

Clues, Causes, and Care to Consider for Responsive Behaviours

A New Resource to Identify Unmet Needs, Find Preventative Approaches, and Respond in the Moment

Debbie Hewitt Colborne, RN, MScN, GNC(C)

Project Advisor

Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre

Em Thielking, (H)BSW

Project Assistant

Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre



Behavioural Supports Ontario

Soutien en cas de troubles du comportement en Ontario

March 2026

Clues, Causes & Care to Consider

for Responsive Behaviours



A comprehensive, evidence-informed resource for clinical teams to reference during their comprehensive behavioural assessment.

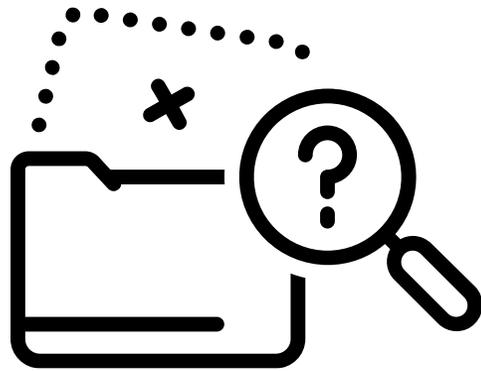


Identified Need

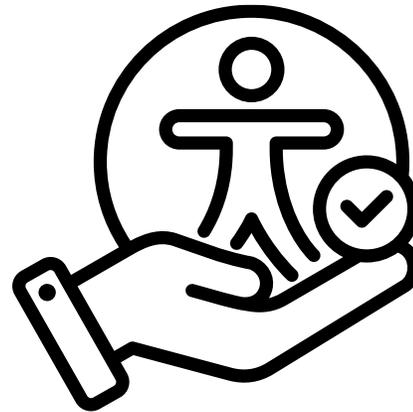
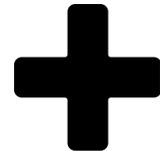
A resource about responsive behaviours that is...



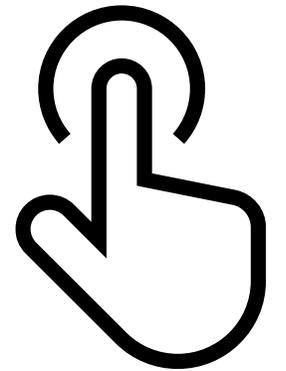
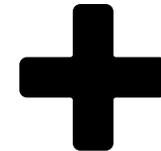
**Evidenced-
Informed**



Comprehensive



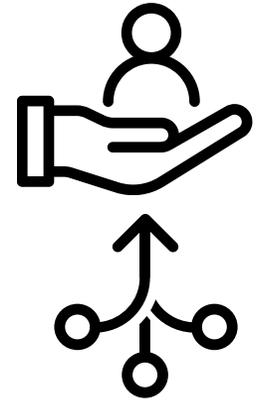
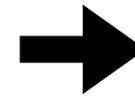
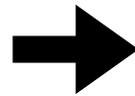
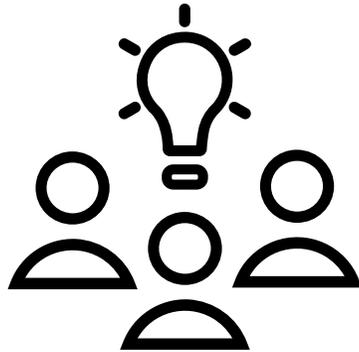
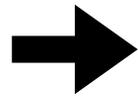
**Holistic &
Person-Centred**



Accessible



Methods



Established a foundation through trusted tools & frameworks

Surfaced best & emerging practices from clinical team & educators

Extensive literature review of academic & grey resources

Consolidating the extensive information into an easy-to-use reference through a person-centred lens



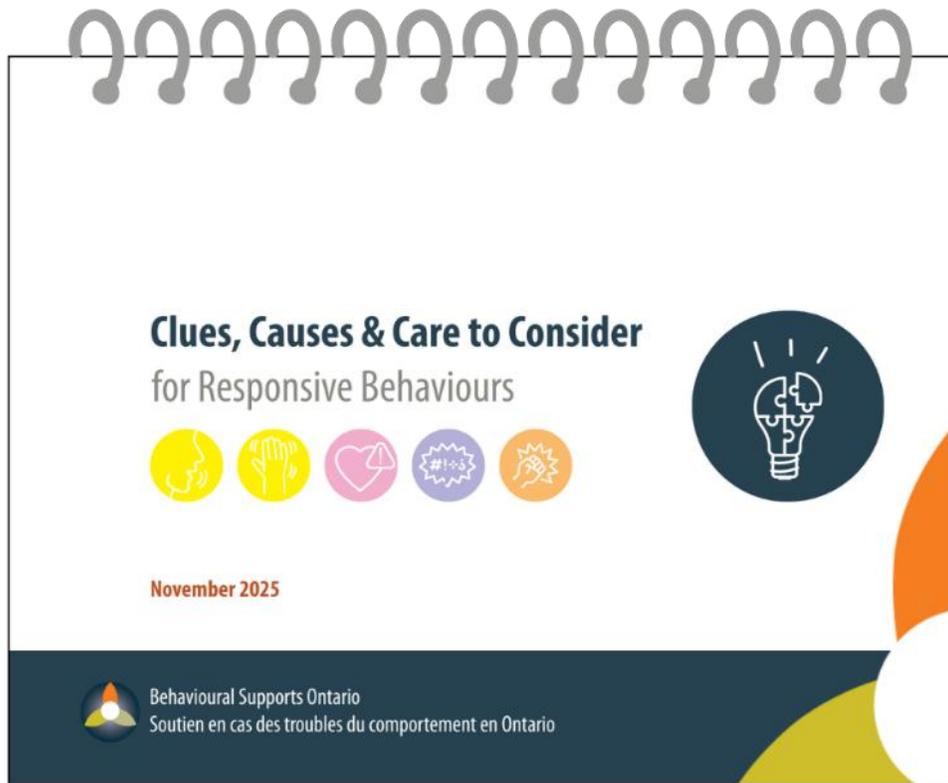
BSO-DOS[®]



Pieces



Outcome



www.brainxchange.ca/BSOCCC

- A comprehensive (150+ page), evidence-informed resource for clinical teams to **reference** during their comprehensive behavioural assessment.
- Inclusive of all the responsive behaviours listed in the BSO-DOS© Observed Behaviours legend.
- Structured using the PIECES™ acronym
- For each behaviour the resource identifies possible:
 - Contributing factors
 - Preventative approaches
 - Approaches to respond in the moment
- Contains a dedicated section regarding approaches during personal care.



Acknowledgments



Acknowledgements

Contributors

The Behavioural Supports Ontario (BSO) Practice Standards and Toolkit Working Group, the BSO Knowledge to Practice Community of Practice (CoP), the BSO Sexual Expression and Dementia Working Group, and other BSO team members from across the province compiled content including possible contributing factors and suggested non-pharmacological strategies based on clinical experience and available evidence.

A special thank-you to the BSO Knowledge to Practice CoP leadership (Dawn Robinson*, Emily Piraino*, and Heleni Singh*), Holly Donkers* (Master of Social Work student), and Dr. Rosemarie Mangiardi who helped to advance the resource. We also wish to thank members of the BSO-DOS^o Advisory for their input, as well as the following working group members from the BSO Knowledge to Practice CoP: Mandeep Bhullar, Ingrid Carlin, Karen Choe, Simonne Cumberbatch, Angela Lamb, Emily Little, Lindsay Makarewicz and Megan Mcgrorey. Lead collaborators from the BSO Provincial Coordinating Office include Debbie Hewitt Colborne, Em Thielking, and Courtney Stasiuk-Mohr. We extend our thanks to Pieces Canada for their partnership in this project, and their ongoing collaboration with BSO, which continues to generate meaningful tools and resources. We acknowledge all contributors' time and expertise. *Contributions made during the tenure of noted role

Permissions

Pieces Canada has developed and owns the PIECES™ Approach which includes the PIECES™ 3-Question Template. The PIECES™ acronym is an integral component of the PIECES™ 3-Question Template to help focus the team in their exploration of possible contributing factors. The PIECES™ Approach is more than the PIECES™ acronym alone and when used in its entirety, guides the shared clinical assessment and supportive care planning with older adults at risk or living with complex conditions; including neurocognitive disorders, mental health and substance use disorders, neurological conditions and physical health issues.

For more information about the PIECES™ Approach, the PIECES™ Learning and Development Program, and development of PIECES Practitioners go to www.piecescanada.com

Pieces Canada has granted permission for the use of the PIECES acronym within this resource.

THANK YOU!

Permissions Continued...

Advanced Gerontological Education (AGE) Inc. has provided permission for the inclusion of Gentle Persuasive Approaches® (GPA®) principles, approaches, and techniques within this resource. AGE is a not-for-profit social enterprise committed to enhancing the care and well-being of older adults through evidence-informed education across healthcare sectors. GPA® is AGE's evidence-informed dementia education program designed to equip care partners with safe and respectful person-centred strategies to understand, prevent, and de-escalate responsive behaviours.

Partners

Specific approaches and techniques included in this resource are from **Behavioural Supports 5 STaR Programs: Specialized Training and Resources**, a collection of training programs dedicated to delivering the best possible care for older adults living with dementia, complex mental health, substance use, and other neurological conditions, using a comprehensive and interdisciplinary approach.

Clues, Causes & Care to Consider for Responsive Behaviours does not teach these approaches and techniques, but rather encourages their meaningful use. As it does not replace these trainings, those that have not yet completed them are encouraged to do so.



All BSO-DOS[®] Behaviours Included



Vocal Expressions (Repetitive)

Asking Questions, Repeating Words, or Requests
Crying, Grunting, Humming, Moaning, or Sighing

Motor Expressions (Repetitive)

Banging or Rattling
Collecting or Rummaging
Disrobing
Entering Others' Spaces or Trying to Leave
Fidgeting
Grinding Teeth
Pacing
Rocking

Sexual Expressions of Risk

Sexual Comments, Questions, Requests, Threats, or Gestures
Exposing Genitals or Self-Pleasuring in Others' Presence
Unwanted Touching or Forcing Others into Sexual Acts



Verbal Expressions of Risk

Includes, but not limited to:

- Derogatory insults
- Swearing
- Screaming/yelling
- Threatening

Physical Expressions of Risk

Includes, but not limited to:

- Biting
- Choking others
- Grabbing
- Hair pulling
- Hitting/slapping
- Kicking
- Pinching
- Punching
- Pushing
- Scratching
- Self-injuring
- Spitting
- Throwing



Identifying Possible Contributing Factors & Preventative Approaches

PHYSICAL



Possible Contributing Factors or Unmet Needs

- Delirium.^{1,4,7} See [Assessment Tools: Supporting Comprehensive Behavioral Assessment and Evaluation](#).
- Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia [e.g., Frontotemporal dementia]).^{4,10}
- Effects of medications (e.g., rashes or restlessness).¹²
- Skin irritation.
- Pain or discomfort.^{4,10-12} See [Assessment Tools: Supporting Comprehensive Behavioral Assessment and Evaluation](#).
- Need to use the washroom (e.g., urge to go, constipation)¹³ or discomfort related to incontinence (e.g., wet product, embarrassment).¹³
- Fatigue or insufficient sleep.
- Sensory impairments (e.g., hearing loss, reduced vision).
- Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold).

Preventative Approaches & Strategies to Consider

- **Collaborate with medical professionals**, including physicians, nurse practitioners, or specialists, when medical or psychiatric causes are suspected or identified (e.g., delirium, acute or chronic illnesses, mood disorder, pain, medication side effects). This supports comprehensive assessment, diagnosis, and treatment planning.^{3,10,13}
- **Review medications** that contribute to disinhibition or delirium (e.g., benzodiazepines, anticholinergics, antiparkinson agents, opioids), as well as skin irritation. Explore opportunities to taper, adjust, or discontinue based on clinical evaluation.
- **Remove irritants from clothing** (e.g., tag, seam, rough fabrics, harsh detergents) and hydrate skin using creams or lotions.
- **Explore non-pharmacological interventions** (e.g., warm blankets, heating pads, stretching) when pain is present to alleviate discomfort. When needed, collaborate with prescribers to assess the appropriateness of a pain medication trial.¹⁴
- **Establish a regular washroom support routine** based on the person's patterns and needs. Ensure timely changes after incontinence episodes to enhance comfort and dignity.¹³
- **Monitor for constipation** through regular record review, and initiate treatments as required.¹⁸
- **Promote restful sleep** by encouraging physical activity (e.g., gentle exercise, walking), maintaining predictable bedtime routines (e.g., tea, soft music), incorporating sensory supports (e.g., hand massage), and optimizing the environment (e.g., dark, quiet, cool room).^{12,17-19}
- **Enhance sensory input** by improving lighting (e.g., opening curtains, using proper indoor lighting), ensuring eyeglasses are clean and worn properly, and verifying hearing aids are properly fitted with functioning batteries.¹⁹
- **Remove irritants from clothing** (e.g., tag, seam, rough fabrics, harsh detergents) and hydrate skin using creams or lotions.
- **Support personal and autonomy** by offering clothing suited to the environment and individual preferences (e.g., lightweight or layered options for temperature regulation).
- **Promote dignity in shared spaces** by providing adaptive clothing (e.g., overalls or overalls with front fasteners, clothing that opens at the back) to reduce ease of use while maintaining the person's comfort and agency.²²⁻²⁹

Remember these are clues to consider!

Vocal Expressions (Repetitive) Disrobing



Remember these are clues to consider!

Consider additional contributing factors and preventative approaches based on the person's individual needs and context.



PHYSICAL	INTELLECTUAL	EMOTIONAL	CAPABILITY	ENVIRONMENTAL	SOCIAL
<p>Possible Contributing Factors or Unmet Needs</p> <ul style="list-style-type: none"> • Delirium.^{1,4,7} See Assessment Tools: Supporting Comprehensive Behavioral Assessment and Evaluation. • Acute or chronic medical/psychiatric condition (e.g., urinary tract infection, urinary retention, cerebrovascular accident, dementia [e.g., Frontotemporal dementia]).^{4,10} • Effects of medications (e.g., rashes or restlessness).¹² • Skin irritation. • Pain or discomfort.^{4,10-12} See Assessment Tools: Supporting Comprehensive Behavioral Assessment and Evaluation. • Need to use the washroom (e.g., urge to go, constipation)¹³ or discomfort related to incontinence (e.g., wet product, embarrassment).¹³ • Fatigue or insufficient sleep. • Sensory impairments (e.g., hearing loss, reduced vision). • Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold). 	<p>Possible Contributing Factors or Unmet Needs</p> <ul style="list-style-type: none"> • Aphasia: Difficulty communicating to the washroom. • Anxiety: Difficulty requesting assistance beyond their direct environment (e.g., to go to the washroom and/or use the washroom). • Pain or discomfort.¹⁴ See Assessment Tools: Supporting Comprehensive Behavioral Assessment and Evaluation. • Need to use the washroom (e.g., urge to go, constipation)¹³ or discomfort related to incontinence (e.g., wet product, embarrassment).¹³ • Sensory impairments (e.g., hearing loss, reduced vision). • Sensory sensitivities (e.g., discomfort from clothing, feeling too hot or cold). 	<p>Possible Contributing Factors or Unmet Needs</p> <ul style="list-style-type: none"> • Difficulties or delusions: Belief of bugs crawling on or inside the body. • Difficulty expressing feelings: Dislike the clothes, or believe that they need for assistance.¹¹ • Irritability or anger: Frustration or anger due to inability to communicate needs. • Change in self-awareness (e.g., delusions, or behaviors). 	<p>Possible Contributing Factors or Unmet Needs</p> <ul style="list-style-type: none"> • Mismatch between abilities and needs: They may remove their shirt or clothing because they are unable to communicate their needs. • Communication needs: They may remove their shirt or clothing because they are unable to communicate their needs. • Dislike the clothes, or believe that they need for assistance.¹¹ • Irritability or anger: Frustration or anger due to inability to communicate needs. • Change in self-awareness (e.g., delusions, or behaviors). 	<p>Possible Contributing Factors or Unmet Needs</p> <ul style="list-style-type: none"> • Unfamiliar with the environment: They may remove their shirt or clothing because they are unfamiliar with the environment. • Overstimulation: They may remove their shirt or clothing because they are overstimulated. • Lack of physical awareness: They may remove their shirt or clothing because they are not aware of their own body. • Use of physical restraints: They may remove their shirt or clothing because they are uncomfortable with physical restraints. • Environmental cues: They may remove their shirt or clothing because they are triggered by environmental cues. 	<p>Possible Contributing Factors or Unmet Needs</p> <ul style="list-style-type: none"> • Established personality traits, emotional responses, patterns or habits, which may contribute to influence behavior in later life (e.g., a previous laborer who changed to a locker room prior to work).¹¹ • Absence of specific, lived ones (e.g., sports, past) which may contribute to influence behavior in later life (e.g., a previous laborer who changed to a locker room prior to work).¹¹ • Life-style preferences (e.g., fewer worn many clothes). • Clothing that is not suitable for the environment (e.g., wearing someone remove a sweater, the person removes their shirt, thinking it's time to change). • Preparing to engage in social activities or to use the washroom. • Challenges engaging social cues, which may result in misinterpreted intentions or communication difficulties, when the person may not understand others or may struggle to make themselves understood.¹¹
<p>Remember these are clues to consider! Consider additional contributing factors and preventative approaches based on the person's individual needs and context.</p>	<p>Remember these are clues to consider! Consider additional contributing factors and preventative approaches based on the person's individual needs and context.</p>	<p>Remember these are clues to consider! Consider additional contributing factors and preventative approaches based on the person's individual needs and context.</p>	<p>Remember these are clues to consider! Consider additional contributing factors and preventative approaches based on the person's individual needs and context.</p>	<p>Remember these are clues to consider! Consider additional contributing factors and preventative approaches based on the person's individual needs and context.</p>	<p>Remember these are clues to consider! Consider additional contributing factors and preventative approaches based on the person's individual needs and context.</p>
Motor Expressions (Repetitive) Disrobing	Motor Expressions (Repetitive) Disrobing	Motor Expressions (Repetitive) Disrobing	Motor Expressions (Repetitive) Disrobing	Motor Expressions (Repetitive) Disrobing	Motor Expressions (Repetitive) Disrobing



Approaches to Effectively Respond in the Moment

Clues, Causes & Care to Consider
for Responsive Behaviours



November 2025

Behavioural Supports Ontario
Soutien en cas des troubles du comportement en Ontario

Responding in the Moment



Assess the level of risk.

Is the behaviour distressing or presenting risk to the person or others in the environment? If little or no risk is identified, the behaviour may not warrant intervention.^{5,7}



Recognize the behaviour as an expression of an unmet need.

Ask yourself: What is the person trying to communicate?



Be aware of your own responses and limitations.

If you're unable to maintain a therapeutic and composed approach, switch roles with a colleague.¹⁹

- **Use a calm, respectful approach.** Be mindful of non-verbal cues - body language, facial expression, and tone of voice (e.g., crossed arms can unintentionally signal anger or frustration).³
- **Maintain respectful physical boundaries.** Stand at the edge of their personal space and use the Gentle Persuasive Approaches (GPA) Reassurance Position to promote your safety and their comfort.⁷
- **Promote the person's dignity through strategies that offer privacy,** such as:
 - **Close any doors** that will provide privacy.
 - **Pull a privacy curtain,** if available.
 - **Gently cover any exposed areas** with a towel or blanket.
 - **Cue or assist the person into a private space** (e.g., washroom or bedroom). This may include using hand gestures to motion them to join you or pushing their wheelchair.
 - **Ask others to leave the area.**
- **Use the person's preferred name** and introduce yourself by name and role.^{5,65}
- **Ensure the person acknowledges your presence** prior to proceeding.²⁵ This may be done verbally or non-verbally (e.g., making eye contact, nodding). Walk towards them slowly and calmly.
- **Position yourself at eye level** - sit or squat if the person is seated, or stand beside them if they are standing. Make appropriate eye contact and offer your full attention.^{5,65}
- **Validate the person's emotions,** using brief, clear, and warm statements (e.g., "Mr. Dulka, you look uncomfortable", "Nic, you look like you are too hot").^{5,27,26,29} Empathize with their expressed distress.²⁶

Vocal Expressions (Repetitive) **Disrobing**



Responding in the Moment Continued...

- **Reassure the person** that they are safe and cared for (e.g., "Mr. Dulka, I am here to help you").
- **Avoid responses that may embarrass or shame the person.** Refrain from calling attention to errors.
- **Ask the person** if something is upsetting them or what they need in a slow, calm tone of voice.
- **Explore the underlying need** using simple, non-judgemental language (e.g., "Nic, are you too hot?" or "Larry, do you need to use the washroom?"). Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).
- **Never argue with the person,** nor use confrontational language, instead acknowledge the action (e.g., "I see you are removing your shirt") and await their response.
- **Reduce stimulation and environmental demands.** Avoid overwhelming the person with too many questions - pace yourself while trying to determine the underlying need.
- **Use simple, concrete language.** Speak slowly in short sentences, posing one idea at a time, and allowing up to 5 seconds for processing.^{5,65} Use alternative communication methods (e.g., gestures, pictures) as required.
- **Assist the person to meet their unmet need** (e.g., help the person to the washroom, assist them to put on a lighter shirt).
- **Distract and redirect** based on personhood and the person's identified unmet needs, such as:
 - **Direct attention** toward something enjoyable, calming, or sensory-based.²³
 - **Invite the person into a new environment** - such as outside or to a different room - for a change of stimuli.
 - **Engage** in a meaningful activity based on personhood information.^{3-6,29,33,42} See [Meaningful Engagement Resource Guide: Evidence-based activities for older adults](#).
 - **Offer choices.** Use close-ended or yes/no questions to promote autonomy.^{6,66,68}
- **Use the GPA Stop and Go[®] principle** if the behaviour persists or the distress escalates into expressing behaviours of higher risk: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.³



Consider additional approaches and tailor strategies based on the person's individual needs and context.

Vocal Expressions (Repetitive) **Disrobing**



Consider additional approaches and tailor strategies based on the person's individual needs and context.



Dedicated Section for Approaches During Personal Care

Planning in Advance of Care

Many Responsive Behaviours Occur During Personal Care



Supporting a Person with Responsive Behaviours/Personal Expressions during Personal Care

(e.g., continence care, bathing, dressing, oral care)

Planning in Advance of Care

- **Collaborate with the person and their care partners** to gather personal care history (e.g., bathing history), identify potential causes of behaviours during care and co-develop supportive strategies.^{101,102}
- **Consider past trauma** and how it may influence current reactions during personal care.^{4,10,32}
- **Identify the specific behaviours expressed during personal care** (e.g., moaning, rocking, sexual comments, swearing, hitting, kicking, spitting). Consider other contributing factors (e.g. pain, aphasia), and approaches to prevent the behaviour and respond in the moment. See previous sections in this resource related to the specific behaviours.
- **Develop an individualized plan for personal care**,¹⁰¹ including use of:
 - Personhood information to tailor care to the person's needs and preferences. Incorporate familiar elements of their previous practices (e.g., getting dressed after breakfast, spot washing at the sink, specific soaps), and use familiar terminology (e.g., "wash up", the word for bath in their first language).¹⁰¹⁻¹⁰⁷
 - Approaches that address identified contributing factors and past trauma.^{101,102}
 - Alternative bathing techniques (e.g., thermal/towel bathing, spot washing) or dividing up personal care tasks (e.g., hair washing occurring separately than bathing).^{102,105,107}
 - Use of products that can reduce the length of the personal care experience (e.g., no-rinse soap).¹⁰²
- **Schedule enjoyed activities** before and after care.^{56,108,109}
- **Adapt team members' assignments when appropriate.** Consider matching the person with a caregiver they respond well to or know well, or using their preferred gender of care provider.^{102,110}
- **Use a two-person approach when helpful.** Plan to have one team member engage and distract the person respectfully, while the other performs care.^{102,110}
- **Optimize physical conditions** - ensure the environment is warm, well lit, free from unpleasant smells, and visually welcoming. Ideally make the environment home-like, including personal items that bring familiarity and cue the person to care activity (e.g., a personal bedspread, soap they used at home).^{50,101,102,110}



For further information on supporting someone who has responsive behaviours/personal expressions during care, participate in the **GPA Bathing®** program.



Approaches During Care

Many Responsive Behaviours Occur During Personal Care



Supporting a Person with Responsive Behaviours/Personal Expressions during Personal Care Continued...

Approaches During Care

- **Address the person with their preferred name, and introduce yourself and role.**¹⁰² **Wear scrubs** or nametag to identify yourself clearly as a caregiver. Explain your intent using respectful, simple language and words that they are familiar with (e.g., "Hello Randal. My name is Alma, and I'm a personal support worker. I'm here to help you get ready for the day").
- **Build rapport before beginning care.** Consider the person's identity and preferences. Engage in light conversation and proceed at a pace that suits the person.¹¹¹
- **Provide a meaningful reason for the person's care** (e.g., getting ready to have breakfast with others, a family member visiting, a special occasion).¹⁰¹
- **Promote privacy.** Ensure the room is private (e.g., close doors and draw curtains). Minimize the time that the person is unclothed and use coverings during care (e.g., blankets in bed, a cape or towels during a shower).^{101,102}
- **Use therapeutic communication strategies** to support understanding and promote comfort (e.g., minimize or eliminate distractions, speak in a low and pleasant voice, offer frequent reassurance and positive reinforcement).^{5,19,25,101}
- **Explain your actions step by step.** Use clear verbal instructions, and when needed, complement them with gestures (e.g., pointing to a toilet), objects (e.g., holding up a washcloth), or demonstrations (e.g., pretend wash your armpit with a washcloth) to support understanding.^{56,101,110,111}
- **Encourage autonomy** by offering opportunities for choice-making (e.g., provide two options of soap or shirts to wear) and by adapting tasks (e.g., having them hold a washcloth even if they can't perform the washing).^{19,41}
- **Encourage the person to participate in their care.** Use clear, simple language, offer one-step direction, simplify or modify tasks as needed, and provide continuous encouragement and verbal praise.^{56,102,112-114} Participation may be indirectly at times such as brushing a doll's hair while you brush theirs.
- **Use comfort objects** such as dolls, stuffed animals, or soft blankets when personhood information suggests they provide security.^{33,60,61,102}
- **Incorporate meaningful sensory activities** such as playing the person's favourite music,^{2,29,107,115,116} aromatherapy,^{22,29} or the use of multisensory items and environments.
- **Use conversation, singing, or food to distract and promote pleasure.**^{102,110} Topics of conversation, songs, and food should be tailored to the person's preferences.
- **Offer rest periods** during care as needed.^{117,118}
- **Reposition slowly,** offering the person something to hold for comfort and security.¹⁰²
- **Validate the person's emotions,** using brief, clear, and warm statements (e.g., "Randal, you look uncomfortable.")^{5,22,26,39} Empathize with their expressed distress.²⁶
- **Ask gentle, exploratory questions** to identify contributing factors and respond to the person's feelings and needs.
- **Use the Gentle Persuasive Approaches (GPA®) Stop and Go principle** when responsive behaviours occur or escalate: **Stop** what you are doing, **Think** about why this could be happening, **Observe** for any clues as to potential causes, and **Plan** a new approach.⁵



For further information on supporting someone who has responsive behaviours/personal expressions during care, participate in the **GPA Bathing®** program.



Ways to Support Dissemination and Use

- Provide the Fact Sheet to leaders and teams
- Collaborate with leaders and your team in using the implementation checklist
- Add the resource to huddle/meeting agendas
- Print your own copy and arrange for printed copies for your team
- When assessing and care planning refer to the relevant sections for ideas



Clues, Causes and Care to Consider for Responsive Behaviours

A Reference Tool to Identifying Unmet Needs, Implementing Preventative Approaches, and Responding in the Moment

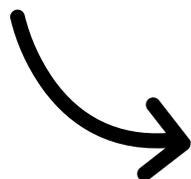
A 150+ page evidence-informed resource to refer to during behavioural assessment and care planning. It supports care teams to:

- ✓ Identify potential causes of responsive behaviours,
- ✓ Develop preventative strategies, and
- ✓ Respond effectively in the moment.

Remember these are clues to consider!
Consider additional contributing factors and preventative approaches based on the person's individual needs and context.

Implementation Checklist

- Download the resource from brainxchange.ca/CCC and print according to the printing instructions.
- Introduce and make the printed resource accessible to the your team.
- Key points to share:**
 - This is not meant to be read from cover to cover. Specific sections can be referred to as needed to support assessment and care planning.
 - This is a reference tool - care strategies should be based on individual assessment, and tailored to the person and the care setting.
- Utilize team huddles to reflect on successes and challenges in using the resource.
- Scan the QR Code to provide feedback on the resource.



Practical Use of the Resource

- An individual has been disrobing in public areas of your LTCH, RH or hospital
- During your assessment and care planning you refer to the disrobing section of the CCC Resource
- Anything else to consider regarding contributing factors or unmet needs?
- Any preventative approaches and strategies to consider based on the specific contributing factors that you have identified?
- Any ideas strategies in the 'Responding in the Moment' section that may be effective?

PHYSICAL

INTELLECTUAL

EMOTIONAL

CAPABILITIES

ENVIRONMENT

SOCIAL

SOCIAL

Possible Contributing Factors or Unmet Needs

- Established personality traits, emotional responses, patterns or habits, which may continue to influence behaviour in later life (e.g., a previous labourer who changed in a locker room prior to work).^{26,55}

Responding in the Moment

Responding in the Moment Continued...

- Explore the underlying need using simple, non-judgemental language (e.g., "Nic, are you too hot?" or "Larry, do you need to use the washroom?"). Complement verbal inquiries with gestures when appropriate (e.g., waving your hand near your face to gesture being physically hot while asking if they are too warm).

Motor Expressions (Repetitive) Disrobing



Evaluation



Your feedback is important to us!
Please take a moment to share
your thoughts on the resource.

And encourage others to do so!



www.surveymonkey.com/r/BSOCCC



Feedback Gathered



Overall, how would you rate the resource?
(1 star=poor, 5 stars=great)

 **5.0**/5
Average Rating

I like how it is broken down and aligns with the BSO-DOS and the terminology that goes with it. I like how it is broken down through the PIECES framework and offers contributing factors/unmet needs with preventative approaches to work with.”
– Respondent

N=5



What do you like most about the resource?

Easy to use

Shared language
with the
BSO-DOS®

Offers contributing
factors/unmet
needs with
preventative
approaches

Utilizes
BSO-DOS® and
PIECES



www.surveymonkey.com/r/BSOCCC



Accessing the Resource

Collaboration Space Login | Collaboration Space Home | Font Size: [A](#) [A](#) [A](#) | [FRANÇAIS](#) | [Log Out](#)

 Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

[About BSO](#) | [Clinical Tools & Resources](#) | [Education](#) | [Participate](#) | [Contact Us & Careers](#)

[BSO](#) > [TOOLS & RESOURCES](#) > BSO CLUES CAUSES AND CARE TO CONSIDER

Clues, Causes & Care to Consider for Responsive Behaviours

Clues, Causes & Care to Consider for Responsive Behaviours is a 150+ page evidence-informed resource designed for those supporting older adults with responsive behaviours/personal expressions associated with dementia, complex mental health conditions, substance use, and/or other neurological conditions.

This resource is a reference tool for clinical teams during comprehensive behavioural assessments, offering evidence-based, person-centred, non-pharmacological strategies. It is inclusive of all the behaviours listed within the [BSO-DOS](#), and is structured using the PIECES™ acronym to support integration of trusted clinical tools and resources. For each behaviour, *Clues, Causes and Care to Consider for Responsive Behaviours* provides potential contributing factors, preventative strategies, and approaches to effectively respond in the moment.

The information provided in *Clues, Causes & Care to Consider for Responsive Behaviours* is not all-encompassing, nor meant to be prescriptive. Care planning decisions should be informed by individual assessment, tailored to the person and care setting, and regularly evaluated for effectiveness.

Resources



[Download Clues, Causes and Care to Consider for Responsive Behaviours](#)

Download a PDF file of Clues Causes and Care to Consider for Responsive Behaviours here.



[Clues, Causes and Care to Consider for Responsive Behaviours Fact Sheet](#)

A one-page resource to support the implementation of Clues, Causes & Care for Responsive Behaviours



[Professional Printing File](#)

Interested in printing Clues, Causes and Care to Consider for Responsive Behaviours in full? Download the printer optimized version here.



www.brainXchange.ca/CCC



Questions?

The background is a solid dark blue. On the right side, there are three overlapping abstract shapes: a large brown semi-circle at the top, a light blue circle below it, and a green semi-circle at the bottom.



Behavioural Supports Ontario
Soutien en cas des troubles du comportement en Ontario

Contact us



brainxchange.ca/BSO



provincialBSO@nbrhc.on.ca



+1 (855) 276-6313



[BSO Provincial Coordinating Office](#)
