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This Workbook is issued on the basis that:

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Act: *What you might be able to do*

- If the person is experiencing diarrhoea on an ongoing basis, consult with the manager about requesting an assessment from a Continence Advisor. A referral to a GP can also be made to eliminate the possibility of any underlying causes of the diarrhoea.
- Ask your manager to talk with the GP about reviewing current medications. It may be possible that medications can be adjusted or medications prescribed that have a less bowel loosening effect.
- Consider the influence of diet. Encourage regular meals, increased fibre intake (unless otherwise indicated), and adequate oral fluids.
- Management may organise the purchase of decaffeinated coffee and coke.
- If the diarrhoea/faecal incontinence is the result of faecal impaction, alert a GP or Continence Advisor.

*"I feel embarrassed,
uncomfortable,
humiliated, close to tears.
The room afterwards smells like
nothing on earth."*

Act: *What you might be able to do*

- Talk with the resident, the manager and maybe another professional before taking action.
- Talk with the manager about organising a referral to a GP to eliminate underlying causes of constipation. Referral to a Continence Advisor may also be helpful.
- Consult with the manager about requesting a GP to review the person's medications. It may be possible that medications can be adjusted or medications prescribed that have a less constipating effect.
- Consult with other staff to consider the influence of diet. Encourage increased fibre intake, and adequate oral fluids (refer to page 32 of the Resource).
- Management can consider the purchase of decaffeinated drinks or substitutes.
- Encourage the person to maintain a fluid intake of around 2 litres per day.
- A gentle laxative or stimulant may be needed. Consult a GP.
- If constipation is not resolved, referral to a GP for further treatment is necessary.

Diarrhoea or Faecal Incontinence

Look and think *about what is happening*

- How long has the person been experiencing diarrhoea?
- Can you identify any changes in the person's status or situation that caused the diarrhoea to commence? E.g. did diarrhoea commence soon after a change in medication, or has the person been unwell, changed diet or experienced personal difficulties?
- Does the person have a food allergy?
- Is the person eating regular meals?
- Has the person been having problems with constipation prior to commencement of the diarrhoea?
- Is the person taking medication that is known to cause diarrhoea?
- Is the person drinking excessive caffeine?

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Principles of “Look, Think, Act”

The workbook is based on principles of LOOK! THINK! ACT! These are principles that you can use in your own learning as well as an approach to use when working with residents to promote continence.

Step 1: Look

Build a picture based on information available about what the issue is.

- Who: are the people involved?
- Where: is the place?
- When: does it happen?

Step 2: Think

Describe the issue and think about what we can do about it. We can ask ourselves questions like:

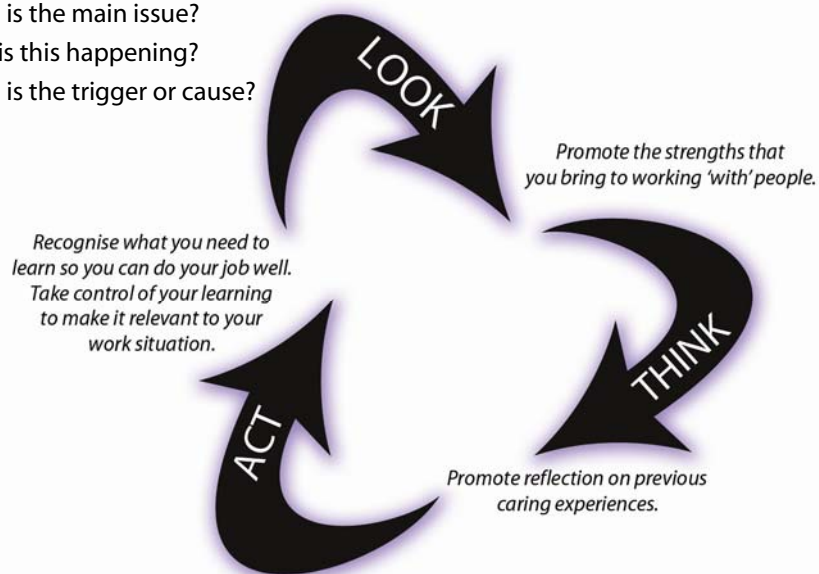
- What is the main issue?
- Why is this happening?
- What is the trigger or cause?

Step 3: Act

This is where careful action occurs.

- What area/s to act on first?
- What is most important right now?
- What is the most achievable thing to act on right now?
- What is the likely outcome of the action?

You can see that this is an ongoing process that can easily be transferred to different situations. We will use the process of look, think and act throughout this workbook.



- **Specific** questions then follow to develop a more detailed picture of the situation.
- **Examples:** What happens when you do...? How do you feel when...?
- **Prompt** questions help to reveal more information and continue a conversation when it stalls.
- **Examples:** What else? Then what happened? Can you give me an example of...? Tell me more?

Regardless of how well you use the look, think, act process, unless you start from the perspective of the resident and not your own, the outcomes are unlikely to be met.

Find out what resource and services are available to people. You and your manager can call the National Continence Helpline on T: 1800 330 066 (freecall) and ask for details of resources and services. Write the list of services down in the space provided at the front of this booklet for future reference.

Developing a plan of action in conjunction with the person, a health professional or manager

Record exactly what the client has said he/she would like to try. Such as 'to stop drinking at 7pm.'

Break the actions down into small tasks. Include:

- What he/she was going to do?
- How he/she was going to do it?
- When he/she was going to do it?

Remind the person about the plan daily so he/she is focused on the action.

Ensure you give the planned actions enough time to work. Some people may require your support for a longer period of time before changes become obvious.

If the agreed action plan does not work, don't give up. Go back to your manager and the professional to review the plan so that the actions are smaller and simpler. Suggest trying another idea and ensure you allow enough time for change to occur. Make creative suggestions, encourage the person to contribute.

Take Action!

Combine your knowledge with information from the resident to take action towards continence promotion. To do this you will need to talk with the resident regularly, ask questions in a discrete manner and be interested. You should talk over any ideas and plans for action with your manager before acting to help. **The manager will then seek professional assistance from a Continence Nurse or GP.**

How to develop a plan of action with your manager, the resident and any professional involved

Utilise the strategies of 'Look, Think and Act' by:

Look at the resident, their daily routines and habits. Find out from them why they think they are experiencing continence problems. Find out what is important for them. Talk to other carers to find out their perspectives. Enlist their help.

Think about what may be the reasons for incontinence and consider the continence strategies that could be helpful for the individual. You might have to think creatively and brainstorm with others.

Act by working with professionals and the resident to develop strategies and take the time to review them with the resident. Jointly list the agreed strategies and observe and report the results.

Reflect on this process when working with the person. Encourage and praise often.

Help the resident to decide what they want to achieve. The actions must be realistic for the resident. Your role is to observe and report how the resident is responding, but also to create a supportive environment. Ensure privacy and confidentiality. Talk with the person in a sensitive manner.

Start where the person is ... not where you think he/she should be. Don't assume you both have the same knowledge and experiences. Talk with the resident about his/her experiences with incontinence. You may find some residents lack the basic training that most of us get in childhood. Find out what is important to him/her now.

So how do you do that?

By realising that there are specific questions for specific purposes and using them appropriately.

- **Broad** questions provide an opportunity for the person to describe what is going on from their frame of reference.
- **Examples:** Tell me about...? How does...? Describe a typical day/ time/situation when x or y happens.

Introduction

Promoting continence among residents is part of caring for them. The aim of this workbook is to encourage you to work with the resident to develop an action plan that will promote continence. The action plan can only be completed when you and the resident have explored the reasons for incontinence. Understanding each individual resident will require time, some resources, as well as knowledge, skills and consulting professionals.

People often get 'labelled' if they have incontinence and this is particularly so when they also have a mental illness. Incontinence can be embarrassing and may cause misery to both the person and the caregiver. When working with people with mental illness we need to develop self-awareness to be able to monitor our own attitudes and, if need be, correct them.

Your role is to support the residents to be continent by developing a commitment to working with them in an encouraging way.

Incontinence is a symptom not a disease. Before you can think about ways to promote continence, it is important to determine the cause of the incontinence. **In every case, incontinence requires assessment by a health professional.** If incontinence is prolonged, an assessment by a continence advisor is required every 12 months.

"It's important to me that somebody understands."

Urinary Incontinence

There are a number of different types of urinary incontinence. It may be helpful to also understand some of the possible causes:

Stress Incontinence

Loss of small amounts of urine when coughing, sneezing or moving suddenly. It is particularly common for women but may also be experienced by men following prostate surgery.

Causes can include:

- pregnancy & childbirth
- menopause
- chronic constipation
- obesity
- aging process
- prostate surgery
- some medications

Urge Incontinence

Loss of varying amounts of urine associated with a strong and overwhelming desire to void (pass urine). Symptoms can include frequency, an urgency to go to the toilet, passing urine often during the night and bed wetting.

Causes can include:

- caffeine in coffee, tea & cola drinks
- reduced fluid intake
- excessive fluid intake
- alcohol
- urinary tract infection
- some medications
- menopause

Overflow Incontinence

Loss of urine associated with urinary retention and incomplete bladder emptying. Symptoms include frequency, an urgency to go to the toilet, weak stream of urine, dribbling of urine, feeling of incomplete emptying of the bladder, passing urine often during the night and bed wetting.

Causes can include:

- obstruction (e.g. enlarged prostate)
- spinal cord damage
- some medications
- faecal impaction (severe constipation)
- some health conditions (e.g. diabetes)

Reflex Incontinence

Loss of large amounts of urine without warning or awareness.

Causes can include:

- spinal cord damage
- intellectual disability
- dementia

Read Page 9 of the Resource. This will help you to revise how the urinary system works.

Functional Incontinence

Loss of urine associated with an inability to reach the toilet on time, or a total inability to access the toilet, because of physical disability or environmental constraints.

Causes can include:

- impaired mobility
- impaired hand function
- distance to toilet
- inadequate lighting
- inadequate sign posting
- unavailability of a toilet
- total immobility

"It makes you feel depressed...I don't think I'm going to be cured of this. You know it can happen at any time. It makes me feel depressed."

Think about when the person is incontinent. What do you think might be contributing to incontinence? When is it happening? E.g. only at night in bed, at the dinner table, during a nap? Talk with the person to find out his/her experience. Write down what you learnt.