Mike Bird

Director Aged Mental Health
NSW Greater Southern Area Health Service

Visiting Research Fellow &
Associate Clinical Professor
Australian National University
Maximising compliance with psychosocial interventions in residential care
HKH Study (Bird, Llewellyn Jones et al., 2002)
Psychosocial interventions (order of frequency)

1. Changing nursing practices or carer behaviour
2. Changing the social/physical environment
3. Emotional support of carers or nursing staff
4. Addressing physiological causes of the behaviour
5. Increasing structure through the day
6. Prevention and/or diversion
7. Using spared memory to cue alternative behaviour
8. Relocation of the patient
9. Differential reinforcement
10. Arranging structured carer support (eg. respite)
A few variables

- Skills/knowledge
- Cynicism
- Flexibility of thinking
- Acceptance of outsiders
- Empathy
- Motivation
A maxim

However whizz-bang your intervention, if you do not conceptualise compliance by staff as a completely separate clinical problem in its own right which you must solve...

You are sunk
Jeffrey 19 years

Severe traffic accident
His driving is to blame
Three people killed, including two friends
Jeffrey trapped in the wreckage for 4 hours

Severe symptoms of PTSD 9 months post-accident
Some aspects of rapport

The client must feel:

• **Comfortable and safe with you:** Trust
• **That you care; they will be listened to:** Empathy
• **That you are competent:** Skills
• **That it’s worth getting involved:** Motivation

and…

• **You must care:** Respect
Katerina 83 years, NH resident, vascular dementia, moderate impairment

Problem: Everything

- Violent resistance in personal care
- Verbal aggression (sometimes physical) to other residents
- Wanting to be the centre of attention
- Fighting with family
- Sitting on the buzzer
- Continuous shouting
- Demanding to be attended to only by the current favourite
Marie

73 years
Nursing Home resident
Hypoxic brain damage, moderate impairment

Problem
• Violence
• Attention seeking
Some aspects of rapport

The staff must feel:

• Comfortable and safe with you: Trust
• That you care; they will be listened to: Empathy
• That you are competent: Skills
• That it’s worth getting involved: Motivation
  and…

• You must care: Respect
Common nursing home structure

- Board of Management
- DON
- Deputy DON and senior RN group
- Other RNs
- OT or Diversional Therapist
- Aides in Nursing
- Domestic Staff
## Examples of sources of residential staff stress

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Edberg, Bird, & Hallberg (in progress)  
Re-development of the Strains in Nursing Care Scale

Focus groups of nurses (RN, EN, AIN) caring for difficult people with dementia in Sweden, Australia (2 groups), UK (2 groups), Norway, and US.
Main themes include...

- Lack of support, including opportunities to talk about their distress
- Lack of knowledge about the residents
- Unable to interpret residents’ needs, or unable to meet those needs even when they know what they are
- Powerlessness in the hierarchy (hands-on care staff). Views not taken account of.
- Overwhelming feeling of responsibility in difficult situations
- Frustrated desire to make lives better for residents
Responses of senior nursing home staff to difficult dementia patients (Bird, Korten et al.)

How severe is the problem associated with a particular patient’s behaviour in its impact on the Nursing Home?

The Problem Severity Scale

No problem

Severe Problem

1 2 3 4 5
Responses of senior nursing home staff to difficult dementia patients

*Problem severity scale reliability study*

- Four nursing homes
- Three senior staff in each
- Scale completed for the most characteristic disturbed behaviour of each resident with dementia
- Repeated after two months for residents whose behaviour was unchanged
Responses of senior nursing home staff to difficult dementia patients

*Problem severity scale reliability study*

- Total number of patients: 68
- Test-retest reliability: 0.67
- Inter-rater reliability: 0.33

- Senior staff are consistent in their ratings over time of the severity of a problem
- Senior staff do not agree well between themselves about the same problem
- There were no differences between the nursing homes
RESPONSES OF ‘HANDS-ON’ NURSING HOME STAFF TO DIFFICULT DEMENTIA PATIENTS

THE CARER STRESS SCALE

Thinking about ____ (name)’s ______ (behaviour), how stressed does it make you feel?
Please circle the number which best expresses how stressed you generally feel when ____ (name) engages in this behaviour
Responses of hands-on nursing home staff to difficult dementia residents

Carer Stress Scale Reliability Study

- Residents N=43
- Test-retest reliability 0.52
- Inter-rater reliability 0.29

- ‘Hands-on’ carers are fairly consistent in their ratings over time of the severity of a problem
- ‘Hands-on’ carers do not agree well between themselves about the same problem
Summary

Lots of different staff with wildly varying levels of:

- Education and skill (not necessarily the same)
- Attitudes to and perceptions of residents
- Degree of distress and reasons for that distress
- Willingness to engage – from close allies to outright saboteurs
- Time to engage
- Attitudes to you, including beliefs about medication and psychosocial approaches
Marie

73 years
Nursing Home resident
Hypoxic brain damage, moderate impairment

Problem
• Violence
• Attention seeking
Marie: Causes of the behaviour

Brain lesions leading to perseveration but exacerbated to intolerable levels by:

- **Chronic UTIs**
- **Other physical discomforts incl. thirst and pain**
- **Staff reinforcement of the behaviour**
- **Lots of movement in line of sight at busy (especially meal) times**
- **Waking her at night**
Marie: Intervention

- Low dose anti-convulsants (only effective limited period)
- Regular pain management rather than PRN
- Rigorous UTI monitoring and prevention
- Staff education on resident’s background
- Behavioural experiments with staff:
  - Ignoring her demands but providing care at timed intervals
- Taking meals in her rooms
- Not waking her at night and negotiating with day staff that this is OK
- Letting her sleep till natural waking time
'Marie'. 73 years: Shouting: Intolerable demands on staff

- Staff measures
  - Stress down
  - Coping up
  - Attitude to patient improved
  - Problem severity down

Mean shouts per hour

- pre-intervention: 3 days observation
- 2 months post: 3 days observation
- 5 months post: 3 days observation
Aspects of Marie

Multiple causality

Site of lesions, medical and physical problems, physical and care environment

Intervention

Multiple targets addressed, including well-being and attitudes of staff by working with them to develop plan

Other

Amazing levels of ignorance even in a good nursing home. Assume nothing.
Marie: Causes of staff distress

- Not understanding the causes of the behaviour
- Magical beliefs in the power of psychotropic medication, and consequent helplessness
- ‘Duty of care’ to meet her demands
- Anger at her ‘selfishness’
- Night staff beliefs about the necessity to change her, and about getting into trouble with day staff
### Examples of sources of residential staff stress

**Resident variables:** Impact of behaviour

**Systemic variables:** Staff/patient ratios  
NH organisation/culture

**Staff variables:** Understanding of dementia  
Attitude towards residents  
Skills  
Sense of efficacy  
Personality
Common nursing home structure

- Board of Management
- DON
- Deputy DON and senior RN group
- Other RNs
- OT or Diversional Therapist
- Aides in Nursing
- Domestic Staff
The Director of Nursing or Deputy
Other senior staff
Other RNs,
Nursing assistants,
Domestic staff
Compliance Building Opportunities

1. Assessment
2. Feed back and detailed intervention planning
3. During implementation of intervention
4. Post-intervention
Assessment
Overt purpose

Information gathering
Assessment script continued

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Assessment
Compliance related purposes

• Empowerment of staff
• Adjusting expectations, demystifying the process
• Signalling probable sequence of events
• Introducing hope
• Introducing need for consistency
• Assessing culture and power/expertise structure
Rapport building

The staff must feel:

• **Comfortable and safe with you**: Trust
• **That you care; they will be listened to**: Empathy
• **That you are competent**: Skills
• **That it’s worth getting involved**: Motivation

and…

• **You must care**: Respect
Pre-intervention

Overt purpose

- Feedback and checking facts
- Presenting the draft plan
Pre-intervention

Compliance-related purposes

• Reinforcement for their input
• Presenting hypotheses and rationales for the plan
• Checking feasibility and acceptability
• Tailoring plan to their ideas
• Working out the fine detail
• Unequivocally stressing consistency
During intervention

- Giving precise instructions
- Being available
- Clarifying instructions and rationales
- Reinforcing compliance
- Drawing attention to any progress
- Adjustment as required
Post-intervention

Overt purpose
• Collecting and feeding back outcome data

Compliance related purposes
• Satisfying legitimate interests of staff
• Getting feedback from them/adjusting if required.
• Reinforcement for their effort
• Closure
Five critical points

1) If you start thinking of psychosocial interventions as analogous to prescribing drugs, you are sunk. They resemble pharmacological methods only in that both are intended to reduce distress. They may be used in conjunction but they have absolutely nothing else in common.
Five critical points

2) With psycho-social interventions in nursing homes, it is essential to think about compliance by staff as a distinct clinical problem in its own right. It is a problem you must solve which is completely separate from whatever problem the patient is presenting.
Five critical points

3) You must listen empathically to staff distress, and help ameliorate it by addressing its causes, before starting to formulate the case.
Five critical points

4) Don’t be the expert coming in telling staff what to do. They are the experts, not you. They know more about the foibles, likes and dislikes of the resident than you ever will. If you don’t respect their expertise whilst helping them to work out for themselves what to do, you won’t get far. If in doubt, write out a hundred times: ‘It’s collaborative empiricism, Dummy.’
Five critical points

5) With complex interventions for difficult problems, if you don’t pay as much attention to compliance as to the referred problem, you may as well not bother trying psycho-social methods. Reach for the prescription pad instead.
Take Home Message

Residential care staff deserve to be looked after. They deserve it both for themselves, and for the sake of the people we entrust to their care.
Katerina 83 years, NH resident, vascular dementia, moderate impairment

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Katerina 83 years, NH resident, vascular dementia, moderate impairment

Interventions

• Alleviating staff anger + + +
• Consensus on limits
• Systematic pain relief
• Allowing K. to decide timing of personal care
• Moving to single room
• Setting limits for family
• Anti-depressant