



Teaching Nursing Home
Interactive Performance Improvement
CurriculumS (PICs) to meet Clinical
Decision-Making needs in
Long-Term Care

**Long-Term Care Facilitator's Manual
for Educational Resources**

Depression in Dementia

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SECTION I

MODULE OVERVIEW

Background

There is increasing recognition of the severe consequences of depression in long term care residents with dementia. Most health care providers are unprepared to recognize and to manage the complexity of depression in dementia. Educational resources are needed to address this growing problem. This manual describes competencies, learning objectives, and learning outcomes for a DVD-based curriculum on depression in dementia for nurses working in nursing home settings.

This manual was created as a guide for clinical educators who will facilitate learning activities for nurses. The manual includes learning, assessment, and evaluation tools.

Resource Description

This DVD-based curriculum was created by *GeriU*, the Online Geriatrics University, at the Stein Gerontological Institute. Expertise was provided by faculty members from the University of Miami School of Nursing and Health Studies and the University of South Florida, including Drs. Christine Williams and Victor Molinari. The leadership, staff, and residents at the Miami Jewish Home and Hospital for the Aged have provided invaluable support and guidance for this curriculum.

The curriculum is designed to improve recognition and management of depression co-occurring with dementia in nursing homes. The curriculum is directed principally at long-term care nurses (LPNs and RNs), helping them to achieve three competencies:

- (1) Recognize depression in residents with dementia;
- (2) Manage depression in dementia; and
- (3) Communicate effectively regarding depression in dementia.

The DVD contains multimedia content for a blended-learning curriculum consisting of five separate one-hour “lessons.” The DVD’s **five multimedia modules** can be viewed continuously (initial viewing by individuals) or intermittently by making module and scene selection in any desired sequence that supports the curriculum as outlined in the instructor and user guides. This module and scene-selection process is the same as that used on commercial DVD movies.

The DVD multimedia modules present a range of content that imparts information, guides instructor and learner behavior, and provides, through various multimedia scenarios, resources for learning and remediation. These flexible applications of a single DVD derive from the ability to display any sequence of multiple scenarios, each aimed at a specific learning objective. In continuous sequential viewing, as the learners progress through the various learning objectives in an interactive mode with the instructor, these scenes impart a sense of the learning goals and attitudes needed for optimal use and learning of the curriculum.

The DVD multimedia content does not address training on standardized assessment instruments for depression in dementia, such as the Cornell Scale for Depression in Dementia. Such instruments require lengthy training beyond the scope of this DVD-based curriculum, which is primarily aimed at nursing staff in nursing homes.

The DVD contains printable computer files for these activities, including a *Facilitator's Guide* and a *Learner's Guide*. A printable full script of the DVD multimedia narration is provided on the DVD so the instructor can review the details of the DVD scenarios in preparation for role-playing with the learners.

The DVD also includes a Web address for *GerIU* (<http://lrc.geri.u.org>), where any instructor can get assistance with the curriculum or provide specific feedback. A feedback form, "Feedback Questionnaire for *Depression in Dementia* DVD," can be printed from the DVD files.

OUTLINE OF MODULE CONTENT

Module 1

"Create Awareness: Prevalence, Significance, Consequences"

Outline

1A. Prevalence

- Half of all residents with AD are eventually institutionalized
- 50% become depressed

1B. Significance of depression in dementia (D/D)

- Higher rates of illness, hospitalization, and death
- High cost of care for people with dementia and depression — \$100 billion
- Increased caregiver burden (crying, psychotic symptoms, aggressiveness, needing more assistance with ADLs)

1C. Quality-of-life issues for residents with D/D

- Residents with D/D are
 - More isolated
 - Lethargic
 - Feel less pleasure (even when they are engaged in activities they once enjoyed)

1D. Decreased activity levels

- Spends more time
 - In bed
 - Sitting in a chair
- Requires more care
- Keeping the resident active is time-consuming and costly

1E. Risk of complications

- Residents with dementia and depression are at increased risk of complications of immobility and deconditioning
 - Illness
 - Hospitalization
 - premature death

1F. Behavior associated with D/D

- Lethargy
- Unmotivated to answer questions

MODULE 2

“Define the Problem”

Outline

- 2A. Diagnosis of depression
 - A. Symptoms consistent over time (every day for most of the day)
 - B. Key symptoms of depression
 - C. Depressed mood
 - D. Lack of interest in activities
- 2B. Other symptoms may be present including
 - Inability to experience pleasure
 - Weight gain or loss
 - Insomnia or hypersomnia
 - Agitation or slowing down
 - Fatigue, low energy
 - Feeling of worthlessness
 - Decreased ability to think or make decisions
 - Thoughts of death
- 2C. Causes of depression in dementia
 - Past history of depression
 - Genetic predisposition
 - Painful life events
 - Overall health of the brain
- 2D. Need for evaluation
 - Consistently sad, withdrawn, or chronically irritable
 - D/D is treatable
- 2E. Effect on everyday behaviors
 - Refuses
 - to eat
 - to take medications
 - Resists
 - taking a shower
 - getting dressed
 - leaving room
 - Lack of participation
 - Sits in a chair all day
 - Lies in bed
- 2F. Changes in brain functioning
 - Chemical messengers in the brain less available
 - Serotonin
 - Norepinephrine
 - Dopamine
 - Consequences
 - Slowed transfer of information from one brain cell to the next
 - Decreased functioning in parts of the brain that regulate emotion
 - Ability to be happy or interested in living is “turned off”
- 2G. Cultural influences
 - Culture
 - Beliefs
 - Values

- Traditions
- Cultural influences on expression of emotions
 - African Americans less likely to complain about their symptoms of depression than other groups
 - Hispanics more likely than non-Hispanic Whites to complain about physical symptoms such as being tired; less likely to complain of psychological symptoms like feeling worthless

MODULE 3

“Assessment”

Outline

3A. To assess your resident for depression in dementia, use all available information.

- Your knowledge of resident’s usual behavior
 - Your observations
 - Compare past behavior patterns to current behavior
 - Consider behavior noted on all three shifts
 - Consider the last 30 days
 - Note changes in behavior
 - Observations of nursing assistants
 - Observations of family members
 - Observations of interdisciplinary team

3B. Assessing the depressed resident

Establish rapport to obtain the best data

- Empathize, be supportive
- Engage the resident
- Create presence with nonverbal behavior
 - Greet the resident and offer your hand
 - Ask the resident what name she or he would like you to use
 - Initiate conversation
 - Observe
 - Facial expression
 - ✓ Does the resident smile?
 - ✓ Does the smile seem forced?
 - ✓ Fear or anxiety? (wide-open or darting eyes)
 - ✓ Self deprecation (eyes downcast, lack of eye contact)
 - ✓ Sadness (down-turned corners of the mouth, holding chin up with hand)
 - Posture
 - Voice quality
 - Disheveled dress
 - Lack of grooming (poor hygiene)
 - Interactions with others
 - Voice
 - ✓ Does the resident respond to you?
 - ✓ Soft voice?
- Verbal behavior: Does the resident
 - criticize?

- dwell on the negative?
- talk about death?
- complain about physical discomforts?

3C. Cultural factors

- Some cultures avoid eye contact out of respect (Asian, Haitian)

3D. Using the Minimum Data Set (MDS)

Collect data

- Record relevant information
- Document risk for and symptoms of depression
- Recognize need for further assessment
- Track depressive symptoms over time
- Provide feedback on the impact of interventions

Consider the last 30 days of behavior

Record a "0" for an indicator if the behavior is not observed. Record a "1" if the behavior is observed less than 5 days per week and up to 6 or 7 times per week. Enter a "2" if the behavior is noted multiple times daily.

3E. MDS mood items (verbal)

- Negative statements
- Repetitive questions
- Repetitive calls for help
- Persistent anger or irritability
- Self-deprecation
- Unrealistic fears
- Expressions of panic or recurrent statements that something terrible is about to happen
- Repetitive health complaints
- Repetitive anxious complaints (non-health)

3F. MDS mood items (nonverbal)

- Diurnal mood variation
- Repetitive anxious complaints (non-health)
- Sleep disturbance
- Sad, pained, worried facial expressions
- Crying, tearfulness
- Repetitive physical movements
- Withdrawal from activities of interest
- Reduced social interaction

3G. Recognizing risk related to situational factors

- Relate your findings to
 - Negative life changes
 - Relocation
 - Loss of a loved one
 - Disability
- History of mood disorders
 - Depression
 - Bipolar
- Other factors

- Sensory deprivation
 - Medications
- 3H. Identifying threats to resident safety posed by suicidal ideation
- What are the hazards in the environment?
 - Cleaning fluids
 - Sharp objects
 - Serious complications such as pneumonia
 - “Giving up” (examples: refusing food, medications, and/or ambulation)
- 3I. Reporting
- When does a problem become serious enough to report?
 - What are the policies in your facility regarding reporting changes in health status?
 - What are the policies in your facility regarding safety for depressed residents who are preoccupied with thoughts of death?

MODULE 4

“Planning, Intervention, Evaluation”

- 4A. Managing depression in dementia
- Less than half of cognitively impaired nursing home residents with depression are reported to be recognized as depressed by staff.
 - Only 28% received mental health treatment.
 - 54% received medication for depression.
- 4B. Options to improve mood
- Medications
 - Supportive counseling
 - Social interaction
 - Activities
 - Exercise
- 4C. Antidepressant medications; most appropriate treatment for depression
- Specifically address the underlying chemical imbalances that are present in depression
 - Target the symptoms of depression
 - Norepinephrine-dopamine antagonist
 - Example: Wellbutrin XL (bupropion)
 - Actions:
 - ✓ Affects 2 chemical messengers: dopamine and norepinephrine.
 - ✓ Blocks reuptake of dopamine and norepinephrine
 - Side effects: headache, constipation, dry mouth, nausea, dizziness, insomnia, tremor, tinnitus
 - Selective serotonin reuptake inhibitors (SSRIs)
 - Examples: Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Celexa (citalopram)
 - Actions:
 - ✓ Affects the level of a chemical messenger (serotonin) in the brain:
 - ✓ Blocks reuptake of serotonin
 - ✓ More serotonin available to carry messages between neurons
 - Side effects: nausea, drowsiness, agitation, dry mouth
 - Serotonin and norepinephrine reuptake inhibitor (SNRI)

- Examples: Effexor (venlafaxine), Desyrel (trazodone HCL), Serzone (nefazodone HCL)
 - Actions:
 - ✓ Affects the levels of 2 chemical messengers in the brain: serotonin and norepinephrine
 - ✓ Blocks reuptake of serotonin and norepinephrine
 - ✓ Serotonin and norepinephrine more available to carry messages between neurons
 - Side effects: constipation, dizziness, dry mouth, insomnia, loss of appetite, nausea, anxiety
- Serotonin agonist reuptake inhibitor (SARI)
 - Example: Remeron (mirtazapine)
 - Actions:
 - ✓ Affects the levels of 2 chemical messengers in the brain: serotonin and norepinephrine
 - ✓ Acts as an antagonist at receptor sites
 - ✓ Result: increased availability of serotonin and norepinephrine to carry chemical messages between neurons
 - Side effects: drowsiness, dry mouth, increased appetite, weight gain, dizziness
- Tricyclics (usually avoided in older adults with dementia)
 - Examples: amitriptyline (Elavil), imipramine (Tofranil), nortriptyline (Pamelor)
 - Risk of significant side effects including: sedation; postural hypotension; may cause falls; anticholinergic effects; may cause delirium; cardiac arrhythmias

4D. Nonpharmacological approaches

- Supportive counseling, talk therapy; goals include:
 - Improved self esteem
 - Reduced isolation
 - Enhanced expression of feelings
- Group activities
 - Music (sing along)
 - Current events group
 - Outings (shopping, ice cream, zoo)
- Individual activities
 - Snack time
 - Grooming
 - Music/singing
 - Massage
 - Interaction with pets
 - Outdoor activity (bird watching)
- Social interaction
 - Holiday celebrations
 - Interactions with children
 - Congregate dining
 - Dances
- Exercise
 - Residents with depression in dementia:
 - are often sedentary and spend most of day either sitting or lying in bed
 - are unlikely to initiate physical activity on their own

- develop decline in function, disability
 - Types of exercise
 - Walking program
 - ✓ with assistive device
 - ✓ with or without assistance
 - ✓ indoors on unit or outdoors
 - Balance, flexibility
 - ✓ Exercise to music, dancing
 - Strength building
 - ✓ Shallow knee bends
 - ✓ Sit to stand
 - Reminiscence: remembering happy times
 - Holidays
 - Where residents grew up
 - Events from their era
 - Past roles
- 4E. Care of the resident with the interdisciplinary team
 - Who is a member of the team?
 - Family
 - Nurse
 - Physician
 - Social worker
 - Dietician
 - Physical therapist
 - Clergy
 - Activities therapist
 - What is the role of the nurse as a member of the Interdisciplinary team?
 - Provides information regarding resident behavior assessment
 - Evaluation of treatment plan
 - A care plan is established with expected outcomes
 - Measures of outcomes are determined
 - The nurse monitors for change and reports back to the team

MODULE 5

“Communication”

- 5.A. To ensure that depression is recognized and treated appropriately, the nurse must
- describe resident behavior related to mood, and
 - use appropriate terminology when communicating about depression in dementia
- 5.B. This module includes contrasting case examples of ineffective and effective dialog with discussion questions to illustrate the principles of effective communication.
- 5.B.1. Script: Ineffective team communication. The case study provided in the “Case Study” section is an example of **INEFFECTIVE** communication.
- 5.B.2. The case study provided in the “Case Studies’ section is an example of **EFFECTIVE** communication.

5C. Documentation; communicating with the interdisciplinary team about depression in dementia

- Documentation of depressed mood must be
 - complete
 - accurate
 - use appropriate terminology
- What information mentioned by the nurse should be documented?
 - Recent change in his behavior
 - Withdrawn and lethargic
 - Loss of interest in activities he once enjoyed
 - Flat affect
 - No history of depression
 - No history of behavioral problems
 - Negative life change: recently relocated to nursing home, family has not been visiting

5 D. Nurse communication with depressed resident

- Purpose
 - Motivate
 - Build self-esteem
- Skills
 - Use active listening skills
 - Use respectful language
 - Respond to resident's concerns
 - Acknowledge resident's emotions
 - Recognize self-care initiatives

5.E.1. The case study provided in the "Case Studies" section is an example of **EFFECTIVE** nurse-resident one-to-one communication.

5.E.2. The case study in the Case Studies" section is an example of **INEFFECTIVE** nurse-resident one-to-one communication.

5.E.3. The case study below is an example of **EFFECTIVE** nurse-resident one-to-one communication.

NURSE

Here is your medicine, Mrs. Davis.

NURSE

You took those pills without any help today. It is wonderful to see you doing things for yourself.

F. Effective communication

- Use active listening
- Use respectful language
- Respond to concerns
- Respond to emotions
 - acknowledge emotions
 - respond with empathy
- Avoid common communication errors such as
 - Discouraging the expression of negative emotions

- Encourage self-care by
 - Verbally acknowledging self-care initiatives
 - Teaching others to communicate in the same way.
- G. Communicating with the family about depression in dementia
 - When communicating with the resident's family, it is important to
 - obtain information to better assess the resident
 - inform the family about the resident's progress
 - educate the family
 - Family members are an excellent source of information about the resident's
 - past problems
 - past methods of coping
 - strengths
 - current changes in behavior
 - To improve quality of care for the resident with depression in dementia, the nurse informs the family about the resident's
 - mood and depression
 - plan of care
 - response to treatment
 - quality of life

Conclusion:

Although depression occurs frequently in residents with dementia, the problem is often overlooked. The nurse plays a critical role in the recognition and treatment of depression. As a key member of the interdisciplinary team, the nurse can prevent or decrease this serious threat to resident health.

Purpose, Goals, and Objectives

Purpose

The purpose of this educational resource is to educate the learner about recognition and management of depression co-occurring with dementia in nursing homes. The curriculum is directed principally at long-term care nurses (LPNs and RNs), helping them to achieve three competencies:

- (1) Recognize depression in residents with dementia;
- (2) Manage depression in dementia; and
- (3) Communicate effectively regarding depression in dementia.

The curriculum's 12 learning objectives are addressed in relationship to these three core competencies.

Learning Objectives for Competency 1: Recognize Depression in Residents with Dementia

1. Discuss the prevalence and significance of depression in dementia in the nursing home population.
2. Identify the relationship of mood to quality of life in dementia.
3. Define common mood-related terminology.

4. Describe the impact of depression in dementia on resident well-being, caregiver stress and burden, and cost of care.
5. Describe similarities and differences between depression in late life and depression in dementia.
6. Compare the presentation of depression in late life to the presentation of depression in dementia.

Learning Objectives for Competency 2: Manage Depression in Dementia

7. Discuss data collection, reporting, documenting risk for and symptoms of depression.
8. Identify behavior indicating positive/negative affect and mood.
9. In collaboration with interdisciplinary team, implement nursing actions to achieve short- and long-term goals.

Learning Objectives for Competency 3: Communicate Effectively regarding Depression in Dementia

10. Communicate regarding mood and depression with interdisciplinary team.
11. Communicate with resident to motivate and to build self-esteem.
12. Communicate with family to obtain information and assess for potential problems.

Evaluation of Learning

The test questions for each of the five modules and discussions of the case studies in this *Facilitator's Guide* can be used for assessment of learners. The test questions are guided by the learning objectives for each module. Case studies can be used to help the facilitator gauge the degree to which the learners have met the competencies. Answers to the test questions are not provided in the user/learner guide. There are additional evaluation strategies suggested under "Methods of Assessment".

Evaluation of DVD-based Curriculum

Instructors and learners should complete the "Feedback Form for the *Depression in Dementia* DVD," (Appendix I) which available on the DVD and at <http://ltc.geri.u.org>.

Program evaluation tools are generally not linked to specific learning objectives, but evaluation does play an important role in measuring the effectiveness and usability of the material.

Intended Audience(s)

The workshop is intended for licensed practical nurses, registered nurses and nursing students. Students and professionals from other health-care disciplines who have some knowledge or experience with dementia will find much of the content to be relevant to their work. The content is **not** intended for those in non-clinical roles. This is a program focusing on the **basics** of recognition and management of depression in residents with dementia.

Prerequisites

Learners are expected to have completed introductory training on dementia or have basic knowledge about the care of residents with dementia.

Instructor Qualifications and Responsibilities

Instructor qualifications include small-group facilitation skills, experience in teaching with video, including DVDs, and experience with administration of assessment and evaluation tools.

Instructors are reminded that students should not view assessments prior to the instructional session. Learners should not view answers to assessment questions until all learners have completed the assessment of learning.

A *Learner's Manual* is available for the learners. The instructor must be familiar with the content and able to refer to it during the session.

Additional learner assessment instruments as well as evaluation materials are available on the website: <http://ltc.geri.u.org>. Simply login to access other materials.

Required Resources

You will need a DVD player and television or video monitor/projector. This DVD works on standard DVD players. As with standard DVDs, use the navigation controls on the DVD remote to select menu items and navigate through the DVD. The controls are the same as those used on most DVD playback equipment for watching DVD movies.

All the items (this *Facilitator's Guide* as well as a *Learner's Guide*, a script of all the DVD modules, and a feedback form) required for implementing the curriculum are included as computer files on the DVD.

Instructors access computer files for printing needed curriculum materials and handouts from either a computer-based DVD or by downloading files via the Internet from <http://ltc.geri.u.org>. To access the computer files from the DVD, insert the DVD into a computer with a DVD-ROM drive and exit the video if it starts to play. Then:

- On a Windows PC, double-click on "My Computer," then right-click on the DVD-drive icon. Select "Open." Double-click on the "extras.html" file.
- On a Macintosh, double-click on the DVD icon, then open the "extras.html" file.

The room should be large enough to allow all learners to view the DVD player. Seating should be arranged to facilitate discussion. During the assessment, seats should be adequately spaced to allow learners to complete the assessments independently. Bring a hard copy of the learner guide and a pre and post test for each individual. Be sure to credit the authors of materials used and adhere to copyright laws.



SECTION II

HOW TO USE THE MODULE

Procedures for Implementation

This curriculum relies on the enclosed multimedia DVD entitled Depression in Dementia and on the facilitator's ability to blend this multimedia material with facilitator-led discussions and role-playing related to the DVD scenarios. The DVD multimedia provides both a general overview of the problem of depression in dementia for the nursing home resident and specific scenarios that open the way for a series of interactive simulations and evaluations of learner performance.

The curriculum and the DVD multimedia are divided into five sections, or modules. Each module can be viewed separately, or the entire DVD can be viewed at one time. Each module is competency-based and has corresponding learning objectives. Pre-test and post-test questions are provided for each of the five modules:

1. In the first module (DVD multimedia content about 10 minutes in length), learners will improve their knowledge of the prevalence and significance of depression in dementia and as a result will develop increased awareness of the problem.
2. In the second module (DVD multimedia about 10 minutes in length), learners will compare symptoms of depression in dementia with symptoms of depression in unimpaired elders as well as and cultural factors influencing recognition of depression.
3. In the third module (DVD multimedia about 20 minutes in length), learners will view an animation on the assessment of residents' mood using the MDS. The facilitator is encouraged to incorporate a tailored approach to presenting the content on completing the MDS mood items covered in Module 3. For an RN audience, the entire 20 minutes of DVD content may be most appropriate. For an LPN audience, the facilitator may choose to use a handout version of the MDS form and present a limited number (2-3) of examples verbally rather than reviewing all the mood items covered in the DVD.
4. The fourth module (DVD multimedia about 10 minutes in length), covers pharmacological and nonpharmacological management of depression in dementia. T
5. The fifth module (DVD multimedia about 10 minutes in length), covers communication with the depressed resident, the family, and the interdisciplinary team.

The DVD viewing is intended to be blended with interactive group instruction led by an experienced trainer. The first step in implementing the curriculum is for the instructor and learners to view the entire DVD individually or as a group; viewing the entire DVD takes 60 minutes. This initial viewing helps learners gain a clear understanding about what will happen in the upcoming training sessions (usually a series of five one-hour sessions). The effective delivery of the curriculum requires multiple facilitator-led sessions. Some suggestions for conducting these sessions are provided below.

Module 1: Suggested Agenda for a 50-Minute Session Focused on: "Create Awareness: Prevalence, Significance, Consequences"

1. Introductions. **(5 minutes)**
2. Review learning objectives for the first module of the DVD entitled "Create Awareness: Prevalence, Significance, Consequences."

Provide an overview of the session: Depression is common in nursing home residents with dementia but is often overlooked. Some residents with dementia are unable to express their depression in words. Although it sometimes challenging to tell when a resident with dementia is depressed, the consequences of unrecognized depression are costly and severe. **(5 minutes)**

3. Give learners a few minutes to answer the pretest questions. Ask them to turn in their answers. **(10 minutes)**
4. Distribute glossary of terms.
5. First group discussion. **(5 minutes)**
Ask learners to give examples of situations in which one of their cognitively impaired residents was depressed. How did they recognize depression in a cognitively impaired resident?
6. Play the first module of the DVD entitled “Recognize Depression in Residents with Dementia.” **(10 minutes)**
7. Second group discussion. **(5 minutes)**
Ask learners to give examples of reasons why depression in dementia may not be recognized. Ask learners to give examples of consequences of depression with dementia. What were their reactions to the scenario with Mr. Levine? What would they have done differently?
8. Give learners a few minutes to answer the post-test questions. Ask them to turn in their answers. **(10 minutes)**

Module 2: Suggested Agenda for a 55-Minute Session Focused on: “Define the Problem”

1. Introductions. **(5 minutes)**
2. Review learning objectives for the second module of the DVD entitled “Define the Problem.”
Provide an overview of the session: Depression is an illness identified by a specific set of symptoms and associated with changes in brain cell function. Depression is not a bad attitude or lack of will power. Cultural background may affect how a resident expresses depression. **(5 minutes)**
3. Give learners a few minutes to answer the pretest questions. Ask them to turn in their answers. **(10 minutes)**
4. First group discussion. **(5 minutes)**
Ask learners to give examples of symptoms of depression in dementia. How do they differ from symptoms in a cognitively unimpaired resident?
5. Play the second module of the DVD entitled “Define the Problem.” **(10 minutes)**
6. Second group discussion/debriefing **(10 minutes)**
Ask learners to give examples of manifestations of depression in dementia. Ask learners to consider the influence of culture on emotional expression. Did they notice cultural differences in the scenarios presented on the DVD? Did they notice any of the approaches by nurses that could be improved? For example, in the scenario about Mrs. Rodriguez, the nursing assistant compares one resident to another resident. A better approach would be to compare Mrs. Rodriguez’s ability to walk with her own walking ability on the previous day. In the scenario with Mr. Jones, what should the nurse do in this situation?
7. Give learners a few minutes to answer the post-test questions. Ask them to turn in their answers. **(10 minutes)**

Module 3: Suggested Agenda for a 65-Minute Session Focused on: “Assessment” (Note that this session can be shortened by 15-20 minutes, depending on the MDS exposure and training that is desired.)

1. Introductions. **(5 minutes)**
2. Review learning objectives for the third module of the DVD entitled "Assessment." Provide an overview of the session: Mood and symptoms of depression are recorded as mood indicators on the MDS. Both nonverbal and verbal behaviors are documented. **(5 minutes)**
3. Give learners a few minutes to answer the pretest questions. Ask them to turn in their answers. **(10 minutes)**
4. First group discussion. **(5 minutes)**
Ask learners to give examples of symptoms of depression in dementia that might be recorded on the MDS.
5. Play the third module of the DVD entitled "Assessment." **(20 minutes)**
6. Second group discussion/debriefing **(10 minutes)**
Ask learners to recall the scenario about Mrs. Rodriguez in the previous module of the DVD. What mood indicators did she exhibit? How would they record them on the MDS?
7. Give learners a few minutes to answer the post-test questions. Ask them to turn in their answers. **(10-15 minutes)**

Module 4: Suggested Agenda for a 55-Minute Session Focused on: "Planning, Intervention, Evaluation"

1. Introductions. **(5 minutes)**
2. Review learning objectives for the fourth module of the DVD entitled "Planning, Intervention, Evaluation." Provide an overview of the session: Management of depression in dementia requires a combination of pharmacological and nonpharmacological approaches. This module covers a variety of strategies for preventing or alleviating depression in residents with dementia. **(5 minutes)**
3. Give learners a few minutes to answer the pretest questions. Ask them to turn in their answers. **(10 minutes)**
4. First group discussion. **(5 minutes)**
Ask learners to give examples of strategies they use to improve mood in their residents with dementia.
5. Play the fourth module of the DVD entitled "Planning, Intervention, Evaluation." **(10 minutes)**
6. Second group discussion/debriefing. **(10 minutes)**
Ask learners whether they have used the strategies covered in this module. Have they found them useful? Are there any approaches that were new to them? What has been their experience with giving the medications mentioned on the DVD?
7. Give learners a few minutes to answer the post-test questions. Ask them to turn in their answers. **(10-15 minutes)**

Module 5: Suggested Agenda for a 55-Minute Session Focused on: "Communication"

1. Introductions. **(5 minutes)**
2. Review learning objectives for the fifth module of the DVD entitled "Communication." Provide an overview of the session: Successful management of depression in dementia depends on effective communication between nurse and resident, family members and members of the interdisciplinary team. This module includes a comparison of effective and ineffective communication between nurse and resident and nurse and team members. **(5 minutes)**
3. Give learners a few minutes to answer the pretest questions. Ask them to turn in their answers. **(10 minutes)**
4. First group discussion. **(5 minutes)**

- Ask learners about the strategies they use to communicate with cognitively impaired residents about their emotions and concerns. What are some examples of information that needs to be communicated in a team meeting about cognitively impaired residents who are depressed?
5. Play the fifth module of the DVD entitled "Communication." (10 minutes)
 6. Second group discussion/debriefing (10 minutes)
Ask learners to recall the scenario about Mr. Smith in the previous module of the DVD. What mood indicators did he exhibit? Were they communicated effectively in the team meeting? What would they do differently? Ask the learners about the scenario with Mrs. Davis. What effective and ineffective approaches did they notice?
 7. Give learners a few minutes to answer the post-test questions. Ask them to turn in their answers. (10-15 minutes)

Glossary of Terms

- Affect:** emotional tone or feeling attached to a thought, including outward manifestations such as facial expressions, posture, gestures
- Positive affect:** pleasure and enthusiasm
- Negative affect:** upset or distress
- Blunted affect:** severely reduced expression of feelings
- Flat affect:** absence of emotional expressiveness or reaction to situations
- Agitation:** emotional disturbance with motor restlessness
- Anhedonia:** inability to feel pleasure
- Anxiety:** reaction to internal danger (e.g., impact on self-image caused by memory loss)
- Apathy:** lack of emotion, feeling, or interest
- Depression:** an illness characterized by persistent sad mood, loss of interest in activities once enjoyed, feelings of gloom and inadequacy
- Emotion:** intense short feeling states (few seconds to minutes) in reaction to a situation
- Fear:** reaction to external danger (e.g., hurricane)
- Hopelessness:** despair, the feeling that everything is wrong and nothing will turn out well
- Helplessness:** lack of independence, feeling weak and powerless
- Low energy:** fatigue, weariness
- Lability:** rapidly changing emotions, uncontrolled moods
- Mood:** enduring overall feeling or state that may be pleasant or unpleasant
- Mood-congruent delusions:** delusions consistent with depression (e.g., thinking that one is being poisoned)
- Pessimism (negativity):** expecting the worst or focusing on the worst side of a situation
- Psychomotor retardation:** slowing of motor and speech activity
- Self-deprecation:** undervaluing yourself or your abilities
- Self-esteem:** how much you value yourself
- Social isolation:** withdrawal from social situations
- Somatic complaints:** bodily concerns and complaints of physical illness
- Tearfulness:** sadness expressed by crying

Instruments and Supporting Materials

List and describe all appropriate items in this section. Identify the pieces and link it to the Appendices and Supporting Materials Section at the end of the Facilitator's Manual. For instance, you would want to include assessment instruments for pain, diagrams, charts.

Case Studies and Discussion Questions

CASE STUDIES OF COMMUNICATION

In the following scene the nurse uses **appropriate terminology and clear communication** to describe the resident's behavior change. The NURSE is talking to her Interdisciplinary team about depression in dementia. The team consists of the NURSING ASSISTANT, SOCIAL WORKER, and PHYSICIAN.

Case Study Script 5.A.1 **EFFECTIVE** Team Communication

NURSE

I think we all need to discuss Mr. Smith. Mr. Smith is a new resident who has been with us for 2 months. The nursing assistants have reported an abrupt change in his behavior. Over the past 2 weeks he has become increasingly withdrawn and lethargic. He has lost interest in activities that he enjoyed when he was first admitted. This is very unusual for him. He has no history of depression or behavioral problems. His family reports that their biggest challenge was his incontinence. They haven't been visiting very often because they live so far away. Ms. Rodriguez (nursing assistant), please tell us what you have observed.

NURSING ASSISTANT

He just refused to get out of bed yesterday. When I finally got him up, he just sat in his chair with his eyes closed all morning. I tried getting him his favorite snack and I even brought Sophie the dog in to visit. He always loves to visit with Sophie. He barely looked at her. He just gave us a blank look. He's been acting this way all week. It seems like he has given up.

NURSE

The night charge nurse reports that in the last 2 weeks she has observed early morning awakening. He has been getting up about 4 am and can't get back to sleep.

SOCIAL WORKER

I spoke with Mrs. Smith yesterday. He usually talks to me about his family but this time, I just could not get him to respond.

PHYSICIAN

I examined him yesterday and found no indications of acute illness. Perhaps at this point we need to call in a psychiatrist to evaluate Mr. Smith for the possibility of depression. Antidepressants might help. Thank you (to nurse) for your insights on this change in

his behavior. We will work on this new plan of care for Mr. Smith and reevaluate him in a couple of weeks. Please keep us informed if you notice any changes or if you have other concerns.

Case Study Script 5.B.1 **INEFFECTIVE** Team Communication

SOCIAL WORKER

I spoke with Mrs. Smith yesterday. He usually talks to me about his family, but I just could not get him to respond yesterday. Mrs. Jackson (nurse), what has he been like in the last couple of weeks?

NURSE

Oh, I don't have any trouble with Mr. Smith. He is never any problem for the nursing assistants. He usually just goes along with whatever is going on. He's a little more quiet than usual, that's all.

NURSING ASSISTANT

He just refused to get out of bed yesterday. I just came back after a while and he finally got up. You just have to know how to persuade him.

PHYSICIAN

What has his behavior been at night?

NURSE

The night charge nurse reports that in the last 2 weeks she has noticed that he wakes up early but he is no trouble.

PHYSICIAN

We will continue this current plan of care for Mr. Smith and reevaluate him in a couple of weeks. Please keep us informed if you have other concerns.

Case Study Script 5.E.1 **EFFECTIVE** nurse/resident one-to-one communication

NURSE

Hello, Mrs. Davis. My name is _____. I am your nurse today. It's time to take your medications.

RESIDENT

Take me to the cemetery.

NURSE

Are you asking me to take you to the cemetery?

RESIDENT

They're all gone.

NURSE

You look like you are feeling down. Is that a picture of your wedding?
Are you missing your family?

Case Study Script 5.E.2 **INEFFECTIVE** nurse/resident one-to-one communication

NURSE

Hello, Mrs. Davis. My name is _____. I am your nurse today. It's time to take your medications.

RESIDENT

Take me to the cemetery.

NURSE

Come on now, you don't really mean that! You know you have lots of friends here.

CASE STUDIES

The following case studies provide examples of individuals who demonstrate symptoms of depression, dementia, or depression co-occurring with dementia. The case studies can be used to stimulate discussion or to evaluate knowledge and skills gained from the DVD-based curriculum.

Depression in Dementia

- **Case 1:** A 75-year-old man is admitted to the nursing home from home accompanied by his wife. She reports that he has difficulty falling asleep and wakes up confused several times at night and wanders around the house. His appetite has been poor for weeks, and his clothes are getting "too big" for him.

With tears in her eyes, his wife tells the nurse that she is exhausted from lack of sleep and her chronic arthritis pain and just cannot continue to care for him at home any longer. Although he shows no emotion as you admit him, his wife relates that he gets irritable when she tries to care for him. She states that she is "a little bit afraid" that he might "hit her."

When you question him, he is unable to tell you his address or phone number, and he is confused about the date as well.

 - **Which of the new resident's behaviors described in the case study may be a symptom of depression? Which might reflect caregiver stress and related problems?**
 - **Since you are the nurse who knows the wife well, what should you do about this problem? Whom do you give this information to? How should you convey your concerns?**
- **Case 2:** Mrs. M. is an 83-year-old widowed white female who was admitted to Evergreen Nursing Home two years ago because of Alzheimer's disease. She is in the moderate stage of dementia and has needed help with all ADLs since her admission. She frequently becomes "mixed-up" when trying to explain even simple thoughts. The family indicated that she had been a loving mother and a caring wife, but she suffered one bout of severe depression after her husband died of a heart attack 10 years ago. A course of antidepressant medication along with a few counseling sessions helped her recover.

Over the last month, Mrs. M's behavior has significantly changed. She appears to be more confused and does not recognize the nurses who have been caring for her. Last week she refused to eat and became angry when staff tried to get her to swallow her food. In the last few days she has not gotten out of bed, and the night shift nurses say that she sleeps only for a few hours at night and then wakes up and can't get back to sleep. She now spends most of her time in her room, with the curtains drawn, in marked contrast to her prior sociability. Mrs. M. hints that the staff may be trying to harm her and says that she wishes that she would just die and get it over with. Yesterday, she slapped one of the nurses who were trying to help her shower. After hearing about these recent changes, Mrs. M.'s daughter notes that last month her mother's younger brother had a heart attack and has not been able to visit her as he has regularly done since her admission.

- **What is your assessment? How would you describe her mood, her behavior?**
- **What additional information would you like to obtain?**
- **What might be causing a change in her behavior?**
- **Since you are the nurse who knows this resident well, what should you do about this problem? Whom do you give this information to? How should you convey your concerns?**
- **Given her past history, what kinds of treatment might best be tried first?**
- **How does a mood assessment of an older person with cognitive problems differ from a mood assessment of an older person who is functioning well?**

Depression (Without Dementia)

- **Case:** Mr. R. is a 75-year-old African-American man who has been in the Golden Gate Nursing Home for rehabilitation since he had a right-sided stroke 2 months ago. He had been functioning very well in his role as an assistant pastor in his church before his stroke. His rehabilitation has been slow and steady, but last week he discovered that he will not be able to be discharged in time to see his granddaughter graduate from college. Since he was told this news, he has appeared tearful when the nurses escort him to his therapies, but he denies feeling depressed. You have noticed that although he is still able to manage his ADLs fairly well (except for left-sided weakness problems); he eats only about half of his food for breakfast and lunch. Although he keeps attending OT and PT, he has stopped playing bingo, an activity he has enjoyed in the past. Surprisingly, he also has missed chapel services for the last 2 Sundays. For the last week, the night shift nurses have detected that he appears to be awake most of the night; the morning nurses say that he is more difficult to get up out of bed in the morning. A few days ago, he wondered aloud whether God had forsaken him, and whether he might have a terminal condition that the doctors did not want to disclose to him. Although he seems to perk up when he sees his wife, even she has observed that he has started talking more about death and the funerals of his deceased loved ones.
 - **What is your assessment? How would you describe his emotional state?**
 - **What cultural factors should be considered in your assessment? (e. g., age, gender, ethnicity, religion)**
 - **How can you assist this resident?**
 - **How should you communicate your concerns to the staff?**
 - **How do you know if the treatment plan is working? If it isn't, what do you do?**

Dementia

- **Case:** Ms. A. is a 78-year-old divorced white woman who was admitted to Silver Manor Nursing Home one year ago with a mild mixed dementia (Alzheimer's disease, vascular dementia, and alcohol dementia). She is able to manage most of her ADLs pretty well if she is reminded to attend to them. A cousin is one of the few family members who have remained in contact with her. She says that Mrs. A. has always been a little bit reclusive. She had been married once briefly and never wanted children. She had always enjoyed her work as an accountant, liked gardening, and had only a few casual friendships. After her retirement from part-time work 5 years ago, she began drinking a pint of Scotch per day and needed more and more help to manage her day-to-day affairs. She had no family members who were willing to be responsible for the supervision that she increasingly required.

Since Ms. A. was admitted to the nursing home, she has adjusted reasonably well. She has always enjoyed watching TV by herself and playing solitaire, and she continues these pursuits (although most staff members don't believe that she remembers what she sees or follows the rules of the card game). She has consistently gently refused to become involved in the social activities in the nursing home, except for the ice cream snack club which she regularly attends.

- **What is your assessment? How would you describe her emotional state?**
- **Does anything need to be done to help her?**
- **Would "pushing" her to get more involved in activities be helpful?**
- **What other things might be tried?**
- **What and how do you communicate your concerns to the treatment team?**
- **How would you know if an intervention is a success?**

Relationship to Other Materials

This series of five modules titled "Depression in Dementia" is designed to follow the introductory DVD entitled "Dementia". An overview of the DVD "Dementia" can be found online at <http://ltc.geri.u.org>.

Competencies to be Attained and Methods of Assessment

Competency-Based Learning Outcomes, Strategies and Assessments

Competency	Learning Outcomes	Strategy	Assessment of Learning
1. Recognition Module 1. <i>Create awareness:</i> <ul style="list-style-type: none"> ▪ Prevalence ▪ Significance ▪ Consequences 	The learner will gain improved knowledge and as a result, will develop increased awareness of D/D.	A brief presentation of facts on “Prevalence” and “Significance” is provided in text and statistics. To create empathy among the learners, possible consequences are listed.	Multiple choice questions and answers can be used to assess pretest knowledge and learning outcomes (see pre and post test questions and corresponding answers for Module 1 listed in the appendix).
Module 2. <i>Define the problem</i>	The learner will distinguish between depression in dementia and dementia without depression.	<p><i>Depression as an illness</i> Cases and animation are used to explain why depression can be considered an illness and to create a relationship between “illness” and “depression”.</p> <p><i>Neuroanatomy/physiology</i> Facts are presented along with pictorial explanations of alterations in neurotransmitters associated with depression.</p> <p><i>Emotion, mood, affect, mental health</i> Examples of how depression affects residents’ functioning are illustrated with real life activities that occur in long term care settings.</p> <p><i>Influence of cultural beliefs</i> Contrasting case examples are used to illustrate how emotion and depression may</p>	Multiple choice questions and answers can be used to assess pretest knowledge and learning outcomes (see pre and post test questions and corresponding answers for Module 2 listed in the appendix). Three “residents” are introduced in the DVD: 1) an older person with depression; 2) an older person with dementia; and 3) an older person with depression co-morbid with dementia. The DVD can be paused after each character is introduced. Learners can be asked able to correctly identify depression and dementia and justify their determinations on the basis of the previous didactic module.

		be expressed differently by elders from different cultural groups.	
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Module 3. <i>Assessment</i>	In a simulated situation, the learner will recognize mood symptoms and document appropriately.	Clinical examples demonstrate how to recognize mood symptoms. Animation is used to illustrate how to document on the MDS.	Multiple choice questions and answers can be used to assess pretest knowledge and learning outcomes (see pre and post test questions and corresponding answers for Module 3 listed in the appendix). The DVD can be paused after the example of each mood indicator. Using a copy of the MDS, ask the learners to code the information presented.
Module 4. <i>Planning, Intervention, Evaluation</i>	In a simulated situation, the learner will participate in care planning.	Interventions are presented with examples that are relevant and realistic for the LPN in long term care. Actions (such as alerting the interdisciplinary team to the need for a change in the plan of care) are emphasized and related to the underlying principles.	Multiple choice questions and answers can be used to assess pretest knowledge and learning outcomes (see pre and post test questions and corresponding answers for Module 4 listed in the appendix). For evaluation, vignettes are incorporated throughout the modules in which the learner can participate in

			the planning, intervention and evaluation of care. At each decision point, the DVD can be paused and the learner asked to recall a particular “resident” and discuss appropriate interventions for that “resident”.
Module 5. <i>Communication</i>	In a simulated situation, the learner will use appropriate language to communicate with the resident, the family and the interdisciplinary team.	<p><i>With Resident</i> Using a scenario, a video clip of a nurse interacting with a resident is used to illustrate how the LPN could be supportive to the resident with depression and dementia.</p> <p><i>With interdisciplinary team</i> Terms are illustrated by examples. Following a case example, discussion using appropriate terms is demonstrated.</p> <p><i>With family</i> The importance of engaging the family in the process will be illustrated.</p>	<p>Multiple choice questions and answers can be used to assess pretest knowledge and learning outcomes (see pre and post test questions and corresponding answers for Module 5 listed in the appendix).</p> <p>For evaluation, the DVD can be paused and the learner asked to critique the communication strategies used by the nurse and other members of the interdisciplinary team.</p>

Pre and post tests of knowledge and attitude are included for each module (see Appendices 2-6).

Appendix. 2. Pre and Post test questions and answers for Module 1

Appendix. 3. Pre and Post test questions and answers for Module 2

Appendix. 4. Pre and Post test questions and answers for Module 3

Appendix. 5. Pre and Post test questions and answers for Module 4

Appendix. 6. Pre and Post test questions and answers for Module 5

Evaluation

The test questions for each of the five modules and discussions of the case studies in this *Facilitator's Guide* can be used for assessment of learners. Answers to the test questions are not provided in the user/learner guide. See Appendices 2-11 for pre and post test questions and answers.

Instructors and learners should complete the "Feedback Form for the *Depression in Dementia* DVD," (see Appendix 1) The form is also available on the DVD and at <http://ltc.geri.u.org>.

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Citation

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SECTION III

**APPENDICES AND SUPPORTING
MATERIAL**

Peer Feedback Form

FEEDBACK FORM FOR THE *DEPRESSION IN DEMENTIA* DVD CURRICULUM

After viewing the materials on the accompanying DVD, please take a few minutes to provide us with your feedback. Your input will help us improve the prototype DVD and thus create a better training tool for helping nursing homes and their staff provide high-quality care for their residents with dementia.

Background

1. Name: _____
2. Position: _____
3. Institution/Organization: _____
4. What methods does your facility use to provide training? (Mark all that apply.)
 - Lecture
 - Workshop or practicum
 - PowerPoint presentation
 - Videotape
 - DVD
 - Handout
 - Computer-based training
 - Web-based training
5. Your overall reaction to the training material?
 - Excellent
 - Good
 - Fair
 - Inadequate
 - Bad
6. How appropriate is the level of the content?
 - Much too advanced
 - Too advanced
 - Right level
 - Too basic

Much too basic

7. Do you feel the materials were effective at enabling you to meet the learning objectives specified?

- Very effective
- Effective
- Neither effective nor ineffective
- Ineffective
- Very ineffective

8. How easy or difficult is it to use the training material?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

9. Did you have any technical problems when viewing the DVD multimedia content?

- Yes
- No

If yes, please specify _____

10. Please indicate which best describes your use of the material:

- I am using the material as part of self-directed learning to improve my care-providing skills.
- I am using the material to help teach others better care-providing skills.
- Other (please specify): _____

Please indicate whether you agree or disagree with the following statements:

11. The material provides a comprehensive overview of the topic

Module 1 *Create awareness*: **agree** **disagree**

Module 2 *Define the problem*: **agree** **disagree**

Module 3 *Assessment*: **agree** **disagree**

Module 4 *Planning, Intervention, Evaluation*: **agree** **disagree**

Module 5 *Communication*: **agree** **disagree**

12. The material meets the learners' needs related to depression in nursing home residents with dementia.

Module 1 *Create awareness*: **agree** **disagree**

Module 2 *Define the problem*: **agree** **disagree**

Module 3 *Assessment*: **agree** **disagree**

Module 4 *Planning, Intervention, Evaluation*: **agree** **disagree**

Module 5 *Communication*: **agree** **disagree**

13. Please rate the modules in order of effectiveness from 1 (least effective) to 5 most effective).

- _____ Module 1 *Create awareness:*
- _____ Module 2 *Define the problem:*
- _____ Module 3 *Assessment:*
- _____ Module 4 *Planning, Intervention, Evaluation:*
- _____ Module 5 *Communication:*

14. Are there other learning tools that would be useful to include? _____

15. Do you have other comments about this training material? _____

Please circle the number that represents your response to the following:

Module 1: “Create Awareness: Prevalence, Significance, Consequences”

16. How well will Module 1 serve as an introduction to the depression dementia training for nurses?

poorly	1	2	3	4	5	very well
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Please comment:

17. How well will Module 1 prepare nurses to recognize the impact of depression in dementia on residents’ quality of life?

poorly	1	2	3	4	5	very well
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Please comment:

18. How well will Module 1 familiarize nurses with mood related terminology?

poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

19. How well will Module 1 serve as a foundation for further nurses skill development and learning related to the care of persons with depression in dementia?

poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

Module 2: “Define the Problem”

20. How well will Module 2 prepare nurses to recognize the symptoms of depression in dementia?

poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

21. How well will Module 2 prepare nurses to identify depression in dementia in their residents?

poorly	1	2	3	4	5	very well
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Please comment:

22. How well will Module 2 educate nurses about the differences between dementia, depression in dementia and depression in the unimpaired resident?

poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

23. How well will Module 2 prepare nurses to describe the influence of gender and cultural differences on depression?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

Module 3: "Assessment"

24. How well will Module 3 prepare nurses to obtain information about mood from the resident, nursing assistants and family members?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

25. How well will Module 3 prepare nurses to report mood related behaviors to supervising RNs and other members of the disciplinary team?

Poorly	1	2	3	4	5	very well
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Please comment:

26. How well will Module 3 prepare nurses to document mood related behaviors?

Poorly	1	2	3	4	5	very well
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Please comment:

Module 4: "Planning, Implementation, Evaluation"

27. How well will Module 4 prepare nurses to identify the actions and potential side effects of antidepressants?

Poorly	1	2	3	4	5	very well
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Please comment:

28. How well will Module 4 prepare nurses to describe the benefits of nonpharmacological approaches to depression in dementia?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

29. How well will Module 4 prepare nurses to advocate for pharmacological and nonpharmacological treatments for their residents with depression in dementia?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

Module 5: “Communication”

30. How well will Module 5 help nurses to adapt communication to the needs of persons with depression in dementia?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

31. How well will Module 5 educate nurses about one to one communication with the person with depression in dementia, including verbal and nonverbal communication?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

32. How well will Module 5 prepare nurses to use effective communication with other members of the interdisciplinary team?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

33. How well will Module 5 prepare nurses to use effective communication with family members?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

34. How well will Module 5 prepare nurses to communicate with depressed residents with challenging behaviors?

Poorly	1	2	3	4	5	very well
--------	---	---	---	---	---	-----------

Please comment:

35. What did you like best about the DVD-based curriculum on dementia?

36. What didn't you like? What changes would you recommend for the DVD or the other materials?

Please complete this questionnaire and fax it to (305) 762-1472 or mail it to:

TNH Program Administrator
Stein Gerontological Institute
5200 NE 2nd Ave
Miami, FL 33137

Alternately, you may go to the website, <http://ltc.geriu.org>, login and complete the feedback form online.

APPENDIX 2. Pre and Post Test Questions and Answers for Each Module

Module 1: “Create Awareness: Prevalence, Significance, Consequences”

Pretest and Posttest Questions

1. A 75-year-old man is admitted to the nursing home accompanied by his wife. She reports that he has had memory problems for several years. He is often confused about where he is. He is incontinent. His appetite has been poor for the past month, and his clothes are getting “too big” for him. Which of his wife’s statements concerns you most about the possibility of depression?
 - A. He has had memory problems for years.
 - B. He is often confused about where he is.
 - C. His appetite has been poor for the past month.
 - D. He is incontinent.

2. A resident with dementia and depression comments to the nurse “I’m so stupid, I’m no good to anyone.” Which of the following terms matches what the resident is experiencing?
 - A. social withdrawal
 - B. low self esteem
 - C. positive affect
 - D. somatic complaints

3. Which of the following is a possible consequence of depression in residents with dementia?
 - A. decreased risk of physical illness
 - B. improved functional ability
 - C. increased risk of hospitalization
 - D. decreased burden for caregivers

4. Depression among cognitively impaired nursing home residents is
 - A. Natural under the circumstances
 - B. Common and often unrecognized
 - C. Common but not serious
 - D. Rarely seen

Module 1: “Create Awareness: Prevalence, Significance, Consequences”

Pre and Posttest Answers

1. C
2. B
3. C
4. B

APPENDIX 3.

Module 2: “Define the Problem”

Pretest and Posttest Questions

1. Which of the following statements is most helpful and accurate in understanding symptoms of depression in dementia for African American residents?
 - A. African American residents are more aggressive when depressed than residents of other ethnic groups.
 - B. Culture has very little effect on the way African American residents show depressed mood.
 - C. Residents from African American culture may not complain when they are depressed.
 - D. Nonverbal symptoms of irritability are more common than verbal symptoms.

2. Which of the following statements is most helpful in understanding symptoms of depression in dementia for Hispanic American residents?
 - A. Compared to European American elders, Hispanic American residents are more likely to have physical complaints when depressed.
 - B. Culture has very little effect on the way Hispanic American residents show depressed mood.
 - C. Residents from Hispanic American culture may seek eye contact when they are depressed.
 - D. Compared to European American elders, hallucinations are more common in Hispanic American elders.

3. The nurse is concerned about a resident’s change in behavior. Over the past 2 weeks, the resident has been agitated and refusing care. He has lost weight and is often awake at night.

What should the nurse do first?

 - A. Call the family to report the behavior
 - B. Record the information in the resident’s record
 - C. Teach the resident the importance of becoming involved in activities
 - D. Talk to the resident to further assess for depression

4. A resident, age 95, has Alzheimer’s disease and depression. Which of the following helps to explain depression in dementia?
 - A. Older people are expected to be more depressed than younger people
 - B. Imbalances among chemical messengers in the brain help to explain the cause of depression in dementia
 - C. Depression is uncommon in residents with dementia
 - D. Depression is uncommon in very old residents

5. Which of the following statements about depression in dementia are true?

- A. Grief does not contribute to depression in dementia
- B. When a resident with dementia has vague physical complaints, depression should be considered as a possible cause
- C. Residents who seem depressed may just want more attention
- D. Care of residents with dementia is less costly than other residents.

6. Which of the following is NOT a symptom of depression in residents with dementia?

- A. Difficulty feeling pleasure
- B. Lethargy
- C. Optimism
- D. Agitation

Module 2: “Define the Problem”

Pre and Post Test Answers

- 1. C
- 2. A
- 3. D
- 4. B
- 5. B
- 6. C

APPENDIX 4.

Module 3: “Assessment”

Pretest and Posttest Questions

Choose the one best answer:

1. Which of the following statements about facial expressions in a resident with dementia is most correct?
 - A. Facial expression can be an important clue that someone is depressed.
 - B. Facial expressions are impossible to interpret in individuals with dementia.
 - C. Good eye contact is a symptom of depression.
 - D. Wide open or darting eyes signal a person who is at ease during an interview.

2. A resident with dementia and depression wanders all day on the dementia unit calling out “God help me.” and “Help, help!” The nurse understands that these verbalizations are described as
 - A. Unrealistic fears
 - B. Repetitive calls for help
 - C. Repetitive questioning
 - D. Attention seeking

3. The nurse admits a new resident with a diagnosis of dementia. After two days, the nurse notices that the new resident refuses to participate in activities, eats very little and sighs and moans constantly.

What should the nurse do first?

 - A. Call the family to report the behavior
 - B. Record the information in the resident’s record.
 - C. Teach the resident the importance of becoming involved in activities
 - D. Talk to the resident to further assess for depression

4. Residents with dementia sometimes complain repeatedly about their health. Which of the following statements about repetitive physical complaints is most correct for the resident with dementia?
 - A. Repetitive physical complaints are not to be taken seriously. It is unlikely that anyone could have that many medical problems.
 - B. Repetitive health complaints are caused by a neurotic condition called hypochondriasis.
 - C. Repetitive health complaints may have a physical or psychological basis and should be evaluated further.
 - D. Paying attention to repetitive physical complaints should be avoided since you don’t want to reinforce “whining” behavior.

5. When a resident with dementia accuses the nurse of stealing all her money, which of the following best describes what the resident is experiencing?
- A. Lack of integrity
 - B. Unrealistic fears
 - C. Perseveration
 - D. Hallucinations
6. A female resident in a nursing home with a diagnosis of probable Alzheimer's disease is depressed. She wanders about the dementia unit every day asking where her husband is. This behavior is called
- A. Repetitive questioning
 - B. Unrealistic fears
 - C. Repeated calls for help
 - D. Self-deprecation
7. The nurse admits a new resident with a diagnosis of dementia. After two days, the nurse notices that the new resident refuses to participate in activities and stays in her room as much as possible. This behavior is called
- A. Persistent anger
 - B. Cry for help
 - C. Social isolation
 - D. Sensory deprivation

Module 3: Assessment:

Pre and Post test Answers

- 1. A
- 2. B
- 3. D
- 4. C
- 5. B
- 6. A
- 7. C

APPENDIX 5.

Module 4: “Planning, Intervention, Evaluation”

Pretest and Posttest Questions

Choose the one best answer:

1. Which of the following drugs is most likely to be prescribed for depression in a resident with dementia?
 - A. Risperdal (risperidone)
 - B. Exelon (rivastigmine tartrate)
 - C. Ativan (lorazepam)
 - D. Paxil (paroxetine HCl)

2. Which of the following medications increases the availability of serotonin in the brain?
 - A. Haldol (haloperidol)
 - B. Memantine (rivastigmine tartrate)
 - C. Lexapro (escitalopram oxalate)
 - D. Zoloft (sertraline)

3. The plan of care for a resident who has dementia and depression would be considered successful when the client
 - A. expresses frustration physically.
 - B. spends 10 or more hours in bed daily.
 - C. interacts with staff and other residents daily.
 - D. remains quiet most of the day.

4. A female nursing home resident with a diagnosis of Alzheimer’s disease and severe depression is admitted at 7 pm to the dementia unit of the nursing home. She has not been eating or sleeping well for the past 2 months. The nurse’s best course of action is to
 - A. put the resident to bed in a quiet room to allow her to recover her composure.
 - B. medicate her with a prn antipsychotic medication to ensure her calm cooperation with the admission procedures.
 - C. orient the resident to her room and provide close supervision.
 - D. give her a brochure written in large print to acquaint her with the environment.

5. The resident (above) becomes agitated at 4 am and wanders out of her room, calling anxiously for her daughter. The best initial nursing action would be to
 - A. guide her back to her room and ask her about how she is feeling.
 - B. administer PRN medication for depression.
 - C. put her to bed and put the side rails up to prevent falls.
 - D. confine her in a Geri chair where she can watch TV.

6. Which of the following antidepressants is generally avoided in elders with depression and dementia?
 - A. Paroxetine (Paxil)
 - B. Imipramine (Tofranil)
 - C. Sertraline (Zoloft)
 - D. Effexor (Venlafaxine)

7. Which of the following drugs blocks the reuptake of the chemical messengers dopamine and norepinephrine?
 - A. paroxetine (Paxil)
 - B. bupropion (Wellbutrin)
 - C. ativan (Lorazepam)
 - D. klonopin (Clonazepam)

8. Which of the following is the best first action for nurses when residents with dementia accuse them unjustly? The nurse should
 - A. try to defend him or herself.
 - B. explain to residents why they are wrong.
 - C. report the situation.
 - D. listen without commenting.

9. For the resident who has dementia and is preoccupied with thoughts of death, the most important safety measure is to
 - A. apply restraints.
 - B. keep the resident busy.
 - C. carefully observe and supervise the resident.
 - D. keep side rails up at all times.

Pre and Post test Answers

Module 4: Planning, Intervention, Evaluation:

1. D
2. D
3. C
4. C
5. A
6. B
7. B
8. D
9. C

APPENXIX 6.

Module 5: "Communication"

Pretest and Posttest Questions

1. Which of the following statements about communication with the resident with depression and dementia is most correct?
 - A. Talking about sad events may lead to suicide in a resident.
 - B. Residents who speak about their own death are in need of "cheering up".
 - C. Since most residents have experienced death of a family member, feelings about recent deaths should be left alone.
 - D. When a resident brings up the topic of death of a loved one, it is best not to change the subject.
2. What would be the most appropriate response for the nurse to make when a resident states "Don't bother with me."?
 - A. "You sound pretty discouraged."
 - B. "I know you feel down but that kind of talk makes it worse."
 - C. "Let's see what's on television this morning. You like game shows?"
 - D. "Come on now, it's not all that bad!"
3. A resident, age 95, has Alzheimer's disease and depression. During morning care, the nurse asks her, "How was your night?" The resident replies, "It was terrible, I didn't sleep. I just want to go to heaven." The nurse's best response is
 - A. "Well, it's just not your time yet."
 - B. "Don't we all?"
 - C. "Your time will come."
 - D. "You seem sad this morning."
4. A resident with dementia and depression comments to the nurse "I'm so stupid, I'm no good to anyone." Which of the following statements by the nurse would be most effective in helping the resident cope with depression?
 - A. "Feeling sorry for yourself will only make you feel worse."
 - B. "You are very smart!"
 - C. "Let's get you ready for music group."
 - D. "What do you mean, no good to anyone?"
5. Which of the following statements by the nurse would be best to assess a new resident's (Mrs. Davis) symptoms of depression?
 - A. "Hello sweetie. How are we feeling tonight?"
 - B. "Do you remember who I am or where you are?"
 - C. "Hello Mrs. Davis. My name is John. I am your nurse tonight. How are you feeling?"
 - D. "Good evening Mrs. Davis. What would you like to wear to bed tonight?"

6. The nursing assistant reports that a depressed resident with dementia refused to get up in the morning and stated "Leave me alone, I just want to sleep". Which of the following statements by the nurse would be most effective in helping this resident?
- A. "You can stay in bed just for today."
 - B. "It is important for you to get up. Let me help you."
 - C. "I am not going to force you to get up but we cannot bring your breakfast to you in bed."
 - D. "If you stay in bed, I will have to put the side rails up"
7. Which of the following statements by the nurse would be best to help a resident (Mr. Rodriguez) with depression and dementia?
- A. "Hello Mr. Rodriguez. It's a beautiful day."
 - B. "I have some time to talk. Tell me about yourself."
 - C. "If you take your medicine, you will soon be feeling better."
 - D. "How did you enjoy your lunch?"

Module 5: Communication:

Pre and Post Test Answers

1. D
2. A
3. D
4. D
5. C
6. B
7. B