LOVE YOUR NEIGHBOR
Preventing Resident-to-Resident Aggression

Barbara Speedling
Quality of Life Specialist
2024

AGGRESSION

- Hostile or violent behavior or attitudes toward another; readiness to attack or confront.
- The action or an act of attacking without provocation.
- Forceful and sometimes overly assertive pursuit of one's aims and interests.
- A type of behavior intending to cause physical or mental harm.

Aggression

Biological causes include:

- **Genetics;**
- **Medical and psychiatric diseases;**
- **Neurotransmitters;**
- **Hormones;**
- **Substance abuse; and**
- **Medications.**

Gupta V, Wadhwa R, et al. Aggression. [Updated 2023 Apr 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan- Available from: https://www.ncbi.nlm.nih.gov/books/NBK448073/

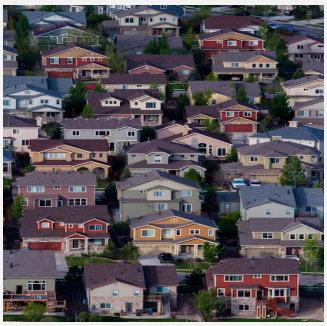
Psychological Causes

- Bipolar Affective Disorder
- Schizophrenia
- Dementia
- Post-traumatic Stress Disorder (PTSD)
- Acute Stress Disorder

Socioeconomic

- Interpersonal
- Social
- Group
- Neighborhood
- Economic
- Cultural conditions

*These factors often act concomitantly.

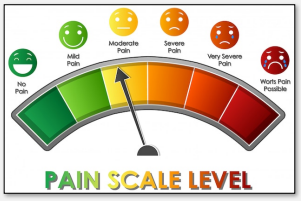


Genetics

- Male gender is the foremost predictor of aggression.
- Persons born with trisomy 21, or Down syndrome, experience an intellectual deficiency in certain challenging situations and may become aggressive.
- Reduced activity of the prefrontal cortex is associated with violent aggression.
- Lesions or neuronal changes, such as can occur in Alzheimer disease.
- Neurotransmitters: Serotonin and Dopamine.
- Hormones: Testosterone
- Low glucocorticoid levels have been correlated with aggressive activity

Medical Diseases

- Epilepsy, especially with origins in either the temporal or the frontal lobes
- Respiratory patients, especially those with either asthma or chronic obstructive pulmonary disease (COPD) in moments of breathing distress
- The most important medical condition that can cause aggression is **pain**. Regardless of the physical origin of the pain, the person often strikes out in response to the unbearable discomfort.



Substance Abuse

- The pharmacological properties of the substances usually are involved. However, for many individuals, the withdrawal experience may propel them toward violence to obtain the offending agent.
- Several abused substances rank high in their potential to create violence:
  - **Alcohol**
  - **Hallucinogens** such as mescaline, peyote, methamphetamine, ecstasy, and lysergic acid diethylamide (LSD) can precipitate terrifying, commanding, and frightening experiences that result in violent behavior.
  - **Phencyclidine** (PCP), also known as angel dust, not only makes the user feel superhuman and impervious to pain but also can cause powerful, violent behaviors.
  - **Anabolic steroids**, often used for physical enhancement, may cause aggressive rage.

Prescribed Medications

- Antidepressants
- Drugs used to treat Parkinson disease, such as carbidopa-levodopa, increase dopamine, and can cause patients to become paranoid and aggressive.
- Dexamethasone, a corticosteroid widely used to treat a variety of inflammatory diseases, can cause patients having periods of violence.

Psychological Causes

- Patients with bipolar affective disorder to become excessively agitated and aggressive, especially during the manic phase.
  - Grandiose delusions often not only dramatically inflate their self-view but also make them demanding of others and combative to those not acknowledging their perceived greatness.
- Patients with schizophrenia can be aggressive when responding to command hallucinations ordering them to harm others.
- Patients with a wide range of dementia, such as Alzheimer disease, not only have memory deficiencies but also lose their executive functions. These executive functions provide good judgment and inhibit unacceptable impulses.

Psychological Causes

- Overwhelming stress can make certain individuals aggressive. It is their way of coping. Patients with PTSD struggle with a host of symptoms that can promote potential aggression.
- These symptoms include:
  - Hypervigilance (A state of heightened awareness and watchfulness)
  - Flashbacks
  - Nightmares

Psychological Causes

Several childhood diagnoses, including conduct disorder and attention-deficit/hyperactivity disorder (ADHD), can result in aggressive behavior, as can disorders along the autism spectrum, because of communication difficulties, impulsiveness, low tolerance, and frustration.

Psychological Causes

When people are afraid, overwhelmed, feel threatened, or feel out of control, perplexed, disorientated, or frustrated, they often respond aggressively.

Sociocultural Economic Factors

***Interpersonal* aggression** occurs in a variety of settings.

- Domestic violence
  - An intimate relationship can promote violence through jealousy, fear of abandonment, domination, and control issues
- Child abuse
- Elder abuse. Relationships generate intense emotions. Psychiatric in-patient units, geriatric units and long term care facilities produce intense interpersonal feelings.
- Bullying in any setting is both aggressive in and of itself and can lead to violence.

Sociocultural Economic Factors

- ***Social****:* In social situations, frustrations can accumulate over time. This is known as an **incubation period**.
- **Relative Deprivation**: In this phenomenon, an oppressed group is granted some gains but realize that they have not received all the items of which they have been deprived and act aggressively.
- Some accumulate enough things that annoy them, and they reach a "tipping" point, where the aggression frequently erupts in violence.

Group: **Group experiences also can cause aggression. When many people assemble in one place, there can be growing aggression.**

Treatment / Management

- The treatment of aggression and violence must be based on their causes.
- The diagnosis leads to treatment.
- If a mental disorder is a responsible contributor then the specific disorder must be addressed.
- Substance Use Disorders (SUD), antisocial behavior, non-adherence and recidivism are known risk factors for violence.

Anger and Aggression in Dementia

- Aggressive behaviors may be verbal or physical.
- They can occur suddenly, with no apparent reason, or result from a frustrating situation.
- The person with Alzheimer's or dementia is not acting this way on purpose.

https://www.alz.org/help-support/caregiving/stages-behaviors/agression-anger

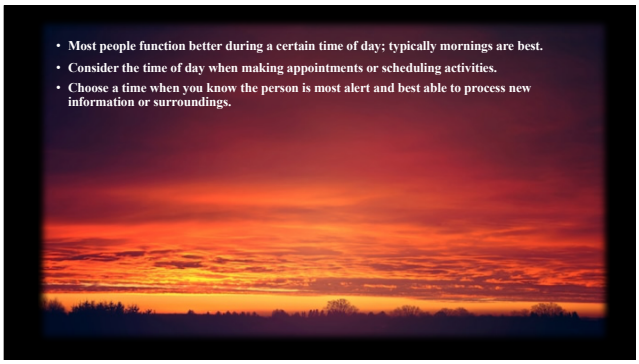
Causes

Aggression can be caused by many factors including:

- Physical discomfort;
- Environmental factors; and
- Poor communication.

Environmental Factors

- Is the person overstimulated by loud noises, an overactive environment or physical clutter?
  - Large crowds or being surrounded by unfamiliar people — even within one's own home —can be over-stimulating for a person with dementia.



F600 Freedom from Abuse, Neglect, and Exploitation

Abuse:

- The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish;
- The deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
- Abuse includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

F600 Freedom from Abuse, Neglect, and Exploitation

Resident to Resident Abuse of Any Type

- A resident to resident altercation should be reviewed as a potential situation of abuse.
- Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.
- The facility may provide evidence that it completed a resident assessment and provided care planning interventions to address a resident's distressed behaviors such as physical, sexual or verbal aggression.
- Redirection alone is not a sufficiently protective response to a resident who will not be deterred from targeting other residents for abuse once he/she has been redirected.

F600 Freedom from Abuse, Neglect, and Exploitation

Resident to Resident Abuse of Any Type

- Staff should monitor for any behaviors that may provoke a reaction by residents or others, which include, but are not limited to:
  - Verbally aggressive behavior, such as screaming, cursing, bossing around/demanding, insulting to race or ethnic group, intimidating;
  - Physically aggressive behavior, such as hitting, kicking, grabbing, scratching, pushing/shoving, biting, spitting, threatening gestures, throwing objects;
  - Sexually aggressive behavior such as saying sexual things, inappropriate touching/grabbing;
  - Taking, touching, or rummaging through other's property; and
  - Wandering into other's rooms/space.

Resident-to-Resident Aggression (RRA) in Long-Term Care Facilities: An Understudied Problem

Aggression and violence among long-term care residents has been largely overlooked by researchers to date, despite its potential significance as a public health problem in long-term care.

Source: Rosen T, Pillemer K, Lachs M. Resident-to-Resident Aggression in Long-Term Care Facilities: An Understudied Problem. *Aggress Violent Behav*. 2008;13(2):77-87. doi:10.1016/j.avb.2007.12.001

Resident-to-Resident Aggression (RRA)in Long-Term Care Facilities: An Understudied Problem

Several factors more prevalent in residents experiencing RRA:

- Male gender
- Behavioral disturbance (especially wandering)
- Moderate functional dependency
- Cognitive impairment

Resident-to-Resident Aggression (RRA)in Long-Term Care Facilities: An Understudied Problem

The public health significance of this problem was highlighted in a 2001 report of the Special Investigations Division, Committee on Government Reform of the United States House of Representatives entitled Abuse of Residents is a Major Problem in U.S. Nursing Homes (2001).

An important finding from this report was the failure of many nursing homes to adequately protect residents from other abusive residents.

Resident-to-Resident Aggression (RRA)in Long-Term Care Facilities: An Understudied Problem

- Elderly patients with schizophrenia are being currently referred to nursing homes at an unprecedented rate, due to the aging baby boomer population and government efforts to deinstitutionalize psychiatric patients. (Harvey & Bowie, 2005)
- Severe mental illness is prevalent in some nursing home settings, with 17.9% of Veteran's Affairs (VA) nursing home residents having received such a diagnosis. (McCarthy, Blow, & Kales, 2004)

Resident-to-Resident Aggression (RRA)in Long-Term Care Facilities: An Understudied Problem

- Research has shown that nursing home residents with severe primary mental illness exhibit greater behavior problems than those without mental illness. (McCarthy, Blow, & Kales, 2004)
- Also, these residents have more verbally disruptive behavior and as much physically aggressive and socially inappropriate behavior as demented patients. (McCarthy, Blow, & Kales, 2004)
- Seriously mentally ill nursing home residents may have greater impairment and more aggressive behavior than persons in community settings with similar diagnoses. (Bartels, Mueser, & Miles, 1997)

Resident-to-Resident Aggression (RRA)in Long-Term Care Facilities: An Understudied Problem

- A significant percentage of nursing home residents is younger than 65 years of age.
- This proportion is growing: 9.7% in 1999 up from 8.0% in 1995 according to the National Nursing Home Survey. (Gabrel & Jones, 2000)
- Most of these residents are psychiatric patients, and many exhibit problem behaviors (Jervis, 2002).
- Younger residents may be aggressive and have the physical strength to inflict serious harm on elderly, impaired long-term care patients.

Resident-to-Resident Aggression (RRA)in Long-Term Care Facilities: An Understudied Problem

- A recent report from the U.S. Government Accountability Office (GAO), prompted by media reports alleging abuse of nursing home residents by convicted sex offenders living in long-term care facilities, evaluated the number of convicted criminals residing in nursing homes. (United States General Accounting Office, 2006)
- This report found 700 registered sex offenders were living in nursing homes or intermediate care facilities for people with mental retardation, with approximately 3% of all nursing homes that receive Medicare and Medicaid funds housing at least one sex offender during 2005.
- The report also indicated that this number was an underestimate due to State data reporting limitations, and that the actual number may be twice as large.
- The extent to which nursing homes are notified regarding the status of sex offenders varies significantly, as does the degree to which this information is shared by facility administrators with their staff.

The Pandemic, Trauma, and Grief

Loneliness and Isolation in Long-term Care and the COVID-19 Pandemic

- Social isolation (the objective state of having few social relationships or infrequent social contact with others) and loneliness (a subjective feeling of being isolated) are serious yet underappreciated public health risks that affect a significant portion of the adult population.
- The prevalence of severe loneliness among older people living in long-term care homes is at least double that of community-dwelling populations.
- Feeling of loneliness has many deleterious consequences. They include increased risk of depression, alcoholism, suicidal thoughts, aggressive behaviors, anxiety, and impulsivity.

Source: Simard J, Volicer L. Loneliness and Isolation in Long-term Care and the COVID-19 Pandemic. *J Am Med Dir Assoc.* 2020;21(7):966-967. doi:10.1016/j.jamda.2020.05.006

Stages of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Assessment: Understanding the Individual

- Known or potential triggers to behavior
- Known self-soothing remedies
- The pre-dementia or pre-illness personality
- Social and occupational history
- Family dynamics
- Preferences and routines

Common Triggers to Altercations and Discontent

Relationships and Harmony

- How well do staff interact with residents?
- How well does the team do at pairing residents for meals or activity programs?
- How effective are the procedures for resolving grievances and conflicts?

SOCIAL REACTIONS

Have you ever:

- Declined an invitation because you didn't know anyone else who would be attending or because you learned someone you didn't like would be there?
- Moved from your original seat because of the behavior of someone else at the table?
- Left a gathering or program because you found it wasn't as interesting as you'd thought it would be or because another guest arrived wearing your dress?

Is Your Family Dysfunctional?

How To Respond

- Try to identify the immediate cause.
  - Think about what happened right before the reaction that may have triggered the behavior.
- Rule out pain as the cause of the behavior.
  - Pain can trigger aggressive behavior for a person with dementia.
- Focus on feelings, not the facts.
  - Rather than focusing on specific details, consider the person's emotions.
  - Look for the feelings behind the words or actions.

How To Respond

- Don't get upset.
  - Be positive and reassuring.
  - Speak slowly in a soft tone.
- Limit distractions.
  - Examine the person's surroundings, and adapt them to avoid similar situations.
- Try a relaxing activity.
  - Use music, massage or exercise to help soothe the person.

How To Respond

- Shift the focus to another activity.
  - The immediate situation or activity may have unintentionally caused the aggressive response.
  - Try something different.
- Take a break.
  - If the person is in a safe environment and you are able, walk away and take a moment for yourself.

How To Respond

- Ensure safety.
  - Make sure you and the person are safe.
  - If the person is unable to calm down seek assistance from others.
- Always call 911 in emergency situations.
  - If you do call 911, make sure to tell responders the person has dementia, which causes them to act aggressively.

Improving Communication in Mental Health

- Talk to them in a space that is comfortable, where you won't likely be interrupted and where there are likely minimal distractions.
- Ease into the conversation, gradually. It may be that the person is not in a place to talk, and that is OK. Greeting them and extending a gentle kindness can go a long way.
- Be sure to speak in a relaxed and calm manner.
- Communicate in a straightforward manner and stick to one topic at a time.

https://www.nami.org/Get-Involved/NAMI-FaithNet/Tips-For-How-to-Help-a-Person-with-Mental-Illness#:~:text=Be%20sure%20to%20speak%20in,having%20a%20bad%20day%20today.

Improving Communication in Mental Health

- Be respectful, compassionate and empathetic to their feelings by engaging in reflective listening, such as "I hear that you are having a bad day today. Yes, some days are certainly more challenging than others. I understand."
- Instead of directing the conversation at them with 'you' statements, use 'I' statements instead.
- Be a good listener, be responsive and make eye contact with a caring approach.
- Ask them appropriate questions and avoid prying.
- Give them the opportunity to talk and open up but don't press.

https://www.nami.org/Get-Involved/NAMI-FaithNet/Tips-For-How-to-Help-a-Person-with-Mental-Illness#:~:text=Be%20sure%20to%20speak%20in,having%20a%20bad%20day%20today.

Improving Communication in Mental Health

- Share some easy insights as a way of encouraging easy conversation, such as comments about the weather, the community or other.
- Reduce any defensiveness by sharing your feelings and looking for common ground.
- Speak at a level appropriate to their age and development level.
  - **Keep in mind that mental illness has nothing to do with a person's intelligence**.
- Be aware of a person becoming upset or confused by your conversation with them.

https://www.nami.org/Get-Involved/NAMI-FaithNet/Tips-For-How-to-Help-a-Person-with-Mental-Illness#:~:text=Be%20sure%20to%20speak%20in,having%20a%20bad%20day%20today.

Improving Communication in Mental Health

- Show respect and understanding for how they describe and interpret their symptoms.
- Genuinely express your concern.
- Offer your support and connect them to help if you feel that they need it. Ask, "How can I help?" if appropriate.
- Give the person hope for recovery, offer encouragement.

https://www.nami.org/Get-Involved/NAMI-FaithNet/Tips-For-How-to-Help-a-Person-with-Mental-Illness#:~:text=Be%20sure%20to%20speak%20in,having%20a%20bad%20day%20today.

Things to Avoid Saying

- "Just pray about it."
- "You just need to change you're attitude."
- "Stop harping on the negative, you should just start living."
- "Everyone feels that way sometimes."
- "You have the same illness as my (whoever)."
- "Yes, we all feel a little crazy now and then."

Things to Avoid Doing

- Criticizing blaming or raising your voice at them.
- Talking too much, too rapidly, too loudly. Silence and pauses are ok.
- Showing any form of hostility towards them.
- Assuming things about them or their situation.
- Being sarcastic or making jokes about their condition.
- Patronizing them or saying anything condescending.

Improving Communication in Dementia Care

Listening

- Listen carefully to what the person is saying. Offer encouragement both verbally and non-verbally, for example by making eye contact and nodding.
- The person's body language can show a lot about their emotions. The expression on their face and the way they hold themselves can give you clear signals about how they are feeling when they communicate.
- If you haven't fully understood what the person has said, ask them to repeat it. If you are still unclear, rephrase their answer to check your understanding of what they meant.
- If the person with dementia has difficulty finding the right word or finishing a sentence, ask them to explain it in a different way. Listen and look out for clues. If they cannot find the word for a particular object, ask them to describe it instead.

https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/how-to-communicate-dementia#:~:text=Listen%20carefully%20to%20what%20the,it%20is%20about%20that%20emotions

Supporting The Person To Express Themselves

- Allow the person plenty of time to respond – it may take them longer to process the information and work out their response.
- Try not to interrupt the person – even to help them find a word – as it can break the pattern of communication.
- If the person is upset, let them express their feelings. Allow them the time that they need, and try not to dismiss their worries – sometimes the best thing to do is just listen, and show that you are there.

Ways To Communicate With A Person With Dementia

- Communicate clearly and calmly.
- Use short, simple sentences.
- Don't talk to the person as you would to a child – be patient and have respect for them.
- Try to communicate with the person in a conversational way, rather than asking question after question which may feel quite tiring or intimidating.
- Include the person in conversations with others. It is important not to speak as though they are not there. Being included can help them to keep their sense of identity and know they are valued. It can also help them to feel less excluded or isolated.
- If the person becomes tired easily, then short, regular conversations may be better.
- Avoid speaking sharply or raising your voice.

How To Pace Conversations

- Go at a slightly slower pace than usual if the person is struggling to follow you.
- Allow time between sentences for the person to process the information and respond. These pauses might feel uncomfortable if they become quite long, but it is important to give the person time to respond.
- Try to let the person complete their own sentences, and try not to be too quick to assume you know what they are trying to say.

Things To Consider About Body Language

- Stand or sit where the person can see and hear you as clearly as possible – usually this will be in front of them, and with your face well-lit.
  - **Try to be at eye-level with them, rather than standing over them.**
- Be as close to the person as is comfortable for you both, so that you can clearly hear each other, and make eye contact as you would with anyone.
- Prompts can help, for instance pointing at a photo of someone or encouraging the person to hold and interact with an object you are talking about.
- Try to make sure your body language is open and relaxed.

Tips For Asking Questions

- Try to avoid asking too many questions, or asking complicated questions.
  - The person may become frustrated or withdrawn if they can't find the answer.
- Try to stick to one idea at a time.
  - Giving someone a choice is important, but too many options can be confusing and frustrating.
- Phrase questions in a way that allows for a simple answer.
  - For example, rather than asking someone what they would like to drink, ask if they would like tea or coffee. Questions with a 'yes' or 'no' answer are easier to answer.

What To Do If The Person Has Difficulty Understanding

- If the person doesn't understand what you're saying even after you repeat it, try saying it in a slightly different way instead.
- If the person is finding it hard to understand, consider breaking down what you're saying into smaller chunks so that it is more manageable.
- Try to laugh together about misunderstandings and mistakes.
  - Humor can help to relieve tension and bring you closer together.
  - **Make sure the person doesn't feel you are laughing at them.**

Managing Escalating Behavior

- Usually violent incidents follow a series of smaller incidents or warning signs.
  - Identifying the triggers to the behavior, including the person or persons who may incite the individual, is the most important step to preventing escalation of a behavioral episode.
- The inappropriate behavior of a person prone to violence usually escalates over time.
  - A diagnosis of mental illness or cognitive impairment will complicate any circumstance in which the potential for violence exists.
- Ensuring your safety and that of others is the most important action you can take.
  - Know and understand behavioral warning signs.
  - Practice good assessment skills.
  - Anticipate behaviors identified as symptoms of a particular diagnosis and plan proactively.

Dealing With Escalating Behavior

- Stay calm, listen attentively, make the person feel comfortable, and ask the person to sit down.
- Treat the person with dignity and respect. Understand that delusions and suspicions are symptoms of the mental illness, and very real for the person.
- Ask, "What can I do to help you?" Focus your attention on meeting the person's needs.
- Acknowledge the person's concerns.

Dealing With Escalating Behavior

- Maintain eye contact.
- Speak slowly, softly, and clearly.
- Avoid being defensive.
- Set ground rules/boundaries, such as," When you shout at me, I can't understand what you're saying."
- Do not argue.

Dealing With Escalating Behavior

- Signal a co-worker *quietly*, if you need help.
- If the person has an urgent need to communicate, don't put it off.
- Keep the situation in your control.
- Notify your supervisor immediately.

Divert and Delight

Bspeedling@aol.com
917.754.6282
www.barbaraspeedling.com

Creating Meaningful, Satisfying Lives
One Person at a Time