PRoF Award abstract – Call 2015

<Project acronym and name>

1. Research Outline

Acronym	GRIP
Project name in English	Coming to grips with challenging behaviour
Pitch (1 sentence)	Development, implementation and evaluation of a multidisciplinary care programme for the management of challenging behavior on dementia special care units
Executive summary (max. 10 lines)	
Please provide an executive summary of the project, maximum 10 lines The prevalence of challenging behaviour on dementia special care units is high and a structured approach is often lacking. Psychoactive drugs (like antipsychotics) are often prescribed, despite their limited effectiveness and serious adverse effects. Grip on Challenging Behaviour (GRIP) is a care programme developed by researchers of the VUmc and the Radboudumc, with which the multidisciplinary approach to challenging behaviour can be structured. The use of GRIP has led to a diminishment of several forms of challenging behaviour to a diminished prescription rate of antipsychotics and antidepressants and to more job satisfaction, whilst the use of restraints and job pressure for nursing staff stayed the same. In the nearby future, the care programme will be digitalised and fine-tuned into a ready-to-use package.	

2. Cause and context of the research

The research project Grip on Challenging Behaviour (Grip op Probleemgedrag) aimed at people with dementia and challenging behavior living in Dutch nursing homes. In Dutch nursing homes, as well as in Belgian nursing homes, much emphasis is placed on creating a home-like environment in which care is provided with respect for personal needs and preferences. Combined with the presence of a multidisciplinary team containing an elderly care phycisian and a psychologist, there are excellent preconditions for optimal psychogeriatric care compared to other countries. However, this is not reflected in the prevalence rates for challenging behaviour or the use of psychoactive medication, which do not differ from other developed countries.

On average, 80% of the people living in Dutch DSCUs show some form of challenging behaviour and many behavioural symptoms are persistent over time, which suggests that treatment is either insufficient or ineffective. What is more, over two thirds of the residents are prescribed psychoactive medication and despite guidelines stating that attempts should be made to discontinue the use of psychoactive medication, one third of the DSCU population is prescribed such medication for over 24 months.

The main goal of the research project was to develop and study the effects of a care programme (GRIP) that, by way of structuring the management of challenging behaviour and prearranging multidisciplinary involvement, would be able to guide care teams in managing challenging behaviour and diminish challenging behaviour-related outcome measures.

The first aim of the project was to develop a care programme for the multidisciplinary management of challenging behaviour in dementia on dementia special care units (DSCU). GRIP was based on national and international guidelines for the management of challenging behaviour. Several expert meetings were organised to further develop the structure of GRIP and the accompanying forms. In the expert meetings, discussions regarding the goal, the content and the feasibility of GRIP were held with representatives from different disciplines engaged in long term care for people with dementia. This development process resulted in a structure for the multidisciplinary management of challenging behaviour that can be used by the several involved disciplines (e.g. care staff, psychologist, physician).

The second aim was to implement GRIP and research the effects of using GRIP. The care programme was implemented in 17 dementia special care units.

To evaluate the validity of the results of the effect study on GRIP, as well as to evaluate the barriers and facilitators to implementing GRIP for future implementation purposes, a process evaluation of the implementation of GRIP was undertaken. Also, the effects of using the care programme on challenging behaviour and on the use of psychoactive medication were determined. Next to diminishing challenging behaviour and the use of psychoactive medication, the impact of challenging behaviour on care staff was also considered an important field of research.

3. Innovation results achieved

The first aim was to develop a multidisciplinary care programme (GRIP). The structure of GRIP consists of four steps; detection, analysis, treatment and evaluation. Detection can be performed by care staff either in daily care or by a detection tool which is administered every six months. After challenging behaviour is detected, care staff fills in a analysis form and consult either the psychologist or the physician. Both clinicians can use their own analysis form, which is based on the discipline-specific guidelines. After the analysis, a treatment plan is formed based on the results of the analysis. Finally, by using a flowchart, evaluation takes places. The structure of GRIP, the individual steps and forms and the underlying principles of GRIP are explained trough two training sessions at the start of the implementation.

The second aim was to research the implementation and effects of GRIP. The process data show that the preconditions for implementation and interpreting effects of implementation are met; e.g. the recruitment and reach both allow for generalisation of the results and GRIP was judged to be feasible and relevant to long term dementia care. The initial reaction of care teams to the implementation of GRIP were positive. People were confident that GRIP could reduce challenging behaviour and they were contented with the structure GRIP could bring to the way challenging behaviour is managed. Through interviews and questionnaires, facilitators and barriers for implementing GRIP could be determined. The barriers and facilitators that were found (e.g. fitting in with local culture, digitalizing the programme) will be settled in a follow up project (GRIP II). Significant positive effects on residents showing signs of delusions, depression, apathy, disinhibition and aberrant motor behaviour were found. Furthermore, significant effects on the prescription of antipsychotics and antidepressants were found. No changes in restraint use were found. Adjusting analyses for the implementation rate shows that better implementation leads to larger effects of GRIP. Also, job satisfaction of nursing staff improved when GRIP was used whilst job demands stayed the same.

4. Link to the PRoF values

Awareness: Although nursing home residents will not all be aware of the intervention itself, the awareness of people with dementia and the way they experience the world around them is one of the cornerstones of the analysis of behavior. By focusing on awareness, individualized interventions for challenging behavior can be used that are better fit to the personal needs and experiences of the resident.

Minimal comfort: One of the goals of implementing the care programme is to diminish the use of psychoactive medication. The use of these types of medication often has side effects, like drowsiness, apathy, fatigue, that make people very uncomfortable.

Security: Many types of challenging behavior seem to emerge out of anxiety and feelings of unsafety. In the analysis of behavior that is part of the care programme, the needs and possible causes of behavior (like anxiety) are thoroughly examined.

Minimal private level: When analyzing behavior, one of the questions to nursing staff is whether the behavior is apparent in specific environment or in the presence of certain people. For some residents, the intervention can be to create more privacy or a better suiting environment to create more comfort and less challenging behavior.

Loneliness: Without the care programme, nursing staff can report challenging behavior to a physician, who can prescribe psychoactive medication during a meeting with the nursing staff. When using the care programme, nursing staff, phycisians and psychologists are urged to really get to know the resident, spent time with them or her and unravel the way the person with dementia experiences the world. By getting to know the resident, the cause of the behavior can be treated instead of the behavior itself. Often the cause of behavior is loneliness, boredom, etc..

Non stigmatizing: Residents in nursing homes are often seen as people ‘who lost their minds’. By treating their behavior as a sign of mental retardation, this stigma is underlined even more. With the care programme, challenging behavior is no longer seen as a symptom of disease, but rather as a symptom of discomfort. By making sure the practitioners and care staff thoroughly examine the causes of the behavior and way the person with dementia can be more comfortable, challenging behavior might diminish. For this, it is necessary to understand that the person with dementia is still a person, who has thoughts and feelings. By getting to know the person with dementia, the gap between ‘us healthy people’ and people with neurodegenerative diseases can be diminished.

Inter generational: In examining the causes of behavior, care staff is explicitly asked to incorporate the view of proxies (partners, children, grandchildren) on the behavior. Many times, loved ones can explain behavior from the past or find solutions that specifically fit with the previous life of the person with dementia.

Flexibility: Although the care programme has been developed for the nursing home, it can easily be transferred to the community dwelling population or to other populations like the long-term care for people with mental disabilities.

5. Applicable IPR rules

The intellectual property of the care programme Grip on Challenging Behaviour lies soley in the VUmc-EMGO+ institute.

6. Information on the partners

The care programme was developed with the use of a grant from The Netherlands Organisation for Helath Research and Development (ZonMW) and the follow up project in which the care programme was digitalized and made into a ready-to-use package was funded by NutsOhra and St. Hofjes Codde & van Berentsteyn.

Addendum: Contact information

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