

# How to handle difficult residents and help frontline staff.

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## Introduction

- Residents in nursing homes are considered difficult for many reasons. Residents may be aggressive to other residents or staff or try to elope. They might refuse medication or bathing.
- In nursing homes it is the frontline staff who are the ones who have to take care of these residents. The frontline staff of certified nursing assistants can be very frustrated.
- The goal of this presentation is to review methods to handle difficult residents. The goal is also to help frontline staff manage these residents as well.

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## Triggers and Causes of Difficult Trigger behavior

- The first step is to understand what is the cause of the resident's behavior. In behavior analysis it would be the antecedent for the behavior or trigger.

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## Rule out medical conditions

- Such as UTI's. UTI's are known to cause reactions in the elderly such as disorientation.
- Other medical conditions such as delirium should be ruled out.
- Is the resident demonstrating aggressive behavior or psychiatric behavior due to a medical condition post surgery. Treat the medical condition and see if the symptoms change.

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## Is there Dementia?

- Is there a cognitive change. Test for dementia to see if baseline changed. There could be confusion due to cognitive loss and the resident may be making associations based on believing people they see are relatives or have other attributes based on past history.

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## Be Proactive and avert crises.

- Residents who are in close proximity to other residents will become agitated. Taking residents out through an exit and they are too close to other residents often yields the same result. If a resident has trouble going past another group of residents in a tight space, prepare in advance and change the environment to meet the needs of the resident. This will avert a crisis.

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## History repeats itself

- If there is a history of aggressive behavior to family members before entering a nursing home. It is predictable that history repeats itself.
- Some residents cannot be managed at home and are too aggressive for their families.
- This information will not always be forthcoming. Sometimes social work can interview family members who will tell them what happened at home. It is important to use this information to be prepared in advance

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## Understanding resident's life and current patterns.

- Is there a history of occupation or former past time in which the resident stays up all night?
- Does resident try to catch a bus home?
- It is important to know past history of the resident. With dementia, they might be repeating a previous pattern and there can be a harmless intervention for it.

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## Techniques and Strategies for handling aggressive residents

- Tone of Voice:
- Approach
- Keeping safe distance
- Make a decision that you are the best person for that resident
- Walking away and coming back especially with dementia
- Get away from resident while aggressive

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## Tone of Voice

- Tone of Voice: You set the tone. If you are angry or upset residents will pick up on it and become more agitated. Always talk calmly and quietly.

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## Approach

- Approaching from behind is not a good way to approach a resident because it may get them upset or startled, or even paranoid.
- Approach from the side or face to face.

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## Exit Plan

- Keep safe distances and be aware of available exits.
- Always allow enough space to get away and not be backed into a corner. Always be near an exit. If you are cornered in a room use call bell or yell to other staff to come in and distract the resident.

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### Person with most rapport involved.

- Decide who is the best person for a resident and who has the most rapport with a resident.
- Whoever has the most rapport with the resident should intervene.

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### Residents with dementia

- Walking away and coming back especially with dementia.
- They forget the interaction and give you a fresh start.

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### Safety

- Get away from resident while aggressive. In a crisis and being pursued by a resident, the safety of resident and staff is of utmost importance.
- Always best to get away from the resident who is aggressive and let another staff member intervene.
- If there is physical contact the goal is to get away and keep resident safe as well as staff. Safety techniques can be utilized to get out of holds such as wrist grab, choking, hair pulling and biting.

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## You won't become friends in a crisis.

- **Become friendly with residents that are known to be difficult.** It will not be possible to make friends in a crisis. If you have already established a relationship with the resident, you will be able to help when there is a crisis. Say Hello and try to have a brief conversation of a positive nature with difficult residents on a regular basis before there is a crisis.

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## Evaluate psychoactive medication

- **Evaluate by psychiatrist or nurse practitioner for change in medications.** If there is a Gradual Dose Reduction Meeting to evaluate medications of residents make sure the resident is on priority to be reviewed

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## Learn safety techniques

- **Teach basic safety techniques to staff so they can get out of crisis's in the safest manner for resident and staff.** Safety techniques will be reviewed in session if there is time.
- How to get out of chokehold wrist grab, hair pull, bites.

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## Suicidal ideation

- How to recognize suicidal intention: "I want to die statements" vs Do you have a Plan?
- Don't be afraid to ask. Put it off techniques: guilt or unfinished business

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## Review incident with resident

- If resident is cognitively intact review how to handle the situation better in the future. Suggest that resident talk about feelings versus acting on them. There may be a person that resident can be called on when upset.

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## Accepting the past history

- A resident may be sun downing at a particular time every day and schedule can be adjusted to avoid any issues at that time. For example a resident with dementia who used to have a night job and stays up all night or a resident who believes she is catching a bus home at a certain hour. A staff person might be able to say that the bus has been delayed till the morning. If there can be an intervention that buys time, it will be very helpful to managing the resident.
- When possible allow for differences based on past history that can be accommodated.

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## Don't argue with dementia

- Don't argue or try to convince a resident with dementia of something when they are completely set on information based on regressing to an earlier time.
- Example: An eighty year old woman wants to call her mother or take care of her baby. Do not tell her that her mother is dead. Don't argue that her baby is grown. Maybe give her a doll to take care of.

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## How to Help Frontline Staff with Difficult Residents

- It is important to understand the needs of front line staff.
- The certified nursing assistants need to understand why residents may be challenging.

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## Help Staff understand

- Explain to staff what is the difference between Dementia vs psychiatric disorders: hallucinations, delusions .

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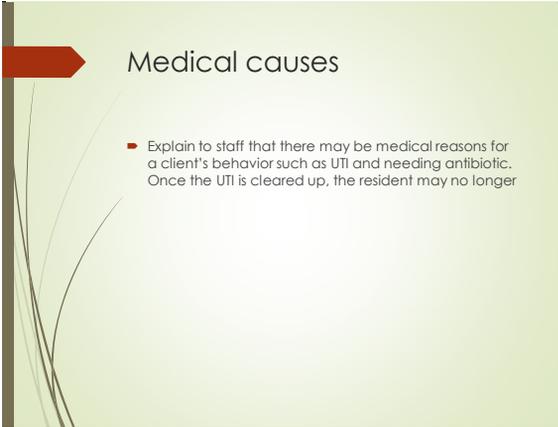
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## Medical causes

- Explain to staff that there may be medical reasons for a client's behavior such as UTI and needing antibiotic. Once the UTI is cleared up, the resident may no longer

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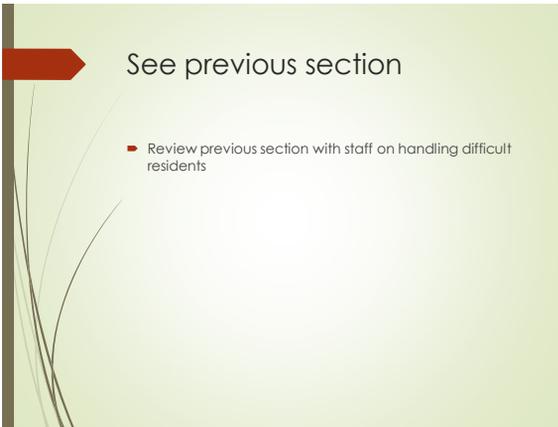
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## See previous section

- Review previous section with staff on handling difficult residents

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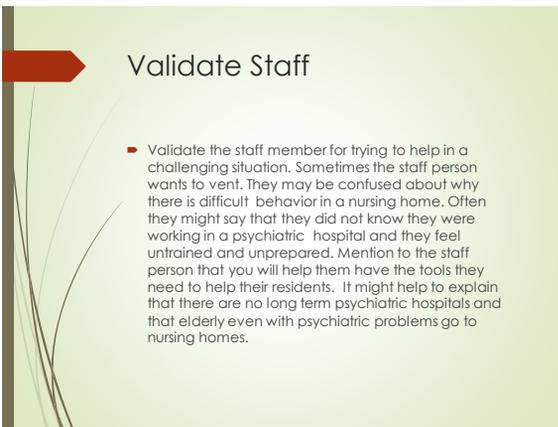
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## Validate Staff

- Validate the staff member for trying to help in a challenging situation. Sometimes the staff person wants to vent. They may be confused about why there is difficult behavior in a nursing home. Often they might say that they did not know they were working in a psychiatric hospital and they feel untrained and unprepared. Mention to the staff person that you will help them have the tools they need to help their residents. It might help to explain that there are no long term psychiatric hospitals and that elderly even with psychiatric problems go to nursing homes.

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## Everyone needs a point person

- Have a point person that can be contacted for advice by the C.N.A.'s.

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## Staff Appreciation

- Most importantly this is a time to show appreciation for the frontline staff. When they feel appreciated, they are likely to go the extra mile and be more successful in their interactions with clients. Take the time to have each person speak.

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## Stress Management for the Staff

- Address Stress Management with the staff. Ask each person to talk about how they handle stress. Do a visualization relaxation exercise with them. Contact me about these exercises I designed.
- Example: Play calm music, ask them to see themselves in a beautiful place of their choice. Tell them to see themselves, happy with their goals met, and whatever they would like to have in their life. Ask them to close their eyes and imagine it in much detail.

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## Morale Boost

- Improve morale: Provide snacks, refreshments and possibly a small gift from the dollar store for them to choose.
- When staff is confronted with difficult residents they may feel alone and need a boost in motivation. A major goal to this presentation is to help boost the staff morale so they can feel positive and supported when they help with difficult residents.

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## Thank you

- Dr. Jana Mallis is a licensed behavior specialist. She has had many years of experience working in behavioral health in nursing homes. She does speaking engagements on the topics of handling difficult residents and helping frontline staff. Specialty in stress management, Relationships, Anxiety, Depression.
- She has been the counselor of the Roxborough Nursing School for over ten years and has contracts with several behavioral health companies.
- Dr. Jana Mallis is also on the Willow Grove NAACP executive committee and chairperson of their banquets. She is the founder of Golden Heart Group and Golden Heart Award Banquet for Unsung Heroes in the Community, going into 22<sup>nd</sup> year. Also on the Citizen's Advisory Board with Phila Probation and Parole and Safe Streets project from Montgomery County DA office.

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## Contact Information

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