

Introduction

About This Training Program

This training package is designed to give helpful information about Alzheimer's disease to staff and managers of retirement communities, senior housing developments, assisted living facilities, and case coordination agencies. It is intended for use by staff developers and others involved in offering in-service training programs about issues related to older persons living in residential communities. Ultimately, this program is intended to help all staff be "dementia capable," that is, become knowledgeable and competent in addressing the needs of persons with dementia.

The Need for Targeted Training

At present, five million Americans are estimated to have Alzheimer's disease (AD), with the vast majority living in the community. Two-thirds of the nation's 1.8 million nursing home residents have significant cognitive impairment, most likely due to AD. However, most people with the disease live in their own homes or with relatives while a growing number live in congregate settings with little or no supportive services. Those persons with AD residing in retirement communities, senior housing developments, and assisted living facilities are at risk of many medical and social problems related to their disease. Staff working in such residential settings must be attuned to the changing needs of these "at-risk" residents and then match them with appropriate sources of help.

The booming elderly population, especially among the "old-old" cohort in their 80s and 90s, has spawned a corresponding increase in the need for congregate housing. Motivated by concerns about fragile health, fixed income, and social isolation, growing numbers of elderly persons are choosing to relocate from their private homes to the relative safety and security of retirement communities and other senior housing developments. However, the population in these settings has become older and frailer which has given way to the trends of community-based services and assisted living facilities to enable residents to "age in place." Over the past decade, assisted living facilities have become the fastest growing housing option for the frail elderly population.

Nevertheless, supportive services and facilities tend to focus on meeting the physical care needs of residents and often do not take into account the problems associated with cognitive decline. Residents with AD may develop a host of problems if their needs are not adequately met, such as poor nutrition, financial mismanagement, poor hygiene, social isolation, and behavioral disturbances such as wandering, delusions, and aggression. Residents with AD may also pose risks for other residents. For example, they may forget about food being cooked on the stove and inadvertently start a fire. In addition, these residents clearly pose enormous challenges for staff and organizations.

Training is necessary to help staff identify and meet the needs of these residents at risk. Staff often have as much or more contact with these residents than their families and are in a position to observe signs and symptoms of AD. In addition, staff can learn to assess the cognitive and functional abilities of these residents and match them with needed

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services. In this way, residents with AD may continue to live as independently as possible or else be directed to a more suitable living arrangement. The phenomenon of residents who are "aging in place" but also "dementing in place" requires staff training to help identify and meet their needs.

How This Training Program Evolved

This training program is the culmination of a two-year project by the Rush Alzheimer's Disease Center in Chicago, Illinois funded by a grant from the Retirement Research Foundation. The project was led by Daniel Kuhn, MSW and Anna Ortigara, MS, RN with technical support provided by David Lindeman, Ph.D.. The overall goal of this project was to train staff of retirement communities, assisted living facilities, senior housing developments, and case coordination agencies in the local area in order to identify and meet the needs of elderly residents with AD and related dementias. This project also aimed to address the learning needs of administrators and staff in these residential settings and related social agencies in order to ensure the safety and well-being of residents with AD, and provide necessary linkages to informal and formal services. These training materials hopefully reflect these goals.

We first conducted a needs assessment through focus groups and individual interviews with key service providers from residential care settings and agencies. We then devised a three-part training curriculum, with each three-hour module carried out over three consecutive weeks. We completed the training program at 15 sites throughout the greater Chicago metropolitan area where an estimated 100,000 people with AD currently reside. In the course of training, we refined the curriculum to better suit the needs of program participants.

We also gathered qualitative and quantitative data to evaluate the effectiveness of the training program. We were pleased by the feedback received from over 400 participants. Moreover, participants' knowledge about AD increased significantly as evidenced by their test scores before and after training as well as six months after completion of the training. We now wish to share the training materials so that the program can be replicated in other locales. We are grateful to the National Institute on Aging and its Alzheimer's Disease Education and Referral (ADEAR) Center for disseminating these materials.

How Does Training Benefit Staff?

Most staff working in congregate housing and social service agencies have had no formal training about AD. In spite of the high prevalence of the disease among persons over age 80, most staff learn about the disease through "on the job" experience and a process of "trial and error." Specific training about the disease increases their knowledge about issues that are relevant to their jobs and can indirectly enhance the lives of the people they serve. At the conclusion of the training program, participants should be able to:

- 1) Identify persons who exhibit symptoms of AD and related dementias,
- 2) Use strategies for successful communication with persons who have AD,
- 3) Understand safety risks associated with cooking, managing money, medications, etc.,

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- 4) Understand the concerns of families and how to involve them in taking responsibility,
- 5) Identify indicators for transitioning persons at risk to appropriate living situations,
- 6) Link persons with AD to needed social and medical services.

If possible, continuing education units (CEUs) should be offered to those professional groups such as social workers whose licenses may require a certain number of training hours per year. Community colleges are usually willing to cooperate in overseeing the CEU process. The continuing education department of the local community college is the place to begin this discussion well in advance of training dates.

Who Should Conduct This Training?

It is helpful for trainers to have extensive experience in the fields of aging and health care, focused primarily on the care of older persons with AD. Although such experience is useful in training others about AD, we believe that others with a few years of experience but with good teaching skills can effectively carry out this training program. However, direct experience with individuals in the early to middle stages of AD is necessary to be familiar with the issues that they face on a day-to-day basis. Thus, someone whose sole focus has been the care of nursing home residents probably lacks such experience. In addition, familiarity with the challenges faced by housing and social service professionals working in these settings is desirable. We urge that trainers and program developers team up with local experts from health care, residential care, community-based agencies, and Alzheimer's Association chapters if they cannot teach this program on their own. We believe that having at least two trainers enhances opportunities for sharing different ideas and perspectives.

What is the Content of Training?

Teaching methods include lectures, case examples, discussion, and viewing videotapes. The following topics offer an overview of the three modules. Each module and its component parts are described in detail in this training program.

Module One Overview

- Aging and dementia
- Symptoms & stages of Alzheimer's disease
- Diagnostic evaluation & treatment options
- Risk factors & research trends

Module Two Overview

- The subjective experience of Alzheimer's disease
- Practical issues in the early stages of the disease
- Communication problems and strategies
- Assessment of cognitive status

Module Three Overview

- Working with families & friends

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- Community resources
- The continuum of care
- A problem solving method

Where and When Should Training Take Place?

In choosing sites for the training program, we found retirement communities to serve as excellent settings. Their marketing directors and administrators are often pleased to host the training program in order to introduce others to their facilities and maximize the number of their own staff in attendance. This training program is intentionally portable, requiring only an accessible location, adequate parking, meeting room space, and audiovisual equipment.

Given the time constraints of staff working in these housing settings and social service agencies, we believe that a three-part series affords staff a greater opportunity for participation than attending an extended one-day program or two five-hour programs. Spreading the nine hours of content over three sessions gives participants a chance to digest the material and complete two "homework" assignments that link classroom ideas to practice. Therefore, we recommend that the training program be divided into three parts, with each module lasting three and one-quarter hours including a break. In our case, every training module began at 9 a.m. and ended promptly at 12:15 p.m. In this way, participants could devote the afternoon of training days to their normal job responsibilities.