

## ~~Challenging Behaviour~~ ~~Difficult Behaviour~~ ~~Aggressive Behaviour~~ **Responsive Behaviour**

### **Introduction**

People with dementia may behave in unusual ways, such as yelling or hitting out. This behaviour is their way of communicating with us. Often they are responding to factors over which they feel they have no control or that they perceive as threatening. For example, a Personal Support Worker (PSW) may be trying to undress a woman to give her a bath. The woman may not understand this and become frightened and lash out to defend herself. The PSW must look for a meaning behind the “lashing out” in order to understand why it is occurring and to find ways to manage it. In this case, the woman with dementia was feeling frightened and misinterpreted the actions of the PSW.

P.I.E.C.E.S.<sup>TM1</sup> is a comprehensive framework that can be used to determine the possible causes of responsive behaviour. PIECES stands for Physical, Intellectual, Emotional, Capability, Environment and Social and Cultural. If you stop and take the time to look at each of these aspects of a person with dementia, you will better understand that person and better understand what they are trying to communicate to you through their behaviour. This approach looks at the complete person to determine why the behaviour happened and helps you to start asking the important question of how to prevent the behaviour from happening again.

### **P.I.E.C.E.S.<sup>TM</sup>**

#### **PHYSICAL CAUSES:**

Pain and physical conditions can cause changes in behaviour such as resistance to care, agitation, restlessness, anxiety, crying and/or defensive behaviour.

#### **Ask yourself the following questions about the person you are caring for:**

- Are basic needs being met (eating, drinking, sleeping, toileting)?
- Does he/she have discomfort, especially during care (rigidity, arthritis)?
- What changes in physical condition do I see (changes in alertness, energy level, eating patterns, facial grimacing)?

#### **ACT! Promote physical comfort.**

1. Make the person as comfortable as possible (including basic needs and special conditions affecting care e.g. vision, hearing, acute illness)
2. Adjust care approach to accommodate the person's pain
3. Share information about the person's physical health with team members



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1 Hamilton, P., Harris, D., LeClair, K., & Collins, J (2008). “Putting the P.I.E.C.E.S. Together<sup>TM</sup>: A Model for Collaborative Care and Changing Practice. A Learning Resource for Providers Caring for Older Adults with Complex Physical and Cognitive/Mental Health Needs and Behavioural Changes. 6th Edition (R). Tillsonburg, ON: ShopforLearning Publishers.

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## **INTELLECTUAL CAUSES OF BEHAVIOUR:**

Dementia affects the person's memory, thinking, language, problem-solving, and self-awareness i.e. the person doesn't know that he/she does not know.

### **Ask yourself the following questions about the person you are caring for:**

- Is the person experiencing changes in memory? e.g. asking same questions, accusing others of stealing
- Difficulty with recognition? e.g. objects, family members or self
- Impulsive behaviour? e.g. anger, swearing, sexual behaviour
- Forgetting how to do things? e.g. eating, dressing
- Problems finding words and understanding what is being said?

### **ACT! Provide care that recognizes this person's intellectual losses.**

1. Remember what and how I communicate has an affect on the person with dementia
2. Avoid challenging or arguing; instead, validate the person's feelings. Remember this person sees the world differently then I do.
3. Share the approach that works well with the family and the caregiver team

## **EMOTIONAL CAUSES:**

A person may experience problems adjusting to changes occurring in his/her life w(relocation, losing independence, change in caregiver)

### **Ask yourself the following questions about the person you are caring for:**

- Is the person more tearful?
- Is the person showing evidence of boredom or loneliness?
- Is the person exhibiting new behaviour that seems unusual? (suspicious of others, hearing or seeing things that aren't there, picking things out of the air)

### **ACT! Consider ways to help this person adjust to the changes occurring in his/her life.**

1. Be sensitive to this person's unique needs
2. Provide comfort and reassurance when needed
3. Get information from family/staff that may assist in understanding the person's feelings
4. Share information with others to ensure everyone is supportive



## **CHANGES IN CAPABILITIES:**

Knowing what the person can and can't do will help to build on his/her strengths. If this person says "no" or resists help, remember there may be many reasons.

### **Ask yourself the following questions about the person you are caring for:**

- Can this person do more than I realize?
- Maybe this person no longer remembers how to do it, and is frustrated or frightened or does not know he/she needs help.

### **ACT! Think about ways to involve this person in his/her care. Compensate only for the losses.**

1. Offer cues to get him/her started - let him/her help
2. Go slowly using simple instructions one at a time; think about how you are communicating!
3. Share with the team and the family creative strategies; be flexible!

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## ENVIRONMENTAL CAUSES:

A supportive environment will help the person maintain his/her abilities; if not, it may lead to behavioural changes e.g. increased disorientation, frustration or fear.

### Ask yourself the following questions about the person's environment:

- Too much distraction? (noisy, crowded, cluttered)
- Confusion? (poor lighting, can't find his/her way)
- Not enough stimulation?



### ACT! As necessary, think about ways to modify the environment to make it safe and comfortable.

1. Look for possible environmental triggers to explain changes in behaviour
2. Consider ways to change lighting, make environment familiar, play music
3. Share information about environment and brainstorm with others

## SOCIAL AND/OR CULTURAL BACKGROUND:

Each person has unique social and cultural needs that can be met only through an individualized approach. Consideration must always be given to what you and I need to know about the person with dementia as an individual in order to provide the best care.

### Ask yourself the following questions about the person you are caring for:

- What do you know about this person's:
  - Life story, accomplishments and interests (education, work history, hobbies, and personal treasures)
  - Social network (family, friends, neighbours)
  - Cultural heritage (religion, holidays, rituals, traditions, food)



### ACT! Find out more about the person.

1. Learn about the person's personal history
2. Talk to the person, his/her family and friends to find out more about his/her life history and interests
3. Listen carefully and share with others who may have learned more about this person

## Other Considerations

You must also be aware of how you respond to behaviours exhibited by people with dementia because your response may be contributing to the behaviour. Ask yourself if your response could be contributing to the behaviours you see in the person with dementia. You must also be aware of how your own experiences and biases influence your behaviour toward a person with dementia.

Always remember that you are caring for people who have had full, meaningful lives and who continue to need meaning in their lives. Regardless of behaviour, you must treat your residents with respect and dignity. It is helpful to think about how you yourself would want to be treated if you were to have dementia and treat your client/resident accordingly.

If you have any questions please email us at [pec@alzheimerontario.org](mailto:pec@alzheimerontario.org)