

# CHCA Project ECHO Personal Care Providers

All Teach, All Learn  
Building Skills, Knowledge, and Confidence



## Seeing the Person Beyond the Behaviour: Responding with Understanding and Care

### Case Study: Mr. Ng

**Age:** 82 years

**Background:** Mr. Ng is a retired city bus driver. He is a first generation Canadian whose parents immigrated to Canada from China as young adults. He is divorced and single. He has limited family supports and a very small social network. He lives alone in a two-story home in downtown Hamilton, Ontario, where he has lived for the past 50 years.

#### Current Supports:

**Publicly Funded Home Care:** Receives 2 visits/week from PCPs to assist with bathing and personal care.

**Primary Care Team:** Followed by a family physician in his community.

**Family Support:** He lives alone and has two adult children from his first marriage who do not live in the same province. He has limited and infrequent contact with them, however they are concerned about his well-being and ability to care for himself.

**Community Supports:** Mr. Ng does not have a close social network, and has limited interaction with his community due to his pain, slowing mobility and memory issues

#### Medical History:

- Broke his right hip 5 years ago
- Ongoing hip and lower-back pain due to injury and arthritis
- Moderate memory problems
- Anosognosia (he doesn't realize he has health and safety issues)
- Possible past childhood trauma, but not confirmed
- Mobility getting worse over time

#### Current Clinical Presentation:

##### Cognitive and Behavioural Symptoms

Mr. Ng has trouble understanding that he needs help. He denies his memory problems and safety risks. He has vocal expressions including moaning, crying and asking repetitive questions as to why home care is there. When he is rushed or workers ignore his vocal expressions, he shows verbal expressions of risk including swearing and threatening the care worker.

Triggers Include:

- Pain
- Feeling rushed
- Being touched unexpectedly
- Feeling he is losing independence

#### Current Clinical Presentation:

##### Functional Limitations (ADLs)

- Bathing: needs help to get in/out of very deep bathtub; refuses sponge baths or bath chairs
- Stairs: steep staircase is hard to climb; often refuses help
- Mobility: walks slowly, freezes when in pain, sometimes panics
- Daily tasks: needs reminders and support, even though he says he can do everything alone

##### Physical Limitations

- Weakness in his right leg; Mr Ng has a walker in the home but he does not like to use it
- Limited movement in his right hip
- Poor balance
- Pain with walking, stairs, and transfers
- High risk for falls

#### Psychosocial Factors:

##### Family

- Adult children visit now and then
- They worry a lot and can be critical
- This adds stress and may make him more defensive

#### Environmental Risk Factors:

- Two-storey home with steep, narrow stairs
- Small bathroom with deep bathtub
- No grab bars
- House has not been updated for safety
- Layout of the home makes safe care difficult

##### Neighbours

- Friendly and helpful who check in on him, bring in his waste bins, clear snow
- Sometimes their help makes him feel embarrassed

#### Identified Risks:

- Likely feels lonely and afraid of losing independence
- Trauma triggers may cause sudden strong reactions

- High risk of falling
- High risk of injury during bathing or transfers
- Emotional distress during care
- Possible worsening of mobility and independence
- Risk of refusing services

#### Responsive Behaviours (Clinical Interpretation):

- Refusing care by saying he does not need help
- Pulling away during assisted transfers during bathing
- Pushing care providers' hands away during care
- Crying
- Anxiety
- Yelling or raising his voice
- Withdrawing and ending visits early or leaving the space