Aggression Tip Sheet

General principles

1. Context is important and will effect treatment planning. Specific information about exactly what happened, when it occurred, how often it happens is essential to convey to the provider.
2. Aggression in the context of caregiving only, that ceases immediately when the interaction with staff members ends is least likely to respond to medication management.
3. More generalized, spontaneous aggression tends to be harder to treat and takes a great deal more effort to try and locate cues.
4. Focused aggression, especially when seeking out individuals, can be the most concerning and should be relayed to providers and decision-makers promptly.
5. Prepare yourself and your staff by reviewing educational materials about maintaining safety with physically aggressive patients. Links are provided on the web page.

Finding a Trigger

1. Some aggression may stem from frustration with tasks they can no longer perform or information they can no longer process (such as directions). Keep track of these episodes and identify where and how help is needed (one-step directions as an example). Make sure this information is the chart for all caregivers to review.
2. Don’t put pressure or rush the resident through tasks or activities. This can provoke aggression due to anxiety or feeling angry or threatened.
3. Some residents are humiliated or embarrassed when others are involved with private cares, such as bathing or toileting. This can lead to lashing out at staff members as a means to get them to leave.
4. Losing one’s independence can lead to aggravation expressed as aggression. Allow decision-making, even if the decision seems trivial, as a way of giving the resident some control over their situation.
5. Does anxiety play a role, or depression?
6. Does the resident appear suspicious of staff members or peers. Do they feel threatened?
7. Is the dining room or activity area too loud and uncomfortable for them.
8. Does time of day play a role, such as becoming aggressive when they cannot go home at shift change? Is it easier to bathe in the afternoon rather the morning or evening? Knowing time-related changes in potential aggression is important.
9. Are they fatigued, or do they become aggressive when awakened by staff from overnight sleep or a nap?
10. Does the aggression correspond to pain, indicate hunger or thirst, or is it a herald sign of an infection or illness?
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In the Moment

1. Make sure you and the resident are safe. Remove other residents from a more public area to avoid any harm coming to them as a result of this aggression.
2. Step back, take a deep breath, count to ten, then try again. If needed, leave the room or area and re-approach after a few minutes to complete the task that provoked the aggression. If the task is not absolutely essential to complete then, postpone for a longer period of time.
3. Be empathic and reassure the patient, in plain, concrete language that you are there to help.
4. Distraction may help for some residents. Talking about their family or interests while performing a task may lead to a reduction in the aggression.
5. Be as passive as possible emotionally. Becoming upset or irritated will only lead to further aggression by the resident and a perpetuation of the situation. Ask another staff member to help at that point.
6. Make sure you employ enough people and safe techniques to keep the resident and others safe. Line of sight monitoring may be helpful to keep others safe. Again, references to help learn such techniques are on the web page.
7. Have a plan of approach for next time. With residents where a cue or need for the behavior is hard to identify scheduling cares with enough staff to carry out the activity as safely and rapidly as possible is paramount.