

**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. The more severe the signs, the faster the scoring (time saved for the discussion that takes place after scoring).*

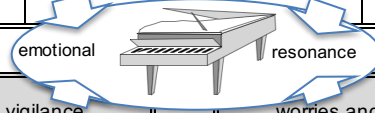
- 1 Before rating, it is helpful to hand out a scale sheet to each participant.
- 2 Choose together the period that will be evaluated (e.g. the last 7 days or the period since entry).
- 3 Read aloud the wording of the boxes, going from the most severe to the least severe.
- 4 Stop reading and circle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

<b>NAME</b> (or initial) :	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
<b>FIRST NAME</b> (or initial) :	
<b>Date of Birth</b> :	
<b>Today's date</b> :	
<b>Period evaluated</b> :	
<b>Duration of the rating</b> :	

Initials of caregivers present at the evaluation :

<b>Disconcerting VIOLENCE</b> apprehension and fear of being attacked				
<b>LOOKS</b>				
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
<b>VOICE, TONE</b>				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Yelling	Shouting	Groaning or grunting or moaning	Hostile voice	Usual voice
<b>WORDS</b>				
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
<b>GESTURES</b>				
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

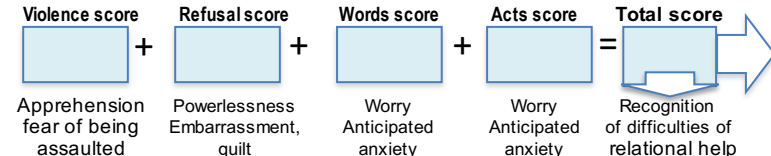
<b>Disconcerting REFUSAL (refusal, opposition, passivity, apathy)</b> embarrassment and guilt at being unable to gain acceptance for a proposal				
<b>COMMUNICATION</b> <i>(spontaneous words, utterances, answers to questions and non-verbal communication)</i>				
very marked=4	marked = 3	moderate = 2	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
<b>MOBILIZATION</b> <i>(walking, standing, sitting, mobilisation in bed)</i>				
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
<b>EATING</b> <i>(food and drink)</i>				
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
<b>CARE</b> <i>(hygiene, toilet, bath, taking medication, routine measures, activities)</i>				
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



<b>Disconcerting WORDS</b> worries and anticipatory anxiety requiring presence and vigilance				
<b>Excessive or pointless TALK or repeated DEMANDS</b>				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Contradictory orders or demands that cannot be responded to	Incassant demands that cannot be met	Incassantly repeats words or phrases (echolalia)	Excessive talking (logorrhoea)	Usual level of talk
<b>ANXIOUS TALK, bodily complaints and repeated calls</b>				
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.
<b>DEPRESSIVE TALK about life and death</b>				
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
<b>WORDS outside reality or hallucinations</b>				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Delirious talk or hallucinations with acting-out	Delirious talk or hallucinations without acting-out (certainty)	Delirious talk or hallucinations or lies or fabrications (probable)	Delirious talk or hallucinations or lies or fabrications (possible)	Absence of lies or fabrication of delir. talk or hallucinations

<b>Disconcerting ACTS</b> worries and anticipatory anxiety requiring presence and vigilance				
<b>ACTS and loss of control of OVERALL locomotor sphere</b>				
very marked=4	marked = 3	moderate = 2	slight = 1	absent = 0
Disappearance "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
<b>ACTS and loss of control of ORAL and eating sphere</b>				
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
<b>ACTS and loss of control of ANAL and urinary sphere</b>				
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
<b>ACTS and loss of control of GENITAL and sexual sphere</b>				
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

The secretary announces and adds up the scores. A right to remorse allows you to change your YES: either retract it if you said YES by mistake; or say YES on a higher number



<b>If score &gt;17 (cut-off)</b>	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
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2018. Special Jury Prize SF3PA (Société Francophone de Psychogériatrie et de Psychiatrie de la Personne Agée)  
2019. Favorite Prize SFTelMed ( Société Française de Télé-médecine) et Formatic Santé  
2020. Publication. International Psychogeriatrics (On line & Open Access since April 24, 2020)

**Evaluation**

**Violence**  
 stupid life idiot

Apprehension and fear (of being attacked)

**Inappropriate Attitudes**  
 Mirror response  
 Increasing tension  
 Sedation - Restraint

**Reflection**

Emergency **Active delirium.** Intoxigeny / Withdrawal  
 Bodily pain - fracture / Discomfort  
 Full bladder / Fecal impaction  
 Hypoglycemia / Epilepsy

Suffering Unmet need / negligence/abuse  
 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

**Evaluation**

**Refusals**

Powerlessness, Embarrassment and Guilt at being unable to get a proposal accepted

**Inappropriate Attitudes**  
 Coerce  
 Insist (without understanding)  
 Powerlessness + benevolence = explosive mixture

**Reflection**

Emergency **Hypoactive delirium.** Intoxigeny / Overdose (« acute apathy » with motor retardation)  
 Bodily pain - fracture / Discomfort  
 Sleep apnea / infection

Suffering Unmet need, negligence/abuse  
 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
- > Talking about everything and anything
- > Repeat the proposal / Asking for help
- > Dare to say that changing your mind is possible



Before = Risks

PGI-DSS

After = Opportunities



Ensemble Mini Staff

Emotional overflow

**1°) Evaluation** Name = Measure

Overcoming emotions

Measuring Relational Fever  
 Recognition of difficulties

Loss of opportunities  
 Miss of a reversible cause

**2°) Reflection** Look for a cause

Chance of finding almost nothing (that could change everything)

Sharing Information  
 What has changed, what was seen, heard, lived, known : the present, the past, the future

The Bet of Meaning - The Threshold Theory

Look for an emergency  
 Reflect on suffering

Take an interest in traumatic memories and life history

Inappropriate Attitudes

**3°) Action** Adjust the relational approach

Appropriate Attitudes

Responding in a timely manner

listening, hedring, understanding  
 appeasing, Defusing

**Evaluation**

**Words**  
 I want  
 I am afraid  
 I want to die  
 I've been robbed

Worry  
 Anticipatory anxiety

What is he going to say next?  
 What will be my answer ?

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

**Reflection**

Emergency **Delirium with anxiety.** Intoxigeny / Withdrawal  
 Bodily pain / Discomfort  
 Peritonitis / Pulmonary embolism

Suffering Unmet need, negligence/abuse  
 Separation anxiety/ Abandonment anxiety  
 Manic episode / Adaptative 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

**Evaluation**

**Acts**

Worry  
 Anticipatory anxiety

What is going to happen next?  
 What will I do?

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

**Reflection**

Emergency **Delirium with disinhibition.** Intoxigeny / Withdr.  
 Bodily pain / Discomfort / Pruritus -Scabies  
 Hypoglycemia / Epilepsy

Suffering Unmet need, negligence/abuse  
 Fear of death / Boredom  
 Manic episode / Frontal syndrome  
 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