

CITRA's Improving Resident Relationships in Long-Term Care (IRRL) Program

Frequently Asked Questions (FAQ)

1. What is the goal of the IRRL Program?

The goal of the Improving Resident Relationships in Long-Term Care (IRRL) Program is to train long-term care staff to identify and intervene during incidents of resident-to-resident aggression (RRA). The training aims to increase staff recognition and reporting of RRA and ultimately improve residents' quality of life.

2. What is resident-to-resident aggression (RRA)?

Negative and aggressive interactions between long-term care residents that would likely be construed as unwelcome and have high potential to cause physical and/or psychological distress in the recipient. These interactions are most commonly verbal, physical, or sexual, and can include menacing gestures or invasions of privacy.ⁱ

3. What are some examples of RRA?

Some common categories of RRA are hostile interpersonal interactions, invasion of personal privacy or integrity, roommate problems, unprovoked actions, and inappropriate sexual behavior.ⁱⁱ Some examples are nudging or pushing, teasing, arguments, invasion of room privacy, and inappropriate caregiving.

4. What is the prevalence of RRA?

RRA is common in long-term care facilities, with a prevalence rate of 20.2%ⁱⁱⁱ reported in nursing homes.

5. Who can run the IRRL Program?

Any long-term care facility can choose to run the IRRL Program by following the training materials, and that facility would determine who would facilitate the training sessions. Those facilitating the program should have experience conducting education programs in their own facility.

6. Who are the participants of the program?

The training is intended for certified nursing assistants (CNAs), resident assistants (RAs), and other staff in long-term care facilities (e.g., social workers, physical and occupational therapists, etc.).

7. What are participants expected to do?

Long-term care staff who participate in the program will learn about RRA recognition, intervention, and reporting. The training examines the prevalence and consequences of RRA and describes how to intervene in RRA incidents.

8. What are the main components of the program?

The training of long-term care staff is organized into two sessions (60 minutes each). In Session 1, staff are provided background information on RRA, including the different types, prevalence, risk factors, and consequences and they watch an introductory video. In Session 2, staff are trained to manage RRA using an evidence-based approach and they practice using it with video vignettes.

9. What are the expected benefits of the program?

The expected program benefits are to enhance staff knowledge related to RRA, and increase staff recognition and reporting of RRA. The training seeks to shed light on the prevalence and seriousness of resident-initiated aggression and provide long-term care staff with safe intervention methods to help decrease RRA frequency and improve the quality of life for residents.

10. How to get more information?

For more information about the IRRL Program, contact the Cornell Institute for Translational Research on Aging (CITRA) by email at citrainfo@cornell.edu. You can also find more information and training materials online at <http://citra.human.cornell.edu/irrl>.

ⁱ Lachs, M. S., Teresi, J. A., Ramirez, M., van Haitsma, K., Silver, S., Eimicke, J. P., Boratgis, G., Sukha, G., Kong, J., Besas, A. M., Reyes Luna, M., & Pillemer, K. (2016). The prevalence of resident-to-resident elder mistreatment in nursing homes. *Annals of Internal Medicine*, 165(4), 229-236.

ⁱⁱ Pillemer, K., Chen, E. K., Van Haitsma, K. S., Teresi, J., Ramirez, M., Silver, S., Sukha, G., Lachs, M. S. (2012). Resident-to-resident aggression in nursing homes: results from a qualitative event reconstruction study. *The Gerontologist*, 52(1), 24-33.

ⁱⁱⁱ Lachs, M. S., Teresi, J. A., Ramirez, M., van Haitsma, K., Silver, S., Eimicke, J. P., Boratgis, G., Sukha, G., Kong, J., Besas, A. M., Reyes Luna, M., & Pillemer, K. (2016). The prevalence of resident-to-resident elder mistreatment in nursing homes. *Annals of Internal Medicine*, 165(4), 229-236.