

ESSAY REVIEW

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Margot Lindsay RGN BA MPhil MCLIP PhD

Associate Staff, Division of Psychiatry, University College London, London, UK

Correspondence address

Dr. Margot Lindsay, Division of Psychiatry, Maple House, 149 Tottenham Court Road, London, W1T 7NF, UK.

E-mail: rejumev@ucl.ac.uk

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Introduction

This book is about working in older and dementia care. It focusses on thinking, acting and interacting with people with dementia, regardless of whether they live in a care home or in their own home. It discusses doing this in a way that means taking responsibility to ensure that all older people with dementia can maintain a functioning life, with autonomy and the ability to take responsibility for their own actions. The aim of the discussion is to lead those who work with older people and especially those with dementia, to think and act in a different, more considerate, more respectful and more effective way. This requires both flexibility and openness.

Structure of the Volume

Parts One and Two

The first part of the book is divided into eleven chapters, each dealing with a principle that is exemplified by at least one 'real life' situation. The principles are founded on research specifically relating to challenging behaviour and some of them depart in their character from how we normally think. The second part of the volume consists of case studies of real life interactions between older people and staff, looking a little more broadly at the different situations against the background of the principles described in the first part of the book. This can aid in understanding what is really happening and possible strategies can then be formulated. The idea is to provide caregivers with practical methods and an overall approach for use in daily work in homes for older people and for people with dementia.

Themes of particular interest are summarised in a brief paragraph at the end of each chapter. The theme for Chapter 1 is "Always identify the one with the problem."

There is a tendency to look at behaviour that challenges as if it is the person exhibiting the behaviour that has the problem. In actual fact, problems arise when we do not know how to handle a certain kind of behaviour. In order to be effective, we must therefore understand that when we lack methods for handling the behaviour, we are the ones with a problem.

In Chapter 2, the theme is: "People behave well if they can." When a person with dementia exhibits behaviour that challenges it is most often because people have too high an expectation of their abilities. In order to reduce behaviour that challenges it is necessary to identify that which challenges and we must therefore identify where expectations are too high, because people with dementia always do the very best they can.

Chapter 3 explains that "People always do what makes sense." People do not always act rationally. We do what makes sense in the situation in which we find ourselves. This means that we are influenced by a host of different factors every time we do something. By influencing these factors we can change a person's behaviour. In dementia, we have to take a little extra care about which factors we change.

Chapter 4 explains that "Those who take responsibility can make a difference." If we want to change something, we have to think of what we ourselves can do to bring about the change, not what others should do. Only by investigating what we can do ourselves can we influence the course of events. This implies that we who work in the care of older people should focus on what we ourselves can do and accept our responsibility, not lay the responsibility on the residents, their relatives, colleagues or managers.

Chapter 5 explains that "People with dementia no longer learn." Many of our methods build on people being able to learn from them. But since people with dementia no longer learn, we need to become aware about which of our methods depend on people being able to learn, because it is these we should not use. Methods that focus on preventing and managing behaviour that challenges are usually better.

Chapter 6 shows that “You need self-control to cooperate with others.” Cooperation is about two people adjusting their behaviour to each other. This requires that both of them have control over themselves. As staff working with a person with dementia, we therefore cannot take control. We must instead make sure that the person has control over himself.

Chapter 7 explains that “Everyone does what they can to maintain self-control. As humans, we always try to maintain our self-control, sometimes with good methods, but often with methods that could be perceived as behaviour that challenges. For example, perhaps we lie in order to handle a difficult situation, or we remove ourselves from a particular situation when matters get uncomfortable. People with dementia do the same.

Chapter 8 explains that “Affect is contagious.” If we are together with happy people we become happier than if we are together with people who are depressed. We therefore have to be aware of both our own feelings and the feelings of older people. By using active strategies to modify affect in them we can also prevent and manage behaviour that challenges.

Chapter 9 clarifies that “Conflicts consist of solutions and failures require an action plan.” It takes two to fight. This means that every conflict has two parties, both of whom are trying to solve a problem. If as staff we can adapt our problem solving to the unequal situation that exists in older and dementia care, taking into account both differing individual abilities and our own formal role, then we will be able to avoid many conflicts.

Chapter 10 shows that “Pedagogy and care involve making the right demands.” Pedagogy and care are about encouraging people to cooperate and to do things they otherwise would not have done. When working with people that have dementia, this means that it is not enough to only make demands of them. We have not succeeded in our work until we can help them to do what is good for them. That is what we are paid to do.

Chapter 11 shows that “To lead is to cooperate.” Older care and dementia care are fundamentally different from all of the other pedagogical contexts and care situations, because people with dementia do not know that it is the staff who decide. They think that they decide for themselves. This means that we must continually help them to choose to cooperate. Which means that we cannot be authoritarian. Our task is to help them to do what is good for them and to do it in such a way that they believe they are making their own decisions.

Part Three

The third part of the book provides “Extra Material” on Types of Dementia, Person-Centred Care, Study materials and References. The person-centered approach is central in the overview of the four most common types of dementia. By providing general understanding of the different cognitive difficulties, interests and ways of reacting, this approach is of pivotal significance in helping staff to understand why a certain person acts in the way that they do.

The authors in this section of the book, provide examples from everyday life in the de-escalation phase when chaos has occurred. After a difficult situation, it is always relevant to talk about what the staff should do and it is important for that conversation to be received in a good way by everyone on the team. The authors emphasise the importance of developing good methods and routines for creating calm in situations where there has previously been unrest. For example, it might represent a good approach to create an opportunity for the older person to withdraw and be alone if he or she wants to, or to offer to engage in a quiet activity together that staff know is enjoyed.

Intended audience - professional carers

This book is for people who work in caring for older people and how to handle the problems they encounter. The authors emphasise that the problems being discussed are the problems that we ourselves experience. In other words, the book is about how to solve the problems encountered in caregiving and not about what the older people can do to solve caregivers’ problems. Most of the time, they solve their own problems - perhaps not always using what we would consider the best methods, but more often using methods that cause problems that have to be solved here and now. Only by accepting the responsibility of caring can the problems encountered be solved. It is necessary to lower the demands and expectations we have that people with dementia should have the same level of ability every day or every hour. What they are able to do and what staff can expect from them will vary, depending among other things on the time of day and the level of stress.

Style of writing

Short anecdotes about personal care situations clearly define problems and how they were managed. The summaries are excellent and thoughtful teaching material. The chapter headings are inherently interesting. Overall, the style is very personal and informal, speaking directly to the reader. Each anecdote begins with the person’s (anonymous) name and brings the reader immediately into the scene. Study materials consist of 12 group discussions as suggestions for staff meetings. These focus on identifying conflict situations and how to find the best way to make demands on people with dementia in such a way that the person will want to follow them. Instead of filling the book with footnotes, the authors have chosen to collect in one place the reference texts that describe the research and theories presented in the book, chapter by chapter, which enables increased readability. These references are found in the Study Materials at the end of the book.

Staff skill ceilings

In order to succeed, staff must realize when they have reached their skill ceiling. This is perhaps one of the most important tasks for professional caregivers. Everybody working in the care of older people and people with dementia will encounter situations in their daily work that traverse general competence. There is a tendency to consider behaviour that challenges as a deviation from the norm. But, really, it would be much better and more effective if staff could begin to see such deviations as simply part of everyday life. By studying, accommodating and managing behaviour that challenges, rather than using reprimands and demanding more medication, staff will experience better, more satisfying, results. Each time caregivers face a situation that has escaped control, they should sit down and think about what it was that went wrong. In each stage of the sequence of events they will then discover exactly where their expectations were set too high. But if staff then content themselves with looking for things they think the person with the challenging behaviour should have done differently, rather than looking for the reasons that actually lay behind the behaviour, they will face the same problem next time around and end up in a similar situation.

The thesis of the book is person-centered care

Person-centered care, in the context of this book, involves looking at issues beyond the brain damage, such as previous personality, biography, achievements and life story. The person comes before the diagnosis. The focus is on the maintenance of an individual's rights. This involves having to work in a way that enables older people to cooperate with all who care for them - not by deciding for them, but rather by helping them to feel that we take decisions together. Staff need to make the desired behaviour the one that makes most sense in every situation. They have to work in a way that enables older people to cooperate with them. This is why dementia care is a job which requires high qualifications and therefore should be better rewarded than a managerial position in a regular company. People with dementia, just like everyone else, do what is most understandable in each situation. That which makes most sense. That's why staff need to make the desired behaviour the one that makes most sense in every situation. In caring for people with dementia, staff often find that they are in situations where the residents think they are on equal terms with the staff. This is not really the case and this is particularly challenging. Sometimes, the staff have to use their power to ensure that residents brush their teeth, shower, or do not wander away and so on. But not by telling them what they may or may not do in overt terms.

The most important goal of older care and dementia care is to ensure that the older people who need support in everyday life receive it, allowing them to

live as full a life as possible. If they have dementia, however, the behaviour that challenges will make the task more difficult for the caregiver. To handle this as easily and smoothly as possible caregivers should therefore concentrate on their primary function. The assignment, then, is not to discipline people with dementia or to teach them to behave. Rather, it is to manage and prevent their negative behaviours so that they can lead a functioning life and preferably in a way that does not require too much time, energy or space. It is not the people with dementia whose task should be to behave themselves, rather it is the caregivers whose task it should be to create a context that allows these people's everyday life to function.

Conclusion

The book includes very engaging incident descriptions which reflect the clinical skills of the psychologists and the nurse who is also the Managing Director of a dementia centre. The authors definitively explain "Why working with older people in care can be really difficult and what to do about it." It could be argued that this subtitle could convey the reality of the text rather than the potentially unhelpful main title, unless of course it is sold with other books specifically targeted at people working in this sector. Apart from this response from people whom I asked about the book cover, I can, after a lifetime of nursing experience and providing information services specifically targeted for people providing care, strongly recommend this excellent book for practitioners as well as tutors in this care sector.

Conflicts of Interest

The author declares no conflicts of interest.