Resident to Resident Abuse

Assessment & Care Plans

Susan Murphy & Joanne Powell
October, 2007
Training Objectives

- Viewers will understand the need for an individualized, comprehensive process to assess resident characteristics for indications that:
  - they have the potential to abuse other residents; or
  - they are at risk of being the victim of abuse.

- Viewers will learn that a well-developed care plan based on the assessment will specify interventions that can assist in the prevention of resident to resident abuse.
The Basic Process

- Assessment
- Cause Identification
- Development of a Care Plan
- Monitoring
Assessment

- Prior to admission
- On an on-going basis
- As required
Assessment

- Description of Behaviors
- Sources of Information
- Factors Influencing Behaviors
Behavior Symptoms

- Physically abusive
- Verbally abusive
- Socially inappropriate
- Sexually inappropriate or abusive
Assessment – Sources of Information

- Observation
- Interview
- Record Review
Observation of Resident

- Observe the resident in a familiar setting if possible
- Observe for indicators that the resident could be at risk for abusing another resident
- Observe for indicators that a resident could be a victim
Interview

- Ask **specific** questions:
  - Presence/absence of behaviors
  - Is there a past history of abuse?
  - Has the person ever injured anyone?
  - Is there a history of sexual offenses?
Record Review

- Current diagnoses
- Medical history
- Nursing history
- Psychosocial history
- Current information
Factors Influencing Behaviors

- Physical health
- Psychological health
- Social history
- Environment
Behavior as Communication

- “I am in pain”
- “I am afraid”
- “I am bored”
- “I am hungry/thirsty”
- “I am too hot (too cold)”
- Over/Under Stimulated
- Depression
- Constipation
Care Plan – Development

- Interdisciplinary team
- Specify the behavior
- Focus on:
  - the cause of the behavior rather than on the behavior itself
  - how to prevent/reduce occurrence by managing known antecedents to the behavior
Care Plan – Interventions

- Be **specific** in describing staff interventions and strategies to prevent abuse from occurring.
- For example, avoid non-specific directions such as:
  - “Redirect”
  - “Monitor resident’s whereabouts”
  - “Approach calmly”
  - “Attend to physical needs”
Care Plan – Implementation

- Consistent implementation
- Staff training
- Staff supervision
Reassessment

- On a routine schedule (quarterly, monthly, etc.)
- Whenever there is a change in the resident’s condition or behavior
- On-going
Care Plan – Review & Revise

- Routine review
- On-going review
- Based on the reassessment
- Revised as needed
Resident to Resident Abuse: Intervention, Prevention and Services

By:
Julie Button, Ombudsman
Wisconsin Board on Aging & Long Term Care
What does research reveal?

- Resident to resident aggression has been very minimally studied.
- More is known about who the victims are than who the aggressors are.
- People who have cognitive impairments are at greater risk for being victimized and injured by other residents.
What does research reveal?

- Unintentional provocation is often a factor:
  - Wandering into other resident’s space
  - Voicing verbally abusive comments
  - Displaying socially inappropriate behavior
  - Disruptive behavior
What does research recommend?

- Focus on residents who are at risk of victimization:
  - People with cognitive impairment who move around independently
  - Those who make critical, annoying or abusive comments
  - Residents who eat someone else’s food or take someone else’s possessions
  - People who call out, have repetitive speech, make loud or continual vocalizations
  - Individuals who are vulnerable due to physical limitations
Final thought on research results:

Do not blame those who are at risk of victimization.

The behaviors that provoke aggression are a symptom of the cognitive impairment or the physical limitation... they are very rarely intentional or malicious.
Behavior is Communication

All Behavior has Meaning
The Best Intervention... Is PREVENTION
Prevention is Key

- Resident Rights Philosophy
- Know your residents
- Individualized care and services
- Communication
- Environmental factors
- Staff development
- Utilizing resources
Cornerstone of Personal Rights:

Each person has the right to be treated as an individual, with courtesy, respect and dignity.
Know Your Residents

- Develop a detailed social history
- Gather information from the resident and involved family and friends
- Understand family relationships
- Encourage families and residents to personalize the residents’ room
Know Your Residents

- Consider shadow boxes or other decorations to help residents identify their rooms
- Encourage staff to use what they see in the residents' room to start conversations
- Allow staff time to get to know the residents, to read the Social History
Individualized Care & Services:

- Assess continually
- Care plan carefully
- Provide Resident Directed Care
- Explore what matters to the resident—offer choices
- Replicate a familiar daily routine
Individualized Care & Services:

- Intervene with effective, individualized calming influences
- Respect personal preferences
- Provide meaningful activities that reflect resident interests
- Build relationships...among residents, and between residents and staff
Resident Directed Care/
Individualized Care & Services...

Requires interdisciplinary teamwork!
Communication

Person/Resident → Provider/Caregiver → Family/Legal Rep.
Environmental Factors that...

- Contribute to agitation, and might lead to aggression:
  - Crowding
  - Loud voices
  - Chaos
  - Over-head paging
  - Alarms
  - Low or no stimulation
  - Nothing to do, or look at, or touch
  - Inappropriate lighting, no natural light
  - Staffing ratio
Ideas for interventions...

• Address the real need
• Distraction
• Redirection
• Activities
• Adequate Staffing Levels & Supervision
• Staff training
• Consistent staff assignment
• Modify the environment
Inappropriate Interventions or Attitudes

Never...

- Judge
- Assume
- Holler
- Punish/reprimand
- Belittle
- Humiliate
- Jump to conclusions
- Ignore what is happening
- Impose your own values/beliefs onto a resident
Beware of Negative Attitudes:

- Blame the resident
- That resident knows exactly what she is doing
- What is good for one, is good for all
- We’ve always done it this way
Who are the aggressors?

- Many have dementia or other cognitive impairment
  - Complicated by co-existing medical or psychiatric concerns
  - Cannot process their environment
  - Do not recognize cognitive impairments or physical limitations in others
  - React in a self-defense or territorial manner
  - Require the same Prevention & Intervention techniques as for the potential victims
Who are the aggressors?

- Some are cognitively intact
  - Life-long personality trait of being less tolerant of other people—anti-social tendencies
  - Experiencing medical concerns that results in less tolerant behavior of other residents
  - Some may truly be predators...looking for people to victimize
  - Require the same Prevention & Intervention techniques as for the potential victims and aggressors with dementia

PLUS...
Additional Interventions with Aggressors, Especially Predators

- Education...it is against the law to victimize anyone. Sometimes uniformed police officers helping with this education has a greater impact on predators.
- Know the history...what has been the details of past behaviors...Anti-social but no aggression if left alone? Physical abuse? Sexual deviance? Verbal and emotional abuse?
- Private room and placement in an area of the building where there are less vulnerable residents and supervision is maximized.
- Diligent supervision to the extent warranted by the circumstances.
- Review of placement—some predators need to be in small settings where there is no access to victims.
Staff Development

- **Hiring—keep your standards high!**
  - References
  - Background checks, including out-of-state
  - Pay attention to attitude
  - Consider doing skills assessment
  - Question carefully on knowledge and experience
  - Consider persons with extra training in dementia, other cognitive impairments, behaviors, etc.

- **Retention—Take care of who you hire!**
  - Mentor
  - Support
  - Reward
  - Value
Staff Training

- Education provides staff with the knowledge and tools needed to address situations appropriately.
- Education allows for open discussion.
- Education builds teamwork skills and promotes interdisciplinary approaches.
- Education gives confidence.
- Education leads to understanding, tolerance and acceptance, so staff is less likely to judge and blame the resident.
- Education helps staff to respect rights!
Ideas for Staff Training

- Resident rights
- Empathy, compassion & tolerance
- Resident Directed Care
- Abuse/Neglect
- Communication
- Team building
- Alzheimer’s Disease & Related Dementias
- Other disease processes
- Domestic Violence
- Sexual Assault
- Ethics
- Legal decision making
Utilize Resources

- YOUR Interdisciplinary Team
- Ombudsman Program
  - 1-800-815-0015
- Division of Quality Assurance
- Alzheimer’s Association
  - 24/7 Helpline,
    1-800-272-3900
- Memory Assessment Clinics
- Disability Rights Wisconsin
  - 1-608-267-0215
- Geriatric Psychologist, Nurse Practitioner or Psychiatrist Consultant
- Guardianship Support Center
  - 1-800-488-2596
- Ethics Committees
- County Elder Abuse Agency
- Adult Protective Services Agency
- County Aging & Disability Resource Center
- Crisis Center
- Domestic Violence Center
- WI Coalition Against Domestic Violence
  - www.wcadv.org
- Sexual Assault Center
- WI Coalition Against Sexual Assault
  - www.wcasa.org
- Explore the Web
If you have questions regarding the content in this webcast, please submit them by Email to:

trandv@dhfs.state.wi.us