CHCA Project ECHO
Integrated Seniors Care

All Teach, All Learn

Bridging the Knowledge Gap in
Home and Primary Health Care

Caring Together: Integrated Approaches to Support Responsive Behaviours in Dementia Care

Subject Expert:

Kim Schryburt-Brown, MSc, BScOT, OT Reg. (Ont.), Clinical Resource Project Consultant, Seniors Mental Health Behavioural Support Services, Providence Care Community

Panelists:

Ashley Lewis, BScN, RN, (c)CGN, CHPCN(c), MSc.Student Community Registered Nurse, N.S.

Claire Webster, Certified Dementia Care Consultant and Family Caregiver

Jillian McConnell, Knowledge Translation Specialist, brainXchange

Host: Jennifer Campagnolo, CHCA
June 25, 2025

Canadian Home Care Association

Land Acknowledgement

Artist Credit: Patrick Hunter

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

Reflecting on What You Heard…

Share in the Chat:

If you joined us last time when we discussed shared decision-making, what new skill, knowledge or approach did you test or incorporate into your daily care or practice?

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Collaborative Care Planning

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An integrated approach to supporting responsive behaviours for older adults and their families ensures:

- Holistic care, tailored to the individual's culture, values and beliefs, and is likely to identify unmet needs for people and their caregivers.
- Integrated approaches draw on the varied strengths, expertise and experience team members and contributes to better communication, transitions and engagement of the person and their family.
- Family caregivers receive clear, coordinated information and are involved in planning and delivery of care.
- Proactive, integrated care can help better equip caregivers and lessen their emotional worry, and help lessen factors contributing to burnout.

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Integrated Seniors Care

Introductions

Kim Schryburt-Brown, MSc, BScOT, OT Reg. (Ont.),
Clinical Resource Project Consultant, Seniors Mental Health Behavioural Support Services, Providence Care Community

Ashley Lewis, BScN, RN, (c)CGN, CHPCN(c), MSc.Student
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Caring Together: Integrated Approaches to Support Responsive Behaviours in Dementia Care

Kim Schryburt-Brown (she/her)
MSc, BScOT, OT Reg. (Ont.)
June 25, 2025

Providence Care

more than healthcare.

10 Warning Signs of Dementia

1. Memory change affecting day-to-day abilities
2. Difficulty doing familiar tasks
3. Changes in language and communication
4. Challenges understanding visual and spatial information
5. Disorientation to time and place
6. Impaired judgment
7. Problems with abstract thinking
8. Misplacing things
9. Changes in mood, personality and behaviour
10. Loss of initiative

[10 warning signs of dementia | Alzheimer Society of Canada]

What About Responsive Behaviours?

In the context of dementia and other geriatric mental health conditions,

responsive behaviours or personal expressions

are the preferred terms used to describe how

a person's words and actions are a

form of meaningful communication,

often of unmet needs

Responsive-Behaviours-Personal-Expressions | brainXchange

Why should we think of unmet needs?

Brain changes due to dementia

→ Person does not think the way they used to

→ Person does not behave the way they used to

What are the different types of responsive behaviours?

Vocal Expressions (repetitive)

Motor Expressions (repetitive)

Responsive Behaviours of Risk

- Sexual Expressions
- Verbal Expressions
- Physical Expressions

Non-Pharmacological interventions should be used first!

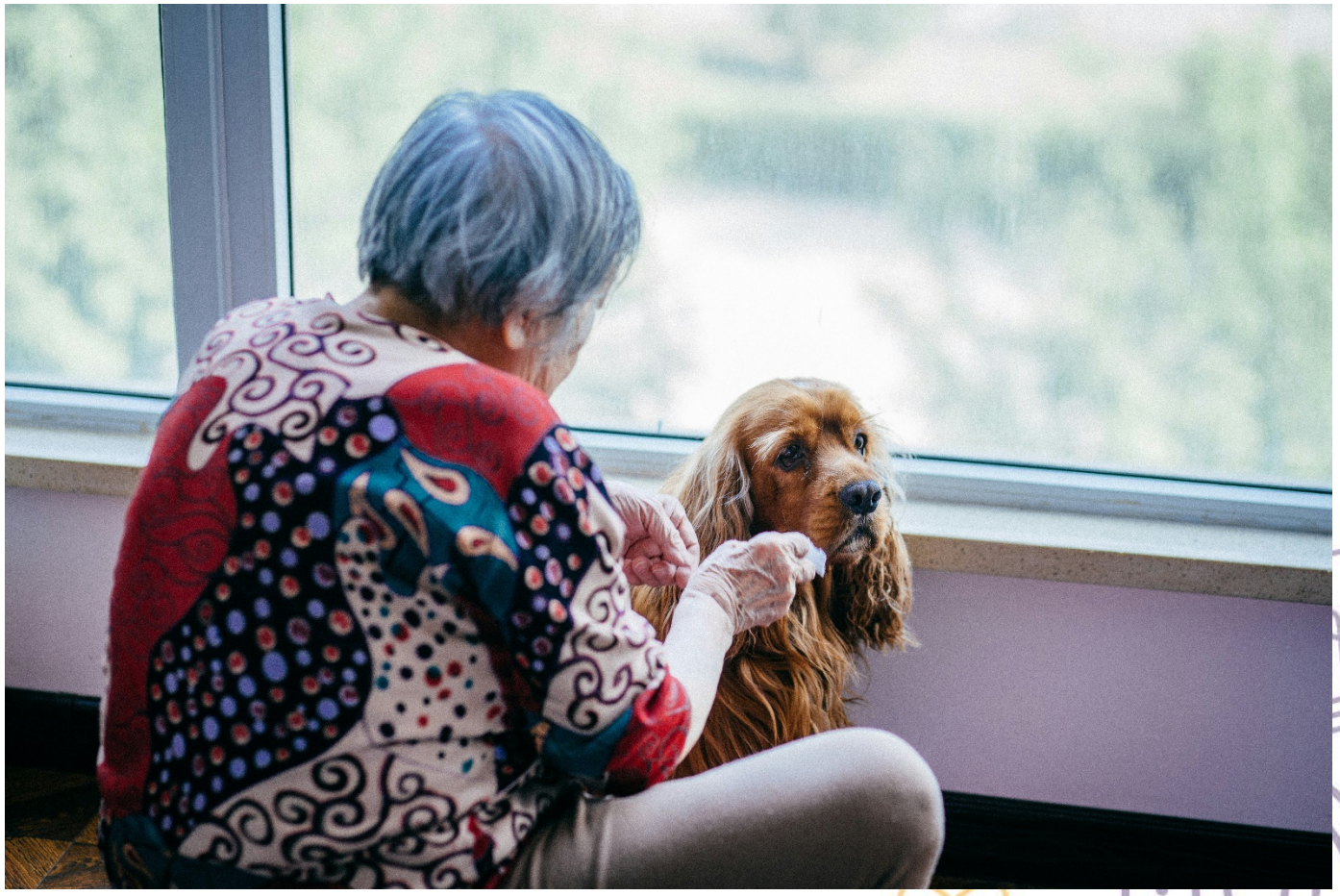
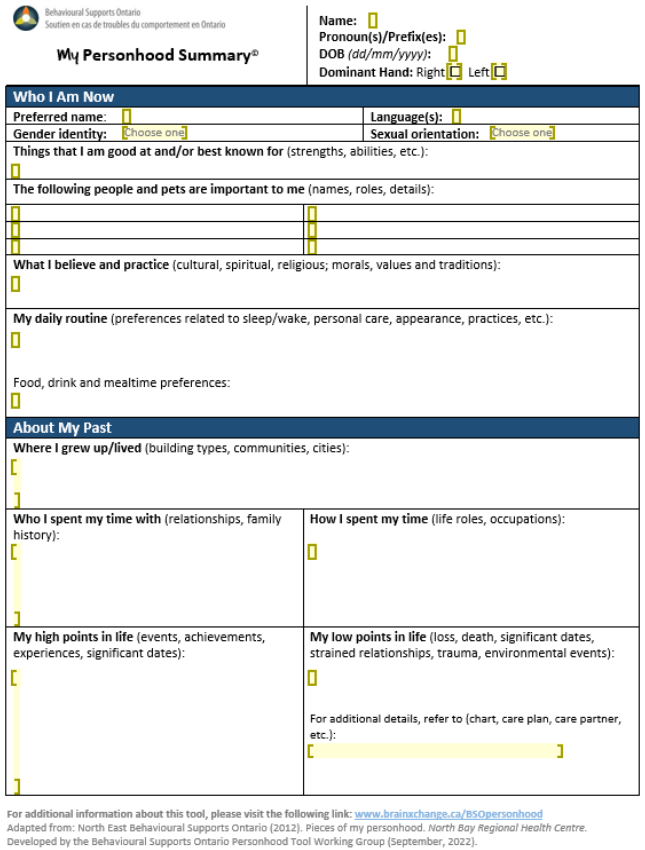


Photo by Kate Gu on Unsplash

When do we involve the team?

How do we get to know the person behind the disease?



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

My Personhood Summary©

Name:
Pronoun(s)/Prefix(es):
DOB *(dd/mm/yyyy)*:
Dominant Hand: Right ☐ Left ☐

Who I Am Now

Preferred name:	**Language(s):**
Gender identity: Choose one	**Sexual orientation:** Choose one

Things that I am good at and/or best known for (strengths, abilities, etc.):

The following people and pets are important to me (names, roles, details):

What I believe and practice (cultural, spiritual, religious; morals, values and traditions):

My daily routine (preferences related to sleep/wake, personal care, appearance, practices, etc.):

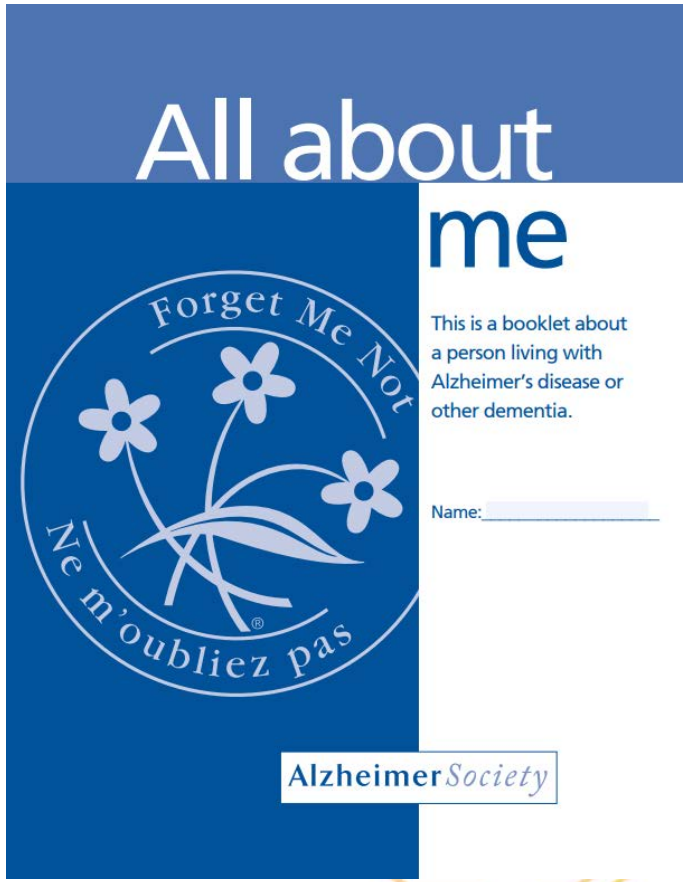
Food, drink and mealtime preferences:

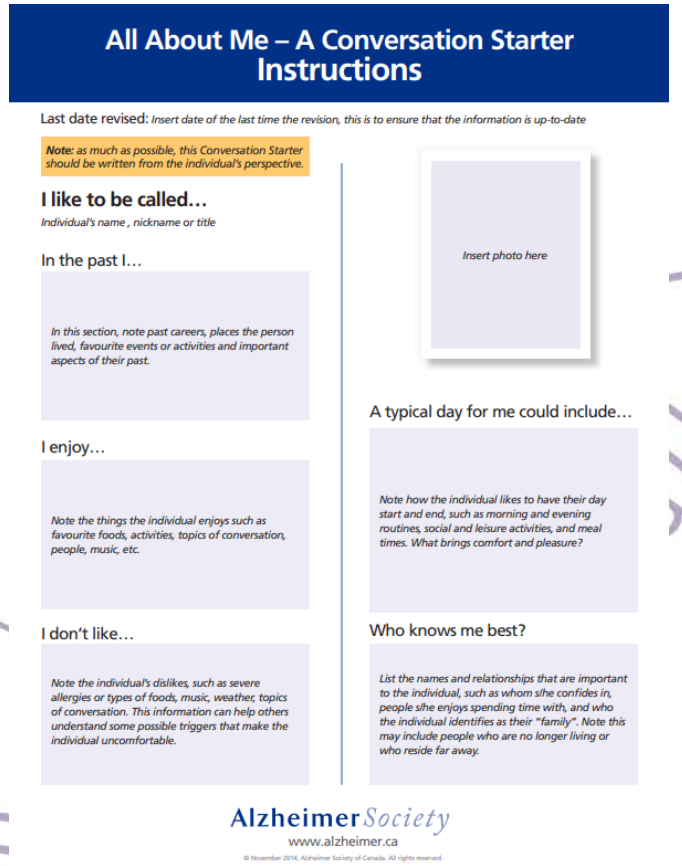
About My Past

Where I grew up/lived (building types, communities, cities):

Who I spent my time with (relationships, family history):	**How I spent my time** (life roles, occupations):
My high points in life (events, achievements, experiences, significant dates):	**My low points in life** (loss, death, significant dates, strained relationships, trauma, environmental events): For additional details, refer to (chart, care plan, care partner, etc.):

For additional information about this tool, please visit the following link: www.brainxchange.ca/BSOpersonhood
Adapted from: North East Behavioural Supports Ontario (2012). Pieces of my personhood. *North Bay Regional Health Centre.*
Developed by the Behavioural Supports Ontario Personhood Tool Working Group (September, 2022).





All About Me – A Conversation Starter Instructions

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.

Insert photo here

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 s/he confides in, people s/he 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.

Alzheimer Society
www.alzheimer.ca
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BSO-DOS© Behavioural Supports Ontario Dementia Observation System
WORKSHEET

Step 1 Background *(Complete prior to Data Collection Sheet)*

1. a) Check the reason(s) for completing BSO-DOS©:

- ☐ Baseline/Admission
- ☐ Transition/Move
- ☐ Change in behaviour
- ☐ Evaluation of a new strategy/approach
- ☐ Adjustment of medications
- ☐ Support for a referral/transfer
- ☐ New behaviour: _____
- ☐ Other: _____

b) BSO-DOS© start date: _____ **BSO-DOS© stop date:** _____

Section 1 completed by (*print name*): _____ Signature: _____

Step 2 Complete the Data Collection Sheet

2. Proceed to the next page and complete the Data Collection Sheet. Once finished, return back to this page and continue to Step 3.

Step 3 Analysis and Planning *(Use the completed Data Collection Sheet)*

3. a) Highlight the numbers on the Data Collection Sheet according to the colour-coded legend in order to identify patterns.

b) Use the table below to calculate how often per day the behaviour(s) of interest occurred *(not every row needs to be calculated).*

	Total the blocks for each day *(Add up the number of blocks for each category per day)*						Total the ½ hour blocks *(Add up the number of blocks for each category over 5 days)*		Calculate the average number of 1-hour blocks per day *(Divide the total blocks by 10. Hint: move the decimal one space left.)*	Concerns		
	Day 1	Day 2	Day 3	Day 4	Day 5					Frequency	Duration	Risk
1 Sleeping						=		÷10		☐	☐	☐
2 Awake/Calm						=		÷10		☐	☐	☐
3 Positively Engaged						=		÷10		☐	☐	☐
4 Vocal Expressions						=		÷10		☐	☐	☐
5 Motor Expressions						=		÷10		☐	☐	☐
6 Sexual Expression of Risk						=		÷10		☐	☐	☐
7 Verbal Expression of Risk						=		÷10		☐	☐	☐
8 Physical Expression or Risk						=		÷10		☐	☐	☐
9						=		÷10		☐	☐	☐
10						=		÷10		☐	☐	☐

Table completed by (*print name*): _____ Signature: _____

c) Document the following within a progress note:

- **A summary of the completed analysis table**
- **What the BSO-DOS© data reveal** (e.g. types of behaviours expressed, patterns, time of day, broken sleep)
- **Possible causes and contributing factors** (consider collected context and person-hood information)
- **Next steps, such as:**
  - New non-pharmacological strategies
  - Medication adjustment/review
  - Care plan update
  - Referral(s) initiated
  - Clinical huddle/meeting: share results and updates to plan
  - Consult/meet with Substitute Decision Maker (SDM)
  - Start ABC charting around particular events/ behaviour
  - Continue BSO-DOS© for another 5 days
  - Repeat BSO-DOS© starting on a specific date
  - Other planned steps

Progress note completed by (*print name*): _____ Signature: _____

BSO-DOS© Advisory (2025). Behavioural Supports Ontario-Dementia Observation System. (BSO-DOS©) Version 2. Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

BSO-DOS© DATA COLLECTION SHEET

D/M/Y	Observed Behaviour*	Context	Observed Behaviour*	Context	Observed Behaviour*	Context	Observed Behaviour*	Context	Observed Behaviour*	Context
0700										
0730										
0800										
0830										
0900										
0930										
1000										
1030										
1100										
1130										
1200										
1230										
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20:30										
2100										
2130										
2200										
2230										
2300										
2330										
2400										
0030										
0100										
0130										
0200										
0230										
0300										
0330										
0400										
0430										
0500										
0530										
0600										
0630										

*Mandatory column

Observed Behaviours
(For #3-8, check specific behaviours as you observe)

1 (Blue) Sleeping

2 (Green) Awake/calm

3 (Green) Positively engaged

- ☐ Conversing
- ☐ Engaging in activity
- ☐ Hand holding
- ☐ Hugging
- ☐ Kissing
- ☐ Laughing
- ☐ Singing
- ☐ Smiling
- ☐ Other: _____

4 (Yellow) Vocal expressions (repetitive)

- ☐ Asking questions
- ☐ Crying
- ☐ Grunting
- ☐ Humming
- ☐ Moaning
- ☐ Repeating words
- ☐ Requests
- ☐ Sighing
- ☐ Other: _____

5 (Yellow) Motor expressions (repetitive)

- ☐ Banging/rattling
- ☐ Collecting
- ☐ Disrobing
- ☐ Entering others' spaces
- ☐ Fidgeting
- ☐ Grinding teeth
- ☐ Pacing
- ☐ Rocking
- ☐ Rummaging
- ☐ Trying to leave
- ☐ Other: _____

6 (Pink) Sexual expression of risk

- ☐ Sexual comments/questions
- ☐ Requesting sexual favours
- ☐ Sexual threats
- ☐ Sexual gestures
- ☐ Exposing genitals
- ☐ Self-pleasuring in others' presence
- ☐ Unwanted touching
- ☐ Forcing others into sexual acts
- ☐ Other: _____

7 (Purple) Verbal expression of risk

- ☐ Derogatory insults
- ☐ Screaming/yelling
- ☐ Swearing
- ☐ Threatening
- ☐ Other: _____

8 (Orange) Physical expression of risk

- ☐ Biting
- ☐ Choking others
- ☐ Grabbing
- ☐ Hair pulling
- ☐ Hitting/slapping
- ☐ Kicking
- ☐ Pinching
- ☐ Punching
- ☐ Pushing
- ☐ Scratching
- ☐ Self-injuring
- ☐ Spitting
- ☐ Throwing
- ☐ Other: _____

9 Other: _____

10 Other: _____

Context

- **A:** Alone
- **C:** Personal Care (e.g. bathing, incontinent care, toileting)
- **F:** Family/visitors present
- **L:** Loud/busy environment
- **Q:** Quiet environment
- **R:** Expressions directed at Resident/patient/visitor(s)
- **S:** Expressions directed at Staff
- **X:** Other: _____
- **Y:** Other: _____

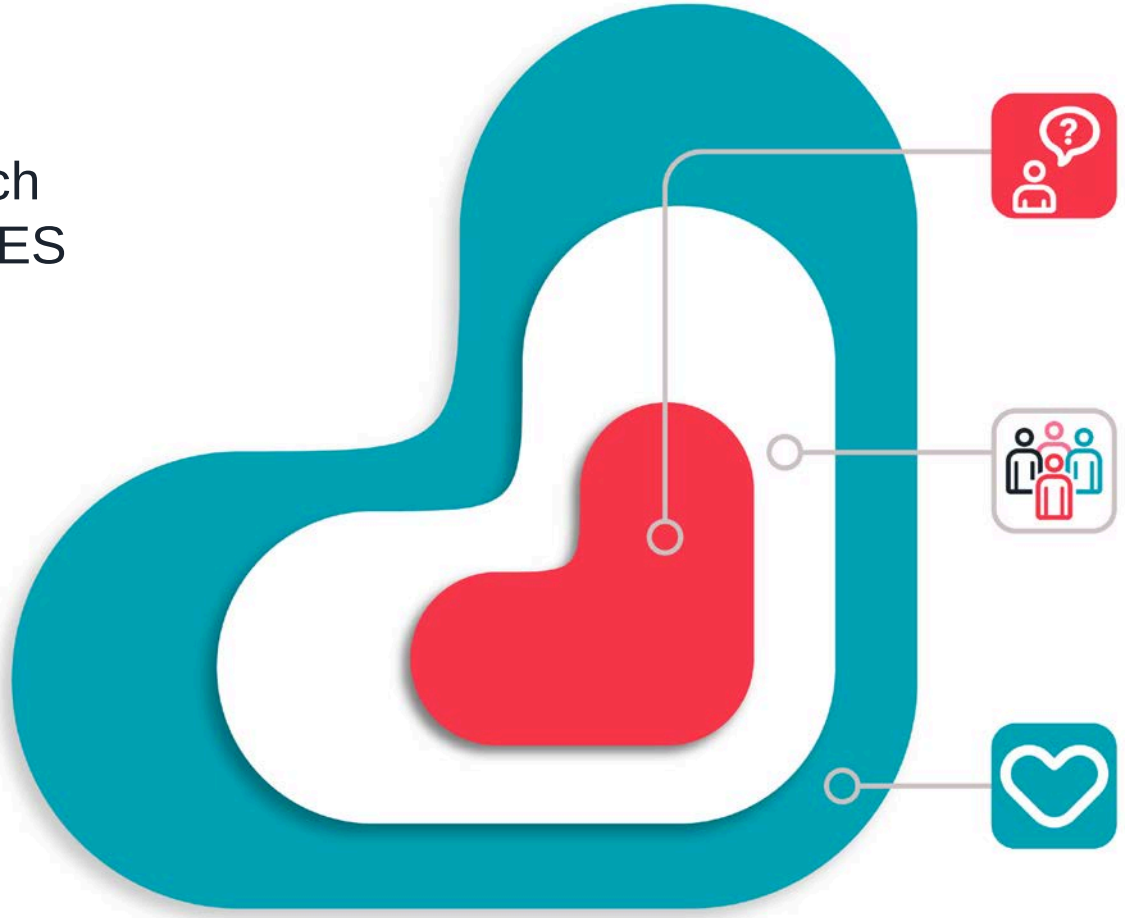
Data Collection Table Contributors

Names (print)	Initials	Names (print)	Initials

PIECES™ Approach

Is far more than a clinical assessment framework; and much more than the PIECES acronym alone!

It guides focused, time-sensitive and meaningful conversations to support the Person living with complexity.



The **Why** that drives the PIECES approach is the best possible Person and Care Partner centred care

What will impact Team collaborative care is the **PIECES 3-Question Template**

How the 3-Q Template is applied in practice matters! Best possible care is realized when the Team **acts together**

A respectful, honouring approach that begins with the Person and Care Partner and includes *all* members of the Team!

PIECES 3 Question Template

Q1- What are the priority concerns? Is this a change for the person?

Q2 – What are the RISKS and possible causes?
Think PIECES

Q3 - What are the actions?
Investigations
Interactions
Interventions

[Pieces Canada]

P – Physical - Disease, drugs, discomfort, disability and delirium

I- Intellectual – amnesia, agnosia, apraxia, aphasia, anosognosia, altered perceptions, apathy

E – Emotional – mood, adjustment issues, suicidality, substance use, trauma, psychosis

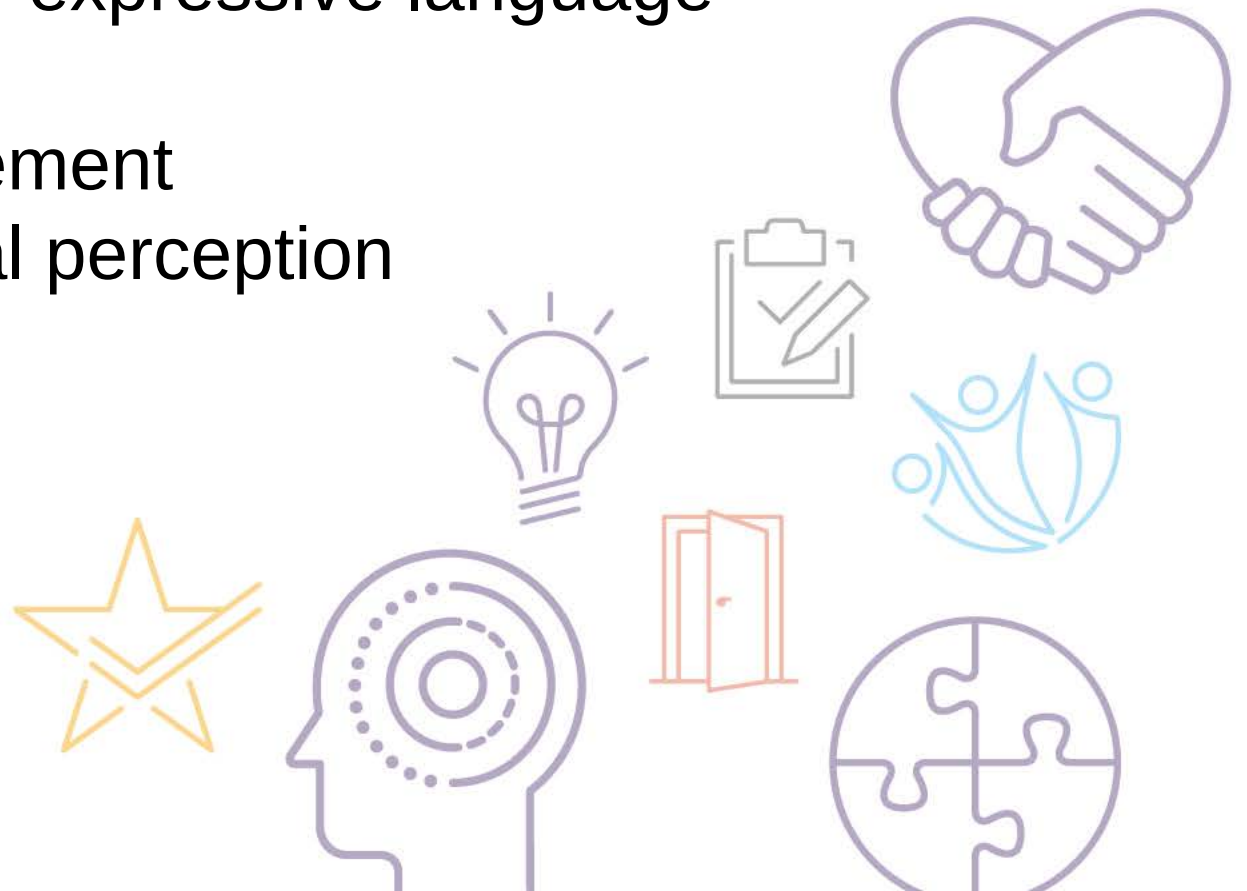
C- Capabilities – What can the person do?

E – Environment – enabling and disabling factors

S – Social – The person’s life story, social network, culture, spirituality, gender identify and sexuality

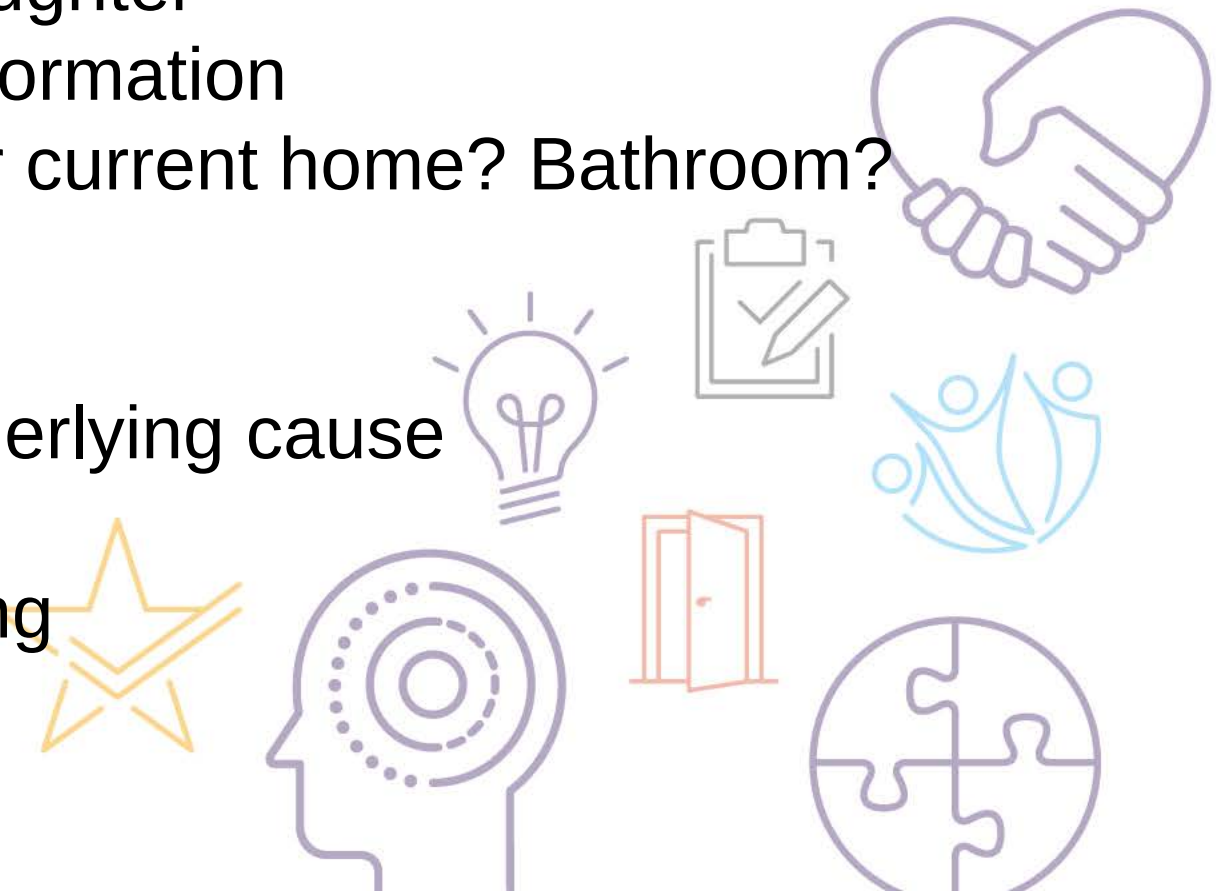
Intellectual – The 7 A’s

Anosognosia – don’t know that they don’t know
Amnesia – loss of memory (short term, then more remote)
Aphasia – loss of receptive and/or expressive language
Agnosia – loss of recognition
Apraxia – loss of purposeful movement
Altered Perception – usually visual perception
Apathy – loss of initiation



What About Mrs. Khan?

Anosognosia – Not aware of cognitive changes
Amnesia – Medication issues, leaving stove on, confusing appointments, frequent calls to daughter
Aphasia – Unsure – need more information
Agnosia – Does she recognize her current home? Bathroom? Toiletries? Insulin?
Apraxia – Not likely
Altered Perception – Could be underlying cause of “agitation in the evening”
Apathy – Could be cause of missing insulin doses



If we were to suggest a transition…

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

Name:

DOB *(dd/mm/yyyy)*:

HCN:

Other

ID:

My Transitional Care Plan©

1. My Support System Leading Up to and on the Day of My Move:	
Substitute Decision Maker:	**Phone #:**
Transitional Support Lead - Current Location:	**Phone #:**
Transitional Support Lead - New Location:	**Phone #:**
Healthcare Providers/Teams Available to Support My Move:	
Current Location: ☐ Hospital ☐ Retirement Home ☐ Private Dwelling ☐ Other: **Details:**	
Destination:	**Date & Time of Move:**
Transportation Plan:	**Arrival Plan:** ☐ Arriving alone ☐ Arriving with others
My Room Setup:	
Who will set up my room: ☐ In advance ☐ On the day of the move	**Favourite items to make my room feel like home:**
My Personhood Highlights *(e.g. social/ cultural background)* :	**My Typical Daily Routine** *(e.g., sleep, meals, personal care)*:
	My Smoking/Alcohol/Substance Use Plan:
Section 1 completed by:	
2. My Functional Status:	
My Assistive Devices *(check all that apply and include details pertaining to their use)*:	
☐ Mobility Aids ☐ Communication/Cognition Aids ☐ Hearing/Vision/Dental Aids ☐ Other: **Details:**	
I May Need Help/Reminders for the Following Tasks:	
Hygiene/Personal Care: ☐ Independent ☐ Set Up Only ☐ Some Assistance ☐ Full Assistance **Details:**	
Elimination Care: ☐ Independent ☐ Reminder/Routine ☐ Incontinent **Details:**	
Ambulation/Transfers: ☐ Independent ☐ Supervision ☐ Full Assistance	

Details:
Nutrition/Eating: ☐ Independent ☐ Set Up Only ☐ Full Assistance **Details:**
Medication Administration: ☐ Whole ☐ Crushed **Details & Recent Changes:**
Section 2 completed by:
3. Current Risks *(check all that apply)*:
☐ Delirium ☐ Falls ☐ Exploring/Searching/Leaving ☐ Suicide Ideation ☐ Fire *(e.g. smoking, cooking)* ☐ Security *(e.g. finances, housing, food)* ☐ Other: **Details:**
Responsive Behaviours/Personal Expressions *(Check all that apply and describe the **behaviour(s)/expression(s) and context** in which they occur [e.g., during personal care]. Identify contributing factors and personalized approaches/strategies to prevent and/or respond).*
☐ Vocal Expression(s):
☐ Motor Expressions(s):
☐ Sexual Expression(s) of Risk:
☐ Verbal Expressions(s) of Risk:
☐ Physical Expressions(s) of Risk:
Contributing Factors to My Behavioural Expression(s):
Personalized Approaches/Strategies to Support Me:
Section 3 completed by:
4. My Family Connections and Social Supports *(i.e., how will family/friends connect with me following my move?)*
☐ In-Person Visit(s):
☐ Virtual Visit(s)/Phone Call(s):
☐ Other(s):
The Following Services will Support Me after My Move:
The Following Reports are Available to Assist in Getting to Know Me Better:
☐ Vaccination List ☐ Medication List ☐ Behavioural Assessment ☐ Mental Health Assessment ☐ Personhood Tool ☐ Isolation Care Plan ☐ Other:
Section 4 completed by:
5. The Following Healthcare Providers/Individuals Have Contributed to this Transitional Care Plan:

Name & Designation	Organization:	Phone Number:	Date: (dd/mm/yyyy)	Signature:

Resources

AGS Beers Criteria For Potentially Inappropriate Medication Use In Older Adults

Behavioural Symptoms of Dementia - Health Quality Ontario (HQO)

Behaviours in Dementia Toolkit

Behavioural Supports Ontario – Dementia Observation System (BSO-DOS©) | brainXchange

Dementiability

Deprescribing.org - Optimizing Medication Use

Gentle Persuasive Approaches – Advanced Gerontological Education

Making-Connections-BSO-Lived-Experience-Advisory-A.aspx

Person-Centred Language Initiative | brainXchange

Pieces Canada and U-First!

Transitions Between Hospital and Home - Health Quality Ontario

Meet Mrs. Amina Khan

- Mrs Amina Khan is an 82 year old woman and widow who immigrated to Canada over 40 years ago and currently lives in an apartment with her adult son, who travels frequently for work.
- Her primary family support and carer is her adult daughter who lives within 30 minutes of her apartment.
- Her primary language is Urdu, and although she understands English, she prefers to speak in Urdu when discussing personal or complex matters.
- Mrs. Khan herself, played an active caregiving role within her extended family, and her own values are shaped by strong cultural values around aging and family responsibility.
- She receives publicly funded home care supports (personal care provider, medication management and currently, wound care for diabetic foot wound).

Meet Mrs. Amina Khan

Cognitive & Behavioural Presentation:

- Cognitive decline suggestive of progression beyond Mild Cognitive Impairment (MCI); possible early-stage vascular dementia under consideration by primary care.
- In recent months, she has shown increasing cognitive and behavioral symptoms: forgetting insulin doses, leaving the stove on, and missing or confusing appointments.
- She demonstrates signs of distress in the evenings, including pacing, making repeated phone calls with the same concerns, and expressing fear that someone is trying to enter her home.
- When items are misplaced, she occasionally accuses others of theft; even when the item is located, her suspicion can persist.
- These symptoms have begun to strain the home care relationship.

Meet Mrs. Amina Khan

Current Challenges:

- **Evening distress and agitation**: Experiences evening pacing, repeated phone calls, and fears of intruders—signs of anxiety and perceptual changes linked to advancing cognitive decline.
- **Suspicion and mistrust:** Accuses others of theft when items are misplaced. Suspicion persists even after resolution, reflecting memory loss and difficulty distinguishing reality from misinterpretation.
- **Refusal of care and verbal distress:** Frequently refuses bathing or hygiene care, raises voice, or asks unfamiliar caregivers to leave, especially during tasks involving close personal contact.
- **Cultural and language barriers:** Engagement fluctuates due to caregivers not speaking Urdu or sharing her cultural background, limiting communication and increasing discomfort during care interactions.
- **Strained care relationships:** Responsive behaviours have triggered a formal care plan review, with home care staff expressing concern over escalating distress and inconsistent cooperation during visits.

Reflect on What You Heard...

Based on today's discussion, what can you add to or test in your daily care or practices that might better support the person and caregiver in addressing responsive behaviours?

Join us next time to share and hear from others.

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Panel Discussion

Q&A

Kim Schryburt-Brown, MSc, BScOT, OT Reg. (Ont.),
Clinical Resource Project Consultant, Seniors Mental Health Behavioural Support Services, Providence Care Community

Ashley Lewis, BScN, RN, (c)CGN, CHPCN(c), MSc.Student
Community Registered Nurse
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Claire Webster, Certified
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Jillian McConnell, Knowledge
Translation Specialist, brainXchange

Upcoming TeleECHO Clinics

Canadian Home Care Association
Project ECHO
Integrated Seniors Care

cdnhomecare.ca/chca-project-echo

Join us for future ECHO Integrated Seniors Care Clinics featuring:

- *Early Identification and Coordinated Transitions in Dementia and Multimorbidity*
- *Navigating Autonomy and Safety in for People with Complex Needs at Home*
- *Respecting Spiritual and Cultural Needs in Decision-Making*
- Applying the Comprehensive Geriatric Assessment (CGA) in Team-Based Care
- *Recognizing and Responding to Caregiver Burden*

Plus more exciting topics, speakers and panel discussions!

cdnhomecare.ca/chca-project-echo-integrated-seniors-care