The TECH Approach to Dementia Care

A Resource Kit for caring for people with challenging behaviours in a residential care setting

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**OVERHEADS FOR INSERVICE SESSIONS**
Background to the TECH Approach to dementia care

This Resource Kit has developed out of the work done between June 1993 and June 1995 by the Dementia Education and Management Project. This project was funded as one of the Dementia Demonstration Projects by the Department of Human Services and Health as part of the National Action Plan for Dementia Care. It was set up and managed in the first instance by the Inner West Geriatric and Rehabilitation Service and more recently by the Centre for Education and Research on Ageing.

In the first stage of the project, nursing staff who were skilled in dementia care provided education and support for staff within individual nursing homes. In some facilities, this was restricted to inservice education. In others, the same education was provided as well as 'hands on' modelling of good practice related to the care of specific residents with challenging behaviours. Evaluation of these two approaches showed the positive influence of role modelling on staff knowledge and attitudes to working with residents with dementia.

After this initial phase of the project, staff carried on providing inservice education and direct hands on support to staff of nursing homes and hostels in the Local area. They also continued to develop a framework for assessing residents with dementia - particularly those with challenging behaviours. This framework has formed the basis of what has become known as the 'TECH Approach'. Initially influenced by the work of Anne Robinson¹ and further developed by the project staff, the TECH Approach provides a systematic way to determine the contributing factors to challenging behaviours. It also provides suggestions for how to deal with these behaviours.

With the project nearing completion in June 1995, it was decided to develop a resource kit which would allow the TECH Approach to be disseminated to a wider audience. It is hoped that the publication of this kit will provide staff of nursing homes and hostels with a more structured approach to caring for residents with dementia - particularly those with challenging behaviours.

How to use this resource kit

The purpose of this Resource Kit is to improve the quality of care of residents with dementia in residential care settings, particularly those with challenging behaviours.

Section 1 - Introduction

Provides some background information on dementia and introduces the TECH Approach. It is essential reading for anyone using the kit.

Section 2 - Using the TECH Approach

Provides a comprehensive list of key questions to assist staff to identify the triggers of challenging behaviours. These questions are broken down into the four headings of Task, Environment, Communication and Health. Under each key question, these are strategies suggested which staff can employ if this question is considered to be a trigger to the person's behaviour. This framework should be worked through systematically for any residents who are demonstrating challenging behaviours. A detailed description of how to use this material is provided at the beginning of the section.

Section 3 - Implementing the TECH Approach in Your Residential Care Facility

Provides a wholistic model of how staff can implement the TECH Approach within their own facility. It takes the reader through a series of steps which will help in this implementation process. It provides strategies for promoting change in work practice and practical resources such as lesson plans and handouts which can be used to conduct inservice sessions for staff. This section should be used by senior staff who have been nominated to implement changes in dementia care practice or conduct inservice training within their facilities.

Section 4 - Useful Resources

Provides information about books, videos and organisations concerned with dementia care. It should be used by anyone wanting more information than is found in this Resource Kit.
Understanding dementia

What is dementia?
Dementia is a broad term used to describe the loss of a person's cognitive abilities and a deterioration of social functioning or behaviour. When a person has dementia, the changes in their brain reduce their ability to remember, to think and to cope with more than one piece of information at a time. They experience changes to their physical, mental and emotional functioning which affect their ability to work, to be involved in social activities, to relate to people, to communicate and to care for themselves. Dementia is a collection of symptoms rather than a disease in itself.

What it is not
Since dementia is a poorly understood condition, there is a lot of mis-information about it, even amongst health service providers. Contrary to popular myth, people with dementia:

■ have not just "let themselves go" and become lazy
■ are not insensitive to how other people treat them
■ do not have a contagious illness
■ are not mad or evil
■ are not uncontrollably dangerous
■ are not unable to ever enjoy life again.

Some people believe that dementia is a normal part of ageing and that everyone will get it if they live long enough. This is not true; while dementia is more common in older age groups, most people over 85 are NOT demented.

Causes of dementia

Alzheimer's disease
Alzheimer's disease is the most common form of dementia. It is a progressive disease that affects the cells of the brain. The person gradually becomes more forgetful, confused and unable to sequence their activities. They develop problems with speech and communication and become lost, even in familiar surroundings.

Vascular dementia (Formerly called multi-infarct dementia)
The other common form of dementia is multi-infarct or vascular dementia which is caused by multiple strokes which have damaged particular areas of the brain. The onset of vascular dementia is more abrupt than the gradual decline caused by Alzheimer's disease. The person may show sudden changes in their ability to function and then go through periods of relative stability. This form of dementia may co-exist with Alzheimer's disease.
**Other causes**

Other less common causes of dementia include chronic excessive alcohol use, Lewy body dementia, Pick's disease, fronto-temporal dementia, AIDS dementia complex and Parkinson's disease. Many of these dementias affect the frontal lobes of the brain and are more likely to cause personality and behavioural changes than other forms of dementia.

**Reversible forms of dementia**

Some conditions, such as depression, acute confusion, anxiety, tumors or some vitamin deficiencies can present as dementia. It is important that these are accurately diagnosed as they can be treated and the dementia reversed in many cases.

**Symptoms of dementia**

Symptoms will vary between people and will occur at different times for the one person. Some of the symptoms which may be associated with dementia are:

- memory loss and language difficulties
- impaired comprehension, reasoning and judgement
- inability to carry out purposeful movement
- failure to recognise things or people
- loss of ability to learn or initiate
- disorientation
- gradual loss of ability to undertake the tasks of daily living
- changes in mood or personality
- loss of the internal clock, being active and awake at night
- wandering and pacing
- hallucinations or delusions
- challenging behaviours, such as aggression, verbal outbursts, resistance to care, suspicion and accusations, use of obscene or abusive language, agitated and repetitive acts, stealing and hiding things and inappropriate sexual behaviour.²

Stages of dementia

Dementia - especially from Alzheimer's disease - is often described as progressing through three stages - mild, moderate and severe. While people do often progress through these stages, it is certainly not uniform for all people with dementia. Furthermore, a person may be affected mildly with one symptom while being affected severely with another symptom. While accepting that dementia can occur anywhere along a continuum, it is useful to point out the typical ways that people may present at different stages of their dementia.

**Mild dementia**

During this phase, the person has difficulty remembering things. They may be more self centred and ready to blame others for stealing mislaid items. They may forget the details of recent events and are likely to repeat themselves. They may find it quite difficult to make decisions.

**Moderate dementia**

In this stage, the person generally loses recent memories and may become quite disoriented if they leave their familiar surroundings. They are likely to forget the names of family and friends and require assistance and supervision with tasks. A person with moderate dementia can be very repetitive and may see or hear things that are not there. They may be very disoriented in time and often in place.

**Severe dementia**

A person in the severe dementia phase tends to be confused, restless and disoriented. They are generally unable to remember for more than a few minutes. They may not recognise everyday objects, their family or friends and will require assistance with daily activities. They may present in ways which differ greatly from their previous patterns of behaviour.

**How big is the problem?**

The proportion of people with dementia increases as age advances. With the ageing of the Australian population, there will be a proportionate increase in the numbers of people affected by dementia including carers within the next few decades. In 1995 130,000 older Australians had dementia while this is expected to rise to 183,000 in 2006 and 210,000 in 2011. 1

With an increased emphasis on keeping older people in their homes for longer, people are entering residential care at an older age than in the past. One impact of this is that there is a greater chance that people in nursing homes and hostels will suffer from dementia. Commonwealth statistics suggest that about 60% of all nursing home residents and an estimated 171% of hostel residents have dementia. 2 Local experience suggests that these figures underestimate the extent of the problem.

Whatever the exact number, it is clear that all residential care facilities will need to have high quality dementia care as one of their main priorities.

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2 Department of Health, Housing and Community Services (1992) Putting the Pieces Together: A National Action Plan for Dementia Care pg5
Common problems associated with dementia in a residential care setting

Memory loss
There are two distinct types of memory - short-term and long-term. Short-term memory is used to store information that may be required for only a few minutes (e.g., a phone number you are about to dial), a few hours (e.g., what groceries you need to buy) or a few days (e.g., yesterday's weather, an upcoming appointment). Long-term memory holds fundamental information that is stored for many years. Memories such as your date of birth and address, or memories of profound life events are stored here.

Gradual loss of memory is a feature of dementia. Short-term memory is affected at first and, as the disease progresses, long term memory may become impaired. It is important to remember that although a person's short-term memory may be severely effected, their long-term memory may be intact. Staff can draw on a resident's long-term memory to improve the ways they communicate and work with the resident.

Disorientation to time, place and person
The resident may not know who you are, where they are, or why they are there, or any combination of these things.

Difficulty communication
Verbal communication provides residents with their main means of alerting carers to their physical and social needs. Difficulty in communication frequently leads to a deterioration in the resident's ability to meet their own physical and social needs. Common problems include difficulty in remembering or articulating words. Additionally, lack of concentration, circular conversations, mixing up words and slow responses can contribute to communication problems.

Difficulty in maintaining self-care
Problems arise with activities of daily living and this is often because the resident has lost the ability to carry out actions that have previously been learned and performed over many years (this is called apraxia). Problems also arise when people can no longer recognise or make sense of objects, actions or people (called agnosia).

Safety issues
These may include risk of falls due to an unsteady gait, which may be related to ageing, medication, or poor coordination. A resident with dementia will also be at risk because they may be unable to recognise obvious dangers such as electricity, poisoning (e.g., from cleaning fluids), sharp objects, uneven ground and traffic.
**Wandering without intention/with intention**

A resident who is content to continually pace around a familiar track within a nursing home or hostel is usually wandering without intention. They generally pace as a means of activity. Although these residents rarely pose a safety risk, it is worthwhile ensuring that they are not pacing because of understimulation, anxiety or other underlying problems.

Wandering with intention refers to the resident who tries to leave the premises. These residents often wander because they have a strong sense of purpose to be somewhere (e.g. at home or work) or with someone (e.g. their spouse, mother or children). To ensure the safety of such residents, a secure environment and the vigilance of staff is required.

**Oral intake**

Maintaining an adequate oral intake is essential for older people to avoid malnutrition and dehydration. People with dementia have an increased risk of developing these problems. This is because they may not remember how to use implements required or may not be able to ask for or obtain food or drink themselves. They may not recognise signals from their body or the environment as cues for eating or drinking. Furthermore, they may have a shortened concentration span which makes it difficult to complete the task of eating or drinking.

**Continence issues**

Incontinence may eventually become an issue as a resident may no longer be able to find their way to the toilet, remember how to use the toilet or even recognise the urge to go. As a result, they may require prompting, direction and regular toileting. If continence can no longer be achieved by these means, then the focus of care needs to be upon maintenance of comfort and modesty.
Challenging behaviours associated with dementia

A challenging behaviour may be described as ANY behaviour which causes stress or distress to a resident, their family, a staff member or another resident.

Examples of behaviours which are commonly grouped in this category include aggression, verbal outbursts, resistance to care, suspicion and accusations, use of obscene or abusive language, agitated or repetitive acts, stealing and hiding things and inappropriate sexual behaviour.

Not all people with dementia exhibit challenging behaviours. Of those who do, the behaviours generally only appear at certain stages of the illness. There are many reasons why a person with dementia may develop such behaviours, which are highlighted in Section 2 of this Resource Kit.

It is critical to point out that the person exhibiting challenging behaviours usually has very little control over the behaviour and is not deliberately acting in this way. What is of paramount importance is that these challenging behaviours require intervention to minimise the impact of crisis on the resident and for those who care for and about them.