Not just a "challenging behaviour"

Kate Swaffer
University of Wollongong, ks260@uowmail.edu.au

Publication Details
Not just a "challenging behaviour"

Abstract
Abstract presented at the 30th International Conference of Alzheimer's Disease International, 15 - 18 April 2015, Perth, Australia

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

This conference paper is available at Research Online: http://ro.uow.edu.au/smhpapers/2866
P246

Topic: Residential Care Models of the Future

NOT JUST A “CHALLENGING BEHAVIOUR”

Kate Swaffer 1,*

1University of Wollongong, Wollongong, Australia

Objectives: People with dementia continue to be labelled as “challenging behaviours” in ways that continue to marginalise and stigmatise them. We agree that in the workforce, the most fundamental skills required in any organisation are language, literacy and numeracy (LLN). They enable us to process information, communicate effectively, contribute to productivity and performance, as well as socialisation, team building, confidence, enjoyment, and the ability to adapt to changing environments. Therefore, in the dementia care workforce, it is critical that workers have the knowledge to recognise when a person with dementia needs assistance with LLN and can adjust their care accordingly. This applies to how health care staff deliver care to people with dementia, as the impairments caused by dementia should require that staff have knowledge in how to assist them. Most often impairments are written up as “difficult behaviours” and BPSD, and then treated with a form of restraint, rather than provided with more appropriate support, e.g. speech pathologists are rarely included in the care plans of people with dementia, even though language and speech impairments are common. In the context of people with dementia, LLN is important. If they cannot enjoy nor have the ability to continue with good language and literary, then their experience of well being is impaired. “Challenging behaviours” will be present if no-one bothers to understand their needs, and it is up to others to learn how to communicate with them, not the other way around. If challenging behaviours become part of the experience, then it is more likely due to not being able to express things like pain, poor tasting food, being bored, than it is the fault of the dementia. Using physical or chemical restraint is not the answer, but rather a blatant abuse of the human right to be understood and cared for the best way possible. This presentation gives an overview of the issues and strategies for the dementia sector to change their practice surrounding unmet needs. If they cannot understand what the person with dementia is trying to communicate, I wonder who it is that is confused?

Disclosure of Interest: None Declared

Keywords: BPSD, Challenging Behaviour, Dementia, Communication, Speech pathologists,