WHCA + IHCA FALL CONFERENCE · THE HISTORIC DAVENPORT, SPOKANE · SEPTEMBER 16, 2026

Beyond the Dementia “Behaviors”

8:00	9:15	10:30
What Actually Works	**The Skill, Not the Sentiment**	**Why It Doesn’t Stick**

João Pärtel Araújo · Nurse · Humanitude trainer · PhD researcher on care refusal

20 years
10 countries

Hospitals, skilled nursing and memory care.

France · Portugal · Spain · Switzerland · Japan · Singapore · Chile · Colombia · South Korea · USA

Photos: Kyodo News (Japan) · The Straits Times Life (Singapore)

ACT I · WHAT ACTUALLY WORKS

I stand on the shoulders of giants.

THE CARE METHODOLOGY

Behind the films, the techniques and some of the data in this session.

THE TECHNOLOGY

Behind the tools you will watch me use today.

humanitude

arve

ACT I · WHAT ACTUALLY WORKS

Eight caregivers to deliver care

Five restraint points

Three days to change his life

Singapore. A true story.

ACT I · WHAT ACTUALLY WORKS

A good heart is not enough.

I learned that at my grandfather’s bedside.

So did everyone I have worked with since.

We already know behavior is communication.

We have known it for years.

We changed the words. It has not changed the outcomes.

AUDIENCE

Think of a number.

How many residents refused a care intervention this week, in **your** buildings?

Hygiene · toileting · meals · medication · activities

ACT I · WHAT ACTUALLY WORKS · VOTE

Do older adults like to shower?

No

CLOSED FIST

Yes

OPEN HAND

ACT I · WHAT ACTUALLY WORKS

Do older adults like to shower?

CAREGIVERS SAY

No 80%

of older adults do not like to shower

OLDER ADULTS SAY

Yes 92%

do — depending on how it is done

The refusal is rarely about the shower. It is about how the shower happens.

AUDIENCE

Would you shower with me?

Right now. In the shower room of this hotel.

ACT I · WHAT ACTUALLY WORKS

Care acceptance

01

Motivation

What makes this worth doing, for this person?

02

Trust

Does this person feel safe with me, right now?

03

Conditions

Are the room, the time and the pace on this person’s terms?

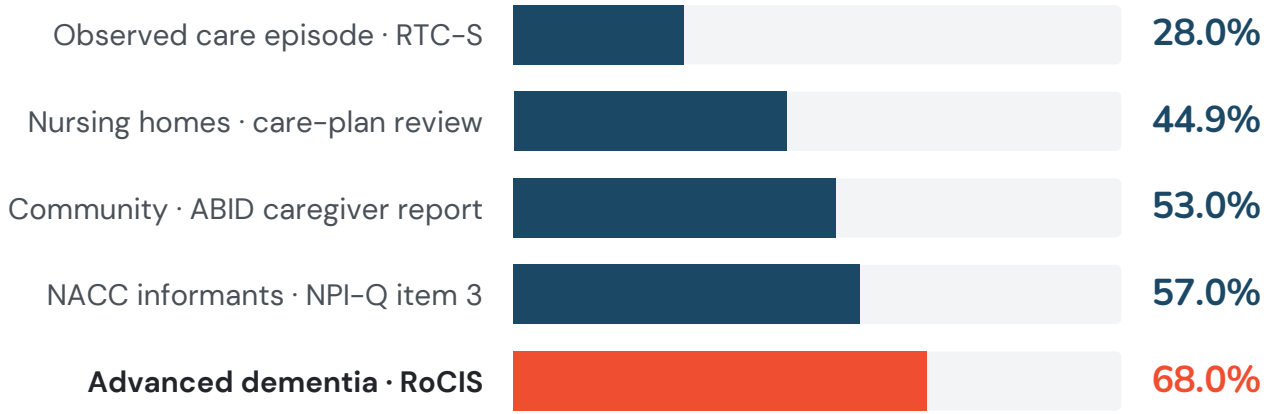
Ask before every task: Why? Who? How? When? Where?

How often is care refused?

68%

of people with advanced dementia refuse care

BY INSTRUMENT AND SETTING



Backhouse et al. 2022, The Gerontologist · Bratches et al. 2025, Alzheimer's & Dementia · Regier & Gitlin 2018, Int J Geriatr Psychiatry · Sefcik et al. 2020, J Gerontol Nurs · Galik et al. 2017, JAMDA.

AUDIENCE

What did I do differently?

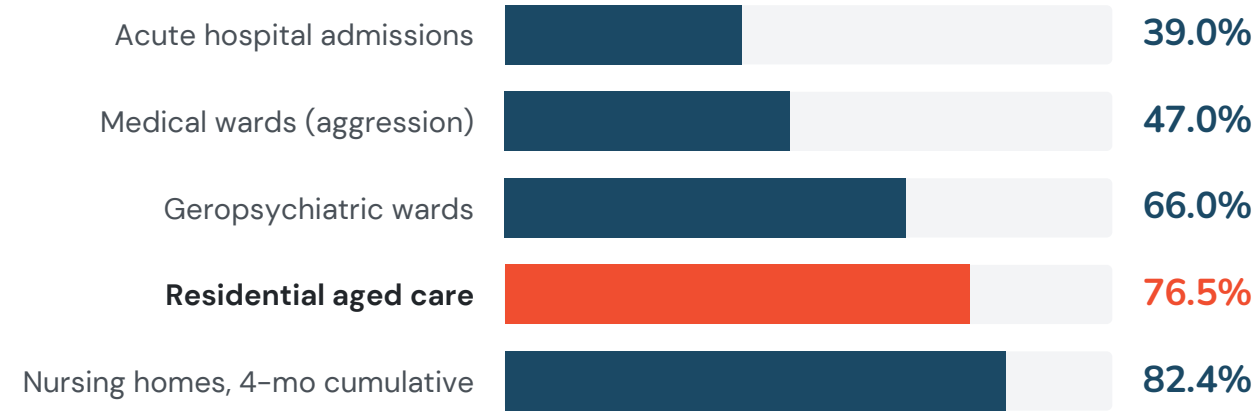
Could you teach it to your team?

The size of the problem

76.5%

of people living with dementia in residential aged care show agitation

AGITATION AND AGGRESSION BY SETTING · 2021–2025



Zhu et al. 2022, J Gerontol Nurs · Sizoo et al. 2022, Int J Geriatr Psychiatry · Alzheimer Dis Assoc Disord 2025 · Age & Ageing 2025. Published estimates span 5–88%; figures are instrument- and setting-dependent.

ACT I · WHAT ACTUALLY WORKS

Behavior is probably fear.

If the fear is real, the defense is proportionate.

ACT I · WHAT ACTUALLY WORKS

Every human body has the same defenses

Under threat, the nervous system acts before thought. None of these are choices.

Fight

Shout, swear, push away, hit out

Flight

Leave, pace, evade, hide

Freeze

Go quiet, still, stop responding

Fawn

Appease, comply, apologize

Flop

Faint, collapse, shut down

This is autonomic threat response, not personality.

ACT I · WHAT ACTUALLY WORKS

The same five defenses, renamed as symptoms

Same behavior. Different label.

Fight	Flight	Freeze	Fawn	Flop
Shouts, pushes away during personal care	Walks off, tries the doors	Goes silent, stops mid-task, blank stare	Over-complies, clings to staff	Slumps, will not move, sleeps off
Aggression, agitation, resistiveness	Wandering, exit-seeking, elopement	Apathy, withdrawal, depression	Dependency, attention-seeking	Refusal, non-cooperative

What is this person defending against?

ACT I · WHAT ACTUALLY WORKS

Unmet needs are not only the basic ones

WHAT WE CHECK

Pain · Hunger · Thirst · Toilet · Sleep

WHAT WE MISS

Respect · Safety · Affection · Purpose · Belonging · Dignity

Treated badly in a shop, we complain or walk out. For a person living with dementia, the same response is called a symptom.

ACT I · WHAT ACTUALLY WORKS

From fear to behavior

1,101 people · four assessments · fifteen months

Brain change → **Care perceived as threat** → **Refusal** → **Defensive behavior**

I–P–O

Lower the input. More processing time. Check the output.

3 consents

Spatial. Relational. Care.

5 actions

Start. Change. Wait. Switch. Report and record.

CAPS

Continue. Adapt. Pause. Stop.

Brain change is not modifiable. How we care for a person is.

ACT I · WHAT ACTUALLY WORKS

Reading the refusal: four determinants

Screen the body first, then read the other three.

01

Personal

THE PERSON

Pain, infection, dehydration, poor sleep. Fear, shame, loss of control.

02

Relational

MY APPROACH

Pace, tone, gesture. Task before relationship. Elderspeak.

03

Environmental

THE SETTING

Noise, cold, glare, no privacy, onlookers.

04

Organizational

THE SYSTEM

Rigid schedules, rotation, understaffing, time pressure.

Three of the four sit outside the person — so they are ours to change.

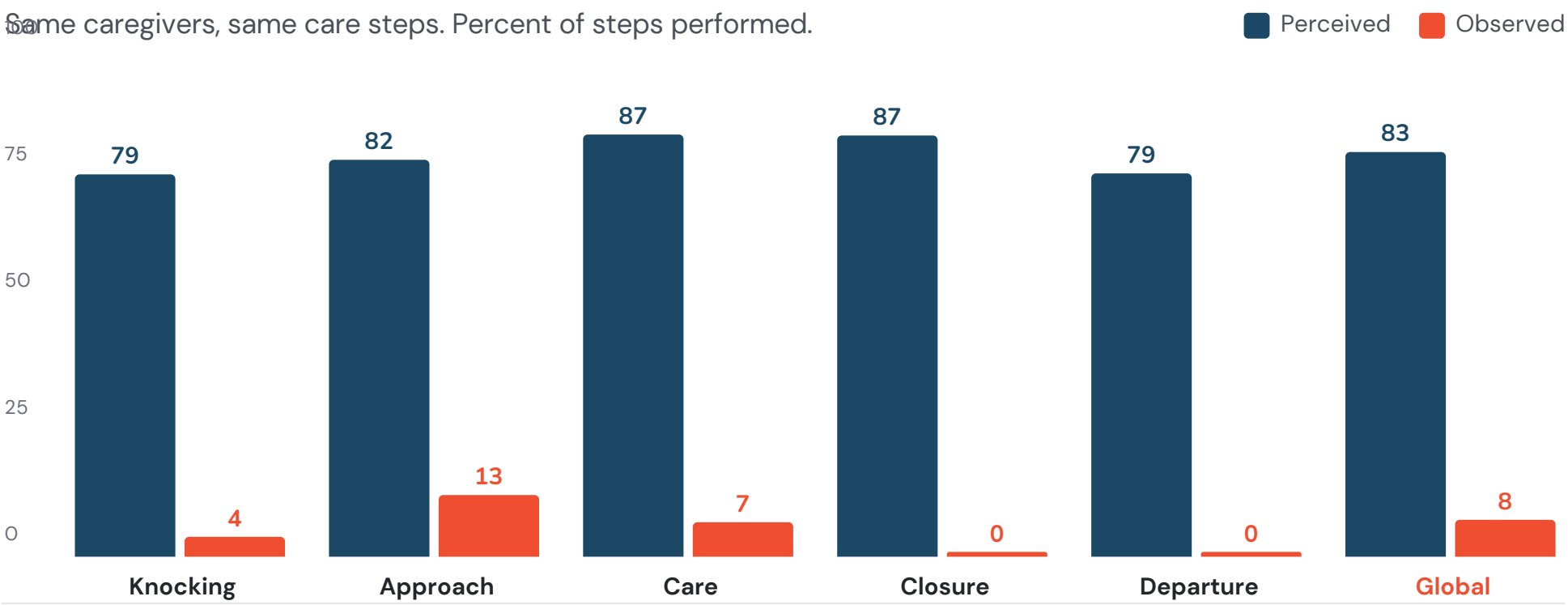
AUDIENCE

Write down one number.

What fidelity score would a trained observer record in **your** buildings, this week?

Perceived practice vs observed practice

Same caregivers, same care steps. Percent of steps performed.



Inácio 2022, PhD thesis, University of Lisbon: perceived vs observed practice of the care steps (83.3% vs 7.6%).

ACT I · WHAT ACTUALLY WORKS

Caregiving is a skilled profession.

We just don’t train it like one.

- **Study it**
- **Systematize it**
- **Validate it**
- **Catalogue the skills**

228 skills so far, across seven competencies — every one observable.

Walk your floor with this

30 observable skills

7 competencies

2 pages, one walk

Formative. Mark what you saw, not what the policy says.

Dementia Care Skills Audit

	P	A
Spot the “yes” before care begins	☐	☐
Recognize a “no” said with the body	☐	☐
Rule out pain first	☐	☐
Say it before you do it	☐	☐
Talk to an adult like an adult	☐	☐
Leave with a promise you can keep	☐	☐

Extracted from the Dementia Care Skills Register · 228 skills · soft copies on request:
j.araujo@arvo.care

ACT I · WHAT ACTUALLY WORKS

Good intentions are not a coachable

WHAT WE WERE TAUGHT

“Read the person’s needs.”

“Treat the person with respect.”

“Use a person-centered approach.”

WHAT CAN BE TAUGHT

Knock. Wait. Eye contact.

Level yourself. Use the name.

Offer touch in a social area.

We don’t know that we don’t know. That is our greatest obstacle.

ACT I · WHAT ACTUALLY WORKS

From subjective, unmeasurable values to teachable, observable, measurable skills.

ACT I · WHAT ACTUALLY WORKS

Our own results, three countries

Care refusal

−63%

RoCIS 7.5 → 2.9 · d = 1.33

Agitation

−43%

CMAI 65.5 → 37.3 · d = 1.04

Neuropsychiatric symptoms

−69%

NPI-Q severity 12.9 → 4.1 · d = 0.97

Caregiver distress

−79%

NPI-Q distress · 4 memory care units

Four days. Twenty-eight hours. Same residents. No new staff, no extra resources.

Pärtel Araújo 2025, J Long-Term Care · N = 47

ACT I · WHAT ACTUALLY WORKS

If it’s a technique, you can watch it.

If you can watch it, you can score it.

If you can score it, you can coach it.

ACT II · 9:15 – 10:15

The Skill, Not the Sentiment

Making great care observable.

João Pärtel Araújo

Why they join caregiving

61.7%

of caregivers say making a difference to the people they care for is their main reason for doing the work.

Nobody arrives needing to be given purpose.

They arrive with it. What they do not arrive with is technique.

HHAeXchange 2025 Caregiver Voices survey (8,200+ caregivers) · Bratches et al. 2026, JMIR Nursing 9:e94077 (2024 National Dementia Workforce Study) · Yan et al. 2023, J Am Med Dir Assoc 25:396–402.

ACT II · THE SKILL, NOT THE SENTIMENT

A good heart is not enough.

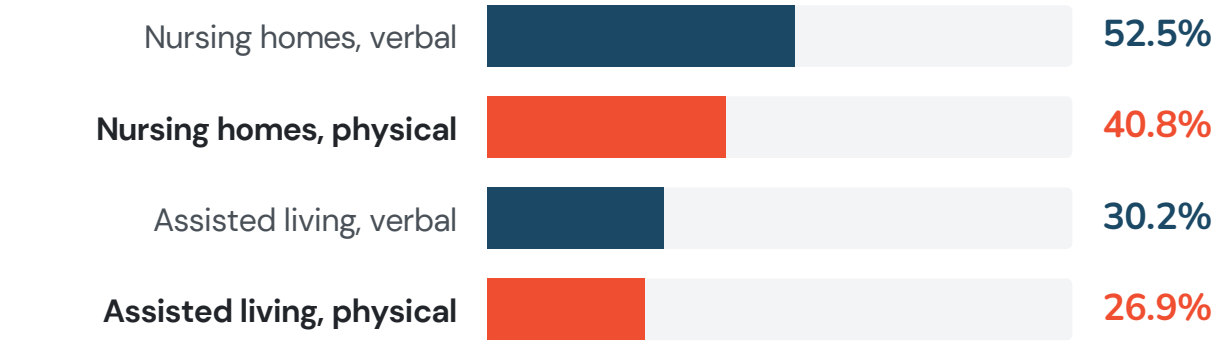
Ask that of any caregiver you know.

Care staff “aggression”

26.9%

of assisted living care staff are physically assaulted by a resident sometimes or often. In nursing homes it is **40.8%**.

REPORTED SOMETIMES OR OFTEN · UNITED STATES, 2024



Experiencing that aggression independently predicts turnover intention. Facility size and organizational practices do not.

Bratches et al. 2026, JMIR Nursing 9:e94077 (2024 National Dementia Workforce Study; weighted n = 738,856 assisted living, 896,320 nursing homes) · Yan et al. 2023, JAMDA. No study has yet quantified what share of actual turnover is attributable to resident behavior.

ACT II · THE SKILL, NOT THE SENTIMENT

What powerlessness costs

44%

annual turnover, resident assistants in assisted living

HCS / AHCA-NCAL 2025 · 1,057 communities

38%

annual turnover, CNAs in assisted living

42% in skilled nursing, same survey

–30%

of direct-care staff at high emotional exhaustion

Belgium 23.4% · Canada 26.3% · USA 30%

43%

were spat on, bitten, hit, pushed or pinched by a resident

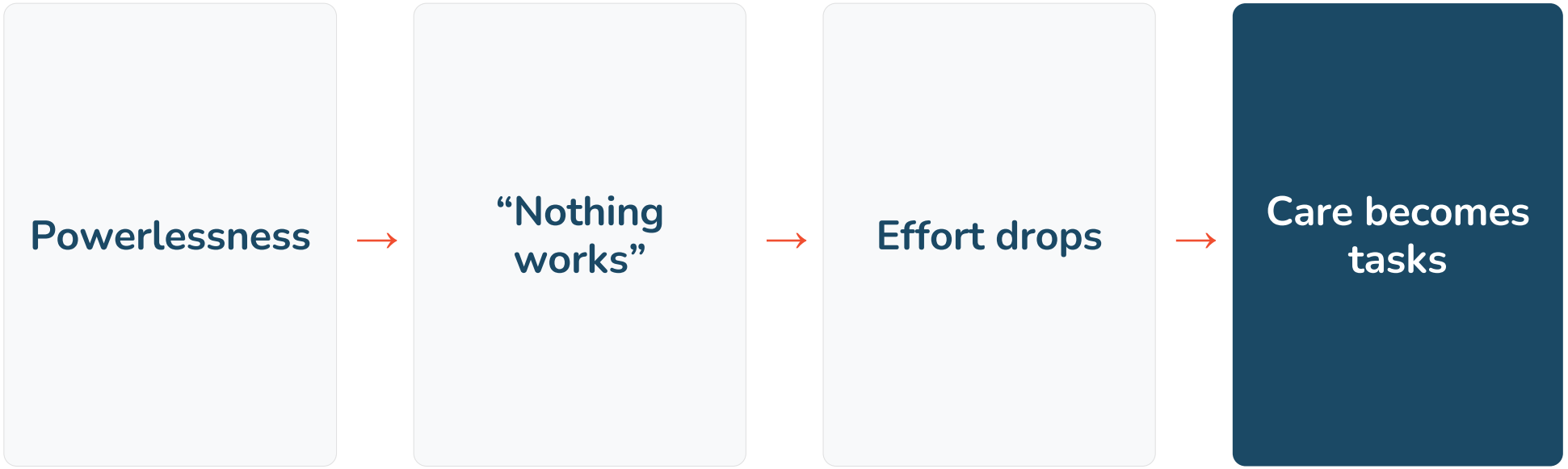
in their last five shifts · Canada, n = 921

HCS Assisted Living and Nursing Home Salary & Benefits Reports 2025–2026 · DeJonghe 2026 · Song 2023 · White 2019.

ACT II · THE SKILL, NOT THE SENTIMENT

“Nothing works anyway”

Therapeutic nihilism: nothing can be done, so nothing is tried.



… and the belief proves itself. Nihilism is not cynicism — it is powerlessness.

Paterson 2009 · Adams 2010 · Duffy, Oyebode & Allen 2009 · Yan et al. 2025

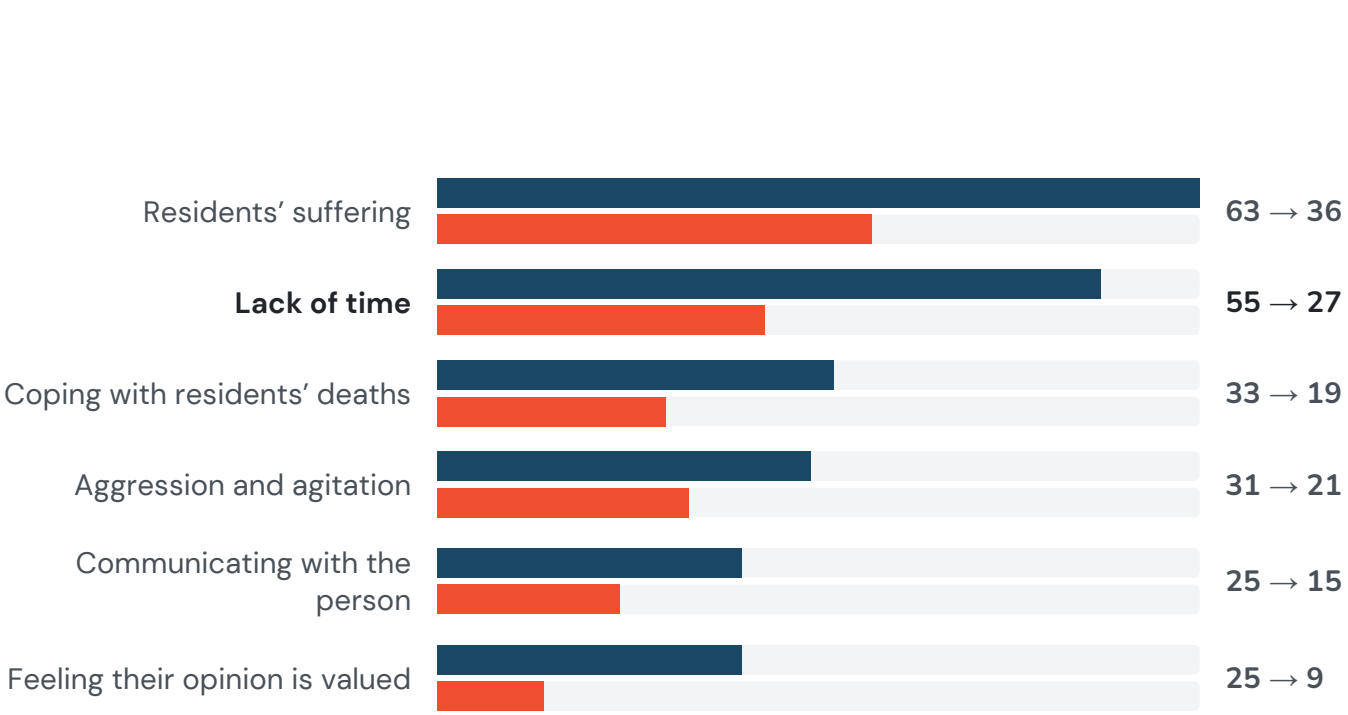
AUDIENCE · HANDS UP

Is your team ready for the floor after onboarding training?

This is not an audit.

ACT II · THE SKILL, NOT THE SENTIMENT

What is hard, and what training changes



−41%

total staff-reported difficulty, one year after skills training

"No time" fell by half.

47 staff surveyed, 39 valid responses · one Portuguese care organization, April 2021 → April 2022.

ACT II · THE SKILL, NOT THE SENTIMENT

After training four U.S. memory-care units

47 people living with dementia · structured relational-care training with follow-through · pre/post

7.5 → 2.9
−61.3%

Refusal of care

RoCIS · p < .001 · d = 1.33

65.5 → 37.3
−43.1%

Agitation

CMAI · d = 1.04

12.9 → 4.1
−68.2%

Neuropsychiatric symptoms

NPI-Q severity · d = 0.97

−78.6%

Caregiver distress

NPI-Q distress

Araújo, Luz, Melo & Van Son 2025, Journal of Long-Term Care · doi 10.31389/jltc.425

ACT II · THE SKILL, NOT THE SENTIMENT

Every year, hundreds of residents are referred to me as unsolvable cases.

ACT II · EXERCISE IN PAIRS · ROUND 1

Close your eyes, and transfer to another chair.

1. Partner A closes their eyes.
2. Partner B approaches, without a word · takes Partner A’s arm and lifts · transfers them to another chair.
3. Swap and do it again.

ACT II · EXERCISE IN PAIRS · ROUND 2

Now the same transfer, with technique.

1 Partner A closes their eyes.

2 Knock on the chair.

Come to the front, at eye level.

Guide the person to the other chair.

Say both names.

Explain what you will do, step by step.

3 Swap and do it again.

AUDIENCE

Which one did you trust more?

Which one made you feel safer?

AUDIENCE · HANDS UP

Any training for transferring residents living with a brain change, with a relational approach?

ACT II · THE SKILL, NOT THE SENTIMENT

Care acceptance

Under a minute.

1	2	3	4	5	6	7
Knock	Approach	Lower	Name	Be With	Gift	Touch

Consent is read in stages along the way: spatial → relational → care.

ACT II · THE SKILL, NOT THE SENTIMENT

Present or Absent

ABSENT

The caregiver enters loaded with care materials, names the task, and begins care.

PRESENT

Knocks and waits. Lowers to eye level. Says both names. Makes a social moment before any task. Care begins with consent.

Everyone in this room has watched the left column happen this week.

ACT II · SCORE WHAT YOU JUST WATCHED

Care observation · seven items

	P	A
1 · Knocked and waited — 3-3-1	☐	☐
2 · Approached from the front, paused at arm's length	☐	☐
3 · Eye level before speaking	☐	☐
4 · Said own name and the person's preferred name	☐	☐
5 · A social moment before any task was named	☐	☐
6 · Something offered before anything was asked	☐	☐
7 · Touch offered in view, palm up, not taken	☐	☐

Under 60% is a training need, not a bad caregiver.

Simplified from the care observation tool.

ACT II · THE SKILL, NOT THE SENTIMENT

Knock · Approach · Lower

1 · Knock the 3-3-1 cadence	Three knocks, wait three seconds. No response: three more, three seconds. Then one knock, enter slowly, announcing the name. A glance, a movement, a change in breathing — all of it counts as an answer. Asleep in a chair: knock on the bed frame or the chair arm.
2 · Approach from the front	Enter in their field of view. Slow as the distance closes. Pause at arm's length.
3 · Lower before you speak	Eye level first: kneel, crouch or sit. A level, sustained gaze is a trainable skill that measurably changes the interaction.

Skip the approach and a threat-primed brain reads the task as an ambush.

Melo et al. 2020 (PMID 33227990)

ACT II · THE SKILL, NOT THE SENTIMENT

Name · Be With · Gift · Touch

4 · Name	Your own name, every time. The person's preferred name — never "sweetie", never "honey".
5 · Be With the most skipped step	"I came to spend some time with you" lands as safety. "I'm here to give you a shower" lands as: a stranger is going to undress me.
6 · Gift	Something good arrives before anything is asked: a compliment, a beverage, a candy, a favorite song.
7 · Touch	Offered from within view, palm up. Slow, broad, warm, sustained. Offered, never taken. Support, not grab.

Williams et al. 2009 (PMID 18591210) · CHAT cluster RCT, Williams 2017 (PMID 27048705) · Touch: C-tactile afferents, Löken 2009; McGlone 2014.

ACT II · DEMO · ONE VOLUNTEER

Same hand. Different meanings.

THE WRIST

Taken from above.

You are being moved.

THE HAND

Offered from below.

You are being guided.

A hand you can let go of gives you control.

ACT II · THE SKILL, NOT THE SENTIMENT

Reading consent: five actions

Start

WHEN

Consent is clear.

THEN

Begin, and keep reading assent as you go.

Change

WHEN

You are not sure.

THEN

Change one thing: the hand, the words, the angle, the amount.

Wait

WHEN

No consent after three minutes.

THEN

Withdraw without argument. Name when you will return — and return.

Switch

WHEN

Two attempts already made.

THEN

A colleague the person accepts leads. You shadow.

Record

WHEN

No consent, or the barrier is the room or the system.

THEN

Write what was tried. Tell the team. Involve the family.

Never force. Stopping is a clinical decision, not a failure.

ACT II · THE SKILL, NOT THE SENTIMENT

Six strategies to get consent

1 · Offer two choices

"Sit up to this chair, or that chair?"

Both answers are a yes to sitting up.

2 · Bargain the scope down

Full walk refused? Offer a few steps.

Smaller ask, same care goal.

3 · Build up from a small yes

Start with the part the person accepts: hands, arms, legs, stand, shower.

Extend only while it holds.

4 · Give before you ask

Something good first, with no request attached.

"I brought you something."

5 · Change the time

Withdraw without argument. Take the person's side.

Name when you come back — and come back.

6 · Change the negotiator

The colleague they accept leads. You shadow, and take over later.

Record a message from the family.

If none of the six gets you there: record it, report it, escalate it. Never force.

ACT II · THE SKILL, NOT THE SENTIMENT

The whole guideline, simplified

1. Obtain consent, or assent — spatial, relational, care. *Can I be here? Can I be here with you? Can I help you?*
2. If you cannot, propose different care, a different time, or a different caregiver.
3. If you still cannot: record, report, escalate.

Never force. **Start · Change · Wait · Switch · Report and Record**

Care refusal guideline, Delphi Round 1 draft (Pärtel Araújo 2026).

ACT II · SCORE WHAT YOU JUST WATCHED

Second observation

	P	A
1 · Knocked and waited — 3-3-1	☐	☐
2 · Approached from the front, paused at arm's length	☐	☐
3 · Eye level before speaking	☐	☐
4 · Said own name and the person's preferred name	☐	☐
5 · A social moment before any task was named	☐	☐
6 · Something offered before anything was asked	☐	☐
7 · Touch offered in view, palm up, not grabbed	☐	☐

Count your Present marks and divide by seven.

Simplified from the SEPCH observation tool — 27 items across five stages, scored 0–2 by trained observers. Formative, never punitive.

ACT II · THE SKILL, NOT THE SENTIMENT

How a skill becomes a score

1 · OBSERVE

Knocked and waited — 3-3-1	**Absent**
Eye level before speaking	**Present**
Said the preferred name	**Present**
Touch with palm up	**Present**

2 · SCORE

75%

3 of 4 observed, this care episode

3 · TRACK

29% → 72%

unit fidelity across sites, after training

Nothing is scored that was not seen. No opinion, no self-report.

ACT II · THE SKILL, NOT THE SENTIMENT

The line we draw

<60%

Low fidelity.
A training need, not a bad caregiver.

ACT II · THE SKILL, NOT THE SENTIMENT

“We already do that.”

BELIEVED THEY DID IT

83%

WERE OBSERVED DOING IT

8%

A 75-point gap.
Confidence is not competence.

Inácio 2022, PhD thesis, University of Lisbon: 83.3% self-reported against 7.6% observed, same caregivers.

AUDIENCE

Think of a number.

How many residents became agitated **during care** this week, in your buildings?

Shouting · crying · biting · scratching · kicking · swearing

ACT II · THE SKILL, NOT THE SENTIMENT

Low fidelity has consequences

FIDELITY DOWN → THESE GO UP

- Refusal
- Agitation
- Sedation
- Injury
- Burnout
- Turnover

26% → 55%

probability of refusal, with elderspeak

#1 predictor

of a caregiver intending to leave care

The outcomes we record are partly a mirror of how we work.

Williams et al. 2009, Am J Alzheimers Dis · Williams et al. 2017, The Gerontologist · Yan et al. 2024, JAMDA (n = 800, 70 facilities) · Lachs et al. 2013, JAGS · Fossey 2006, BMJ.

ACT II · THE SKILL, NOT THE SENTIMENT

One care episode, five stages

01

Before going in

Check the plan. Prepare the material and yourself. Set privacy. Once care starts, you do not leave the room.

02

Approach

Spatial consent, then relational consent, before any task is named.

03

The offer and the answer

Consent for the care comes before the care. If the answer is no, find where it comes from and negotiate.

04

During care

Read this person again after every step. Adapt, pause or stop — and go back up when they settle.

05

Closing

Leave this person calm, with what they need in reach. Name when you come back. Write a note for the next shift.

The walk-the-floor checklist marks each stage Present, Absent or N/A.

ACT II · THE SKILL, NOT THE SENTIMENT

Does it take longer?

PORTUGAL · HYGIENE CARE, MINUTES

31m 35s → 28m 20s

no real change

25m 20s → 17m 35s

31% less time

JAPAN · ONE CARE EPISODE, SECONDS

Shower	300.5 → 315.6
Diaper change	360.7 → 127.6
Third episode	given up → 241.8

Aggression fell to almost zero in every one of them.

Inácio 2022, PhD thesis, Univ. Lisbon · Henriques et al. 2017 · Honda et al. 2016, Case Reports in Medicine (PMID 27069478).

ACT II · THE SKILL, NOT THE SENTIMENT

Now you have a skill checklist.

Learn them. Practice them. Knowing it is not the same as doing it.

The walk-the-floor checklist

The 30-skill audit

ACT III · 10:30 – 11:30

Why It Doesn’t Stick

Building skills that last.

João Pärtel Araújo

ACT III · WHY IT DOESN'T STICK

Four levels. We stop at two.

We train for level two and hope for level four.

WHAT WE MEASURE

Reaction

Did they like it?

WHAT WE MEASURE

Learning

Did they know it at the end?

WHAT WE ONLY ASSUME

Behavior

4–7%

Did the bedside change?

WHAT WE ONLY ASSUME

Results

~3%

Did the person do better?

Your annual dementia course is not the exception.

Cochrane: 215 studies, 28,000+ health professionals.

ACT III · WHY IT DOESN'T STICK

The null result nobody puts on a brochure

Training as usual	No measurable effect.
Hours of training	Never reaches the floor.
"We need more staff"	Competence beats headcount.

Backhouse et al. 2023, Int J Geriatr Psychiatry (PMID 36490270) — a different paper from the Act I prevalence study · Kuske et al. 2007 systematic review (PMID 17052376).

ACT III · WHY IT DOESN'T STICK

Most training is compliance training.

Almost none of it actually helps caregivers on the floor.
And compliance, as we run it, is measured in records — not in outcomes.

AUDIENCE · HANDS UP

Who has seen a caregiver walk out on the first day?

Trained. Licensed. Certified. Lasted one shift, or less.

Keep your hand up. Look around the room.

ACT III · WHY IT DOESN'T STICK

Are the ones who quit the brave ones?

WHAT WE SAY

They knew themselves.

It took courage to walk away.

We should support the ones who stay.

WHAT THE ONES WHO STAYED HEAR

"Then we were not brave?"

"Why are we still here?"

"It is easier to quit than to endure."

Purpose brings them in

61.7%

name making a difference to the people they care for as their main reason for doing the work.

Almost a quarter of assisted living caregivers are also caring for a family member, unpaid.

WHAT WOULD KEEP THEM PAST THREE YEARS · US, 2026

HHAeXchange 2025 Caregiver Voices survey · Argentum and Activated Insights, 2026 Perceptions of Careers in Senior Living · Trainum et al. 2026, JAMDA 27(9):106383. Entry motivation is self-reported; surveys of this kind under-detect people who took the job because it was the option available.

ACT III · WHY IT DOESN'T STICK

Thank you for your service.

We say it to veterans. Out loud, to strangers.

Not to the caregiver hit on Tuesday who came back on Wednesday.

Not to the one who comes in on Christmas morning.

Not to the one who skipped lunch to take someone to the toilet.

ACT III · WHY IT DOESN'T STICK

Caregiving is not a calling. It is a skilled job.

A gift cannot be taught.

So struggling becomes a character flaw.

Nobody is born knowing how to care for a person living with a brain change.

ACT III · WHY IT DOESN'T STICK

Courses built on action frameworks

Ready

BEFORE YOU ENTER

The goal for this person, not the task · what the person can still do · the material needed · privacy set · your own state checked.

So care never has to stop for you.

Read

WHILE YOU WORK

Open — eyes, tone, muscles loose · **Closing** — avoids, tense, quiet · **Closed** — pulls away, says no, shouts, kicks.

Assent is given by the body, not by a word.

Respond

WHEN IT CHANGES

Continue if open · **Adapt** care, pace, amount if closing · **Pause** , reassure, reconnect if closed · **Stop** , leave, report if closed three times.

Four moves — and you can go back up.

Record what worked as a personalized technique, so the next caregiver knows.

ACT III · CASE 1 OF 3 · PICK ONE

A caregiver walks in, says “morning, sweetie”, opens the curtain and pulls the blanket off Alice. Alice closes her eyes, turns her face away and grips the blanket, pulling it back.

What is driving the no?

A How the caregiver came in. (Relational determinant)

B Alice’s dementia. (Personal determinant)

C Impossible to know. Alice cannot tell us.

ACT III · CASE 2 OF 3 · PICK ONE

Tammy knocks and says, “Good morning Alice, it’s Tammy. I came to see how you are.” Tammy offers her hand. Alice takes it and looks at her.

Alice is with us. What comes next?

A Change. Offer something different.

B Start. Alice has agreed.

C Wait. Give Alice more time.

ACT III · CASE 3 OF 3 · PICK ONE

Half way through care, Alice's shoulders rise. Her jaw tightens and her hand closes tight. She has not said no.

What do you do?

A Continue. She has not said no.

B Pause. Stay with her, look her in the eye, validate and reassure.

C Stop. End the care and report it.

Alice refused care this morning. Tammy has the whole story and works the case with you. Ask her what went wrong, what to do at the door, what to try instead, or what to do when her body starts closing mid-wash. Nothing is graded.

Start Session

ACT III · WHY IT DOESN'T STICK

It is a highly skilled job. Support it like one.

1	**Role models and mentors**	Someone on the floor worth watching — and worth asking for help.
2	**Clear, actionable instructions**	What to do, in what order — not subjective principles to interpret alone.
3	**Tools that measure and coach**	So I know whether I am getting better — not just whether I turned up or made a mistake.
4	**Real scenarios, not theory**	The refusals that happen on their unit — the shower, the toothbrush, the no at the door. Rehearsed before they happen.

ACT III · WHY IT DOESN'T STICK

No one learns surgery on the patient.

Surgery got safer through protocols, staffing and rehearsal. Not braver surgeons.

Care is just as difficult, and deserves the same investment.

ACT III · WHY IT DOESN'T STICK

We count how much, not how well.

WHAT WE COUNT

People per shift

Baths and meals completed

Falls recorded

Records signed

WHAT WOULD TELL US IT WAS CARE

Care acceptance, and refusal with its cause

Agitation during care

Falls with consequence

The person's own account of their wellbeing

The caregiver's wellbeing

"Traditional practice prizes productivity indicators over quality indicators."

ACT III · WHY IT DOESN'T STICK

There is no zero. There is no hundred.

It is the pursuit of perfection that raises quality. Never the promise of it.

ACT III · WHY IT DOESN'T STICK

The promise is expensive.

THE COST FOR THE ORGANIZATION

A guarantee families hear becomes a right. An outcome that arrives anyway becomes a lawsuit.

THE COST FOR THE CAREGIVER

The best is not good enough.

The outcomes are always worse.

We feel guilty for what we do not control.

A person with one-to-one attention can still fall. Zero was never ours to promise.

ACT III · WHY IT DOESN'T STICK

Satisfaction is a subtraction.

What we deliver − what we promised = satisfaction

PROMISE HIGH, DELIVER LESS

The gap becomes a complaint.

PROMISE HONESTLY, DELIVER MORE

The same care now reads as trust.

AUDIENCE · DO YOU AGREE?

The caregiver’s duty is discharged through the offer of care, not through its completion.

Disagree

CLOSED FIST

Agree

OPEN HAND

ACT III · WHY IT DOESN'T STICK

Have we been promising an unattainable, unmeasurable quality of care?

Not how much. How good.

Refusal data are used for learning and support, never punitively. Recording a refusal must never disadvantage the caregiver who records it.

Disagree

CLOSED FIST

Agree

OPEN HAND

ACT III · WHY IT DOESN'T STICK

What a quality unit actually runs

A peer group of 5 to 12

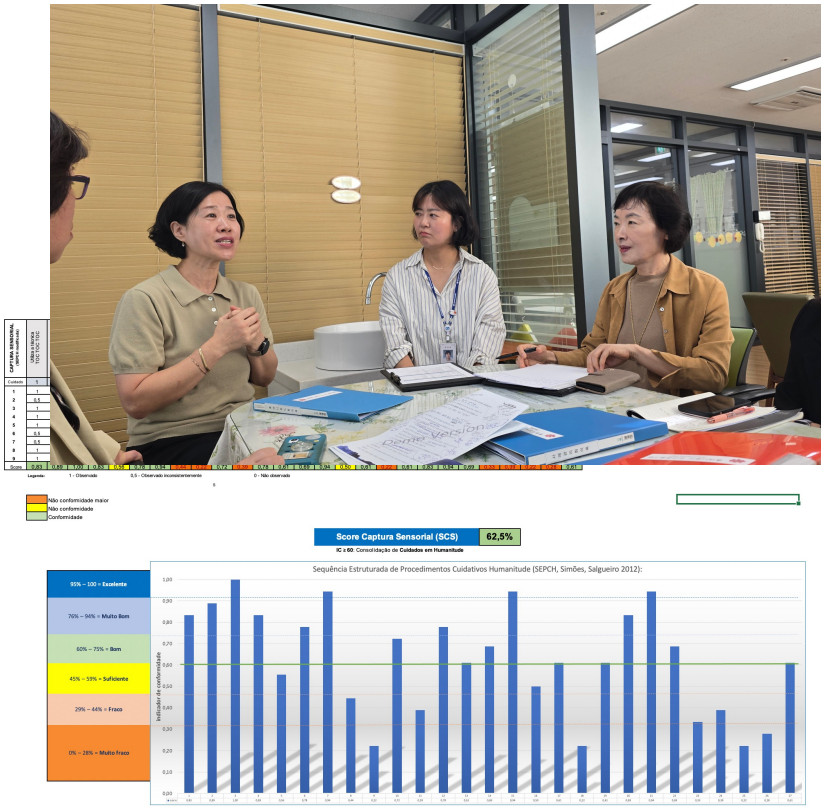
meeting monthly

Five care observations a month

scored on the observation tool

South Korea

certified unit



Observation scoring across a unit, by caregiver. Formative, never punitive.

ACT III · WHY IT DOESN'T STICK

The thresholds of a quality care unit

100%

of direct-care staff trained

60%

fidelity on the skills audit

5 / month

scored care observations

15 min

practice workshops, inside the shift

Araújo, J. (Coord.), Martins, A., & Henriques, L. (2026). The Art of Caring: The Humanitude® Certification Standard. A unit needs 24 points on the Global Conformity Index before it can enter certification.

ACT III · WHY IT DOESN'T STICK

Good intentions are not enough

1	**The caregiver does not know how**	Show it. Demonstrate, then let them do it — at the bedside.
2	**The caregiver says they cannot**	Some barriers are real — remove those. The rest is a locus of blame, and it moves when you work beside them.
3	**Nobody else is doing it**	The corridor is louder than you are. Nominate a peer group and champions.

ACT III · WHY IT DOESN'T STICK

What can the leader do

01

Pick one skill

One task-specific skill, from the tool, for this month.

02

Protect fifteen minutes

Inside the shift, to train it — or it does not happen.

03

Collect and read the scores

Monthly. See which skills the team is missing.

04

Praise what improved

Put what did not into next month's workshop.

From "I don't know" to "I know what I must do."

ACT III · TRAIN – PRACTICE – SCORE

Training that survives the trip to the floor

1 · ENGAGE

Micro courses

Framework-based, realistic scenarios, on shift.

2 · TEACH

One skill

Named. Observable.

3 · REHEARSE

Practiced first

Simulated practice first. Then the floor, with a mentor and a resident.

4 · MEASURE

Scored twice

Simulation, then floor.

The score that counts is the difference between training and practice.

ACT III · THE ALTERNATIVE IS UNSUSTAINABLE

WHAT HAPPENS

1. Care is refused.
2. The episode takes longer, and often takes two people.
3. Refusal hardens into agitation.
4. Agitation is contained with medication.
5. Gait becomes unsteady. A fall follows.
6. The person is moved less, and then less again.
7. Dependence rises — and the cost of every day rises with it.

WHAT IT IS WORTH

The average person living with dementia $44,814 a year, all payers	1.0×
Severe rather than mild GERAS, n = 1,497, three countries	1.4×
Behavior, on top of severity Survives adjustment for cognitive severity	1.4–1.8×
Rising dependence Already inside the severity band	1.5×
The same person, all of it at once $44,814 becomes $89,600 to $112,000 a year. Modeled, not a published figure.	2.0–2.5×

Alzheimer's Association 2025 · GERAS · Murman 2002 · Herrmann 2006. Societal frame, unpaid care valued. On payer claims alone the behavior premium disappears (Jutkowitz 2017; Maust 2017); once everyone is placed the gradient collapses to 1.08×. The refusal itself has never been costed.

ACT III · WHY IT DOESN'T STICK

Care costs that skills can save

One severe resident, care accepted $44,814 base × 1.4 for severity	$62,700
The same resident, refusing and agitated × 1.4 to 1.8 for the behavior premium	$87,800–112,900
Potential saving per resident, per year	$25,000–50,000

And every caregiver who stays is $2,100 to $2,600 you do not spend replacing them.

The other way to buy that quiet is neuroleptics — at one additional death for every 26 people treated.

ACT III · WHY IT DOESN'T STICK

Regulators are starting to care

- Singapore
- Japan
- South Korea
- Portugal
- France
- United States

Laws and curricula rewritten with the people who care.

Every tool you saw today exists because we needed it on the floor first.

ACT III · WHY IT DOESN'T STICK

What you take home

TOOL	WHO	HOW OFTEN
IN YOUR HANDS TODAY		
Walk-the-floor checklist	a trained observer	one care episode, monthly
30-skill audit	the same observer	today, then in 90 days
WHAT YOU SET UP BACK HOME		
Peer group of 5 to 12	you	first meeting in 30 days
Fifteen protected minutes	you or your best caregiver	one course a week

Four tools. Two in your hands today, two you set up back home. None you have to write.

ACT III · BEFORE YOU LEAVE

Write three things

On the audit handout, right now.

One audit

Set the collection date.

One skill

Choose the skill that is blank.

One Course

Set the date for fifteen minutes of training — and who attends.

Now tell the person next to you what you wrote.

ACT III · BEFORE YOU LEAVE

And three more optional

One course

Ask for access to the platform.

One caregiver

The one your floor already listens to. Ask them to do a course.

One question

After their first course: was that worth your time? Take their word for it.

Benjamin Surmi · benjamin.surmi@arvo.care · 360 601 4959

Obrigado.

A good heart is not enough. Skills are.

We need an army of good caregivers. Audit your unit and email me the results.

João Pärtel Araújo · j.araujo@arvo.care