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Addressing Resident Complaints and Escalating Behaviors

For Direct Caregivers

Provided by Wolters Kluwer

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Program Development

Contributors

Denise Cousins, CALA, CDP

Gary Elias, Esq., J.D.

Program Review and Approval

E-Learning Team, Wolters Kluwer Health/Lippincott Williams & Wilkins

Karen Innocent, DNP, CMSRN, ANP-BC, RN, CRNP - Executive Director, Continuing Education

Hector Ortiz – Product Manager, E-Learning

Eli Ganas, MBA – CE Coordinator, E-Learning

Richard Gonzalez – CE Coordinator, E-Learning

Maria Miller – Consultant, E-Learning

Disclosures

The planners have no financial relationships related to this educational activity.

Instructions

To obtain a certificate of earned contact hours for this continuing education activity:

1. View the entire program.
2. Take the post-test. If you pass, you will be able to print your certificate of earned contact hours and an answer key. If you fail, you have the option of taking the test again at no additional cost. The passing grade is 70%.
3. Complete the evaluation form.

Purpose

Residents and their family members who exhibit aggressive behavior pose challenges to staff and other residents. While there are many causes of aggressive behavior in residents, such as underlying medical, psychological, or social conditions, implementing staff education and training can reduce outbursts and complaints. The purpose of this course is to provide staff with education to enable them to handle these types of complaints through proactive interventions, learning what matters to escalate, and what matters require incident reports.

Learning Objectives

After viewing this presentation and taking the post-test, you should be able to:

1. Identify signs of escalating behavior and how to intervene early to avoid or reduce complaints.
2. Identify environmental factors that can contribute to escalating behaviors and complaints.
3. Identify strategies for managing escalating behaviors and complaints.

Angry Residents: What Do They Say?

- ⊙ “I don’t like how you did this.”
- ⊙ “You are too rough when you help me shower!”
- ⊙ “I pay you a lot of money! Do what I say!”
- ⊙ “I am going to report you for abuse!”
- ⊙ “Do you even know what you are doing?”
- ⊙ “Leave me alone! I don’t need your help!”



“I don’t like how you did this. I am going to report you to your supervisor!”

“You are too rough. I am going to report you for abuse!”

“I pay you a lot of money! You have to do what I say!”

“Do you even know what you are doing?”

“Leave me alone! I don’t need your help! I can take care of myself!”

These are angry statements made by residents. At one time or another, all staff members hear accusatory words, sometimes in a sarcastic, loud, or belligerent manner. Why are the residents so angry? What are they really trying to express? What is really going on, and how can we, as caregivers, understand and effectively diffuse the situation?

First Responders to Angry Residents

- ⊙ Know risk factors for long-term care residents
- ⊙ Understand new living situation stresses
- ⊙ Learn mental health status changes



Residents often express their anger at direct caregivers. Know the risk factors for anger and aggression. Learn to recognize when a resident is becoming agitated.

Many residents may be new to long-term care. They are facing the loss of their independence. They are nervous about this new and unfamiliar environment. Dementia and side effects of medications can also cause changes in mental status.

All of these things put the resident at risk for strong emotions. They may act out with anger.

Managing Escalating Behaviors

- ⦿ Ensure appropriate first response
- ⦿ Always be respectful
- ⦿ Know facility policies



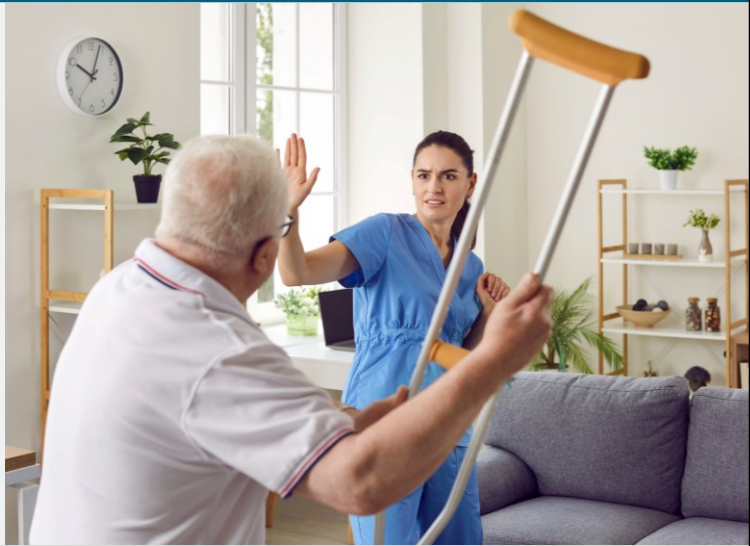
The direct caregiver's first reaction to an angry resident or family member is key. It can set the course of the entire exchange.

This first reaction can mean the difference between a good resolution and an escalation. Aim to be respectful. Respond to anger calmly. A situation that goes badly can put both caregivers and facilities at risk for malpractice. There can even be legal charges.

There are actions you can take to manage these situations. Facility policies should outline best practices. They should cover reporting requirements. Policies should also spell out where to turn for support.

Causes of Resident Anger

- ⊙ Life changes
- ⊙ Medical conditions
- ⊙ Cognitive loss
- ⊙ Financial stress
- ⊙ Loss of a family member or other loved one



All residents can become angry or upset at times. People often misplace their anger. As a result, it may surface suddenly. An ordinary situation may trigger an angry response due to underlying issues.

Moving into long-term care is a major life change. The stress can easily lead to emotional responses such as lashing out or anger. Many new residents face other stressors, such as the loss of a loved one or money problems.

Medical conditions may mean neurological changes and create confusion and behavioral changes. Urinary tract infections (UTIs) and anxiety are two conditions known to create behavior change, too. Memory problems and issues with impulse control can stem from a stroke. All of these can make residents more prone to anger.

Mental Health Changes

- ⊙ Changes in cognitive abilities
- ⊙ Difficulty following directions
- ⊙ Misunderstandings



Changes in cognitive abilities may cause residents to have problems with understanding. They may not process what someone is saying to them. They may not be able to answer questions. They may not know why other people are saying or doing things.

A resident may become angry or abusive if they are confused. For example, a caregiver may be undressing a resident. The caregiver just wants to help them change clothes. But the resident may think, “Danger!” Be clear with communications to help residents feel safe.

Other Reasons for Feelings of Anger

- ⊙ Social problems
- ⊙ Isolation
- ⊙ New living arrangements
- ⊙ Personality changes
- ⊙ Frustration
- ⊙ Loss of independence
- ⊙ Unable to make choices for themselves



Causes of anger can include social problems or feelings of isolation. They can include adjusting to new living arrangements.

Residents can have changes in personality. These can stem from many issues. They may come from side effects from medications. They may come from frustration. Physical impairments, such as loss of vision or hearing, can also lead to anger.

Many seniors are losing the ability to care for themselves. This can cause feelings of resentment toward those trying to assist. Residents may feel they have no say in their own care. They may feel that they cannot choose what they would like to wear, or to eat, or what time they go to bed. Allowing personal decisions can greatly reduce agitation, anger, and anxiety.

How do Cultural Differences Influence Resident Anger?

- ⦿ Lack of understanding of cultural differences can spark anger
- ⦿ Underlying attitudes reflecting biases may resurface with age
- ⦿ Past experiences may affect how a resident behaves



Many seniors were born in an era when diversity was not the norm. Racist laws favored wealthy white people. Gender and religious prejudice was also prevalent.

How does that cause anger today? Imagine a resident who grew up in a segregated town in the 1950s. Today, that resident may have a bias against a caregiver of color. Past encounters with different cultures may also cause anger in a resident.

Today, we are still working toward equality for all. Everyone should be treated fairly, whatever their race, religion, or gender and sexual identity. But sadly, the past can have an impact on our daily lives.

Other Factors that Relate to Bias

- ⊙ Gender conflicts
- ⊙ Racial bias
- ⊙ Religious bias



A female resident who has a history of sexual abuse may become frightened if she receives care from a male staff member.

A Black resident who grew up in the Deep South may become agitated if a white caregiver tries to get him to take his medications.

A Jewish resident might be annoyed to have to remind a caregiver that she does not eat pork.

Other residents may be struggling with their own self-identity. A growing number of residents now moving into long-term care identify as LGBTQ+. They may be afraid of bullying. They may fear that others will not accept them.

Loss of Independence can Cause Stress

- ⊙ They are no longer able to live alone
- ⊙ They have health concerns
- ⊙ They have had a recent injury



Often the decision to move to long-term care is made by someone other than the resident. It may be a family member who can no longer care for the senior. They may be afraid that the senior cannot live alone safely.

This can cause the resident to feel like they are no longer in control of their own choices and they may have increasing anxiety. Often, the resident feels that they have no voice in what time they wake up, go to bed, eat, shower, or take medications.

It is no wonder that some residents react to these changes by becoming angry. To help ease these feelings of frustration and reduce anxiety, include the resident in their own care planning. This can help stop disruptive behavior before it starts.

Why is it Always the Food?

- ⊙ Food is important
- ⊙ Offer choices
- ⊙ Listen and respond empathetically



Food is one of the few things a resident feels they can still control. And food is important.

Control may look like a resident refusing to eat. They may send food back to the kitchen saying they don't like it or it isn't what they ordered. This can frustrate staff members trying to feed a large group of residents.

Offering menu choices at meals can allow the resident to maintain a sense of autonomy. Remember that if a resident sends his meal back, it is not a personal attack. Do not argue that they received the food they ordered, or that the food is fine. Listen and respond empathetically. Offering photo menus or "show plates" for the available choices may help residents.

Risk Factors for Abusive Behavior

- ⊙ Impaired cognition
- ⊙ Pain
- ⊙ Depression
- ⊙ Environment
- ⊙ Medications



Abusive behavior does not always follow anger. But studies have found that impaired cognition almost always leads to abusive behavior. Often it is due to the senior's inability to communicate needs. Depression can also feed abuse.

The setting can play a role. Loud music, large groups, and crowded areas can create stress. Stressed residents may act out.

Residents who act irrationally may be feeling more than just anger. There may be an underlying medical reason, like a UTI (urinary tract infection). The resident may be feeling side effects from a medication. Always report unusual behavior to a nurse or doctor to do a proper assessment.

Causes of Resident-to-Resident Aggression

- ⊙ Invasion of personal space
- ⊙ Invasion of room privacy
- ⊙ Congestion and crowding
- ⊙ Interference with care



A study of resident-to-resident aggression identified its most common triggers. They include:

Invasion of personal space. This includes sitting too close or taking something from someone else's plate. It can also include someone sitting in what a resident sees as "their seat."

Invasion of room privacy. This occurs when a person enters a resident's room uninvited.

Congestion and crowding in common areas. Overcrowding can lead to frustration.

Others interfering with care of the resident. This can be a trigger even if the other person is trying to be helpful. For example, a resident may try to help another resident button a jacket. But the resident may prefer to button it on their own.

Other Causes of Resident-to-Resident Aggression

- ⊙ Arguments with roommates
- ⊙ Belligerent roommates
- ⊙ Excessive noise, including volume of TV



Arguments occur with roommates over common roommate issues. These can include times of visitors, volume of TV or cell phone, or room temperature. They cause friction.

Dealing with an angry or loud roommate increases stress. A roommate who calls out, or repeats the same phrases, can be annoying.

Simple changes can address some of these common issues. For example: Reduce the number of people in a common space at one time. Ensure that passageways remain clear. Use non-restraining barriers to prevent residents from wandering into other resident's rooms.

How Should the Caregiver Respond to an Angry Resident?

- ⊙ Be mindful of your own reactions
- ⊙ Understand that each resident's response is unique to them
- ⊙ If emotional, take a break or get help



When calming an angry resident, you must first identify and be mindful of your own responses to anger.

Always be respectful to the resident. Do not take their anger as a personal attack. Each senior's response is unique to them. It is shaped by past experiences, level of frustration, perceived threat, level of self-confidence, and other emotions.

If you feel yourself getting emotional with frustration or anger, take a break. Ask for help, regroup, and return to your efforts when you are thinking clearly.

Caregiver's Feelings can Interfere with an Effective Response

- ⊙ Fear and anxiety
- ⊙ Personally attacked
- ⊙ Responsible
- ⊙ Powerless and unprepared
- ⊙ Angry



Taking blame for a resident's anger can interfere with a caregiver's response. The caregiver may feel powerless and unprepared. They may have their own emotional response to feeling unfairly treated. They may feel that they have been unjustly accused. They may feel upset that they could not complete their tasks.

Stay calm. Give help to the resident. Try to de-escalate the situation. Work to redirect the resident.

A study by Smith and Hart (1994) found that nurses who showed their own reactive anger often felt guilt and shame for losing control. This led to erosion of their self-esteem. It also led to fear, anxiety, and more anger.

Caregiver Responses

- ⊙ Defensive protective strategies
- ⊙ Disconnecting vs. Connecting



Caregivers feel threatened when they feel that an attack targets their skills or honesty.

For example, a resident misplaces their glasses. They accuse the caregiver of stealing them. The caregiver is upset. How does the caregiver respond?

Anyone faced with anger has an emotional response. And caregivers are human, too. But the caregiver must try to stay calm. Returning anger with anger will not solve the problem. A calm response will. Confidence in handling resident anger and aggression leads to better outcomes.

More Caregiver Responses

- ⊙ Taking a time out
- ⊙ Asking for help
- ⊙ Helping the resident to identify the source of their anger
- ⊙ Resolving the situation



Depending on the situation, the caregiver may need to take a time out. They may ask another caregiver for help. Both of these can keep a situation from escalating. Use them when other methods are not working.

But these techniques do not allow for the communication needed to resolve the anger.

After the emotional responses have ebbed, follow up. Try to determine what upset the resident to begin with.

To prepare, role-play with coworkers. Talk through situations as a team to decide the best responses. This kind of practice will help caregivers learn how to respond. It will give the caregiver a boost of confidence the next time a resident shows anger.

Consequences of Residents' Anger

- ⊙ Anxiety
- ⊙ Fear
- ⊙ Distress and disruption to the community
- ⊙ Termination and turnover of staff
- ⊙ Resident move-outs
- ⊙ Liability



When caregivers do not manage anger effectively, residents may feel anxious. They may fear loss of control. They may feel guilty for lashing out at caregivers. Staff members may be frightened. They may be hesitant to care for the resident. This adds to stress levels and results in less-than-optimal care. Staff will turn over.

Angry confrontations are distressing to other residents. They disrupt the daily routine.

Unresolved anger can lead to accusations of abuse and neglect. In time, it can lead to loss of staff. Residents may be lost to other facilities. Employees and facilities can face liability.

Interventions for Resident Anger

- ⊙ Develop individualized and specific care plans
- ⊙ Address issues that spark anger
- ⊙ Suggest proactive interventions to prevent anger
- ⊙ Use detailed and consistent strategies
- ⊙ Communicate across all shifts



Use detailed care plans to share events that may make a resident agitated. These plans should be specific to each resident.

There is no “one size fits all” approach to resident behaviors. Each care plan must be tailored to each resident. List events that are triggers for the specific resident. Plans should also include strategies to help each resident manage their anger.

Care plans should give clear advice and direction. Using the plans, staff members across all shifts will be able to manage care consistently when anger is an ongoing issue.

Each plan should be clear, detailed, and consistent. Good care plans will help avoid deviations in care when there is a change in personnel.

Other Resident Interventions

- ⊙ Addressing specific unmet needs
- ⊙ Implementing programs that reduce conflict
- ⊙ Individualizing interventions
- ⊙ Maintaining social interactions



To solve conflicts, you must understand the context of the anger.

Programs that reduce conflict can be helpful for verbal aggression that verges on bullying. Conflicts between roommates call for care tailored to the conflicts.

Verbal aggression that comes from frustration requires direct help from caregivers. Find the source of the frustration first. It may be poorly managed pain or limited mobility.

Social contact is key in long-term care. Moving roommates who fight can have poor effects. So can removing disruptive residents from a common area. Both can make residents feel isolated.

To Recognize and Respond to Anger

- ⊙ Identify warning signs
- ⊙ Acknowledge your own emotional reaction
- ⊙ Stay close to the resident without touching
- ⊙ Maintain neutral body language
- ⊙ Speak in a calm and reassuring tone



What warns us that a person is angry? Often it is body language. Pacing, clenched fists, or a tense posture can reveal anger. So can any behavior that is unusual for the resident.

As a resident's anger escalates, caregivers must be aware of their own emotional reactions. Work to remain calm.

Resist the temptation to avoid the angry resident. This will not resolve the issue. Remember, this is not a personal attack. Stay nearby, but do not touch the resident. The resident may interpret this as an aggressive act.

Maintain neutral body language. Do not fold your arms or move quickly toward the resident. Speak in a calm, reassuring tone. Encourage the resident to verbalize concerns. Listen. Address concerns directly and honestly.

More Ways to Recognize and Respond to Anger

- ⊙ Acknowledging and validating feelings
- ⊙ Using empathy
- ⊙ Attempting to resolve the issue
- ⊙ Providing alternatives or choices
- ⊙ Decreasing stimulation
- ⊙ Being respectful



Acknowledge and affirm the resident's feelings. Empathetic responses and honest attempts to help may keep anger from growing into a crisis.

Always address anger. Offer choices to give the resident some control over their actions. A restless resident may enjoy a walk with the caregiver. A resident whose anger is building may need less stimulation.

Choose words that show your desire to help. Avoid words like no, you can't, and don't. These can increase anger. Some angry residents become irrational. Acknowledge their feelings, but do not respond to the irrational content.

In general, the best actions are basic ones. Be reassuring. Ensure safety. Decrease stimulation. Be respectful.

Safety first!

- ⊙ Protect staff and residents
- ⊙ Call for help
 - Follow policy
 - Use 911
- ⊙ Report all incidents
- ⊙ Document according to policy and procedure



Safety is always the top priority. You must keep both residents and employees safe. If a situation escalates out of control and there is a fear of physical harm, call for help. Follow facility policies for alerting others to your need for help. Do not hesitate to call 911 when needed.

Document all outbursts per policies. Report each incident to your manager. Document it in the resident's medical record. File an incident report. Fill out all reports in a timely manner. Finish paperwork as soon as possible after the incident.

Appropriate responses to anger and proper records can help prevent lawsuits. They can also help limit employee and facility liability.

Reduce Anger and Agitation

- ⊙ Address medical and mental health needs
- ⊙ Administer psychotropic medications
- ⊙ Promote one-to-one time with staff members
- ⊙ Increase socialization



Residents who have ongoing anger need to be evaluated. Medical and psychiatric assessments can help pinpoint causes for anger. Residents may benefit from therapy but remember that this care will require consent.

Medications may be prescribed. These must be used with caution in older adults. Doses must be given per doctor's orders. Each time the medicine is given, it should be documented per policy. Medications can range from antibiotics to treat infections to SSRIs and other psych medications depending on diagnosis.

One-to-one time with staff can improve mental state. Increased social time can also help.

Other Ways to Reducing Agitation

- ⊙ Art, music, exercise, walking
- ⊙ Humor therapy, pet therapy
- ⊙ Behavior modification
- ⊙ Mindfulness-based stress reduction (MBSR)
- ⊙ Alternative therapies



Seniors may become angry due to boredom. They may lose their sense of purpose. To fight these, provide meaningful activities that the resident enjoys.

Base activities on the resident's interests. Bear their life experiences and hobbies in mind. If needed, modify an activity so the resident can enjoy it.

Agitation is often seen in residents with dementia. Gentle exercise or taking a walk can help. So can working with clay or doing other crafts. Residents may enjoy gardening. They may like one-to-one time or social time. Many benefit from music or pet therapy.

MBSR programs focus on mindfulness. They can improve coping skills and reduce depression in older adults. One study showed that seniors benefited from weekly humor therapy.

Be Prepared to Stay Calm

- ⊙ Treat angry residents without getting angry
- ⊙ Participate in ongoing training
- ⊙ Stay attentive to verbal and non-verbal communication
- ⊙ LISTEN to resident complaints
- ⊙ Respond with appropriate concern and urgency
- ⊙ Contribute to post-event debriefs



Being prepared will help you feel less threatened by anger. It gives you better control over outcomes.

Participate in ongoing and continuing education programs. Practice de-escalation. Stay attentive to verbal as well as non-verbal communication.

Listen to resident complaints. Respond with appropriate concern and urgency. Address residents' fear and anxiety. Then be sure to follow up with each resident.

If you don't already use post-event debriefs, talk to your manager. They offer a way for staff to deconstruct situations. What went wrong and what went right? These debriefings will improve the team's understanding of events. They also help staff members prepare for the next event. Allow time for a full review and to practice techniques through role-playing.

Know your Own Emotions

- ⦿ Take charge of your own angry response
- ⦿ Do not personalize another person's anger
- ⦿ Recognize fear and anxiety under the anger
- ⦿ Do not lose control



Stay calm. The first and best thing you can do in the face of an angry resident or family member is to take charge of your own response.

Do not allow the anger to threaten your own self-esteem. The calmer you are, the better you will be able to maintain control of the situation. Staying in control lowers your stress. It allows for a professional response to the situation.

If the caregiver loses control, the anger will control them. And the situation will remain out of control.

Case Study 1: What is Happening?

- ⊙ Stay calm
- ⊙ Recognize misplaced anger



Sara Green, a resident care aide, is working in a secured dementia unit at her facility. As she walks down the hall, she hears yelling and banging.

She sees a resident, Mrs. Smith, banging on the exit door. Mrs. Smith is yelling, “Let me out! I am going to miss my bus!”

Sara sees that Mrs. Smith is agitated. She knows that she needs to de-escalate the situation. So she addresses Mrs. Smith in a calm, even tone. She does not touch her, and she allows space between them.

Mrs. Smith turns to Sara and says loudly, “They won’t let me out! I need to get to work! If they don’t let me out, I am going to call the police!”

Case Study 1: Taking Action

- ⊙ Consider safety
- ⊙ Address concerns
- ⊙ Don't take it personally
- ⊙ Listen
- ⊙ Encourage verbalization



Sara is concerned for Mrs. Smith's safety. She knows she needs to get her away from the door while also trying to calm her down.

She says, "Mrs. Smith, I am so sorry. I can see that you are worried. Why don't we go check the bus schedule and see if we can figure this out?"

Mrs. Smith responds by shouting, "No! I am not going with you! I want to get out!"

Sara takes a deep breath and tries not to get frustrated. She asks the resident, "Mrs. Smith, tell me about your job. It must be very important if you are worried about being late."

Case Study 1: Resolving the Anger

- ⊙ Empathize
- ⊙ Redirect attention
- ⊙ Listen



Mrs. Smith stops banging on the door and looks at Sara. “Yes,” she says. “It is very important. I work at the newspaper, and we have a very important deadline.”

Sara says, “That sounds very exciting. You must have worked on some very important news stories. Please tell me more about your job.”

Sara smiles at Mrs. Smith, who smiles back. Mrs. Smith’s body language is more relaxed, and she has turned away from the door. Sara turns to walk away from the door, back toward the common area. Mrs. Smith takes a few steps and walks with Sara. She begins to reminisce with Sara about some of the stories she has worked on.

Case Study 2: What is Happening?

- ⊙ Listen
- ⊙ Don't take it personally



Jeremy Brown is a newly registered nurse. He works in assisted living and is passing out medications to the residents before breakfast.

There is a line of eight residents waiting outside the medication room for their doses. A few of the residents start to make comments about how long everything is taking. Jeremy overhears one resident say, “Doesn’t he know how to do his job? We are going to miss breakfast.”

Jeremy gets angry when he hears this. “Don’t they know how hard I am working, trying to make sure everything is correct?” he thinks to himself.

Jeremy bangs his hand in frustration on the medication cart. The residents who are waiting all look up. They stare at Jeremy in silence.

Case Study 2: Taking Action

- ⦿ Recognize frustration
- ⦿ Recognize misplaced anger
- ⦿ Stay calm
- ⦿ Attempt to resolve the issue



Jeremy realizes he acted out of anger. He knows the residents are not directing their anger at him personally. He recognizes that he might not be working as quickly as other staff because he is new. He also realizes that the residents are hungry and concerned about missing breakfast.

Jeremy pauses and then turns to the residents. “Good morning, everyone. I apologize. I know I am taking longer than some of the other nurses and you are worried about getting to breakfast. I am still new to your community, and I just want to make sure that I am doing everything correctly. I also apologize for banging on the cart. This is a new job for me, and I was frustrated and nervous.”

Case Study 2: Resolving The Anger

- ⊙ Empathize
- ⊙ Encourage verbalization
- ⊙ Listen



Jeremy continues, “Perhaps you all might remember what it was like when you started a new job.”

One of the residents, Mrs. Jones, says, “I remember starting my first job in the city. I was so nervous walking into the office on my first day!” Another resident nods in agreement and says, “It’s okay to be new, Jeremy!”

The residents all begin discussing their memories of their first days on the job. Jeremy takes a deep breath and continues to pass the medications out to the residents while engaging them in conversation.

Case Study 3: What Is Happening?

- ⊙ Stay calm
- ⊙ Recognize misplaced anger
- ⊙ Listen
- ⊙ Be respectful



Susan O'Brien, a caregiver, enters Mrs. Thomas's room to help her get dressed. Mrs. Thomas has been under her care for over a year, but recently Susan has had more difficulty getting her dressed.

Today Mrs. Thomas has thrown many of her clothes on the floor near her closet. She starts yelling, "Get out of here! What are you doing to me? You're hurting me!"

Susan reminds herself that Mrs. Thomas has dementia, and her behavior is not personally directed at her caregiver. She thinks back to Mrs. Thomas's care plan and remembers that one of the resident's favorite things to do before she moved to the facility was to meet her friends for breakfast.

Case Study 3: Taking Action

- ⊙ Redirect behavior
- ⊙ Provide alternatives
- ⊙ Empathize



Susan says, “Mrs. Thomas, it is a beautiful day. I bet your friends cannot wait to meet you for breakfast!”

Susan notices that Mrs. Thomas’s fists are no longer clenched at her sides. She sees this as a sign that her attempt to redirect is working.

From working with residents with dementia for many years, Susan knows that describing what you are about to do and asking for permission can help put the resident at ease. “Mrs. Thomas, let’s pick out a really nice outfit for you to wear when you meet your friends. It is warm out—perhaps this short-sleeve top? What do you think?”

Mrs. Thomas smiles, and they finish picking out an outfit.

Case Study 3: Resolving The Anger

- ⊙ Attempt to resolve the issue
- ⊙ Give explanations
- ⊙ Be respectful



Susan then says, “Mrs. Thomas, can I help you get dressed? Let’s take off your robe and sit down on the bed to put on your underwear. Can you untie the robe?”

Susan continues to help Mrs. Thomas get dressed. Before each step, she tells her what she is going to do.

While she is getting Mrs. Thomas dressed, she also talks about the beautiful weather. To help engage Mrs. Thomas during the task, she asks what she will order for breakfast.

“You look beautiful!” Susan tells her when they are finished. Mrs. Thomas smiles.

Final Thoughts

- ⦿ Follow policies and procedures
- ⦿ Report incidents in a timely manner



Do not take anger personally. Instead, look for the cause of the anger. Understand that anger often stems from fear or anxiety. A personal attack is not personal.

Always try to understand the resident's point of view. Learn how to detect early signs of anger. Recognize body language that signals anger. Explore feelings and respond with empathy. Keep lines of communication open.

Should an event occur, follow policies. Report incidents in a timely manner.

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