2-1214 P.I.E.C.E.S. *Quick Start*

TIPS Question:

If a resident has escalated in a behaviour causing a high risk to other residents and staff – swinging a cane around – what would be the initial response besides taking the weapon (cane) away?

Response:

In situations such as you describe where there is a possible risk of harm to the resident and others, the P.I.E.C.E.S. *Quick Start* framework will help to guide your next steps – in a timely and focused manner:

1. What is the issue and/or problem *now?* – and in this case you have identified escalating agitation with physical aggression (swinging the cane) as the problem. Are there any other concerns *now*?

2. Next you would want to quickly assess (with the teams members who are involved now) what is the type and degree of risk, and for whom. You have indicated you are very concerned about the potential of physical harm to the other residents and staff, and presumably the person him/herself. What are the best *immediate* strategies for managing the risk?

    - Removal of the cane may be appropriate (in the immediate situation) – but remember that with any strategy we must also quickly assess risk/benefits of the intervention. If you remove the cane it will be important that he does not see this as a punishment.

    - What other strategies might be tried to diffuse his anger *now?* The answer to this question will be determined by how you think the resident is experiencing the world around him/her *in this situation* – so you need to ask this question. E.g. Is he frightened or feeling threatened/defensive? Has he misinterpreted? What is he "feeling" and how can we meaningfully respond (both verbally and nonverbally) to his emotions right now? Challenging his reality is unlikely to work – validating, reassuring and then re-directing is more likely to be effective. What comfort measures might then help to serve as a distraction e.g. food (be creative). Using the ABC's might help to understand what triggered this particular situation.

    - Once you have determined the steps to manage the immediate risk then what is the plan over the few hours – it will help to be proactive, considering both non-pharmacological and pharmacological (if indicated). In the short term as you complete more of the assessment he may need increased supervision, change in routine, or greater flexibility. Who are the partners that can help you now?

3. To guide your next steps, which of the remaining questions of the 6-Question Template will help to further assess this resident's behaviour? If there has been an escalation in the behaviour – over what period of time (sudden or gradual); what are the possible causes (catastrophic reaction due to cognitive impairment, pain, infection, etc)? – think P.I.E.C.E.S. Again, think in terms of the ABC's to help identify possible triggers; consider using the DOS over the next several days, or the Cohen.

By using the P.I.E.C.E.S. *Quick Start* in this way you have focused your assessment of the situation to help determine what the options now are, and what are the next steps.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*