

Proactive Intervention with Agitated and Aggressive Behavior

Introduction

This training is based on the “Techniques for Effective Aggression Management (T.E.A.M.)” program and was created for the purpose of establishing and maintaining a safe treatment environment.

At the core of this intervention process is an educational component providing people experiencing emotional or behavioral crises the opportunity to acquire and practice new coping skills and offers educationally effective strategies for use in a variety of settings and situations involving agitated or potentially aggressive behavior.

Learning Objectives

After completing this program, you should be able to:

1. Recognize and define incremental levels of agitated, potentially aggressive, or aggressive behavior.
2. Answer questions as to how preventive environment and dress measures may safely impact agitated and potentially aggressive behavior.
3. Demonstrate an awareness of how non-verbal de-escalation skills can effectively determine the effectiveness of verbal intervention.
4. Demonstrate an awareness of how certain effective verbal de-escalation skills may aid in maintaining a safe, therapeutic treatment environment.
5. Demonstrate an awareness of effective strategies for introducing a proactive verbal intervention program, emphasizing alternative choices for agitation/aggression management and replacement.

This program promotes intervention at the earliest moment by stressing heightened awareness of environment, dress, and personal presentation, along with the implementation of a proactive verbal intervention strategy providing an educational continuum.

There are three sections of this training program that represent the three main components of the proactive strategy intervention.

Section 1: Preventive Strategies

This section represents the first stage in developing a clear understanding of the environment where your professional duties will be performed.

Section 2: Proactive Verbal Intervention

In this section, we examine early intervention strategies in teaching alternative behaviors to agitated individuals.

Section 3: Incident Closure and Skill Building

Subsequent to any verbal or physical intervention, reinforcement for appropriate choices made, and/or alternative behavioral choices that could be chosen are examined. This is essential for the learning and retention of new skills.

Examples of exercises staff may use to address targeted “problem” behaviors are included in this section.

Preventive Strategies

This process involves change. Change for both parties. Even in the “change” is perceived as positive, or for one’s own betterment, it is an uncomfortable process because it involves some form of behavioral alteration.

This learning process is often difficult and frustrating, as the “problem behavior” may have been practiced and reinforced for many years. The frustration will continue to exist until a “replacement” behavior is accepted, practiced, and successfully repeated.

During the course of this skill building learning process, it is common to feel sad, angry, or fearful.

When an individual is unable to express their needs in a socially acceptable manner, they often attempt to get what they’re seeking by becoming agitated or aggressive.

People unwilling, or unable, to acquire these new skills remain ostracized in the community for their behaviors. These behaviors draw attention for their disruptive, intrusive, and often harmful effects.

For the individuals working with agitated or aggressive people, to remain patient, calm, and productive is a challenge. As with the people receiving services, their involvement in the therapeutic community may produce feelings of uncertainty, frustration, and fear.

An inability to meet this demand may often be a factor leading to job related despair, or “burn-out”.

When you are interacting with someone displaying agitated or aggressive behaviors, it is perfectly natural to feel fear, sadness, or anger. You may perceive this individual’s behavior as a threat and you may see only very limited options.

The person displaying these behaviors is also feeling uncomfortable. After all, he or she is feeling influenced to change their practiced behaviors by the program’s structured time, common rules and limit setting.

By de-personalizing the interaction, being non-judgmental, and objectifying the behavior(s), you will not reinforce the agitation or aggression, and will be able to make more prudent decisions.

By recognizing agitated behavior and intervening with it at the earliest moment, staff can consistently facilitate more positive outcomes for individuals.

And by remaining consistent and objective with their interventions, staff can provide appropriate role modeling for a variety of useful skills such as problem solving, communicating, self-awareness, and coping.

Proactive Structure (Setting Expectations)

Of major importance is that the individual receiving services be made aware of the programmatic and behavioral expectations for people in the particular setting. This will greatly reduce uncertainty.

Consistency in maintaining the program’s expectations is essential for success. The program’s goals and expectations should be defined for all parties at the earliest opportunity.

For staff members, this period of initiation should take place during employee orientation. Here, the new employee can learn the purpose (or mission) of the program, its structure in meeting this purpose, the specific duties and requirements for performance, and rules (boundaries) for personal conduct.

For people receiving services, their orientation should take place at admission or upon their emotional and physical stabilization after admission. It is at this time that people can:

- Learn what the program can offer them (the purpose)

- Learn how their time can be spent in learning skills to facilitate the purpose (the structure)
- Learn the boundaries on personal behavior that may be disruptive, or dangerous to themselves or others in the program (rules)
- Express their own options of choice in the event of a crisis.

At this time it should be explained how staff will respond to agitated or aggressive behavior in order to maintain the safest environment possible.

Proactive Structure (Time Management)

In helping to create and foster a safe environment you must know and understand how well your program's structure facilitates the use of time for the people in its community.

A well designed treatment agenda will be focused on assisting people in developing skills for more successful coping and social interaction.

Without structure and purpose to one's investment in time, and without guidance in the use of that structure, individuals who are confused, frustrated, angry, agitated, or aggressive will remain so.

Proactive Structure (Staffing)

Good staffing patterns may be evaluated in terms if the quantity of staff present in relation to the quality of their involvement with duties, activities, and interactions.

The quality of staff involvement can be addressed by answering questions like the following:

- Can all scheduled activities be conducted without cancellation or overlap?
- Can an emergency be met safely, with an efficient and appropriate response, while still engaging the needs of others?
- Are staff continuously aware of the location of the members of the treatment community?

Staff should not become visually isolated from other staff without first notifying other staff members, and everyone in the community should be able to be seen or heard by staff at any given time.

Ironically, there can be too many staff present. This is evidenced by uninvolved staff and an atmosphere of "diffusion of responsibility."

The "quality" of the staffing can be determined by the consistency exhibited in maintaining the structure and integrity of the program, including the on-going level of interactivity with the people in the program.

Some questions to ask in determining staffing "quality":

- Are staff prompt in maintaining scheduled activities?
- Do they know the location of other staff? And if they need to move out of sight, do they inform staff?
- Do they willingly involve themselves in training?
- Do they willingly participate in crisis situations and demonstrate the ability to use prudent judgment as trained?
- Does staff comfortably interact with the community or isolate themselves?

Staff should demonstrate an ability to work with other staff as a team, showing behavior that lends itself to a formed and growing trust over time.

Preventive Environment

Being aware of your physical work environment can greatly enhance your ability to conduct your responsibilities and your chances of helping insure the safety of all when interacting with people.

Good prevention begins with an awareness of the surroundings.

The ability to move freely as possible is very important. In places where a majority of the activity is centered around human interaction, there is a great deal of "people traffic." To be able to move from place to place as freely as possible fosters a more productive and safer work environment.

Staff is rarely able to control the selection or construction of the building where services are provided. What is always in their control, however is:

- Developing an awareness of the space restrictions the environment presents, and
- Physically arranging potential "obstacles" (e.g., furniture, equipment, etc.) to allow for clear and unobstructed pathways.

The focus is on the individual under attack being able to maintain their mobility; being able to remain at a safe distance (5-6 feet) from the agitated person and calling for assistance.

With a distance of 5-6 feet established between individuals, each person will be physically safe from immediate physical contact with another. It is also a comfortable interactional space as both parties can maintain confidential voice tones and volumes while not generally feeling physically encroached upon by the proximity of the other individual.

Consider the following questions about your place of work:

- Are their "hidden" or secluded alcoves in your facility which hinders monitoring of interactions?
- Does furniture have "edged" or "rounded" corners or sides?
- Would the position of furniture provide an open avenue of escape in the case of emergency? Or would you be trapped?
- Are pieces of furniture sturdy enough to provide an obstacle for an aggressor if you were being chased?
- Is there enough open space in your facility to safely move other people in the event of potential danger?
- Are telephones within easy reach if assistance need be called? Are emergency numbers posted on each phone for easy reference?
- Are there readily available objects in the area that would present a danger to others if they were thrown or used for striking?
- Does the flooring help or hinder mobility?

Preventive Dress

Preventive dress pertains to the clothing, accessories, and other items you choose to wear or carry while you are in your work environment. Preventive dress should be part of your daily routine.

A **target** is an item that, for any reason, attracts attention and may be focused on during an aggressive act. Some individuals will reach toward, touch and/or grab a target and possibly cause injury or damage to property accidentally. Any item that has been involved in a prior aggression should be considered a potential target for future aggression. Targets can be very shiny or brightly colored. Targets can be items that swing or move with body motion. Targets can be items that are within easy reach.

Valuable items can be targets, such as an item of expense or one of sentimental value. It may be difficult for the one being assaulted to remain objective in a crises situation if a loss of personal importance occurs. The victim's emotional reaction to the damage, destruction, or loss involving the valuable target may also reinforce the person displaying aggressive behavior.

Some clothing, accessories, and other items worn or carried while you work can result in purposeful or accidental property damage or personal injury. An item that a person can grasp and use to control your head and/or body position presents a hazardous situation.

In general, appropriate dress can be a preventive measure.

It is dressing in a manner that allows the staff member to perform their job duties safely and effectively.

Appropriate dress presents the staff member in a neat, clean manner without the attire itself becoming a distraction to the interaction.

Preventive Dress – Neck

Possible injury situations: choking (it only takes 8 seconds to lose consciousness if the air passage is blocked, including blockage as a result of a broken larynx); head position control; injury to neck, face and ears.

Do not wear anything around the neck that would NOT easily break if grabbed or pulled.

Safety Suggestions:

- Wear only "snap-on" ties.
- Don't wear scarves or neckerchiefs.
- Don't wear heavy, strong necklaces.
- Don't wear several "light" necklaces at the same time.
- Don't wear straps or necklaces with attachments.

Preventive Dress – Arms and Hands

Possible injury situations: items worn on the arms and hands are likely to result in injury. Some items can be used as weapons; long fingernails can be broken; infection may occur from fingernail scratches.

Safety Suggestions:

- Don't wear watches, bracelets, etc., on wrist unless absolutely necessary.
- Avoid wearing rings on fingers.
- Keep your fingernails trimmed and neat.

Preventive Dress – General Clothing

Possible injury situations: body position control; embarrassment causing lack of attention; choking using necklines in clothing; clothing may be pulled down around legs resulting in tripping, loss of mobility.

Safety Suggestions:

Because the aggressor must insert their hands into the clothing or around it:

- Wear sturdy and snug (not tight) clothing.

- Don't wear clothing with very close and strong necklines
- Don't wear clothing that depends on elastic for support (tops, pants or trousers)

Preventive Dress – Clothing Accessories

Possible injury situations: during movement in blocks, releases, and escapes; some items can be used as weapons.

Safety Suggestions:

- Don't wear pins, tie tacks, cuff links, etc.
- Don't wear easily removed belt.
- Don't wear any belt.
- Don't carry pens, pencils, or other items in front shirt pocket.
- Don't carry a large, heavy purse or handbag.

Preventive Dress – Ears

Possible injury situations: ripped ear lobes, skin abrasions or cuts around ears (especially during headlocks).

Safety Suggestions:

- Don't wear large hoop or hanging earrings of "pierced ear" variety.
- Don't wear earrings with sharp, jagged edges or corners.

Preventive Dress – Eyeglasses

Possible injury situations: eye or face injury during grab; broken glasses can cut; may be used as a weapon for cutting or striking; straps around neck can be used to choke.

Safety Suggestions:

- Should have durable frames with proper fit.
- Should have tempered safety lenses.
- Should not have mirrored appearance.
- Wear contact lenses when possible.
- Don't carry glasses in case or pockets unless absolutely necessary.
- Don't wear glasses on top of head.
- Don't wear a heavy strap around neck to hold glasses.

Preventive Dress – Footwear

Possible injury situations: In order to achieve the best traction, comfort, and safety if you need to move quickly.

Safety Suggestions:

- Wear composite soled shoes
- Don't wear leather soled dress shoes
- Don't wear pumps or high heeled dress shoes

Proactive Verbal Intervention

In this section, we will examine the processes of effective, early intervention strategies in teaching alternative behaviors to people.

We will begin by considering several general guidelines for verbal de-escalation:

1. Maintain a safe distance of 5-6 feet from the agitated or aggressive individual.
2. Maintain intermittent eye contact.
3. Use a clear voice tone.
4. Use a voice volume lower than that of the aggressive individual.
5. Use a relaxed, well balanced posture with hands held in front of self.

The following general guidelines for safe and effective verbal intervention are the presentation skills which people should bring to each intervention. These skills are commonly referred to as verbal "de-escalation" skills. They promote safety, effective communication, and respectful social engagement.

1. Maintain a safe distance of (5-6 feet) from the person displaying agitated or aggressive behavior. This allows for a "cushion" of safety. If the agitated individual became physically threatening, the threatening person would still have to take at least one more step toward the staff member before physical contact could be made. This extra distance may allow the alert and well-trained staff member to move to another area and re-establish the safe and interpersonally appropriate interactional space.
2. Maintain intermittent eye contact to avoid possibly heightening agitation. The person displaying agitated or aggressive behavior may misinterpret the staff member's prolonged eye contact as "glaring." The intermittent eye contact also serves as an important safety mechanism by allowing the staff member to keep the agitated person's torso in their discreet field of vision, thereby increasing the staff member's ability to detect possible striking out by the upper body (with movement starting at the shoulders), or lower body, where movement would begin at the hips.
3. Use a clear tone of voice so that what is said can reasonably be expected to be heard and understood without repetition.
4. Use voice volume lower than that on the aggressive individual. If the agitated individual lowers their voice to meet the interactional level of the staff member, this behavior is indicative of a conscious choice by the individual to listen to the staff member.
5. Use a relaxed, well-balanced posture with hands held in front of self. This presents a non-threatening image. In a worst case scenario, this stance allows staff to use their own arms to protect their upper body from assault.

The use of seclusion or restraints (even when combined with appropriate medication regimens) **does not "teach" alternatives to assaultive behaviors.**

For verbal intervention to have the best chance at a rewarding outcome:

1. the structure (expectations) and interventions must be objective, and
2. staff involvement must maintain a consistent intervention pattern, both with the active intervention and in providing an opportunity for "closure" of the incident.

When an aggressive individual does not respond to verbal intervention, physical intervention techniques may be used if the individual's behavior may result in physical injury to that individual, other individuals, or staff.

Physical intervention should always be preceded by verbal intervention when possible, and is **always followed** by verbal intervention so that the person can learn more successful ways to cope with their thoughts and emotions. The verbal and physical intervention techniques are arranged in the continuum of verbal-to-physical-to-verbal order to:

- protect the individual's dignity; and

- to ensure that the individual receives appropriate and humane treatment.

The three levels of aggressive behavior from less severe to most severe are:

1. Mild Agitation
2. Uncontrolled Mild Agitation
3. Extreme Agitation

Progression between the three levels can be observed (and measured) through an increase in one or more of three factors:

1. **frequency** – how often the identified behavior has been exhibited within a given time frame.
2. **duration** – of what length of time the identified behavior has been exhibited, inclusive of staff intervention.
3. **intensity** – representative of the direct or indirect threat of physical aggression.

The content of the verbal intervention should remain:

- **concise** – addressing the identified behavior, it's relationship to the current environment, and appropriate alternative choices to that behavior may be chosen.
- **specific** – identifying and addressing the specific behavior observed or heard
- **directive** – placing the responsibility for the choice of the alternative behavior with the person being addressed.

The first level of agitation is "**Mild Agitation**" and includes:

1. profanity directed toward self, others, or objects.
2. the use of ethnic, racial, or sexual slurs directed at self, others, or objects.
3. statements which "imply" threat of harm to self, others, or objects.
4. the use of excessive loudness such as yelling or screaming, regardless of the content of speech.
5. individualized precursors (i.e. behaviors which historically precede aggressive or assaultive acts for a particular individual).

All of the behaviors identified with the level of **Mild Agitation** have a similar quality. They are very likely to be disruptive to one degree or another, drawing attention by standing out from the general activity of the setting. If staff should observe an individual displaying any of these behaviors, they should:

1. Notify other staff. Identify the individual and behavior, what your course of intervention currently is, and prompt them to standby, be prepared to alert other staff, and assist if the identified behavior persists or escalates.
2. Observe the individual's behavior to see if the individual takes appropriate actions to resolve the situation. Here is possibly the single most important step in proactive verbal intervention. If the individual chooses an appropriate alternative to resolve the identified agitated behavior, that choice should be reinforced by the observing staff after its completion.

Individuals with a history of agitated or aggressive behavior often do not integrate appropriate responses into their behavioral pattern because reinforcement for the behavior has not been consistently employed.

If a person is made conscious of a behavior they have performed and its resultant positive consequences, they are more likely to repeat that behavior in a similar circumstance.

If this repeated behavioral choice is met with consistent, positive reinforcement, the "new" behavior may, over time, replace the one identified by staff in the verbal intervention as appropriate.

3. Verbal Intervention

a) **Call** the individual by name to orient them toward staff member.

b) **Inform** the individual that this behavior (state specific behavior; what you see and/or hear) is unacceptable in this setting. This specific behavior and its inappropriateness in relation to the environment must be identified to the individual (i.e., "You're using profanity in speaking to others. That's not acceptable behavior here"; "John, you're speaking loudly in the day room, it's disruptive to the others. That's not appropriate here", etc.).

This allows for an objective focus on the behavioral choice as opposed to a subjective judgment of the individual by staff (i.e., "That's not right"; "You're being bad"; "That's not a good thing to do"; "You're not being very smart", etc.).

It is important to note that the identified behavior is not acceptable in the present location, as the behavior may be acceptable elsewhere.

This is a key component of the development of successful social skills in varying environments.

c) **Prompt** the individual for alternative behaviors (i.e., suggest other behaviors the person can choose to express themselves in a more appropriate manner). The choices offered in this stage of the verbal intervention should be three or four options that are available to all.

Some examples are:

- Speak with the intervening staff about the identified behavior.
- Isolate themselves in a physically safe area.
- Practice relaxation skills

d) **State your availability** to speak with the individual about the agitated behavior and walk away. Staff should then move to a safe distance and maintain observation of the person.

e) **This verbal intervention may be repeated three times.**

This standard of three staff interventions provides an effective "starting point", or baseline, from which adjustment in the amount of staff intervention in "**Mild Agitation**" may be made.

The second level of aggressive behavior, "**Uncontrolled Mild Agitation**", is defined as the continuation of mild agitated behavior after staff has made three attempts at verbal intervention.

Intervention at this level is important as individuals who do not calm their own behavior or who do not respond to three staff verbal interventions often end up escalating to more dangerous behavior, or agitating other persons.

If, after three interventions, the **Lead Staff** (the staff member who originally observed the individual) should:

1. Approach the individual to a distance of 5-6 feet.
2. **Two Support Staff** approach the individual and place themselves at the prescribed safe distance directly to each side and slightly to the rear of the person.
3. The **Lead Staff** then:
 - a) calls the agitated individual by name to orient them to the **Lead Staff**.
 - b) tells the agitated individual to choose from the following:
 - choose to calm immediately
 - choose to isolate
 - choose to relocate to a designated "safe area".

A "designated safe area" is an area usually set off from the area of main community activity for the purpose of lessening the environmental stimuli that reaches the agitated individual.

4. If the agitated behavior continues or the person does not respond, the **Lead Staff** tells the individual that they have chosen to go to the "designated safe area".

5. If the agitated individual remains non-compliant, the **Support Staff** prepare to guide or escort the person to a "designated safe area," if necessary.

Extreme Agitation includes:

- **direct statements** of intent to harm self, others, or objects; or
- **actual behaviors** which may result in physical injury or damage to self, others, or objects.

If the person's agitated behavior continues through the interventions for "Mild Agitation" and "Uncontrolled Mild Agitation," or if the behavior **escalates to physical threat**, begin intervention procedures for "**Extreme Agitation.**"

1. Position yourself between the aggressive individual and the nearest unblocked exit.
2. Maintain a safe distance between you and the aggressor by positioning yourself a distance of not closer than 5 to 6 feet from the aggressive individual.
3. Give verbal command to the aggressor to stop the behavior (e.g., tell aggressor to "STOP!" in a clear, firm, forceful voice).
4. Determine if the individual is continuing to advance toward you.
5. Maintain eye contact with the aggressor.
6. Have other individuals exit the area by way of evacuation plan if safely possible.

Begin procedure, as directed by **facility policy and training in approved aggression management techniques**, for mandated staff response to behavior defined as "**Extreme Agitation**".

Incident Closure and Skill Building

Crucial to the effectiveness of any verbal intervention strategy is an education component taking place after the person has demonstrated an appropriate period of calm behavior subsequent to the episode involving agitated or aggressive behavior.

Problem Recognition – is the acknowledgement of the existence of a problem by the individual who became agitated or aggressive. Recognizing that having problems and experiencing frustration, sadness, or anger as a result of a problem is a normal part of any person's life.

Problem Definition – this breaks down the problem into objective and manageable components:

1. Identify the "who," "what," "where," and "when" of a situation. This helps objectify the dilemma.
2. Accepting responsibility –understand one's role in the problem situation.
3. Developing a goal (it must be positive and within one's control)
"I can..... (within my control)"

Decision Making – is the selection of the best perceived solution in response to a given problem. Impulsive decision making most often results in the goal not being met because other alternatives that may have offered a greater probability of success went unrecognized.

Evaluation – will give the individual an opportunity to reflect on whether or not the solution selected enabled them to reach their goal.

The following identifies some common behaviors which often hinder a person's ability to live independently in a community.

"Limited" Skills in Coping with Anger or Anxiety

Behaviors that may be exhibited:

- Temper tantrums or aggressive behaviors
- Obsessive or compulsive behaviors
- Panic attacks
- Depressive affect

Skill building exercises:

- Practice recognizing the inappropriate behavior by writing it down each time it occurs (initially).
- Practice asking for feedback from others about behaviors.

Behaviors exhibited:

- Inability to identify that the problem exists.
- History of choosing negative/destructive/illegally socially unacceptable behaviors.
- Reports inability to choose between alternative solutions.
- Reports inability to follow through after choosing an alternative.

Skill building exercises:

- Make a list of all areas of difficulty and share with staff. Use as goals.
- Practice using problem solving model to address goals. Use positive "how to" statements, writing down "pros" and "cons", generate alternatives to solving problems and write in a journal to share to staff.

Limited Communication Skills

Behaviors exhibited:

- Limited listening skills, e.g., interrupts others, walks away from others during conversation, unable to follow directions.
- Limited ability to communicate thoughts or feelings to others in socially acceptable ways.

Skill building exercises: (General and Interpersonal)

- Practiced differentiating between thoughts and feelings.
- Practice making "I feel"/ "I think" statements and reinforce ownership.
- Practice initiating conversation with peer for five minutes, increasing time as skill develops.
- Practice making relevant comments in groups.
- Practice asking for and/or give feedback positive and/or negative (constructive).
- Practice maintaining conversation with male/female individual for five or ten minutes, increasing the time as the skills develop.
- Practice matching verbal with non-verbal communication.
- Practice maintaining good eye contact during conversation.
- Practice awareness of non-verbal messages such as eye contact, posture, voice tone, volume, and body language.
- Practice sitting in the social area and listen to conversations; increase to participating actively in the conversation.
- Practice good listening skills.
- Practice assertion with others. Increasing from once a day, to twice a day, etc.
- Practice awareness of aggressive reactions and replace with assertive ones.

- Practice channeling aggressive energy into more positive outlets (i.e., running, biking) followed by processing time.

Proactive Intervention Summary

Proactive Intervention initiates the process of integrating positive replacement behaviors as alternatives to agitation or aggression.

With practice and determination, the responsible person can assimilate new skills to help themselves live more successfully in the demanding environments of a community.

The people working with those attempting to learn and practice these new interactional skills can be a tremendous resource for success by remaining objective, attentive, and consistent in their own behavior.