How to Approach Aggressive Behavior

Some people with frontotemporal degeneration (FTD) may never experience a period of anger or aggressive behavior. Enough do however, that these symptoms can influence consideration for facility admission and may complicate care. A few people with FTD will become violent. It is essential that family and professional caregivers partner to find the right combination of environment, behavioral interventions and medications to ensure safety and maximize compassionate care.

Aggression in behavioral variant FTD

John Brown is a 56-year-old principal owner of a large farming operation in the Midwest. He lived with Mary, his wife of 36 years, on the main farm and two of his children also farm property owned by the family. He is a robust, easy-going, friendly man. Two years ago things started to change. John began buying properties in a luxury resort area and became sexually suggestive to women. He had an on-going affair with a woman and gave her thousands of dollars. Mary and her eldest son tried to complete taxes on the farms and found unexplained losses in excess of a million dollars. John was not able to provide an explanation so they pursued a diagnosis and learned he had behavioral variant FTD.

The family was charged with stopping him from driving, traveling alone, spending, continuing the relationship with the mistress, as well as monitoring his hypersexuality. John had no insight into his condition. He became incensed about having his wife limit his activities and responded with rage. At first it was verbal but quickly escalated to threatening Mary physically. The children filed an affidavit with the county magistrate to have John admitted to a psychiatry unit because he was a danger to himself and others.

In the hospital, John was confused and did not understand what had happened. He made sexual advances to women patients and staff. He became aggressive with staff and another male resident. He was placed on quetiapine to calm his aggression and citalopram to suppress his libido. Between the medications and highly structured and low-stimulus environment, John did well and was ready for discharge in three weeks. Mary wanted to take John home because she felt he was much better, despite his anger towards her when she visited. Mary was strongly advised by all providers to place him in a facility.

Mary toured multiple facilities searching for one that would accept John and understand FTD. The assisted living facility (ALF) that she selected conducted a thorough pre-admission assessment that included the family, psychiatric staff and John. They assessed emotional and behavioral symptoms common to FTD and noted helpful interventions.

Once admitted, the staff met with Mary and their family on a regular basis, consulted with psychiatry about monitoring medications and developed a specific plan of care to address John’s behaviors, interventions and interests. Due to John’s stabilized behaviors, Mary decided to bring him home for a long weekend over Thanksgiving. The stay went badly.
with behavior escalating and culminated when Mary found John calling his mistress in California. He returned to the ALF where he did well in the low-stress, structured environment.

Questions:

1. What prompted John’s family to seek facility placement?
2. What type of pre-admission assessment was conducted by the ALF?
3. What interventions did staff use related to John’s aggressive and sexual behaviors?

Discussion Questions:

1. What prompted John’s family to seek facility placement?
   • John’s impaired judgment and disinhibited behavior (excessive spending, hypersexual behavior) created serious risk and were impossible for family to contain in the home and community.
   • Mary’s efforts to limit John’s behaviors triggered verbal and physical aggression toward her causing him to become a danger to himself and others.
   • Safety necessitated an in-patient hospital stay. John responded positively to the structured environment, and the provider advised placement.

2. What type of pre-admission assessment was conducted by the ALF?
   • An in-person assessment that included John, Mary and other family members, and the psychiatric staff
   • Assessment of current emotional and behavioral symptoms:

<table>
<thead>
<tr>
<th>Change in personality</th>
<th>Impulsive acts</th>
<th>Verbal agitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperoral behaviors</td>
<td>Inability to control/adjust behaviors</td>
<td>Physical agitation</td>
</tr>
<tr>
<td>Overwhelms easily</td>
<td>Apathy</td>
<td>Physical aggression</td>
</tr>
<tr>
<td>Emotional blunting</td>
<td>Repetitive behaviors</td>
<td>Depression</td>
</tr>
<tr>
<td>Hyperactive behaviors</td>
<td>Hypersexual behaviors</td>
<td>Wandering</td>
</tr>
</tbody>
</table>

• Noted recent interventions (behavioral, environmental, medications) that curbed history of aggressive behavior as reported in in-patient admission.

3. What interventions did staff use related to John’s aggressive and sexual behaviors?
   • Family and social worker oriented the ALF to John’s diagnosis, behaviors and care needs. The social worker helped to orient facility staff to John’s special needs and avoidance of excessive stimulus.
   • Family reminded staff of John’s impairment in judgment despite robust, healthy appearance.
   • People with FTD are often sensitive to CNS medications and experience side effects. A good rule in FTD is to avoid benzodiazepines due to the propensity for decreasing inhibitions and paradoxical reactions.
• Special communication techniques included:
  - approach in a calm, non-confrontational manner
  - do not use logic or argue
  - limit specific choices
  - redirect with discussion concerning farming
  - limit environmental noise and stimulation
  - stop task and re-approach if John becomes frustrated
  - provide a structured schedule based on John's routine and interests, e.g.,
    early riser, shower in the evening and country music played
    before retiring
• The staff was in-serviced on John’s possible sexual advances towards them and
  other residents, and how to manage/avoid them without triggering aggression.
  Interventions included:
  - track behaviors for symptoms, triggers and effective approaches
  - remain calm (do not overreact)
  - redirect to an activity of interest, (e.g., music and gardening)
  - do not ask questions about the behavior
  - avoid statements that may be misinterpreted by John (e.g., “It’s time
to go to bed.”). Note name and phone number of mistress to be aware
of possible contact.