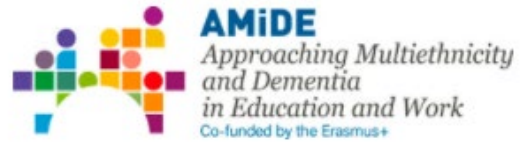
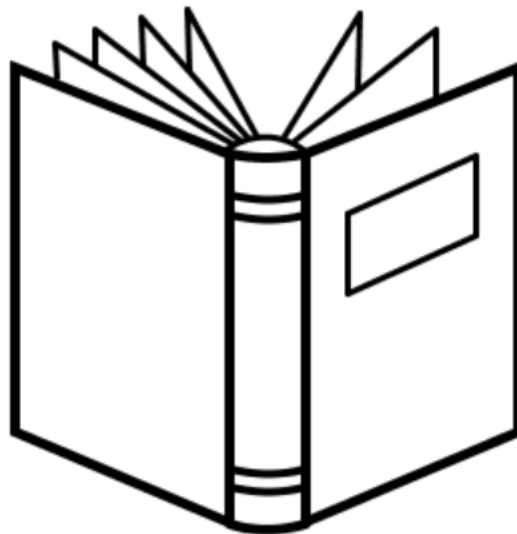




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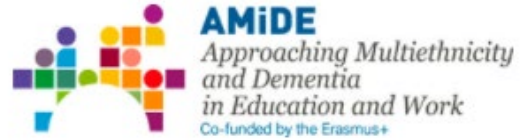


Teachers' Guide





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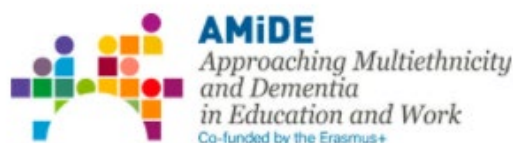
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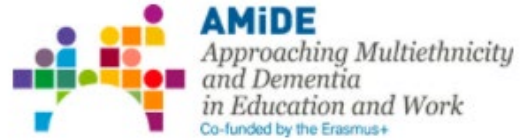
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Why develop this material?

The AMiDE material was developed in collaboration among eight European partners from Italy, Germany, Latvia and Denmark. In all four countries, as in other countries, older people from ethnic backgrounds other than the majority in the country concerned are also experiencing old age and dementia. Experience shows that caring for a person with different cultural background and language, who has dementia, is a major challenge.

There are big differences in Europe in how people with dementia are cared for and the type of care they receive. The AMiDE material will help to increase the professional knowledge and skills of people working with persons with dementia who have a different ethnicity than the caregiver. It is aimed at both professional caregivers and relatives and aims to make the approach more person-centred. The intention in developing the material has also been to draw inspiration from other countries' approaches and provision, as no one has the best solution.

In the Teachers' Guide, priority has been given to case material.

Target Group

Identifying students and their educational needs - differentiating teaching:

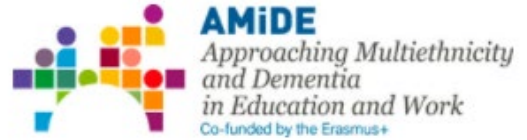
The AMiDE material is aimed at students at levels 3 and 4 according to the European Qualifications Framework. In order to access and use the material, students need to have the theoretical basis to read and understand the test material at a certain level, so that they can work with different learning outcomes for the themes. In most cases, a class of students is usually very heterogeneous with different learning conditions. Therefore, the teacher should consider using different didactic tools when organising the lessons. Teaching differentiation will meet the different educational needs of pupils. The advantage of online material is that the student can always return and thus learn at his own pace.

Professional caregivers and relatives are also be part of the target group.

When working with the material, it is recommended to use a more creative implementation method than the traditional lecture/speech teaching. It is important to involve the students in their own learning and the material is optimal to use for this. It is good practice to either use examples from people with dementia and a different ethnic background or even use role play when working with the material. It is very important to mix the different learning methods with theoretical reading, videos, discussions, experiences etc. Give students free rein when working with the material and making their presentations. This awakens creativity in the students. During the testing of the materials developed during the AMiDE project, students presented in very different ways, some making small videos, others Kahoot quizzes, PowerPoints etc. It seems that testing the knowledge of the students can be a motivating factor. Check questions have therefore



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been included in the material for students to answer afterwards. Or the questions can be used in a quiz.

If the students are not allowed to look at the material while answering the questions, it gives a good insight into the academic levels of the different students. It is useful for the teacher in teaching in general. It also gives students an insight into the importance of taking notes while reading new material, which can be very useful for students to transfer to other courses. Alternatively, they can self-assess before working with the material and afterwards, so that students can monitor their progress.

Learning objectives

Including learning objectives, corresponding to material content, is essential to the learning process of the students. The learning objectives should address key content of the material, serving as a learning and evaluating framework for both students and teachers. Learning objectives should be content specific and clearly worded, targeting key elements of the different themes, avoiding diffuse and non-specific wording. It is important to carefully consider the complexity (length and level of abstraction) of the learning objectives, as too complex learning objectives might be a learning barrier for some students. A limited number of learning objectives per theme is recommended, as too many learning objectives involves the risk of demotivating the students.

Preparation

The equipment needed for the teaching may vary, depending on the theme, content and learning objectives proposed. However, access to the internet is imperative for accessing the material, located on the project website. Several themes include links to online material requiring hardware such as tablets/l- Pads as minimum, however mobile phones as access tools are not recommended. Prior to using the material in class, the teacher should access the project website, getting familiar with structure and content on the website. It is important that the teacher is familiar with the content of the platform in order to help the students. Likewise, it is important to make sure that the students know and can navigate the platform - a good idea to introduce to the project is via the description on the website. It provides knowledge about the project and material, but also gives competences to navigate the platform.

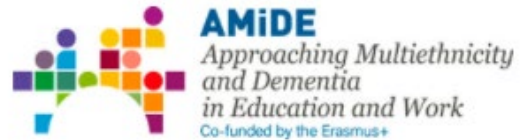
How to use his material?

The following are teaching proposition within each of the material's themes:

- Introduction: Considerations on learning needs
- The importance of life history



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- The perception of health and diseases across cultures
- Forms of dementia, their effects on cognition and consequences for behaviour
- Understanding challenging behaviour
- Communication with persons from another ethnic background with dementia
- Non-pharmacological interventions in a multicultural context
- Collaboration with relatives of persons with dementia and another ethnic background
- How are intercultural competences developed and cooperation among colleges in a multicultural team.
- Task for organising the care institutions

Each theme is described under each individual area, there are suggestions for planning teaching in relation to whether the topic is suitable for processing in class, in groups or individually and how to approach the topics. Besides there are study questions that the student can work with himself/herself or in groups. It provides several perspectives and gives ground to a good discussion. Finally, slightly larger tasks have been proposed. They can be used for inspiration to develop one's own tasks or one can use them as they are.

Module 1. Introduction: Considerations on learning needs

Theme description

The theme briefly describes the learning needs of the target group

1. Students must read the introduction
2. Work in groups on the assignment
3. It is recommended to work on "Check yourself" after students have worked on a theme.

Assignments

- Discuss what your own learning needs are right now. Do you agree/disagree with the suggestions in the introduction?

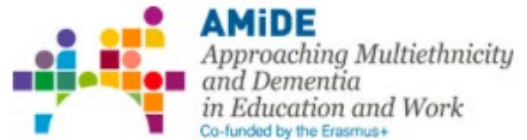
Module 2. The importance of life history

Theme description

The theme examines the development of person-centred care from a historical approach. Tom Kitwood, the originator of "person-centred" thinking, began his work in the 1980s. This was a time when the biomedical paradigm was facing competition from a more psychosocial approach to people in general and to people with dementia in particular. Kitwood puts the formation of relationships between the carer and the person with dementia in focus. The person with dementia must be seen as an equal. The theme also applies the principles of Gentle Teaching. When the resident comes from a different culture than the background population, it is even more



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important that the life story, which is the personal narrative of the individual, is told. Furthermore, tips are given on how to create a life story book to support the care professionals.

Organizing lessons

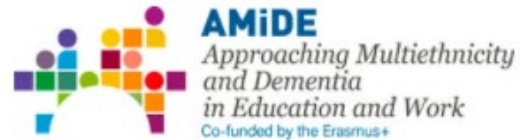
1. This theme is an attitude theme and therefore suitable for discussions and group work. The prerequisite for participating in discussions is, of course, familiarity with the text. The text can be discussed individually or students can present a piece of the text to each other.
2. Since the lesson is attitude-forming/attitude-building, it is important to have a tight framework around the discussions, otherwise it can get out of hand due to disagreements in the group.
3. To support the written material, YouTube videos can be used, for example.
4. Person – centered care:
 - <https://www.youtube.com/watch?v=8HLEr-zP3fc> 6.29 min. English
 - <https://www.youtube.com/watch?v=CrZXz10FcVM> 5.47 min. English
 - Gentle teaching:
 - <https://www.youtube.com/watch?v=NpWJKxcmXsI> 6.50 min. English
5. It is recommended to work on "Check yourself" after students have worked on a theme.

Assignments

- Get together in ethnically similar groups and create a fictional life story based on people you know
- Research a culture other than your own and create a cradle-to-grave life story with all the major events
- Organize a memory workshop. (Reminiscence)
Divide the students into groups of the same ethnic background and roughly the same age (within 10 years). You take up a theme e.g. bring an item from your school days. Then the students each tell about their object. There should also be an observer and a group leader. The group leader must ensure that everyone has the opportunity to say something and that communication is good. The observer should keep an eye on the reactions of the group members. It should look like a real situation where the group is made up of people with dementia and the leader and observer are staff.



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- Come up with solutions to the case below from the perspective of person-centred care and remember that according to person-centred care, you should always see the problem from the perspective of the person with dementia.

Case:

Ali is 65 years old and came to Denmark in the early 1970s as a guest worker. He worked as an unskilled worker for some years, but due to an accident at work, he has been receiving disability pension for the last several years. He is soon to retire on an old age pension. His wife died some years ago. As a widower, he has since then lived with his son and daughter-in-law and their four children. Ali is not very good at Danish. That's why his children usually help him when he has to talk with the authorities. Living together has not gone as well as Ali had imagined. Ali begins to realise that he is a burden on the family. It is difficult for him to imagine life in a care home with Danes, with whom he cannot share his experiences. He moves to a care home facility anyway. He is sad most of the time and does not want to receive help from the female carers. The staff feels powerless...

Module 3. The perception of health and diseases across cultures

Theme description

This module discusses how concepts of health and illness and attitudes to dementia vary across different cultural and socio-economic backgrounds. Health is described by the WHO as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." But this is not a global concept of health. If we think about health in a cross-cultural perspective, we have to ask ourselves whether our perception of health is similar to that of others. This means, among other things, that the Western European view of health is not at all consistent with the Eastern view, which is much more holistic. There is a multiplicity of different perceptions of health. This does not mean that health professionals should know everything about different cultures' ideas and perceptions of health, but they should have a degree of humility towards other people's views and avoid stereotyping. Medicine is also often associated with religious practice.

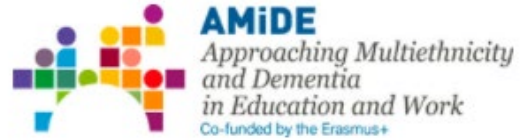
This diversity in understanding illness and health also applies to the perception of dementia. A number of barriers are listed in relation to people with dementia and a different ethnicity, and suggestions are made on how to overcome these barriers. Cultures are constantly changing, so perceptions of health, recovery and illness are also changing.

Organizing lessons

1. Be aware that the perception of illness and health may be perceived as a very controversial topic by some. It is therefore important to create a good atmosphere in the room and have



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good relationships that can bear disagreement. The definition that has proven to be most applicable across European countries is that controversial topics can be defined as: "topics that arouse strong emotions and divide communities". Controversial issues are typically described as current controversies or problems that arouse strong emotions, generate conflicting explanations and solutions based on alternative beliefs or values and/or conflicting interests, and therefore tend to divide society. Such issues are often very complex and cannot be resolved by evidence alone.

2. Set a relatively strict framework for working on the issue to avoid arguments developing.
3. Jointly draw up a framework for how communication should take place and stick to it.
4. It is recommended to work on "Check yourself" after students have worked on a theme.

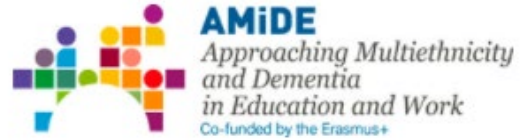
Assignments

- Conversation tasks first in groups and then in plenary: Which cultural view do you like best/agree on? After reading the definitions, which one do you think best describes culture? Discuss and explain why. Is it: A, B, C or D? Why do you think it is the best description?
 - Culture is a shared way of life. (Berry)
 - Culture is the learned and shared values, beliefs and behaviour of a group of interacting people. (Bennett M.)
 - Culture is a collective programming of the mind. (Hofstede)
 - Culture is the whole range of human activities that are not instinctive but are learned and transmitted from generation to generation through various learning processes. (J. Beattie)
- Activity - Exploring culture and yourself. Mark the statements you agree with.
 - a) I expect to make my own choices about what and where I want to study/work.
 - b) Free will and self-determination are very important to me.
 - c) I know that I should always consult my family about important decisions.
 - d) Family needs are more important than me doing exactly what I want.
 - e) I have always been encouraged to be independent and make my own decisions.
 - f) I think the best thing to do is to always speak my mind and say exactly what I think.
 - g) I was brought up not to speak my mind but to listen to those older than me

There are no right or wrong answers to the statements. Your answers will depend on your own culture and personality. It is important not to assume that other people are wrong if they have a



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different answer. Health professionals need to understand their own cultural values and recognise that people from other cultures may have different values.

If the group of persons has different ethnicity:

- Talk about what you would do if your elderly parents got dementia, would you care for them yourself or would nursing homes be an option. Why, why not?
- How can the case below be interpreted? How can the understandings be so different? What are the prerequisites of the Indian man??

Case:

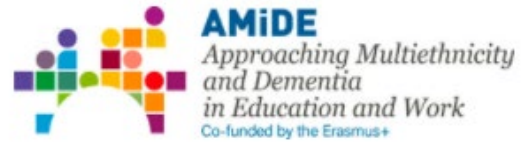
The following story is taken from a medical missionary's practice in India: he had an Indian man present in the operating room when he operated on the Indian's aunt for goitre, because he wanted to convince people who had minimal experience of Western technology of the benefits of modern surgery. After the operation, the nephew told the village council of elders what had happened: 'I was taken into the temple of healing, where - after being dressed in holy white robes and having my face and head covered - I was taken into the inner sanctum and placed in a corner. In the sanctuary, the presence of the gods was so overwhelming that not only I, but also the others who entered, hid their faces and covered their heads. Doctor Shaib entered the inner sanctum and washed his unclean hands for many minutes as a ritual purification. In between the washing, he anointed his hands with oil.'

Anointing with oil has always been a ritual religious act. It was therefore natural that the liquid soap poured over the physician's hands from a soaping dispenser was misinterpreted as oil. The patient's nephew also said that a priestess came into the room and sat at the top of the sacrificial table (operating table). There she invoked the gods' blessing and breathed on the patient, causing her to fall into a deep sleep. (The nephew watched the nurse anaesthetist as she bent over the patient's head and spoke in a low voice, like a priestess chanting prayers and transmitting supernatural powers by blowing through the aunt's nostrils.

The nephew concluded his account thus." When my aunt had fallen into a deep sleep, Doctor Shaib cut her throat from ear to ear as an act of sacrifice to try to appease the gods. He and his assistant priest fought with the evil spirits for a long time. The struggle was so exhausting that Shaib's forehead became wet with sweat and a priestess wiped his forehead many times. Finally, the evil spirits were overcome and then they left my aunt's throat and she was no longer possessed." In this way ended this drama, which for the surgeon was a thyroidectomy, but for the Indian villager a battle with evil spirits.



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Module 4. Forms of dementia, their effects on cognition and consequences for behaviour

Theme description

The module reviews the most common forms of dementia, their location in the brain, symptoms and prognosis. Dementia is usually accompanied by a decline in so-called higher mental functions such as memory, orientation and judgement or language. In most cases, dementia is chronic and progressive. During the course of the disease, behaviour, emotional control and personality change, leading to a deterioration in everyday social life.

This is also the case with persons with other ethnic backgrounds, but the understanding of dementia as a disease is different. Some believe it is a normal consequence of age, others that it is God's punishment on a person's life. The understanding of the syndrome determines both whether the person is diagnosed at all and how he or she is treated.

Organizing lessons

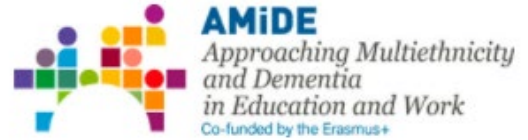
1. This theme is characterised by factual topics and requires some individual immersion. It may therefore be useful for the student to review the material first on their own and then to get into a group of up to 4 people to review what each student has understood of the material.
2. Students can individually familiarise themselves with the sub-themes and present them to each other in groups
3. Students can draw the different functions of the brain on a brain map <https://www.akademisk.dk/sites/default/files/1%20Hjernekort.pdf>
4. YouTube videos can be used to support the written material
5. It is recommended to work on "Check yourself" after students have worked on a theme.

Assignments

- How can you as a carer help a person with Alzheimer's dementia to compensate for the memory impairment of mild, moderate and severe dementia combined with a different ethnic background.
Work in a group to find compensation strategies and make a list to present and explain.
Use the materials and the web
- How can you as a carer help a person with a different ethnic background affected by Levy Body dementia to compensate for spatial and directional impairment in mild, moderate and severe dementia.
Work in a group to find compensatory strategies and make a list to present and explain.
Use the materials and the web



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- How can you as a carer help a person from a different ethnic background with frontotemporal dementia to compensate for behavioural changes in mild, moderate and severe dementia.
Work in a group to find compensatory strategies and make a list to present and explain.
Use the material and the web
- Is there anything special you need to be aware of when, in addition to a dementia disorder, the resident is also of a different ethnicity to the background population
- Role play: students play the role of a person with dementia and the class tries to identify what type of dementia disease they represent, either Alzheimer's, Levy Body or fronto-temporal dementia
- What particular challenges do you see in the case below and how would you approach helping her?

Case:

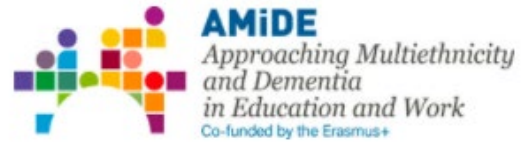
Sasipong is from Thailand, she has lived in Denmark for 27 years, is Danish married and has two children. She is 48 years old. She has started to forget and her mood and state of mind are changing. She quickly developed challenging behavior and often left home. At home she had a bell around her leg at night so her husband could hear when she got up and walked away from the house. It was very hard for the husband to have her at home as they also had two teenagers who demanded his attention.

Sasipong started at a special day-care centre to relieve the family during the day. By then she could no longer make herself understood in Danish and often became frustrated with the day-care centre staff if they tried to get her to take part in activities. She had told a Thai friend that the day-care centre was a prison and she went there because her husband did not love her anymore and that they beat her and refused to give her food and drink. Several times a week, Sasipong left the day-care center and her behavior became more challenging, if the staff tried to get her to come back. As a result, her husband and sons had to go looking for her several times. When she saw her boys, she was always happy and calm. Sasipong stopped going to a day-care centre as it was too conflictual and was offered a dementia respite at home so that her husband could go out once a week on his own.

Sasipong was not happy with the respite but accepted being "home alone". The reliever was there, but Sasipong stayed in another room herself. After a year at home, Sasipong no longer wanted a bath or a change of clothes. The spouse tried long before the home care got involved, but also the home care was unsuccessful in helping Sasipong. Sasipong's best friend, who is also from Thailand, also tried and succeeded a number of times, but said that Sasipong expressed pain when changing clothes and when having a bath. Sasipong continued to recognise her sons, her good friend and her husband, but the husband found that Sasipong sometimes did not know who he



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was (when she looked at him, he sometimes found that she looked at him as a stranger). The family and the dementia coordinator and respite worker decided after a year and a half that Sasipong should move into special care home.

When Sasipong moved into the special care home, she was very sad and crying because she did not want to go to jail. Sasipong is very mobile and often finds herself outside. Over a few months, Sasipong becomes more and more angry. She does not want to use a nappy and is therefore wet many times during the day and as she also does not want to be bathed or washed, she often smells very much of old urine.

One day when Sasipong has a visit from her friend, the staff ask if she has any good words in Thai they could say to Sasipong. The friend says that she always says *Śwy Sasi ĥwān Sasi* which means beautiful Sasi and sweet Sasi. The contact person looks at Sasipong and says *Śwy Sasipong* and she thinks she can see a smile in Sasipong's eyes. The next day the contact person decides to try to go in to Sasipong herself and help her get washed and change her clothes, Sasipong seems happy when she comes in and when the contact person says *Śwy Sasipong*, Sasipong smiles and offers her a cup of tea. The contact person only says *Śwy Sasi ĥwān Sasi* throughout the care and guides Sasipong with body language. Sasipong does not hit her and she lets the contact person help her with washing and dressing in clean clothes. For the next several weeks, only the contact person is able to help Sasipong without her hitting, biting, kicking etc. The rest of the staff also tries to build a relationship with her. The relationship building is working, after 3 months it is very rare for Sasipong to be reacting with violence in care situations and staff report being much more able to sense how Sasipong is feeling and when it is time the time for personal care is.

Module 5. Understanding challenging behaviour?

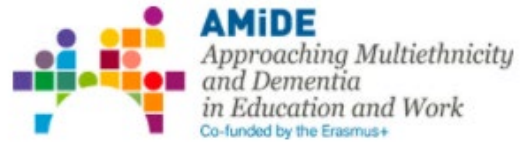
Theme description

People with dementia may develop behaviors during their illness that do not always match those expected by those around them. People with dementia and relatives with a migrant background experience a double sense of alienation. On the one hand, there is the adaptation to a foreign culture and, on the other, there is the specific situation created by dementia. This "maladaptive" behaviour can trigger different reactions from the environment depending on the context in which it takes place. Challenging behaviour can occur at home and/or in acute, day or residential care. The theme focuses on the reasons why the behaviour occurs and, on the fact, that it is always an interaction between the person with dementia, the carers and the environment - not the person's illness alone - that triggers the behaviour.

Reality places demands on the person with dementia that do not always match the person's own perception of reality, and perhaps modern Western lifestyles and ways of working clash with the traditional values of people with a migrant background. This familial and cultural alienation is



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reinforced by dementia. The actions and reactions seen in the person with dementia as a result of these different perceptions of reality are often seen as challenging by the environment. Therefore, conflicts may be signs of cultural clashes. In fact, there are not only two cultures. The migrant person with dementia is confronted with many unfamiliar cultures in the care home, represented by the different generations with different ethnic backgrounds who meet in a care home.

Organizing lessons

1. This theme is controversial in relation to learners and educators and organisations because it places responsibility for behaviour on professionals. They may well perceive this as unfair or unjust. It is therefore essential that they understand the resources of the person with dementia.
2. Another necessary learning outcome is that students and professionals are able to make a perspective shift from the staff and organisational perspective to the perspective of the person with dementia. This perspective shift implies that staff also have a certain degree of cultural sensitivity.
3. The theme is very suitable for group work, as it involves a lot of attitude-building.
4. YouTube videos can be used to support the written material, e.g.:
 - Race and dementia
<https://www.youtube.com/watch?v=FKjtO4WiPvM> 5.31 min English
 - Dementia and shame in South Asia
<https://www.youtube.com/watch?v=RtzmxORk3Ws> 3.58 min English
 - Activities and support for people from minority ethnic groups.
https://www.youtube.com/watch?v=wrwLk_vqINo 15.26 min English
5. It is recommended to work on "Check yourself" after students have worked on a theme.

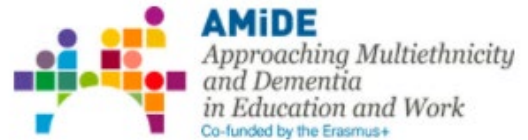
Assignments

- The short examples below are shared in groups to work through the examples and come up with suggestions for solving the situation. The groups present their solutions and the other groups give input to them.
- The groups analyze the examples below, focusing on who has the problem:
 - The person with dementia?
 - Other residents?
 - Staff?
 - The organisation?

Examples:



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- A resident wanders around restlessly and confused, crying helplessly and in despair. There are episodes of mistrust and aggression. The person shows compulsive pattern of action.
- At times, the resident often shouts, "help, I'm sick" and is scolded by fellow residents. She insists on having a party. She is afraid someone will hit her.
- The resident periodically knocks with objects on the table or throws them into the wall. She is crying, angry, tired and complaining. Often, she says "I'm sick" and she gets angry in bathing situations.
- The resident cannot find peace to sit or rest. Periodically she is shouting even at contact.
- The resident has difficulty receiving help for e.g. personal hygiene, dressing, shower and toilet visits. Gets restless and searching at times. Shows fear.
- The resident is angry and scolding. She is dominant in the unit and misunderstands things. She goes into other residents' living rooms and she has a jargon that scares others. She is not embarrassed.
- The resident is withdrawn, will not open her eyes and will not talk. She shouts and says ugly things about people. Throws with food and service.
- The resident perceives herself as special. Spoils everything by uninhibited behaviour. She shouts, walks back and forth, drinks unrestrained, has a constant urge to use the toilet. She is afraid of fire. She wants to control everything.

What particular challenges do you see in the case below and how would you approach it if you were to help him?

Case:

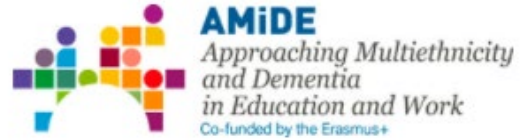
Mehran, a 75-year-old Iranian man, has been a carpet dealer for many years. He came to Denmark as a refugee when he was a young man and has integrated well. He has always managed on his own in Denmark and looked after his family. His wife and 2 children also escaped to Denmark and later two more children came.

He is a very embarrassed and shy man, who is not used to being around women and he has a very hard time letting a woman help him with personal hygiene. For the last 8 years he has had Alzheimer's dementia. First, he lived at home with his wife and their youngest child, but has now moved to a care home (Mehran did not want this) as the family find that he becomes increasingly frustrated and extrovert when he does not understand what is happening around him.

Mehran has also left home a few times. The wife tried to keep Mehran at home for a long time. Mehran has spoken and understood Danish, but can no longer express himself in Danish and the family say that much of what Mehran says in Persian language, his mother tongue, no longer makes much sense neither. Mehran moves to a care home close to the family's own home.



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Mehran needs help with lower hygiene and getting dressed. It is very confrontational to have to perform lower hygiene on Mehran because he hits, bites, shouts, spits and throws things if staff try to help him. There is good cooperation with Mehran's family and spouse. Staff have given up on helping him and he has now been wearing the same clothes for 10 days. They have tried several times but to no avail. They are now trying a different approach. For the last 2 days, an assistant has been trying to build a relationship with Mehran, offering food and drink which he knows. Mehran appreciates the contact very much and she tries to be with him, without getting too close to him and taking part in activities, where changing clothes or personal care is not a goal but instead relationship building.

In the morning, when the assistant comes in, Mehran meets her and says something in Persian ("good morning, my friend"). The assistant has a cup of tea with Mehran and then takes him by the hand and leads him down to the room. The assistant keeps saying "my friend" and "God is great" in Persian and leads Mehran with body language into the bathroom. He gets undressed while the assistant is constantly aware of Mehran's appearance and keeps saying "my friend" and "God is great". Mehran is bathed and washed and is given clean clothes and he does not react with challenging behaviour. The bath takes a long time and "my friend" and "God and great" are constantly said. After the bath, the assistant helps Mehran into the nice armchair in the living room. Mehran is tired but appears happy and content and wants to rest. On the way out of the door, the assistant turns and smiles and says for the last time "my friend" and "God is great" in Persian, to which Mehran answers "thank you very much" in Danish.

Module 6. Communication with persons from another ethnic background with dementia

Theme description

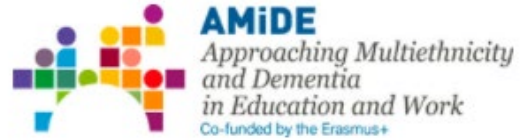
The theme relates to communication in general. It deals with the basic principles and the barriers that persons with dementia face in communication. Persons with a different cultural background experience more losses. First, they lose their last acquired language, then their mother tongue and last but not least, staff cannot understand their cultural motivations. An interpreter can be useful as long as the dementia sufferer's mother tongue is reasonably intact. The interpreter should be culturally appropriate in terms of gender, ethnic group, etc. Then it is a matter of trying to understand why the person with dementia does what he/she does. You cannot just assume that non-verbal communication is the same for all ethnicities - it rarely is.

Organizing lessons

Be aware of the following in both learning and working situations:



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1. There are many reasons why intercultural communication can fail. In many conversations, the message (what is said) may not be received exactly as the sender intended, or there may be a difference of understanding. It is therefore important that the communicator seeks feedback to check that her/his message is clearly understood.
2. Active listening is a good prerequisite for communication. Clarification and reflection can help, but the skilled communicator must also be aware of the barriers to effective communication and how to avoid or overcome them.
3. There are many barriers to intercultural communication and these can occur at any stage in the communication process. Barriers can cause the message to become distorted and therefore one risks wasting both time and/or money by causing confusion and misunderstanding.
4. Adding to intercultural communication the conditions under which a person with dementia is unable to communicate increases the risk of misunderstanding.
5. The theme is very suitable for group work. As there is a lot of attitude-building involved, it is important to practise.
6. It is recommended to work with "Check yourself" after students have worked with a theme
- 7.

Assignments

- Non-verbal communication

- o Distance: what distance feels comfortable to you when talking to a stranger? Try it out! Have you ever been in a situation where your interlocutor did not keep an "appropriate distance"? How did that affect your conversation?

- o Gestures: do you know the meaning of the gestures in the pictures in at least two different cultures?

- o Facial expressions: discuss what it means in your cultural context to look someone in the eye. Can you think of any other examples?



- Case work

Read the case below

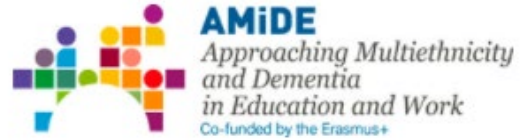
Try to find the places in the communication that can go wrong.

What is your own experience of similar situations?

Tell and discuss what happened.



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Did problems arise and why do you think?

Case:

Eva and Ben are working for a mobile care service. In the morning they have a talk in the car when driving to their first patient's house, Mrs Yildiz. It was agreed that they will advise Mrs Yildiz about the possibilities to improve her care as during the last weeks it turned out that she will need intensified care. Mrs Yildiz hardly speaks English, her mother tongue is Turkish, but she speaks a special dialect as she comes from the region near the Black Sea.

Eva: "I am a bit concerned about what will happen today when we come to Mrs Yildiz house. It will be hard to explain to her the options she has. I expect that many family members will be present, and it will be a mix of languages spoken, so we will hardly be able to communicate."

Ben: "Yes, I share your concerns. I am glad that we will have an interpreter available. Though I fear that he might not be from the same region than Mrs Yildiz and speaks another dialect. And most of the interpreters are not so familiar with the medical wordings. I always fear that the words are not really correctly translated."

Eva: "That can be a problem. I find it also difficult to really understand what was meant when communicating with an interpreter because we cannot bring the nonverbal reaction together with the words."

Ben: "Sometimes I am also not sure if the patients can really open up themselves if a third unfamiliar person is involved in the communication process."

Eva: "A Turkish friend of mine has told me that the Turkish language has very flowery expressions. If you want to congratulate someone, you say something like: 'your eyes may be enlightened'. And she also told me that feelings are very intensively expressed."

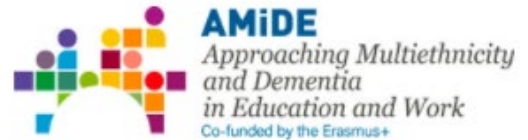
Ben: "I have to admit that sometimes I feel a bit uncomfortable about the warm and welcoming way of dealing with us. I find it difficult to explain that we cannot stay for eating with them without seeming offensive."

Eva: "I am also sometimes a bit irritated about the family relations and the way the family members behave among each other. They kiss each other even among family members of the same gender. On the other hand, sometimes, they seem to shout at each other very loudly, so I am not sure if they are having a fight or just a loud discussion."

Ben: "We have arrived. Let's hope for the best. We want to carefully advise Mrs Yildiz, so her situation can be improved."



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Module 7. Non-pharmacological interventions in a multicultural context

Theme description

This module deals with non-pharmacological approaches to the treatment of dementia and how to apply them in multicultural contexts. After a general introduction to non-pharmacological approaches and their growing importance in care, the module deals with the following basic approaches: cognitive oriented intervention, sensory and multisensory stimulation, activity therapy, technological interventions, environment and finally doll therapy. Each approach is accompanied by ideas on how to apply it in a culturally competent way.

Organizing lessons

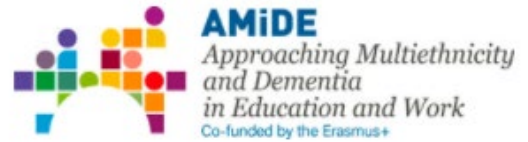
1. It would be a great advantage if students could try out a snoezelroom, for example, to experience what it does mentally and physically
2. Group work around the different therapies is obvious. One should be aware of the environment and things ethnic minorities know about
3. Visits to different places where the therapies are used would be good. If this is not possible, the internet and different videos are an option
4. To support the written material, YouTube videos can be used, but it is not easy to find about both nonpharmacological treatment of persons with dementia and at the same time a different ethnic background.
5. Activities and support for people from ethnic minority groups:
https://www.youtube.com/watch?v=wrwLk_vqINo 15.26 min English
6. It is recommended to work with "Check yourself" after students have worked on a theme.

Assignments

- The class is divided into groups, which explore different intervention options mentioned in the material and elaborate them further using the web.
- Each group can work on 2 to 3 forms of therapy each (depending on how much time they are given). Groups present in plenary, where they can discuss to whom each form is the best.
- List the advantages and disadvantages of the different forms of therapy. This can be done in plenary, in groups or individually.
- Are there ethical considerations in using dolls for people with dementia? List the considerations in relation to the person with dementia, the relatives, the staff and the organisation such as the following:



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Who	On one side	On the other side
The person	The person becomes calm	It can be too much
The relatives	The person seems glad	It seems childish
The Staff	Gives peace	Other residents and relatives find it odd
Organisation	Give more time to staff	Can give unease to others

What particular challenges do you see in the case and how would you approach him if you were to help him? Do you have other solutions?

Case:

Abdril from Afghanistan developed vascular dementia at a late age. He has been living in a nursing home for the last 3 years. He is married to an Afghan woman and has three children, all of whom came to Denmark as refugees. He has never worked in Denmark, but has spent a lot of time in the Afghan community. He is not a particularly devout Muslim and eats what he likes. Abdril has very square attitudes towards women and men, he has had no respect for men of ethnic origin other than Afghans. He is very shy and does not want help with personal care and will not be helped by a man under any circumstances. He is deteriorating and needs help with personal hygiene, but he gets angry when staff try to help him. They talk about what they can do and agree to try playing music for him when he needs to be washed. He has always loved parties and colors. They try, but he gets possibly even angrier than before and they now have no idea what to do. An assistant who comes from the Middle East asks about the music the staff used and she was not surprised by his reaction to Danish pop music. Instead, she found some music that was very well known in his home country. They tried again and this time it turned out that Abdril was very happy with the music and did not notice that he was being washed at the same time

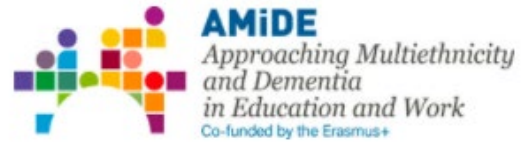
Module 8. Collaboration with relatives of persons with dementia and another ethnic background

Theme description

Working with relatives of people with dementia from a different ethnic background is an important and necessary task. It may be necessary to inform relatives about dementia: that it is not a symptom of old age but of a disease. Relatives also need information about what support services are available and how they can get help. It is important that families can help to create a safe and supportive environment for people with dementia at home. The module gives examples of how to communicate when both verbal and non-verbal language has been damaged and how to



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work with relatives both in the early and later stages of dementia. Furthermore, the section provides examples of how relatives of people with severe dementia feel themselves and the challenges this poses.

Organising lessons

1. It is possible that some of the students have experience in this field or are relatives themselves. If so, they can be used as knowledgeable people in relation to their own experiences.
2. The topic lends itself both to group work and to communication exercises, trying out different techniques such as active listening.
3. Group work on working well with relatives of people with dementia and a different ethnicity.
4. It is recommended to work with "Check yourself" after students have worked on a theme

Assignments

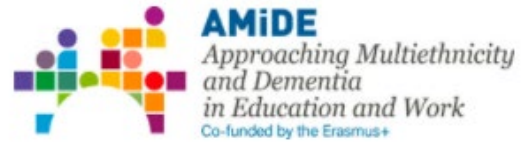
- Practice two by two active listening. First the interlocutor should be distracted by everything and then actively listening. What do situation 1 and situation 2 do to the person who is the narrator, respectively. Afterwards, the group takes stock.
- Group work on the needs of relatives with a different ethnic background and how to meet them as professionals. Debriefing in plenary.

Case: An assistant visits an elderly Turkish woman who is bedridden. Each time she comes, there are at least 3 daughters present, each with their own opinion on how care should be provided. She tries various ways to calm them down, but it doesn't work until she invites one of the children to join in.

- As you watch the video, you may notice in particular:
 - How does the caregiver understand the caregivers' wishes?
 - How is diversity discussed - and how is it dealt with?
- Questions for consideration after watching the video:
 - How is understanding of diversity acknowledged and demonstrated?
 - How are boundaries set - spoken out and a solution negotiated?
 - Do you have ideas for what can be learned from this case?
 - What works well and what could be done differently?



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- What themes are brought up that are relevant to you? (E.g. professionalism, cooperation between colleagues and with relatives, well-being of staff - security for persons with dementia and relatives)
- How can you strengthen cooperation with colleagues and citizens in these themes?
- How do your themes interact with the strategy of your organisation?
- Have you experienced disagreements with relatives when you were in the same situation?

Case:

<http://multicultincare.eu/training-dk.html> (The third video "Pårørende ved sengen". It is in Danish but it does not matter)

Module 9. How are intercultural competences developed and cooperation among colleagues in a multicultural team.

Theme description

This module is two-fold and works on the one hand to address why it is so important to acquire intercultural competences and how to work on becoming interculturally competent. This project will help to be at the forefront of the challenge of ethnic minorities with dementia, in nursing homes and needing care according to their own values. There are not so many people from other ethnic backgrounds in care homes yet - but all statistics say that they will come in greater numbers than today. The other part of the module is about how to work together in a multicultural team. It requires the same as all team work, but you also have to deal with issues such as ethnocentrism, stereotypes and prejudice, while the team may not have the same professional etiquette. In addition to these issues, other topics of importance to the multicultural team are also addressed. When successful, there are many important benefits for the person with dementia, the family, the staff and the organization.

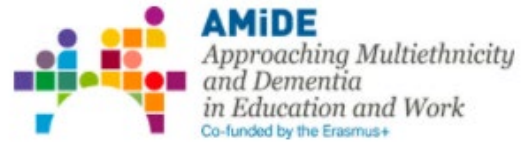
Organizing lessons

Be aware of the following both in learning situations and in work situations:

1. The prerequisite for the success of the following is to create a safe atmosphere in the room and that participants treat each other respectfully
2. There are many reasons why intercultural communication can fail. Especially if there are language barriers - and there often will be - because for colleagues with a different ethnic background, the language is not the mother tongue, there may also be differences in communication style. It is therefore important that senders seek feedback to check that their message is clearly understood. Or the receiver asks if in any doubt.
3. Be aware of possible ethnocentrism, stereotypes and prejudices, denounce them and be aware of reactions. They require dialogue and attention to avoid misunderstandings



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4. The theme is very suitable for group work. Since there is a lot of attitude-building involved, it is important to practice
5. Ethnically mixed groups provide an opportunity to ask how things are said, why they are said that way, etc. Furthermore, it is good to find out why something seems annoying.
6. It is recommended to work with "Check yourself" after students have worked on a theme

Assignments

Thinking about different cultural backgrounds, we live in diverse societies, but we may still have unconscious attitudes about those who have different cultural backgrounds to ourselves. We can be influenced by stereotypes, which can be both negative and positive. They can affect the way we interact and understand others.

Part 1

Alice has a new citizen called Priti, a woman from an Asian background. When Alice discusses care with Priti, Priti tells her that she comes from a large family. When Alice hears this, she assumes that Priti belongs to a large family and that three generations of the family live together in the same house and that she will have a lot of support at home.

- What assumptions has Alice made about Priti?
- Do you think Alice was right in her assumptions about Priti?
- Do you think Alice used a stereotype to form her assumptions?
- Do you think that the assumptions Alice made might influence the care she discusses with Priti?

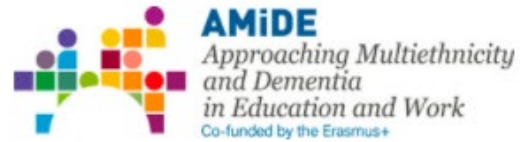
2.part

Alice based her assumptions on the stereotype that all Asians have large families and that they live in multi-generational households. This is true for some Asians, but not for all. Therefore, it seems reasonable that she used a generalization. She might have thought that Asians tend to belong to large family groups and considered whether Priti does too. Alice could then have taken the time to find out whether what she had thought was true or not. Using stereotypes can lead us to make unfair and unfounded judgements about people and their cultural background, which can affect their care.

1. Has anyone ever assumed anything about you?
2. What do you think the assumption was based on? Was it a stereotype?
3. Was it correct?
4. Why do you think people make assumptions about others?



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- Group work. Find different definitions of "Intercultural competence" and find out how to achieve it
- Group work: find out what is meant by cultural identity being "a social construction"? Go online and find explanations and discuss what it means for the individual
- Group work or individual assignment. Read the case below and answer/discuss the questions

Case:

The working day was over and one of the employees felt particularly tired that day. She had spent the afternoon caring for an elderly woman who seemed unable to make decisions about her preferences for treatment and care. This was in strong contrast to the older woman she had been dealing with in the morning. She had been loud and confident about what she wanted and how she wanted it. They had discussed what was possible, negotiated a little and now the woman was happy and knew what to expect.

Her resident in the afternoon did not make eye contact with her, answered "yes" to most questions and said she was "happy" with the plans but that she needed to talk to her family about it.

She had not looked happy while they had been talking, but looked worried and at unease. The more she was pressured to decide, the more she repeated: "You must ask my family, I am only an old woman" although she was cognitive perfectly capable to decide.

What do you think are the problems in this story?

- Do you think there were any cross-cultural misunderstandings?
- What values do you think the person she was working with in the morning had?
- What values do you think the person she worked with in the afternoon had?
- What do you think the staff member could have done to improve the way she handled the situation in the afternoon to make the person feel happier and more comfortable about the discussion?

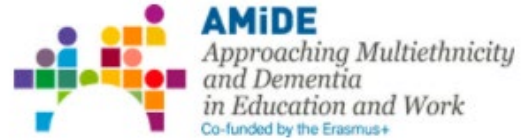
Module 10. Tasks for organising the care institution

Theme description

Module 10 deals with organizational development and the target group is staff and managers in institutions, considering that no matter how culturally competent the staff, the organization can still be a barrier to culturally sensitive care. Organizational development may be needed to improve the care of people with dementia from different ethnic/cultural backgrounds than their caregivers. The PDSA change circle is discussed as an example of a good tool. The second part of the module provides the recipe for a workshop where participants work on "creating



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organizational structures to facilitate successful care for people with dementia who have a different cultural/ethnic background to their caregivers". Based on a theoretical introduction to the topic, the concrete situation in own institution is examined, strengths and weaknesses are analyzed and individual proposals for organizational development are made.

Organizing lessons

1. The module can be taken individually but it makes much more sense to actually do the workshop. It is time consuming but also incredibly rewarding
2. Set a good tight schedule so nothing gets out of hand
3. Make sure you have enough space for several workshops at once
4. It is recommended to work on "Check yourself" after the students have worked on a theme

Assignments

- Hold a workshop after the module recipe. The assignment is: "Creating organizational structures to facilitate successful care for people with dementia who have a different cultural/ethnic background to their caregivers."

Assignments related to the entire material

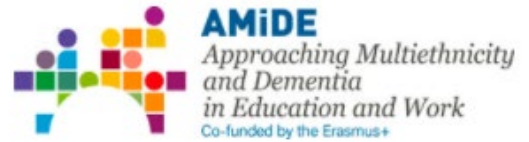
The entire material can be used in a combination of the above options. It gives the opportunity to illuminate persons with a different ethnicity and dementia from different sides. In teaching contexts, there is an opportunity for groups to address the different topics and present to each other. If you want to bring the whole material into play, more general topics are obvious - or case work. There can be a myriad of topics. Broad and open-ended wording can stimulate students' curiosity, so that the material is really explored and worked through. The results are likely to be very diverse and this will highlight the complexity of the whole area when the class is in plenary or the groups are making their own presentation of what they have found.

Overarching questions

- How do dementia symptoms affect the quality of life of a person and his/her relatives when they also have a different ethnic background?
- What will it take for the person with dementia and a minority background to live a good life with meaningful activities?
- What are the needs of relatives of people with dementia from a minority background? How can they be supported and what services are available for this group of relatives?



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- What competences are needed in working with persons with dementia from minority backgrounds and their relatives?

References:

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<https://www.i-care-project.net/> Intercultural Care in the Social and Healthcare Sector

<http://multicultincare.eu/> Handling multiculturality in care