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Habilitation Training Curriculum: Is It Useful?

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Habilitation Training Curriculum: Is It Useful?

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Abstract

Alzheimer's disease is the most common form of dementia, affecting approximately five million Americans. Paul Raia, PhD, Vice President, Clinical Services at the Alzheimer's Association, MA/NH Chapters, developed a training curriculum called *Caring for People with Alzheimer's Disease: A Habilitation Training Curriculum*. The Alzheimer's Association's Maine Chapter has been implementing this training in care facilities across Maine. The purpose of this project was to evaluate if this training is perceived as useful in direct care settings. A secondary goal of the project was to determine if this training should be adapted for use in other settings in which professionals of varying titles interact with elder populations.

Background

- AD is the most common form of dementia, affecting approximately five million Americans nationwide and 37,000 people in Maine.
- Based on population data, Maine's is ranked 6th in the nation for individuals over the age of 65, and 14th for individuals over the age of 85.
- Age is the number one risk indicator.
- Over time, AD produces changes in the brain, impacting cognitive and physical functions, eventually leading to death.
- In Maine, friends and family provide the majority of caregiving.
- Those with AD living in professional care settings require a high level of care.
- Increased training and knowledge is correlated with positive outcomes for caregivers and those living with AD.

Objective

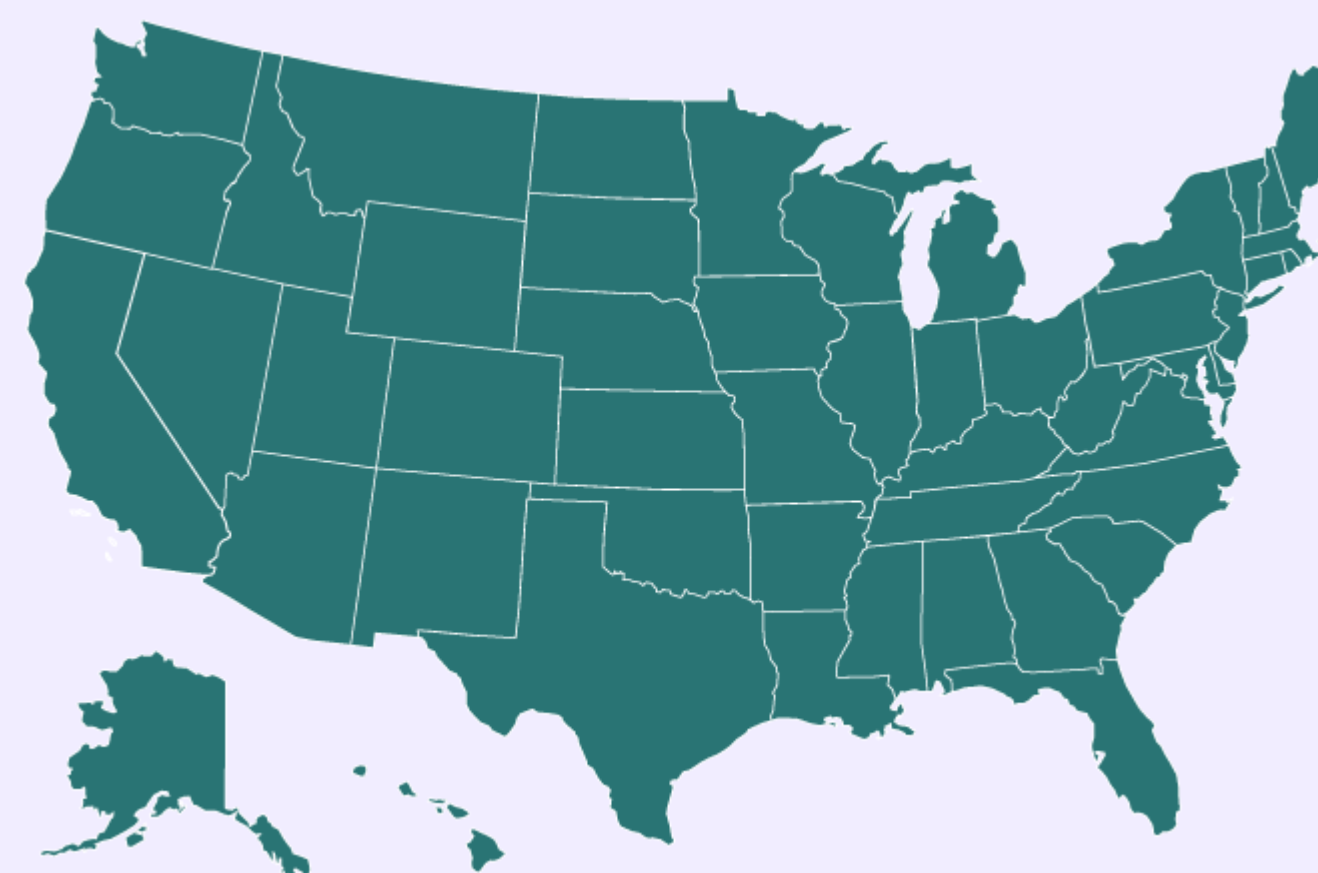
- The objective of this research was to address professional caregiver's perceived usefulness of the training, and how it might be adapted to better-fit professional caregiver's knowledge needs.
- A secondary objective of this research project was to determine if this curriculum should be adapted for use with other professionals that have less regular interaction with individuals with AD, as there is not currently a specific training that addresses the usefulness of such training.

Methods

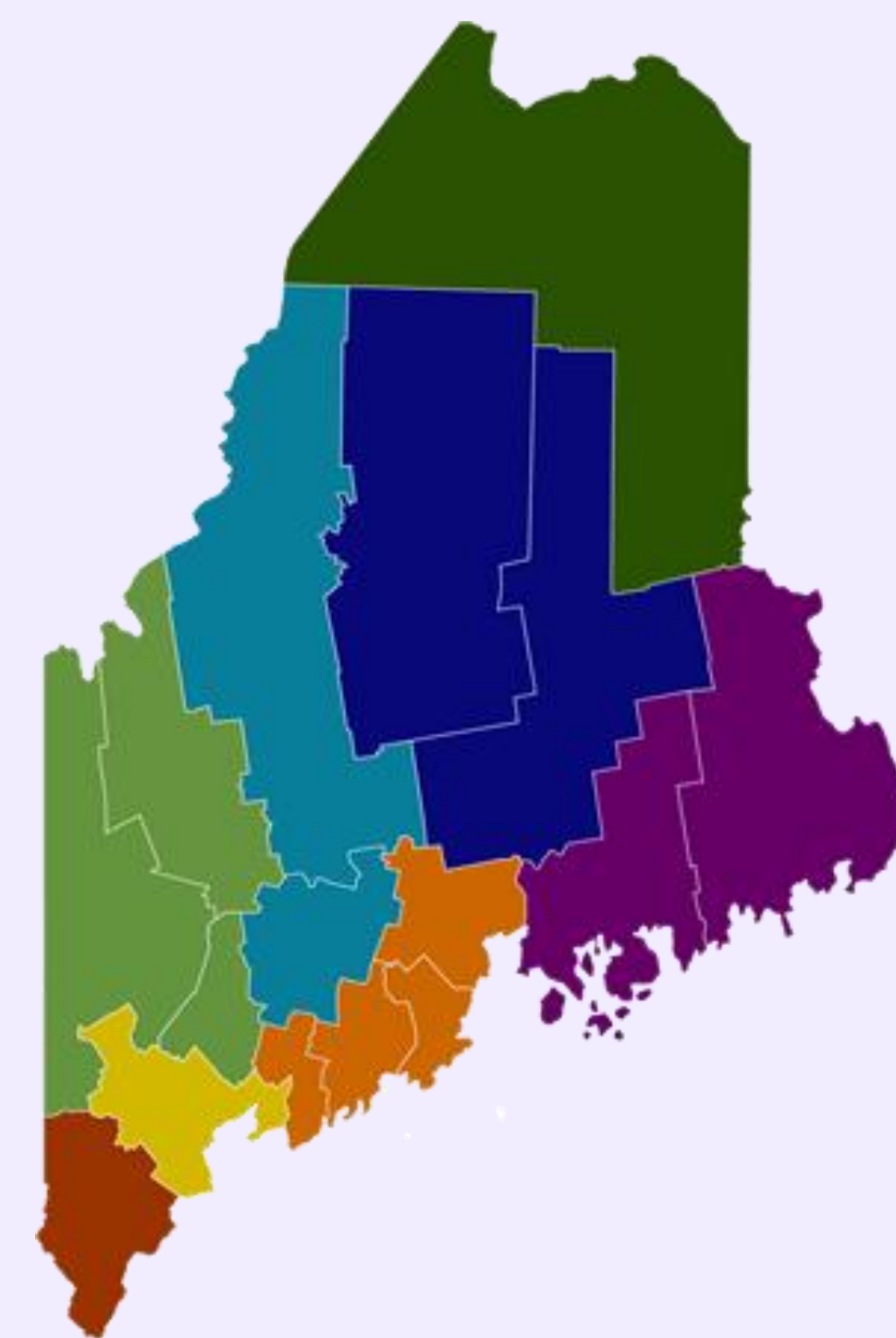
- Six agencies were identified by the Alzheimer's Association for participation in this research project.
- All potential participants were selected based on having received the Habilitation training.
- A cover letter, consent form, and link for an electronic survey (developed through the SurveyMonkey website) were sent via email to five of the six facilities. Correct contact information could not be obtained for the sixth facility.
- The Survey consisted of 43 quantitative questions and two qualitative questions.
- The Survey was made up of original questions, 22 of which were adapted from the Alzheimer's Association's Habilitation Training Curriculum manual.
- Once contacts were given the electronic survey the goal was to have the survey made available to all direct care professionals within that agency, and have as many as possible take the survey.
- These researchers sent a follow-up email to all agencies one week after the initial email to increase participation.



1 in 3 Seniors dies with Alzheimer's or another form of dementia.*



More than 5 million Americans are living with the disease.*



37,000 Mainers are living with Alzheimer's Disease.

Results

- Only four facilities participated in the survey.
- Due to the small number of participants, the survey was treated like a highly structured qualitative interview by these researchers.
- Trends in demographic responses showed that:
 - Respondents had at least "some college" education.
 - They were employed at the facility for five plus years.
 - They provided direct care within the facilities they were employed at.
 - They had participated in Alzheimer's trainings that were NOT the habilitation training over the years.
- Trends in overall survey responses:
 - Respondents were able to discern symptoms of dementia versus normative aging
 - Respondents were able to discern the different ways in which staff could be more effective in working with individuals who have dementia.
 - Respondents agreed that the training was effective and needed.
 - Respondents agreed that job related stress had decreased because of this training.
 - Respondents also felt that the training did a good job educating staff on dementia and the needs of clients who have dementia.
 - Respondents felt the training increased their competence in working with clients who have Alzheimer's.
 - Respondents also felt that the training was being adequately implemented at most facilities.
 - Respondents also felt that this training should be expanded to other settings with other professionals.

Discussion

- Existing literature reports the significance of Alzheimer's knowledge in providing quality of care for those living with AD; it also highlights the positive impact of knowledge on caregiving practices and positive outcomes for caregivers. This research project supports these prior findings as respondents agreed that training improved their attitude towards and understanding of clients with Alzheimer's disease.
- In terms of these findings our original goal of determining the usefulness of the habilitation training was supported, however due to the small number of responses further research with a larger sample is needed. A larger study may be beneficial in exploring the key themes identified by these researchers.
- The second goal of this research was supported by respondents answers; they believed the training should be used in other settings and with professionals of various titles that may come into contact with elder populations.
- Moving forward these authors believe that research is needed to identify settings in which this training may be most useful. Determining what adaptations are needed based on prior knowledge of AD would also be helpful.
- These researchers believe that increasing Alzheimer's awareness in a variety of settings would be beneficial to those living with AD and their caregivers. Because of the complexity and scope of this disease, further research can only provide greater insight into the needs of caregivers.

Acknowledgments

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*Image 1 and 2 were taken from the Alzheimer's Association facts and figures webpage: www.alz.org