

Purpose: Provide guidance to staff required to care for residents who may become combative / aggressive to staff or other residents. Residents entering our Convalescent Center may have underlying psychiatric conditions, cognitive impairment, and dementia/behaviorally disturbed dementia, all which may contribute to combativeness.

By understanding extrinsic and intrinsic factors and triggers which may contribute to the resident's escalation in behaviors, caregivers can implement strategies that will address the resident's predisposition to certain triggers, which in turn can potentially minimize the risk of injury to resident and staff.

Note: Combativeness is not usually directed at the individual caregiver nor is it a personal attack on the caregiver as a person, but rather a mechanism the resident uses to communicate a need, want, or desire, when they cannot articulate this verbally. □ Do not take the aggressiveness personally in the Alzheimer patient.

Resident to Resident Aggression: Triggers for episodes involving RRA include issues with communication (primary language differences), entering the room of another resident, territoriality (sharing common items), inability to communicate needs effectively, such as room temperature, television volume, window shade (closed or open) and lighting. Other factors include roommate conflict, responses to loud noises, and jealousy. Race, ethnicity and religious affiliation can also trigger RRA. Residents with psychological impairment, who room together and have difficulty communicating or negotiating preferences (television volume, windows, heating, cooling, shades, lights), have an increased risk of RRA.

Careful resident assessment, along with recognition of individual resident triggers, and observation of extrinsic factors should be carefully considered. These factors may impact RRA and should be utilized when identifying and implementing appropriate interventions.

Strategies to Reduce Combativeness:

Assessing the combative episode is the first step. Because the resident is trying to communicate a need, deflecting or minimizing the behavior may only serve to escalate the situation because it does not address the resident's need.

Evaluate the resident and the situation:

- What is the resident trying to communicate through the behavior?
- Is it difficult for the resident to complete tasks? Do they become confused when trying to perform activities of daily living?
- What was happening prior to the episode? Has this occurred before? Under the same circumstances?
- Is the resident oriented only to the past and do they become hostile when forced to accept the present?
- Are there loud noises in the resident's environment? Is the resident's environment chaotic or busy?
- Have their physical needs been met (hunger, pain, thirst, toileting, and body temperature (cold/hot), sleep pattern disruption)?

- Have new medications been introduced?
- How has location and situation contributed to the behavior (dining placement, activity room placement, residents triggering other residents)?
- Enlist the assistance of family to provide feedback on past behaviors or life experiences that may be contributing to the combative episode.
- Initiate Interventions by Activity, Condition, or Situation:

Identify what potentially causes problem behavior by reaction and resident personality/preferences.

Activity:

Bathing Focus should be on resident need:

Consider patient past practice. Do they shower, take a bath, or sponge bath? Modesty factors?

Consider timing: Do they bathe at night or in the morning and how often? When is the resident not as stressed or cooperative? When are they most alert?

Consider adjustments: Is room and water temperature comfortable? Does excess noise escalate behavior? Is pain associated with moving a factor? Consider timely administration of pain medication prior to activity.

Mealtimes:

Is there resident dining area by seating preference, or by location/table and by eating companions?

Wandering:

- Redirect pacing into productive activity or something purposeful.
- Reassure resident if they appear disoriented.
- Does the resident wander at a specific time of day? Anticipate interventions for that time frame each day.

Sleep Problem Management:

- Address nighttime restlessness.
- Improve sleep hygiene.
- Reduce noise and light, play soothing music.
- Keep a consistent sleep schedule.
- Use nightlights.
- Use favorite stuffed animal or blanket.
- Increase activity during the day, monitor napping during the day.
- Limit caffeine.

Toileting:

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Combative Residents – Safely Providing Care

- Is resident continent? Is the resident unable to maintain continence yet has understanding that they are soiled? This may cause agitation or anger in the resident.
- Keep a toileting schedule.
- Avoid constipation. Inactivity and certain medications will promote constipation, which can cause pain, and the resident may exhibit agitation and anger.

Condition:

- Confusion and Agitation (deviates from baseline)
- Illness?
- Urinary tract infection or Pneumonia?
- Assess accordingly.
- Past drug and alcohol history? Behavioral changes can result from abuse and addiction.
- Medication changes and interactions with current medications? Note medication side effects, resident behavioral changes. Is there a correlation?
- Cerebral Vascular Accident/Stroke? Changes may occur in personality. Level of frustration may increase if the resident is unable to express themselves in the manner to which they are accustomed. Speak in a calm, clear manner. Allow adequate time for response.

Psychological problems: Past history of depression, mental illness? These conditions and diseases can affect behavior.

Pain: The resident may be unable to articulate so behavior can become combative or agitated.

Changes in functional status:

- Hearing loss: Does the resident have an auditory problem or decline in hearing that requires examination? (Unable to understand commands due to decline versus disease progression?)
- Visual acuity: Does the resident have vision issues or decline? (Frustration or fear from inability to see?)

Situation:

Environmental Adjustments: Modify the environment whenever possible to reduce agitation.

Extrinsic factors:

Loud/distracting noises: Minimize when possible. Relocate the resident even if temporary.

Flooring: Minimize floor glare, choose flooring patterns and colors that are calming.

Room temperature: Hot and cold can affect resident comfort.

Room Placement:

- Is the resident compatible with his/her roommate?
- Is the resident territorial (chair, television)?

- Make rooming changes as identified.

Prevention/De-escalation: Maintain your composure: Be aware of your emotions, tone, and body language.

- Approach: Respond calmly and express support, use positive and friendly facial expressions. Always approach the resident from the front, not the back.
- Active listening: Take the time to really listen to what they are saying and what their needs are.
- Effective verbal responding: Are you reflecting or paraphrasing to clarify understanding. Use a gentle, relaxed tone. Thoroughly explain what you will be doing for them. Rephrase rather than repeat if the resident is having difficulty understanding what you are saying.
- Reduce background noise: Otherwise you are competing with the TV etc. for their attention.
- Redirection: Provide options of other activities or places if possible. Give them two good options (stating the positive one first) i.e. “Hi _____, would you like to brush your teeth or shower first today?”
- Stance: Are you at eye level? Are your arms crossed on your chest? Keep arms at sides. Be sure to be at a safe distance if potential for hitting exists. Average personal space is 1.5 – 3 feet away.
- Do not initiate physical contact if the resident's behavior is escalating. Touching can trigger violence in some residents.
- Positioning: Is the resident comfortable? Is the resident repositioned regularly as needed?
- Time to address: Allow for adequate time to address the situation.

Jumping to conclusions: Input from others on the team is helpful; however, fully assess the resident, situation, and environment. **Never assume.**

Resident stress management interventions and diversionary activity.

- Exercise, walking.
- Calming music.
- Pet therapy.
- Favorite doll or blanket.

Keep in Control of Yourself:

If you start to feel yourself getting agitated and your heart rate increasing—it is probably time to step away.

- Come back later
- Let someone else handle the situation

Implement the resident care plan interventions and communicate patient needs to staff in order to minimize or eliminate behaviors. Communicate—Communicate—Communicate--- Ensure that all shifts and Charge Nurse are communicating the happenings of the day such as increase in behaviors and what is working and what is not working with a particular resident.

When formulating a plan for addressing combative behavior, consider:

Make your goals realistic. You may not be able to stop all behavior problems, but you may be able to minimize or reduce them.

Goals to consider:

- Attend to safety of the combative resident, other residents, staff, visitors and the environment.
- Provide support by having all caregivers stay alert to give aid in combative behavior situations.
- Increase awareness of behavior that may give clues to the onset of an aggressive act.
- Strive for containment with efforts to decrease the frequency, intensity, duration, and disruptiveness of combative behavior.

Work closely with the entire care-giving team to develop a plan for successful management, containment and, where possible, prevention of combative incidents.