THE WICKING PROJECT

OLDER PEOPLE WITH ACQUIRED BRAIN INJURY & ASSOCIATED COMPLEX BEHAVIOURS: A PSYCHOSOCIAL MODEL OF CARE

Final Report

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Wintringham would like to acknowledge and sincerely thank the participants of this project.

We would like to acknowledge ANZ Trustees and The JO & JR Wicking Trust for their faith in ‘looking outside the square’ and funding this project. Historically dementia projects attract substantial funding, with alcohol related brain injury (ARBI) often forgotten and this neglected group of people overlooked.

We wish to express our appreciation to the project founder, Bryan Lipmann, whose foresight, resourcefulness and conviction guided the project to fruition.

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Dedicated to the memory of Mr Glenn Woods, Mr Patrick Tancredi and Mr Michael Nicholas.
Executive Summary

The Wicking Project
Older People with Acquired Brain Injury and Associated Complex Behaviours: A Psychosocial Model of Care

Currently Australia has a well developed aged care service system. Comprehensive aged, health and social care services are generally effective in delivering appropriate care and support to the majority of the aged population. Yet despite the richness of services available, there are still groups of people living in the community who are not gaining access to these services or not utilising them to their full potential to meet individual needs. There are also some people for whom these services lack the specialised skills or resources required to adequately address these needs. Homeless persons living with multiple diagnoses constitute a particularly vulnerable subgroup within the community and present with extremely complex service needs.

Wintringham is a not-for-profit welfare company that has been providing aged care services specifically targeted at elderly homeless men and women (50 years and older) for the past 22 years. Throughout this time, the company has never lost sight of this target population and has continued to provide services that are appropriate to the complexity of need exhibited by this group of frail and vulnerable Australians. The demographic of Wintringham clients reflect a population of people who have faced a significant degree of personal and financial hardship throughout their lives, usually accompanied by significant health, social and housing crises. Premature aging, substance abuse disorders and undiagnosed mental illness are commonplace. The Wintringham Model of Care has evolved from the specialised support requirements presented in the delivery of appropriate care to this client population.

Alcohol problems among older people are increasingly common. Years of continued excessive drinking can lead to Alcohol Related Brain Injury (ARBI). ARBI rarely occurs in isolation with a significant proportion of sufferers having both a substance abuse disorder (alcohol and/or other drugs) and a mental illness, or age-related dementia and other forms of acquired brain injury. A person living with an ARBI most commonly presents with damage to the frontal lobes of their brain characterised by poor decision making and increased impulsivity. This manifests with the person readily engaging in inappropriate or high-risk behaviours in the absence of being able to regulate these behaviours. The behaviours are undertaken despite the individual having previously demonstrated an awareness of the negative consequences of these actions. It is very common for older people with multiple needs to be particularly unwilling to seek and utilise specialist or mainstream services.

People living with alcohol-related brain injury receive less empathy and often attract more judgemental attitudes in the public view than people living with age-related dementias. People living with an ARBI are often preoccupied with activities directed toward the procurement of alcohol. In the absence of adequate funds, they often resort to whatever means possible in order to access alcohol including criminal activity, stand-over tactics, begging or selling-on possessions of any significant value. Unfortunately, for many the cycle of homelessness becomes entrenched.

Although, in the provision of appropriate support the goal is to utilise the least restrictive intervention possible, there are times when a community-based setting can not meet the therapeutic needs of an older person living with an ARBI. In these situations, highly specialised treatment can only be made available in a residential care setting or, in instances of extremely violent behaviour, in an institutional locked ward.
The Wicking Project centred on a research trial that investigated the effectiveness of a specialised psychosocial model of residential care in improving the life quality and wellbeing of individuals with extremely challenging behaviours resulting from an ARBI. This action research was exploratory in nature incorporating both qualitative and quantitative outcome measures to determine the effect of interventions. Changes were measured using depression, anxiety, aggression, psychosocial behavioural and life satisfaction and ‘quality of life’ assessment tools.

Fourteen volunteer participants living with an ARBI and history of homelessness were allocated to either an intervention (Household Participant) or control (Community Control) group. Seven intervention participants took part in a supported residential trial. The remaining participants continued to reside within the community without project intervention beyond their participation in appointed assessments.

The residential trial took place in a specially modified four bedroom home neighbouring an existing Wintringham low level residential aged care facility in Flemington, 4.5 kilometres from Melbourne’s CBD. The intensive support model involved specialised 24/7 care (at a ratio of 1.5 carers to 4 participants). These initiatives were supported by a team of highly trained and skilled personnel including neuropsychological case management. The key elements of the model included intensive recreation and behaviour modification programs and individualised drinking and smoking programs. A social justice approach was used to build community bonds, a sense of belonging, and new life skills and confidence.

**Structured Activity/Recreation Program**

The Wicking Recreation Program was characterised by a process that assisted participants to pursue any desired recreational interest or life choice. Recreation staff spent time with each participant identifying their interests, and determining barriers restricting them from participating. The final stage in this process involved the removal of these barriers through inventive and innovative approaches designed not to impact significantly on enjoyment rewards. Wicking Model participants were initially very resistant to participating in structured activity programs. However, through a persistent and skilled approach, levels of engagement and participation slowly improved to a point at which the program became an effective tool in the diversion of participants away from alcohol seeking activities to more enjoyable, rewarding and sustainable pursuits.

**Behaviour Modification**

The breadth and complexity of issues presented to staff in the provision of care to this client group was exceptional. Behaviour modification strategies were influenced by issues arising from diminished capacity, memory loss, coexisting mental illnesses, entrenched self-protective behavioural traits and personality disorders. Coping effectively with behavioural problems required the identification and acknowledgment of each participant’s deficits. A comprehensive neuropsychological assessment was pivotal to achieving a better understanding of neurological and cognitive strengths and weaknesses. The determination of overall risk associated with a behaviour had to be balanced with interventions that assured options, rights and dignity.

**Alcohol & Cigarette Program**

The provision of alcohol in the form of a controlled drinking program had a significant positive influence on the behavioural manifestations of Wicking Model participants. It provided respite from the daily hardship arising from not knowing when and how the next drink or cigarette was to be acquired. For many, the introduction of a controlled program presented the first opportunity in a very long while, in which the choice to forgo a meal in place of alcohol or cigarettes did not have to be made. The drivers of behaviours such as begging, borrowing or stealing were effectively removed.
Other Outcomes
Economic modelling demonstrated that compared with a group of older people living with an ARBI within the community, Wicking Model participants presented considerable cost-to-government savings of $30 per person per day. Statistically significant reductions were measured in the levels of anxiety, depression and total amount of alcohol consumed (down by 62%). Levels of productivity were also shown to have increased significantly. Nearly all outcome measures and life quality indicators experienced positive change within the intervention group who participated in The Wicking Model of Care.

Following the project, the majority of Wicking Model participants have continued to live in a less intensive supported residential environment (‘step down’ transition) and successfully maintained gains as best as they are able, further achieving life markers such as positive relationships and personal goals. Particular elements that formed the continuum of care in the Wicking Model of Care were integral to a successful integration into mainstream residential care including: the alcohol and cigarette program; financial administration and successful transfer and implementation of behaviour management strategies; individual structured activity programs and the adopted philosophical approach to service delivery.

The results have shown that older people living with an ARBI and coexisting behaviour disorders can significantly benefit and sustain outcomes from a six month, intensive residential care model that is multi-modal and holistic in its approach. Significant improvements in the mental health of Wicking Model participants suggest that interventions aimed at improving older adults’ perceptions of freedom and personal choice with regard to their leisure experiences, maintaining optimal health, and increasing opportunities to foster feelings of belonging and relatedness with others, could protect against the progression of mental ill health.

Based on the success of the Wicking Project this specialised model has shown potential to deliver an appropriate, cost-effective and dignified care solution to older people living with an ARBI and challenging behaviour. The model could potentially be promoted as an intensive transitional care strategy designed to facilitate a step-down transition from a congested hospital or crisis driven service system into long-term residential aged care solutions.