



# BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter

Issue 12- Fall 2018



## Welcome

Welcome to our fall 2018 issue of the BSO Provincial Pulse. As we return to routine and structure, it is also an opportune time to consider focusing your efforts on forming a new single habit to incorporate into your everyday. By focusing on one single habit you are able to create lasting change. It requires time to reflect and select something meaningful and small that you have intentions to add to your life. Will it be to drink more water, floss your teeth, move more, read more, sleep more, start a gratitude journal, break a bad habit? The choice is yours. You can track your progress with a number of free habit tracking apps. Once your habit becomes automatic, like brushing your teeth, you can move on to the next. The enrichment possibilities are endless!

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## BSO's Bird Feeder SO easy...

Make a simple feeder to give energy to those birds who are passing by due to migration and the resident birds who are looking to build their reserves for their own journey or to survive the falling temperatures that the fall season brings.

### Materials:

- Large pinecones
- Popsicle sticks
- Peanut butter or suet
- Mixing bowl
- Birdseed
- Natural string
- Scissors
- Thumb tacks

### Steps:

1. Place any tight pinecones in a 300-degree oven for about 10 minutes to open them. Use a popsicle stick to spread a layer of peanut butter or suet all over the inner "petals" of the pinecone. Set the pinecone in a mixing bowl filled with birdseed mix. Roll the pinecone in the seed mixture.
2. Attach string to the top of the pinecone for hanging. Push a thumbtack into the bottom of the cone, wrap tack with another length of string, and tie to the top of another cone. Repeat process until desired length is achieved. Hang bird feeder, and replenish with birdseed as necessary.



GreenChildMagazine.com

Source: <https://www.marthastewart.com/270700/pinecone-bird-feeder>

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## You don't look like you have dementia:

Three perspectives on an incident that happened to someone living with dementia.

### An Educator's Perspective:



Diane Mulholland

In dementia education, we frequently refer to the journey of dementia, highlighting that the experience for each person is unique. The specific diagnosis, the stage of the illness, and the support available through family or community all influence a person's lived experience. Even beyond those factors, every person affected by dementia is an individual, in the same way that we are all individuals, products of a lifetime of experience, learning, culture and personality. We tend to hold in our minds a "typical" view of what dementia should look like, and we frequently assign certain expectations of behaviours and abilities. One aspect of dementia that I have learned as an Educator is that for every feature of dementia that I talk about, there is someone who can provide an exception to the usual presentation.

Even I was stunned to read the personal reflections of Dr. Jennifer Bute, a former General Practitioner now living with Younger-Onset Alzheimer's Disease. She describes it as a "glorious opportunity". How is it possible that anyone can describe living with Alzheimer's Disease as glorious? But Dr. Bute feels privileged. She can combine her professional knowledge of dementia with her own insights from living with the disease, and she finds herself in a unique position to educate the public about dementia.

I would offer a parallel example that many people are familiar with, that demonstrates how we can use exceptional individuals that don't necessarily fit our stereotypical view of a disease pattern to show how we can learn important lessons. Stephen Hawking was known for his brilliant mind, but he also gave voice and recognition to the condition of Amyotrophic Lateral Sclerosis (ALS), another degenerative neurological disease that typically leaves people isolated and vulnerable. Professor Hawking lived with ALS for 55 years. This was dramatically atypical for this disease, but we don't question the validity of his experience and his contribution to raising awareness of ALS has been invaluable.

It is very common for diagnosis to occur late in the disease process, but most people recognize that changes had been apparent long before diagnosis, often years before. Under these circumstances, many people have progressed to a stage where they are no longer able to provide a voice for dementia. As more people receive an earlier diagnosis, we do see more individuals able to speak up and articulate their needs and the needs of others living with dementia. Phyllis Fehr (Board Member, Dementia Alliance International), Mary Beth Wighton (Chair, Ontario Dementia Advisory Group), and Kate Swaffer (Chair, Dementia Alliance International) are all articulate speakers who have shared the lived experience of dementia, even if they don't fit the profile that many people would view as "typical" of dementia. Only through listening to these individuals though, can we formulate meaningful policies and standards for care provisions that meet the needs of individuals with dementia.

Phyllis Fehr has made it her passion to use the ability that she retains for the benefit of others and to represent individuals living with dementia, including those unable to express themselves. She and others like her from around the world are speaking up, insisting that we respect the needs of those with dementia. If we want to say that we respect the rights of people with dementia, we are obligated to pay attention, and listen to what Phyllis has to say.

## You don't look like you have dementia:

Three perspectives on an incident that happened to someone living with dementia.

### A person with dementia's perspective:



Phyllis Fehr

Can you tell me what someone who has Alzheimer's look like? Is he/she old or are they young? Does he/she look a certain way? Does he/she look disabled or like everyone else?

Is the way persons with dementia are viewed different than others, if so, why is this? Is this due to lack of public awareness, lack of education or the lack of knowledge about this disease?

My name is Phyllis. I am a registered nurse, grief and bereavement councillor, researcher and a person living with Alzheimer's. I speak on many topics about Alzheimer's from a personal perspective. I will take a moment to tell you about an incident that happened recently.

At a recent day in geriatric education, I gave my speech and I thought things had gone very well. When we opened it up to the floor for questions, a physician got up and asked the first question: "Do you still drive?" "Yes, I still drive," I replied. He retorted, "If you were my patient, I would be hard-pressed to diagnose you with mild cognitive impairment, let alone Alzheimer's."

It was at this point that I started to feel like I was being questioned as to the validity of my diagnosis and left me feeling like I was being attacked. For me to continue to take more questions, I gently told him I would take no further questions and directed my attention to the next hand that went up.

The truth is I don't believe he wanted to hear this... plus, his manner was so off-putting I didn't have the presence of mind with dementia to inform him that due to Alzheimer's, it takes me longer to digest and understand information and questions.

I could have said that that I have self-imposed limitations, for driving. These include not driving at night, routinely driving with family members who will let me know if I can still drive or not. I don't drive on major highways... but I did not say any of this.

During the break, he approached me at the booth for the Alzheimer's Society. Again, he began asking questions. He was very dismissive to what I was saying as if he had his own agenda and again I became dismissive and walked away after handing him pamphlets on Alzheimer's.

The way I was questioned about my disease and the validity of my diagnosis happens more frequently to those of us living with Alzheimer's and dementia than most people would like to believe.

This upset me deeply, and I dwelled on it for about five days. I thought, how can I turn this negative into a positive experience? That is when I decided I need to write about this incident, so we can all see and understand what happens.

## You don't look like you have dementia:

Three perspectives on an incident that happened to someone living with dementia.

### The perspective of a member of the Behavioural Supports Ontario Team:



Jennifer Siemon

At a recent educational event, I observed an interaction between an audience member and Phyllis Fehr – a speaker living with dementia. The audience member quizzed the speaker about her diagnosis and ability to drive, without providing a rationale for why the information would be helpful. The approach was abrupt, but not unlike the way many healthcare providers interact with clients, patients, or residents and their families.

It wasn't until well after the event that I spoke with Phyllis, and she expressed that the questions had left her feeling troubled. I then reflected on the interaction and realized that Phyllis walked away feeling bothered, while I felt that the questions and tone were quite ordinary. How many interactions like this occur every day, where people walk away feeling upset?

I cannot assume how the audience member felt after this interaction, but I can state that, as a health care provider, the exchange did not seem atypical. Phyllis is a fierce advocate with the capabilities and connections to use this interaction as a learning experience. While Phyllis used this interaction to fuel her efforts to change perspectives and practices for people with dementia, not all clients would have reacted this way. Some might have retreated away from health care providers, potentially missing opportunities to access support and resources. Others might have become discouraged about their diagnosis.

As a community of providers, neighbours, friends, and relatives, we can only do better for people living with dementia by reflecting on our (or others') missteps and considering how we can improve in the future. This conversation prompted me to consider how I can be more caring, empathic and helpful to individuals I meet in the future. It wasn't until I spoke with Phyllis and we talked through her experience that I was able to appreciate why it left her feeling poorly. In my future work, when I encounter a person with dementia, or any condition that requires interaction with the health and social care systems, I will ask: 'can you tell me about a time when you had a positive interaction with a health care provider? What made it positive?' By learning about the experiences that stand out to individuals for positive reasons, I will build my ability to contribute to helpful interactions.

The above pieces show how incorrect beliefs and assumptions about people with dementia persist in our community, including in the minds of health care providers. These beliefs influence thoughts, which then affect providers' words and actions. Through addressing the root cause of these interactions by identifying, exploring and addressing such beliefs, individuals may see and focus on the authentic person and other people living with dementia may be spared from engaging in conversations similar to the one Phyllis experienced.

Written by: **Diane Mulholland**, Public Education Coordinator, Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton

**Phyllis Fehr**, Person with lived experience; Dementia Alliance International

**Jennifer Siemon**, Coordinator, Behavioural Supports Ontario HNHB LHIN

## The BSO Provincial Coordinating Office is honoured to release this year's BSO Annual Report 2017-18!

BSO is built on the passion, energy and drive of its valuable staff, partner organizations and key stakeholders, including individuals and their significant others with lived experience, who continuously inspire us.

This year's annual report captures the quality work that is being accomplished both regionally and across the province.

In 2017-18, we continued to advance Behavioural Supports Ontario's (BSO) three pillars:

- (1) System Coordination & Management**
- (2) Integrated Service Delivery: Intersectoral & Interdisciplinary**
- (3) Knowledgeable Care Teams and Capacity Building**

You may find numerous projects under BSO's key themes of **IMPACT, INNOVATION & INTEGRATION** which continued to forge ahead this past fiscal year.

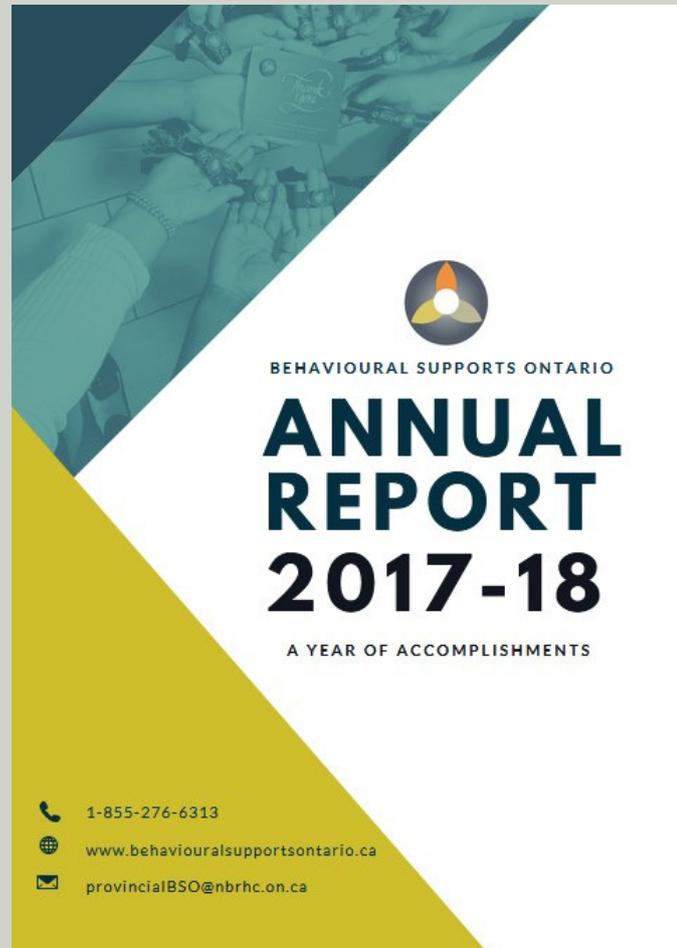
It is important for us to acknowledge the efforts and contributions from the BSO LHIN Leads & Clinical/Strategy Leads who provided meaningful content in the creation of our robust BSO Annual Report.

It is our hope you will enjoy witnessing what we have been up to, recognize the gains we are making and get a glimpse of the road ahead.

### READ THE REPORT

You may download BSO's Annual Report 2017-18 by selecting the following link:

[http://www.behaviouralsupportsontario.ca/46/Annual\\_Reports/](http://www.behaviouralsupportsontario.ca/46/Annual_Reports/)



Below you will find a picture of the PCO Team supporting BSO's grounding pillars!



## Release of the Person-Centred Language Initiative Report and accompanying documents!

Behavioural Supports Ontario's (BSO) Knowledge Translation and Communications Advisory reignited a conversation on language with intentions of fulfilling one of its terms of reference objectives: **to critically reflect and provide recommendations regarding language and communications used by BSO and its key stakeholders.**

Leads were assigned to the BSO Person-Centred Language Initiative and an expert panel comprised of individuals and their significant others, sharing their lived experience including others with various expertise was formed. Over the course of a year, the expert panel was able to create a living document in the shape of **Person-Centred Language Commitment Statements** informed by the authentic voice of persons with lived experience to promote the consistent use of person-centred language that is appropriate, respectful, life-affirming and inclusive when talking about individuals served by BSO's mandate. This document also includes relevant practical resources to further awareness and knowledge regarding person-centred language and communication.

### Heartfelt Thanks

We would like to express a most heartfelt thanks to the Person-Centred Language Initiative Expert Panel members for their thoughtful contributions.

### Translated in the French Language

Posters and pledge certificate have been translated in the French language.

<http://www.behaviouralsupportsontario.ca/pledge?lang=french>

### Take the Online Pledge

We encourage all of you to take the online pledge and generate a personalized certificate by visiting:

<http://www.behaviouralsupportsontario.ca/Pledge>

### Read and Apply the Concepts in the Report

You may download BSO's Person-Centred Language Initiative Report by selecting the following link:

[http://www.behaviouralsupportsontario.ca/Content/Pledge/BSO\\_Person-Centred\\_Language\\_Initiative\\_Report%20\\_October\\_2018.pdf](http://www.behaviouralsupportsontario.ca/Content/Pledge/BSO_Person-Centred_Language_Initiative_Report%20_October_2018.pdf)

### Save the Date

A BSO Person-Centred Language webinar is being scheduled via brainXchange for February 19, 2019 from 12-1 PM EST (Eastern Standard Time).

### Keep Us Informed

Please share with us your applications and adaptations of the Person-Centred Language Initiative by providing comments and feedback to [provincialBSO@nbrhc.on.ca](mailto:provincialBSO@nbrhc.on.ca).

Take the pledge by visiting [behaviouralsupportsontario.ca](http://behaviouralsupportsontario.ca)

- 1. See the Person First**  
I will focus on the person's wholistic well-being by respecting the role of culture and other influences such as personal experiences and the environment.
- 2. Build Trusting Relationships**  
I will be open and compassionate about each person's unique experiences and establish a trusting relationship by honouring what matters to them and their care partners.
- 3. Consider All Forms of Communication**  
I will develop a strong understanding of the person's health condition(s) and consider verbal and non-verbal means of communication (e.g., responsive behaviours / personal expressions, body language) to be forms of meaningful communication.
- 4. Advocate for Person-Centred Language**  
I will continuously reflect on and advocate for person-centred language and its potential impacts. I will be open to discussions regarding language choices for myself and others, respectfully challenge those that are not person-centred and celebrate positive language choices.

A most heartfelt thanks to the Person-Centred Language Initiative Expert Panel for their thoughtful contributions.

Behavioural Supports Ontario / Soutiens en cas de troubles du comportement en Ontario

To learn more, please contact the BSO Provincial Coordinating Office at [provincialBSO@nbrhc.on.ca](mailto:provincialBSO@nbrhc.on.ca) or 1-800-276-6313

Certificate #111179

**I pledge to:**

- 1. See the Person First**
- 2. Build Trusting Relationships**
- 3. Consider all Forms of Communication**
- 4. Advocate for Person-Centred Language**

**BSO Provincial Coordinating Office**

Name \_\_\_\_\_

October 9, 2018 \_\_\_\_\_

Date

Behavioural Supports Ontario / Soutiens en cas de troubles du comportement en Ontario

## The Provision of Person-Centred Dementia Care in Ontario & in Hong Kong: A Collaborative Exchange



In September 2018, the BSO Provincial Coordinating Office (BSO PCO) was invited to take part in an exchange with a group of Occupational Therapists (OTs) from Hong Kong. Led by Gail Elliott (Gerontologist, Dementia Specialist & Founder of DementiAbility Enterprises), the group of OTs from the Hong Kong Health Authority were specifically interested in learning more about approaches to dementia care in Ontario, the Ontario health care system and the Behavioural Supports Ontario initiative.

This half-day event was held on Monday, September 10, 2018 at the Burlington Local Health Integration Network (LHIN) Office and included presentations from:

- Julia Dean (Advisor, Planning, HNHB LHIN): Dementia Programs in Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network
- Daisy Ma (OT, Hong Kong Healthy Authority): Services for Persons with Dementia in Hong Kong
- Jennifer Siemon (Coordinator, Behavioural Supports Ontario, HNHB LHIN): Behavioural Supports Ontario in HNHB and the role of OTs
- Monica Bretzlaff (Manager, BSO PCO) & Katelynn Viau (Project Coordinator, BSO PCO): Providing Excellent Person-Centred Care in Ontario: A Collaborative Exchange

The sharing of presentations resulted in rich discussion amongst the participants about the role of various health care providers and services along the journey with dementia and the overall importance of interprofessional care teams. In addition, the fact that both Ontario and Hong Kong are facing similar shifts in population demographics enabled a rich exchange of intersectoral approaches and strategies!

The BSO PCO Team wishes to extend sincere appreciation to Gail and Laura Elliot for our inclusion in the event in addition to Julia Dean and Jennifer Siemon for sharing highlights from the HNHB region!

## Integrated Mental Health and Medical Care for Older Adults: Bringing Science and Practice Together

Many members of our extended BSO family and key partners were present during this year's conference.

Various BSO relevant topics were highlighted, such as:

- **Responsive Behaviours: SuCCcess with 3 C's - Care, Capacity and Collaboration**  
Janet Aucoin, Monica Bretzlaff, Dr. James Chau, Lynda Culley, Sarah Krieger-Frost, Dr. Ken LeClair
- **Integrated Mental and Physical Health Care of Older Adults: How Do We Deliver the Goods?**  
Chair: Claire Checkland  
Panel: Monica Bretzlaff, Eileen Burns, Simone Powell, Kiran Rabheru, Dr. Samir Sinha
- **Development and Evaluation of Web Application (DObs) for Direct Behavioural Observation in Dementia**  
Dr. Andrea Iaboni
- **Clinical Guidelines on Substance Use Disorders Among Older Canadians: Development and Key Recommendations**  
Dr. David Conn
- **Meaning, Purpose and Personhood in Long-Term Care Settings:**  
Karen Cassells, Mark Dager, Amy Swayze

## Canadian Academy of Geriatric Psychiatry (CAGP) / Canadian Coalition for Seniors' Mental Health (CCSMH) Outstanding Care & Integrative Practice Award Recipient: Marilyn White-Campbell

During the conference's awards presentation, Marilyn White-Campbell received the inaugural CAGP-CCSMH award to honor an individual leading outstanding seniors' mental healthcare and integrative practice models, such as: interprofessional and interdisciplinary collaboration, integration of mental and physical health care, and/or support systems integration/navigation of older adults.



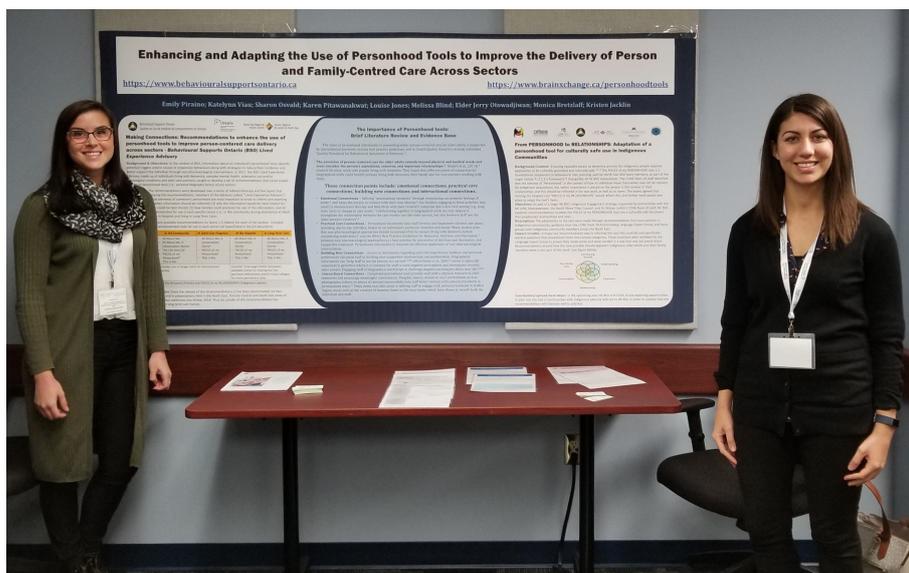
Pictured (left to right)  
Dr. David Conn, Marilyn White-Campbell and Monica Bretzlaff

Marilyn is a Clinical Geriatric Addictions Consultant with Community Outreach Programs in Addictions (COPA) / Reconnect Community Health Services Toronto. We are very proud and fortunate to work alongside Marilyn as part of our BSO Provincial Steering Committee, BSO Knowledge Translation & Communications Advisory and appreciate her leadership as Co-Chair of the Ontario Best Practice Exchange's Substance Use Advanced Collaborative. Please join us in congratulating Marilyn on this outstanding achievement!

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## Health Quality Transformation: October 17, 2018

Poster Presentation: 'Enhancing & Adapting the use of Personhood Tools to Improve the Delivery of Person and Family-Centred Care across Sectors



Pictured (left to right): **Katelynn Viau**, Project Coordinator, BSO Provincial Coordinating Office & **Emily Piraino**, Psychogeriatric Resource Consultant, Algoma Region, North East BSO

“Health Quality Transformation 2018 – Canada's largest conference on health care quality – took place on October 17, 2018 in Toronto, London, Ottawa, Sudbury and Thunder Bay.

Conference attendees from across Ontario shared ideas, networked with and were inspired by others passionate about quality patient care.

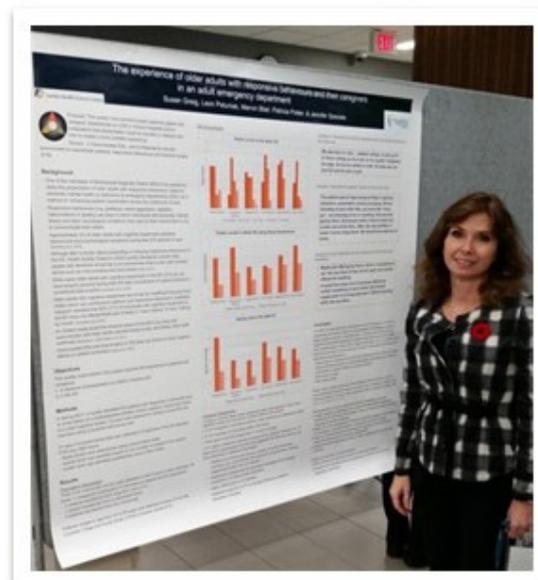
This one-day conference was built in partnership with patients, families and caregivers, with a focus on putting quality into action, as outlined in [Quality Matters](#), our framework for what makes a quality health care system. Specifically, the day's focus was on Quality Matters' three calls-to-action:

- Delivering and improving quality care
- Measuring quality to better understand it
- Fostering a culture of quality”

To Learn More: <https://events.hqontario.ca/ehome/index.php?eventid=323830&>

## Dementia Care in Victoria Hospital's Emergency Department: Current State & Further Directions

Over the years, emergency department (ED) clinicians have reported that the ED environment is not conducive for caring for seniors with responsive behaviours related to dementia, addiction, mental health, and/or neurodegenerative disorders. Given that the BSO mandate includes delaying or preventing the transfer of older adults to emergency departments (ED), we conducted an exploratory study to understand the pathway from long-term care (LTC) to the ED, and the patients' experiences in the ED.



**Susan Greig, Project Consultant  
BSO Operations Team**

During the course of the study, we gained many thought-provoking insights. Most interestingly, we identified significant environmental triggers, such as high noise, clutter, and activity levels which can, alone or in combination, elicit responsive behaviours. Additionally, while speaking with family members, we discovered that the transition from LTC to the ED can be frightening for older adults because they encounter unfamiliar people in an unfamiliar environment. This fear often triggers responsive behaviours and likely impacts the ED staff's ability to assess and treat the patient.

Our study in the ED has been the basis for numerous improvement strategies; specifically, it has been the impetus for a pilot expansion of the Discharge Liaison Team (DLT). This team will soon be providing after-hours support to LTC homes with the aim of decreasing or, in some cases, facilitating resident transfer to the ED. Hence, the DLT will not only contribute to resident-centred care, but will also foster partnerships with LTC partners to meet the needs of older adults with responsive behaviours.

For more information regarding Dementia Care in Victoria Hospital's Emergency Department, you may connect with Patricia Potter via email at [Patricia.Potter@sjhc.london.on.ca](mailto:Patricia.Potter@sjhc.london.on.ca).

## Creative Areas at Woodingford Lodge in Woodstock

As a way of advancing non-pharmacological approaches of care, Woodingford Lodge has created three distinct spaces for residents. The Baby Care, purposely located in a quiet space, invites residents to rest with a baby doll and enjoy the calming ambiance. Next, the Fun and Games Area, located in a secure unit, offers three to four residents the opportunity to play games and/or display their creativity. It is, here, where they complete puzzles, enjoy games, and participate in small group art programs. Last, at the Woodingford Lodge Workshop, residents can access from a work bench secured tools to engage in stimulating activities. Hence, all three of these stations invite residents to benefit from reminiscence activities.



For more information regarding the Creative Areas at Woodingford Lodge, you may reach out to Dominique Williams via email at [dwilliams@wgh.on.ca](mailto:dwilliams@wgh.on.ca).

## Crunching the Numbers: First Quarter (April-May-June) 2018-19 Quantitative Metrics

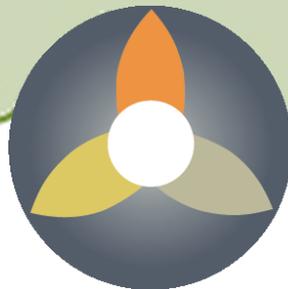
BSO teams supported a total of **14,353** family care partners across sectors.

BSO received **8,260** referrals to support LTC residents.

BSO received **3,363** referrals from the community.

The number of transitions supported from acute to LTC totalled **603** in Q1 2018-19.

The number of transitions supported into Tertiary Care totalled **217**.



## BSO's Provincial Qualitative Stories

The following quotations were retrieved from some of the lessons learned we received in Q1 from various BSO teams across the province.

Validating and acknowledging the experience of a client's emotions is important in creating the framework for a therapeutic relationship. Collaborating with care partners and possessing a willingness to advocate for quality health care is essential.

~ Erie St. Clair

We need to identify best practices in the developing plans of care that bridge the gap between compliance and innovation and leverage on a regional basis.

~ South West

Just as transitions between living settings are challenging for the BSO population, so too are transitions from one care provider to another. In Clara's story, the BSO COT worker and Transitional Lead collaborated closely to ensure a warm handoff, sharing invaluable information about Clara's situation while improving the quality of care provided.

~ Hamilton Niagara Haldimand Brant

We learned that occasionally, the smallest changes have the greatest impact. The BSO team did not require any supplies or need to spend any money to facilitate this change but the impact and how it changed the residents daily lives was substantial.

~ Waterloo Wellington



The word cloud above includes 50 of the most commonly used words in BSO's Q1 Qualitative Stories!

## BSO's Provincial Qualitative Stories - Continued

The following quotations were retrieved from some of the lessons learned we received in Q1 from various BSO teams across the province.

Sometimes we need to think outside the box. We just get used to doing the same things day in and day out. Change is difficult, especially with the staff shortages and time constraints. The change in the environment on the two units have been positive. Responsive behaviours are now assessed by risk. Is the resident at risk for harming themselves or others? How important is it to modify the behaviour? Antipsychotic use is considered after the risk and level of distress to the resident have been assessed.

~ Central West

Instead of taking resident behaviour personally and feeling frustrated it is important to be open minded, come up with new interventions to try, be consistent and share successes. Medication can be important but behaviour can also be managed through knowing the resident and choosing the right interventions. Communication is one of the most important factors. New interventions may be intimidating at first but it is important to be open-minded and learn how to connect with the individual. In doing so we can pass our success on to others.

~ Central East

Validating and acknowledging the experience of a client's emotions is important in creating the framework for a therapeutic relationship. Collaborating with care partners and possessing a willingness to advocate for quality health care is essential.

~ North West

Working together is a process and any change in the system requires the intentions of bringing together people, ideas, and resources.

~ South East

# Professional Development & Upcoming Events

Fall reminds us of back to school days. Below, please find events to consider incorporating into your professional development or schedule some time to 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 events for your consideration:

Event Date: November 16, 2018

### Learning the Ropes for Living with MCI® Train-the-Trainer Online Workshop

<http://brainxchange.ca/Public/Events/Upcoming-Events/Learning-the-Ropes-for-Living-with-MCI%C2%AE-Train-the.aspx>

Event Date: November 20, 2018

### Rehabilitation as the future of dementia care (2 concurrent sessions)

<http://brainxchange.ca/Public/Events/Upcoming-Events/Rehabilitation-as-the-future-of-dementia-care-2-c.aspx>

Event Date: November 22, 2018

### Change Day Ontario – Make your pledge before joining us for Celebration Day Nov. 22!

<https://www.facebook.com/events/349796155590830/>

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](mailto:provincialBSO@nbrhc.on.ca)

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

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North Bay Regional  
Health Centre



Centre régional  
de santé de North Bay



Behavioural Supports Ontario

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