Collaboratively Reducing Stress & Distress in People with Dementia

Adult Speech & Language Therapy
Dumfries & Galloway
Our Journey
Our Journey  ONLINE EDIT
Mental Health & SLT separated by...

• Culture
• Tradition
• Geography

• Current practice
• IT
Commonality ...

- Current Climate

- Legislation
  - Desire to improve
SLT Drivers

I’m a Dementia Champion

Assessment and Therapy for Language and Cognitive Communication Difficulties in Dementia and Other Progressive Diseases

Communication and Mealtimes Toolkit

Helping people with dementia to eat, drink & communicate

A GUIDE FOR CARERS
Opportunity to work collaboratively
Early days - NHS staff education
• Translating theory
• Creativity
• Multi modality

Money, D & Thurman, S (2002)
How to

Stress and Distress in Dementia

- Are they free from pain?
  - Are they hot/cold enough?
  - Are they hydrated?
  - Double check if they might be in pain

- Is it too noisy/too quiet?
  - Is it too bright/too dark
  - Are signs clearly visible for toilet?
  - Are signs clearly visible for each room/each door?
  - Do rooms have an identifiable use?

- Do they have an Interest and Activity Checklist completed?
  - Are there opportunities for meaningful and purposeful activities?
  - Be creative about activity - it doesn’t always have to involve staff

- Make eye contact
  - Use simple instructions
  - Use yes/no questions
  - Allow enough time for the person to respond
  - Accept alternative perceptions of reality
  - Use DO rather than DON’T instructions
  - Notice and acknowledge how they might be feeling

Edgar, 2013
Building a brand new boat
Direct consultation

- Requests for assistance & referrals
- Team initial assessment
- Specialist professional assessment
- Associate specialist assessment
- Intervention – NHS, 3rd sector, private sector
- Identify, record, analyse, implement, monitor
Stress & Distress noted by staff

Staff follow CEASE model
Has a potential physical or other cause been identified?

NO

Staff complete Challenging Behaviour Scale
What is the behaviour identified?

Identify patterns:
Staff Complete ABC charts and review these
Staff complete Behaviour Frequency Chart – when and how often is it happening?
Have any patterns, triggers or causes been identified?

NO

Draw up and implement evidence-based intervention

Monitor: complete Challenging Behaviour Scale
Has there been an improvement to the challenge score?

NO

Review the pathway
Consult more widely, seek further expertise as appropriate

YES

Address the cause.
Has the problem been resolved?

YES

Provide appropriate intervention e.g. if physical cause, medical treatment. Has the problem been resolved?

YES

NFA

NO

NFA

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Stress and Distress Pathway

IDEAS 2016
Interventions

- Communication
- Environment
- Occupation & activity
- Wellbeing for staff & patients
- Sexual expression
- Doll, music, pet therapy
- End of life - Namaste care
Hitting the rockies!

- Backfill
- Building resilience
- Transition & amalgamation
- IT
- Geography
- Creating a common language
- Beginning again
Re-evaluating
Accessing others

- Sexual health
- Continence
- Oral health
- Police
- Emergency services
- Diabetes
- NES
- Practice education
Maximising new opportunities

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• Cocktails for care homes @ Activity Fair
• Teepa Snow - Positive Approach to Care®
Education outcomes 2016/17

- Qualitative & quantitative
- 1146 people trained
- Multi modality
To all the IDEAS Team

Quote from daughter

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“I now think a bit like an SLT... I ask questions now that I would never have even considered before... I tell people all the time how much SLT can do if you can get hold of one”

nursing colleague
Our Journey
Key learning points

- Be flexible
- Make opportunities
- Jump outside the SLT box
- Create a common language
- Learn new drivers – know what they know....
- Seek out personal support & relationships
Contact us - Follow us - Join us

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Follow us @SLT_DG and @IDEASTeamNHS

Bitmoji App