

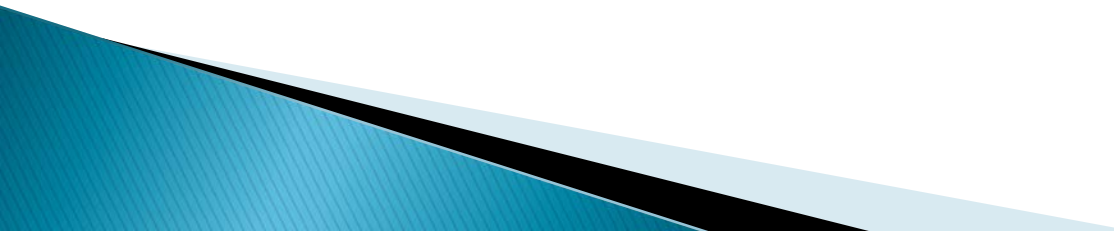
Choose Your Own Adventure, Long Term Care Edition

Using Montessori, P.I.E.C.E.S., GPA and PAC
in your day to day work in long term care.

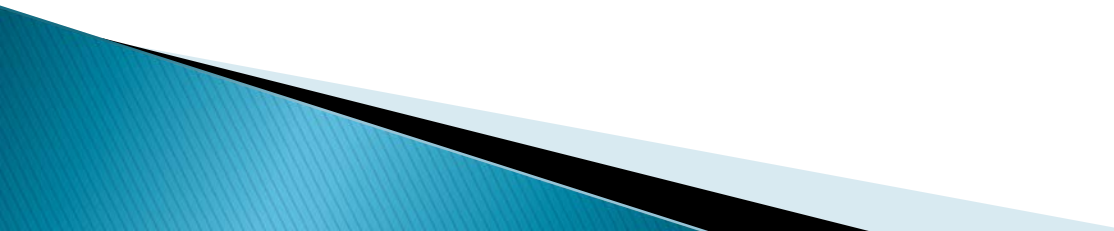
Kelly Davies, Psychogeriatric Resource Consultant,
LL&G

Kim Schryburt-Brown, Clinical Project Resource
Consultant

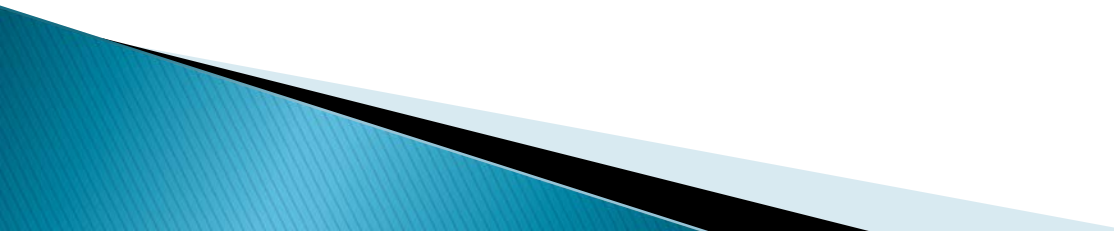
Objectives

- Review key concepts of Gentle Persuasive Approaches (GPA), Positive Approach to Care (PAC), P.I.E.C.E.S. and DementiAbility Methods (Montessori Methods for Dementia).
 - Use a case study to illustrate how these strategies can be used together with residents with responsive behaviours living in long term care.
- 

Gentle Persuasive Approaches

- People with Dementia are unique human beings who can display emotional responses to stimuli.
 - All behaviour has meaning.
 - Personal Space and working in the intimate zone.
 - STOP and Go approach.
 - Validation instead of Reality Orientation.
 - Reassurance position, self-protective techniques, individual and team redirection techniques.
- 

Positive Approach to Care

- A philosophy of care that responds to a person's change in cognition and abilities that is not hurtful, and recognizes that a person with dementia is doing the best they can.
 - Care Partner is responsible for changing their approach, not the person with dementia.
 - Positive Physical Approach, Hand Under Hand, supportive stance, GEMS, hierarchy of how we take in data, focus on visual changes.
 - Gives strategies to help “do with” rather than “do to”.
- 

P.I.E.C.E.S./U-First!

Three question template:

1. What has changed?
2. What are the RISKS and possible causes?
3. What is the action?

Physical-delirium, disease, discomfort, disability, drugs

Intellectual-A's of Dementia

Emotional-SIGECAPS, 7 D's

Capabilities-functional assessment

Environment-potential triggers

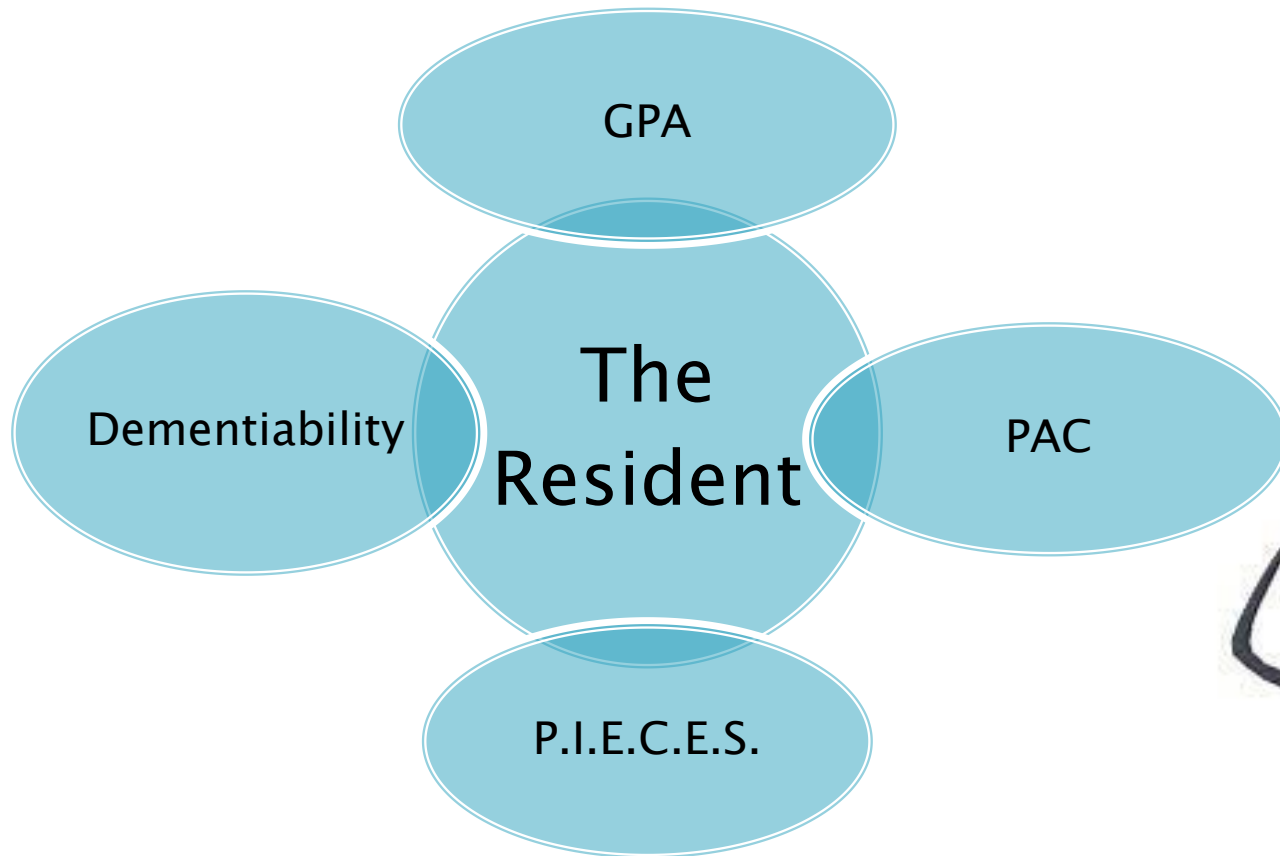
Social/Cultural-person's life experience

DementiAbility: The Montessori Way

- Previously known as Montessori Methods for Dementia
- Focus on:
 - creating opportunities for engagement in meaningful and purposeful activity
 - Creating a prepared environment
 - Meeting a person's needs, interests, skills and abilities

Multiple resources including reading books, wayfinding tools, activity books, iPad app, many of which are free to download from their website.

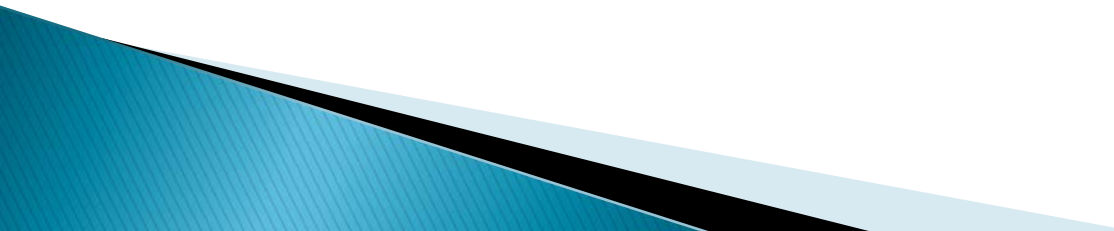
So how do they all fit together???



Meet Our Resident

- Mr. Brown is a 75 year old, has lived at your home for 3 years and has a diagnosis of vascular dementia. His wife recently became ill and has stopped visiting as frequently, he is constantly looking for her.
- He ambulates independently throughout the home, frequently entering other residents' spaces to explore what he finds in their room (Amber) and occasionally attempting to leave by following visitors out the front door to "go home" (Emerald).

Meet Our Resident -2-

- His P.I.E.C.E.S. of his Personhood assessment tells you he is a retired mechanic, enjoys being busy outdoors, and was always very close with his family.
 - His P.I.E.C.E.S. assessment tells you he has back and hand pain from his work.
 - You are his primary PSW for this shift, and have heard other staff label him as “a wanderer” or “exit seeker” (Emerald “on the go”).
- 

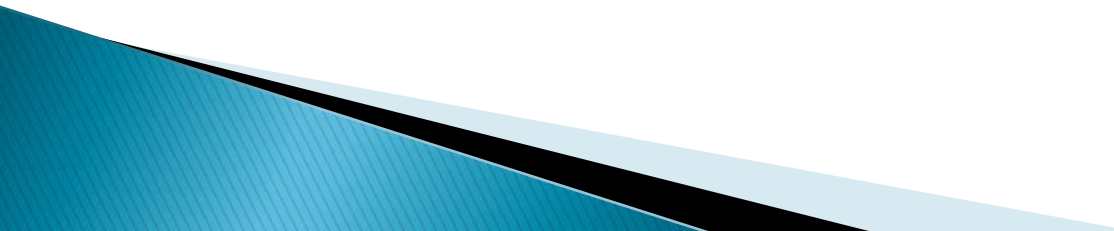
Meet Our Resident -3-

- He has a history of physically responsive behaviours, which are usually right before he is diagnosed with delirium.
- He often yells at staff for asking if he needs to go to the bathroom, but he is on a q2h toileting schedule because he tends to hit staff when they point out he is incontinent of urine (Emerald).

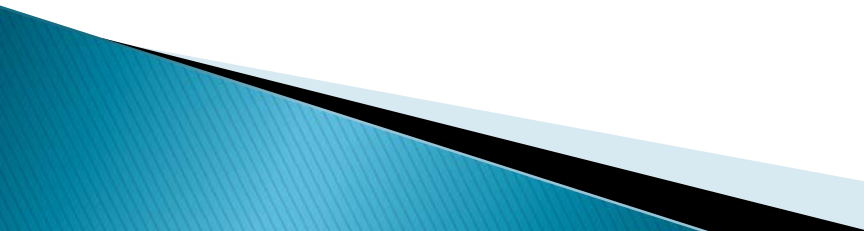
Poll #1

- You enter Mr. Brown's room at 0720h after morning report. He is sleeping. What do you do?
- **A.** Go ahead and wake him up. He hasn't been eating much lately and he missed dinner last night.
- **B.** Leave him sleep and let him wake up on his own. You have 10 other people to get ready.
- **C.** Stand at the doorway, flick the light on, and yell his name to get his attention.
- **D.** Go to break.
- **E.** Quietly approach him, place firm pressure on his knee, and wait for him to visually acknowledge your presence to get consent to continue.

Before Breakfast – Quiet Approach

- Mr. Brown gets up, accepts help for getting dressed, and walks to the dining room for breakfast.
 - He is looking for his wife and won't stay seated.
 - This seems to be his pattern and you think it may be why they reported he didn't eat supper last night.
- 

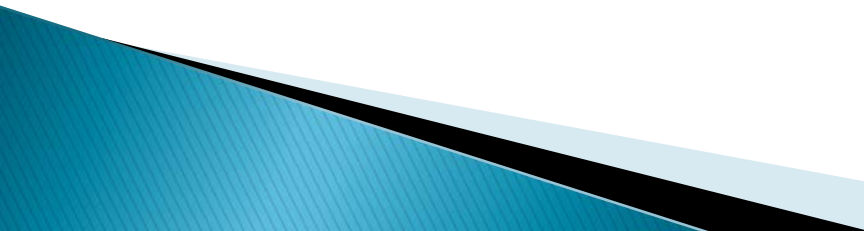
Before Breakfast, Loud Approach

- Mr. Brown wakes up, yells at you to get out of his room, and you need to go get a second person to hold his hands while you get him dressed.
 - He quickly leaves the room and happens to walk towards the dining room.
 - He is looking for his wife and won't stay seated.
 - This seems to be his pattern and you think it may be why report stated he didn't eat supper last night
- 

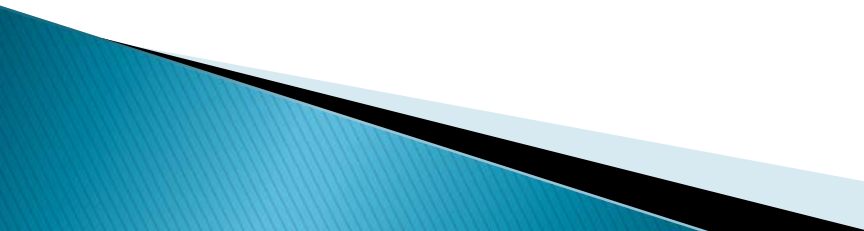
Poll #2 – What do you do?

- **A.** Let him leave, he will get a banana at snack time.
- **B.** Walk with him and use validation approach: “You want to leave? Where are you going? I have somewhere to go too, let’s go together. Oh look, they’re serving breakfast, lets eat before we go!”
- **C.** Quickly get up and redirect him back to the table to eat, reminding him he didn’t eat last night. You only have 45 minutes for meal service
- **D.** Get a geri chair and use the locking table to give his breakfast in the middle of the dining room

If Mr. Brown got the validation approach...

- Mr. Brown's day is going ok. He is wandering around the home but keeping to himself, calm and content. He occasionally asked staff where his wife is, but he is content.
 - There is an exercise class going on, he goes and watches the class and participates occasionally if encouraged.
 - After the class ends, he lies down in his bed for a nap before lunch
- 

If Mr. Brown got anything but validation...

- Mr. Brown is anxiously pacing around the home. He is frequently going into other residents' rooms, and is irritable when staff or co-residents attempt to speak with him.
 - He yells at staff who attempt to direct him to the exercise class, continuing to pace the halls.
 - Over the next few hours, his walking speed increases and he becomes more focused on finding his wife
- 

Lunch Time

- Staff attempt to direct Mr. Brown to the toilet before lunch, as he does not recognize the need to use the washroom.

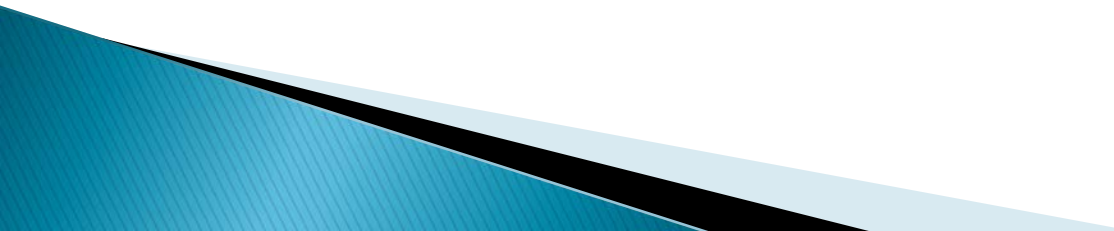
If Mr. Brown had validation at breakfast...

- He agrees to use the toilet, cooperates with staff and completes parts of the task himself with step by step cueing

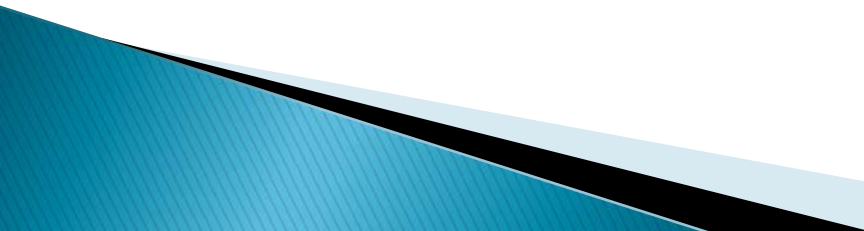
If Mr. Brown did not have validation at breakfast...

- He yells at staff who attempt to take him to the toilet before lunch.
- It takes two staff to toilet him, he does not participate and requires full assist.

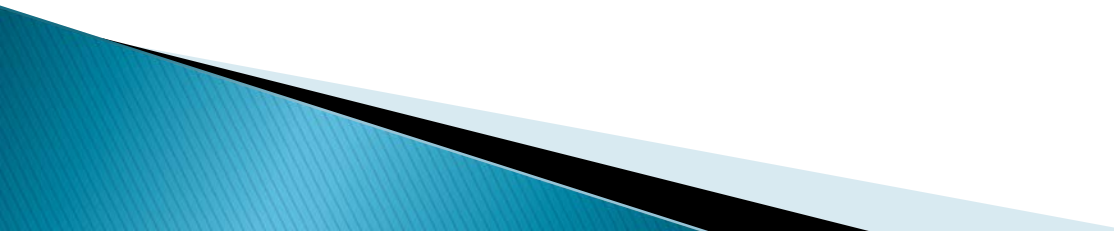
Lunch

- Mr. Brown enters the dining room and sits at the first available seat
 - A co-resident yells at him for sitting in the wrong seat, he mutters something to himself.
 - Staff redirect him to his own table, he is visibly upset but stays seated and has food placed in front of him.
 - He yells “I didn’t want this!”
- 

Poll #3 What do you do?

- **A.** Ask him to sit down and eat his meal.
 - **B.** Let him leave, he can choose what he wants to do.
 - **C.** Move him to the feeder table, because he obviously requires assistance. You get a dirty look from your co-worker because now they have another person to feed.
 - **D.** Use hand under hand to help him initiate eating, he is able to feed himself after a few bites.
- 

Mr. Brown has a good lunch...

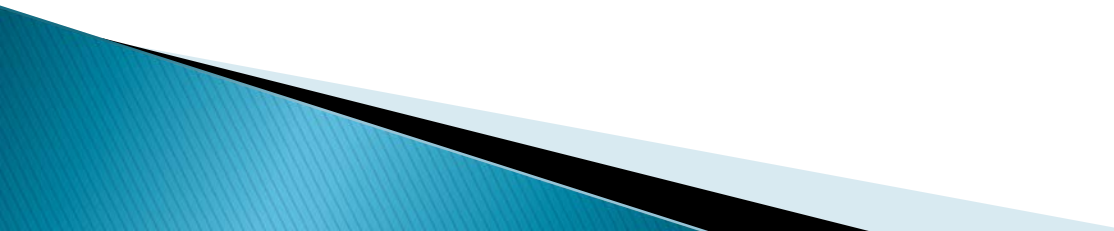
- Mr. Brown accepted HUH assistance and eats his whole meal. He asked for seconds and finished off two desserts!
 - He stays sitting in the dining room engaging co-residents in pleasant conversation for 30 minutes after the meal.
 - The dietary aids comment on his calm and pleasant demeanour, as it has been some time since he last enjoyed a meal.
- 

Mr. Brown doesn't eat lunch...

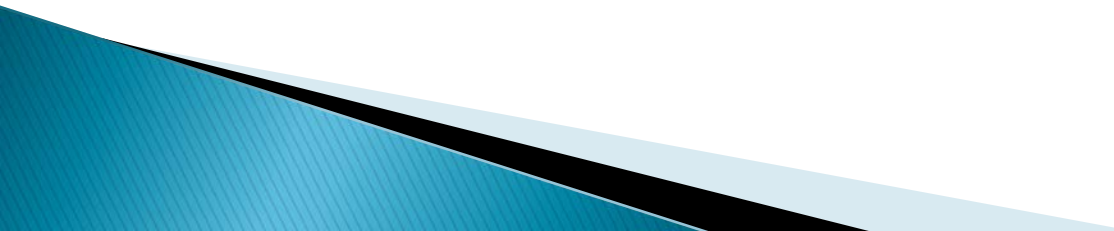
If Mr. Brown leaves, he continues to anxiously pace the halls, calling out for his wife. Staff attempt to redirect him but he yells at them to “go away”.

If Mr. Brown ends up at the “feeder table”, he swats the staff's hand away as they move food towards him, spilling a co-resident's water and yelling “what the hell are you doing to me?”


The Afternoon

- Mr. Brown attempts to go into the secure courtyard where he enjoys the gardens.
 - The door is locked, he starts shaking the door handle and banging on the door.
 - Staff approach, he yells and shakes his fist at them.
- 

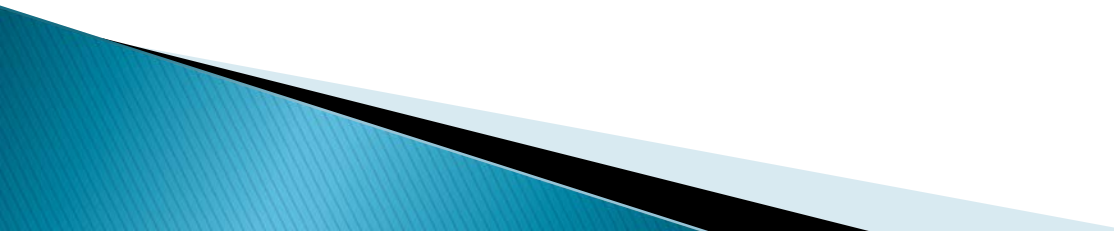
Poll #4

- **A.** Use STOP and go. You leave the area to consider your options, then return to find another staff member yelling at Mr. Brown. You step in, ask Mr. Brown to let you open the door, and he complies. He walks outside.
 - **B.** Ignore it, he will eventually stop.
 - **C.** Staff says “You don’t need to go out there, come with me”.
 - **D.** Get up close to him and open the door.
- 

In The Garden

- A few hours later, staff notice no one has seen Mr. Brown in awhile. You remember that he went into the courtyard, so you go looking for him there.
 - You find him digging in the garden with a spoon, even though the tools he usually uses are right beside him. He agrees to come inside with you, and you notice his gait is unsteady. As you approach him, he isn't responding to his name which is unusual.
 - Later that afternoon, you notice a strong smell of urine and his pants are wet. You take his hand to lead him to the bathroom and notice they are cold and clammy.
- 

Poll #5 – What do you do?

- **A.** Leave him, the next shift can deal with it.
 - **B.** He's always like this in the afternoon, put him to bed and he will be fine.
 - **C.** Report your concerns to the registered staff on duty, there has been a change in his physical and cognitive abilities in the past 3 hours.
 - **D.** Call an ambulance and send him to the ER.
- 

If the day isn't going well...

Mr. Brown continues to pace the halls, touching everything he can find and yelling at co-residents to “get out of my way”

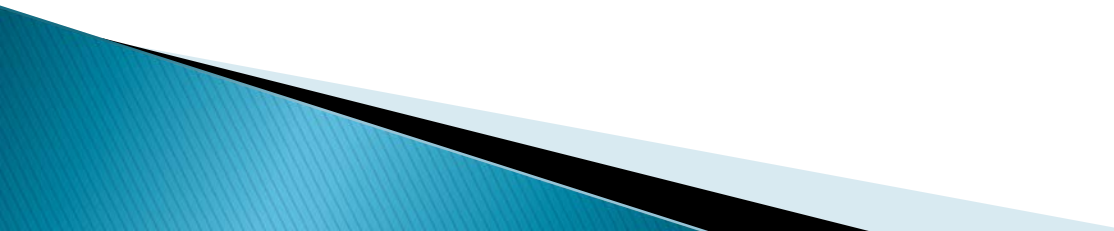
Staff had to intervene when Mr. Brown tried to push a co-resident in a wheelchair when she blocked his way into her room.

Staff are now talking about how he needs a PRN “of something” because his behaviour is escalating.

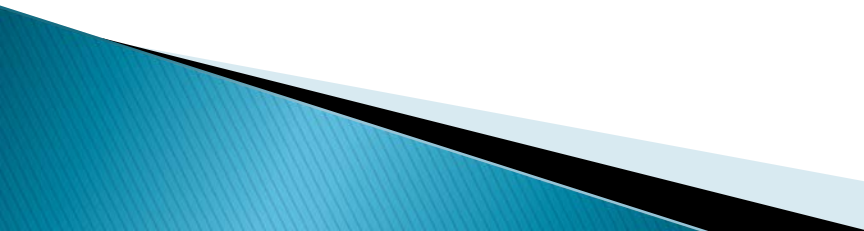
If the day is going well...

- You complete the P.I.E.C.E.S. assessment:
 - P – change in gait, hands cold and clammy
 - I – agnosia, aphasia
 - E–
 - C–
 - E– overstimulation
 - S–
- What has changed?
- What are the possible causes?
- What are the actions?

Just before shift change...

- Mr. Brown is walking the halls again, but he continues to be unsteady on his feet and is entering other residents' rooms more often than usual.
 - You know Mr. Brown doesn't react well to shift change, when he sees staff leaving and he insists on leaving too.
- 

Poll #6 What do you do?

- **A.** Leave him, you slip out quietly and let the evening shift deal with him.
 - **B.** You direct him to a quiet room with an activity board of various latches and locks. He sits and fidgets with the locks and doesn't notice shift change.
 - **C.** You bring him to the activity room and tell the activity staff to "do something with him".
 - **D.** You ask the RPN to give him a PRN to "calm him down".
- 

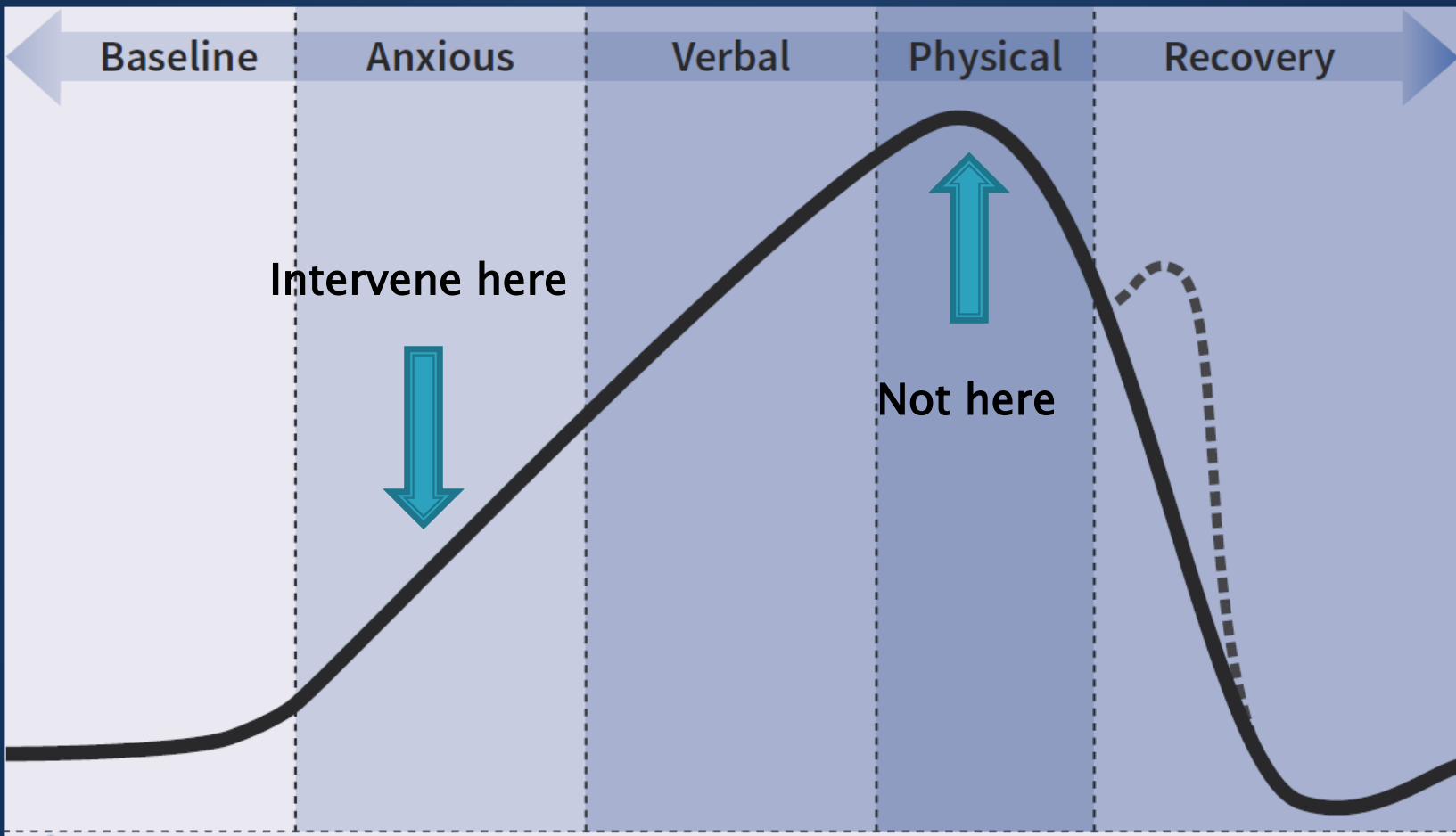
At the end of the day...

- If Mr. Brown had his needs met by:
 - Validating his reality;
 - Meeting his basic needs in a way that acknowledges his abilities;
 - Having interesting things to do that match his abilities;
 - PSWs reporting changes in his behaviour to registered staff for further investigation
 - And having people around him who can use “STOP and Go”

Mr. Brown can have positive experiences in his day, which keep his responsive behaviours from escalating.

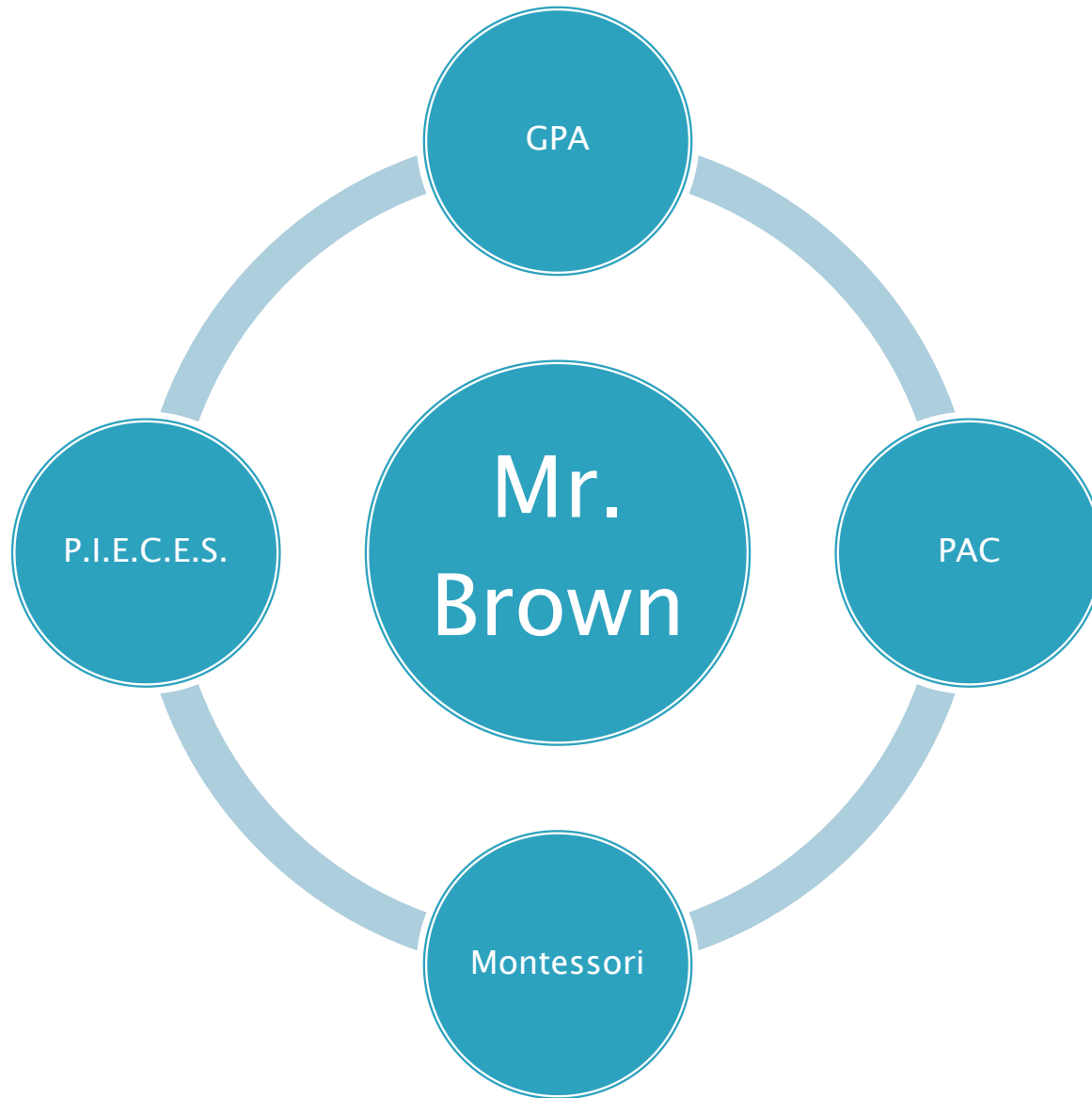
At the end of the day...

- If Mr. Brown doesn't have his needs met because he is startled, overwhelmed, underwhelmed, hungry, thirsty, restrained, ignored, dismissed, scolded, bored and/or medicated:
 - His responsive behaviours will escalate.



Touching a person who is physically protective should only be used as a last resort.

Adapted from:
Breakwell, G. M. (1997). *Coping with Aggressive Behaviour*. Leicester, U. K.: BPS Blackwell.
Kaplan, S. G. and Wheeler, E.G. (1983). Survival skills for working with potentially violent clients. *Social Casework*, 64(6), 339-346.



GPA

Mr.
Brown

PAC

Montessori

P.I.E.C.E.S.

Thank You!



- Questions?
- Comments?
- Concerns?

