

Changing the culture one step at a time: **Person-Centered Bathing**



Introductory Workshop on the techniques and skills in bathing residents with dementia

Paraprofessional Healthcare Institute¹

¹ Developed around the video, *Bathing Without a Battle*, Ann Louise Barrick, Joanne Rader and Philip Sloane.

Changing the culture one step at a time: Person-Centered Bathing

Workshop Objectives

1. Participants will be able to identify current approaches to bathing and why they cause resistance.
2. Participants will be able to demonstrate at least two new methods for keeping persons clean without causing shame or post-traumatic reactions.
3. Participants will be able to identify at least 3 research findings related to alternative methods of bathing.
4. Participants will be able to identify at least 5 myths about bathing in the nursing home.
5. Participants will be able to suggest ways to create a more comfortable environment in the tub or shower room.
6. Participants will be able to explain how behavior is meaningful communication.

Introductions

(20 minutes)

It is important to set a mood and tone that is comfortable and open. Ask participants to pair up with another person they don't usually work with, someone they don't know very well. (This allows people to begin to get to know each other, making the environment a little more comfortable.)

Once the participants have paired up, tell them that they will be introducing their partner to the group. To do this, they will have 5 minutes to interview their partner using the following questions (flipchart these questions):

- What is your name? How long have you been here?
- What do you do at the home?
- What do you love best about working here?
- What was the worst experience you had (or heard of) when it comes to bathing a resident?

After about 10 minutes, or when you hear the conversations die down, bring the group back together and have them introduce each other. As the facilitator, you can introduce yourself.

Review of the day's agenda

(5 minutes)

Review the agenda for the day. If you don't have paper agendas to hand out, write the major components of the day on a piece of flipchart. Ask

participants if they have any questions about the agenda. *You will need to create an agenda based on your own needs.*

My Personal Routine

(30 minutes)

Materials:

Handout: My personal routine

Key Content

People who live outside of nursing homes have numerous opportunities to exercise self-determination. We make choices so frequently that it is easy to take this right for granted. Unfortunately, this same right to self-determination does not exist for many residents of nursing homes. Staff members make choices for them, including when they will get up, where they will sit, and what they will wear. This exercise will help staff identify their personal daily choices and preferences and to consider what it would be like if those choices and preferences were not honored.

Individual Exercise and Group Discussion

Ask participants to think about how they awaken and begin their mornings. From waking up through getting dressed, what do they use, what do they do, where do they go? Read the sample routine:

Some days I wake up at 5 a.m., other days I sleep until 9 a.m. It all depends on what I have planned that day and how tired I am. The first thing I do when I wake up is go to the bathroom. Next, I put on my bathrobe, sit on my front porch, smoke a cigarette, and drink a cup of coffee. Then I take a shower and wash my hair. I blow-dry my hair using styling gel and hair spray to get it neat and in place. Then I get dressed, and most days I wear jeans and a pullover shirt. I listen to the morning news on my TV. I do not eat breakfast; I just drink coffee. I drink a full pot before lunchtime.

Teaching Tip: Point out how unique each person's routine is. This is the essence of person-centered care.

Ask the participants to write down their morning routines. Write these questions on the flip chart for participants to use as guidelines for this

exercise, but stress that everyone's responses will be unique and may not answer all of these questions.

- When do you wake up?
- How do you wake up?
- What do you use in the morning?
- What rooms do you go into?
- What do you eat?
- Where do you go?

Give participants 10 minutes to complete the exercise. Ask for volunteers to share their writing with the group. After the volunteer shares his or her routine, ask the group: What choices were made? Facilitate a discussion that sheds light on the number of choices that were made in only that short part of the day. Now ask participants to imagine they are moving into the nursing home today. Finish the activity using the following discussion questions:

- Do you follow the same routine every day?
- How does that routine demonstrate self-determination?
- Has anyone experienced a recent disruption in his or her daily routine? What was that like?
- What would your day be like if you could no longer start it with your usual routine?
- If you moved in here today, would it be possible to continue your morning routine? Why or why not?

It is very important to stress that it is the facility's routine that is most likely followed, not a resident's longstanding one. Also stress that the nursing home in which you are working is making tremendous strides to change that- and adapt a more person-centered environment, where residents routines, rights and preferences are followed. Also, it is important to tell participants that residents, particularly ones with dementia, follow routines- ones they've had for some time. We often see problems with behavior stemming from changes in routine (just like us if we are thrown from our routines in the morning).

Guided Imagery through the bathing experience

(20 minutes)

Materials:

Flipchart

Markers

Ask participants to get comfortable in their chairs, removing distractions from around them (cell phones, beepers, etc...).

Tell participants that you are going to be asking them to look at their own unique bathing habits and experiences. We are going to be doing this by having them close their eyes and thinking through a series of questions.

Below is a list of questions that explore the most satisfying bathing experience. After asking each question, allow a moment or two to pass before asking the next question. Tell participants that they can answer these questions out loud. Flipchart responses to use later!

Once everyone is relaxed, ask participants to close their eyes and think about her most satisfying bathing experience- picture yourself in that place to revisit that time. Allow a moment to pass.

- Where are you right now?
- What words come to your mind to describe this bathing experience?
- What do you smell?
- Do you hear anything? What is it?
- What things have you brought to this bathing experience? What things are around you that make it the perfect bathing experience?
- What do you see around you, how are the walls decorated, towels hung, what colors surround you?
- How many of you imagined yourself in bathtub? How many imagined yourself in the shower?
- What else is making this bathing experience so satisfying?

After a moment, ask participants to rejoin you and open their eyes. Point out that you noticed a few people smiling when they thought about their own bathing experiences. Ask for a few volunteers to share some of the highlights of the bathing experience- what made it so satisfying?

Ask participants:

- Was the bathing experience you were imagining anything like the bathing experience here at the nursing home? How was it alike, or different?
- How many choices did you make in your own bathing experience, what were they?
- What choices do the residents here have in their bathing experience?
- Do you think residents with dementia can tell us their choices, how do they do that?
- Can a resident with a bathing experience like your own, have it here? Why/why not?

At this point in time, emphasize that residents living in the nursing home are not much different than us sitting here in the room. They had routines and habits, preferences and desires about bathing before they came to live here. It is our responsibility to make bathing as pleasurable, or at least tolerable, as we can. We are all caregivers, and it pains us just as much as it pains them, to have an unpleasurable bathing experience. Today, we are going to learn a few ways to make it tolerable, if not pleasurable to bathe at the nursing home using resident's voices, routines and new methods for doing it.

Bathing without a Battle

(30 minutes)

Materials:

Video- Bathing Without a Battle

To introduce person-centered bathing, use the video tape (Bathing without a Battle). Explain that the video will show what bathing is like in a typical nursing home, without it being individualized and then will demonstrate several methods for bathing that can be individualized.

It is suggested that you watch and decide upon the amount of video you wish to use. We suggest playing the video for about 30 minutes.

Morning Break

Debrief Video Questions

(30 minutes)

Materials:

Flipchart

Markers

Take this time to “debrief” the video- gain participants reactions to what they saw, heard and experienced. The video generally tends to draw strong reactions, and participants who have had to bathe a resident with dementia will likely resonate strongly with it. It will bring up a great deal of questions- e.g. will the soap leave residue? Will the person get clean? Won't the resident get cold and wet? Won't the state complain? These are all excellent questions that will be answered over the course of the day. Do your best to answer them now, but also let participants know that we will address some of these over the course of the day.

So, to debrief, use these questions:

- What did you see happening?
- What questions are coming up for you right now?
- Has that (the negative behavior in the shower) ever happened to you as a caregiver?
- How did it make you feel?

Create a flipchart page with three columns:

Behavior	What was s/he trying to say/saying	What was this person feeling?

- Ask participants- how was this resident communicating, what were the undesirable behaviors? and what were they saying? (flipchart appropriately)
- What behaviors could be interpreted as language to convey her wishes?
- What other things do residents do to communicate/ what are they saying? (flipchart and then add more if needed)

Go to the flipchart list and fill in anything that is missing from the first two columns. In the third column ask participant for feelings that may be coming up for residents/fill in responses. Explain that this is: The Language of Dementia.

DEMONSTRATION/RETURN DEMONSTRATION OF TOWEL BATH

(60 minutes)

Materials:

Handout: Guidelines for a Towel Bath

Also:

Necessary:

Several bath towels
Bath blankets
No-rinse soap
Several washcloths
Large plastic bags
Water pitcher
Medicine cup to measure soap out
Water

Nice to have (not necessary)

shower chair
bed
microwave

This part of the workshop will give participants the opportunity to see a live demonstration of the towel bath, and then allow them to practice it themselves. If you do not have a co-facilitator, ask for a volunteer. Follow the instructions for the towel bath provided- EXCEPT do not use water-pretend to wet the cloths, but don't actually do it until later on. Also, do not take the volunteers clothes off, do the towel bath on top of the clothes either with the person sitting on a chair, a shower chair, or laying on a bed.

After the demonstration, demonstrate the dilution of the soap and wetting of the towels. If you have the capacity to do so, try heating the wet towel package in the microwave.

To make the demonstration a little more realistic, try these techniques:

- Have each participant take a squirt of the undiluted soap- ask them to rub it into their hands, smell it...
- Make a second pitcher of diluted soapy water so participants can feel temperature and texture;
- Also, wet a stack of washcloths with hot water and distribute them asking them to place a washcloth on their arms to feel the deep heat.
- Test several no-rinse soaps/shampoos to choose the best one to try first with the residents.

After you have done the demonstration, break the group up into pairs to practice the towel bath technique. Give each pair- three washcloths, a bath blanket, 2-3 towels, a plastic bag. Have them practice the "dry"

towel technique on each other for about 20-25 minutes- making sure each person tries the technique.

After everyone has practiced the technique, ask if anyone has questions.

Lunch Break (45-60 minutes)

Myths about Bathing: Family Feud (30 minutes)

Materials:

Posterboard/markers/crayons (to create family name)

Handout: *ducks (cut out)*

Small gifts (one for each winning team member)

Handout: *Myths about bathing*

Divide the group into two teams. If time allows have each team come up with a name that relates to bathing, and create a sign for their team.

If there is little time, assign each team a name. Here are a few:

Showy Showerers

Battling Bathers

Bathing Beauties

Wading water babies

Tub time talkers

Once the teams have a name, explain that you will be playing a modified and short version of family feud. There will be a total of 9 true-false questions they have to answer. To start the game, each team must choose one person to come up to the front of the room- to answer a true-false question and attempt to gain control. Once the participants come to the front, have them put their hands behind their backs. Tell them that the first person to hit the desk AFTER the true/false question has been read- gets to answer. Read the first statement. If the participant is correct, the team gets to continue answering true/false questions one at a time until a person gets the question wrong. (Teammates, unfortunately, cannot help each other out!) If an answer is wrong, the other team gains control and gets to continue answering the questions until all 9 questions have been asked. After each person gets a correct answer that person/team gets a "rubber duck."

NOTE: After each statement, give an explanation of the statement.

The team with the most ducks gets to choose prizes at break. (We suggest buying sample sizes of scented bubble baths, rubber ducks, fancy washcloths, to give away as prizes.) At the end of the game distribute the *Myths about Bathing* handout.

True/False questions/statements

Read each statement. After it has been answered, provide an explanation.

1. It takes a lot of water to get people clean. (FALSE)

In health care and home settings, people have kept clean without the benefit of showers, tubs or running water. Careful washing, with attention to details, is more important than how much water you use.

2. If caregivers are delaying, shortening or adapting the bath or shower, they are trying to get out of work. (FALSE)

This is how caregivers create an individualized plan that meets the person's special needs. They are still responsible for maintaining the person's hygiene but need freedom to adjust the method.

3. Families who know about this way of bathing, won't insist on a shower or tub bath. (TRUE)

Families, like the rest of us, need to be educated. If they are presented with the problem (the person dislikes or fights the bath or shower) and alternative suggestions, usually they understand and are agreeable with a trial of other methods.

4. The number of infections and skin problems won't change or increase if a resident receives a sponge/towel bath instead of a shower or tub bath. (TRUE)

Many people have not gotten into a shower or tub for years, yet they are clean and have no increased infections or skin problems.

5. People always feel better after they have a bath or shower. (FALSE)

If it is forced, people feel attacked, demoralized, fearful and it is an exhausting process.

6. You have to just go ahead and give the shower to someone who has behavior problems in the shower, because for most people who resist, there won't be a "good" time. (FALSE)

For most people with dementia, it is possible to develop a plan that keeps them clean and avoids the battle by adapting the approach, method, day and time of day.

7. Residents with dementia will just *forget* about the battle you had with her- so it doesn't matter. (FALSE)

Many people who are forced to bathe stay upset for hours.

8. Regulators, advocates and families will see it as possible neglect. (FALSE)

When you are rethinking what is currently accepted practice, be proactive and educate all players. Let people know what you are doing and why. Frame it as a better way of meeting someone's needs.

9. The individualized approach may take less time. (TRUE)

For most people, if you are organized, have your supplies handy and are familiar with the techniques, it can be done in the same amount of time. If overall, you end up bathing some people less frequently, then there may a decrease in time spent bathing.

The Bathing Environment

(45 minutes)

Materials:

Read below exercise

Show photos of institutional looking bathrooms and bathrooms that are redone to feel more like home. If you do not have photos of remodeled bathrooms, take photos of your own home! Or bring in photos from decorating magazines, flyers, and catalogs. Be creative. In the photos of the homier ones- emphasize that it does not take a great deal of money. Most of the items can be bought at discount stores and/or on sale at the local bath/linens store. Paint, something that can make a stunning difference, just needs to be mildew resistant. Medical supply companies tend to have higher price tags for the same items bought in a non-medical supply store. Donations are also a great way to get your bathroom decorated if you are on a budget.

After seeing examples of institutional vs. homelike bathrooms, take a walk to the your nursing homes bathrooms and brainstorm together how they can be made to look more like home, more comfortable. Ask participants to notice the feel (temperature/textures), smells (odors/aromas/fragrances), noise (music/distractions), and ask participants if there is privacy. The kind of privacy you would require if you were bathing here. The biggest question would be: would I be comfortable bathing here? Remind participants of the earlier exercise involving guided imagery.

Organizational Impact and Planning

Materials:

Handout: Planning Grid

Flipchart

Markers

Lead team through a discussion and flip chart responses to the following:
What supports/resources do you need to be able to make this happen?
Go through the attached planning grid, one step at time. Making sure commitments are made, and questions are answered. It is helpful to have key administrative people in the room to make the larger things happen. For the facilitators grid- set up a flipchart page similar to the grid, and complete it with the group.

Closing circle

After the planning has been done, it is important to close the day with a “go-around” to make sure everyone’s questions have been answered. Ask participants: what are you thinking or questioning right now? What are you feeling? What are you taking away from the day? Participants can answer one or all three of those questions.

Guidelines for a Towel Bath

(Taken from: www.bathingwithoutabattle.unc.edu/main_page.html)

A bed bath is often a good choice for persons who are frail, non-ambulatory, considerably overweight, experience pain on transfer, or are fearful of lifts. It is possible to wash people adequately in the bed and it is often much less stressful. It is usually done with a basin of water, soap and wash clothes and rinsing off the soap. A variation on this method is the towel bath. Here a person is covered with a large, warm, moist towel containing a no rinse soap solution and is washed and massaged through the towel. Instructions for doing the towel bath are below.

Equipment (for ONE TOWEL BATH):

- 2 or more bath blankets
- 1 large plastic bag containing:
 - 1 large (5'6" x 3') light weight towel (fan folded)
 - 1-2 standard bath towel
 - 3 or more washcloths
- 2-3 quart plastic pitcher filled with water (approximately 105-110 Fahrenheit), to which you have added:
 - 1-1 ½ ounces of no-rinse soap (such as Septa-Soft, manufactured by Calgon-Vestal (use manufacturer's instructions for dilution))

Preparing the person

Explain the bath. Make the room quiet or play soft music. Dim the lights if this calms the person. Assure privacy. Wash hands. If necessary, work one bath blanket under the resident, to protect the linen and provide warmth. Undress the resident, keeping him/her covered with bed linen or the second bath blanket. You may also protect the covering linen by folding it at the end of the bed.

Preparing the bath

Pour the soapy water into the plastic bag, and work the solution into the towels and washcloths until they are uniformly damp but not soggy. If necessary, wring out excess solution through the open end of the bag into the sink. Twist the top of the bag closed to retain heat. Take the plastic bag containing the warm towels and washcloths to the bedside.

Bathing the Resident

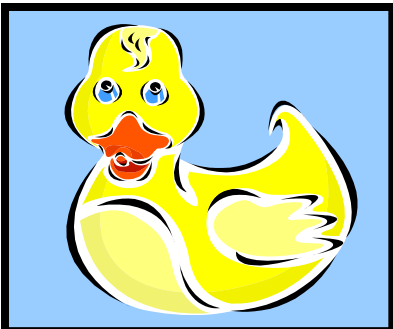
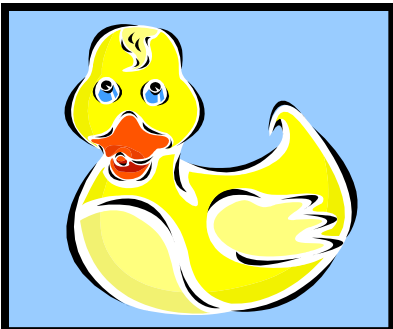
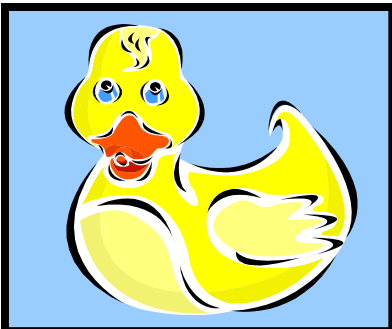
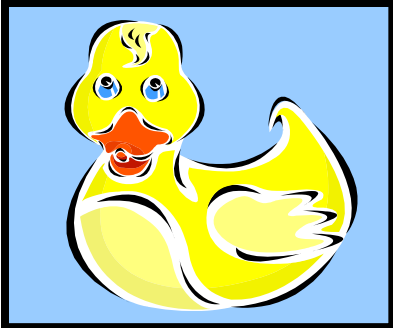
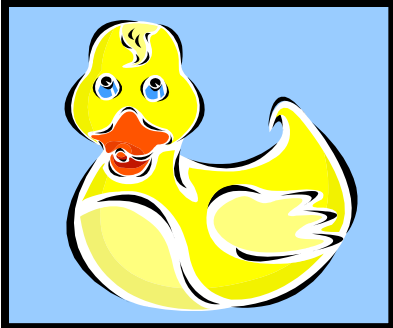
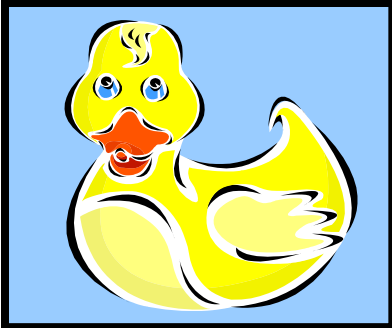
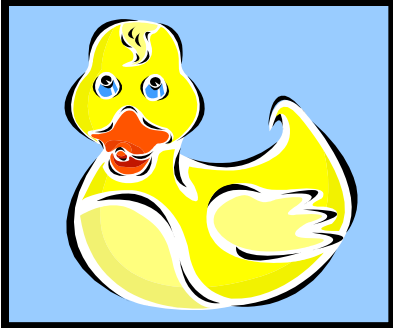
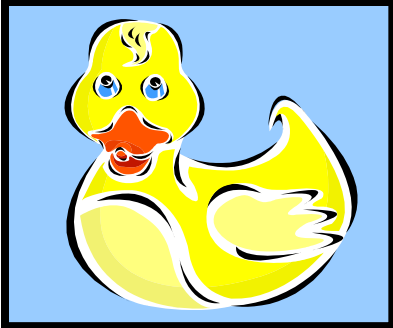
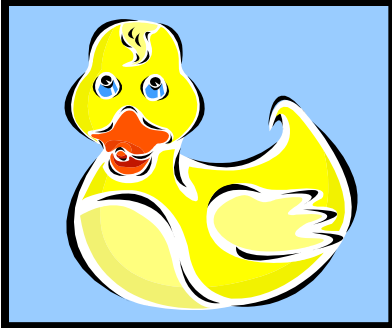
Expose the person's feet and lower legs and immediately cover the area with the warm, moist large towel. Then gently and gradually uncover the resident while simultaneously unfolding the wet towel to recover the resident. Place the covers at the end of the bed. Start washing at

whatever part of the body is least distressing to the resident. For example, start at the feet and cleanse the body in an upward direction by massaging gently through the towel. You may wish to place a bath blanket over the towel to hold in the warmth. Wash the backs of the legs by bending the person's knee and going underneath. Bathe the face, neck, and ears with one of the washcloths. You may also hand a washcloth to the resident and encourage him to wash his own face. Turn the resident to one side and place the smaller warm towel from the plastic bag on the back, washing in a similar manner, while warming the resident's front with the bath blanket or warm moist towel. No rinsing or drying is required. Use a washcloth from the plastic bag to wash the genital and rectal areas. Gloves should be worn when washing these areas.

After the bath

If desired, have the person remain unclothed and covered with the bath blanket and bed linen, dressing at a later time. A dry cotton bath blanket (warmed if possible) placed next to the skin and tucked close provides comfort and warmth. Place used linen back into the plastic bag; tie the bag and place in a hamper.

Ducks for Family Feud
(Cut out before the activity)



The following myths are from the book "Bathing Without a Battle - Personal Care of Individuals with Dementia".

(Barrick, AL, Rader, J, Hoeffler, B, & Sloane, PD: Bathing Without a Battle: Personal Care of Individuals with Dementia. New York: Springer, 2001.)

MYTH 1: It takes a lot of water to get people clean.

In health care and home settings, people have kept clean without the benefit of showers, tubs or running water. Careful washing, with attention to details, is more important than how much water you use.

MYTH 2: If caregivers are delaying, deferring, shortening or adapting the bath or shower, they are trying to get out of work.

This is how caregivers create an individualized plan that meets the person's special needs. They are still responsible for maintaining the person's hygiene but need freedom to adjust the method.

MYTH 3: Families will insist on a shower or tub bath.

Families, like the rest of us, need to be educated. If they are presented with the problem (the person dislikes or fights the bath or shower) and alternative suggestions, usually they understand and are agreeable with a trial of other methods.

MYTH 4: There will be more infections and skin problems.

Many people have not gotten into a shower or tub for years, yet they are clean and have no increased infections or skin problems.

MYTH 5: People always feel better after they have a bath or shower.

If it is forced, people feel attacked, demoralized, fearful and it is an exhausting process.

MYTH 6: You have to just go ahead because for most people who resist, there won't be a "good" time.

For most people with dementia, it is possible to develop a plan that keeps them clean and avoids the battle by adapting the approach, method, day and time of day.

MYTH 7: They just forget about the battle so it doesn't matter.

Many people who are forced to bathe stay upset for hours.

MYTH 8: Regulators, advocates and families will see it as possible neglect.

When you are rethinking what is currently accepted practice, be proactive and educate all players. Let people know what you are doing and why. Frame it as a better way of meeting someone's needs.

MYTH 9: The individualized approach will take more time and we don't have it.

For most people, if you are organized, have your supplies handy and are familiar with the techniques, it can be done in the same amount of time. If overall, you end up bathing some people less frequently, then there may be a decrease in time spent bathing.

Strategic Objective:

Implementation Team	Timeframe	Action Steps	Resources Needed	How will you measure and track success?