



## BASIC CORE COMPETENCIES FOR WORKING WITH OR INTERACTING WITH PERSONS WITH DEMENTIA AND THEIR CARE PARTNERS.

During the state plan prioritization process in 2015, members of the Alzheimer Disease Advisory Committee and its partners identified core competencies necessary for health and social service providers to support, and provide care for, people with cognitive impairment and their care partners. They reviewed several source documents to compile a list of proposed core competencies across seven categories to serve as a “minimum set of core competencies for individuals that directly work with or interact with persons with dementia (PWD) and their care partners.” Some professions may expand on this set and define additional competencies. This effort, part of the Healthy Brain Initiative, provides the foundation for future trainings that will build skills for both professionals and lay persons to work more effectively with PWD and their care partners. The development of these core competencies and trainings for providers and care partners will enhance care and quality of life for PWD across Illinois, and has the potential to influence other states who will look to Illinois as a best practice example.

### ***Target Audience***

- Basic minimum set of competencies
- Additional competencies will likely be needed for various professions
- Some specific professions may have additional competencies defined

### ***Potential Uses for Core Competencies***

- To inform direct service delivery and promote best practices
- To serve as a resource in developing worker training and performance improvement practices for DCW
- To recognize competencies needed for DCW to improve direct support practice
- To reflect the specific needs of people supported in community based LTSS.

### ***Core Competencies by Category***

**A. Knowledge of Dementia**—Understanding Alzheimer’s disease and related dementias, their effects on brain function, and resultant symptoms is essential to the provision of quality person-centered care.

1. Define dementia and identify the primary causes.
2. Explain how dementia, over time, may progressively impair all functions of the brain, including, but not limited to, memory, attention-span, language, decision-making, and personality.
3. Describe the differences among normal aging, mild cognitive impairment, and dementia due to Alzheimer’s disease and /or related dementias.
4. Describe how dementia affects care partners, family, and social networks

**B. Person-Centered Care**—Person-centered care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences, and needs; and treating PWD with dignity and respect. PWD have a right to quality of life. Living with dementia can be an isolating experience. Individuals who directly work with PWD need to recognize their role in reducing social and environmental factors that have a negative impact. Person centered care recognizes the human value and individuality (unique personality and life experiences) of all, both the person with dementia and those working with them. At the core of “person centered care” are the relationships developed.

1. Describe person-centered care and how it promotes and maintains independence, minimizes frustration, and fosters feelings of comfort and security.
2. Describe how knowing a person’s background, culture, and experiences can affect care, including promoting continued purposeful and meaningful activities.
3. Describe an awareness of how background, culture, experiences, and attitudes of individuals directly working with or interacting with PWD can affect care.
4. Recognize PWD and care partners as part of the caregiving team, if able and willing to participate. PWD should make informed decisions about care and treatment, including completion of advanced directives.
5. Define who may be involved in a caregiving team beyond PWD and care partners.

Recognize that in many cases, the family of the PWD may be maximally stressed by the caregiving needs and behavioral problems of the PWD.

**C. Communication**—Dementia often changes how a person is able to communicate, both in what is said and in what is understood. Individuals that directly work with or interact with PWD need to understand how they can assist in this communication.

1. Demonstrate effective ways of listening and communicating with PWD, both verbal and non-verbally.
2. Collect and use information about the individual's personal history, personal, religious and spiritual preferences, and cultural and ethnic background.
3. Provide PWD and/or their care partners with information in the preferred language and/or in an accessible format using an impartial interpreter in the preferred language.

#### **D. Understanding Behaviors**

The behaviors of PWD are an indication of an emotional condition and therefore, may be a form of communication by PWD. Health care workers need to understand how to assess the behaviors and emotional state of PWD. Many behaviors may be modified by altering the approach to the person and/or the environment. PWD may exhibit challenging and uncharacteristic behaviors. Behaviors may include aggression, agitation, wandering, hoarding, sexual disinhibition, apathy, and disruptive vocal activity such as shouting.

1. Discuss how the behavior of PWD may be a form of communication. Behaviors may reflect emotions or unmet needs.
2. Identify, monitor, and address environmental, physical health, medical and psychosocial factors that influence behaviors. This can include violence and aggression, and the risk of harm to self or others.
3. Recognize a change in behavior may be due to medications or delirium and a discussion with staff may be needed.
4. Explain how to defuse, redirect, and distract PWD during stressful situations.
5. Recognize that a person with dementia may lack insight about their own behavior.
6. Describe ways to tailor interventions to the person's preferences, skills, and abilities.

**E. Safety**—Safety issues can be a concern for PWD and their care partners. These risks can include wandering, misuse of medications, daily care, and navigating through life. Safety concerns can also include risk of exploitation and abuse. Individuals, who care for PWD should identify, monitor and address environmental, physical health and psychosocial factors that may increase safety risks.

1. Identify and address the safety needs of PWD and care partners.
2. Discuss how a person's surroundings may affect safety.
3. Understand why PWD may be more vulnerable to abuse and neglect.
4. Demonstrate the ability to identify, prevent, and report situations of abuse, exploitation, and neglect.
5. Describe state and federal laws that require reporting of abuse and neglect.

**F. Palliative Care**—Care for PWD should incorporate a palliative care approach, to optimize the quality of life. As defined by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services and the National Quality Forum, "Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice."

1. Describe the palliative care approach throughout the entire disease process.
2. Identify the stages of grief for PWD and care partners and associated behaviors during each stage.
3. Identify how cultural and family differences influence the treatment choices and dying process.
4. Describe the physical and emotional aspects of the treatment choices and dying process.
5. Explain how PWD and multiple care partners' goals for care may differ and change over time.