# 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

#### Your Approach Matters!





### 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



### **Responsive Behaviours/Personal Expressions**

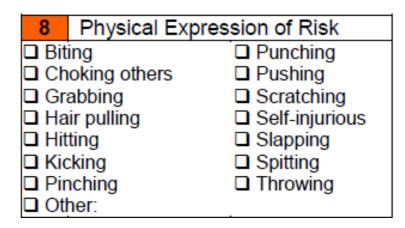


4	Vocal E	xpressions (Repetitive)
Crying		Questions
Grunting		Requests
Humming		Sighing
Moaning		Words
Other:		



6	Sexual Expression of Risk		
Explicit sexual comments			
Public masturbation			
Touching others - genitals			
Touching others - non-genitals			
⊐ Ot	Other:		

7	Verbal E	Expression of Risk
Insults		Swearing
Screaming		Threatening
Ot	ner:	

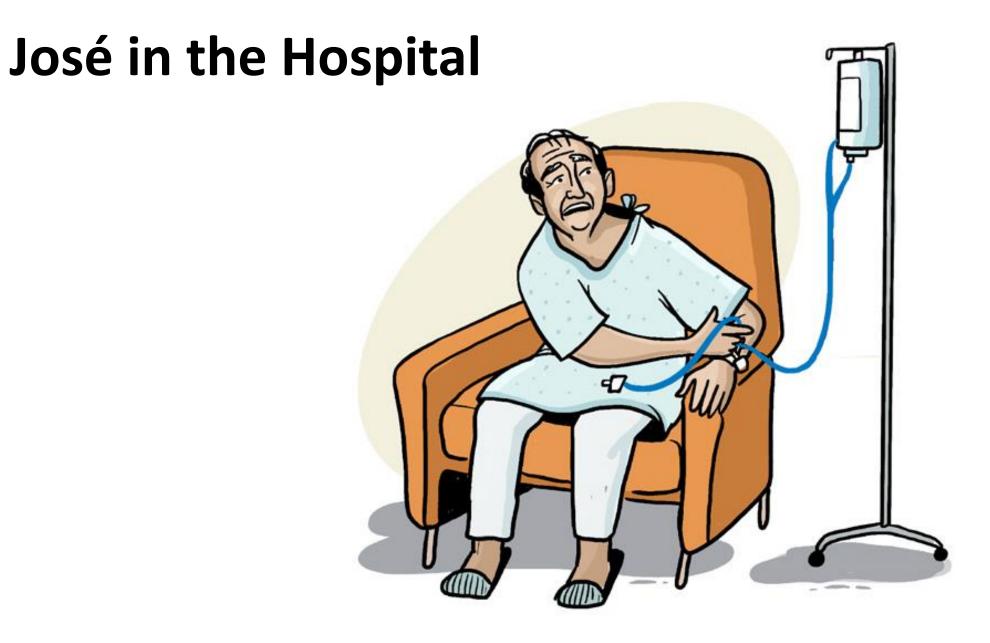


(DOS Working Group, 2019)



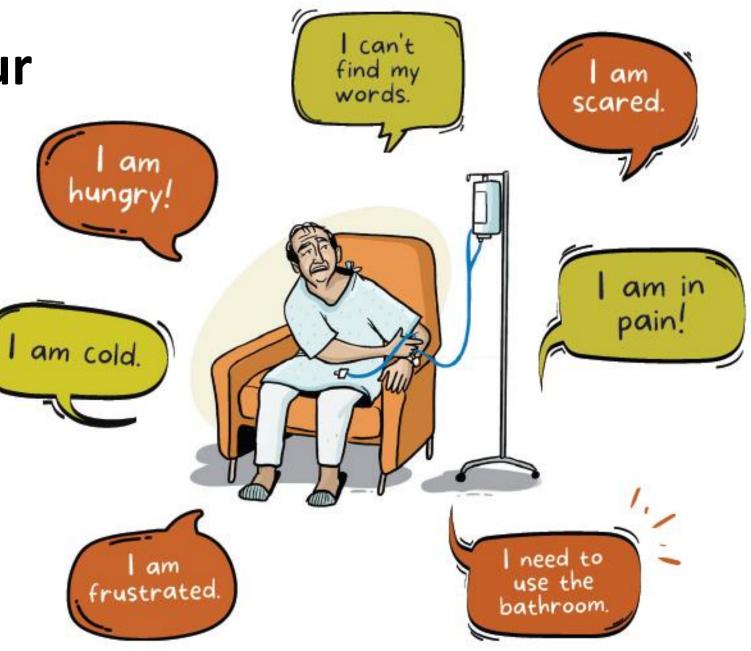














#### Your Approach Matters Introduce yourself each time Reduce distractions Be adaptable and creative



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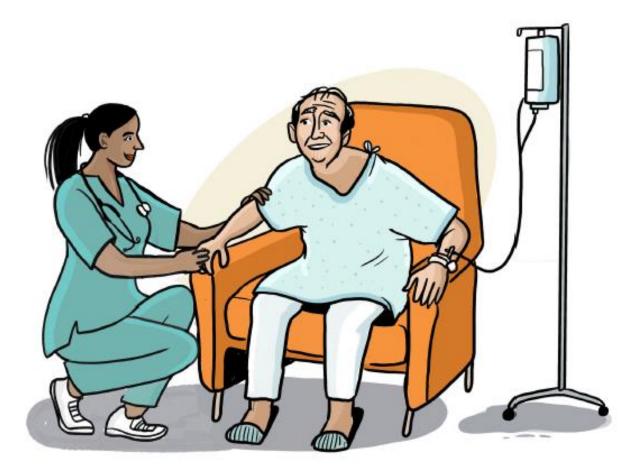


# As you Approach

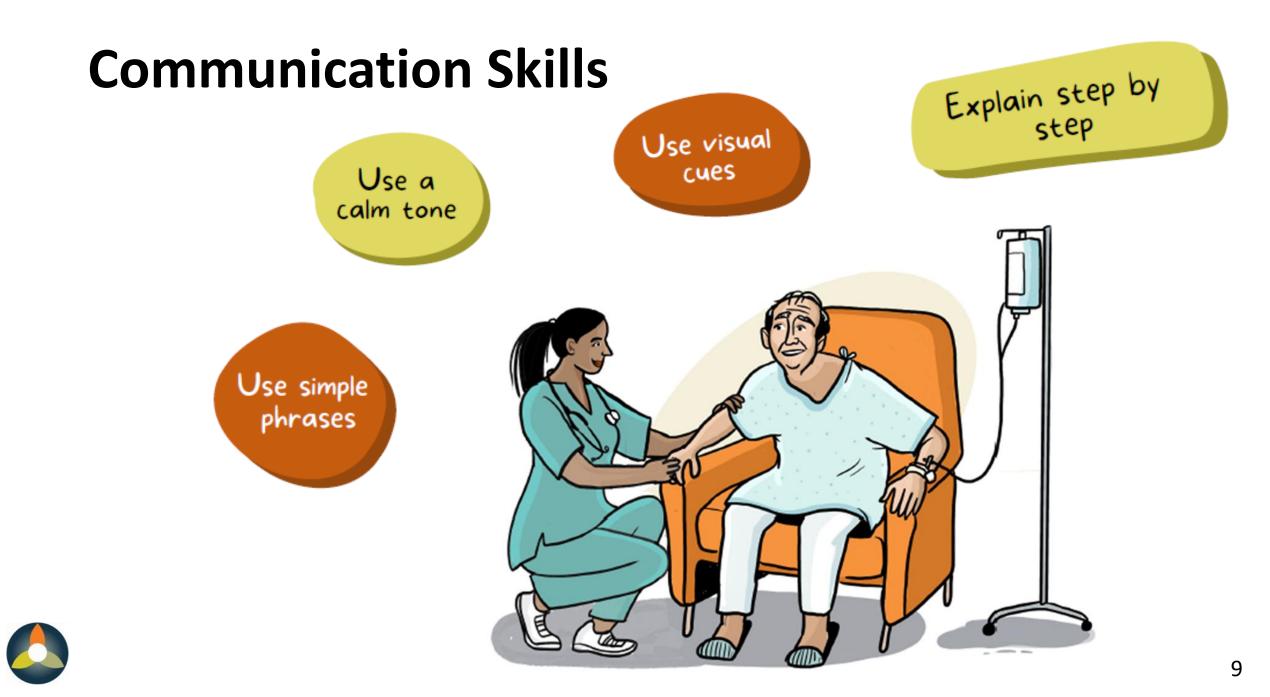
Reduce distractions

Introduce yourself each time



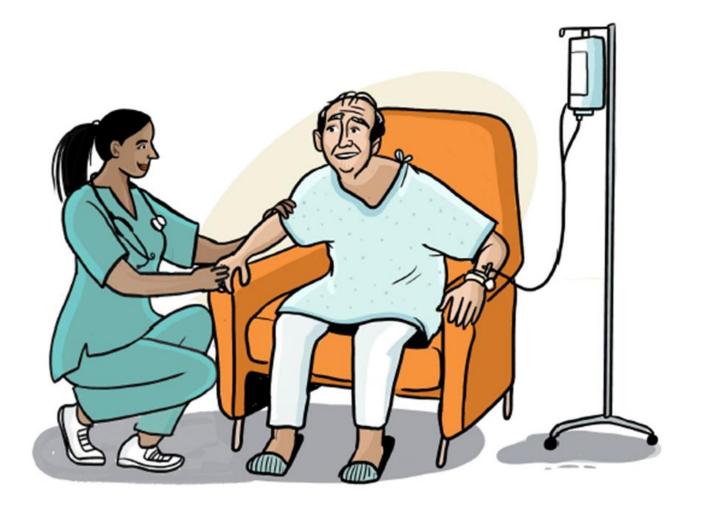






#### Validation







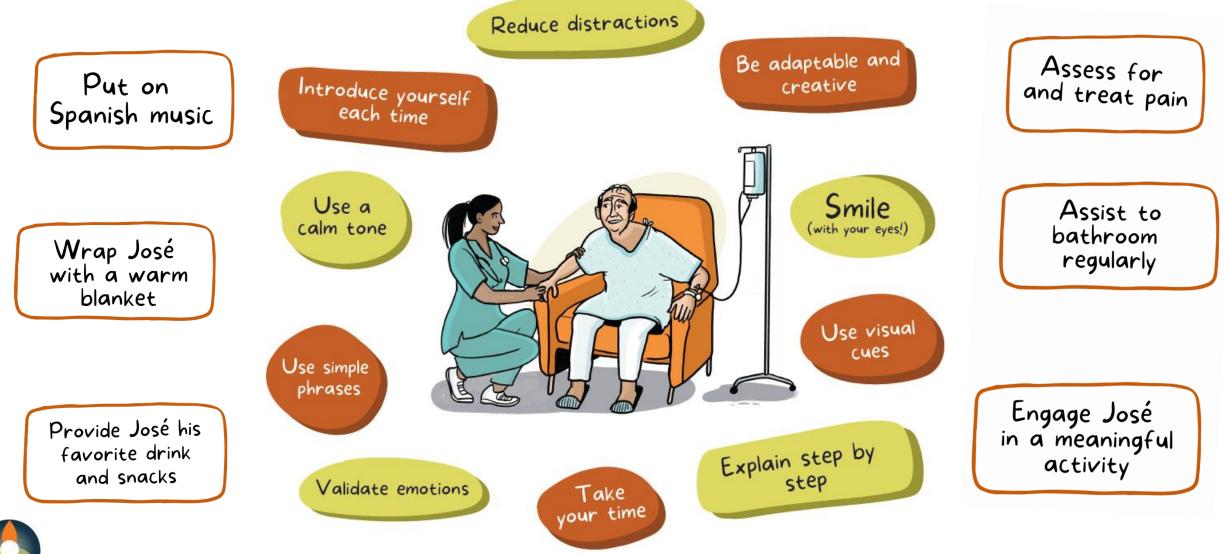


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### **Tailoring Your Approach**



## **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?



## 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.<sup>™</sup> Learning and Development Program
- U-First!
- Validation Communication





### 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.





# Wrap Up

#### **BSO Provincial Coordinating Office**



provincialBSO@nbrhc.on.ca

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### References

- Alzheimer Society of Canada. (2019). *Dementia and Responsive Behaviours*. <u>https://alzheimer.ca/sites/default/files/documents/conversations\_dementia-and-responsive-behaviours.pdf</u>
- Behavioural Supports Ontario. (n.d.). *Responsive Behaviours/Personal Expressions*. <u>https://brainxchange.ca/Public/Special-Pages/BSO/Responsive-Behaviours-Personal-Expressions</u>
- 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. <u>https://brainxchange.ca/Public/BSO/Files/DOS/BSO-DOS-Resource-Manual-FINAL-May-2019.aspx</u>
- Elliot, G. (2014). Validation Communication Techniques. DementiAbility. Oakville, ON.
- 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. <u>https://doi.org/10.7748/ns.30.13.38.s45</u>
- 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. <u>https://doi.org/10.7748/ns.30.13.38.s45</u>

