

Whose Challenging Behaviours: Meeting the needs of Older
People with Dementia, Sydney 2010

***An Untold Truth About
the Ageing Population:
Alcohol Related Brain Injury***

Alice Rota-Bartelink PhD, Wintringham, Australia



Presentation Overview

- Issues facing older people living with Alcohol (& other drug) Related Brain Injury (ARBI) & complex care needs
- Coexisting issues: cognitive deficits, mental illness, homelessness, etc
- Introduction to Wintringham Services, Australia
- Outcomes of the Wicking Project –
A model of residential care for older people living with an ARBI.

Safe Drinking

Australian Standards

2 standard drinks per day
2 alcohol-free days per week

Even less for older adults



How does alcohol damage the brain?

- **Direct**
 - Toxic damage to brain tissue
- **Indirect**
 - Poor nutrition
 - Thiamine absorption
 - Dehydration
 - Metabolic functioning
- **Secondary**
 - Assaults & Falls
 - Car accidents

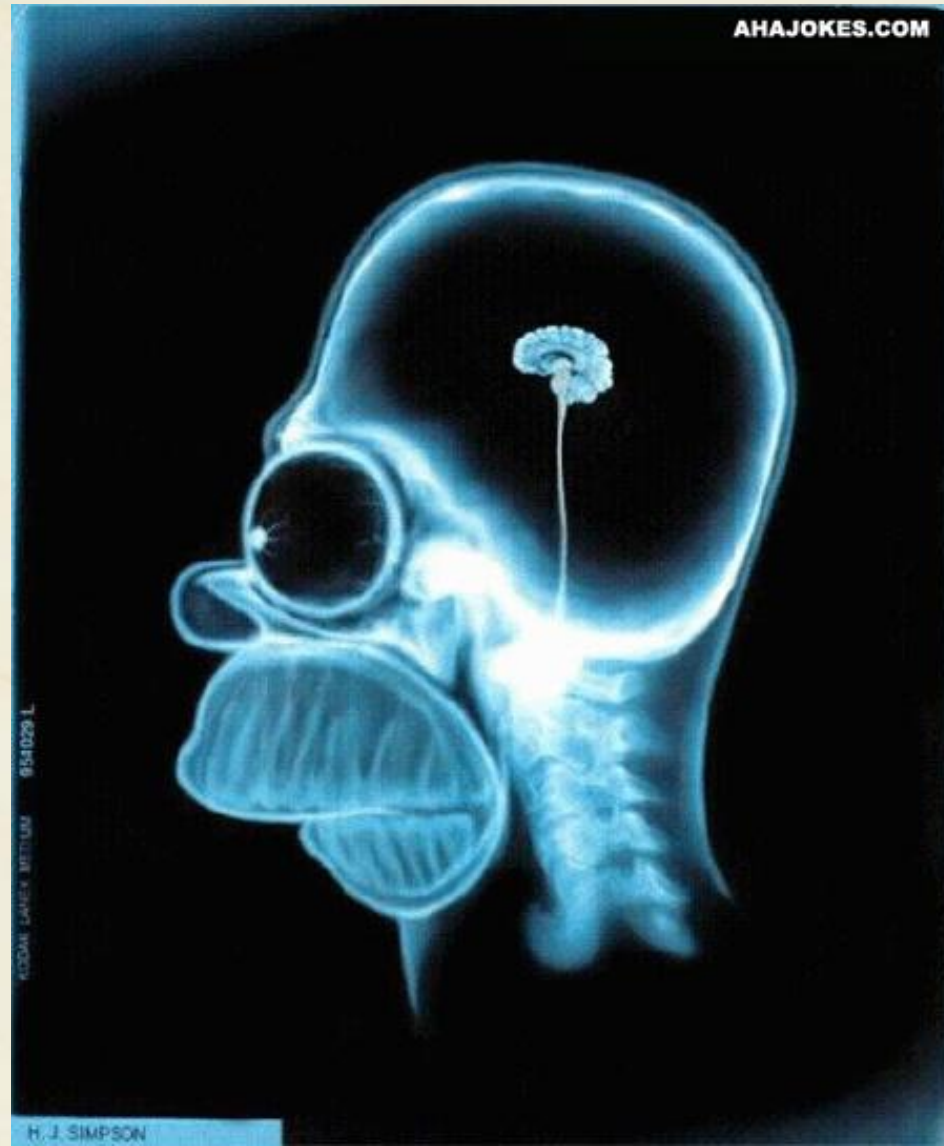




Alcohol Related Brain Injury (ARBI)

- **Cerebellar atrophy** – poor balance & gait
- **Peripheral neuropathy** – poor mobility & dexterity
- **Hepatic encephalopathy** – chronic liver disease toxins leading to progressive memory loss, disorientation, tremors & dementia.
- **Frontal lobe impairments** – behavioural changes eg disinhibition, aggression, irritability or impulsivity
- **Wernicke's encephalopathy** - acute neurological disorder due to thiamine (Vitamin B1) deficiency
- **Korsakoff's dementia** – severely impaired mentation

Reduction in Brain Volume






Under Diagnosis

Alcohol abuse and ARBI is grossly under-diagnosed¹ among the older population.

- The awareness of ARBI is low among frontline workers in health and social care.
- Alcohol problems may not be identified by GPs, other primary care and frontline staff.
- Older people rarely access specialist alcohol services.
- Inaccuracy or inappropriateness of generic assessment/evaluation tools
- Symptoms masked by dementia or other age-related conditions
- The social stigma attached to ARBI – eg hidden by relatives



Chronic alcohol misuse for older people increases the:

- Risk of chronic heart disease, hypertension & stroke;
- Incidence of malabsorption, pancreatitis & liver damage;
- Risk of falls and accidents;
- Likelihood of incontinence and gastrointestinal problems;
- Prevalence of memory loss and the development of dementia, psychiatric problems & Parkinson's disease
- Effects of self-neglect, such as poor nutrition and hygiene.

Client Profile – Long Term Drinkers

- Homelessness
- Premature ageing
- Little or no family or friends
- Limited finances
- Self-neglect & malnutrition
- Traumatic injuries and assaults
- Reluctant to seek appropriate, timely medical care & poor compliance



Client Profile Cont.

- **Social Isolation**
- **Impaired sense of safety or trust**
- **Ongoing addictions – alcohol, other drugs, gambling**
- **Imprisonment & Institutionalisation**
- **Complex/Challenging behaviours**
- **Coexisting mental illnesses**
- **Acquired Brain Injury – alcohol and other**
- **Guardianship & Administration Orders**

...the streets ...



...in squats ...



... or cheap private
boarding houses,
caravan parks,
bungalows, hotels
and bunking in with
friends & relatives.

Most of which are
totally unsuitable for
older people.



Appropriate, dignified supported housing



Wintringham Port Melbourne and Kensington



Health benefits of Supported Housing

- Reduced drug and alcohol consumption;
- Increased physical and social activity;
- Improved nutrition, hygiene & self care;
- Improved access to medical specialists, GPs & allied health practitioners;
- Early intervention for minor ailments;
- Improved compliance and efficacy of treatment regimens;
- Reduced emergency admissions & expeditious hospital discharge.

WINTRINGHAM

Dignified services to
elderly homeless
men and women



Wintringham Services - Overview

- Supporting 1100 elderly men and women - 350 staff
- 4 Residential Aged Care Facilities
- Housing and Outreach
- 140 Housing Units
- 2 Rooming Houses
- Specialist Recreation Program
- Community Aged Care & EACH Dementia Packages



Wintringham Residential Aged Care



Wintringham

The Wicking Project

**Older People with Acquired
Brain Injury and Associated
Complex Behaviours:
A Psychosocial Model of
Residential Care**

Wintringham

The J.O & J.R Wicking Trust

ANZ Trustees Limited is sole trustee for
The J.O and J.R Wicking Trust



Supported Community Aged Care



The Wicking Project - Major Aims:

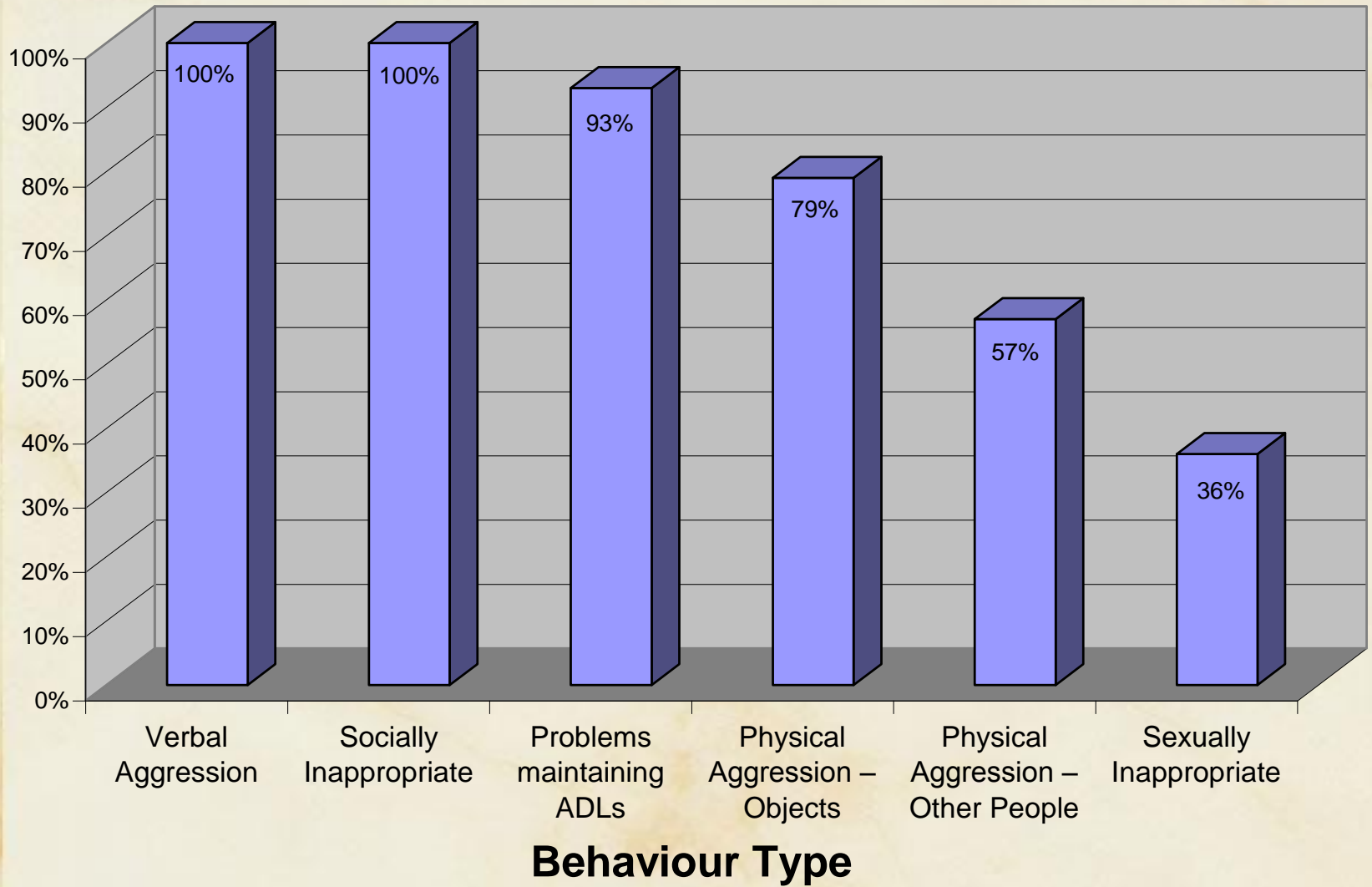
- To develop and trial a psychosocial model of long term residential care for older people with ARBI;
- To determine the most effective & appropriate tools of assessment and evaluation of this population group;
- To influence government and policy makers with a view to changing the systemic response to older people with ABI;
- To provide an information platform from which other service providers can develop appropriate service delivery responses to older clients with ABI.


Wicking Project Trial: 18-month Demonstration Pilot





Challenging Behaviour





Psychosocial Model of Residential Care

The Wicking Trial

- Individualised & specialised care, support, recreation & behaviour management strategies
- 24-hour specialist carer support at a ratio of 1.5:4
- Encouragement and support to maximally utilise recreation & diversional activities
- Harm minimisation model eg alcohol and cigarette programs
- Highly trained & skilled personnel
- Neuropsychological support, training & case management

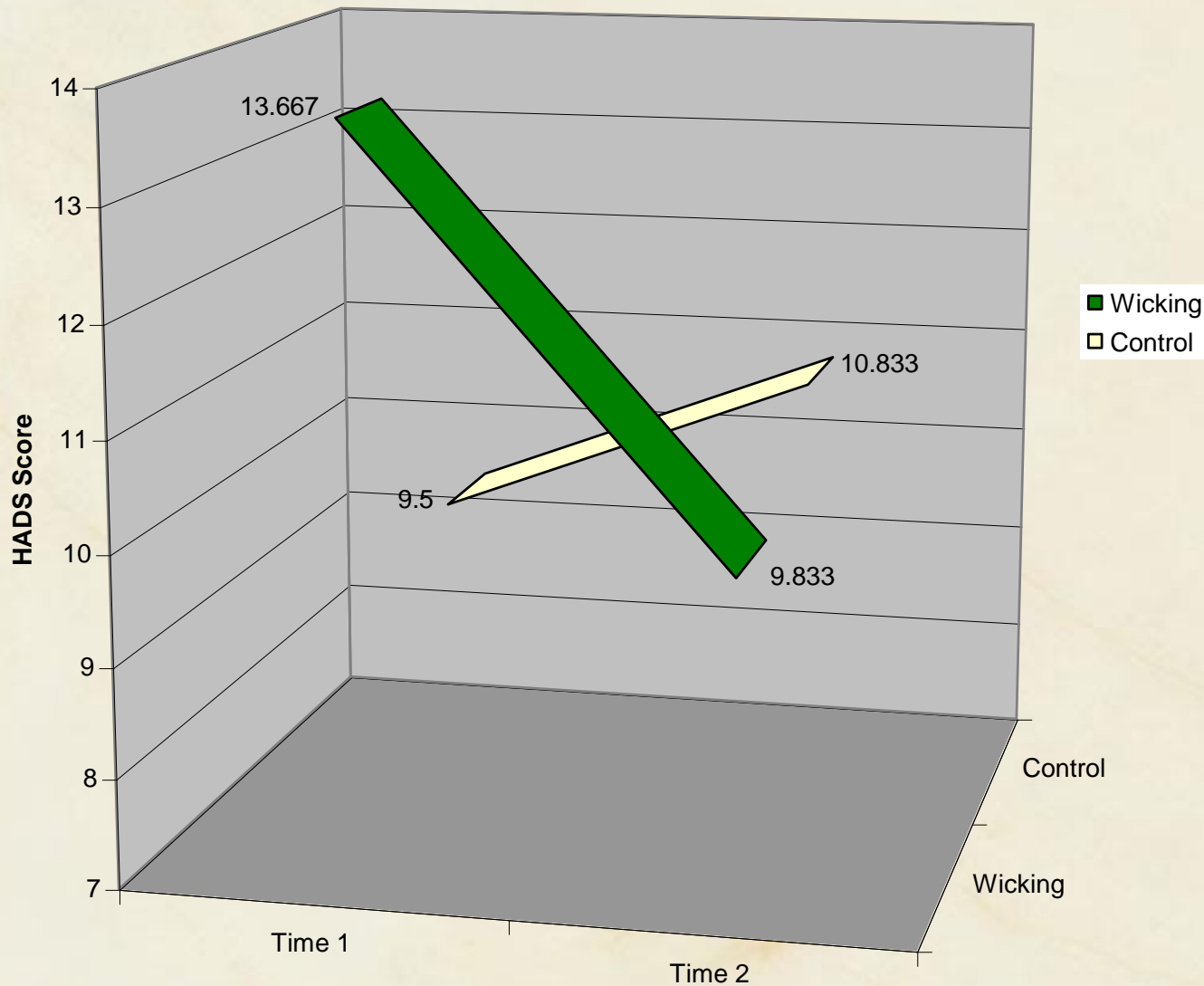


Wicking Project Quantitative Outcome Measures

- Wechsler Adult Intelligence Scale (WAIS-III).
- Wechsler Memory Scale (WMS-III).
- Hopkins Verbal Learning Test (HVLT).
- Rey Complex Figure Test (RCFT).
- Controlled Oral Word Association Test (COWAT).
- Color Word Interference Task (DKEFS).
- Colour Trails.
- Wechsler test of adult reading (WTAR)
- The Hospital Anxiety and Depression Scale (HADS).
- Satisfaction with Life Scale (SWLS).
- Life Role Checklist.
- The Neuropsychiatric Inventory Questionnaire (NPI-Q)
- The Alcohol Use Disorders Identification Test (AUDIT)
- The Overt Behaviour Scale (OBS)
- The Health of the Nation Outcome Scales (HoNOS)
- Community Integration Questionnaire (CIQ)

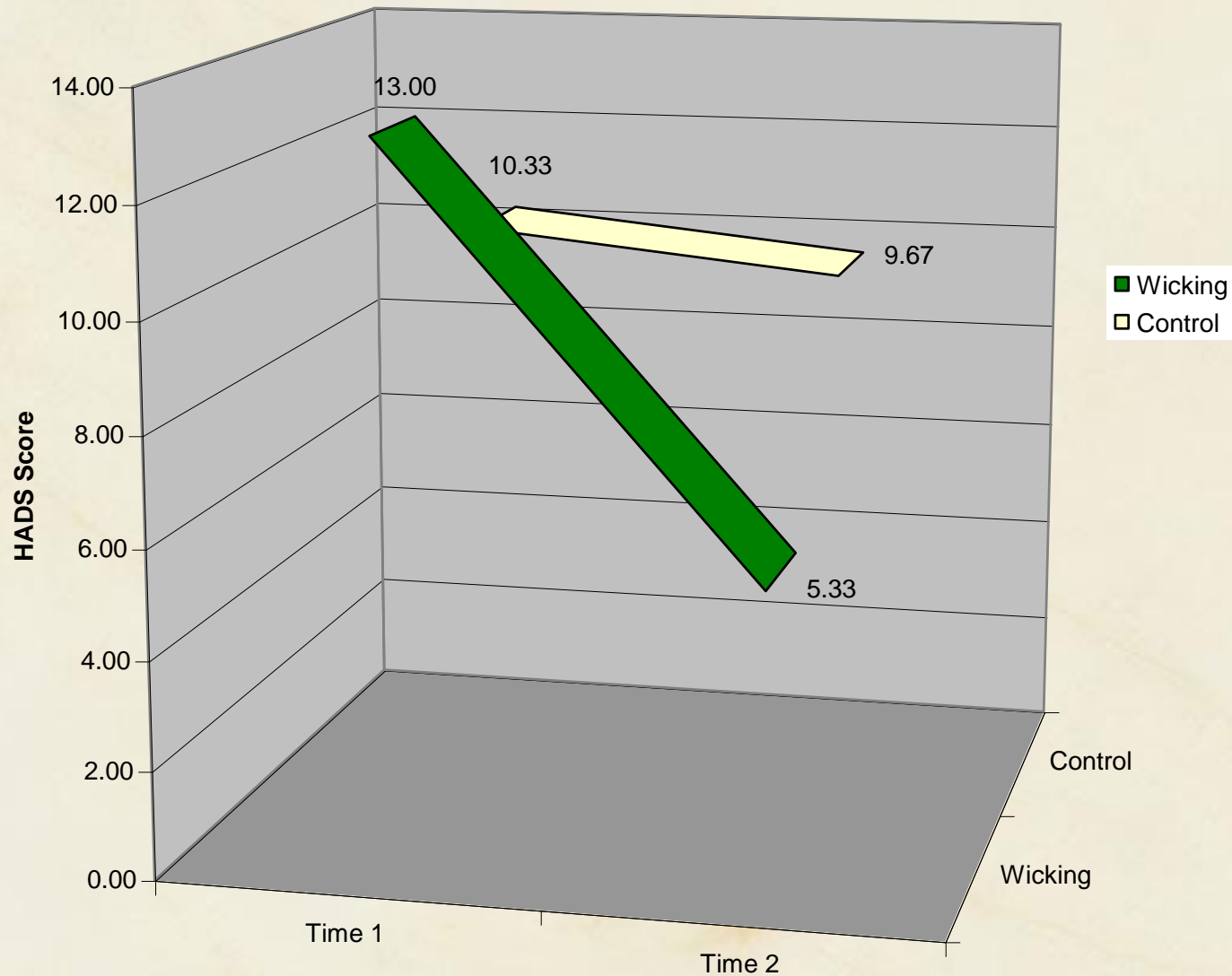
Wicking Outcomes - Anxiety

Hospital Anxiety & Depression Scale - Anxiety ($F= 9.083, p=0.013$)



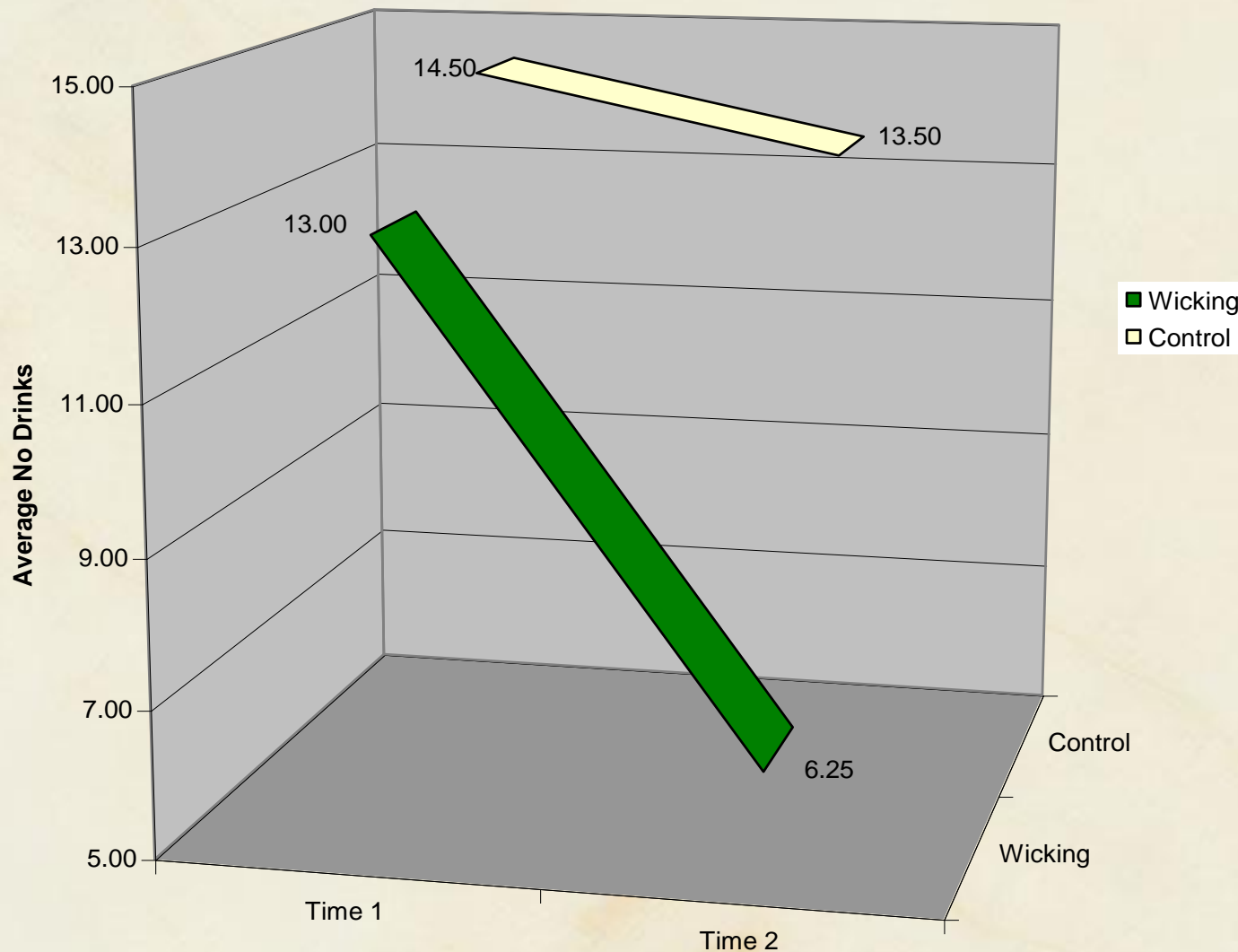
Wicking Outcomes - Depression

Hospital Anxiety & Depression Scale - Depression ($F= 7.875, p=0.019$)



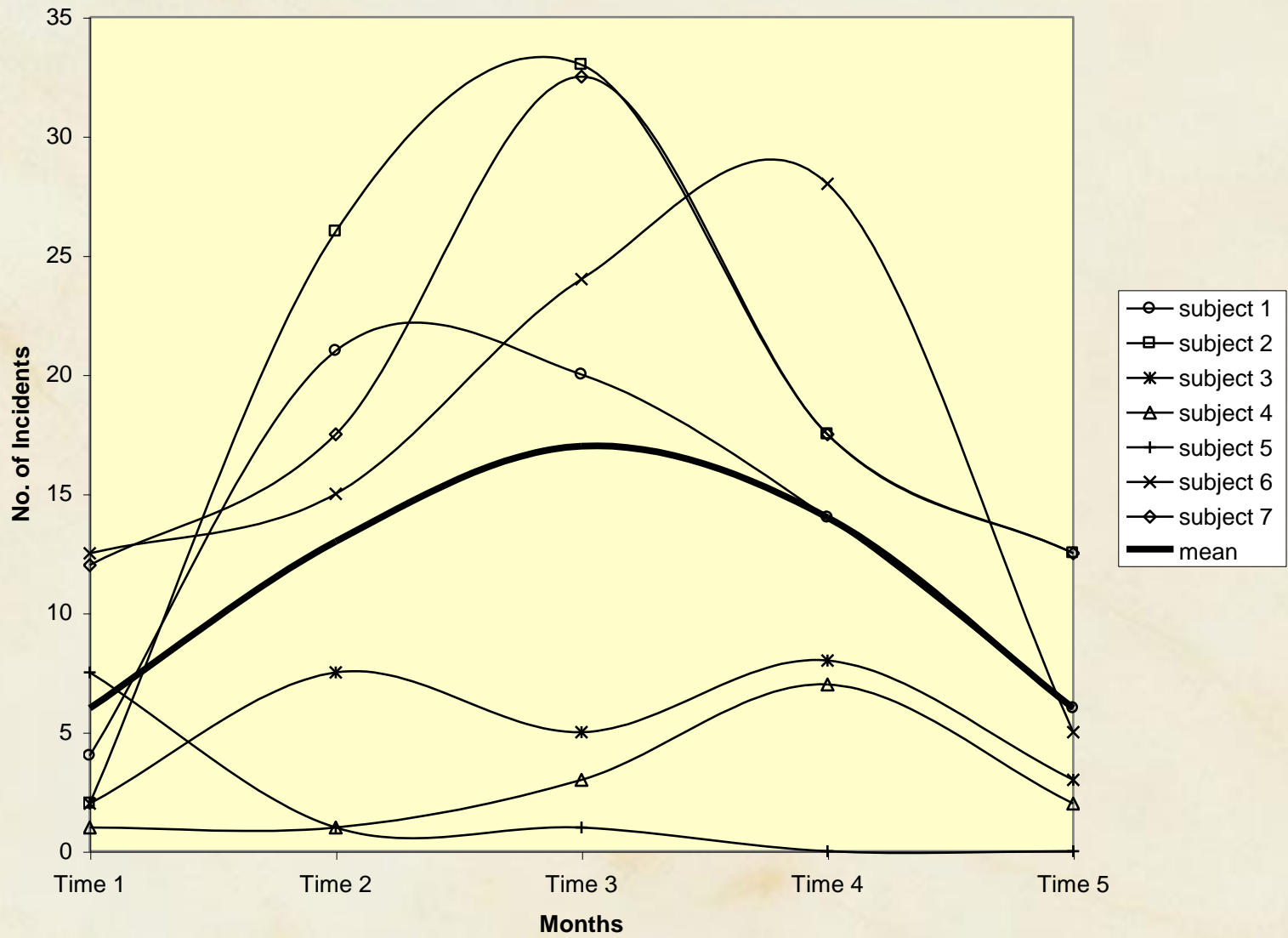
Wicking Outcomes - Drinking

Number Drinks per Day ($F= 8.030, p=0.016$)



Wicking Outcomes - Behaviours

Challenging Behaviour ($F= 4.820, p=0.008$)

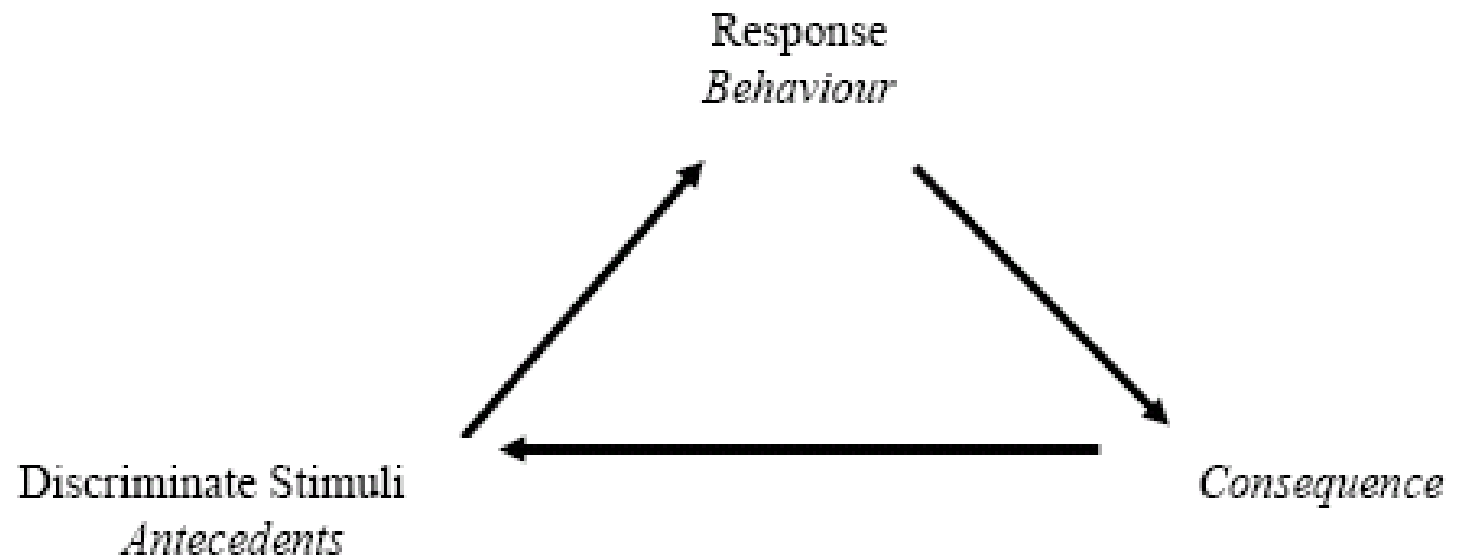


Wicking Outcome - Costs

Community and Aged Care Services	Household Participants Episode Frequency	Community Participants Episode Frequency	Cost per Day/Occasion	Household Participants Accumulative Cost (\$)	Community Participant Accumulative Cost (\$)
Crisis accommodation	0	7	138.00	0	966
Specialised Residential Aged Care	1106	0	186.68	206468.08	0
Public Housing	0	158	16.50	0	2607
Supported Residential Service	0	1056	8.40	0	8870.4
Rent Assistance	0	1489	7.93	0	11807.77
Case Management - Community Aged Care Package (CACP)	0	1067	36.07	0	38486.69
Multiple & Complex Needs Initiative (MACNI-DHS)	0	552	512.34	0	282811.68
Regional Mental Health Case Management	0	552	8.59	0	4741.68
Home & Community Care Services	0	990	5.14	0	5088.6
Police attendance	6	33	164.17	985.02	5417.61
Police overnight lockup	0	2	145.69	0	291.38
Ambulance Attendance	1	65	637.16	637.16	41415.4
Public Hospital Emergency	9	61	406.39	3657.51	24789.79
Public Hospital bed - general	5	36	649.66	3248.3	23387.76
Public Hospital bed - psychiatric	0	40	860.62	0	34424.8
GP visits	30	20	41.65	1249.5	833
Alcohol Detoxification Unit	0	10	1082.40	0	10824
Total Expenditure				216245.57	496763.56
Cost per Person per Day				195.52	224.98

Cost to Government Comparisons for Service Delivery to Wicking Participants Compared with Non-Wicking Community Participants

ABC – Behaviour modification



(Iwata et al ,1982/1994)

Proactive Strategies

- Attribute the behaviour to the brain injury not the person
 - Be objective
 - Separate the behaviour from the person
- Be the one to change first
- Understand the triggers
- Understand the approach that work best with the individual client
- Provide opportunities for control and choice





No 1. Proactive Strategy - Routine and Consistency

Staff Focused - A consistent staffing approach will reduce the incidence of:

- **Client confusion and frustration;**
- **Rewarding challenging behaviours with positive outcomes;**
- **Escalating behaviours when positive outcomes are not achieved;**
- **Low solidarity and trust among staff;**
- **Staff who are consistent may be burdened by increased challenging behaviour as a result of non-compliant staff.**

Alcohol and Cigarette Program

Involves the provision of alcohol and cigarettes to residents in accordance with a prescribed administration regimen

Due to the client's inability to self regulate their consumption

Requires 100 % consistency

Inconsistent implementation by staff may avoid immediate challenges but will eventually lead to an escalation in the frequency and severity of behaviours.

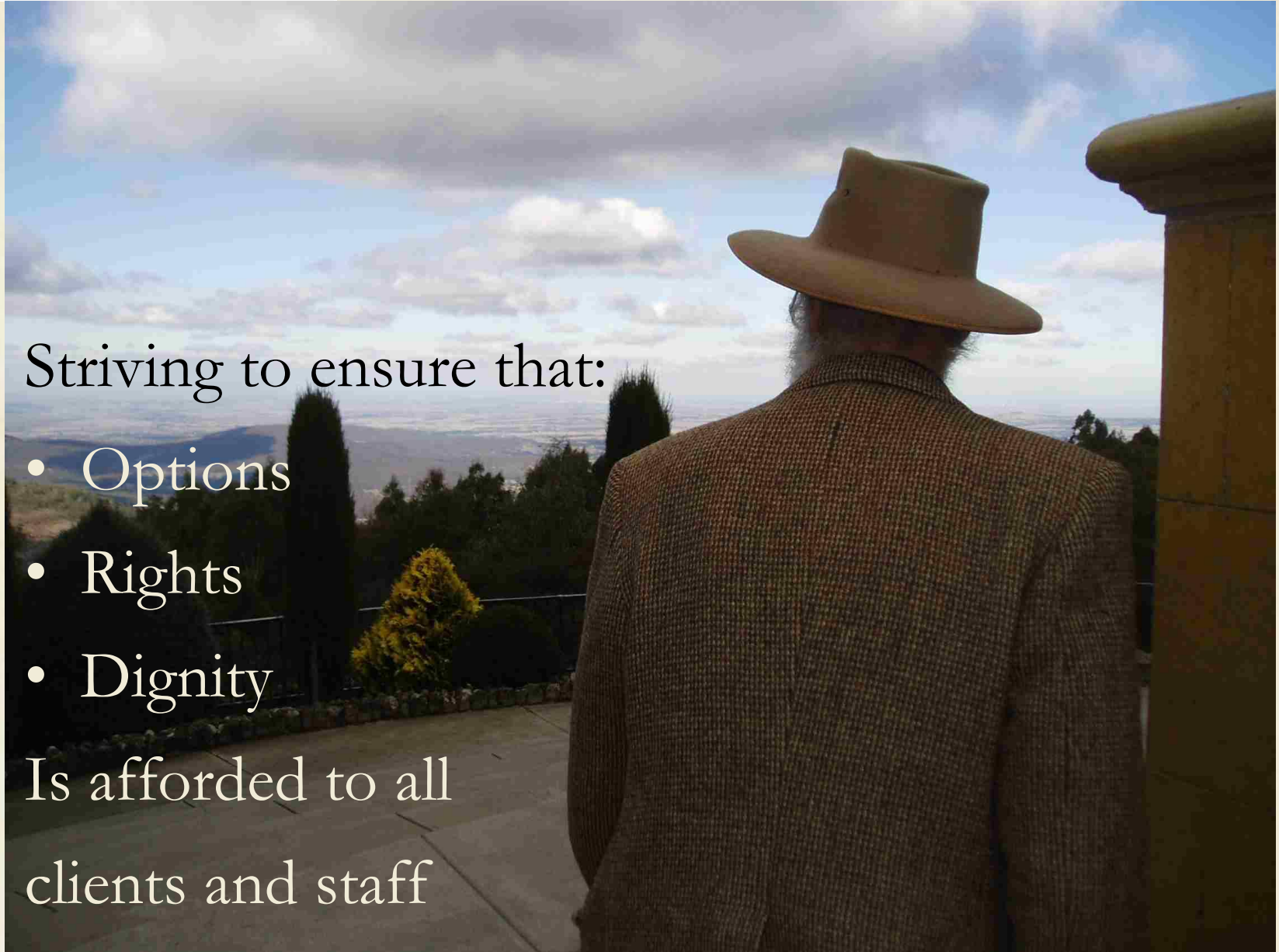




Striving to ensure that:

- Options
- Rights
- Dignity

Is afforded to all
clients and staff



References

www.wintringham.org.au/research

- Lipmann, B. (1995) *An Investigation into the provision of services for frail, elderly homeless men and women in the United States of America, Britain, Sweden and Denmark*. Melbourne, Australia: Churchill Report.
- Rota-Bartelink, A. (2006) *Models of care for elderly people with complex care needs arising from alcohol related dementia and brain injury*. Victoria, Australia: Wintringham.
- Rota-Bartelink, A. (2007) *The Wintringham Model of Residential Care: A Specialised Service Providing for a Group of Older People with Complex Care Needs*. The Wicking Project. Wintringham, Melbourne, Australia.
<http://www.wintringham.org.au>
- Rota-Bartelink, A. & Lipmann, B. (2007) *Causes of homelessness among older people in Melbourne, Australia*. Australian & New Zealand Journal of Public Health. 31(3) pp 252 – 258.
- Rota-Bartelink, A. & Lipmann, B. (2007) *Supporting the Long-Term Residential Care Needs of Older Homeless People With Severe Alcohol-Related Brain Injury in Australia: The Wicking Project*. Care Management Journals. 8(3) pp 141 – 147.
- Rota-Bartelink, A. & Lipmann, B. (2010 - in print) *Older People With Alcohol-Related Brain Injury and Associated Complex Behaviors: A Psychosocial Model of Residential Care (The Wicking Project)* Care Management Journals. 11(2) pp 112 - 121