

## Stories & Strategies: Meeting Complex Needs in Basic Care

**Presenters:**

**Erin M. Bonitto, MS, ADC**  
Founder & Lead Coach  
Gemini Consulting, Inc.

**Sarah Berreth, RN, RAC-CT**  
Long-Term Care Value-Based  
Purchasing Administrator  
ND Health & Human Services



North Dakota Long Term Care Association  
Fall Conference  
Sept 2025

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## Introductions & Overview

**Erin Bonitto, MS, ADC**

- Founder & Lead Coach of Gemini Consulting, Inc.
- Dementia Educator & Dementia Communication Coach
- Experiences serving persons with psychiatric diagnoses

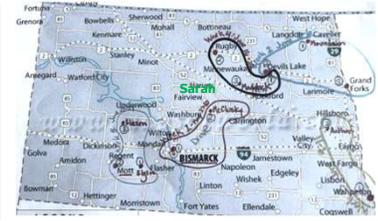
**Sarah Berreth, RN, RAC-CT**

- Long-Term Care Value-Based Purchasing Administrator
- North Dakota Health & Human Services

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## About the Basic Care Education Project

- Funding opportunity
- How it came together
- Purpose



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## On-Site Visits: Discovery & Discussion (Half-Day)

**Getting to know each site's strengths & challenges**

- Interaction with most residents,
- Focused interactions with identified residents,
- Conversations with front line team members,
- Focused leadership meeting to identify concerns, behavioral patterns, and topic requests.

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## On-Site Visits: In-Service (Half-Day)

**Customized topics based on requests and observations**

- Structural brain changes in diseases such as Alzheimer's Disease and Schizophrenia,
- Why 'normal' communication strategies do not work,
- Strategies to prevent challenging behavioral symptoms,
- Managing mood: Cortisol vs. Endorphins
- Environmental triggers
- Resident activity strategies
- Medical model vs. Person-centered care:
  - Reframing 'inappropriate' behaviors
  - Power struggles vs. genuine connection
  - Validation 'words' vs. deep validation
  - Redirecting vs. meaningful engagement

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- Teams explained their cartoon **brain** sketches.
- Exercises like these encouraged teams to discuss **problematic labels**:
  - 'Difficult'
  - 'Demanding'
  - 'Attention-seeking'
  - 'Manipulative'
  - 'Inappropriate'
- Teams discussed how negative labels can shut-down **behavioral detective work**, while **person-centered** language helps shift perspective.



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Maple View Memory Care – Grand Forks, ND

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- A **half-day** in-service allowed for deep engagement.
- Here, team members model the **don'ts** of **de-escalation** skills, before practicing:
  - **Non-threatening** body language,
  - Validating the person's **emotional** reality,
  - Offering a **genuine** apology,
  - and more.



**Borg Pioneer Memorial Home – Mountain, ND**

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**Mott Health Care Center – Mott, ND**



Many CNAs and Dietary Aides here are **16-19 years old**. The team discussed and practiced skills for **compassionately understanding** and **confidently managing** unwanted 'romantic' behavioral attention from residents with psychiatric and dementia diagnoses.

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**On-Site Visits: Hands-On Coaching & Consultation (Half-Day)**

**Hands-on communication coaching and behavioral detective work**

- Interacting directly with identified residents in challenging situations such as giving medication, assisting with bathroom use, undressing, meal-time cueing, activity engagement, and more,
- Individual and small group skill practice,
- Behavioral detective work,
- Suggested assignments for continued growth.

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- A Medication Assistant uses newly-coached strategies to successfully give **medication** to a resident who often refused (with aggression).
- **Behavioral detective work** revealed an 11-15 second processing time necessary after each simple statement.



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- **Small group** skill practice in the courtyard!
- Team members practice their **secret signal** to remind one another to shift from a fast **task walk** to a slower, less triggering walk.

**Haaland Home – Rugby, ND**

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- Evening nurse demonstrates the **verbal** and **non-verbal** approaches he uses for calming a resident with persistent, distressing **visual** and **auditory hallucinations**.

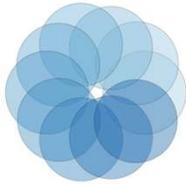


**Dakota Hill – Elgin, ND**

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Theme 1  
**Supporting Younger Adults with Complex Needs**  
*(psychiatric, developmental, substance use, and other cognitive/behavioral differences)*



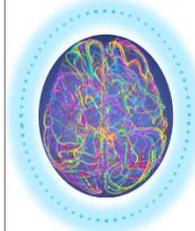
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- **Psychosis**
  - Schizophrenia
  - Schizoaffective
  - Schizophreniform
  - Substance-induced psychosis
- **Mood Conditions w/ Psychosis**
  - Depression w/ psychosis
  - Bipolar w/ psychosis
- **Mood Conditions**
  - Major depression
  - Bipolar disorder
- **Anxiety Conditions**
  - Generalized anxiety disorder (GAD)
  - Panic disorder
  - Social anxiety disorder
  - and more
- **Trauma & Stress Response**
  - PTSD
  - Acute stress disorder
  - Trauma exposure
- **Substance Use & Recovery**
  - Obsessive Compulsive Conditions
  - Impulse Control Disorders
  - Personality-Related Disorders
  - Effects of long-term anti-psychotic treatment

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- **Neurodevelopmental Differences**
  - Intellectual differences
  - Learning differences
  - Motor differences
- **Neurodivergence**
  - Autism spectrum
  - ADHD
  - Sensory processing
  - Tourette's and tic disorders
- **Medical Conditions Affecting Mental Health**
  - Traumatic brain injury (TBI)
  - Stroke
  - Seizure disorders
- **Memory & Thinking**
  - Mild cognitive impairment (MCI)
  - Alzheimer's-type dementia
  - Other dementias
  - Korsakoff's syndrome

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**Challenges in some Basic Care settings**

- Access to information, education, and coaching,
- Fear, misunderstanding or frustration related to challenging behavioral symptoms,  
**Examples:** *"She knows better!"*
- Tension: A desire to protect self, co-workers, and other residents from the person,  
**Example:** *"We shouldn't have to put up with that!"*
- This underlying tension can grow into **power struggles** between team members and residents.

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**Reframing: From 'power struggles' to 'genuine connection'**

"People are not choosing **'bad' behavior**.

They are **reacting** to structural damage in the brain, neurotransmitter imbalances, disordered thinking, trauma, unmet needs – and experiences we may never **fully** understand.

The goal is not to be **right** or to **control** the behavior or **teach them** how they **should** be.

The goal is to respond with boundless **compassion**, to avoid **escalation** – and, whenever possible, to find **joyful connection** in the moment."

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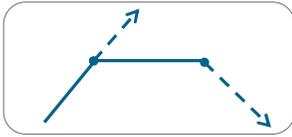
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**Creating a plateau, instead of an escalation...**

<p><b>I am sorry you're stuck with your sister as your guardian.</b></p> <p><i>I probably wouldn't want MY sister to be my guardian, either...</i></p> <p><b>I'm sorry you live so far away from your boyfriend now.</b></p> <p><i>That's the pits.</i></p>	<p><b>Those girls got into your clothes again?</b></p> <p><i>I'm so sorry you have to put up with that... Can I help you tidy-up?</i></p> <p><b>I am so sorry I didn't come right away at 8:30.</b></p> <p><i>I know that's way too long to wait...</i></p>
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**Person-Centered Strategies**

- Acknowledge and validate the person's emotional reality,
- Match non-verbals to our words,
- Work past any underlying 'disbelief' to convey genuine empathy.

**Then what? Know the person.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Your Stories**

- Cigarettes around town – Maddock Memorial Home
- Camping with friends – Haaland Home - Rugby
- Holding your friend's hand – Haaland Home - Rugby
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Theme 2**  
**Creating Person-Centered Routines and Environments**  
*(adapting medical model spaces and routines to work for real people)*

**Your Stories**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Knowing the person at breakfast...**



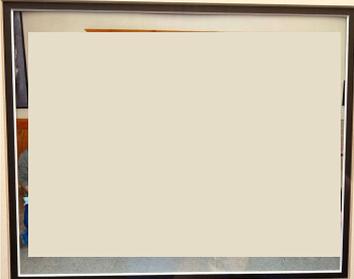
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**Creating family...**



**Sheridan Memorial Home – McClusky, ND**

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**Borg Pioneer Memorial Home – Mountain, ND**

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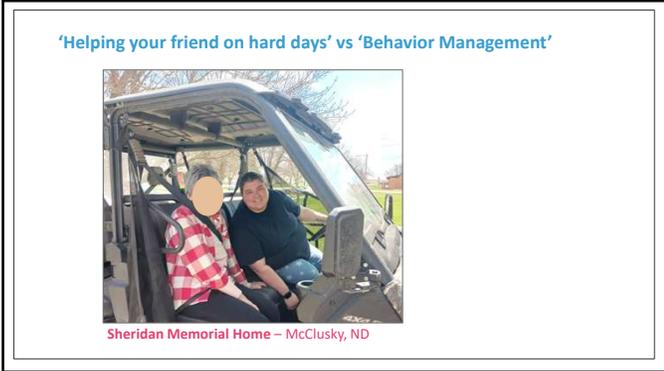
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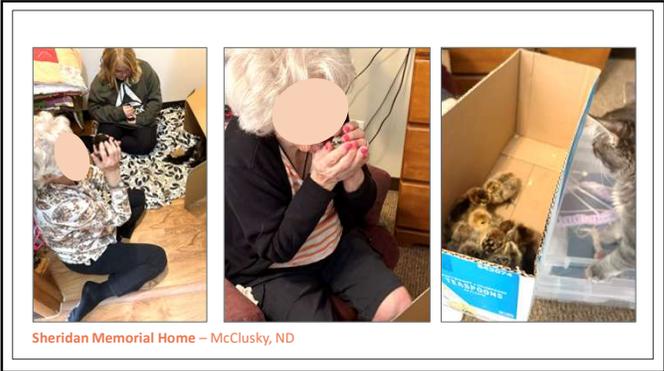
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**Theme 3**  
**Living in Community**  
*(homes and towns woven together in daily life)*

**Your Stories**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Sheridan Memorial Home – McClusky, ND

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**Mott Clinic Update**

The City of Mott has been awarded a \$1.2 million grant to remodel the 100 wing (north wing) of the facility into a clinic. West River Health Services has signed an agreement whereby they will rent the remodeled north wing and move the existing Mott Clinic to our location. This relocation is anticipated to happen in the spring of 2024.

**Nursing Home Plan**

The second part of the plan is to reopen the remaining two wings of the facility as a basic care nursing home. The facility will have a group residential setting with private and semi-private rooms, providing 24-hour staffing. Qualifying residents will be able to care for themselves with some basic assistance from facility staff. Services and amenities of the home will include:

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**About the Presenter**

**Sarah Berreth, RN, RAC-CT**  
*Long-Term Care Value-Based Purchasing Administrator,  
North Dakota Health and Human Services*

Sarah Berreth serves as the Long-Term Care Value-Based Purchasing Administrator with North Dakota Health and Human Services, a role she has held for the past two years. She brings over 23 years of experience as a registered nurse, including five years with the State of North Dakota. Her clinical background spans MDS coordination—with RAC-CT certification—as well as five years in travel nursing and a decade of international healthcare work. These diverse experiences have shaped her deep commitment to person-centered, outcomes-driven care and her focus on quality improvement within long-term care settings.

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**About the Presenter**

**Erin Bonitto, M.S., A.D.C.**  
*Founder & Lead Coach, Gemini Consulting – Cold Spring, MN*

Erin Bonitto, M.S., A.D.C., is a nationally recognized gerontologist, dementia communication coach, and founder of Gemini Consulting. Her behavioral coaching model equips interdisciplinary teams with practical, day-to-day communication strategies and behavioral insights for supporting individuals with dementia, psychiatric diagnoses, developmental delays, and other cognitive differences. Erin's 25 years in skilled nursing, assisted living, and memory care now also inform her growing work with teams serving adults who experience behavioral health challenges due to psychiatric diagnoses. Her coaching focuses on helping leadership and care teams prevent behavioral symptoms, reduce off-label antipsychotic use, and build a framework for joyful, genuine connection throughout the organization. Her work has been grant-funded, award-winning, and implemented across a wide range of communities – from large multi-site systems to deeply rural providers. In recent years, Erin has supported North Dakota providers through a statewide memory care workshop series in 2024 and an education and coaching tour of Basic Care communities in 2025. With decades of experience and a reputation for down-to-earth insight and skills, Erin has helped countless teams shift from reactive behavioral care to proactive, person-centered success.

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