

Dementia Training

Introduction

This two-day course is for those supporting and caring for people living with dementia. It is based upon the Person-Centered care principles formalised by the late Professor Tom Kitwood but includes elements of validation therapy and Personal Recovery principles to ensure it remains contemporary, relevant and continually evolves. From the moment delegates start the first day they are put in the shoes of people living with dementia, supported at all times by the facilitators. Further, specially tailored activities then follow which focus upon discussing and sharing their experiences. Our philosophy is that if we can understand the experience of the person living with dementia, including how we communicate and support them, and what the effects of medication may be, then we are all better equipped to more confidently find solutions in collaboration with them, rather than having to apply generic ones learned elsewhere.

Course Outline

Day One

Greetings and first exercise: Delegates are given sensory impairments before they are guided through to the main study area and given tasks to complete whilst encumbered. A discussion follows about why we have done this, and how it felt. After this the following activities are provided;

- Words used to describe dementia-what do we hear? Is it positive or negative?
- What is dementia? Starting with the dementia umbrella all the key types of dementia which come under it are covered, including basic pathology and how this relates to the experience of the individual. Rarer types of dementia referenced and expanded upon if required (including Wernicke-Korsakov syndrome, subcortical and posterior atrophies, and Dementia Pugilistica/Chronic Traumatic Encephalopathy). This includes clear graphics, videos, and bespoke props/artwork commissioned for the training.
- GERT suits-we have two GERT suits for delegates to try over the lunch period. These are specially designed and produced in Germany and weigh down/restrict limbs, joints, hands and body, as well as impairing vision and hearing. The volunteering delegates are supported to spend the whole of their lunch time in the suits, so they can experience eating, socializing and using the toilet.
- GERT suit debrief-we discuss the lunch experience of the volunteers and encourage delegates to then apply this to people who also have cognitive impairment.
- Videos featuring people living well with dementia are shown and discussed. This includes very open discussion about whether delegates feel this really possible, and the challenges faced in achieving this.
- The three Ds-Dementia, Delirium and Depression are compared and discussed, and we share experiences concerning when these get confused (i.e. inappropriate psychiatric referral when delirium gets mistaken for worsening dementia). The differences are clearly outlined and common causes of delirium (including infections) discussed.
- Mental capacity is discussed, understanding explored, and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards are clearly referenced. The emphasis here is on the assumption of capacity and attempts at involvement in decision making even if capacity is lost.
- "Anything is possible" video-A brief but positive film clip highlighting how emphasising the experience of others can be a powerful force for change.

Day Two

Day two is focused upon exploring the impact of stigma, assumptions and especially labelling. It looks at changing attitudes to so-called "challenging behaviour" and how using a united team approach can support staff, carers and service users to have a more positive experience of life. It features the following activities:

- Words and phrases-delegates share and discuss how they have heard service users described both verbally and in health records. This is a very frank and open session which helps us to explore a diverse range of attitudes and beliefs, looking at the reason negative labels are used and how to support colleagues in changing this. It is supported by research and theories, which explain the impact of labelling upon service users and colleagues.
- Being treated as a person-this activity gets delegates to reflect upon when they have, and have not been treated as a person, and the feelings and behaviours that can result from this. It then explores how this changed the nature of these relationships. It is focused upon understanding that whilst nature of how feelings are expressed in behaviour may change in dementia, the feelings of the person do not.
- Distressed as opposed to challenging-We explore the fact that all behaviour is a form of communication, and that viewing it as "distress" rather than a "challenge" can alleviate staff and carer anxiety and promote more positive interventions which properly validate the person and their experience. The cycle of distress is used as a basis for understanding both the physical and psychological etiology and process of this process, and comparisons made to our own experiences.
- Psychotropic medication/introduction to dementia medication-Medication commonly used in psychiatry and dementia care are explored in a clear, concise manner aimed at helping anyone understand what they are and what they do, especially in the context of someone already struggling with cognitive difficulties and physical co-morbidities. Lots of interactive activities are used, with supporting props and art. The so-called "dementia medications" (cholinesterase inhibitors and glutamate antagonists) are discussed, and their actions explored.
- Dysphasia/Aphasia-The common problem of receptive and expressive language difficulties are discussed, aimed at dispelling the myth that difficulty doing either is intrinsically indicative of any, or an equitable level of intellectual impairment. The frustration of this problem is brought home with an exercise, which helps delegates experience this for themselves, and a video showing the world from the point of view of someone experiencing this.
- How to change what we say to people living with dementia-Finally we look at applying everything that has been learned in practical, everyday situations.

All of this is supported by a range of smaller activities, which we can deploy as required, in a flexible manner to suit the different needs of every group. The learning needs of almost any delegate can be accommodated with prior notice and the range of activities is deliberately diverse to hopefully cover all learning styles.

Certification

Certificates of attendance will be awarded to delegates upon completion of the course.

Duration

1 or 2 days

Location

We can offer courses on company premises for a maximum of 12 delegates or upcoming open courses in your local area.