

Training Catalog

*PBH Geriatric/Adult Mental
Health Specialty Team (GAST)*



FREE TRAINING

- *Continuing Education Credits*
- *Onsite*
- *Live interactive training*
- *Conducted by professional staff* ☒

February 2011

Tips for In-service Planners

Timing is everything. Get input from your staff about the best time for trainings. Allow ten to fifteen minutes before and after the in-service for equipment set-up and removal. Be prepared to start on time, so the training can end on time. This is very important!

Invest your own time. Show with administrative presence and participation that education is important. It makes a difference!

Post and plan. Post advance notice of the in-service with starting and ending time, topic and the intended audience. Plan to have appropriate space available for the training.

Snacks!!! Simple treats you provide can boost participation and morale.

What size should the class be?

GAST trainings are designed to encourage participation and discussion with the attendees. We prefer and are more effective with groups of 20 or less. In the same vein, classes of less than 3 people can be difficult. If you have a need for training groups of more than 20, please consider offering multiple sessions of the same training on different days. We also find that when the group size is larger than 10, it is wise to have a supervisor present who will help to ensure that participants are engaged in the class appropriately. If you have less than three (3) people for a particular training, please discuss with GAST in advance.

Will our staff get Continuing Education Credit Certificates?

We offer Adult Care Home Continuing Education hours (approved by the Division of Health Service Regulation) and give certificates to those who attend the entire training session. Late comers and those who leave early will not receive certificates. We have been informed by the Board of Nursing that Registered Nurses may count our trainings as "employer sponsored training." Other personnel will need to check with their own licensing board to determine acceptability of our certificates.

Most of our trainings are one (1) hour in length and will award one (1) hour of credit. Exceptions include our new "Combination Classes" described later in this catalog which are 90 minute classes with 1.5 hours of credit awarded. Credit for the Virtual Dementia Tour depends on the format selected for your community– please discuss this with us at the time of scheduling.

Who is the intended audience for GAST trainings?

Our trainings are targeted to direct caregivers in nursing home, adult care homes and family care homes. This would include certified nursing assistants, nurses aides, personal care assistants, med techs, nurses, and other caregivers such as rehab therapy aides, recreational therapists, social workers, etc. Supervisors and administrative staff are highly encouraged to attend all trainings. We generally present to "mixed" audiences, often with various levels of education and training. If you want a training for "only nurses" or "only" some other group, please let us know in advance.

Do you offer trainings for ancillary staff?

GAST believes that everyone, including housekeeping, dietary and maintenance staff members, who work in long-term care communities, make a difference in the quality of life for their residents. Time invested in educating ancillary staff members is well spent. Some, but not all, of our trainings are appropriate for ancillary staff members. Please do not make **every** training automatically mandatory for **all** staff. Review the list below of trainings appropriate for ancillary staff before scheduling a training that will include these important staff members. Also, please notify GAST when you want to provide a training specifically for ancillary staff members.

Accepting the Challenge Module 1 See description on page 8

Cultural Competence in Long-term Care See description on page 17

Customer Service See description on page 17

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Ethics and Professionalism See description on page 18

Self -Care for Staff See description on page 18

Stigma and Mental Illness See description on page 14

Walk a Mile in My Shoes: Sensitivity Training See description on page 12

What Ancillary Staff in Long-Term Care Communities Need to Know About Interacting with Residents See description on page 18

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Behavioral Topics

Alternatives to Restraints

Currently, 9-12% of U.S. nursing home residents are restrained each year. Restraining a resident can lead to physical and emotional discomfort, and even death. This training brings awareness to the potential risks of restraint via real-life examples. Participants will learn various strategies for improving the resident's care, while maintaining safety, without the use of restraint. The respect of Residents' Rights is a focal point.

Bathing Without a Battle

The purpose of this training is to encourage caregivers to adopt a person centered approach to personal care. The relationship between resident and caregiver, communication styles, social history and the emotional and physical needs of residents during bath time are examined. A more thorough understanding of the resident as a whole, coupled with knowledge and creativity, may lead to a more pleasant experience for all.

Challenging Behaviors: The Mind-Body Connection

Challenging behaviors such as agitation, aggression, and wandering may be due to an underlying cause such as disease or an unmet physical need that may impact residents' level of functioning and well-being. This class explores the mind-body connection to challenging behaviors by focusing on the age-related changes and common diseases that your residents may experience such as: arthritis, hearing impairment, vision impairment, cardiovascular disease, malnutrition, delirium, and dementia. Some practical suggestions and interventions will be provided for the optimal care of residents.

Crisis Prevention and Response

This class is a great complement to "ABC's of Challenging Behavior" and "Advanced Behavioral Topics". The focus is on recognizing behavioral changes and patterns in the resident in order to prevent a crisis from occurring in the first place. Participants have an opportunity to practice non-verbal and verbal strategies for de-escalating a crisis. The importance of strategic planning with the team and learning from a crisis is also discussed. Physical safety techniques are not covered in this curriculum.

Documenting Changes in Behavior

Direct caregivers often notice changes in residents before anyone else. By the time the monthly nursing evaluation or quarterly doctor's appointment arrives, it may be difficult to recall specific information regarding new or changed behavior in a resident. This training focuses on the importance of daily documentation procedure so that relaying resident behavior changes from memory is not necessary. Why is it important to document? What kind of information is important to document? How should it be documented? Participants will gain a better understanding of why, when, what and how behavior changes should be documented.

Behavioral Topics (continued)

Environmental Issues and Behavior

In this training we take a closer look at some of the environmental factors that may be contributing to a resident's behavior. We all communicate our needs through the behavior we display. It is important to know what a resident may be trying to communicate to his or her caregivers.

Participants will learn tips on how to decipher these early warning signals and ways to proactively modify the environment to meet the specific needs of individual residents in order to avoid crisis.

Managing Behavior with Social History

Knowing who a resident has been in the past will help staff members provide better care in the present. Social history is a vital tool in assisting with facility adjustment, planning activities, providing comfort during times of distress—the list is long. This training explores the importance of a complete social history, and various ways this information can be used to provide person centered care residents require.

Managing Combative Behavior

Trying to manage combative behavior from a resident can leave a caregiver feeling exhausted, frightened, and angry. In this class, participants will look closely at some of the reasons behind the behavior in order to figure out the best way of meeting the resident's needs. Hands-on suggestions for helping will be explored as well as key communication strategies for crisis de-escalation. Physical safety techniques are **not** covered in this curriculum. Participants are highly encouraged to come to class with examples of combative behavior.

Managing Non-Aggressive Challenging Behavior

Often the challenging behavior a caregiver recognizes in a resident is not aggressive. Rather, it may be odd and/or annoying. Sometimes, non-aggressive challenging behavior may be damaging to the resident's quality of life. The participant will first learn how to determine whether or not this is a behavior that even needs to be addressed by the caregiving team. This class will take a look at real-life examples of this type of non-aggressive challenging behavior and demonstrate various hands-on strategies for meeting the needs of the resident. Participants are highly encouraged to come to class with examples of non-aggressive challenging behavior.

Managing Paranoia, Suspiciousness and Accusations

Have you ever wondered why a particular resident seems to trust no one and is always on edge? This class delves into the characteristics of the individual who displays paranoid, suspicious and/or accusatory behavior. Participants will learn about the underlying fear that fuels these behaviors, in which diagnoses these behaviors are likely to be present, as well as some practical tools to use while working with residents who display these behaviors. Participants are sure to leave with a better understanding of these behaviors and strategies to create better interactions between caregivers and residents.

Behavioral Topics (continued)

Sexuality in Residents with Dementia

Sexuality in residents is a subject that makes most caregivers uneasy. There are many myths about sexuality in older adults that can make caregivers want to avoid talking about the issue altogether or try to remedy “problem” behavior in ineffective ways. This class exposes these myths and offers insight into the experiences of a resident with dementia and the possible reasons behind sexual behavior. Participants are taught practical ways of helping the resident with dementia maintain dignity and respect.

The 3 D’s: Delirium, Depression and Dementia

This class is a great complement to “Depression – The Basics” and “Dementia – The Basics”. The symptoms of the 3 D’s can overlap, as well as coexist. This can present a challenge to the caregiver in recognizing what is happening to the resident. This training presents a comparison of Delirium, Depression, and Dementia so the caregiver is better able to provide the most beneficial treatment for the resident. Case examples are discussed to better illustrate the differences and similarities among the 3 D’s.

Combination Classes

Anxiety and Medication Treatment
Bipolar Disorder and Medication Treatment
Depression and Medication Treatment
Schizophrenia and Medication Treatment

These 1 1/2 hour classes offer an in-depth view of Anxiety Disorders, Bipolar Disorder, Depressive Disorder, and Schizophrenia. Participants in the combination classes will benefit from a comprehensive look at the particular mental health topic by exploring the signs and symptoms of the disorder, evidence-based cognitive behavioral therapies, and medication management. Learn how various treatment modalities can work together to optimize your resident’s well-being. For more information on the disorders offered in combination with medication treatment, please see the descriptions listed for the regular classes.

Dementia Care Topics

Accepting the Challenge: 4 Modules

“Accepting the Challenge” is a 4-part series developed by the Eastern North Carolina Alzheimer’s Association to create awareness and understanding about this life-changing disease. This series is directed toward facility caregivers who work with this population daily but may not know all the facts needed to be successful. Through a combination of classroom learning with role play and interaction with actual assisted living residents, these modules educate through knowledge and creativity. “What is Dementia?”, “Building Skills”, “Ways of Helping”, and “Meaningful Days” are the individual modules that blend seamlessly into an effective training tool.

Dementia Care Topics (continued)

Alternatives to Restraints

See training description under [Behavioral Topics](#) page 6

Bathing Without a Battle

See training description under [Behavioral Topics](#) page 6

Dementia Care: Best Friends Approach

“The Best Friends Staff: Building a Culture of Care in Alzheimer’s Programs” offers new ways to solve old problems. The goal of this training, based on the writing of Virginia Bell and David Troxel, is to help program leaders develop dementia-capable staff. This staff will be knowledgeable about the disease, sympathetic to the world of its residents, have a sense of joy, think on their feet, and be dedicated to preserving dignity and enhancing quality of life for residents with dementia

Dementia Care: Communication

With symptoms including memory loss, increasing disorientation, and deterioration in judgment, the resulting communication difficulties present quite a challenge. This training overviews the general symptoms of Alzheimer’s Disease, then shifts focus on how staff’s physical approach and verbal and non-verbal interactions can be used to bridge the communication gaps. This training is meant to be interactive, as many of the techniques shared are easily translated to the real world of resident care.

Dementia Care: Making Moments of Joy

When a resident has short-term memory loss, their life is made up of moments. Based on “Creating Moments of Joy” by Jolene Brackey, this training focuses on preparing caregivers to create these meaningful moments for their residents. Through interaction and socialization, residents feel that they are a part of facility life, not simply a spectator. Communication, connections and life-long habits, blended with practical ideas and guidelines, give staff members the tools to make every interaction with their resident—whether in the dining room or the hallway—a meaningful one.

Dementia Care: The Basics

A symptoms overview of dementia includes the effects of cognitive, memory and language loss, as well as loss of independence. Dementia steals a person’s ability to live alone and care for himself. Communication with dementia residents can be challenging. At times, it may take the form of behaviors instead of words. This training explores these behaviors, potential causes and interventions that may be needed. Learning that residents with dementia are suffering from a disease, and that their words and actions may require interpretation, is a “theme” in Dementia — The Basics.

Dementia Care Topics (continued)

Dementia Care: The Stages of Alzheimer's Disease and How to Help

Alzheimer's disease is a progressive, predictable and terminal disease that affects over 5 million people in the United States. This training explores the stages of the disease, while offering tested suggestions for staff members to effectively deal with each stage. An important focus is on what a person can **still** do, instead of focusing on the lost skills. Caregivers with an understanding of Alzheimer's Disease stages may find this knowledge helpful during activities, interactions during care and while engaging in simple conversations. An underlying theme of this training is that people with dementia are simply doing the best they can. It is our responsibility to lend a hand when needed and to know that what we do as caregivers matters.

Dementia Care: Using Life Stories

The Life Story of a resident is more than the Social History Form completed at admission. It is a tool that staff members can readily access to provide high-quality care. This training discusses how a life story can be used from improving a resident's recognition to preventing challenging behavior. Caregivers should have an understanding of who their resident used to be before they can understand who their resident is now. By better knowing residents, staff members may make activities more fulfilling, enhance communication and prevent problems before they occur.

Dementia Care: Using Montessori Methods

Based on the theories of Dr. Maria Montessori, this class offers participants an introduction to the learning concepts which underlies the Montessori Method. Experiential exercises allow participants to engage in activities which promote sensory integration, cooperation, mutual encouragement and self-esteem within the context of a failure-free environment. Participants will learn how to use these creative learning techniques with older adults, once used exclusively for children.

Dementia Care: Using Validation Techniques

This class is an introduction to Naomi Feil's "Validation Techniques" which can be used as tools in providing quality care to residents with dementia. It assumes an existing basic knowledge of dementia, though a brief overview on dementia is included. Validating the emotions of residents is a key concept. A moving and powerful video clip is used in this training to illustrate "validation techniques".

Dementia Care Topics (continued)

Dining with Dignity: Chicken Nuggets, Please!

Food and the dining experience provide so much more than simple nourishment for the body. Unhealthy weight loss, food hoarding, and learned helplessness are some of the negative outcomes resulting from dining experiences that do not meet the psychological and emotional needs, in addition to physical needs, of the resident. This class looks at dining in light of the culture change movement. Highlighted topics include how to offer the resident the “just right” level of assistance and how to use adaptive equipment, how to offer true choice and individualization in food selections, and how to create a bond with the resident that is caring and dignified.

Frontotemporal Dementia

Frontotemporal Dementia or FTD, once known as Pick’s Disease, is one of the 70 or 80 different types of dementias. In some ways FTD is similar to Alzheimer’s Disease, but there are also significant differences. Overeating and sexually inappropriate behaviors can be present in FTD. Persons with FTD can be overactive and restless or apathetic and unconcerned. This class addresses what caregivers can do to reduce problem behaviors in person with FTD. This is a must-have class if your community has a special care unit for those with dementia.

Lewy Body Dementia

Lewy Body Dementia (LBD) may now be the second most common type of dementia behind Alzheimer’s Disease. However, it is not well understood by many caregivers. This class explores symptoms of LBD, including hallucinations and sleep behavior disorders. The treatment of LBD is also discussed, along with the issues of antipsychotic medication sensitivities that affect many of those with LBD. If your community has a special care unit for dementia, this should be a mandatory class for your staff.

Person Centered Care

With packed schedules for task completion, it often becomes all too easy to lose sight of the person right in front of you. Providing quality care requires staff members to put the person before the task. This class offers practical ways of involving the resident in daily activities so that they are at the forefront of their own care. Participants in this class will learn how to collect information about the resident’s life story so that care always revolves around the person’s preferences, values, beliefs, culture, virtues and dreams.

Dementia Care Topics (continued)

Sensory Integration: Aromatherapy, Rain Sticks and More

Most of us take our “senses” for granted. If you’ve ever had an inner ear infection, you know how your balance can be thrown off and how your perception of the world changes. Many residents with challenges such as Alzheimer’s Disease and Schizophrenia experience Sensory Integration Disorder (SID). In an attempt to harmonize the senses, the resident with SID may engage in what appears to be self-abusive or aggressive behavior. This training will give fun and practical strategies for helping the resident balance the senses and minimize risky behavior.

Sexuality in Residents with Dementia

See training description under **Behavioral Topics** page 8

The 3 D’s: Delirium, Depression and Dementia

See training description under **Behavioral Topics** page 8

Walk a Mile in My Shoes: Sensitivity Training

Quality care depends on the caregiver’s ability to empathize with and show sensitivity toward the resident. This training instills the need for finesse as an essential component to caregiving. Sensitivity and finesse are demonstrated through a variety of experiential exercises. The emphasis is placed on understanding the resident where he/she is, rather than impose rules and beliefs that do not respect the person. Participants will have an opportunity to explore the strengths and values that promote quality care and discuss resident rights.

Virtual Dementia Tour™ (VDI)

See training description under **Simulation Exercises** page 16

Mental Health Topics

Anxiety: The Basics

Everyone experiences stress at some point about things such as health, money, or family problems. However, people with an anxiety disorder have extreme symptoms that interfere with daily activities and quality of life. Symptoms, including trouble breathing, headaches, and trembling, become very distressful to the resident experiencing them. This training presents the symptoms of anxiety disorders as well as practical strategies to help the resident relax. Participants will also learn how to communicate with empathy and positive reframing to assist the resident in calming down.

Mental Health Topics (continued)

Bipolar Disorder: The Basics

Everyone experiences life's ups and downs. For the resident with Bipolar Disorder, however, the emotions of sadness and exhilaration can be extreme and jeopardize the person's safety and quality of life. In this training, participants will become familiar with the symptoms of the disorder through the presentation of case examples. Various treatment modalities are explained with practical examples of therapeutic responses the caregiver can apply.

Depression: The Basics

Depression and anxiety tend to go hand in hand. Both disorders tend to be under recognized and under treated. Depression is not a normal part of aging! A resident with a depressive disorder has more than just the "blues". This training focuses on ways of recognizing symptoms of depression as well as different treatment modalities for helping. Risk factors and prevention strategies for suicide are also presented.

Involuntary Commitment

This training summarizes in common, everyday language the legal steps required to involuntarily commit a person to a psychiatric hospital. Suggestions are made to assist staff in residential communities in effectively participating in this sometimes confusing and complex process. We highly recommend that **both** administrative staff and direct care staff attend this training, especially if your community has ever been or could be involved in this specialized procedure.

Personality Disorders: The Basics

After spending time with particular residents, a caregiver may get the sense that something is "not quite right" but unsure of what may be happening. The resident may not appear depressed or anxious, but you know there is something else interfering with their quality of life. It is important to have a clear understanding of the symptoms and appropriate responses for a resident who is diagnosed with a personality disorder. This training explains the key symptoms of the various dysfunctional personality types and emphasizes the importance of team communication to avoid the resident "splitting" staff.

Psychosis Simulation

See training description under [Simulation Exercises](#) page 16

Schizophrenia: The Basics

This training exposes some of the myths about this brain disease, in an effort to decrease the stigma associated with it. Numerous examples of symptoms are discussed. A CD or DVD is used to simulate a hallucinatory experience for staff members. What better way to increase empathy for individuals with this severe and persistent mental illness than to let staff experience for a few moments what the person with schizophrenia may experience chronically? The training goes on to discuss therapeutic versus non-therapeutic responses to hallucinations and delusions. Antipsychotic medications as treatment for schizophrenia are discussed as time allows.

Mental Health Topics (continued)

Smoking and Residents with Mental Illness

Most individuals with mental illness die from tobacco-related diseases. However, smoking cessation is a low priority for those with serious and persistent mental illness because they appear to have so many other pressing concerns. This training demonstrates how creating a “quitter friendly” environment and offering motivation for smoking cessation is not only possible, but essential. The behavioral, emotional, and physical benefits of helping residents quit smoking are the focus of discussion, as well as some of the challenges and barriers.

Stigma and Mental Illness

Unfortunately, mainstream society still bombards us with words such as “wacko”, “crazy”, and “loony”. Residents with mental illness are faced with the stigma that a diagnosis carries with it. Preconceived notions about mental illness can influence the care a resident receives. This training will give a brief history of mental illnesses and their psychiatric treatment. From “freak shows” to today’s person centered care, discussion will focus on the strides society has made to overcome stigma and the work that’s ahead of us.

Substance Abuse: The Basics

It is estimated that at least 20% of all long-term care residents either actively abuse substances or have a history of it. There is a fine line between use and abuse. This training presents substance abuse on a continuum – from drinking a coffee every morning to needing more and more prescription meds to “feel better”. Participants will learn the general signs and symptoms of substance abuse as well as ways of supporting a resident in his/her recovery. Various treatment modalities are discussed, including 12-step and other support groups.

Therapeutic Responses to Auditory Hallucinations

The experience of auditory hallucinations is a symptom of many disorders and diseases. From various types of dementias to schizophrenia, this class identifies the conditions associated with auditory hallucinations. This experience can be frightening and overwhelming to the resident. Participants in the class will learn a variety of therapeutic communication skills to help the resident feel supported by staff members and feel more in control of his or her symptoms.

Traumatic Brain Injury (TBI)

In North Carolina, approximately 45,671 people sustain a TBI annually. Inevitably, some of these TBI survivors will find themselves in a long-term care setting. This training offers an introduction to the physical, cognitive, social, behavioral, and emotional changes that a person with a TBI may experience. We explore techniques and useful exercises to help these residents use compensatory strategies to manage social interactions and everyday situations. The compensatory and communication exercises and strategies can be tailored for this class to meet the needs of specific residents.

Psychotropic Medication Topics

**** Please note changes in this area ****

Psychotropic Medication is a broad category which contains several different classes of medications, each with different purposes and different side effect profiles. In the past, we have attempted to cover all of the different groups of psychotropic medications in one class. In order to allow for a more thorough examination and discussion of each subgroup of these medications, the class has been split into several different areas. Please feel free to schedule one or more of these classes. These are all basic classes with the primary intended audience being nursing assistants, med techs and personal care assistants. The classes can also serve as basic reviews for registered and licensed practical nurses.

Psychotropic Medications: Alzheimer's Medications

Alzheimer's disease is a progressive, degenerative brain disease that results in loss of memory and mental function. It is the most common form of dementia and is expected to dramatically increase as our population grows older. This class examines several medications (including Aricept, Exelon, Razadyne, and Namenda) available to ease the symptoms and slow the progression of Alzheimer's disease. The need for alternative behavioral interventions in residents with dementia is also stressed.

Psychotropic Medications: Antianxiety Medications

Anxiety is a very common problem among residents of long-term care communities. This class offers a basic overview of anxiety disorders and then focuses in on the medications often used to treat anxiety disorders. A heavy emphasis is placed on safety issues that are a major concern with this group of medications. Some of the medications covered include Xanax, Klonopin, Valium, Buspar.

Psychotropic Medications: Antidepressants

While antipsychotic medications and antianxiety medications tend to be overused in long-term care facilities, antidepressants are often underutilized. A brief overview of depression is included in this class, along with a discussion of the various medications used to treat depression. Some of the medications covered include Zoloft, Celexa, Prozac, Paxil.

Psychotropic Medications: Antipsychotics

Antipsychotic medications are used frequently in long-term care communities, often for management of behaviors and/or mental illness. These medicines have potentially serious (even fatal) side effects. It is very important that both those who administer these medications and those who care for residents who are taking these medications know what to look for. The class focuses on the appropriate use of these medications along with common side effects. Some of the medications covered include Risperdal, Seroquel, Zyprexa, Abilify, Haldol.

Psychotropic Medications (continued)

Psychotropic Medications: Mood Stabilizing Medications

This class begins with an overview of Bipolar Disorder, with an emphasis on describing manic symptoms. The purpose and side effects of mood stabilizing medications such as Lithium, Depakote, Tegretol, and others are highlighted. A method for helping staff and residents monitor mood changes is shared. Techniques for communication with a person showing manic symptoms are included. If your community has residents with this diagnosis, this class is a must!

Psychotropic Medications: Sedative/Hypnotics

Sleep disturbances are common in long-term care. Residents who experience interruptions of nighttime sleep are more at risk for falls, injury, daytime fatigue, impaired functioning and challenging behaviors. Sedative/hypnotics are often used to treat sleep disturbances in the geriatric population. This class focuses on the purpose of these medications and the potential for adverse side effects. The underlying causes of sleep disturbances as well as non-pharmacological interventions for caregivers is also explored. Medications discussed include Ambien, Sonata, Restoril, Desyrel, etc.

Simulation Exercises

Psychosis Simulation

Psychosis is a general term used to describe a mental state of lost contact with reality. During this training, participants will be exposed to simulated psychosis and will encounter what some people may experience during a psychotic episode.* Past participants report having more compassion towards individuals with mental illness following this training. At its conclusion, caregivers may become more sensitive to residents who experience psychosis.

**Note: Individuals with a history of a psychotic episode or hearing voices are discouraged from participating in this training.*

Virtual Dementia Tour™ (VDT) *

Caring for people who have dementia requires patience, empathy and sensitivity. Many sensitivity training programs simulate the physical impairments of aging, but VDT seeks to simulate both the cognitive and physical changes that occur in dementia and aging. Caregivers of cognitively impaired residents tend to overestimate the residents' functional performance and capability. This misunderstanding of ability can result in anger in the caregiver and frustration on the part of the resident. The Virtual Dementia Tour™ is a tool that helps increase respect in caregivers by sensitizing the caregiver to the experiences of persons with dementia.

**Note: There are special space and time requirements for VDT™. The amount of continuing education credit offered to participants of this program depends on the format selected by the community. Please contact GAST to discuss.*

Staff Development/Staff Self Care

Burnout/Compassion Fatigue

This training explores compassion fatigue - the feeling of having nothing left to give in the workplace. Stress, burnout and their symptoms are discussed, as well as the potentially negative effects of lack of compassion, ranging from low morale to potential abuse. Coping and burnout prevention mechanisms are explored, as well, to assist staff members to retain their compassion, and continued motivation to give their best in the workplace.

Coping With Grief and Loss

Grief is not a reaction exclusive to death. Grief and loss can occur at any age, and is an experience personal to everyone who faces it. This training reviews the Grieving Process, and a variety of potential causes of loss in the elderly, from facility admission to end-of-life issues. Coping skills are reviewed to gain knowledge in helping ease a resident's pain. Staff members are not forgotten in this training. Empathy and compassion are essential in providing resident care, but can cause pain when losses occur. Suggestions to help fellow workers are reviewed, as well.

Cultural Competence in Long-term Care

American society has often been referred to as a "melting pot." However, with an ever-growing diverse population, it is becoming more apparent that society in the U.S.A. looks more like a "mosaic." In long-term care, there is certainly an evolving "mosaic" of cultures and subcultures within both the resident and staff populations. This training encourages participants to become more aware of the numerous cultures in the midst of long-term care. Participants will be offered insights into the cultural disparities affecting health care and how to recognize and address these biases. The ultimate goal of becoming culturally competent in a long-term care setting is to be able to offer the best care for the individual resident based on the value and respect for that person's cultural needs.

Customer Service

A customer is anyone who needs or expects something from you. In long-term care, your customers may be your coworkers and supervisors, other professionals, your residents, family members, visitors, and other members of the community. Customer service means so much more than politeness over the phone. Whether you are dealing with internal or external customers, the goal is to put yourself in the customer's shoes. Participants of this class will learn about the cornerstones of internal and external customer service: Reliability, Responsiveness, Assurance, Empathy, and Professionalism.

Staff Development/Staff Self Care (continued)

Ethics and Professionalism

Caregiving requires many skill sets beyond simply giving physical care. It requires setting personal and professional boundaries in order to establish rapport and respect with residents and colleagues. This training offers simple guidelines for professional appearance and conduct. Interactive discussion focuses on real-life examples of ethical dilemmas that may come up in a long-term care setting. Some examples include friendships at work, keeping secrets, favoritism, sexual misconduct, gift exchange, confidentiality, and drug diversion.

Families: Helping Caregivers Cope

The role of family members in facility life can be a complex one. This training explores the circumstances that have brought families to the decision of facility placement. The goal is for the caregivers to understand where the families have been emotionally, spiritually and financially in their decision-making process. This training is not designed to explain away unrealistic expectations and demanding behavior, but to better understand the emotions behind it.

Self-Care for Staff

Any staff caregiver working in a long-term care setting will experience a multitude of stressors on any given day. In this highly stressful profession, it is essential for the caregiver to look after him or herself to ensure effective and compassionate care for the residents. (You have to put on your own oxygen mask before assisting others.) This class offers participants strategies for managing time and priorities, developing a healthy lifestyle, and practicing relaxation techniques. Participants will have an opportunity for an experiential relaxation practice.

What Ancillary Staff in Long-Term Care Communities Need to Know About Interacting with Residents

This class is specifically designed for some very important people in your community: housekeeping, dietary, and maintenance staff. These staff members are vital to providing an excellent quality of care in your community and they should not be overlooked when it comes to offering appropriate training opportunities. Topics such as culture change, communication skills, person centered care, reporting abuse and ethics are discussed.

YOU: Where Teamwork Starts

This introspective class engages participants in a discussion aimed at self-empowerment. The training begins with information on the negative effects of chronic stress, anger and sadness. Participants are challenged to assess whether or not they address these emotions constructively. Are your contributions to the team meaningful? Concepts such as presence, self-acknowledgement, gratitude and purpose are brought to light. Participants are encouraged to inventory their talents and figure out how they relate to others on the team. Teamwork starts with YOU!

NOTES:

Contact Information

To discuss your facility's training needs or to schedule a **free** training, please contact one of the following individuals:

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If you need a mental health related topic that you do not see listed in this catalog, please call us to discuss your need. We can develop customized training for your facility.

Consultations regarding specific resident needs are also available.



Creating solutions. One person at a time

**Cabarrus, Davidson, Rowan, Stanly, Union
and Mecklenburg Counties**

February 2011