STAR

Staff Training in Assisted Living Residences

A Non-Pharmacological Approach to Dementia Related Behaviors

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Overview

- Describe a dementia specific training program
- Review research and evaluation outcomes
- Implementation and expansion

Rationale for STAR program

- >50% of residents in Assisted Living (AL) are demented

- STAR is based upon well-established/researched strategies for improving care of persons with dementia

- AL is the fastest growing, least expensive and most often preferred residential option in USA

Rationale for STAR program

- ☐ Unlicensed staff provide the majority of care yet receive minimal training

- ☐ Unlicensed staff report burden related to caring for people with dementia

- ☐ Symptoms of depression are reported as most burdensome

McKenzie, G. et al 2012

STAR Program Overview

STAR uses a systematic training approach:

- **Based on theory**
  - Person-Environment Fit Model
  - Social Learning Theory
- **Standardized manual**
  - Detailed learning modules
  - Support materials for trainers
  - Video of multiple case scenarios
 - Scripts for 1:1 coaching sessions
  - Handouts for trainees

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Staff Training in Assisted Living Residences
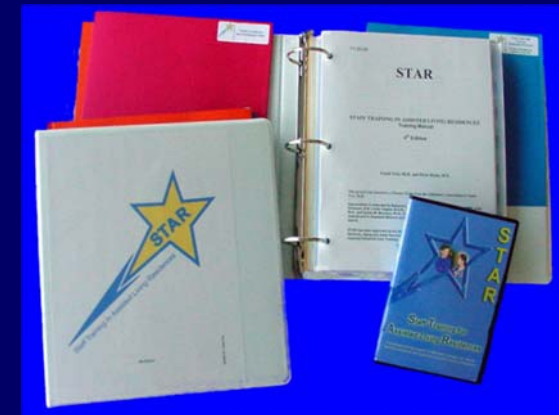
STAR Training Goals

- **Provide basic information on dementia and how it affects day-to-day life and function**
  - Explore "realistic expectations"

- **Build communication skills**
  - Dignity and respect for residents and staff
  - Listen to and support families

- **Identify and treat common care problems**
  - Depression and anxiety
  - Use ABCs

- **Introduce and maintain pleasant events**
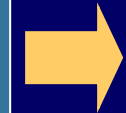 - Available, accessible, and often

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Staff Training in Assisted Living Residences

ABC Model
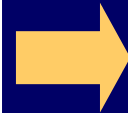
"A" Antecedents → **"B" Behavior** → **"C" Consequences**

What happened before?:
- People (+ or –)
- Places
- Things
- Activities
- Time of Day

Describe:
- Looks like
- Frequency
- Duration
- Intensity

What happened as a result of "B"?
- What happened?
- Reaction from others?
- Get something?
- Avoid something?
- Other changes?

Antecedents are Predictors

- ☐ Identify when and where behavior occurs

- ☐ Anticipate and possibly PREVENT problem behavior

- ☐ Example – Repetitive Questions
  - ■ Over stimulated when in a crowded room (move to a quieter setting)
  - ■ Due to lack of comprehension of situation (give repeated instructions, written reminders)
  - ■ When alone, due to need for stimulation (introduce an interaction or activity)

Consequences
(Learning & Maintaining)

☐ May cause learning of a problem behavior
 ◾ people leave personal space after the person yells

☐ May maintain and intensify a problem behavior
 ◾ attention every time the person yells

Pleasant Events Scheduling

- Patient-centered
- *Pleasant Events Schedule* to identify individual pleasant events
- Goal to have at least one pleasant event daily
- Staff resource
- Contract with family and staff

Logsdon & Teri, 1997; Teri et al, 2005

Pleasant Events Schedule 30-items

Logsdon & Teri, 1997

Activity examples	Pleasant Now 0=no 1=yes	Available past month? 0=no 1=yes	Frequency past week 0=none 1=1-6/wk 2=7+/wk
Sitting, walking, wheelchair outside			
Reading, listening to books on tape			
Crossword, jigsaw, word game puzzle			
Listening to sounds of nature			
Getting or sending cards, letters			
Having coffee, tea, cocoa with others			
Exercising (walking, stretching, PT)			

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STAR Case Example: ABCs of Resident Behavior

- Mrs. Smith
- 83 year old
- Retired school teacher
- Avid gardener
- Diagnosed with Alzheimer's type Dementia
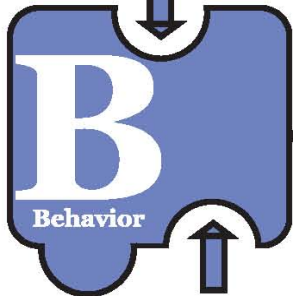
Image accessed from
http://media.healthday.com/images/editorial/33098small.jpg

Staff _____

Resident _____

A *Activator*

What happened just before B?
_____
_____
_____

B *Behavior*

What was the resident doing?
_____
_____

Who was present?
_____
_____

Where was this happening?
_____
_____

When was this happening?
_____
_____

C *Consequence*
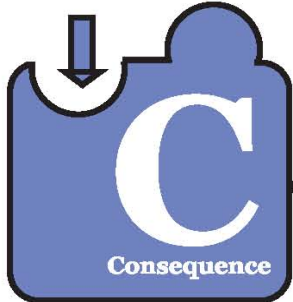
What happened just after B?
_____
_____

GET ACTIVE!

A *Activator*

Change the A.

How will you change your approach?
_____
_____

How will you change the environment?
_____
_____
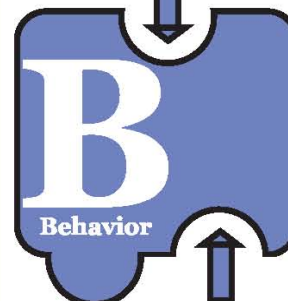
B *Behavior*

Change the B.

What do you want the resident to do?
_____
_____

C *Consequence*
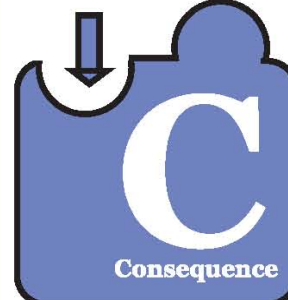
Change the C.

What will you do when that happens?
_____
_____

What will you do if that does not happen?
_____
_____

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STAR Case Example: ABCs of Resident Behavior

- ☐ **A**ntecedents = help predict behavior & prevent behavior symptoms
  - ■ Mrs. Smith is incontinent (requires care)
  - ■ Caregiver braces her/himself with approach
  - ■ Mrs. Smith misinterprets actions of caregiver
- ☐ **B**ehavior
  - ■ Agitation - Pinching, pushing away caregiver
- ☐ **C**onsequences = maintain the behavior
  - ■ Caregiver leaves and Mrs. Smith calms down
  - ■ Caregiver continues to feel frustration

STAR Case Example: ABCs of Resident Behavior

Potential Interventions

- ☐ **A**ntecedent focused
  - ■ Toileting schedule (avoid trigger of being wet)
  - ■ Alter caregiver approach (calm, smiling)
  - ■ Cues (visual, tactile and verbal) to help Ms. Smith understand what is happening and expected
- ☐ **C**onsequence focused
  - ■ Increase pleasant events
    - ☐ Touch (with permission)
    - ☐ Conversation about her love of gardening
    - ☐ Play music Mrs. Smith enjoys

STAR Program Evolution

- Developed from clinical experience and conversations with key stakeholders
- Pilot tested in AL
- Small scale RCT in AL
- Feasibility tested across 3 states
- Large scale RCT across 20 sites
- Translational Projects

STAR - Small Scale RCT

Care Dyads (n=31)

- Assisted Living Staff (n=25)
- Persons with Dementia (n=31)

Assisted Living Residences (n=4)

- For profit and not-for-profit
- Randomly assigned
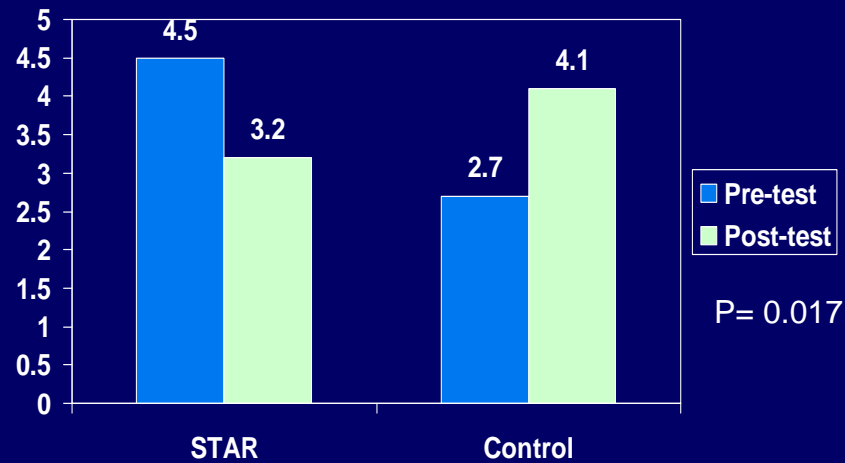
STAR – Treatment Protocol

Measures at baseline and post intervention
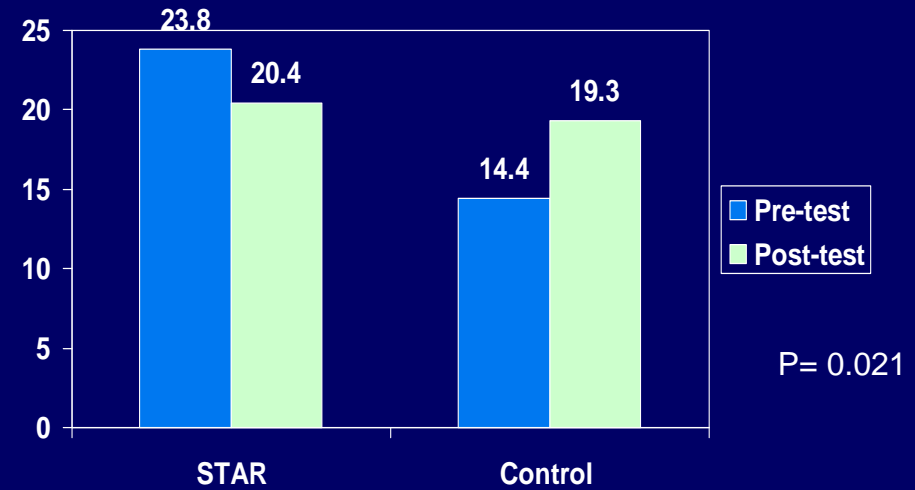
- Interviewers blinded

Two month program

- 2 on-site 4 hour group workshops

- 4 individual on-site coaching sessions with unlicensed staff
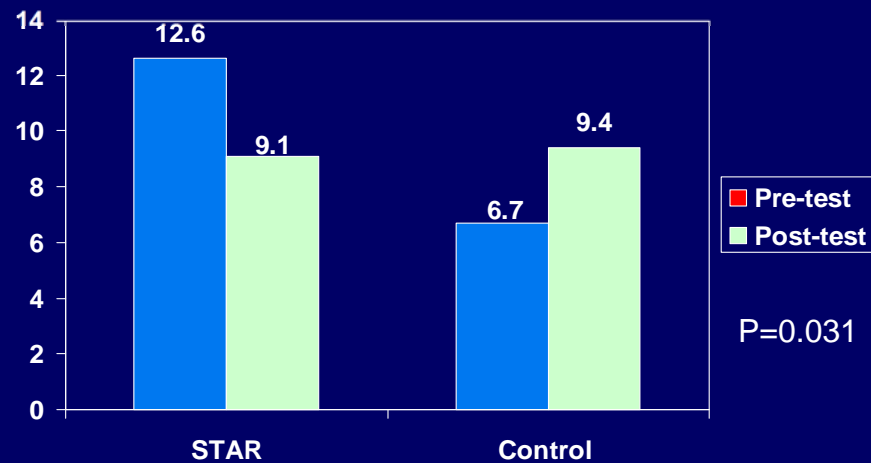
Geriatric Depression Scale; Clinical Anxiety Scale; NeuroPsychiatric Inventory – Total. Outcomes for Residents. Teri, et al.,(2005)
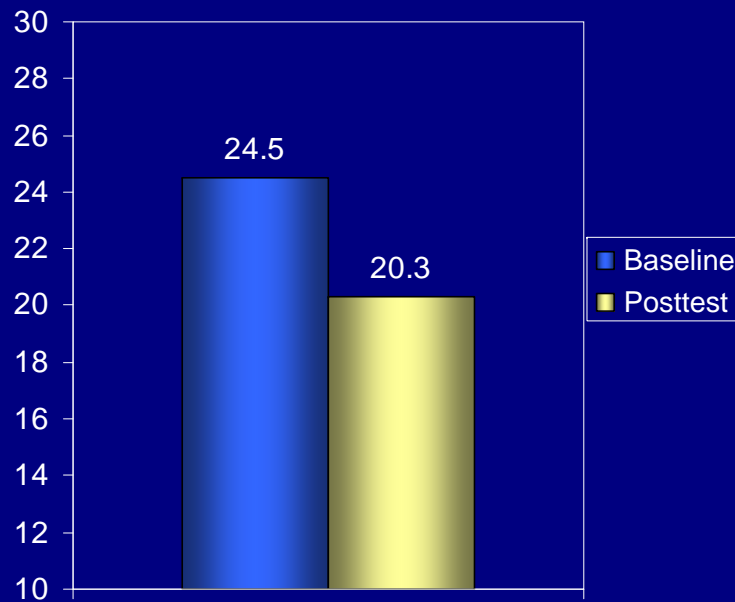
STAR - Staff Outcomes

MBI = Maslach Burnout Inventory
WSI – Work Stress Inventory
GHQ = General Health Questionnaire

**Staff Outcome -
MBI - Emotional Exhaustion Scale ***

24.5

20.3

Baseline
Posttest

Emotional Exhaustion * P-value .02

Staff Outcomes - NS

9.2
8.4
6.8
6
7.4
7.1

Baseline
Posttest

WSI Caring for residents NS
WSI - Coworker Relations NS
GHQ - Staff Depression NS
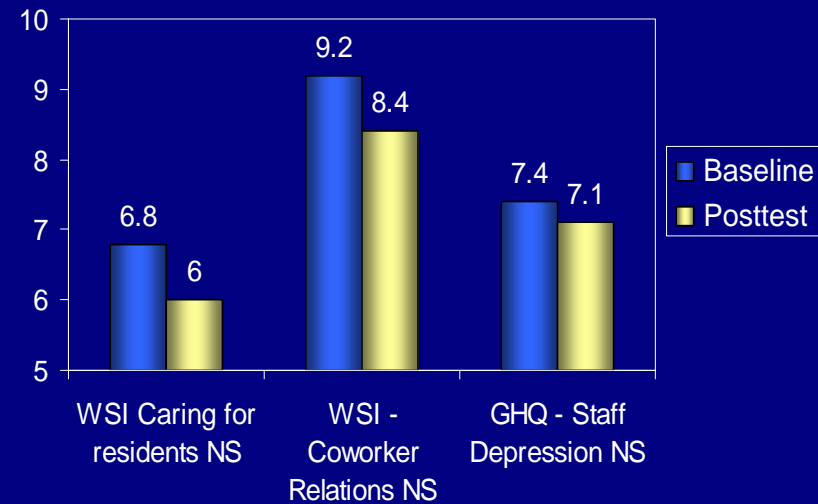
STAR: Multi-Site Feasibility Study

Three areas of USA

- Urban (East Coast)
- Rural predominantly-African-American/Minority site
- Urban (West Coast)

Multi-site translation

- Training and evaluation tools

Novice trainers

- With varying levels of expertise

Teri et al (2009a & 2009b)

Trainer, Facility and Staff Data

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Staff Training in Assisted Living Residences

Trainers (n=8)

- Age 38-52
- 5 women, 2 men
- 1-8 years experience in LTC
- MSW-PhD

Assisted Living Residences (n=23)

- For profit and not-for-profit

Assisted Living Staff (n=80)

- 44 direct care staff and 36 leadership staff

Evaluating Translation of STAR

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Staff Training in Assisted Living Residences

☐ **Reach Effectiveness Adoption Implementation Maintenance (RE-AIM)**

- **R**each into the target population
- **E**ffectiveness or efficacy
- **A**doption by target settings, institutions and staff
- **I**mplementation - consistency and cost of delivery of intervention
- **M**aintenance of intervention effects in individuals and settings over time.

RE-AIM Original Developers:
Russ Glasgow, Shawn Boles, Tom Vogt

Evaluating Translation of STAR

▶ <u>R</u>each – successful in identifying ALRs
  - Train in house providers; establish online systems and supports

▶ <u>E</u>ffectiveness – successful in decreasing behavioral problems in residents and enhancing staff skill
  - Identify those most likely to benefit & develop modifications for those who do not YET improve

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Evaluating Translation of STAR

▶ <u>A</u>doption - successfully conducted in ALRs
- ■ Identify what increase STAR 'fit' with existing in house systems

▶ <u>I</u>mplementation – Staff successfully employed training in working with residents.

- ■ Develop online training to make STAR more readily available to in house trainers

▶ <u>M</u>aintenance– Staff intend to continue STAR
- ■ Establish individualized plans and provide ongoing support for integrating STAR in house

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Implementation:
Staff Understanding and Skill Performance
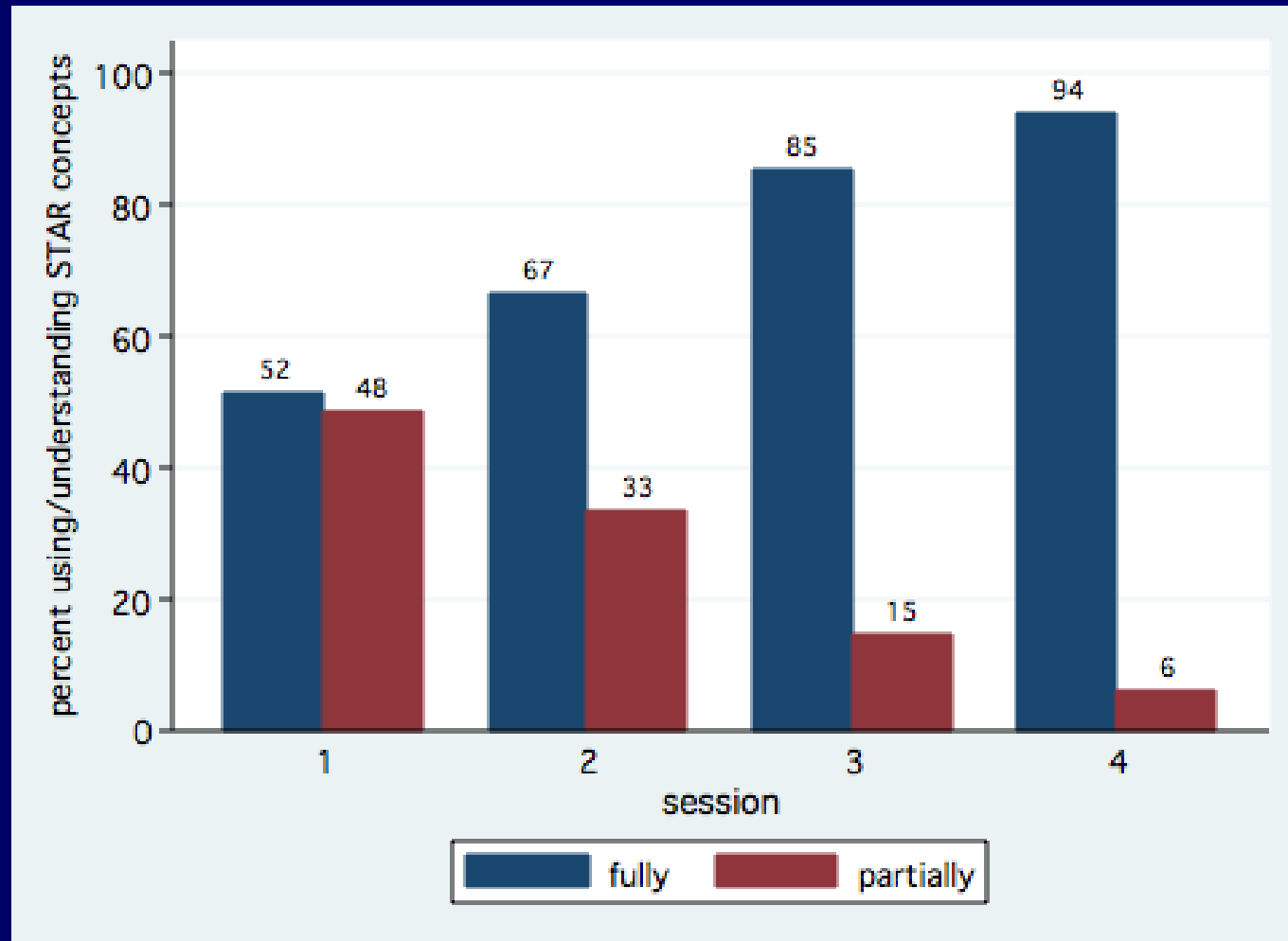
Staff Responses to Dementia Training: Challenges and Strategies

☐ Reaction to time pressures of the job-

"I don't have the time."

☐ Strategies
  ■ Focus on Benefits: Less depressed and less anxious residents are easier to care for and require less time.

Teri, 2009a

Staff Responses to Dementia Training: Challenges and Strategies

☐ Hesitation to try new approaches -

"It's not my job."

☐ Strategies

- Engaged supervisors to support training and use of new skills
  - Leadership training and involvement
- Related STAR approaches to what staff were already doing

Teri et al (2009a)

Staff Responses to Dementia Training: Challenges and Strategies

- ☐ Conflicts with prior training and experiences - *"Lying is bad."*

- ☐ Strategies
    - Recognized and discussed staff beliefs and values related to dementia care.
    - Focused discussions on resident reactions.

Teri et al (2009a)

Staff Responses to Dementia Training: Challenges and Strategies

☐ Misperceptions and unhelpful attitudes about the "cause" of resident behaviors - *"He's just being difficult."*

☐ Strategies

- Education regarding dementia and behaviors
- Focused on communication and approach skills for residents with dementia

Teri et al (2009a)

Staff Responses to Dementia Training: Challenges and Strategies

- Lack of awareness of the impact of their own behaviors. - *"I didn't do anything."*

- Strategies
    - Developed problem solving skills (ABCs)
    - Focused on staff behaviors as antecedents to resident behaviors.
    - Underscored trainee's role in creating effective change

Teri et al (2009a)

STAR Implementation Locations

Ongoing Translation

- US Department of Veteran Affairs Contract
  - Train the Trainer model for STAR-VA
  - Pilot feasibility study in 23 VA Nursing Homes completed
  - Currently training is occurring for expansion to additional sites nationwide

Karlin, B et al, 2013

Conclusion

- Evidence-based dementia specific training interventions can improve resident and staff outcomes
- Universality of implementation themes informs translational efforts
- Requires time, effort and ongoing institutional support!

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Thank-You

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