De-escalating Anger and Aggression in Aging adults: Strategies to Make It Work!

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Getting Started:
WHAT IS ANGER?

• A psychobiological emotional state consisting of feelings varying in intensity from mild irritation or annoyance to intense fury or rage
• Activation of neuroendocrine processes and arousal of the autonomic nervous system
Anger: It’s **NOT** ALL or NOTHING

- Starts with
  - Annoyance
  - Irritation
  - Frustration
- Chemicals are released
  - Flight
  - Fight
  - Freeze
Anger: It’s **NOT** ALL or NOTHING

- Aggression may be reactive or proactive which may require different treatment approaches.
- **Reactive** aggression
  - react in an immediate and angry fashion to a perceived threat, slight, or problem
  - part of the defense system – the ‘fight’ (the ‘fight or flight’ response to threat)
  - Impulsive
- **Proactive** (or instrumental) aggression
  - Someone behaves aggressively as a means of achieving a particular goal
  - Planned
  - securing access to resources. i.e. Bully
Who’s afraid of the angry client?
Listening to Anger...

“If I fear you, I cannot hear you.”
Angry Adolescent
Angry Adults
Destructive vs. Healthy Anger

Destructive Anger
- Unconscious (not aware)
- Sometimes immediate
- Examples
  - Putting someone down
  - Verbally Abusive
  - Fighting, hitting, kicking
  - Punishing
  - Destructive to self

Healthy Anger
- Conscious *(does not come naturally)*
- Using words to express our feelings
- Examples
  - Sometimes you make me angry because...
  - I feel angry when...
What pushes the Anger Button?
10 characteristics of People with Anger problem

• Low frustration tolerance
• Judgmental or “controlling” attitudes
• Perfectionism
• All or Nothing thinking (i.e. black/white thinking)
• Jealousy
• Possessiveness
• Poor communication
• Punitive behaviors
• Addictive behaviors
• Need to feel powerful
Responses to Anger

Our responses to Anger

• Label
• Punish
• Permit
• Give In
• Avoid
• Fight Back
Anger in Dementia

• Predominantly starts with agitation
• Up to 92% of patients with dementia experience agitation
• Nearly half of all people with dementia have agitation symptoms every month
• More than 80% of nursing home residents exhibit one or more forms of challenging behaviors (dementia residents)
  – Agitation
  – anger
  – Depression
  – irritability
  – physical and verbal aggression
Anger towards care providers

- Resident-to-staff aggression (RSA) very common
- Particularly people who provide care (nursing home, CNA)
- In 2011 American Nurses Association Health and Safety Survey, 34% of registered nurses ranked on-the-job assault as one of their three greatest safety concerns.
• **Medications**
  - There is no true medication that addresses anger
    - Haldol & Ativan = Band-Aid: May help with acute agitation
    - Short acting
    - Adverse effects
  - SSRIs generally decreases aggression for acute treatment, but some studies indicate chronic treatment increases aggression
  - Possibly Risperidone
    - there is no reliable evidence that antidepressant, neuroleptic or anticonvulsant drugs are effective treatments for aggression (particularly IDD & Dementia)
  - Medications are typically discouraged (benzo & antipsychotics)
    - increase cognitive decline
    - cause excess mortality and are of limited efficacy.
Treatment but Takes Time

• Psychotherapy
  • Great if person is able to sit and process or therapist available
    • CBT, Anger Log, Groups
    • CBT recently adapted for ID and evidence of its effectiveness not fully developed.

• Schema Therapy
  • Different Modes
  • Imaginary
Individuals with Cognitive Impairments

• Will have difficulties processing due to the Primitive Brain
  – Impulsivity
• **Strategies to manage behaviors will be the main focus**
  – Understanding trigger
  – Approach
  – Support
START to know the Triggers

• **Unmet Needs**
  – Hungry/Thirsty
  – Toileting
  – Socialization

• **Medical**
  – Pain

• **Environment**
  – Noise
  – Over stimulation (CNN)

Look for the 7 conditions
Let’s address

• Proactive Approach
  – Being prepared
  – Cyclical

• Reactive Approach
  – Most people operate in this way
  – High safety risk (patients and staff)
  – Inappropriate use of crisis occurs
Proactive Approach

✓ Being Prepared
  o ABC tracking
  o Sleep tracking
  o Mood tracking

✓ Identify Staff Roles and response
Reactive Approach

- Meeting the client where he/she is
- Understanding need can be different each time an agitation occurs
Look at Approach

• Validation: Feelings of frustration/anger is true to the person

• **How we respond MATTERS**
  – Abandonment (dependent relationships): validation, ability to be alone
  – Shame Rage (feel disrespected): Accepting

• **Duty to Care**
  – Balance between providing care to providing support
  – Task approach vs. person centered approach
Strategies

• **Environment:**
  - Noise
  - Weather

• **Stimulation (over/under)**
  - Visual
  - Hearing
Strategies

• **Control & Choice**
  - Engagement
  - Simple choices

• **Support**
  - Fear: Validation
  - Activities: Preferred
Reactive Approach--Strategies

• MEETING THE UNMET NEEDS
  – Toileting
  – Hunger
  – Thirst
  – Boredom
  – Pain
Reactive Approach--Strategies

• 3 As for 3As
  – Acknowledge
  – Apologize
  – Ask permission/Address
Strategies

• Assess for safety
• How to keep client and other safe
  – Giving staff roles (prompts)
• Using local responders appropriately
  – Engaging them
  – Know the process
Calming techniques

• Body Language
  – Your approach
    • Eye contact
    • Posture
    • Face the problem together
      – Side by side approach
Calming techniques

• Communication
  – Simple words
  – Allow time to respond
  – Listen, Listen, and Listen some more

• Redirection/reassurance
  – Acknowledge emotion
  – Simple distraction
  – Back off

• “I’m sorry”
• “How can I help”
• “Who is making you feel this way”
• “Would you like me to….”

...Be genuine and avoid sarcasm...

Give them the PICKLE!
Calming techniques

• Engaging in activities; music therapy
• sensory interventions (touch sensory stimulation such as hand massage)
• light therapy--training paid caregivers
• Aromatherapy
• Exercise
Crisis: RAGE: (s)he is Aggressive!

- Assess for safety
- Back off
- Avoid power struggle
- Body language
- Tone of voice
- De-escalation strategies
De-escalation strategies

- De-escalation is frequently recommended as the first line intervention for imminent violence.
  - Empathy
  - removal of bystanders
  - Maintaining communication
  - avoiding loss of authority (NOT power struggle)
  - conditional limit-setting
  - mood matching
  - distraction/diversion
De-escalation cont.

– avoid asking "why" questions that may put the patient on the defensive (e.g., "Why did you throw that glass)
– "I" statements, rather than "you" statements.
  – "I would be happy to assist you in eating your lunch, as long as you do not throw the food at me," versus "You must not throw food"
DO YOU ECHO?
A Resource:
What is ECHO?

• Use of multipoint videoconferencing, best practice protocols, co-management of clients with case based learning.

• The ECHO model is a robust method to safely and effectively respond and better manage complex conditions for underserved populations and to monitor outcomes.
Use of ECHO

- Hub-and-spoke knowledge-sharing networks

- Led by expert teams who use multi-point videoconferencing to conduct virtual sessions with community providers.

- All information is HIPPA compliant and de-identified

- Clinicians, families and direct care providers learn to provide excellent specialty care to individuals with complex conditions in their own communities.
What is ECHO? How is it different from telemedicine?

Telemedicine:
• Focus is direct service delivery
• Usually billable
• Usually one-to-one
• Unidirectional flow of information
• Usually one-and-done, or time-limited/specifc
• Single expert proving opinion

ECHO:
• Focus is on education and capacity building
• Not usually billable
• One-to-many (hub and spokes)
• Multidirectional flow of knowledge
• Ongoing, based on learner’s needs
• Multidisciplinary expert team providing mentoring, advice and support
Food for thought

Most people, their needs, and anger, agitation, or aggression DO NOT operate in the 7am-3pm, 3pm-11pm, 11pm-7am schedules. Our response to their needs should not be categorized as such either.
QUESTIONS?
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THANK YOU!