

CT Workgroup on Challenging Behaviors Summary of Conference Needs Assessment

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The Connecticut Workgroup on Challenging Behaviors hosted an educational conference on October 27, 2004. 128 participants completed a needs assessment survey after the conference. Detailed tables are attached with all participant responses. Major results are summarized here.

Most participants described themselves as CNAs (42%) or social workers (23%). 70% of participants came from proprietary nursing facilities, the remaining 30% work in not-for-profit facilities. 73% described the conference as very useful to their everyday work, and all but 1 of the rest of participants found it somewhat useful. They described a wide range of activities in what was especially valuable to them; "hearing voices" was particularly popular as well as hands-on advice on a variety of patient care topics.

Participants rated their own facilities on where they are in implementing specific approaches to individualized care. They described a wide range of implementation across the facilities on each of the items: reframing the problem to a resident-centered view, permanent staff assignments, shifting from task-focused to personalized/individualized care, using team meetings for care planning including resident and nurse aides as part of the team, including family members in care planning meetings on a regular ongoing basis, and equal sharing of responsibility for care planning. Involving families has been implemented facility wide in about half of the facilities represented, the rest of the items are facility-wide in about one-quarter to one-third of facilities. Permanent staff assignments and using team members had the lowest rates of implementation.

Next, participants identified obstacles to providing individualized care. Staff attitudes and inadequate staffing were selected most often, by 56% of participants. Other common obstacles include: poor communication among staff (43%), family attitudes (33%), concepts not integrated into daily work (26%), state/federal regulations (23%), and lack of administrative support (21%).

Most of the possible topics for future conferences were of interest to many attendees. They expressed particular interest in behavioral interventions for residents with dementia (54%), creating smoother transitions for residents from home to facility (48%), conflict resolution (45%), individualized care approaches for CNAs (44%), working with families to jointly provide care for residents (41%) and specific caregiving approaches for restraint-free care (32%). Staff retention and turnover (26%) and polypharmacy and psychotropic drug use in long-term care (22%) appealed to fewer participants, which is not surprising considering that most attendees were CNAs and social workers who would have less direct involvement with these two issues.

Finally, participants offered some words of wisdom on Best Practices being utilized in the care of residents with challenging behaviors. Many of these suggestions focus generally on using a calm, flexible approach to residents. Specific ideas, for example setting up a 'work station' similar to a former work for a resident, are also offered.

In summary, the attendees at this conference found it helpful and provided thoughtful responses in describing the state of their own facilities, the difficulties they

face in working with residents who have challenging behaviors, and future topics they would like to learn more about.

Tables for CWCB education conference needs assessment

primary role

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 LPN	7	5.5	5.5	5.5
	2 RN	11	8.6	8.6	14.1
	3 DNS	7	5.5	5.5	19.5
	4 Admin	2	1.6	1.6	21.1
	5 CNA	54	42.2	42.2	63.3
	6 social worker	30	23.4	23.4	86.7
	7 in-serv coor	3	2.3	2.3	89.1
	8 adm coor	2	1.6	1.6	90.6
	9 disch plan	1	.8	.8	91.4
	10 other	11	8.6	8.6	100.0
	Total	128	100.0	100.0	

describe other primary role

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		117	91.4	91.4	91.4
	APRN	1	.8	.8	92.2
	Dementia Program Specialist	1	.8	.8	93.0
	OTR/C	1	.8	.8	93.8
	Program Director	1	.8	.8	94.5
	SCU	1	.8	.8	95.3
	Recreation	2	1.6	1.6	96.1
	Safety Education Instructor	2	1.6	1.6	97.7
	TRD	1	.8	.8	98.4
	VRA	2	1.6	1.6	100.0
	Total	128	100.0	100.0	

Q1 facility proprietary status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 not for profit	37	28.9	30.1	30.1
	1 proprietary	86	67.2	69.9	100.0
	Total	123	96.1	100.0	
Missing	System	5	3.9		
Total		128	100.0		

Q2 how helpful to your everyday work?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 not very useful	1	8	8	.8
	1 somewhat useful	33	25.8	26.6	27.4
	2 very useful	90	70.3	72.6	100.0
	Total	124	96.9	100.0	
Missing	System	4	3.1		
Total		128	100.0		

Q3 what was especially valuable?

	Frequency
	43
A more sympathetic view of residents with mental illness.	1
A review of what leads to aggressive behavior/approaches to conflict management/education to IOL procedures	1
Advanced conflict resolution, providing good framework to train all disciplines in conflict resolution.	1
All of it	1
Awareness management.	1
Behavioral symptoms are a means of communication. Need to identify what's causing the behavior and treat accordingly.	1
Being able to focus on them as a real person with real feelings, not as a patient.	1
Communication strategies for residents with psych symptoms	1
De-escalation of anxiety.	1
Dementia behaviors	1
Distress felt by psychiatric patients well represented.	1
Enjoyed "listening to voices that are disturbing"	1
Enjoyed "the hearing voices" section - put things into perspective	1
Environmental influences on behavior	1
Gave a better understanding of what clients are experiencing	1
Getting out of situations without hurling anyone or getting hurt yourself	1
Hands on techniques - morning session	1
Hearing voices - virtual training	1
Hearing voices really gave an inside look at people with multiple personalities	1
Helped me to understand more about pys with dementia - virtual sensitivity training	1
How important to take a deep breath when dealing with patient's behaviors and as the Dr. said how you phrase your words or how you come across with facial expression	1
How to better understand resident	1
How to de-escalate problem behavior	1
How to help specific patients	1
How to release yourself from a resident grabbing you	1
How to take care of the patient with problem behaviors	1
How very much the environment and approach affect the behavior of our dementia residents.	1
How you approach violent residents	1

I attended conflict resolution Found "NEAR" process easy to understand and implement 1

I found the conference advanced conflict resolution was very helpful There was a simple test in the beginning of the class that made me realize that you might think you understand something someone says, but actually they mean something different. 1

I love being with other caring people in our field I love the philosophy! Found those vaseline-coated glasses most enlightening 1

Information was very good to use for everyone at work 1

Inservice was given with tools for all departments to use 1

Interact with behavioral problems of the residents assess and diffuse 1

Interventions/tips to share with other staff to "teach" how to defuse difficult 1

It helped me because I learned how to deal with pts Loke them 1

Learning to give the residents empowerment in their decision making 1

Listening to voices will relate to our dementia residents who are hearing voices 1

Live demonstrations of how to work with agitated residents and how to diffuse escalated situations 1

Loss of eyesight 1

Meeting needs of Alzheimer's/dementia residents Changing or refocusing on residents rather than tasks! 1

NEAR model helpful 1

Needed more information related to dementia & behavior 1

Not being able to see not being able to speak on the same level 1

Patience and empathy 1

Pay more attention and be more patient with residents' everyday needs. 1

Pay more attention Be more patient 1

Related to my daily work environment 1

Remembering to keep care "patient centered," rather than "task oriented." 1

Role playing - Advanced cojnflct resolution. 1

Role playing 1

Showed and explained how to get out of hostile situation without hurting resident or myself (very useful) Also how to calm them down when agitated. 1

Sometimes we forget to put ourselves in their position - today was an important reminder 1

Specific information given for specific situations not just "generalizations " 1

Specific techniques for dealing with conflicts 1

Suggestions for assessing potential violent behavior, what may be the object of violence. and approaches to use 1

Switch from task focus to more personalized care 1

Talking down a violent situation after violence springs from nowhere. being stunned and shocked. still having nerves to relax and talk down and or take control of the situation 1

Techniques on how to change challenging behaviors 1

Techniques that were demonstrated in the "position yourself for safety" workshop Great tool for all types of health related employees 1

That as a caregiver I need to do all that I can to best help to enhance the care and needs of the residents in my care. Putting myself more in their shoes as it were. 1

That it's more than having a behavioral issue, that there's more behind the problem 1

That they need just as much of our time as we can give them and understand their needs more. 1

The hands on 1

The identification of violence as more than just physical attacks 1

The informationm that was pertinent to actual management of care 1

The NEAR approach	1
The presentation workshop Greeting my patient in the morning, offering compliment was very refreshing	1
The role model for conflict resolution	1
The role playing to actually feel what the resident feels each day	1
The safety position yourself course.	1
The techniques used in dealing with Alzheimer's dementia residents	1
The understanding and playing the part of a residents showed different views put a better perspective on how the residents feel from day to day	1
The virtual sensitivity training and the impaired role playing	1
The workshop on psychiatric factors of dementia	1
To be able to put yourself in their shoes and learn what it's like to be in their position	1
To be reassuring	1
To understand residents' needs and help them to work through their needs with love, respect, and understanding	1
Understanding origin of violence	1
Understanding what it feels like when someone really doesn't know what I am feeling with any behavior	1
Virtual sensitivity	1
Virtual sensitivity training workshop was interesting & fun & is something I can bring back & do at the facility	1
Virtual sensitivity will utilize at facility Good hands on training	1
Ways to remove ourselves from harmful situations without injuring anyone.	1
What I found especially valuable was the different types of behaviors and why they actually behave the way they do	1
Total	128

Q4 evaluate your current staff education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 poor	6	4.7	4.8	4.8
	1 fair	26	20.3	20.8	25.6
	2 good	37	28.9	29.6	55.2
	3 very good	43	33.6	34.4	89.6
	4 excellent	13	10.2	10.4	100.0
	Total	125	97.7	100.0	
Missing	System	3	2.3		
Total		128	100.0		

Q5 reframing the problem

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 very little	7	5.5	6.4	6.4
	2 some	38	29.7	34.5	40.9
	3 most	35	27.3	31.8	72.7
	4 fac wide	30	23.4	27.3	100.0
	Total	110	85.9	100.0	
Missing	System	18	14.1		
Total		128	100.0		

Q5 permanent staff assignments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 very little	14	10.9	12.3	12.3
	2 some	29	22.7	25.4	37.7
	3 most	41	32.0	36.0	73.7
	4 fac wide	30	23.4	26.3	100.0
	Total	114	89.1	100.0	
Missing	System	14	10.9		
Total		128	100.0		

Q5 including family members

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 very little	7	5.5	6.1	6.1
	2 some	20	15.6	17.5	23.7
	3 most	28	21.9	24.6	48.2
	4 fac wide	59	46.1	51.8	100.0
	Total	114	89.1	100.0	
Missing	System	14	10.9		
Total		128	100.0		

Q5 equal responsibility for care planning :

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 very little	7	5.5	6.4	6.4
	2 some	31	24.2	28.2	34.5
	3 most	37	28.9	33.6	68.2
	4 fac wide	35	27.3	31.8	100.0
	Total	110	85.9	100.0	
Missing	System	18	14.1		
Total		128	100.0		

Q5 other

		Frequency	Percent
Missing	System	128	100.0

Q6 resident frailty

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	115	89.8	91.3	91.3
	1 yes	11	8.6	8.7	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 family attitudes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	85	66.4	67.5	67.5
	1 yes	41	32.0	32.5	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 too costly

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	106	82.8	84.1	84.1
	1 yes	20	15.6	15.9	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 lack of administrative support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	99	77.3	78.6	78.6
	1 yes	27	21.1	21.4	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 poor family/staff communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	107	83.6	84.9	84.9
	1 yes	19	14.8	15.1	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 inadequate staffing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	55	43.0	43.7	43.7
	1 yes	71	55.5	56.3	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 lack of knowledge/creativity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	104	81.3	82.5	82.5
	1 yes	22	17.2	17.5	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 state/federal regulations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	97	75.8	77.0	77.0
	1 yes	29	22.7	23.0	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 lack of interdisciplinary team

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	114	89.1	90.5	90.5
	1 yes	12	9.4	9.5	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 lack of new vision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	106	82.8	84.1	84.1
	1 yes	20	15.6	15.9	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 poor staff communication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	72	56.3	57.1	57.1
	1 yes	54	42.2	42.9	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 concepts not integrated into daily work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	95	74.2	75.4	75.4
	1 yes	31	24.2	24.6	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q6 inadequate care planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	117	91.4	92.9	92.9
	1 yes	9	7.0	7.1	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q7 specific approaches for restraint-free care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	86	67.2	68.3	68.3
	1 yes	40	31.3	31.7	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q7 working with families for joint care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	74	57.8	58.7	58.7
	1 yes	52	40.6	41.3	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q7 polypharmacy and psychotropic drug use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	99	77.3	78.0	78.0
	1 yes	28	21.9	22.0	100.0
	Total	127	99.2	100.0	
Missing	System	1	.8		
Total		128	100.0		

Q7 individualized care approaches for CNAs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	70	54.7	55.6	55.6
	1 yes	56	43.8	44.4	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q7 smoother transitions from home to facility

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	66	51.6	52.4	52.4
	1 yes	60	46.9	47.6	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q7 conflict resolution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	69	53.9	54.8	54.8
	1 yes	57	44.5	45.2	100.0
	Total	126	98.4	100.0	
Missing	System	2	1.6		
Total		128	100.0		

Q7 other topics for conferences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 no	122	95.3	97.6	97.6
	1 yes	3	2.3	2.4	100.0
	Total	125	97.7	100.0	
Missing	System	3	2.3		
Total		128	100.0		

Q7 describe other topics for conferences

	Frequency
Communication training for LPNs, RNs with CNAs, getting the nurses to listen to the CNAs observations and then acting on it	125
Less medication use	1
More staff	1
Total	128

Q8 Best Practices

	Frequency
	101
Be patient Make it fun or interesting just plain laugh a lot You can't beat them join them	1
Creating a schedule for patients with special needs	1
Don't have any at the moment but learned a lot from the seminar	1
Go with the flow!	1
Go with the flow if you can change things go with them	1
Having overhead music and soft relaxing sounds instead of overhead paging Continuous staff training on caring for the Alzheimer's patient Using pagers to contact staff instead of overhead pagers	1
I'll be a listener rather than a speaker	1
I care for the best for any one I take care of My goal everyday is doing the best I can	1
I use the calm approach, listen	1
Masage. lotion, nails, hair	1
Music/pet therapy	1
On unit insevices/person of the week info Cards	1
One-on-one, not very practical, approach to dementia residents often calms them some	1
Relaxation room for residents and staff, individualized care plans. family involvement in plan of care and daily living at the facility, family support of groups, education:	1
Retaining CNAs on assignments for 1 month instead of weekly to encourage stability and xontinuity of care. Team work - 2 CNAs work on assignments to prevent lag time and prevent injuries to staff and residents.	1
Rocking chair has helped anxious patients who like to wander/keep patient busy with paper. pencil, etc	1
Soft approach, eye contact, body language, quick thinking! Rresolving the issue as quick and early as possible! After all, we are at work for our residents	1
Some residents who are restless, sensory isolated (vision, hearing), calling out, have responded well to repetitive tasks such as folding napkins, sorting, filing papers, especially those who worked in factories or offices. These tasks are familiar and pr	1
Staffing is very important Most of the time inadequate staffing Patient cannot get the one-to-one attention needed at that moment There should be a change - 1 CNA to 12 patients	1
Stimuli reduction, good communication with psych team	1
Talk to the pt and staff and try to find anything we could do	1
Using restraints They should be used in certain residents	1
We are small. so our Rec Director is able to spend good individual time with our neediest residents	1
We created a work station to bring into our resident's life what was familiar to her as a daily part of her job prior to admission to our facility	1
We use overalls on a male resident who has problems with exposing himself	1
Weekend Administrator Program I format careplanning Tranquility Room	1
Whenever she has a challenging behavior resident I just talk to them - She goes down to their level and talks and does things that they want to do	1
Total	128

Other comments from anywhere on survey

	Frequency
2 I would like to see this seminar repeated in order to attend the other workshops 6 Despite having above average pateint to staffing ration (staffing still inadequate)	127
Total	128