



**Gentle
Persuasive
Approaches**

The Gentle Persuasive
Approaches Dementia Care
Education Program:
*Effects on Long Term Care Staff
Knowledge, Competence and Self-
Efficacy*

LTCCAM May, 2018

GPA was developed by:

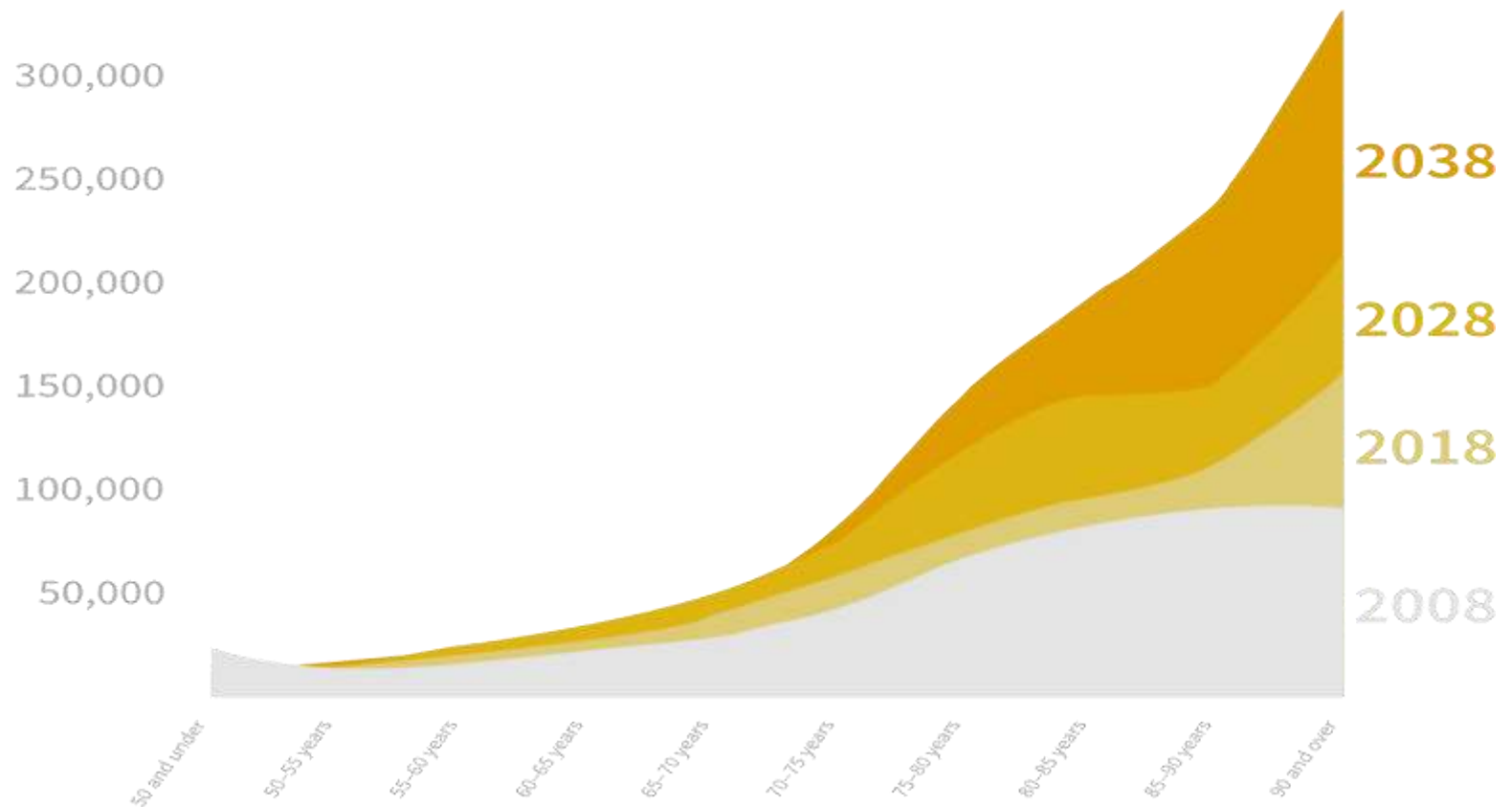
AGE

**Advanced Gerontological
Education**

Enhancing the care of older adults by learning together

- A not-for-profit social enterprise
- Governed by a Board of Directors
- Collaborative with stakeholders:
 - GPA National Advisory Committee
 - GPA Certified Coaches
 - GPA Certified Master Coaches
- A provider of high quality, cost-effective education

Plan for Increased Prevalence Canada's Dementia Population



Dementia Projections

Projections	2008	2038
Incidence (New Cases Per Year)	103,700	257,800
Informal Care hours	230,838,301	756,478,399
Annual Economic Burden	\$14,924,030,467	\$152,639,495,005

Client Triggers

- Rude and/or condescending staff
- Lack of privacy
- Fear, frustration
- Excessive noise
- Crowded environment
- Sedative drugs in high doses
- Long hospitalization
- Loss
- Restraints and seclusion
- Approach to caregiving

Reflection on Care Giving



- Are we inflicting care or providing person-centered care?
- Are we victimizing those clients with no-intent to cause harm, as perpetrators of violence?
- Are we using person-centred care strategies?
- Are we adopting evidence-based care curricula?

“What does it Feel Like to Have Early-Stage Dementia?” (MAREP 2006)

- *“This diagnosis has to be one of the worst things a person could experience – constant fear of not knowing what will happen to me next”*
- *“I struggle to get through each day – I tire easily”*
- *“Conversations can be hard to follow – it’s even hard to watch TV”*
- *I try to answer a question and I feel there’s a coconut up here in my head”*
- *“I can’t find my way back home. How do I get out of here? Where is my room?”*
- *“Some of us experience hallucinations – which increases our fear and makes us agitated”*

What do Persons with Dementia Need from Care Providers? (MAREP 2006)

- Information about the disease and treatments
- Information presented in a way that is clear and limited to a few choices
- Encouragement to deal with emotions and coping strategies
- Time and space to try to keep doing as much as we can
- **“Make background noise bearable – give us ear plugs”**
- **“Make eye contact with us all the time you to speak to us, this helps us to stay focused”**

“Lets work together to change paradigms about what persons with dementia can and can't do. Don't limit us – help us push the envelopes of our new abilities”

Not Only the Person with Dementia Experiences Distress

- Care provider distress is **5 times greater** among individuals caring for seniors with moderate to severe cognitive impairment (CIHI 2010)
- **1 in 5** individuals caring for persons with dementia report feelings of distress, anger or depression, or an inability to continue care (Alzheimer Society of Ontario, August 2012)
- Nursing Aides identified resident-related factors (**cognitive impairment** and **not wanting care**) as the main cause of **combative behaviour** and they reported having **no control over these factors** (Morgan et al, 2012)
- **90%** of Canadian frontline workers experienced physical violence and **43%** reported physical violence on a daily basis (Banerjee et al. 2012)
- Canadian frontline workers are **6 times more likely** to experience daily physical violence than their Scandinavian (Denmark, Finland, Norway and Sweden) counterparts (Banerjee et al. 2012)

Types of Workplace Violence

Type I: External

Type II: Client/Patient

Type III: Employee related

Type IV: Domestic/Personal Relationship

Types of Workplace Violence

Type II: Client – Violence versus Aggression/Responsive Behaviours

Violence (Predatory)

- **‘Willful intent’ to cause harm**
- No contributing physiological/psychological condition rendering the person incompetent

Aggression/Responsive Behaviours (Affective)

- No intent to cause harm
- Underlying physiological/psychological condition rendering person incompetent
- Often resulting from an inability to communicate a need, or a response to stimulus

Accreditation Canada

ROP on Workplace Violence

- Adopted ILO definition of workplace violence : Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed or injured in the course of, or as a direct result of, his or her work.
- Adopted four classification system
 - Type I: External Perpetrator
 - Type II: Client Related
 - Type III: Employee Related
 - Type IV: Domestic/Personal Relationship
- Sets out requirements for organizations to comply with all applicable provincial legislation
- Compliance Criteria
 - Policy and Risk Assessment
 - Documented process for staff to confidentially report and investigation process by leadership
 - Leaders must review quarterly reports of incidents and use the information to improve safety and enhance policy/program
 - Provide information and staff training

WHY IMPLEMENT GPA?

By implementing GPA, you ...

- Safeguard staff safety
- Contribute to quality patient care
- Meet legislative and accreditation requirements
- Learn evidence-based practical strategies
- Access theory-based adult education
- Benefit from an in-house champion model
- Equip caregivers with practical approaches to dealing with responsive behaviours
- Implement a solution that can be put into practice immediately
- Are inclusive! GPA is a multidisciplinary curriculum
- Change practice – GPA is designed to be sustainable
- Enjoy low relative material costs

Designed to Change Practice

PARIHS Framework

Practice change requires:

- ☑ Quality evidence
- ☑ Receptive workplace culture
- ☑ Transformational facilitation

Harvey, G. & Kitson, A. (2016). PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice. *Implementation Science*, 11(33). DOI 10.1186/s13012-016-0398-2

Overall Goal

Using a person-centred, compassionate and gentle persuasive approach, respond respectfully with confidence and skill to behaviours associated with dementia

Module 1 Personhood

Understand that a person with dementia is a unique human being capable of interacting with the outside world.

- Includes content such as:
 - Kitwood Person Centred Care
 - Behaviour has meaning
 - Persons with dementia have needs and rights
 - Chemical and Physical restraints are last resort

Module 2 Brain and Behaviour

Explain the relationship between the disease process and the person's behavioural response.

- Includes content such as:
 - SPEED model of information processing
 - **A's of dementia (losses)**
 - Delirium signs and flagging
 - Grasp Release (thumb release technique)

Module 3

The Interpersonal Environment

Apply emotional, environmental and interpersonal communication strategies to prevent and defuse responsive behaviours.

- Includes content such as:
 - P.I.E.C.E.S.^(TM) to search for meaning and triggers
 - Personal Space as a trigger
 - Stop and Go, Validation, Successful Verbal Redirection
 - Behavioural Escalation

Module 4 Gentle Persuasive Techniques

Demonstrate suitable and respectful physical techniques to use in situations of risk.

- Includes content such as:
 - Doing Nothing is Having a Plan
 - Response to protective grabs and strikes
 - Vital Release (choke release)
 - Individual and Team Gentle Redirection
 - Applied Practice

Accessing GPA Training

There are several ways to access the GPA Basics Curricula:

1. Full day GPA Basics session:
 - Classroom session facilitated by GPA CC
2. GPA eLearning Program:
 - 4 modules (approximately 3 hours)
 - Includes e-manual
3. iGPA (Integrated GPA):
 - eLearning blended classroom model



AGE Promotes the In-House GPA Certified Coach Model

- An in-house coach promotes sustainability of the GPA Program
- GPA Certified Coaches support staff with the application of GPA principles and skills within their daily practice through ongoing mentorship.
- Strict Quality Assurance processes require Certified Coaches to maintain their competency in GPA through a recertification process;
- GPA Certified Coach maintenance requirements include completing and logging a minimum of 40 coaching hours over two years. This includes:
 - ✓ 30 hours of GPA related coaching (GPA, GPA-R, GPA CC Webinars);
 - ✓ 10 hours of Informal Coaching and/or;
 - ✓ Continuing Education (approved courses).

Certified Coach Requirements

- Experience in dementia care, geriatric care or a related field
- Experience in teaching or coaching
- Relevant job role and ongoing relationship with recipients of GPA education sessions
- Documented employer support
- Prior GPA Basics Education Session completion (GPA eLearning)

GPA en français



**Approches
Douces et
Persuasives**

- All 3rd Edition GPA products are now translated and adapted to meet the needs of our francophone communities across Canada
- We gratefully acknowledge the assistance of Réseau franco-santé du Sud de **l'Ontario** for providing AGE with a resource to adapt the curricula
- We are now looking to expand the number of Certified Coaches across Canada who can deliver the workshop in French.



Gentle Persuasive Approaches dementia education program: Effects on long-term care staff knowledge, competence, and self-efficacy

Michele Bliss (Clinical Education Specialist, AGE)

Lori Schindel Martin (Chair, R&D Committee, AGE; Associate Professor, Daphne Cockwell School of Nursing, Ryerson University)

Victoria McLelland, PhD (Research Coordinator, AGE)

Patti Boucher (Executive Director, AGE)

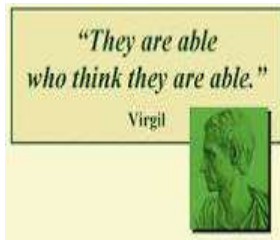
Enhancing care of older adults through EVIDENCE

The Overall Goal of Gentle Persuasive Approaches Education Program

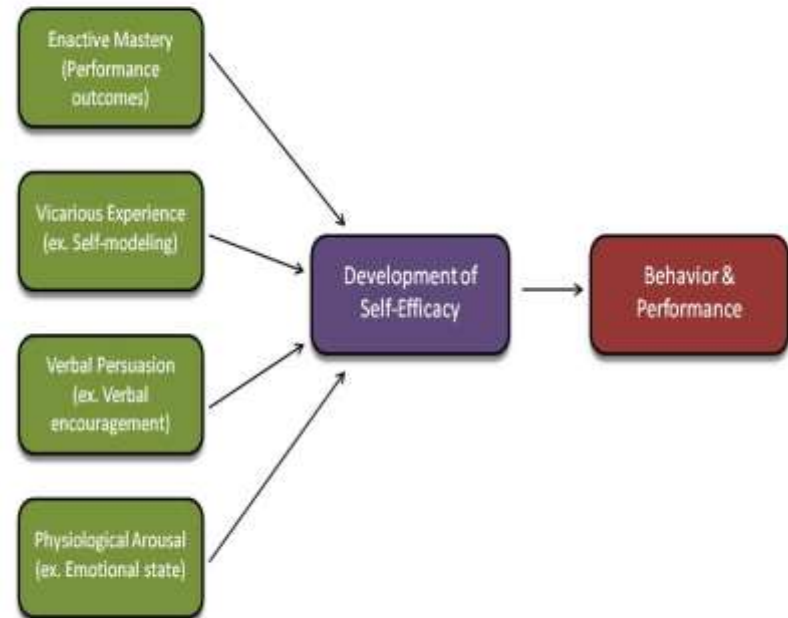
- Enhance the culture of care surrounding the
 - Understanding, knowledge and non-pharmacological treatment of Behavioural and Psychological Symptoms of Dementia (Responsive Behaviour) by formal point-of-care staff:
 - Long-term care homes (current presentation)
 - Continuing chronic care hospitals
 - Acute care hospitals

Self-efficacy (Bandura, 1986)

- High SE → Confidence to manage event and temporal uncertainty associated with dementia-related responsive behavior



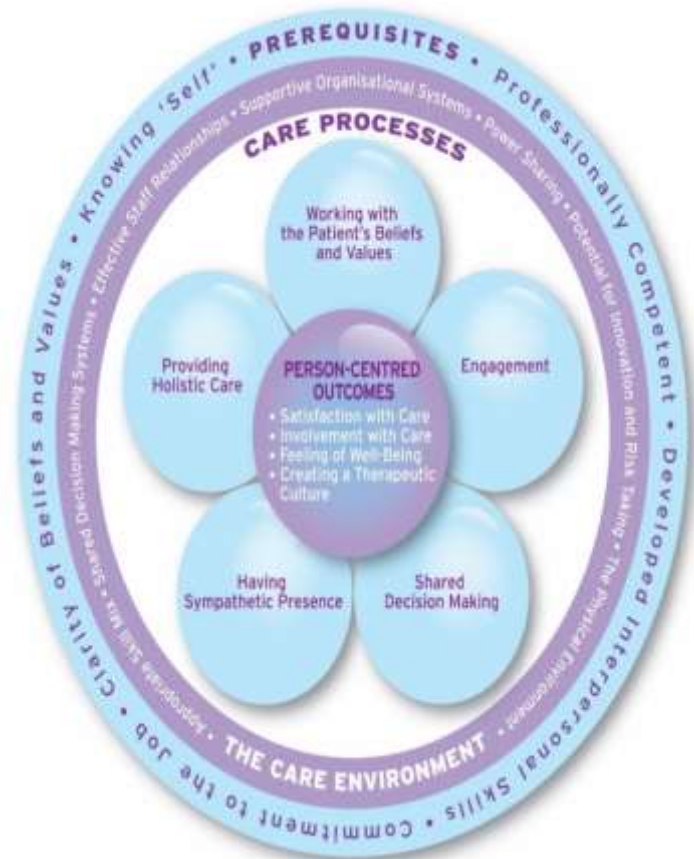
Sources of Self-Efficacy



Person-centred care

(Kitwood, 1997; McCormack & McCance, 2011)

- Cadres
 - Quality person-centred education
 - Quality care processes
 - Quality care interactions
 - Quality care environments



SUMMARY

- GPA has consistent positive effects on staff, going forward we need to increase the potential to measure patient outcomes
- We are interested in exploring the feasibility of implementing GPA eLearning within LTCH environments

What are people saying about their experience with GPA?

“I’m a nurse dedicated to working with residents with responsive behaviours in long term care. I have the privilege of practising the content of this program and educating my colleagues every day. In my professional opinion, using GPA is fundamental in enhancing the quality of life of our residents living with dementia. This approach enables us to respond to the needs of each individual in order to provide the best possible care.”

– Erica Day, BSO RPN

“**Staff** return to the home with renewed optimism and energy and report feeling refreshed and eager to try new approaches. GPA offers care providers a safe learning environment where they are encouraged to share their experiences, while enhancing their knowledge of how to help those living with dementia; to make every moment count. ”

– Teresa Tibbo, RPN, Quality Coordinator/Staff Educator, **Parkview Manor Health Care Centre**

“We need to transform the way in which we provide care to older adults. By adopting evidence-based dementia care curricula grounded in person-centred care, we will not only achieve quality client care but we will also protect our caregivers and clients, creating a **safe and healthy work environment for all!**”

Patti Boucher
Executive Director, AGE Inc.

Gentle Persuasive Approaches



https://youtu.be/ScNdP-n_s1g

References

- Rising Tide: The Impact of Dementia on Canadian Society Alzheimer Society, 2010
- Alzheimer Society of Ontario (ASO), *Dementia Amidst Complexity: Evidence from Ontario* (2012), accessed April 29, 2015.
- Canadian Institute for Health Information (CIHI), *Analysis in Brief: Supporting Informal Caregivers – The Heart of Home Care* (2010), accessed March 20, 2015.
- Work Safety Insurance Board (WSIB), *EIW Claim Cost Analysis Schema*, May 2014 data snapshot (2014).
- Sheilds, M. & Wilkins, K. (2009). *Factors related to on-the-job abuse of nurses by patients. Health Reports, 20, no.2, pp. 7-19.*
- Banerjee A; Daly T; Armstrong P; Szebehely M; Armstrong H; Lafrance S. *Structural violence in long-term, residential care for older people: comparing Canada and Scandinavia. Social Science & Medicine. 74(3):390-8, 2012 Feb*

References (cont'd)

- Lemelin L; Bonin JP; Duquette A. *Workplace violence reported by Canadian nurses. Canadian Journal of Nursing Research. 41(3):152-67, 2009 Sep*
- Morgan DG; Cammer A; Stewart NJ; Crossley M; D'Arcy C; Forbes A; Karunanayake C. *Nursing aide reports of combative behavior by residents with dementia: results from a detailed prospective incident diary. Journal of the American Medical Directors Association. 13(3):220-7, 2012 Mar*
- Alison L Kitson, Jo Rycroft-Malone, Gill Harvey, Brendan McCormack, Kate Seers, and Angie Titchen, “**Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges,**” in *Implementation Science*, 3, no.1.
- Albert Bandura, *Social Foundations of Thought and Action: A Social Cognitive Theory* (New Jersey: Prentice-Hall, 1986). Manley, K. (2000). Organisational culture and consultant nurse outcomes: part 1: organisational culture. *Nursing Standard*, 14(36), 24 May, pp. 34–38.

let's get social....

AGE

Advanced Gerontological Education



<https://www.ageinc.ca/>

<https://vimeo.com/user47574101>

<https://www.facebook.com/AdvancedGerontologicalEducationInc/>

https://twitter.com/gpa_ageinc

<https://www.linkedin.com/company/advanced-gerontological-education-inc->

<https://www.youtube.com/channel/UC-zHtM7AS1UsCWWSNXE8T7A>