

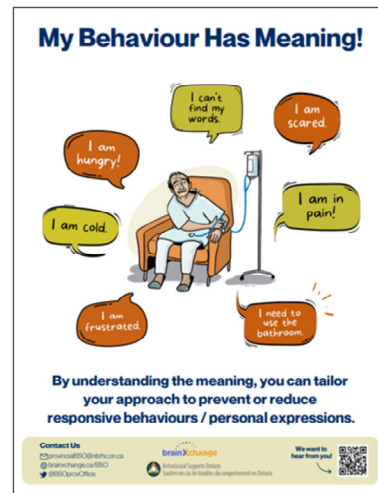
My Behaviour Has Meaning

By understanding the meaning, you can tailor your approach 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



brainXchange

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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 'My Behaviour has Meaning' poster?
- Today we will diving into what might be contributing to or causing responsive behaviours or personal expressions so that we can work to prevent or decrease them.
- 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.).



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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)

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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.

Meet José!

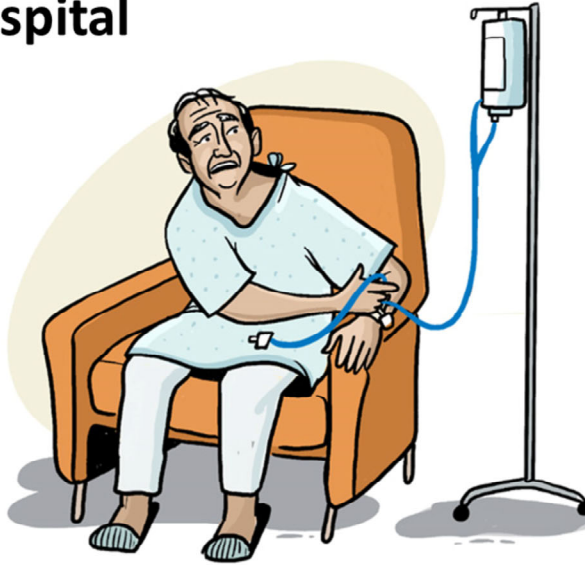


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Suggested questions/comments to generate discussion:

- You may have seen some posters that feature a fictional person called José. In one of the posters we find out a few things about José.
- We learn that 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.

José in the Hospital



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Suggested questions/comments to generate discussion:

- In another poster that you may have seen José, now a patient in the hospital and he appears in distress.
- Perhaps José is living with dementia and has now been admitted to hospital due to pneumonia.
- You come into his room and you find him moaning and he has pulled out his IV.
- What might be causing his distress?

Always Consider Delirium!

- Delirium is an acute disturbance in mental abilities that results in confused thinking and reduced awareness of the environment.
- Older adults are at an increased risk of delirium.
- Up to 75% of older adults experience delirium after acute illness or surgery.

Delirium is a medical emergency which can be prevented and reversed!

- ✓ Screen for Delirium using the Confusion Assessment Method (CAM).
- ✓ Alert the team to a positive CAM for further investigation of the cause and treatment.
- ✓ Continue to respond to the responsive behaviours.



(Regional Geriatric Program of Toronto, 2019)

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Suggested questions/comments to generate discussion:

- Although José has dementia and there may be many things that may be contributing to his responsive behaviours, we should always first consider delirium (Think Delirium!).
- Older adults and especially those with dementia and those in hospital are at high risk of delirium
- Here are our hospital, we screen for Delirium using the CAM (*or note if an alternative screening tool is used*) which can be found _____.
- You completed a CAM on José and it is negative so Delirium is not suspected.

José's Behaviour Has Meaning



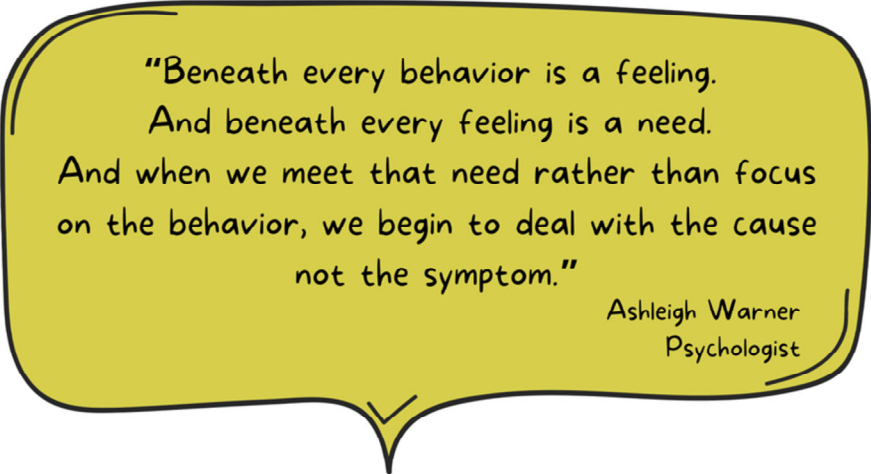
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Suggested questions/comments to generate discussion:

- There are many reasons other than delirium that could be causing or contributing to José's responsive behaviours.
- Perhaps (*use as many examples below as you want*):
 - He is scared – He may not know where he is. He is used to his own home, but now he is in the hospital. Nothing is familiar, there are strange sounds, bright lights and lots going on, but hard to determine what is happening. How might that feel? If he is scared, how do you think you might respond?
 - He is in pain – Perhaps the IV was uncomfortable or hurting. If you had something sticking into your hand and causing pain, what would you do?
 - He needs to use the bathroom – If José needs to go the bathroom what do you think he is going to do? If he tries to get up and something he is holding him back (e.g. the IV), what do you think he is going to do? Who has ever really had to go to the bathroom urgently and not be able to find one or someone else is using it? How does that feel?
 - He is frustrated – He has been trying to get someone's attention, but everyone seems to be ignoring him. Perhaps he feels that he has accounting work to get done, but everyone keeps telling him he needs to sit down.
 - He is cold – Hospital gowns are not very warm and normal aging causes older adults to have a thinner layer of fat under the skin which can make them more susceptible

to feeling cold. How do you feel when you are cold?

- He is hungry – Perhaps it is getting close to supper and José is hungry. If you were sitting somewhere and felt really hungry what would you do?
- He can't find his words – Perhaps José is not able to express his various needs verbally due to the cognitive changes that he has experienced in living with dementia.



"Beneath every behavior is a feeling.
And beneath every feeling is a need.
And when we meet that need rather than focus
on the behavior, we begin to deal with the cause
not the symptom."

Ashleigh Warner
Psychologist



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Suggested questions/comments to generate discussion:

- If you were caring for José, what might you do based on his needs to try to prevent or decrease his responsive behaviours? (*you may want to flip back to slide 7*)
 - Might you get him a warm blanket?
 - Assess for pain and provide pain medications?
 - Assist him to the bathroom regularly?
 - Check on him regularly to assess any needs and offer him reassurance?
 - Put on some Spanish music.
 - Provide José with some items to help him participate in something meaningful to him (e.g. his Rosary, accounting ledger, pencil, calculator or family photos)

Determining the Meaning of the Behaviour

1. Consider possible causes and contributing factors – **Think PIECES!**
 - **Physical** (e.g. pain, infection, constipation, medications)
 - **Intellectual** (e.g. communication, cognitive changes)
 - **Emotional** (e.g. fear, losses, boredom)
 - **Capabilities** (e.g. function in current environment)
 - **Environmental** (e.g. noise, lighting, under/over stimulation)
 - **Social** (e.g. family history, culture, interests)

(PIECES Canada, 2020)



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Suggested questions/comments to generate discussion:

- We have been presented with what is causing José's responsive behaviours, but we usually don't have that luxury! It is often difficult to determine what is causing the behaviour.
- Here are some steps that you can take to attempt to determine the meaning of the responsive behaviour or personal expressions.

Determining the Meaning of the Behaviour

2. Utilize assessment tools such as:

- BSO-DOS[®]
- Pain Assessment
- Personhood Assessment



Visit brainxchange.ca/BSO to find the resource:

'Assessment Tools: Supporting Comprehensive Behavioural Assessment & Evaluation'

3. Trial approaches to respond to possible needs and evaluate the outcome.
4. Refer to specialty team members (e.g. BSO, geriatric psychiatry) if required for additional assessment and care planning.



Reflection & Application



In the patients that you have cared for recently, is there someone with responsive behaviours?

- What might be contributing to their behaviours/ expressions? *Think PIECES!*
- Have you considered and screened for delirium?
- What assessment tools help determine the causes?
- What might you do to try to prevent or decrease the responsive behaviour?
- How could you share this information with the rest of the team?




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Suggested questions/comments to generate discussion:

- In the patients that you are caring for recently, is there someone with responsive behaviours?
 - What might be contributing to their behaviours/expressions? *Think PIECES!*
 - What assessment tools or specialists might help us to determine the causes?
Possible examples: CAM, BSO-DOS[®], Pain Assessment, Personhood Assessment
 - What might you do to try to prevent or decrease this responsive behaviour?
 - How could you share this information with the rest of the team?
 - This might be through charting, shift change report, key team communication tools, tip sheets, etc.
 - A friendly reminder that when we communicate information about responsive behaviour (be it verbally or through documentation), we should ensure that the language that we use is objective, specific, and person-centred. The BSO-DOS[®], that we spoke about earlier, provides some great examples within its legend. Also, if you want to learn more about person-centred language, Behavioural Supports Ontario has helpful resources (including posters, e-modules and a pledge) on its brainXchange webpage.

Acknowledge the thoughtful ideas provided.

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



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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 list 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.



My Behaviour Has Meaning!

By understanding the meaning, you can tailor your approach to prevent or reduce responsive behaviours / personal expressions.

Contact Us
@brainXchange
@brainXchangeUSBC
@brainXchange

brainXchange
National Support System
Providing the evidence-based interventions that work

SCAN ME

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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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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 one more similar discussion about how our approach matters and 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

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