

Preventing aggressive behaviour and BSPD – a multicomponent method

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Outline and structure of presentation



- What is the context?
- Why a new method?
- What is the problem?
- Who is the target group?
- How to solve this!

What is the context?



- Part of the national Danish Action Plan on Dementia
- Funding: 10 mio danish kroner (about 1,34 mio euro) over four years
- 3 municipalities, three care homes in each
- Includes 100 persons with dementia
- And about 190 staffers
- Using a multicomponent strategy to develop and test a model for coherent methods to avoid aggressive behaviour

Why a method?

- The Danish Action Plan for dementia points out that there are growing difficulties managing challenging or aggressive behaviour and BPSD in care homes- why?
- Rising numbers of persons with dementia
- Fewer specialized carehomes
- Focus on lowering use of unnecessary drugs
- Danish Municipality Organisation (Local Government Denmark) identifies this as a growing growing issue in care homes

What is the problem?

- Persons with dementia, often of the FTD-variants is challenging both carers and other persons living in the care facility
- Their behaviour is usually a reaction to unmet needs in their surroundings
- The carers, and the managers in the care home feels powerless or incapable
- There is a lack of understanding and limited knowledge of both cause and effects
- The care staff and organization suffers from stress and risks burnout

Who is the target group?



- Primary target group: persons with dementia and challenging behaviour, often FTD variants
- Secondary group careres and the organization in care homes and municipalities
-and of course, their neighbors in the care home and the relatives of the persons with dementia

Key Drivers



Source: Miller presented at Implementation Masterclass, Dublin, May 2011. Karen Blake and Dean Ficker

How to solve this!

- What we've done (so far):
- Developed a model with four stages - in order to prevent either:
 - that challenging or aggressive behaviour surfaces OR:
- Prevent that incidents (for instance violence, stress and serious physical or verbal outbursts) develops into worse situations
- Facilitation and support of the organization:
 - developing understanding in a group of managers and specialists in the care home
- Making sure that the necessary level of competence is present in the group of carers: four different areas of expertise

The 4 stage model of how to manage

- Stage 1: Prevention – staff and leaders meet frequently on "conferences" where only a few of the people living in care home are discussed, and nothing else
 - this conference uses a pre-described process for analyzing the persons who are beginning to show early signs of BPSD
 - topic and focus: how to avoid a further escalation of behaviour by changing focus, trying different approaches etc
- Stage 2: Incident – early management (crisis) – on site, making sure the "fire is out" – for now anyway
- Stage 3: Preventing escalation of the situation:
 - another conference, but this time as soon as possible after the situation
- Stage 4: carrying out the agreed on intervention, monitoring, evaluating and returning to stage 1 – or perhaps stage 3 again

How do we know if it works?



- Danish Institute for Social Research (SFI) evaluates effects on the 100 persons with dementia and on the work environment, qualitative and quantitative methods
 - using the Cohen Mansfield-scale to follow the persons with dementia and Copenhagen Inventory to monitor developments in the group of carers
- National Board of Social Services is monitoring the proces

The expected outcomes



- A well described model for managing challenging and aggressive behaviour in care homes
- A framework for the staff, the organizations and the municipality, both in terms of knowledge and expertise that enables them to choose the right ways and means to meet the needs of the persons with dementia

- It's not the persons with dementia –its the environment:
 - aggressive behaviour etc is seen as a reaction to unmet needs in the surroundings (ie way of communication)
- The leaders need to be able to very clearly communicate how and why a course of action is taken
- The carers and in principle all staff needs to know the framework they are working in
- Documentation of the more complex cases, in order to learn from those
- This should enable them over time to develop not only a deeper understanding, but also a set of analytical tools
- And THEN they will be able to transfer knowledge from one case to the next
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