



Improving Resident Relationships in Long-Term Care (IRRL) Program: **Introductory Webinar**

Karl Pillemer, PhD, Cornell University
Rhoda Meador, PhD, Cornell University



Our Goal Today

To invite you to use an evidence-based training program to reduce conflict and aggression among long-term care residents.

This program, as well as training and individual consultation in conducting it, are available free of charge.

Learning Objectives

By the end of the webinar, participants should be able to:

- Know the prevalence and dynamics of resident-to-resident aggression (RRA)
- Access a successful intervention program for preventing and treating RRA incidents
- Obtain practical guidance on implementing the RRA reduction program

Resident-to-Resident Aggression:

A Clinical Imperative in Long-Term Care

**What is resident-to-resident
aggression (RRA)?**

Definition

Resident-to-Resident Aggression (RRA):

“Negative physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient.”

Common Types

Verbal RRA:

- Cursing
- Screaming
- Verbally threatening
- Bossing around
- Racial or ethnic slurs

Physical RRA:

- Hitting or striking
- Kicking
- Grabbing
- Pushing
- Biting
- Scratching
- Spitting

Common Types – Cont.

Sexual RRA:

- Unwelcomed sexual remarks
- Exposing self
- Inappropriate touching/kissing
- Trying to get in bed

Other RRA:

- Throwing things
- Offering unwanted help
- Wandering
- Rummaging
- Stealing
- Destroying property

The Problem

- Staff and family members report that difficult relationships among residents are a problem in long-term care
- Difficulties can sometimes result in conflict, arguments, and physical altercations
- They cause **stress and safety concerns** for residents and staff

Prevalent but Understudied

- Clinicians and NH staff report RRA as common
- Reports from the news media and advocacy groups on vulnerability to RRA by other residents:
 - Younger psychiatric patients (with history of aggression) in long-term care facilities
 - Registered sex offenders living in long-term care facilities
 - Severe violence and homicide

Laura Lundquist indicted in strangling of nursing home roommate Elizabeth Barrow



Laura Lundquist, a 98-year-old nursing home resident, faced second-degree murder charges for strangling and suffocating her 100-year-old roommate Elizabeth Barrow. Charges dropped due her declined mental state (dementia).

Probably Morbid, Perhaps Mortal

- Fractures, dislocations, bruises
- Frailty of residents makes minor incidents potentially very harmful
- Negative **psychological consequences** of experiencing *or* observing RRA

RRA Harms Staff and Facilities

- Negative impact on job-related outcomes among staff
 - Feel powerless to stop RRA
- Staff intervening in violent interactions between residents may get injured themselves
- Damaging to long-term care facilities
 - State and federal sanctions
 - Civil liability

Preventable But Little Intervention

- Treatments and interventions exist for aggressive behaviors for residents in general
 - But no attention to intervention specifically in RRA
- Although reporting requirements for RRA have been addressed at the state level, little regulatory guidance for recognition and response

Insufficient Staff Training

- There is **minimal guidance** available for staff in how to prevent and manage such situations
- Staff may not recognize it and/or may be hesitant to report it
- No evidence-based interventions have been available to address RRA

How common is RRA?

Total Prevalence (1 month)

Experienced RRA:

No	1604	79.8%
Yes	407	20.2%

Source: Lachs, M. S., Teresi, J. A., Ramirez, M., van Haitsma, K., Silver, S., Eimicke, J. P., Boratgis, G., Sukha, G., Kong, J., Besas, A. M., Reyes Luna, M., & Pillemer, K. (2016). The prevalence of resident-to-resident elder mistreatment in nursing homes. *Annals of Internal Medicine*, 165(4), 229-236.

Verbal RRA

Experienced Verbal RRA:

No	1827	90.9%
Yes	184	9.1%

Physical RRA

Experienced Physical RRA:

No	1907	94.8%
Yes	104	5.2%

Sexual RRA

Experienced Sexual RRA:

No	1999	99.4%
Yes	12	0.6%

Other RRA

Experienced Other RRA:

No	1904	94.7%
Yes	107	5.3%

**Who is most likely to be involved
in a RRA incident?**

RRA Risk Factors

- Younger (than other residents)
- Less cognitively impaired
- Less physically impaired
- Display more disturbing behaviors like wandering
- Live in memory care units
- Other possible factors (e.g., hearing or vision loss, inability to communicate, depression, underline medical problem)

The Solution

Improving Resident Relationships in Long-Term Care (IRRL) Program

IRRL Works

- Evaluation results from a cluster-randomized trial:
 - Significant gains in staff knowledge about RRA
 - Significant gains in understanding about management of RRA
 - Significant gains in reporting RRA events
 - Reduction in falls, accidents, and injuries on treatment units

What is the IRRL Program?

IRRL Program Background

- The IRRL Program aims to increase staff recognition, management, and reporting of RRA to **improve residents' quality of life**
- It is intended for direct care workers, such as CNAs and RAs, and other staff (dining, activities, etc.)
- Any long-term care facility can run the program using the IRRL Program materials

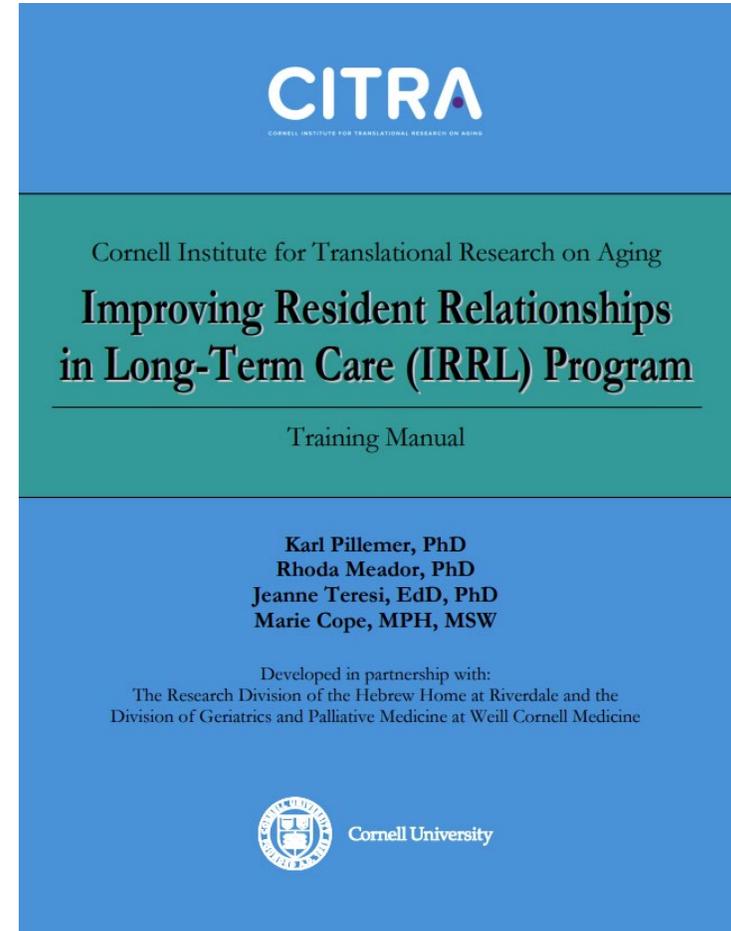
IRRL Program Materials

■ Training Materials

- Training Manual
- Training Slides
- Training Videos

■ Other Materials

- Website
- FAQ Sheet
- Brochure



IRRL Training Components

- **Session 1:** Recognizing RRA (60 min)
- **Session 2:** Managing and Reporting RRA (60 min)

CITRA

Improving Resident Relationships in Long-Term Care (IRRL)

SESSION 1
RECOGNIZING RESIDENT-TO-RESIDENT AGGRESSION

Session 1 – Slide 1

CITRA

Improving Resident Relationships in Long-Term Care (IRRL)

SESSION 2
MANAGING AND REPORTING RESIDENT-TO-RESIDENT AGGRESSION

Session 2 – Slide 1

Session 1: Recognizing RRA (60 min)

Session 1 includes:

- RRA training overview
- Definition of RRA
- Importance of managing RRA
- Characteristics of residents most likely to be involved in RRA

Session 2: Managing RRA (60 min)

Session 2 details the **SEARCH** evidence-based approach to managing RRA in long-term care, which stands for:

- **S**upport
- **E**valuate
- **A**ct
- **R**eport
- **C**are Plan
- **H**elp to Avoid

Support

- Support injured residents until help arrives
- Listen to all involved residents' perspectives on the situation
- Show compassion and validate resident fears and frustrations
- Comfort all residents involved and those who witnessed it, because it can be upsetting to all

Evaluate

- Evaluate what actions are needed
- Assess physical discomfort and medical needs
- Monitor residents' behaviors
- Remain neutral, not blaming one resident over another
- Evaluate residents involved and those who witnessed it

Act

- Follow your facility's protocols and procedures for what actions to take
- Call for other staff or security to help intervene
- Remove or secure objects used as weapons
- Seek medical treatment when indicated
- Separate individuals who do not get along
- Diffuse the situation verbally to try to stop the incident
- Instead of criticizing, which would intensify the incident, affirm feelings
- In the case of missing personal items, assure the resident that search will be conducted; be sure to follow through in a timely fashion
- Follow-up with residents after upsetting incidents to make sure they are ok

Report

- Initiate your facility's protocols and procedures for reporting incidents
- Notify your supervisor and/or the administrator
- Debrief the incident with all staff on the care team, as appropriate
- Your supervisor and/or administrator will determine if families or authorities are contacted and how the event is documented in resident care plans

Care Plan

- Consider care planning for all involved in the incident
- Talk with the care team about best ways to intervene and avoid RRA
- In severe cases, advise your supervisor to seek medical and/or psychiatric evaluations for residents
- Recognize and document residents' needs and preferences (e.g., privacy, routines)
- Monitor residents and be aware of patterns of behavior

Help to Avoid

- Consider possible solutions to potentially avoid future incidents
- Be aware of risk factors for RRA (e.g., memory disorders, noisy and/or threatening behaviors)
- Separate residents who are known to have negative interactions with one another
- Take inventories of personal belongings
- Educate residents about dementia-specific behaviors (e.g., rummaging, wandering)
- Remind residents that those with dementia are often unaware their behavior may be disturbing to others
- Reinforce resident safety as a facility priority
- Have adequate staff in congregate settings
- Avoid crowding people and their equipment into small spaces

Applying the SEARCH Model

Participants practice using SEARCH through discussion of videos

Practice video #1 (1 minute)

<https://vimeo.com/555823701>

Practice video #2 (1 minute)

<https://vimeo.com/555823726>

Training Details

- Conducted by members of facility staff (e.g., staff development coordinator, social worker)
- Training conducted on all shifts
- Include all staff who may encounter RRA (e.g., CNAs, dietary, activities)
- Manual includes all materials needed to run program
- All materials at no cost

Ease and Flexibility

- Fits into your organization's workflow
- Can be delivered in several short sessions or combined into a single training
- Range of facilitators possible
- Can be integrated into Quality Improvement efforts

One Provider's Experience

- Six-facility long-term care provider
 - Over 200 people trained
 - Materials were “turn-key” and could be used immediately
- Staff reported high satisfaction
 - Sessions were interactive
 - Appreciated opportunity to share experiences around RRA
 - Videos were realistic and relatable
- Program is now part of initial training of all direct care staff
- Organizer: *“I can't emphasize how this program has improved educational approaches to such a prevalent concern in LTCFs.”*

Next Steps

Three Exciting Opportunities

Train-the-Trainer Workshops

- Virtual train-the-trainer workshops
 - Two-hour long in-depth training
 - Training facilitation guidance and logistical planning
 - Interactive small group format
 - Possibility of CEUs being explored
 - Invitation to sign up at end of this webinar

Organization Partnerships

- We can work with provider organizations to offer the IRRL Program to **multiple facilities**

Independent Use and Consultation

- All materials can be accessed from the website
- We suggest an **individual consultation session** with one of our staff
- Materials and consultation at no cost

For More Information

Website <http://citra.human.cornell.edu/irrl>

Email citrainfo@cornell.edu

Challenge:

- Need for trainers external to the LTC facility
 - Staff training resources lacking
- Idea: Identify ombudsmen, community advocates, and other organizations who can provide the training
- Looking for your ideas and feedback