# STUDENT HANDOUT 1Communication Challenges and Impact: Supporting Clients with Dementia

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| --- | --- | --- |
| **Communication Challenges for Peter Schultz** | **Impact on the Client and/or Family** | **HCA Strategies** |
| Difficulty initiating or following conversation |  |  |
| Difficulty following instructions or rules related to a game or activity |  |  |
| Difficulty understanding written material or communicating in writing |  |  |
| Expressing confusion and/or the inability to understand what is being said |  |  |
| Expressing resistance when directed to complete tasks related to personal care and hygiene |  |  |
| Expressing anger and frustration related to the loss of ability to complete formerly known or routine activities (e.g., household repairs and maintenance) |  |  |

Metzger, Z. B. (2010). *The Last Lap of the Long Run, Addendum to “On the Long Run”: An Account of our Travels with Dementia*. This material is licensed under a [CC BY-SA 4.0 licence](https://creativecommons.org/licenses/by-sa/4.0/deed.en).

# INSTRUCTOR DSCUSSION GUIDE 1Ambiguous Loss and Grief

**What is ambiguous loss and grief?**

* Ambiguous loss is a type of loss that happens when a person with dementia is physically present but is experiencing changed cognitive abilities.
* A family member caring for a person with dementia may experience ongoing stress and grief due to the ambiguous loss of having their partner, spouse or parent still here, but not present in the same way as before.

**Why is ambiguous loss and grief different from other types of grief?**

* When a person is bereaved, they are likely to receive support from family and friends, and may eventually find closure through the natural grieving process.
* Ambiguous loss complicates grief. It’s often hard for a caregiver to know whether or how to grieve.
* Many aspects of the person with dementia are lost, but some remain. Family and friends may not recognize the caregiver’s need to grieve the many losses at different stages of the disease and receive support while the person with dementia is alive.
* The caregiver may feel like he or she is living in limbo, unable to fully grieve or resolve the losses that have already occurred while anticipating other losses that lie ahead.

**How can HCAs provide support to individuals and families experiencing ambiguous loss and grief?**

* Be sensitive to a wide range of caregiver grief reactions, including sadness, anger, anxiety, ambivalence, guilt, denial, and helplessness.
* Use empathetic listening skills.
* Validate the person’s feelings and experience in a non-judgmental way.
* Acknowledge and affirm caregivers’ strengths, success, and resilience in coping with losses and adapting to changes.
* Help families and individuals recognize and understand the feelings of ambiguous loss and work through them with the help of Alzheimer Society staff or other health care providers.
* Provide strategies to help caregivers learn how to live with ambiguous loss, and remain healthy and resilient.
* Help caregivers find creative ways to engage with the person with dementia.
* Make a referral to the Alzheimer Society of B.C.
* Encourage caregivers to practise good self-care, for example by staying socially and physically active, eating well, and engaging in the spiritual or religious practices that are important to them.

# STUDENT HANDOUT 2Trauma-Informed Practice: Discussion and Self-Reflection Journal

**DIRECTIONS:** Read the scenario and discussion questions below. First discuss the questions in your small group before answering the self-reflection journal questions.

*Emma is an 80-year-old Indigenous woman from a community in Northern B.C. She was a prominent community worker, dedicating her time to local youth programs. Emma now receives home support services from an HCA to assist with bathing, dressing, and mobility. Over the past year, Emma has been experiencing symptoms indicative of depression, including prolonged periods of sadness, a noticeable decrease in energy, and difficulty concentrating.*

*In Emma’s community, mental health issues are often enveloped in silence, partly due to historical trauma and distrust toward the mainstream health care system, which has a legacy of mistreatment of Indigenous people. There is also a significant stigma associated with admitting to mental health struggles, often perceived as a personal failing rather than a health issue that requires professional intervention.*

*For these reasons, Emma faces the challenge of a community-wide reluctance to discuss mental health openly, influenced by past and ongoing experiences of marginalization and cultural disconnection. This environment has contributed to her reluctance to seek help, fearing judgment and misunderstanding from her community and health care providers.*

**Small Group Discussion Questions**

Trauma-informed practice

* What historical events contributed to the trauma experienced by Indigenous peoples in Canada?
* How has this history of trauma impacted the mental health of individuals and their communities?
* What would be the characteristics of a trauma-informed approach in this scenario?

Cultural competency

* What actions can HCAs take to ensure their practice is culturally safe, sensitive, and respectful of the historical contexts that affect the health and well-being of Indigenous people in Canada?
* What is the connection between a trauma-informed approach and cultural competency in providing care to individuals with mental health challenges?

Access to mental health services

* Through a trauma-informed approach to care, identify and discuss the barriers and concerns that Emma faces as an Indigenous person who is attempting to access mental health care.
* What changes to the system do you feel could benefit and improve access to mental health services for Indigenous communities?

**Self-Reflection Journal Questions**

Think about your perception of trauma and mental health challenges before starting the HCA Program.

* How has your understanding of trauma and its impact on mental health changed?
* How will an understanding of historical trauma faced by Indigenous people change the way you provide care?

# STUDENT HANDOUT 3Scenarios: Supporting Clients with Dementia

**DIRECTIONS:** Identify key information and observations from the scenario and list in the first column. Next, identify important considerations that could provide context for the situation and list them in the second column. Finally, consider how to best respond to the situation.

***Example, Scenario 1***

*It is 1:00 p.m. – time for Jean’s scheduled bath. Although she willingly goes to the bathing room with her regular HCA, she pulls away and cries out when the HCA starts to remove her clothing. She becomes extremely agitated and the HCA is unable to calm her and continue with the bathing process. For the third week in a row, Jean returns to her room without bathing.*

|  |  |  |
| --- | --- | --- |
| **Key Information** | **Considerations** | **HCA Responses** |
| * Jean has become too agitated to have her bath.
* This is the third week in a row that this has happened.
 | * What time of day did Jean usually bathe when she lived on her own? Could her bath time be adjusted?
 | * How would I respond?
 |

***Scenario 2***

*Maria usually goes to bed around 8:00 p.m. but always gets up at 2:00 a.m. and wanders the halls. When staff take her back to bed, she gets up again, saying she must take care of the baby.*

|  |  |  |
| --- | --- | --- |
| **Key Information** | **Considerations** | **HCA Responses** |
|  |  |  |

***Scenario 3***

*Fiona has lived at a care home for the past two years. She has Alzheimer’s disease and now requires full assistance with personal care and dressing. She used to be a very classy dresser – everything matching, makeup always impeccable. Her daughter, Marjorie, is having a hard time adjusting to her mother’s changing abilities.*

*Today the HCA, Wenona, came in to help Fiona get ready for the day and Fiona was already dressed. Wenona noticed that the buttons of her blouse were done up incorrectly and her clothing neither matched nor clean. She also noticed that Fiona had brushed her hair but left a large piece sticking up at the back. Wenona was thrilled that Fiona had dressed and groomed independently and rather than correcting her errors, she chose to leave Fiona’s hair and clothing as they were, saying, “Fiona, you look nice today. I like the blouse you’ve chosen!” Later in the day when Marjorie visited, she was furious that staff had not “corrected” her mother’s outfit and hair.*

|  |  |  |
| --- | --- | --- |
| **Key Information** | **Considerations** | **HCA Responses** |
|  |  |  |

***Scenario 4***

*Albert is a newly graduated HCA. He feels lucky to have secured full-time employment at a new complex care facility. During his HCA program, Albert took pride in taking the time to apply a person-centred approach with each of the clients he supported.*

*Despite his training and a sincere desire to help, he quickly feels discouraged and overwhelmed by the large workload and the attitudes of his colleagues, who Albert considers to be too task-focused. He does not feel that he can use anything he learned, since every minute of his day is spent racing through a series of tasks.*

|  |  |  |
| --- | --- | --- |
| **Key Information** | **Considerations** | **HCA Responses** |
|  |  |  |

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# INSTRUCTOR DISCUSSION GUIDE 2:Supporting Clients with Dementia

|  |  |
| --- | --- |
| **Key Information** | **Considerations and Potential Responses** |
| **Scenario 1*** Jean has become too agitated to have her bath.
* This is the third week in a row that this has happened.
* It happens in the bathing room.
* Her regular HCA is the only one involved so far.
* It seems that she doesn’t want her clothing removed.
* It is going to require some kind of intervention soon, since she has not had a bath for three weeks now.
 | * What time of day did Jean usually bathe when she lived on her own? Could her bath time be adjusted?
* Has another HCA tried to bathe her? Perhaps Jean feels shy with the regular HCA for some reason.
* How did the HCA approach Jean before attempting to remove her clothing? Could she have moved more slowly or communicated her plans more clearly?
* Is Jean warm enough? If she is cold, perhaps this accounts for her reluctance to have her clothing removed. Check the temperature of the room. You could try wrapping her in a large warm towel before removing the clothing underneath. Is it necessary to remove her clothing or could she sit in the tub with her clothing on?
* What is the bathing room like? Is it bare and sterile looking? Could it be painted a warmer colour? Would adding candles, plants, or calling it the “spa room” make it more inviting?
 |
| **Scenario 2*** It is difficult to keep Maria in bed after 2:00 a.m.
* Maria gets up and starts to wander the halls at 2:00 a.m.
* Only the night staff is involved; Maria does not go into the rooms of the other residents.
* According to Maria, the reason is that she needs to take care of the baby.
* It may not require intervention. If Maria is not upset, if she is safe, and if she is not disturbing others, there may not be a concern.
 | * Is Maria getting too much sleep? Perhaps Maria could go to bed later. She is getting 6 hours of sleep, which may be enough for her. Perhaps Maria needs to walk off her extra energy and will then return to bed quietly on her own.
* Staff might offer to walk with her. This could be reassuring to her, and might calm her down enough so that she feels ready to go back to bed.
* Is Maria experiencing pain? If she is taking painkillers, her medication may have worn off by 2:00 a.m.
* Is there a regular sound that occurs around 2:00 a.m. (e.g., staff doing rounds, something outside the building, or a furnace that starts noisily)? Something specific may be waking her up.
* Does Maria have to go to the bathroom? She may be getting up because she needs to go to the bathroom, but then gets sidetracked as she heads down the hallway. Try limiting her fluid intake at night.
* Is Maria hungry? Staff could place a snack by her bedside, which may redirect her and prevent her from leaving her bed.
* If Maria is worried about her baby, staff may tell her not to worry about the baby – a friend is caring for the baby tonight.
* She may calm down if given a doll and then returned to bed. If a doll is used, Maria’s family should be informed. Despite the efficacy of using dolls for some people with more advanced dementia, families may see it as disrespectful or feel that their family member is being treated like a child if they do not understand why this approach is being taken.
 |
| **Scenario 3*** Marjorie is very upset with what she perceives to be the “poor care” her mother is receiving.
* Though this is not typical, Marjorie may think that variations of this scenario occur periodically.
* This is a situation involving Marjorie and the care staff. Fiona is happy.
 | * Wenona recognizes that Fiona’s actions today were significant since she has not dressed or groomed herself without help for some time. She knows that people with dementia, like everyone else, want to feel productive and her response was aimed at enhancing Fiona’s dignity.
* Although Fiona has lived at the care home for a couple of years, Marjorie may still be grieving her mother’s loss of freedom or her own inability to care for her. She may be feeling like she has broken a promise by admitting her mom into a care home. She may be experiencing grief over the loss of her mother, as she once was.
* Her mother is changing, and Marjorie may feel that her mother is slipping away – the way she dresses herself feels like proof of that. She may feel that allowing her mother to be seen in an “unkempt way” robs her of her dignity as her appearance was always so important to her.
* Families experience a unique kind of grief in these situations, since the person with dementia is still alive. This grief is not typically acknowledged or validated by others, who may even say things like, “At least you still have your mother.”
* Perhaps the best gift Wenona, or another staff member, could give Marjorie would be to name the grief and empathize. “It’s so hard seeing the changes in your Mom, isn’t it? It’s like one long grieving journey.”
* Marjorie could connect with the Alzheimer Society of B.C. It might help to talk to someone separate from the home, or even to attend a support group.
* The goal for Wenona and the staff should be to collaborate with Marjorie in Fiona’s care. The best way to do that is through compassion. Getting upset with Marjorie because she doesn’t understand what an accomplishment her mom’s dressing was, or dismissing her “obnoxiousness” by saying she is in denial, would only further antagonize the situation.
 |
| **Scenario 4*** The biggest challenge for Albert will be to maintain resilience. He will need to accept the situation at the facility, but work to make small changes. He cannot change the workload; he can change his attitude. Perhaps others will follow suit over time.
* Albert may face discouragement from other people he works with. It might be hard to feel like he is the only person wanting to make a difference.
 | * Despite his new job being demanding, Albert can still work to accomplish these health care activities with kindness and respect for the clients he is caring for. His sincere desire to know as much as possible about his clients will help him to use a person-centred approach.
* Using a person-centred approach might even help him reduce responsive behaviours, taking less time overall.
* Albert might find opportunities to share his learning or successes with his colleagues at staff meetings, huddles, or through the communication book.
* Over time, Albert may be able to find opportunities to support newer staff to contribute to a better culture.
* If Albert sees situations or behaviours that are of concern, or if he is concerned about workload, he can speak to his supervisor and/or union.
* Albert may decide to find a job where his values and the workplace culture are a better fit.
 |

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# STUDENT HANDOUT 4Scenario: Person-Centred Care in Practice

**DIRECTIONS**: Read the scenario and respond to discussion questions provided.

*Mr. Peterson has moderate dementia and has particular difficulty with his language. He never participates in any of the activities that the facility organizes. Today he walked over to the activity room and sat down at a table by himself. The recreation therapist, Dawn, asked one of the HCAs to take him back to his room. “He never participates anyway, so he probably just got lost,” she tells the HCA.*

Small Group Discussion Questions

1. Is this a person-centred response? Why or why not?
2. How could the HCA respond to Dawn’s statement and the situation?
3. If Dawn or the HCA were to involve Mr. Peterson in the activity, what should they consider?
4. Why is meaningful activity critical to a person-centred approach?
5. How could the HCA provide opportunity for meaningful activity while assisting Mr. Peterson with his activities of daily living (e.g., during the morning care routine)?
6. How can you provide choices to the person who appears unable to choose? Why is it important to provide choices?

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# INSTRUCTOR DISCUSSION GUIDE 3Person-Centred Care in Practice

**Person-centred care**

* Focuses on the individual, rather than the condition
* Focuses on the person’s strengths and abilities, rather than their losses
* Recognizes that the personality of the person with dementia is not lost, just increasingly changed by the disease

**How can HCAs provide person-centred care for people with dementia?**

* Focus on people with dementia as individuals – understanding the person’s history, values, likes, and dislikes
* Try to understand each person’s reality
* Remember that all behaviour has meaning
* Master effective and meaningful communication
* Recognize every person’s potential to engage socially and spiritually
* Talk to and about the person with dignified, non-judgmental and respectful language
* Provide choices, taking the person’s wishes into consideration, and obtaining consent, if possible
* Recognize feelings and provide support
* Demonstrate empathy
* Involve and support family and friends
* Focus on bringing out the best in the person and helping them to have a good day
* Bring these values into the last stages of dementia and the end of life

**What does it mean to *understand* another person’s reality?**

* Remember that a person’s reality does not have to be objectively real to be their reality.
* It is not helpful to try to “set the person straight” about what is really happening.
* Sometimes understanding the world from the perspective of the person with dementia means not only speaking to them but also to family and friends and being attentive to non-verbal cues. It helps to have a sense of where a person’s memory is at any given time. Putting their reality into a context of time and place can help you understand their reality; for example, if a person is talking or acting like they are in their 30s, it might make sense that they are talking about having a young daughter.

**How can you involve and support a client’s family and friends?**

* First and foremost, the staff needs to recognize what a move to complex care might represent for a family or care partner.
* HCAs should recognize that grief is a constant companion for families who are on the dementia journey.
* Families are valuable members of the care team.
* Families provide a sense of continuity for the person with dementia and can familiarize staff with the person’s likes and dislikes, values, wishes, and personality.
* A collaborative relationship with families benefits the person with dementia, their family members, and the staff of the care home.
* Some families will be very difficult, for a variety of reasons. A referral to counselling or the Alzheimer Society of B.C. might be the best choice under such circumstances.

**“Come on, sweetie. Let me help you get dressed.” Is there anything wrong with this statement?**

* Ask yourself if referring to someone under your care as “sweetie” is dignified and respectful.
* Do you talk to your parents that way?
* Most care staff would say that using endearments like “sweetie,” “dear,” “honey,” or “mama” is not done with bad intentions. They want to be nurturing, which is a commendable intention. But these terms are likely not appropriate under the circumstances.
* What are other ways that you can be nurturing, yet respectful of the person’s dignity?

**Would you say Dawn is providing person-centred care? Please explain why you answered the way you did.**

* This is *not* person-centred care.
* Dawn does not speak to Mr. Peterson; she talks *about* him to the HCA, as if he was not there.
* Just because he hasn’t participated in the past does not mean that he can’t change his mind and decide to participate today. Dawn is disregarding Mr. Peterson’s potential to engage socially.

**How can you provide choices to the person who appears unable to choose? Why is this important?**

* Choice is a key component of personal agency; we are able to make choices for ourselves as adults. Removing any sense of choice from the person with dementia robs them of their independence.
* You can incorporate the values, beliefs, cultural, and spiritual backgrounds of people with dementia and their families into the planning and delivery of care.
* You can recognize that dementia does not diminish a person. Rather, it changes the person’s capacity to interact with their environment.
* As dementia progresses and it becomes increasingly difficult to obtain fully informed consent from people with dementia, it is still possible to involve them in the decision-making process to some extent. Keep them informed and find out from their family, representative, or temporary decision-maker what their preferences are.
* Respect dissent. This is often expressed through behaviour, like turning their head away, biting, pushing or walking away.
* Frame your words and actions in “choice” language, so even if you really are only offering one choice, it still appears to be a choice and not an imposition.

# STUDENT HANDOUT 5Diverse Perceptions of Mental Health Challenges: Self-Reflection Journal

**DIRECTIONS:** After watching the video, [*Challenges and rewards of a culturally informed approach to mental health*](https://www.youtube.com/watch?v=VrYmQDiunSc), answer the self-reflection questions below in your self-reflection journal.

Reflecting on cultural perspectives

* How do differences in cultural background and societal attitudes influence the perception of mental health challenges in diverse communities (consider stigmas and mental health)?
* How do differences in cultural background and societal attitudes influence access to health services and the willingness to seek help?

Reflect on a specific example from a particular group to illustrate your points.

Culturally safe and sensitive care

* What does it mean to take an approach of “informed curiosity” when providing culturally sensitive care?
* Why would this approach better promote cultural humility than an approach of being a knowledge expert?

Person-centred care

* How do the concepts of informed curiosity and culturally safe and sensitive care connect to the principle of providing person-centred care?

Personal and professional growth

Think about what your perceptions were toward mental health challenges before starting your program.

* How has your understanding of mental health in diverse groups changed since then?
* What experiences or knowledge have contributed to this change, and how do you think this will affect your approach to care?

# STUDENT HANDOUT 6Scenarios on Addressing Myths and Stigmas and Promoting Person-Centred Language

**DIRECTIONS**: Working in partners, read the scenarios and consider the following questions. Prepare to share your answers with the larger group:

1. How do the language and actions presented in the scenario contribute to the myths and stigmas associated with dementia and/or mental health challenges?
2. What do you think your immediate reaction to this situation would be?
3. How could you use assertive communication to respond to the situation?

***Scenario 1***

*You are an HCA working in an acute care setting. Mr. Namid, a 72-year-old man diagnosed with Alzheimer’s disease, has been admitted to the unit following a hip fracture. One of your colleagues has limited experience working with people who have dementia; you notice they tend to talk “over” Mr. Namid instead of including him in conversations. They also use terms such as “senile” and “demented” when referring to Mr. Namid.*

***Scenario 2***

*You* *are* *an* *HCA* *program* *graduate* *who* *has* *recently* *been* *hired* *at* *a complex care* *facility. When working with your new colleague, Alex, you notice that they refer to the number of “feeders” that they will be assisting during lunch.*

***Scenario 3***

*You are an HCA working in an assisted living home. You have been assigned to mentor Samir, who is an HCA student from a local college. One day while working with Samir, they refer to a client who is living with schizophrenia, as “the schizophrenic.”*

***Scenario 4***

You are an HCA student working at your first clinical placement. One day, while working with a staff member named Mira, you refer to the client you are working with as a past “user.” Mira looks alarmed and rebukes you quite sharply for using this term.

# STUDENT HANDOUT 7Discussion on Abuse: Scenarios

**DIRECTIONS:**Visit the B.C. Care Aide & Community Health Worker [Reporting Alleged Abuse](https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/)webpage. Review the “Reportable Incidents” section, which includes definitions of emotional abuse, financial abuse, neglect, physical abuse, and sexual abuse from the *Community Care and Assisted Living Act*Residential Care Regulation.

Working in pairs or small groups, read the scenarios and responses below. For each response, consider the following questions:

1. Could this response be considered a reportable incident? By which definition?
2. What do you think you would do if you observed this response?
3. What is an alternate response to this scenario?

Be prepared to report back to the class.

***Scenario 1***

*Mrs. Smith is a 92-year-old woman with dementia who is living in a complex care home. Today HCAs Jen and Mai are assigned to assist Mrs. Smith with morning care. When they enter her room, they observe that Mrs. Smith is still sleeping, and the room smells like she had a bowel movement. After greeting Mrs. Smith, Jen asks if she can turn on the light. Mrs. Smith declines, saying she wants to continue sleeping.*

Responses:

1. Wanting to ensure that Mrs. Smith gets cleaned up, Jen turns on the light and sets up her supplies. When Jen tries to engage Ms. Smith for morning care, she resists. Jen asks Mai to hold Mrs. Smith down while she provides care.
2. Wanting to respect Mrs. Smith’s request, Mai suggests they move on to their next client. They return to Mrs. Smith three hours later, after they have assisted their remaining clients.
3. Wanting to stay on track with client assignments, Jen sighs and responds, “Mrs. Smith, why are being so difficult? We have many other clients to help this morning. If you continue to hold things up, everyone will be annoyed with you.”
4. Alternate response:

***Scenario 2***

*Mr. Wong is an 83-year-old man who mobilizes by using a wheelchair and receives home support services. Today, Tim is the HCA assigned to assist Mr. Wong with his shower and make him lunch. This is the first time Tim has met Mr. Wong. When Tim arrives, Mr. Wong refuses to enter the bathroom with Tim and tells him that he will wait for his regular HCA to help him with his shower next week.*

Responses:

1. Wanting to put Mr. Wong at ease, Tim responds by saying that he is an experienced HCA, and everything will be fine. Tim wheels Mr. Wong to the bathroom and starts to unbutton his shirt. While Tim is doing so, Mr. Wong is crying and saying, “No, no, no!”
2. Tim has a busy day and a lengthy commute to his next client. He agrees to Mr. Wong’s refusal, makes his lunch, and leaves for his next client.
3. Knowing Mr. Wong has not had a bath since last week, Tim tells him that he is being difficult and does not smell very good. Tim tells Mr. Wong that if he does not cooperate, his family will not want to visit him.
4. Alternate response:

***Scenario 3***

*Mr. Singh is a home support client who has cognitive decline and requires support with his daily activities. Today, Carmen is the HCA assigned to help Mr. Singh with his bath. Today they finish ahead of schedule and Carmen has some extra time before her next client.*

Responses:

1. Carmen and Mr. Singh sit down for a visit. Carmen tells Mr. Singh her car is in the shop, and she is having to rely on ride-sharing services, which she cannot afford. Mr. Singh offers to pay for a ride-share service to get to her next client. This works so well that during the next visit, Mr. Singh signs Carmen up on his ride-share account.
2. After Carmen has finished assisting Mr. Singh with his bath, he asks if Carmen will go to a nearby bank machine to take out some cash using his bank card. Carmen is short on cash and decides to take an extra $25.00 for her time.
3. Mr. Singh asks if Carmen can go downstairs to find a photo album. While she is downstairs looking for the photo album, Carmen notices some earrings sitting on a dresser. She knows that Mr. Singh is rarely downstairs, and the family does not visit often. Mr. Singh has given her other gifts before. Carmen decides to take the earrings and does not tell Mr. Singh.
4. Alternate response:

***Scenario 4***

*Rohan is an HCA working his third night shift in a row. The unit is short-staffed, and Rohan is working alone for most of the night. Rohan is assigned to complete unit safety checks at 0100 and 0300 hours and to change the incontinence pads of four clients at 0530. Mrs. Taylor is having difficulty sleeping and keeps calling out for help. Rohan has several call bells to answer and feels tired and overwhelmed.*

Responses:

1. Rohan does not have time to keep responding to Mrs. Taylor. He tells her she is disturbing the other clients and closes her door.
2. Rohan falls asleep at the nursing station and does not complete his 0300 safety check. He wakes up at 0400 and records that it was completed.
3. Rohan only has time to change the pads for three of the four clients before the morning shift arrives. He was busy and it wasn’t his fault that the unit was short-staffed. He does not tell the morning shift that he ran out of time and did not assist the fourth client.
4. Alternate response:

# INSTRUCTOR DISCUSSION GUIDE 4Discussions on Abuse: Scenarios

This learning activity is designed to help students critically evaluate HCA work scenarios, discuss whether the responses provided are reportable incidents related to abuse, and propose alternate strategies. It is an opportunity for students to review situations that HCAs may encounter in the workplace and emphasize the HCA’s role and responsibility for ensuring client safety.

1. During this activity, students will discuss whether the responses provided for each scenario meet the following definitions of abuse as identified within the *Community Care and Assisted Living Act*Residential Care Regulation and posted to [B.C. Care Aide & Community Health Worker Registry website](https://www.cachwr.bc.ca/about-the-registry/ensuring-public-safety/reporting-alleged-abuse/).
	* **Emotional abuse**: any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement
	* **Financial abuse**: the misuse of the funds and assets of a person in care by a person not in care, or the obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or his or her parent or representative
	* **Neglect**: the failure of a care provider to meet the needs of a person in care, including food, shelter, care, or supervision
	* **Physical abuse**: any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person in care
	* **Sexual abuse**: any sexual behaviour directed towards a person in care and includes any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and sexual activity between children or youths, but does not include consenting sexual behaviour between adult persons in care
2. Students may have conflicting opinions on whether the responses fit these definitions. During their discussions, they may raise additional course concepts related to professional approaches to practice, including:
	* DIPPS: Dignity, Independence, Individualized Care, Preferences, Privacy, Safety
	* Ethical and legal parameters of the HCA role
	* Employer policy (To support this activity, instructors are encouraged to source employer policies from their practice education partners that address related topics.)
3. Students are invited to discuss how they would approach the situation and develop an alternative response to those provided. They will then discuss with the whole class and the instructor, who will be able to provide further insight regarding professional approaches to practice.

An example is provided below.

*Example Responses to Scenario 2*

*Mr. Wong is an 83-year-old man who mobilizes by using a wheelchair and receives home support services. Today, Tim is the HCA assigned to assist Mr. Wong with his shower and make him lunch. This is the first time Tim has met Mr. Wong. When Tim arrives, Mr. Wong refuses to enter the bathroom with Tim and tells him that he will wait for his regular HCA to help him with his shower next week.*

Responses:

A. Wanting to put Mr. Wong at ease, Tim responds by saying that he is an experienced HCA, and everything will be fine. Tim wheels Mr. Wong to the bathroom and starts to unbutton his shirt. While Tim is doing so, Mr. Wong is crying and saying, “No, no, no!”

*For this response, students might discuss the following:*

* *Physical abuse, defined as “any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person in care”*
* *Sexual abuse, defined as “any sexual behaviour directed towards a person in care and includes any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and sexual activity between children or youths, but does not include consenting sexual behaviour between adult persons in care”*
* *Principles of DIPPS: Dignity, Independence, Privacy, and Preference*
* *Effective communication strategies*
* *Employer policies for reporting and recording*

B. Tim has a busy day and a lengthy commute to his next client. He agrees to Mr. Wong’s refusal, makes his lunch, and leaves for his next client.

*For this response, students might discuss neglect, defined as “the failure of a care provider to meet the needs of a person in care, including food, shelter, care, or supervision.*

*They may also discuss effective communication strategies, and employer policies for reporting and recording.”*

C. Knowing Mr. Wong has not had a bath since last week, Tim tells him that he is being difficult and does not smell very good. Tim tells Mr. Wong that if he does not cooperate, his family will not want to visit him.

*For this response, students might discuss emotional abuse, defined as “any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement.” Students may also discuss effective communication strategies, employer policies for bullying and harassment and employer policies for reporting and recording.*

D. Alternate response:

Since this is the first time Mr. Wong and Tim have met, Mr. Wong might feel uncomfortable about having Tim assist him with his shower. Instead of starting with the bath, Tim could first make Mr. Wong some lunch and get to know him better. After lunch, Tim could ask Mr. Wong again if he could help him with his bath. Ultimately, if Mr. Wong refuses, Tim must respect Mr. Wong’s wishes and follow his employer’s policies on reporting and recording.