

WAC 388-112B-0040 What are the competencies and learning objectives for the dementia portion of geriatric behavioral health worker training? Curricula developed and approved for the dementia portion of geriatric behavioral health worker training must include, at a minimum, all the knowledge, skills, topics, competencies, and learning objectives described in this section.

(1) Defining dementia.

(a) Introduction to dementia. The worker will review and identify 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) Forgetfulness, depression, delirium, urinary tract infection, mild cognitive impairment, and other conditions that might be mistaken for dementia.

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

(c) Interactions with residents living with dementia: The worker will distinguish between positive and negative interactions and identify ways to enhance quality of life for the individual.

(i) The role and characteristics of the worker, such as empathy, dependability, patience, strength, flexibility, creativity;

(ii) Tools for self-care, such as reducing personal stress, setting goals, communicating effectively, asking for help, exercise, nutrition;

(iii) Learning from emotions;

(iv) Support.

(d) Environmental influences on residents' behaviors. The worker will adapt the environment to promote resident independence and minimize challenges, including:

(i) Physical environment such as adjusting the lighting, controlling sounds/noise, adjusting the temperature, rearranging the furniture, and identifying wayfinding methods;

(ii) Emotional environment such as staff interactions and approaches.

(e) Working with families. The worker will recognize common emotions family members experience with a loved one who has dementia, and identify difficulties family members may experience or express about their loved one's care by:

(i) Understanding the family unit;

(ii) Working with and supporting family members and friends by providing resources; and

(iii) Building trust.

(2) Sexuality and intimacy. The worker will identify safe and unsafe expressions of sexuality by demonstrating knowledge in:

(a) Sexuality and intimacy;

(b) Sexualized behavior;

(c) Prioritization of doing no harm;

(d) Individual attitudes about sexuality and intimacy;

(e) Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ);

(f) Changes in sexual behavior, such as reduced interest, increased interest, sexual aggression, inhibitions, coping, and frustrations;

(g) Resident rights related to sexuality;

- (h) Consent and appropriate reporting of nonconsensual sexual contact, including alleged and suspected sexual abuse;
- (i) Talking to families about sex.
- (3) Treatment of dementia. The worker will demonstrate an understand of:
 - (a) Conventional medicines used in the treatment of dementia and other drugs used with people who have dementia;
 - (b) Prohibition of chemical restraints; and
 - (c) Nonconventional therapies, such as natural medicine, cannabis, holistic therapies, and nutrition.
- (4) Fostering communication and understanding.
 - (a) The worker will demonstrate the ability to communicate effectively with people living with dementia, and demonstrate an ability to recognize communication styles and ways to communicate effectively, such as:
 - (i) Verbal and nonverbal communication used by the resident;
 - (ii) Progression of dementia and ways communication changes over time;
 - (iii) Communication changes and common themes of communication seen in early, middle, and late phase dementia;
 - (iv) Successful methods to approach a resident who has dementia, such as starting a conversation or listening and interpreting information, being respectful, avoiding the use of reality orientation, and using nonverbal gestures; and
 - (v) The impact of culture and generational differences on resident behaviors.
 - (b) Trauma-informed care. The worker will recognize that past traumas can affect current thinking, behaviors, and actions, and will identify strategies to provide trauma informed care, including:
 - (i) Individual various common coping mechanisms following traumatic events;
 - (ii) Impacts culture and generation have on trauma;
 - (iii) Principles of trauma informed care, such as safety, trustworthiness, choice, collaboration, empowerment; and
 - (iv) Strategies for working with residents who have experienced trauma.
- (5) Challenging behaviors. The worker will note common causes of resident's challenging behaviors, such as physical, environmental, and emotional triggers:
 - (a) Explore how the challenging resident behaviors might be a form of communication, and
 - (b) Approaching and addressing the challenging behaviors with methods such as:
 - (i) A standardized problem-solving method such as Plan-Do-Study-Act (PDSA), five why's, or similar;
 - (ii) Safe ways to approach a resident expressing a challenging behavior; and
 - (iii) Calming techniques;
- (6) Person centered approach. The worker will demonstrate the ability to use person-centered language in the work they do.

[Statutory Authority: RCW 18.20.270, 74.39A.020, 74.39A.078, and 74.42.360. WSR 23-15-100, § 388-112B-0040, filed 7/18/23, effective 8/18/23.]