

Coping with Violence: If Your Loved One Changes

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A caregiver under siege reported:

“It is like a switch got thrown yesterday and all h- -l broke loose. He even seemed to have the urge to hit me when I was helping him get dressed today.”

Aggression can be a normal part of dementing illnesses. It can occur for many reasons, including extra demand, psychosis, a non-Alzheimer presentation, and/or premorbid personality traits. While real physical aggression is relatively rare, verbal aggression or belligerence is relatively common. People with dementia become depressed from time to time, get frustrated, or may not see their deficits as clearly as their caregiver. And the person with the disease is also going through the grieving process, which also involves anger.

Verbal Aggression

People with dementia who are angry don't always become violent or aggressive, however, care should be taken to diffuse verbal aggression before the situation escalates. Some of the more common techniques for diffusing verbal aggression include the following. Remember, the goal is to get on the same side of the table as the patient and regain emotional support. You have to suspend your previous notions about right and wrong, and just go with making peace:

1. *Agreeing* – It is impossible to argue with someone who agrees with you. You can agree by seeing someone's point. For example:

Patient: “I want to drive and you won't let me. The doctor says I can't drive. What does he know? Give me the car keys NOW!”

Caregiver: “We can't have you drive with your memory loss, but that is so awful. I can see why you are angry. It is unfair this should happen to you”

You don't have to give in, but you can acknowledge their feelings and put yourself in the same position. You can see the patient's point of view. It isn't fair.

2. Apologizing – Now I know you haven't done anything wrong and you shouldn't have to apologize, but again, we are diffusing an argument here. You can not argue when a person is being contrite:

Patient: "You have having an affair. You snuck out while I was napping and slept with the neighbor!"

Caregiver: "Oh (name), I am so sorry you think that! How hard this must be for you. Know that I would never do anything to hurt you. I love you . I am so sorry you feel this way. How can I make it better?"

Of course you didn't have an affair, but one of the person with dementia's biggest fears is abandonment. They know what is happening – even if they can't say it and fear having to leave their home and family. Thus the charges of infidelity are common. When you are apologizing, notice you are not admitting guilt. You are saying you apologize for the way the person feels.

3. *Playing dumb* – "I don't know anything about this. Tell me more? How could this have happened? I don't understand?" These buy a lot of calmness

4. *Avoid trying to reason and explain.* The person's "reasoner" is broken.

5. *Back off* and let time heal the wound.

Physical Aggression

While certainly not a normal part of a dementing illness, violence occasionally becomes a problem. When it occurs caregivers often report mixed feelings of disbelief, embarrassment, guilt, shame, and more than just a bit of denial.

When you have a loved one who is aggressive towards you, this is a crisis. Suspend everything until the episode passes. This is not the time to get someone dressed for bed or in the morning. This is not the time to insist on a shower. When a crisis presents,

you want to back off and stay back until help arrives -- whether it be medication, a hospitalization, an ER visit or whatever.

It is sort of the idea that when the house is on fire, you don't want to finish breakfast and get dressed before you call the fire department. In a behavioral crisis there are several essential steps:

1. Step back. Suspend cares until the crisis is over. Do only what absolutely HAS to be done, such as food and getting in any mood controlling medications. If you try to intervene with normal activities you are increasing the risk to you and your loved one.

2. Use care in body language. Make sure you always approach from the front. Do not turn your back. And make sure you give the person plenty of space. Turn OFF TV, radio, and stop any extraneous stimuli. Just for now take down family pictures and cover mirrors. This is a crisis and needs special care. Talk in a measured low soft voice. If you have to give directions, make sure they are simple declarative sentences. ("Give me the knife" or "Put the knife down.")

3. Do not think because the person calms after a while that it won't happen again.

Two basic principles of violence:

- A. Violence episodes are time-limited because of the energy expended.

- B. As soon as the person regroups their injury and there is a trigger (in the case above it was hallucinations), the violence WILL reoccur.

- C. Untreated violence goes from bad to worse. It does not get better on its own. In every episode of an injured or murdered caregiver, there were warnings...but the caregiver chose not to heed them, often out of disbelief that their loved one would never do anything to hurt them. This is not your loved one acting here. This is disease and it needs quick and effective treatment.

4. This is not a time to let family "vote" on a solution. Much of the serious injury I've seen happened after the family told the caregiver that "it wasn't that serious, "dad/mom will get over it," "Dad would NEVER try to hurt you Mom," or "Gee Mom, you are just overreacting."

5. Get help immediately. Do not stay alone in the house with a violent person. The patient is in a panic mode and cannot be counted on to inhibit any impulses. Recognize the danger and call the doctor.

A. If you can't get the doctor within an hour, call 911 and head for the nearest ER where the person will be sedated. Once at the ER, DO NOT MINIMIZE THE EPISODE!!!! "Gee, I think it only happened once, and I probably caused it because I tried to give him applesauce for breakfast."

B. Make sure you have a prescription for a mood controlling medication and a psychiatry appointment for follow-up in the next day or two before you agree to take the person home.

C. Many times the police coming is reassuring to the patient as he/she is terribly frightened. The uniform can work wonders. Do not be embarrassed to call BUT if the police think the episode is over because the person calms for a few minutes, forget that thinking. As soon as they leave there is a good chance, an excellent chance, the fear will start again. Insist on an ER visit.

6. If you live alone with the person, make sure you have a Lifeline (panic button) so you can call for help. Patients who are violent rarely hand you the phone or act out in close proximity to the phone. Moreover, most could not dial for help in an emergency

7. Act defensively. Plan an escape route. Lock yourself away from a violent patient and take the cordless phone. Never be without your cordless phone.

A. The caregiver in the closet phenomenon may seem absurd, but I'd rather have my caregiver in a closet with a cordless phone than out trying to fend off a person who is out of control.

B. If the person is violent it is far more likely to start at night. Move to another bedroom and make sure you can lock it in case the person comes after you. Two of my caregivers woke to find their loved one standing over them and beating them.

C. Make sure that you are at least standing up if the loved one wakes you. Get out of the bedroom you share. This alone could save you serious injury. A patient in this situation is not thinking about the warm snuggle of a spouse or even abandonment by a spouse. They are fearing for their lives and you are part of the problem.

8. Remember, anything can be used as a weapon. There should be no guns in the house at all, not even in a locked cabinet. Fireplace pokers and knives should be stored out of sight. Your loved one is panicked at this point and may use a book, alarm clock, letter opener, or even a small table to injure you. Minimize potential weapons in the house and make sure you watch for anything that might be used. Never turn your back on someone who is violent.

9. DO NOT REFUSE MOOD CONTROLLING MEDICATION! There is this myth that if we are only good enough, only kind enough, the patient will respond. While there are few patients who become violent, you need to treat it medically. Worry about tapering the medications after a few weeks of good behavioral control.

10. DO NOT BLAME YOURSELF. This just happens some time. No one is going to think it is you that caused this. Do not try to avoid treatment because it might be socially stigmatizing. It is better to seek help in a timely manner than to have your loved one become remembered as ___, who injured his/her family!

11. Realize that if it happened once, it WILL happen again.

12. Never never let an angry or violent person drive as the car can/will become a weapon. If the person takes the car to go out looking for a real or imaginary enemy. Call the police to stop them if you have to.

13. Do not rule out a psychiatric admission. Go for the best center you can find and let them treat the person, which may mean a brief period of zombification. make sure you play an active role in treatment, not by refusing medications but by asking "What now?" If your loved one is zombified, you can't take them home like that, but also recognize that there are some people who cannot be let up from medications. Know that if you have someone with Lewy Body Disease, you cannot stop and start the medications or even try to taper a dose that is effective. With Lewy Body disease, once you taper and the symptoms start again, there is an excellent chance the higher dose will no longer work.

Last---PRINT THIS OUT. If you have any inkling of aggression, give a copy of this to your family and doctor. That way they know you are not being crazy or overreacting.