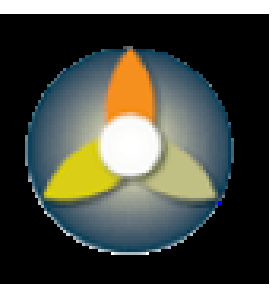




# Dementia and Responsive Behaviours





# Behavioural Supports Ontario

---

*“The Behavioural Supports Ontario (BSO) initiative was created to enhance health care services for older adults in Ontario with complex and [responsive behaviours](#) associated with dementia, mental health, substance use and/or other neurological conditions. The initiative also provides enhanced family caregiver support in the community, in long-term care or wherever the patient and/or caregiver(s) reside”*

*[behaviouralsupportsontario.ca](http://behaviouralsupportsontario.ca)*



## What criteria must be met to qualify for BSO services?

- An older adult presenting with responsive behaviour(s).
- An individual with an age-related disorder who has responsive behaviours.



## An individual's behaviour may be related to:

- Diagnosis of Dementia
- Mental Health Disorder
- Substance Use Disorder
- Other Neurological Disorder(s)





# Cassellholme Home for the Aged

---

- ☐ Delivers person-centred care contributing to the development of the person-centred philosophy of care
- ☐ Conducts an assessment and describes interventions with respect to the behaviours of the Resident involved
- ☐ Recognizes that most observable behaviours have meaning
- ☐ An objective, systematic and holistic process that takes into account the physical, intellectual, emotional and functional capabilities of the person, as well as the environmental and social aspects of their surroundings
- ☐ Identifies caregiver strategies that are abilities focused, person-centred and age appropriate
- ☐ Focuses on prevention of responsive behaviours, focuses on person's abilities and knowing the individual and their life story and aspirations

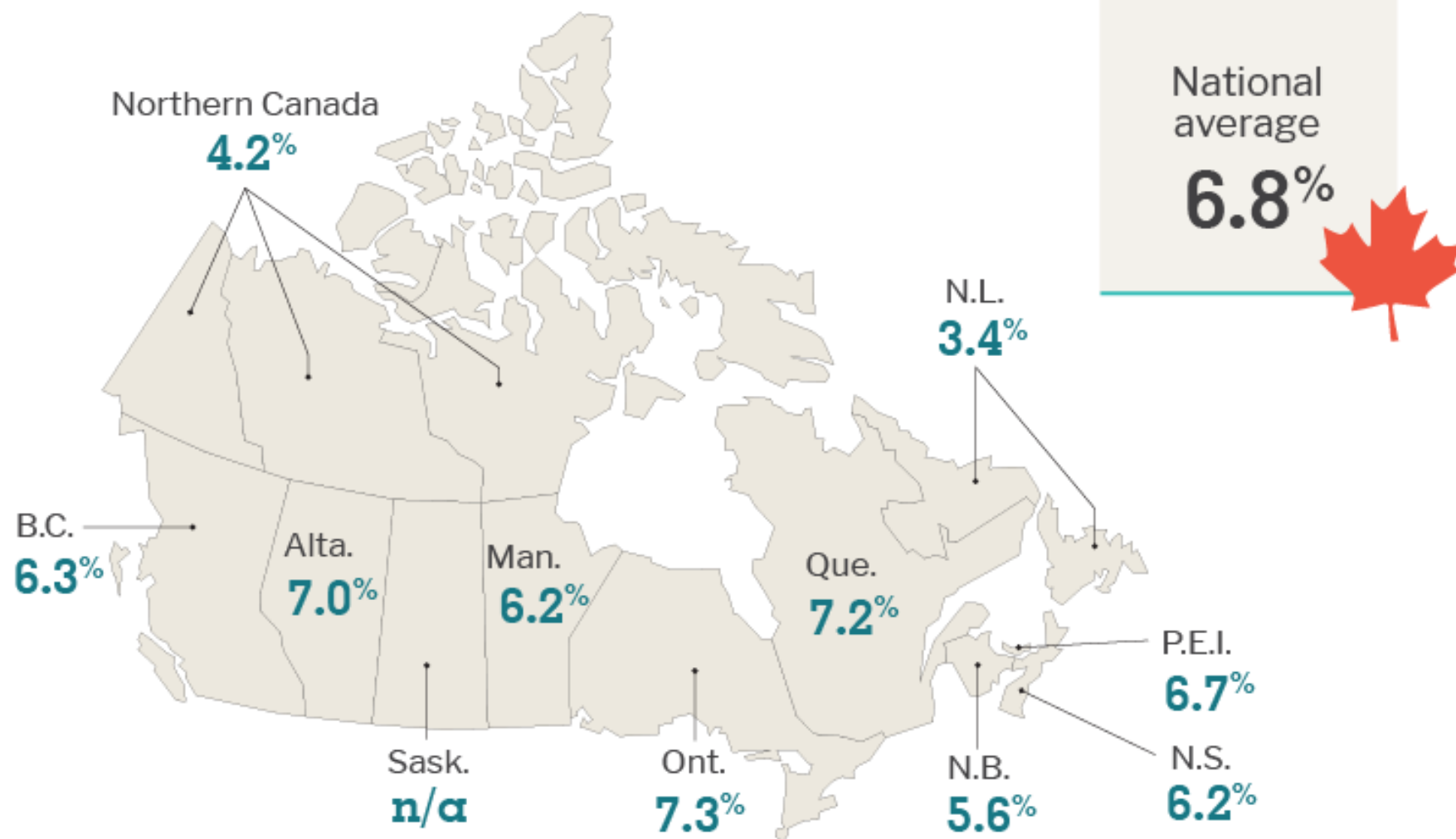


# **DEMENTIA:** **An umbrella term**



## Delirium vs. Dementia vs. Depression

Features	Delirium	Dementia	Depression
<i>Onset</i>	Acute (hours to days)	Insidious (months to years)	Acute or Insidious (wks to months)
<i>Course</i>	Fluctuating	Progressive	May be chronic
<i>Duration</i>	Hours to weeks	Months to years	Months to years
<i>Consciousness</i>	Altered	Usually clear	Clear
<i>Attention</i>	Impaired	Normal except in severe dementia	May be decreased
<i>Psychomotor changes</i>	Increased or decreased	Often normal	May be slowed in severe cases
<i>Reversibility</i>	Usually	Irreversible	Usually

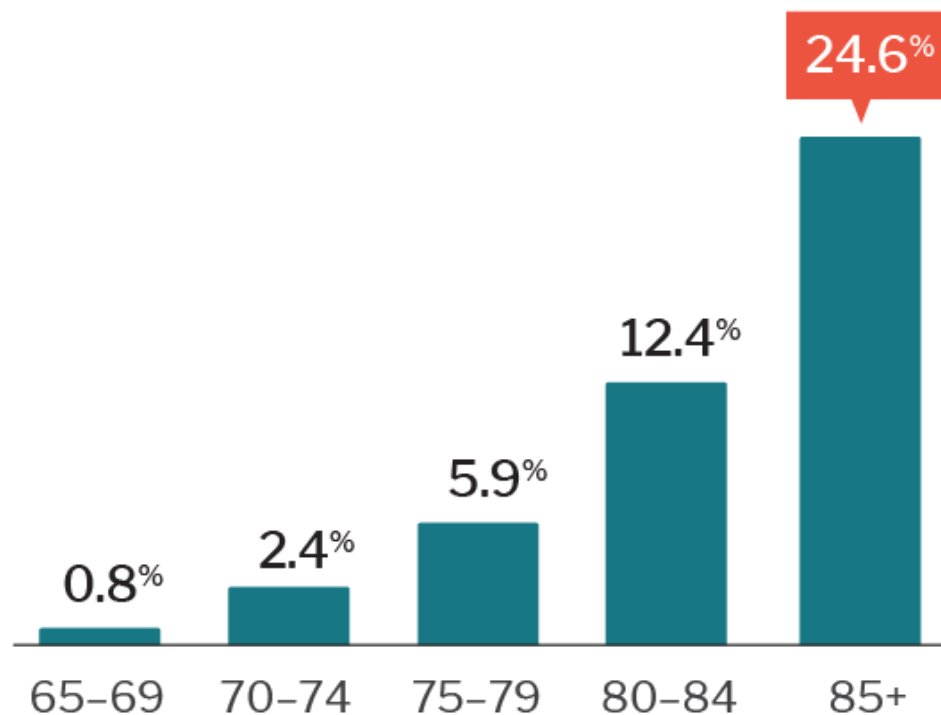


<https://www.cihi.ca/en/dementia-in-canada/how-dementia-impacts-canadians>

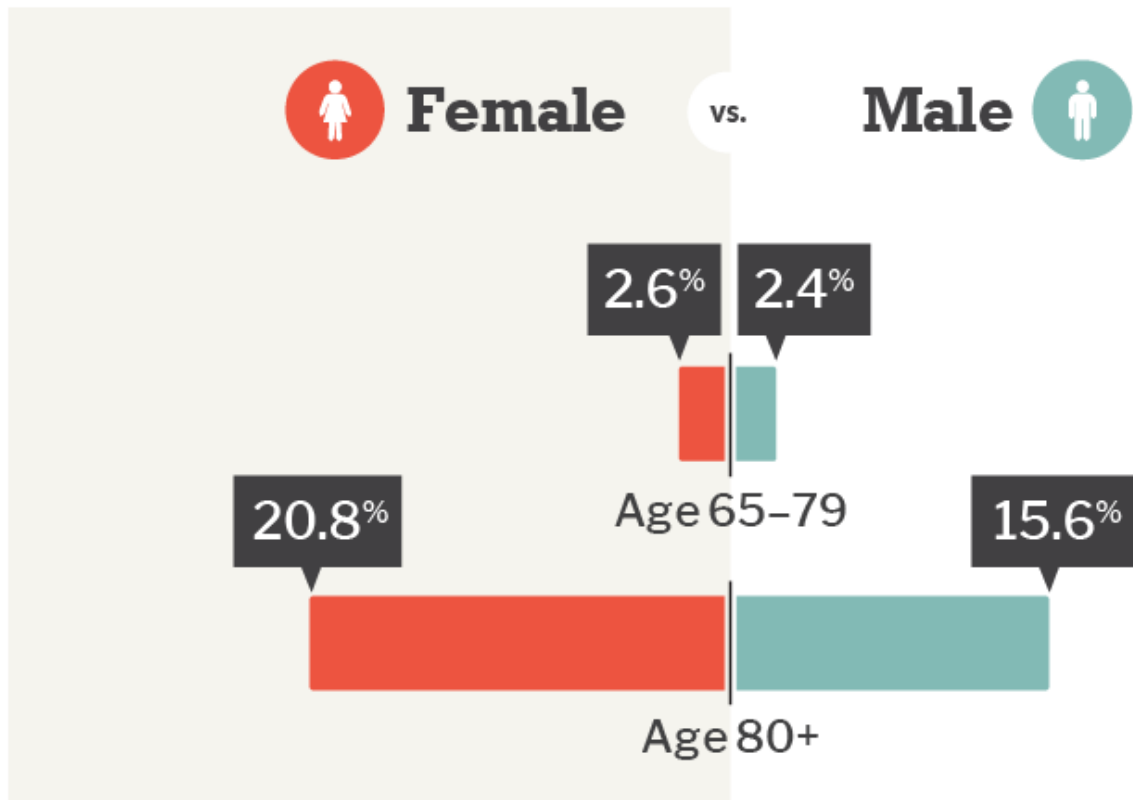
# Diagnosed Dementia according to age

---

<https://www.cihi.ca/en/dementia-in-canada/how-dementia-impacts-canadians>







---

## Dementia Diagnosis in relation to gender

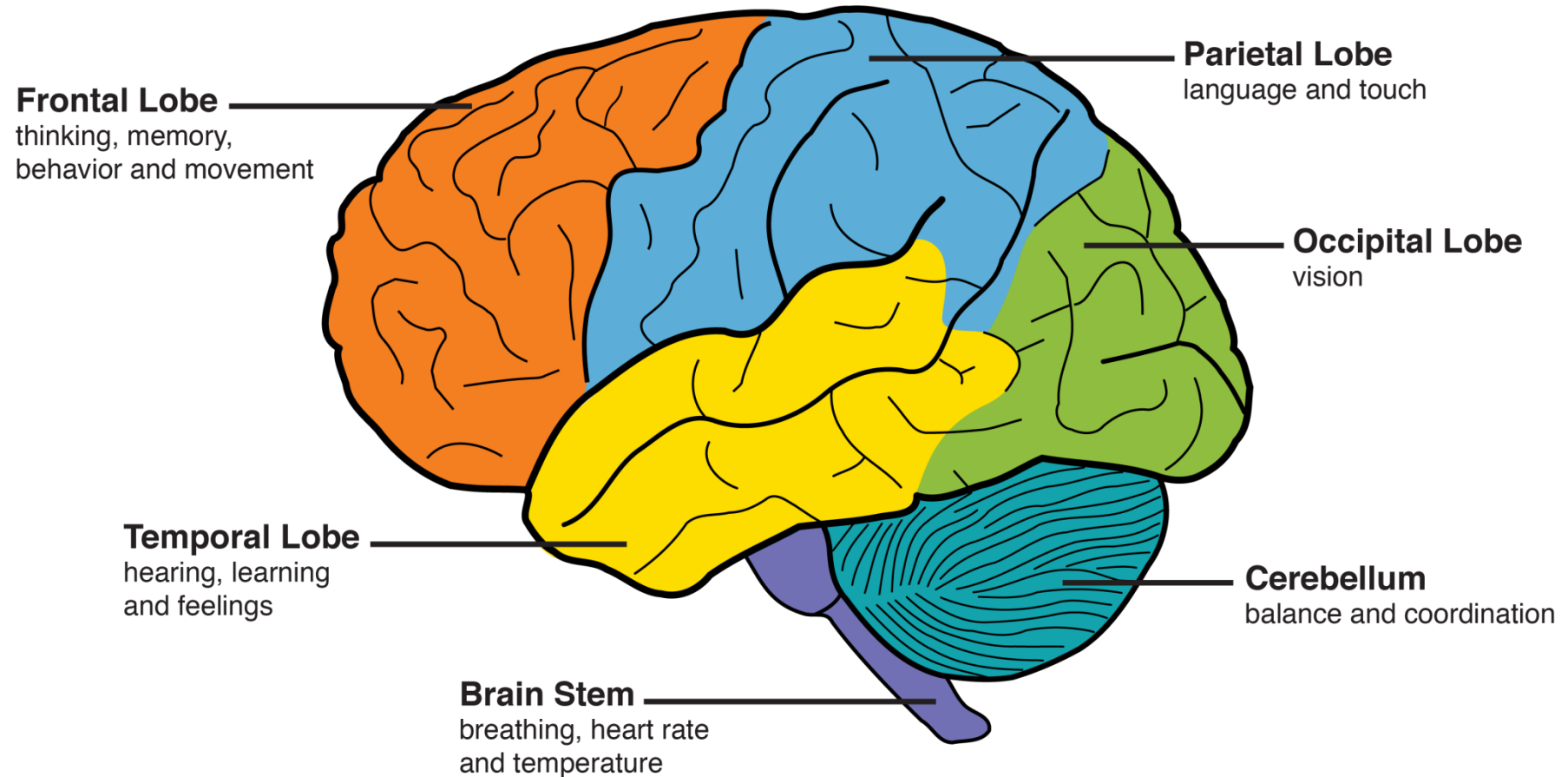
Source

Public Health Agency of Canada. Public Health Infobase: Canadian Chronic Disease Surveillance System (CCDSS).

<https://www.cihi.ca/en/dementia-in-canada/how-dementia-impacts-canadians>

# Dementia and the Brain

---



# Responsive behaviours

---

- The Person best attempt to express themselves using the remaining abilities that they have
  - **Remember:**
    - All behaviour has meaning
    - All behaviour has a cause or causes
    - **Causes of behaviour may be related to many different factors, including unmet needs, and not just the person's dementia.**
- Up to 95% of people with dementia have responsive behaviours at some point

# Responsive Behaviours may include

---

- Verbal complaints, requests for attention
- Screaming, whining, cursing, repetitive sentences
- Pacing\*, undressing\*, wandering\*
- Spitting, hitting, throwing objects
- Physical Sexual advances, inappropriate voiding\*
- Grabbing others, hurting self or others...

# Finding the meaning behind the behaviour

---

- P.I.E.C.E.S Assessment (holistic/person centred tool created 1997)
  - **Physical** – Hunger, Thirst, Sleep
  - **Intellectual** – Frustration secondary to an inability to communicate
  - **Emotional** – Need for touch, love, feelings of grief, loss, boredom
  - **Capabilities** – Need to utilise remaining abilities
  - **Environment** – Inappropriate lighting, excessive noise or commotion
  - **Social and Cultural Factors** – Needs for social interactions, Tailored care styles sensitive to life history and background.

# Pieces of my Personhood



## 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:		
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)			



# All about me Poster

# All About XXXX

**Married for 71 Years**

**I was raised and worked on farm**

**Daddy-Boy**

**I have six Grandchildren**

**I now enjoy Reading mystery books and Watching the news**

**I missed playing card and bowling and woodworking**

**Worked as a Canadian Air Force Radar Technician**

**William, Barry, Robert**

**13 New Mysteries**



**NEWS**

**Behavioural Supports Ontario**

The BSO team April 04, 2019 Refer to Alfred "P.I.E.C.E.S" of my personhood and tip sheet to discover more about Alfred

**CASSELL HOLME**  
Compassionate care for life's journey

# BSO Tip Sheet

	<p align="center"><b>Behavioural Tip Sheet for XXXXXX</b> Remember that every behaviour has a meaning and is usually due to an unmet need! Completed by: <u>Cassellholme BSO Team</u>    Date: <u>August 13, 2019</u></p>		 <p align="center"><small>Compassionate care for life's journey</small></p>			
<b><u>Interventions:</u></b>	<ul style="list-style-type: none"><li>• Use a calm and professional <b>approach</b> when entering XXXX's room to develop a trusting relationship.</li><li>• Reassure Fred that you are there to <b>help</b> him and keep him <b>safe</b>.</li><li>• When <b>communicating</b> with XXXX, face him and keep instructions and question short and simple. Allow him time to process the information provided to him.</li><li>• When <b>providing care</b>, explain to XXXX step by step what you will be doing. Be sure to have eye contact so you know he is listening to you. Be firm but gentle.</li><li>• XXXX is often more <b>accepting of care</b> when he is lying on the bed, instead of in the bathroom.</li><li>• Be mindful not to rush XXXXX.</li><li>• Do not attempt to correct or <b>challenge</b> XXXXX as he will become angry.</li><li>• Respect his <b>privacy</b> and allow him time alone.</li><li>• Accept that XXXXX may refuse <b>assistance</b> with care.</li><li>• Re-approach no more than <b>twice</b>.</li><li>• Interventions that work once may not work the next time with XXXXX. <b>Different approaches</b> and <b>patience</b> is key.</li></ul>			<b><u>Triggers:</u></b>	<ul style="list-style-type: none"><li>• Poor insight with regards to capabilities, limitations and difficulty processing procedures due to diagnosis.</li><li>• Expresses frustration when being told what to do, being corrected or feeling challenged.</li><li>• Unfamiliar staff doing care</li><li>• Staff asking if they can do care</li><li>• Staff touching Fred to undress him.</li></ul>	
				<b><u>Behaviours:</u></b>	<ul style="list-style-type: none"><li>• Cursing and Verbal Aggression</li><li>• Yelling</li><li>• Throwing things</li><li>• Negativism</li><li>• Threatening to hit/swinging at staff</li></ul>	

# Visiting my loved one who has Dementia

---

- Best time to visit depends on the person
- Some studies show that approx. 66% of people with a type of dementia experiences **Sundowning**.
  - Usually late afternoon early evening
  - People may become more:
    - Anxious, Forgetful, confused, Delirious, agitated, restless
  - Behaviours associated with sundowning are:
    - Pacing, Wandering, yelling, becoming combative, resistive to care, Impulsive, Exit Seeking

## MEHRABIAN'S RULE OF COMMUNICATION



**7%**

Only use of words



**38%**

Use of tone of voice



**55%**

Use of body language

# Communicating with the person who has a Dementia

---

- Establish friendly eye contact and use the persons name
- Diminish distractions
- Try one on one whenever possible
- Conversations should be kept short, simple and to the point (bird instead of “it”)
- Avoid conflict
- Be patient
- Enter their world (avoid the here and now)
- Body Language is a powerful tool
- Uses different ways to communicate (visual or auditory clues)
- Don't underestimate the power of conversation

# Activities to do with your loved one

## ■ Music is Magical

- Listen and find music that your loved one used to enjoy and play it during your visit
- Use music to bring about discussions of old memories
- Music may make your loved one want to dance, is safe, encourage movement and join in!
- Encourage sing along
- <https://www.youtube.com/watch?v=5FWn4JB2YLU>



## Touch is healing

- Give a hand massage with lotion, Scratch their back, Pamper with makeup or nail polish, Rub shoulders, **Ensure to be aware of painful areas or skin lesions**

## Vision is Stimulating

- Bring photos of loved ones, Look at magazines with colourful images, Drawing, Painting

## Reminiscing Triggers Memories

- Talk about favorite memories from the past (His or her wedding, childhood),
- Make a scrapbook together,
- Bring articles from the past that will trigger memories (trophies, model cars, seashells...)

## Spirituality Inspires

- Read from the Bible or other spiritual books
- Play or sing spiritual song
- Celebrate religious traditions, recite prayers

## Other engaging Activities

- Bring a pet or the picture of a Pet,
- Do exercises together,
- Have grandchildren bring art or school papers,
- Tell jokes to each other

## From the heart

- Thank you loved one for something they said or did in the past,
- Tell them about how they inspired you,
- Bring a small gift you know they will love (plant, photo, food),
- Listen to your loved one and empathize with them. Validate how they feel
- Laugh with them, have fun and be playful!

# Tips for Successful Redirection

---

1. Validate – The person's reality and emotional state  
**"You think your purse has been stole? I understand you are upset"**
2. Join – In that person's reality  
**"You need to keep looking for your purse? Well I am trying to find something too. Let's look together"**
3. Distraction – Is then easier and works best with people who have severe memory or attention problems  
**"Let's look for your purse over there where the people are having coffee"**
4. Redirection – May finally be possible  
**"That coffee smells good; do you want a cup?"**

# Unsuccessful Verbal Redirection

---

## 1. Don't dismiss

- "Your purse hasn't been stolen, you must have misplaced it"
- "No one stole your glasses, you just left them somewhere"

## 2. Don't negate

- "You don't need a purse anyway"
- "You don't need your glasses right now"

## 3. Don't ignore

- "Don't worry about it"
- "I'm very busy right now; I will get to you later"

# NEWSFLASH



**DEMENTIA  
IS **NOT**  
CONTAGIOUS**

**VISIT THEM  
HUG THEM  
HOLD THEIR HANDS**

**DON'T LET THOSE THAT FORGET  
BECOME THE FORGOTTEN!**

# References

---

Alzheimer's Association: <https://alz.org/>

Alzheimer's Society of Canada: <https://alzheimer.ca/en/Home>

Behaviour Support Ontario Website: <https://behaviouralsupportsontario.ca>

Managing Challenging Behaviours in Dementia, Medical Pharmacies

P.I.E.C.E.S learning and Development Model: <http://pieceslearning.com>

Dementia Australia: <https://www.dementia.org.au>

Mehrabian's rule of Communication: <https://spotio.com/blog/how-to-close-more-sales-by-using-the-right-tone-and-tonality/>