Staff Training for the Care of People with Dementia: The US and Australian Experience

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Presentation Overview

- Program history and core components
- Research findings
- Next steps
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Seattle Protocols and friends

Depression (1997, 2005)
Agitation (2002)
Staff in ALRs (2002, 2005, 2007)
Sleep (McCurry)
Early-stage memory loss (Logsdon)
Mild cognitive impairment (Teri)
AFH (McCurry)
NH Staff (Meeks)
Post-stroke depression (Mitchell)
Anxiety (Stanley)
Depression (Kiosses)
Seattle Protocols: Background and Key Elements

- Theoretically grounded
  - Social-learning & person-environment fit

- Clinically developed and applied
  - Over three decades of clinical expertise
  - In partnership with caregiver, person with dementia, and agency staff
  - Standardized and individualized (person-centered)

- Evidence based/best-practice
  - Randomized controlled clinical trials
  - Translational studies evaluating and implementing in ‘real world’ clinical sites with ‘real world’ providers.

- Community tested
  - Washington, Oregon, Ohio in USA
  - England, Italy, Spain, Argentina, Brazil, Japan
STAR: Essential elements

Core principles
- Clinical judgment/flexibility
- Compassion/respect
- Partnership
- Appreciation of individuality (person-centered)
- Behavioral framework

Core components
- ABC Fundamentals
- Communication skills
- Identifying and encouraging pleasant events
- Understanding dementia (realistic expectations)
- Collaborative partnerships with all involved
The ABCs of Behavior

Activator → Behavior → Consequence
ABCs & Problem-solving

- Understanding dementia-related behaviors requires observation of the **ABCs**: Activators, Behaviors, and Consequences.
- Problem behaviors can interfere with your ability to care for a person and their ability to enjoy life.
- You can change a problem behavior by preventing it, or stopping it once it occurs.
ABC Card - A fundamental and important STAR tool
Clear and compassionate communication is the cornerstone to care.

- **Nonverbal communication**
  - Eye contact, body position and movement, speech rate and tone

- **Verbal communication**
  - Simple requests, stated clearly, one-at-a-time
Pleasant Events

- A pleasant event is anything that can add pleasure to a person’s day.
- Every interaction has the potential to be a pleasant event.
- Pleasant events should be simple, accessible, and easily available.
Identifying Pleasant Activities for Alzheimer’s Patients: The Pleasant Events Schedule-AD


Funded by the National Institute of Mental Health (MH43266 & MH17162) & the National Institute of Aging (AG05136)

The Pleasant Events Schedule-AD: Psychometric Properties and Relationship to Depression and Cognition in Alzheimer’s Disease Patients


Funded by the National Institute of Aging (AG-05136 & AG-10845) and the National Institute of Mental Health (MH-43266)
Understanding Dementia: Realistic Expectations

- Dementia is a neurological disorder that affects cognition and behavior.
- Cognitive problems are foremost:
  - Memory
  - Language
  - Executive function
  - Judgment
- Behavioral and emotional problems are common:
  - (changes or exacerbation of personality)
  - Social interaction problems
  - Depression, anxiety
  - Agitation, aggression
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- Program history and core components
- Next steps
- RESEARCH FINDINGS
- Next steps
What Do We Know About Behavioral Problems?

- Common
- Frequent
- Yet, VARIABLE

Adversely impact care and quality of life for persons with AD and their caregivers.
Subject-specific Regressions - MMSE vs Time
Common Behavioral Problems of Dementia Patients

- Depression
- Anger/aggression
- Agitation
- Inappropriate sexual behavior
- Suspiciousness/paranoia
- Hallucinations/delusions
- Problems with ADLs
Mood Ratings and Duration of Pleasant Activities - ABAB Single-case Design

Behavioral Treatment of Depression in Dementia

Changes in Person Depression Measures from Pre- to Posttreatment (P<.0001)

- BT-PE (N=23)
- BT-PS (N=19)
- TCC (N=10)
- WLC (N=20)

Subjects in Behavioral Therapy Treatment Gains Maintained at 6-Month Follow-up

Relapsed 31%
Maintained or improved further 69%

Changes in Caregiver Depression Measures from Pre- to Posttreatment

- BT-PE (N=23)
- BT-PS (N=19)
- TCC (N=10)
- WLC (N=20)

*P<.01. BDI=Beck Depression Inventory

Teri et al. J Gerontology, 1997, 52B:159-166 (A). Funded by NIMH.
RDAD Results

RDAD: Change in Percent of Subjects Exercising at Least 60 Minutes a Week

![Bar chart showing change in percent of subjects exercising at least 60 minutes a week.]

ITT: Pre-post <.01; longitudinal P=.13.

RDAD: Reasons for Institutionalization

![Bar chart showing reasons for institutionalization.]

*P<.08.

Change in Hamilton Depression Rating Scale

(Pts >6 on Cornell at baseline)

![Graph showing change in Hamilton Depression Rating Scale.]

3-Month (p<.05) 24-Month (p<.05)


Funded by NIA
STAR: A Dementia-specific Training Program for Staff in Assisted Living Residences


- **Active treatment:**
  - STAR
- **Control:**
  - Usual in-house training
- **8-week training duration:** 2 4-hour sessions + consultation
- **N=114 staff, 120 residents, 15 residences**
- **Assessments at baseline and posttest**

Funded by a Pioneer grant from the Alzheimer’s Association and NIMH Grant # 5 R21 MH069651
Training Community Consultants to Help Family Members Improve Dementia Care: A Randomized Controlled Clinical Trial


Funded in part by the Alzheimer’s Association Pioneer Grant P10-1800

- **Active treatment:**
  - Seattle Protocols - communication, problem solving, pleasant events

- **Control:**
  - Routine medical care

- **Caregiving consultants:** Master’s-level mental health counselors

- 8 weekly sessions, monthly phone calls 4 months

- **MMSE 0-28; Mean = 14**

- Assessments at baseline, 3, 6, and 12 months
STAR-Caregivers

Change in Target Behaviors During Treatment

All change scores significant at p<.0001

Care Recipient Quality of Life (QOL-AD)

Pre-Post p<.05
Longitudinal p<.03

Caregiver Depression: CESD

Pre-Post p<.01
Longitudinal p<.02

Caregiver Burden: SCB

Pre-Post p<.01
Longitudinal p<.03
Scholarly Evidence for Behavioral Treatment of Problems in Dementia: Randomized Controlled Trials

◆ Skills training
  – improves depression
    » Teri et al., 1997; Proctor et al., 1999; Beck et al., 2002
  – decreases agitation
    » Teri et al., 2002; Huang et al., 2003
  – improves physical activity
    » Teri et al., 2003
  – decreases generalized behavioral problems
    » Marriott et al., 2000; Burgio et al., 2003; Teri et al., 2005
  – Improves caregiver reactivity
    » Teri et al., 1997; Chu et al., 2000

◆ Communication training
  – decreases problem communication
    » Done et al., 2001
  – decreases problem behaviors and depression
    » McCallion et al., 1999

◆ Psychoeducational approaches
  – decreases problem behaviors and improves caregiver reactivity
    » Gerdner et al., 2002; Hebert et al., 2003

◆ Family Counseling
  – delays institutionalization and improves caregiver reactivity
    » Mittelman, 1996, 2004

◆ Environmental modifications
  – delays decline in IADLs
    » Gitlin et al., 2001
and now – STAR-Australia
STAR-Australia

Underpinnings:

- dignity & respect
- improve staff/family carer responsiveness
- build specific staff/family carer skills
STAR-Australia

Aim:

- To implement and evaluate a Residential Aged Care Facility (RACF) staff/family carer training program for the Australian context
STAR-Australia

Five Objectives:

1) work collaboratively with RACFs/family carers

2) refine, adapt, develop and prepare STAR training materials & resources

3) train STAR consultants in the STAR-Australia program

4) transfer skills from STAR consultants to RACF staff/family carers

5) evaluate the implementation of STAR-Australia.
Phase 1 (of 4)

Refine, adapt, redevelop and prepare existing STAR translational resources:

- step-by-step trainer manual
- visual & activity aids
- informative handouts
- guidelines for individual, on-the-job training sessions
- methods to enhance supervision
- evaluation tools for trainer feedback
- DVD
Phase 2

STAR consultants will undergo a train the trainer session:

• procedures for conducting training

• use of all STAR-Australia training materials (Phase 1).
Phase 3

STAR consultants will conduct:

- On-site training at the RACF/Community Service.
  - group workshops - didactic content, case studies, discussion, group exercises, individualized sessions, hands-on practice of training skills.
- Online training package
Phase 4

- Evaluation of STAR-Australia
  1) Collaboration with RACFs/family carers
  2) STAR training materials & resources
  3) STAR consultant training
  4) Transfer of skills
Thank you for your attention...

QUESTIONS????
COMMENTS!!!!
DISCUSSION#####