Alternative approaches to behaviour that challenges

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What do we want?
What do we want?

The Magic Bullet
A realistic approach....

- Prevention
- Holistic Assessment
- Care Plan
  - Health
  - The Care Environment
  - The Care Approach
Optimising treatment and care for people with behavioural and psychological symptoms of dementia

A best practice guide for health and social care professionals
How to use the toolkit

The toolkit follows a basic stepped care model based on a colour-coded traffic light system. The traffic light colours represent:

- **Green** – No symptoms. Simple preventative measures
- **Amber** – Mild or moderate symptoms. Low intensity, general interventions
- **Red** – Severe symptoms. Specific interventions and guidance for antipsychotic use

**Prevention**

**Watchful waiting**

**Specific interventions Antipsychotic prescription**
What’s in a name?

- ‘Behavioural and psychological symptoms of dementia (BPSD)’
- ‘Challenging behaviour’
Prevention is better than cure

- Evidence that environmental factors play a role in challenging behaviour
  - Physical and social environment
- Care environments can be designed to make challenging behaviour less likely
- Need for understanding of care-giver distress
- Address systems for staff support and supervision
- How best to train and support staff?
Effect of enhanced psychosocial care on antipsychotic use in nursing home residents with severe dementia: cluster randomised trial

Jane Fossey, Clive Ballard, Edmund Juszczak, Ian James, Nicola Alder, Robin Jacoby, Robert Howard
Promising results...

- Major study, supported by Alzheimer’s Society in the UK
- Demonstrated training in person-centred care, communication skills etc. for staff in nursing homes reduced use of major tranquillisers with no increase in challenging behaviour
- Produced evidence-based training materials
Person-centred care and Dementia Care Mapping – effects on agitation

- Chenoweth et al 2009 Lancet
- Australia - 15 care sites – 289 residents
- Both person-centred care and dementia care mapping (detailed observation plus feedback) associated with lower agitation
Person-centred care

Person with dementia v. Person with dementia (Kitwood)

Person-centred care means:

- Valuing people with dementia and those who care for them (V)
- Treating people as individuals (I)
- Looking at the world from the perspective of the person with dementia (P)
- A positive social environment in which the person living with dementia can experience relative well-being (S)

(Brooker, 2004)
Understanding challenging behaviour in dementia

- Not all challenging behaviour can be prevented
- Whose problem is it anyway? Who is disturbed / distressed by the behaviour?
- May be staff / care-givers rather than person with dementia
- Does not occur in isolation
- Psychologically, seen as expression of unmet or poorly communicated need (Stokes, 1996)
  - e.g. aggression most common during physical care
  - insecure attachment related to behaviour disturbance (Magai & Cohen, 1998)
- Progressively lowered stress threshold model
  - Takes less environmental stress to provoke reaction
Holistic assessment:  
NICE-SCIE guideline 2006: For people with dementia who develop behaviour that challenges

- **Assessment should include:**
  - Physical health, pain, discomfort
  - Effects of medication
  - Biography
  - Psychosocial factors, depression
  - Environmental factors
  - Specific behavioural and functional analysis

- To produce individually tailored care plan
Health, pain, discomfort...

- Delirium
- Constipation
- Pain
  - Assess e.g. Abbey pain scale
  - Pain relief associated with reduced agitation (Husebo et al., 2011, BMJ)
- Medication effects
Biography

- Personality / attachment style
- Lifestyle factors
- Life experiences / trauma
- Life story – who am I?
Psychosocial factors

- Loss
- Depression
- Anxiety
- Fear
- Suspicion
- Relationships
Environmental factors

- Carer distress
- Relationship with the carer – expressed emotion (critical comments)
- Staff attitudes, burnout, distress
- Changes to the environment
- Environmental stressors e.g. noise, reflections
Specific behavioural and functional analysis

- A-B-C model
  - Antecedents
  - Behaviour
  - Consequences
- Functional analysis goes beyond A-B-C model
- Includes contribution of past experiences, ‘private events’, thoughts, beliefs and the meaning of the behaviour
- Three common functions of behaviour:
  - ‘Come here’
  - ‘Go away’
  - ‘This is pleasurable’
Appendix 1 Watchful waiting
When does it happen? chart

Name:                     Current diagnosis:

Description of symptom/incident (including time of day and people present)

Any possible triggers?

Action taken:

Signed:                     Date:
Train to manage behaviour in dementia care

Offer exceptional care with well trained staff

Developed with world renowned dementia experts, this course provides essential learning for carers.

It shows care professionals how to manage the behaviour of people with dementia in real life drama case studies that are both memorable and realistic.

Knowing the constraints on time the course is online and can be completed at home or work. Learners will receive a certificate on completion.

Endorsed by the NHS and developed by leading dementia experts.

From Hull University:
Professor Esme Moniz-Cook
Clinical Psychologist

Professor Peter Campion
GP

Dr Ivana Markova
Liaison / NeuroPsychiatrist

Dr Andrea Hilton
Pharmacist
Individually tailored care plan – based on assessment

- **Health actions**
  - E.g. Assess for pain

- **Care environment actions**
  - E.g. reduce carer distress
  - E.g. play preferred relaxing music at meal times

- **Care approach actions**
  - E.g. If unwilling to get up, leave and return later
  - E.g. If trying to leave the care home, accompany for walk in garden, talking about preferred interests
NICE-SCIE: For people with dementia who also have depression and/or anxiety

- **Cognitive behavioural therapy should be offered as part of the treatment approach...may involve active participation of their carers**

- **A range of tailored interventions should be available, which may include**
  - Multi-sensory stimulation
  - Animal-assisted therapy
  - Exercise
  - Reminiscence therapy
NICE-SCIE: For people with dementia who have co-morbid agitation

- **Access to a range of interventions, tailored to the individual’s preferences, skills and abilities.**  
  Monitor response so care plan can be adapted.  
  **Range of approaches may include:**
  - Aromatherapy
  - Multi-sensory stimulation
  - Therapeutic use of music or dancing
  - Animal-assisted therapy
  - Massage
One size does not fit all...

- Standard, structured approaches useful in the tool-box, but to be used only where there’s a good fit
Finally

- If you want person-centred care you need person-centred staff
- If you want person-centred staff you need a person-centred culture – it does not come from training alone
- If you want a person-centred culture value family carers and care staff and the work they do – it is demanding, it requires skill, it requires creativity, it requires a readiness to give and to receive
- A person-centred culture requires VISION, LEADERSHIP and ATTENTION TO DETAIL