Staff training using STAR: A pilot study in UK care homes.

Margaret Butterworth Care Home Forum

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Behavioural & Psychological Symptoms of Dementia (BPSD)

- Describes the non-cognitive effects of dementia, primarily depression, anxiety and behavioural disturbance.
- Complex social, psychological, environmental and biological causes.
- Strong association with poor living environments and a lack of psychological and emotional care.
80% prevalence for care home residents - increases with dementia severity (Margallo-Lana, 2001)

20% of people with dementia suffer from depression - compares to 11% of the general older adult population

May affect over 300,000 people in the UK.
Medication

- Anti-psychotic medication found to compromise patient safety (Banerjee et al, 2009).

- Estimated that only 20% = benefitted but 1,800 additional deaths per year due to strokes.
Anti-depressants also not been found to be effective with people with dementia (Banerjee et al., 2011).

Call for Action = medication review for every person with dementia before March 2012.
Care home residents with BPSD

- Complex care needs of care home home residents (BPSD/physical co-morbidities/dementia severity)
- Complex needs not accounted for in workforce training and development.
- NVQ’s do not equip staff for the challenges they face.
- Care staff find it difficult to identify the psychological need driving resident’s behaviour (Kolanowski et al, 2010).
“All care staff should receive access to specialist dementia-care training” – National Dementia Strategy (2009) and NICE-SCIE (2007).
But...we don’t know which programmes are the most useful.

- Skills for Care (2011) published a set of 8 principles to guide workforce development in dementia.
- Few staff actually receive training, heterogeneous range of programmes available, no guidelines on which are more effective.
STAR (Staff Training in Assisted Living Residences)

- Developed & evaluated by Linda Teri and colleagues
- 4 assisted living residences were randomly assigned to receive either the STAR training programme or usual onsite training.
- Residents in STAR = sig improvement on measures of behavioural problems, depression and anxiety.
CBT theory

Problem solving using ABC’s = adjusting communication approach or the environment to reduce BPSD.

Values dignity & rights of the person with dementia.

Values strengths of staff.
STAR

- 8 wk programme
- 2 workshop sessions (4 hour’s each)
- 4 individual supervision sessions (including observation)
- 3 management sessions
Understanding Dementia and Realistic Expectations

- Information about dementia (types, stages) and its influence on everyday life
- Discussion of the features of dementia (memory problems, language etc.)
- Delirium
Anxiety in Dementia

- Worrying, fearfulness.
- Nervousness.
- Yelling
- Arguing
- Trembling, sweating
- Shortness of breathe
- Sensitivity to people and noise
- Being irritable
- Being restless
Depression in Dementia

- Feeling sad or hopeless.
- Losing interest in activities he or she used to enjoy.
- Crying
- Feeling guilty, hopeless or worthless.
- Losing appetite
- Sleep problems
- Tired or lacking energy
Spiral of depression

- Sad feelings can lead to more sad feeling spiralling downwards.

Isolated in room

Thinking critically about self “I can’t do anything”

Thinking of loss: “I lost my home”

Crying

Stay in room - no chance to reverse spiral
Reversing the spiral

- We are all able to use stop ourselves from feeling too sad or anxious. People with dementia may find this more difficult though. People will dementia can reverse this cycle, they just need our help.

  Nice conversation with someone “they like me”

  Have hair done “I feel good”

  Go for a walk “its nice weather”
Communication

- Learning to listen with *respect*, to provide *comfort* to the resident’s distress and then to use a strategy to *redirect* them away from what is distressing can help with any communication problems or can relieve distress.
Pleasant Events

- Pleasant events should be simple and easily available, could range from a walk in the garden to a brief chat.

- Staff are encouraged to consider what makes them feel better when they are feeling anxious or depressed and to apply these ideas in their work.
Pilot Study

- To investigate the feasibility of implementing STAR in UK care homes.
- Primary outcomes: Impact on depression, anxiety and behavioural problems.
- Secondary outcomes: Impact on resident QOL, staff attitudes and staff sense of competence.
- Baseline and 8 wk follow up.
- Cornell Scale for Depression in Dementia
- Rating Anxiety in Dementia Scale
- Revised Memory and Behavioural Problem Checklist
- Quality of life - Alzheimer’s Disease
- Approaches to Dementia Questionnaire
- Sense of Competence in Dementia care Staff.
Setting

- 2 large (93 residents), privately owned care homes in the London area.
- 3 units per care home
- Task focused culture of care
- Hierarchical management structure
- Limited supervision
Staff

- 25 care staff
- Majority female, spoke English as a second language and were from countries other than the UK.
- 44% had a qualification relevant to care work such as an NVQ level 2 or above or a non UK nursing qualification.
- 56% in the process of studying for a qualification relevant to care work.
Residents

- 32 residents with dementia
- Experiencing clinically significant depression, anxiety or behavioural problems.
- Mean MMSE = 11.3
- Only 47% had a formal dementia diagnosis.
Cornell Scale for Depression in Dementia

Pre-test: 15.8
Post-test: 10.8

P-value = 0.02
Effect size = 0.6

Revised Memory and Behavioural Problem Checklist: Depression Scale

Pre-test: 9.7
Post-test: 7

P-value = 0.042
Effect size = 0.4
Rating Anxiety in Dementia Scale

P-value = .389
Revised Memory and Behavioural Problem Checklist: Disruptive Behaviour Scale

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<th>STAR</th>
<th>Pre-test</th>
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P-value = 0.013
Effect size = 0.5
Quality of life

P-value = 0.836
Attitude to Dementia: Hope

Pre-test: 25.7
Post-test: 27.7

P-value = 0.026
Effect size = 0.40
Sense of competency: Building relationships

Pre-test: 12
Post-test: 14.6

P-value = 0.000
Effect size = 1.1
Limitations of results

- No control group = can’t guarantee the change in symptoms occurred because of the training. Eg. Regression to the mean, interfering events.
- No follow up - benefits may not have been maintained over time.
- Difficulties with use of staff report measures.
Acceptability

- 96% = workshop sessions as useful/very useful
- 91% = individual sessions as useful/very useful
- 87% = would recommend it to a colleague.
- Most helpful aspects of the course = DVD and ABC’s.
Staff comments

- Staff stated that the training:
  - Improved their relationships with residents (82%) and colleagues (83%).
  - Increased their knowledge about dementia (86%)
  - Increased their confidence in their role (83%) and job satisfaction (78%).
Training changed the way staff approached their job.

“I found it very educational and it has changed how I behave towards residents. I now try and get them involved in more activities”

Helpfulness of sharing ideas with colleagues

“It was good to find that other floors are having similar experiences and to feel open to express my own opinion”

The training was pitched at an appropriate level

“We all enjoyed the training and understood it well”
Improved staff knowledge about dementia

“It was a great experience. It gave me loads of knowledge and understanding”

Helped staff to develop a more positive attitude towards people with dementia

“It greatly changed my attitude and point of view about dementia sufferers”

It helped staff to develop a more positive, person-centered attitude towards people with dementia

“It gave me more understanding of dementia and how we should treat people with dementia the same as any other person by respecting and valuing them”
The training helped care staff’ to feel more confident in their role

“I didn’t only learn about dementia but I also learnt things which have helped me in my day to day living. I learnt to communicate and meet different people”

The training helped to improve team working skills

“I learnt about helping my colleagues every time they need a hand in the work place”
Mechanisms of change?

- Skill development - communication, ABCs, pleasant events.

- Staff empowerment
  
  “It is logical that it may be difficult for staff to enable people with dementia to make choices over their own lives when they themselves have very little power over their own working environment (Kane, 1994)”

  “Traditional care environments may limit staff from exhibiting their full competence” (Lawton, 1975)
Helping staff to view their role from a new perspective:

“I just didn’t realise we were allowed to do that”

- Learning from each other
- Supervision sessions bridged the gap between the training and everyday work environment.
- Time for reflection - fostering empathy is important for building relationships between staff and residents (Astrom et al, 1991)
Barriers

- Task focused care
  - “If I don’t do x I will get in trouble”
  - “I may not look like I’m doing my job”
- Time pressures
  - “We don’t have time to try anything new”
- Limited chance to practice using ABC’s outside of the STAR sessions, needed supervision from their own managers.
Overcoming barriers

- Building a good rapport with staff
- Providing constant praise
- Being flexible and understanding their daily routine.
- Being mindful of the organisational perspective.
- Using observation - verbal & written feedback. Asking staff to try ‘pleasant events’ in my presence.
Implications

- STAR could be potentially very useful, but we need to conduct a proper RCT.
- Care homes could incorporate it into their existing staff training packages.
- Need to also review wider organisational practices - overall shift to a more person centred model of care.
- Many care staff have a lot of potential - they just need training and supervision.
☐ Ensuring all staff feel supported and valued
☐ Career structure for dementia care staff eg. NVQ in dementia care, increased status.
☐ Streamlining admin and housekeeping duties to ensure care staff spend as much time as possible in contact with residents.
☐ Induction training builds a psychological component.
☐ Staff recruitment - consider qualities such as communication skills, compassion and empathy.
Thank you

- A huge thank you to all the staff who took part - whose dedication, hard work and compassion always impressed me.

- Residents with dementia and their relatives.

- Please get in touch if you require any further information - judegoyder@gmail.com
References


