



Behavioural Supports Ontario  
Soutien en cas de troubles du comportement en Ontario



# MAKING CONNECTIONS: RECOMMENDATIONS TO ENHANCE THE USE OF PERSONHOOD TOOLS TO IMPROVE PERSON-CENTERED CARE DELIVERY ACROSS SECTORS

**Sharon Osvald**, BSO Lived Experience Facilitator, Providence Care Seniors Mental Health/South East Behavioural Support Services & Behavioural Supports Ontario Provincial Coordinating Office

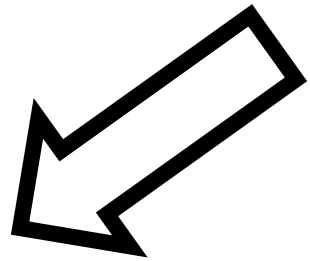
**Katelynn Viau MSc**, Project Coordinator, Behavioural Supports Ontario Provincial Coordinating Office



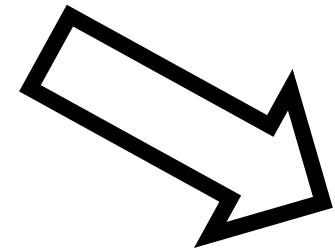


# ACKNOWLEDGEMENTS

- BSO Lived Experience Advisory Advisors – **the true authors of this document**
- Kathy Baker & the South East Knowledge Exchange Network (SEKEN)
- Dr. Rhonda Feldman, BSO Lived Experience Advisory Co-Chair
- Behavioural Supports Ontario Provincial Coordinating Office Team & brainXchange partners
- Document Reviewers



# WHO ARE WE?



# The BSO Lived Experience Advisory

The Behavioural Supports Ontario (BSO) Lived Experience Advisory (LEA) unites individuals with lived experience across Ontario to improve care for older adults and their families living with dementia, complex mental health, substance use and/or other neurological conditions,

- Provides advice for BSO related initiatives across the province
- Identifies projects of particular interest to Advisory members

## ***What do we mean by 'lived experience'?***

In the context of BSO, the term 'lived experience' refers to the experience of living with dementia, complex mental health, substance use and/or neurological disorders (i.e., the BSO target population) or the experience of being a care partner of an individual living with these conditions. Examples of care partners may include family members, friends, etc., who play or have played an active role in supporting an individual living with the above conditions.



# Personhood Tools Recommendations Project



## Priority Goal:

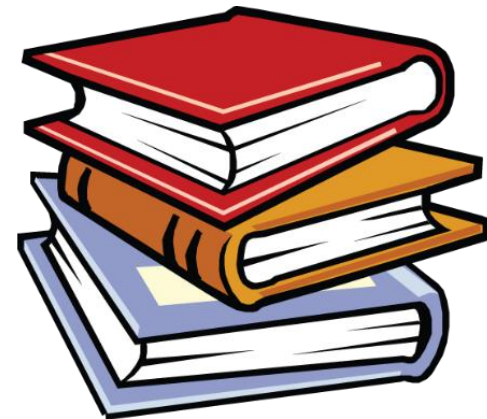
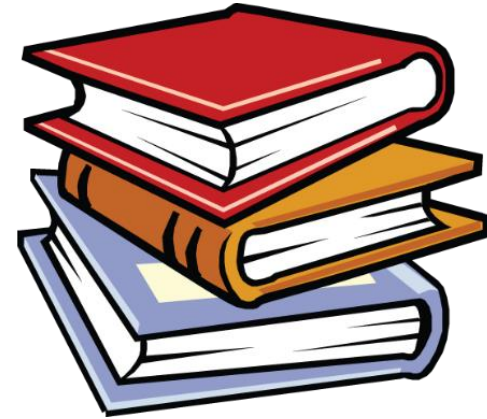
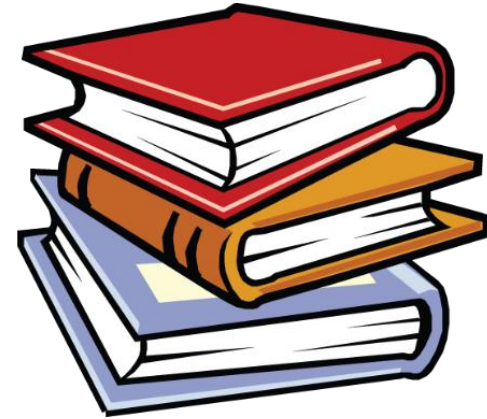
*to increase awareness and use of tools that would assist in enhancing the delivery of person and family centered care across sectors.*



# Brief Review of Literature

The concept of integrating information related to one's personhood in care planning for older adults is **NOT** **NEW.**

*“creating the conditions necessary to help older people tell their stories enables a more ‘dynamic and authentic’ picture of their lives which empowers health and social care staff to have greater awareness of the person’s present day behaviours, beliefs and values”*

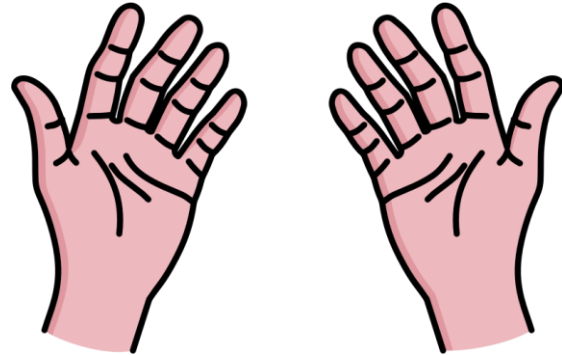


# *Making Connections*

**emotional connections**



**practical care connections**



**building new connections**



**interactional connections**



Kindell et al, 2014

# 6 Questions that guided the development of the recommendations

- **Which** elements of personhood are most helpful to inform care planning and care delivery in the community, in adult day programs, at the hospital and in long-term care?
- **When** should information about personhood be documented and how often should it be updated?
- **Who** would the information about personhood be most helpful for in the community, in adult day programs, at the hospital and in long-term care?
- **Where** should information about personhood be shared, displayed and/or stored?
- **How** can persons and families promote the use of information gathered from the tool amongst health care providers in the community, in adult day programs, at the hospital and in long-term care?
- **What** tools currently exist to promote elements of personhood that can be used in the community, in adult day programs, at the hospital and in long-term care?







# **RECOMMENDATIONS**



**WHICH ELEMENTS OF PERSONHOOD ARE MOST HELPFUL TO INFORM CARE PLANNING AND CARE DELIVERY IN THE COMMUNITY, IN ADULT DAY PROGRAMS, AT THE HOSPITAL AND IN LONG-TERM CARE?**

## A: GENERAL INFORMATION & LIFE OVERVIEW

- Preferred Name
- Preferred Language and other Languages Spoken
- Birth Place & Other Cities Lived In
- Pets (Current & Past)
- Significant Dates and their Meaning
- Spirituality, Religion, Traditions & Other Cultural Considerations
- “What matters to you?”
- Past Life Role & Careers
- What the person is most proud of and/or what they are most proud to be known for/as
- Significant Persons in Life (Names of Family Members, Relationships)
- Current Relationship Status (Single, Married, Widowed, Separated)
- Sources of Hope, Comfort, Joy, Inspiration & Favourite Things
- Happiest Memories (Vacations, Holidays)
  - E.g., “*What was the happiest time in your life?*”
- Significant Low Point(s) in Life/Trauma
  - E.g., “*What was the hardest time in your life?*”



## B: LIKES & DISLIKES

- Hobbies, Interests & Socialization Habits (Current & Past)
  - Music (e.g., Listening to Music, Playing an Instrument)
  - Reading
  - Sports
  - Arts (e.g., Painting, Drawing)
  - Television
  - Games (e.g., Playing Cards, Board games, Video Games)
  - Outdoor Activities (e.g., gardening)
  - Woodworking
- Dislikes & Fears
- Personal Care Preferences (including capabilities that the person can and wishes to still complete independently and preferred time of day)
  - Tub/Shower
  - Dressing
  - Dental Care
  - Eye Care/Glasses
  - Hearing Aid
  - Hair Care
  - Makeup
  - Shaving
  - Toileting
  - Use of appliances (kettle, stove, microwave)
  - Household tasks (sweeping, dusting, laundry)



## C: ROUTINES

- Typical day (in the past and currently)
  - Wake up time and morning routines
  - Afternoon Routines
  - Evening Routines
  - Night Routines and usual sleep time
- Meal & Meal time Preferences (including eating capabilities that the person can and wishes to still complete independently)
  - Breakfast, Lunch, Dinner & Snack Routines
  - Hot & Cold Drinks and Alcohol Use
  - Use & Size of Cutlery
  - Food preferences (i.e., texture, variety, foods that are a source of comfort)
  - Use of Smocks and Aprons



## D: ADDITIONAL CONSIDERATIONS

- Communication Tips (including information about vision, hearing and use of interpreters)
- Mobility & Use of Mobility Aids
- Coping Mechanisms/Validation Phrases
- Unsafe walking (patterns, safety precautions, ways to redirect)
- Tendency to hide articles or items
- Finance Management Capabilities
- Night time Restlessness (and strategies to mitigate)
- General Restlessness (and strategies to mitigate)
- Frequency of Repetitious Mannerisms (and strategies to mitigate)
- Other Safety Precautions
- Visual & Sensory Environment (e.g., use of call bells, doorbells, background music, etc.)





**WHEN SHOULD THE  
INFORMATION BE  
DOCUMENTED AND HOW  
OFTEN SHOULD IT BE UPDATED?**

IN THE COMMUNITY	AT ADULT DAY PROGRAMS	AT THE HOSPITAL	IN LONG-TERM CARE (LTC)
<ul style="list-style-type: none"> <li>• As early as possible in situations where the individual may develop cognitive impairment in later stages of illness.</li> <li>• Updates to be made on an annual basis and/or upon any significant changes in health status, behaviour or personhood.</li> <li>• <i>Additional Consideration:</i> The completion of personhood tools early on in diagnosis may also be a form of reminiscence therapy for the individual.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to admission to the adult day program</li> <li>• Updates to be made on every 6 months and/or upon any significant changes in health status, behaviour or personhood.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to admission for a prolonged hospital stay.</li> <li>• Updates to be made upon any significant changes in health status, behaviour or personhood.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to admission into LTC.</li> <li>• Updates to be made every 6 months and/or upon any significant changes in health status, behaviour or personhood.</li> </ul> <p><i>Note: The LTC act <b>requires</b> that all residents have a plan of care that details all aspects of care “including medical, nursing, personal support, nutritional, dietary, recreational, social, restorative, religious and spiritual care.” These plans are required to be reviewed and revised every 6 months (at minimum).</i></p>







**WHO MIGHT THE INFORMATION  
BE MOST USEFUL FOR?**

<b>IN THE COMMUNITY</b>	<b>AT ADULT DAY PROGRAMS</b>	<b>AT THE HOSPITAL</b>	<b>IN LONG-TERM CARE (LTC)</b>
<ul style="list-style-type: none"> <li>• Family/Friends</li> <li>• Visiting health care providers (home care, allied health staff, BSO) &amp; Physicians</li> <li>• Volunteers (e.g., Friendly Visiting Programs)</li> </ul>	<ul style="list-style-type: none"> <li>• Family/Friends</li> <li>• Adult Day Program Staff</li> <li>• Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Family/Friends</li> <li>• Health Care Providers (Front-line Staff, Nursing/Allied Health Staff, Physicians)</li> <li>• Chaplaincy Staff</li> <li>• Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Family/Friends</li> <li>• LTC Staff (Front-line Staff, Nursing/Allied Health, Recreation Staff, Behavioural Supports Ontario Staff, Social Work, Directors of Care, Physicians)</li> <li>• Volunteers</li> <li>• Other Residents of the LTC home to assist in the development of friendships between co-residents</li> </ul>





**HOW CAN THE INFORMATION  
BE PROMOTED BY FAMILY CARE  
PARTNERS?**

<p style="text-align: center;"><b>IN THE COMMUNITY</b></p>	<p style="text-align: center;"><b>AT ADULT DAY PROGRAMS</b></p>	<p style="text-align: center;"><b>AT THE HOSPITAL</b></p>	<p style="text-align: center;"><b>IN LONG-TERM CARE (LTC)</b></p>
<ul style="list-style-type: none"> <li>• Ensure that visiting health care providers are aware of where the completed tools can be found.</li> <li>• Identify particular sections or items of the completed tool that are relevant to the visitor's scope of practice or reason for visit (e.g., provide PSW with information regarding bathing preferences, identify social preferences with friendly visitor program volunteers)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Adult day Program Staff with a completed tool upon first visit to the program. Invite staff to add information to the tool as they see fit.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide staff with permission to share the completed tool with the health team by placing it in a secured binder.</li> <li>• Post a condensed version of a completed tool (e.g., 1-page profile) with items relevant to the hospital environment (e.g., personal care preferences, meal preferences/habits &amp; items falling under 'special considerations'.) Consider avoiding the inclusion of sensitive information (e.g., low points in life) in this version.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide staff with permission to share the completed tool with the health team by placing it in a secured binder.</li> <li>• In care conferences with family members where their input can become part of the resident's plan of care which is to be based on an assessment of that resident and their needs and preferences.</li> </ul>





**WHERE MIGHT THE  
INFORMATION BE SHARED,  
DISPLAYED AND/OR STORED?**

<b>IN THE COMMUNITY</b>	<b>AT ADULT DAY PROGRAMS</b>	<b>AT THE HOSPITAL</b>	<b>IN LONG-TERM CARE (LTC)</b>
<ul style="list-style-type: none"> <li>• In a consistent location where all visitors can locate (e.g., on top of the refrigerator, magnetized to the refrigerator, in a particular drawer/cupboard.)</li> <li>• 1-page laminated version can be left on dining room table that includes information about where to find particular items in the home related to the individual's personhood.</li> <li>• Specific elements can be written separately and posted in the living space most applicable to the items (e.g., have bathing or toileting preferences laminated and post them in the bathroom on the wall)</li> </ul>	<ul style="list-style-type: none"> <li>• Inside a binder accessible to all adult day program staff or wherever other information related to the person is located.</li> </ul>	<ul style="list-style-type: none"> <li>• Inside a binder accessible to all hospital staff or wherever other information related to the person is located.</li> <li>• Condensed version of tool (e.g., 1-page profile) can be posted above the bed, on a wall, on the inside of a closet door or inside a drawer.)</li> </ul>	<ul style="list-style-type: none"> <li>• In the resident's plan of care which is required to have interdisciplinary LTC staff collaboration and accessible to LTC staff to inform them of the needs, interests and preferences.</li> <li>• Interests incorporated into a visual collage that is displayed in the resident's room to inform volunteers and visitors of the resident's personhood.</li> <li>• Specific elements can be written separately and posted in the living space most applicable to the items (e.g., have bathing or toileting preferences laminated and post them in the bathroom on the wall)</li> </ul>



# All about Ellen...



Left: Ellen is very proud of her (nurse) daughter (Jackie) (far left), and (military) son (Bob) (left), and three great grandkids (Ethan, Katie, and David) (right)

Ellen was born in 1920. She was raised on a large farm near Lexington, Kentucky.



Ellen and her mother (Elaine)



Ellen and her father (Jack)

Although she loved life on the farm (especially milking cows and the early morning chores) she couldn't wait to leave for the city at the age of 18.



High school graduation



USO (1942-1945)

In the city, Ellen learned to sing and became a huge fan of Big Band and Country Western music. In 1942 Ellen became a proud member of the United Services Organization (USO) in support of the troops in WW II.

Ellen met Dave at a Broadway show and became married 3 months later. They raised two children (Bob and Jackie) before Dave's untimely death 10 years later.



The perfect mom!



Ellen's Happy Family!

After moving her family to Northwest Arkansas in 1960, she met her best friend Joan (below) who introduced her to Cecil (her second husband)



Ellen's best friend Louise enjoying happy hour!



Growing up fast!



The couple enjoyed the Shriners Club, dancing, theatre, bowling, and other activities. They have been married for 40 years and Cecil visits weekly.



ELLEN  
CECIL

Ellen loved to bowl and to travel around the world. She especially enjoyed her trip to Hawaii in 1994.



Ellen's dream trip to Hawaii!



Lots of memories here! The Last Supper (Da Vinci)

Ellen is a devout Catholic and loves classical music. She's an amateur artist loves fine art!



Ellen likes to watch game shows and play cards. She loves popcorn and "old-fashion" candy.



She enjoys wearing make-up and looks forward to her beauty shop visits. She enjoys quiet time alone just before bedtime.



\*Ellen moved to Brightwood in 2006. She enjoys social activities and time on her own. She likes her morning eggs to arrive hot with ketchup.



\*This poster does not represent an actual resident. Photographs and text used with consent.



# All About TED



I was born in Powassan Ontario on August 3rd, 1935. My father worked and owned our family business

### -Teddy's bakery & Hardware-

The store was located in the heart of Powassan. My Dad was known as "Tiny Ted"

His real name was Theradore III. My mothers name was Thelma Rose. My mom and dad had seven boys. I was the Oldest, strongest and smartest son.



## Teds' Circle



My brother Thomas introduced me to my beautiful wife of 48 years at a local barn dance. I remember that moment as if it was yesterday. It was love at first sight for me. After we got married, Thelma and I moved to North Bay and started our own family.



Thelma and I have four amazing children. All whom are girls. Our eldest daughter is Tracey, our twins are Tammy and Tanya and the youngest is Tamara

I am blind in my right eye. Please approach me from my left side



I am allergic to shell fish



I do not swim and I have always been afraid of water. I do not like my bath water to be deep, nor do I like water poured on my head



I get confused when more than one person talks to me at a time. When times are very busy and there is a lot of noise I may get agitated and yell. At that moment I prefer time by myself.



I have always dreamed of being a Vocational Rehabilitation Service Worker



After realizing the strenuous work involved in a career as a Vocational Rehabilitation Service Worker, and as well as being under qualified, I knew my dream would never be met. As an alternative I became a federal agent and worked undercover investigating the cultivating and manufacturing of narcotic drugs and weapons illegal deals. After 20 years in the service I retired August 20, 2000.



I enjoy playing cards eating popcorn, and drinking coffee



I love all dogs



My favourite singers will always be Johnny Cash and Elvis Presley



### My Favourites

- Favourite season: Fall
- Favourite scent: Old Spice
- Favourite foods: Pasta
- Favourite snack: Peanut Butter toast
- Favourite colour: Brown
- Favourite pets: My dog "BEN"
- Favourite music: Country and Old Rock and Roll



I prefer coffee over tea please I take my coffee with two sugars one cream



I like only Peanut Butter on my toast. "No jam please"







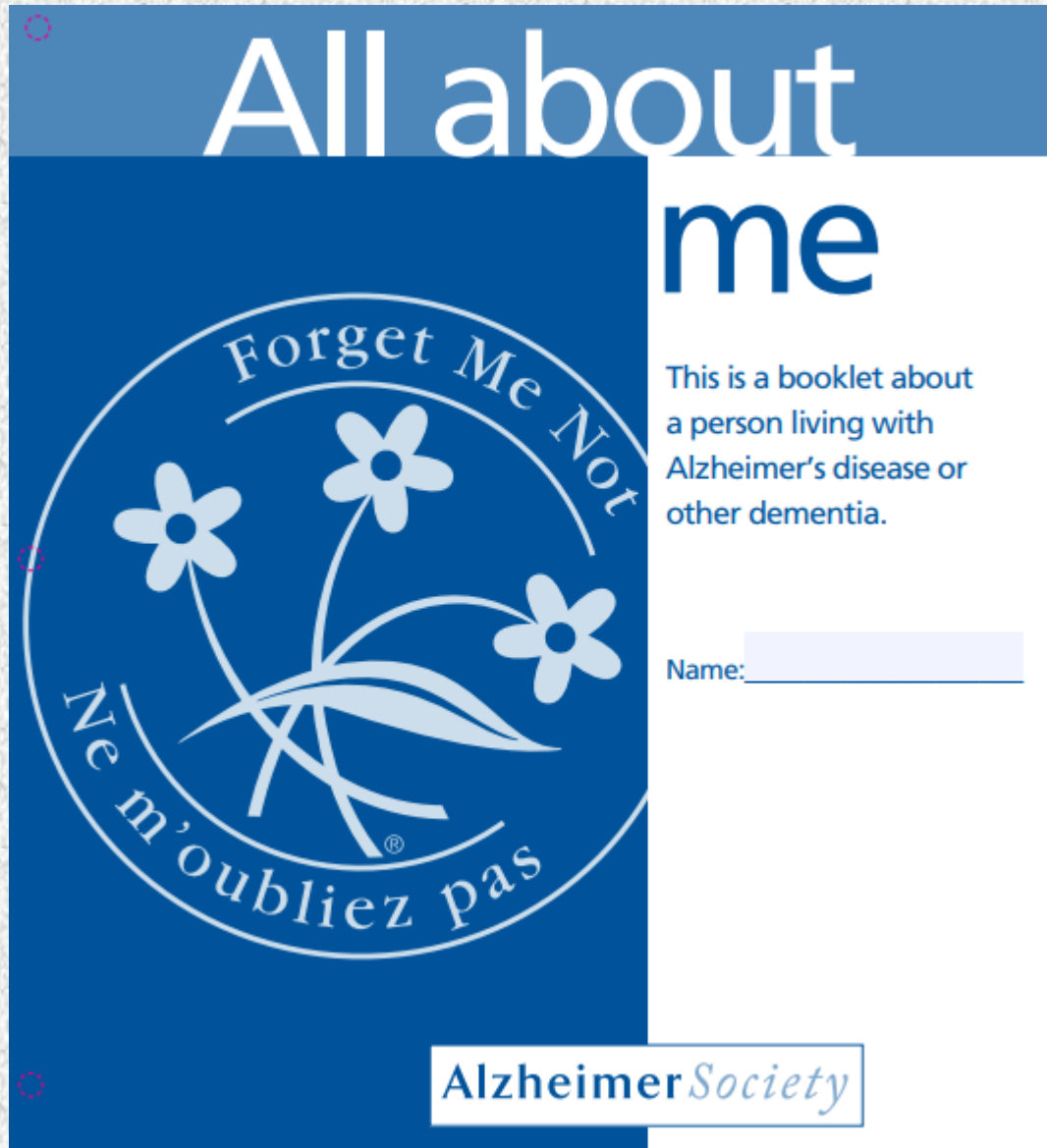
**WHAT ARE THE TOOLS  
RECOMMENDED BY THE BSO  
LIVED EXPERIENCE ADVISORY?**

IN THE COMMUNITY	AT ADULT DAY PROGRAMS	AT THE HOSPITAL	IN LONG-TERM CARE (LTC)
<ul style="list-style-type: none"> <li>• <a href="#"><u>All About Me (Full Version)</u></a></li> <li>• <a href="#"><u>"The Life Story Of" (Reminiscence Therapy)</u></a></li> <li>• <a href="#"><u>All About Me: A Conversation Starter</u></a></li> <li>• <a href="#"><u>P.I.E.C.E.S. Of My Personhood</u></a> *</li> <li>• <a href="#"><u>This is Me</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>All About Me: A Conversation Starter</u></a></li> <li>• <a href="#"><u>P.I.E.C.E.S. of my Personhood</u></a></li> <li>• <a href="#"><u>This is Me</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>All About Me: A Conversation Starter</u></a></li> <li>• <a href="#"><u>P.I.E.C.E.S. of my Personhood</u></a></li> <li>• <a href="#"><u>This is Me</u></a></li> <li>• <a href="#"><u>One-Page Profile Templates</u></a></li> <li>• <a href="#"><u>Be Ready for a Hospital Visit</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>All About Me: A Conversation Starter</u></a></li> <li>• <a href="#"><u>P.I.E.C.E.S. of my Personhood</u></a></li> <li>• <a href="#"><u>This is Me</u></a></li> <li>• <a href="#"><u>One-Page Profile Templates</u></a></li> <li>• <a href="#"><u>Example of Visual Collage</u></a></li> </ul>

\*Please note that a French Version & Indigenous-adapted Version of the P.I.E.C.E.S. Of My Personhood Tool will soon be available.

Disclaimer: The tools recommended in this document are not inclusive of all personhood tools.





### **All about me – Full Version (21p.)**

- Very comprehensive
- Includes a blank 'life story' page which may be therapeutic for someone who enjoys writing
- Daily routines & Preferences
- Meal Preferences
- Weekly Activities Calendar
- Journal



# All About Me – A Conversation Starter

Last date revised: *Insert date of the last time the revision, this is to ensure that the information is up-to-date*

*Note: as much as possible, this Conversation Starter should be written from the individual's perspective.*

## I like to be called...

*Individual's name, nickname or title*

## In the past I...

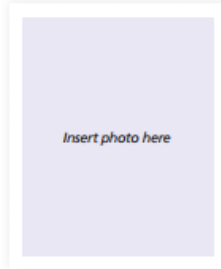
*In this section, note past careers, places the person lived, favourite events or activities and important aspects of their past.*

## I enjoy...

*Note the things the individual enjoys such as favourite foods, activities, topics of conversation, people, music, etc.*

## I don't like...

*Note the individual's dislikes, such as severe allergies or types of foods, music, weather, topics of conversation. This information can help others understand some possible triggers that make the individual uncomfortable.*

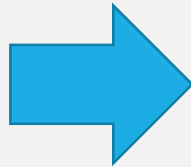


## A typical day for me could include...

*Note how the individual likes to have their day start and end, such as morning and evening routines, social and leisure activities, and meal times. What brings comfort and pleasure?*

## Who knows me best?

*List the names and relationships that are important to the individual, such as whom she confides in, people she enjoys spending time with, and who the individual identifies as their "family". Note this may include people who are no longer living or who reside far away.*



Last date revised: 18-09-2014

## I like to be called...

**Margaret**

## In the past I...

- Was a secretary
- Lived in Saskatoon, Saskatchewan
- Traveled throughout Europe
- Had a dog named Pepper
- Learned to fly an airplane
- Volunteered at a Food Bank

## I enjoy...

- Exercise and movement
- Singing
- Talking and being heard
- Folk Music
- Photography
- Bird Watching
- Knitting and Sewing
- The hot weather

## I don't like...

- Asparagus
- Thunder and Lightning
- Drinking ice cold liquids
- People startling me by approaching from the back
- Having television on all the time
- Winter



## A typical day for me could include...

- Starting my day with a cup of tea
- Going for a walk
- 1 hour of quiet time to sew or knit
- Phone call in the evening with my daughter
- A visit from my friend Corinne

## Who knows me best?

- My friend, Corinne
- My husband, Joe (died Nov 2004)
- My neighbour, Hiroko
- My church friends
- My bingo group





# North Bay Regional Health Centre

North East Behavioural Supports Ontario – Regional BSO Office  
PIECES of my PERSONHOOD

Name (First & Last):		Age:	Dominant Hand: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Interviewer(First & Last):		Date:	Form #	of
		d/m/y		
PERSONHOOD	PAST	PRESENT		
Preferred Name				
Preferred Language				
I Am Most Proud to be Known As/For...				
Spirituality/Religion/Traditions				
Significant Persons in Life/Relationship				
Family Background				
Significant Dates and Meaning				
Pets/Names				
Life Role/Previous Occupation				
Interests/Hobbies				
Sources of: Hope/Comfort/Joy/Inspiration/Favourite Things				
Dislikes/Fears				
Significant High Point(s) in Life		Potential Encouragers:		
Significant Low Point(s) in Life/Trauma	<input type="checkbox"/> Personal care/trauma: <input type="checkbox"/> Environmental: <input type="checkbox"/> Loss Significant Other: <input type="checkbox"/> Other: <input type="checkbox"/> *See Chart for Details	Potential Triggers:		

# P.I.E.C.E.S. of my Personhood

Expression of Emotions		
Coping Mechanisms/ Validation Phrases		
Personal Preferences		
Mealtime Preferences		
Socialization Preferences		
Sleep/Wake Preferences		
Other Pertinent Information		
Consent to Share/Post	Relationship to Individual: <input type="checkbox"/> Capable Individual or <input type="checkbox"/> Legal Substitute Decision-Maker (SDM) Yes, I give permission to post and to release copies of the completed form as required in order to share this information with all individuals, organizations and/or agencies who are actively involved in the provision of care and the transition of care. Date (d/m/y): _____ Signature: _____ Name: _____ (Please print first and last name of capable individual or legal SDM)	



## Instructions for use - on completing PIECES of my PERSONHOOD "Nothing about me, without me"! (RHC1380 (I))

### Purpose

Uncover pertinent pieces of individual personhood in order to enhance strategies for quality care.

### Interviewer

Who should complete/facilitate interview for this document?

- o *In-patient Setting/Long-Term Care Home (LTCH)*: interview facilitated with individual/SDM by a Behavioural Supports Ontario (BSO) Personal Support Worker (PSW), Registered Practical Nurse (RPN)/ Registered Nurse (RN), Chaplain/Spiritual Care, Social Worker, Recreation Therapist, Behavioural Therapist etc.
- o *Community Setting*: interview facilitated with individual/SDM by a Behaviour Support Facilitator, Clinical Behaviour Response Specialist, Seniors Mental Health (SMH) Clinician, North East Community Care Access Centre (NECCAC)Complex Case Manager, Community Support Worker etc.

### Process

All persons using this tool should be educated on proper administration prior to use; the Psychogeriatric Resource Consultant (PRC) is a suggested resource to provide this and other training opportunities for staff. When completing this tool, the staff should make every effort to engage the individual/SDM in casual conversation using set criteria as a guideline. Necessary information should be extracted from the conversation as opposed to a structured formal assessment approach. If the individual/SDM would like to complete the tool on their own, an initial interview with staff is necessary to explain the tool and its' use, followed by a debrief session with staff upon completion and prior to posting. Please note that this document may take several hours to complete in entirety; hence, you may choose to complete sections over a select period of time.

### Posting

- o *In-Patient Setting/LTCH*: to be posted in the resident's room in a mutually agreed upon spot so that is it consistent within the home (e.g. bedside, inside door of closet, folder, photo frame, shadow box etc).
- o *Community*: posted in the client's room, on the fridge or with the community care provider's documentation folder.

### Updating

It is recommended that the content contained within this form be reviewed, validated and/or updated on a regular basis and updated quarterly and/or upon identified changes or transition in the care system.

### Content Descriptions/Examples

**\*NOT ALL CATEGORIES NEED TO BE COMPLETED; ONLY THOSE DEEMED PERTINENT BY THE INDIVIDUAL/SDM**

- **Preferred Name:** don't/do use short form, specified terms of endearment, nickname
- **Preferred Language:** list all languages client speaks and specify current primary language; e.g. mother tongue is French, speaks some Italian and English; however, current primary language is French
- **I Am Most Proud to be Known as/for:** e.g. Loving Mother; Scholar; Physician; Joker; Artist;
- **Spirituality/Religion/Traditions:** affiliation(s) and/or beliefs; important traditions (e.g. drumming circle, meditation); specific holiday celebrations (Hanukkah, Ramadan); key generational practices etc.
- **Significant Persons in Life and their Relationship:** e.g. Frank: loving husband of 60 years; Francis: 3<sup>rd</sup> wife; Mitchell: best friend; Maria: primary PSW (identifies as a daughter figure) etc.
- **Family Background:** e.g. 6 brothers, 4 sisters, parents married for 60 years, spouse deceased (10 years ago), 3 daughters in town, 6 sons out of town etc.
- **Significant Dates/Meaning:** provide date and significance; e.g. November 14, 1965 wedding anniversary etc.
- **Pets/Names:** Golden Retriever named Madison, Horse named Magic etc.
- **Life Role/Previous Occupation:** e.g. Mother, Factory worker; Shift worker, Nurse, Teacher etc.
- **Interests/Hobbies:** e.g. Tennis, Horticulture, Reading, Nature/Outdoors, Hockey, Hunting, Shopping etc.
- **Source of: Hope/Comfort/Joy/Inspiration/Favourite Things:** people, specific tangible items, activities, places, food/drink; e.g. daughter, pink sweater, red lipstick, listening to classical music, sensory room, "ice cold drinks", extra snack etc.
- **Dislikes/Fears:** e.g. spiders, fire alarm, the dark, loud noise, restraints etc.
- **Significant High Point(s) in Life:** e.g. marriage, birth of children, educational achievement, career achievements...; *Encouragers/Key Phrases/Actions:* use of reminisce; "the children are fine"; approach with smile... etc.
- **Significant Low Point(s) in Life/Trauma:** Do not post details of this event; rather, please tick off and provide key messaging associated with any low point/life trauma; Environmental  fire; Potential Triggers: smell of burnt toast, alarm, people in uniform. Other potential responses may include: loss of loved one, financial instability, health etc. *Details in chart.*
- **Expression of Emotions:** e.g. loud voice; tactile gestures etc.
- **Coping Mechanisms/Validation Phrases:** e.g. doll therapy/"the children are fine"; journaling, scrapbooking, pacing, tactile stimulation, frequent rest periods
- **Personal Preferences (focus on ADLs/Environment):** e.g. prefers to be clean shaven; hair only to be done at stylist/hairdresser; hearing aid in prior to morning routine; makeup on prior to leaving room; prefers to wear camisole instead of bra, bed made with afghan folded neatly at foot of bed etc.
- **Mealtime Preferences:** e.g. prefers coffee prior to breakfast, 1 item served at a time; likes to eat alone/with others etc.
- **Socialization Preferences:** e.g. prefers small group interaction; one to one; large group socials etc.
- **Sleep/Wake Preferences:** e.g. prefers to go to bed at 2400hrs with white noise machine; sleeps 'til 1000hrs-don't wake etc.
- **Other Pertinent Information:** significant information not otherwise captured above.





# PIECES of my PERSONHOOD (Version 12/12/12)

Name (First & Last): **Jones Joe** Age: **78**  
 Interviewer(First & Last): **BSO integrated care lead** Date: **May 23, 2013**

PERSONHOOD	
Preferred Name	JJ
Preferred Language	-Italian or English
I Am Most Proud to be Known As/For...	-A medal from the Military
Spirituality/Religion/Traditions	-Not particularly religious; however, describes himself as a very "spiritual person"
Significant Persons in Life/Relationship	-Cousin Sue - Hunting buddy Larry
Family Background	-No Siblings -Parents deceased when resident was 28 yrs
Significant Dates & Meaning	-May 28, 1963 parents died in sudden/tragic car accident
Pets/Names	-Cat named Charlie
Life Role/Previous Occupation	-Worked evening shift at the mine -Previous to this, spent 7 years in Military
Interests/Hobbies	-Gardening; fishing; going to the corner pub and reading

Sources of: Hope/Comfort/Joy/Inspiration/Favourite Things	-Cat; solitude; nature walks;
Dislikes/Fears	-Loud noises; crowds; and being told what to do
Significant High Point(s) in Life	-College diploma; award in military; award for fishing derby- largest pike on record (\$5000 prize)
Significant Low Point(s) in Life/Trauma	Personal care/trauma <input checked="" type="checkbox"/> : Injury from Military Environmental <input type="checkbox"/> : Loss Significant Other <input checked="" type="checkbox"/> : Other <input type="checkbox"/> : *See Chart for Details <input type="checkbox"/>
Expression of Emotions	Keeps to self
Coping Mechanisms/Validation Phrases	
Personal Preferences	Prefers shower (not bath) late at night; prefers to have facial hair; prefers warm clothing (favourite red sweater)
Mealtime Preferences	Prefers to eat late at night in quiet setting; enjoys select foods of his choice
Socialization Preferences	Isolated/introvert
Sleep/Wake Preferences	Watched television late until falling asleep; woke at approx noon to get ready for evening shift at 3



### BSO Tip Sheet for Supportive Interventions

Name:  
Date of Birth:

Address:  
Hub/Location:

Personhood Highlights

Personal Expressions ('Responsive Behaviours')	Possible Causes

#### Key Strategies and Interventions

- Bilingual (Italian and English) communication cards have been created and can be used by the staff to aid in communication with patient
- Encourage the patient to discuss his achievements from the military (point out his medals)
- JJ had a white and black cat named Charlie. Charlie was a very cuddly cat. BSO staff have provided JJ with a large stuffed animal of a cat (black and white).
- A picture book has been made of pictures of cats and fishing to look through with staff when the patient begins with anxious behaviours such as tapping his foot or pacing down the halls.
- JJ prefers to eat supper at around 2000. Staff are encouraged to offer up to 4 different items. If there are too many items offered he becomes frustrated and overwhelmed and could potentially refuse his meal. It is best to offer meals while showing the items of choice and being at his level. Approach JJ with a soft calm voice to avoid any verbally responsive behaviours or frustration.

Completed by:  
Signature:

Date:

**TIP SHEET: BATHING & PERSONAL HYGIENE (JJ)**

- I would prefer to shower in the evening.
- Please do not ask me if I want to shave my beard. I prefer to keep my facial hair.
- Please wash my hair last and apply a towel right away.

**BREAKFAST**

- I prefer coffee with 2 creams and 1 sugar.
- I like to read the newspaper when drinking my coffee quietly.
- I don't usually eat much for breakfast but may be interested in some cereal and orange juice.





# This is Me

In partnership with

Royal College of Nursing

Alzheimer's Society  
United Against Dementia

## This is me

This leaflet will help you support me in an unfamiliar place.

- Please place a photograph of yourself in the space provided.
- Turn to the back page of this form for guidance notes to help you complete This is me, including examples of the kind of information to include.
- Keep the completed form in a suitable place so that all care staff can see it and refer to it easily.

My full name is \_\_\_\_\_

## Guidance notes to help you to complete This is me

**Name I like to be called:** Enter your full name on the front and the name you like to be called inside.

**Where I live:** The area (not the address) where you live and how long you have lived there.

**Carer/the person who knows me best:** This may be a spouse, relative, friend or carer.

**I would like you to know:** Include anything you feel is important and will help staff to get to know and care for you, eg I have dementia, I have never been in hospital before, I prefer female carers, I am left-handed, I am allergic to..., other languages I can speak.

**My background, family and friends (home, pets and any treasured possessions):** Include place of birth, education, marital status, children, grandchildren, friends and pets. Add religious or cultural considerations.

**Current and past interests, jobs and places I have lived and visited:** Include career history, voluntary experience, clubs and memberships, hobbies, sports or cultural interests, favourite or significant places.

**The following routines are important to me:** What time do you usually get up/go to bed? Do you have a regular nap or enjoy a snack or walk at a particular time in the day? Do you have a hot drink before bed, carry out personal care activities in a particular order or like to watch the evening news? What time do you prefer to have breakfast, lunch, evening meal?

**Things that may worry or upset me:** Include anything you may find troubling, eg family concerns, being apart from a loved one, or physical needs such as being in pain, constipated, thirsty or hungry. List environmental factors that may also make you feel anxious, eg open doors, loud voices or the dark.

**What makes me feel better if I am anxious or upset:** Include things that may help if you become unhappy or distressed, eg comforting words, music or TV. Do you like company and someone sitting and talking with you or do you prefer quiet time alone?

**My hearing and eyesight:** Can you hear well or do you need a hearing aid? How is it best to approach you? Is the use of touch appropriate? Do you wear glasses or need any other vision aids?

**How we can communicate:** How do you usually communicate, eg verbally, using gestures, pointing or a mixture of both? Is the use of touch appropriate? Can you read and write and does writing things down help? How do you indicate pain, discomfort, thirst or hunger? Include anything that may help staff identify your needs.

**My mobility:** Are you fully mobile or do you need help? Do you need a walking aid? Is your mobility affected by surfaces? Can you use stairs? Can you stand unaided from a sitting position? Do you need handrails? Do you need a special chair or cushion, or do your feet need raising to make you comfortable? What physical activity do you take?

**My sleep:** Include usual sleep patterns and bedtime routine. Do you like a light left on or do you find it difficult to find the toilet at night? Do you have a favoured position in bed, special mattress or pillow?

**My personal care:** List your usual practices, preferences and level of assistance required in the bath, shower or other. Do you prefer a male or female carer? Do you have preferences for brands of soaps, cosmetics, toiletries, continence aids, shaving or teeth cleaning products and dentures? Do you have particular care or styling requirements for your hair?

**How I take my medication:** Do you need help to take medication? Do you prefer to take liquid medication?

**My eating and drinking:** Do you prefer tea or coffee? Do you need help to eat or drink? Can you use cutlery or do you prefer finger foods? Do you need adapted aids such as cutlery or crockery to eat and drink? Does food need to be cut into pieces? Do you wear dentures to eat or do you have swallowing difficulties? What texture of food is required to help – soft or liquidised? Do you require thickened fluids? List any special dietary requirements or preferences including being vegetarian, and religious or cultural needs. Include information about your appetite and whether you need help to choose food from a menu.

**Other notes about me:** Include additional details about you that are not listed above and help to show who you are, eg favourite TV programmes or places, favourite meals or food you dislike, significant events in your past, expectations and aspirations you have.

Indicate any advance plans that you have made, including the person you have appointed as your attorney, and where health and social care professionals can find this information.

Download this form or order copies online at [alzheimers.org.uk/thisisme](http://alzheimers.org.uk/thisisme) or call 0300 303 5933.

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Call the National Dementia Helpline on 0300 222 1122 or visit [alzheimers.org.uk](http://alzheimers.org.uk)

1983 Dedicated to the memory of Ken Ridley, a much valued member of the Northumbria Acute Care and Dementia Group.



# Summary

- Integration of personhood is essential to the delivery of person and family centered care for all older adults.
- Incorporation of elements related to one's personhood into care planning and delivery is a clinical best practice.
- Personhood is unique and as such, not all personhood elements listed in tools will be pertinent for each individual.
- The completion of these tools with the help of key informants (e.g., family care partners) is just the beginning! It is important to review responses and integrate them into practical care planning.
- Information gathered can be segmented for specific activities of daily living (e.g., meal times, bathing/personal hygiene).
- It is essential to maintain a current tool; while some elements may not fluctuate (e.g., past occupations, names of past pets), *hobbies, interests and preferences may change over time.*



# Discussion Questions

- **Do you have experience with the integration of any of these tools in your practice? What has been your experience?**
- **What barriers may need to be addressed in order to enhance the use of these tools into practices across sectors?**
- **How can the BSO Lived Experience Advisors further disseminate their recommendations?**





**THANK YOU!**