CITRA's Resident-Resident Elder Mistreatment (R-REM) Program
Frequently Asked Questions (FAQ)

1. What is R-REM?

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]

2. What are some examples of R-REM?

Some common categories of R-REM 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.

3. What is the prevalence of R-REM?

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

4. What is the goal of the R-REM Program?

The goal of the R-REM Program is to train long-term care staff to identify and intervene during episodes of R-REM. The training aims to increase staff recognition and reporting of R-REM and ultimately improve long-term care residents' quality-of-life.

5. Who can run the R-REM program?

Any long-term care facility can choose to run the R-REM 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 R-REM 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 R-REM recognition, intervention, and reporting. The training examines the prevalence and consequences of R-REM and describes how to intervene in R-REM episodes. Following the training, long-term care staff are then asked to document R-REM episodes on BRDS (Behavior Recognition and Documentation Sheets). The BRDS are designed as prescription pads to be carried around by the staff.

8. What are the main components of the program?

The training of long-term care staff on R-REM is organized into three distinct sessions. In Module 1, staff are trained on the types of R-REM, risk factors for R-REM, prevalence of R-REM, and consequences of R-REM. In Module 2, staff are trained to manage R-REM and discuss a short video with example vignettes. In Module 3, staff are provided instructions on how to use R-REM BRDS.

9. What are the expected benefits of the program?

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

10. How to get more information?

For more information about the R-REM Program, contact the Cornell Institute for Translational Research on Aging (CITRA) by email at citrainfo@cornell.edu or the Hebrew Home at Riverdale (HHAR) by phone at (718) 581-1139. You can also find more information and training materials online at http://citra.human.cornell.edu/r-remp and http://www.research-hhar.org/.

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[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.