

# Behavioural Care Plan

Addressograph

**Resident**

**Date: Dec 13, 2018**

<p><b>Focus:</b> I have longstanding MH issues and trauma. I want to <b>control my own care</b>. When I feel out of control I will become rude, argue &amp; start ringing the call bell more often.</p> <p><b>Trauma history</b> – Sexually molested at age 4 by an uncle. Sister died in a house fire at age 8, at 13 my mom died, my dad got remarried &amp; “kicked me out of the house at 15” Sexually assaulted @ 18years (pregnancy) 1<sup>st</sup> marriage abusive.</p>	<p><b>Goal:</b></p> <p><b>Evaluation/Review Date:</b></p>
<p>I have <b>trust issues</b>. I have been ridiculed &amp; criticized most of my life. “Not good enough” “dumb, fat, lazy”. I am scanning your tone &amp; body language. If I perceive you are judging me I will react strongly. <b>I am a survivor and will never be a victim</b>. I have a “big mouth” and will challenge you.</p> <p>I don’t have dementia but I do have trouble with <b>attention &amp; organizing</b>. I have a grade 4 education. “I learned a lot through just living life”. Speak to me like <b>an adult</b> but use simple language and give me time to respond.</p> <p>I need a consistent care approach with some flexibility. I want to be involved in my care. Please collaborate with me and offer choices (as able)</p> <p>Take time to talk to me <b>&amp; build a relationship with me</b> – I love my family. My husband Don, my 3 girls Dawn, Reese, &amp; Sarah. I wasn’t able to raise them d/t MH reasons but they are my world. Talk to me about cooking, I worked p/t at a restaurant. Compliment me “nice lipstick, beautiful skin”</p> <p>If you have a good rapport with me <b>I will accept setting boundaries and saying “no” to requests</b>. Be honest with me, I understand you have other people to look after. If I trust you I will accept this. “Jane not now, I am super busy. Thanks for understanding”</p> <p>I like me door open during day. At night don’t close it all the way. I am claustrophobic – trauma from being locked in seclusion rooms.</p> <p><b>Personal care:</b> I get up between 10-10:30am. Before you leave the room see <b>my list of requests</b>. I can’t organize so I hope this helps you. Before you leave my room ask me “is there anything else before I go? I won’t be back for an hour”</p> <p>I get changed at 1:30, 3:30 and 6pm. On my bath day I stay in bed till 1pm.</p>	

**Diet:** Obesity is a **coping strategy** for child sexual abuse. Compulsive eating was a way for me to manage depression related to child sexual abuse. Treatment is difficult and success of **weight loss programs limited**.

I am in charge of my own eating. When I “put my mind to it I will lose weight” At one point I weighed over 600lbs. I will work with Stephanie, Dietician.

Do not challenge or judge my food choices. **“No food police”** The shame will lead to self-sabotaging behaviours. I will binge eat. My medications (antipsychotics) make my gain weight and crave high carbo foods.

**I am not on a fluid restriction.** Dr. Z advised me to “watch my fluids” because my sodium was getting low. I am aware of the consequences. You can ask me “How is it going with your fluids?” as a reminder but keep it **neutral**.

**Coffee:** 2 cups breakfast tray, 2 cups at lunch tray, 1 at 2:30 snack & dinner.

\*Try to promote independence. A small carafe in her room with 3 cups of coffee for day shift?

*Recommendation:* **Staff read and sign at the back.**