

FACILITATOR'S GUIDE

BATHING AND DEMENTIA

MODULE 1 IN THE DEMENTIA STARS SERIES

dementia STARs

NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund



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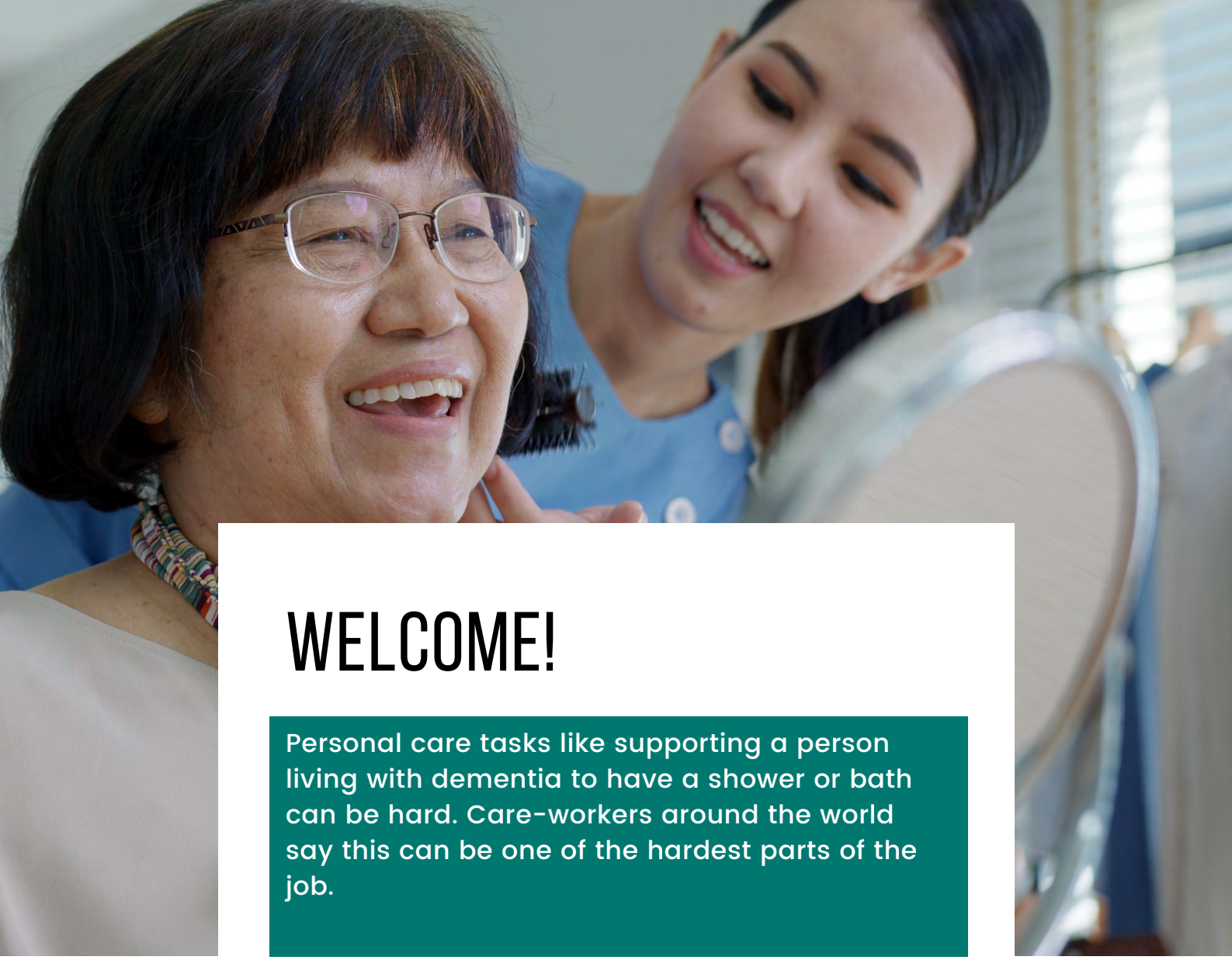
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WELCOME!

Personal care tasks like supporting a person living with dementia to have a shower or bath can be hard. Care-workers around the world say this can be one of the hardest parts of the job.

In this kit you will find all the resources you need to run an engaging 45-60 minute introductory staff education session to help embed a positive and person-centred approach to helping people living with dementia to bathe. The Dementia STARs education is particularly suitable for direct care workers across a range of settings.

This Dementia STARs education kit is a partnership between the New Zealand Dementia Foundation and CHT Aged Care Fund.

You can find our other Dementia STARs kits at nzdementia.org/dementia_STARs

Ngā mihi nui from the Dementia STARs Team

Short Trainings in Awareness and Responsiveness

dementia STARs



1. Getting started

Bathing and dementia

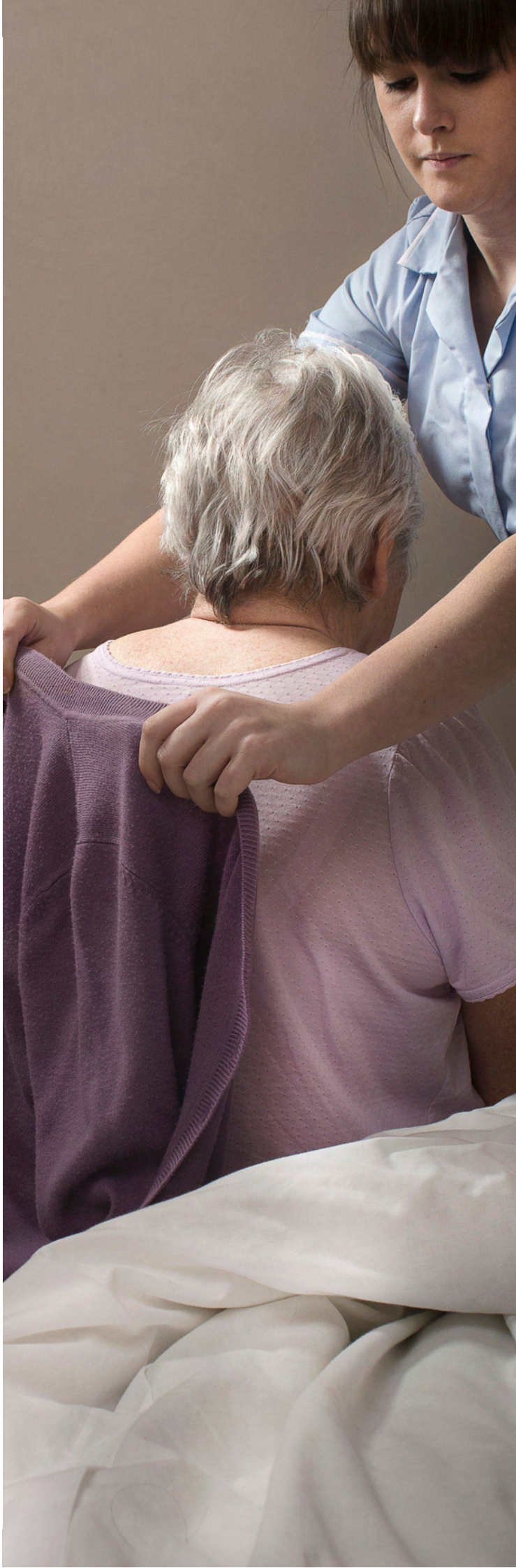
CREATING A SHARED

CULTURE OF CARE

The Dementia STARs programme is an opportunity to effectively enhance the skills of individual learners and to reinforce a shared culture of person-centred dementia care: this is the heart of all we do at our place.

Research shows that face-to-face active learning is more effective for home-based and aged residential care staff than watching videos or reading written material [1,2]. Interactive training in a small group where teaching is interspersed with frequent discussion and opportunities to ask questions is not only more effective[3,4], it is preferred by learners [5,6]. Furthermore, this type of training can also help to strengthen team cohesiveness and shared values [1,2].

Congratulations on joining the Dementia STARs journey with your team to reinforce great person-centred dementia care at your place.



TIPS FOR USING THIS KIT

If this is the first time you've used one of the Dementia STARs kits – welcome!
We're delighted that you are joining the Dementia STARs whānau.
We've put together some tips to help you know what to expect from the kit.

This guide

The facilitator's guide is just that. It's a guide and a starting point. Don't feel that you have to say things exactly the way that we have said them on the page. You can download the resources to print for the session from the Dementia STARs webpage.

The questions and activities

You will notice that we give lots of suggestions for places where you can ask the group for ideas or to engage in an activity, rather than just telling them the information. This is something you may well already do so you'll know that it is a helpful way to keep people engaged. Being interactive is a better way for adults to learn.

Audiovisual resources

We have provided a Powerpoint resource for each kit, which contains a variety of content to help run an engaging session. If you don't have access to audiovisual equipment, don't be put off from running the session. Check out the content provided and adapt.

> RELATIVELY FEW PEOPLE LEARN WELL FROM SITTING AND LISTENING TO LECTURES; IT IS IMPORTANT THAT TRAINING IS ENGAGING
>
> – BUZ LOVEDAY [7]

The PowerPoint slides

The PowerPoint slides generally have only a few key words on them, supported by compelling images. Having what you want to say written out in detail on PowerPoint slides can be reassuring for a presenter, but it is not so great for your audience:

- A lot of text can make it harder for the learners to really listen to what you are saying when they are also paying attention to the words on the slide.
- A lot of text can be off-putting for people who don't read so well.
- A lot of text can be boring, especially if the presenter just reads out the text.

That is why we use images as much as we can and to only have a few words on each slide. The idea is that the PowerPoint slides complement what you say and makes it easier for the learners to understand, rather than just repeating what you say. This facilitator's guide is here for you to help you feel confident and remember what you want to cover. The PowerPoint slides themselves - they are for your audience!

The images in the slides are only licensed for use for Dementia STARs. Please do not use the images for any other purpose as this will violate copyright.

The expert video clips

There are video clips of people with professional and lived experience embedded in the PowerPoints. This is our way of giving you some company as you present. It means you can draw on experts and on different perspectives. It also means that you get to bring in some variety of faces and voices, which can help to give a little boost to engagement and interest. The videos can help to reinforce an aspect of the session.

As the video clips are embedded in the PowerPoint presentation, you do not need access to YouTube or the internet to show them. You can hover and click in the slide.

The animated stories

In some of the kits, there is an animated 'whiteboard' video embedded in the PowerPoint. These are a way of sharing case studies. Because cases studies tell a story, they are often much better remembered than 'facts'.

The handout

Each kit has a summary handout to remind your learners about key messages.

The feedback form

You will find a one page feedback form in each kit. Feedback can help you make future education sessions better, and can provide evidence that the training has had an impact.

We may email you as follow-up to seek feedback on the Dementia STARs resources. If we do, we will ask you if you would be willing to share your learners' anonymous evaluation responses.

The going further list

We have included a handout with five resources that provides some further detail on the topic for keen learners (or for yourself).

The certificate

We provide a certificate of attendance for you to give learners at the end of the session.

The webinar version

We have a version of each education session available as a video 'webinar'. This does not have exactly the same format as the in-person session you will run (there are no activities in the webinars), but you can use the webinar version to help a staff member 'catch up' if they have missed the in-person session, or to help orientate a new staff member.



MĀ TE HURUHURU, KA RERE TE MANU
FEATHERS ALLOW THE BIRD TO FLY

– MAORI PROVERB

WHAT'S IN THE FACILITATOR'S NOTES?



This is the PowerPoint slide you are showing

Many of our clients are in pain

We know that pain is common amongst older people. All sorts of things commonly cause pain or discomfort. [1]

This is our suggestion about what you might say for this slide

A number in brackets is a reference. You can find the list of references at the end of the guide

What are some of the common aches and pains we see?

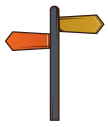
This is a suggestion about a question to ask the learners to increase engagement

Perhaps the most common types of pain they come across will be falls, back pain, arthritis, urinary tract infections, and pressure sores [8, 9] but the list can include almost any part of the body.

We also provide some examples of common responses



This symbol indicates that an audiovisual resource is embedded in the PowerPoint



This symbol indicates a choice



Activity

This symbol indicates a class activity

This symbol prompts you to add information about what happens 'at your place'

MEET THE EXPERTS

Here are some of the faces that you will meet in the Dementia STARs resources.



MATTHEW CROUCHER: MEDICAL

Matthew is the chair of the New Zealand Dementia Foundation. He is a Psychiatrist of Old Age, a Senior Clinical Lecturer, and leads the South Island Regional Dementia Initiative. Matthew is a prominent figure in teaching, training, research and service management advice in the older person's mental health sector.



MACKENZIE EBBETT: REGISTERED NURSE

Mackenzie is the Nurse Manager of a specialist cognitive impairment ward at Burwood Hospital. She is a passionate champion for person-centred care in this environment to optimise the level of functioning of older people with delirium and/or dementia by offering specialist assessment, treatment, care, support, and education.



ASHLEIGH FARR: SPEECH LANGUAGE THERAPY

Ashleigh is a Speech Language Therapist with decade of experience across a wide range of roles. Ashleigh has been active in expanding her skills in dysphagia and communication disorders in patients with more complex presentations including people living with dementia.



SUSAN GEE: ACADEMIC

Susan Gee has a background in psychology and gerontology. As a researcher and educator Susan is passionate about strengthening and embedding understanding and best-practice person-centred care to help amazing people provide great day-to-day support for people living with dementia.



TRACEY HAWKES: OCCUPATIONAL THERAPIST

Tracey is an Occupational Therapist with over two decades of clinical experience. She facilitates the 'Walking in Another's Shoes' dementia education programme for home-based support staff. Her focus is helping care staff to develop the confidence and person-centred tools to support older people to live more independent and fulfilled lives.



LARA HITCHCOCK: NURSE

Lara is a Registered Nurse in a Memory Assessment Clinic. Lara has specialised in the field of dementia care for over 20 years. In her current role she provides assessment, information, and support to those newly diagnosed with dementia and their care partners. She acts as a specialist resource to colleagues and is active in quality improvement to improve the care of those living with dementia.



HONEY MOHAN: CARE WORKER

Honey is a care worker in an aged residential care facility. She is a graduate of the Walking in Another's Shoes dementia education programme. Honey is passionate about getting to know each of the people she supports as a unique person, and she loves her job.



CHERYL NETTLETON: WHĀNAU / FAMILY SUPPORTER

Cheryl's introduction to dementia was when her husband started to display out-of-character behaviours around the age of 50. Cheryl has since founded carers' groups to bring whānau carers together for mutual support. Cheryl also helps to educate people about dementia from her perspective as a wife and family member in the hope that it strengthens an emotional connection to people living with dementia.



NICK UYS: WHĀNAU / FAMILY SUPPORTER

Nick worked in the pharmaceutical industry for many years. He was married to his beloved wife Anne for 44 years and became Anne's full-time carer until Anne entered aged residential care. Nick is committed to sharing his perspective as a carer within dementia education programmes as a way to make a positive impact.



2. Running the session

Bathing and dementia



LEARNING OBJECTIVES: BATHING AND DEMENTIA

When supporting a person living with dementia,

01 Learners are familiar with cornerstones of person-centred care.

02 Learners are able to communicate effectively

03 Learners are able to identify common unmet needs in assisted bathing situations.

04 Learners are confident about tailoring a bathing experience to an individual.

05 Learners are confident to seek advice to creatively meet hygiene needs.

FACILITATOR'S NOTES FOR BATHING AND DEMENTIA

Note to facilitator: Please consider the preparatory reflection questions on p.36 to ensure that the approach that is discussed here is feasible and can be supported within your organisational culture.

Personal care tasks like supporting a person living with dementia to have a shower or bath can be hard. Care-workers around the world say this can be one of the hardest parts of the job. [9]

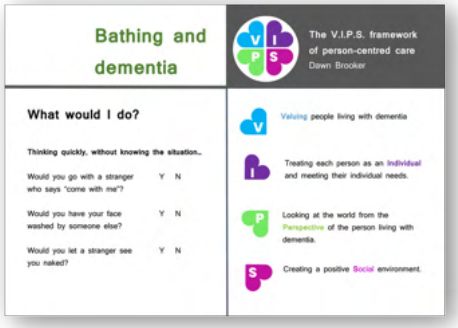


Today we aren't going to give you a recipe book that says "if you do exactly this, it will always be easy for every person." We can't do that. What we can do is help to strengthen your toolbox so that you have some ways of thinking, some ideas, and some "number 8 wire" to adapt these to the individual person that you are supporting.

Activity: What would you do?



Resources: Powerpoint. Questionnaire with V.I.P.S. summary (see right).

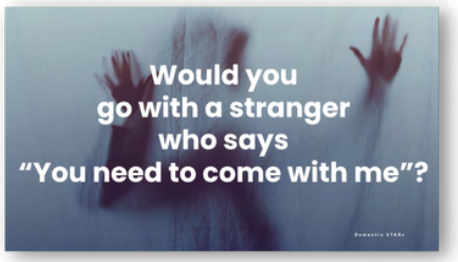


Give each learner a questionnaire (see right).

I'm going to ask you some questions. I want you to decide yes or no quickly, without thinking about it too much. I'm not going to give you any more information about the context. I want your first response. Mark it on your sheet.

Show each slide and read out questions (there are three questions).

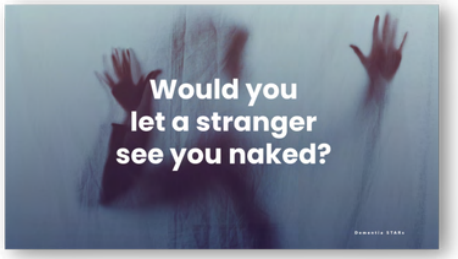
Would you go with a stranger who says "you need to come with me".



Would you let a stranger wash your face.



Would you let a stranger see you naked.



Ask the class how many people had a least one "no". The vast majority, if not every learner, will have responded with a "no" answer for at least one question.

Isn't it interesting that when a person living with dementia says "no" they can be labelled as noncompliant or resistance to care, as if it's all about them. When we put ourselves into this situation we can see that it's not just about us, we are responding to the situation.

This is a different way of looking at you saying no.

You may have heard the term "behaviours that challenge", so your refusal to do these requests is a behaviour that challenges me. Especially if the way you say no escalates into yelling, biting, or hitting.

What if we turned that around? What if we called these "responsive behaviours". Now that immediately changes the emphasis from what's wrong with you to what's going on in this situation that you are responding to by saying no.

So in this situation when personal care tasks are tricky we have two aims:

- The first is to understand why from the person's perspective it is quite reasonable to say no. What might they be responding to?
- The second is to see how we can bridge the gap to bring us to a yes.

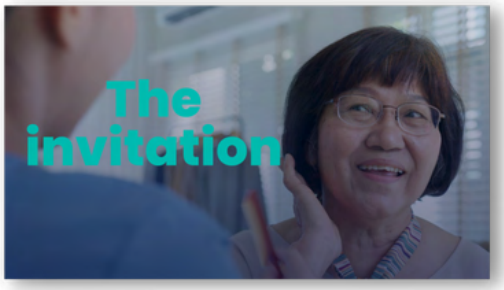
We're going to think about this for
-The invitation
-The experience
-Stepping back



The invitation

The process of personal care doesn't start in the bathroom.

It starts with our invitation to come with us.



Activity: Would you come with a stranger?

Resources: no resources needed.

I want you all to stand up.
The first question I asked you was "would you go with a stranger who says 'You need to come with me?". Sit down if you said yes.

You are then going to take the class through a cycle of questions until everyone is sitting down:

- Why did you say no?
- What might make that ok?
- If we did that, would that would be enough for you to say yes? If it would sit down.

Here is an example of the question cycle. The questions are addressed to the people standing:

Q *Why did you say no to the question: Would you go with a stranger who said 'You need to come with me?".*

A It's a stranger

Q *What might make the situation ok?*

A If I knew who they were, if we had some rapport, then I might go with them

Q *So imagine this stranger introduces themselves as your care-worker and has a chat with you. Now would you say yes and go with them? Sit down if your would say yes now.*

Q *OK, those of you still standing, Why are you still saying no to the question: Would you go with a stranger who said 'You need to come with me?".*

A I don't know where we're going and why

Q *What might make the situation ok?*

A If they explained where we were going and why, then that would be better.

Q *So imagine that your care-worker explains where they want you to go and why. Now would you say yes and go with them? Sit down if your would say yes now.*

Q *OK, those of you still standing, Why are you still saying no?*

A I don't want to / Who are you to tell me what to do?

Q *What might make the situation ok?*

A If they asked me to go, rather than telling me I have to go, that would be better

Q *So if you were invited to go, who would say yes now?*

Thank everyone for participating and if there are any people still standing, invite them to sit back down at this point.

Well done everyone.
What you have all done, quite naturally, is use person-centred approaches. You turned the attention and focused on the person receiving the care. Let's look at the key cornerstones of person-centred care.

Dawn Brooker [10,11] reminds is that it's about treating people living with dementia as V.I.P.s (Very Important Persons)



V is for valuing people living with dementia

We can ask ourselves: Do my actions show that I respect and value this person?

I is for treating people living with dementia as individuals and meeting their individual needs

Am I treating this person as a unique individual?

P is for looking at the world for the perspective of the person living with dementia

Which means getting to know them.
Am I making a serious attempt to see the situation from the perspective of the person I am trying to help? How might they interpret my actions from their perspective?

And S is for creating a positive social environment

Our interaction is about the relationship, not the task.
Do my actions provide the support for people with dementia to feel that they can connect to others and that they are not alone?'

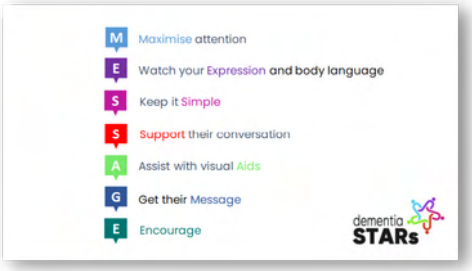
One of the first thing that you identified was that we need to establish that relationship, that rapport before we approached our invitation. There was no way you were coming with me when I was a stranger. The little things can make a big difference. I come in to your field of view, and smile and remind you who I am and chat with you about one of your interests for a while. It was only then that I asked you to come with me.

Here is Tracey Hawkes, talking about the importance of making connections in our work.

Play Tracey's video.

Tying into this, we want to help make sure that our invitation is understood.

When we are thinking about great communication with people living with dementia it can help to remember our MESSAGE. Each letter of message reminds us of a tip for great communication. This has been developed by the University of Queensland [12].



M is for maximising attention

We take it for granted that we can focus our attention on one thing - like me talking- and ignore other things going on. The front part of the brain that help us to do that is often compromised in dementia so we want to make sure that we gain people's attention.

Demonstrate with a learner e.g.:

Hi Tracey, how are you today? (crouch down, make eye contact etc)

What are some of the simple things I just did? I got down to Tracey's level, I made eye contact. I used her name and because I know Tracey I also used touch. It's also going to help if I remove any distractions that I can like turning off the TV.



E is for expression and body language

We express ourselves with our bodies as well as our words.

In each interaction we want to be giving off the vibe that we am calm and relaxed, no matter what else might be going on in our day.

And we can also think about our body language to show that we are interested in what the person is saying, like when we do things like lean forward and nod.

Really being listened to can make us feel worthwhile.



Our first ‘S’ is for keeping it simple

Use familiar words, not jargon.

We want to keep our parts of the conversation short. Otherwise the person may forget what we started talking about.

We want to use the actual names of people and things, rather than using words like “she” or “it” that rely on the person remembering what we are talking about.



And our second ‘S’ is for supporting their conversation

One of the most important things we can do is slow down and give time. When we take pauses, it gives the person time to process what we are saying. A useful rule of thumb is that it might take 5 seconds for someone living with dementia to process what you just said and respond

So I say "Hi Ms Pohatu how are you?"
[count off 5 seconds out loud]
1001... 1002... 1003... 1004... 1005
And now Mrs Pohatu says “Not bad”

So we don’t want to move on too soon!



The ‘A’ is for using visual aids.

When words are tricky using the actual objects or pictures can help provide more cues.

So when we ask someone would they like the pink soap or the green shower gel we can have the actual objects to show them.

When we don’t have the objects we can still use the handy visual aid of gestures e.g. Can you wash your face now(with gesture)



‘G’ is for getting their message

We want to listen, watch, and work out what someone might be communicating by their actions and nonverbal messages.



Can you show me some nonverbal signs that you might need to go to the toilet?



Learners might fidget, cross legs etc.



And the last letter ‘E’ is for encourage and engage

So we are thinking about every interaction as chance to enrich the person’s social environment and build that relationship by encouraging this to be a conversation and not just us talking at them.

It’s always about the relationship.

Now let's think about how we present the invitation.

Imagine a situation where Sally is supporting Miss Zinc with her shower twice a week.



Sally comes into the room and what's in her head? Things like

- Miss Zinc needs a shower twice a week.
- Miss Zinc hasn't had a shower for several days.
- Miss Zinc needs help to shower.
- We just have to get on and do it.



Now for Sally these are facts, and it's really easy to assume that of course the same things are in Miss Zinc's head and we go into our conversation on that basis. That may not go so well.

Q *What might be in Miss Zinc's head?*

A Possible answers

- She might not think she needs to shower that often. Many people from the older generation grew up having a bath or shower less often than we think is normal now, especially if hot water was scarce.
- She may not remember that she hasn't had a shower.
- She may not be aware of her own impairments.
- Miss Zinc may not see any reason at all why she would want to do this with Sally.

Sally's first reaction when Miss Zinc says no may be that she just has to get these facts into Miss Zinc's head. That may not go so well either.



First of all, Sally is expecting that she will win over Miss Zinc by logic. Miss Zinc has dementia. I don't think Sally isn't going to win this argument.

Second, when we take a step back, what is Sally doing? She is saying that what is in my head is right, I know better, and what you think doesn't count. She doesn't mean to, but that's the basis of the conversation.

Third, if we push, people push back. The situation is going to escalate.

Sally's next reaction may be to try emotion: If I say firmly enough, or if I let my frustration show, or if I plead or coax….then Miss Zinc will listen to me.

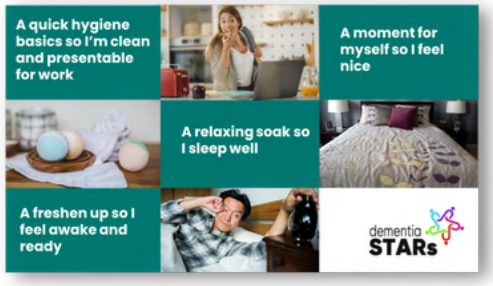


From early on research has shown that these approaches are less effective for personal care [9].

But if Sally goes back to her VIPS she might try a different approach.And that approach is going to start with Miss Zinc.

Activity: What a shower means.

Need: Powerpoint. Whiteboard /paper for collating answers (optional).



I want you to pair up. You're going to talk about what bathing means to you as an individual– whether that's a bath or a shower of both. I know that's not something we usually do is it!

Step 1. Describe your shower or bath routine to each other. You are going to start with some of the details.

- When do you have a bath or shower?
- How long do they last?
- What products do you use in the shower?

Then talk about why you have a shower or bath - you may have more than one reason! Here's some examples, do any of these sound like you? [powepoint]

- A quick hygiene basics so I'm clean and presentable for work.
- A moment for myself to feel nice.
- A relaxing soak so I sleep well.
- A freshen up so I feel ready for the day.

Step 2: I want you to come up with an invitation to bath or shower that would appeal to your partner. But here's the trick. I don't want you to use the word bath or the word shower.

Step 3: Discussion
Invite the learners to share their invitations. For example

- Let's have a quick freshen up for the day.
- How about a nice relaxing soak?
- How about we get you looking nice?
- Shall we get you ready for (your outing, or your visitor etc)?
- Would you like a good wash up to get clean? I have heard of a careworker who scheduled in an enjoyable messy activity before shower time for a gentleman who was used to only having a shower when he was actually messy, so something like shining shoes or potting plants.

So back to our story of Sally and Miss Zinc.

Sally thinks about what she knows about Miss Zinc, and she checks in with Miss Zinc's family for some of the information, and she puts together a new approach based on Miss Zinc's routine and her love of being well presented.



Sally gets the bathroom ready.

- Then she goes in before Miss Zinc gets dressed for the day
- Sally greets Miss Zinc by name and says her own name, and they have a nice chat to establish rapport.
- She offers Miss Zinc a choice of two tops for the day, and she compliments her on how nice she is going to look.
- Then she says, "I have some time now to help, shall we go get you looking nice for the day" and they head to the bathroom together.

What we can see for the first time is that Sally isn't just thinking about what's in her head, now she's thinking about Miss Zinc and how we can get those two thought bubbles to overlap so she and Miss Zinc want the same thing. That's sounds so simple but it's so powerful.



Sally is valuing Miss Zinc, she isn't saying I'm right you're wrong, she is showing that she thinks Miss Zinc is worth listening to.

She is treating Miss Zinc as an individual by finding out about her preferences and history.

She is looking at the shower from Miss Zinc's perspective not just her own.

And she is thinking about their relationship and not just getting the task done.

Well done Sally, that's a big step to have Miss Zinc heading off to the bathroom together happily!

Now we are going to move from the invitation to the actual experience of bathing.

We're going to use our same V.I.P.S. approach to think about the experience of the shower for people living with dementia.



Activity: Would you let a stranger see you naked.

Resources: No resources needed.

Overview: You are going take the learners though another cycle of questions, this time starting with the question from earlier "Would you let a stranger see you naked?"

OK, please stand up again for the next activity.

Now, remember that killer question……."Would you let a stranger see you naked?" Sit down if you said yes.

How about if we connected and communicated, so we've built that relationship and I'm not a stranger. Sit down if you might say yes now.

How about if we had a great invitation that ties this in with something positive for your day? Would that be enough? Sit down if you might say yes now.

Ask the people still standing…… "*is there any way that we going to get you feeling ok about someone seeing you naked in this situation*?"

After any discussion that comes up, get everyone to sit down and thank them for participating again.

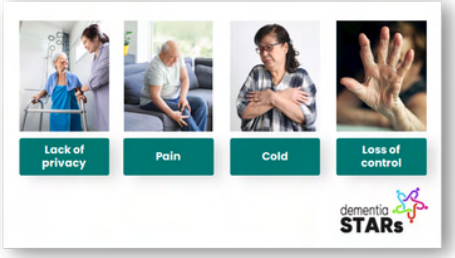
Things did work out well for Sally and Miss Zinc, but that is not always going to be the case.

When things are not going well, to try to understand what might be the trigger for the person we are caring for there are some really useful big questions we can ask ourselves:

1. **What unmet need might they be communicating?**
2. **What emotions are they communicating?**
3. **What's the situation like from this person's perspective?**

There are four common unmet needs that we can put on our checklist. So four things to think about when the bathing experience isn't going well are:

- Privacy
- Pain
- Cold
- And Fear / Loss of control



Research has found that these are common causes of negative personal care experiences [9].

The first item on our checklist is privacy and dignity.

We have a situation where we are expecting someone to be totally naked in front of someone who isn't their spouse.

This is a really big issue for many people, they may be very private about their body, they may be modest, they may have religious or cultural beliefs about how appropriate this is.

If they aren't fully comprehending the situation, how might they interpret it?

- They may see it as an assault. How incredibly distressing if someone was to force you to be naked against your will. You can imagine why people use protective strategies to fight someone off. There's a saying that anger is fear's body guard[13].
- They may see it as a sexual invitation. You don't have to have a 'dirty' mind to think that there must be something sexual going on if someone is asking to see you naked.

Q *Here's a simple question: Do we have to see a person completely naked to help get them clean? What else can we do?*

A No, we don't have to see them naked. We can use towels to cover the person for the shower, and uncover one part at a time to wash.

We can drape one towel over their shoulders to cover their front. We can put another towel over their lap.



Our second thing to think about is pain

Sometimes we get clues that pain may be an issue when things are going well and then turn to custard. Is it when the person sits on the bath seat, or when we help clean a particular body part, or when we dry them? Can we spot signs of pain?

In some situations, we can raise our concerns with the team and get some help to reduce the pain involved in showering:

- For one person it might be that we give their pain medication before their shower or bath.
- For another person it might be that we get more appropriate equipment: for example they might be a small person and they are sinking through the seat of the bath chair which hurts their skin and joints.
- Some people living with dementia can get hypersensitive skin. For that person we might try extra soft baby cloths for gentle washing, and patting instead of rubbing to dry. We start with the least sensitive parts of the body first for washing.



Our third thing to think about is cold.

Age and dementia can affect our bodies' ability to regulate temperature, so your client may be feeling the cold more than you. Can we make sure to warm up the bathroom before we invite the person to come with us?



Our fourth thing to think about is loss of control and fear. Loss of control and fear often go hand in hand.



Imagine you've got a great dentist, and you have to have a filling. What are some of the things that your dentist might do to help reduce your anxiety while you are having the filling done?



Possible answers:
The dentist could offer you an injection to reduce the pain, keep calm and use humour to help settle you, explain each step, reassure you, take it slowly and make sure you understand and are coping or the dentist might tell you that you can signal to stop.

Some dentists even use distraction (e.g. a poster on the ceiling) and use senses (like providing headphones or earmuffs for the sound of the drill).

You can see how these thing can help you to feel in control and comfortable.

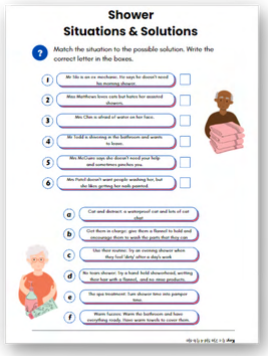
So we want to minimise the negative, and maximise the positive.

There are probably as many ways of doing this as there are people.



- We can give the person something to do. We always want to enable the person living with dementia to do as much as they can for themselves. This can be particularly useful in a situation like showering, even if it is just that the person is holding a flannel (facecloth) as well. Experiences feel much more manageable when we feel like we have some control over them.
- We want to explain what is going to happen next for each step. We can keep giving simple choices. Honour the person's preferences and routines as much as possible. This can all help people to feel in control.
- A shower can be an overwhelming sensory experience especially for someone living with advanced dementia. So we can bridge the experience of running water in the shower so it's not too overwhelming. For example: "Listen to the water on the side of the shower, it sounds like rain on the roof. That's a lovely sound isn't it. Let's check if you like the temperature. How does that feel against your hand? Is it nice and warm?"
- We can bring in products with smells that fit with their kind of shower – something brisk and clean like pine, or something soothing and relaxing like rose or vanilla. For some people we can turn it into a fabulous pamper session!
- We can pair the shower with something that is positive for the person to enjoy. A lovely example is a caregiver who was supporting an older gentleman living with dementia who became very upset and yelled in the shower. She discovered that he was an ex-minister with a great love of hymns and a great singing voice. The shower became a time for hymns, and the more they sang the less he yelled!
- The person may be able to bring something distracting into the shower with them. I've heard of everything from a doll to a waterproof puzzle. Sometimes the shower goes more smoothly with two helpers – one to distract or entertain and one to wash. Having some music playing in the bathroom can sometimes help, but it can sometimes be overwhelming and make it hard to hear instructions.

Activity: Mix and match to the individual



Resources: "Shower situations and solutions" Mix and Match worksheet (see right)

Life is never quite as simple as these examples, but have a go at matching up the client to the possible solution.

Instructions: Hand out a worksheet to each learner.

Give the learners time to complete the worksheet. Once they have finished, read each questions and have learners call out answer.

Optional: Ask for other possible solutions to explore.

The suggested answers are:

1 Mr Tilo is an ex-mechanic. He says he doesn't need his morning shower.

- C. Use their routine: Try an evening shower when they feel 'dirty' after a day's work

2. Miss Matthews loves cats but hates her assisted showers.

- A. Cat and distract: a waterproof cat and lots of cat chat

3. Mrs Chin is afraid of water on her face.

- D. No tears shower: Try a hand-held showerhead, wetting their hair with a flannel, and no-rinse products.

4. Mr Todd is shivering in the bathroom and wants to leave.

- F. Warm fuzzies: Warm the bathroom and have everything ready. Have warm towels to cover them.

5. Mrs McGuire says she doesn't need your help and sometimes pinches you.

- B. Get them in charge: give them a flannel to hold and encourage them to wash the parts that they can.

6. Mrs Patel doesn't want people washing her, but she likes getting her nails painted.

- E. The spa treatment: Turn shower time into pamper time.

So we remember our V.I.P.S. and we remember that the more we learn about who the person is and how they are experiencing the situation, the more we learn about how we can support them.

Once we have brainstormed our improvements and put them into place it may take 3 or 4 weeks for the person to get used to new experience and build up trust that their needs will be met, so it can be a gradual improvement in the responsive behaviours.

Stepping back

We started off by saying personal care can be hard. Sometimes despite our creative problem-solving and despite us giving our new improved shower experience time to bed in, the person is still distressed by any shower experience.



Sometimes we need to might need to literally stop…mid shower [9].

If the person becomes distressed we stop what we are doing and we apologise. "I'm sorry I frightened you. I'm sorry I hurt you. I'm sorry I embarrassed you." It's amazing how often a sincere apology can diffuse a situation. [9,13]

We see if we can work out what went wrong and adjust. If that doesn't work we shorten the shower and only wash what's necessary or stop altogether. If you do need to do this, try to bring in a positive experience to end for example having a nice cup of tea together once the person is dressed. [9]

If showering is a traumatic experience for the person, we might need to take a step back to get perspective. I'm going to ask you a pretty challenging question: Does it really matter if the person has a shower today?

Here's an old story that some of you may have heard before:

A medieval traveller, wandering across the country, comes across a huge construction project. Near their path, they see three stone masons, hard at work with their hammers and chisels.

"What are you doing?" asks the traveller.

"Breaking stones," grunts the first.

"Making a wall," says the second.

"Building a temple to the glory of God!" proclaims the third.

So what we see is the difference between looking at

- **The task**
- **The short term goal or**
- **The bigger picture**



[Facilitator's note: You could adapt the story if you are uncomfortable with the religious flavour]

So when we think about showering someone:

- **Our task is getting the shower done**
- **Our short-term goal is meeting hygiene needs**
- **And our big picture is about enhancing well-being and enabling the person.**

It's about the relationship and not just the one interaction.

When we change our focus to the bigger picture it can inspire solutions to challenges.

If we just look at the task it can become a win or lose battle about whether that shower gets done today.

If we look beyond the task – can we get advice from our supervisor and work together to look at how we can achieve our goals of wellbeing and enablement without getting hung up on "getting the person into the shower".

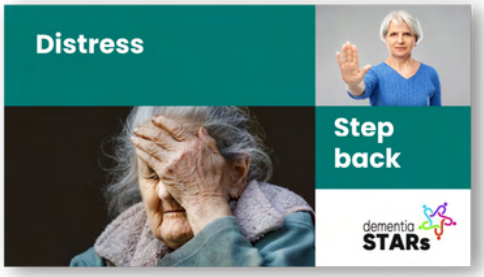
Let's finish up by exploring another case study that ties together all these ideas:



Sandi was assigned to help Mrs Sheen with personal care tasks. Mrs Sheen is extremely upset by showering and lashes out at Sandi and tries to bite her. She literally screams as Sandi tries to wash her hair. They are both very traumatised by the experience.

Sandi steps back and seek help from her supervisor. Rather than request a second person to coerce or restrain Mrs Sheen, Sandi and her supervisor look at the big picture. They ask themselves, what is essential?

Sandi's supervisor reminds her that no-one ever died from not bathing.



The main costs of not bathing relate to social and cultural values, not health values. Asking "How much does this matter?" and "To whom does it matter?" may solve the problem completely by bringing perspective.

Some health exceptions might be:

- the management of skin infections and ulcers / sores, which requires local skin to be 'clean enough' for healing,
- the management of painful split nails, which requires nail / foot care to be 'good enough',
- the management of recurrent conjunctivitis, which requires 'good enough' eye washing with a clean damp cloth,
- the management of recurrent urinary tract infections, which requires 'good enough' perineal / genital hygiene, and
- the management and prevention of painful gum disease and tooth decay, which requires 'good enough' dental hygiene.

Sandi and her manager realise that for Mrs Sheen, the priority was to apply ointment to a rash on Mrs Sheen's lower legs. They develop a new care plan that has two important features:

1. Time to build trust

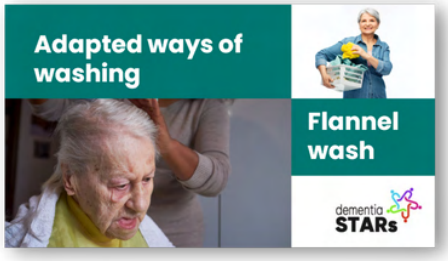
Sandi and her supervisor put the shower aside. For three weeks Sandi did not mention having a shower. Mrs Sheen allowed Sandi to tend to her legs. Once Mrs Sheen was comfortable with that, Sandi added in a flannel wash for her hands and face.

Negotiating a 'good enough' routine can be a bridge that we can build on as we establish trust.



2. Adapted ways of washing

As Mrs Sheen's relationship with Sandi strengthened, the next stage was a flannel wash all over using towels for privacy. Mrs Sheen's family said this was a method Mrs Sheen was very familiar with over the years. Sandi chatted about cats with Mrs Sheen while this took place.



Hair-washing can be a particularly difficult part of the showering routine. Sandi and her supervisor discussed some ways of separating out hair washing from a shower:

Options include:

- A dry wash massage cap
- A bed bath with a blow up sink so that Mrs Sheen's face remained clear of water at all times
- A sink wash
- Using a flannel to wet hair her hair rather than running water

The flannel technique for hair washing made a lot of sense once Mrs Sheen was comfortable with the body wash.

So we have a good outcome for supporting Mrs Sheen's hygiene needs and wellbeing that doesn't involve a shower!



We started off today by saying that bathing can be hard. We've looked at a person-centred approach to bathing that can really help to make bathing less difficult.

Let's hear now from two family care-partners, Nick and Cheryl, as they talk about the difference this type of approach can make, and the difference that you can make as a care-giver.

Play
Nick and Cheryl's
video.

In this last case study and throughout this session we've covered some of the most fundamental ideas that are going to support great care in any context. We've seen how we can develop a deep toolkit and a creative approach can really help when personal care is difficult.



Thank learners, and provide handout, further reading, and feedback form.

AT YOUR PLACE

Here are a few questions to reflect on before you facilitate the session, to help make the session relevant and effective in your organisaton.

ORGANISATIONAL SUPPORT

Does your organisation support care-workers to take time and individualise the bathing experience? When a client declines to bathe or is distressed by assisted bathing, will your organisation support the care-worker to take time to build trust and try adapted ways of washing?

MENTORING AND LINE OF COMMUNICATION:

Who should learners talk with if they have concerns about someone's bathing willingness or experience, or the amount of time that has been allocated for assistance?

REINFORCEMENT

How will you reinforce the messages of this training? How will you share good news stories and celebrate great care?

YOUR CHECKLIST FOR THE DAY

Here are some of the things you may want to take with you

- [ ] Audiovisual equipment with PowerPoint presentation loaded
- [ ] Whiteboard pens and either a whiteboard or large paper pad to record learners' responses for activities
- [ ] This facilitator's guide
- [ ] Handouts: Summary handout plus Going further handout
- [ ] If applicable, you may wish to bring print-outs of the resources used at your place.
- [ ] Activities: Questionnaire with V.I.P.S. summary, "Shower situations and solutions" Mix and Match worksheet
- [ ] Feedback forms
- [ ] Certificates of completion



3. Resources

Bathing and dementia

BATHING AND DEMENTIA

When it's hard to assist a person living with dementia to have a bath or shower we have two aims:

- To understand why from the person's perspectives it is quite reasonable to say "no". What might they be responding to?
- To see how we can bridge the gap to bring us both to a "yes"!



The invitation

We think about why the person would want a shower. We communicate effectively and avoid arguing. We ask ourselves am I treating them as V.I.P.S:

- Do my actions show that I **value** and respect this person?
- Am I treating this person as a unique **individual**?
- Am I making a serious attempt to see the situation from the **perspective** of the person that I'm trying to help?
- Do my actions provide **social** support for the person living with dementia to feel that they are connected and not alone?

The experience



We think about the experience of the bath or shower from the perspective of the person living with dementia. We check for common unmet needs:

- Privacy and dignity: we can use towels to cover the person and only uncover a bit at a time to wash.
- Pain: we keep an eye out for pain and get help to address it.
- Cold: we know that the people we support may feel the cold more than we do, and we keep the bathroom warm.
- Fear and loss of control: We keep the person involved and knowing, or distract to make the experience as pleasant as we can



Stepping back

If a standard bath or shower remains traumatic for an individual, we get advice from our supervisor. We think about how we can achieve our goals for hygiene and wellbeing without getting hung up on "getting people into the shower today". We may focus on "good enough" cares while we build up trust. We may get creative and adapt the way we wash, like separating out hair washing, using a bed bath, or using a flannel wash.

GOING FURTHER...

5 GREAT RESOURCES ON BATHING AND DEMENTIA

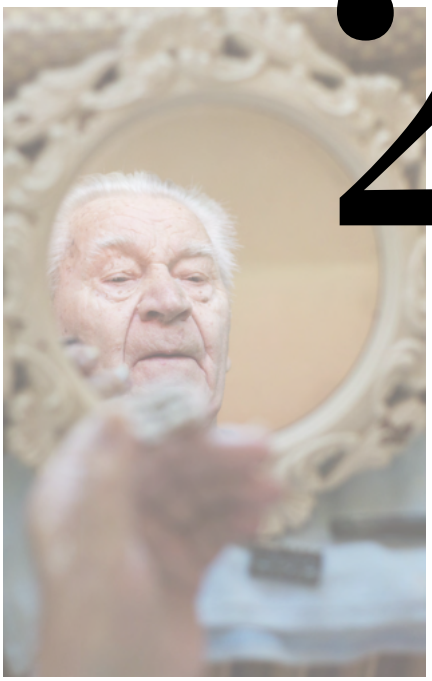
1 HELP SHEET

Dementia Support Australia has a helpsheet about personal care.

https://dementia.com.au/resources/library/behaviour/providing-personalised-care-for-a-person-living-with-dementia.html



2 WEB PAGE



Alzheimers New Zealand offers a range of helpful hints about helping with personal care tasks.

https://alzheimers.org.nz/get-support/supporting-someone-with-dementia/personal-care/

3 VIDEO

Vicky Noland Finch talks through her top tips for assisting bathing with grace.

https://www.youtube.com/watch?v=iu-O2KtgMWY



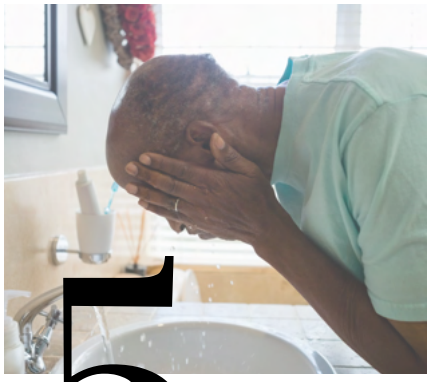
4 VIDEO CLIP

It's just one minute long, but this video clip from Teepa Snow shows what a difference the approach you use can make. You can also see the use of towels for privacy.

https://www.youtube.com/watch?v=inzWhk-UDBQ



5 ARTICLE



The book "Bathing without a battle" is hugely influential. In this article the authors summarise some main points and give instructions for how to give a towel bath in bed.

https://journals.lww.com/ajnonline/Fulltext/2006/04000/The_Bathing_Of_Older_Adults_with_Dementia__Easing.26.aspx

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Feedback on BATHING & DEMENTIA

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY DISAGREE
I understand more about how to make bathing a positive experience	○	○	○	○	○
I feel more motivated to try out positive approaches to bathing	○	○	○	○	○
I will be able to use what I learnt in my work	○	○	○	○	○
It was worthwhile coming	○	○	○	○	○

WHAT IS THE MOST IMPORANT THING YOU LEARNED TODAY?

WHAT IS YOUR GENERAL FEELING ABOUT THIS EDUCATION SESSION?

WHAT ARE YOU GOING TO DO DIFFERENTLY?

THANK-YOU FOR YOUR FEEDBACK, IT IS APPRECIATED

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CERTIFICATE

OF COMPLETION

_____

has completed the Dementia STARs Bathing Module

Date _____

Signed _____

Organisation _____

BATHING

References

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Bathing and dementia

dementia STARs

The V.I.P.S. framework of person-centred care

Dawn Brooker

What would I do?

Thinking quickly, without knowing the situation…

Would you go with a stranger who says "come with me"?	Y	N
Would you have your face washed by someone else?	Y	N
Would you let a stranger see you naked?	Y	N

V Valuing people living with dementia

I Treating each person as an **Individual** and meeting their individual needs.

P Looking at the world from the **Perspective** of the person living with dementia.

S Creating a positive **Social** environment.

Shower situations & solutions

Match the situation to the possible solution. Write the correct letter in the boxes.

1	Mr Tilo is an ex-mechanic. He says he doesn't need his morning shower.	☐
2	Miss Matthews loves cats but hates her assisted showers.	☐
3	Mrs Chin is afraid of water on her face.	☐
4	Mr Todd is shivering in the bathroom and wants to leave.	☐
5	Mrs McGuire says she doesn't need your help and sometimes pinches you.	☐
6	Mrs Patel doesn't want people washing her, but she likes getting her nails painted.	☐



a	Cat and distract: a waterproof cat and lots of cat chat
b	Get them in charge: give them a flannel to hold and encourage them to wash the parts that they can
c	Use their routine: Try an evening shower when they feel 'dirty' after a day's work
d	No tears shower: Try a hand-held showerhead, wetting their hair with a flannel, and no-rinse products.
e	The spa treatment: Turn shower time into pamper time.
f	Warm fuzzies: Warm the bathroom and have everything ready. Have warm towels to cover them.

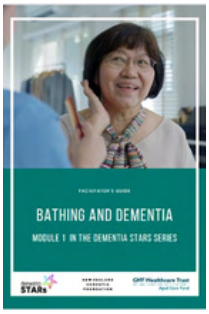


Answers: 1) c 2) a 3) d 4 f) b 6) e

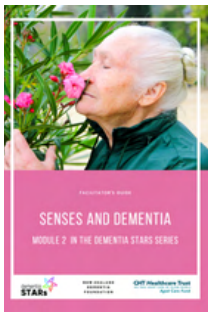
CONTINUE LEARNING WITH THE DEMENTIA STARS SERIES

We are delighted to offer eight Dementia STARs modules in this series. The Dementia STARs programme is an opportunity to reinforce a shared culture of person-centred care. Each kit offers all the tools needed to run an engaging introductory education session for direct care-workers and other staff.

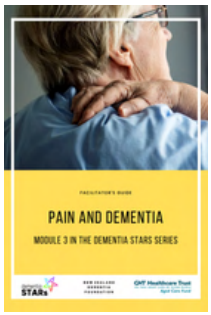
You can find the full series online at nzdementia.org/Dementia_STARs



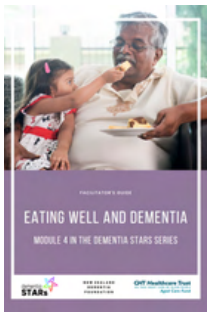
1: Bathing and dementia



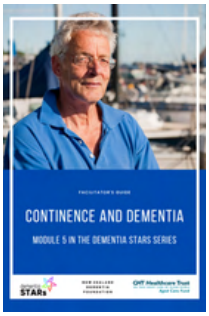
2: Senses and dementia



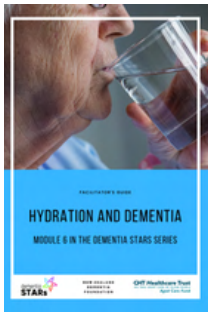
3: Pain and dementia



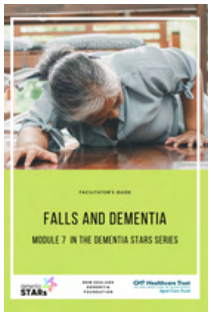
4: Eating well and dementia



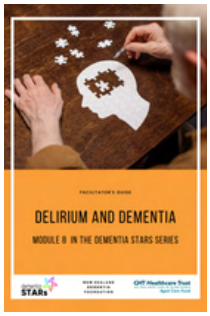
5: Continence and dementia



6: Hydration and dementia



7: Falls and dementia



8: Delirium and dementia

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