

# Center for Behavioral Management: the family approach

*Gemma Law PhD, Psychol(UK)  
Consultant, Centre For Behavioural  
Management and  
Assistant Professor, HKU SPACE*



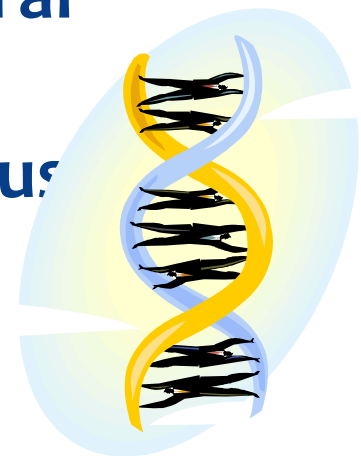
*Cheung Kit Ying (social worker)  
St James Settlement Kin I Centre*

# About BPSD

- \* **What is Behavioural and Psychological Symptoms of Dementia**
- \* **How does it affect the caregivers in community?**

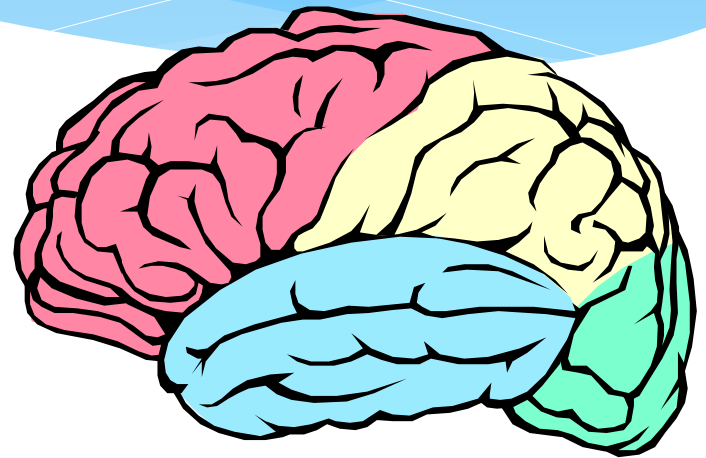
# What is BPSD?

1. It is associated with the neurodegenerative diseases
2. The normal process of coping to external stress has been interrupted by the neurotransmitter deficits
3. Previous personality
4. Types of Dementia such as Frontotemporal Dementia
5. Family history in mental health or previous psychiatric illness



# What are the contributing factors for BPSD?

1. **Nature of the condition**
2. **The Environment**
3. **Stressors**
4. **Ineffective coping**



# Signs and Symptoms

- \* **Depression**

- \* **Anxiety**

- \* **Insomnia**

- \* **Verbal and non-verbal aggression**

- \* **Wandering**

- \* **Hallucination**

- \* **Delusion**

- \* **Screaming/shouting**

- \* **Restlessness**

# The consequences/impacts

- \* **Early institutionalization**
- \* **Medication**
- \* **Increased caregiving burden**
- \* **Relationship breakdown**

# Types of Treatment

## \* Medication

- \* Anit-psychotic such as Haloperidol, Resiperidol



## Non-medical approach

- \* Behavioural Management
- \* Music Therapy
- \* Art Therapy
- \* Aromatic therapy

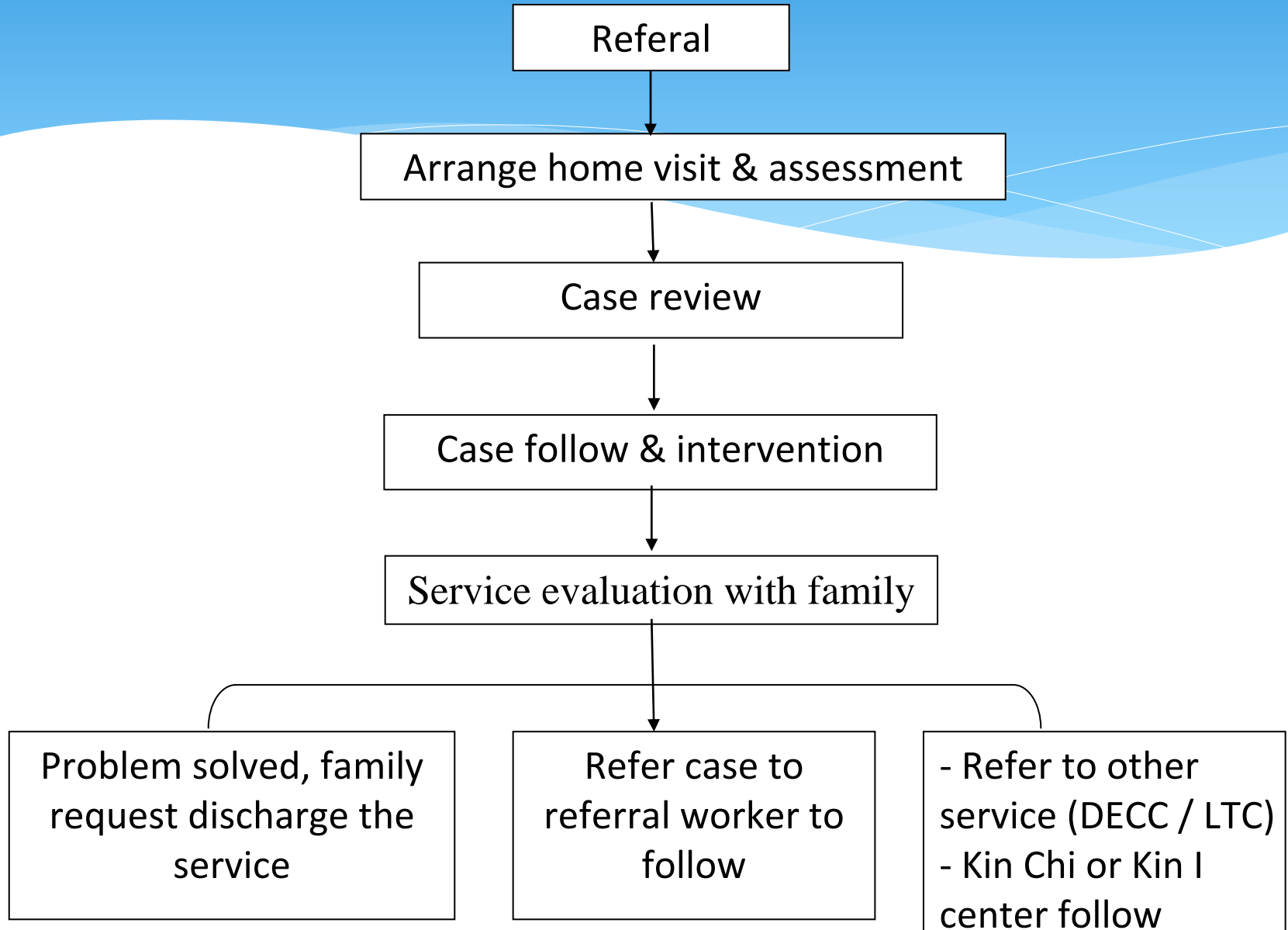


# AIMS

1. To prevent a breakdown of relationships, caregiving and early institutionalization.
2. To strengthen the coping skills and the caregiving skill of family caregivers so that they would know how to care of their care recipients of different stages of cognitive impairment.



# Flow Chat- assessment



# Reasons for seeking professional services(N=150)

- \* Family caregivers had encountered difficulty to cope with the uncontrollable challenging behaviour at home, consequently developed emotional outburst

	n	%
<b>BPSD (Challenging Behaviour)</b>	87	58%
<b>Emotional outburst/mood disorders</b>	31	20.7%
<b>Caregiving problems</b>	23	15.3%
<b>Mental health problems</b>	9	6%

# Description of challenging behaviour

- \* complaints included wandering , sleep problem and uncooperative, emotional outburst
- \* visual hallucination , resistance to care and aggressive
- \* distress to the family caregivers at home.

# Monitoring system

- \* Each case was reviewed on regular basis and the frequency of review ,that depend on the nature of problem or needs for intervention
- \* Family caregiver/s was/were invited to attend the case review so that full
- \* discussion of the case was taken place at the meeting. It is important that other professionals such as doctor, psychologist or social worker
- \* participating the case review.

# Scenario one

## Rationale

An elderly client stopped attending the dementia day care after a change on staff. Daughter called to show concerns of his behaviour at home such as doing nothing, staying in bed most of the time and feeling depressed

## The Approach

1. Home Visit – an emergency visit was made and client was very anxious and showed signs of depression such as sobbing, negative thoughts etc  
Family relationship was not great
2. Immediate Intervention - individual counselling including his wife
3. In home service was given to monitor the condition as well as to help the client resume the confidence to leave his flat
4. Gradual basis to resume the day care was successfully achieved
5. Case Review – the case worker attended to report on the progress of the intervention; and to receive the feedback from the family caregiver

# Scenario two

## The Rationale

Wife, a primary caregiver, asked for help because she was under a lot of caregiving burden at home. She wanted advice and intervention. Husband had developed some behavioural problems

## The Approach

1. Home Visit – to look into the home problem/s by meeting the caregiver at their flat
2. Case Review – wife attended the meeting and had a detailed discussion on the identified problems such as getting up at night, lacking motivation, the weakness, eating habit and weight concerns and especially change of lifestyle on her
3. Individual counselling and psychoeducation were given. A meeting was arranged to meet with two sons as she felt sons were not supportive enough or denied father has dementia
4. Monitoring of wife's psychological well being and her coping with the caregiving role via carer support group
5. Evaluation- she has now managed husband's incontinence at night, diet control and accepted husband will slowly improve his mobility. Most important of all, the caregiver learns how to adopt effective coping and self control

# The Overall Management

1. Understanding the cause/s for the presenting problem
2. Adopting an effective coping strategies
3. Accepting the BPSD is part of the condition
4. Assisting the person with Dementia to cope with the presenting behaviour
5. Divert the focus of BPSD
6. Avoid reminding the person with Dementia what he/she has caused trouble in the past
7. Documentation is essential for future reference

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