

# Dementia Support Australia

Funded by the Australian Government  
A service led by HammondCare

## Resources when behaviour change is impacting care

An event for health  
professionals

May 2024



# Session overview

- Resources/ideas to support behaviour support plan development (screening tools, assessment forms & DSA Service)
- The nature of change in the context of dementia & behaviour support
- Setting reasonable expectations
- Setting intentions and working within your care team to build sustainable action towards relationship-based care (and moving away from task-oriented approaches)
- Maximising DSA support

# Snapshot of BPSD in Australia

Behaviours and psychological symptoms of dementia (BPSD)



## Prevalence

Experienced by up to **90%** of people living with dementia.



## Impact

Distressing and disruptive to quality of life of people with dementia and their carers.



## Challenge

Psychotropics remain **overprescribed** in the treatment of BPSD.



**Intervention**  
Non-pharmacological  
=  
First-line  
Gold standard  
(e.g. DSA's services)





# Dementia Support Australia

When a person living with dementia is experiencing changes to their behaviour,







DSA works with you to understand the causes – and helps you improve their quality of life.

**Free 24/7 – 1800 699 799**

**[www.dementia.com.au](http://www.dementia.com.au)**

# Our model of care

Biopsychosocial approach

-  Pain
-  Loneliness
-  Delirium
-  Mood disorders
-  Over/under stimulation
-  Carer Approach

Identifies **causes** of behaviours that contribute to referrals, rather than focussing on symptoms.

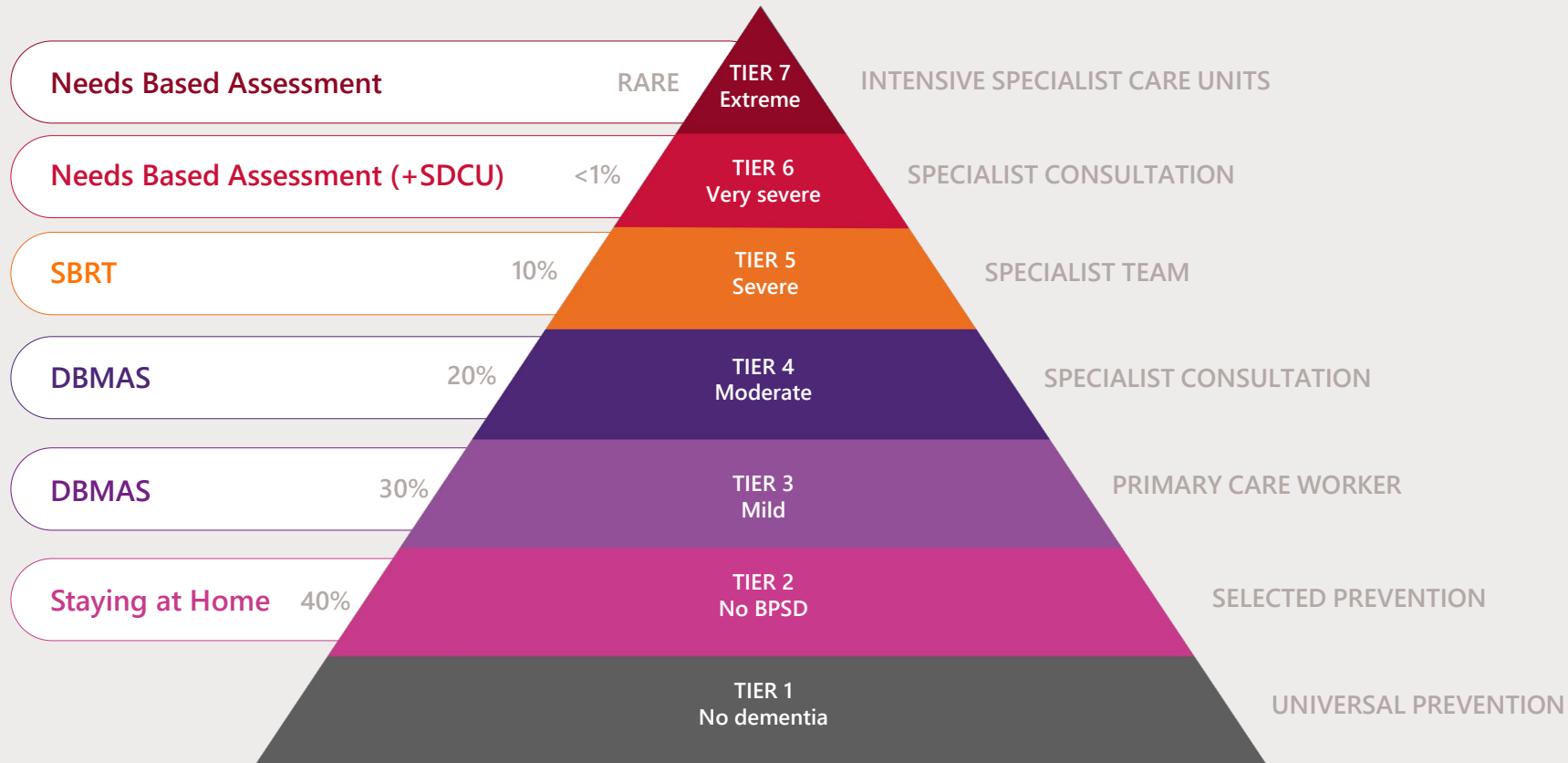


Relies upon a detailed **psychosocial history**.

**Promotes** quality use of psychotropic medication, including de-prescription

# How are our services delivered?

Seven-tier model of service delivery



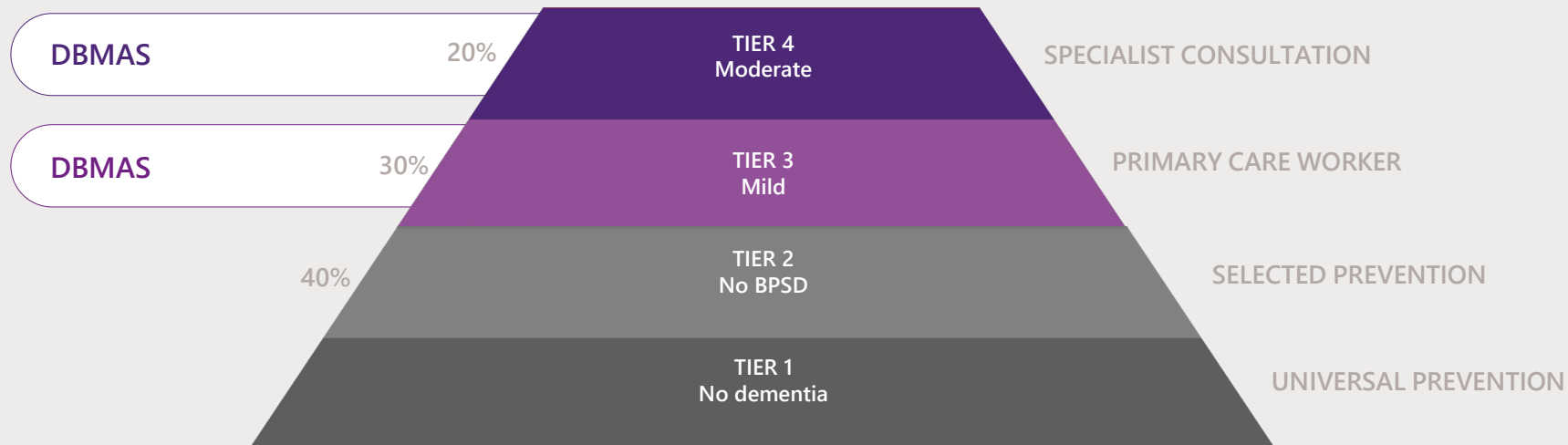
\* Adapted from: Brodaty, H., Draper, B. M., & Low, L.-F. (2003). Behavioural and psychological symptoms of dementia: a seven-tiered model of service delivery. *The Medical Journal of Australia*, 178(5), 231–234.

# How are our services delivered?

Seven-tier model of service delivery

## Eligibility criteria:

- ✓ Dementia diagnosis
- ✓ Mild-moderate BPSD
- ✓ Community, acute, residential



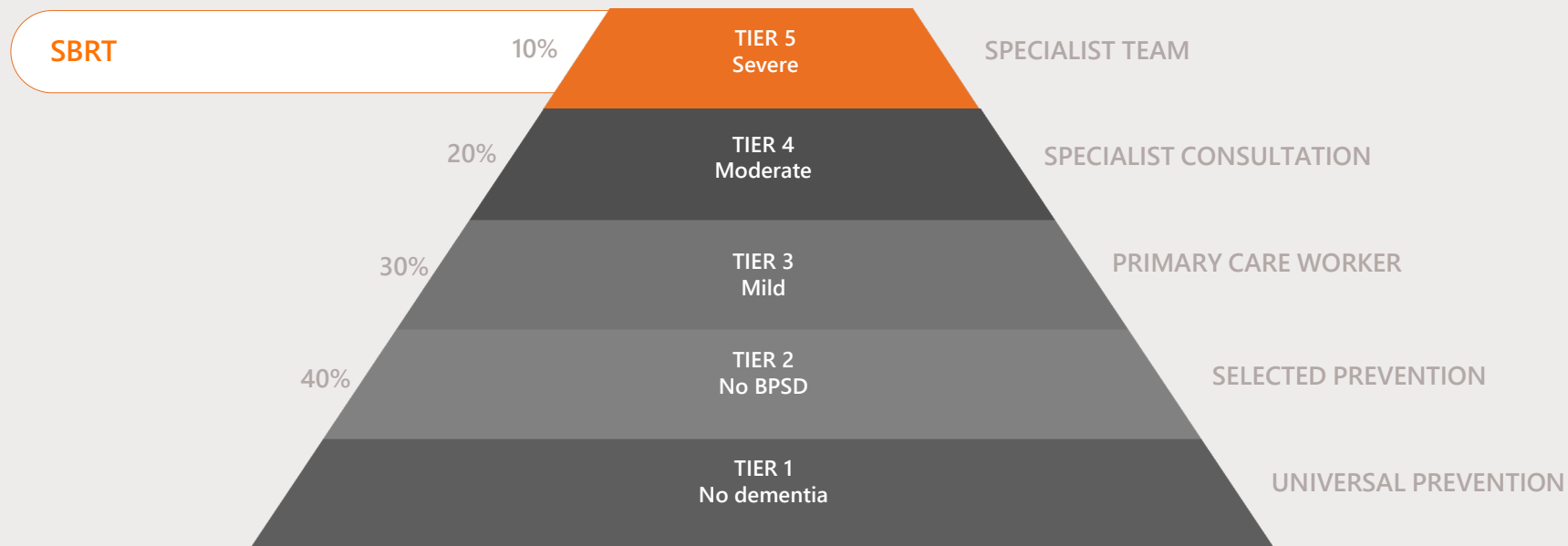
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# How are our services delivered?

Seven-tier model of service delivery

## Eligibility criteria:

- ✓ Dementia diagnosis
- ✓ Severe BPSD
- ✓ Residential



\* Adapted from: Brodaty, H., Draper, B. M., & Low, L.-F. (2003). Behavioural and psychological symptoms of dementia: a seven-tiered model of service delivery. *The Medical Journal of Australia*, 178(5), 231–234.



# Client Pathway

DBMAS and SBRT

## Referral

- Website
- Helpline/Phone

## Triage

- DBMAS
- SBRT
- NBA

## Assess & Plan

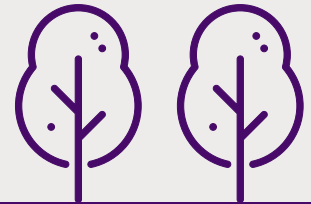
- Pain assessment
- NPI assessment
- Contributing factor assessment
- Medical evaluation
- Psychosocial evaluation

## Implement

- Recommendation reports
- Dementia support coaches
- Engagement consultants
- Brokerage
- SDCU eligibility
- DSA medical specialists

## Closure

- Mitigated BPSD
- Relieved caregiver distress
- Delayed transition to RACH
- Improved client QoL
- Reduced pharmacological interventions



	Staying at Home	DBMAS	SBRT	NBA
Program details:	<ul style="list-style-type: none"> <li>• Carer wellbeing/respite program</li> <li>• Supports person living with dementia to stay at home longer</li> </ul>	<ul style="list-style-type: none"> <li>• Phone/in-person consultation within 7 days</li> <li>• Tailored advice and strategies to address individual needs.</li> </ul>	<ul style="list-style-type: none"> <li>• In-person consultation within 48 hours</li> <li>• Tailored advice and strategies to address individual needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed for eligibility into specialist dementia care unit (SDCU).</li> </ul>
Where do they live? (At time of referral)	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Community</li> <li><input type="checkbox"/> Residential Care</li> <li><input type="checkbox"/> Acute Care</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Community</li> <li><input checked="" type="checkbox"/> Residential Care</li> <li><input checked="" type="checkbox"/> Acute Care</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Community</li> <li><input checked="" type="checkbox"/> Residential Care</li> <li><input type="checkbox"/> Acute Care</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Community</li> <li><input checked="" type="checkbox"/> Residential Care</li> <li><input checked="" type="checkbox"/> Acute Care</li> </ul>
Clients supported?	<ul style="list-style-type: none"> <li>• Nil-mild changes to behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate changes to behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Severe changes to behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Very severe changes to behaviour</li> </ul>
Program impact	<ul style="list-style-type: none"> <li>• New program that commenced in 2022</li> </ul>	<ul style="list-style-type: none"> <li>• 58% reduction in distressing behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• 65% reduction in distressing behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• 90% satisfied with DSA assessment of SDCU eligibility</li> </ul>

# Behaviour support plans

Resources to download



## Matters to be seen The ABCDE of Behaviour Support

### 1. Information about the person

Include information/ assessments relevant to the person's behaviours and life history -e.g. using the Lifestyle Assessment those triggers.

**First**, ensure the safety of the person displaying behaviours and everyone around them.

**Then**: Follow the ABCDE's of the Behaviour Support Process.

**A**  
Antecedent

**Ask: 'What could have caused the behaviour? What happened just before the behaviour? What is the person trying to tell me?'**  
Assess potential triggers – e.g., the person's physical, mental or social health needs, any pain or any environmental issues. Any strategies that can be immediately implemented should be noted.

**B**  
Behaviour

**Ask: 'What happened? What was the behaviour that I observed? What did the person say or do?'**  
Don't just label the behaviour, do your best to describe exactly what happened and to describe the behaviour that you saw.

**C**  
Consequence

**Ask: 'What was the consequence of the behaviour? What was the impact, who did it impact and how did it impact them?'**  
Consider the impact of the behaviour on the person exhibiting it as well as anyone else (other residents, staff, visitors).

**D**  
Develop

**Ask: 'What are some care strategies that I can develop to prevent the behaviour or prevent the severity of its impact?'**  
Care strategies should be tailored to the individual person. This is a process of trial and error. Strategies should be set out in the person's **Behaviour Support Plan**.

### Behaviour Support Plan

For a specific behaviour as identified in the assessment, all staff on every shift must complete assessment and develop a plan (I) for each

Surname: \_\_\_\_\_  
Given name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_  
Location: \_\_\_\_\_



ASSESS

PLAN, IMPLEMENT

Description	Planned intervention/s													
	Initial	Instances	Initial	Instances	Initial	Instances	Initial	Instances	Initial	Instances	Initial	Instances	Initial	Instances

# Screening tools

## Delirium Screen

Are there behavioural changes? Recent and sudden behavioural changes should prompt consideration of delirium. People with delirium can experience heightened arousal, become restless, agitated and aggressive. Alternately, they may be withdrawn, sleepy, and quiet. This tool is designed to assist health care professionals assess reversible causes of delirium that may be impacting on a person's behaviours.

Look for (if you answer 'yes' to any of the questions below please complete assessments)

Assessments to be completed	Y	N	Comments (including follow-up conducted)
Are there systemic signs of infection? Eg. fever, fast pulse, chills and rigor (shaking)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there localized signs of infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Chest: cough, shortness of breath, runny nose, sore throat?	<input type="checkbox"/>	<input type="checkbox"/>	
Urine: pain on urinating, new incontinence (consider MSU as per protocol)	<input type="checkbox"/>	<input type="checkbox"/>	
Skin: redness? Dents?	<input type="checkbox"/>	<input type="checkbox"/>	
Have there been any changes in the person's medications?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any of the following recently been commenced? Benzodiazepines, anti-psychotics, anti-depressants, diuretics, steroids or painkillers. Have any of these been suddenly withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>	
Could the person be experiencing alcohol or drug withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the person in pain?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any signs of urinary retention?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any signs of a recent fall - could they have a fracture or a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the person had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the skin intact? Are there reddened areas or any breaks?	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been a change in bowel habit?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of abdominal pain/cramps? Eg. person holding tummy.	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person have diarrhoea that may be constipation with overflow?	<input type="checkbox"/>	<input type="checkbox"/>	
Has appetite or oral intake decreased? Could the person be dehydrated?	<input type="checkbox"/>	<input type="checkbox"/>	

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Facility: \_\_\_\_\_

## Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

Name: \_\_\_\_\_ (person being assessed)  
 D.O.B.: \_\_\_\_\_ (name and designation)  
 Completed by: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Latest pain relief given was \_\_\_\_\_

Enter pain score for each of the following 4 areas:  
 Absent 0, mild 1, moderate 2, severe 3

- Vocalisation (eg. whimpering, groaning, crying)
- Facial expression (eg. looking tense, frowning, grimacing, looking frightened)
- Change in body language (eg. fidgeting, rocking, guarding part of body, withdrawal)
- Behavioural change (eg. increased confusion, refusing to eat, agitation in usual party)
- Physiological change (eg. temperature, pulse or blood pressure outside normal or perspiring, flushing or pallor)
- Physical changes (eg. skin tears, pressure areas, arthritis, contractures, pressure ulcers)

Add scores for 1-4 and record the total pain score

Tick the box that matches the total pain score

0-2 no pain  3-7 mild  8-9 moderate  10 severe

Tick the box that matches the type of pain:

chronic  ACUSA  IV

Abbey J & Prior H, DeSilva A, Brennan A, Parker D, O'Brien J, Lanning B /  
 Revised and validated for people with dementia. Dementia International 7  
 (2008) available at: www.dementia.org.au

## Behavioural assessment form

Residential Care Facility: \_\_\_\_\_  
 Client Name: \_\_\_\_\_

Instructions: The Behavioural assessment form should be completed every time a significant incident takes place.

Section A:

- Behaviour - begin by filling out the middle column, i.e. clearly describe the behaviour.
- Antecedents - describe what was happening before the behaviour occurred.
- Consequences - what happened immediately afterwards (before you intervened).

Antecedents or activating events (what was happening before the incident)	Behaviour (what, exactly, was the incident, start in this section by describing the behaviour)	Consequences of the behaviour (what happened immediately afterwards? Who was affected and how?)
Date: _____ Time: _____ Where did it take place?	Observed behaviour:	What interaction/s took place immediately after the behaviour occurred?
What interaction was going on?	How long did it last?	What else happened?
What else was happening? (Noise, unexpected events, etc.)		

Section B:  
 Describe what your actions were and what effect they had on the person's behaviour.

Intervention/s	Effect
_____	_____

1800 699 799 | dementia.com.au | ds@demtina.com.au

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# About me – in depth and in brief

Why these questions?

## About me | In brief

**Dementia Support Australia**  
Funded by the Australian Government  
A service led by HammondCare

**Name:**

**Surname:**

**D.O.B.:**

**I like to be called:** *(nickname, title, preferred pronouns)*

*Insert photo here*

**In the past I...** *(note significant life events and roles including past careers, places the person lived, events or activities, and important aspects of their past and identity)*

**I like to talk about...**

**I enjoy...** *(Note the things the individual enjoys such as favourite foods, activities, topics of conversation, people, music)*

**NOTE:** as much as possible, this should be written from the individuals perspective.

## About me | In depth

**Dementia Support Australia**  
Funded by the Australian Government  
A service led by HammondCare

**Name:**

**D.O.B.:**

**Preferred language:**

*Insert photo here*

### Daily Life

**A good day for me includes:** *(describe enjoyable daytime activities)*

**My preferred daily routines are:**

**Morning / I start my day...**

**Afternoon...**

**Evening...**

**Night/I end my day...**

**NOTE:** as much as possible, this should be written from the individuals perspective.

# The importance of documentation

*"Mary was agitated overnight. Attempted redirection with nil effect"*

**Or**

*"Mary was pacing up & down the corridor after dinner. Mary was successfully redirected to the lounge room to watch the evening news for 10 minutes".*

*Mary was pacing up & down the corridor after dinner. Attempted to redirect Mary to watching the news however, Mary declined. Re-approached after 10 minutes and successfully supported Mary to have a cup of tea in the lounge room"*



# The nature of change

## Supporting change in dementia care

- Change can be challenging in the context of dementia support.
- The variation in dementia can create new barriers to behaviour support every day.
- Flexibility and an adaptive mindset is key.



# Setting reasonable expectations

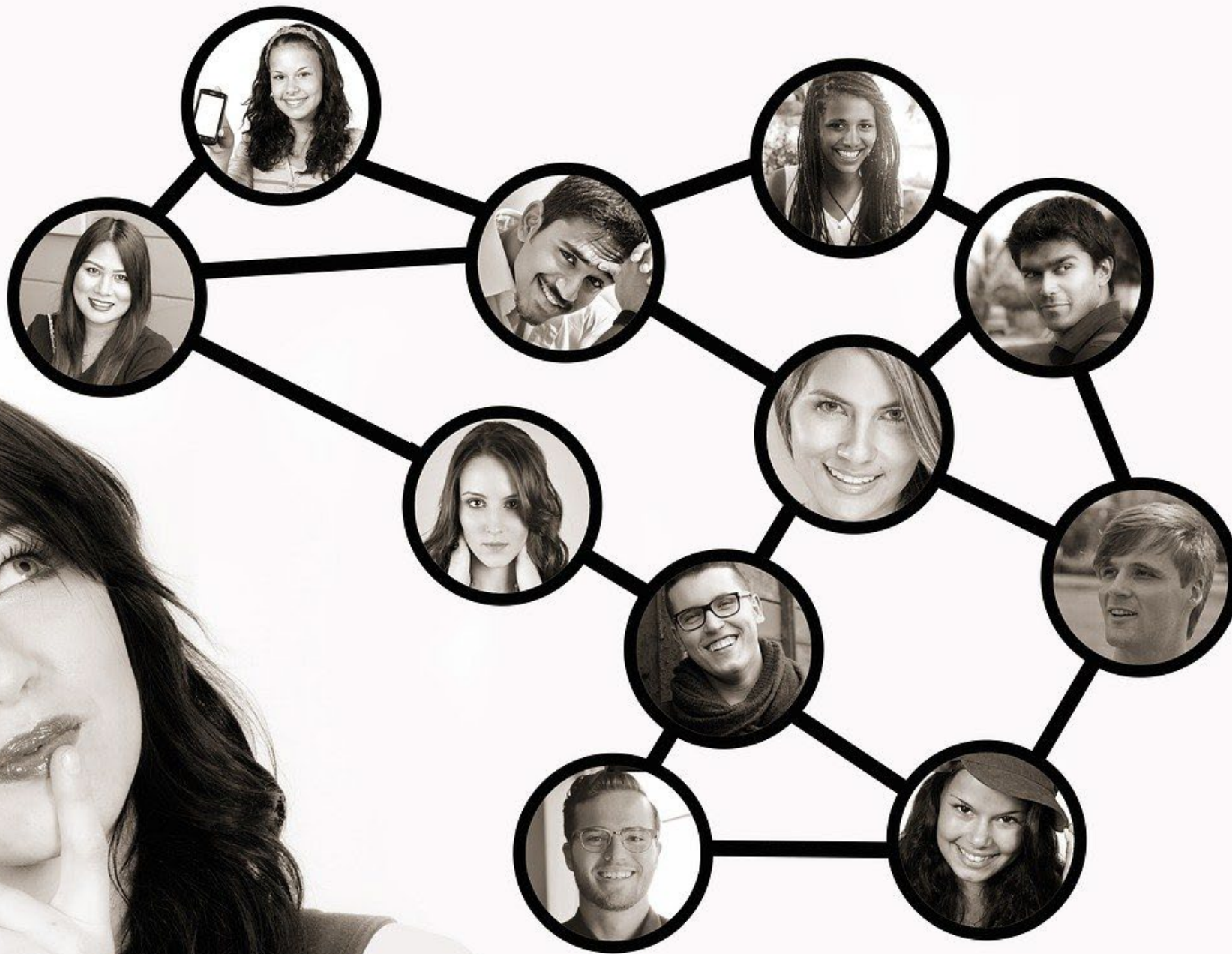
- Behaviour support practices are not infallible.
- The changing nature of dementia can impact effectiveness of support practices.
- Success may be more about reducing distress rather than eliminating any particular behaviour.

***What worked today may not work tomorrow and that's okay.***





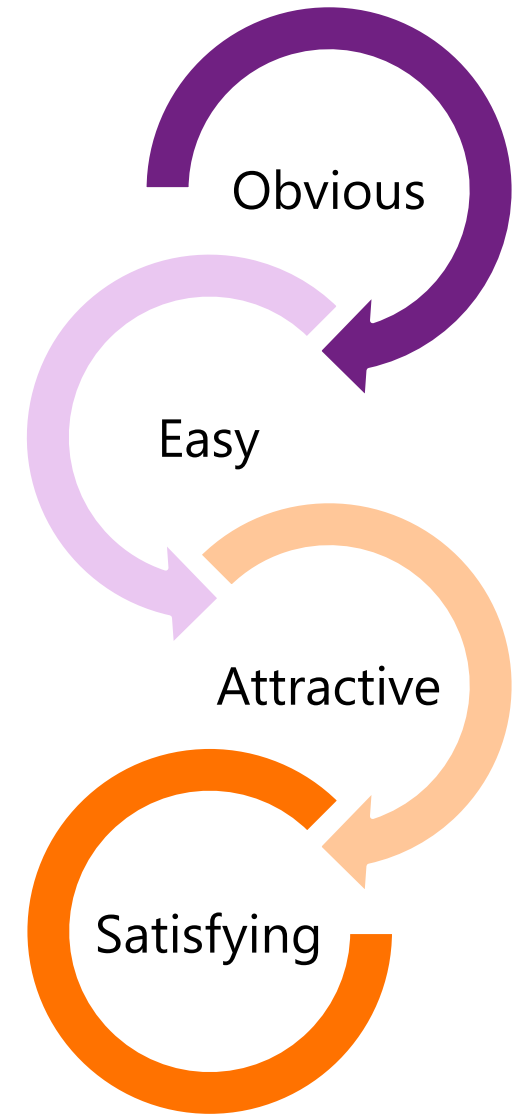
***Whose behaviour are we really  
hoping to change?***



**Ours!**

# Clear intentions to implement

- Create clarity for your team by articulating what needs to happen, by whom, when, how and why. Effective use of behaviour support plans.
- Set achievable and meaningful goals with your team. Start small. Build the confidence.
- You can acknowledge the challenges of pro-active behaviour support **and** promote the benefits – e.g., shared wellbeing, a stitch in time...
- Celebrate the small wins!



# Build a team around you

Behaviour support is everyone's role

- Involve family in the process
- Auxiliary staff in care homes can add great value
- Redefine 'engagement' and 'support' – this can be as simple as saying *hello*
- Engagement happens within activities of daily living

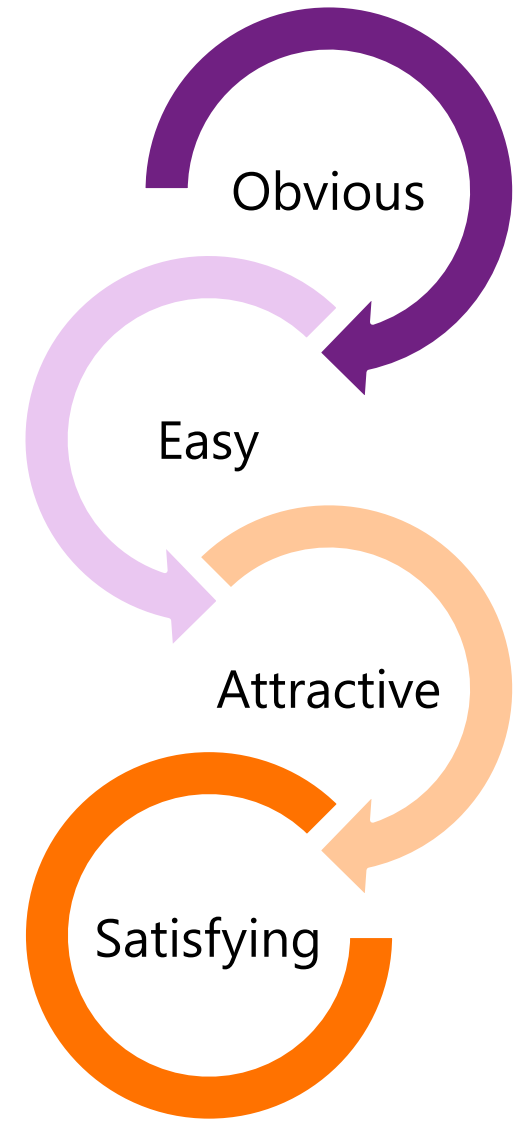


# Communication between the team

Make behaviour support easier to implement by having clear instructions, which are easily accessible, notice and encourage your colleagues or your team's efforts towards good practice.

This may include:

- Displaying the person's life story in their room.
- Keeping copies of life stories, recommendation reports and behaviour support plans in centralised locations accessible to staff.
- Huddles at the beginning of each shift to set the focus and intentions.
- Validate your team's efforts



# Maximising DSA support

Insert slide sub-header here

- DSA information can support the development of Behaviour Support Plans
- Consider the accessibility of the reports. Do the staff know where to find a report?
- Can you role model the strategies for them?
- How are we positioning the conversation about non-pharma strategies?
- Actions you can take before DSA are involved

# Key questions to ask

- What is the goal of the referral?
- Is there an acute change that may be driving the behaviour?
- Has the person been seen by DSA in the past?
- Is a previous report available?
- Is there documentation on the impact of the recommended strategies?
- Have these strategies been trialled over time?

# How else can DSA support you?

## 24/7 Helpline Support

Dementia consultant available 24 hours a day, 7 days a week on 1800 699 799.

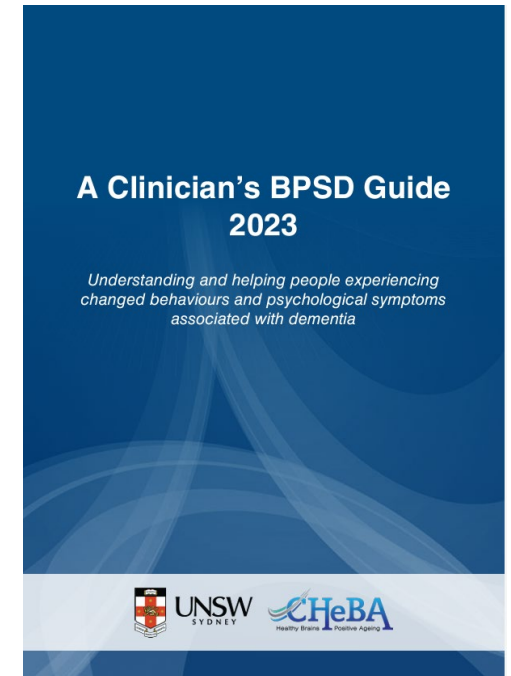
## GP advice line

Access clinical advice from a medical specialist.

## Online resources

Comprehensive suite of free resources available online:

- Fact sheets
- Podcasts
- Articles
- BPSD guide





# GP Advice Service (GPAS)

## Purpose

- GPAS is for GPs who are providing care for people with BPSD and who would like to access clinical advice from a medical specialist to help manage these symptoms.

## Services include:

- Tailored clinical advice for the GP's patient experiencing BPSD
- Convenient email response service or phone-back at a convenient time
- Written advice from a medical specialist based on clinical scenario
- Access to our team of geriatricians and psycho-geriatricians who specialise in the care of people with BPSD.
- Opportunity to speak to aged care medical specialist one-on-one
- Referrals to other DSA services



We can help you support those in your care. Speak to one of our experienced consultants now on **1800 699 799** or fill out the form below and we'll be in touch within 48 hours.

## Contact one of our consultants

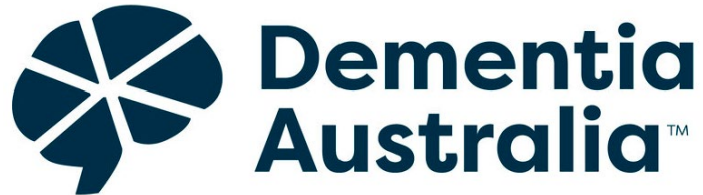
What is the nature of your referral to Dementia Support Australia? \*

Please select...

- Please select...
- Behaviour Support: Dementia Support Australia
- Needs Based Assessment for Specialist Dementia Care Program

# Support Services and Organisations

Who we work with



- Dementia specific information
- Counselling & support for people with dementia & families/carers
- Helpline
- Support groups



- Dementia training and education
- Free, online training
- Dementia accreditation
- Tailored education packages

# Dementia Support Australia

Free 24/7 dementia support



**Call us:**  
1800 699 799



**Email us:**  
[dsa@dementia.com.au](mailto:dsa@dementia.com.au)



**Visit us:**  
[www.dementia.com.au](http://www.dementia.com.au)



**Live chat**  
accessible via the website