Assisting rural and regional facilities to manage people with behavioural and psychological symptoms of dementia — is it as easy as ABC?

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Background

- Regional Dementia Management Strategy (RDMS)
- 'Building the capacity of rural acute and residential aged care facilities to manage challenging behaviour in dementia' project
- Both funded by Department of Human Services
Regional Dementia Management Strategy (RDMS)

- Outlines a pathway for dementia care from the community, through the acute setting and back into the community or residential care.

- Provides decision trees, checklists and guidelines for dementia assessment and management at each stage along the care continuum.
Regional Dementia Management Strategy - Pathway Overview

Community Health:
- Ambulance checklist
- Police checklist
- Primary care assessment pathway for GPs
- HACC checklist
- Day Centre checklist

Emergency Department:
- Emergency department pathway for care of the 'confused older person'

Public Awareness Information:
- Information brochure
- Promotional poster

Displayed in community health centres & GP clinics
For more information contact
www.alzvic.asn.au

Health professionals information:
- Dementia information kit for HACC workers/PCAs
- Dementia information kit for Registered nurses

Available in power point format

Residential Care:
- ABC behaviour management model overview
- ABC behaviour management model scenarios
- Specific behaviour management strategies
- Ten Top Tips for dealing with people who have dementia
- Communication strategies
- Referral protocols

Acute Hospitals:
- Barwon Health
  Delirium guideline
Carer focus groups were conducted with both informal carers (family/friends) and with formal carers (acute, subacute and residential care workers) throughout the region.

A major theme that emerged from these focus groups was that challenging behaviours associated with dementia are poorly managed and that the staff working in acute and residential care facilities (RCFs) are not adequately trained to deal with these challenging behaviours.
What did we do about it?

- 'Building the capacity of rural acute and residential aged care facilities to manage challenging behaviour in dementia' project

- Surveyed all acute & residential aged care facilities in the region:
  - Acute = 31
  - Residential aged care facilities = 71
What did we ask?

- Questions to quantify the extent of challenging behaviours and the strategies and resources with which they are managed

- Both surveys consisted of six sections:
  - Environment
  - Policies
  - Staffing
  - Staff education and training
  - Behaviour management
  - General
What did we find?

- Facilities in our region identified shortcomings in their ability to manage effectively people with behavioural and psychological symptoms of dementia.

- Anecdotal evidence suggests that these shortcomings are not unique and are actually common to all facilities, both regional and metropolitan.
“Is your facility able to manage people with dementia who display challenging behaviours?”

Percentage of facilities

- **Yes**
- **At times**
- **No**

- **Acute**
- **Residential**
“Please describe the behaviours that you are not able to manage in your facility.”

[Bar chart showing percentage of facilities for various behaviors]

- Wandering absconding
- Aggression
- Intrusive/disruptive behaviour
- Self-harm/risk to others
- Verbal disruption
- Socially inappropriate behaviour
- Falls risk
- General dementia
- Psychiatric illness

Legend:
- Acute
- Residential
What did we do about it?

- Focused on the main training needs of regional nurses
- Developed a ‘Train the Trainer’ education program for ‘dementia champions’
- Based education on the ABC behaviour management model
- Provided resources for champions to use in their own facilities
Did it work?

Average score

<table>
<thead>
<tr>
<th>Event</th>
<th>pre</th>
<th>post</th>
<th>sustained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop 1 - July 2003</td>
<td>10</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Workshop 2 - August 2003</td>
<td>10</td>
<td>14</td>
<td></td>
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<tr>
<td>12 month update - Nov 2004</td>
<td>10</td>
<td>14</td>
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</tbody>
</table>
What is the ABC framework?

A way of characterising events and resultant behaviours:

- A = Activating event
- B = Behaviour
- C = Consequence

The ABC can be applied in all settings
ABC

- A behaviour in response to an activating event generates a consequence

- If the consequence is inappropriately managed, the situation may escalate & become another activating event
Preventing & Managing Aggression

A = Activating Event
To prevent aggression, follow the Ten Top Tips for dealing with people who have dementia. If aggression occurs establish the activating event, or trigger.
There is always an A.

B = Behaviour
What happened as a result of A?
Describe the actual behaviour, ie; verbal/physical aggression; weapon used (urinal, walking stick etc)

STOP!
Decision point!
Back off or continue?

C = Consequence
What was the consequence of B?
Assess why the person was aggressive - are they unwell, in pain?
Think about appropriate referrals - GP, pain management, Geriatrician, Aged Persons Mental Health Service (APMHS)

D = De-escalate
Allow time for recovery

Immediate management strategies:
• Remove other people from danger
• Remove potential weapons
• Give the person space (stand back)
• Communicate in a calm, non-confronting way - avoid asking 'What' or 'Why' - (remember communication is 55% body language, 38% tone of voice & only 7% words)
• Encourage the person to talk about how they are feeling
• Empathise, ie: I can see you are very angry, frightened etc.........
• Allow the person time to talk through their issues & establish what the problem is (try to put yourself in their shoes)

See specific strategies to manage aggression for ongoing management.

D = Decide & Debrief
What changes do you need to make - environmental, staffing.
How can you change A to better manage B? Brainstorm!

Behaviour will escalate if it's not well managed.
Activating Events

- When & where did the behaviour occur?

- What was the person doing immediately before the behaviour occurred?

- What was happening around the person at the time?
Assess environmental factors

- Noise (e.g. TV loud, music loud, staff change of shift, meal time clatter)
- Clutter (e.g. Furniture, people)
- Bright lights/glare on the floor
- Mirrors
- Temperature (e.g. Too hot/cold)
- Recent changes to environment (e.g. Renovations, staff/resident changes)
- Does the environment provide a safe area for residents to wander around?
- Does the environment encourage independence, dignity and mobility?
- Does the environment accept the client's cultural and lifestyle habits?
### Assess physical factors:

<table>
<thead>
<tr>
<th>Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metabolic</td>
<td>Hyper/Hypo thyroidism, Hypercalcaemia, Hyponatremia</td>
</tr>
<tr>
<td>Infections</td>
<td>Urinary tract infection, pneumonia, septicaemia</td>
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<tr>
<td>Traumatic</td>
<td>Chronic pain, head trauma, fractures such as hip &amp; rib</td>
</tr>
<tr>
<td>Systemic</td>
<td>Hypoglycaemia, Vitamin B12 deficiency, folate deficiency</td>
</tr>
<tr>
<td>Medications</td>
<td>Sedatives, antihistamines, alcohol, polypharmacy</td>
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<tr>
<td>Impaction</td>
<td>Faecal</td>
</tr>
</tbody>
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Assess physical factors (cont):

- Has there been a recent change in medication?

- Does the person have:
  - Impaired vision or hearing
  - Acute illness
  - Chronic illness (e.g., angina, CCF, Diabetes)
  - Chronic pain (e.g., arthritis, ulcers, headaches)
  - Dehydration
  - Fatigue or physical discomfort
Assess psychological factors:

- History of psychiatric illness
- Recent loss or accumulation of losses
- Appear sad – tearful, withdrawn
- Past events – Post traumatic stress, P.O.W.
- Responding to hallucinations
IPA defines BPSD as “Symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia”.
<table>
<thead>
<tr>
<th>Behavioural symptoms</th>
<th>Psychological symptoms</th>
</tr>
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<tbody>
<tr>
<td>Physical aggression</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Screaming</td>
<td>Depressive mood</td>
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<tr>
<td>Restlessness</td>
<td>Paranoia</td>
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<td>Agitation</td>
<td>Hallucinations</td>
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<tr>
<td>Wandering</td>
<td>Delusions</td>
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<tr>
<td>Culturally inappropriate behaviours</td>
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<tr>
<td>Sexual disinhibition</td>
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<td>Hoarding</td>
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<td>Constant questioning</td>
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<tr>
<td>Cursing</td>
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<tr>
<td>Shadowing</td>
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</table>
Consequence

- What was the consequence of the behaviour for the person, staff & others?
  - Ignored
  - Reprimanded
  - Restrained
  - Sedated
- Very dependent on staff interpretation & reaction to the behaviour
When reviewing the ABC with the person, their family & the care team the following questions should be posed:

- What is the actual problem & whose problem is it?
- What are the contributing factors
- How can we better manage this? Brainstorm ideas to come up with an effective management plan
- Where to from here? Is referral to a specialist service required?
What we learnt

- Do not assume basic level of knowledge
- Sustainable - focus on creating change in attitudes & culture of care
- Build the capacity at a local level
- Train the trainer - develop peer support
ABC Resources

- Ten Top Tips for Dealing with People who have Dementia
- Do’s & Don’ts of Communication
- ABC Scenarios
- Specific strategies

Scenario 1.

81 year old Mrs Betty Baxter has recently been diagnosed with dementia and has moved to Shady Haven Nursing Home. She is well known around the town as a forthright (some might even say argumentative) lady, and the local CWA, and the regional Red Cross all breathed a sigh of relief when she resigned from the committee.

Mrs (“I don’t like being called Betty”) Baxter has many medical problems and her medications were recently changed, with some doses having a higher dose with less tablets, due to her pharmacist recommending a cheaper brand.

Yesterday she refused her heart medication and became quite abusive and threw the glass of water, when the agency nurse tried to insist that she take the medication as prescribed. When the nurse politely but firmly reminded Betty, that this was not appropriate behaviour, Mrs Baxter slapped the nurse on the face.

Today her sister has come to visit and Betty will not allow her to come in to her room. Attempts by her sister to clarify the situation lead to verbal abuse and incoherent muttering.
What are the issues?

- For Betty?
- For the staff?
- Behaviour that is misunderstood and managed inappropriately may escalate.

How would we apply the ABC of behaviour management?

A = Activating Event
   (what was the trigger)

B = Behaviour
   (what behaviour resulted)

C = Consequence
   What was the consequence
**Scenario 2**

Mr Cyril Bogg is a retired security guard who has lived in an aged care facility for six months.

Staff have become increasingly concerned that over the last few weeks, Cyril has been wandering in to peoples rooms at night. He is becoming increasingly intrusive & has frightened several elderly woman after they awoke to find him in their room.

Staff are concerned at his manipulative behaviour as he is not intrusive through the day, and are worried that he has ulterior motives.

Attempts to get Mr Bloggs to return to his room are unsuccessful & usually result in a verbal abuse. The GP has just commenced night sedation.
What are the issues?

• For Cyril?
• For the staff?
• Behaviour that is misunderstood and managed inappropriately may escalate.

• How would we apply the ABC of behaviour management?

  A = Activating Event  
  (what was the trigger)

  B = Behaviour  
  (what behaviour resulted)

  C = Consequence  
  What was the consequence
**Scenario 3**

**Alice**

Alice is an 83 yr old lady, who, until recently lived at home with 87 yr old husb. She has a long history of dependant personality / anxiety. Her daughter has recently moved to WA.

Since her daughter has left, Alice has refused to participate in activities and the staff have begun using a wheelchair to encourage her to leave her room. Staff are aware that Alice is trying to make her daughter feel guilty and are becoming increasingly frustrated at Alice’s manipulative behaviour.

She resists the staff each time, crying out for her daughter, clutching at the arms of the nurses & crying inconsolably. When she is left alone her behavioural symptoms disappear.
What are the issues?

• For Alice?
• For the staff?

• Behaviour that is misunderstood and managed inappropriately may escalate.

• How would we apply the ABC of behaviour management?

  A = Activating Event  
  (what was the trigger)

  B = Behaviour  
  (what behaviour resulted)

  C = Consequence  
  What was the consequence
Case Scenario 4
Percy

Percy is a 79 year old ex-hotelier, who ran a very busy local pub. He was popular with the blokes for his sexist jokes (usually told over a cold glass of ale) & his ability to ‘sort out trouble’.

Since his stroke he has been unable to manage at home. Since his admission to the Hostel, Percy has been causing several staff to feel uncomfortable because of his suggestive remarks.

He has also refused to eat with the other residents and refuses to leave the plates in the dining table alone.

Attempts to reason with Percy usually end in loud altercations and the staff have asked that Percy be admitted to a more appropriate environment.
What are the issues?

• For Percy?
• For the staff?

• Behaviour that is misunderstood and managed inappropriately may escalate.

• How would we apply the ABC of behaviour management?

A = Activating Event  
(what was the trigger)

B = Behaviour  
(what behaviour resulted)

C = Consequence  
What was the consequence