



BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter

Issue 11 - June 2018



Welcome

Welcome to our summer 2018 issue of the BSO Provincial Pulse. As individuals carve out vacation time over the next few months, we would like to remind everyone of the the heaps of benefits that result from engaging in purposeless activities. Finding ourselves so engaged in meaningful activity that we lose all concepts of time and place. Focusing on the experience of doing and being rather than attaching value to actual outcomes. Play is essential to our well-being and we hope you have the opportunity to schedule fun in abundance and let it spill over when the vacation is done. It can fuel your creativity, strengthen your relationships, enhance productivity and increase job satisfaction. Go ahead, enjoy recess and our newsletter!

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BSO's Bees Marble Bar SO easy...

Inspired by the David Suzuki Foundation's **Five steps to creating your own wild bee sanctuary** article, let's create a Bee Marble Bar! David Suzuki notes the importance of adding water to the environment: "Insects need water but can't drink from deep water for fear of drowning. You can help by placing a shallow bowl or plate with stones in your garden and filling it halfway with water. The stones provide safe places to land and crawl out should they fall in. Birds and butterflies will thank you too. Replace the water every few days to eliminate any mosquito larvae."

Materials to create a drink station can include:

- shallow dish, such as a pie plate that is water safe like glass or ceramic
- stone or marbles to fill the container
- fresh water
- just enough water that the tops of the stones/marbles are not submerged completely

<https://davidsuzuki.org/wp-content/uploads/2018/05/BIMBY-wild-bee-sanctuary-background.pdf>



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Letters of Lived Experience

When I was fifteen, I would have told you my life was pretty typical. I was in the tenth grade, played sports, went to camp in the summer, hung out with friends and hardly thought twice about it all. During that year my Mom was diagnosed with early-onset dementia. My first thoughts were ones of confusion, pain, and anger, “How could this be happening? Why her? Why me? Why us?”. As I looked back, things started to make more sense, why Mom always asked the same questions, the time we got lost on the way to a familiar place. The diagnosis answered some questions, but more filled its place, “Will she ever get better? How will this change things? How quickly will she forget?”.



Emily & Moira

As time went on, my siblings and I had to take on more and more responsibility, cooking, cleaning, and taking turns being on Mom Watch. We all make sacrifices, for Mom, and for each other. Our entire family dynamics have changed. We have to rely on each other and support one another. We’ve become a team. I’ve gained perspective on what is important, going out with my friends or staying home so my Dad or siblings can take a break and have time for themselves.

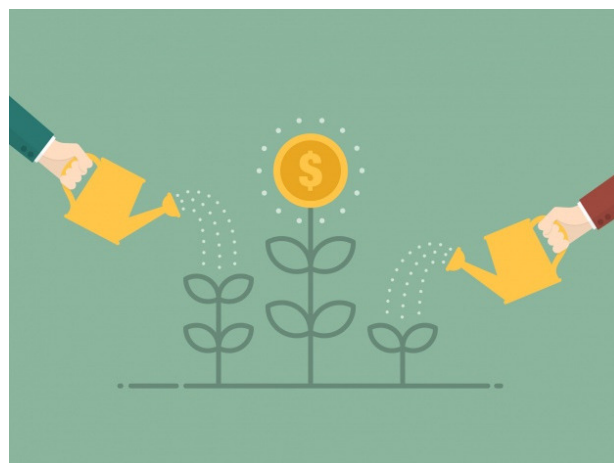
From the beginning, I have had a hard time telling my friends. I was embarrassed and scared. I didn’t even know how to start the conversation. I didn’t know if they would understand. Even today it’s something I struggle with. Many of my friends are aware, but they don’t ask questions. They don’t know what to say or how to help.

I’m currently away at University, which adds another challenge. That of caring away from home. In many ways, I am fortunate to have been able to move away, to be able to live my own life. However, caregiving from afar can often be difficult. I travel back to Mississauga every other weekend in order to visit with my mom and give my family a break. At school there are little to no supports available. My professors are unaware of my caring responsibilities and so I have to perfectly balance school and caregiving along with work and volunteer commitments. Overall, there is a huge lack of awareness about young caregivers.

My family was given the amazing opportunity to be part of the documentary "Much Too Young", which follows four families as they care for a parent with early-onset dementia. The documentary shows the true struggles and challenges we face as young carers trying to balance school and work with caregiving. After filming the documentary, I realized just how powerful telling my story could be. Not only had it helped me make sense of my own emotions, but I could see the impact it had on others. One of the reasons we chose to be in the documentary was based off something my mom had said “If it will help someone else, we have to do it”. These words stay with me as I continue my advocacy. I have had the pleasure of working at The Murray Alzheimer Research and Education Program (MAREP), partnering with many key players, including The Change Foundation. I have been given the opportunity to share my story and a new perspective to dementia and caregiving as a whole through conference presentations, print media and over the radio. Shining a light on young carers and their unique challenges, bringing awareness and understanding to this population, with hopes of creating supports and services to help us navigate this journey.

For all the young carers out there (and anyone else who needs this), I want you to know your role is real. You deserve to feel valued and respected as part of the caregiving team. You are allowed to ask for help and seek out support from services and friends. It can be difficult to share your story, but you are not alone.

We invite everyone to join us in celebrating BSO's recent funding announcement to expand the availability of BSO staff in LTC and in the Community!



BSO in Long-Term Care

On April 23, 2018, The Minister of Health and Long-Term Care announced that the Ministry will provide up to \$11,634,600 in the 2018-19 funding year for specialized staffing resources in the long-term care (LTC) home sector. This includes \$10,000,000 of new base funding for the 2018-19 year for BSO in LTC to supporting the hiring of additional BSO specialized staff.

Local Health Integration Networks (LHINs) have been allocated a proportional share of this total funding to hire additional LTC BSO staffing resources who will provide direct services and interventions to LTC home residents with, or at risk for, responsive behaviours associated with dementia, complex mental health, substance use, and/or other neurological conditions. Inclusive in this mandate are LTC residents with age-related neurocognitive conditions (such as early onset dementia) and support for family and professional care partners.

BSO in Community

Year 2 (2018-19) Ontario Dementia Strategy Funding includes \$10.48 million for BSO in the Community. This funding will be used for the development of new community-based full-time employees (FTEs) to complement BSO services for people living in the community sector, which may include people living in private dwellings, retirement homes, assisted living and supportive housing in addition to those currently receiving healthcare services in acute care, adult day programs/community dementia programs and those accessing respite.

The funding also supports the continuation and delivery of BSO cross-sector resources via central coordination office staffing (i.e., central intake).

LHINs have been actively working on the plans in collaboration with partners/stakeholders and enhanced resources should be in play by Fall of 2018.

We look forward to seeing the continued impact of this funding and continued future growth of BSO!

REPORT RELEASE

Providing Person & Family-Centred Care within Behavioural Support Transition Units (BSTU): The Critical Elements

Behavioural Supports Ontario (BSO) and brainXchange are pleased to announce the release of the report "Providing Person & Family-Centred Care within Behavioural Supports Transition Units (BSTUs): The Critical Elements".

BSO's Behavioural Support Transition Units (BSTU) Collaborative has surfaced elements deemed critical to provide person and family-centred approaches within a BSTU environment.

The report highlights these elements and is intended to be a resource for professional care providers across the spectrum of care that support individuals and families in the transitions of moving into and moving out of a BSTU. Rather than an exhaustive list, these examples capture emerging and best practices taking place within BSTUs that promote person and family-centred care. The report is intended to lay a foundation for and to inspire person and family-centred care within and beyond the BSTU environment.

brainXchange and Behavioural Supports Ontario (BSO) extend our congratulations to the Co-Chairs of the Behavioural Supports Transition Units Collaborative: Mary Ellen Parker and Karin Adlhoch as well as the Collaborative's members for the creation of this exciting and important resource!

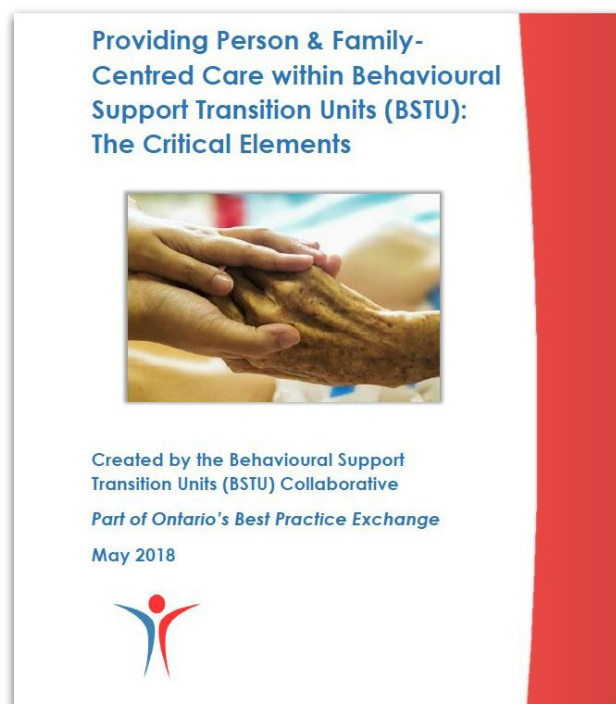
READ THE REPORT

You may read the report by following this link:

<http://brainxchange.ca/getattachment/Public/Topics-A-to-Z/BSOCRO/Behavioural-Support-Transition-Units/BSTU-Critical-Elements-Report-FINAL.pdf.aspx>

PROVIDE FEEDBACK

We invite you to contribute and provide feedback to the discussion forum on brainXchange in response to this report, by clicking here: <https://tinyurl.com/BSTUreportfeedback>



DEMENTIA DIALOGUE



stories . understanding . insight

A new podcast titled '**Dementia Dialogue**', facilitated by David Harvey (*Former Chief, Public Policy/Programs, Alzheimer Society of Ontario*), is now available on www.dementiadialogue.ca, iTunes and Podbean. The 7 interviews/episodes, currently available for download, enable people with dementia and their care/life partners to share experiences and thus enable their peer listeners to understand and gain insight into their own experience and strengthen their adaptive skills. Care providers understand this lived experience more fully and the public becomes more aware of what it means to live well with dementia.

For readers unfamiliar with podcasts, they are essentially a radio program. You can listen from a desktop computer, mobile/portable device and/or on a tablet. The podcasts create another channel to promote the voice of people with lived experience and are approximately 20 minutes in length.

The first series is on "**Changing and Adapting**", one of four themes that emerged from the **Dementia Mapping Project**, a research project undertaken by Drs. Elaine Wiersma, Sherry Dupuis, Pauline Sameshima and Phil Caffery, with the support of the Alzheimer Society of Ontario. The research report is also on the website.

Here is a snapshot of Episode 3, taken from the website as an example:



Episode 3: Roxanne Varey has dementia and has become an advocate for creating more opportunities for people with dementia in the workplace. Roxanne has written poetry to help her understand and express some of her inner experience.

[CLICK HERE TO READ ROXANNE'S POEMS](#)

[CLICK HERE FOR PODCAST](#)

Throughout the episodes, we are guided by David's familiar voice, as he provides additional insight into the stories based on his experiences with each selected topic.

A new series of podcasts on the "**System Journey**" (theme 2 of 4), will be available in autumn.

The Centre for Education and Research on Aging and Health at Lakehead University located in Thunder Bay, Ontario sponsored this inaugural series. For more information, you may email facilitator David Harvey at david@dementiadialogue.ca.

Colourful Strategies Were Key

Meet Ruth, for the past 5 months, she had been experiencing auditory hallucinations. She would hear voices telling her that her loved ones were ill which would create a strong yearning for Ruth to go home and tend to her loved ones. Her hallucinations were increasing and interfering with her daily life. She wasn't sleeping well, couldn't focus, became anxious and was now crying in distress. Responsive behaviours were beginning to escalate as Ruth was determined to get home. A referral to the BSO team was completed to receive additional support.

Applying the Behavioural Assessment Tool (BAT), the BSO Team sorted out the puzzle P.I.E.C.E.S. Upon examining the "E" for environment, it was noticed that Ruth was bored, often looking around, standing near the information center not knowing quite what to do and getting preoccupied with her thoughts. The fixation seemed to lead to her auditory hallucinations and the voices heard were identified as a potential source of the responsive behaviours.

Next steps included managing the hallucinations using psychosocial and environmental strategies. The family was consulted to learn about Ruth's interests and hobbies. The BSO Team discovered that she loved participating in social gatherings and was an avid reader. BSO was able to identify a pattern and introduced engaging Montessori activities to the person-centred care plan. Various activities were initiated and performed alongside co-residents.

At first, the team trialed folding towels/aprons and placing them in the dining room. Shortly thereafter, sorting cutlery was carried out with ease and speed. It was the sorting of clothes pins by colour which seemed to give Ruth a great sense of accomplishment. One day, two hours worth of time slipped away, as she was meaningfully engaged in colour coding a box of assorted buttons.

Fellow residents, engaged in similar activities, began encouraging each other which led to socialization. The combination of companionship and meaningful activity shaped Ruth's experiences and she no longer spoke of her auditory hallucinations or expressed the need to tend to her loved ones. There were no longer signs of distress. In fact, she was happy and laughing with co-residents.

Another noteworthy intervention was that of simulated letters based on information gathered from Ruth's family members. Since she was often concerned about her loved ones' wellbeing, the letters validated her feelings at that moment and gave her the reassurance she needed. The team also linked Ruth with Pastoral Services. She felt deeply connected spiritually and enjoyed her weekly visits with the pastor.

The combination of various non-pharmacological interventions improved Ruth's quality of life. Collaboration and teamwork were key to the successful outcome. At Chartwell Wynfield Long Term Care Residence, BSO continues to support a happier, healthier and more fulfilling life experience for individuals.



"What a significant improvement with my mother! I'm so happy she's much more alert! Her auditory hallucinations have decreased and I can now talk and laugh with her."
~ Ruth's son Laurie

Crunching the Numbers: 2017-18 Full Fiscal Year Quantitative Metrics

BSO teams across the province supported a total of **3,351** people to move from the community into LTC. This represents an increase of **25%** in comparison to the year prior.

Referrals to BSO for support for LTC residents increased by **19.5%** in 2017-18 compared to 2016-17. In total, BSO received **29,433** referrals for LTC residents.

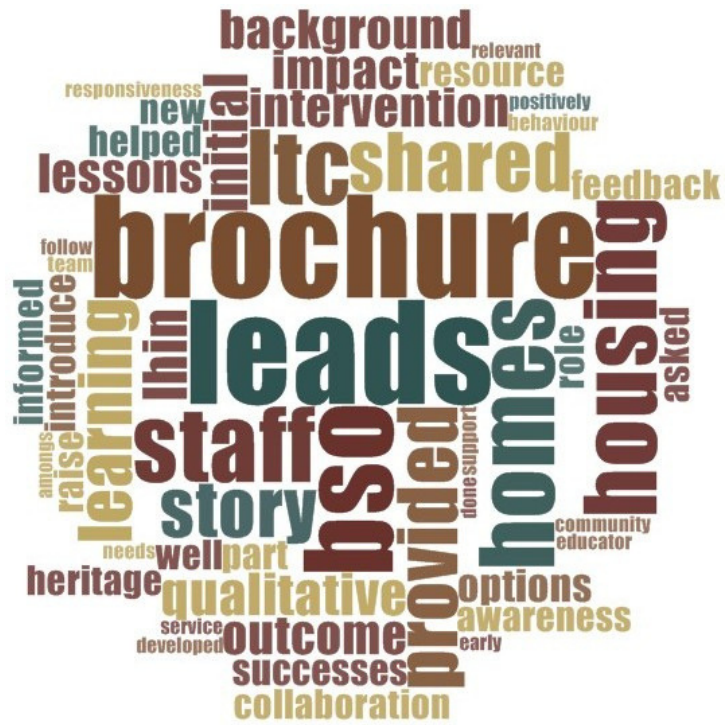
BSO Community teams supported **16,710** family care partners in the community. This number represents a **27%** increase compared to 2016-17.

The number of Education/Capacity Building Activities hosted in alignment with BSO totalled **12,790** in 2017-18; representing a **56%** increase since the year prior!



BSO's Provincial Qualitative Stories

The following quotations were retrieved from some of the qualitative stories received in Q4 from various BSO teams across the province.



Continue to look for the person behind the disease or diagnosis, this brings out common ground so to speak for all of us and allows more of a team approach including family members. Engaging staff, the team, and family as early as possible to avoid misunderstandings and prevent unmet expectations, simply because we did not know to ask or how to ask sometimes.

~ South East

Staff learned the impact of "labelling" residents and the effect it can have on the quality of care they are provided.

Staff also realized how a positive approach to situations can impact the outcome of behaviours and care.

~ Waterloo Wellington

Use as many tools available at one's disposal to support the process. It was extremely helpful to dialogue multiple times with the primary caregiver to build on person centered approaches. Maintain regular feedback sessions with staff members, caregivers, students etc. to continue building on the care plan.

~ Mississauga Halton

The staff met the resident where he was and was able to eliminate his worries about supporting his family. This decreased his anxiety. All residents need a purpose and the opportunity to engage in things of interest that are meaningful to them.

~Central East

Professional Development & Upcoming Events

Summer months may present an opportunity to plan your attendance for upcoming events or perhaps catch up on archived webinars.

Events Calendar

<http://brainxchange.ca/Public/Events.aspx>

Archived Webinars & Events

<http://brainxchange.ca/Public/Events/Archived-Webinars-Events.aspx>

Here are a few BSO recommended archived webinars for your consideration:



Event Date: Feb 26, 2018

Making Connections: Recommendations to enhance the use of personhood tools to improve person-centered care delivery across sectors

<http://brainxchange.ca/Public/Events/Archived-Webinars-Events/2018/Making-Connections-Recommendations-to-Enhance-the.aspx>

Event Date: Nov 28, 2017

Introduction to the Senior Alcohol Misuse Indicator (SAMI) Tool A senior-friendly approach to screen

<http://brainxchange.ca/Public/Events/Archived-Webinars-Events/2017/Introduction-to-the-Senior-Alcohol-Misuse-Indicato.aspx>

Event Date: Jun 09, 2017

Introduction to Behaviour Analysis and Cognitive Loss: A Behavioural Gerontology Webinar

<http://brainxchange.ca/Public/Events/Archived-Webinars-Events/2017/Introduction-to-Behaviour-Analysis-and-Cognitive-L.aspx>

Our lines of communication are **always** open for feedback.
Contact Information: BSO Provincial Coordinating Office



Call us at **1-855-276-6313**



Email at provincialBSO@nbrhc.on.ca

Or visit us at <http://www.behaviouralsupportsontario.ca>

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