

develop an interactive learning resource. We are currently working with schools, colleges and community groups across Kent to test out how the resource is being used in practice and are using this evidence to inform the design and development of a teaching resource which we anticipate will be available later in 2014 – a resource to develop the workforce of the future.

The final word

As the saying goes, 'mighty oaks from little acorns grow'. What started as a small idea has grown organically: from writing a blog about the project for the Department of Health's website, to a publicity tour in Demark, to being highly commended in the NHS England Excellence in Participation awards (the Children and Young People's Award). From nurses in Sittingbourne to the Bahamas, they all recognise that the stories in the Diaries are not about labelling people with an illness, rather they are about relationships between families and friends. Feedback is telling us what started as a book for young people is now being used by all ages.

Why has it been successful? The SILK approach does not aim to segment or categorise, rather it aims to take a whole systems approach to change, which is how we all view the world in our day-to-day lives. The SILK approach starts with people and demonstrates how stories, connections and relationships can change lives. We hope people will listen to the stories in *The Dementia Diaries*. ■

SILK's blogsite can be found at <http://socialinnovation.typepad.com/silk/>
You can buy *The Dementia Diaries* online for \$A10.64 via Amazon.

Reference

Kent County Council (2011) *Dementia: a new stage in life*. Select Committee Report. Maidstone: KCC.

This article first appeared in the UK Journal of Dementia Care 22(3) 18-20.

I work in a Home Treatment Service supporting those with a diagnosis or probable diagnosis of dementia. *The Dementia Diaries* is a wonderful book, appropriate for all ages. I was pleasantly surprised at how light-hearted some entries were, how they made me smile. This publication could well help reduce the stigma attached to a diagnosis of dementia. I'm sure it will positively affect families, children, and carers that others have similar experiences and there are positive times rather than just the daunting ones portrayed on television.

Jennifer Cooper, mental health nurse, Kent

Positive approaches to challenging behaviour

Neil Warwick discusses a training program that teaches aged care staff practical skills for providing good care safely for people with dementia who are displaying challenging behaviours

The majority of aged and health care services strive to provide person-centred care for people with dementia, recognising that distressed and challenging behaviours, including aggression, frequently occur in response to unmet needs. Many of these behaviours can be prevented by developing and applying an individual care plan, improving relationships and communication with family members, engagement in activities and modifying the physical environment. However, even with the best planning and care, there are some situations when additional strategies and skills are needed to give staff the ability to respond to difficult situations more confidently and provide good care safely.

This article discusses some of the techniques and preventive strategies available to aged care staff to manage challenging behaviour in a non-confrontational way which aim to meet needs and reduce distress. Equipping staff with the necessary skills and confidence to help them identify, assess, understand, prevent and manage these behaviours can create safer working practices that reduce levels of injury to staff and the individuals they support.

Changing cultures

Behaviours such as grabbing, scratching, pinching, hair pulling, punching, kicking, slapping and throwing objects, along with self-injurious behaviours can, if not managed safely, pose a significant safety risk to aged care staff or result in the person who is distressed bringing harm to themselves. This may also alarm and distress other residents, family members and visitors. Without support, training and supervision, staff who routinely encounter such behaviours can become resentful and develop negative attitudes towards those they support and also their organisation's management. This is a familiar situation in toxic organisational cultures.

Staff injuries in an aged care setting

may seem an anomaly, but it is something that is increasing in regularity, not just in Australia but around the world. A recent study published in *The Journal of Nursing Administration* found that 36 per cent of nurses in aged care facilities in Australia reported being physically assaulted by a resident or family member in the past five shifts (Rodwell & Demir 2014).

A similar number of workers reported experiencing a threat of assault, 29 per cent reported being emotionally abused and 13-15 per cent of nurses said these forms of violence had occurred frequently (Rodwell & Demir 2014). It is often unintentional behaviours from people living with dementia that can inflict harm.

According to the Alzheimer's Society, "people with dementia may be unable to recognise their needs, know how to meet them, or communicate what they need to others. This may cause them to act in ways that are seen as challenging, including aggression" (Alzheimer's Society 2013).

Training for staff

Maybo is a company that trains staff to understand and manage human behaviour and learn positive responses and interventions. It has been helping aged and health care organisations in the UK and Australia to address behaviour that staff find challenging across the breadth of health and social care settings for nearly 20 years.

The company developed an award-winning training program for the Brighton and Sussex University Hospitals NHS Trust in the UK on recognising, preventing and responding to challenging behaviour. This program has had a substantial impact on staff and patient safety and helped reduce clinically-related physical assaults on staff by 42 per cent. It is included as one of the case studies in the NHS' new national guidance report, *Meeting needs and reducing distress: guidance on the*

prevention and management of clinically-related challenging behaviour in NHS settings (NHS 2013). This guidance encourages staff to consider and address the wider unmet needs of those they care for, including physical, cognitive and emotional, and to not simply attribute the behaviours to their dementia.

Confidence is key

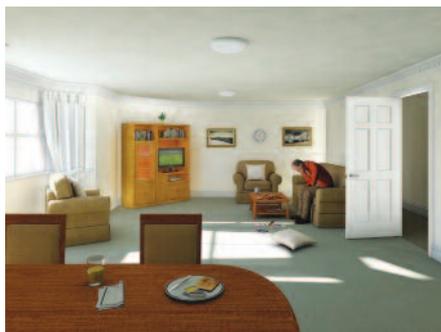
Empowering people to give good care, safely, is crucial and our training program encourages staff to look beyond a person's behaviour for its causes, as well as building positive verbal and non-verbal skills in staff. Techniques include learning to recognise triggers for behaviour and, only as a last resort, using physical responses that are non-aggressive, low arousal and safe. It is important to assess situations when challenging behaviour occurs and approach individuals in a way that maintains their dignity and respect and reduces distress. Learning simple positioning skills, such as those described later in this article, reduces care staff's vulnerability to injury from lashing arms or painful grips. If they do need to release a painful grip there are simple and effective low arousal methods (gentle and non-painful), also described below, that minimise risk to the person being cared for, including soft tissue injuries.

Understanding behaviour

The first step is for staff to learn how to identify and reduce the causes of distress and underlying reason/motivation of challenging behaviour in those they are caring for. It is important to recognise the patterns, triggers and warning signs. This requires staff to have good observation skills and the ability to take a step back, emotionally and physically, make sense of what is happening and then assess the risks and options open to them. For example, does the resident look tired – perhaps they haven't had a good night's sleep? If their meal or water glass is untouched, could they be hungry or thirsty, but unable to communicate that? Are they physically uncomfortable? What is the person's history? Have they just had a visit from a relative? Is it an anniversary (are there birthday or wedding anniversary cards in their room)? How might these things affect their mood and behaviour? Could it be making them anxious or distressed?

Risk assessment and safe practice

Many incidents can be avoided through staff adopting safer working practices and maintaining awareness. Staff are



Careful observation will help staff identify potential causes of distress and risk when interacting with residents.

All images courtesy Maybo

taught to consider two types of risk assessment: planned and dynamic. Planned assessments will identify risk behaviours and who is vulnerable and set out steps to reduce and manage these. These assessments also consider tasks and activities where staff and the person they care for are most at risk and set out safe practice in approaching these.

Good practice by care staff is encouraged, such as giving the resident an explanation about what is going to occur next and involving them in or asking them how they would like to perform a certain task. This applies particularly to day-to-day activities such as personal care tasks where it is easy for staff to focus on the task and forget to consider the person. Use of touch is explored – when this may be necessary, and how to use touch in a safe and less intrusive way.

Staff also need to be able to assess a situation as it unfolds, which is called dynamic risk assessment. For example, when approaching a resident who is very agitated, assess the surroundings – are there cups or other objects close by that could be knocked by flailing arms? Are other people vulnerable and is their presence helpful or a trigger?

From our experience, when staff are confident and prepared, they interact well with residents. They don't do so well when they are not observant, not tuned in to those they are caring for and don't look for signs of distress or potential triggers for anxiety.

A calming approach

Whilst the focus of our training is on prevention, staff also learn skills to calm emotive and escalating situations that do occur. This includes positive verbal interventions, non-verbal communication, stance and positioning, all of which are brought together by the Maybo Open PALMS® Model that seeks to reduce arousal:

PALMS (Position, Attitude, Look and listen, Make space, Stance).

Position: Care staff's approach and position (standing or sitting) will have an impact on the person they are supporting and this must be a positive one. For example, it is best to stand or sit to one side of the person, as opposed to face on, or standing over them. It is also important to respect personal space – for example, don't walk up to a resident and touch them without warning or consideration. A correct approach and position will reduce arousal and increase safety when a person's behaviour is confused and unpredictable.

Attitude: Our behaviour gives away our attitude and this will determine whether people trust and respect us in return – essential features of a positive and ongoing caring relationship. Carers should be mindful of their own attitude, behaviour and actions as this can influence residents' behaviour. Staff can make positive choices about these things, but people with dementia may not always have that choice. Staff who listen and choose responses that are helpful, calm and understanding are better able to prevent or de-escalate a difficult situation.

Look and listen: Eye contact needs to be positive, showing interest whilst not over direct (eg staring), which can be perceived as aggression. It is important to show we are listening, through our body language and words. Acknowledging, empathising and checking understanding are critical. If we do this we will assume less and better understand the underlying causes of distress and frustration.

Make space and Stance: I have touched on the importance of respecting personal



When standing and sitting with someone, open shoulders and palms can make a positive difference



Gentle and low arousal techniques for guiding and redirecting

space, but there are times when providing care that staff need to work with personal and intimate space. This is the 'working space' and positive engagement and involvement of the person they are caring for is essential when entering their space and making physical contact. When standing and sitting with someone, small things such as having open shoulders and palms can make a positive difference (see image previous page). Having hands open and in front also helps reduce vulnerability to a physical reaction such as lashing out or grabbing. Staff learn how to work as a team, how to support each other in a way that does not intimidate or further confuse the resident and how to switch places with another staff member if this is necessary to help resolve the situation.

Guiding and redirection

Staff often need to guide and redirect people they care for, especially when they are confused, wandering and placing themselves or others at risk and not responding to verbal requests. Maybo training provides alternatives to conventional holds where staff grip a person's arm and/or wrist. This is replaced by a hand shape called the 'Cradle' applied to the elbow and combined with the 'Roof and Wall' techniques using the forearm to create boundaries (without holding) to contain and interrupt sudden movements. The methods involving one or two staff include prompting, guiding and gentle turns (see images at top of page).

Disengagement skills

There may be times when staff do need to release a painful grip or avoid blows. Traditional 'breakaway' skills training has often included aggressive methods that rely on strength and speed – increasing arousal and injury risks. These methods often lack relevance to the actual day-to-day situations staff experience working in



In this technique the woman uses soft hands in a cradle shape to release a grip

aged care. We teach a non-aggressive, low arousal skills set that covers the most common risk scenarios staff encounter. This involves learning and understanding the way in which the body moves and being able to move with it, rather than against it. This allows staff to be able to deflect flailing arms or release grips if a resident grabs a carer's clothes or hands (see image above).

Differences are immediately apparent when staff use these techniques as they learn how to use natural movements and leverage which require very little force. They discover how little pressure is required when they have to make contact with fragile limbs and soft tissue (ie no more than you would use when holding a sandwich).

Case studies

Below are two cases studies featuring Australian aged care facilities whose staff are now using the techniques described above, following training from Maybo.

Boandik Lodge

Gillian McGinty, General Manager of Boandik Lodge in South Australia's Mt Gambier, decided in 2011 that a review of care practices was needed to decrease the number of accidents and injuries to staff working with residents living with dementia. The incidents were impacting staff and resident well-being. The facility was seeing more injuries and incident forms as a result of incidents involving physical aggression by residents and was looking at ways of reducing that and teaching staff how to approach residents in a different way.

In August 2011, eight staff from Boandik Lodge took part in a Maybo train-the-trainer program and then instructed the rest of the organisation's 200 staff in the techniques.

Just months after training was completed in October 2012, results were already being seen, with an immediate minor reduction in incidents. Previously, there were about 4.5 incidents per month as a result of resident behaviour. That was reduced to about three incidents per month in the first period after training and it is now down to 1.6 injuries per month.

The lodge is also monitoring incident forms and when staff do report an injury they are asked if they used the techniques, which acts as a reminder that they may have been able to do things differently.

Southern Cross Care

Sonali Pinto, Dementia Care Consultant for Southern Cross Care, introduced the new techniques to the organisation two years ago after eight staff completed the train-the-trainer course.

The organisation is now looking at training other staff because of the resulting benefits in managing challenging behaviours. Sonali reports the training has been especially useful where staff cannot use language to

change or alleviate a situation and where verbal conflict management techniques don't work. Through the use of the physical avoidance techniques described above, such as low arousal skills for safer guiding and redirecting, staff and residents have reported feeling much safer. Staff were reportedly also receptive to using the disengagement skills described above.

Southern Cross Care reported that by being able to manage challenging behaviours safely, staff gained a sense of pride and self-esteem. Where previously they may have frozen in the face of these behaviours, they now respond confidently and professionally.

Conclusion

The practical skills and techniques we teach have undergone medical risk assessment, and feedback indicates that staff feel a sense of relief when they undergo this type of training as it tends to help them care for people in a way that fits with their values.

However, it's important to recognise that the training described in this article should be only one component of any aged care organisation's strategy for providing safe and positive care. The other necessary elements are:

- Leadership (a commitment to value residents and staff, with checks, audits and quality assurance in place).
- Staffing and supervision (recruiting the right staff and ensuring adequate staffing levels).
- Environment (design and layout that reduces hazards and triggers and provides a positive experience for residents and staff).
- Service and engagement (person-centred with positive lifestyle outcomes).
- Working practices (awareness of risks and controls, clear crisis management strategies with input from staff).
- Data analysis (to inform practice and strategy).
- Learning culture (promotes reflection and learning from incidents). ■

References

- Alzheimer's Society (2013) *Dementia and aggressive behaviour*, factsheet 509LP <http://bit.ly/V7eU8T>. (Accessed 08/08/14).
- National Health Service (NHS) (2013) *Meeting needs and reducing distress: guidance on the prevention and management of clinically related challenging behaviour in NHS settings* 73-75. Available at: <http://www.nhsbsa.nhs.uk>. (Accessed 10/07/14).
- Rodwell J, Demir D (2014) Addressing workplace violence among nurses who care for the elderly. *The Journal of Nursing Administration* 44(3) 152-157.



Neil Warwick is Managing Director of Maybo Australia. The company is a leader in Australia in the area of managing conflict and challenging

behaviour. Contact him at: neil@maybo.com.au

Human rights and restraint

Keeli Cambourne looks at some of the guidelines and reports dealing with the use of restraint and restrictive practices in aged care

Does restraining someone who is living with dementia when they may be in danger of harming themselves or others constitute a breach of human rights? Does the use of psychotropic medication to manage challenging behaviours breach a person's right to freedom and protection from abuse?

These are some of the questions that have been asked following reports of the increasing use of psychotropic medications as a means of restraint in mental health and aged care facilities. In March this year, Alzheimer's Australia released a report – *The use of restraints and psychotropic medications in people with dementia* – which showed the prevalence of physical restraint in aged care facilities ranges from 12-49 per cent, while about half of people in residential aged care facilities, and up to 80 per cent of those living with dementia, are receiving psychotropic medications, in some cases inappropriately prescribed.

Historically, Australia ratified the Convention of Rights of a Person with a Disability in 2008. This upholds key human rights such as the right to human dignity and personhood, the right to autonomy and personal freedom and the right to protection from abuse. There is also the Charter of Human Rights and Responsibilities Act 2006 which imposes an obligation on public authorities to act in a way which is compatible with human rights.

It has been argued that restraint, whether chemical, physical, or environmental, is a limitation of a person's autonomy and freedom of movement. Chemical restraint, therefore, can potentially be used as a method of restricting an individual's freedom.

Navigating the legal and ethical issues which can arise from the use of restraints has created an atmosphere of concern and confusion among those working in the industry. In response to the increasing use of chemical and physical restraints used in aged care and the issues surrounding them, in 2012 the Government developed guidelines – *Responding to issues of restraint in aged care in residential care and responding to issues of restraint in aged care in community care* – to help aged care staff reduce, and ideally eliminate, the need to use restraint.

The guidelines offered alternatives to using chemical and physical restraint in community and residential settings and emphasised that a restraint-free environment is a basic human right for all care recipients.

However, it seems there is still a long way to go. In November 2013, another Alzheimer's Australia report, *Quality of residential aged care: the consumer perspective*, presented the experiences of consumers who had experienced "mismanagement of the behavioural and psychological symptoms of dementia (BPSD), chemical and physical restraint, care recipients treated with a lack of dignity and respect, and psychological, physical and sexual abuse".

The report stated the "stories shared by consumers paint a disturbing picture of an aged care system under strain which is in some cases failing to meet the basic human rights of our most vulnerable citizens".

Furthermore, following the most recent Alzheimer's Australia report, a senate committee inquiry into dementia care (available at <http://bit.ly/1y8RVHE>) recommended tighter reporting and monitoring of antipsychotic medication within aged care facilities in a bid to curb an increase in the use of chemical restraint to manage residents with dementia.

Keeli Cambourne is a Contributing Editor of AJDC.