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

Beyond the Dementia Behaviors

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Three consecutive one-hour breakout sessions. Each one stands alone. Taken together they run from the evidence, to the technique, to the structure that keeps the technique alive on the floor. Every session includes practice, so come ready to work.

8:00
SESSION 1

What Actually Works. International Evidence From Thousands of Care Organizations

Most residents with advanced dementia refuse care at some point, and most teams have been told to be more person centered without ever being taught what to do differently. This session looks at what the international evidence says about care refusal and agitation during care, where the refusal actually comes from, and what changes when the approach is trained as technique. Results from Europe, Asia and four United States memory care units.

YOU WILL LEAVE ABLE TO

- Say how often care is refused in advanced dementia, and read a refusal against four determinants: the person, the approach, the setting, the system.
- Explain the gap between what caregivers report doing and what a trained observer records, and what that gap means for your training plan.
- Describe the outcomes reported after structured relational care training: refusal, agitation, neuropsychiatric symptoms and caregiver distress.

9:15
SESSION 2

The Skill, Not the Sentiment. Making Great Care Observable

Values cannot be trained, coached or scored. Technique can. This session turns the approach to care into a short list of things an observer can watch happen or not happen. You will practice the approach on the person sitting next to you, score real care on video, and work three refusal scenes as a room.

YOU WILL LEAVE ABLE TO

- Score a single care episode Present or Absent on a seven row observation checklist, and read the score as a training need rather than a verdict on a caregiver.
- Use five actions when care is refused: start, change, wait, switch, report and record. Never force.
- Name the three consents that come before care, recognize a no said with the body, and treat stopping as a clinical decision.

10:30
SESSION 3

Why It Doesn't Stick. Building Skills That Survive the Shift

Annual dementia training rarely reaches the bedside, and the reviews have said so for fifteen years. This session is about the structure that makes a skill last: a peer group, a small number of scored observations every month, fifteen protected minutes inside the shift, and rehearsal before the floor rather than on the resident. It also covers what refused and agitated care costs a building, and what only a leader can do.

YOU WILL LEAVE ABLE TO

- Explain why training measured at satisfaction and knowledge level rarely changes practice, and what to measure instead.
- Set up the four elements of a unit that holds its skills: peer group, monthly scored observations, fifteen minutes inside the shift, rehearsal before the floor.
- Leave with one skill, one caregiver and one date written down, and a way to check in ninety days whether the training changed anything.

WHAT YOU TAKE HOME

The Walk-the-Floor Checklist. One care episode, five stages, marked Present, Absent or N/A. For coaching, never for discipline.

The Dementia Care Skills Audit. Thirty-five skills you can see from a doorway, across the seven areas of competence dementia care asks of a caregiver, drawn from a register of 228. Repeat it in ninety days with the same observer.

WHO THESE SESSIONS ARE FOR

Administrators, directors of nursing, regional and corporate leaders, staff developers and anyone who trains or supervises direct care in assisted living or skilled nursing. No clinical background is needed for the tools.

A NOTE ON SLIDES

The slide decks are not distributed. They carry licensed film and proprietary material. The two handouts above are the take home materials, and everything you need to run the tools is on them.

Selected sources drawn on across the three sessions. Backhouse et al. 2022, *The Gerontologist*. Regier & Gitlin 2018, *Int J Geriatr Psychiatry*. Williams et al. 2009, *Am J Alzheimers Dis*; Williams et al. 2017, *The Gerontologist* (cluster randomized trial). Inácio 2022, doctoral thesis, University of Lisbon. Melo et al. 2020, PMID 33227990. Honda et al. 2016, *Case Reports in Medicine*. Araújo, Luz, Melo & Van Son 2025, *Journal of Long-Term Care*, doi 10.31389/jltc.425. Yan et al. 2024, *JAMDA*. Lachs et al. 2013, *JAGS*. Alzheimer's Association 2025 Facts and Figures. Araújo, Martins & Henriques 2026, *The Art of Caring*.

Questions, or the audit results from your own building: **j.araujo@arvo.care**