Episode 97 - Dr. Robin Bonifas: Mean Girls at 70: Bullying Among Residents at Assisted Living Facilities

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed our podcasts as evidenced by the more than 200000 downloads to date thanks to all. We'd like to know what value you may have found in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in your classrooms. Just go to our Web site at www.socialwork.buffalo.edu/podcast click on the contact us tab. Again thanks for listening and we look forward to hearing from you. Today's guest Dr Robin Bonifas is an assistant professor at the Arizona State School of Social Work. Her interests include Social Gerontology psychosocial care and skilled nursing facilities. The adjustment and resilience of older adults and elder abuse and neglect. She is a licensed clinical social worker with over a decade of experience directing social service units in skilled nursing facilities. Assisted living facilities are one point on the spectrum of long term care that can range between Day services in the community to skilled nursing facilities in assisted living communities. Seniors live in their own room or apartment and are provided help with activities of daily living.

[00:02:18] In this podcast Dr. Bonifas discusses the first of three studies examining senior bullying and relationship changes in assisted living facilities. Dr. Bonifas shares her findings on how seniors experience problematic behaviors in those facilities how they cope and their ideas on how to address bullying at the individual facility level. Nancy Kusmaul doctoral candidate at the University of Buffalo School of Social Work spoke with Dr. Bonifas by telephone. Hi Robin. Hi Nancy. Tell me about your research. Senior bullying and relationship changes in assisted living. OK. It is a pilot study at this point. We're working with two assisted living facilities. And it's a research project with three different phases. So the first phase is that qualitative interviews with residents from both facilities to learn about their perspective on senior bullying what types of behaviors they find to be most distressing how they react to the behaviors of the behaviors affect their daily life. How will they cope with them. And then just their ideas about what can help you to better deal with this. What are some interventions you think that would be helpful either at the individual level or at the facility level that would be helpful to both reduce negative social behaviors and to help you cope when they occur. So that's the first phase which we've completed so I have results I can talk about for that phase of the research project today. On the second phase looks more into past history and cognitive status and mood status and history of trauma and how does that relate to the difficulties in social relationships and to bullying. So we're hoping to tease out for folks who are more problematic who are identified as bullies.

[00:04:33] Is there something different in their pattern from others. Do they have more cognitive deficit more communication difficulties. Are they depressed. Have they had more experiences of trauma in the past. We're also measuring self-esteem. Are there differences in self-esteem. Are these individuals and then also looking at those folks who are really find the behaviors the bullying behaviors to be very difficult for them to cope with. And it really impacts their life and they kind of perseverate on the problems and find them more traumatic what's maybe different in their personal history and in their cognition and their communication and self-esteem and mood because we're definitely finding two different types of folks in terms of how people respond to bullying some are really very much impacted by it and it affects daily life that they're wanting to remain in their rooms and not wanting to engage whereas others they're just like oh that's just the way people are and they

let it roll off like water off a duck's back even though they may be exposed to the same negative behaviors it doesn't affect them in the same way. So trying to figure out what are some differences in terms of what may be going on for these folks that would help us to better understand these reactions and then the third and final phase of this study we're identifying some interventions that the residents want to try and it's their facilities that they're trying to. The administration is trying to give more decision making autonomy to the residents and not just decisions about what they're going to get up and where they're going to set up meals.

[00:06:17] But the real meaningful decisions that are involved in hiring and firing of staff and different kinds of things like that. So they want to be able to choose the interventions that they want to do to create a more caring community. So the third phase of the research project is monitoring that the process that the residents used how they talk about it how they make decisions and then looking at what they implement and what seems to be most effective from their point of view. So it's primarily a qualitative study although the measures we're using on mood and cognition and trauma and self-esteem are quantitative measures so that's pretty much what it is. So are you defining bullying for the older adults or are you allowing them to come to you with what their definition is. Actually when we're doing the interviews we're not using the term bullying we are afraid that it would lead to labeling of people that person as a bully over there and you know actually calling that person a bully or that type of thing. So we're using that phrase difficult social relationships challenging social relationships problem social interaction patterns those types of things. And so we're asking residents in the interview process what do they find most problematic. What's most distressing for them. So we're not providing them with a definition of bullying. They are telling us what they find to be most difficult. So we're trying to get from their perspective what they see as problematic and some of the things they identify as problematic would fit the academic definition of bullying and other things that they find very problematic don't necessarily fit that definition.

[00:08:08] But they still perceive it as this is really something difficult to cope with. And I should probably mention what is the definition of bullying and it's just intentional repetitive aggressive behavior that involves a imbalance of power and strength. So it's intentional people mean to do it and then it's repetitive. So by definition just one negative interaction or one socially problematic behavior doesn't meet the definition of bullying. So what sparked your interest in studying bullying among older adults. Well it came out of my research on resident to resident aggression in the nursing home which is quite a different phenomenon it usually comes out of dementia and it's not intentional it's usually based on cognitive deficits communication deficits and misinterpreting the environment as threatening and dealing with that threat with the only behavior that they have. And that's you know striking out or yelling or whatever. And as we were preparing to do this project on resident to resident aggression and in talking to different people in the community we learned about this other phenomenon that's quite problematic but kind of on a different end of the continuum from actual striking out and hitting and kicking it's more of these relationship difficulties. And it seems to be with people who have if they have dementia it's very early stages. So there seems to be more intentionality to it. So it came out through initially exploring resident to resident aggression. And in talking with folks in the community learning that especially in assisted living in senior housing in senior centers they're really struggling with these what we're calling senior bullying where it's more of relationship interactions and calling people bad names not allowing certain people to participate in events.

[00:10:19] You know this is our bingo game. You can't join in and we don't like you. Not letting people sit at the table you know this is my table you can't be here making fun of people clothes making fun of people's hair spreading rumors and gossiping about one another and it's usually maybe one individual or maybe like a click of three or four people who are doing these bullying type behaviors. And so in learning about that we of course turn to the literature to find out more

about this phenomenon and found that there really isn't. There's a lot of research on youth bullying and bullying in schools but it's been fairly recently that it's been recognized in older adults. So trying to learn as much as we can about the phenomenon. So tell me more about what you've learned so far though the senior bullying in these relationship challenges. Well one of the things that we've learned is that women engage in these behaviors very differently than men do and actually just anecdotally we've found that women are more actually to be the bullies than are men which is very interesting. But when men do bully it tends to be the more aggressive in your face yelling and threatening kind of thing and that may be where some physical aggression will occur. But with women it's more of a passive type aggression with making fun of other people spreading rumors gossiping excluding from participating in events Bingo or Sing-Along or whatever. So with men more in your face and with women it's more of the passive relationship type bullying.

[00:12:12] It's really not unlike maybe I don't know if you experienced it Nancy but the kind of thing you experience in junior high. It does sound very much like the youth bullying pattern. Yeah there are a lot of similarities there. So we're trying to make ties between what is going on in terms of youth development that contributes to this behavior and how does that relate to what may be going on with older adults. And certainly when you are in assisted living or in the senior retirement housing or even in a nursing home or going to an adult day center there's some type of loss that you've experienced and your roles in society are changing and that is something that produces anxiety and that's not unlike some of the anxiety that youth may be experiencing as they're learning figuring out who they are and that whole developmental phase. So there may be some parallels between that that kind of help us to understand what may be going on for older adults. It's a way to get some type of control in an environment that they feel powerless. There are some specific things that we found in our first phase of the research that I'll share with listeners just what do residents of the assisted living facilities that we're working with what do they find the most difficult to deal with and then some of it is kind of a surprise. I didn't expect that these were going to be the type of behaviors that were going to be the most problematic but what they identified if there was loud argument in any communal areas of the facility. That's one of the most distressing things. So it may be that the argument is not focused at them.

[00:13:56] It doesn't involve them but it's occurring in their environment to people yelling and screaming at each other in their vicinity they find very distressing and they'll perceive those people to be bullies. Name calling other folks calling them a bad name whether it's a swear word or something like fatty or stupid or whatever is very distressing. Also being bossed around having other people you know their peers telling them what to do is very difficult. Another thing is what we're calling negotiating differences and that's the best way that we can capture the difficulties that in a communal environment in assisted living. Sometimes you'll get very different types of values get diversity in terms of religious beliefs in terms of ethnicity diversity in terms of social economic status. And there's this a lot of different values floating around and trying to negotiate those differences around values especially around that class issues is difficult. And then the idea of sharing scarce resources where there's only one TV in the family room there's only one copy of a popular book in the facility library there's only so many chairs and couches in the dining room and kind of fighting over who's gonna sit where and who's going to read the favorite book now and what TV show Are We Going to watch that some another thing maybe around a sense of control in that environment. I know when I worked in nursing homes we had a woman who was very possessive about one paticular chair. It was her favorite chair and that was the end of it. She didn't want anyone in or near us and that was her favorite chair. Yeah.

[00:15:54] So that type of thing just kind of playing to a chair or a couch or an issue with whether the blinds are going to be open or closed and who's going to decide that whether they were going to watch. You know one person wanting to watch a movie while another person is wanting to watch the football game and you know who's going to make that decision and just getting into arguments

over that kind of thing certainly experiencing any type of physical aggression. Very distressing for folks whether it's hitting pushing tripping being asked for money or for cigarettes. Very difficult for folks especially when they feel that they don't want to lend or loan feeling afraid to say no. Listening to others complain was another thing that they brought up and. One of the things that was most surprising to me I didn't expect this but witnessing others psychiatric symptoms was one of the most problematic things that they reported feeling very fearful about not so much like symptoms of depression but symptoms that are more out there more bizarre type thing like what you might see with schizophrenia somebody talking to somebody who's not they're having a very animated conversation with the wall or some of the symptoms that you would see with PTSD where they are maybe reliving a war experiencing folks who witnessed that type of behavior very frightened by it and then perceive that person to be a bully although that's not at all what's going on. So we're really learning that the perception of the behavior is key and it may be that we have this definition of what bullying is. It's this repetitive intentional aggressive behavior that's based on power and control.

[00:17:46] But that's our perception academically and it may be that the people actually are experiencing behavior defined bullying in a different way. So that's important to keep in mind as we think about interventions you know not wanting to be oh well that's not bullying so therefore you shouldn't be so upset about it. So thats interesting other things we've learned is just in terms of how do they react to those behaviors that they find most difficult. There's a real variety of feelings that come out and reactions that sometimes anger sometimes is just being very annoyed and frustrated with the situation. But sometimes people are actually fearful and anxious and will self isolate because of that. So they're fearful of the person's behavior and perhaps they would prefer to be in the communal area listening to the person play the guitar or whatever event is going on. Maybe they'd really rather be there but they're fearful that this person that they're afraid of will be there and so they don't go and stay in their room when they'd really rather not do that. And some have reported their own mental health conditions getting worse because of being exposed to these problematic behaviors. And then another thing that came out was just the idea that sometimes someone will say something negative to them maybe calling them a bad name or whatever and then they will call that other person a bad name in return so they'll kind of retaliate and then feel really really strong sense of shame about that. So even in own trying to somehow stick up for themselves feeling shame about the manner that they've gone and done that. So what do you see as the outcomes of this research.

[00:19:32] The practical implications for social workers in these settings are other professionals who look at trying to deal with it in the setting. Well the key thing that stands out to me is problematic social relationships and interactions and bullying whatever we're going to call it it really impacts people's sense of well-being and it impacts their daily life and it always makes me think about how when I was young the idea was that bullying is just what happens. It's just what kids do. And if you're having a problem with that there's something wrong with you. You just need to toughen up or whatever that's the kind of the message that I got. And you know we've taken a 180 with that and are seeing in the school settings that bullying is really something we need to do something about it. It's not OK and sometimes what's coming out in senior bullying is at the administrative level of the senior center or senior housing or whatever the setting is they'll be perhaps this type of perception that oh that's just the way people are. There's nothing we can do and there are things that we can do and really I think from a social work perspective we really need to look at it from a systems approach in its interventions at the individual level to help people who bully to learn better ways of interacting. Are there other more healthy ways that they can feel in control of their environment that they can feel in control and feel powerful in situations that don't necessarily impose on others. So that's one area of intervention. The other area is with the victims of bullying those who are just really traumatized by these types of behaviors.

[00:21:24] Helping them to have healthy ways to respond. Because in reality bullies they don't pick

on everyone they tend to target folks that are where they can get away with those types of behaviors because of a person. Allows them to stand up for themselves. They don't walk away they just don't have that skill pattern so helping them develop skills. How do you walk away. How do you hurt a bully on his ear so to speak. How do you respond in such a way that you take back your power. So that's a place for intervention as well. And then at the same time within the organization itself to working to create a culture that is a caring community which they often attempt to do in the school system. It's you know everybody is working to create a caring friendly community where bullying isn't tolerated and we need to do the same thing in our senior centers and an artist and living and in our senior housing you know sending that message that treating each other negatively you know isn't OK. So I think that's part of it too. So you've talked some about the phases of your current studies. Do you see any next steps in your seniors drilling agenda beyond that point. Yes I do. Because at this phase it's really just a pilot study to get some insight in what might be going on. And we're working with just to assisted living facilities. And you know overall that almost 200 people. But even so it's only the experience of the individuals living in these two facilities.

[00:23:01] And that's certainly not representative of all living or all senior housing type arrangements so we would like to expand our research to look at what's going on in senior centers. What's going on in senior housing. What's going on in other assisted living facilities and so wanting to do more. Like right now we're doing one to one interviews and having to expand nationally where there's a questionnaire that folks fill out so we can get more information about the range of behaviors that are occurring in getting perspective from the seniors themselves but also from the administrative type folks as well because I suspect there's going to be differences there between the behaviors that the residents the consumers. What have you. Their perceptions of what these are the types of behaviors I just can't tolerate. A bully does X Y and Z. I think the administration has to say about what they find most problematic in their community is going to be different or maybe not but it would be interesting to compare and contrast the perspectives on it. So a larger sample that's looking more at trying to get a representation of what occurs naturally what's most difficult. And of course eventually to really try to test some interventions. But we're a little ways from that as well. We're still trying to figure out what this is all about. That sounds very exciting. Is there anything else about your research that you want to share with our listeners at this point. Well I'll tell them this a little bit about the interventions that the residents themselves recommended which I think is very insightful. Part of what we're talking with them about is so how can we help the situation.

[00:24:52] What can be done to reduce the bullying behavior and to help others cope when they do occur. And one of their primary recommendations that we need to have more anger management type classes so people can have a better more healthy ways of you know what do you do with these feelings of anger and what are some healthy ways to express that a lot of folks haven't had that type of skill building to anger management. They feel that that would be very helpful. They also see that at the organizational level that there needs to be more limit setting around problematic behaviors and that it's real clear at the outset about what you know what are the norms of our environment what types of behaviors do we not tolerate and having it be really clear what the expectations of how people treat one another having it in writing and having it be talked about a lot. So it's not just a one time thing but regular conversation about how do we treat others respect fully in our setting and then enforcing those limits. And you know even to the point of some people maybe have to be asked to leave if they continue to pick on other people in distress. Others they recommend having regular meetings to talk about these types of things.

[00:26:16] Talk about problems that are occurring in that it not be you know just swept under the rug to be out there and they talk about it and then they really see this as something that where it's going to take a partnership between residents or consumers and administration which I thought was very insightful seeing that it's not just oh the bully needs to change or management needs to kick everybody who's not nice out but it's the two of us. These two groups need to work together to make

our community more more comfortable and more friendly over their ideas. So in our final phase we're going to be putting some of these things into implementing some of their ideas and then be hearing from them what they felt was most effective. So it's not about like what I think is most effective or what my research they think is most effective. But directly from the residence what did you feel made the biggest change in your environment. Sounds wonderful. Thank you for taking the time to talk to us today. We hope to hear more as your research develops in future. Well thank you very much for listening it's fun to to get this information out there to those who are interested. You've been listening to Dr. Robin Bonifas discuss her work on senior bullying and relationship changes in assisted living facilities. Thanks for listening. And join us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.