



Behavioural Supports Ontario: Teams using innovative strategies to improve quality of life

Cindy's story: How doll therapy brought comfort and joy to her Grandmother Betty



"My grandma came to Orchard Terrace in January 2015 with late stage dementia. She was often confused, sometimes sad but you would always see her going up and down the halls in her wheelchair. It wasn't until the summer of 2016 when we started to see major changes in her personality, mood and interaction with others. She became very withdrawn and just wanted to be left alone. We tried different behavioural therapies but nothing helped.

"It was then when we were approached with the idea of trying doll therapy. My grandma loved her doll. You would often see her singing and cradling her doll. The doll gave her comfort because she felt she was

able to care for someone instead of always needing help. The doll went up and down the halls in her wheelchair, went to lunch with her and even went to bed with her. Doll therapy probably gave my grandma six months of happiness before her disease progressed to the point of no therapy working. If I can convince just one family to let their family member try doll therapy then I am keeping my grandma's memory alive and down the road they too can share their story in memory of their loved one."

"To everyone from BSO who provided care and support to my grandma Betty at Orchard Terrace Long Term Care, thank you for trying the different behavioural therapies with my grandma. The doll therapy provided her comfort and gave her a reason to get up every morning and care for him"

- Cindy and family

HNHB BSO Models

Single point of contact for individuals and caregivers to connect with multiple resources and services

An approach to support individuals and caregivers by taking a lead role in coordinating programs and services across multiple organizations

Mobile outreach teams to support individuals and caregivers in the community when in crisis

Teams to support individuals in long-term care and their caregivers

Clinical Leaders to support patients in hospitals, and the staff who work with them every day

Toolkit for primary care providers to help them assess and manage patients with responsive behaviours

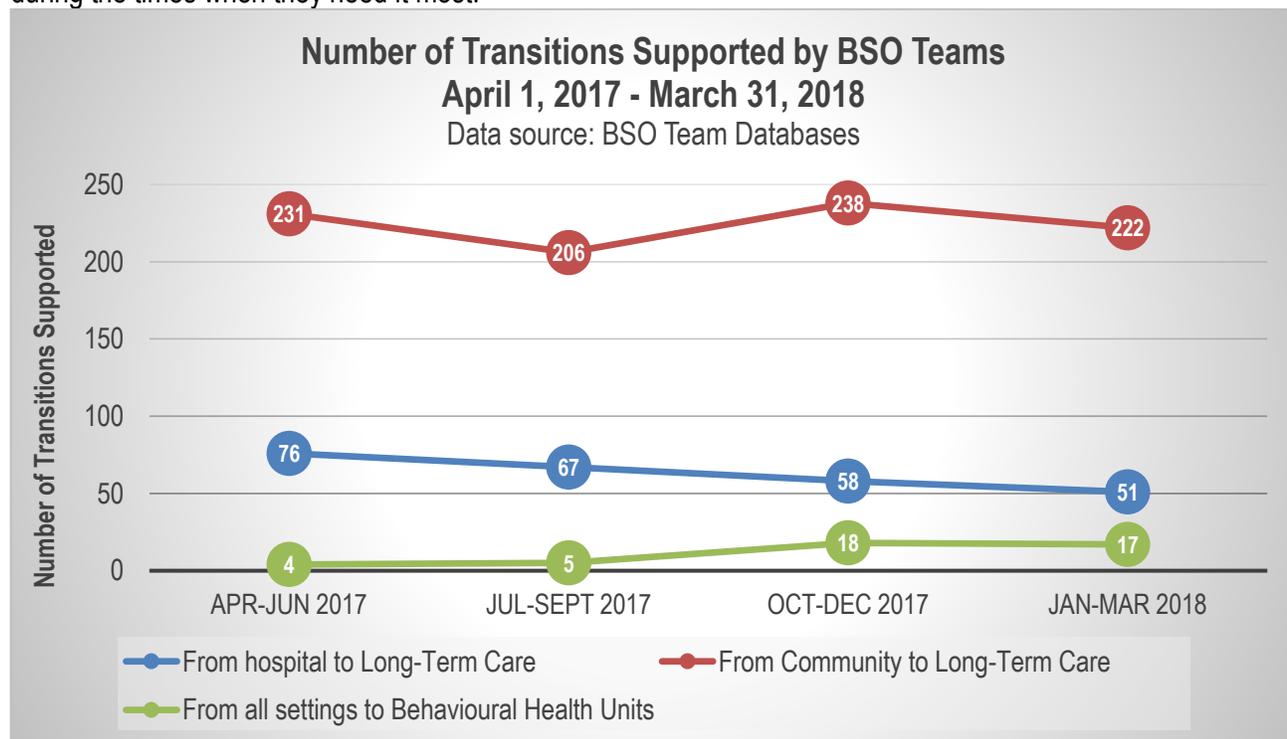
Learn more about Behavioural Supports Ontario in our region:

<http://hnhb.behaviouralsupportsontario.ca/>

Cindy's touching story shows how one strategy suggested by the Behavioural Supports Ontario Team positively impacted her Grandmother Betty's life. BSO teams serve hundreds of clients/ residents, families and staff members each month and work diligently with others to create positive outcomes like the one described on page 1. Looking at larger-scale information from our teams tells us different stories about how BSO touches the lives of individuals and groups affected by cognitive impairment and responsive behaviours*.

ACTION

When people with cognitive impairment move from one location to another, their likelihood of experiencing responsive behaviours increases. All BSO teams work to support clients and families through these moves, or transitions, between settings. The graph below shows the number of transitions between different settings that BSO teams supported in the last year. These numbers mean that BSO teams focus their efforts to support clients during the times when they need it most.



EDUCATION

Between January 1st and March 31st 2018, BSO teams and partners provided at least **298** education sessions, reaching a total of **2765** participants. This means that those caring for people with cognitive impairment and responsive behaviours have obtained new tools and techniques to help them provide safe and excellent care.

*** What are Responsive Behaviours?**

- It is any behaviour that is in response to a real or perceived stimulus and may result in increased risk for the client or others.
- The behaviour may present a challenge to receiving appropriate interventions or co-existing with others.
- Responsive refers to the fact that many of these behaviours could respond to appropriate and timely interventions, and may be occurring as a result of an unmet need or desire that can no longer be communicated.
- Include pacing, wandering, repetition, verbal outburst, and physical outbursts toward oneself or others.