

Your Approach Matters

Being intentional in 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



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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 30 minutes together.
**Note: This projected time will depend on your plan as a facilitator and is dependent on the availability of the participants and if you plan to cover all the slides. If you plan to cover only a portion of the slides (e.g. targeting only some of slides 8-11) with a plan to return to discuss the rest during another mini-education session, adjust this time accordingly.*
- 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 'You Approach Matters' poster? Or any of the other posters in this series that feature José?

- We have held other sessions about the importance of getting to know José (utilizing his personhood information) and also about considering the causes or contributing factors to his responsive behaviours or personal expressions .
- Today we will considering our own approach with patients and how being skillful in our approach can prevent and decrease 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.).



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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.

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.*

Meet José!

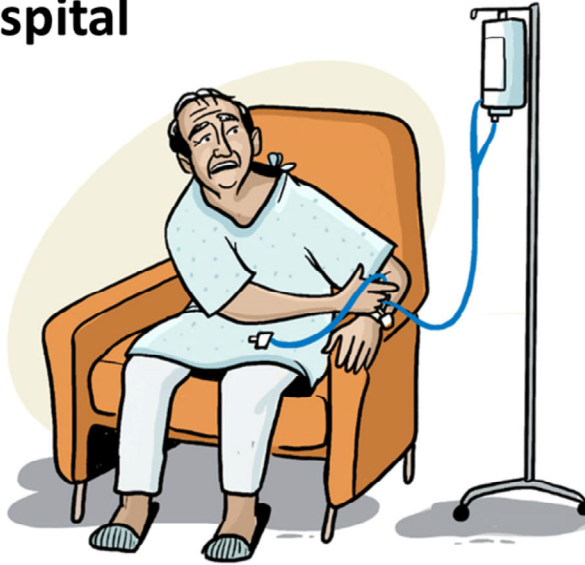


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Suggested questions/comments to generate discussion:

- 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 is now a patient in the hospital and he appears in distress.
- We learn that José is living with dementia and was admitted to hospital due to pneumonia.
- You have heard in report that he has pulled out his IV several times.

José's Behaviour Has Meaning

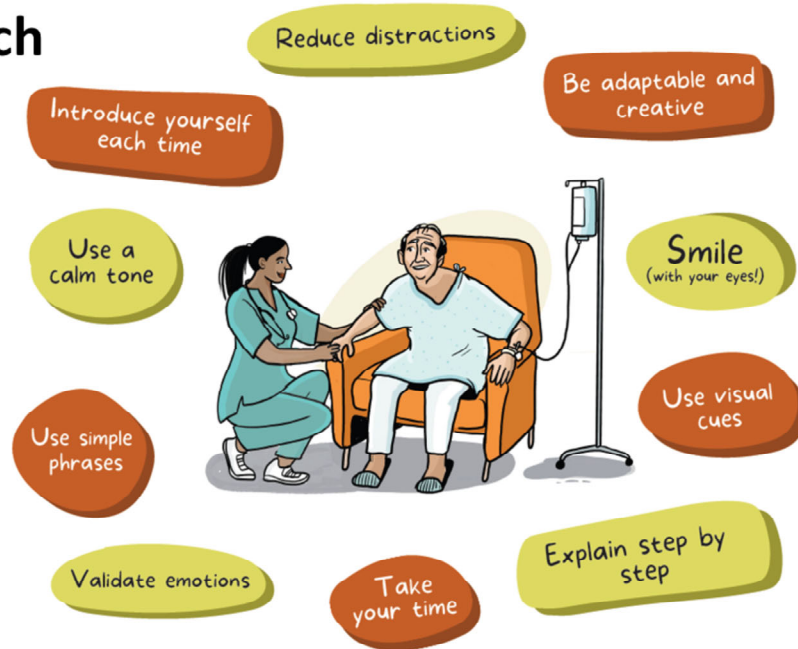


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Suggested questions/comments to generate discussion:

- We have also learned that there are several things that can be causing José's distress.
- Perhaps José has pulled out his IV because (*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.
 - He is in pain – Perhaps the IV was uncomfortable or hurting.
 - He needs to use the bathroom – Perhaps he tries to get up and he feels something is holding him back - the IV. He may just be trying to remove that obstacle.
 - He is frustrated – Perhaps he has been calling out and trying to get someone's attention, but everyone seems to be ignoring him.
 - 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.
 - He is hungry – Perhaps it is getting close to supper and José is hungry.
 - 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.
- **You are now starting your shift and will be caring for José today. His IV has been inserted again. Let's consider your approach.**

Your Approach Matters



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Suggested questions/comments to generate discussion:

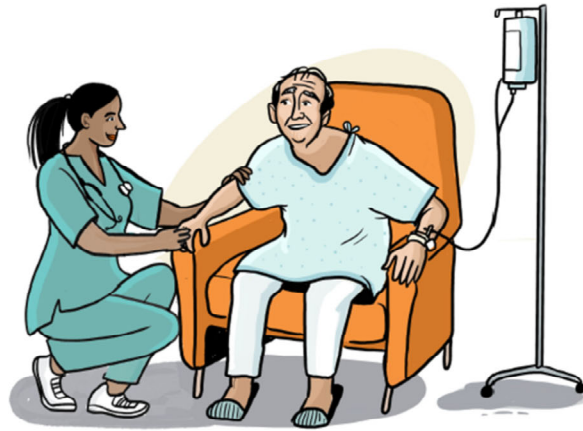
- There are some approaches that are foundational in the care of older adults with, or at risk of responsive behaviours or personal expressions.
- These approaches may seem simple, but they can have a significant impact in preventing and decreasing the severity of responsive behaviours.
- We are going to talk about each of these in a little more depth.

As you Approach

Reduce distractions

Introduce yourself
each time

Smile
(with your eyes!)



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Suggested questions/comments to generate discussion:

- First, when you initially approach patients with, or at risk of, responsive behaviours there are a few key things to remember:
 - Reduce distractions – This could include turning off TVs or radios, pulling a curtain or closing the door prior to interacting with patients.
 - Introduce yourself – We should not assume our patients know who we are or why we are there. Each time you approach, you should let them know who you are and you can add your role or what you are there to help them with. For example, “Hello José, my name is _____, I am a _____ (role) and am here to help you with _____.” It is important to know the patient’s preferred name and to use it. Avoid pet names (e.g. dear, sweetie). Know the preferred language and utilize communication/interpretation supports if needed.
 - Smile – Communication is mostly non-verbal which means that your body language communicates key messages to your patients. Smile, even if it is behind a mask!

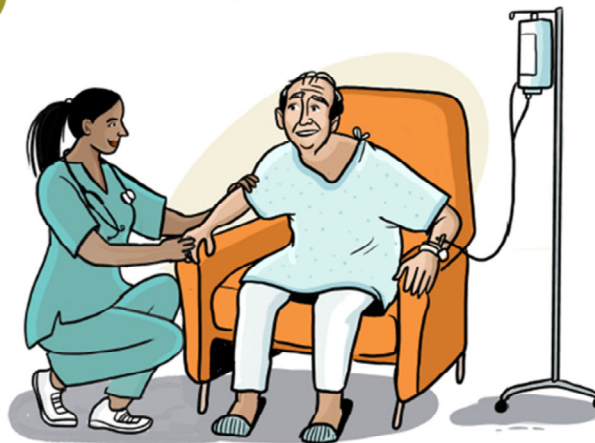
Communication Skills

Use a calm tone

Use visual cues

Explain step by step

Use simple phrases

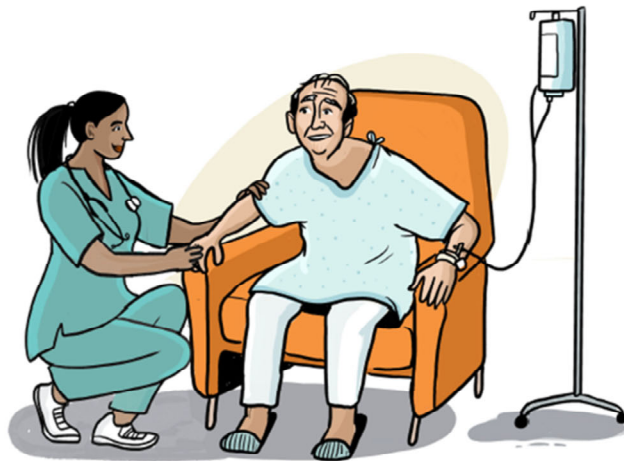


Suggested questions/comments to generate discussion:

- There are also some key communication skills to remember:
 - Use a calm tone – The tone of your voice is also an important part of your non-verbal communication. Even if you use kind, patient words, if your tone does not match this, your message will be impacted. This is not always easy to do with all the demands of your job, but worth the effort to reflect on your tone and make any needed adjustments. Consider and adjust your volume based on the patient's needs - don't assume that all patients have hearing deficits.
 - Use visual cues – As non-verbal is very important, especially with individuals with cognitive changes, visual cues can really be helpful in communicating key messages. This could include showing patients a few towels when introducing personal care or encouraging someone to eat by demonstrating the motion with a fork.
 - Explain step by step – Many of the things we ask our patients to do are actually complex tasks that require multiple steps. It is helpful to break each task down by these steps and provide directions one step at a time.
 - Use simple phrases – It is also helpful to use simple phrases and repeat these phrases. Try not to rephrase. For example, when assisting José to stand up to go to the bathroom provide one simple direction or prompt at a time: "José, let's stand up." (pause) "Stand up." Then move on to the next direction. "José, let's walk to the bathroom."

Validation

Validate emotions



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Suggested questions/comments to generate discussion:

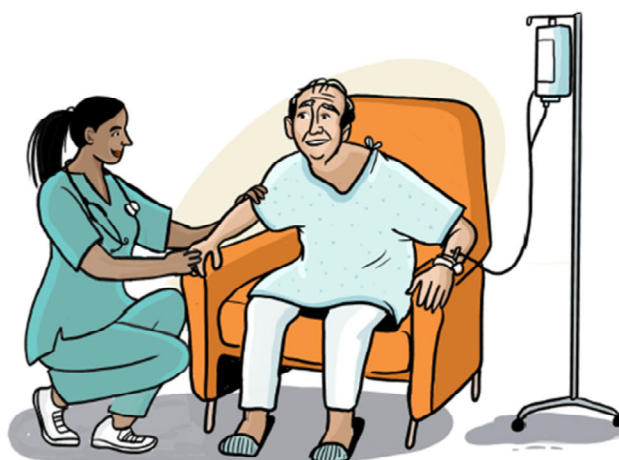
- Validating emotions is an additional communication strategy that is very effective when you are caring for someone with, or at risk of, responsive behaviours.
- Validation means to empathically affirming and acknowledge the perceived reality and emotional experience of the individual.
- Here are a few simple ways to do this:
 - Validate feelings out loud
 - *"José, you look frustrated."* or *"José, you look worried."*
 - Repeat or paraphrase key words
 - José: *"I want to go home!"*
 - You: *"You want to go home?" "You want to go home." "Home."*
 - Ask questions to understand
 - *Who? What? Where? How? (avoid asking why)*
 - *Tell me about...*
 - If the person has difficulty articulating words, attempt to validate the non-verbal message/feelings expressed.

(Elliot, 2014; Feil, 1982; Mitchell & Agnelli, 2015; Scales, Zimmerman & Miller, 2018)

The Hard & Fun Part!

Be adaptable and creative

Take your time

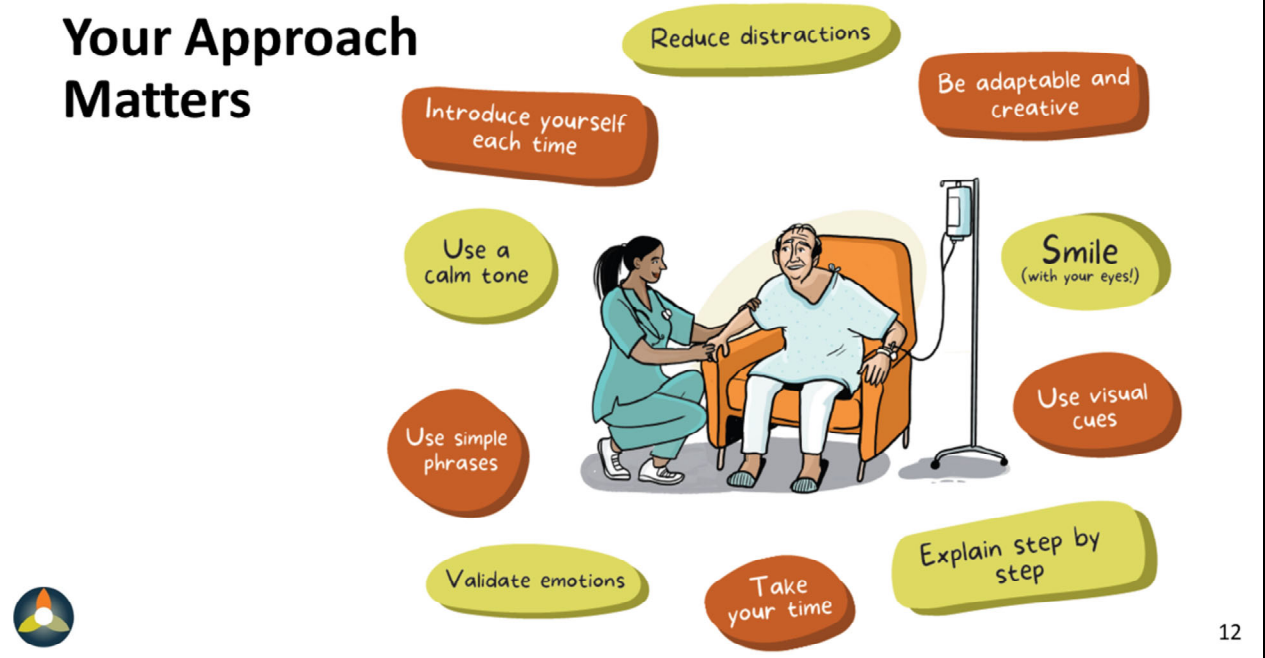


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Suggested questions/comments to generate discussion:

- Finally, there are a few things to aim for in your approach that can be challenging, but also fun and rewarding:
 - Take your time – This can be hard in the context of a busy hospital unit; however, slowing down and not appearing rushed is important as it can really impact the interaction. It may be helpful to pause for just one second before you enter a room to take a deep breath, feel your feet on the floor and put a smile on your face.
 - Be adaptable and creative – Providing care to older adults at risk of responsive behaviours, calls for adaptability and creativity. This may mean adjusting your regular routine to accommodate patient needs or trying new approaches (like singing while providing personal care). Lean into your creative self! You might be surprised that you find approaches that work in preventing or reducing responsive behaviours.

Your Approach Matters



Suggested questions/comments to generate discussion:

- Again, all these strategies may seem simple, but pausing, planning and intentionally utilizing these various approaches when interacting with your patients demonstrates skillful care. These are foundational approaches in the care of older adults with, or at risk of, responsive behaviours or personal expressions.
- Does anyone use any of these approaches regularly or have tried one of these in a particular situation that you want to share with us? How did the person respond?
- *Thank those that shared.*

Tailoring Your Approach



Suggested questions/comments to generate discussion:

- In addition to those foundational or cores approaches, it is also important to tailor your approach to the specific needs of each patient.
- If we reflect on what we know about José and what may be specifically contributing to his responsive behaviours, we can also determine some tailored approaches to use along side the foundational ones.
- Some additional approaches that are tailored to who he is as a person and what may have been contributing to his responsive behaviours:
 - Putting on Spanish music
 - Wrapping him in a warm blanket
 - Providing him his favorite drink and snacks
 - Assessing for and treating pain
 - Assist him to the bathroom regularly
 - Engage José in a meaningful activity (e.g. provide his Rosary or set him up with an accounting ledger, calculator and pencil)
- Any other suggestions?
- Ideally, approaches that team members trial and find successful should be added to the plan of care so that other team members know about them and can utilize these approaches.

Reflection & Application



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

- What verbal and non-verbal approaches did you use?
- What was the response?
- How could you share these successful approaches with the rest of the team?

Any suggestions you have to help you remember and to be intentional about your approach (both verbal and non-verbal) prior to interacting with your patients?




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Suggested questions/comments to generate discussion:

- As you think about the patients that you have cared for recently, is there someone with responsive behaviours?
 - What have verbal and non-verbal approaches did you use?
 - What was the response?
 - How could you share successful approaches with the rest of the team?
- Any suggestions you have to help you remember to be intentional about your approach (both verbal and non-verbal) prior to interacting with your patients?
- *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 'Your Approach Matters!' 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.



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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

✉ provincialBSO@nbrhc.on.ca

🖱 brainxchange.ca/BSO

🐦 @BSOprovOffice



Developed by: Behavioural Supports in Acute Care Collaborative
Released: May 2022



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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.
- 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>
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- Feil, N. (1982) *Validation: The Feil Method*. Feil Productions, Cleveland OH.
- Mitchell, G., & Agnelli, J. (2015). Non-pharmacological approaches to alleviate distress in dementia care. *Nursing Standard*, 30, 38–44. <https://doi.org/10.7748/ns.30.13.38.s45>
- Scales, K., Zimmerman, S., & Miller, S. J. (2018). Evidence-based nonpharmacological practices to address behavioral and psychological symptoms of dementia. *The Gerontologist*, 58, S88-S102. <https://doi.org/10.7748/ns.30.13.38.s45>

