



OANHSS

LTCHA Implementation
MEMBER SUPPORT PROJECT

Appendix A: Responsive Behaviour Training Presentation

Audience: Overview for all Staff, Contractors and Volunteers

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Objectives

- To understand and identify ‘responsive behaviour’
- To be aware of training that is available
- To be aware of programs and approaches that may be implemented

Responsive Behaviour

Responsive behaviour has been described in the research (Cohen-Mansfield, 2000) as:

- **Verbally non-aggressive** (verbal complaints, constant requests for attentions)
- **Verbally aggressive** (cursing, sexual content)
- **Physically non-aggressive** (pacing, undressing, handling objects)
- **Physically aggressive** (spitting, hitting throwing objects, physical sexual advances and hurting self or others)

Responsive Behaviour in People with Dementia

- A behaviour is a means of communication
- A 'responsive behaviour' reflects a response to something negative, frustrating, or disorienting in the person's environment – can be a protective behaviour
- The reasons for behaviours are beyond the disease rather than only within the individual (caused by biological/disease processes)

Understanding the Behaviour

1. What is the behaviour?
2. Who is the behaviour affecting?
3. What is the degree of risk?
4. What are the potential triggers of this behaviour?
5. What is the meaning behind the behaviour?

Common Responsive Behaviours

1. Constant unwarranted request for attention or help
2. Pacing, aimless wandering
3. Complaining/whining
4. Repetitive sentences or questions
5. Trying to get to a different place
6. Cursing or verbal aggression
7. General restlessness or agitation
8. Negativism/sarcasm
9. Making strange noises
10. Grabbing onto people

Education

Education Planning

- Suggested tool: *The Dementia Education Needs Assessment (DENA)* found at:
<http://akeontario.editme.com/DENA>

Responsive Behaviours Orientation and Training by Target Audiences

All staff: *Basic knowledge of dementia, common symptoms*

- P.I.E.C.E.S.[™] enabler, Job Aid
www.piecescanada.com/pdf/Resources
- use of “Me & U-First” e-modules at www.u-first.ca (English and French)

Front line staff: *Enhanced knowledge of dementia*

- U-First face to face training
- Gentle Persuasive Approach (GPA) www.rgpc.ca

Registered staff: *Enhanced knowledge of dementia, leading the team*

- P.I.E.C.E.S.[™] program, U-First or Gentle Persuasive Approach

P.I.E.C.E.S.™ TEAM Approach

3-Question Template:

Q. 1 What has changed?

◆ Avoid assumptions; think atypical.

Q. 2 What are the RISKS and possible causes?

◆ Think P.I.E.C.E.S.™

Q. 3 What is the action?

◆ Interventions

◆ Interactions

◆ Information



P.I.E.C.E.S.™

A tool to help assess and plan for a complex situation using a practical approach

- Physical (UTI, Flu, Constipation, Pain or Discomfort, hunger)
- Intellectual (Frustration with lack of ability to communicate)
- Emotional (Need for touch, love, grief and loss, boredom)
- Capabilities (Match between task and remaining abilities)
- Environment (Lighting, noise, commotion)
- Social and Cultural Factors (Social interactions, care style, life history and culture)

RAI-MDS and P.I.E.C.E.S.™ Integration Job Aid

"Putting it All Together" Job Aid captures and integrates information from the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) and P.I.E.C.E.S.™ (Physical, Intellectual, Emotional, Capabilities, Environment, Social) Framework to enhance the person's and his/her TEAM care planning process, eliminate unnecessary assessment duplication, and identify who may benefit from more in-depth assessment and "point-in-time" screening".

Training Resources

- See www.piecescanada.com/pdf/Resources for all P.I.E.C.E.S.[™] + tools and RAI-MDS and P.I.E.C.E.S.[™] Integration.
- All of these tools aid the interdisciplinary team to assess, communicate and co-ordinate the support the resident in the most effective manner possible.

Training Resources

- use of “Me & U-First” e-modules at www.u-first.ca (English and French)
- U-First “face to face” training

Gentle Persuasive Approach

A person-centred, compassionate, and gentle persuasive approach, employed to respond respectfully, and with confidence and skill to responsive behaviours of a more escalated nature associated with dementia.

Programs

Design programs for resident care that:

- are an integral part of daily life and focus on self-care, communication, feeling connected socially, relaxation, stress reduction, residents skills/competency and former life roles.
- **GENTLECARE™** Approach
- Restorative Care Approach (refer people to the policy and interdisciplinary approach)

Benefits of GENTLECARE™

The many benefits to the GENTLECARE™ model include:

- reduction in aggressive episodes
- improved level of functioning
- better self-esteem
- improved participation in self-care
- increased spontaneous socialization and communication
- less wandering
- reduced incontinence
- increased family involvement
- www.gentlecare.com

Benefits Restorative Care Approach

- Employs effective communication that prevents responsive episodes
- Integrates familiar and meaningful daily activities to reduce stress
- Fosters independence of the individual through an interdisciplinary team approach

Additional Resources

- www.u-first.ca/e-learning/me-and-ufirst/me-and-ufirst.htm
- www.u-first.ca/e-learning/me-and-ufirst/module
- www.marep.uwaterloo.ca
- www.akeresourcecentre.org
- www.shrtn.on.ca