



**“There is much more  
to my practice than  
checking up on tablets”**

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## Improving dementia practice

### **Developing nursing practice: a counselling approach to delivering postdiagnostic dementia support**

Recent developments in the diagnosis and treatment of dementia mean that an increasing number of people receive an early diagnosis. Those who receive an early diagnosis are typically functioning well, but are faced with coming to terms with a disease with inevitable serious consequences. For many individuals and families, an early diagnosis of dementia has a profound impact on relationships, self-esteem and wellbeing. This briefing is a summary of an award-winning action research study looking at how Community Mental Health Nurses (CMHNs) can be trained and supported to help people with dementia and their families.

#### **Key points**

- The experience of taking part in this project had a profound impact on all of the nurses who were involved, in terms of their personal awareness of social and emotional dimensions of coming to terms with dementia, the adoption of new ways of working with clients, and adjustments within their professional role
- Training allowed nurses to become more able to address difficult emotional and relationship issues. They are able to encourage the development of self-care and family support within client's social networks. The nurses reported that they had learned to adopt a more facilitative and reflective style of working with clients, that had a positive impact on their relationships with other clients, and with colleagues
- These shifts in practice were broadly welcomed by colleagues in the services within which participants were located, although some challenges were experienced
- Participants in the project believed strongly that a shorter period of training would have resulted in a more superficial level of understanding the issues that would not have been sustainable within everyday practice
- Creating and maintaining a supportive learning community was an important factor in the success of the project
- The study has found that the role of the Community Mental Health Nurse can be expanded to include a meaningful counselling function, within existing resource constraints

## Background

Guidelines for responding to the needs of people with dementia, published by the Scottish Government and other organisations have emphasised the necessity of providing adequate support to deal with emotional and relationship issues following diagnosis. Current research provides only limited evidence concerning who should provide these interventions in early dementia and the kind of training that they might require in order to be effective in this role.

Nurses have, for many years, been at the forefront of developing innovative ways of delivering early intervention and supportive care for people with an early diagnosis of dementia (Weeks and Boardman 2003). However, nurses may lack skill and confidence in responding effectively to the complex emotional and psychological needs of people with early dementia in the immediate post-diagnostic period.

## Study

The project followed 7 community mental health nurses, who were employed by NHS Tayside and worked directly with clients who had received a diagnosis of dementia and their families, over a 15 month period. These nurses completed a 120 hour generic counselling skills course, received further dementia specific training in the therapeutic tasks model related to post-diagnostic work and supervision, and began to apply their new knowledge and skills in practice. A wide range of data were collected on the experiences of this set of nurses, including individual and focus group interviews, learning journals and standardised counselling skills self-report. A Project Advisory Group was used as a means of external monitoring of the study.

## Findings

The experience of taking part in this project had a profound impact on all of the nurses who were involved which led to the adoption of new ways of working with clients and adjustments within their professional role.

### *The impact on nursing practice of counselling skills training*

The impact of the training was experienced as a series of changes:

- changes in the nurses' interactions with clients from a task-oriented to a person-centred approach with deeper emotional engagement
- changes in their interactions with colleagues
- changes in their working practices, particularly aspects of caseload management

## *The nurses' journey*

The nurses' journey was deeply personal, evoking intense emotions in response to growing self-awareness as they experienced being both counsellor and counsellee. Active participation in these experiential learning strategies emerged as being essential to the success of the training linking the application of counselling skills with therapeutic tasks.

### *Meeting the challenge of practice development*

The main issues that emerged in response to the nurses working differently were related to changes impacting on their case loads, specifically categories of referrals to the nurses as their expertise and knowledge of their expertise grew, shaping the balance and size of caseloads in relation to overall workload.

### *But aren't mental health nurses doing all this any way?*

The preliminary findings have been presented at several conferences with the research team being challenged with questions around the belief that mental health nurses were already doing this work. Counselling skills are perceived as core to the CMHNs repertoire of therapeutic interventions.

Overall, the nurses believed that prior to the course, they were probably doing a good enough job with the skills they had, however, the difference since completing the course was described by all the nurses as that of functioning at a different level of practice. Consistently they now reported having a higher level of skills, knowledge and confidence in themselves, enhanced by the added assurance that comes when working with a stronger evidence base.

This resonates strongly with the vision of Scotland's recently published Framework for Practice Development which is to "ensure that practitioners are empowered, enabled and facilitated to develop and advance their practice to improve the overall quality of care they provide to patients" (NHS QIS 2009).

### *Training community mental health nurses to work effectively with psychosocial issues in early dementia*

The nurses in this project took part in a counselling skills training course that represented a substantial investment of their own and their organisations' time. However, the view of all participants was that this amount of time was necessary for them to develop the appropriate level of skill, knowledge and competence. Specifically, participants reported

that it allowed trusting relationships to develop where challenging issues could be explored and honest feedback could be given.

This also allowed them to learn at first hand how helpful it is to be the recipient of counselling and to practice skills in an environment supportive of making and learning from mistakes. It not only facilitated the development of self-belief, confidence and a sense of competence in doing this kind of work but also demonstrated that it was possible to achieve an integration of theory, practice, self-awareness and research evidence. Participants in the project believed strongly that a shorter period of training would have resulted in the acquisition of skills and competence at a more superficial level that would not have been sustainable within everyday practice.

### **Competencies needed for nurse counselling in early dementia**

It is important to emphasise that all of the nurses in the project were highly experienced and entered the study with high levels of professional competence. The findings of the study suggest that, in addition to these core professional competencies, six additional areas of competence appear to be required:

- self-awareness/reflexivity
- emotional sensitivity
- sensitivity to relationships
- a facilitative / enabling way of working with clients
- a framework for practice
- organisational change skills

It would therefore seem important that training programmes give sufficient attention to these areas.

### **Organisational issues in supporting and maintaining a counselling approach**

The nurses reported a number of areas in which adjustments needed to be made to their pre-existing patterns of work, which required renegotiation with colleagues around roles, tasks and priorities. However, it is important to emphasise that at the time of the projects, participants were operating within a largely supportive organisational environment. Although there were workload pressures, there were no cost-cutting initiatives being enacted during the time of the study or structural changes being imposed. There was high-level organisational support for the project, from the Director of Nursing and senior managers.

### **Sustaining innovation through communities of practice**

The concept of community of practice offers a basis for both interpreting the findings of this study, and beginning to draw out some implications for practice. The originators of the concept of community of practice, Lave and Wenger (1991), argued that most learning does not take place in schools and colleges, but in fact occurs within everyday life, as people help each other to acquire the practical skills and knowledge that they need in order to perform tasks and jobs. They used the term 'situated learning' to refer to meaningful learning in real-life situations.

The success of the current project can be understood as arising from the fact that a community of practice became established in Tayside, around how to work with psychosocial needs and issues with people who have been diagnosed with dementia.

### **Implications for research and practice**

#### **Main implications:**

- CMHNs have the potential to implement counselling interventions that allow clients and family members to develop effective strategies for living with early stage dementia.
- Training for CMHNs in counselling/psychosocial interventions around early dementia, that is too brief to address key competencies in sufficient depth or to allow collaborative relationships to develop between participants, will not be successful, for two reasons. First, participants will not feel confident enough to engage consistently in this kind of demanding activity with their clients. Second, competence will not be sustained in the absence of a supporting community of practice.

#### **Other implications:**

- CMHNs require further specific and expert training to include counselling skills in their role with this client group and that to acquire a sufficient level of competence in dementia counselling, CMHNs require to complete both a generic COSCA Certificate in Counselling Skills programme, and receive further training in a specific model of psychosocial intervention in early dementia for example the therapeutic tasks framework (Weaks et al 2006).
- The delivery of counselling for clients with early dementia necessitates adjustments

to be made to the work patterns of CMHNs engaging in this activity; it is possible to achieve these adjustments within existing work roles and resourcing levels.

- The effectiveness and long-term sustainability of practice development in this field requires organisational support and leadership at all levels both in relation to the value placed on this area of work, and the space for participants to form communities of practice in which collaborative learning can be maintained.
- It is essential to conduct research into the views of people with dementia and family members on the provision of nurse counselling in early dementia, and on the impact of this intervention on such factors as wellbeing, use of active self-care strategies, use of social support, hospitalisation and morbidity.
- It is necessary to analyse the medium and long-term sustainability of the shifts in confidence and competence reported by nurses who have undergone this training, in relation to the factors that contribute to maintenance of these competencies (e.g., the establishment of local communities of practice).
- It is necessary to understand the impact changing the practice of individuals has on the team, the management support structure and other priorities faced by the organisation. Further studies should build in the capacity to include the views of supervisors, team leaders and managers.
- Further research is needed, to evaluate the effectiveness of similar projects in other localities, and to assess the effectiveness of nurse counselling in early dementia on the wellbeing of clients, and the course of their illness.

## References

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