



# North Bay Regional Health Centre

North East Behavioural Supports Ontario – Regional BSO Office

## PIECES of my PERSONHOOD

Name (First & Last):		Age:	Dominant Hand: Left	Right
Interviewer(First & Last):		Date:	Form #	of
		d/m/y		
<b>PERSONHOOD</b>	<b>PAST</b>	<b>PRESENT</b>		
Preferred Name				
Preferred Language				
I Am Most Proud to be Known As/For...				
Spirituality/Religion/Traditions				
Significant Persons in Life/Relationship				
Family Background				
Significant Dates and Meaning				
Pets/Names				
Life Role/Previous Occupation				
Interests/Hobbies				
Sources of: Hope/Comfort/Joy/ Inspiration/Favourite Things				
Dislikes/Fears				
Significant High Point(s) in Life		Potential Encouragers:		
Significant Low Point(s) in Life/Trauma	Personal care/trauma <input type="checkbox"/> : Environmental <input type="checkbox"/> : Loss Significant Other <input type="checkbox"/> : Other <input type="checkbox"/> : *See Chart for Details <input type="checkbox"/>	Potential Triggers:		
Expression of Emotions				
Coping Mechanisms/ Validation Phrases				
Personal Preferences				
Mealtime Preferences				
Socialization Preferences				
Sleep/Wake Preferences				
Other Pertinent Information				
Consent to Share/Post	Relationship to Individual: <input type="checkbox"/> Capable Individual or <input type="checkbox"/> Legal Substitute Decision-Maker (SDM) <b>Yes, I give permission to post and to release copies of the completed form as required in order to share this information with all individuals, organizations and/or agencies who are actively involved in the provision of care and the transition of care.</b> Date (d/m/y): _____ Signature: _____ Name: _____ (Please print first and last name of capable individual or legal SDM)			

## Instructions for use - on completing PIECES of my PERSONHOOD “Nothing about me, without me”! (RHC ..... (I)

### Purpose

Uncover pertinent pieces of individual personhood in order to enhance strategies for quality care.

### Interviewer

Who should complete/facilitate interview for this document?

- *In-patient Setting/Long-Term Care Home (LTCH)*: interview facilitated with individual/SDM by a Behavioural Supports Ontario (BSO) Personal Support Worker (PSW), Registered Practical Nurse (RPN)/ Registered Nurse (RN), Chaplain/Spiritual Care, Social Worker, Recreation Therapist, Behavioural Therapist etc.
- *Community Setting*: interview facilitated with individual/SDM by a Behaviour Support Facilitator, Clinical Behaviour Response Specialist, Seniors Mental Health (SMH) Clinician, North East Community Care Access Centre (NECCAC)Complex Case Manager, Community Support Worker etc.

### Process

All persons using this tool should be educated on proper administration prior to use; the Psychogeriatric Resource Consultant (PRC) is a suggested resource to provide this and other training opportunities for staff. When completing this tool, the staff should make every effort to engage the individual/SDM in casual conversation using set criteria as a guideline. Necessary information should be extracted from the conversation as opposed to a structured formal assessment approach. If the individual/SDM would like to complete the tool on their own, an initial interview with staff is necessary to explain the tool and its' use, followed by a debrief session with staff upon completion and prior to posting. Please note that this document may take several hours to complete in entirety; hence, you may choose to complete sections over a select period of time.

### Posting

- *In-Patient Setting/LTCH*: to be posted in the resident's room in a mutually agreed upon spot so that is it consistent within the home (e.g. bedside, inside door of closet, folder, photo frame, shadow box etc).
- *Community*: posted in the client's room, on the fridge or with the community care provider's documentation folder.

### Updating

It is recommended that the content contained within this form be reviewed, validated and/or updated on a regular basis and updated quarterly and/or upon identified changes or transition in the care system.

### Content Descriptions/Examples

**\*NOT ALL CATEGORIES NEED TO BE COMPLETED; ONLY THOSE DEEMED PERTINENT BY THE INDIVIDUAL/SDM**

- **Preferred Name**: don't/do use short form, specified terms of endearment, nickname
- **Preferred Language**: list all languages client speaks and specify current primary language; e.g. mother tongue is French, speaks some Italian and English; however, current primary language is French
- **I Am Most Proud to be Known as/for**: e.g. Loving Mother; Scholar; Physician; Joker; Artist;
- **Spirituality/Religion/Traditions**: affiliation(s) and/or beliefs; important traditions (e.g. drumming circle, meditation); specific holiday celebrations (Hanukkah, Ramadan); key generational practices etc.
- **Significant Persons in Life and their Relationship**: e.g. Frank: loving husband of 60 years; Francis: 3<sup>rd</sup> wife; Mitchell: best friend; Maria: primary PSW (identifies as a daughter figure) etc.
- **Family Background**: e.g. 6 brothers, 4 sisters, parents married for 60 years, spouse deceased (10 years ago), 3 daughters in town, 6 sons out of town etc.
- **Significant Dates/Meaning**: provide date and significance; e.g. November 14, 1965 wedding anniversary etc.
- **Pets/Names**: Golden Retriever named Madison, Horse named Magic etc.
- **Life Role/Previous Occupation**: e.g. Mother, Factory worker; Shift worker, Nurse, Teacher etc.
- **Interests/Hobbies**: e.g. Tennis, Horticulture, Reading, Nature/Outdoors, Hockey, Hunting, Shopping etc.
- **Source of: Hope/Comfort/Joy/Inspiration/Favourite Things**: people, specific tangible items, activities, places, food/drink; e.g. daughter, pink sweater, red lipstick, listening to classical music, sensory room, "ice cold drinks", extra snack etc.
- **Dislikes/Fears**: e.g. spiders, fire alarm, the dark, loud noise, restraints etc.
- **Significant High Point(s) in Life**: e.g. marriage, birth of children, educational achievement, career achievements...; *Encouragers/Key Phrases/Actions*: use of reminiscence; "the children are fine"; approach with smile... etc.
- **Significant Low Point(s) in Life/Trauma**: Do not post details of this event; rather, please tick off and provide key messaging associated with any low point/life trauma; Environmental  fire; Potential Triggers: smell of burnt toast, alarm, people in uniform. Other potential responses may include: loss of loved one, financial instability, health etc. *Details in chart.*
- **Expression of Emotions**: e.g. loud voice; tactile gestures etc.
- **Coping Mechanisms/Validation Phrases**: e.g. doll therapy/"the children are fine"; journaling, scrapbooking, pacing, tactile stimulation, frequent rest periods
- **Personal Preferences (focus on ADLs/Environment)**: e.g. prefers to be clean shaven; hair only to be done at stylist/hairdresser; hearing aid in prior to morning routine; makeup on prior to leaving room; prefers to wear camisole instead of bra, bed made with afghan folded neatly at foot of bed etc.
- **Mealtime Preferences**: e.g. prefers coffee prior to breakfast; 1 item served at a time; likes to eat alone/with others etc.
- **Socialization Preferences**: e.g. prefers small group interaction; one to one; large group socials etc.
- **Sleep/Wake Preferences**: e.g. prefers to go to bed at 2400hrs with white noise machine; sleeps 'til 1000hrs-don't wake etc.
- **Other Pertinent Information**: significant information not otherwise captured above.