GENTLE PERSUASIVE APPROACHES IN DEMENTIA CARE:
Responding to Persons with Challenging Behaviours

Acknowledgements

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GPA First Edition Acknowledgements

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GPA Second Edition Acknowledgements

The GPA curriculum was revised based on the latest research, as well as feedback from staff, participants, GPA Coaches and clinical experts, so that it would be applicable to the care of older persons in most health care settings, including community-based care, long-term care, and acute care. Searches of peer-reviewed current literature on personhood, person-centred care, dementia, delirium, memory loss, need-driven behaviour, and restraint use were conducted, and relevant information was incorporated into the curriculum. Phone interviews, webinars, and teleconferences were held with 26 interdisciplinary key informants who were familiar with the curriculum between July 2009 and June 2010. The overall goal of the updated curriculum is to encourage teaching and learning strategies derived from pilot evaluations and feedback so that participants will discuss, share and build teams. Since the GPA philosophy is guided by the clinical wisdom of staff the second edition includes more opportunities for dialogue and learning.

We wish to acknowledge the following people who participated in the 2009-2010 curriculum revision process:

- Lori Schindel Martin, Associate Professor, Ryerson University, Daphne Cockwell School of Nursing (Editor)
- Maureen Montemuro, Clinical Nurse Specialist, Hamilton Health Sciences (HHS), St. Peter’s Site
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- Barbara Fox, First Link Coordinator, Alzheimer Society of Grey Bruce

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The Educational Principles Behind the GPA Curriculum

Bandura’s social learning theory (1986) underpins the core materials and learning activities in the GPA curriculum. Socialization into the health care sector is an interactive process whereby professional identities are founded on values, meanings
and norms that staff learn and adopt throughout their educational programs (Bandura). Establishing GPA behavioural management principles as a priority in ongoing staff development ensures that health care staff who work with older persons are both socialized and offered the practical tools, principles and resources. This facilitates their ability to be resilient and to respond professionally in the face of responsive/aggressive behaviours frequently exhibited by older people living with dementia. Assisting health care staff to develop confidence in their ability to provide compassionate, safe care during responsive/aggressive episodes is a necessary aspect of professional competence and identity. Social learning theory suggests that providing opportunity to practice and review skills that have a direct and positive impact on difficult to manage responsive/aggressive behaviours can contribute to a stable and sustainable health care workforce.

This curriculum has also been developed using the concepts of dialogue education and learner-centred education. Education programs that are delivered using strategies adapted to the learning styles of participants contribute to retention and knowledge transfer (Broussard, McEwen & Wills, 2007; DeYoung, 2009; Kitson, 2008; Vella, 2002). It is suggested that active, cooperative learning that involves dialogue and team work is important for staff engagement, particularly if the education program is to be delivered during the workday (Topley, 2009). Strategies that involve active engagement within small groups results in participants having their learning enhanced by peers. Staff can then reinforce positive learning for their peers who require mentoring and encouragement (Vella, 2002). It is proposed that active learning programs that include dialogue, group work and problem-solving build capacity within organizations and contribute to shifting practice that becomes part of expected behaviour (Kitson, 2008).


We wish to acknowledge the following learning strategists who participated in the 2009-2010 GPA Learning Activities development process:

- Barbara Fox, First Link Coordinator, Alzheimer Society of Grey Bruce (Project Lead)
- Kristine Towers, Psychogeriatric Resource Consultant, St. Joseph’s Health Care London (Project Co-Lead)
- Carmelina Cimaglia, Registered Social Worker, Royal Ottawa Mental Health Centre
- Sarah Cook, Public Education Coordinator, Alzheimer Society of Peterborough & Area
- Barb McCoy, Psychogeriatric Resource Consultant, Alzheimer Society of Hamilton & Halton
- Maureen Montemuro, Clinical Nurse Specialist, HHS, St. Peter’s Site
- Lori Schindel Martin, Associate Professor, Ryerson University, Daphne Cockwell School of Nursing
- Robert Spicer, Psychogeriatric Resource Consultant, Seniors Mental Health Program Northeast Mental Health Centre (North Bay campus)

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Summary Evaluation Research Report

Murray Alzheimer & Research Education Program and Ruth Sherman Centre for Research and Education

Purpose

- To gain a comprehensive understanding of the effectiveness of the GPA curriculum by measuring impact on participant self-perceived competency, knowledge acquisition, and clinical application.

Methods

- Seven long term care (LTC) facilities located in the Central South and Central West regions of Ontario were randomly selected to participate in the implementation and evaluation of the GPA curriculum. The sites included one facility from each of seven regions in Central South and Central West Ontario, including Brant, Wellington-Dufferin, Waterloo, Haldimand-Norfolk, Halton, Hamilton, and Niagara regions.
- The evaluation project team decided to incorporate a mixed-methods approach. The design employed both quantitative and qualitative data collection strategies.
- Quantitative evaluation tools were administered at three points in the evaluation process: (1) before the curriculum began (i.e., pre-training measure), (2) immediately following the curriculum (i.e., post-training measure), and (3) six weeks after the completion of the curriculum (e.g., six-week follow-up measure).
- A number of different qualitative data collection strategies were used in the evaluation of the GPA curriculum including focus groups, semi-structured interviews, and open-ended tools completed by both curriculum participants and instructors.

Demographic Characteristics

- A total of 205 participants participated in the GPA curriculum and completed at least one of the quantitative evaluation tools (i.e., the pre-training measure, the post-training measure, or the six-week follow-up measure). Of these, 188 completed both the pre-training measure and the post-training measure, and 75 completed all three tools.
- The majority of the sample were female, forty years of age or older, and had at least college-level education. Most of the participants in both samples worked either full- or part-time,
with the majority regularly working the day shift. Over 50% of both sample groups had worked in LTC for 10 years or longer, although there was a range in experience of the participants from those with very little experience (i.e., less than 2 years) to those with over 20 years experience in long term care. Also, although the majority of the two sample groups had worked for their present employers for 10 years or more, there was a range of years worked for the present employer from those who had been with the current facility a relatively short period of time (i.e., less than two years) to those who had worked at the same facility for over 20 years. The majority of the participants were health care aides or personal support workers, followed by nursing staff, helping staff, support staff, and administration/management. Both samples were split between those who had had previous training in responsive behaviours (a little over 50% of each sample) and those who had no previous training.

**Satisfaction with GPA Curriculum**
- Participants in both sample groups were overwhelmingly satisfied with the GPA curriculum. Respondents indicated that the training program was a good length, was well organized, used a variety of interesting educational approaches, was facilitated by well-prepared trainers, and provided new learning that would be useful in direct clinical practice.
- Overall key informants (who participated in the semi-structured interviews) were very pleased with the GPA curriculum, stating that they supported the day-long workshop format, multi-media approach, team teaching format, and smaller class size. Key informants also stated that they were pleased with the quality of the workshop handout materials.

> “I learned many beneficial facts and solutions to potential and current obstacles in my job. It [GPA curriculum] is necessary for all staff interacting with residents living with dementia.”

> “The participants learned good techniques on how to handle a resident who is aggressive. I had a couple of staff who probably within twenty-four hours of their session actually used it. They were successful with it, and the word spread very quickly.”

**Immediate Impact of GPA Curriculum**
- Statistical tests (paired t-tests) were conducted to determine whether or not there were changes in staff self-perceived competency and staff attitudes/values after staff had participated in the curriculum.
- Overall, staff reported statistically significant increases in self-perceived competency immediately following the curriculum. Staff felt significantly more competent in their abilities to identify the triggers of responsive behaviours, to communicate more effectively with residents, to identify appropriate and respectful responses when experiencing responsive behaviours, and to know how to de-escalate a situation and respond appropriately after a situation.
• Increases in self-perceived competency observed immediately following the GPA curriculum were also sustainable six weeks following the curriculum. That is, staff continued to have increased perceptions of their abilities to understand responsive behaviours and respond in appropriate and respectful ways to these behaviours after they had been back in the workplace for six weeks.

• Participants also demonstrated significant increases in the more positive attitudes towards responsive behaviours that reflected the person-centred philosophy and need-based nature of behaviours that guided the curriculum. These results would suggest that the GPA may be effective in validating and increasing attitudes and values about responsive behaviours that are already fairly positive. However, one curriculum may not be enough to effectively change more negative attitudes and values.