The PIECES Three Question Template

Remember, all behaviour has meaning!

<table>
<thead>
<tr>
<th>Question</th>
<th>TEAM Assessment Framework, Guidelines, and Tools</th>
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| 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:  
| | | • R Roaming (wandering)  
| | | • I Imminent physical; risk of harm – frailty (e.g., delirium), falls, fire, firearms  
| | | • S Suicide ideation  
| | | • K Kinship relationships (risk of harm by older person or to the older person by others that includes avoidance of the person)  
| | | • 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  
| | Physical 5 D’s: Delirium, Disease, Drugs, Discomfort, Disability  
| | Intellectual 7 A’s: Amnesia, Aphasia, Apathy, Agnosia, Apraxia, Anosognosia, Altered Perception  
| | Emotional 4 D’s: Disorder Adjustment, Disorders of Mood, Delusional, Disorders of Personality  
| | Capabilities ADL’s, IADL’s  
| | Environment Consider: over/under stimulation, relocation, change in routine, noise, lighting, colors  
| | Social 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”: Interventions, Interactions, and Information 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 makes 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 PIECES 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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### 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 |

**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

### Cognitive Losses: 7A’s of Dementia

1. Amnesia – Loss of memory
2. Aphasia – Loss of language
3. Agnosia – Loss of recognition
4. Apraxia – Loss of purposeful movement
5. Anosognosia – Lack of insight, no knowledge of illness/disease
6. Altered Perception – Loss of perceptual acuity
7. Apathy – Loss of initiation

**Assessment examples:**
- SMMSE
- Clock Drawing and Category Fluency
- MOCA
- RUDAS

### Signs of Depression: SIG E CAPS

- Sleep disturbed
- Interest decreased
- Guilt feelings
- Energy lower
- Concentration poor
- Appetite disturbed
- Psychomotor retardation or agitation
- Suicidal 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. Dangerous – dangerous/how threatening
  2. Distressing – how distressing to self
  3. Disturbing – disturbing quality/disturbing to others
  4. Direct Action – whether the client is acting on them
  5. Definite (fixed) – full or partial insight; are they fixed vs. insight
  6. Jeopardizing independence or social interactions
  7. Distant 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

### Risk Factors for Delirium

- 1. Cognitive Impairment
- 2. Sleep Deprivation
- 3. Immobility
- 4. Visual Impairment
- 5. Hearing Impairment
- 6. Dehydration

### 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

### Environmental Scan


### Consider social and physical environmental factors

**Assessment example:**
- Environmental Scan

**“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

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