

**Suzanne Fitzsimmons, MS, GNP**

**Linda Buettner, CTRS, PhD**

Geriatric Education, Consulting, Research, Bridging Recreation Therapy and Nursing

[Suzfitz@usa.net](mailto:Suzfitz@usa.net)

941-628-6823 (cell)

336-617-4824

Educational Trainings Available for working with:

\* = Older adults without cognitive impairments or with early-stage dementia

D = Older adults with dementia

\*D = Older adults with and without dementia

Trainings can be individualized to the staff/facility need. Amount of time and depth of each topic is variable and may be adapted based on need. This is a partial list. Please ask for any educational need not listed.

**Fees:**

**Out of state:**

\$750 per training day/per person plus travel and accommodations

**Within 50 miles of Greensboro, NC:**

\$250 per training day plus IRS mileage rate (currently 58.5 cents per mile)

\$150 per half day plus IRS mileage rate (currently 58.5 cents per mile)

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**N.E.S.T. (\*D) – 4-7 hours** - Over 5 million people in the United States are in some stage of a dementia related illness such as Alzheimer's disease. They may not recognize family members, depend on others for help with daily activities, may be lethargic and unable to communicate their needs, and have distressing numbers of behavioral problems that lead to the prescription of powerful psychoactive medications or out of home psychiatric placements. Despite the prevalent thinking that these disturbing behaviors are the result of unmet needs, or environmental press, a methodical system has not been designed to help healthcare providers address these problems in a consistent way. The N.E.S.T. was created to provide a reliable interdisciplinary approach to positive behavior change in dementia care settings, based on the most current research evidence. Specifically, this is an evidence-based practice guide for disturbing behaviors of dementia for professionals working in dementia care settings. The evidence-based concept is a systematic identification and synthesis of scientific theories and scientific evidence that leads to the development of evidenced-based practice. The evidenced-based concept is highly favored by power holders in government and health care organizations because of its ability to 1) improve

quality of care and services, 2) have fewer variations in practice, 3) provide cost savings that flow from appropriate intervention use, and 4) improve health outcomes in general. This training guides facilities on making a commitment to non-drug approaches in dementia care. This means creating a team specialized in behavioral intervention work. It also means using the N.E.S.T. approach before resorting to medications.

N. stands for “needs” of the individual with memory loss.

E. stands for “environment” of the person in distress.

S. stands for appropriate levels of “stimulation” and rest.

T. stands for “techniques” and approaches used by care providers.

This training will cover how to create a NEST team to care for your clients, patients, and residents with dementia and improvements in the quality of life and therapeutic outcomes will follow. The NEST publication is available through the authors Fitzsimmons & Buettner.

**Normal Aging and Memory Changes (\*) – 1 hour** – This session covers what is normal memory aging changes and what is abnormal. How the brain works and common brain disorders are covered. Included are methods of maintain cognitive health.

**©Brain Fitness (\*D) – 1.5 - 2 hours** - This interactive session details information about the brain through the lifespan and methods of improving the brains functions through everyday activities. The ©Brain Fitness program will demonstrate with session participants taking part in some of the exercises. This program is designed to stimulate all areas of the brain, not just memory, in order to encourage dendrite and neural growth. In addition methods of adapting the exercises for low to high cognitive functioning are shown. This publication is available through Venture Publishing at [www.VenturePublishing.com](http://www.VenturePublishing.com).

**©Exercise for Fitness and Function (\*D) – 1 - 1.5 hours** – Two types of exercise programs are described that are appropriate for most residents of nursing homes and for older adults living in the community. This interactive session reviews the benefits of exercise, how to determine the appropriate program and exercise techniques are reviewed.

**Basic Dementia training 1 hour (\*D) – 1 hour** – This is the basic course for staff who have no experience with residents with dementia or for those who need a refresher.

**Basic dementia training 3 hours (\*D) – 3 hours** - This is a more detailed course that covers communication techniques, cueing methods and behavior management. For staff who have no experience with residents with dementia or for those who need a refresher.

**Managing Behaviors (D) – 1.5 hours** – This session covers methods to prevent and manage the neuropsychiatric symptoms of dementia including verbal and physical aggressiveness, anxiety, apathy, depression, paranoia, paranoia, hallucinations, resisting care and others. Opportunity for staff to present problems they are currently having is provided.

**Relaxation Techniques (\*D)** – 1 hour – This session describes what types of conditions can be helped with relaxation. Various different relaxation techniques are taught in this interactive session. Included are guided imagery, progressive muscle, deep breathing and the use of literature and music.

**©Life 101: Coping with Aging (\*) – 1 hour** – This program addresses the issues that face older adults such as frustration, coping with losses, maintain friendships and many others. Life 101 was designed to help people feel good about themselves no matter what they are faced with. ©Life101 instructors manual with 45 modules is in publication with [www.VenturePublishing.com](http://www.VenturePublishing.com).

**Health Promotions for the Mind, Body and Spirit (\*) – 1 hour** - Very few services are available for older adults with mild cognitive impairments (MCI) or in early stages of dementia. The goal of preserving these individuals' personal control, dignity and quality of life is an enormous task. People who are diagnosed early in the course of the disease rarely have opportunities to get their questions and concerns addressed, or learn how to change health behaviors. Individuals in early stages of dementia often become isolated and stigmatized, even though they may still have good communication skills, are otherwise healthy and will function quite well for a number of years. This session describes a 12 week educational course: *Health Promotion for the Mind, Body, and Spirit* for older adults with early-stage Alzheimer's disease. . The course was designed to teach health behaviors to prevent commonly occurring problems from happening in the future and to provide the individual with dignity and a sense of pride. This Health Promotion course received a "Best of Practice Award" from the Department of Elder Affairs in the state of Florida, has had international research and attention and is available through [www.VenturePublishing.com](http://www.VenturePublishing.com).

**Communication Techniques (D) – 1 hour** – Communication skill are important for any staff member working with older adults with dementia. This session teaches methods to improve communication and understanding with all older adults with an emphasis on those with dementia.

**Determining Unmet Needs (D) – 1 hour** – Often times behavioral problems are caused by unmet needs. These may be psychological, physical, environment, emotional or social needs. This session will discuss some of the more common unmet needs, how to recognize them and how to prevent them.

**Detecting Delirium (\*D) – 1 hour** - Delirium is a common syndrome in older adults especially for those returning from hospital and acute settings. Delirium is sometimes reversible; however it is associated with increased mortality, increased hospital costs, and long-term cognitive and functional impairment. Fortunately if recognized early it can be treated successfully without complications and declines in health and function. Delirium can also be prevented with identification of high-risk patients and the implementation of interventions. Recognition of delirium is complicated as it may be difficult to differentiate delirium from dementia and depression. This session will review the risks, signs and symptoms, consequences and assessment techniques for the detection of delirium in this population.

**Falls Prevention (\*D) – 1 hour** – Preventing falls without compromising independence and mobility is a difficult task. This session will review fall risk factors, assessments and interventions and options for preventing falls in the residential setting.

**Restraint Reduction (\*D) – 1 hour** - A physical restraint is any physical or mechanical device, equipment or material that an older adult can not easily remove and that restricts access to one's body or freedom of movement. Nursing home residents have certain rights and protections under the law regarding restraint usage. Protection from falls and injuries and restraint usage is a complicated issue. This session reviews both physical and chemical restraints, methods to prevent their usage and guidelines for the rare occasion when they are appropriately used.

**Understanding early-stage Alzheimer's disease (\*) – 1 hour** - With demographics warning of the booming aging population and more sophisticated diagnostics testing, more and more older adults will be diagnosed with early-stage Alzheimer's disease. Until recently, the patient received medications and the services were directed towards the caregiver or to older adults in later stages of the disease. Some persons upon diagnosis immediately become dependent on others and sit at home waiting to decline, dreading what is to come. However, in the United States today there are persons in early stages of Alzheimer's disease living independently, doing volunteer work, taking educational courses and music lessons, socializing and dating, being spouses, parents, grandparents, friends and neighbors, writing books and even presenting to professional caregivers. This course is designed to teach health care providers about early Alzheimer's, how it is diagnosed, the signs and symptoms and how to assist patients in early stages to live an enriched, meaningful and happy life. This course is an attempt to refute the phrase "suffering with Alzheimer's."

**Depression Management (\*D) – 1 hour** - It is estimated that the incidence of depression in older adults living in long term care facilities can be as high as 77%, and is the most common mood disorder of late life. It is also very common in persons with dementia but often undiagnosed and untreated. Depression is associated with functional decline and excess mortality and therefore should be treated. A discussion of the incidence, prevention and assessment will be followed by a review of the current treatment options, including non-pharmacological interventions.

**Preventing Functional Decline (\*D) – 1 hour** - More than 70% of long term care residents spend at least part of their day in wheelchairs (Zanni & Wick, 2007). Unfortunately, the majority of them did not enter the facility in a wheelchair and for some, the need for a wheelchair, may have been prevented. The older adult who loses the ability to walk aided or unaided has a poorer quality of life and deteriorates in other activities of daily living (GROW, 2008). This session addresses the factors pertaining to physical functioning and how staff may identify and target interventions for older adults who are at risk for further disabilities and complications caused by immobility.

**Urinary Incontinence (\*D) – 1 hour** - Urinary incontinence has a significant physical, psychological, and social consequence on residents in long term care. It also has an impact on nursing facilities and their staff. It is the primary reason why an older adult is not accepted into assisted living centers and the second-leading reason for nursing home placement. An analysis of data from 7,640 nursing homes in the Southeast found 65.4% of the residents were incontinent upon admission and at 3 month post-admission the rate was 74.3% (Boyington, et al., 2007). Although incontinence is not a normal part of aging, many staff members, and nursing home residents believe that it is unavoidable. In addition to social and emotional effects incontinence is associated with urinary tract infections, pressure ulcers, sleep disturbances, and falls. The costs of urinary incontinence is enormous, approximately \$32 billion per year and growing (Levy & Muller, 2006). This session describes the various types of bowel and bladder incontinence, the consequence of them and methods to prevent or reverse incontinence.

**Managing Pain (\*D) – 1 hour** - Pain is a common occurrence for older adults residing in long term care facilities. Despite the frequency of pain in long term care settings, research consistently shows it is inadequately assessed and managed. Residents with cognitive impairments, or those with delirium, may be particularly challenging for the pain detection and treatment. The overall objective for pain management is that all residents will be either free of pain, or their pain will be reduced to an acceptable level that allows the older adult to achieve or maintain the highest functioning level that is possible. This session reviews methods of detecting, assessing and treating pain.

**Memory Screenings (\*D) – 1 hour** – Cognitive impairments is a very complex medical issue. A memory screening may be used to monitor the cognition of a person already diagnosed or to screen if someone, without diagnoses, needs further evaluation. Many of the more common assessment instruments will be discussed along with scoring

**Geriatric Assessment (\*D) – 1-2 hours** - The purpose of this session is to provide health care professionals with a practical guideline for using standard methods of evaluating older adults. Assessment of the older adult can be complicated as there are often several simultaneous chronic problems and multiple psychosocial factors. Included is information on assessing domains that significantly impact quality of life such as emotional, physical and cognitive functioning, social, spiritual, economical, family and safety. The information gathered from these assessments helps determine a plan of care with the goal of optimizing the patient's health and function.

**Enriching the Lives (\*D) – 1 hour** – The older adults residing in residential settings is becoming more diverse and medically complex. This session reviews methods that can be used by a variety of disciplines to increase active engagement by the older adult.

**©Simple Pleasures (D) – 1 hour** – Simple Pleasures has been utilized for over 10 years in nursing homes across the country and across the world. This project uses community volunteers to make an “endless” supply of research tested items for use with nursing home residents. These age-appropriate items target the sensori-motor portion of the brain for optimal success.

**Pet Encounters (\*D) – 1 hour** – Many facilities have pets residing or visiting with residents. Pet Encounters is a program to utilize pets in an individualized therapeutic method to achieve specific outcomes. Rather than say hello and a few pets, the pet handler uses the pet to facilitate a therapeutic intervention. The program is designed to focus on residents with emotional issues, physical and/or and cognitive decline.

**Dementia Case Study (\*D) – 1 hour -** This session follows Mrs. H from early symptoms to death. Common problems, concerns and treatments are reviewed. This session provides the learner with a overall view of the disease process while instilling personhood and quality of life.

**Wheelchair Biking (\*D) – 1 hour** – The wheelchair biking program is a fun and safe alternative or complimentary therapy to medications for the treatment of mild to moderate depression. Three separate research projects have had consistent results supporting its use for depression in nursing homes. This utilizes a Duet bike, a modified tandem bicycle manufactured in Germany by Robert Hoening GmbH. The front of this system is a detachable wheelchair that acts as the front wheel of the bike. This system enabled the subjects, at all functioning levels, even with severe disabilities, to ride in the wheelchair while the caregiver pedals and steers from the back. Information about the bike and the research is presented along with methods of fund raising to obtain a Duet. A 20 minute video will also be shown.

**Staff Members or Team members? (\*D) – 1 hour** – This session discusses methods of motivating and empowering staff members to become committed to their facility, their unit and the older adults they work with. How to build create unit teams that reduce turn-over, burn-out and stress are presented and discussed.

**Therapeutic Activities and Interventions (\*D) – 2 hours** – This session covers the importance of keeping residents active and methods of selecting therapeutic activities. Results of various RT research projects are covered and their implications for long term care residents. Various methods of selecting interventions are covered including personality, behaviors, needs and leisure interests. Included are methods how non-recreational staff such as nursing and others can assist resident to participate.

**Winning Over Your Nursing Staff (\*D) - 1.5 -** This fun, humor-filled session uses nursing diagnoses to discuss why recreation therapist are misunderstood by nursing. Interventions to correct some of these misconceptions are also covered. A mock care plan meeting covers how RT can integrate recreational interventions in an interdisciplinary manner. This session requires both Sue and Linda. May be performed with a volunteer from the hosting organization.

Recreation Club (\*D) – 1 hour – This session is based on the work performed in Port Charlotte Florida. An alternative to adult day care, this 4 hour program is designed to provide educational, physical, cognitive, and social therapy. How to set up and implement this program along with the research results obtained after 4 years of implementation is covered. This program is for older adults who live in the community or in an assisted living setting.

References and credentials sent upon request.