



UNDERSTANDING ANGER AND AGGRESSION AND RESPONSIVE BEHAVIOURS

UNDERSTANDING AND MANAGING AGITATION

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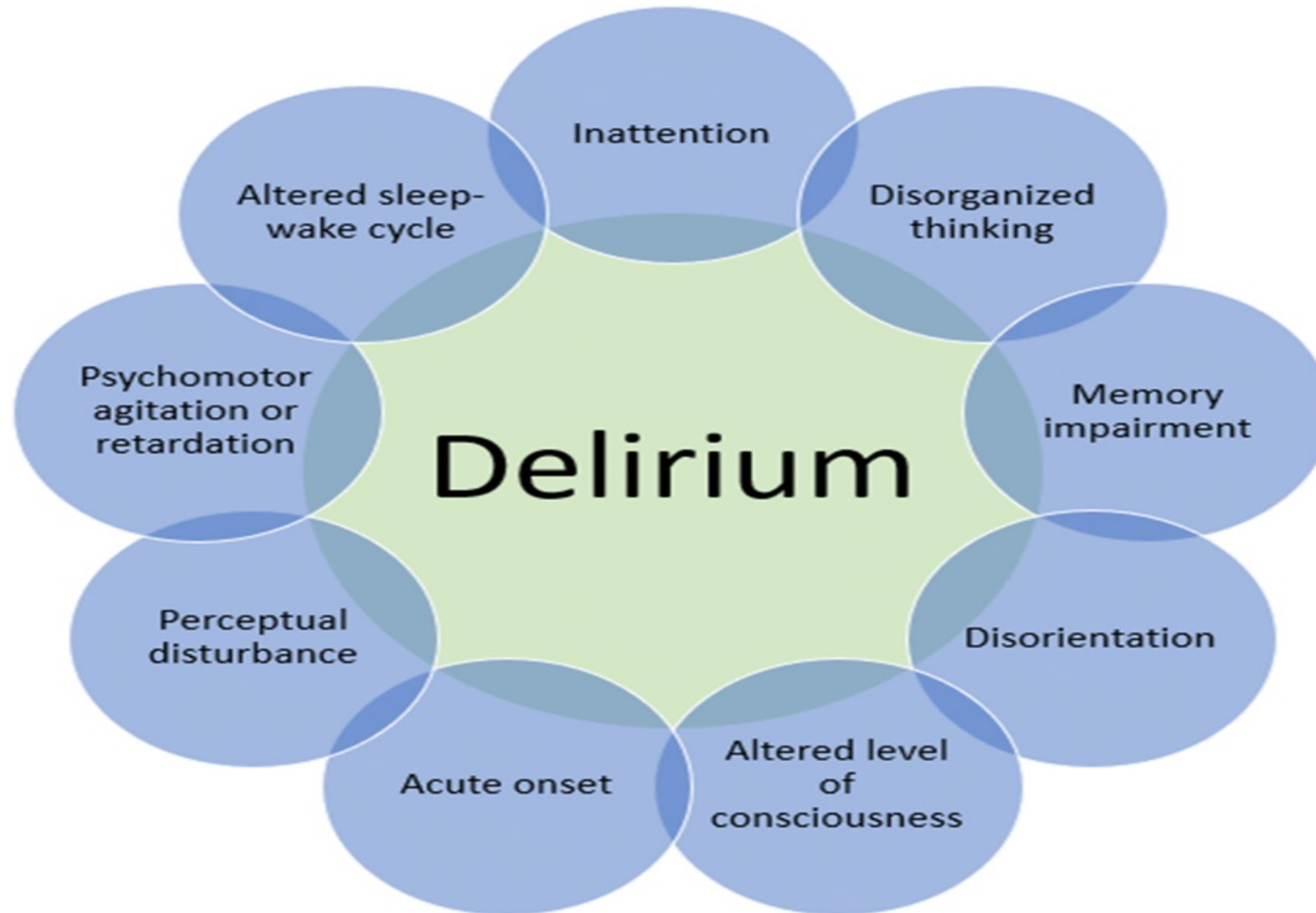
“Do the
best you
can until
you know
better.

Then when
you know
better, do
better.”

- *Maya Angelou*



First Thing First. Delirium



PINCHME mnemonic
to help identify potential causes
of delirium



Pain



Infection



Nutrition



Constipation



Hydration



Medication



Environment

WITH A P

Date / time	ANTECEDENT Location, activity, people	BEHAVIOUR Describe what you saw	CONSEQUENCE What did you do/how did the person react.	Possible purpose/reason
				5

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Antecedent

What happened before?

Location, activity, people

Record the things that happened BEFORE the behaviour, such as

- Where were they
- Exactly what were they doing?
- Was anyone else around or had anyone just left?
- Had the person asked for, or did they want something specific to eat or drink?
- Had the person been asked something, to do something?
- Had an activity just ended or been cancelled?
- Where were you? What were you doing?
- How did the persons mood appear? E.g. happy, sad, withdrawn, angry or distressed?
- Did the person seem to be communication anything through what they were doing?
- Was there any obvious triggers e.g. too noisy, sitting on own for some time?
- Are there any obvious setting events e.g. feeling ill, not slept?

Behaviour

Describe what you saw

Record a detailed description of the actual BEHAVIOUR (what did it look like?)

- Provide a step by step description of exactly happened
- Eg he ran out of the living room, stood in the kitchen door doorway and punched his head with his right hand for approximately 1 minute.

Consequence

What did you do/ how did the person react?

Record the CONSEQUENCES of the behaviour. (what happened AFTER)

- Exactly how did you respond to the behaviour? Give a step by step description.
 - How did the person respond to your reaction?
 - Was there anyone else around who responded to or showed a reaction to the behaviour?
- Did the person's behaviour result them in gaining anything they did not have before eg attention from something (positive or negative): an object, food or drink, or escape from an activity or situation?

Workplace violence is defined as any situation that may:

Threaten the safety of an employee.

Have an impact on any employee's physical, emotional or psychological well-being.

Cause damage to company property.



Something important about Anger!

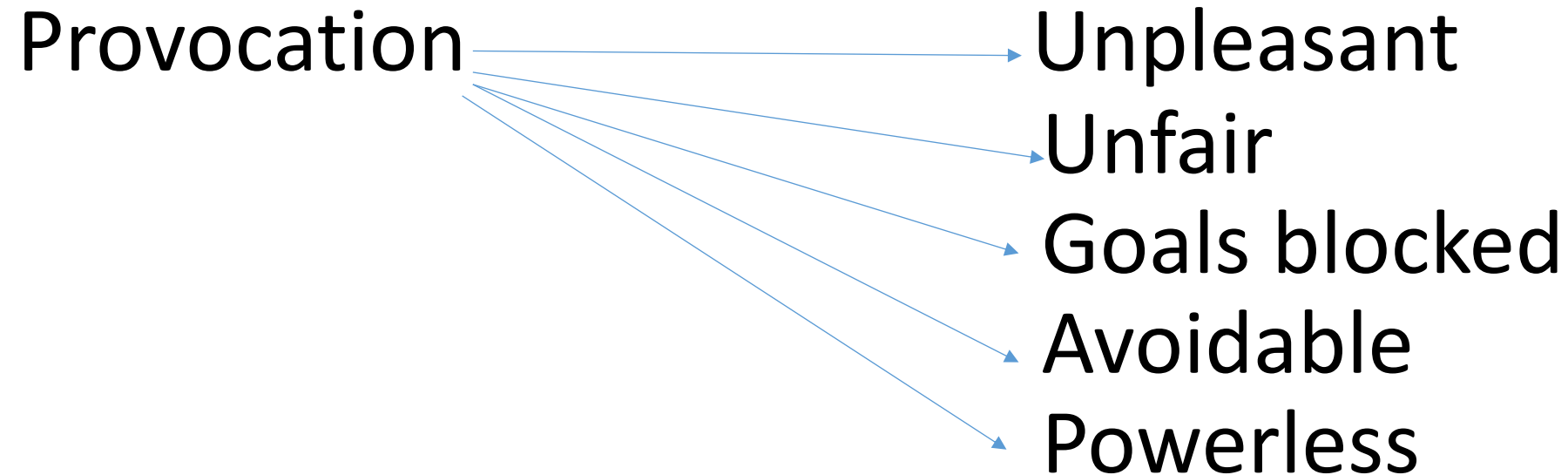
- Anger is a a powerful and healthy force in your life
- Feeling since the first few months of life
- Feel it in our teenage years
- Been with us at the worst occasions of our life and with us during the best days of our life
- Lots of times taken as being a problem
- It's good that you feel it, it is a good and powerful feeling in our life.

Why do we get angry in the first place

- Now, for most of us, it feels as simple as this:
- I get mad when I'm provoked. You hear it in the language people use.
- They say things like,
- "It makes me so mad when people drive this slow," or, "I got mad because she left the milk out again."
- You never empty the bloody dishwasher
- I'm the only one in this house that does anything
- "I don't have an anger problem -- people just need to stop messing with me."

- "What are the things that really get to you?"
- "What makes you Angry?"
- answers are fascinating, because they say things like,
- "when my sports team loses,"
- "people who chew too loudly."
- "People who walk too slowly,"
- . And of course, "roundabouts." Racism, sexism,

Why do we get Angry?



A recipe for anger

- But you can also tell that anger is probably not the only thing we're feeling in these situations.
- Anger doesn't happen in a vacuum. We can feel angry at the same time that we're
- scared or sad, or
- feeling a host of other emotions.

SO Anger is a commonly experienced emotion which can range from mild annoyance to rage.

Anger is triggered when a person believes they have been wronged by someone, that something unfair or unjust has happened, or that their wellbeing and social status are either not being respected or are under threat.

No person can make us angry, rather anger is influenced by people's thoughts, their interpretations of events and their coping skills and available supports.

List of Emotions

Anger	Confusion	Strong	Happy	Sad
Irritated Furious Agitated Livid Fed up Critical Raging Outraged Mad Disgusted Resentful Annoyed	Uncertain Unsure Upset Pessimistic Doubtful Perplexed Lost Shy Indecisive Hesitant Embarrassed Uncertain	Dynamic Confident Certain Bold Unique Hardy Powerful Ambitious Tenacious Empowered Secure Sure	Pleased Loving Delighted Marvelous Glad Grateful Enthusiastic Joyful Charmed Content Optimistic Amused	Heavy Weepy Desperate Frustrated Dejected Disgusted Mournful Sorrowful Crushed Hateful Upset Depressed

Aspects of anger

Problem anger is frequent, intense and long-lasting. The experience of anger involves a person's thoughts, emotions, physical responses and behaviours.

Thoughts

Thoughts can be irrational or exaggerated. When angry, people are more likely to blame others, and not see themselves as playing a role in the situation.

Thoughts might also focus on putting the other person down, or wanting to get revenge.

Emotions

Anger also involves an emotional response related to the person's thoughts and beliefs about a situation. It can range from mild annoyance or irritation to more extreme feelings of rage or fury.

Physical responses

The sympathetic nervous system is activated during anger, raising the heart rate, increasing muscle tension and sometimes creating the sensation of feeling hot.

Chemicals in the brain which help control mood, sleep, appetite, learning, and memory, are also thought to be involved in our expressions and experience of anger and, as a result, these aspects of our behaviour can be negatively affected.

Behaviours

Problem anger is associated with a range of negative behaviours, particularly aggression and violence, which cause further difficulties for the person and their relationships, including family violence, workplace violence, bullying and harassment.

Road rage, assault and substance-use issues have also been associated with problem anger.

Some of the risk factors for Anger

Anger-related memories and images, such as those related to the experience of trauma, can trigger and add to the experience of anger.

- **Family and cultural factors** whereby families model what is acceptable behaviour and cultures can shape what is seen as a normal and appropriate response to stress.
- **Fixed ways of thinking about the world** and setting inflexible standards and expectations can increase the likelihood of anger when situations do not happen as expected.
- **Anger can be a symptom of some mental health disorders**, such as oppositional defiant disorder, post-traumatic stress disorder, and some personality disorders. Frequent outbursts of anger might therefore indicate broader mental health problems and should be evaluated.
- **A tendency to respond to stress with anger**, hostility or aggression may in part be influenced by a person's genes

Why do we get Angry?

- Provoked

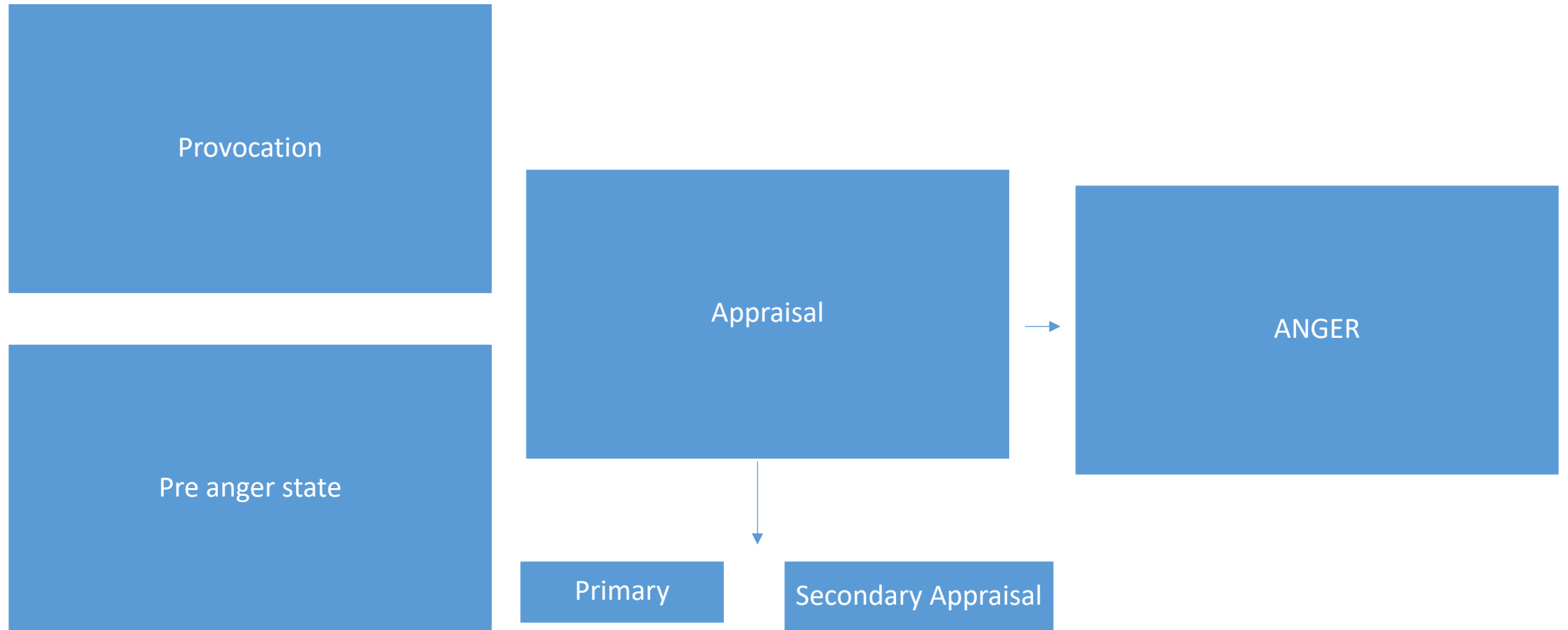


But here's the thing: these provocations -- they aren't making us mad. At least not on their own, and we know that, because if they were, we'd all get angry over the same things, and we don't. The reasons I get angry are different than the reasons you get angry, so there's got to be something else going on. What is that something else?

- Pre-anger state we know what we're doing and feeling at the moment of that provocation matters. We call this the pre-anger state -- are you hungry, are you tired, are you anxious about something else, are you running late for something?
- When you're feeling those things, those provocations feel that much worse.
- But what matters most is not the provocation, it's not the pre-anger state, it's this: it's how we interpret that provocation, it's how we make sense of it in our lives.

- When something happens to us, we first decide, is this good or bad? Is it fair or unfair, is it blameworthy, is it punishable?
- That's primary appraisal, it's when you evaluate the event itself.
- We decide what it means in the context of our lives and once we've done that, we decide how bad it is.
- That's secondary appraisal.
- We say, "Is this the worst thing that's ever happened, or can I cope with this?"

Why do we get Angry?



So Imagine you are driving somewhere, traffic, other drivers, road works

- You are, on your way somewhere, so everything that happens -- traffic, other drivers, road construction -- it feels like it's blocking your goals.
- Why are they driving so slow Primary appraisal
- There are all these written and unwritten rules of the road, and those rules are routinely violated right in front of you, usually without consequence.
- And who's violating those rules? Anonymous others, people you will never see again, making them a very easy target for your wrath.

Why do we get Angry?

- You're on your way to an interview.

Overgeneralizations

Inflammatory labelling fools, idiots, monsters or a lot of other things

Appraisal Primary, they are doing it on purpose
Secondary appraisal it is not so bad

Misattributing causation
Car keys, screw driver

Catastrophizing it is the worst thing
that could ever happen to me

- So for a long time, psychologists have referred to these as **irrational beliefs**.
- Sometimes they are irrational. Maybe even most of the time.
- **But** sometimes, these thoughts are totally rational. There is unfairness in the world. There are cruel, selfish people, and it's not only OK to be angry when we're treated poorly, it's right to be angry when we're treated poorly.

Your anger exists in you as an emotion because it offered your ancestors, both human and nonhuman, with an evolutionary advantage.

Just as your fear alerts you to danger, your anger alerts you to injustice.
It's one of the ways your brain communicates to you that you have had enough.

What's more, it energizes you to confront that injustice. Think for a second about the last time you got mad. Your heart rate increased. Your breathing increased, you started to sweat.
That's your sympathetic nervous system, otherwise known as your fight-or-flight system, kicking in to offer you the energy you need to respond.

And that's just the stuff you noticed. At the same time, your digestive system slowed down so you could conserve energy. That's why your mouth went dry. And your blood vessels dilated to get blood to your extremities. That's why your face went red.

It's all part of this complex pattern of physiological experiences that exist today because they helped your ancestors deal with cruel and unforgiving forces of nature.

And the problem is that the thing your ancestors did to deal with their anger, to physically fight, they are no longer reasonable or appropriate.
You can't and you shouldn't swing a club every time you're provoked.

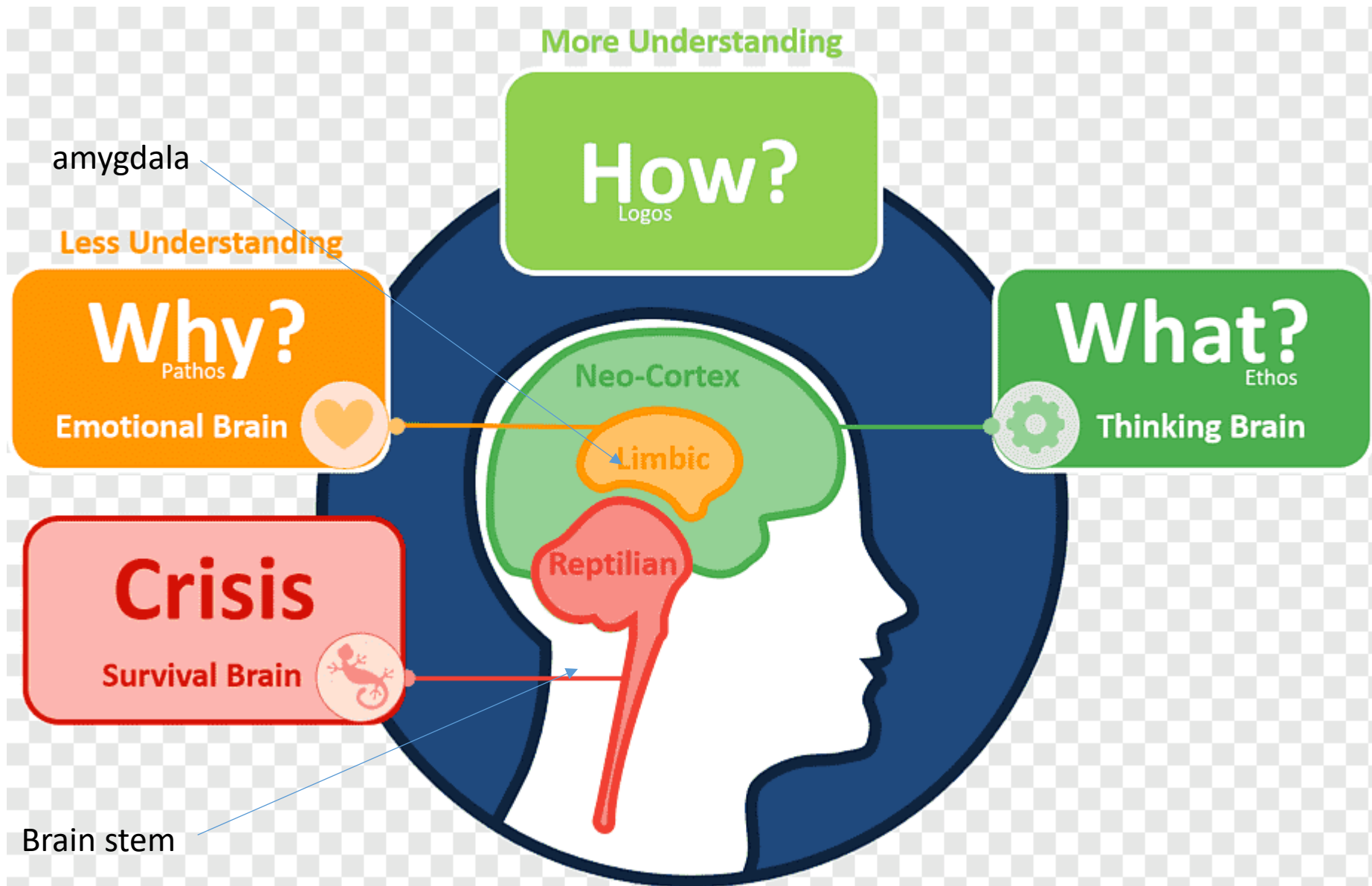


You are capable of something your nonhuman ancestors weren't capable of. And that is the capacity to regulate your emotions.

Even when you want to lash out, you can stop yourself and you can channel that anger into something more productive.

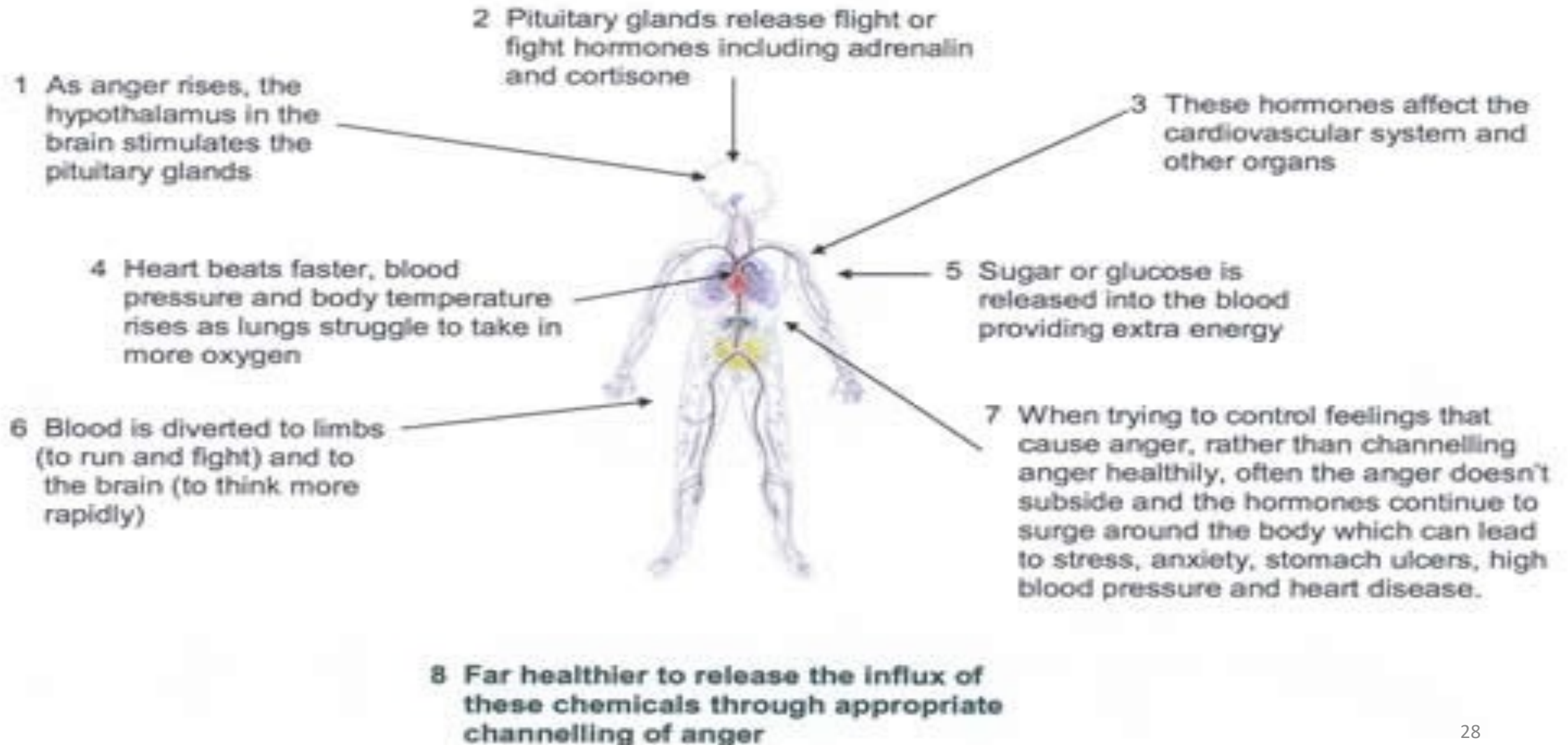
So often when we talk about anger, we talk about how to keep from getting angry. We tell people to calm down or relax. We even tell people to let it go. And all of that assumes that anger is bad and that it's wrong to feel it.

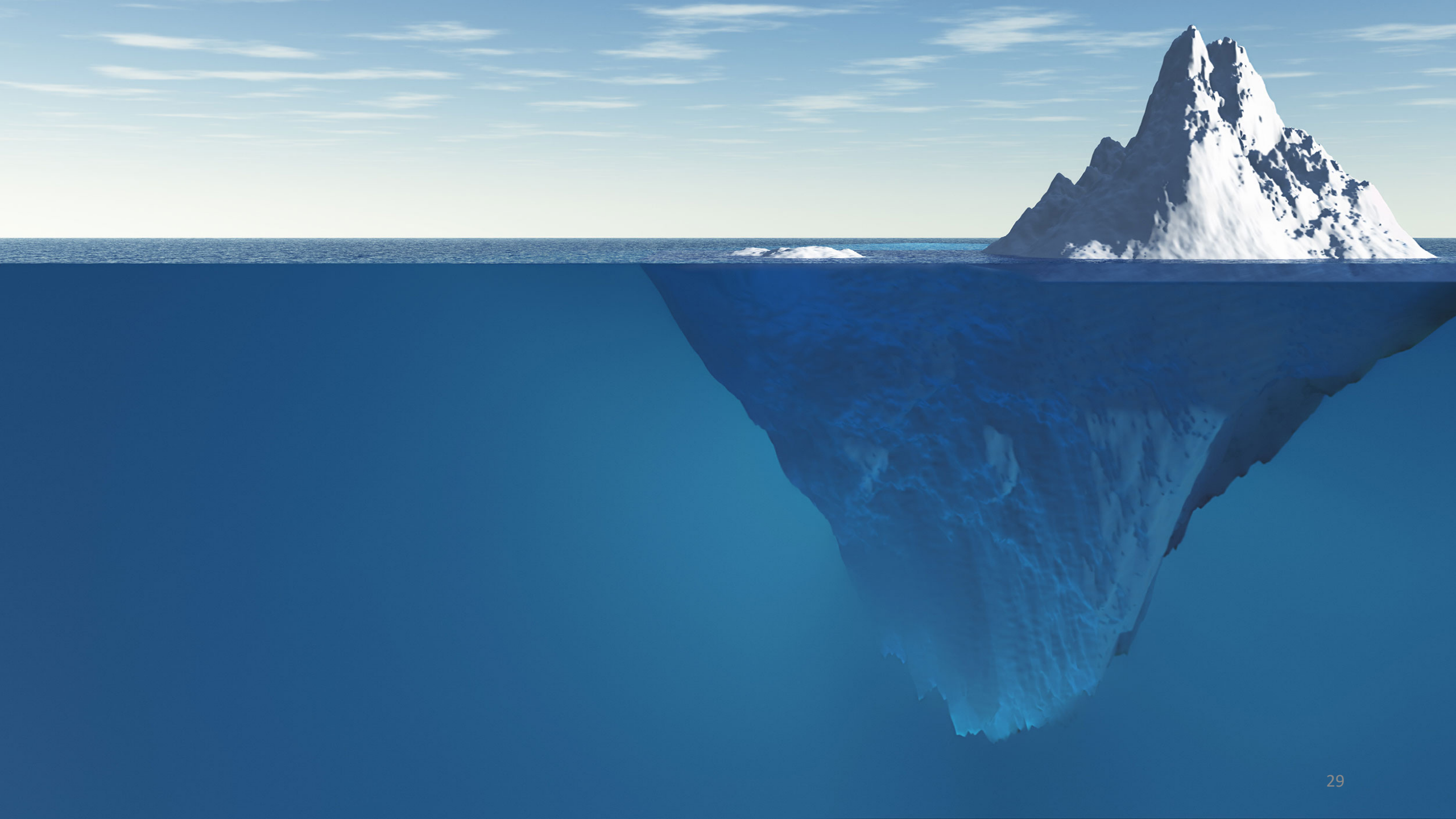




PHYSICAL EFFECTS OF ANGER

Anger has profound effects on the body





People want immediate symptom relief and focus on short-term rather than long-term goals

People dealing with acute or chronic pain are often less tolerant of the needs of others but aren't bad people.

Relatives

Lose rational perspective when it comes to issues involving their own family member.

Want to “protect” their family member from pain.

Feel vulnerable /helpless/distressed

Have fear of unknown.

Feel powerless.



The Karpman Drama Triangle



The Persecutor

In this mode the person doesn't value other people's views and integrity

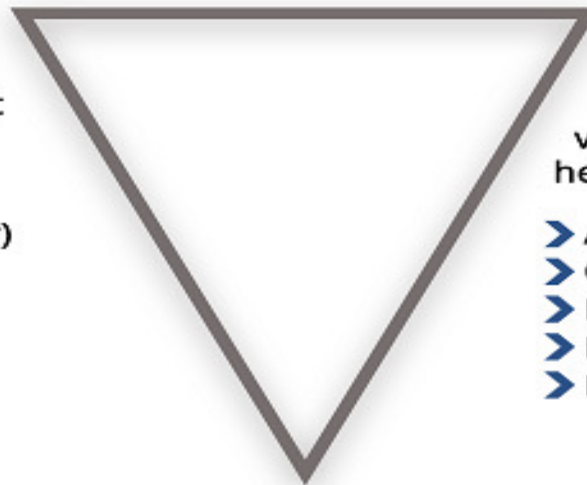
- > Angry (opening and passively)
- > Aggressive
- > Judgemental
- > Bullying
- > Demanding
- > Spiteful and scornful



The Rescuer

In this mode the person doesn't value other people's capacity to help themselves

- > Appear self sacrificing
- > Over helpful and facilitative
- > Like to be needed
- > Prone to meddling unnecessarily
- > Engulfing



The Victim

In this mode the person doesn't value self and defers to others



- > Manipulative
- > 'Poor me' syndrome
- > Helpless and needy
- > Complaining and whinging
- > Fretful
- > Downtrodden
- > Blaming others

- What is managing aggression and potentially violent situations?
- Managing aggressive behaviour and potentially violent situations is not about stopping people or others from experiencing and/or expressing anger.
- It is natural for all people to feel anger, an emotion that arouses people psychologically & physically in threatening situations.

Some people find it difficult to express anger and frustration in a constructive way and at times aggressive behaviour and violence is the result.

Occupational violence and aggression as any incident where an employee is abused, threatened or assaulted in circumstances arising out of or in the course of their employment. This includes:

- Verbal, physical or psychological abuse
- Threats or other intimidating behaviours
- Intentional physical attack such as hitting, pinching or scratching
- Aggravated assault
- Threats with weapons or objects
- Sexual harassment and sexual assault

Anger is a powerful human emotion that some clients struggle to express and manage in a constructive way. At times this means that when clients feel angry, they lose control become aggressive.

In turn this can escalate into violence. Alternatively, clients might also have learned to use aggression and violence to manipulate or control a situation through intimidation and threats.

Psychoactive substances alter mood, cognition and behaviour.

Depending on the substance being used, a person's anger can be stimulated and exacerbated or moderated and suppressed.

Aggressive or violent behaviour may be more likely for some people when they are unable to obtain substances, are hung over or coming down or when they are in withdrawal.

Heroin



- Heroin is one of a group of drugs known as opioids. It is manufactured from morphine which comes from the opium poppy.
- Other opioids include opium, morphine, codeine, pethidine, oxycodone, buprenorphine and methadone.
- Heroin can range from a fine white powder to off-white granules or pieces of brown 'rock'.
- It has a bitter taste but no smell and is usually packaged in "foils" [aluminium foil] or small, coloured balloons.

A high dose of heroin can cause an individual to overdose. This means that an individual has taken more heroin than the body can cope with.

The risk of overdose increases if the strength or purity of the heroin is not known. Injecting heroin increases the risk of overdose due to large amounts of the drug entering the blood stream and quickly travelling to the brain.

In addition to the side effects already listed, an individual may experience:

- impaired concentration

- going “on the nod”

- shallow and slow breathing

- nausea and vomiting

- increased sweating and itching

- urge to pass urine but difficulty doing so

- drop in body temperature

- irregular heartbeat

- unconsciousness

- death

- Alcohol
- Alcohol is a legal, depressant drug.
- It is a liquid produced by fermentation. Further processing produces alcoholic drinks such as beer, wine, cider and spirits.
- Pure alcohol has no colour. It has a very strong taste that feels like a burning sensation.



At high doses a person may experience the following:

confusion

blurred vision

poor muscle control

aggression and violence

alcohol poisoning in large doses

depending on tolerance levels

possibly coma or death

- A person's behavioural repertoire, including how they deal with anger, is shaped by their life experiences and influenced by social learning. The following is a list of factors that can also underlie anger and influence the way it is expressed:
- AOD related issues (eg: Unable to obtain / intoxication / hang over - coming down / withdrawal)
- Level of irritability associated with tiredness, hunger and other physical states like headache
- Health issues or medical conditions (eg: Chronic pain, diabetes, hypoglycaemia, acquired brain injury-ABI, etc)
- Mental health conditions (eg: Psychosis, Post traumatic stress disorder)
- Level of psychological and emotional distress including anxiety, fear and grief
- Degree to which a person has learned emotional regulation skills (particularly anger management skills)
- Personal temperament, cognitive ability and problem solving skills
- Systems of belief (core self beliefs and world view)
- Language difficulties that lead to misunderstanding and frustration
- Confusion stemming from difficulty understanding how the service and service system operates (particularly for people from different cultural backgrounds and young people and families with limited or no previous experience with AOD and related services)
- Health (and mental health) literacy- Degree to which a person understands what is going on for them and how to negotiate for assistance

Physical signs that a person may becoming aggressive and potentially violent include:

Huffing and puffing

Pacing up and down - rapid movements

Facial indicators: staring - frowning - rubbing forehead - reddened complexion

Raised voice

Aggressive body language/actions - pointing - clenched fists hitting things – throwing magazines, pens and other objects down in frustration

Words expressing threats - including swearing

Argumentative and belligerent - won't follow advice

The following acronym 'S.T.A.M.P.' can be used to best describe the behaviours exhibited by a person who is becoming agitated and potentially aggressive and violent:

S - STARING -prolonged glaring at staff

T - TONE -sharp, sarcastic, loud, argumentative

A - ANXIETY -flushed face, heavy breathing, rapid speech, reaction to pain

M - MUTTERING -talking under breath, criticising staff to self or others, mimicking staff

P - PACING -walking around in confined space, walking into areas that are off limits

Voice

- calm, even, not loud
- aim for a tone which is reassuring
- and offers a sense of participation
- use pauses, don't bombard

Thoughts

- calm, calm
- I am not compelling
- this is my job
- this is interesting
- time is on my side
- mental structures for incidents

Body language

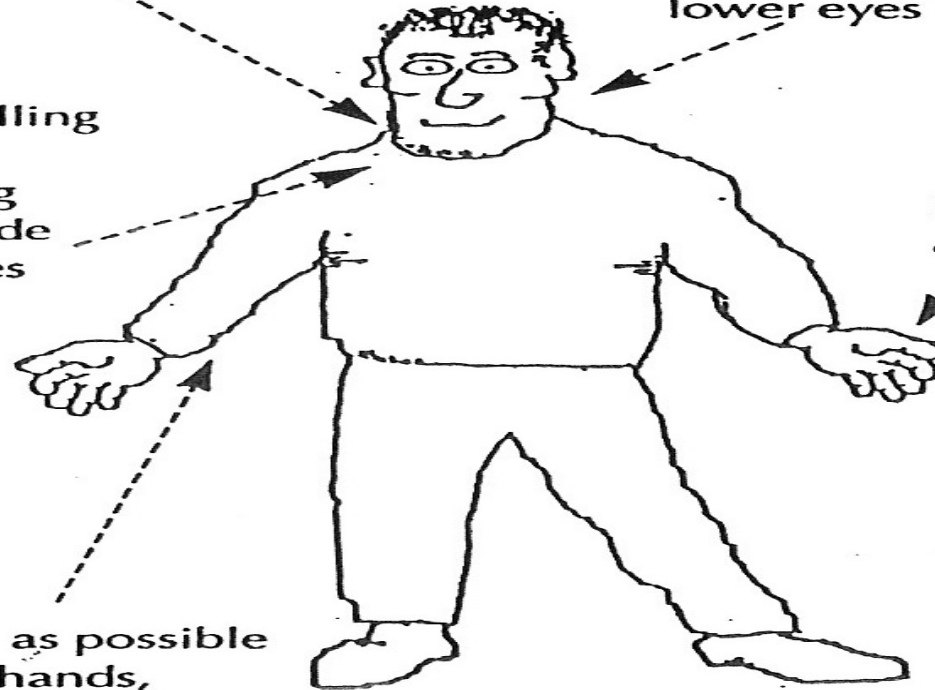
- relaxed and still as possible
- shoulder, arms, hands, relaxed and 'down'
- weight to one side, giving relaxed, slightly leaning posture
- move smoothly and predictably
- stay sensitive to personal space

Face

- careful use of facial expression – not changing frequently
- don't smile unless sure it will defuse
- use good, attentive eye contact, but be careful about the intensity of it – lower eyes if necessary

Hands

- relaxed, open, visible



Other issues

- tune-in to the other person for signals
- be prepared to hand-over to a colleague
- think about position, don't stand on other person's centre-line

Figure 9.8 The Defusing Style: Being a calmer. The calming style for the most extreme incidents or an incident near the crisis stage is illustrated. As the person comes down from that level, this style can be gradually modified and elaborated upon, with the member of staff starting to do and say more.

I-ASSIST: A DIFFUSING STRATEGY

- This strategy can help in defusing an incident and also make it safer for everyone involved.
- The mnemonic is apt – we are trying to assist the PERSON to find a way out of a difficult situation which will not lead to further difficulties or conflict.

- The steps are as follows:
- • Isolate the situation: try to get the person alone by removing him/her or removing all other persons. This might involve asking the person in a non-critical tone to step outside the room.
- • Actively listen: listen to what the person is saying and acknowledge the emotions / feelings. Try to ignore any attempts to begin an argument or insult us / others.
- • Speak calmly, assertively, respectfully: be respectful but firm, even in the face of insults / comments / screaming (which can be very challenging).

Statements of understanding: acknowledge the feeling / viewpoint of the person “I understand that you’re angry with ... because ... however, there might be other ways of responding to what you’re feeling”.

- Invite person to consider positive outcomes: ask the person to think about what might be likely to happen as a result of their behaviour and to consider alternatives. “As soon as you’ve calmed down we can talk about what we can do”.

It’s about offering PEOPLE a way out rather than backing them into a corner.

- Space to person to consider: allowing the PERSON physical space and silence to reflect on what the next step might be in the hope that they will choose the more appropriate / positive option.

This reduces the pressure on the PERSON.

Time to person to respond: once you have made a request or given choices to the person, give them some 'wait-time' to make a decision, rather than pushing for an immediate response, which may only serve to inflame things again.



Trust





Positive Intent

Be Yourself

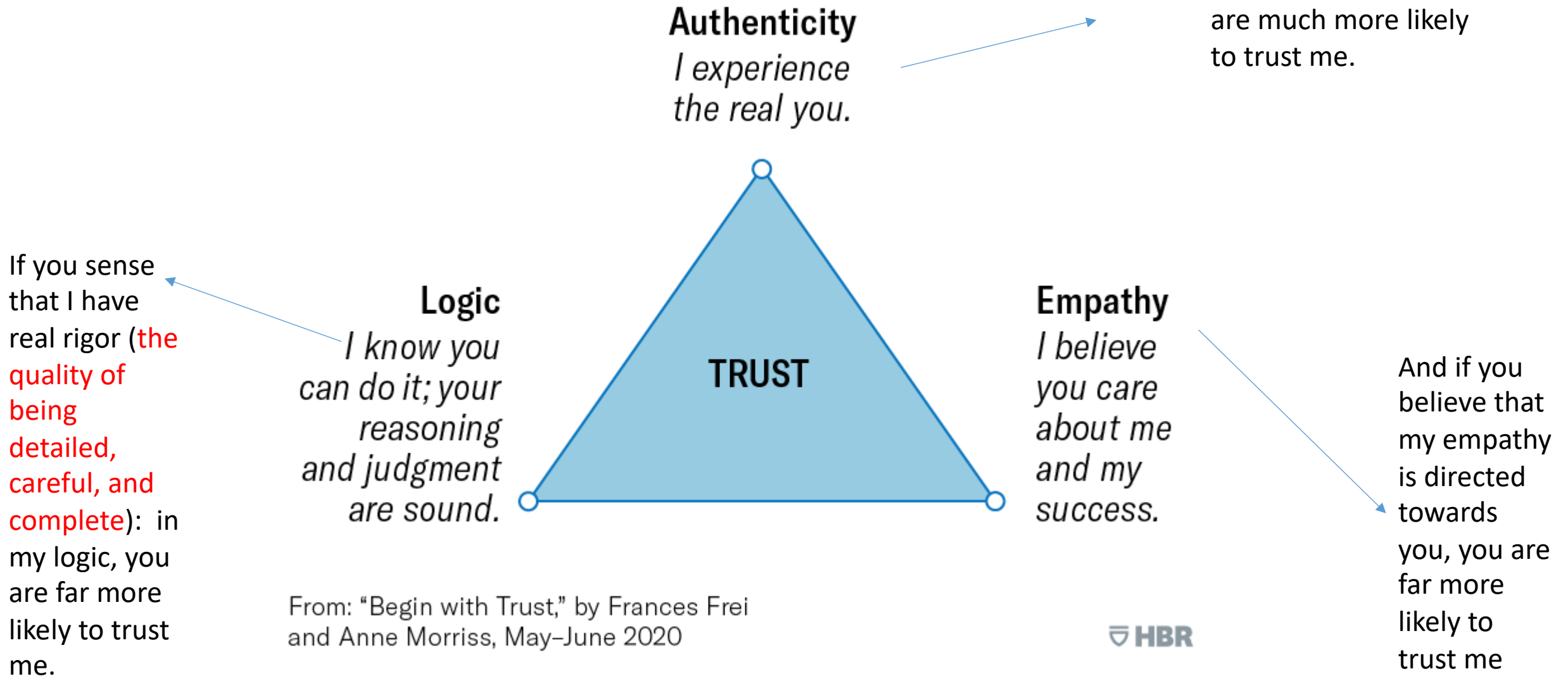
Respect

Collaborate

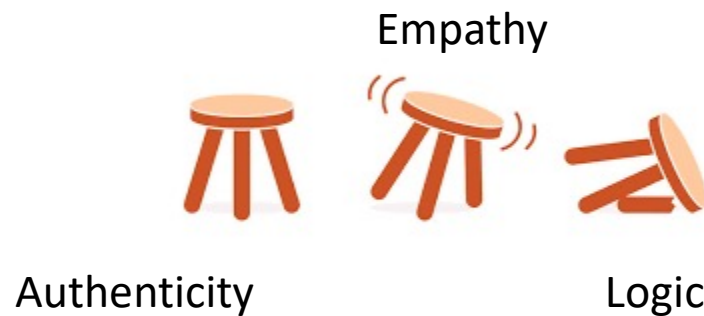
Create

TRUST

What is Trust?



- When all three of these things are working, we have great trust.
- But if any one of these three gets shaky, if any one of these three wobbles, trust is threatened.



What is Crisis?

- Crisis
 - is a major unpredictable event or an activity, which might potentially lead to a negative result
 - an emotionally charged significant event or radical change
 - an unstable or crucial time of affairs in which a decisive change is impending
 - a situation with the distinct possibility of a highly undesirable outcome
 - a situation that has reached a critical phase



You may come in contact with people

- Who have experienced trauma in their lives previously, who themselves experienced abuse or neglect and who never had the opportunity to develop emotional regulation skills.
- When people are unable to regulate their emotions and become aggressive , the aggression is called reactive.
- If people have in their lives experienced stressful life events or trauma, the most common type of aggression is reactive aggression triggered by a stress response

Unfortunately

- For people who are highly aroused and on alert, the thinking brain takes a little longer to respond.
- In this situation the amygdala hijacks the brain sending the danger signal to the survival brain resulting in a fight, flight, freeze response, not allowing the thinking brain to intervene at all.
- For a person who has themselves previously experienced trauma, the amygdala immediately sends the danger message to the survival part
- There is then a direct pathway from the emotional brain to the survival part of the brain
- The survival brain takes over and reacts in a fight, flight or freeze response.
- This is really useful in an imminently dangerous situation

- For people with histories of trauma and adverse events, the stress response is easily triggered and the person has an inability to manage their emotions since the thinking brain has not learned quickly enough
- The survival brain takes over resulting in incidents of pain based behaviour and the most inappropriate responses.



Teen launches 'brutal and unprovoked street attack' on innocent 91-year-old man - World News

A woman with long dark hair, bangs, and purple-rimmed glasses. She is wearing a red patterned dress with a dark blue bow at the collar. She has a skeptical or disapproving expression. The background is an office setting with a blue wall, a framed picture of a sunset, and a desk with a computer monitor.

Computer
says "NO"

When people are in a crisis there is usually a sudden change in behaviour



Weston Valley
Nature Reserve

Valley
Nature
Reserve



4-WAY CONTROL
WAIT HERE
UNTIL GREEN
LIGHT SHOWS









A person will usually quickly panic and go into survival mode

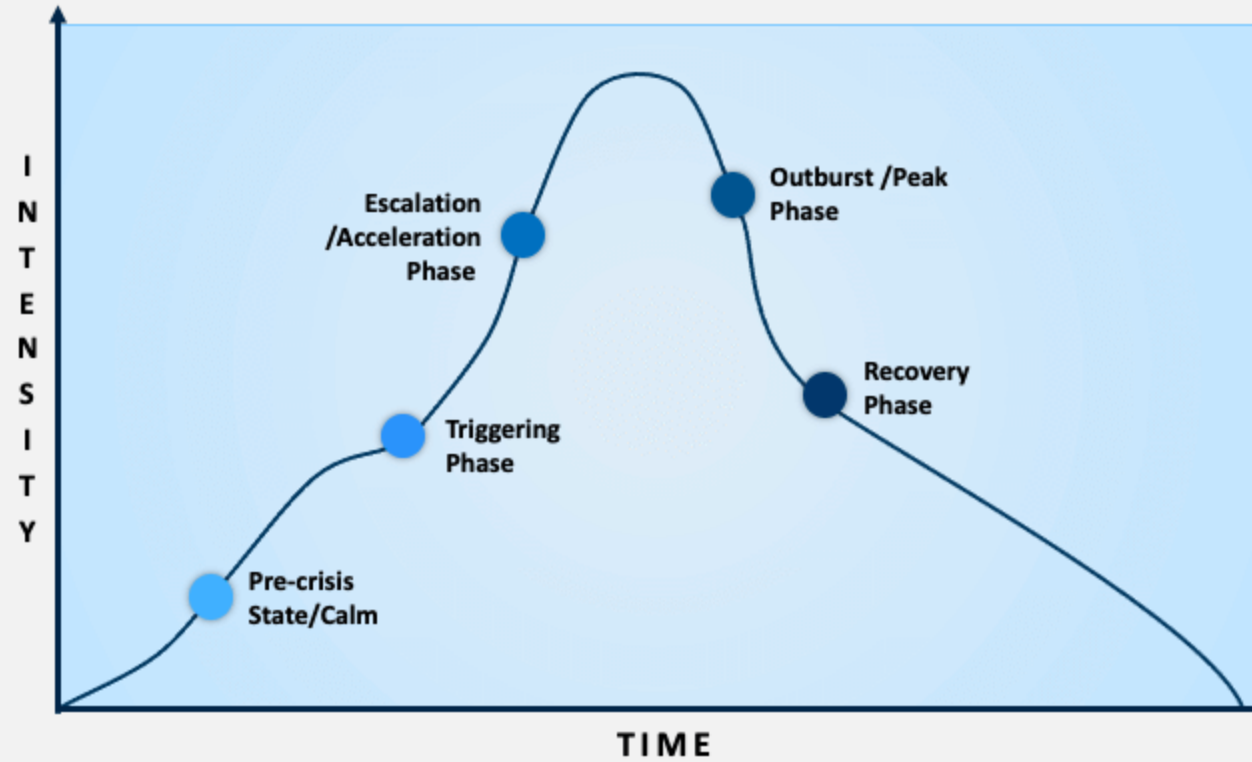
This is a cry for help

In that moment the person needs immediate emotional and behavioural support

Most people will just accept that it is ok that you are on lunch, and come back later!

STRESS MODEL OF CRISIS

Phases of Acting Out Behavior



DEGREE
OF
STRESS

Stress Model of Crisis



Precrisis
State
(Baseline)

Triggering
Event

Escalation
Phase

Outburst
CRISIS

violence

aggression

agitation

Baseline Behavior

Recovery

TIME DURATION

Reduce stress and anxiety

keep everybody safe

recovery

Aim of intervening in a crisis situation

- The aim in intervening in the crisis is
- A. to provide immediate emotional and environmental support in a way that reduces the stress and risk through co regulation strategies and managing the environment.
- Our short term objective is to provide emotional and behavioural support to decrease the stress of the event, return the person back to normal functioning and establish a safe and secure environment.
- When emotions are so overwhelming that it seems impossible to manage, people will turn to trusted others, and that other is YOU

We can do this by

- Ensure that people feel they are in a safe base and a safe haven
- We can provide emotional support and a calming controlled presence, trust, comfort and expectations
- The outcome will be greatly influenced by our perceptions, our attitudes, the relationship we commence with this person and other skills that influence how a person responds

Assessing a crisis situation

- If we are to be effective in crisis situations, we must be aware of the feelings a situation **evokes within us, our own ability to self regulate, our relationship with the person in front of us and how the person experiences us in that situation**

Four Questions to ask ourselves

- Before we jump into any situation we need to stop and think about what 's the most appropriate response would be in a given situation
- Four questions to ask at every phase of a potential crisis
- What am I feeling now? Am I the right person to deal with this crisis
- What does this person feel, need, expect, want?
- How is the environment affecting the situation?
- How do I best respond?

Ways to control fear and anxiety

- Understand what makes you afraid
- Learn techniques to protect ourselves not just today but ongoing
- Use a team approach
- Learn and practice physical intervention techniques
- Look after YOU!



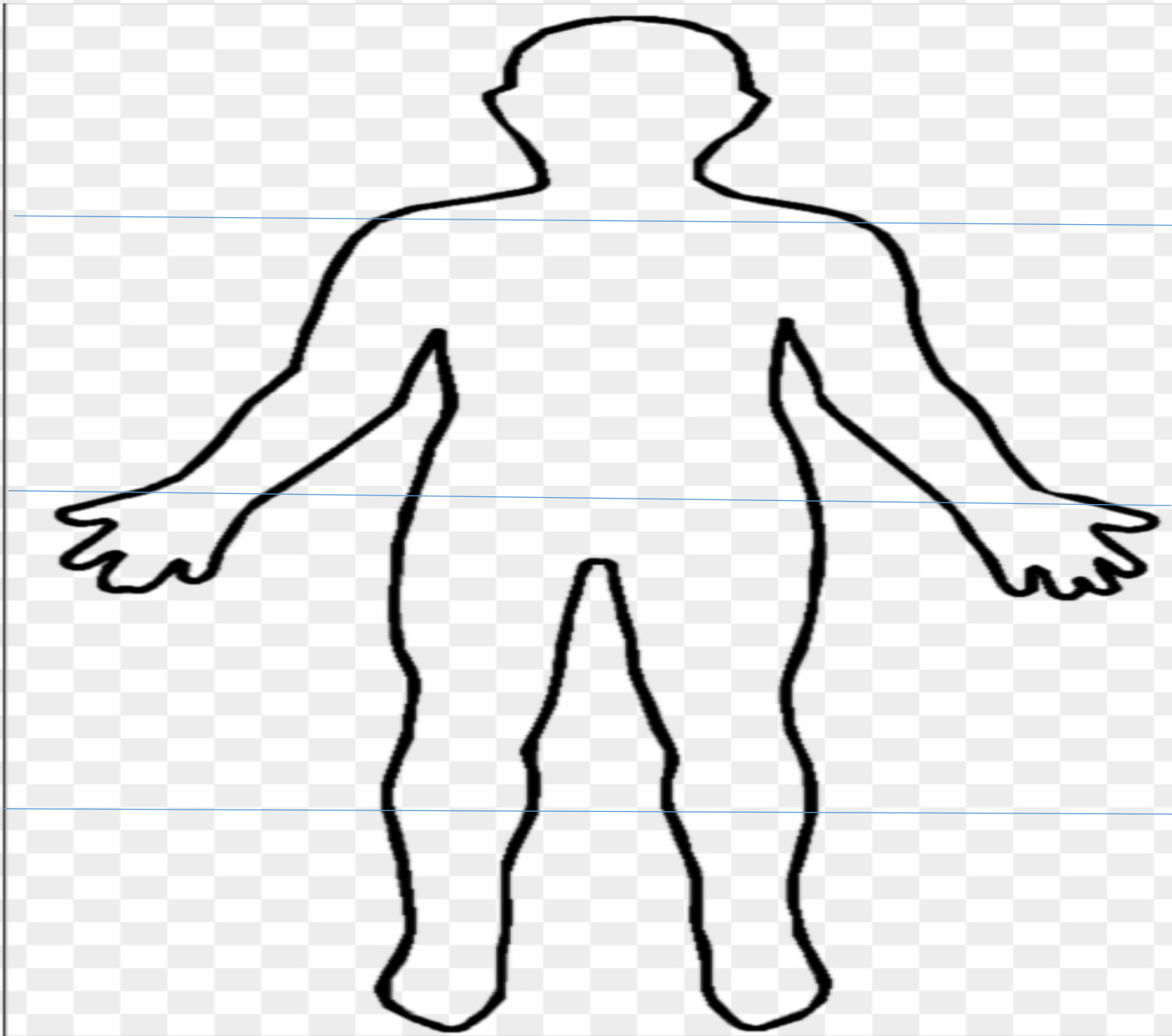
Personal Safety Techniques

Strike

- Hit
 - Kick
 - Punch
 - Object thrown at you
-
- Def Strike. : A strike a weapon coming in contact with a target

Grab

- Wrist grab
 - Hair pull
 - Choke
 - Bite
-
- Def Grab: the control or destruction of a part of one's anatomy



Principles of personal safety

Strike

- BLOCK
- MOVE
- never turn your back when you move

Grab

- Gain a physiological advantage by using
 - A, the weak point of the grab
 - C. Leverage
 - C. momentum
- Gain a psychological advantage by remaining in control of your behaviour.
Do this by
 - Staying calm
 - Have a plan
 - Use an element of surprise or distraction



М. Зерков 1894



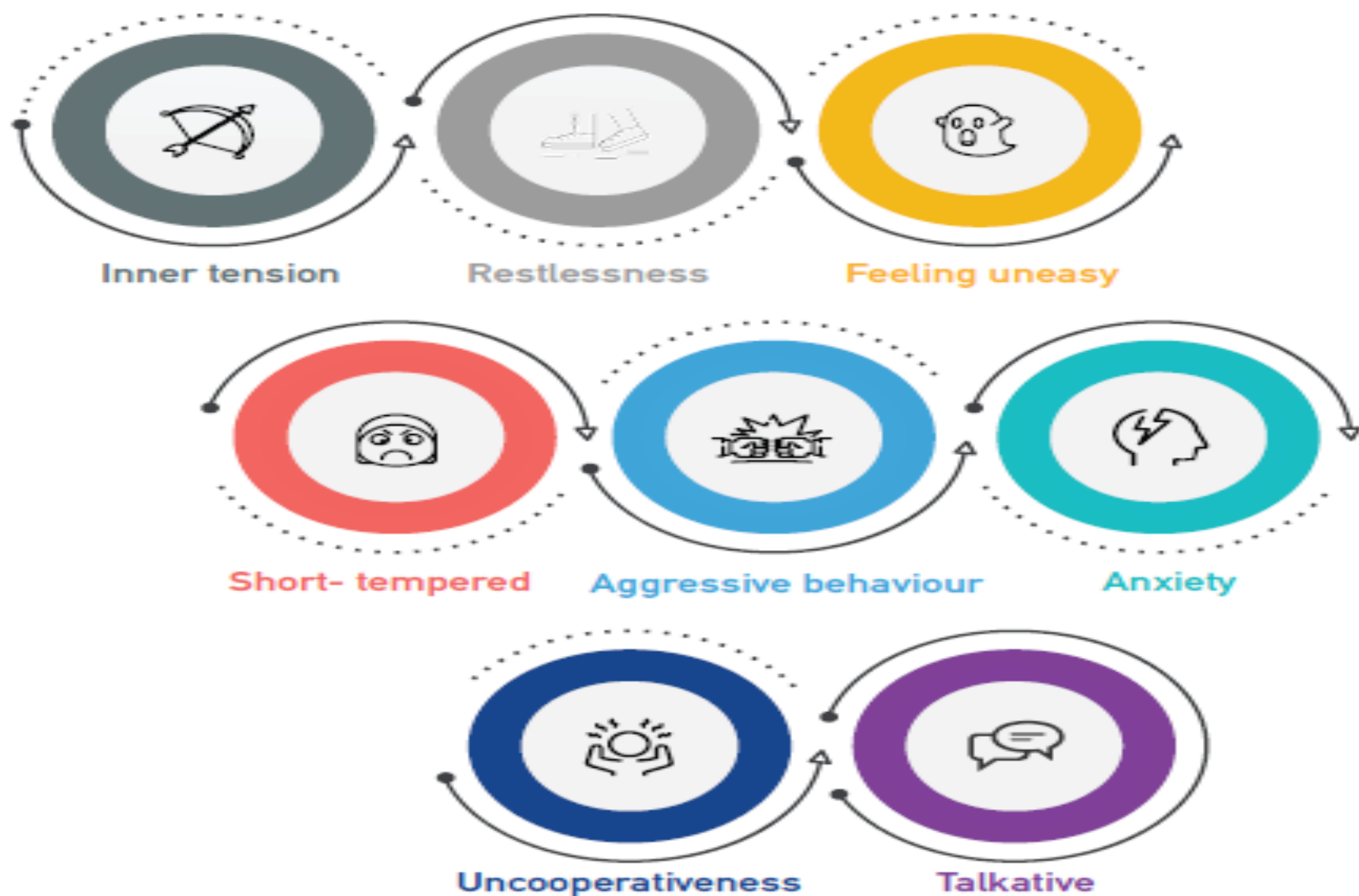
Agitation

- Agitation is not a disease
- Many diseases and experiences can cause agitation
- Agitation can be described as excessive verbal and/or motor behaviours in addition to feelings of unease
- It manifests itself within a broad spectrum ranging from restlessness to combativeness

Some signs

- Involuntary behaviours such as hand wringing or pacing
- Extreme talking
- Tension, excitement or hostility
- Poor impulse control
- Potential to self harm, harm others or property

IDENTIFYING SYMPTOMS OF AGITATION



Can range from

- Frustrated, shouting, start to get angry, pounding the wall, knocking over furniture, clenched fist
- Very Agitated, combative, aggressive



Caution

- 63% remembered that staff treated them with respect
- 65% remembered that staff managed them in a timely manner
- 68% listened to their story
- 77% spent enough time with them
- 86% adequately addressed their problem
- 53% showed empathy and understanding of ethnic, cultural, racial or religious backgrounds

Main themes

- Importance of being treated as a human being
- Allowed to retain ones dignity
- Importance of staff listening to what the person has to say as opposed to being told what to do
- Importance of being soothed and helped calm down
- Importance of staff having a positive outlook – conveying that things can get better
- It's a safe place, we are not here to harm you, we want to help you and want to make sure you are safe

The ten de-escalation commandments

- You should be non-proacative
- You should and need to respect my personal space
- You should establish verbal contact
- You should use short phrases
- You should lay down the law and offer choices of what is next
- You shall agree to agree to disagree
- You should have a moderate show of force, your back up
- You should debrief the person afterwards and debrief your staff.

People who have experienced agitation

- Can happen to anyone
- It is a reaction to feelings
- It might be a side effect
- It could be a symptom
- It affects those around you

Recognising and diffusing verbal aggression

- Six steps from calm to violent
- Commit as much time as possible to talk down
- “One minute he was fine, then he went off on me” most people never do this and never go from calm to physically violent in one step
- With exception most people don’t go from 0 to 100 in terms of behaviour
- You will notice different behaviours, this is known as the aggression continuum
- We want to be able to recognise these behaviours and changes but also how to de-escalate them
- But not just to recognise them, but also to de-escalate them



The aggression continuum

Best thought of as a six step ladder
The closer the aggressor gets to the top of the ladder the more likely the risk of violent behaviour

The six steps also represent 6 behavioural changes between calm and violent

If I am on the bottom step I am in a state of calm

I won't fall, I'm next to the floor

I have nice side rails to hold on to

I could stay there all day

I will have good balance

I'm not in harms way at all.

**DANGER: DO NOT STEP
HERE**



- If I go to the 5th step then my balance is compromised
- Safety is less secure right now
- I don't have those side rails to hold on to
- If I go to the very top there is probably a sign saying DANGER, don't stand here
- Think about that top step, this is where danger is at



- Goal then is to:
- Our Goal is always to try and prevent them going up the steps by focusing on ways to get them back down
- Recognise each of the steps and recognise the behaviours associated with those steps
- If they are on the third step how do I get them back down to the first
- That first step is calm

THE AGGRESSION CONTINNUM. Step One.

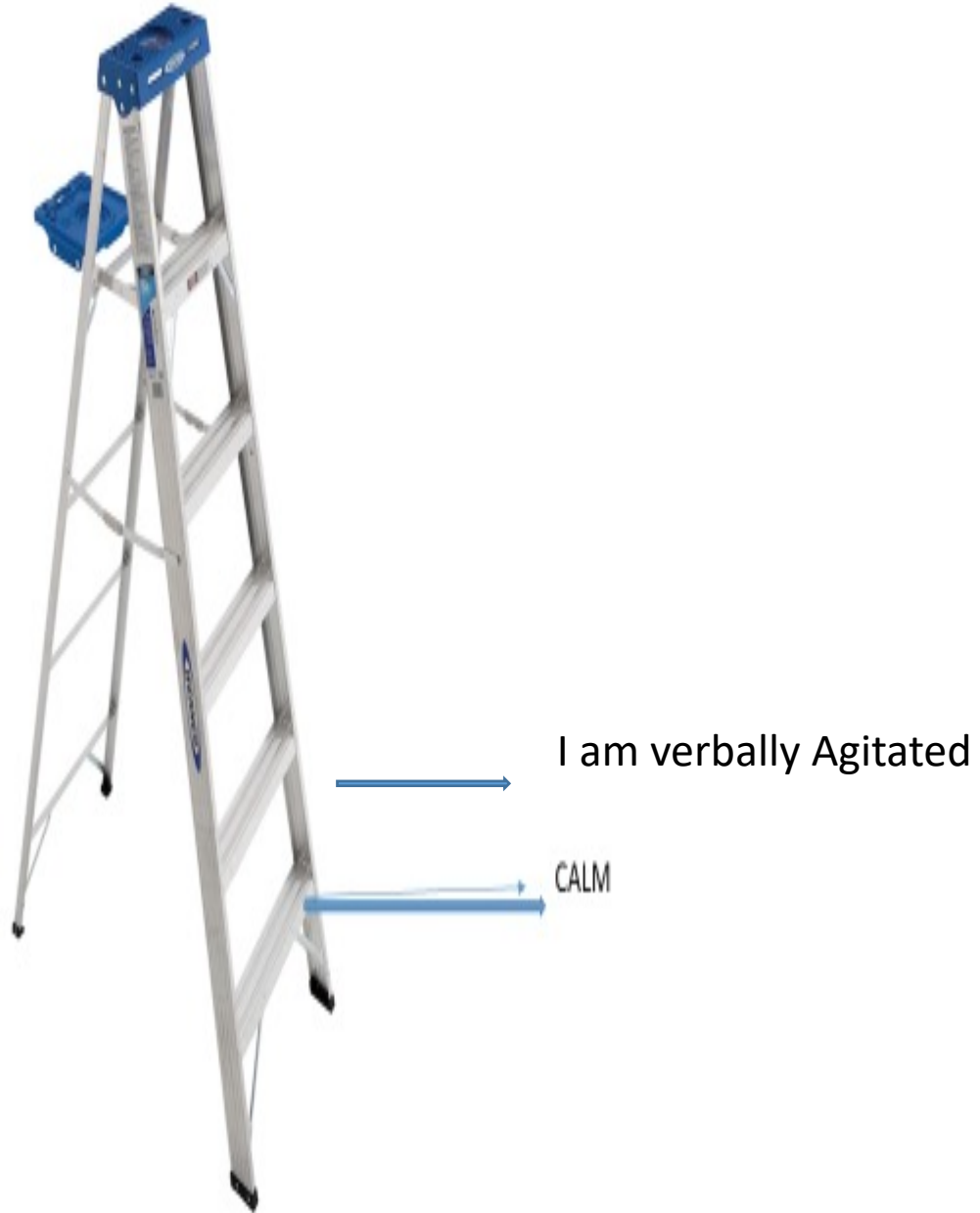
Calm and non-threatening

- Think of these as the relationships you have with clients and their families everyday, think of your colleagues
- I present as calm and in a calm manner
- That bottom step is called CALM, their behaviour is CALM
- 99% of people like this
- I am not angry or agitated
- I'm not threatening anyone
- I am just any other person functioning in society
- I meet people, I give them eye contact and greet each other cordially
- I am just parking my car
- I'm just an ordinary person going to do my shopping

But if I had a concern, I am calm and non threatening. Think of a family member or the client themselves having a concern coming into your office

- I go to your office, and I have a concern
- You tell me to sit down
- I know you will respect my dignity
- I know you will listen to my concerns
- I know you will Be considerate and caring and compassionate
- I know you will focus on my needs
- I know you will try to help me focus on my needs and will try to help me to deal with the issue
- Our interactions will be cordial and professional
- And our focus will be on rapport building whether or not I have concerns or complaints
- This applies to all of us





But every now
and then some of
us or most of us
go up to that
second ladder
step

The Aggression Continuum.

STEP 2. The person is verbally agitated

- The person may have climbed to the second step
- The second step is known and called verbally agitated
- The good news is that everyone one of us has been on that step
- Everyone of us has slammed that door a little harder than we needed to
- Or we have said the words we really shouldn't have in mixed company

The Aggression Continuum

Step 2 Verbally Agitated.

- **The Person's Actions**

- Person expresses verbal anger, they are upset about something
- They verbalise that anger
- That is all we are doing, they are expressing their displeasure with something, mad about something
- **The anger is not directed at anyone, it is not directed at any specific person, it is not directed at you**
- I'm mad about something, I'm not mad at you

So first thing is

- Watch for directed versus non directed anger
- Sometimes we handle it so bad at this stage we push the person up to the next step
- If they arrive to me, they are angry about something, not angry with me
- If I handle it properly we can diffuse
- Non directed anger is no threat to you unless you handle it poorly

So how do we respond to it

- Listen! It's the magic art of SHUT UP! (silence)
- We just need to sit and listen
- We don't need to be saying anything other than acknowledge

Equate this like the champagne bottle



- Could sit there all day and do nothing
- If I take it and shake it, it will eventually build up so much pressure, that it will pop it's cork
- Once all the pressure is out, it just becomes a bottle of champagne again. I don't have to do anything to get that pressure out, Just let it vent naturally/I have nothing to do
- It will vent itself
- People are no different here



- We want to respect this person
- We have all been there
- This is a good person, just having a bad day
- We've all had those bad days
- A day we didn't think would go the way it has
- When this is over we want them to leave feeling ok,
- We need to save the person's self esteem
- Once the champagne has vented we don't want them to leave thinking bad about themselves
- This is not a person who needs to be told what to do

- We want them to leave feeling good about the way we handled the situation
- We want them to leave with their self esteem intact
- Let them vent their champagne bottle
- Do not give them orders, this is not a person who needs me to tell them what to do
- If we say nothing, then we wont make this mistake.



The Aggression Continuum.

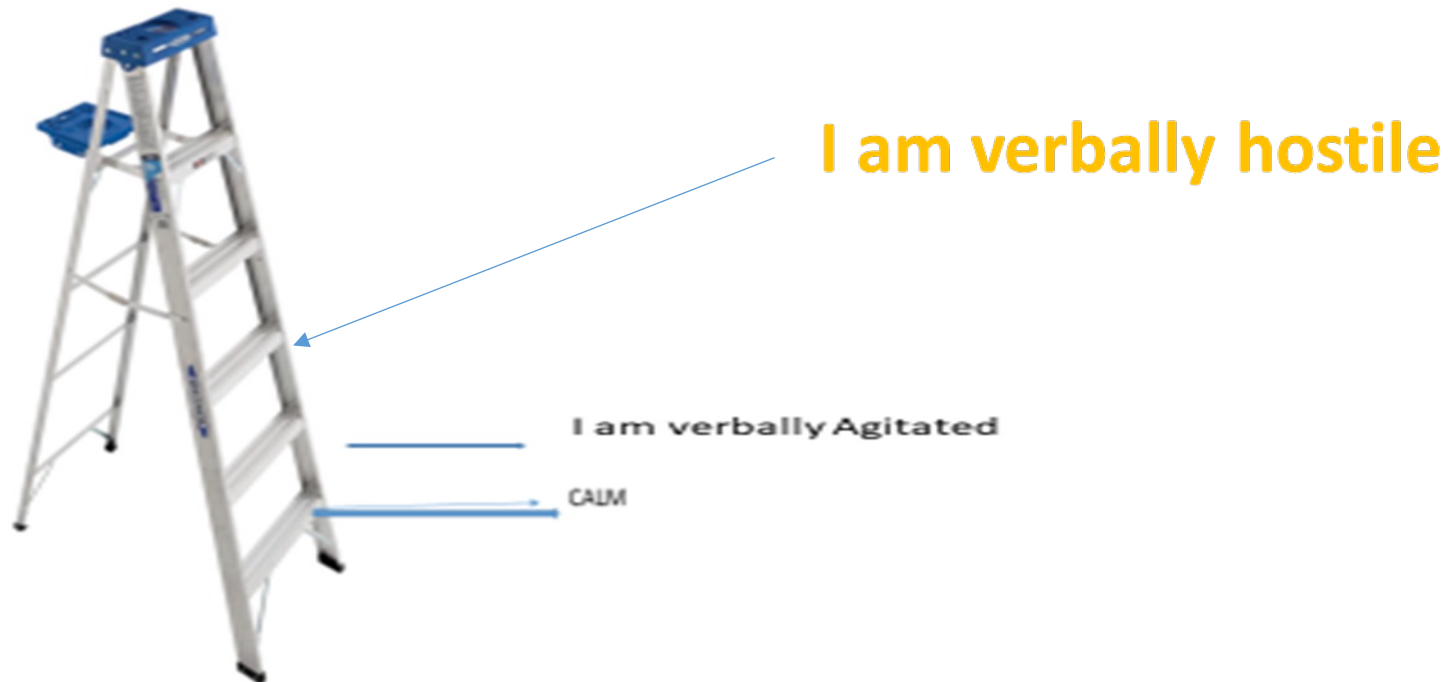
STEP 3 Verbally hostile

Verbally hostile



The Aggression Continuum. STEP 3 The Person is Verbally Hostile

- Every now and then a person may go to the third rung of the ladder
- We call this rung verbally hostile



The Aggression Continuum. Step 3 Verbally Hostile

- Can be a challenging one because:
- Behaviours are very similar to being verbally agitated
- Anger is not directed at you, no threat to you
- They continue to vent the pressure out of the bottle, and you wonder how much pressure they could have left in there
- However they go on and on and on and you are left wondering how much pressure was actually in that bottle
- The person is completely oblivious to efforts to calm him
- They will keep going on about something that seems completely insignificant

Aggression Continuum. STEP 3 Verbally hostile

- You bloody stupid people
- You and your Bloody place
- This always happened s to me when I come to this place
- Or in the past this and this and this and this and this happened so they bring past events into the present
- Those are all ways they start to wave the red flag



However Aggression Continuum. STEP 3

Verbally hostile

- The other thing they may do, you may also see more emotion. It is one of the things you always watch out for.
- Can happen to all of us, once you start to talk about it, you start getting teary eyed
- You start feeling yourself on the verge of crying.
- You are not broken hearted crying, you are angry crying
- Verbally agitated +Emotion = **Verbally Hostile**
- This is a red flag for you. They have made the transition now from verbally agitated to being verbally hostile

Aggressive Continuum. Verbally Hostile, your response

- How do I handle this
- How do I calm this person down
- Maintain a non threatening body posture
- I need to be very sensitive to my posture
- I want to make sure that whether I am standing or sitting, my body language is not going to be one that is intimidating
- I don't want to be standing in a posture that subconsciously suggests that I am ready to fight
- If I am sitting or at a desk, I don't want to leaning back taking a body posture that suggests I don't care

Aggression Continuum. STEP 3 Verbally hostile

What I need to make sure

- I want to make sure this person understands that I do care
- I do want to resolve this with him in a way that's good for both of us
- We talk about the anatomical position
- Feet are shoulder width apart
- My knees slightly bent for comfort
- My hands down by my side
- My palms are being shown to the person
- Also known as the interview stance

Aggression Continuum. STEP 3 Verbally hostile. Why?

- It is a very neutral stance
- It is a non-threatening stance
- Sends him/her a signal that I have nothing in my hand, I'm not here to hurt you, I'm not here to fight you
- STAY IN THAT INTERVIEW STANCE WITH YOUR HANDS OUT, BECAUSE THIS PERSON COULD STILL HURT YOU

Aggression Continuum. STEP 3 Verbally hostile. Personal SPACE

- This is a person we also want to respect the personal space
- If I stand next to you, that will be ok for ?
- Then you will start to get fidgety, I am now invading your personal space
- All of us have a personal space that we don't like others to cross
- Think about the last time you were introduced to someone face to face
- Typically we are in close proximity to that person or one another
- I am introduced
- I shake hands
- We say our hello's
- Typically now one of us or both of us will automatically take a step back and we re establish our personal zones

Personal Space

- We will establish our personal zones
- Without ever saying a word about it
- EVERYBODY HAS THAT ZONE
- We don't like people coming into it for long periods
- Even patients in a bed have that zone, psychologically trapping me, standing over me in a bed, my zone is violated

Aggression Continuum. STEP 3 Verbally hostile. So

- Continue to allow the person vent their anger
- Let and allow the anger out of that champagne bottle
- The anger is not directed
- They are still no threat to you
- This is a person
- Even though I have said to you not to give orders, we may have to do a little coaching here, as they are going up the ladder,
- We want to help them make good and right decisions, but keep your instructions to a minimum

Aggression Continuum. STEP 3 Verbally hostile

- We want to allow them to make good decisions, but make sure its their decisions
- They need us to help them make the right decision
- We don't do that by telling them what to do
- We do that by coaching them and leading them to the right decision



How do we do that?

- How do we get someone to do what we would like them to do, but yet make sure that it is their idea
- What group of people are really good at getting people to do what they don't want to do
- What area of society are really good at that?

Sales People



But with a bit more focus

- Any specific type of sales person





How do they do it?

- Think of yourself going into see shiny new car?
- They know you like that Golf GTI as you went straight to it
- Bet you would love to take it for TEST DRIVE, WOULDN'T YOU



- It's lovely, isn't it? They know you like the car and they will use that to their advantage
- Bet you would like to take it for drive, wouldn't you?
- Drives great, doesn't it
- Bet you think those alloys are fantastic, don't you
- I bet if I could get that price right for you into your payment range, you would buy it, wouldn't you?
- You could manage the great offer, couldn't you
- Building you up to do what they want you to do
- It's a new way of talking for many of you, but just practice it

But I meet one of you and I am
upset, you're in charge, you're my
boss

If you deal correctly with it, you will
say, I can see you are
upset, or that must be so
frustrating for you

This is not the best place to talk
about it, lets go into my office,
couldn't we?



- When you are satisfied that intervening will not jeopardise your safety or that of others, the following approaches are recommended to defuse the situation:
- Intervene early and where possible ask another staff member to assist
- Try to find a quiet place to talk – somewhere away from noise and distractions (including other clients)
- Introduce yourself and your role - speak clearly and calmly – one person only speaks to the client
- Acknowledge their feelings and treat them with respect
- Use the person's name if known
- Recognise the cause/s of the clients complaint and endeavour to join with them to find a resolution
- Allow the person time to respond to statements/questions
- Allow some 'venting' of frustration but do not allow yourself to be subjected to abuse or threats
- Provide guidance in terms of suggestions rather than instructions
- Communication should focus on 'I' statements e.g. 'I feel unsafe when you raise your voice'
- If it is not possible to communicate effectively with the client, seek the assistance of a family member, friend or interpreter who can
- It can be useful to rehearse an 'exit strategy' - often referred to as a 'circuit breaker' – a quick excuse/remedy to the situation that will work for most clients and gives you an opportunity to exit the situation if it is what you believe a physical attack is likely

Your homework

- When you go home tonight, say Darling I had a tough day today, I had a really hard day, and I don't want to be making the dinner and having to clean up that mess.
- We could go for dinner and a few beers
- COULDN'T WE?????
- Remember though, this is human behaviour, nothing works 100% 100% of the time

!!!!Practice it



Aggression Continuum. STEP 3 Verbally hostile. So

- Continue to make collaborative statements with this person
- What can WE do to manage this situation
- How can we solve this in a way that is good for both of us
- Keep the discussion to the here and now
- You cannot answer for what happened previously or in the past except to acknowledge and apologise
- I cannot change the past
- Everytime I come in here, this happens, or its this way or that way

- Do not threaten or intimidate the client
- Do not raise your voice or speak rapidly
- Do not allow yourself or others be subjected to abuse or threats etc.
- Don't make flippant, sarcastic or dismissive comments
- Avoid making promises that can't be kept
- Don't rush the situation and look for a 'quick' fix – time can be a critical issue – so take your time and focus on resolving the situation together
- Don't try to enact long-term behaviours solutions or deliver consequences for behaviour when escalation is occurring (it is still important to have boundaries and act in the interests of everyone's safety)
- Do not use 'jargon', acronyms or confusing 'technical' language

Aggression Continuum. STEP 4 Verbally threatening



Aggression Continuum. STEP 4 Verbally threatening

- The person is verbally threatening
- The good news is that most people never go beyond verbally hostile
- But if they do, the world is starting to change and it could get ugly, because now the person is going from verbally hostile to verbally threatening
- The commonality we had between being calm, verbally agitated and verbally hostile is that their anger was not directed
- They were upset but they were not upset with you
- But when they become verbally threatening that changes

Aggression Continuum. STEP 4 Verbally Threatening. Person's Actions

- When a person is Verbally Threatening, they
- Begin to focus anger on specific person (s)
- Now Seamus you bloody well listen to me
- Can you tell who they are being angry with?
- Can you tell me who their anger is directed at?



Aggression Continuum. STEP 4 Verbally Threatening. Things to remember

- I called Seamus by his name
- As I am pointing my finger at him I'm saying YOU
- You can tell now if I am becoming physically aggressive and where my physical aggression is going to be directed
- Now you see the difference between non directed anger and directed anger
- Sometimes we can handle a situation so poorly, we cause non directive anger to become directive anger

However listen out because

- Understand that when they direct their anger, it doesn't have to be at anyone present
- E.g. looking at something else, and says Mick I have no problem with you, but if that one or they come near me I will break their legs.
- They are upset with a third party
- Mick is not in any harm's way
- Just need to make sure that that one or they don't come walking in
- So the anger can be directed to a third party/person and if you are not that third party you are OK and you can continue to de-escalate them

But lets say that anger is directed at you

- They may make demands on you for action
- They may make threats of consequences if demands are not met
- Kid downstairs in posh house, stoned, is he going to go cooperatively or is he going to have to go by force. Mam and dad sitting there upset and unsure what to do. I'm trying to do everything possible, but nothing is working. He points at me, you listen to me, you get your fat ass out of my house and get the hell out of my way, or I will throw you out so fast you wont have a clue what hit you
- They will tell us exactly what they are going to do



Aggression Continuum. STEP 4 Verbally Threatening 4th Rung. . 4th Response

- Things are now a little dangerous
 - Maintain eye contact, eyes are truly a path to the mind
 - Watch their eyes, are they looking towards the door, are they looking at their watch, are they looking at other objects
 - Their eyes will tell you what their mind is thinking
-
- WATCH THEIR EYES





Avoid

- Avoid cornering the person
- Avoid doing anything where this person would feel trapped
- Give person options, if you go out be respectful, if you co-operate you will be home in your own bed tonight or you can go off home
- But if we have to we will call the Guards, you will be arrested and you could be treated as a disruptor of the peace
- DON'T MAKE FALSE PROMISES
- **ANTICIPATE VIOLENCE**



ANTICIPATE VIOLENCE: CODE GREEN

Cornering

- To corner a person means to trap a person



Think about the most docile animal. The
adrenaline will fly



To remember dangerous methods of cornering use the acronym C-A-P-E

C Contact cornering. Don't put your hands on the person. Adrenaline will be flying

We inappropriately put our hands on someone, they may not respond properly

16 year old girl RIP, parents, NUN ARMS AROUND FATHER, What occurred

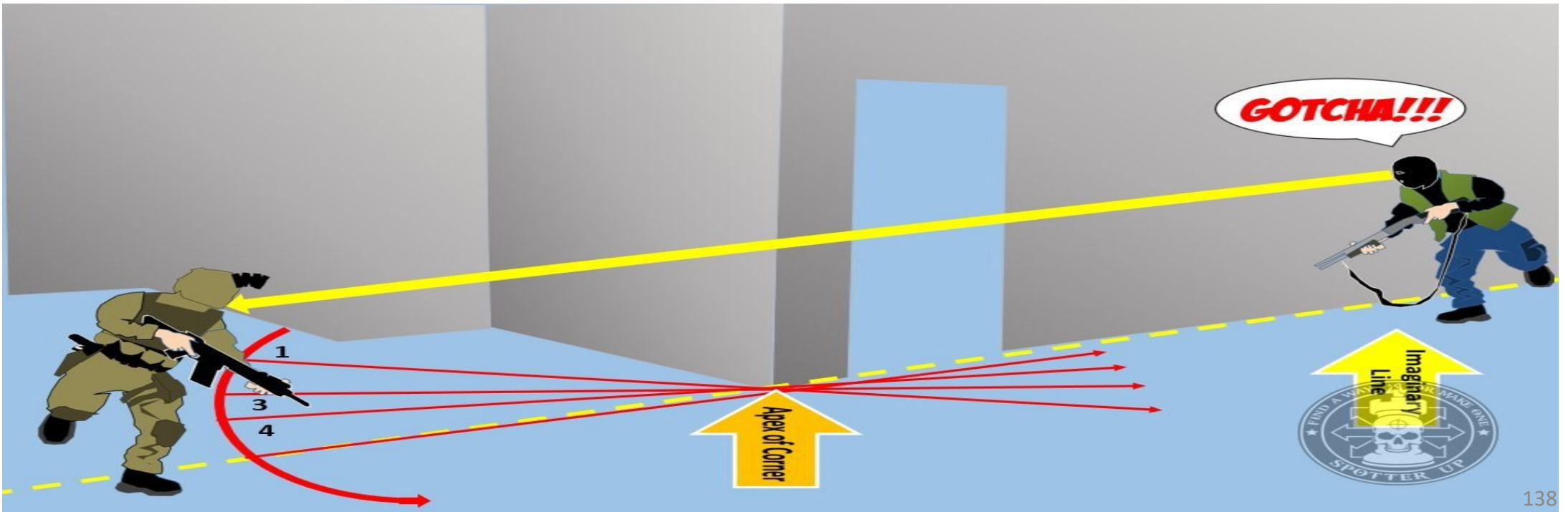
Get your Hands off me

Not everyone wants to be touched

Nurse hands on arm

So hands off

- A ANGULAR CORNERING. This is where someone keeps moving around. They wont stay still
- You end up chasing them
- Make eye contact, don't force them to chase you around with their eyes
- Don't make them search for us
- Don't force them to look for us



Psychological cornering

- They stand, we stand, they sit we sit
- Don't stand over someone
- If non directive, it is ok for me to sit if they are sitting
- If directed anger, if they stand you stand. You need to be standing
- If you are sitting then you are at a disadvantage
- Any time they stand you stand GOLDEN RULE

Exit cornering

- The care giver in a casualty department is talking to the patient and physically stands in the door way. The non verbal message is you don't leave this room
- If I want out that door, I am either going to go over you or through you. If you are talking, stand off to the side of the door, but don't block the door
- The mistake we make, we allow them to get between us and the door



- Perception of having an open door is great
- Don't stand in the open door
- Don't allow the person to get between you and the door
- Think of your office, How would you get out, what would trap you, what potential weapons are there

Aggression Continuum. STEP 5 Physically threatening

- You are very close to the top step
- A physically threatening person takes a stand or stance that suggests violence
- Scan the area for potential weapons
- Look at your desk
- Look at your surroundings
- What is there
- A stethoscope around neck?
- Put it in the pocket
- Weapon proof your work space
- Have nothing around your neck
- DON'T TAKE WEAPONS TO THE PARTY

- MAY MAKE A BLUFF MOVE ON YOU





A DEFENSIVE STANCE



Maintain your defensive stance

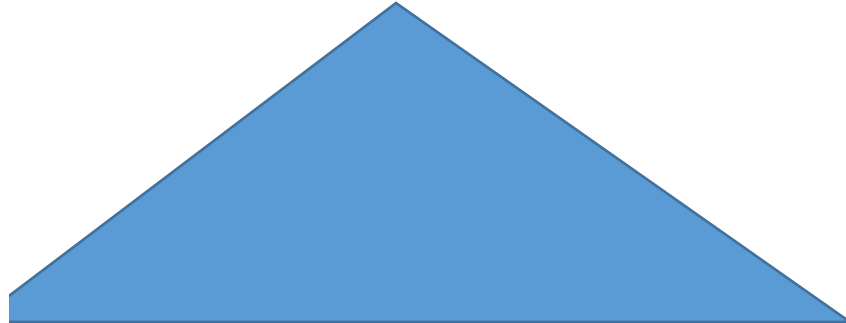
- Take your strong foot
- Take it back half a step and point your foot in the direction you will want to move in
- My hands are open, my palms are showing,, I don't want to give him an opportunity to push me over
- Where is his weak side, position yourself on his weak side

If it goes violent

- Change to self defence/survival mode
- What would a reasonable person do in that situation
- Do I take him to the floor
- I am also a human being
- We have to make sure though we don't go beyond normal force



In charge person



The Buddy system

- In charge person
- Back up no 1
- Back up no 2
- Always person closest talks to the aggressor
- Never all talk at the one time
- If the in charge person isn't doing a good job, either no 1 or no 2 takes over
- Have your code for this as to how you will change over

Agitation

- Agitation is a state of excessive motor activity
- Can occur at anytime in a care centre
- It is important to recognise for many reasons because
 - A. The presence of agitation means the person is in serious physical and psychological distress.
 - B. Agitation may also pre-empt a serious physical or psychological emergency
- May quickly result in injury to the resident or others

What did you see.

- Hyper and repetitive motor activity
- Repetitive hand gestures
- Foot tapping
- Pacing
- They became less attentive to their surrounding
- Their range of focus narrows
- They are much less likely to process what is being said
- Thoughts become repetitive
- Wont engage with you and constantly repeat the same things

Be aware

- Be aware of your surroundings or objects that may be thrown or used as a weapon
- Some objects may be a fall or trip hazard or entangle the resident in some way
- Exits should be readily accessible for both the resident and YOU
- Keep in mind the safety of your surroundings, e.g bed between you and resident

10 Principles of Verbal De-escalation

1. Respect the **personal space** of the individual; do not get uncomfortably close or block exits.
2. Do not be provocative or respond in anger, be in **control** and measured.
3. Establish verbal contact **calmly** with the individual.
4. Be **concise** and speak in short, easy to understand sentences or phrases. Repeat yourself often.
5. **Listen** closely to what the person is saying.
6. Identify the individual's **wants and feelings** and try to accommodate reasonable requests.
7. **Agree** or agree to disagree with the person's concerns, while avoiding negative statements.
8. Set **clear limits** with expected outcomes, but do not make demands or order specific behavior.
9. Offer **choices** and optimism.
10. Afterwards, **review** the event and look for areas of improvement.



BODY LANGUAGE

- Relaxed facial expression
- Speak softly
- Arms uncrossed, hands open
- Knees bent
- 2x arm's length distance



YOU MIGHT SAY...

"No harm will come to you."
"I will help you regain control."
"I am here to help, not to hurt."
"This is a safe place."



DO THEY WANT...

Something to eat or drink?
A quiet place to go?
A chance to talk about things?

interventions

- First immediate response is verbal de escalation. The goal is to help the person
- 1. Respect personal space
- Do not be provocative. Be mindful of your body language
- Don't square up to the resident
- Maintain a calm demeanour and an interested facial expression
- If the resident appears more uncomfortable, adjust your posture or demeanour
- Don't argue or challenge a resident
- Establish verbal contact, remember agitated residents have a narrow range
- Be concise. Agitated residents cannot follow complex explanations
- Keep it simple and continue to repeat those simple statements for as long as it takes. Wait for the person to respond
- Identify wants and feelings

Agitation

- Help People
- Empathetic LISTENING
- Intervene calmly
- Help people feel that they are safe
- Give them space
- Be receptive and helpful
- Thoughts are racing, but we say we don't hurt people here
- What do you need right now
- Help people to calm down
- Remember de-escalation takes 3 to 5 minutes
- Restraint takes 30 to 40 minutes.

- If the situation escalates to violent behaviour and staff or other persons are at risk immediately remove yourself and others from the situation
- Immediately inform other members of staff of the urgency of the situation
- Where available, alarms may also be used. The presence of a number of staff may often defuse the situation
- Protect yourself and other members of staff – however never turn your back
- Care must be taken where possible to protect other clients from injury and to avoid compromising their care
- The aggressor should be informed that staff will call the Police who may remove him/her from the premises

Staff

If a member of staff has been verbally abused or physically assaulted during an incident support must be offered by their organisation, most commonly through their manager.

It is usually the manager's responsibility to arrange support for those staff members requiring intervention to ensure their future wellbeing is maintained.

Staff de-briefing

- Safety check on all.
- Review the episode
- Review what went well
- Review opportunities for improvement
- Invite further discussion.