The burden of caring for an individual with dementia is significant due to associated cognitive, behavioral, and affective changes. Approximately 50% of US nursing home residents have a diagnosis of dementia (Daly, Bay, Levy, & Carnahan, 2015).

In skilled nursing facilities (SNFs), certified nursing assistants (CNAs) assume the majority of activities of daily living (ADLs) and primary care (Butz & Girouard, 2015). OTs are in a unique position to collaborate with CNAs in providing individualized care to reduce burden of care.

ACA is an occupation-based, stage-specific dementia care approach developed by occupational therapists (OTs) that promotes quality dementia care for SNF residents. Within Claudia Allen’s Cognitive Disability Model, OTs evaluate patients to determine their Allen Cognitive Level, occupational profile and retained abilities. ACA provides CNAs with standardized guidelines for individualized care to best facilitate occupational engagement based on patient’s dementia stage and retained abilities.

ACE is a six-week training program to prepare CNAs for implementation of ACA principles. ACE OTs lead ACE sessions to convey occupation-based care approaches. ACE emphasizes the value of occupational engagement through individualized care approaches and meaningful interactions.

This study provides initial evidence that ACE training can improve key caregiving factors associated with quality of care. A training approach focused on applying individualized and stage-specific care strategies has the ability to maximize quality of care by facilitating resident engagement and meaningful client-caregiver interaction.

### ABILITIES CARE EXPERTS (ACE) IMPLICATIONS

Findings support the value of using ACA-directed, client-centered approaches to optimize patient participation in daily tasks. OT expertise in providing stage-specific dementia care training can improve the educational outcomes of caregivers.

Further empirical research may help to further understand the optimal use of ACA-focused dementia training programs to improve quality of care.

### ABILITIES CARE APPROACH (ACA) ACKNOWLEDGEMENTS

Special thanks to our capstone advisors for their endless support & valued insight. Extended gratitude to the Ensign facilities & CNA participants whose dedicated time & effort made this project possible.

### RESULTS

ACE CNA PARTICIPANTS SCORED CONSISTENTLY HIGHER ON EACH MEASURE COMPARED TO NON-ACE PARTICIPANTS

* INDICATES STATISTICAL SIGNIFICANCE p < .05

**KNOWLEDGE**

- **Self-Rating of Dementia Knowledge**
  - Global measure of individual perception of dementia-specific knowledge
  - **Partial Correlation (r**)
    - ACE vs. ATDS [0.19, p=0.10]
    - ACE vs. DKAAS [0.16, p=0.15]
    - ACE vs. ACE Final Exam Part I [0.12, p=0.21]
    - ACE vs. ACE Final Exam Part II [0.10, p=0.26]

**ATTITUDES**

- **Attitudes Toward Dementia Scale (ATDS)**
  - Caregiver beliefs and feelings towards individuals with dementia
  - **t**
    - Non-ACE [t(25)=2.34, p=.03]
    - ACE [t(27)=1.27, p=.22]

**SATISFACTION**

- **Job Satisfaction Scale (JSS)**
  - Sense of fulfillment, meaning and value derived from working with patients with dementia
  - **t**
    - Non-ACE [t(25)=2.57, p=.01]
    - ACE [t(27)=2.40, p=.02]

**SELF-EFFICACY**

- **Self-Efficacy Scale (SES)**
  - Caregiver confidence in ability to provide effective, person-centered care for patients with dementia
  - **t**
    - Non-ACE [t(25)=2.61, p=.02]
    - ACE [t(27)=3.44, p=.002]

### METHODS

- **KNOWLEDGE**
- **ATTITUDES**
- **SATISFACTION**
- **SELF-EFFICACY**

### CONCLUSION

Compared to non-ACE participants, ACE participants demonstrated significantly higher levels of:

- **Self Rating of Dementia Knowledge**
  - [t(27)=3.44, p=.002]

### REFERENCES

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