

Scoring indications.. The scoring takes place with a time keeper who gives the start and end time, a secretary who circles the boxes and a reader.

The selected score is the highest observed = tide metaphor: the highest tide height decides the height of the dike.

- 1 Before rating, it is helpful to hand out a scale sheet to each participant.
- 2 Choose together the period that will be evaluated (e.g. the last 7 days or the period since entry).
- 3 Read aloud the wording of the boxes, going from the most severe to the least severe.
- 4 Stop reading and circle the score as soon as a participant recognizes a symptom (say yes with hand raise)
The more severe the signs, the faster the scoring (time saved for the discussion that takes place after scoring).

NAME (or initial) : M F

FIRST NAME (or initial) :

Date of Birth :

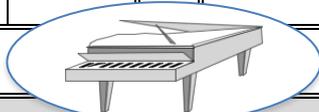
Today's date :

Period evaluated :

Initials of caregivers present at the evaluation :

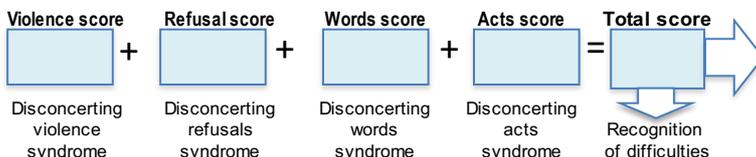
Disconcerting VIOLENCE apprehension and fear of being attacked				
LOOKS				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Looks of hatred or looks of fury	Angry looks or angry expressions	Black looks or grimaces	Hostile looks or hostile facial expression	Usual look and usual facial expression
VOICE, TONE				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Yelling	Shouting	Groaning or grunting or moaning	Hostile voice	Usual voice
WORDS				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Threats	Accusations or insults (personal insults)	Insults (not personal insults)	Reproaches or criticism	Absence of verbal aggression
GESTURES				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Attacks people potentially dangerously (bites, punches)	Attacks people but non-dangerously (grabs, scratches slaps, spits)	Threatening gestures towards people (finger raised, clenched fist)	Steals, upsets, throws or destroys objects (e.g. stomal)	Absence of physical aggression

Disconcerting REFUSAL (refusal, opposition, passivity, apathy) embarrassment and guilt at being unable to gain acceptance for a proposal				
COMMUNICATION (spontaneous words, utterances, answers to questions and non-verbal communication)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any communication (pseudocoma)	Possibility of minimal communication with eyes	Some communication possible with negotiation	Starts to talk after a few simple words	Communicates as usual
MOBILIZATION (walking, standing, sitting, mobilisation in bed)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any mobilization (bed-ridden)	Possibility of minimal mobilization from bed to chair	Some mobilization possible with negotiation and assistance	Starts moving after a few simple words	Moves and allows mobilization as usual
EATING (food and drink)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any feeding (life-threatening)	Possibility of minimal feeding (spits back)	Some feeding possible with negotiation and assistance	Starts to eat and drink after a few simple words	Eats and drinks as usual
CARE (hygiene, toilet, bath, taking medication, routine measures, activities)				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Impossibility of any care procedure (life-threatening)	Possibility of minimal care procedures	Some care procedures possible with negotiation and assistance	Starts to agree to care procedures after a few simple words	Care procedures carried out as usual



Disconcerting WORDS worries and anticipatory anxiety requiring presence and vigilance				
Excessive or pointless TALK or repeated DEMANDS				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Contradictory orders or demands that cannot be responded to	Incessant demands that cannot be met	Incessantly repeats words or phrases (echolalia)	Excessive talking (logorrhoea)	Usual level of talk
ANXIOUS TALK, bodily complaints and repeated calls				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Anxious talk or bodily complaints with panic attacks	Anxious talk or bodily complaints with frequent calls	Anxious talk or bodily complaints with episodic calls	Anxious talk or bod. complaints without call	Absence of anxious talk or bod. compl.
DEPRESSIVE TALK about life and death				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Suicide attempts or equivalent behaviour	Expresses intention to commit suicide "I am going to kill myself"	Expresses desire for death "I want to die"	Expresses loss of desire to live "I don't want to go on living"	Usual talk about life and death
WORDS outside reality or hallucinations				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Delirious talk or hallucinations with acting-out	Delirious talk or hallucinations acting-out (certainty)	Delirious talk or hallucinations or lies or fabrications (probable)	Delirious talk or hallucinations or lies or fabrications (possible)	Absence of lies of fabrication of delir. talk or hallucinations

Disconcerting ACTS worries and anticipatory anxiety requiring presence and vigilance				
ACTS and loss of control of OVERALL locomotor sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Disappearances "escapes" self-mutilation (crushed finger, falls)	Moving around with intrusions in other rooms	Moving around with caregivers following	Agitation (moves arms and legs, shifts to and fro)	Usual locomotor behaviour
ACTS and loss of control of ORAL and eating sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Eats toxic or non-edible substances (e.g. household cleaners)	Eats unpleasant substances (e.g. excrement)	Eats too much and too fast with risk of choking (gluttony)	Eats too much (bulimia)	Usual eating behaviour
ACTS and loss of control of ANAL and urinary sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Daubs excrement	Inappropriate defecation or refusal to wear diapers	Constant inappropriate micturition	Episodic inappropriate micturition	Usual sphincter function
ACTS and loss of control of GENITAL and sexual sphere				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Sexual aggression (sex with vulnerable person) or traumatic	Sexual contact (groping and touching)	Sexual gestures or masturbation in public or sexual exhibition	Erotisation or excessive sexual preoccupations or demands	Sexuality without any peculiarity



Apprehension fear	Embarrassment, guilt	Repeated worries	Anticipatory anxiety	Emotional exhaustion
-------------------	----------------------	------------------	----------------------	----------------------

If score >17 (cut-off) → Risk of spontaneous inappropriate relational attitudes
Look for reversible causes : emergency (conf., iatrogen., pain, Opportunity for relational attitudes to be co-built within the team

2018. Special Jury Prize SF3PA (Société Francophone de Psychogériatrie et de Psychiatrie de la Personne Agée)
2019. Favorite Prize SF TelMed (Société Française de Télémédecine) et FormaticSanté
2020. Publication. International Psychogeriatrics (On line & Open Access since April 24, 2020)

Downloading website www.psychoge.fr PGI-SSD alias EPAD in french is protected by Copyright ©

Disconcerting VIOLENCES

Evaluation The caregiver's emotional keyboard

Appréhension and fear (of being attacked) → **Inappropriate Attitudes**
 Mirror response
 Increasing tension
 Sedation - Restraint

Reflection **And if it was ?** Emergency **Active delirium.** Iatrogeny / Withdrawal
 Bodily pain / Discomfort
 Hypoglycemia / Epilepsy
 Full bladder / Fecal impaction

Suffering Manic episode / Hostile Depression
 Borderline personality / Without empathy

Traumatic Memory Battered Child - Street Child

Action **Appropriate attitudes**
 > Understanding that there are reasons for a violent behavior that can be sought
 > Attempting to "go along" with it
 > Sustaining the insult without taking it for one's own account
 > Valuing the patient, asking for help
 > Dare to set limits gently

Disconcerting REFUSALS

Evaluation The caregiver's emotional keyboard

Embarrassment and Guilt at being unable to get a proposal accepted → **Inappropriate Attitudes**
 Stimulate
 Coerce

Reflection **And if it was ?** Emergency **Hypoactive delirium.** Iatrogeny / Overdose
 (« acute apathy » with motor retardation)
 Bodily pain / Discomfort
 Infection / Sleep apnea

Suffering Psychotic deficit
 Dominant personality becoming dependent

Traumatic Memory Abandoned Child - neglected - throwaway

Action **Appropriate attitudes**
 > Recognizing the right to consent means :
 - accepting the right to refuse
 - accepting that the person who refuses may be right
 > Withdrawing and then returning to negotiate
 > Valuing the patient, asking for help
 > Dare to say that changing your mind is possible

Before = Risks **PGI-DSS** **After = Opportunities**

Mini Staff

Emotional overflow
 Exhausted caregiver
 Oppressive caregiver



1° Evaluation Name = Mesure
 Measuring Relational Fever
 Recognition of difficulties

Overcoming emotions
 Soothed caregiver
 Soothing caregiver

Loss of opportunities
 Miss of a reversible cause

2° Reflection Look for a cause

The Bet of Meaning - The Threshold Theory
 Sharing Information - What Has Changed
 what was seen, heard, lived, known / the present, the past, the future
 Look for an emergency (delirium, medication, pain)
 Reflect on suffering (unmet/unconscious need)
 Take an interest in traumatic memories (life history)

Chance of finding almost nothing (that could change everything)

Inappropriate Attitudes
 Responding in a timely manner

3° Action Adjust the relational approach

4° Prevention (assessing for prevention)

Appropriate Attitudes
 Listening, Hearing, Understanding
 Appeasing, Defusing

Disconcerting WORDS

Evaluation The caregiver's emotional keyboard

Repeated worries, Anticipatory anxiety → **Inappropriate Attitudes**
 To silence
 Answer with vivacity :
 That's enough!
 Ah, stop, shut up!
 You are sticky at the end!

Reflection **And if it was ?** Emergency **Delirium with anxiety.** Iatrogeny / Withdrawal
 Bodily pain / Discomfort
 Peritonitis / Pulmonary embolism

Suffering Separation anxiety / Abandonment anxiety
 Manic episode / Adaptive delusions
 Obsessive personality / Hypochondriac p.

Traumatic Memory Dissimulations / Left-unsaid
 Family secrets / Bereavement not done

Action **Appropriate attitudes**
 > Remaining silent ("handle the complaint" with care)
 > Hearing, understanding the hidden meaning
 > Clarifying
 > Rewording in empathetic manner
 > Dare to express an opinion with respect

Disconcerting ACTS

Evaluation The caregiver's emotional keyboard

Repeated worries, Anticipatory anxiety → **Inappropriate Attitudes**
 Oppose
 Saying bluntly :
 That's enough!
 Ah, stop, stop it!
 We can't let you do that!

Reflection **And if it was ?** Emergency **Delirium with disinhibition.** Iatrogeny / Withdr.
 Bodily pain / Discomfort
 Hypoglycemia / Epilepsy / Frontal syndrome

Suffering Fear of death / Boredom
 Manic episode
 Impulsive personality

Traumatic Memory Incestuous atmosphere
 Incests -Rape

Action **Appropriate attitudes**
 > Recognizing the child at work (archaic act)
 > Responding to actions through activities :
 - Creating diversion
 - Using mediations
 - Art therapy, (re)creational activities, Culture