

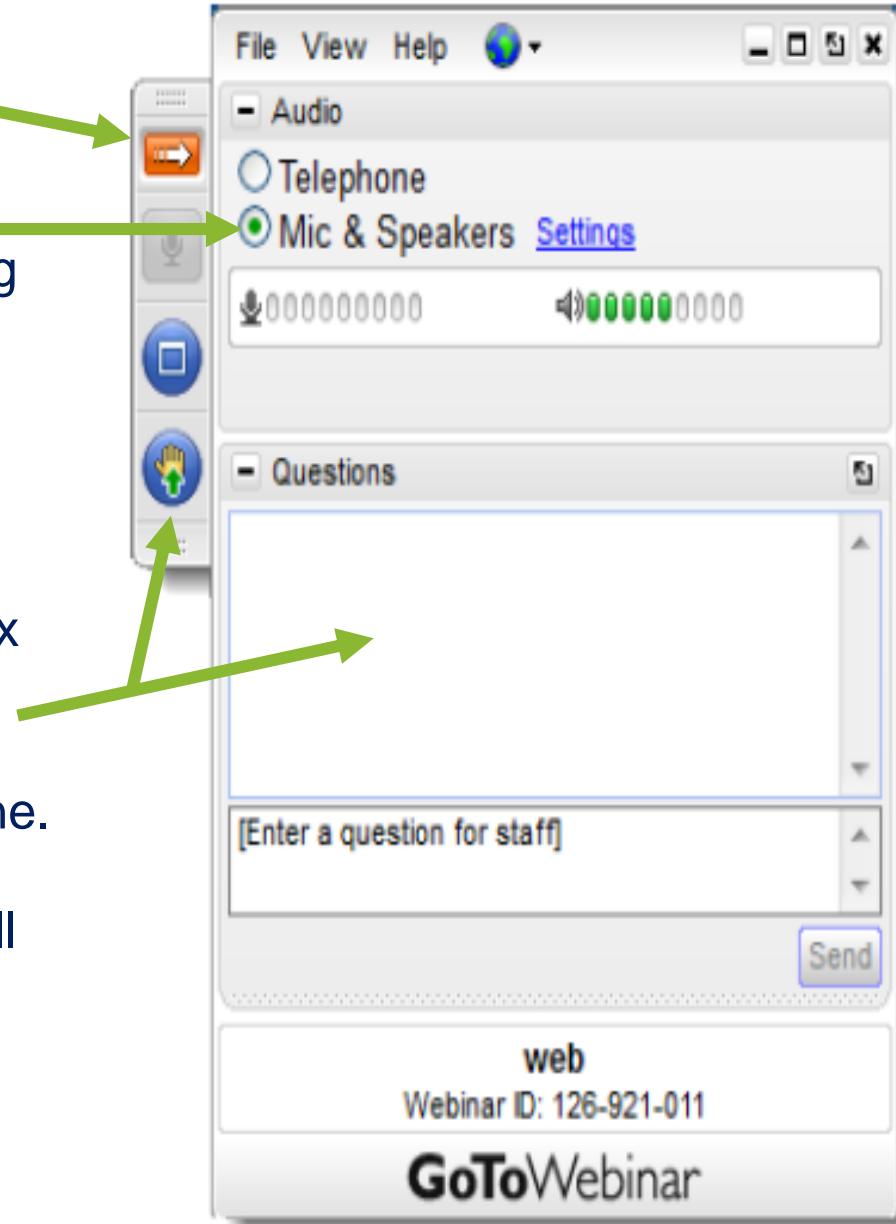


The National Long-Term Care Ombudsman Resource Center

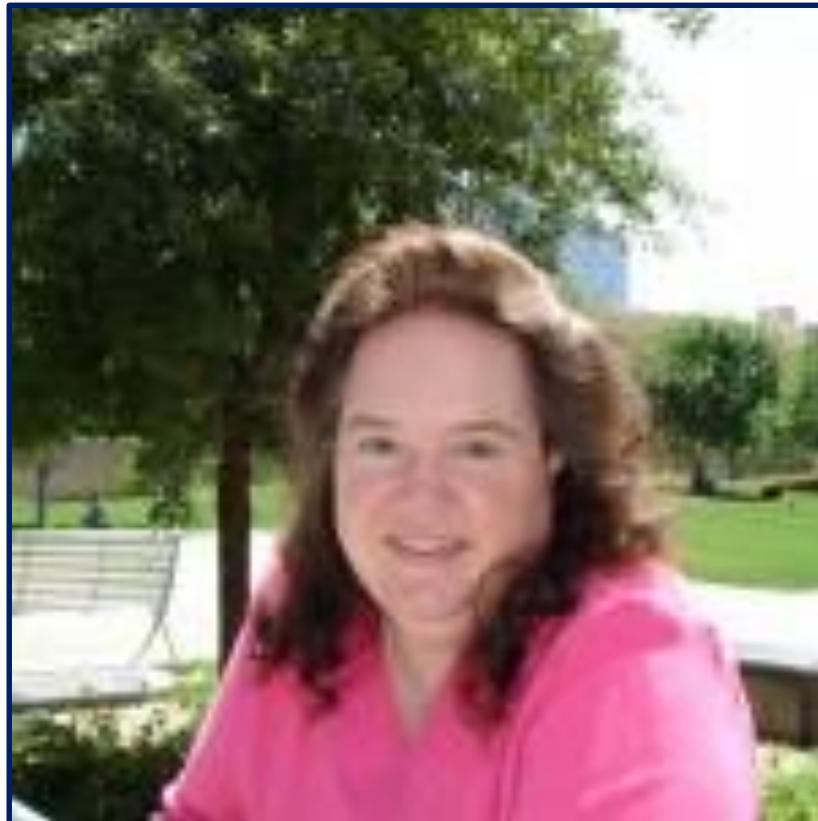
Identifying, Preventing, and Responding to Bullying in Long-Term Care Facilities

Tuesday, July 28, 2015

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Dr. Robin Bonifas, Associate Professor
School Of Social Work, Arizona State University



Why Are We Talking About Bullying?

Older Adults Can Be Bullies, Too

No Age Limit on Bullying

Mean Girls in Assisted Living

Bullying is Ageless: Conflict and Violence Widespread in Nursing Homes, Study Finds

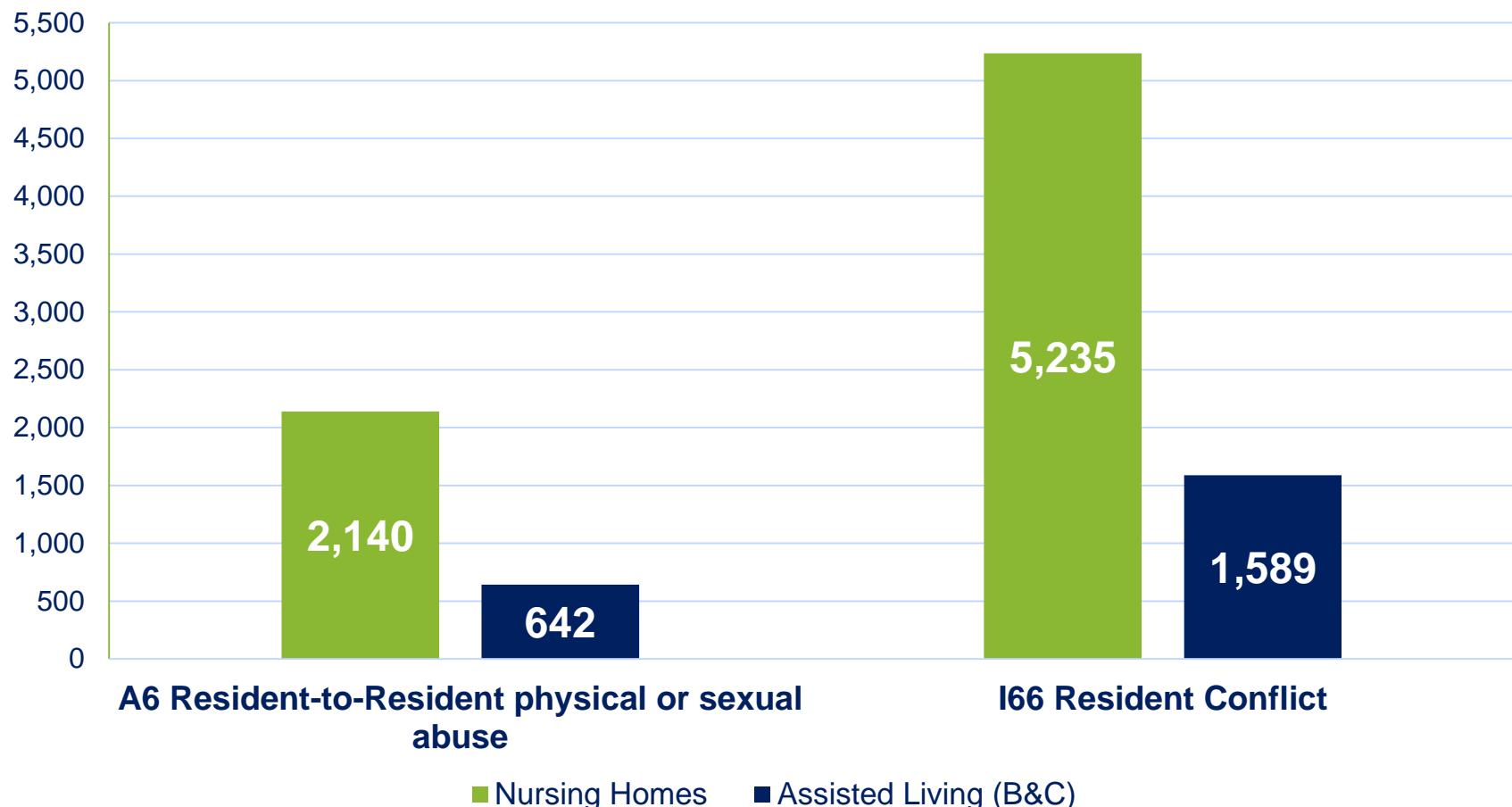
- It happens, but is often not addressed.
- Aggressive behavior is often a symptom of an unmet need.
- Bullying negatively impacts all residents involved.
- Every resident has the right to individualized care and to be free from mistreatment.



Resident-to-Resident Abuse and Conflict

2013 NORS Data

Resident-to-Resident Abuse and Conflict



PRESENTATION

Dr. Robin Bonifas, Associate Professor
School Of Social Work, Arizona State University

The National Long-Term Care Ombudsman Resource Center

Webinar: Identifying, Preventing, and Responding to Bullying in Long- Term Care Facilities

Robin P. Bonifas, PhD, MSW
July 28th, 2015



Presentation Overview

- Characteristics of bullying among older adults
 - Definition and example behaviors
 - People who bully
 - People who are the targets of bullying
- The impact of bullying on older adults
- Recognizing potential bullying situations
- A three-tiered framework for developing interventions to address bullying

Presentation Overview

- Minimal research has been completed on bullying among older adults.
- This presentation is based on three sources of information:
 - A pilot research study in two assisted living facilities
 - Practice experience working with individuals and organizations impacted by senior bullying
 - Research literature on bullying among other population groups.



Who here has ever been bullied?

When and where did it occur?

What did it feel like?



Unfortunately, bullying appears to occur across the lifespan

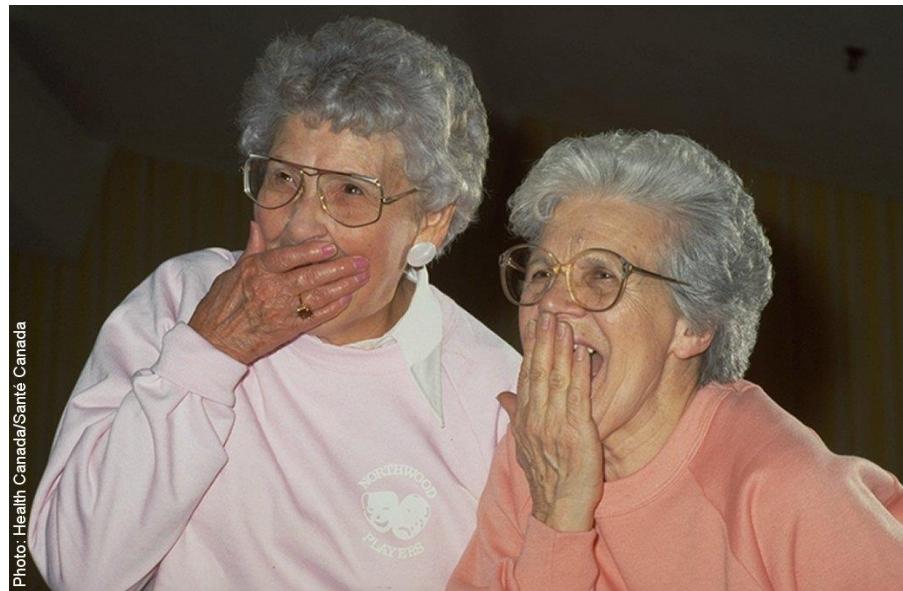


Photo: Health Canada/Santé Canada

Bullying Definition

- First, let's clarify what bullying is and provide some examples so we all know what it is we are talking about...



Illustration: Nationaal Ouderfonds

Bullying Definition

- Intentional repetitive aggressive behavior involving an imbalance of power or strength (Hazelden Foundation, 2008).
 - The necessity of repetition is questionable because one-time incidents can have significant negative impact on some individuals.
- Relational aggression is a common form of bullying among older adults: non-physical aggression intended to damage peer relationships and social connections (Hawker & Boulton, 2000)

What Does Bullying Look Like?

- Bullying includes behaviors and actions that are:
 - Verbal
 - Physical
 - Anti-social or relationship-centered
- Here are some specific examples...

Types of Bullying

- **Verbal:** name calling, teasing, insults, taunts, threats, sarcasm, or pointed jokes targeting specific individuals
- **Physical:** pushing, hitting, destroying property, or stealing
- **Anti-social:** shunning/excluding, gossiping, spreading rumors and using negative non-verbal body language (mimicking, offensive gestures)

Most Distressing Behaviors Reported by Research Participants

- Loud arguments in communal areas
- Naming calling/teasing
- Gossiping
- Being bossed around
- Negotiating value differences
- Sharing scarce resources
- Being hounded for money or cigarettes
- Listening to others complain
- Experiencing physical aggression
- Witnessing psychiatric symptoms

Note that some of the behavior listed previously do not meet the definition of bullying

Assisted living residents often consider any behavior that is frightening or disturbing to be “bullying”

Example Bullying Incidents

- “*There’s one that tries to be the number one tough guy. [He comes up] to me [and says] ‘One of these days, I’m gonna smack you with a hammer.’*”
- “*He calls me “fatso”. He says, “Hey fatso.” Then as he goes down the hall...he would make oinking noises as he went to the elevator.*”

How Often Does Bullying Occur?

- Incidence noted in my pilot study:
 - 28 out of 30 residents were able to describe an incident of bullying or negative social interaction that they had experienced since moving into the facility.
 - Most had also witnessing others being bullied or involved in similar negative social interactions.
 - Given a total of 134 residents in the two facilities, this implies that at least 20 percent of residents experienced one or more episodes of bullying or related behavior.

Where Does Bullying Occur?

- My research took place in assisted living facilities, but late-life bullying also occurs in:
 - Senior centers
 - Adult day health centers
 - Senior housing
 - Retirement apartments
 - Nursing homes

Where Does Bullying Occur?

- Engaging in bullying and relationally aggressive behaviors requires a certain level of cognitive and social skills (Walker & Richardson, 1998).
- Senior environments with higher functioning residents or participants tend to have more problems with bullying.

Who Bullies?

- Some common characteristics of people who bully:
 - Seek to control others
 - Feel reinforced by:
 - Being powerful and controlling
 - Making others feel threatened, fearful or hurt
 - Causing and observing conflict between people
 - Have difficulty tolerating individual differences
 - Lack empathy
 - Are likely to have few positive social relationships

Who Bullies?

- At the same time, bullying among older adults also seems to be associated with loss.
 - Loss of valued roles
 - Loss of social identity
 - Loss of a sense of belonging
- Older bullies may be seeking control at a time in their life when they feel powerless.
- Some of negative behaviors may be attempts to regain a sense of equilibrium.

Factors Influencing Bullying Situations

- *“I have problems accepting their problems...that’s one of the things that is hardest to deal with”*
- *“They go two generations back from me and I don’t know what they’re talking about.”*
- *“For me, the hardest part has been living with people I have never associated with in my life”.*

Gender Differences Noted

- Women tend to engage in more passive aggressive behavior like gossiping and whispering.
- Men are more likely to make negative in-your-face comments.

Bullies Experience Less Lifetime Trauma

Average Differences by Bullying Status

Cognitive impairment	24.71 (3.62)	21.27 (5.1)	1.627
Depression	6.14 (5.64)	5.93(3.28)	.091
Self-esteem	21.14 (8.21)	19.93 (6.97)	.359
Lifetime trauma	5.00 (3.32)	8.33 (3.15)	-2.273**

** $p < .05$; $n = 22$

Who Gets Bullied?

- Characteristics of people who are bullied:
 - Typically have trouble defending themselves.
 - Do nothing to “cause” the bullying.
 - Often experience a sense of powerlessness because the bullying experiences are unpredictable.

Who Gets Bullied?

- Two types of people often targeted with bullying:
 - Passive targets
 - Provocative targets



Who Gets Bullied?

- Passive Targets
 - May be highly emotional
 - Have difficulty reading social cues
 - May be shy and insecure
 - May experience anxiety
 - May have early stage dementia
 - Have racial/ethnic, spiritual beliefs, or sexual orientation perceived as “different.”

Who Gets Bullied?

- Provocative Targets
 - Can be annoying or irascible
 - Quick-tempered
 - May unwittingly “egg on” bullies
 - Intrusive into others’ space
 - May have mid-stage dementia

The Impact of Bullying

- Common reactions to distressing behaviors and interaction patterns
 - Anger
 - Annoyance
 - Frustration
 - Fearfulness
 - Anxiety/tension/worries about residents' rights
 - Retaliation followed by shame
 - Self isolation
 - Exacerbation of mental health conditions



Example Reactions to Bullying

- “*It makes me burning mad!*”
- “*You can’t get away from that certain person, it’s hard, it’s hard. She won’t change. She does this to everybody, every day. Just aggravates the crap out of me.*”
- “*I just have to dodge him...because he will altercate me. I have to try and avoid being harangued...if he hits me, and I fall, I’ll break a bone.*”

Coping with Bullying

Seniors demonstrate extraordinary strategies for coping with challenging social relationships:

- Avoid contact with upsetting individual/ “walk away”
- Engage in positive self-talk
- “Bite their tongue”
- Pursue individual activities
- Just “let it go” or tune it out
- Strive to see the other person’s point of view
- Offer alternatives to problematic behavior
- Work to calm others down
- Spend time with pets
- Relationship with a supportive individual

Some People Have Difficulty Coping

Average Differences by Level of Distress

Cognitive impairment	22.00 (3.64)	22.57 (4.99)	-.262
Depression	3.50 (2.62)	7.42 (4.07)	-2.442**
Self-esteem	23.25 (4.20)	18.64 (8.14)	1.749*
Lifetime trauma	7.0 (3.50)	7.42 (3.63)	-.270

* $p < .10$; ** $p < .05$; $n = 22$

Bullying Warning Signs

- Individuals who are being bullied may exhibit these behaviors:
 - Self isolation
 - Avoidance of specific areas or activities
 - Take long circuitous routes to get to and from communal areas
 - Vague complaints “They don’t like me” or “They won’t let me.”
 - Depressed mood

Bullying Warning Signs

- Individuals who bully their peers may exhibit these behaviors:
 - Intimidate staff
 - Often tell others what to do using a bossy style
 - Criticize others or lack empathy toward them
 - Make repeated complaints about others
 - Be aware that individuals who complain in a powerful, outraged style about others' picking on them are often bullies themselves!

We have learned a lot about
bullying among older adults...

So what do we do about it?!



Organizational Level Interventions



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Three-tiered Intervention Model

- Preventing and minimizing bullying behavior requires intervention at multiple levels:
 - Organization
 - Bully
 - Victim/Target



Organizational Level Intervention

- The goal is to create caring communities for residents and staff.
- Caring is feeling and exhibiting concern and empathy for others.
- Empathy is the capacity to recognize and share feelings that are being experienced by another.
- **Empathy is the best antidote to bullying!**

Organizational Level Interventions

- Strive to create an environment that promotes empathy; this requires:
 - A culture of respect
 - Residents/consumers and staff be held accountable and responsible for their behaviors.
 - Everyone is willing to stand up for what is right.
 - High level of trust

Organizational Level Interventions: Civility Training

- Nine tools for civility
 - Pay attention
 - Listen
 - Be inclusive
 - Don't gossip
 - Show respect
 - Be agreeable
 - Apologize
 - Give constructive criticism
 - Take responsibility

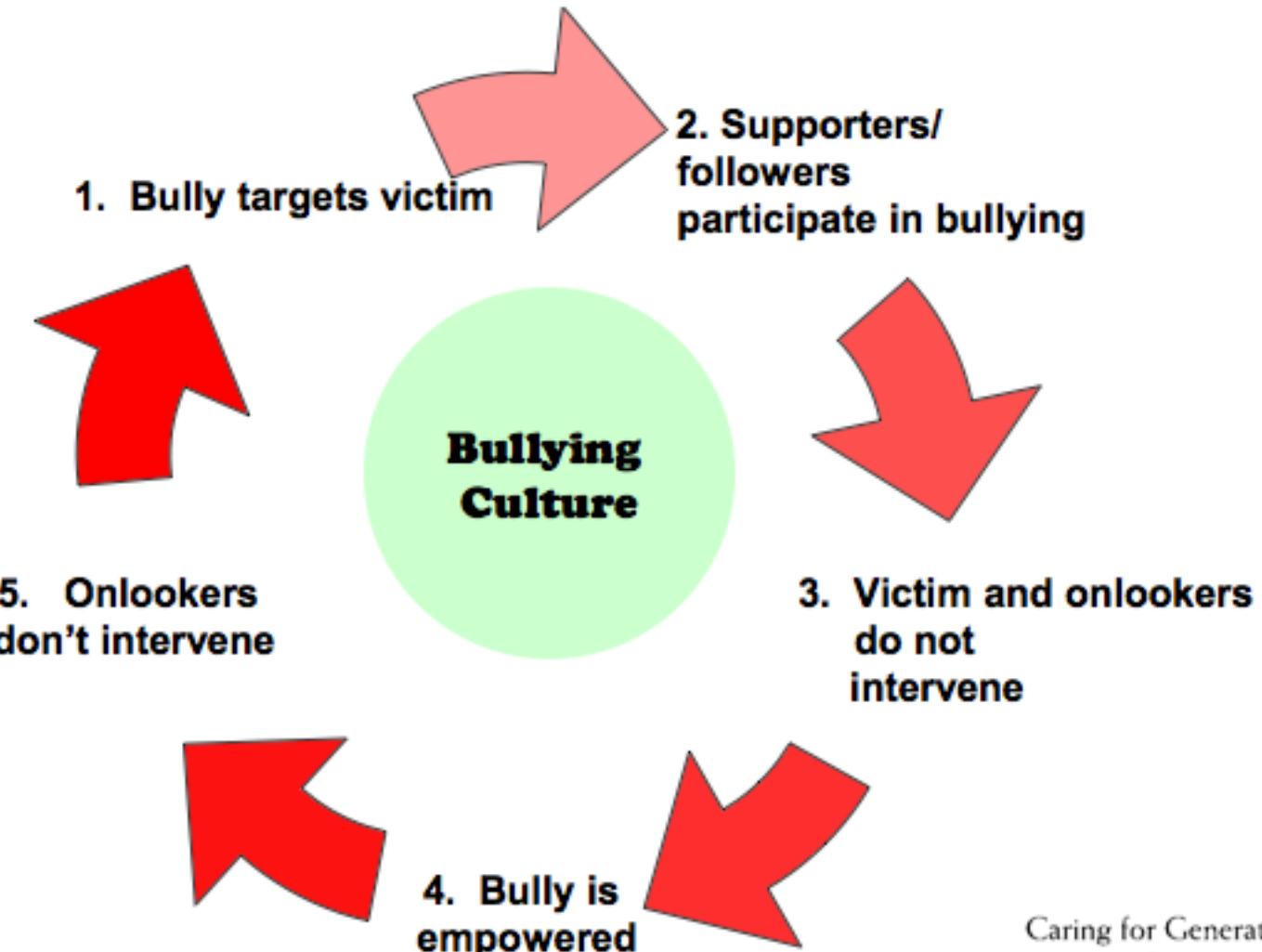
Organizational Level Interventions

- Key Strategies:
 - Regular staff and resident trainings and discussions about communal living.
 - Staff training and support around recognizing and responding to bullying and aggressive behavior.
 - Policies and procedures that guide behavior and encourage reporting of bullying incidents.

Organizational Level Interventions

- Other example strategies:
 - Acknowledge members of your community that go out of their way to make others welcome.
 - Notice acts of kindness and publically reward them.
 - Train residents in bystander intervention strategies to help them stop bullying when its observed.

Example Component of Bystander Intervention Training



Interventions for Individuals who Bully

- Consistently set limits on bullying behavior
- Offer an appropriate outlet to vent frustrations
- Help them to:
 - Identify alternative methods to feel in control
 - Learn positive communication skills
 - Develop empathy
 - Expand their social network
 - Address feeling of loss

Intervention for Individuals who are Bullied

- Foster self worth and dignity; bolster self esteem
- Assure an underlying depression is recognized and treated
- Focus on skill development to help them avoid being victimized:
 - Standing up for one's rights
 - Managing feelings of anger
 - Using direct communication strategies

Research Participants' Intervention Ideas

- Offer anger management classes
- Set limits with people who pick on others/eviction notices if they don't improve
- Hold regular meetings to promote communication among residents/tenants
- Develop rules and expectations for behavior
- Create partnerships between residents and facility management

Research Participants' Intervention Ideas

"We decided to use democratic measures [to deal with problematic resident behaviors] to create a comfortable atmosphere. This is part of our cultural shift."



Photo: Health Canada/Santé Canada

Example Intervention Developed with Assisted Living Residents

- Held a *Peace Learning Circle*
 - a group event to help recognize problematic behaviors and present simple strategies to call attention to them when they occur - building on bystander intervention concepts.
- Outcome:
 - Residents' attention spans and fatigue interfered with the 30-minute group session.
 - The people who really needed it didn't attend!

Example Intervention Developed by Assisted Living Residents

- Residents and staff revised the *Peace Learning Circle* concept to better fit the population:
 - Incorporating main ideas into the popular weekly religious service
 - Maximizing brief teaching moments by Infusing ongoing learning into inspirational “thought of the week” messages

Questions, comments, or discussion?



QUESTIONS?

LTCO Advocacy Strategies

- **Support the resident (as much as they want you involved) and seek direction for their resolution goal.**
 - If possible, determine whether this has happened before to other residents and if this is a pattern of behavior.
- **Consult with your supervisor and follow program policies.**
- **Advocate for documentation of the incident and assessment of needs for both residents after the incident.**
- **Discuss facility responsibilities regarding prevention, investigation, and reporting of the incident (if applicable).**
 - Reminder regarding proper staff supervision and training

Next Steps

- **Speak with residents and Resident Councils.**
- **Share information with family members and Family Councils.**
- **Talk about bullying with facility staff.**
- **Include information regarding bullying in LTCO training.**

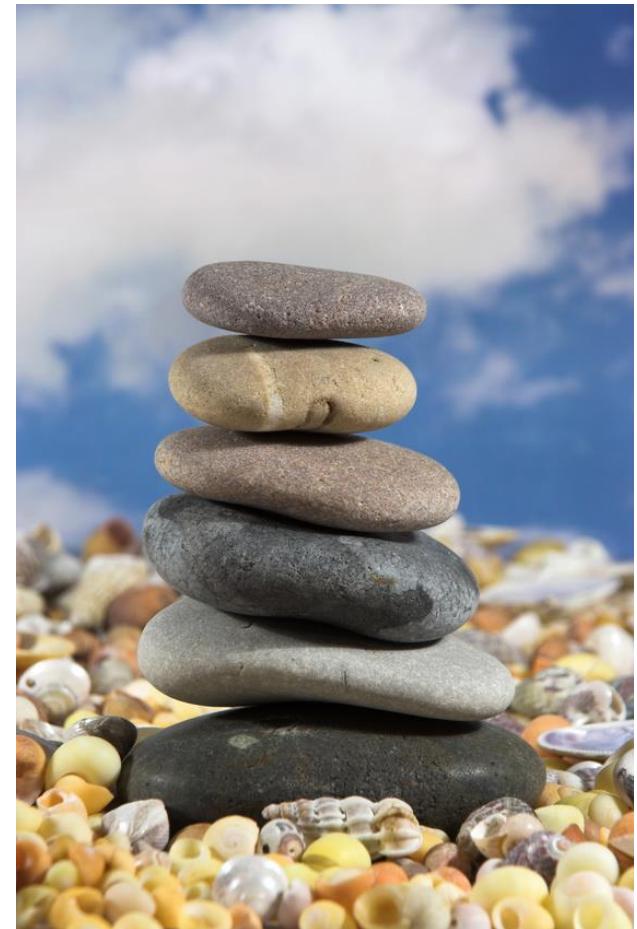


LTCO Systems Advocacy

- **Review your complaint data regularly.**
- **Identify areas for education, collaboration, and advocacy.**
 - Promote bullying free communities and effective communication.
- **Consult with your supervisor and/or SLTCO to coordinate systems advocacy agendas.**

Touchstones

- Aggressive behavior is often a form of communication- identify the root cause.
- Person-centered complaint processing approach.
- Resolution goal= resident satisfaction and protection of resident's health, welfare and rights.
- LTCOPs are not the “official finder of fact” to substantiate abuse complaints.
- LTCO are not mandatory reporters, but LTCO must support the resident to the extent the resident wants assistance.



RESOURCES

Technical Assistance (TA) Brief (*DRAFT*)

LTCO Advocacy: Resident-to-Resident Aggression

- Information regarding resident-to-resident aggression (residents' rightsA)
- Tips for LTCO to help prevent and reduce the prevalence of residents' rightsA
- LTCO Advocacy Strategies

TA BRIEF: TECHNICAL ASSISTANCE FOR LTCO PRACTICE



The National Long-Term Care
Ombudsman Resource Center

LTCO ADVOCACY: RESIDENT-TO-RESIDENT AGGRESSION

ISSUE

Resident-to-resident aggression (RRA) is defined as “negative and aggressive physical, sexual, or verbal interactions that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient.”¹ Incidents of RRA include physical, verbal, and sexual abuse and are likely to cause emotional and/or physical harm. However, not all incidents of resident-to-resident aggression are considered “abuse,” meaning that the resident involved did not willfully harm the other resident. Other examples of RRA include: roommate conflicts, invasion of privacy and personal space, verbal threats and harassment, unwanted sexual behavior, using personal property without permission, and destroying personal property.

QUESTION

How can LTCO help prevent resident-to-resident aggression and reduce the prevalence of these incidents?

RESPONSE

This resource provides some LTCO advocacy strategies for responding to incidents of resident-to-resident aggression and practices to ensure all residents receive individualized care in order to meet their needs and reduce the risk of RRA.

Learn about Resident-to-Resident Aggression (RRA)

Resident-to-resident aggression is a serious issue that has a significant negative impact on all residents involved, but incidents are often not reported and investigated. Additionally, research regarding the prevalence of RRA is limited, yet information from a variety of sources suggests RRA occurs fairly frequently. Despite these limitations recent studies have identified possible risk factors for RRA.

Risk factors include:

- Significant cognitive impairments (e.g. dementia, mental illness).
- Disruptive behavioral symptoms related to dementia or other cognitive impairment (e.g. yelling, repetitive behaviors, calling for help, entering other's rooms).
- Excessive noise.
- Crowded common areas (e.g. too many residents in one room, equipment/obstacles in common areas).
- High number of residents with dementia.
- Residents with a history of aggressive behavior and/or negative interactions with others.

A primary risk factor is cognitive impairment, in fact, one study found that “cognitive impairment, and worsening cognitive impairment in particular, conferred a five-fold risk of mistreatment in victims.”¹

What is Resident Mistreatment?

- Consumer Brochure
- Defines ANE
- Overview of Residents' Rights
- Defines Resident-to-Resident Mistreatment
- Explains how to seek help

<http://ltcombudsman.org/issues/elder-abuse-elder-justice#Resources>



What Is Resident Mistreatment?¹

Mistreatment is anything that causes physical, mental and/or emotional harm and includes abuse, neglect and exploitation.

ABUSE means causing intentional harm and includes physical, mental, verbal, and sexual abuse.

NEGLECT is the failure to provide care for a resident in order to avoid harm and pain.

EXPLOITATION is when someone illegally or improperly uses your moneys or belongings for their personal use.²

IDENTIFY Abuse or Mistreatment

All residents have the right to live in a safe environment that supports each resident's individuality and ensures they are treated with respect and dignity. If you have experienced any of the following examples of mistreatment you have the right to report it and facility staff are required to investigate all reports.

- **Physical assault**- kicking, hitting, slapping, grabbing, pushing, biting, spitting, throwing items
- **Sexual assault**- unwanted sexual advances/touching, rape
- **Verbal and Mental abuse**- name calling, yelling, cussing, racial slurs, unwelcome verbal sexual advances, threats
- **Neglect**- lack of assistance with eating and drinking, not answering call lights, improper use of restraints, lack of assistance using the restroom
- **Invasion of personal space**- unwanted sexual exposure, use of personal items without permission, theft, destruction of personal items, entering room without permission

What Is Resident-to-Resident Mistreatment?

Resident-to-resident mistreatment is defined as negative, often aggressive, interactions between residents in long-term care communities.

These incidents include physical, verbal and sexual abuse and are likely to cause emotional and/or physical harm.

Other examples of resident-to-resident mistreatment include:

- Roommate conflicts
- Invasion of privacy and personal space
- Verbal threats and harassment
- Unwanted sexual behavior
- Using personal property without permission
- Destroying personal property

Some residents may have dementia or another mental health issue that impacts their choices and behavior. However, even if they don't understand what they are doing, all residents have the right to be protected from mistreatment.

If you feel that you have been mistreated by another resident, you have the right to report it regardless of the other resident's intent or the type of mistreatment.

All residents have the right to be protected from abuse and mistreatment. Your facility is required to ensure the safety of all residents and investigate reports of abuse.

Technical Assistance Guide

Responding to Allegations of Abuse: Role and Responsibilities of LTCO

- Overview
- Key Points
- AoA Statements
- What Can An Ombudsman Do?
- LTCO Advocacy Strategies
- Resources

http://ltcombudsman.org/uploads/files/issues/responding-to-allegations-of-abuse_0.pdf

TA GUIDE: TECHNICAL ASSISTANCE FOR LTCO PRACTICE



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RESPONDING TO ALLEGATIONS OF ABUSE: ROLE AND RESPONSIBILITIES OF LONG-TERM CARE OMBUDSMEN

OVERVIEW

Provisions in the Older Americans Act (OAA) state that Long-Term Care Ombudsmen (LTCO) shall “identify, investigate and resolve complaints” regarding “action, inaction, or decisions that may adversely affect the health, safety, welfare or rights of the residents” made by, or on behalf of, residents.¹ Complaints may include, but are not limited to, allegations of abuse, gross neglect and exploitation. Long-Term Care Ombudsmen are resident-centered advocates, directed by resident goals for complaint resolution and federal disclosure requirements; therefore, the LTCO role in investigating allegations of abuse is unique and differs from other entities such as, adult protective services and state licensing and certification agencies. These disclosure requirements mean that information shared with or gathered by the LTCO is confidential unless consent is obtained as described below in the OAA provisions. Furthermore, LTCO programs receive complaints from a variety of individuals (e.g. residents, family members, facility staff, representatives of other agencies), but due to strict requirements in the OAA, LTCO may not disclose the identity of the resident or complainant without receiving permission from the resident or complainant (or their legal representative).

The purpose of this guide is to discuss how Ombudsmen can respond to allegations and observations of abuse, neglect and exploitation when the resident does not or cannot give consent to pursue the complaint. In the absence of resident consent, ombudsmen can take other actions to adhere to disclosure requirements and work to ensure the resident receives quality care and is protected from harm. This quick reference guide will review the federal requirements regarding complaint investigations and disclosure, highlight statements from the Administration on Aging, and provide advocacy strategies and examples of program policies and procedures that address this specific situation.

Note: A few State Long-Term Care Ombudsman Programs (LTCOPs) receive allegations of abuse and investigate to substantiate the complaint (gather evidence to prove abuse occurred), but the primary focus of this resource is to discuss the role of the LTCOP in response to complaints according to the Older Americans Act and Administration on Aging technical assistance to states, not compare individual state LTCOP responsibilities.

KEY POINTS

What is abuse?

Since states have different definitions for abuse, neglect and exploitation, this guide will use the definitions provided in the National Ombudsman Reporting system (NORS) definitions of complaint codes and unless otherwise stated, we use the term “abuse” to include any willful act of “abuse, gross neglect and exploitation” throughout this resource.²

Older Americans Act Provisions

Under federal law, “the files and records” of the long-term care ombudsman program “may be disclosed only at the discretion of the [State] Ombudsman (or the person designated by the Ombudsman to disclose files and records).”³ Furthermore, the “identity of any complainant or resident with respect to whom the [Ombudsman] Office maintains

¹ Older Americans Act of 1965. Section 712 (a)(3)(A)

² Administration on Aging. Administration for Community Living. Long-Term Care Ombudsman Program Complaint Codes. OMB. NO. 0985-0005. Expiration Date: 07/31/2015. http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Ombudsman/docs/Complaint_Code2015.pdf

Additional Information...

- **NORC Resources**

- Elder Abuse/Elder Justice Issue page
<http://ltcombudsman.org/issues/elder-abuse-elder-justice>
- LTCO Training (webinar recordings, in-service materials)
http://ltcombudsman.org/omb_support/training
- Library (federal regulations)
<http://ltcombudsman.org/library>
- Systems Advocacy (e.g. Quick Reference Guide)
http://ltcombudsman.org/omb_support/advocacy



The National Long-Term Care Ombudsman Resource Center

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**The National Long-Term Care
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