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Perception

It can be very distressing for a person with dementia as they struggle to understand what is going on around them. Ensure you are gentle, patient and reassuring in assisting them to function in their world.



Individuality

As every person is different, it is important to acknowledge and support them as individuals – not just a person with dementia. You may need to try a number of different approaches before being able to provide assistance to each person.

Example

Apply a person-centered approach

Here are three examples of how to apply a person-centred approach.

The late sleeper

A person may have always slept in on a weekend. A service may have a model of providing support to those needing help to get up, showered and dressed in the morning, between 7.00 am and 9.00 am. For a person who has habitually slept in, it may be necessary to be flexible and assist them at a later time to accommodate their personal preferences.

The club member

A person may have been a member of a club all their life, but due to their dementia can no longer attend the club independently, and may have difficulty remembering names and faces. A worker may provide support to ensure they can still attend the club by providing transport, assisting with names, facilitating understanding from other club members and providing reassurance to the person.

The traveller

A person may have always dreamt of visiting America, but has recently been diagnosed with dementia. A service, in partnership with the person's family may arrange to have workers support the family to accompany the person on her dream trip, and provide support, reassurance and guidance while away. The workers may also be involved in putting together a 'book of memories' including photos and stories from the trip, so they can look over this in the future and see the parts of the trip they no longer remember.

Younger onset dementia

Dementia is not necessarily an 'older' person's illness. Dementia can occur in people as young as 30, but is much less common in people younger than 65, so is often more difficult to diagnose in these age groups. Younger onset (or early onset) dementia describes any form of dementia diagnosed in a person under the age of 65 years.

There is also a syndrome, Korsakoff syndrome (a form of alcohol-related dementia), where a younger person may experience short-term memory loss and cognitive deterioration due to insufficient thiamine in the body, usually caused by excessive alcohol consumption.

Also, people who are from Aboriginal and Torres Strait Islander backgrounds are more likely than other people to develop younger onset dementia.

Here are some examples of when dementia may occur at a younger age.

Conditions that may result in younger onset dementia	
Down syndrome, a genetic condition that people have from birth; dementia may occur in the early 50s	Multiple sclerosis (MS)
Head injury	Acquired immune deficiency syndrome (AIDS)
Alcohol abuse over many years	Chronic schizophrenia

Pathological features

Some of the pathological features seen in people with dementia are amyloid plaques, neurofibrillary tangles, loss of connection between cells and cell death. Here is an overview of amyloid plaques and neurofibrillary tangles.

Amyloid plaques

- ▶ Amyloid plaques are a build-up in the brain of proteins called aluminium silicate and amyloid peptides, and are believed to cause a loss of neurons and damage to blood vessels. (Neurons are cells that transmit nerve impulses and are the basic functional units of the body's nervous system.)
- ▶ In a normal brain, these proteins are broken down and cause no problem. In the brain of a person with Alzheimer's disease, the fragments of the broken-down protein stick together and form an amyloid plaque. The plaques can break the membrane of the nerve cells, letting other substances leak into the cell. This causes the neuron to malfunction or die

Neurofibrillary tangles

- ▶ Neurofibrillary tangles are also made up of proteins and are caused by Tau proteins. These are important in forming the structure of neurons. In people with Alzheimer's disease, Tau proteins cause the overproduction of enzymes resulting in the creation of neurofibrillary tangles. These tangles result in the death of the neuron cells.

Here are more ways dementia can affect people.

Dependence

Many people with dementia rely heavily on an informal carer to support them. They may wander at night or they may follow their carer around all day. They may call out as soon as the carer is out of sight. This can be exhausting and frustrating for the person caring for them.

People with dementia may also form dependence on strangers when they see a helpful or friendly face. They may assume the person knows them and ask them for help. This can be very difficult for the person approached; they may not know who they are, what is wrong with them or where they live. A person with dementia may also become too trusting of strangers, and come across people who are unhelpful or harmful. They may take their money, or other valuables, or take advantage of them in other ways.

Disorientation

People with dementia can become lost when they are disorientated. Many family members are surprised at first, when a person with dementia becomes lost driving or walking a very familiar route. People with dementia can get lost in shopping centres or other buildings, even when with their carer or a support worker. They may wander away and be unable to find their way back to a familiar landmark or face. This can be very dangerous, as the person with dementia will not know how to get help to find their way back. They may enter dangerous areas, cross busy roads or fall, and become distressed, anxious or display aggressive behaviour.

Grief and loss

In the early stages of dementia a person may feel grief and loss at their diagnosis and the loss of their abilities and independence associated with their symptoms. As the dementia progresses they may not be able to express their feelings of grief and loss and instead respond with frustration, anger and aggression. You may be able to reassure and comfort a person by talking about their fears, emotions and preferences for the future. As the dementia progresses, enabling the person to participate in activities of daily living and things they enjoy may ease their sense of loss. Towards the end stage of dementia it is important to identify strategies that allow you to connect with the person, acknowledge their story and show your support.

Impact on the community

Dementia may also have an impact on the wider community. Many people with early to moderate dementia may still live at home, alone or with family. They may still participate in activities in the community, go to the shops, drive a car or use public transport. The people they encounter in the community may not be aware that they have dementia. They may not understand why they are behaving the way they are. They may be surprised, frightened or offended by them. Some may even try to take advantage of them. Some of the impacts of dementia on the wider community may include inappropriate behaviour, anxiety, dependence on others and disorientation.



Aged care home

Managing the environment in an aged care home:

- ▶ Use subtle security to prevent people with dementia wandering from the facility, such as keypad locks on doors, security fences and door alarms.
- ▶ Have walls and furnishings in soothing colours and textures, uncluttered spaces to prevent tripping and confusion, and control noise levels.
- ▶ Ensure each resident's name is on their door so people with dementia can find their own room easily.
- ▶ Restrict entry to areas such as kitchens and laundries where a person with dementia may injure themselves.
- ▶ Restrict access to chemicals and medications.
- ▶ Have circular hallways so people with dementia can walk around without feeling 'locked in'.
- ▶ Include domestic or homelike settings with furnishings that suit the clients' generation, and encourage people to have familiar items such as photos and ornaments in their rooms.

Home environment

Managing the environment in a person's home:

- ▶ Declutter the home to prevent tripping and confusion.
- ▶ Reduce unnecessary or preventable noise.
- ▶ Use signage to prompt or direct the client.
- ▶ Ensure familiar or comforting objects, such as photographs, are prominent.
- ▶ Remove or disable items of danger to prevent the person with dementia using them; for example, irons, microwaves, ovens/hotplates.
- ▶ Install subtle security features.
- ▶ Create safe outdoor access.
- ▶ Keep dangerous chemicals and medications locked away and out of sight.

The community

Managing the environment in the community:

- ▶ Avoid crowded, busy or noisy venues.
- ▶ Watch for trip hazards such as cracked paths, steps and loose stones.
- ▶ Take the client to familiar places.
- ▶ Ensure you can see the client and they can see you at all times.

The social environment

The social environment of the person with memory support needs can also significantly affect their wellbeing and the provision of their care.

People with dementia become less able to independently maintain their social environment and social connections. Social connectedness is closely related to health and wellbeing, so it is important to help people with dementia stay socially connected as much as possible.

1D Recognise signs consistent with financial, physical or emotional abuse or neglect

People with dementia are particularly vulnerable to neglect and financial, physical and emotional abuse. Sadly, when faced with neglect or abuse, people with dementia are often unable to report it, or become too distressed and withdrawn to express their concerns and needs.

It is important that you understand the types of neglect and abuse that can occur to a person with dementia so you can prevent and report it.

Although often unable to express it, a person with dementia experiencing neglect or abuse may display the behaviours listed below. It is important to note that some of these behaviours are commonly associated with dementia and it is therefore important to pay attention to changes in usual behaviour patterns.

Behavioural signs of abuse may include:

- ▶ depression, withdrawal or lacking interest in things
- ▶ fear of one or many people
- ▶ shaking, trembling and crying
- ▶ worry, anxiety and avoidance of eye contact
- ▶ extreme changes in behaviour
- ▶ changes in sleeping and eating habits
- ▶ defensive postures and actions towards voice and touch.

Neglect

If a person with support needs is neglected, either through intentional or unintentional acts, this means they are not being provided with basic necessities or the care and support they require. Here is further information about neglect.

Neglect

Neglect includes:

- ▶ not providing enough food or drinks
- ▶ not providing an adequate level of care
- ▶ not spending time with the person – leaving them alone for prolonged periods
- ▶ inadequate provision of clothing or personal items
- ▶ unwillingness to allow for adequate medical, dental or personal care
- ▶ inappropriate use of medication; for example, overdosing a person so they sleep for longer periods of the day.
- ▶ leaving the person in the same continence aid for the whole day.



Topic 2

In this topic you will learn how to:

- 2A Use verbal and nonverbal communication to maximise engagement**
- 2B Gain cooperation and provide reassurance by using reality orientation**
- 2C Use a range of validation strategies to relieve distress and agitation**

Use appropriate communication strategies

Every person with dementia will have individual difficulties with communication as their symptoms progress. They may have trouble finding a word, make sounds and words that do not make sense, not understand what you are saying, lose the ability to read and write, or drop out of a conversation halfway into it. They may not be able to express the thoughts and feelings they are experiencing.

The body language, words, tone, gestures and communication strategies you use with a person with dementia will significantly impact on their level of distress and their quality of life.

When caring for people with memory loss you may need to repeatedly introduce yourself and orientate them to reality. For others, you may need to join them in their reality. There is no one strategy that suits everyone; instead, you will need to find out what each person's individual needs are and tailor your communication strategies to meet those needs.



Check, maintain and use aids

A person with dementia may not be able to tell you if their aids such as dentures or hearing aids are not in or working properly. It is important to always check the care plan for any communication aids, ensure they are in correctly, regularly test hearing aids and check they are on before you try to communicate with them.



Acknowledge their story

Get to know a person's life story so you can individualise the way you communicate with them. Always use their preferred name and avoid pet names like 'Darling' and 'Dear'. Use meaningful photos on memory charts and signs. Acknowledge their feelings and behaviours and allow them to express them. While you should try to minimise a person's distress, you must also allow them to express their distress. Be empathetic in your response to these feelings and avoid condescending comments, tones and gestures.



Reassure them

Remember that although you may have provided care to someone many times before, to them it may seem like the first time. It is important that you use reassuring body language to put them at ease. Make sure you smile, give them your full attention, use eye contact, are mindful of how you are standing and ensure that you are not invading their personal space. You may find that you need to reassure them with appropriate touch, such as a hand on their shoulder or verbal soothing sounds and words such as 'You're ok' if they become confused or distracted.

Example

Verbal and nonverbal communication

Jacinta cares for her Grandma Lois who lives in an independent living unit. Lois has memory loss and can be hard to communicate with at times.

Last week Lois seemed more distracted and combative when Jacinta was trying to care for her. Jacinta couldn't understand why Lois was behaving so differently when she was doing exactly the same care routine they had always done together. It was almost as if Lois was not listening to anything she was saying to her.

Jacinta realised that perhaps she was not listening as her hearing aid batteries hadn't been checked in a while. When Jacinta tested them she realised that she was correct and the batteries were flat. Jacinta changed the batteries and also booked Lois in for her annual hearing test.

The hearing aid situation made Jacinta realise how important it was to have quiet to allow Lois to engage with her own care. Jacinta decided that before attempting to communicate with Lois, she would try to minimise other noise by muting the television, turning off the radio and closing the door to block out corridor conversations.

Jacinta also noticed that a gentle hand on Lois's shoulder and slow deliberate gestures also help to keep Lois focused on the care task at hand.

Practice task 7

1. What are two principles of validation strategies?

2. What are some potential benefits of using a validation strategy with someone who has dementia?

Summary

1. As a person's dementia progresses, their communication and intellectual skills will deteriorate.
2. The body language, words, tone, gestures and communication strategies you use with a person with dementia significantly impact on their level of distress and their quality of life.
3. When using verbal communication always keep your tone quiet, use simple language, and try to use short, clear sentences and single-step questions and requests.
4. When using nonverbal communication make sure to use appropriate body language and touch, smile at the person, think about how your body position may influence the message you wish to get across, avoid sudden movements and use slow deliberate gestures instead.
5. You can help minimise the distress of people with dementia by using reality orientation and other strategies to remind them of the day, time, place, occasions and important relationships.
6. Sometimes it is more reassuring and appropriate to use validation strategies rather than trying to bring the person with dementia back to your reality.
7. Validating a person's current reality can develop empathy, acknowledge and allow their distress, build trust and their maintain dignity and self-esteem while creating a sense of safety.

Undertaking personal hygiene tasks

- ▶ The person should be encouraged to maintain personal hygiene tasks such as bathing, toileting, brushing their teeth or caring for personal linen. Activities may include completing a task with the person; using visual prompts, such as a toothbrush, to remind a person about the task; doing the first part of the task for the person and then encouraging them to take over. Only provide the support that is required.

Dressing and undressing

- ▶ Assist the person to make choices about the right clothing for the day according to weather, occasion, personal likes and dislikes and cultural background. Activities may include giving a choice of two items of clothing; doing the first part of the task for the person and encouraging them to do the rest; giving information about the weather through conversation, such as, 'It's a hot day today – we need summer clothes', and reminding the person about special occasions such as visitors, birthdays or outings.

Grooming

- ▶ You can help the person make independent choices about hair care, shaving, make-up and nail care. Activities may include organising a hairdresser to visit, and making sure people with dementia are always well groomed according to personal likes and dislikes.

Expressing sexuality

- ▶ Being able to express sexual needs and feelings in a socially acceptable way is an important part of being an independent adult. Options may include providing private places for couples; including photos of a person's partner, whether living or dead, in an album or book; and respecting privacy when needed.

Choose familiar activities

Familiar means something you know very well or something you do often. You may find that people with memory support needs manage familiar tasks better than they do new ones. You can ask family members which tasks the person enjoyed doing in the past.

Using familiar tasks and items can help a person be more successful in their activities of daily living. They may also find these tasks more enjoyable. Often they will no longer have the language to tell you they are enjoying an activity, so you need to rely on other hints. Look at whether they seem calmer or more relaxed; notice what has changed about their body language; and see whether they return to an activity by choice.



Social and recreational activities include:

- ▶ doing craft and art activities
- ▶ going on social outings
- ▶ sharing a meal
- ▶ joining in a dance
- ▶ catching a bus to the shops or for morning tea
- ▶ sporting activities.

Example

Activities to maintain independence

Cheryl is a 55-year-old lady who lives at home and has recently been diagnosed with younger onset dementia. Cheryl's daughter Anna has noticed that since her mother's diagnosis she is expressing feelings of loss and helplessness.

Anna asked her mother's general practitioner Dr Scott what type of things she can do to help. Dr Scott explains that providing safe ways for Cheryl to continue to have choices and participate in activities was very important.

He suggests that at this early stage of dementia, Cheryl should be heavily involved in her care plan and could help Anna develop strategies regarding safety, establishing routines, memory prompts and social outings.

Anna discusses this with her mother and together they develop routines based on Cheryl's choices. These routines enabled her to participate and have some independence in eating and drinking, personal hygiene, dressing, grooming and attending social activities.

Anna subsequently notices that these activities help to give her mother back a sense of identity and control.

Practice task 8

1. Why is it important to provide activities that eliminate boredom when caring for someone with dementia?

2. What are some considerations when planning activities to increase self-esteem in people living with dementia?

3. What are some examples of activities to distract from, or eliminate, behavioural symptoms of dementia?



Volunteering

Assisting a person who has volunteered in a community setting to maintain this role by finding tasks they can do, partnering them with someone who can monitor and support them, and facilitating understanding among those they volunteer with in focusing on their abilities, rather than their dementia, helps them to remain socially involved.

Activities to enhance image

You may need to address the social devaluation of people with dementia, through competency and image enhancement. Image is concerned with a person's sense of self and self-worth. Often the loss of independence and ability to communicate will erode a person's sense of self.

Enhancement of competency and image is achieved through validating a person's sense of self, enabling them to present themselves the way they want to and focusing on positive attributes to reduce shame and embarrassment.

Activities that enhance image should take into consideration:

- ▶ that everyday life activities can strengthen identity
- ▶ the importance of how an environment makes a person feel
- ▶ that appearance can increase self-esteem and feelings of wellbeing
- ▶ the importance of appropriate language and communication
- ▶ the role of discrete supervision and assistance
- ▶ that self-care activities can create a great sense of meaning, comfort and purpose
- ▶ ways that a task or environment can provide opportunity for participation.

Example

Individualised activities

Here are three examples of individualising activities to meet a person's needs.

Care plans and policies

Jill works at a care facility as a support worker. Her workplace has policies and care plans to support the needs of people with dementia who live at the care facility. The policy and plans address the importance of identifying and providing for the person's individual needs, taking into account special consideration of the environment, communication and provision of activities to allow the person to participate and have a sense of identity, value and social connection.

Cultural background

Arnold likes to individualise activities to a person by acknowledging their cultural background and celebrating special holidays, events and festivals. One of the ladies he provides support to is from Irish heritage. On St Patrick's day Arnold wears all green and hangs up a banner with four-leaf clovers on it that says, 'Happy St Patrick's Day' in her room.

How you handle each situation of possible risk will depend on:

- ▶ your knowledge of the person, their skills and level of dementia
- ▶ your workplace policies and procedures
- ▶ past experiences (if any) of working with that person
- ▶ your judgment about the level of injury or harm that may occur as a result of the activity
- ▶ instructions from your supervisor
- ▶ information written in the care plan
- ▶ requests made by family members or advocates regarding the person's care.

Reduce risks

There is a lot you can do to reduce the risks to the safety of a person with dementia. Often just being there is enough to reduce risks. There are also some strategies you can put in place to reduce or eliminate risks. Your ability to use your observation skills and judgment can also help to greatly reduce the risks to people with support needs.

To reduce risks you can:

- ▶ act straightaway if there is a problem
- ▶ offer tips about what to do next in a task
- ▶ remind a person about what they were doing
- ▶ finish off tasks that have not been completed
- ▶ make sure an area is safe before you leave
- ▶ remind them about the risk in doing the task.

Common risks and dangers

A person with dementia will increasingly encounter risks as their dementia progresses. Here are some common risks the person may encounter in the community.

Finding their own way

- ▶ In the early stages of dementia, the person may have trouble finding their way in unfamiliar places. As the condition progresses, they may become lost in known environments. The person may wander away, or go looking for a person or place that is familiar to them. People who are likely to wander from home need to have personal information and emergency contact numbers in their pockets, on bracelets or in their wallets/purses.

Staying safe in traffic

- ▶ The person may become confused by lots of noise and fast-moving objects. They may not be able to judge speed and direction. To manage this risk, ensure the person is not put in a situation where they have to negotiate traffic alone. This means ensuring they are supervised when near streets or roads.

As a support worker you can use your verbal and nonverbal communication strategies to frequently connect with people over meaningful events of their past. As memory loss tends to happen in reverse with the most recent experiences forgotten first, it is useful to draw on details from early in their life that family and friends can provide.

There are also activities such as developing a life journey book that can help increase the recall of memories and a sense of meaning and connection for those with dementia.

Reminiscence activities

Support workers can help people with various forms of dementia by facilitating activities that focus on the past. These activities benefit the person's cognitive abilities. As long-term memories are the last to be forgotten by a person with dementia, reminiscence is a vital activity to help the person maintain their long-term memories for as long as possible. Here are examples of these activities.

Reminiscence activities include:

- ▶ singing songs or playing music from earlier times
- ▶ asking questions or using simple quizzes about the past
- ▶ making photo albums that use pictures from earlier in a person's life
- ▶ learning who the important people in the person's life were.

Example

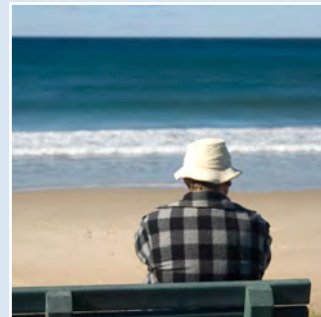
Reminiscences and routines

Gary is a 78-year-old man who lives in a care facility. Gary has Alzheimer's disease and can no longer remember the people, places and things around him. If he leaves his room he cannot find his way back. He becomes distressed and disorientated when people try to have conversations with him and constantly calls out for Edna, his wife who passed away 20 years ago.

Gary is often overwhelmed by the environment and activities going on around him. He cannot attend structured activities as he becomes agitated and wanders. Because of this it is difficult for Gary to experience connection and meaningful social interactions.

Darren, a support worker, has been trying to engage with Gary using nonverbal communication to try to connect with him over meaningful events of his past. Darren has pieced together details from early on in Gary's life and made a journey book of photos and information provided by Gary's family and close friends.

Gary has had many family holidays by the seaside and Darren has discovered that holding up seashells to Gary's ear and letting him hold them makes him smile and talk about his memories with Edna. Gary's mood seems to improve on the days that Darren sits by him and helps him to reflect upon his past.





Sleep disturbances

People's need for sleep decreases throughout the life cycle. Babies, for example, spend more time asleep than awake. The reverse is true for older people who spend less time asleep than awake. The quantity and quality of sleep in older people is reduced. Sleep issues are compounded for people with dementia may keep other people awake and may cause family members and others stress.

Triggers for the behaviours

As dementia is a progressive disease, medical intervention cannot be applied to 'cure' the person. Instead, you can help by recognising any triggers (sometimes referred to as antecedents) and then treating their underlying cause.

Here are some triggers or antecedents for you to consider.

Triggers or antecedents

1

Physical health issues

The person may have an infection, illness or other condition that is causing them pain and discomfort. If they can't communicate their discomfort, they may act out in attempt to signal their pain.

2

Emotional health issues

The person may be stressed and worried; they may have too little or too much stimulation; or they may have a mental illness such as depression.

3

Environmental stimuli

Particular stimuli such as light, sound, smell and temperature can impact on behaviour, as can the presence of other people, or the physical setting.

4

Task-related issues

The person may be attempting a task that is too difficult or they do not like.

5

Communication-related issues

The person may be unable to make themselves understood or may not be able to understand others. This can cause stress and frustration. People with dementia also have people they like as well as people they dislike. They may react badly in the presence of the people they dislike.

6

Personal history

Something unpleasant may have happened in their past that causes them to react violently when something happens to awaken the memory, such as a movie, music or a visit from a friend from the past.

4C Take action to minimise the likelihood and impact of behaviours on the person and others

In the past, extreme actions were taken to manage behaviour. Physical, psychological or chemical restraint were used to control and subdue people exhibiting behaviours of concern. These strategies neither took into account the wellbeing of the person, nor did they fit in with current best practice. Today, there are a number of strategies you can employ to minimise the impact of the behavioural and psychological symptoms of dementia.



Best practice behaviour management

Current best practice in behaviour management is based on the least restrictive approach. In particular, people with dementia should be free to move around; free to choose what they do; not be restrained or held; and not be locked in against their will. You have three choices for dealing with behaviours of concern, as described below.

Do nothing

- ▶ If you do nothing, this may mean the behaviour will continue and probably get worse. Remember you have a duty of care to the person with dementia and others who may be affected by your actions or by your lack of action. In this situation, no action at all may be a breach of your duty of care.

Observe then act

- ▶ When you observe then act, this allows you to consider possible options before taking action. This is only appropriate when the behaviour is not impacting on others.

Act straightaway

- ▶ If a person is about to harm themselves or others you need to act. Examples of behaviours that require an immediate response include physical aggression; screaming in public or in group settings and wandering onto or near the road.

De-escalation procedures

Strategies you choose depend on the person's behaviour and the impact the behaviour may have on themselves and on others. You need to manage a person's behaviour in a manner that promotes their independence, dignity and overall wellbeing, as described below.

4D Evaluate the implemented strategies to ensure effectiveness in minimising behaviours

As part of the philosophy of continuous improvement, you should always look for opportunities to do things better. This is true of all activities including behaviour management. Regularly reviewing strategies with stakeholders, including the person with dementia, their legal guardian and significant others, carers and healthcare professionals, can help coordinators and support workers evaluate what is and is not working, as well as develop better ways to manage a person's behaviour.



Review methods

When reviewing a behaviour plan for someone with dementia it is important to remember that as the memory loss progresses the person's needs change and the plan needs to be updated to meet those needs. This means that strategies that were once effective may no longer work, or worse, trigger the very behaviours that you are trying to address.

Your workplace should have policies and procedures for when and how to review a behaviour plan. There are many ways to review whether or not a plan is working. Be aware of the methods used in your own workplace.

Example review methods:

- ▶ Completing formal assessments forms
- ▶ Observing behaviours
- ▶ Looking over documented behaviours
- ▶ Talking to carers and significant others
- ▶ Documenting sleep patterns
- ▶ Noting weight loss and changes in appetite
- ▶ Counting the number of documented incidents

Review behaviour management strategies

All behaviour plans should be reviewed at least every six months to evaluate their effectiveness in minimising behaviours. If a person's condition changes more often or activities aren't meeting needs, their behaviour may escalate, requiring more reviews. The plan should also be reviewed if carers or others express concern about the appropriateness of the plan or in response to incident reports involving the person. Involve all stakeholders, as each of these people can offer their unique insight and help you gain a comprehensive picture of the success of the current strategies.

Care plans

Care plans outline roles and responsibilities for those involved in providing care and support. Care plans always include the person's goals; actions; the personnel responsible; resources required; and measurable outcomes.

Case documentation

Case documentation can include medical records and test results; progress notes; completed questionnaires; completed assessment tools; service delivery plans; and records of feedback.

Medical reports help assess a person's needs, as they provide a wide range of information about a person's current physical and mental health, and future prognoses. This information may also be used to assess a person's eligibility for other support services.

Documentation

Documents that deal with other agency-specific information regarding the support of people with dementia are described below.

Documents held by organisations



WHS reports

All support workers have workplace health and safety responsibilities. Communicating with others about risks is part of these responsibilities. If you witness a workplace accident involving a person, you may be required to fill out an accident report form. Recording near misses or incidents also assists in making improvements to workplace safety to minimise hazards or risks.



Service data

Service data includes hours spent on each activity, with each person, in each program area, and are usually entered directly into an electronic database, as required by the funding body/government department/organisation's board. The data is often collected daily and submitted quarterly.



Organisational reports

Organisational reports include annual reports, strategic plans and business plans. These are generally produced on an annual basis.

Project and program reports require regular progress reports at intervals throughout project or program delivery. Evaluation reports are provided following the completion of a project.

Record true and accurate information

Aged care and community care organisations must keep client or resident records about the clients they provide services for. As a care worker it may be your responsibility to collect, write down and store information about clients.

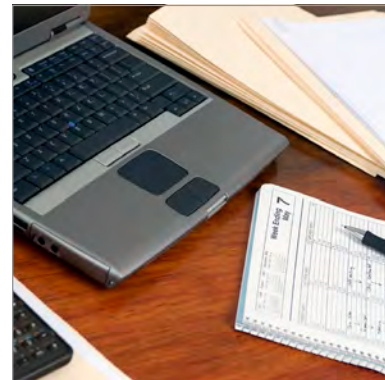
The information you collect must contain only true and accurate information. You must not guess about what you write down; you must stick to the facts and only write down what you know and what you saw.

Organisations will have specific policies and procedures that you need to know when you complete documents. Documents and forms will vary between workplaces. Make sure you're familiar with the documents used in your workplace.



Maintain documentation

Recording and documenting work is an ongoing task. Documentation should not be allowed to become out of date; it must be completed as the work is done to prevent errors or omissions. This information could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings. Personal details can change as people move or change contact details. People's conditions can improve or worsen, or their circumstances or preferences may change. Unless records are updated, decisions may be made based on out-of-date data.



The general rule is that records of past work are stored and maintained, even if they no longer appear relevant or have been superseded by more recent information. Your workplace will have procedures and guidelines about how and when documentation is to be maintained.

Ensure documentation is updated

There are many records that need to be kept current and accurate. If you forget to complete paperwork, there may be significant consequences in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

Individual's information

Your organisation will have standard operating procedures that must be followed on intake, when developing care plans, when providing care, when consulting with others and when reporting incidents and accidents.

Regardless of whether your organisation uses paper-based or electronic forms, use the most current version. Using superseded forms or information may result in a failure to collect and record the information required for the person's support.

Distress

People with dementia and their family members and significant others may display their distress to a support worker. They may need to talk about how they are feeling. They may cry or express sadness or feelings of being overwhelmed or scared. Support workers need to be supportive in these situations, be good listeners, and provide reassurance and comfort. Inevitably people with dementia die. This can be upsetting for workers who have come to know the person and have provided support over a significant period of time. All these factors can cause stress for a dementia support worker.

Monitor stress

Support workers need to recognise when they are feeling stressed and to take steps to manage this stress. Not dealing with stress when it occurs can affect your work performance, your health and your relationships both at work and in your personal life.

Monitoring your own stress levels can be done by learning to recognise your own physical, emotional and behavioural responses to stress. These will alert you to the presence of a stressor.

Some considerations when monitoring stress are outlined below.

Considerations when monitoring stress

- ▶ Think about how you are feeling, and how you are interacting with others. Are you less open with people? Do you feel you don't have the time or 'headspace' to deal with people?
- ▶ Look at the way you are interacting with the person with dementia. Do you find yourself wanting to tell them to 'Hurry up' or 'Stop asking that question'?
- ▶ Consider your health. Are you unusually unwell or tired? Are you getting headaches?