her ready for breakfast. On her way out, Sally tells Mrs. Stone not to worry about getting clothes out for herself in the morning because she will do it for her. The next morning, Sally discovers even more clothing thrown on the floor of Mrs. Stone’s room.

What might be some of the unmet needs that Mrs. Stone is expressing?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What are some of the person-centered approaches that Sally might use?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Challenging Situation: Anger and Agitation (Mrs. Ruth Stone)

Mrs. Stone is in the sunroom, acting very restless and agitated. She is moving about the room, wringing her hands and obviously searching for something. She stops to talk to another resident who is also in the sunroom. The other woman does not understand what Mrs. Stone is saying, and she is starting to get angry with Mrs. Stone for bothering her. Sally, a CNA assigned to the floor, has been observing the two women while dispensing medication to the other residents in the room. She approaches them and asks if she can help.

Mrs. Stone tells her that someone has stolen her purse, and she needs it because she has to go out. She says that her daughter, Mary, is waiting for her. If she doesn’t go now, she will be late and Mary will be upset with her. She asks Sally if she can help her find her purse. She is close to tears.

What might be some of the unmet needs that Mrs. Stone is expressing?


What are some of the person-centered approaches that Sally might use?


Mrs. Betty Matthews - Life History

Mrs. Matthews is 75 years old. She has been at Countryside Manor for two weeks. As a young woman, Mrs. Matthews was a stay-at-home mom. After her children were grown, she finished her degree and took a job as a librarian in the local library. She was also very active in the community and volunteered as a greeter at the hospital. She especially enjoyed the time she spent with her three grandchildren.

Mrs. Matthews has moderate dementia. She needs help with some cares, such as bathing, but she can do other things for herself. Mr. Matthews was her sole caregiver until her wandering and resistance to care became too much for him to handle. He and their children finally decided that it would be better for both of them if she moved to Countryside Manor.

Mr. Matthews visits his wife regularly. He brings her into the sunroom and sings softly to her. She is always happy to see him, but she becomes upset when he leaves.
Challenging Situation: Elopement (Mrs. Betty Matthews)

Although Mrs. Matthews has only been at Countryside Manor for two weeks, the staff are all aware that she walks to the front door whenever she can. Her caregivers have tried, without success, to keep her away from the door. They are extra careful about making sure that the door alarm is always on. One afternoon, a caregiver props open the front door so that she can go to her car, get her sweater, and return quickly. The caregiver thinks Mrs. Matthews is napping in her room at the time. Mrs. Matthews chooses just that moment to make her escape, unseen by the staff.

What might be some of the unmet needs that Mrs. Matthews is expressing?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are some of the person-centered approaches that the caregivers might use to prevent another elopement?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Challenging Situation: Bathing (Mrs. Matthews)

Latasha, the CNA who is working with Mrs. Matthews, is helping her get ready for her bath. This is the first time that Latasha has helped Mrs. Matthews with bathing. Latasha asks another caregiver, Peter, to help her out. As Latasha and Peter assist Mrs. Matthews to walk into the bathroom, they chat about how much overtime they have each worked lately. Both admit that they are tired of working and need some time off.

Latasha says, “We are ready, Mrs. Matthews. You can get undressed now.” Mrs. Matthews purses her lips and wraps her arms around her clothed body. Latasha reaches her hand out toward Mrs. Matthews and asks, “Can I help you undress?” Mrs. Matthews says, “No! No!” She begins to cry.

What might be some of the unmet needs that Mrs. Matthews is expressing?

What are some of the person-centered approaches that Latasha and Peter might use?
Mr. Thomas Beal - Life History

Mr. Thomas Beal has been a resident of Pleasant Meadows Nursing Home for three years. He is 91 years old and has a diagnosis of Alzheimer’s disease. His wife of over sixty years died a year after he came to Pleasant Meadows. He still looks for her, sometimes mistaking his two daughters for his wife. His daughters live nearby and visit him often.

He also has one son, Rollie, who lives in Washington D.C., and does not get home very often. Rollie has not seen his father in over a year. He calls his sisters occasionally to ask how his father is doing.

Although Rollie and his father don’t see each other often, Rollie has fond memories of going to baseball games with his father. They always enjoyed talking about sports. He is grateful to his father for all the hard work he did to support his family and the good times they spent together when he was growing up.

Mr. Beal was a carpenter for a large family-owned construction company. He took a lot of pride in his work and eventually became a foreman, overseeing the building of many large projects. His crew liked working for him because he was a hard worker, and he treated them fairly.

One day, a large crane malfunctioned and hit a nearby power line, killing the crane operator. Although Mr. Beal knew that the accident was not his fault, deep down, he still felt responsible. He would not talk about the tragedy, even many years later.

Until recently, Mr. Beal was ambulatory. He is still able to walk using a walker, but he refuses to take more than a few steps. He has significant curvature of the spine, tires easily, and is often disoriented. Lately, staff has decided to assist him with a wheelchair to get to the activity room down the hall and to the small dining room at the other end of the hall.
Challenging Situation: Disruptive Vocalizations (Mr. Beal)

Paul, a CNA at Rolling Meadows Nursing Home, hears loud cries coming from the activity room. He goes to the room and finds Mr. Beal rocking back and forth in his chair screaming, “Help! Help! Somebody help!” Two other residents who are in the room look upset. Paul approaches Mr. Beal and tries to get his attention by asking him what is wrong. Mr. Beal doesn’t respond and continues to rock vigorously. He has his arms wrapped tightly around himself, and his eyes are closed. He continues to scream, “Help! Help! Please, somebody help!” Paul sees that he is crying.

What might be some of the unmet needs that Mr. Beal is expressing?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are some of the person-centered approaches that Paul might use?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Challenging Situation: Families and Caregivers (Mr. Beal)

Mr. Beal’s son, Rollie, is visiting his father at Golden Meadows Nursing Home. Rollie lives in Washington D.C., and he has not seen his father for over a year. Although his sisters have told him of his father’s decline, Rollie is not prepared for the changes he sees.

Rollie tries to talk with his father, but Mr. Beal is not very responsive. Toua, a CNA on evening shift, enters the room to assist Mr. Beal to the dining room for dinner. Rollie is visibly upset and asks in an angry tone, “What’s going on with my dad? What is he doing in a wheel chair?” Rollie tells Toua that neither of his sisters told him his father could no longer walk. He says it’s obvious that his father is sedated because he can’t even carry on a basic conversation. He implies that the staff is taking the easy way out in caring for his father and not thinking about what is best for him.

What might be some of the unmet needs that Mr. Beal’s son, Rollie, is expressing?

What are some of the person-centered approaches that Toua might use with Mr. Beal and his family?
Mr. Juan Escamilla - Life History

Mr. Escamilla is 83 years old. As a young man, he worked hard as a plumber and eventually opened his own plumbing business. Mr. Escamilla was very proud when two of his sons followed him into the business. He has a picture in his room of the sign he had made when they joined him: Escamilla and Sons.

Mr. Escamilla stayed close to his large family. He especially enjoyed family gatherings, which always included a special meal. His wife was an excellent cook, and Mr. Escamilla looked forward to the delicious foods she prepared. He remembers mealtime as a pleasant time.

When Mr. Escamilla began to need help with his bathing and dressing, Mrs. Escamilla was right there to help him. Although he was having trouble keeping track of his daily schedule, Mr. Escamilla always looked forward to his bath as a special time for the two of them. Some days, he would ask her to help him have a second bath.

Mr. Escamilla came to Sunshine Manor after his wife died. He is part of a very concerned, loving family, and they feel guilty that they are not able to arrange things so he can remain in his own home. They are concerned that a new environment will increase his confusion. His children and grandchildren visit him regularly and talk to him about the happy times they've had together. He enjoys their visits, although he is not always sure who they are. Mr. Escamilla has been at Sunshine Manor for eight months and is making progress in adjusting to his new routine.
Challenging Situation: Sexual Response to Intimate Cares (Mr. Escamilla)

CNA Sarah has been assigned to Mr. Escamilla since the first day he arrived at Sunshine Manor. She enjoys helping him because he always smiles when he sees her. One day, while Sarah is helping Mr. Escamilla bathe, he smiles at Sarah and reaches up and gently strokes her face and neck. Sarah is uncomfortable with this touching. She frowns at Mr. Escamilla, slaps his hand away, and leaves the room.

What might be some of the unmet needs that Mr. Escamilla is expressing?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What are some of the person-centered approaches that Sarah might use?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Challenging Situation: Mealtime (Mr. Escamilla)

It’s dinner time at Sunshine Manor. Mr. Escamilla is seated at a table with people who are strangers to him. Someone puts a tray in front of him. Mr. Escamilla sits there, staring at the tray, and trying to identify the food on his plate. Someone walks up to him and says, “Mr. Escamilla, eat your dinner. It’s getting cold.”

Mr. Escamilla tries a spoonful of mashed potatoes and gravy. The gravy dribbles onto his shirt. Another person rushes up, cleans off his shirt and puts a bib on him.

Mr. Escamilla tries another bite of food. Suddenly, he starts to choke. He reaches for some water and takes the glass of water belonging to the woman sitting next to him. She yells, “Leave my water alone!” and starts hitting Mr. Escamilla on the arm. He puts his hands over his face and begins to moan.

What might be some of the unmet needs that Mr. Escamilla is expressing?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are some of the person-centered approaches that caregivers might use?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Closing Activity—Index Card

[Refer participants back to the index card that they filled out at the beginning of the session.]

Please go back to your card, read your original statement and then, based on what you’ve learned here today, jot down some thoughts that:

- may identify the unmet need the resident was expressing
- identify person-centered approaches to meeting that need

Would anyone like to share their challenging situation and new person-centered approaches to meeting the resident’s need?

Does anyone have a situation that was not addressed today?

[If anyone has such a situation, ask the group to brainstorm possible approaches.]
Wrap Up

Many residents in your care, especially those with dementia, may have difficulty expressing their needs. Because of your close working relationship with residents, you are in a key position to help identify those needs and offer recommendations on how to increase their comfort and reduce their stress.

Learning Points

- Recognize unmet needs of residents with dementia
- Identify calming techniques to reduce stress
- Apply person-centered approaches when responding to residents’ needs

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.

Any changes made to the material should be noted by the editor and not attributed to the Department or the University of Wisconsin-Oshkosh.

This publication was made possible by Grant Number 90MA0006/01 from the U.S. Department of Health & Human Services, Administration on Aging. Its contents are solely the responsibility of the University of Wisconsin Oshkosh and do not necessarily represent the official views of the USDHHS Administration on Aging.
Training Materials Checklist

For this training, you will need:

- Laptop computer (recommended)
- MS PowerPoint (*PPT Viewer 2007 can be downloaded for free at Microsoft.com*)
- LCD Projector (recommended)
- Screen for viewing the PPT (recommended)
- Flip chart and markers
- Index cards
- Printed Participant Guides
- 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.