



Managing disruptive behaviours exhibited by older adults with mental health, addictions and neurocognitive conditions in Alberta: A mixed methods approach



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ABSTRACT

Responsive behaviours (RB's) are variable responses to an individual's environment that are disruptive to the person exhibiting the behaviour as well as to those around them. Throughout the community and continuing care service sectors, managing RB's in the resident population is an increasing concern. In Alberta at present, the magnitude or impact of RB's at a provincial level is unknown. This is significant as current healthcare policies, facilities, and programs are governed at this level. A symposium of health care providers, policy and decision makers, academics, and researchers with expertise in RB's was convened with two broad aims: (1) identify and discuss issues related to the provision of health care services for individuals across Alberta, who live and cope with RB's; and (2) to develop a plan to address this challenge across the continuum of care. The findings from the symposium highlight the readiness and need for a provincial framework/strategy to develop guiding principles to cope with RB's across conditions and ages.

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1. Introduction

Disruptive behaviours, hereafter called responsive behaviours (RB's), are variable responses to an individual's environment that are disruptive to the person exhibiting the behaviour as well as to those around them. RB's include aggression, physical resistance, wandering, and agitation, and span a large spectrum of conditions exhibited by individuals with dementia, mental illness, addictions, brain injury, developmental disabilities, and other neurological conditions. As such, RB's can be viewed as a form of communication that reflects a reaction or response to an environmental cue regarding one's personal, social, or physical environment, and their state or experience (Murray Alzheimer Research and Education Program, 2013). Research indicates, "that between 60% and 90% of health care residents... have at least one disturbing mental health behaviour" (MAREP, 2004).

Throughout the community and continuing care service sectors, managing RB's among older adults is of increasing concern. To that end, healthcare workers and policy and decision makers across Canada have tried to address these issues, as is reflected in reports (e.g. Nova Scotia Health, 2011), guidelines (e.g. Government of British Columbia, 2012), and industry articles (Buhr and White, 2006). Ontario has played a leading role in Canada by addressing RB's through the formation of *Behavioural Supports Ontario (BSO)* (Local Health Integration Networks (Ontario), n.d.). This \$40 million dollar government initiative comprehensively addresses the management of and service provision to those exhibiting RB's with dementia, and supports health care workers dealing with RB's within 14 locally managed geographic regions. The BSO encourages each of the health regions of Ontario to determine their own priorities within a particular framework. In Alberta, a provincial approach to the management of RB's such as that developed in Ontario has not yet materialized, and the impact of RB's at a provincial level is unknown. This is significant as policies, facilities, and programs are governed at this level. By better understanding this issue specific to the Alberta context, research can provide valuable information that can inform policy and

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program development related to the management of RB's across differing medical conditions and the lifespan.

To that end, a symposium of health care providers, policy and decision makers, academics, and researchers with expertise in RB's was convened in November 2012. The two broad aims of the *Challenging/Responsive Behaviours Symposium – Developing an Alberta Action Plan (Behavioural Supports Alberta (n.d.a))* were: (1) to identify and discuss issues related to the provision of services for individuals across the lifespan, service sectors and Alberta (together with their families and caregivers), who live and cope with RB's associated with dementia, mental illness, addictions, brain injury, developmental disabilities and other neurological conditions; and (2) to develop a plan to address this challenge across the continuum of care (involving clinical practice, education/training, system change, clinical leadership/mentoring, and research priorities).

The symposium was an opportunity to bring together individuals from various organizations and sectors in Alberta who had little to no prior communication concerning the management and development of interventions and policies for RB's. Thus, the anticipated outcomes of the symposium included gaining a greater understanding of the current state of RB's in Alberta, identifying what is needed in Alberta to improve service provision and caregiver support, and informing both research priorities for RB's and identification of a 'go forward' mechanisms for systems change, service delivery, policy, and education/training. The outcomes of the group discussion were largely centred around healthcare for seniors, and thus the results and discussion are focused on solutions and outcomes for older adults.

2. Methods

The purpose of this paper is to: (1) describe the experiences and challenges of health care services for older adults with RB's from the perspective of symposium participants, and (2) outline the development of a provincial-wide strategy to both address these concerns and support the development and implementation of training initiatives and research exchange to promote evidence-based clinical practice.

2.1. Participants

Participants were invited to attend the symposium via email invitation sent to various healthcare sectors, policy makers, and government officials. Departmental leads in each of these areas then forwarded emails to pertinent professionals who worked with, or had interest in learning more about, RB's. Overall, the symposium was attended by 53 professionals from a variety of settings, including emergency or acute care (6%), rehabilitation (6%), mental health (19%), home care (28%), supportive/assisted living (26%), long-term/facility living (36%), housing (6%), and government (6%). Although participants were invited from various service sectors, the majority worked in direct service provision to older adults. In addition, some attendees worked in multiple areas, thus the total does not add to 100.

2.2. Data collection

A mixed methods approach was utilized to elicit experiences from health care professionals and gather informative data on the current scope of the issue of RB's in Alberta through the use of survey data collection and focus groups.

2.2.1. Surveys

Participants were administered two surveys; one at the beginning

of the symposium and one at the end. The first survey collected information on participant demographics, including their service sector, population serviced (i.e., dementia), age range of individuals serviced, knowledge level of staff regarding management of RB's, desire for additional training programs, the impact of RB's on staff, the most common RB's that occur in their organizations, and extent to which the organization is equipped to cope with RB's. The second survey queried the values and policies of the respondents' organization concerning the acknowledgement and management of RB's. Questions focused on availability of training opportunities for staff to manage RB's, barriers to or gaps in services and supports for populations serviced by organizations, and essential components of an Alberta-specific framework to manage RB's. Both surveys and their results can be found free online on the Behavioural Supports Alberta (BSA) website ([Behavioural Supports Alberta \(n.d.a\)](#)). 53 attendees completed survey one, and 27 attendees completed survey two. It was not possible to have all attendees complete both surveys given attrition from the symposium over the course of the day due to competing clinical and administrative duties.

2.2.2. Focus groups

Qualitative information was gathered during four small focus groups that were facilitated by an individual with a minimum of 7 years experience working with RB's. Participants of each focus group were asked to discuss current challenges, strategies/resources, barriers, recommendations, and research priorities for one of the following topics:

1. *Clinical best practice* – explore and discuss current practice guidelines, clinical competencies and generation/ utilization of clinical best practices;
2. *Education and training* – explore and discuss existing programs utilized by their respective organizations; opportunities for regulated and unregulated staff, formalized training and the ongoing continuing education for staff;
3. *Clinical leadership and mentoring* – explore and discuss current frontline mentoring and available team resources for regulated and unregulated staff in respective organizations;
4. *System issues and supports* – explore and discuss policies in place, structures that facilitate or create a barrier to access supports, funding models currently in place.

Each small group discussion was 1.5 h in length, following which all groups came together for a one hour large group discussion that highlighted the major concerns raised from within each group (as part of stakeholder knowledge translation).

2.3. Data analyses

All sessions were audio-recorded and transcribed for the purpose of writing a final symposium report for the funding agency. Upon completion of the funding report, it was determined by the BSA Advisory team that information gained and perspectives shared would be beneficial to share and drive policy in Alberta. Ethical review and approval was obtained retrospectively from the University of Alberta for the purposes of conducting secondary data analyses using the anonymous transcripts. As publishing the proceedings from the day was not the original purpose or intention of the symposium, retrospective ethics was requested to complete secondary analyses of the data post-symposium to meet ethical publication guidelines.

Qualitative data analysis was completed through thematic coding by four members of the research team (SF, JL, SBP and TG) using inductive content analysis. To ensure the integrity of the research process, four aspects of trustworthiness, detailed in Lincoln and Guba's model ([Lincoln and Guba, 1985](#)) were addressed

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