

Responsive Behaviour

- A term used to describe behaviours that a resident exhibits as a response to something in their environment
- Occurs as a result of changes in the brain that affect memory, judgement, orientation, mood and behaviour
- Can potentially harm the resident, co-residents, and staff who are around them

Responsive behaviours can be minimized by understanding the person and adapting the environment or care to better meet their unmet needs

All behaviour has meaning;
all behaviour is communication



Brochure created by Claudia Coulas PSW and Mariah Tennant RPN

Dementia

Dementia is an umbrella term for many brain disorders. It affects everything – thoughts, words, actions and feelings. It is a progressive and incurable disease that is unpredictable and affects each person differently; day to day, morning to night, and moment to moment

Alzheimer's (non-genetic link or genetic link)

Emotional changes

Repetitive words, actions

Decline in: memory, recognition, language

Mobility problems

Vascular

Brain's blood supply is interrupted/blocked

Symptoms depend on location, degree of damage and type of stroke

May appear suddenly or gradually over time

Lewy-Body

Abnormal protein deposits in brain

Fluctuating cognition, attention and concentration with periods of drowsiness

Visual hallucinations

Movement disorders – rigidity, tremors, parkinsonism

Frontotemporal (FTD)

Many types

Typically younger onset, 45-64 years of age

Gradual progression

Behaviour and personality changes vary

Memory often remains preserved



DEMENTIA AND RESPONSIVE BEHAVIOUR

Understanding Behavioural and Psychological Symptoms of Dementia



Valley Manor Behavioural Support Services

Behavioural Supports Ontario (BSO) provides behavioural health care services for older adults in Ontario with, or at risk of, responsive behaviours. BSO works to implement evidence based **non-pharmacological** strategies and practices to promote optimal quality of life, and assess environmental factors associated with responsive behaviours. BSO delivers person and family-centered care, which recognizes both the uniqueness of each person (i.e., personhood) and an awareness of one's own contribution to that relationship, including personal attitudes, values and action.

Valley Manor employs a full-time BSO PSW, available on the premises to support residents, families and staff in identifying and modifying environmental factors related to responsive behaviours.

Valley Manor works in collaboration with the Geriatric Mental Health (GMH) Outreach Program in Renfrew County which consists of BSO providers - GMH RN, BSO RPN, and Behaviour Therapist. This interdisciplinary team provides support to residents, family and staff as a consultation service for specialized geriatric support. A key focus is the provision of education and training on geriatric mental health topics and responsive behaviours.

BSO RPN

- Conducts holistic assessment to rule out contributing factors of responsive behaviours
- Provides support directly to BSO PSW

GMH RN

- Conducts bio-psychosocial assessment
- Works closely with a Geriatric psychiatrist who provides treatment recommendations for people 65 years of age and older

Behaviour Therapist

- Conducts in-depth behavioural assessment
- Utilizes Behaviour Analysis to create individualized non-pharmacological interventions for Residents with dementia who are 65 years and older

Common Responsive Behaviours:

Repetitive Vocal expressions

Crying, grunting, humming, moaning, questions, requests, sighing, words

Repetitive Motor expressions

Banging, collecting/hoarding, disrobing, exploring, fidgeting, pacing, rattling, rocking, rummaging

Sexual expression of risk

Explicit sexual comments, public masturbation, touching others –genitals, touching others –non-genitals

Verbal expression of risk

Insults, screaming, swearing threatening

Physical expression of risk

Biting, choking others, grabbing, hair pulling, hitting, kicking, pinching, punching, pushing, scratching, self-injurious, slapping, spitting, throwing objects

Behaviour that won't respond to medication

- Roaming/wandering
- Urination/defecation in public/common areas
- Dressing/undressing in public/common areas
- Verbal or motor repetition
- Collecting or hiding objects
- Eating inedible items
- Interacting with objects/furniture in the environment that is unwelcome or disturbing



What Can You Do?

- Be in the moment. Use active listening; validate the person's thoughts, feelings and emotions
- Don't forget about the person; they are not their diagnosis!
- Use visual cues more than verbal cues – i.e. hand gestures/body language
- Be open, non-judgmental and compassionate
- Strive to understand the person with dementia and their experiences – What could be the meaning of their responsive behaviour?
- Figure out what their need may be ... hungry, tired, cold etc., and take action to meet that need
- Staff at Valley Manor are accustomed to these behaviours and invite you to be open to discuss them - there is no need to be embarrassed

