



## Dementia Cal MediConnect Project

### DEMENTIA CARE SPECIALIST TRAINING FACILITATOR GUIDE

This project is supported, in part by grant numbers 90DS2002-01-00 and 90DS2017-01-00, from the Administration on Aging, U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201; the California Department of Aging; the Change AGEnts Initiative Dementia Caregiving Network, funded by The John A. Hartford Foundation through a multi-year grant to The Gerontological Society of America; The Harry and Jeanette Weinberg Foundation; The Ralph M. Parsons Foundation; and The Allergan Foundation. Grantees undertaking projects under government or foundation sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living, California Department of Aging, or other funders' policy. Copying of this material, in its entirety, without the permission of Alzheimer's Greater Los Angeles, is not permitted.

Revision date: November 2016

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## Dementia Care Specialist Training Overview

The Dementia Care Specialist (DCS) Training is an advanced-level training designed for care managers within Cal MediConnect health plans and delegated medical groups/agencies who are specially trained to provide dementia care management. The DCS are selected by the health plans to participate in the training program. A pre-requisite for the DCS Training is the 8-hour care manager training previously offered by Alzheimer's Greater Los Angeles.

The DCS Training aims to improve dementia capacity within Cal MediConnect health plans by:

1. Increasing knowledge and self-efficacy of the DCS so he/she has more dementia expertise to support care managers, members, and families
2. Strengthening dementia-specific care coordination systems through the use of assessments and standardized care plans

The duration of the DCS Training is two days (approximately 12 hours) and includes, lecture, videos, activities, facilitated discussions, and problem-based scenarios/case studies.

### **DCS Training Learning Objectives:**

- Increase ability to conduct a cognitive screen
- Apply *IDEA!* strategy to challenging behaviors
- Increase ability to identify an informal or family caregiver
- Increase ability to assess needs of an informal or family caregiver
- Increase self-efficacy in developing and implementing standardized care plans for members with Alzheimer's Disease and Related Dementias and their caregivers



## Materials/Supplies

The following materials/supplies will be needed for the training:

Audiovisual Supplies	General Supplies	Participant Materials
Computer	Name badges	Sign-in sheet
Projector	Markers (to write on board)	PowerPoint slides
Speakers	Pens	Worksheets
	Post-it notes	DCS Toolkit
	Easel Pads	Post-training evaluation
		Certificates of completion/CEUs

Trainers are encouraged to review all materials and activities prior to the training so they are familiar with what needs to be set up ahead of time.



## Symbols

The following symbols are used throughout the DCS Training presentation. Corresponding colors are used in the training outline to differentiate direct instruction from other forms of learning.



### VIDEO/VIGNETTE

Videos/vignettes help illustrate, provide insight, and put a “face” to training topics; immediately following a video, it is helpful to debrief main ideas, relevant topics, or areas that merit further attention. During the training, refer back to videos/vignettes so that concepts can be applied to what was seen.



### FACILITATED DISCUSSION

Facilitated discussions help the trainer guide discussions so that participants actively engage in dialogue, relate concepts to previous experiences, discuss immediate relevance, and determine future relevance. Facilitated discussions shift the focus of the training from being didactic to participatory. They also allow participants to process concepts and exchange ideas in a respectful manner.

During facilitated discussions, the trainer should encourage participation from multiple participants and set the tone for respectful discussion. Make sure to allow different people opportunities to speak and provide affirmations.



### ACTIVITY

Activities help participants apply what they are learning and build team learning. Activities encourage active participation and problem solving. Like facilitated discussions, activities shift the focus of the training from being didactic to participatory and interactive.



## DCS Training Modifications/Considerations

- The DCS Training has been designed as a 12-hour (two day) training [note: time on outline is only an estimate and should be used as a guide].
- In accommodating and respecting the **time allocated** to the training, **flexibility** must be used.
  - If a plan allocates additional time to the training, more in-depth discussions can take place, more thorough review of activities can occur, and the trainer will be able to provide more detailed examples throughout the training.
  - If a plan allocates less time to the training, the trainer will need to scale back activities and discussions.
- The DCS Training requires coordinating a guest speaker(s) to share with participants about his/her experiences with Alzheimer's. The guest speaker(s) can be a person who has Alzheimer's, a care partner/caregiver, and/or a family member. Having a guest speaker share with participants is an important aspect of the training, as it will hopefully build empathy, connection, and put a "face" to the disease.

Encourage speaker(s) to spend about 15-20 minutes talking to participants about his/her experiences and then allow approximately 15-20 minutes for participants to ask questions and engage with speaker(s).

If a speaker is not available, consider showing a video clip that highlights a person's *experience* with Alzheimer's.

- Each trainer should incorporate examples, stories, and vignettes into the training. This helps bring topics "to life," increases relevance, and promotes application of concepts.
- Because the DCS Training is being delivered within various health plans throughout California, the **training content may need to be modified for each health plan**. Training content may need to reflect the different structures, systems, and needs of health plans, the variations in home and community based services in different geographical locations throughout the State, and different services available through various Alzheimer's organizations.

Although modifications will need to be made to the training, **primary components of the training and general content need to be maintained so there is fidelity**.



- It is important that **breaks are built into the training**. Breaks are not pre-determined because each health plan will structure the training differently. The trainer needs to allow time for participants to take breaks. This will facilitate learning and make the overall training more productive.
- Throughout the training, the trainer will need to **assess group dynamics** to determine if activities are better completed individually, with a partner, or in groups. Most activities have been designed to allow for flexibility. If the trainer sees that the larger group enjoys working collaboratively and uses time effectively, activities should be adapted to accommodate for this learning style. Conversely, if the trainer sees that people prefer working independently, more individual activities can occur.
- The trainer should **utilize concepts of adult learning** throughout the training to maximize effectiveness. Principles of adult learning that should be integrated throughout the training, include:
  - **Dialogue** (facilitate sharing life experiences and insights; participants will benefit from hearing from their peers/colleagues)
  - **Respect** (appreciate the contributions and life experiences of participants; connect existing knowledge to learning objectives)
  - **Relevance to previous experience** (make connections to what people already know or can do)
  - **Immediate relevance** (participants should see how they can immediately use and apply what they have learned; application of knowledge to jobs is important)
  - **Future relevance** (participants need to realize the utility of what they are learning for the future)
  - **Active participation** (professionals have a depth of knowledge and skills to contribute to the training; they are not passive recipients of knowledge)



## DCS Training Outline

### I. Dementia Cal MediConnect Project (30 minutes)

Purpose: This section will contextualize the DCS (Tier 2) Training by providing a brief overview of the Dementia Cal MediConnect Project and by debriefing the Dementia Care Manager (Tier 1) Training.

- A. Coordinated Care Initiative
- B. Dementia Capable System of Care
- C. Activity: Take-Aways From Dementia Care Manager (Tier 1) Training [15-20 minutes]

### II. The Role of the Dementia Care Specialist (40 minutes)

Purpose: This section will explain the role of the DCS and elicit interest/ownership in the DCS' role and responsibilities.

- A. What Makes Dementia Care Management Unique?
- B. What Is a Dementia Care Specialist?
- C. Discussion: Why Do You Want to Be a Dementia Care Specialist?
- D. Criteria for Moving a Member to a Dementia Care Specialist

### III. How We See Alzheimer's (1 hour 30 minutes)

Purpose: This section will destigmatize Alzheimer's disease by helping the DCS reframe how the disease is viewed. A family-centered approach to care will be presented.

- A. Activity: Lens On Alzheimer's [10 minutes]
- B. Reframing Alzheimer's
- C. Activity and Discussion: Hearing From Those Affected (guest speaker) [30-40 minutes for guest speaker and 10 minutes for debrief]
- D. Using a Family-Centered Approach
- E. Activity: Who We Are? [10 minutes]

### IV. Alzheimer's Disease and Related Dementias (1 hour)

Purpose: This section will serve as a review of basic information about Alzheimer's disease and related dementias.

- A. Alzheimer's Mobile App
- B. Video: HSAG Podcast: Dementia: The Basics



- C. Activity: Major Neurocognitive Disorder/Dementia [5 minutes]
  - D. Alzheimer's Disease
  - E. Vascular Dementia
  - F. Frontotemporal Dementia
  - G. Dementia With Lewy Bodies
  - H. Potentially Reversible Causes of Dementia
  - I. Activity: Myth vs. Fact [15-20 minutes]
  - J. Alzheimer's Disease Progression
  - K. Domains Affected By Alzheimer's
  - L. Activity: Through the Eyes of Family Caregivers [15 minutes]
- V. Getting to a Diagnosis (2 hours)
- Purpose: This section will emphasize the importance of diagnosing Alzheimer's disease, documenting the diagnosis, and using the Guideline for Alzheimer's Disease Management to manage the disease and plan care. The DCS will practice using the AD8 screening tool.
- A. Discussion: Why Get a Diagnosis?
  - B. Importance of Diagnosis
  - C. Discussion: Cultural/Ethnic Barriers
  - D. Activity: Explaining Importance of Diagnosis [10 minutes for activity and 5-10 minutes for debrief]
  - E. Detection
    - 1. Taking Complaints Seriously
    - 2. Cognitive Screening Tools
    - 3. Video: Assessing Cognition and Recommending Follow-Up
    - 4. Medicare Annual Wellness Visit Algorithm Assessment of Cognition
    - 5. Cognitive Screening Tool: AD8
    - 6. Cognitive Assessment Challenges/Considerations
    - 7. Activity: Using a Cognitive Screening Tool [10 minutes]
  - F. Diagnosis
    - 1. Discussion: Documented Diagnosis
    - 2. Documentation and Impact On Medical Care



- G. Disease Management/Care Planning
  - 1. Guideline for Alzheimer's Disease Management
  - 2. Discussion: Interdisciplinary Care Teams
  - 3. Activity: Guideline for Alzheimer's Disease Management  
[15 minutes for activity and 10 minutes for debrief]

VI. Medications (30 minutes)

Purpose: This section will provide a brief overview of medications used to treat Alzheimer's disease and stress the importance of avoiding antipsychotic medications as a first line of treatment for behavioral symptoms.

- A. Overarching Principles/Aims
- B. Helping Caregivers Manage Medications
- C. Medications for Cognitive Symptoms
- D. Medications for Behavioral Expressions
- E. Antipsychotic Use
- F. Video: Antipsychotics and Dementia: Managing Medications (can eliminate or show a part of the video)

VII. Behavioral Expressions/Symptoms (2 hours)

Purpose: This section will reinforce how to use IDEA! when dealing with challenging behaviors and will provide the DCS with opportunities to apply IDEA! to various situations.

- A. Discussion: Behavioral Expressions
- B. Potential for Downward Spiral
- C. Video: HSAG Podcast: Understanding Needs-Driven Behaviors
- D. *IDEA!*
  - 1. IDentify Behaviors/Problems
  - 2. Educate Yourself
    - a) Health/Physical Triggers
    - b) Activity: Understanding Baseline [10-15 minutes]
    - c) Psycho-Social Triggers
    - d) Environmental Triggers
    - e) Video: UCLA Alzheimer's and Dementia Care: Hallucinations



- f) Discussion: Examining the Environment
  - g) Task Triggers
  - h) Communication Triggers
  - i) Meaning
  - j) Video: UCLA Alzheimer's and Dementia Care: Bathing
  - k) Activity: Understanding the Meaning: Refusal to Bathe Video  
[10 minutes]
3. Adapt
    - a) Distraction and Redirection
    - b) Addressing Causes and Triggers
    - c) Communication and Connection Strategies
      - (1) Discussion: Culturally Appropriate Communication
      - (2) Compassionate Communication Strategies
  4. Video: UCLA Alzheimer's and Dementia Care: Wandering
  5. Activity: Applying *IDEA!*  
[10-15 minutes for activity and 10 minutes for debrief]

## VIII. Family Caregiver Identification, Assessment, and Support (3 hours)

Purpose: This section will demonstrate why effective care planning must include the identification, assessment, and support of the informal or family caregiver. The DCS will be introduced to tools that will enable him/her to identify informal or family caregivers, assess care needs, and then use standardized care plans to address identified needs. The DCS will practice using these tools.

- A. What Do Caregivers Do?
- B. Importance of Caregivers
- C. Video: HSAG Podcast: Caring for the Caregiver
- D. Family Caregiver Identification
  - 1. Caregiver Identification
  - 2. Discussions: Who Is the Caregiver?
  - 3. Caregiver Identification Tool
  - 4. Activity: Role Play: Caregiver Identification [10-15 minutes]
- E. Family Caregiver Assessment
  - 1. Discussion: Importance of Caregiver Assessment



2. Importance of Caregiver Assessment
  3. Discussion: Caregiver Isolation, Anxiety, Depression and Caregiver Functional/Health Limitations
  4. Identifying Needs/Areas of Concern
  5. Care Needs Assessment Tool and the Caregiver Stress/Strain Instrument
  6. Activity: Using a Caregiver Needs Assessment: Marina and Marco [20 minutes]
- F. Family Caregiver Engagement
1. Working in Dyad/Triad
  2. Discussion: Caregiver Engagement
- G. Standardized Care Plans
1. Why Standardized Care Plans?
  2. How to Use Standardized Care Plans
  3. Family-Centered Standardized Care Plans
  4. Standardized Care Plans Problem Areas
  5. Components of Standardized Care Plans
  6. Activity: Working With Marina [10 minutes]
- H. Linking to Resources/Support
1. Making Referrals
- I. Alzheimer's Greater Los Angeles
1. ALZ Direct Connect
- IX. Culminating Activity (45-50 minutes)
- Purpose: The culminating activity will allow the Dementia Care Specialists to apply what they have learned and the tools they have been given to real vignettes they have encountered in their respective health plans/delegated groups.
- A. Activity: Putting It All Together: Applying Tools to Vignettes [20-25 minutes for case scenario and 25 minutes for debrief]



## Sample Training Agenda

\*All times are approximate; trainer/presenter should adjust times as needed

### DAY 1

8:45am-9:00am	Registration
9:00am-9:30am	Welcome/Overview of Dementia Cal MediConnect Project
9:30am-10:10am	The Role of the Dementia Care Specialist
10:10am-10:30am	Break
10:30am-10:45am	How We See Alzheimer's
10:45am-11:35am	Guest Speaker(s)
11:35am-12:00pm	How We See Alzheimer's Continued
12:00pm-12:30pm	Alzheimer's Disease and Related Dementias
12:30pm-1:15pm	Lunch
1:15pm-1:45pm	Alzheimer's Disease and Related Dementias Continued
1:45pm-2:45pm	Getting to a Diagnosis
2:45pm-3:00pm	Break
3:00pm-4:00pm	Getting to a Diagnosis Continued
4:00pm-4:30pm	Medications
4:30pm-4:45pm	Questions/Wrap Up

### DAY 2

8:45am-9:00am	Registration
9:00am-11:00am	Behavioral Expressions/Symptoms
11:00am-11:15am	Break
11:15am-12:45pm	Family Caregiver Identification, Assessment, and Support
12:45pm-1:45pm	Lunch
1:45pm-3:15pm	Family Caregiver Identification, Assessment, and Support Continued
3:15pm-3:30pm	Break
3:30pm-4:20pm	Culminating Activity
4:20pm-4:45pm	Wrap Up/Post-Training Evaluation



## Video Clips

- 1) Dementia: The Basics HSAG Podcast  
Running time: 6 minutes 8 seconds  
<https://www.youtube.com/watch?v=Aljqjrg7gfU>
- 2) Assessing Cognition and Recommending Follow-Up.  
Running time: 7 minutes 9 seconds  
[https://www.youtube.com/watch?v=5DS\\_FVXsdHY](https://www.youtube.com/watch?v=5DS_FVXsdHY)
- 3) Antipsychotics and Dementia: Managing Medications Alzheimer's Australia  
Running time: 19 minutes 07 seconds  
<https://www.youtube.com/watch?v=LIIKE4NHXAO>
- 4) Overview of Challenging Behaviors HSAG Podcast  
Running time: 4:49  
<https://www.youtube.com/watch?v=GSpRCUVroGg&feature=youtu.be>
- 5) Caregiver Training Part II: Hallucinations UCLA Alzheimer's and Dementia Care  
Running time: 4 minutes 3 seconds  
<http://dementia.uclahealth.org/body.cfm?id=75> or  
<https://www.youtube.com/watch?v=cpV57OGdU7I>
- 6) Caregiver Training Part III: Refusal to Bathe UCLA Alzheimer's and Dementia Care  
Running time: 4 minutes 28 seconds  
<http://dementia.uclahealth.org/body.cfm?id=74> or  
<https://www.youtube.com/watch?t=55&v=sI3Dc1kERto>
- 7) Caregiver Training Part VIII: Wandering UCLA Alzheimer's and Dementia Care Program  
Running time: 4 minutes 5 seconds  
<http://dementia.uclahealth.org/body.cfm?id=69> or  
<https://www.youtube.com/watch?v=SwoyEB5o8ml>
- 8) Caring for the Caregiver HSAG Podcast  
Running time: 4 minutes 12 seconds  
<https://www.youtube.com/watch?v=ErOQflfXEH4>



## Training Evaluation

The DCS Training includes a post-training evaluation. Evaluations should be completed prior to distribution of certificates of completion/CEUs.

The DCS will be contacted approximately six months after the training to assess knowledge retention and practice change.