**PIECES**

* Model developed jointly by the Psychogeriatric Resource Consultants of Central South Ontario and University of Waterloo
* Designed to promote client-centered, holistic care and help caregivers find the meaning behind behaviours.
* Once meaning is found an appropriate intervention can be implemented.
* Accepted as Best Practice

**P**hysical

**I**ntellectual

**E**motional

**C**apabilities

**E**nvironment

**S**ocial

**Possible Causes of Responsive Behaviours**

**Physical:**

* Delirium
* Pain/discomfort
* Unmet needs that cannot be communicated (hunger, thirst, toileting, etc.)
* New or unstable medical conditions
* Constipation
* Infection—most common are pneumonia, urinary tract infection and skin (think PUS)
* Fatigue

**Intellectual:**

* Person may not have the ability to understand what is being asked of them
* Recognize and respond to limitations
* Behaviour is communication and the person may have lost other, more appropriate, ways of communicating their needs
* Memory loss
* Deficits in areas of orientation to time and place, judgment and reasoning, concentration, ability to perform purposeful tasks

**Emotional:**

* Loneliness
* Boredom
* Need for intimacy, emotional comfort, stability
* Anxiety
* Fear
* Anger
* Distress at feeling “lost”
* Distress during moments of lucidity
* Mood disorders such as depression
* Dual Diagnosis

**Capabilities:**

* Frustrations may arise from demands that are beyond the persons abilities or from not being given the opportunity to use those that remain.

**Environmental:**

* Physical environment
* Lighting
* Temperature
* Noise level
* Privacy
* Shift change
* Staff turn over

**Social/Cultural:**

* Cultural customs/beliefs
* Spiritual
* Language
* Relationships—family, peers, staff
* Past patterns of behaviour (generally sociable vs. solitary, for instance)

**Interventions:**

Exploring and understanding the source of the behaviour can help make the intervention more effective and meaningful because you are responding to the root cause of the behaviour.

**Physical:**

* Rule out illness
* Delirium
* Infection
* Treat suspected pain
* Anticipate and meet basic physical needs such as hunger, thirst, toileting, rest
* Consult doctor or psychiatrist for possible use of psychotropic medications

**Intellectual:**

* Recognize and compensate for memory loss—may need to repeat requests, reassurances, explanations
* Remember that dementia impacts judgment and reasoning
* Delusions/false beliefs are as real to the person as your beliefs are to you. You can’t argue with these ideas.
* Can’t “fix” this area, only understand it and try to compensate for it.

**Emotional:**

* Reassure, validate feelings without challenging false belief
* Redirect, distract
* Spend some time with the person other than to provide direct care
* Encourage reminiscence
* Pictures
* Monitor for mood or anxiety disorders
* Engage in as many meaningful activities as possible
* Cuddle items
* Pet therapy

**Capabilities:**

* Create opportunities for success
* Tap into past interests and remaining strengths
* Break tasks down into manageable steps

**Environmental:**

* Identify behavioural triggers in the environment and modify them, if possible. These may include things like noise level, lighting, temperature, intrusion into personal space
* Provide opportunities to escape chaotic environment
* Personal items may help the person feel more oriented
* Warm, home-like environment

**Social/Cultural:**

* Know your resident well—past occupations, hobbies, interests, family, culture and associated customs and norms
* Nurture spiritual needs
* Ensure that para-verbal and verbal communication match.
* Speak slowly and clearly.
* Consider behaviour in the context of past history, occupations, coping style

**The Most Common Responsive Behaviours\***

* Pacing and Wandering
* General Restlessness and Agitation
* Trying to Get to a Different Place/Exit-Seeking
* Grabbing Onto People
* Constant Unwarranted Requests for Attention and Help
* Complaining or Whining
* Repetitive Sentences and Questions
* Cursing and Verbal Aggression
* Making Strange Noises and Screaming

\*According to research conducted by the University of Waterloo, interviewing caregivers in long term care facilities.