



**Toronto Academic Health Science Network**

## **Person Centred Language for Responsive Behaviours**



**TAHSN Senior Friendly Community of Practice**

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## Acknowledgements

The Toronto Academic Health Science Network (TAHSN) exists as a dynamic consortium of the University of Toronto and its affiliated academic hospitals to serve as a leader in Canadian health care by developing collaborative initiatives that optimize, advance, and sustain high quality patient care, education, knowledge transfer, and research innovation.

The TAHSN Senior Friendly Community of Practice is comprised of subject matter experts and site champions who bring extensive and wide-ranging experience related to senior friendly practices in an academic setting with an end goal of quality improvement. A working group was formed to develop a Person Centred Language for Responsive Behaviours document, in hopes of facilitating a shared understanding of the terms used to describe responsive behaviours.

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The following publications and guidelines have contributed to the body of knowledge that has created the Person Centred Language for Responsive Behaviours document

- Alzheimer Society Canada's Person Centered Language
- A Collaborative Approach to Responsive Behaviour: St. Michael's Hospital
- Managing High Risk Responsive Behaviours: Assessment and Management: Sunnybrook Health Sciences Centre
- Mississauga Halton LHIN Advancement of Community Practice Behaviours Collaborative Glossary: Objective Observable Behavioural Language
- Responding to Behaviours due to Dementia: Achieving Best Life Experience Care Planning Guide (Veterans Centre, Sunnybrook Health Sciences Centre)

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## Introduction to Person Centred Language

This document has been created to promote the use of language that is specific, objective, respectful and free of judgement or bias when describing behaviors. It incorporates responsive behaviours associated with a variety of conditions that produce neurological or developmental vulnerability in clients i.e. dementia, delirium, psychosis, ABI, stroke, substance-related intoxication/withdrawal. One or more of these conditions may be contributing factors in the expression of a responsive behaviour.

The document is not exhaustive, but focuses on those behaviours that are commonly seen yet are often misinterpreted, and on those which may be less common but often viewed negatively by health care providers and caregivers. Among these, although not a responsive behaviour, is the concept of confusion. This word is frequently used but has many meanings and is open to misinterpretation. Precise description of behaviours is needed for clarity of interpretation.

Care providers often use the terms “aggressive”, “difficult”, “inappropriate” and “challenging” when they encounter a client presenting with the symptoms of disturbed perception, thought content, mood or psychomotor behaviour. Language such as this contributes to a culture of labelling and blame, often impeding the development of a supportive and caring relationship between the caregiver and client. Moreover, it thwarts the desire to seek out and understand the unique person behind the behaviour (Dupuis, Wiersma, & Loiselle, 2012; Kitwood, 1997; Volicer & Hurley, 2003). The power of language must not be under-estimated; “as words change, so do perceptions, and as perceptions change, so do actions” (Fazio, Seman, & Stansell, 1999). Dupuis and colleagues noted that behaviors (and, by extension, the people who exhibit the behaviours) have become things that need to be managed and controlled rather than understood (2012).

In an effort to move away from labelling clients and to encourage finding meaning behind behaviour, the term “responsive behaviour” has been introduced in the literature. “Responsive behaviour” refers to behaviours exhibited by people who are experiencing an altered cognitive state or impairment, as they respond to internal or external factors (Allcroft & Loiselle, 2005; Speziale, Black, Coatsworth-Puspoky, Ross, & O’Regan, 2009). When describing responsive behaviours it is critical that the language used be specific and objective in order to facilitate understanding and appropriate care planning with care providers. This document will support that practice but is not intended to replace a comprehensive assessment and understanding of the person, root causes and unique circumstances surrounding the responsive behaviours.

## Key Principles of Responsive Behaviours

- All personal expressions (words, gestures, actions) have meaning and are an important means of communicating needs and concerns.
- Looking beyond the foci of pathology as the root cause of all actions, care providers seek a comprehensive understanding of the person and his/her expressions.
- When describing responsive behaviours it is critical that the language used be respectful, specific and objective in order to facilitate understanding and appropriate care planning (adapted from Allcroft & Loiselle, 2005).

## How to use this document

It is our hope that this document will be used to provide a means of communication and documentation which is reflective of a 'person-centered culture of care', where words, gestures and actions communicate meaning, needs and concerns. It is beyond the scope of this document to guide the reader in determination of meanings of behaviours or management strategies. A few of the listed behaviours are accompanied by examples to provide context to aid the reader in a broader understanding of the behaviour.



“What is really important is for documentation to reflect the "what" and the "why" and the intervention and the outcome when responsive behaviours are encountered... the words 'aggressive' or 'exit seeking' are used in the patient's chart without additional comments about what might have been happening: like needing the toilet, etc. Failure to have fulsome documentation leads to CCAC and in turn Long Term Care facilities drawing inaccurate conclusions because they have limited objective data.”

Transition Coordinator

The document can be incorporated in all TAHSN hospitals as a framework to facilitate a shared understanding of the language used to describe responsive behaviours amongst inter-professional staff and care providers. It can have a positive impact on the perceptions and expectations of staff when receiving handover from another unit or institution. When behaviours are described objectively and clearly, care interventions can be targeted, planned and executed with more precision. This leads to more effective evaluation of the plan of care.

As an adjunct to senior-friendly hospital strategies, the document can be used to:

- Guide communication at transitions of care (i.e. In-patient to rehab).
- Encourage appropriate language in face-to-face discussions.
- Provide language for documentation practices and processes (i.e. Care plans, transfer of accountability templates and electronic platforms).
- Influence policy development (i.e. Constant Care)
- Influence education at orientation for physicians, staff, students and volunteers.
- Facilitate the use of person-centered language in educational modalities (i.e. Mentoring opportunities with allied health care workers and EMS personnel and continuing education for staff and volunteers.
- Assist human resources personnel with assessment of sensitivity to senior friendly strategies and approaches amongst potential applicants.

In addition to its utility within healthcare organizations, we advocate for its use in academic institutions as a resource for verbal and written communication when training future healthcare professionals.

## Person Centred Language for Physically Responsive Behaviours

Language to avoid	Definition or context	Examples of Preferred Language
<b>Restless</b>	Tendency of body/parts of the body to be continuously moving (e.g. fidgeting, blinking, tapping, rocking back and forth, pacing)	“person walking around room, does not sit down” “person does not appear calm when sitting in chair”
<b>Inappropriate Behaviour (when used to describe disrobing)</b>	The person may take off some/all of their clothes in public view Possible reasons may include: uncomfortable clothing; elimination needs; preparing for a nap	“ person unbuttons blouse in dining room” “person unzips pants when walking by hallway bathroom”
<b>Exit Seeker Flight Risk</b>	Person expresses verbally or demonstrates through actions that they want/need to be elsewhere	“person trying to leave floor - needs to go home to walk the dog or has an appointment to get to”
<b>Wanderer/wandering</b>	Walking without known purpose Considered a responsive behaviour if: -others are negatively affected such as the person wanders into another person’s room / personal space, or is perceived to be intrusive -person prefers to move around to the exclusion of essential activities (e.g. resting, eating/drinking)	“ person frequently enters neighbour’s room “person frequently walks about in hallways during meal times”
<b>Hoarder/Hoarding Rummaging</b>	Collecting, saving, storing and declining to part with items either in their room or on their body	“person prefers to collect small objects and store under bed”
<b>Tracking</b>	Person follows another person closely (to exclusion of other stimuli)	“person persistently following others in hallway”
<b>Guarding Territorial</b>	Heightened level of alertness and watching of an area with the	“person watches closely over personal belongings ”

	<p>view to protect /prevent access by others</p> <p>Individuals may seem suspicious of those around them and/or misinterpret what they see and hear</p>	
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### Person Centred Language for Verbally Responsive Behaviours

Language to Avoid	Definition or context	Examples of Preferred Language
<b>Screamer Disruptive</b>	<p>Frequent calling out in a loud tone</p> <p>Repetitive requests for help</p> <p>Non-verbal: repetitive vocalizations that may be loud or escalating in tone</p>	<p>“person repeatedly calling out spouse’s name loudly during morning care”</p> <p>“person repeating sounds loudly while sitting in chair”</p>

### Person Centred Language for Physically and Verbally Responsive Behaviours

Language to Avoid	Definition or Context	Examples of Preferred Language
<b>Confused (when used to describe behaviour without further explanation)</b>	<p>The impairment of intellectual functions with disturbances of perception, recognition, recollection and reasoning</p> <p>A common term</p> <p>Not a responsive behaviour but often the source of behaviours that we see</p>	<p>“person not oriented to time or place”</p> <p>“person not able to follow instructions”</p> <p>"patient struggling to make coherent statements or express self"</p> <p>"patient not able to converse in a comprehensible manner"</p> <p>"patient unable to articulate or verbalize needs"</p>
<b>Agitated (when used to describe behaviour without further explanation)</b>	<p>A state of tension with verbal and/or psychomotor activity that may escalate in intensity (e.g. elevated tone and urgent speech, wringing hands , pulling of clothes)</p>	<p>“person leaning forward on edge of chair, voice getting louder”</p> <p>“person clenching jaw”</p>

Language to Avoid	Definition or Context	Examples of Preferred Language
Aggressive Abusive Violent	Physical attempts at communicating a need that may not have a willful intent to harm (e.g. fist making, hitting, kicking, biting, pinching, scratching, choking, hair pulling; throwing/pushing a person or object) Using words that insult (e.g. racial slurs or threats to harm; sexual comments; cursing)	“person attempts to slap caregiver’s hand when giving medications” “person cursing when RN entered room” “person pulled Physiotherapist’s hair and screamed with attempts to assist to a standing position”
<b>Refuses care</b> <b>Uncooperative</b> <b>Non-compliant</b> <b>Difficult</b>	Considered a responsive behaviour if the person resists essential care (e.g. medications, eating and drinking, elimination). Person may not appreciate or be aware of care needs. Resistance may be expressed either verbally or physically saying “no” in different ways (e.g. turning away from caregiver, screaming out, pushing care giver away, folded arms, protective stance/posture)	“person resists bathing if left uncovered and room temperature is cool” “person screams when RN enters room with syringe”
<b>Sexually inappropriate</b>	Individuals may continue to have a need for intimacy however there are behaviours (e.g. public masturbation, sexually suggestive language, requests for sexual acts) that may occur as a response to the person’s altered cognitive state	“person touches genitals” “person exposes self in front of others”
<b>Suspicious</b> <b>Paranoid</b> <b>(when used to describe behaviour without further description)</b>	Expressing fear of being hurt physically or emotionally (e.g. poisoned and/or infidelity) -Stating that others are stealing, spying, and/or expressing disbelief regarding the reason for a person’s presence in the	“ person repeats concerns that a resident is coming into room to steal food tray” “person reports that something is happening to them or targeted at them when there is no clinical

	<p>room</p> <p>Non-Verbal expressions can be seen in the way the person acts or positions his/her body (e.g. darting glances, looking from side to side for people or belongings, carrying valuables around with them)</p>	<p>evidence “</p> <p>“person expresses mistrust of care provider”</p>
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## Language to Avoid

Mr. Farquhar:

- 82 year old male from home admitted to hospital with **failure to cope**.
- Past medical history:  
**Dementia with challenging behaviours**  
Hypertension  
Chronic Obstructive Pulmonary Disease  
Osteoarthritis
- Neighbor called emergency medical services (EMS) when they heard him yelling in his backyard and saw him disrobing. EMS reports that on arrival he was **very abusive**.
- In the Emergency Department, nursing staff documented that Mr. Farquhar was **restless, agitated and non-compliant with care**. Staff in the ED called the physician on call who ordered the use of soft restraints and a STAT dose of Haldol 2mg IM.
- Later that day Mr. Farquhar was transferred to the acute in-patient medicine unit. There, staff documented that he was **confused and uncooperative with care**.
- When he became **aggressive with nurses** he was given Quetiapine prn which settled him.

## Person Centred Language

Mr. Farquhar:

- 82 year old male from home who was admitted with **dementia with responsive behaviours**.
- Past medical history:  
**Dementia with responsive behaviours**  
Hypertension  
Chronic Obstructive Pulmonary Disease  
Osteoarthritis
- Neighbor called emergency medical services (EMS) when they heard him yelling in his backyard and saw him disrobing. EMS reports that on arrival he was **attempting to strike out at the paramedics when they tried to restrain him**.
- In the Emergency Department, nursing staff documented that Mr. Farquhar **was not able to lie still in bed and tried to push staff away when they attempted to take vital signs**. Staff in the ED called the physician on call who felt that **physical restraints were not indicated** as there were no acute safety concerns and upon assessment Mr. Farquhar was verbally re-directable.
- Later that day, Mr. Farquhar was transferred to the acute medicine unit.
- There, staff documented that he was not oriented to person, place or time, had difficulty following one step cues and would try to push the caregiver away intermittently when they attempted to administer medications

### Language to Avoid

After 14 days on the medical unit:

- Mr. Farquhar was deemed medically stable with no evidence of acute delirium.
- He had limited participation with physiotherapy and occupational therapy in the context of his decreased level of consciousness and documented non-compliance. He became deconditioned
- The allied health team felt that he required admission to in-patient rehab to return to his functional baseline. Mr. Farquhar was declined by 3 rehabilitation programs due to his **acute agitation and aggressive behaviours** (which were identified on the rehab application).
- Mr. Farquhar was transferred to the complex continuing care unit where he stayed for another 8 weeks receiving ongoing physiotherapy and occupational therapy before being discharged home to the community.

### Person Centered Language

- When this would happen, **the staff would use redirection strategies and would attempt at another time with a gentle approach with mixed success.**
- There was no indication for the use of antipsychotics as Mr. Farquhar responded well to behavioural redirection and a gentle approach. After 4 days on the medical unit, Mr. Farquhar was deemed medically stable with no evidence of acute delirium.
- He **intermittently participated with physiotherapy and occupational therapy** and was **close to his functional baseline**
- He was transferred to an in-patient rehabilitation facility.
- He was discharged home with increased community supports 3 weeks later.

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