

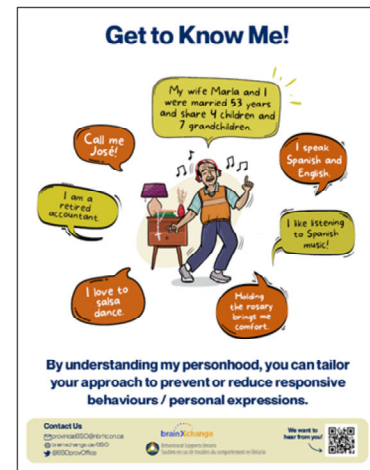
Get to Know Me!

The importance of personhood in tailoring approaches to prevent or reduce responsive behaviours/ personal expressions.

Developed by: Behavioural Supports in Acute Care Collaborative



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



1

Introductions

- *Introduce yourself to the team gathered. Note your role and your desire to support the team in their learning.*
- *If you have a sign in sheet, record names now.*
- Thank-you for taking the time out of your busy day to join.
- We will be spending 10-15 minutes together.
- This is meant to be an interactive session. The best way to learn together is through sharing of experiences.
- My goal is for everyone (including myself) is to leave this time with a few added skills and increased confidence in providing person-centred, relational care to individuals experiencing responsive behaviours or personal expressions.

Suggested questions/comments to generate discussion:

- Who has seen the 'Get to Know Me' poster?
- Today we will diving into more information about the importance of personhood and how you can utilize personhood information to tailor approaches in order to understand, prevent or reduce responsive behaviours or personal expressions.
- At the end I will also be asking if there are other topics that you are interested in learning more about.

What are responsive behaviours/ personal expressions?



- Associated with dementia, complex mental health, substance use and/or other neurological conditions.
- Words or actions that are a form of meaningful communication, often in response to unmet needs.
- Result of changes in the brain that may be affecting mood, judgment, perception and memory and/or changes in the person's environment

(Alzheimer Society of Canada, 2019; Behavioural Supports Ontario, n.d.).



2

Suggested questions/comments to generate discussion:

- The terms 'responsive behaviours' and 'personal expressions' can be used interchangeably and refer to words or actions that communicate unmet needs.
- Reframing these behaviours to be a form of communication or an unmet need helps to prompt discovery for the contributing factors behind an individual's behaviour or expression.
- All behaviour has meaning. Can you describe an unmet need that you have identified in the past?

Responsive Behaviours/Personal Expressions



4	Vocal Expressions (Repetitive)
<input type="checkbox"/> Crying	<input type="checkbox"/> Questions
<input type="checkbox"/> Grunting	<input type="checkbox"/> Requests
<input type="checkbox"/> Humming	<input type="checkbox"/> Sighing
<input type="checkbox"/> Moaning	<input type="checkbox"/> Words
<input type="checkbox"/> Other:	

5	Motor Expressions (Repetitive)
<input type="checkbox"/> Banging	<input type="checkbox"/> Grinding teeth
<input type="checkbox"/> Collecting/Hoarding	<input type="checkbox"/> Pacing
<input type="checkbox"/> Disrobing	<input type="checkbox"/> Rattling
<input type="checkbox"/> Exploring/Searching	<input type="checkbox"/> Rocking
<input type="checkbox"/> Fidgeting	<input type="checkbox"/> Rummaging
<input type="checkbox"/> Other:	

6	Sexual Expression of Risk
<input type="checkbox"/> Explicit sexual comments	
<input type="checkbox"/> Public masturbation	
<input type="checkbox"/> Touching others - genitals	
<input type="checkbox"/> Touching others - non-genitals	
<input type="checkbox"/> Other:	

7	Verbal Expression of Risk
<input type="checkbox"/> Insults	<input type="checkbox"/> Swearing
<input type="checkbox"/> Screaming	<input type="checkbox"/> Threatening
<input type="checkbox"/> Other:	

8	Physical Expression of Risk
<input type="checkbox"/> Biting	<input type="checkbox"/> Punching
<input type="checkbox"/> Choking others	<input type="checkbox"/> Pushing
<input type="checkbox"/> Grabbing	<input type="checkbox"/> Scratching
<input type="checkbox"/> Hair pulling	<input type="checkbox"/> Self-injurious
<input type="checkbox"/> Hitting	<input type="checkbox"/> Slapping
<input type="checkbox"/> Kicking	<input type="checkbox"/> Spitting
<input type="checkbox"/> Pinching	<input type="checkbox"/> Throwing
<input type="checkbox"/> Other:	



(DOS Working Group, 2019)

Suggested questions/comments to generate discussion:

- The Behavioural Supports Ontario-Dementia Observation System (BSO-DOS[®]) provides some behaviour categories and lists specific responsive behaviours or personal expressions.
- What responsive behaviours have your patients experienced? Any responsive behaviours that you have observed recently with your patients?
- Acknowledge any examples with how difficult that must have been for the patient and the team member.
- Today we are going to talk about what might be causing or contributing to responsive behaviours or personal expressions.

What is personhood and why is it important?

- 'Personhood' refers to information about a person which ultimately leads to recognition, respect and trust that is given from one person to another within a caring relationship (Kitwood, 1997; McCormack & McCance, 2017).
- Knowing the individual as a unique person is an essential part of providing person and family-centred care (RNAO, 2015).
- Knowing the individual's history, likes, dislikes, interests and usual routines is essential in order for clinical teams to find the meaning behind responsive behaviours/personal expressions (RNAO, 2016).



4

Read through the points on the slide.

Suggested questions/comments to generate discussion:

- We are going to talk about how to apply this to your practice. We will first talk about the fictional person José and then there will be a chance to think about opportunities to use personhood information with your own patients.



Suggested questions/comments to generate discussion:

- For those of you that have seen this poster, you will already be familiar with Jose.
- José:
 - Was married to Marla for 53 years and share 4 children and 7 grandchildren.
 - Speaks Spanish & English.
 - Is a retired accountant.
 - Likes listening to Spanish music and loves to salsa dance.
 - Holding the rosary brings him comfort.
- In other posters that you may have seen. José appears in distress. He looks scared, may be yelling at team members and is pulling out his IV.
- How might knowing all these things about José help? Any suggestions on how you might be able to use his personhood information if you were caring for José?
- Prompt: If José is in distress, how would you use this information? Might you put on music in his room? Use these details to talk to the person while preparing care (e.g. “I heard that you are an accountant, the end of year must be a busy time for you.”)? Would providing a business ledger and a pen be a way to provide a meaningful activity? Could you provide his rosary to him after he is dressed and sitting in his chair?

Utilizing Personhood Information



- How is personhood information collected and shared within the organization?
- How have you used personhood information in caring for your patients?
- What could you do today to utilize personhood information for one of your patients?




6

Suggested questions/comments to generate discussion:

- How is personhood information collected and shared in our organization?
 - Is there a separate personhood form used? If so, where is it located (e.g. paper copy posted at bedside or part of the electronic record).
 - Is it added to the plan of care?
- How have you used personhood information in caring for a patient?
 - Can you provide an example? Tell us about the experience? How did the person respond? How did you feel in the interaction?
 - * *Facilitator to have examples ready to share from their own experience if no examples provided.*
- What could you do today to utilize personhood information for one of your patients?
 - How might you use this information when you are providing personal care? Helping someone eat? Giving medications?

Want to learn more?

 brainxchange.ca/BSO

Behavioural Education and Training Supports Inventory (BETSI)

- Delirium, Dementia, and Depression in Older Adults
- DementiAbility Methods
- Geriatric Essentials E-Learning Modules
- Gentle Persuasive Approaches (GPA)
- LIVING the Dementia Journey
- Mental Health First Aid for Seniors
- P.I.E.C.E.S.™ Learning and Development Program
- U-First!
- Validation Communication



7

Suggested questions/comments to generate discussion:

- More tools and resources are available on the BSO brainXchange website to help assess and care for those with responsive behaviours or personal expressions.
- Under the 'Capacity Building' tab you will find the BETSI (Behavioural Education and Training Supports Inventory) that lists some great educational opportunities. Some are full day courses, where others are e-learn modules.
- Here at our hospital we offer _____ which you can sign up for through _____.

We want your feedback!

- Use the QR code on the 'My Behaviour Has Meaning!' poster to provide feedback on the poster and the QR code below to provide feedback on today's session.
- Your confidential input will be added to others' and be provided to the Behavioural Supports in Acute Care Collaborative. This helps us know the value in this type of education and will help inform any future updates.



8

Suggested questions/comments to generate discussion:

- Your feedback is very valuable and we want to hear from you regarding the poster and today's session.
- Please take a moment and scan the QR code and provide your feedback. You can easily scan the QR code with your cell phone by opening your camera app and pointing it to the code. A pop up should appear allowing you to click and access the survey.

Wrap Up

BSO Provincial Coordinating Office

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🖱 brainxchange.ca/BSO

🐦 @BSOprovOffice



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9

Suggested questions/comments to generate discussion:

- Thanks for taking time to join in this conversation today.
- A sincere thanks for your desire to provide quality care for your patients and your commitment to ongoing learning.
- I hope today helped each of you gain some added skills and increased confidence in providing person-centred, relational care to individuals experiencing responsive behaviours or personal expressions.
- Here is the contact information from the BSO Provincial Coordinating Office, but you can also contact me by _____.
- I am available to support the team and look forward to hearing more about how you are using personhood information in caring for your patients.
- Please also let me know if there is additional information that you want to know more about. I am happy to follow-up regarding any education needs that you have related to this topic or others.
- I am also planning to come back to for two more similar discussion about how all behaviour has meaning and how our approach matters. We will look at some more practical approaches and strategies that can help prevent or decrease responsive behaviours.
- Again, a sincere thanks for your time today.

References

- Alzheimer Society of Canada. (2019). *Dementia and Responsive Behaviours*. https://alzheimer.ca/sites/default/files/documents/conversations_dementia-and-responsive-behaviours.pdf
- Behavioural Supports Ontario. (n.d.). *Responsive Behaviours/Personal Expressions*. <https://brainxchange.ca/Public/Special-Pages/BSO/Responsive-Behaviours-Personal-Expressions>
- DOS Working Group. (2019). *Behavioural Supports Ontario-Dementia Observation System (BSO-DOS®) Resource Manual: Informing Person and Family-Centred Care through Objective and Measurable Direct Observation Documentation*. Behavioural Supports Ontario. <https://brainxchange.ca/Public/BSO/Files/DOS/BSO-DOS-Resource-Manual-FINAL-May-2019.aspx>
- Kitwood, T. (1997). *Dementia Reconsidered: The Person Comes First*. Open University Press.
- McCormack, B., & McCance, T. (Ed.). (2017). *Person-Centred Practice in Nursing and Health Care: Theory and Practice* (2nd ed.). Willey Blackwell.
- Registered Nurses' Association of Ontario. (2015). *Clinical Best Practice Guidelines Person- and Family-Centred Care*. https://rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf
- Registered Nurses' Association of Ontario. (2016). *Clinical Best Practice Guidelines Delirium, Dementia and Depression in Older Adults: Assessment and Care* (2nd ed.). https://rnao.ca/sites/rnao-ca/files/bpg/RNAO_Delirium_Dementia_Depression_Older_Adults_Assessment_and_Care.pdf

