LOVE YOUR NEIGHBOR:

Preventing Resident-to-Resident Aggression

Barbara Speedling
Quality of Life Specialist
RIALA – MAY 6, 2022

1

OBJECTIVES

- Explain the intent of the Federal regulations relative to abuse prevention;
- Develop policies and procedures to ensure residents are free from abuse, neglect, and exploitation; and
- Create effective quality monitoring and performance improvement programs.

2

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

3

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

4

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.

5

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)

6

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)

7

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.

8

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.

9

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.

10

AGGRESSION

Aggression can be normal, and is only an indicator of underlying disease when feelings become excessive, all-consuming, and interfere with daily living.

11

Challenging Behavior Of Nursing Home Residents During COVID-19 Netherlands Study

- Increase in depression, loneliness, boredom, sleeping problems, anxiety, apathy, withdrawal, attention-seeking behavior, negativity, suspicion, agitation, aggression, and disinhibition.
- Decline in physical and cognitive functioning, a decrease in appetite, and an increase in hallucinations and delusions were reported.

Source: Ruslan Leontjevas, Inge A. H. Knippenberg, Martin Smalbrugge, Annette O. A. Plouvier, Saskia Teunisse, Christian Bakker, Raymond T. C. M. Koopmans & Debby L. Gerritsen (2021) Challenging behavior of nursing home residents during COVID-19 measures in the Netherlands, Aging & Mental Health, 25:7, 1314-1319, DOI: 10.1080/13607863.2020.1857695

12

Challenging Behavior Of Nursing Home Residents During COVID-19 Netherlands Study

Large proportions of participants thought that challenging behavior in residents increased (79%) because of banning visits.

- The most negative effects were attributed to the common ban to go outside (84%);
- The occasional prohibition to leave one's room (71%); and
- The frequently occurring changes in provided organized activities (74%).

13

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

14

Post-traumatic Stress Disorder (PTSD)

PTSD (post-traumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, such as:

- Combat and other military experiences;
- Sexual or physical assault;
- Learning about the violent or accidental death or injury of a loved one;
- Child sexual or physical abuse;
- Serious accidents, like a car wreck;
- Natural disasters, like a fire, tornado, hurricane, flood, or earthquake; or
- Terrorist attacks

15

What are the symptoms of PTSD?

- Reliving the event
- Avoiding things that remind you of the event
- Having more negative thoughts and feelings than before
- Feeling on edge

16

Common Expressions of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

17

SOCIAL ISOLATION AND LONELINESS IMPACT ON COGNITION

- CDC: Social isolation and loneliness significantly increase the risk of premature death.
- The negative impact on general health can be compared to smoking, obesity, and physical inactivity.
- Social isolation is associated with a 50% increased risk of dementia.
- Social isolation and loneliness have also been linked to increased risk of heart disease, stroke, vascular, and neurological disease.

Source: https://altarum.org/special-initiative/improving-eldercare

18

Dementia Care Standards

- This category of licensure shall be required when one (1) or more resident's dementia symptoms impact their ability to function as demonstrated by any of the following:
  a. Safety concerns due to elopement risk or other behaviors;
  b. Inappropriate social behaviors that adversely impact the rights of others;
  c. Inability to self-preserve due to dementia;

216-RICR-40-10-2: 2.4.2 Levels of Licensure

19

Dementia Care Standards

d. A physician's recommendation that the resident needs dementia support consistent with this level; or if the residence advertises or represents special dementia services or if the residence segregates residents with dementia.

In addition to the requirements for the basic license, licensing requirements for the "dementia care" level shall include the following:

1) Staff training and/or requirements specific to dementia care as determined by the Department;
2) A registered nurse on staff and available for consultation at all times;
3) The residence shall provide for a secure environment appropriate for the resident population.

216-RICR-40-10-2: 2.4.2 Levels of Licensure

20

Schizophrenia

POSITIVE SYMPTOMS

- Hallucinations
- Delusions
- Thought disorders
- Movement disorders

NEGATIVE SYMPTOMS

- "Flat affect" (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

COGNITIVE SYMPTOMS

- Poor "executive functioning" (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with "working memory" (the ability to use information immediately after learning it)

21

BIPOLAR DISORDER SIGNS AND SYMPTOMS

People having a manic episode may:

- Feel very "up," "high," or elated
- Have a lot of energy
- Have increased activity levels
- Feel "jumpy" or "wired" Have trouble sleeping
- Become more active than usual
- Talk really fast about a lot of different things
- Be agitated, irritable, or "touchy"
- Feel like their thoughts are going very fast
- Think they can do a lot of things at once
- Do risky things, like spend a lot of money or have reckless sex

People having a depressive episode may:

- Feel very sad, down, empty, or hopeless
- Have very little energy
- Have decreased activity levels
- Have trouble sleeping, they may sleep too little or too much
- Feel like they can't enjoy anything Feel worried and empty
- Have trouble concentrating Forget things a lot
- Eat too much or too little Feel tired or "slowed down"
- Think about death or suicide

22

BIPOLAR DISORDER TREATMENTS

Keeping a Life Chart

Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices.

Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

23

Obsessive compulsive disorder: symptoms and behaviors

OCD -

- A psychiatric disorder characterized by obsessive thoughts and compulsive actions, such as cleaning, checking, counting, or hoarding.
- OCD, one of the anxiety disorders, is a potentially disabling condition that can persist throughout a person's life.
- The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and distressing but extremely difficult to overcome.
- OCD occurs in a spectrum from mild to severe, but if severe and left untreated, can destroy a person's capacity to function at work, at school, or even in the home.

24

Managing Symptoms and Reactions

1. Compulsions:
   - Learn Patterns and Reasoning
   - Channel Hoarding Behavior to Productive Activity
2. Rituals and Routines:
   - Validation vs. Reality Orientation
   - Practice Behavior Modification/Reward Systems
3. Building Bridges:
   - Reassurance
   - Encourage Diversionary Activity to Address Anxiety

25

HOARDING

Reasons for Saving

Sentimental –
"This represents my life. It's part of me."

Instrumental –
"I might need this. Somebody could use this."

Intrinsic –
"This is beautiful. Think of the possibilities!"

26

Understanding the Individual

Who is the person behind the behavior?

- Personality
- Ego
- Responses
- Rituals
- Preferences

27

Understanding the Individual

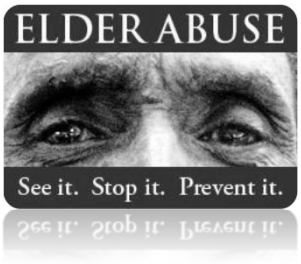
- Known or potential triggers to behavior
- Known self-soothing remedies
- The pre-dementia or pre-illness personality
- Social and occupational history
- Family dynamics
- Preferences and routines

28

Residents' Rights

To be free from verbal, sexual, physical, emotional, and mental abuse, corporal punishment, and involuntary seclusion;

R.I. Gen. Laws § 23-17.4-16



29

Abuse, Neglect, and Exploitation

"Abuse" means any assault as defined in R.I. Gen. Laws Chapter 11-5 including, but not limited to hitting, kicking, pinching, slapping or the pulling of hair, provided however, unless such is required as an element of offense, it shall not be necessary to prove that the patient or resident was injured thereby, or any assault as defined in R.I. Gen. Laws Chapter 11-37 or any offense under R.I. Gen. Laws Chapter 11-10; or

2.3 Definitions

30

Abuse, Neglect, and Exploitation

a. Any conduct which harms or is likely to physically harm the resident except where the conduct is a part of the care and treatment, and in furtherance of the health and safety of the resident; or

b. Intentionally engaging in a pattern of harassing conduct which causes or is likely to cause emotional or psychological harm to the resident, including but not limited to ridiculing or demeaning a patient or resident, making derogatory remarks to a patient or resident or cursing directed towards a patient or resident, or threatening to inflict physical or emotional harm on a patient.

2.3 Definitions

31

Abuse, Neglect, and Exploitation

"Neglect" means:

- The intentional failure to provide treatment, care, goods and services necessary to maintain the health and safety of the patient or resident;
- The intentional failure to carry out a plan of treatment or care prescribed by the physician of the patient or resident;
- The intentional failure to report patient or resident health problems or changes in health conditions to an immediate supervisor or nurse;
- Or the intentional lack of attention to the physical needs of a patient or resident including, but not limited to toileting, bathing, meals and safety.

32

Abuse, Neglect, and Exploitation

Exploitation means to selfishly take advantage of someone in order to profit from them or otherwise benefit oneself.

33

Common Triggers to Altercations and Discontent

34

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?

35

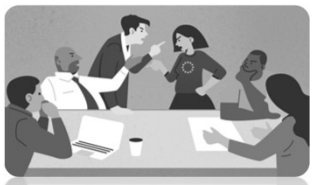
SOCIAL REACTIONS

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?

36

Is Your Family Dysfunctional?



The Nature of Relationships

- Assessing personalities, office politics, and respect issues.
- What sort of first impression does your organization make?
- What resources or support systems does your organization foster to improve relationships?

37

Abuse Reporting Requirements

- Any employee of an assisted living residence who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long- Term Care Ombudsman.
- Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements.

38

Abuse Reporting Requirements

- The residence shall establish a written policy or procedure for reporting abused, exploited or neglected residents that complies with the provisions of this section.
- The report may be submitted by telephone but shall be followed up in writing.
  1. Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island.

2.4.17 Reporting Requirements

39

Abuse Reporting Requirements

- The residence shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress.
- Appropriate corrective action shall be taken, as necessary.
- The results of said investigation shall be reported to the Department, within five (5) business days, on forms supplied by the Department.
- Reporting requirements, pursuant to R.I. Gen. Laws Chapter 23-17.8 must be posted in the residence in plain view of all residents and employees.

40

Abuse Investigative Requirements

The administrator shall be responsible for the investigation and documentation of incidents that involve residence operations, resident services, or related event(s) that directly or indirectly jeopardize the health and safety of residents, or that results in a resident injury that requires assessment by a licensed practitioner or where the injury was not witnessed or explained by the resident.

1. Documentation of incidents shall include:
   a. Date and time of incident;
   b. Reporter's name;
   c. Name of resident(s) involved or affected;
   d. Any injury(ies) to resident(s); and
   e. Action taken by the residence in response to the incident.

41

Abuse Investigative Requirements

2. Such documentation shall be made available for review during a survey inspection by the licensing agency Department or as required by any health oversight agency.
3. Such documentation shall be retained by the licensee for no less than five (5) years after the event or incident.

2.4.17 Reporting Requirements

42

Combating Loneliness

1. Name tags: Wearing a name tag that can easily be read helps to make a connection between the staff and residents.
2. Access to a personal computer or iPad;
3. Family visits via teleconference or onsite visits, as permitted;
4. Cards and letters;
5. Religious services via teleconference;
6. Robotic pets and dolls; and
7. Simulated Presence Therapy – Family Recordings and Videos

43

Benefit of Conversation

University of Exeter:

"One Social Hour a Week in Dementia Care Improves Lives and Saves Money: Person-centered activities combined with just one hour a week of social interaction can improve quality of life and reduce agitation for people with dementia living in care homes, while saving money."

ScienceDaily, 16 July 2017

44

Non-pharmacological Interventions

- Increasing the amount of resident exercise;
- Reducing underlying causes of distressed behavior such as boredom and pain;
- Individualized bowel regimen to prevent or reduce constipation and the use of medications;

45

Non-pharmacological Interventions

- Improving sleep hygiene;
- Accommodating the resident's behavior and needs by supporting and encouraging activities reminiscent of lifelong work or activity patterns;
- Using massage, hot/warm or cold compresses to address a resident's pain or discomfort; and
- Enhancing the dining experience.

46

LIFE SKILLS PROGRAMMING: CHRONIC MENTAL HEALTH

- Life skills programs encourages independent living and enhances quality of life.
- Life skills often have several components:
  - Communication and talking;
  - Financial awareness and money management; domestic tasks (such as cooking, washing- up dishes, hoovering, doing the laundry and running a home); and
  - Personal self-care (such as washing, bathing, cleaning teeth, shaving, combing hair and getting dressed).

47

LIFE SKILLS PROGRAMMING: CHRONIC MENTAL HEALTH

Other life skills include training on:

- Coping with stress
- Shopping for and eating healthy food
- Knowing the time
- Taking medication
- Improving social skills
- Using transport
- Forward planning

48

JOURNALING

49

"Sheltered Workshops"

50

Barbara Speedling
Innovations for Quality Living

Bspeedling@aol.com 917.754.6282 www.barbaraspeedling.com

Creating Meaningful, Satisfying Lives One Person at a Time

51