

## Accommodating and Managing Responsive Behaviours: P.I.E.C.E.S.<sup>TM</sup>-ABC Tool<sup>1</sup>

### Assessing & Care-planning for Responsive Behaviours

Use the P.I.E.C.E.S.<sup>TM</sup> framework to systematically assess factors that commonly contribute to responsive behaviours in older adults with dementia. Use the ABC framework to establish the timeline of behavioural events. Which “PIECES” came before (triggers) or after (consequences) the behaviour? You can use the ABC and P.I.E.C.E.S.<sup>TM</sup> tools together to identify specific care strategies that target the triggers and consequences of the behaviour as part of the care-planning process.

PHYSICAL	INTELLECTUAL	EMOTIONAL	CAPABILITIES	ENVIRONMENT	SOCIAL
<p><b>Basic needs</b></p> <ul style="list-style-type: none"> <li>hunger, thirst, need to toilet, urinary retention, constipation, fatigue</li> </ul> <p><b>Recent change in medical condition</b></p> <ul style="list-style-type: none"> <li>pain</li> <li>delirium</li> <li>infection (PUS – pneumonia, urine and skin)</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>poly-pharmacy</li> <li>new med</li> <li>dosage</li> <li>prn vs regular dosing</li> </ul> <p><b>Altered senses</b></p> <ul style="list-style-type: none"> <li>glasses</li> <li>hearing aides</li> <li>tactile or temperature sensitivities in feet or hands</li> </ul>	<p><b>Dementia related cognitive changes:</b></p> <ul style="list-style-type: none"> <li>short term memory loss</li> <li>orientation</li> <li>lack of insight</li> <li>poor judgement</li> <li>poor focus</li> </ul> <p><b>Loss of ability to:</b></p> <ul style="list-style-type: none"> <li>move voluntarily;</li> <li>initiate task;</li> <li>sequence task</li> <li>follow-through</li> <li>end task</li> </ul> <p><b>Communication changes:</b></p> <ul style="list-style-type: none"> <li>language loss</li> <li>expressive aphasia</li> <li>receptive aphasia</li> </ul>	<p><b>Emotional changes</b></p> <ul style="list-style-type: none"> <li>sad or depressed mood</li> <li>boredom</li> <li>grief</li> <li>anxiety</li> </ul> <p><b>Multiple losses:</b></p> <ul style="list-style-type: none"> <li>recent move</li> <li>home</li> <li>spouse</li> <li>roles</li> <li>independence</li> <li>other</li> </ul> <p><b>Past history of mental health issues</b></p> <ul style="list-style-type: none"> <li>depression</li> <li>delirium</li> <li>mental illness</li> <li>recent losses:</li> </ul>	<p><b>Changes in usual Abilities/Strengths:</b></p> <ul style="list-style-type: none"> <li>meet own basic needs (e.g., eat, drink, button shirt, shave cheeks, reposition self) at some level with cueing/subtasking</li> <li>communication</li> <li>humour</li> <li>voluntary, purposeful mov’t</li> <li>ability to self-navigate in env’t</li> <li>social skills (give and take, attend)</li> <li>sensory pleasure</li> <li>pleasure in continuing life patterns, e.g., personal or seasonal celebrations</li> <li>music appreciation</li> </ul>	<p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>noise</li> <li>temperature</li> <li>environmental design</li> <li>clutter</li> <li>smell</li> <li># of people</li> <li>familiarity</li> <li>use of restraints</li> <li>access to outside</li> </ul> <p><b>Social:</b></p> <ul style="list-style-type: none"> <li>social isolation</li> <li>lack of meaningful contact /stimuli</li> <li>loss of privacy</li> <li>other residents with responsive behaviours</li> <li>limited personal space</li> <li>invaded personal space</li> </ul>	<p><b>Socialization</b></p> <ul style="list-style-type: none"> <li>Limited/changed</li> <li>non-meaningful</li> <li>loss of life patterns</li> </ul> <p><b>Non-supportive care approaches:</b></p> <ul style="list-style-type: none"> <li>outpacing or overwhelming (impatience, too fast in movement or speech)</li> <li>not providing adequate time to respond</li> <li>ignoring retained abilities</li> <li>“taking over”</li> <li>lack of adequate sub-tasking cues and direction;</li> </ul> <p><b>Task Focused:</b></p> <ul style="list-style-type: none"> <li>not honouring personal preferences,</li> <li>loss of control and choice</li> </ul>

<sup>1</sup> Adapted from the Murray Alzheimer Research and Education Program, University of Waterloo (2005). Managing and Accommodating responsive behaviours in Dementia Care: A Resource Guide for Long-Term Care. For more information, see [www.piecescanada.com](http://www.piecescanada.com)

## The A-B-C Approach to Accommodating and Managing Responsive Behaviours: Antecedent-Behaviour-Consequences

### **Overview:**

The ABC approach can be used for several aspects of managing and accommodating responsive behaviours. It provides a method to consider behavioural events as a dynamic state and outlines the timeline of events. The ABC approach permits assessment of events prior to the behaviour (triggers) as well as the consequences to the behaviour (what happened and to whom). Documentation of behavioural events using the ABC approach is useful, permitting clinicians to see the evolution of many factors. When used in conjunction with the P.I.E.C.E.S.<sup>TM</sup> model, these two tools assist clinicians to fully evaluate what is happening and recognize that there may be multiple triggers or consequences to any one behaviour that need to be addressed within the care plan.

<b>ANTECEDENTS</b>	<b>BEHAVIOUR</b>	<b>CONSEQUENCES</b>
What was happening (PIECES) before the behaviour began?	Describe the behaviour in neutral, clear terms. Focus on one behavioural event at a time, with full descriptions.	What happened next, what did the staff do, how did the resident respond, who was affected by the behaviour (other residents, family, other staff)
<u>Example:</u> <ul style="list-style-type: none"> <li>• Personal care usually delivered right after breakfast</li> <li>• Mrs. B. falls asleep in her chair in the dining room</li> <li>• Staff quickly wheel back to her room for morning care</li> <li>• Staffing has been short due to illness</li> <li>• arthritis, no recent pain assessment in chart</li> <li>• Mrs. B's abilities to verbally communicate have declined since fall.</li> </ul>	<u>Example:</u> <ul style="list-style-type: none"> <li>• During the last three days Mrs. B repeatedly calls for help, shrieks loudly and pinches staff during personal care, especially toileting bathing, dressing and positional changes.</li> </ul>	<u>Example:</u> <ul style="list-style-type: none"> <li>• Other staff member came to hold down her hands to permit completion of personal care</li> <li>• Staff member has two small areas of broken skin from scratching and a 1 X 2 cm scratch on left forearm</li> <li>• Staff feel frustrated &amp; dread giving care</li> <li>• Other residents upset by screaming and calls for help</li> </ul>
<b>Care-planning Directions</b>		
<ul style="list-style-type: none"> <li>• Delay personal care after breakfast until Mrs. B awakens naturally</li> <li>• Provide breakfast in bed so Mrs B can doze more comfortably afterwards</li> <li>• Assess for pain prior to care, provide analgesia as needed</li> <li>• Speak slow and clear prior to initiating care;</li> <li>• Provide soft cloths to hold during care delivery to occupy hands</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor and document behaviour during care episodes for the next seven days.</li> <li>• Describe changes in behaviour, including evidence of decreasing intensity, frequency, duration of behavioural events.</li> </ul>	<ul style="list-style-type: none"> <li>• Seek partner for care-giving prior to event.</li> <li>• Agree on care approach:               <ul style="list-style-type: none"> <li>○ analgesia one hour before bath;</li> <li>○ one person to speak with Mrs. B about personal information, life story to occupy her attention;</li> <li>○ loosely hold the outside of her hands as she holds the cloths.</li> </ul> </li> </ul>