WAC 388-112A-0440 What must dementia specialty training include? Curricula developed and approved as dementia specialty training must include all of the knowledge, skills, topics, competencies, and learning objectives described in this section.

(1) Understanding dementia.

(a) Introduction to dementia. The caregiver will review common signs, symptoms, and types of dementia and identify the difference between dementia and conditions that might look like dementia.

(i) What is dementia: Symptoms, causes, parts of the brain, types of dementia; and

(ii) What is not dementia: Forgetfulness, depression, delirium, urinary tract infection, mild cognitive impairment.

(b) Hallucinations and delusions. The caregiver will identify common hallucinations and delusions a person with dementia may exhibit and identify physical, emotional, and environmental causes of hallucinations and delusions.

(i) What is baseline;

(ii) Hallucinations: Visual, auditory, causes; and

(iii) Delusions: What are delusions, other causes.

(c) Setting the tone. The caregiver will distinguish between positive and negative interactions and ways to enhance quality of life for the individual.

(i) The role and characteristics of the caregiver: Empathy, dependability, patience, strength, flexibility, creativity;

(ii) Self-care: Reducing personal stress, setting goals, communicating effectively, asking for help, exercise, nutrition;

(iii) Learning from emotions;

(iv) Support;

(v) Environmental influences on the tone;

(vi) Enhancing the environment; and

(vii) Schedule planning.

(d) Working with families. The caregiver will recognize common emotions family members experience with a loved one who has dementia, identify some difficulties family members may experience or express about their loved one's care, and provide resources for families.

(i) Understanding the family unit;

(ii) Working with and supporting family members and friends; and

(iii) Building trust.

(2) Living with dementia.

(a) Sexuality and intimacy. The caregiver will identify safe and unsafe expressions of sexuality and steps to take in the best interest of the individual.

(i) Sexuality and intimacy;

(ii) Sexualized behavior;

(iii) Do no harm;

(iv) Attitudes;

(v) Lesbian, gay, bisexual, transgender, questioning (LGBTQ);

(vi) Changes: reduced interest, increased interest, sexual aggression, inhibitions, coping and frustrations;

(vii) Client rights;

(viii) Consent;

(ix) Abuse;

(x) Talking to families about sex;

(xi) Caregiver responsibility; and

(xii) Reporting nonconsensual sexual contact.

(b) Medications, treatments, and therapies. The caregiver will identify possible medication side effects, ways to respond to side ef-

fects, and recognize nondrug therapies to alleviate some symptoms of dementia.

(i) Conventional medicine: general dementia medication, other drugs used with people who have dementia;

(ii) Medication side effects and reporting side effects;

(iii) Chemical restraints;

(iv) Medication refusal; and

(v) Nondrug therapies: natural medicine, cannabis, holistic therapies, nutrition.

(3) Activities of daily living (ADL). The caregiver will identify ways to assist with activities of daily living such as bathing, dressing, eating, oral care, and toileting while focusing on the individual's strengths.

(a) Helping with activities of daily living;

(b) Self-directed and staff-directed activities;

(c) Creating an environment to support activities;

(d) Assisting with challenging ADLs;

(e) Assisting with bathing;

(f) Assisting with dressing;

(g) Assisting with eating;

(h) Assisting with oral care; and

(i) Assisting with toileting.

(4) Fostering communication and understanding.

(a) Communicating with people who have dementia. The caregiver will be able to demonstrate an ability to recognize communication styles and ways to communicate effectively.

(i) Verbal and nonverbal communication;

(ii) Progression of dementia and communication impact;

(iii) Early, middle, and late phase dementia; and

(iv) Approach: Nonverbal gestures, giving and receiving information, listening and interpreting information, communicating respect, open-ended questions, reason, logic and time, asking not telling, saying less, gentle deception.

(b) Trauma informed care. The caregiver will recognize that past traumas can affect current thinking, behaviors, and actions, and will identify strategies to provide trauma informed care.

(i) Coping mechanisms;

(ii) Impact of culture;

(iii) Trauma informed care;

(iv) Principles of trauma informed care: Safety, trustworthiness, choice, collaboration, empowerment; and

(v) Strategies for care.

(5) Challenging behaviors.

(a) Approaching challenging behaviors. The caregiver will demonstrate the sequence of steps to approach challenging behaviors.

(i) Strategy for approaching behaviors: Stop, identify, take action.

(A) Stop, identify, take action;

(B) Calming techniques;

(C) Expressing a need or desire;

(D) Physical, environmental, and emotional triggers;

(E) Minimizing or eliminating the trigger;

(F) Approaching a client; and

(ii) Document and report.

(b) Tips for dealing with specific challenging behaviors. The caregiver will demonstrate an understanding of navigating challenging situations.

(i) Anger;
(ii) Combative during personal care;
(iii) Cries and tearfulness;
(iv) Disrobes in public;
(v) Eats nonedible substances/objects;
(vi) Hallucinations and delusions;
(vii) Inappropriate toileting/menses activity;
(viii) Injures self;
(ix) Intimidates/threatens;
(x) Mood swings;
(xi) Repetitive anxious complaints or questions;
(xii) Repetitive physical movements and pacing;
(xiii) Resistive to care with words and gestures;
(xiv) Rummages through or takes belongings of others;
(xv) Seeks vulnerable sexual partner;
(xvi) Sexual acting out;
(xvii) Spitting;
(xviii) Unrealistic fears or suspicions;
(xix) Unsafe smoking;
(xx) Up at night while others are sleeping and requires interventions;
(xxi) Verbally abusive; and
(xxii) Wanders and is exit seeking.

[Statutory Authority: RCW 74.39A.009, 74.39A.070, 74.39A.074, 74.39A.351, 74.39A.341, 18.20.270, 18.88B.021, 18.88B.035, 70.128.230, 71A.12.030. WSR 17-22-036, § 388-112A-0440, filed 10/24/17, effective 11/24/17.]