

# Resident to Resident Abuse

## Assessment & Care Plans

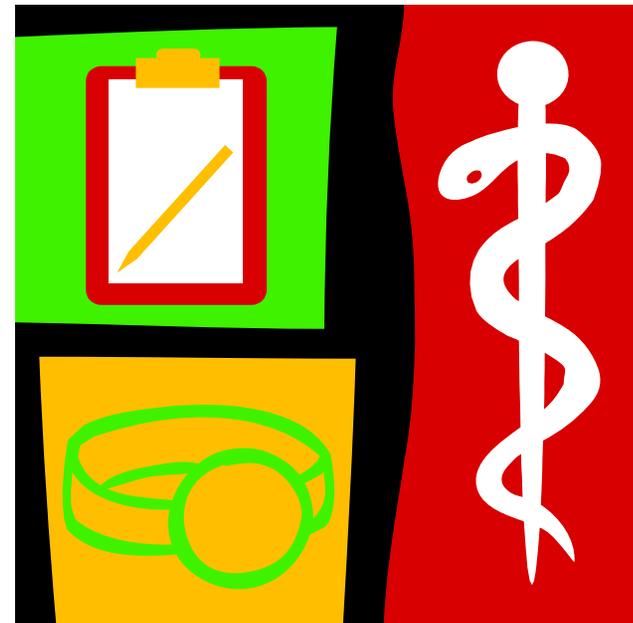
Susan Murphy & Joanne Powell  
October, 2007

# 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.

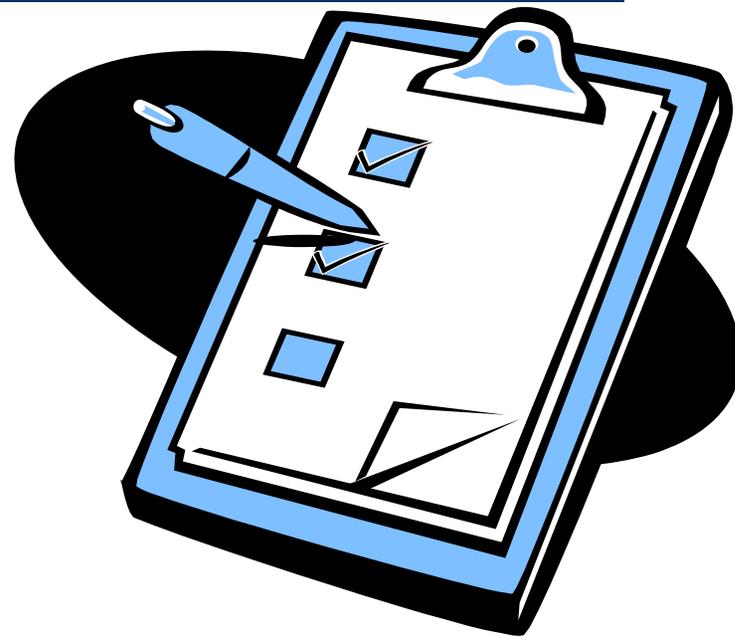
# The Basic Process

- 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:

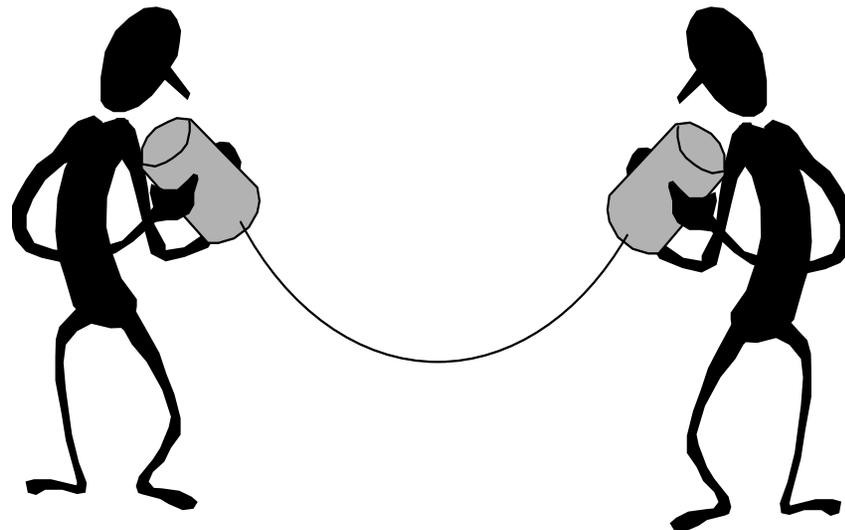
**Do not blame those who are  
at risk of victimization.**

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.



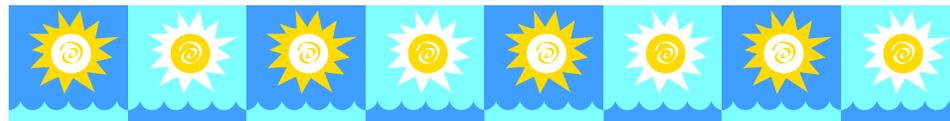
# Know Your Residents

- 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



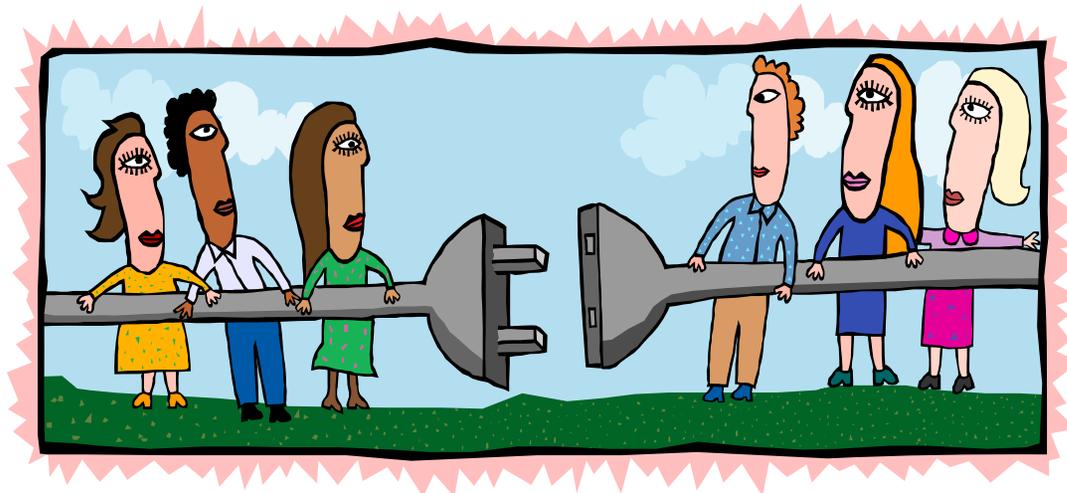
# Individualized Care & Services:

- 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

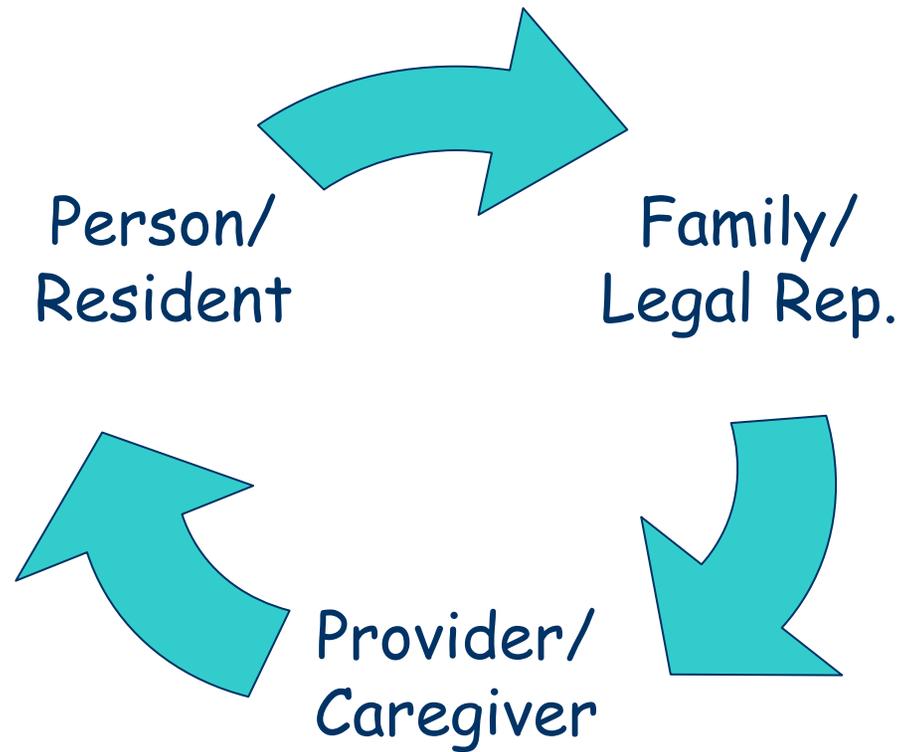


# Resident Directed Care/ Individualized Care & Services...

Requires interdisciplinary  
teamwork!



# Communication



# 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](http://www.wcadv.org)
- Sexual Assault Center
- WI Coalition Against Sexual Assault
  - [www.wcasa.org](http://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](mailto:trandv@dhfs.state.wi.us)

