



Behavioural Supports Ontario

Supporting Older Adults with Responsive Behaviours

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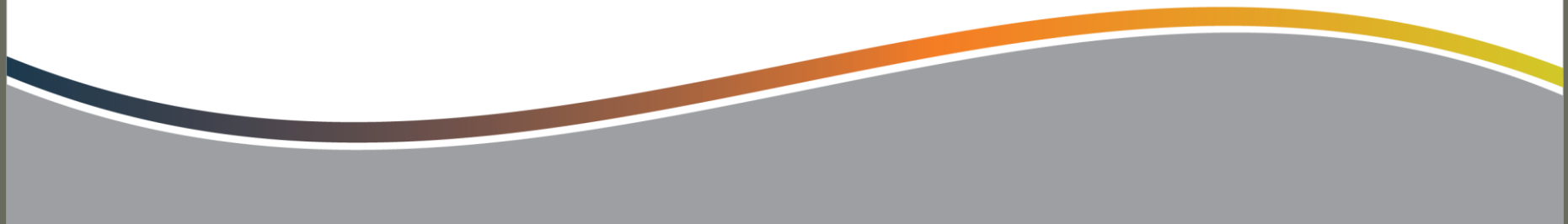
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Kathy Peters- HNHB BSO Coordinator

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Agenda

1. Brief history of Behavioural Supports Ontario – Kathy Peters
2. Explanation of (BSO) Programs in Hamilton Niagara Haldimand Brant Burlington (HNHB) Local Health Integration Network (LHIN) – Kathy Peters
3. BSO Community Outreach Model & Story – Dana Vladescu
4. BSO Long-Term Care (LTC) Mobile Model & Story- Terri Glover



BSO Project Framework



“ I am who I am, so help me continue to be me”

Older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions that exhibit responsive or challenging behaviours

Goals: Quality of Care & Quality of Life

What are responsive behaviours?

Repetitive Sentences

Verbally Aggressive

Hiding Objects

Hurting Others

Agitation

Verbal Complaints

Sounds that are Disruptive to Others

Physically Aggressive

Verbal Mutterings

Pacing

Accusing

Constant Requests for Attention

Hurting Self

Swearing

Throwing Objects

Wandering

Repetitive Behaviour

Disrobing

Hitting

Behaviours Have Meaning

System Coordination & Integration

- Building-on existing
- System Re-design
- Transitions
- Capacity Building

- Collaboration
- Navigation
- Quality
- Relationship Building

**BSO Connect
(via CCAC)**

**“One Place to
Call”**

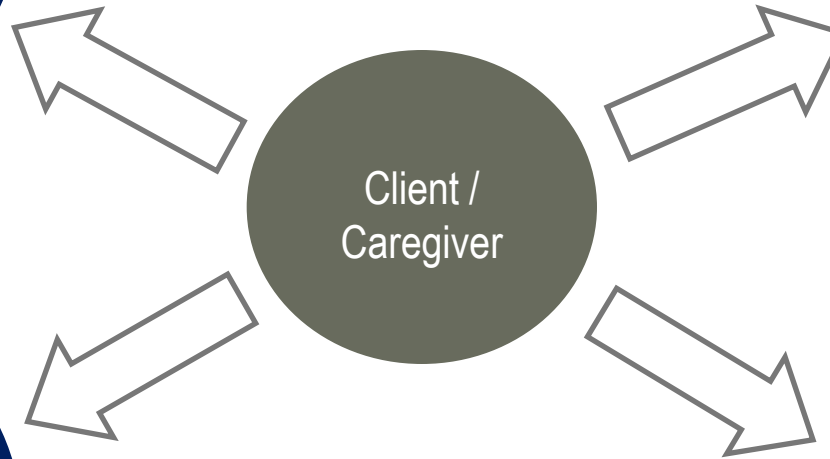
**Integrated
Community Lead
(ICL)**

**“Lead” or
Navigator for
Community Clients**

**Client /
Caregiver**

**BSO Community
Outreach Team
(COT) Crisis**

**BSO LTCH Mobile
Team**



HNHB BSO Improvement Plans

Community

**One Place
to Call**

(BSO Connect)

**Lead or Navigator
for Community
Clients**

*(ICL or Integrated
Community Lead)*

**Community
Team (Crisis)**

*(BSO Community
Outreach Team)*

Long-Term Care

BSO Mobile Team

(BSO LTCH)

HNHB BSO Programs

Community

**One Place
to Call**

(BSO Connect)

**HNHB Community Care Access Centre (CCAC)
310-CCAC or 1-800-810-0000**

- Information & referral (clients, caregivers, providers)
- Warm Connection to supports (transition or hand-over)

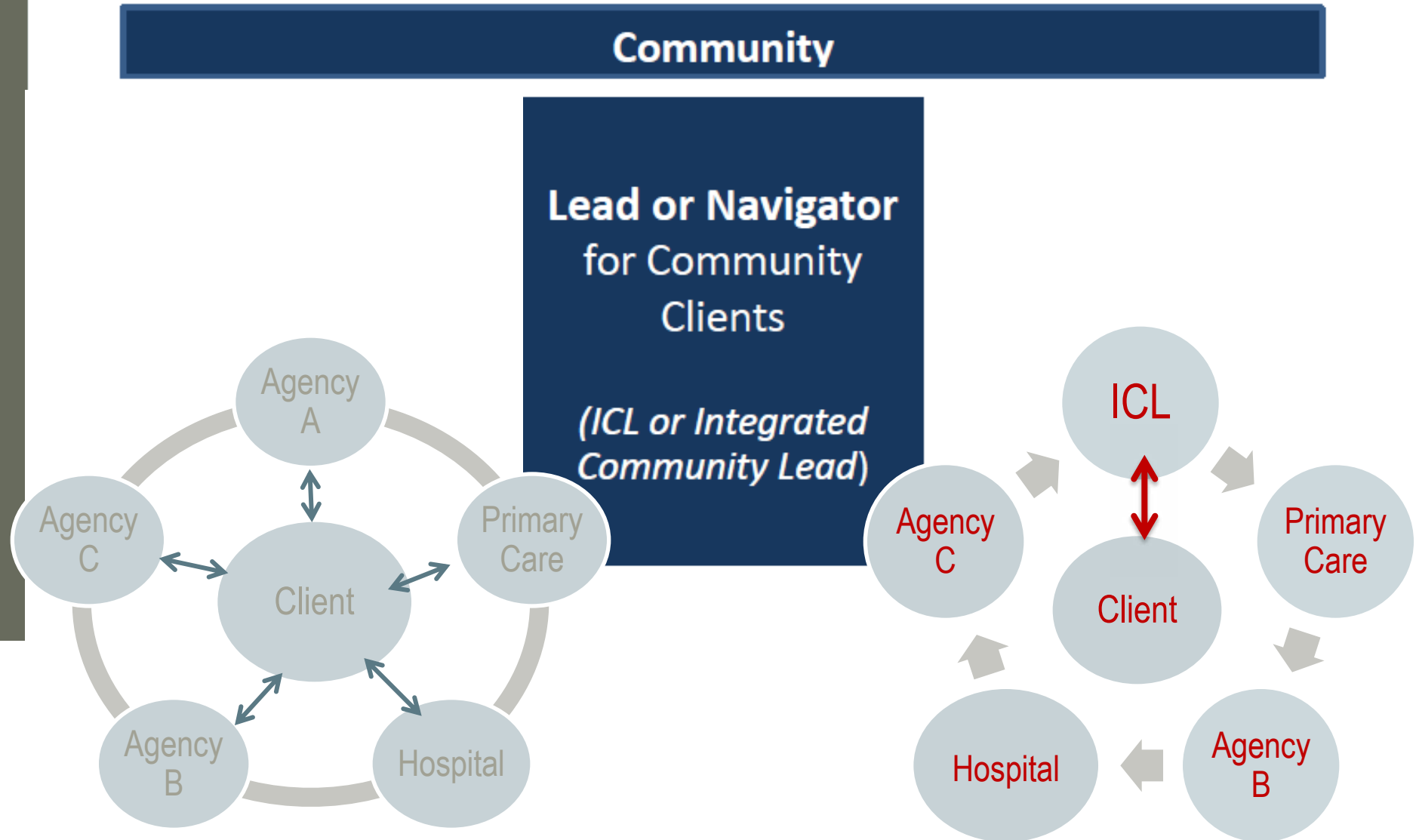
What does it mean for clients?

“One place to call” & “No wrong door”

- Easier navigation of the system
- Connected to service / support (“Lead” agency)
- Risk assessment of the situation
- Reduce calls, frustration & stress



How does the “Lead” role improve the supports for BSO clients / caregivers?



“Lead” Role to Support Clients in the Community

Community

- Clients only need to call one person (Single Point of Contact)
- **Lead** person coordinates supports
- Reduce multiple assessments
- Sharing among agencies

Lead or Navigator for Community Clients

*(ICL or Integrated
Community Lead)*



What does it mean for clients?

- Help to navigate the system
- Early identification of issues
- Planning for potential problems
- They will know who to call
- “Lead” knows client’s journey / history

BSO Community Outreach Team

Just in Time Care (Crisis) (BSOCOT)

Community

Geriatric mental health expertise
Care for clients in crisis

What is a Crisis?

- Sudden increase in a behaviour
- Increased risk to self / others
- Distress where client refuses services / treatment
- The sudden start of responsive behaviour (like wandering)

What does it mean for clients?

Support through crisis to
link with longer-term supports
(Lead)

Transfer information

Hands-on assessments &
practical supports for family

Reduce potential for
future crisis (tips & planning)

**Community
Team (Crisis)**

*(BSO Community
Outreach Team)*



Long-Term Care

BSO Mobile Team

(BSO LTCH)

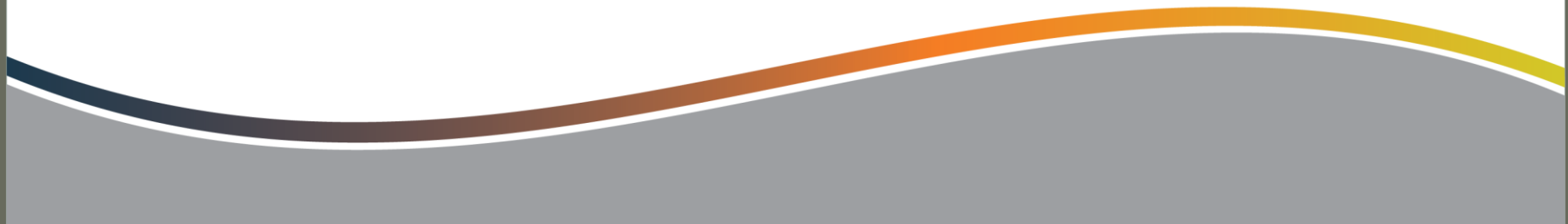
- Modeling & Hands-On
- Peer-to-Peer support
- Support LTCH staff with assessments or tools
- Support **Transitions** to/from LTC
- Partner with LTCH & other outreach services

What does it mean for clients?

- New strategies & approaches to reduce an individual's behaviours
- Can share the resident's interests, likes, life-style, culture, traditions, history
- Can learn along side of the PSWs or other LTCH staff
- Can bring items in to assist with **meaningful activities**
- May have the **key** to help reduce the behaviours *(Clients know loved-one best)*

Three Programs in Action

- Supporting clients through key transition points along a continuum
- Inter-connection & collaboration of 3 BSO models:
 - BSO Community Outreach Team for crisis
 - Integrated Community Lead (Supporting Independent Living (SIL) as the 'lead' agency navigating for a client)
 - BSO Long-Term Care Mobile Team
- Highlights:
 - How the models were intended to be implemented
 - Warm connections
 - Filling the gaps at transitioned




Joanne's Story

Police called to apartment building:

- Found Joanne roaming hallways knocking on neighbour's doors for food
- Police called the BSO Community Outreach Team (BSOCOT)

BSO Community Outreach Team assesses Joanne's situation:

- 72 years old
 - Short-term memory loss
 - Comprehension issues
 - Aphasia
 - Unkempt
 - Combative when anyone spoke to her about help
 - Living with her son (Frank) who was not always home
 - Frank expressed being overwhelmed with his mother's care & had his own financial pressures
 - Connects with Supportive Independent Living for longer-term supports (ICL/Lead)
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Joanne's Story

'Lead' Agency accepts warm hand-over from BSOCOT

- 'Lead' made several visits to assess Joanne:
 - Unable to perform most IADLs without assistance
 - Ate well but unable to prepare meals
 - Resistive to support
 - Frank not following recommendations or consistent in participating in meetings
 - Lead connected with CCAC, Meals on Wheels for Joanne & credit counseling for Frank

Supports unable to gain access, Lead worked with Frank to initiate LTCH placement


- Within one week, LTC bed offer available
- Frank could not be contacted to accept the bed, lost the bed offer

Unable to rely on Frank to act in Joanne's best interests

- Lead requests Public Guardian & Trustee involvement
 - PG&T determines Joanne's care needs are better met in LTC
 - Arranged supports in her home until bed offer
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The Impact of Three Programs in Action

Supporting Joanne through the transition into LTCH:

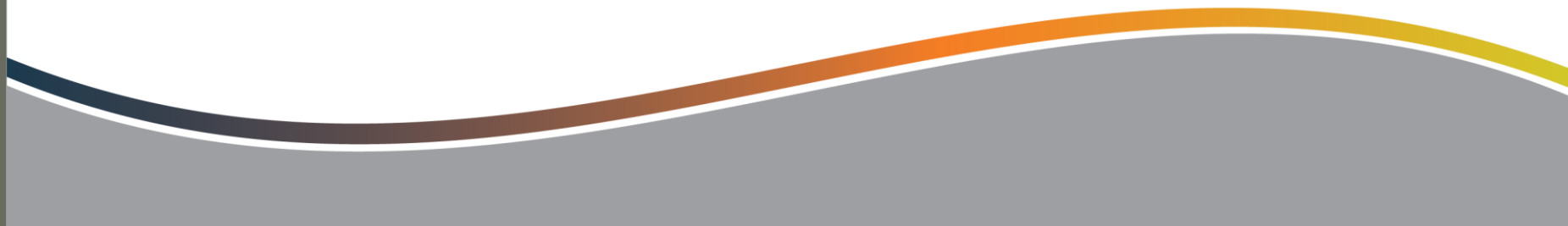
- 'Lead' makes referral to BSO LTCH team & provides background information to LTCH staff
 - 'Lead' worker attends Joanne's apartment to prepare for her move
 - Upon arrival at LTC, BSO LTCH Mobile Team present with 'Lead' worker & LTC staff to greet Joanne; introductions by 'Lead' to foster relationship of trust
 - BSO LTC Mobile Team began to develop a relationship with Joanne to put her at ease, orient her to new environment, preparing her room by unpacking belongings & making her comfortable
 - 'Lead' comfortable to able to leave Joanne with the BSO staff knowing
 - Joanne has successfully remained in LTCH since time of the transition from community, being supported by the LTCH staff
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Supporting BSO Clients through Crisis

BSO Community Outreach Team (BSOCOT) – *Just in time care*

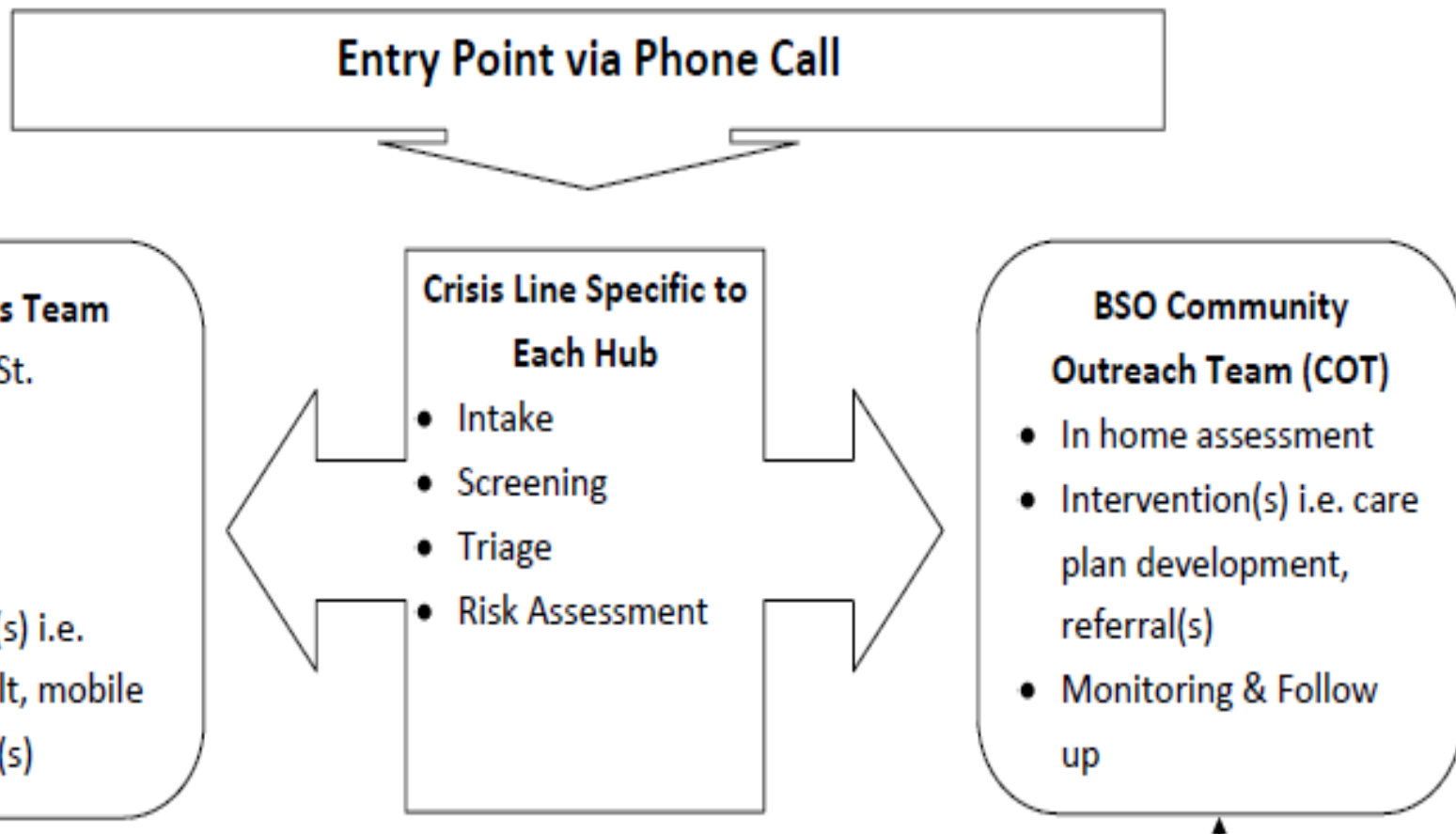
What is a Crisis?

- A sudden increase in an individual's behaviour
- Increased risk to self or others
- Distress due to refusal of services or treatment
- Sudden onset of responsive behaviour ie: wandering
- Family's inability to cope with care (eg: caregiver stress/burden)



Supporting BSO Clients through Crisis

BSO Community Outreach Team (BSOCOT) – *Just in time care*



- Enhance existing community crisis systems
- New BSO resources – new staff added to the existing crisis teams
- Clients supported with strategies until **transitioned** from crisis to longer term supports
- Reduce escalation of crisis
- May be first intersection with health care system

Supporting BSO Clients through Crisis

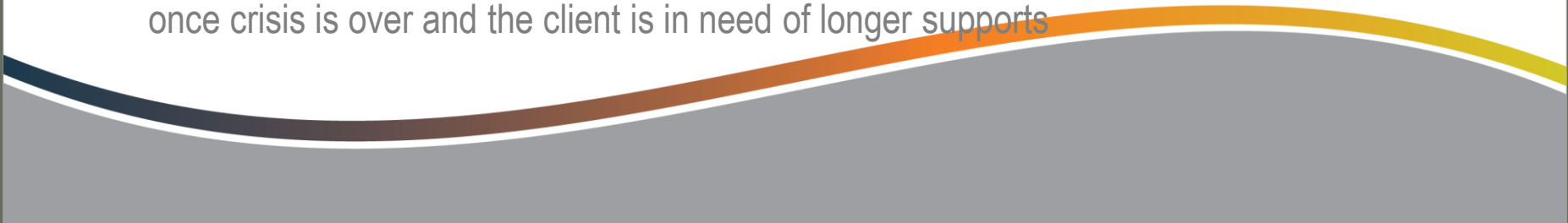
BSO Community Outreach Team (BSOCOT) – *Just in time care*

Leveraging and integrating existing community resources and expertise

BSO COT will help support/maintain BSO clients:

- building capacity upon COAST or existing crisis services to support clients with age-related responsive behaviours
- helping to fill current gap that exists for seniors with responsive behaviours in crisis
- scheduled and episodic care when clients in crisis
- assist during transitions from home to long term care and from hospital to home

Behavioural Support Outreach Workers

- Experience in geriatric mental health/crisis management
 - Address crisis situations involving cognitive impairments due to dementia
 - Practical support and outreach
 - Capacity-building and education
 - Hands-on assessment and warm hand-off connection with a community-lead agency once crisis is over and the client is in need of longer supports
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Supporting BSO Clients through Crisis

BSO Community Outreach Team (BSOCOT) – *Just in time care*

What do Responsive Behaviours often indicate?

- a) an unmet need in a person, whether cognitive, physical, emotional, social, environmental or other,
- or
- b) a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person.

Behaviours Have Meaning

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Unraveling The Meaning Behind Behaviour



Before

What is happening before the behaviour occurs?

During

Describe the behaviour. What does it look like?

After

What is the response to the behaviour?

Let's Look at an Example

Ella's widowed father (David) has Alzheimer's Disease and is experiencing difficulty remembering visitors. David often reports that no one has visited him in days. When Ella attempts to explain to her father that he has had visitors but doesn't remember due to his disease, he often becomes very agitated and shouts at her.

Ella reported that she does not know what to do so she often leaves and does not return for several days stating, "I just can't deal with him getting angry and shouting at me". Ella is her father's primary support.



Unraveling The Meaning Behind Behaviour

Before

- Despite having visitors, David often reports to his daughter that no one has visited him in awhile. Ella informs her father that he has had visitors but doesn't remember due to his disease.

During

- David becomes very agitated with Ella's response and often raises his voice and shouts at her.

After

- Ella doesn't know what to do so she ends up leaving and does not return for several days.

What Can BSO Community Outreach Team Do To Support this Family?

The team will look at what is happening *before, during, and after* the responsive behaviour occurred and offer suggestions in how to decrease or eliminate those behaviours.

What Can BSO Community Outreach Team Do?

Before:

- Provides education to Ella RE: Alzheimer's Disease , responsive behaviours and memory loss.
- Assist Ella in creating responses that may comfort her father when he reports that no one has visited IE: acknowledge his feelings of frustration. (offer options: call friends together and invite them over)
- Coach Ella on how to provide redirection to a different activity.
- Work with Ella to figure out techniques to de-escalate dad's stress (Note: Goal is to CONNECT not to CORRECT).
- Work with David to apply memory aid techniques such as use of a calendar or post it notes to keep track of visits.

What Can BSO Community Outreach Team Do?

During:

- The team will model techniques (EG: simulations and modeling exercises) Ella will be able to use during future incidents ie: breathing exercises, step back and allow her father to “let off steam”.
- Once father had the chance to express his feelings: Ella would be taught to acknowledge how her father is feeling, refrain from engaging in an argument, and redirect him if possible.
- The team will follow up on the success of techniques implemented and offer alternative suggestions accordingly.

What Can BSO Community Outreach Team Do?

After:

- Community Outreach worker will assist in creating techniques to respond to the responsive behaviour after it occurs.
- In our example , it might be suggested that Ella remains with her father rather than leaving and utilizes redirection techniques IE: Suggesting a positive activity such as going for a walk or having a tea may be appropriate.
- Team will also provide suggestions for respite for Ella
- Team will also work on safety planning with Ella so she understands the risks of not checking on father for days at a time.
- Our worker will follow-up with Ella to assess techniques implemented and offer alternative suggestions if required.

BSO Community Outreach Team can support with:

AREA OF CONCERN

- Caregiver stress
- Inability to perform basic activities of daily living
- Addressing responsive behaviour
- Safety and risk (including abuse)

INTERVENTION

- Education and coping strategies
- Advocacy and referral “warm transfer”
- Education RE: disease and responsive behaviour
- Assessment and referral; partnerships IE: Police

BSO LTC Mobile Team– *Supporting Homes & Residents*

The LTC Mobile Teams

- Teams across 5 Hubs in the HNHB LHIN
- Hamilton, Niagara, Burlington, Haldimand Norfolk and Brant
- Teams composition: R.N.'s , Clinical Coaches (RPN) Care Support Workers (PSW's)



BSO LTC Mobile Team– *Supporting Homes & Residents*

The Role of LTC Mobile Team

- Complete appropriate assessment tools
- Support with Episodic care and Transitional care support
- Provide transition assistance to decrease post-transition escalations in behaviour (relocation stress)
- Supporting LTC staff through coaching and modelling of strategies
- Assist front line staff with identification of potential triggers and develop strategies
- *Providing educational opportunities through BSO funding (PIECES training, U-FIRST, etc.)

BSO LTC Mobile Team– *Supporting Homes & Residents*

The Story of Mrs. S

- Mrs. S was referred to BSO for responsive behaviours during a.m., p.m. care and toileting regime.
- BSO made arrangements with frontline staff to work along side of staff during a.m. care and toileting.
- Mrs. S went willingly to the bathroom however BSO noticed that when staff went to turn Mrs. S around to toilet her, she became physically responsive.

BSO LTC Mobile Team– *Supporting Homes & Residents*

The Story of Mrs. S

- BSO staff noticed there was a large mirror in the bathroom and when Mrs. S seen her reflection in the mirror this is when her responsive behaviour occurred.
- BSO then modelled to frontline staff putting newspaper on the mirror so that Mrs. S could not see her reflection.
- BSO then returned for several a.m. and p.m. visits to coach this strategy to frontline staff.

BSO LTC Mobile Team– *Supporting Homes & Residents*

The Story of Mrs. S

- Frontline staff in the home continued to keep the mirror covered and Mrs. S has had no further responsive behaviours.
- NOTE: BSO did obtain consent of the DOC prior to covering the mirror with newspaper.

Takeaways – Sharing our learning

- Behaviours have meaning
- Understanding the **Before**, **During**, and **After** are key to identifying the meaning behind the behaviour and developing appropriate strategies to manage the behaviours
- Collaboration with internal experts and external resources is key to success

Takeaways – Value statement.....

**‘I AM WHO I AM SO HELP ME
CONTINUE TO BE ME’**



QUESTIONS





Contact Information

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