

2026 Annual PADONA Conference



The Penn State Dementia CareForce: Filling Gaps and Building Dementia Care Competency in PA Long-Term Care Settings

Rollin Wright, MD and Nicole Osevala, MD
Peg Chabala and Beth Tesfay, RN, Dementia Care Educators



PENNSYLVANIA ASSOCIATION OF
DIRECTORS OF NURSING ADMINISTRATION



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine

Disclosures and Acknowledgements

- Harry Albertman Geriatrics Endowment
- PA Dept of Health, Long term care RISE program (Resiliency, Infrastructure, Supports and Empowerment)
- GEAR (Geriatric Emergency care Applied Research) 2.0 pilot (subaward), NIH 7R33AG069822-04
- PSH Dept of Medicine Inspiration Pilot Award
- Age-Friendly PA GWEP, The Penn State Ross and Carol Nese College of Nursing



Learning Outcomes

1. To discuss federal and state regulatory requirements for dementia care training in long-term care settings.
2. To appraise the current state of dementia care training in Pennsylvania nursing homes and personal care communities.
3. To apply person-centered, relationship-focused principles to strengthen dementia care practices and staff competency.



Background

- Poor understanding of dementia-related behavior symptoms
- High rates off-label use of antipsychotics/psychotropics for PLWD
- Centers for Medicare and Medicaid Services (CMS), state surveyors discourage reliance on psychotropics
- Recommend “non-pharmacologic management” of behavioral symptoms
 - No knowledge or tools for how to do this
 - Requires special training, skills in dementia care to promote “non-pharm” strategies



Dementia Care Training is the Antidote to Overuse of Psychotropics in PLWD

The Affordable Care Act: Section 6121 in 2012:

CMS must ensure that nurse aides receive regular training on how to care for residents with dementia and on preventing abuse.

National Partnership to Improve Dementia Care quality initiative

Enhance quality of life for PLWD

Protect them from substandard care

Promote goal-directed, person-centered care for every NH resident

Increase use of non-pharmacologic approaches and person-centered dementia care practices

Significantly reduced antipsychotic use in NH

How are we packaging and disseminating this antidote?



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/national-partnership-improve-dementia-care-nursing-homes>



PA Requirements for LTC Workforce Dementia Care Training

Nursing Homes

(Federal: Title 42/Chapter IV/Subchapter G/Part 483)

§ 483.95 Training requirements.

- A facility must develop, implement, and maintain an effective training program...consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.71. Training topics must include but are not limited to—

(c) Abuse, neglect, and exploitation.

...facilities must also provide training to their staff that at a minimum educates staff on—

- **(3) Dementia management and resident abuse prevention**

(g) **Required in-service training for nurse aides.** In-service training must—

- (1)...must be no less than 12 hours per year.
- (2) Include dementia management training and ...abuse prevention
- (4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

Assisted Living/Personal Care

(Commonwealth of PA Title 55, chapter.section)

- **AL: A record of training** ...of staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept. (2800.65)
- **AL** All personnel... shall receive **at least 4 hours of dementia-specific training within 30 days of hire** and **at least 2 hours of dementia-specific training annually** thereafter in addition to the (16h) training required. (2800.69)
- **PC:** ...initial direct care staff person training to include: (iv) **Care of residents with dementia**, mental illness, cognitive impairments, an intellectual disability and other mental disabilities (2600.65)
- **PC:** **Direct care staff persons shall have at least 12 hours of annual training...** topics for the annual training ... shall include **3) Care for residents with dementia and cognitive impairments** (2600.65)
- **PC:** **Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (2600.236)**



LTC Dementia Care Training Requirements in the US

37 states have requirements beyond Federal regulation

Vary in detail and requirement (hours, content, staff)

11 states mandate core training topics

DE, FL, KY, LA, MA, MN, NE, TN, TX, VT, WV

Topics in common: *overview of Alzheimer's disease, basic communication skills, managing challenging behaviors, engaging with families and care partners, fostering ADL independence, reducing safety risks*

8 states (CO, CT, IA, MD, NJ, OK, OR, WA) less detailed regs requiring training of nursing home staff

PA has no requirements beyond Federal regulation



Dementia in PA LTC Settings

>300,000 Pennsylvanians with dementia

650 – 670 nursing homes (83,000 beds) in PA

Est 70% residents with dementia

<1/4 communities with dedicated Alzheimer's disease beds (6,562)

1,103 ALF/PC communities (68,314 beds) in PA

37% residents have dementia

<1/3 communities have dedicated dementia units (10,595-person capacity)

10,152 direct care workers

How many work in dedicated dementia care communities, i.e. should receive the extra training?



2 Questions



How is PA's LTC workforce being trained?

How well is PA's LTC workforce being trained?



LTC Dementia Care Training in PA

3 studies

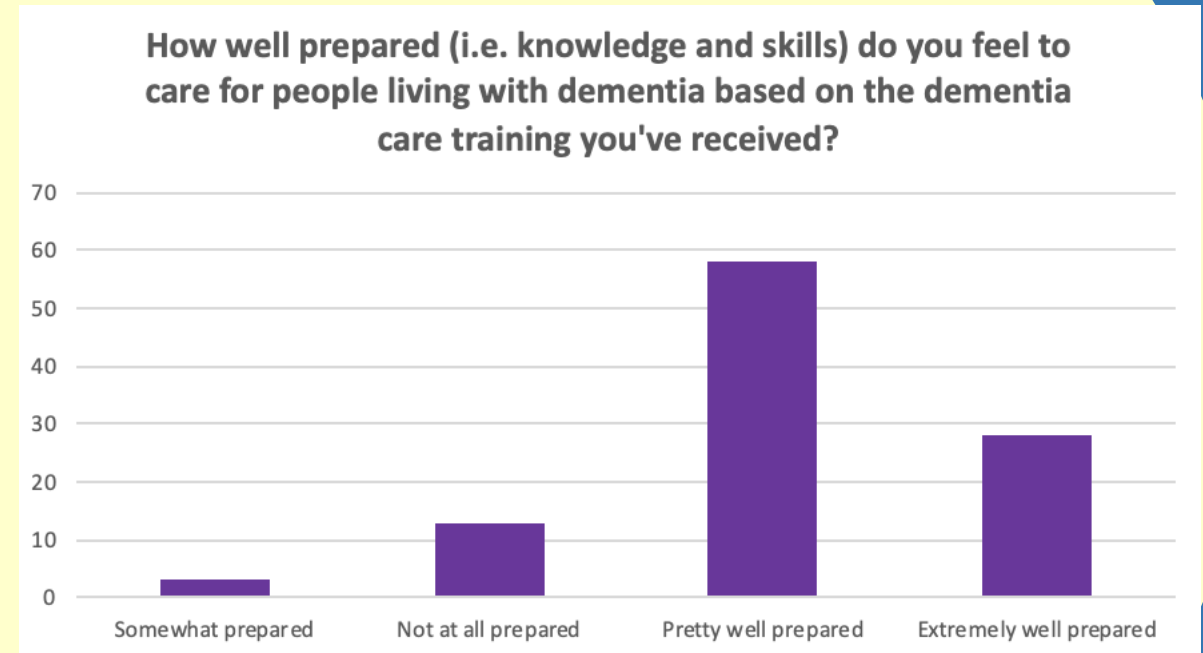
1. Staff perspective on dementia care training
2. Leadership perspective on dementia care training (TBD)
3. Find out what training programs LTC communities are using (TBD)



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



Participant Satisfaction with Training



5 communities participated
102 participants
15-25 staff per home (avg ~20)



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



Table 1. Dementia Care Training Programs Used in PA

Program	# Sites	Curriculum Content	Education Delivery	Cert?	Cost
Positive Approach® (Teepa Snow)	4	Knowledge and skills to work with PLWD	3 steps. Step 1 Knowledge: 3 h on-line group learning or individual workshops, quiz (Step 2 live, 6-8h)	Yes +CE	\$50-75 then \$198/person
Hand-in-Hand (CMS 2012)	3	Module 1: Understanding the World of Dementia Module 2: What is Abuse? Module 3: Listening and Speaking Module 4: Actions and Reactions Module 5: Preventing Abuse Module 6: Making a Difference	Instructor guide, orientation guide, 6 1-hour videos via YouTube or facilitator-led		Free
Validation® Memory Care (Naomi Feil)		Empathic attitude, holistic view; interacting with and serving PLWD	11 weeks of live webinars, coursework, practice with instructors (recordings), quiz	Yes	\$200/ person
CARES® Dementia 5 Step Method™ (Alz Assoc)	1	Dementia Basics (4h); Dementia Adv Care (6h); Dementia behavior (4h); ADLs (6h); EOL care (4h) ((Connect, Assess, Respond, Evaluate, and Share))	5-step=5 on-line modules (24h) and quiz	Yes	\$199/person \$1999/facility
Heartstone		environment for care, creating a compatible and health-supportive flow of the day, training for family members and paid staff in the I'm Still Here® resident skills-supportive approaches to communication, dining, engagement, care, and behavior	Peer-to-peer training, instructor (classroom), homework, training in real time on the unit	yes	Non-profit
JH Dementia Care Specialist Certification Training Bundle		Module 1: Causes, Symptoms, and Risk factors, Module 2: Diagnosing Dementia , Module 3: Managing Dementia and Behaviors, Module 4: Health Care Needs and Navigating the health care system, Module 5: Home and Personal Safety, Module 6: Supporting Caregivers	2 tiers, 10 modules, via JHU Canvas platform, videos, cases, quizzes	Yes	\$250
Montessori Aging and Dementia Philosophy	1		Several on line modules		
Relias	6		General Relias; Relias with Teepa		
Certified dementia trainer	4		Dementia trainer, nonspecific modules		
Other					

Unpacking “Ineffective Care Strategies”

Challenges

- “...the job became exhausting, frustrating, and difficult”
- *“the strategies they relied on to interact and manage the behaviors of residents with dementia did not work.”*
- Communication
- Engagement in activities
- Completing care activities
- *Unable to resolve escalating behaviors*
- *Struggling to identify what residents needed*

Recommendations

- Need consistent staffing to develop interpersonal relationships
- Opportunities for residents and staff to interact
- Need dementia care training to know what approach to use
- Training must cover multiple topics
- May help to train all staff
- Mental health support for staff to help with stress, burnout
- **Support from leadership for training and development



Summary of Dementia Care Training in PA

Requirement for Dementia Care Training in PA LTC settings is weak and does not appear to be enforced.

No uniformity, no quality control or oversight

Dementia care training programs:

- Expensive, unaffordable?

- Cumbersome to implement

- Questionable effectiveness

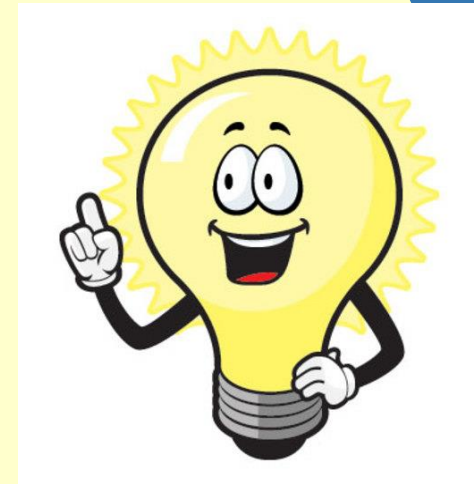
Rely on passive learning

Good dementia care requires a lot of skill and is logistically challenging to teach.



An Opportunity to Deliver Dementia Care Training: Long Term Care RISE

- What if experts in dementia care who have worked in the long-term care setting developed training for front-line staff?
- What if the training reflected the needs of adult learners, different levels of learners, was skill/competency oriented, and was created by an expert in curriculum development?
- How would long-term leaders receive an opportunity to offer this free training to all of their staff?



Dementia CareForce-LTC RISE



- 30 long-term care communities have complete Dementia CareForce training in South Central PA during RISE 3.0 and RISE 4.0 to date
- Dozens of additional communities completed training in RISE 3.0 in our train the trainer program with partner regions across PA
- Feedback from leaders and staff, along with our observations to improve the training operationally incorporated year over year
- **The truth:** We cannot expect staff to deliver high quality care to residents with symptoms of distress with low quality training that fails to help them connect knowledge with skills, does not provide them ability to problem solve, and is not useful in real world situations!
- We believe this is **tough stuff!** It cannot be accomplished by passive learning over a few hours of training-it is an investment we make in staff to improve their **safety** and **work satisfaction**, as well as **improve resident care.**



The Penn State Dementia CareForce Training Program



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine

Dementia CareForce Training Program

Purpose: To help direct care team members, i.e. the Dementia CareForce, develop skills and a process to meaningfully address symptoms of distress in people living with dementia (PLWD)

Goals:

- Empower team members to lead with their expertise in caring for PLWD
- Improve quality of life, sense of reward, and safety, and reduce stress of direct care team members
- Improve quality of life, safety, and respect for PLWD
- Reduce dependence on off-label use of risky medications that lack evidence and are not FDA-approved in PLWD



Dementia CareForce Training Schedule

Virtual Session 1: Dementia-Related Brain Change

➤ In-Person Workshop 1

Virtual Session 2: Understanding Dementia Distress Reactions and Symptoms

➤ In-Person Workshop 2

Virtual Session 3: Team-building Approach to Help with Unmet Needs and Distress

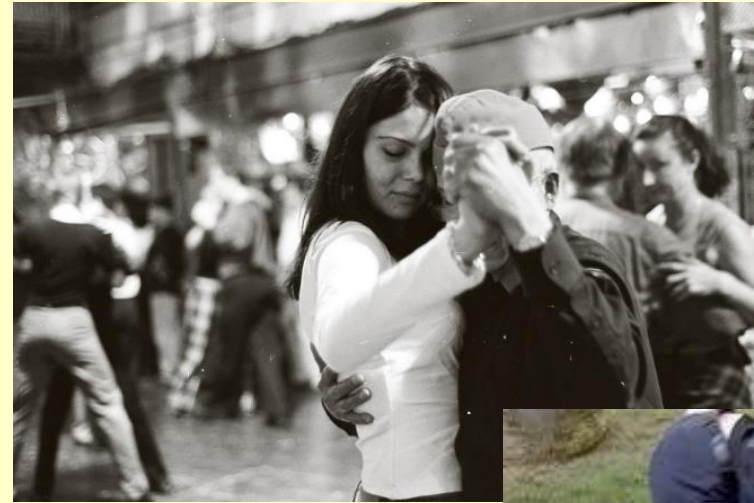
➤ In-Person Workshop 3



It Takes 2 to Tango....

Or Tangle

- Learn to DANCE with our partner
We must be willing to STOP & BACK OFF
- Being 'right' doesn't necessarily translate into a good outcome
- Keep your agenda in your back pocket!



Core Beliefs

The
RELATIONSHIP is
MOST critical,
NOT the outcome
of one encounter.

Being 'right'
doesn't
necessarily
translate into a
good outcome.

*It's all
about the
CONNECTION*

People living
with dementia
are doing the
best they can.
*(There's still a lot
they can do!)*

PLWD deserve to
maintain identity,
exercise
autonomy, and
live a good life!

You are the
KEY to
making life
worth living.



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



Session 1: Dementia-Related Brain Change

- What is dementia?
- What is happening to the changing brain?



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine

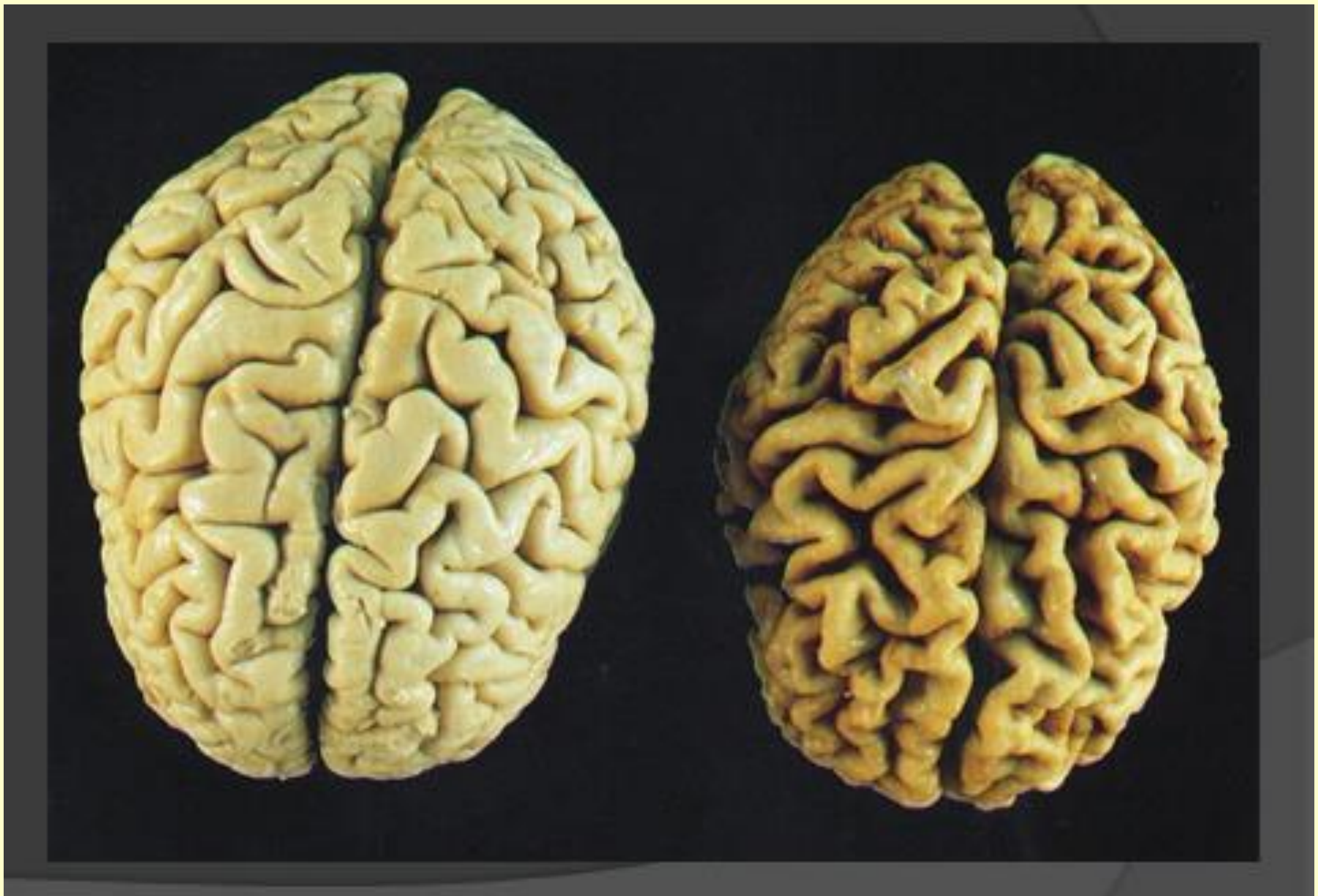


Brain Failure

The person's brain is dying



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



**Learning &
Memory
Center
Hippocampus
BIG CHANGE**

New information
Short term memory
Time awareness
Way finding



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



Session 2: Understanding Distress Reactions and Symptoms

- Why do they do what they do?
- What skills do we need to connect, communicate and get something done?

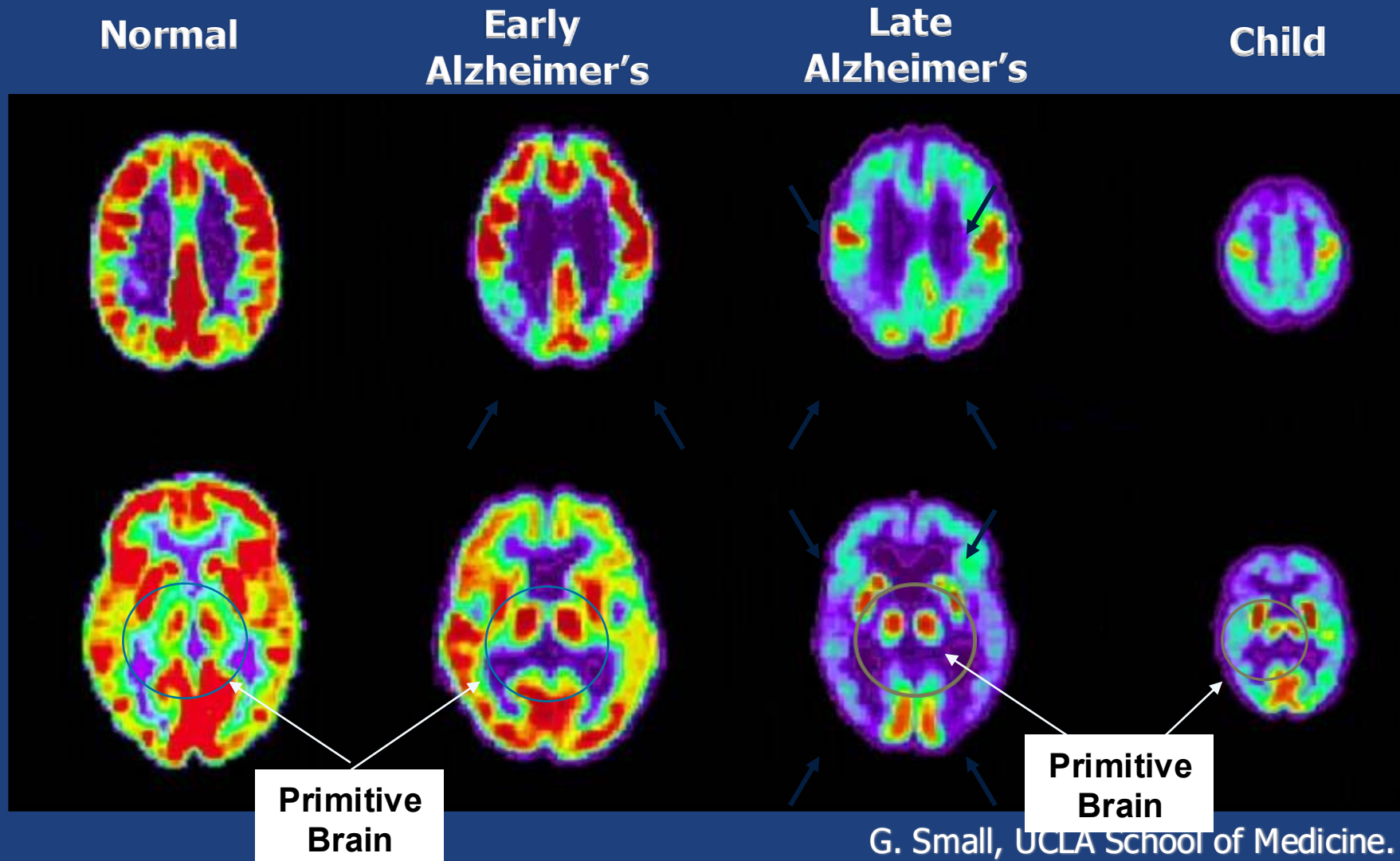


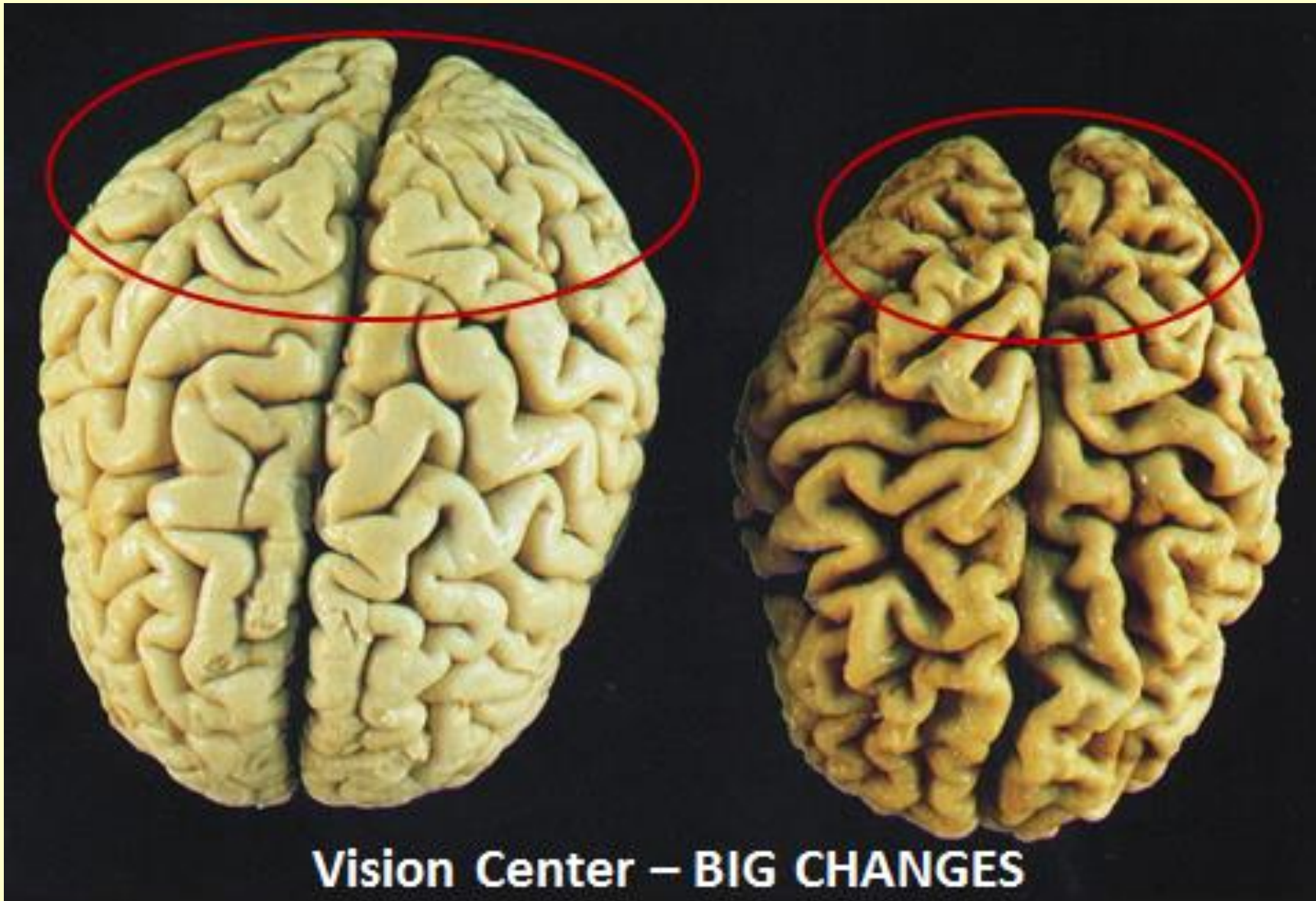
Why Do they Do What They Do?



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine

Positron Emission Tomography (PET) Alzheimer's Disease Progression vs. Normal Brain



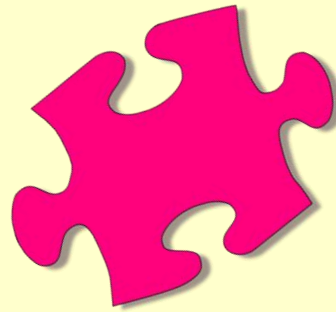


Vision Center – BIG CHANGES



Communication Skills to Build and Maintain RELATIONSHIPS and Avoid Distress

- ▶ Avoid leading with an agenda
- ▶ Establish a relationship each time
 - ▶ Respect Space (3 zones)
 - ▶ Approach and connect
- ▶ Palm-to-palm hand Support
- ▶ Slow down your words and WAIT (for them to process)
- ▶ Use. Fewer. Words. (Avoid verbal diarrhea)
- ▶ Go beyond verbal cueing (use visual + touch cues, too)
- ▶ Rule of 3 (Don't ask, don't explain, don't argue. Reframe the ask: Align)



- ▶ Go with the flow
- ▶ Be curious, not judgmental or blaming
- ▶ Decode symptoms, identify unmet needs
- ▶ Ask closed-ended questions (“this or that”)
- ▶ Ease off when you sense hesitation
- ▶ Use “I’m sorry” if they push back
- ▶ Assess for retained abilities at each stage (speech, hearing, processing, ADLs)
- ▶ Don't sound parental
- ▶ Don't point out mistakes
- ▶ Always end with a “thank you”



Session 3: Team-building Approach to Help with Unmet Needs and Distress

- How do we figure out what they need?
- How can we help?

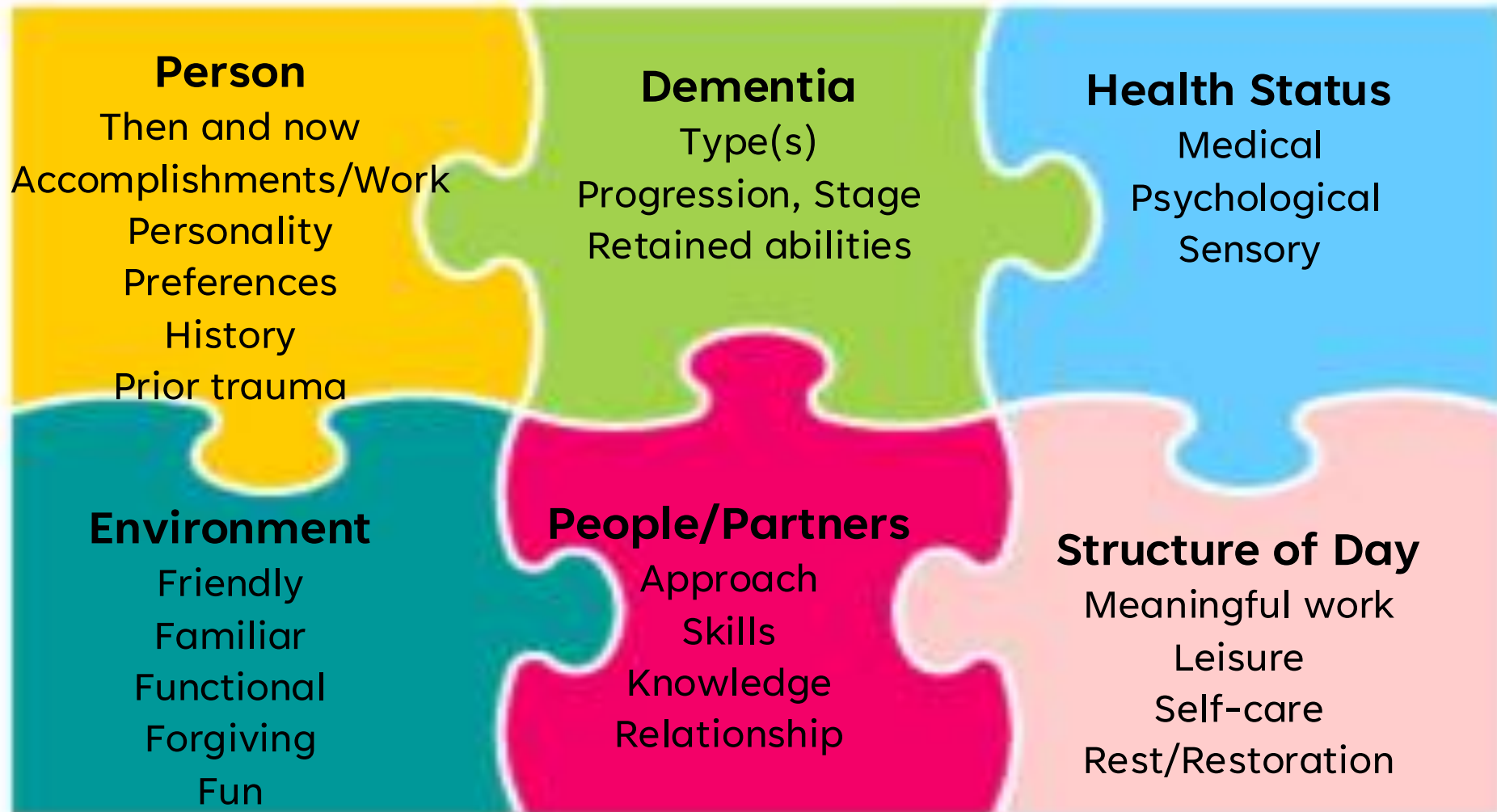


To Problem-Solve, Need 3 Things

1. A process to decode and figure out what is happening
2. Skills to resolve or prevent the distress
3. Teamwork: a dedicated time and place to put heads together, learn, come up with and share ideas, agree on what to try next



Investigate Using the 6 PIECES of the Puzzle



What you
CANNOT
control

What you
CAN control



“Treatment” of Dementia is Mostly Symptom Management...

which is YOUR approach and the skills you use to connect with them and respond to their signals, not medications.

Dementia symptom “treatment” starts with how you approach the person.



<https://www.birchwoodhouse.org.uk/2024/04/16/why-human-connection-is-important-for-the-elderly/>



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

with successful completion of 7 hours of dementia care training
and skills practice with the Dementia CareForce Program.

Testimonials

I liked learning new and positive ways of handling situations

To see from a dementia patients' point of view

They explained really well what dementia is and what it effects. Also what to do day-day that may help.

Come more frequently

Explained further info other demonstrations how to help someone living with dementia

Speak more about aggression

Showed a different approach to Dementia

They did good at representing how residents deal with daily activities.

made info fun to listen to

Engaged with the staff and the hands-on training part.

Alternatives when this wont work on difficult residents

Knowledge and confidence in Dementia care



Summary: Dementia CareForce

This is a Train-the-trainer, peer training model.

We trained groups of trainers across 6 regions of PA, and then the trainers rehearsed and practiced before deploying.

The knowledge and training overall very well received. People wanted more.

LTC leadership are the key to creating a sense of urgency, time, and support for direct care workforce to learn these skills as the non-pharmacologic approach to dementia care challenges...which are often created by US!



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



People with dementia are doing the best they can...



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine

...Are we?

Thank You!

Stay Connected & Learn More

Explore Our Programs

Scan the QR code to learn more about:

- Dementia CareForce
- Living with Dementia
- Workforce Development
- Research Opportunities



Visit Us at Our Booth!

Starlight Terrace Ballroom

Booth #55

Stop by to:

- Meet our team
- Learn about trainings
- Explore partnerships



PennState Health
Milton S. Hershey Medical Center
Division of Geriatric Medicine



PennState
College of Medicine
Division of Geriatric Medicine