

# Managing the Agitated Patient

SHIROMI KARUNARATNE



# Anger, Agitation and Aggression

- ▶ **Anger, Anxiety, Sadness**

- ▶ These are normal and natural **emotions**

- ▶ **Agitation, Aggression**

- ▶ These are **behaviours**.

Eg: Anxious people can become agitated and aggressive.

- ▶ **Is aggression adaptive?**

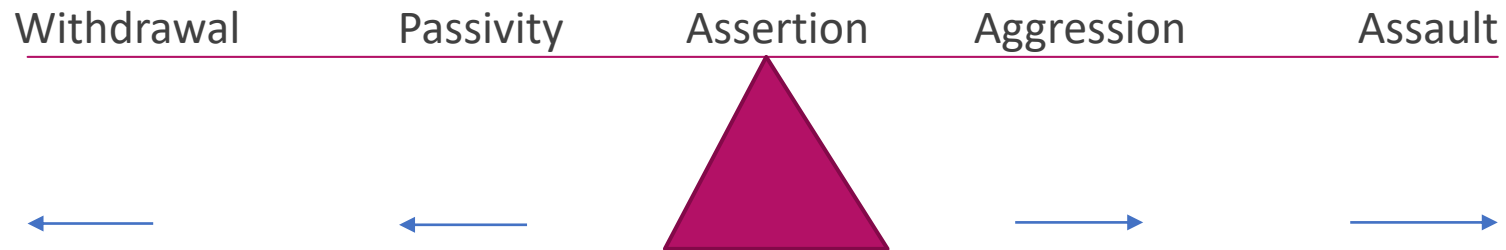
- ▶ Evolutionary perspective

*Aggression is an important survival trait, which is why the limbic system and hormones produce aggression. Too little aggression and you don't get to eat or reproduce, too much and you get killed .*



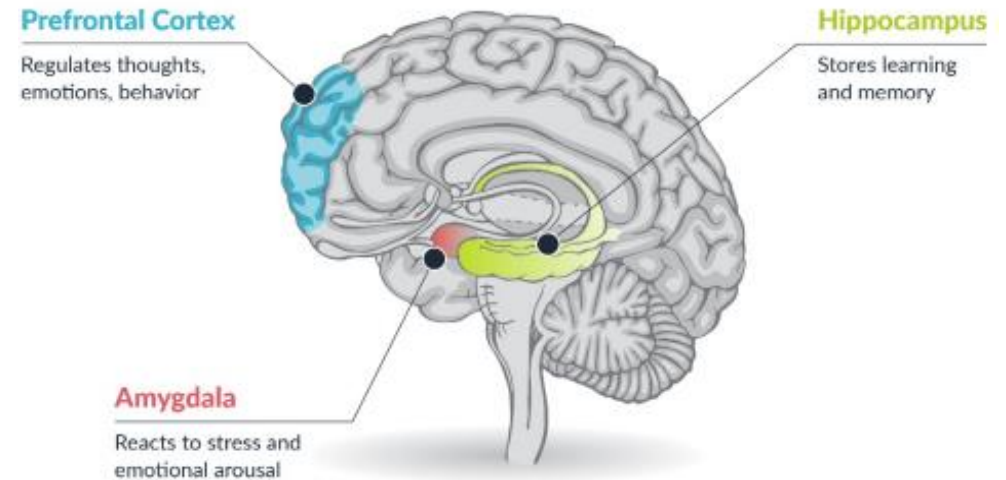
# Theory of Personal Communication

- ▶ Eric Berne (psychotherapist): 5 levels of communication



We are not  
trying to stop  
emotions

We are  
facilitating  
them to regain  
their control



# When do we encounter agitated patients?

## Setting

- ▶ Home
- ▶ Community
- ▶ Hospital
- ▶ Psychiatric inpatient

Who are the 6 people in an interaction?

Person

Who I think I am  
( I am ugly, I am a failure)

Who I really am  
(I am single mother of two young children, going through a difficult time)

In my view, who you think I am  
(you think I am a criminal )

**Client:** She looks scared of me , she thinks I am dangerous

**Staff member:** I am feeling anxious

Who I think I am  
(I am not competent enough )

Who I really am  
( I am an junior nurse trying to improve my skills )

In my view ,who you think I am  
(You think I am useless, I am not helping you)

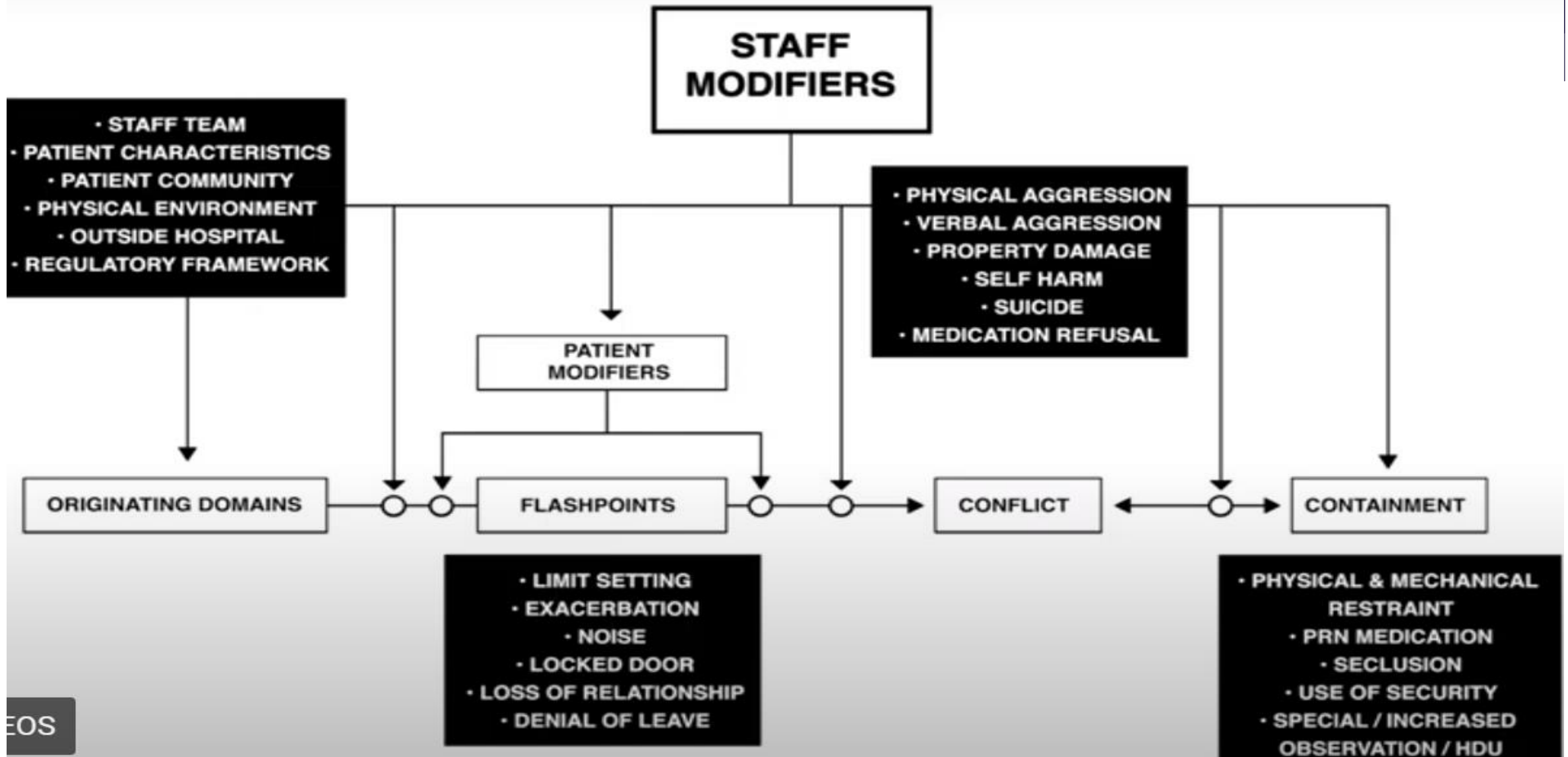
Context

What I think will happen  
( I am scared you are going to jab me )

What I think you are ( you are the boss)

What I think this place is  
( this room looks similar to the room where I was abused by my partner )

## EOS





## Safer Care Victoria : De-escalation Principles

**Table 4: Principles of de-escalation**

| Non-verbal communication  | Verbal communication   | Environment  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Allow time for open communication. Don't rush.</li><li>• Move slowly and gently.</li><li>• Use culturally appropriate eye contact.</li><li>• Relax your body.<ul style="list-style-type: none"><li>– Do not place hands on hips or in pockets, finger wag or prod, cross arms or clench fists.</li></ul></li><li>• Give at least two arms' length of personal space.</li><li>• Consider alternative forms of communication e.g. communication boards, symbols or signs.</li></ul> | <ul style="list-style-type: none"><li>• Keep the conversation centred on the person's needs.</li><li>• Have a concerned and interested tone of voice.</li><li>• Ask open questions to build discussion.</li><li>• Do not shout or raise your voice.</li><li>• Do not give threats, orders or advice.<ul style="list-style-type: none"><li>– Avoid 'If I were you...' or 'You'd better stop that right now or...'</li></ul></li><li>• Do not argue the point. You don't need to defend or justify yourself.</li></ul> | <ul style="list-style-type: none"><li>• Remove bystanders and unnecessary staff from the view of the person.</li><li>• Consider the impact of sensory needs e.g. lighting, noise, sensory items.</li><li>• Ensure the person's privacy.</li><li>• Keep exits clear and accessible.</li><li>• Remove potentially dangerous items.</li><li>• Make available food, drink, toilet, bedding and appropriate access to phone calls.</li><li>• Consider nicotine replacement therapy.</li></ul> |



# Enablers and Barriers

Price O, et al. *Patient perspective on Barriers and Enablers to the use and effectiveness of de-escalation techniques for the management of violence and aggression in mental health settings – Journal of advanced nursing-October 2017 )*

|                                 | Enablers  | Barriers  |
|---------------------------------|---|---|
| Staff practice and behaviours   | Knowledge of patients to inform interventions<br><br>Proactive responses to patients emotional states | Lack of reflective practice<br><br>Lack of psychological understanding of patient aggression<br><br>Reactive response to patient emotional states |
| Patient behaviours and contexts | Symptoms do not preclude a de-escalating response to staff intervention                               | Acuity of illness   |
| Environmental factors           | Range of internal and external areas to facilitate distraction  | Absence of mutuality , lack of accountability for disrespect  |



They(staff) just come and grab you. They don't know what happened before, they don't need to know ,they're not interested .They are like robots...you know, irobots....don't feel ?(laughter).....they have their own techniques to rush through. They're not there for you. They think talking is a waste of time.(female patient , acute ward)

Sometimes ... it (de-escalation) doesn't work ,I just lose it....there's no talking down . I'll kick out and there's nothing anyone can do because I get voices telling me I'm going to be killed and ... to kill myself and I want to get out of it.( female patient , acute ward)

# Aggression Management in brief

- ▶ **Person specific**
- ▶ **Developmental level specific**
  - ▶ What would you do when a child throws a tantrum ? Child needs a secure base to return to when in distress
- ▶ **Culture specific**
- ▶ **Context specific**

## *References*

1. Safer care Victoria. <https://www.bettersafecare.vic.gov.au/clinical-guidance/emergency/acute-behavioural-disturbance#goto-downloads>

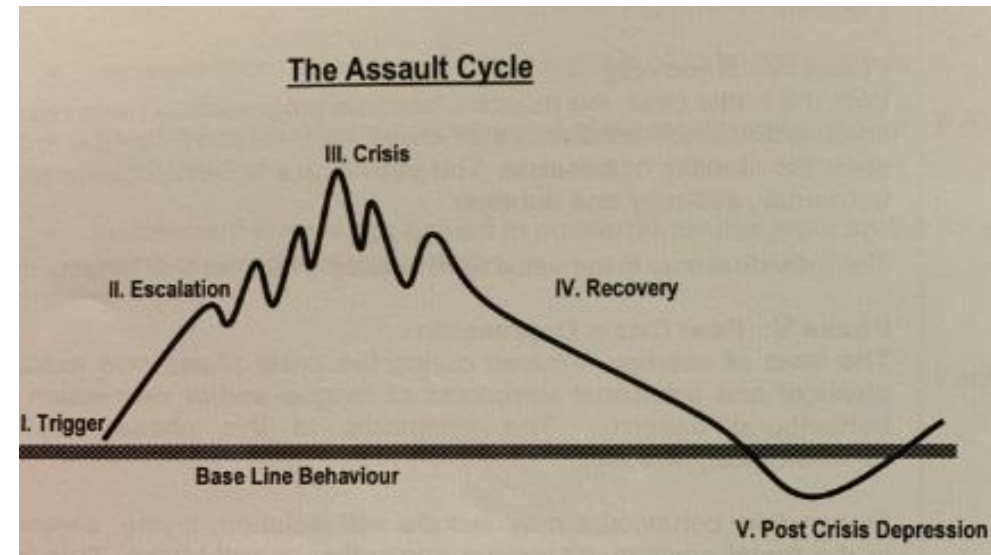
2. Safe wards Victoria .retrievable <https://www2.health.vic.gov.au/safewards>

3. Price D, et al. Patient perspective on Barriers and Enablers to the use and effectiveness of de-escalation techniques for the management of violence and aggression in mental health settings – *Journal of advanced nursing*-October 2017)

# Steps in aggression management

## General Principles and Guidelines

- ▶ **Anticipation and reducing risk of violence**
  - ▶ Identify triggers and attend to them (developmental disparity, communication imbalance, environmental irritants, unmet needs)
- ▶ **Risk analysis: HCR, past history, etc.**
- ▶ **Prevention of violence**
- ▶ **Management when it is already there (core philosophy vs practicality)**
  - ▶ De-escalation, medication management, Cord grey, cord black



# Take Home message : Respect the person behind the agitation/aggression

- ▶ Psychological understanding of the patient
- ▶ Cultural sensitiveness
- ▶ Trauma informed care
- ▶ Developmental age sensitivity
- ▶ Follow already available Behaviour Management Plans/Crisis management plans)
- ▶ Refer Advanced Directives