The PIECES Three Question Template

Remember, all behaviour has meaning!

Question	TEAM Assessment Framework, Guidelines, and Tools
1. What has changed?	**Avoid assumptions! Always ask, what has changed?** • Determine if the problem/behaviour represents a change. • Is the problem/behaviour new? If so, in what way and when did the change emerge? • Did the problem/behaviour already exist? If so, is it worse or different, and when did the change emerge? • Is the problem/behaviour long-standing and unchanged? If so, what else could have changed, for example, caregiver stress? **Remember to think Atypical! Atypical presentations are common in older persons**
2A. What are the RISKS?	Identify the RISKS • **Is there a risk?** And if so for whom? Person, other individuals, staff, family, visitors • **What is the risk?** Remember the types of risks by using the acronym RISKS: o **R** Roaming (wandering) o **I** Imminent physical; risk of harm – frailty (e.g., delirium), falls, fire, firearms o **S** Suicide ideation o **K** Kinship relationships (risk of harm by older person or to the older person by others that includes avoidance of the person) o **S** Self-neglect, Safe driving, and Substance abuse • **What is the degree of risk?** How imminent is the risk? Is the risk increasing? • REMEMBER! For any intervention, consider both the potential risks and potential benefits. Be vigilant and carefully observe and assess the individual's capacity to understand.
2B. What are the possible causes?	**USE PIECES TO IDENTIFY POSSIBLE CAUSES** **P**hysical 5 D's: Delirium, Disease, Drugs, Discomfort, Disability **I**ntellectual 7 A's: Amnesia, Aphasia, Apathy, Agnosia, Apraxia, Anosognosia, Altered Perception **E**motional 4 D's: Disorder Adjustment, Disorders of Mood, Delusional, Disorders of Personality **C**apabilities ADL's, IADL's **E**nvironment Consider: over/under stimulation, relocation, change in routine, noise, lighting, colors **S**ocial Consider: social network, life story, cultural heritage Use standardized assessment tools to collect more information.
3. What is the action?	**A. Consider the 3 "I's": I**nterventions, **I**nteractions, and **I**nformation to guide action **Intervention:** What therapeutic approach, both non-pharmacological and pharmacological, may best address the person's needs? What other investigations need to be undertaken? **Interaction:** What we say and do does make a difference in changing the outcome of behaviour(s) **Information:** What information should be shared with other team members, the person and/or family? How is the information shared? **B**. Promote dialogue and shared **TEAM** solution-finding

TEAM collaboration and shared solution-finding requires:

- Committing to the P.I.E.C.E.S. approach that places the person and family at the centre of every TEAM.
- Being present in conversations, validating all observations and concerns, and acknowledging unique contributions of TEAM members.
- Understanding the factors that support better performances (e.g., information, resources, incentives, knowledge and skills).
- Focusing efforts on the gap between current and better practices; seeks solutions that build staff capacity rather than laying blame.

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PHYSICAL

Causes of Delirium: I Watch Death

I Infections
W Withdrawal
A Acute Metabolic
T Toxins, drugs
C CNS Pathology
H Hypoxia
D Deficiencies
E Endocrine
A Acute Vascular
T Trauma
H Heavy Metals

Risk Factors for Delirium
1. Cognitive Impairment
2. Sleep Deprivation
3. Immobility
4. Visual Impairment
5. Hearing Impairment
6. Dehydration

Assessment example:
Confusion Assessment Method (CAM)

Identify & Assess Discomfort or Pain
FLAGS:

- **Physical changes:** gait, posture, appetite, sleep patterns, elevated BP, increases respirations, diaphoresis, pupil changes
- **Emotional/behaviour changes**

Assessment example:

- Face Pain Rating Scale

INTELLECTUAL

Cognitive Losses: 7A's of Dementia

1. **A**mnesia – Loss of memory
2. **A**phasia – Loss of language
3. **A**gnosia – Loss of recognition
4. **A**praxia – Loss of purposeful movement
5. **A**nosognosia – Lack of insight, no knowledge of illness/disease
6. **A**ltered Perception – Loss of perceptual acuity
7. **A**pathy – Loss of initiation

Assessment examples:

- SMMSE
- Clock Drawing and Category Fluency
- MOCA
- RUDAS

EMOTIONAL/ SPIRITUAL

Signs of Depression: SIG E CAPS

- **S**leep disturbed
- **I**nterest decreased
- **G**uilt feelings
- **E**nergy lower
- **C**oncentration poor
- **A**ppetite disturbed
- **P**sychomotor retardation or agitation
- **S**uicidal ideation

Assessment examples:

- Geriatric Depression Scale
- Cornell Scale for Depression in Dementia
- Anxiety Disorder Scale

Psychoses/Behavioural challenges: Monitor, observe, and record the **7 D's**.

1. **D**angerous – dangerous/how threatening
2. **D**istressing – how distressing to self
3. **D**isturbing – disturbing quality/disturbing to others
4. **D**irect Action – whether the client is acting on them
5. **D**efinite (fixed) – full or partial insight; are they fixed vs. insight
6. Jeopar**D**izing independence or social interactions
7. **D**istant vs. Present – occurring in the past or present

The Do's & Don'ts of Interacting with a Person with Psychotic Behaviour(s):

- ✓ Do understand this is often a "normal" behaviour in the "abnormal" - Don't consider this as normal, intentional behaviour.
- ✓ Do remember they and you need to feel calm, secure – Don't demonstrate fear, anger, or put yourself into a dangerous situation.
- ✓ Do validate the person's feelings, concerns i.e., how the delusions are affecting them; then try to distract – Don't challenge the content of the delusions, or argue.
- ✓ Do ensure the safety for the individual and yourself
- ✓ Do understand this is a response to a "real" perception of the individual
- ✓ Do distract
- ✓ Don't confront the false beliefs

CAPABILITES

Three situations that can lead to difficulties

- Staff expectations differ from the clients abilities
- Past abilities differ from present abilities
- Clients expectations differ from their abilities and/or "Levels of Function: Life Purpose; Performance Components; ADL's, IADL's, Roles"

Maximize Individual's capabilities

Assessment examples:

- Activities of Daily Living Scale
- Functional Activities Questionnaire

ENVIRONMENT

Maximize supportive environmental features "Exit Control", Wandering Paths, Individual Away Places, Common spaces, Outdoors access, Residential Character, Safety to Support Independence, Sensory Comprehension

Consider social and physical environmental factors
Assessment example:

- Environmental Scan

SOCIAL

"Knowing the Client" – consider social history and cultural background and the 'usual pattern' of the person's day – how does knowing the client this way help to identify causes to behaviour?

Include cultural and spiritual considerations

What is the person's life story?

Assessment examples:

- Social History Profile
- Leisure Assessment