

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

Presenter:

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Host: Jennifer Campagnolo, Project ECHO Home and Community Care Lead

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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.

Reminders

- Say “Hello!” and introduce yourself via the chat! Remember to select “Everyone”.
- Use the chat function if you have any comments or are having technical difficulties.
- Captioning is available and can be activated through your Zoom options.
- Microphones are muted. **Please use the Q&A function to ask the panelists questions.** We will be taking time to answer any questions at the end of the presentation.
- This session is being recorded and will be available at <https://cdnhomecare.ca/chca-project-echo-personal-care-providers>
- Remember not to disclose any Personal Health Information (PHI) during the session.

Responding with Care and Compassion: Navigating Mental Health in the Home

Why?

- As PCPs you provide care to the whole person, and this includes their mental health, which is part of a client's overall health, not separate from it.
- Many clients live with depression, anxiety, memory changes or even substance use issues (and the numbers are growing).
- PCPs are often the first to notice and experience changes in a person's mood, behaviour, abilities.
- Recognizing and knowing how to address and manage changes helps keep clients safe and supported.

Case Study – Mr. Ng

Age: 82 years

Background:

- Retired city bus driver
- First-generation Canadian
- Lives alone in a two-story home in downtown Hamilton for 50+ years.
- Divorced, limited family supports and very small social network.

Current Supports:

- 2 PCP visits/week for bathing/personal care
- Primary care physician in the community
- Two adult children out of province; limited contact but are concerned
- Limited social connection due to pain, mobility, memory issues

Medical History:

- Anosognosia (denies problems)
- Possible childhood trauma (unconfirmed)
- Worsening mobility
- Right hip fracture 5 yrs ago; ongoing pain, arthritis
- Moderate memory problems

Case Study – Mr. Ng

Cognitive & Behavioural Symptoms:

- Denies need for help or risks
- Vocal expressions: moaning, crying, repetitive questioning
- When rushed/ignored: swearing or threatening language
- Triggers: feeling rushed, unexpected touch, loss of independence

Physical Limitations:

- Right-leg weakness; avoids using a walker
- Limited right-hip movement
- Poor balance; pain with stairs/walking
- High fall risk

Functional Limitations (ADLs):

- Bathing: deep tub; refuses bath aids
- Stairs: steep; often refuses help
- Mobility: slow, freezes in pain, panic episodes
- Daily tasks: needs reminders, though insists on independence

Psychosocial Factors:

- Family: worried but sometimes critical, which adds stress
- Neighbours: helpful, but support can cause embarrassment
- Emotional health: loneliness, fear of losing independence; possible trauma-related reactions

Case Study – Mr. Ng

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

Introduction



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

Seeing the person beyond the behaviour: Responding with understanding and care

Kim Schryburt-Brown (she/her)
MSc, BScOT, OT Reg. (Ont.)
January, 2026

Overview

- Quick review of dementia and responsive behaviours
- Walking through our case study of Mr. Ng
- Questions and suggestions



What is Dementia?

~A broad term that describes a set of symptoms that include memory loss, changes in mood, difficulties with problem solving, thinking and language

~Caused when brain cells become damaged and eventually die

~ Alzheimer's Disease is the most common, but there are others (vascular, lewy body, frontotemporal, primary progressive aphasia as examples)

[What-is-dementia-Alzheimer-Society-2024.pdf](#)



What About Responsive Behaviours?

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

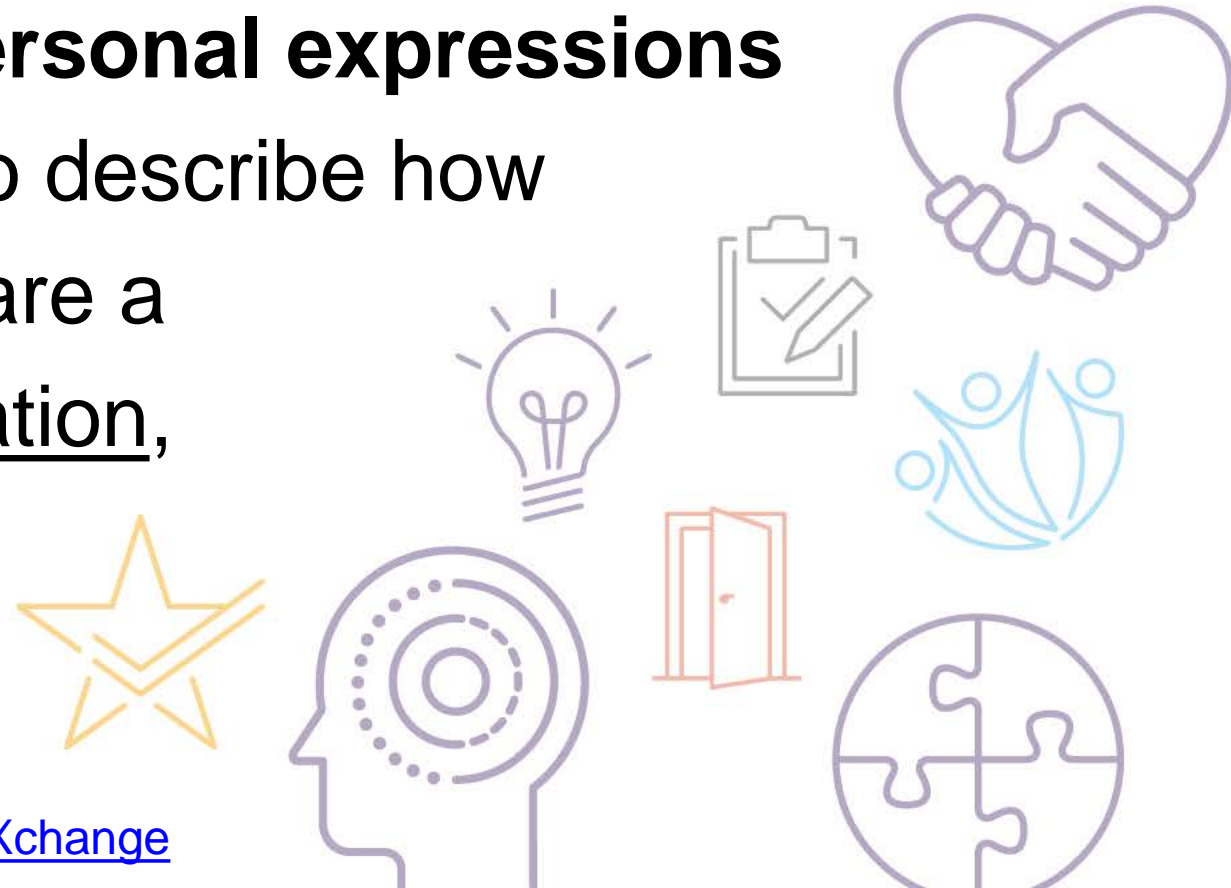
responsive behaviours or personal expressions

are the preferred terms used to describe how

a person's words and actions are a

form of meaningful communication,

often of unmet needs



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

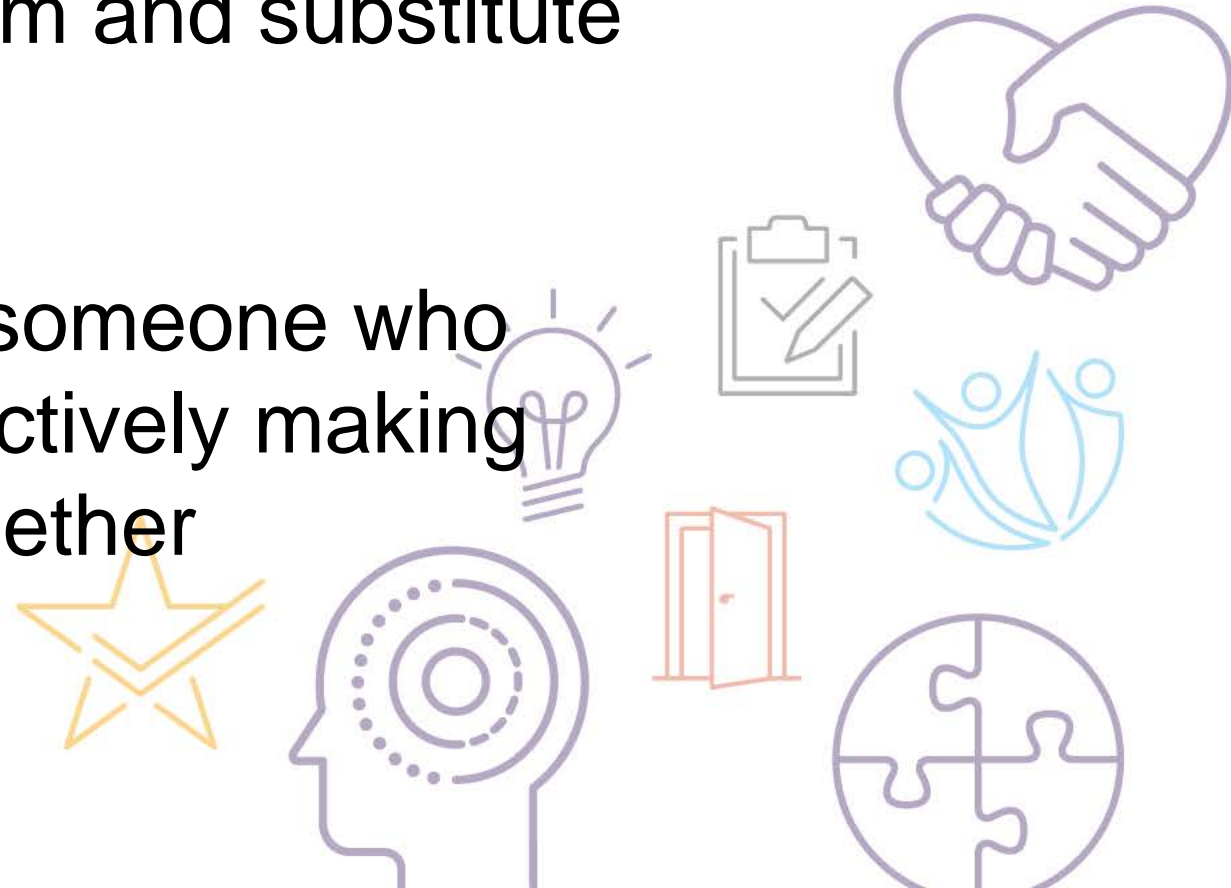
Physical Expressions



A caveat to using these strategies...

These strategies should only be used with someone diagnosed with anosognosia, in consultation with their care team and substitute decision maker(s).

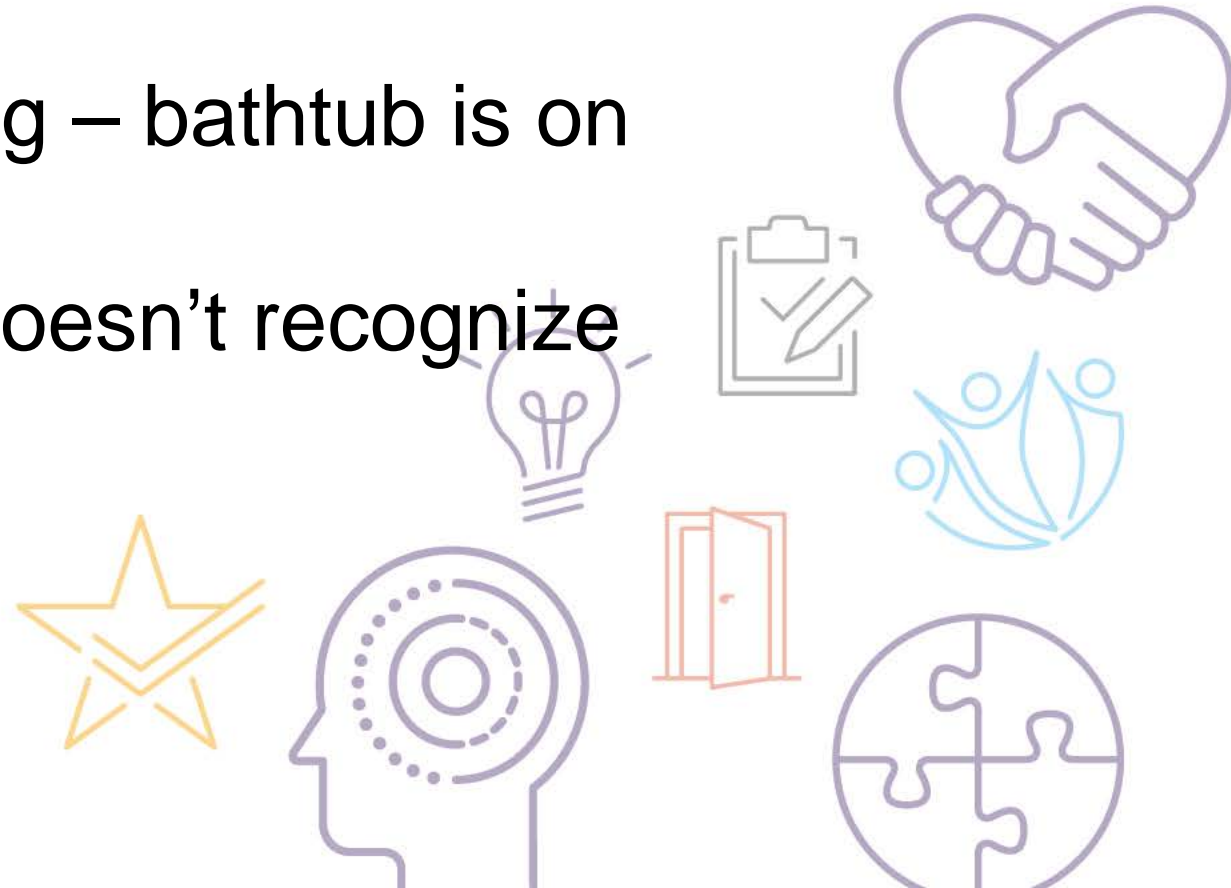
They should not be used with someone who is aware of their abilities and actively making an informed decision about whether to accept or refuse assistance.



Mr. Ng

- ~82 years old, living alone in a two-storey home
- ~Hip fracture 5 years ago, ongoing issues with risk of falling
- ~Needs assistance with bathing – bathtub is on second floor
- ~Doesn't feel he needs help, doesn't recognize his memory issues

You see him twice a week



You ring the doorbell and Mr. Ng answers...

- Hi, I'm Kim and I'm here to help you have a bath.
- Hi, I'm Kim and I've come to visit you today. It's so wonderful to see you!

You enter the home...

- Your balance is poor and you're at high risk of falling so I'm going to help you up the stairs
- I see you're having a cup of tea, I have a drink too, I would love to join you!

Going upstairs...

- Need to have guidance from PT...is there a way to safely provide support?
- If not, can OT provide suggestions? Stair lift, elevator, moving the bathroom to the first floor are all possible options
- Is this an acceptable level of risk to Mr. N and his POA(s)/ SDM(s)?

Helping with bathing...

- Mr. Ng, I'm going to help you have a bath, let's take off your clothes.

(start the bath, get everything set up)

Use his personhood! "We can't let this hot water go to waste", "I see there's a stain on your pants, let's get those washed"

What can he do himself?

- Can you provide support for transfers in/out and he bathes himself?
- Can you help wash his back/feet and he does the rest?
- Setting up the environment can help!
- Consider ways of maintaining privacy and modesty

Getting out of the bathtub...

- Wait, don't get out without my help! You're going to fall!
- I see you're ready to get out, hold on to this bar and I'll help you lift your sore leg out of the bathtub.

Getting dressed...

- No, you can't put on those clothes, they're dirty.
- Oh, I see you have a lovely new sweater! It's cold out today, let's put this one on.

“Pushing through” and “getting it done” is rarely the right approach when working with a person living with dementia.



Providence Care

more than healthcare.

When do we involve the team?



Specifically for bathing...

GPA bathing is available for those who have already taken GPA Basics:

[GPA Program Suite | AGE Inc.](#)



Questions and Suggestions?



Resources

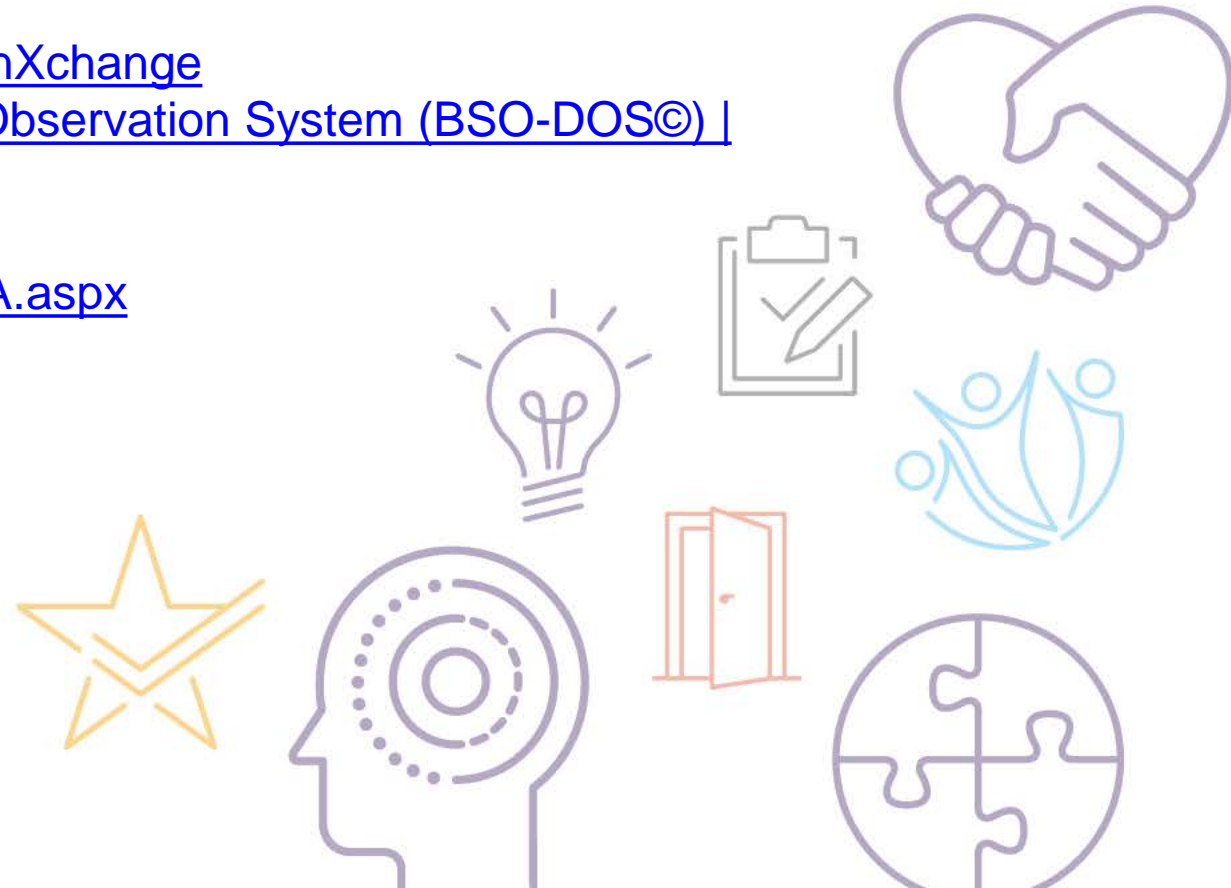
[What-is-dementia-Alzheimer-Society-2024.pdf](#)
[The 8 A's of Dementia](#)
[Anosognosia | Alzheimer's Association](#)

[Responsive-Behaviours-Personal-Expressions | brainXchange](#)
[Behavioural Supports Ontario – Dementia Observation System \(BSO-DOS©\) |](#)
[brainXchange](#)

[Personhood Tools-BSO-Lived-Experience-Advisory-A.aspx](#)

[GPA Programs](#)

[DementiAbility](#), [PIECES](#) and [U-First!](#)



Discussion / Q&A



Kim Schryburt-Brown, MSc, BScOT, OT Reg. (Ont.),
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Upcoming Sessions

Project ECHO
Personal Care Providers

All Teach, All Learn
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Recognize, Respond, Report: Substance Use in Home Care Clients

March 25, 2026 | 12:00 pm – 1:00 pm (ET)

Marilyn White-Campbell

Geriatric Addictions Specialists BSO

Behaviour Support for Seniors Program

Baycrest



cdnhomecare.ca/chca-project-echo-personal-care-providers