

TEACHING GOOD BEDSIDE MANNERS FOR DEMENTIA CARE: ART AND SCIENCE

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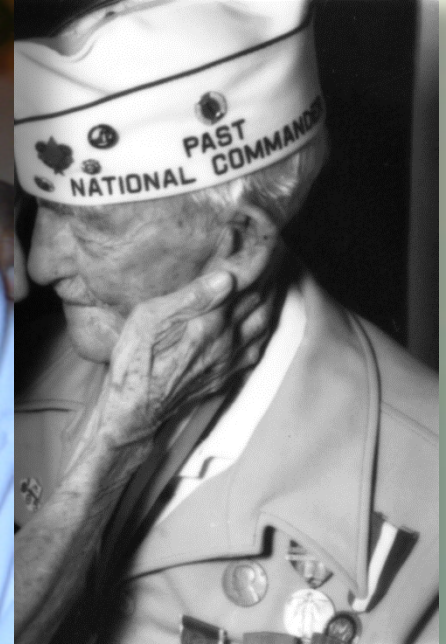
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get.
connected

“It’s All About US



Principles of Therapeutic Communication

- Purposeful
- Optimal when face to face
- More similar individuals communicate best
 - Same ethnicity
 - Same age & generation
 - Same gender
 - Same educational level

Risk Factors for Poor Communication:

~~Working Aides~~ Paid Caregivers

- English is secondary language
- Low education
- Stress and low staffing ratios
- Hierarchical culture
- Young age

Risk Factors for Poor Communication: Unpaid Caregivers

Family Members

- Increased uncertainty
- Loss of primary caregiver role
- Current and past emotions
- Intergenerational barriers

Risk Factors for Poor Communication:

Residents

- Sensory deficits
 - vision deficits
 - hearing deficits
 - speech deficits
- Cognitive impairment
 - Dementia
- Inappropriate/Overmedication

Significance

- Certified Nurse Aides (CNAs) provide 90% of care
- Families remain involved after institutionalization
- Communication affects the quality of care and quality of life
- Increased mortality and costs from overuse of inappropriate medications

RESEARCH QUESTIONS

Can CNAs improve in their therapeutic communication during nursing home care?

Can therapeutic communication training for CNAs improve nursing home residents quality of care and quality of life?

How can CNAs' therapeutic communication be described?

Evidence to Date

- Family caregivers engage in higher frequency of communication than nursing aides
- Nursing aides significantly improve on frequency of some nonverbal behaviors
- High frequency caregivers demonstrate “good” qualities
- Residents have higher positive facial affect with family caregivers than nursing aides

The Intervention Structure

- Four 1-hour modules over four weeks (nursing aides)
- One-on-one tailored meetings (family caregivers)
- Use training DVD combined with discussion
- Practice between modules
- Rewards and recognition

The Training DVD

- Uses real caregivers in real situations
- Demonstrates the use of strategies via social modeling
- Is interactive

The Intervention

- Strategies for “Getting connected”

Get their attention

Learn to be a good listener

Speak in a calm tone of voice

Use “yes” or “no” questions

Watch your language

Repeat, rephrase and repair

Orient and re-orient frequently

Use touch

Don't argue

get connected

Strategy #1: Get their attention!

- Greet
- Make eye contact and keep it
- Stand/sit in front
- Direct and redirect their attention often
- Wait for a response

Methods

- A pre/post designed intervention
 - Eighteen CNAs received four hours of training over four weeks
 - Pre- and post-intervention video tapings during mealtimes
 - 72 videotapes (4 per dyad)
 - Analytic sample size=16 dyads
- Exploratory study
 - High number of communication behaviors

Analyses

- **Quantitative**

- Pre/post rates of communication
- Regressions of counts
 - Communication on Pre/post intervention
 - Refusals/Facial affect on pre/post
 - Refusals/Facial affect on communication
 - Stratified by pre and post

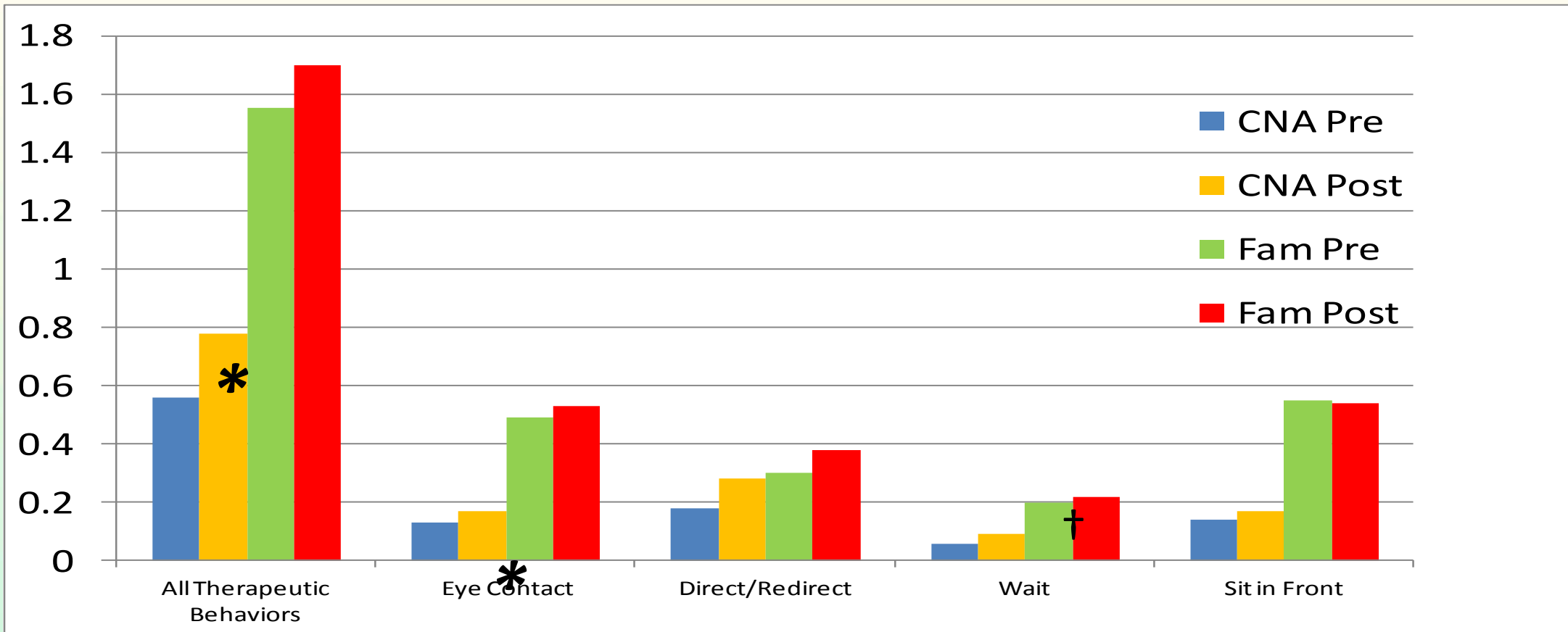
- **Qualitative**

- Open coding → themes

RESEARCH QUESTION #1

Can CNAs improve in their therapeutic communication during nursing home care?

Caregiver Communication Behaviors: Average Rate/Minute



Note: * $p < .05$; † $p < .10$ based on Paired t-test

Note: CNA=nursing aide; Fam=Family member

Nursing Aides' Communication

- Count of all communication = +35%*
- Wait for response = +48%*
- Direct/redirect = +27%*
- Eye contact = +35%*
- Sit in front = +36%*
- Note: (Sample size=27; *statistically significant)

RESEARCH QUESTION #2

Can therapeutic communication training for nursing aides improve nursing home residents quality of care and quality of life?

Residents' Refusals

- Count of residents' refusals
 - Pre/post intervention → +7%
 - Count of all communication → -81%†
 - Wait for response → -1%
 - Direct/redirect → -64%*
 - Eye contact → +6X's
 - Sit in front → -82%*
 - Note: (Sample size=27; *statistically significant)

Residents' Facial Affect

- Odds of positive affect (N; *p<.05)
 - Any TC Behavior = 1.17 (1037)
 - # of TC Behaviors = 1.09 (1050)
 - Pre/Post Intervention = 7.32* (2132)

RESEARCH QUESTION #3

How can caregivers' therapeutic communication be described?

Themes on 'Good' Caregiving:

Nursing Aides

- Responsive, engaging but cooperative caregiving;
- Genuinely being present and calm; and
- Comfortable proximity with a gentle touch.



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Themes on 'Good' Caregiving: Family Caregivers

- Conducting topically distinct conversations
- Sharing dyadic discernible comfort
- Creating natural interaction
- Multi-dimensional emotional support

Summary

- Therapeutic communication can be significantly improved
 - among nursing aides
- Residents exhibit fewer refusals/better facial affect with more CNA communication
- Family caregivers may be self-selectively strong therapeutic communicators

Implications

- Responsive to peer/social modeling in video
- Good care is more than the “sum of communication behaviors”
- CNAs and families need more training

Gaps in Certified Nurse Aides' Training

- Communication--the #1 need
- Federal guidelines require 75 hours training for CNAs with limited hours for interpersonal communication
- cursory material

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