

**UNDERSTAND ALZHEIMER'S  
EDUCATE AUSTRALIA**  
FIGHT DEMENTIA.ORG.AU

## Dementia Behaviour Management Advisory Services



Supporting workers • Advice • Information • Referral

This is an initiative of the Australian Government

Helping Australians with dementia, and their carers

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DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICES (DBMAS)

## RESPONDING to BEHAVIOURS

DARLING DOWNS H & HS  
'THE NEW SHAPE of AGED CARE' CONFERENCE

2 OCTOBER 2015

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## Topics Covered

Alzheimer's Australia (Queensland) Services & Resources

DBMAS Service

Responsive Behaviours

- What are they?
- Assessment
- Strategies

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## Alzheimer's Australia (Queensland)

### Services & Resources

- National Dementia Helpline: 1800 100 500
- Client & Carer Support
  - Counselling
  - Dementia Memory Centres
    - Carer support groups
    - Leisure activities
  - Education programmes
    - Living with Memory Loss
    - Living with Change
    - Considering Residential Care
- Dementia Friendly Communities  
<http://www.fightdementia.org.au/queensland/alzheimers-australia-qld.aspx>

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## Alzheimer's Australia (Queensland)

### Services & Resources

Toowoomba Office (opposite Centrelink)

9A Bell St

Toowoomba

OPEN: Mon/ Wed/ Fri 10:00 – 14:00

Client & Carer Support

- Support Group (social group: person with dementia & their carers)

Last Friday/month 10:00 - 12:00

- Carer's Information Morning (carers only)

2<sup>nd</sup> Tuesday/month 10:00 - 12:00

**07 4613 0052**

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## Alzheimer's Australia (Queensland)

### Services & Resources

Toowoomba Office

DEMENTIA INFORMATION COURSE FOR FAMILY CARERS

Tuesday 24 November 09:30 – 14:30

Family & friends of a person diagnosed with dementia

FREE (funded by Australian Government)

### BOOKINGS ESSENTIAL

Contact National Dementia Helpline 1800 100 500

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## Alzheimer's Australia (Queensland)

### Services & Resources

- Alzheimer's Australia Help Sheets  
<http://www.fightdementia.org.au/understanding-dementia/help-sheets-and-update-sheets.aspx>
- 12 Top Tips in working with a person with dementia  
[http://dbmas.org.au/uploads/resources/12\\_top\\_tips\\_in\\_working\\_with\\_people\\_with\\_dementia.pdf](http://dbmas.org.au/uploads/resources/12_top_tips_in_working_with_people_with_dementia.pdf)
- 12 Top Tips in caring for a person with dementia  
[http://dbmas.org.au/uploads/resources/12\\_top\\_tips\\_for\\_family\\_carers.pdf](http://dbmas.org.au/uploads/resources/12_top_tips_for_family_carers.pdf)
- Safely Home bracelets  
<https://qld.fightdementia.org.au/about-us/safely-home>

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## Alzheimer's Australia (Queensland)

### Services & Resources

- Targeting Brain, Body and Heart for cognitive health and dementia prevention (Farrow & Connor 2012)  
[http://www.fightdementia.org.au/common/files/VIC/YBM\\_evidence\\_paper\\_29\\_lores.pdf](http://www.fightdementia.org.au/common/files/VIC/YBM_evidence_paper_29_lores.pdf)
- Dementia & Chronic Diseases
  - HIV-Associated Neurocognitive Disorders (HAND)
  - Type 2 Diabetes & Dementia<http://www.fightdementia.org.au/understanding-dementia/dementia-and-chronic-conditions-series-toolkits.aspx>
- The use of restraints and psychotropic medications in people with dementia: A report for Alzheimer's Australia (Peisah & Skladzien 2014),  
[http://www.fightdementia.org.au/common/files/NAT/20140321\\_Publication\\_38\\_A4\\_print%20version\\_Web.pdf](http://www.fightdementia.org.au/common/files/NAT/20140321_Publication_38_A4_print%20version_Web.pdf)

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## Alzheimer's Australia (Queensland)

### Younger Onset Dementia Key Worker Programme

- Client Directed Care
- Information & Advice
- Individualised plans & strategies to meet current & future needs
- Counselling
- Assist to navigate & link to services, support & activities

**1800 100 500**

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## Alzheimer's Australia (Queensland)

### Dementia Behaviour Management Advisory Services

- Australian Government funded national cost-free service
- Inter-disciplinary team
- Person-centred non-pharmacological approach
- Information & Advice and/or short-term Case Management
- Eligibility
  - Client has a diagnosis of dementia or working towards diagnosis
  - The person with dementia's behaviours are impacting on their care

**Telephone Assistance Line: 1800 699 799**

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## Responsive Behaviours: What are they?

### Behavioural Symptoms

Physical aggression	Screaming
Verbal aggression	Tearfulness
Agitation	Swearing / cursing
Night time disturbance	Resistance to care
Wandering	Pacing
Disinhibition	Physical violence
Sexual disinhibition	Shadowing

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## Responsive Behaviours: What are they?

### Psychological Symptoms

Hallucinations	Depression
Delusions	Anxiety
Shadowing	Catastrophic reactions
Sleeplessness	Apathy
Misidentifications	
Repetitive questioning/complaining	

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## Responsive Behaviours: What are they?

### Person-Centred Approach

- Combination of biomedical & psychosocial viewpoints<sup>1</sup>
- Not inevitable<sup>2</sup>
- Behaviours are often the way a person communicates their needs or emotions<sup>3</sup>.
- As dementia progresses, a person's ability to do this effectively is increasingly impacted
- Essential to carry out a comprehensive assessment across a range of domains to identify the person's needs & if they are being met

<sup>1</sup>Milwain 2009; <sup>2</sup>Caspi 2013; <sup>3</sup>Dupuis, Wiersma & Loisele 2012

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## Responsive Behaviour: Assessment

### Comprehensive Holistic Assessment

- **Social & Biographical Details, including Personality**
- **Physical Health & Wellbeing**
- Impact of Dementia on Cognition
- Mental Health & Emotional Wellbeing
- Capabilities & Activities
- **Physical & Social Environment Impacts**

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## Responsive Behaviours: Strategies

### Person-Centred Approach

- Most desirable approach to dementia care<sup>1</sup>
- 'Key' to caring for people with dementia with responsive behaviours<sup>2</sup>
- Contributes to quality of life<sup>3</sup>
- **To achieve this need an intimate knowledge of the person and their Life Story<sup>4</sup>**

<sup>1</sup>Edvardsson, Fetherstonhaugh & Nay 2010; <sup>2</sup>Skills for Care 2011; <sup>3</sup>Peek et al. 2007; <sup>4</sup>Sjogren et al. 2013

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## Responsive Behaviours: Strategies

### Person-centred Approach

Questions to consider

- Who is the person?
- How can I treat them with dignity and respect?
- What is their perspective of the care situation?
- Am I giving them every opportunity to participate in their own care & day to day activities they enjoy?
- How am I supporting relationships that are important to them?
- Do they have significant others I can consult about their care?

Alzheimer's Society 2011

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## Responsive Behaviours : Strategies

**KNOW THE PERSON**

**RECOGNISE SIGNS OF DISTRESS**

**LOOK FOR REASONS BEHIND BEHAVIOUR**

**PROVIDE A SUPPORTIVE ENVIRONMENT**

**ENCOURAGE MEANINGFUL OCCUPATION**

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## Responsive Behaviours: Strategies

### Social & Biographical Details, including Personality

Life story formats/approaches

- Social history in progress notes
- Wall boards
- Life story templates
  - Wall/chart posters (Sunflower)
  - "This is Me"<sup>1</sup>
  - "Getting to Know Me"<sup>2</sup>
  - Top 5<sup>3</sup>
  - 'My Care Guide for Staff'....



<sup>1</sup> Alzheimer's Society "This is Me"; <sup>2</sup> Alzheimer's Scotland 2013b, *Getting to Know Me*; <sup>3</sup> Clinical Excellence Commission 2014

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## Responsive Behaviours: Strategies

### Social & Biographical Details, including Personality

Life story work implementation<sup>1,2</sup>

- Whose responsibility?
- Start as early as possible so person with dementia can contribute & ensure ongoing input to accommodate new information/changes
- Need to provide staff training about
  - Process of obtaining information
  - Confidentiality & privacy issues
  - How to use information
- Still need further research into effects/benefits in all care settings

1. Gridley & Brooks 2015 2. Gridley 2013

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## Responsive Behaviours: Strategies

### Social & Biographical Details, including Personality

Life story work: viewpoint of person with dementia

- Opportunity to reinforce memories<sup>1</sup>
- Provides positive experiences while compiling and reviewing story<sup>1</sup>
  - Enjoyable/meaningful activity
- Allows the person with dementia to have their "voice" heard<sup>2</sup>
  - Express who they are, what is important to them and their preferences & needs
  - Describe what it is like to live with dementia
- Can cause some distress if unable to remember content<sup>1</sup>

1. Gridley & Brooks 2015 2. Gridley 2013

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## Responsive Behaviours: Strategies

### Social & Biographical Details, including Personality

Viewpoint of family carers

- Opportunity to review the person's life & see them in light of their story
  - May provoke both positive & negative memories
- Opportunity to share knowledge/expertise about person
  - Advocate for them with staff
  - Participate in care decisions
- Meaningful activity that can be done with their family member as compile/review the life story
  - Can cause distress if person doesn't remember their own story

1. Gridley & Brooks 2015 2. Gridley 2013

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## Responsive Behaviours: Strategies

### Social & Biographical Details, including Personality

Viewpoint of staff <sup>1,2</sup>

- Provides a way to get to know the person as a person
- Can be used to support communication with the person with dementia
- Useful to ensure activities suit person with dementia
- Provides an opportunity to tailor care to meet the person's needs
  - Information can be used to plan care that prevents distress
  - Information can be used to interpret & respond to distress
- Need enough time to complete documentation properly

1. Gridley & Brooks 2015 2. Gridley 2013

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## Responsive Behaviours: Strategies

### Physical Health & Wellbeing

- Delirium
  - Risk increased in older people with cognitive impairment/dementia
  - Routine & frequent screening very important
    - Single Question in Delirium (SQiD)<sup>1</sup>: Has X been more confused lately?
    - Recognizing Acute Delirium As part of your Routine (RADAR)<sup>2</sup> screening tool (**POSITIVE** if at least one response is YES)
      - When you gave the patient medication...
      - ✓ were they drowsy?
      - ✓ did they have trouble following your instructions?
      - ✓ were their movements slowed down?

1. Sands et al. 2010 2. Voyer et al. 2015

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## Responsive Behaviours : Strategies

### Physical Environment

- Environment Design Consultant
  - TARA QUIRKE
  - NSW/ACT Dementia Training & Study Centre
  - [tarag@uow.edu.au](mailto:tarag@uow.edu.au)
  - 0424042809
- Dementia Enabling Environments Project website
  - Strategies for community & residential care dwellings
  - Strategies for gardens & outdoor areas

[www.enablingenvironments.com.au/](http://www.enablingenvironments.com.au/)

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## Community Scenario: Betty

### Social history

- 75 year old
- Recently widowed & now living with family
- Currently receiving community services (hygiene & respite)

### Medical history

- Dementia: unstated type diagnosed 6 months ago
- Urinary tract infections (past h/o admission IV ABs)
- OA knees
- Poor vision (difficulty reading)
- Past history anxiety (managed with medication)

### Functional history

- Independent with toileting with some difficulty
- Assist needed with hygiene
- Unable to manage household tasks/finances

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## Community Scenario: Betty

### On referral

- Complaining of low abdominal discomfort
- History of increasing confusion over past year
  - Poor recognition of objects
  - Disorientated to time, person & place
    - Not always recognising family members
    - Wanting to go home
    - Believes herself to be varying ages
- Family reporting recently increased agitation & anxiety
- Family finding it increasingly difficult to manage

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## Community Scenario: Betty

Follow up with GP to review

- Pain management
  - Regular analgesia commenced
- Bowel management
  - Constipation management
- Recurrence UTI
  - Overnight admission to hospital for IV antibiotics
  - Ongoing regular review & strategies to prevent/manage frequent recurrence

## Community Scenario: Betty

Family & Service Provider Carer Support

- Education for family/community care staff re meaning of behaviours
  - Ensure behaviour not driven by delirium (recognition that UTI's usually accompanied by increased agitation & anxiety)
  - Validation when distressed not "forced reorientation"
  - Distraction
- Meaningful occupation
  - Give purpose
  - Prevent boredom
- Increased services requiring change of provider
  - Need to ease client into new relationship with service providers
  - Life story book for reminiscence & use with community care staff

## RACF & Acute Care Case Scenario: Tina

Significant agitation & aggression when first admitted to RACF led to hospital admission for management of behaviours

### DBMAS Response : Acute Care

- Meeting with family to gain information about
  - Signs of distress
  - Life Story
- Support of behaviour monitoring by acute care staff
- Support of strategy development with acute care staff
  - Sharing of Life Story information
  - Responses to behaviours
  - Meaningful activities

## RACF & Acute Care Case Scenario: Tina

### DBMAS Response : RACF

- Capacity building with RACF prior to discharge
  - Planning of admission
  - Sharing of signs of distress & Life Story information
  - Sharing of successful strategies
  - Preparation of Tina's room
- Support of family prior to discharge
  - Understanding of behaviours
  - Planning of family visits
- Ongoing support of family & RACF post discharge

## Responsive Behaviours : Strategies

**KNOW THE PERSON**

**RECOGNISE SIGNS OF DISTRESS**

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**PROVIDE A SUPPORTIVE ENVIRONMENT**

**ENCOURAGE MEANINGFUL OCCUPATION**

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## Questions?

Lois Eastgate

Dementia Behaviour Management Advisory Services

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[www.alzheimers.org.au](http://www.alzheimers.org.au)

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