Managing Elder Aggression

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Objectives:

At the end of this lecture participants will be able to

1. **Define elder aggression and its extent**
2. **Identify the causes of violence in the aged**
3. **List the way to intervene when there is elder violence**
4. **Identify the impact of senior violence**

Elder Aggression: Definition

Aggression has a recognizable origin involving the following behaviors: Yelling, shouting, kicking, biting, screaming, spitting, throwing, pulling, grabbing, hitting, pinching, punching, passive and active resisting, hurling, pacing, shaking, choking, smashing, ripping, threatening, scratching, pushing, shoving, slamming, head butting, running over people with wheelchairs, ramming with walkers and being thrown into a closet.

Assault and Battery

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Elder Aggression: The Extent

The Extent

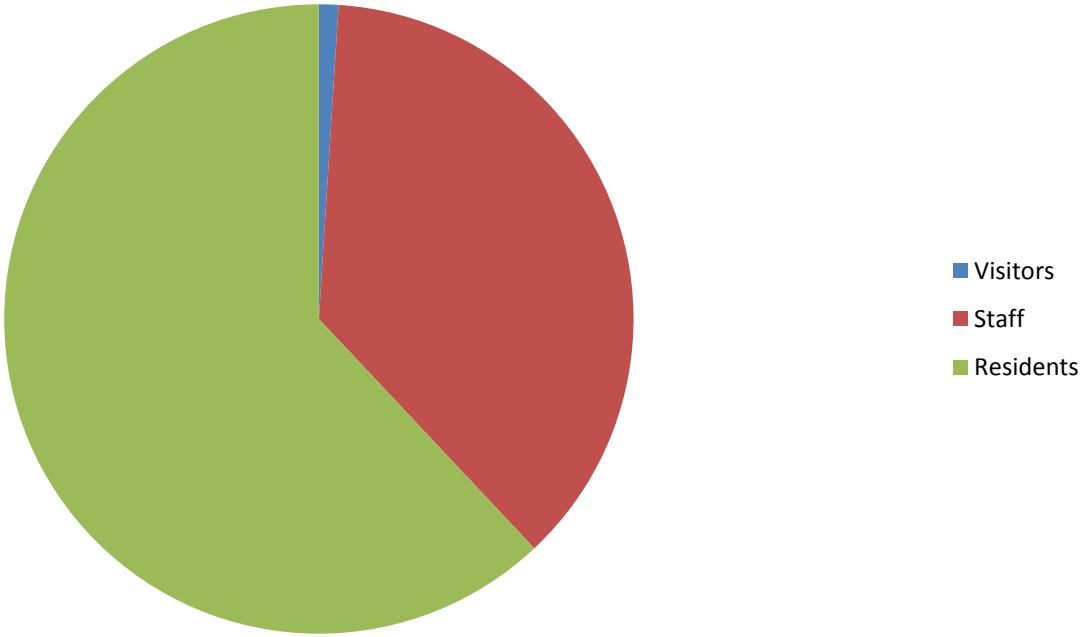
. For example, in one nursing facility, 18% of the staff noted aggression as a daily occurrence. (Astroem, 2002) Among residents with dementia, 45% of them exhibited aggressive behavior within a two week period. (Schreiner, 2001) Looking just at aggressive behavior in eldercare facilities, between 30% and 65% of all nursing home residents demonstrated activities within the Aggressive Spectrum. (Cohen-Mansfield, 1990).

(Cohen-Mansfield, 1990)

Elder Aggression: The Extent

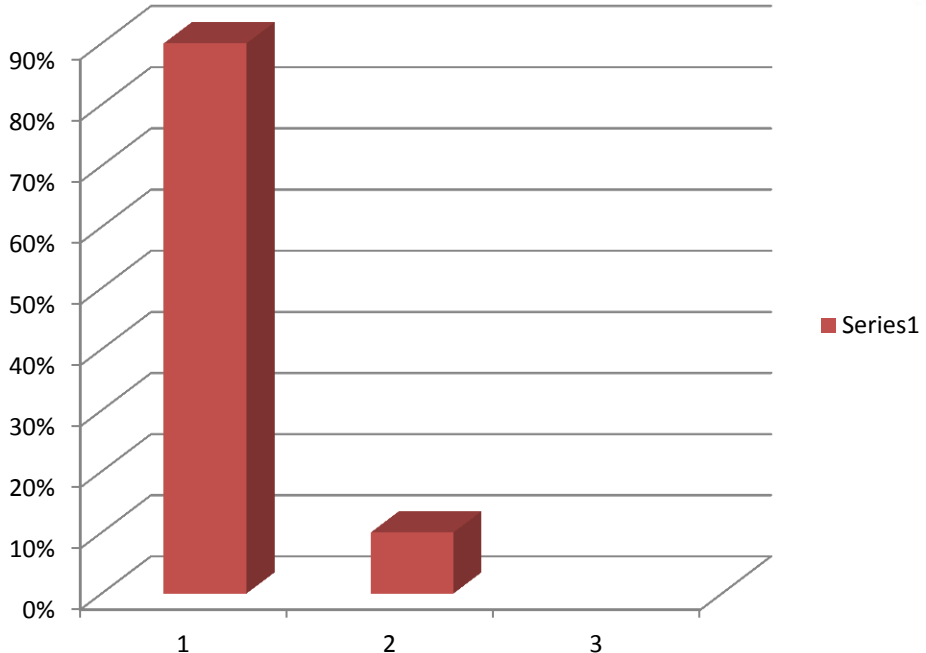
The Victims I

Aggression means victims. Who are the victims of this belligerence? They are many and in general, the closest in proximity. It might seem that the personnel working in nursing facilities, it might seem that they encountered the majority of the aggression are most frequently the victims. It turns out that other residents are the victims of the greatest number of aggressive acts. The victims of physical aggression in long-term care facilities are residents 62% of the time, staff, 37% and visitors, 1%. (Cohen-Mansfield, 1990)



Elder Aggression: The Extent

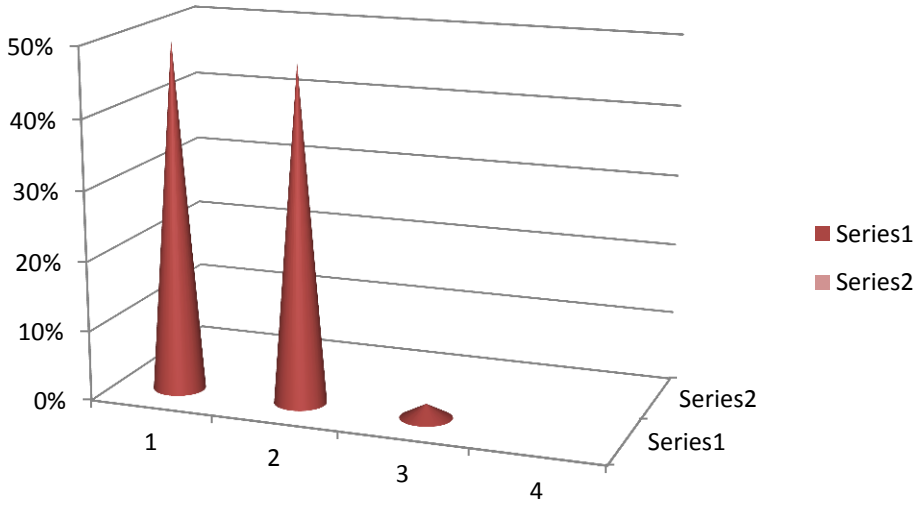
The Victims II



90% of the staff victims are CNAs. (Brunk, 1997)

Elder Aggression: The Extent

When? (Brodaty, 2001) The easiest answer is anytime. But many elderly become more agitated or antagonistic when they are being asked or forced to do things. Regardless of the location, intimate events trigger aggressive reactions. (Keene, 1999) Times of demands such as getting up, eating meals, bathing and taking medication most often seem to provoke a hostile response. In nursing facilities aggressive behavior takes place in the evenings, 50%, days, 48% and nights, 2%. (Cohen-Mansfield, 1990)



Elder Aggression: Causes

Why Now?

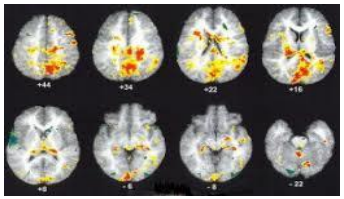
- 70 -80% of the Nursing home population have either a **primary or secondary psychiatric disorder;** another study indicated 94% of nursing home have a psychiatric diagnosis. (Merck Manual of Geriatrics)
- **Aggression is one of the major reasons for admission** to skilled nursing facilities. (Armstrong, 2000) The elderly resident who becomes combative in the home will very often be placed in a long-term care facility. Aggression in this instance leads to a loss of freedom and independence. Then it becomes a vicious cycle. Residents who lose their independence are more likely to be violent.
- Due to **the closing of state mental hospitals and the lack of other community residential treatment programs**, many individuals with both serious mental illness and dementia are now admitted to long-term care facilities. (Bowie, 2001) These disorders are frequently associated with aggressive behavior.

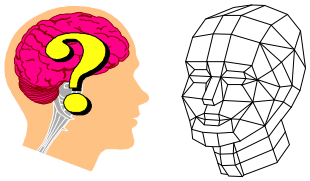
Elder Aggression: Causes

Sex

Elder Aggression: Causes

Dementia I





Alzheimer‘s

Anoxia
Chronic Inflammatory Diseases: Lupus, Multiple Sclerosis , Whipple's Disease
Degenerative Diseases: Huntington's Disease, Parkinson's Disease, Wilson's Disease, A L S
Drugs, Substances, Toxins
Head Trauma
Infection : AIDS, Meningitis , Neurosyphilis, Lyme
Intracranial Mass: Tumor , Abscess, Subdural
Metabolic: Cushing's,Hepatic Insufficiency,Parathyroid Disorders,Renal Insufficiency , Thyroid Conditions
Normal-Pressure Hydocephalus
Vascular diseases: Multi-Infarct Dementia, Atherosclerosis

Elder Aggression: Causes

Dementia II

Cognition

Memory loss they attended the s As.

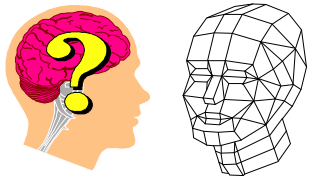
Aphasia is the inability to produce the names of people or objects.

Apraxia means the resident cannot perform motor activities even though his neuromuscular system is intact. For example, an individual may not recall how to tie his shoes.

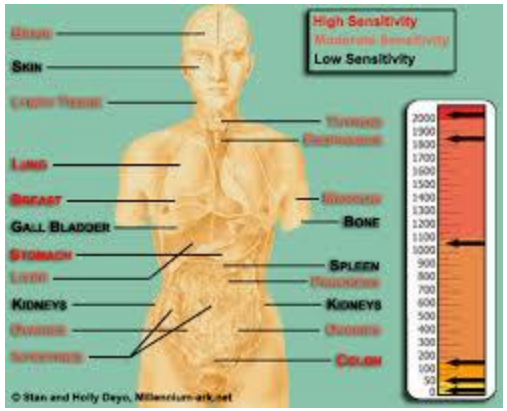
Agnosia is the failure to recognize objects although the sensory systems remain intact. For example, a resident cannot recognize a pencil placed in his hands despite the fact he can both grasp it and see it. (APA, 1964)

Elder Aggression: Causes

Delirium



- Intracranial events
- Infections
  - Seizures
  - Trauma to the brain
  - Tumors
  - Vascular disorders
- Systemic Problems
- Abused Substances- intoxication, withdrawal, poisoning
- e.g. alcohol, phencyclidine, hallucinogens
- Deficiency states; e.g. thiamine, vitamin B_{12}
- Diseases of the heart, kidneys, liver, lungs and vessels
- Drugs-intoxication, withdrawal, poisoning
- e.g. anticholinegic medications, salicylates, steroids and cardiac glycosides
- Electrolyte imbalances
- Endocrine disorders-(hyper and hypo functioning)
- Poisons-carbon monoxide, mercury
- Postoperative conditions
- (Kaplan, 1991)



Elder Aggression: Causes

D + D = D Dementia/ Delirium=Delusions and Hallucinations which lead to violence

- **What is a delusion?**
- **What is the relationship of dementia to delusions and then to violence?**
- **Theft:** The delusion of being a victim of theft is one of the most common.
- **My house is not my home:** For a resident unable to recognize his surroundings the belief that it is **not my house** makes sense. This often leads to the resident asking, "Take me home."
- **Impostor: T**he resident believes that his family member or a caregiver is really an impostor.
- **Abandonment:** As a resident's dementia progresses, he may have some insight into his plight and what a burden he may come to be. As a result he fears both abandonment and being institutionalized.
- **Infidelity:** Bill fears his wife is cheating on him. Again, the dynamic of impending losses makes him believe that he will no longer command the love and loyalty he did before.
- **What is a hallucination?**
- **What is the relationship of dementia to hallucinations and then to violence?**

Elder Aggression: Causes

Elder Aggression: Causes

***Seriously Mental Illnesses* in the Elderly**

- **Manic-Depressive**
- **Schizophrenia**
- **Posttraumatic Stress Disorders**
- **Anxiety**
- **Phobias with Panic Episodes**
- **Depression**

Elder Aggression: Causes

Interpersonal:

Family and friends issues

The Healthcare Providers

Elder Aggression: Intervention

The Intervention Continuum:

Escalation

De-escalation

Managing Assaultive Behavior

Elder Aggression: Intervention

Assessment: Stop, Look and Listen

Stop- erupting aggression must be immediately paid attention to

Look-observe the resident and the situation-assess the scene

Listen-hear what the resident is really saying

Elder Aggression: Intervention

- **De-escalation Tactics**

- **Active Listening**-focus and really hear what the other person is saying and resist only paying attention to your response.
- **Effective Verbal Responding**-this includes a number of verbal techniques: self-identification, orientation, use of questions and paraphrasing.
- **Redirect** -either verbally or physically gently change the subject or direction in which the resident is going.
- **Fibuetts** -Little white lies you actually tell the resident for a therapeutic purpose. For example, every day at 4 p.m. a resident becomes very agitated because she wants to leave her factory job and go home to her family by bus. Staff constructed an artificial bus stop for her to wait for the bus.
- **Stance**-standing alert with feet 18 inches apart and in front of you and open with eye contact.
- **Positioning** -side position and reaction gap of six feet, you stand to the right or left of the resident at an distance of six feet (see diagram).
- **Tincture of time**-In certain situations simply giving the resident enough time and space will resolve the problem.
- **Avoid jumping to conclusions**- Listening to what the resident says without any perceived ideas.
- **Control the environment-**you can affect the behavior by changing the environment such as lowering the noise level or removing other residents or increasing the amount of lighting.
- **Teamwork**-when possible, de-escalation is best done in a coordinated manner by a team.
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Elder Aggression: Intervention

- **First Step in Intervention**
- The first step in intervention must be the protection of other residents.

- **The Fundamental Intervention Principle**
- The intervention must match the level of the resident's aggressive activity.
- **The intervention sequence:**

- **A corollary to this fundamental principle**
- The approach to the aggressive resident must be done in the least controlling way.
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- **Intervention Sequence**
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- **Positioning - Interpersonal Distance**
- **Positioning - Take a side position**
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- **Second Step**
- **Effective Verbal Responses and Specific Verbal Techniques**
- **self-identification**
- **stated orientation**
- **redirection**

Elder Aggression: Impact

Reactions of the Aggressor

Remorse:

Continued anger:

Indifference:

No recollection at all:

Elder Aggression: Impact

- **Response of Other People in the Vicinity and the Family**
- **Fear:**
- . **Anger**
- **Taking It Personally:**
- **Indifference:**
- **Humor:**
- **Disbelief:**
- **Anger:**
- **Blame:** Especially in cases where the loved one has dementia, the family is often apt to blame the staff for the resident's aggression. It is a common scenario for the resident to accuse the caregiver of either being mean to him or not feeding him as the justification for the rage.
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  Shame and Guilt: Far too often the family experiences a combination of shame and guilt over the aggressive behavior. They feel embarrassed and humiliated by the eruption. Even though they know rationally that the violence stems from the resident's condition, such as his pneumonia, they still have a sense of disgrace about it. Furthermore, the belligerence triggers their concerns about having put him in the nursing facility. So they second guess their placement decision and feel guilty about his behavior.
- **Appreciation:** Finally, in contrast to the feelings of shame and guilt, the family in reaction to an aggressive episode may come to feel a sense of reinforcement for the placement decision. They sense an even deeper appreciation of the staff. After a recent visit where the family observed their mother's violent outburst, they profoundly thanked the staff for their care and realized they could not handle their mother at home.
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Elder Aggression: Impact

- **Staff Reactions**
- Perhaps the most painful of all the staff's reactions is the belief that they must be victims as part of the job.
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- Staff sometimes take the violence personally and see incidents as directed at them specifically. .
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- Betrayal represents a different and to some degree an unexpected emotional reaction. A frequent mental response when the elderly resident yells at you to get out and shakes their fist at you is to think, "But I'm here to help you!" It takes distance and discipline to decipher the message from the aggression.
- Emotional and physical withdrawal represents one of the most common reactions to aggression.
- In one rather dramatic instance, an aide was struck by an elderly gentleman. He hit her in the face and bruised her jaw. She went home in a great deal of pain and for days afterwards experienced severe emotional and physical discomfort. Despite her apparent recovery, that aide did not return to work.
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- Another natural response to the elder aggression is, "What did I do wrong?"
- Finally, some staff members have an understanding of aggression and can put it in perspective.
- Although each event warrants its own individual handling, there are a number of basic principles to use in responding to staff victims of elder aggression. These include do something, listen, support and timing.
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- **Do something** is the fundamental principle. It says that attention must be paid to the event and the staff's reactions.
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- **Listen:** The principle is clear and simple, let the staff member tell his story. People hearing about an aggressive event are often very quick to jump to conclusions concerning the episode. They shoot from the proverbial hip and make assumptions. What is critical is that people listen to the staff story. This act of listening not only helps to validate that person's experience but also serves almost as a therapeutic session.
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- **Support:** The doing something and listening must be done in the spirit of support and care. It is not done with accusations and blame but rather with healing and concern.
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- **Timing:** Finally, timing is everything. Working with the staff and the event requires a time sensitive intervention. That means doing certain things initially and other things later on. The first approach to the staff must be totally supportive and listening. Give the staff member time to tell his story and work through the reactions.

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