

# Participant Handbook



## Professional Assault Response Training

### Advanced Program

*"Manual Restraint"*

includes Basic and Intermediate program content

Name: \_\_\_\_\_





# Participant's Handbook

## Basic - "Communication & Response"

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revised January 2002, December 2007, January 2009, September 2009  
April 2011 (SASWH branding), January 2016  
2021 (OH&S Regulations amendments)

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### Disclaimer

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### Acknowledgement

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SASWH acknowledges the collaborative effort for program enhancements through the 2014 program evaluation, provincial PART instructors and PART trainers. Dr. Paul A. Smith, Ph.D., is the original author of the PART program.

The PART program consists of various levels:

- Basic (communication, response)
- Intermediate (breakaway, evasion)
- Advanced (manual restraint)

PART trainers are certified to provide this program to participants. PART instructors are qualified to provide the PART Train the Trainer program to trainer candidates.

PART is **not** a self-defense course. It is a program that assists:

1. **employers** with meeting Saskatchewan's occupational health and safety legislated requirement to provide training programs for workers;
2. **workers** to enhance their communication skills; understand and be aware of self, the individual and the environment; recognize and respond to violent situations; and,
3. in providing the appropriate response to potentially violent **individuals**.

*The Saskatchewan Employment Act* (PART III - Occupational Health and Safety; Division 3, 3-21(1) and its regulations (section 3-26-Violence) steps out the employer's responsibilities.

Employees also have responsibilities under *The Occupational Health and Safety Regulations, 2020* (section 3-2-General duties of workers) that require them to follow safe work practices and procedures required by or developed as a result of the legislation.

The Saskatchewan Employment Act, PART III, defines train as follows:

**3-1(1)(ff) "train"** means to give information and explanation to a worker with respect to a particular subject-matter and require a practical demonstration that the worker has acquired knowledge or skill related to the subject-matter;

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**The techniques taught in the PART program have been proven to be safe and effective. Their proper application is the responsibility of the staff involved. Instruction cannot be substituted for professional judgment.**

#### **Accountability**

The general definition of "accountability" includes:

- being bound to give an explanation of your conduct
- being responsible; answerable.

In day to day work, accountability means:

- following the policy
- using the skills you have received in training
- being responsible for the decisions/actions you make at work and even at home
- performing your job duties accurately and appropriately and using your knowledge, skills and abilities received during training - including making appropriate choice
- asking for help/assistance or additional training
- use equipment safely
- report anything that is unsafe.

The PART program contains information to assist workers with completing an assessment process to identify hazards - a hazard is a situation that poses a level of threat to life, health, property, process or environment. Basically, it is anything that can cause an injury or illness.

When hazards are identified you then assess risk(s). Risks are then eliminated or managed.

The assessment process includes:

- self (included in Purpose, Professionalism and Preparation)
- environment (included in Preparation)
- individual (included in Identification)

Think about:

- what can I do to eliminate/manage the risks? e.g., do I need to be more aware of changing my behaviour, approach, attitude?
- what do I need help with to eliminate/manage the risks? e.g., do I need assistance to increase my mobility, education?
- who do I need help from to eliminate/manage the risks? e.g., co-workers, supervisor?

**The key question to be answered when considering the use of PART interventions is:**

Is the behavior dangerous?

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If at any time you do not understand the information provided, ask your trainer for assistance.

Successful completion of PART training includes active involvement in discussion, written activities and a return demonstration of the techniques taught in the PART Intermediate and Advanced programs. Certificates are issued upon successful completion of the program.

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### Section 1 - Purpose

#### Principle

When staff understands the treatment outcomes expected for an individual who is sometimes assaultive, they are better able to provide therapeutic interventions to meet the treatment objectives.

If staff members do not have a clear understanding of what the individual is expected to achieve, they risk reacting to physically injurious behaviour rather than following the treatment plan.

In the absence of an effective treatment plan, the emergency plans become the primary form of treatment, and the individual receiving services is unlikely to benefit from treatment.

#### Alternate Wording of Principle:

When workers understand that beneath difficult or aggressive behaviours there is a message or a reason for the behaviours, workers will be less likely to react negatively to the behaviours and more likely to respond in ways that assist the individual to express their needs more effectively. This will lead to better outcomes.

#### Key Question:

What changes do we expect in the individuals who come to us with assaultive behaviour?

alternate wording: When dealing with an individual displaying difficult or aggressive behaviour, what is your goal?

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### Section 2 - Professionalism

#### Principle

Staff members who understand their motives for working with potentially dangerous individuals are less likely to be cynical and pessimistic about treating assaultive behaviour.

Staff attitudes that frequently aggravate assaultive incidents include:

- cynicism
- pessimism
- other destructive staff attitudes.

#### Alternate Wording of Principle:

Workers who understand why they have chosen to work in the field or the job they do are less likely to become cynical and pessimistic about dealing with difficult behaviors.

#### Key Questions:

- What brought me to this job?
- What keeps me here?
- What are my attitudes towards my job and other individuals?
- Am I suited for the demands of this job?

alternate wording: What are your reasons for choosing to work in the field or job you are in? Are you professional in your dealings with others, whether they are clients, co-workers or family members?

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#### Important Points:

**1. Self as Tool:** Construction workers use tools to build. In the human services, the self is the tool. A skilled craftsperson keeps tools in good working order. Disciplined professionals must do the same.

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**2. Professionalism and Safety:** The author's research has demonstrated that human service workers with unprofessional attitudes pose a dramatic safety risk to self and others. The study showed that workers rated by their peers as having the poorest morale were more frequently injured on the job.

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#### **3. Features of Professionalism:**

**Mood** refers to a feeling state.

**Mood affects performance.**

What causes your moods?

The professional has control over the effect of mood on performance.

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**Attitude:** is a habit of thought. For the purposes of this course, attitude means a habitual way of thinking about others. Attitude is not something that happens to you, it is something you choose.

**Attitude affects performance.**

Being in a bad mood is no excuse for a poor attitude toward others.

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**Motivation:** is why you do what you do.

**Motivation affects performance.**

Review what you wrote in the previous exercise.

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**Professionalism is taking responsibility  
for the disciplined management of mood, attitude and motivation  
in the service of others.**

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### Section 3 - Preparation

#### Principle

Staff members who prepare to respond to assaultive behaviour before they enter the treatment environment are less likely to injure or be injured during an assaultive incident than staff members who are not.

The fully prepared staff member has:

- proper attire;
- adequate mobility;
- well-practiced observational strategies; and,
- an organized plan for self-control.

#### Alternate Wording of Principle:

Workers who are prepared to respond to challenging behaviors before they get to work, are less likely to injure or be injured than workers who are not prepared. The fully prepared staff member considers their attire, level of mobility and well-practiced observational strategies. A self-control plan will reduce the chance that you will contribute to the assaultive situation.

#### Key Questions:

- Am I physically and mentally prepared to work with potentially dangerous people?
- Am I taking care of myself by making healthy choices, getting enough "good" sleep, staying alert and aware of myself, the environment and others?

a) **Attire:** Am I aware of how I am dressed (clothing, footwear, jewelry, other items) and how that affects my ability to move/respond during an emergency? Why is this an important part of my self-assessment?

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b) **Mobility:** Am I prepared to move quickly if and when I need to? What can I do to improve and maintain my ability to be mobile?

Mobility and Warm-up Activities.

Stance

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Deep Breathing

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Neck Mobility

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Shoulder Rolls

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Side Stretches

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Toe Lifts

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Balance

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c) **Observation:** Do I have a well-developed observation strategy? Do I observe my surroundings and the individuals I interact with? When and where am I more observant - when and where am I less observant?

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d) **Self-control:** Do I have an effective plan for self-control?

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#### Observation

Do I have a well-developed observation strategy?

1. Determine baseline behaviour for each person for whom you are responsible.
2. Recognize signs of impending danger:
  - a) Notice changes in frequency, duration and intensity of behaviours
  - b) Notice excesses and deficits in behaviours
  - c) Notice "positive" as well as "negative" changes in behaviours
3. Position team members so that all individuals can be observed.
4. Maintain eye contact with team members.
5. Make requests rather than announcements when leaving the area.
6. Determine the appropriate level of supervision, based on observation of the individual and staff resources:

Routine:	Where is the individual?
	What shape is the individual in?
Close:	Within visual range
Constant:	Within arms reach

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#### Self-control

##### Do I have a plan for self-control?

When you believe you are being threatened with physical injury, your body will prepare to reduce or eliminate the threat through physical combat or quick retreat. This is a normal reaction and is necessary for survival. The preparations your body makes are almost involuntary. They have been extensively studied, and are usually referred to as the "fight or flight" response. The studies can be found under the topic of *General Adaptation Syndrome*.

If you experience a "fight or flight" response during an assaultive incident, you may find that while you feel physically strong, you are temporarily incapable of making sound judgements. When we see this response in others, we may say that they "lost their temper", and weren't able to make good choices until they calmed down.

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Maintaining self-control in difficult circumstances is one of the hallmarks of professional behaviour, but it is very hard to stay calm and in control when you are being physically assaulted. The only reliable way for professionals to cope with the "fight or flight" response is to develop a series of pre-planned techniques for maintaining (or regaining) control. Since the stress caused by repeated experiences of "fight or flight" arousal is cumulative in its effects, planned methods for reducing this stress and restoring emotional balance are also necessary.

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Self-control plans vary widely. Listed here are the critical features of an effective plan:

1. **Self-assessment:** Taking a moment to check your own physical state.

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2. **Knowing your limits:** Having a clear picture in your mind of how far you might go when you lose your temper.

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3. **Regaining self-control:** Knowing how you feel and what you don't want to do is a good start. To be truly effective at self-control, you need to take specific steps to counteract the "fight or flight" response. For example, if you find that you breathe very rapidly when you are frightened, your self-control plan would include a conscious effort to breathe slowly and deeply. Another example would be if you were feeling like taking all privileges away from the individual who was assaulting you for the remainder of his/her life, your plan might include delaying consequences until you were completely calm.

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4. **Restoration and healing:** Being threatened or assaulted creates emotional stress. Since emotional stress makes it more difficult for you to stay calm and controlled, it is important for you to plan methods for restoring your emotional balance after an assault. Talking with a trusted friend is one of the most common ways of beginning to restore emotional balance. Since we are each unique individuals, no one way of emotional restoration will work for every individual. It is important for you to understand what you can do to make yourself feel better after a stressful incident. Emotional balance is essential for good professional performance.

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#### Section 4 - Identification

##### **Principle**

From time to time, even best laid (treatment) plans fail. Staff members who are able to examine the reasons for these failures from a variety of perspectives are better able to understand and prevent assaultive incidents.

The understanding of staff members is greatly increased when we learn to understand the many contributors to the occurrence and potential for violence.

##### **Alternate Wording of Principle:**

The better we understand the many contributors to the occurrence and potential for challenging behaviors the more likely we will be to prevent incidents from occurring or deal more effectively with incidents when they occur.

In this section we are looking at contributing factors other than just the staff.

##### **Key Question:**

If there is a threat of injury and the treatment plan isn't working to reduce the threat, can I identify why?

alternate wording: If an individual is displaying difficult or aggressive behaviors, can I identify why and adjust my responses accordingly?

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##### **Why Does Assault Happen?**

This multi-level (i.e. variety of perspectives; interdisciplinary) approach is designed to assist staff in developing and maintaining a broad professional perspective on assaultive behaviour. There are many factors that contribute to the potential for violence. The theoretical models presented in this section allow us to:

1. take preventive measures in a variety of program structures;
2. understand and explain assaultive situations from a number of points of view;
3. increase our capacity to observe signals of potential assault;
4. use the experience and orientation of all of the disciplines and positions represented in our staff group to enhance the safety of individuals and staff; and,
5. supplement our knowledge gained in academic course work and/or other forms of vocational preparation.

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The **identification section** allows us to examine violence and violent situations from a number of points of view. These include a:

1. Legal Model
2. Stress Model
3. Developmental Model
4. Communication Model
5. Interactive Model
6. Environmental Model
7. Basic Needs Model
8. Socio-cultural Model
9. Common Knowledge Model

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#### A Legal Model

From a legal standpoint<sup>1</sup>, assaultive behaviour is strictly prohibited and punishable when it occurs. The purpose of examining a legal model is to separate assaultive behaviour into levels of dangerousness. **This is not meant to be legal advice.** This legal model is useful to professionals because it provides commonly accepted definitions for assaultive behaviour. This model also gives professionals guidance in determining what constitutes "reasonable force".

#### Common Assault

When one person threatens to injure another, the threat is a common assault if:

- the person is close enough to injure;
- the person has the ability to injure;
- the person shows an intent to injure immediately; and,
- the injury being threatened is not serious enough to require immediate medical attention.

**Examples** include realistic threats to slap, threats to pinch or threats to scratch.

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#### Assault Causing Bodily Harm

When a person tries to injure another, the threat is **assault causing bodily harm** if the:

- person has the ability;
- person shows an intent to injure immediately;
- person makes physical contact; and,
- injury being attempted is not serious enough to require immediate medical attention.

**Examples** include slapping, pinching and scratching.

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<sup>1</sup>These definitions are adapted from "*Corpus Juris Secundum: A Complete Restatement of the Entire American Law as Developed by All Reported Cases, Volume 6A.*" Ginnow, A. & Gordon, G.Eds. West Publishing Co. 1975, with 1991 Cumulative Pocket Part.

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#### Aggravated Assault

When a person tries to injure another, the attempt is called **aggravated assault** if the person:

- has the ability to seriously injure;
- shows an intent to seriously injure immediately; and,
- threatens or attempts an injury that would require immediate medical attention.

**Examples** include eye gouging, choking and blows with heavy objects.

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#### A Stress Model

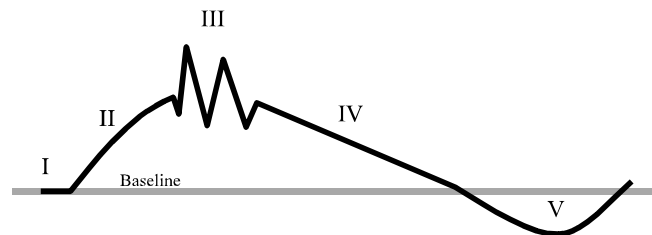
Studies of the arousal response, or General Adaptation Syndrome ("fight" or "flight"), show that when people perceive serious threats to their well being, they will prepare themselves to either fight with or flee from the source of the threat. Others will become assaultive in an attempt to control the environment, being willing to use violence or the threat of violence to achieve their wishes.

The assaultive person will demonstrate physical, psychological and behavioural reactions, which follow a cyclical pattern. Each individual has a uniquely patterned cycle of response to perceived stress that tends to repeat itself in a more or less ritualistic fashion.

For the purpose of observing assaultive incidents in treatment settings, this cyclical pattern of response has been entitled **The Assault Cycle**, and is divided into five separate, distinct and observable phases.

#### A Stress Model of Assault

- Phase I: The Triggering Event  
Phase II: Escalation  
Phase III: Crisis  
Phase IV: Recovery  
Phase V: Post-crisis Depression



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#### Phase I: The Triggering Event

This phase includes any event that an individual perceives as a serious threat to well-being, regardless of whether others would agree or disagree that a real threat exists. The event may be observable (name calling by another individual, a disturbing phone call, loss of a privilege) or not observable (a flashback or memory, a delusion or hallucination, a reaction to medication).

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#### **Phase II: Escalation**

The person's mind and body prepare to do battle with the cause of the triggering event. The person's muscles become increasingly tense and active; his/her ritual behaviours of combat occupy more and more space in the overall behavioural pattern. Behaviours such as pacing, yelling, banging, throwing objects randomly, kicking walls, drumming fingers, etc., are frequently observed.

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#### **Phase III: Crisis**

The behavioural pattern explodes into one or more physical assaults on the perceived source of the threat. The individual will threaten injury, hit, kick, throw objects at people, etc. An individual cannot sustain this level of energy indefinitely.

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#### **Phase IV: Recovery**

With the battle over the muscles become progressively more relaxed and ritual combat behaviours become less frequent, as the mind and body seeks the stability of baseline. It is important to note, however, that the individual is not yet at baseline and is vulnerable to re-escalation.

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#### **Phase V: Post-Crisis Depression**

The level of exertion required during the crisis phase now exacts its toll. The physical and emotional symptoms of fatigue and/or depression dominate the behavioural pattern. Observable behaviours frequently include crying, hiding, sleeping, curling up in a fetal position or self-blame.

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#### **A Developmental Model**

From the perspective of human development, violence can be seen as a function of age. Younger people are more likely to be "violent" than older people. They can be expected to express violence more frequently due to the physical maturation process. Further, social norms permit violent expression in children without drastic consequence.

The importance of this perspective lies in the frequently observed disparity between chronological and developmental age among persons with a history of impulsive and explosive behaviour. Their developmental level is almost invariably lower than would be appropriate for their chronological age in several key areas of functioning.

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In the normal process of maturation, children progressively develop their ability to inhibit their impulsive and violently explosive behaviour. This maturational process continues through adulthood, and the ability to inhibit explosive outbursts continues to develop until it is almost habitual. In developmentally "normal" persons, by middle age the inhibition habit is so strong that they begin to wonder what young people find to get so excited and explosive about. In fact, healthy elderly people may develop cautiousness and avoidance of risk taking in an effort to keep themselves safe.

The normal development of the ability to inhibit explosive outbursts can be illustrated by the following:

**Pre-school age children:** Children in this age group typically have little ability to control their explosive outbursts. They are easily provoked into hitting, kicking, throwing, scratching and biting over relatively simple issues such as sharing toys and territory, hearing the word "no", etc. Sometimes very young children are provoked by physical/environmental conditions such as being hungry or cold.

**Early elementary age children:** Children in this age group have usually developed enough control to be able to avoid biting other children or hitting them with objects during explosive outbursts. However, issues such as friendship/peer interactions, possessions, playground games and forming lines can cause impulsive pushing, shoving, hitting, etc. Sometimes violent expression is used to gain the attention of adults. Children in this age group who have hyperactive tendencies are likely to become more violent.

**Late elementary age children:** Children in this age group can usually delay their impulses to fight until they can find a time and place that prevents adult intervention. Since the delay often serves to defuse the issue, fighting is much less frequent than in the younger age groups. When they do fight they usually confine their assaults to the lower risk areas of the body such as the shoulders and ribs. In this age group, social conditioning results in a marked difference in ability to inhibit violent impulses between boys and girls, with girls showing higher ability. Fights at this age tend to revolve around issues of individual and family pride, friendship, cultural and ethnic heritage, "club" initiations and other forms of seeking peer group acceptance, name calling, etc.

**Early adolescents:** Children in this age group provoke adults intentionally, resulting in very high teacher turnover in the junior high grades. Children of this age often turn their attention from their peers to adults, attempting to influence adults, "drive them crazy", thwart authority and test their own abilities. Fighting among peers and between rival groups is not uncommon. Inexperience and poor judgement sometimes lead youth in this age group to pick a fight with someone who may hurt them badly, or to injure people they fight with more seriously than they planned.

**Late adolescents:** Young people in this age group are able to channel most of their violently destructive impulses into various sorts of competition, in either "legitimate" forms, such as sports, or in less legitimate forms, such as gang membership. Male-female relationships often provoke violent incidents (fighting over a girlfriend, making suicidal gestures over a lost love). Peer pressure may also prompt violence. The pressures of adolescent pregnancy and early parenthood often lead to child abuse. Long-term drug and alcohol abuse has begun to take a toll on this age group.

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**Young adults:** People in this age group have developed their inhibitory ability to a point where they rarely express themselves impulsively or explosively outside of a small circle of family or friends. Isolated incidents of assault can be provoked in this group by professional sports events and bar behaviours. Drug and alcohol abuse make it difficult to inhibit violent behaviour. Most men convicted of rape and other violent crimes are in this age group, as are most parents (male and female) who are convicted of physically abusing their children.

**Middle-aged adults:** By middle age people rarely have physical fights. When their inhibitions break down it is often over domestic matters such as, adultery, damage or perceived threat to major lifetime acquisitions (homes, cars, etc.), property violations, job loss, alcoholism, etc.

**Elderly adults:** Healthy elderly people typically avoid situations that may lead to violence altogether. However, physical and mental impairments may produce the inability to inhibit impulsive violent expression. Issues of territory, space and loss of independence may provoke strong emotional responses.

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#### A Communication Model

From the perspective of interpersonal communication between two people, assaultive behaviour can be viewed as a two-way pattern of communication that sets up a "victim" and an "aggressor". This can be done with either verbal or non-verbal forms of communication.

The importance of this perspective in observing assaultive incidents is that it enables us to observe signs and signals of impending assault. Use of this model allows for early intervention in the assault cycle and may prevent violent expression. The following diagram can illustrate the relationship between various forms of communication that lead to violence or its prevention:

Withdrawal | Passivity | Assertion | Aggression | Assault



**Withdrawal:** Withdrawn forms of communication are non-verbal and include: stares, "dirty looks", gestures, isolation and self-destructive behaviours such as "cutting", drug overdoses, dangerous games, etc. Sometimes people cause others to avoid them through poor hygiene, grotesque appearance or muttering in angry tones.

**Passivity:** Passive forms of communication include: whining, expressions of feeling victimized, "poor me", blaming "you" messages, turning to others for problem solution, etc. An inability to say "no", even when saying "yes" may hurt, is also a hallmark of passivity.

**Aggression:** Aggressive forms of communication include: loud/angry blaming of others, yelling, name calling, hostile "you" messages, such as, "You'd better watch out." or "You'd better be careful or my buddies will come and get you."

**Assault:** Assaultive forms of communication are non-verbal and include hitting, kicking, throwing objects at people, etc.



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**Assertion:** Assertive communication is the healthy, balance point between aggressive/assaultive patterns and withdrawn/passive patterns. Assertion is incompatible with communication at either end of the scale. Assertive communication includes: accepting responsibility rather than blaming or dumping hostility, using "I" messages, making and giving others choice, etc.

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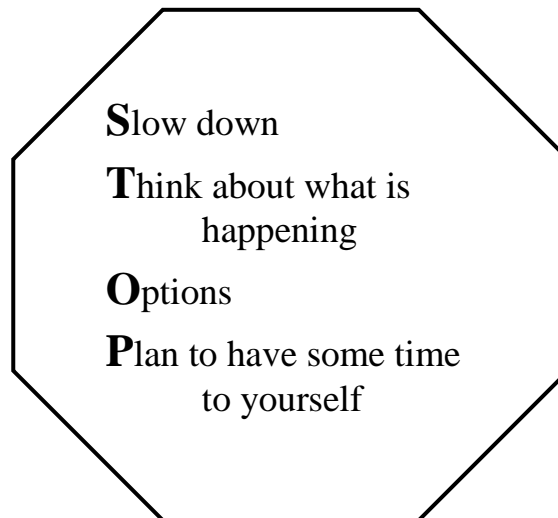
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Since assertive behaviour is incompatible with assault, people who communicate assertively are not as likely to provoke or become involved in assault. Conversely, passive, whining, timid behaviour is likely to attract aggressors seeking to assault. Mutually aggressive communicators often move on to become physically assaultive.

The unbalanced communication patterns illustrated by this model can help us account for two of the motives for assault presented in the **Common Knowledge Model**: passive aggressive manipulation and sociopathic intimidation.

By using assertive communication, staff automatically reduce the chances that an assault will occur. Intimidating aggressiveness or submissive passivity increase the chances that assault will occur by contributing to the imbalance in the communication pattern.

**Stop Strategy**

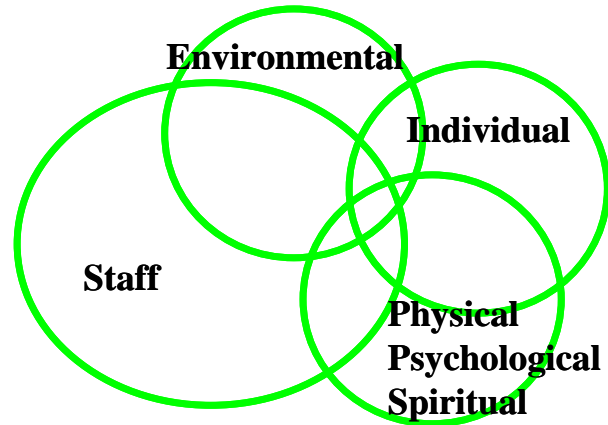


## **An Interactive Model**

### **About the Model**

This model is interactive, reciprocal and systematic. The individual (e.g., patient, resident, client, student) and his/her mental state impact on staff and the environment. Conversely, the staff and environment influence the individual as well as his/her mental state.

Another component of this model is the needs approach. The individual has needs related to his/her mental state, personal experience and environment. These needs are satisfied or frustrated by the staff and the environment, as well as the individual.



Staff also have personal needs related to the individual, the environment they work in, as well as their unique humanness. Staff are expected to satisfy their needs by their own resources although they must receive positive feedback on the job or they are susceptible to burnout.

### **The Individual (e.g., patient/client/student)**

What are the unique needs and characteristics of the people you work with? Some of these needs include the need for space, to make choices, to receive respect, warmth, caring and validation.

### **The Environment**

The environment can be heat, noise, furnishings, pictures, activities, families, other patients, staff and much more. The environment is the one area that we can control and modify. Too often staff feel that they are controlled by the routine and demands of the organization.

### **Mental State**

The individual's mental state is important. Unless staff relate to individuals at their own level, the individual's awareness will not increase. Staff should focus on ways of increasing orientation and reducing frustration for those entrusted to their care.

### **Staff**

Staff relate to their work with enthusiasm, caring, sensitivity, and insight, as well as with dread, callousness, indifference and cynicism. This relationship is based on the staff's unique experience and personality. Staff should constantly monitor their attitudes toward those to whom they give care.

Staff must be sensitive to their own needs and aware of how these needs are met or frustrated in the work environment. As well, staff should tune into their unique reactions paying special attention to what pushes their "buttons" in relating with individuals. Staff should expect to give and receive support from the environment in which they work.

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#### **An Environmental Model**

From an ecological perspective assaultive behaviour can be seen as a product of circumstances under which it occurs. Environmental conditions that may predispose individuals to assaultive behaviour include:

- physical conditions (light, heat/cold, crowding, and noise);
- staff performance problems (inconsistency and lack of structure);
- scheduling problems (staff and activity schedules).

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These are circumstances and conditions over which the staff have some control.

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#### **Therapeutic Approaches to the Environment**

- Control such variables as heat, noise and crowding.
- Allow for and provide a balance between solitude and socialization.
- Respect individual's need for privacy and facilitate this as much as possible.
- Allow individuals to have some of their possessions in order to instil a feeling of ownership.
- Facilitate individual's physical comfort.
- Provide opportunity for normal meaningful activities.
- Maintain a stable routine with realistic changes when necessary.
- Give individual's time and opportunity to complete activities of daily living. Allow for flexibility (e.g., sleeping in, alternative bath times, etc.)
- Be aware of and facilitate individual's diverse cultural values.
- Control such environmental influences as disturbing television programs.
- Provide colourful rewarding environment.

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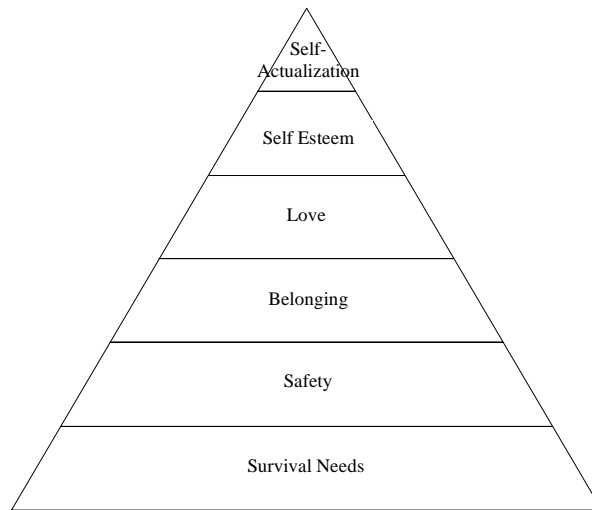
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#### A Basic Needs Model

Throughout life all of a person's behaviour is designed to meet certain basic needs. These needs are met in a sequential order with higher level needs being dependent on the acquisition of lower level needs. Yet all of these needs are "basic" to every individual. These "basic needs" have been stated in a variety of ways. Here is one example of this hierarchy.



Violence may result from either a threat to one of these basic needs or an attempt by the individual to attain a given need. In a treatment setting, staff members may instigate an assaultive response by such actions as forcing an individual into a group or location where s/he feels unaccepted or unsafe.

Interventions focused on the individual's self-esteem will not help until staff have assisted the person in feeling more secure in the situation. Likewise, working with individuals to help them feel a sense of belonging will do little good when they believe they must do whatever is necessary to acquire food, shelter and clothing.

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#### A Socio-cultural Model

From the perspective of socio-cultural studies, assault is a result of social training. Some sub-cultures encourage assault as a method of communicating strong feelings while others condemn fighting as immature and uncivilized.

In the same vein some social settings are traditional sites for "Saturday night brawls" which cause very little concern in the surrounding community while other communities show a marked intolerance for public displays of physical aggression.

For the purposes of observing assaultive behaviour in treatment and control settings, it is helpful for the staff members to become familiar with the general behaviour in various cultures. Being familiar with cultures will help to identify the various rituals.

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#### A Common Knowledge Model

Very few people can successfully avoid learning something about assaultive behaviour by the time they reach adulthood. We are routinely bombarded with the gory details of fights and assaults and their consequences in radio and television news stories, in newspapers, books and magazines. We are alternately fascinated and repulsed by dramatizations of assaultive incidents, staged for their entertainment value during movies, television shows and plays. Many of us have even taken an active part in supporting competitive assault by buying tickets to various "sporting events" where professionals are paid to injure each other for the enjoyment of the viewing audience.

In the process of trying to make sense of the constant barrage of information, many people reach a common set of conclusions about what assaultive behaviour is, and why it happens.

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#### Determination of Probable Cause of Assault

##### Basic premise

The common knowledge model of assaultive behaviour gives us four basic reasons why people threaten and injure themselves or others. These are:

- Fear
- Frustration
- Manipulation
- Intimidation

Regardless of how complex the circumstances leading up to a fight, the actual reasons people use to explain or excuse their attempts to hurt themselves or another are relatively simple and easily understood.

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At the point of assault, there are four common motives:

- 1. Fear:** people will fight (assault themselves or others) when they feel they are under assault or when they think that someone is going to take something away from them that is necessary for their basic well being.
- 2. Frustration:** people will assault and injure themselves or others, sometimes damaging property as a by-product, as an expression of a destructive rage caused by pent-up frustration.
- 3. Manipulation:** people will lose control of themselves, (or feign loss of control) becoming impulsive and violently explosive in an effort to manipulate others into giving them something.
- 4. Intimidation:** people will attempt to get what they want from others by calmly threatening physical injury, a common motive for much of the criminal assault portrayed in the media.

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Fear and Frustration are "respondent" states, meaning that the person experiencing these motives feels out-of-control, threatened and vulnerable to injury in the environment. The goal of the behaviour is to reduce a feeling of being threatened. Your earlier work on the "fight" and "flight" states will be helpful in understanding these causes of assault.

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Manipulation and Intimidation, on the other hand, are "operant" states, meaning that the person is attempting to control the environment. In other words, in these cases the assaultive person is attempting to "operate" on the immediate environment in order to cause others to become "responsive" and thus give in to their demand(s).

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Respondent Behaviour		Operant Behaviour	
			
Fear	Frustration	Manipulation	Intimidation

The following profiles will be helpful in determining which of these four motives is the "probable cause" of an aggressive incident.

**Fear:** A perceived need (sometimes irrational) to escape, defend against or eliminate a perceived threat of personal injury.

#### Visual Signals

- Posture: Tense and prepared to defend, hide or run away.
- Skin colour: Pale or ashen (may depend upon natural skin tone).
- Facial expression: Wide-eyed and fearful.

#### Auditory Signals

- Voice quality: Whining, pleading, gasping, bursts of speech, may be unable to speak.
- Breathing: Rapid, shallow, irregular.

#### Confirming History

Personal history of abuse/victimization and/or withdrawal, sometimes punctuated by aggressive outbursts.

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**Frustration:** An irrational attempt to gain control by physically assaulting the source of frustration.

#### **Visual Signals**

- Posture: Tense and prepared to assault.
- Skin colour: Tones of purple or red; splotches (may depend upon natural skin tone).
- Facial expression: Tense, focused, and angry.

#### **Auditory Signals**

- Voice quality: Menacing, aggressive, loud.
- Breathing: Loud, deep, long, heavy.

#### **Confirming History**

History of low frustration tolerance, coupled with impulsiveness.

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**Manipulation:** An indirect attempt to obtain or avoid something in exchange for not losing emotional control. Manipulation becomes dangerous when assault is used as a tool in the attempt. Remember: Beneath every manipulative demand there is a legitimate request. Manipulation can take a variety of forms, including:

**The Temper Tantrum:** In this case the manipulating person starts by making a calm, but unreasonable (given the circumstances) request. When the persons' requests/demands are not met, they threaten violence by appearing to lose control: yelling, banging, stomping, etc.

**Playing the Numbers:** In this case the manipulating person attempts to "play" people against each other, hoping that in the confusion their request/demand will be met. Group care settings provide an abundance of opportunities for this form of manipulation.

**Promoting Confusion:** In this case the manipulating person brings in related, but irrelevant, matters into the discussion, leaving the professional wondering what the individual really wants, or how the issues being raised by the person relate to the request/demand being made.

**Visual and Auditory Signals:** Although the signals are often difficult to interpret at any particular moment, there is a definite and recognizable pattern:

- The initial set of signals often occurs in a whining voice, usually with a "gimme" attached, and with the affect of a "poor me" victim.
- If that doesn't work the next step is a series of marginally related accusations, comparisons and other trivia, uttered in more aggressive tones.
- If that doesn't work the next step is threats and actions against property.
- Finally, when all else has failed, assault is attempted.

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#### Confirming History

A history of losing control or assaulting physically when feeling deprived or oppressed.

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**Intimidation:** A calculated attempt to get something in exchange for physical safety or freedom from the threat of injury. "Don't make me hurt you" is the flavour of the message you get from many of the people who intimidate.

#### Visual and Auditory Signals

Basically neutral or unremarkable, with the exception of a menacing voice quality and/or threatening words and posture. Often people who are attempting to intimidate use physical menacing/crowding (standing very close to or over the person being intimidated) as a way to threaten danger.

As in manipulation, there is a definite and recognizable pattern of change in signals:

- First, there is a clear and often strongly stated demand.
- If the demand isn't met, this is followed by a believable threat of physical injury coupled with a reminder that injury can be avoided by complying with the demand.
- Finally, refusal to comply or delay in complying is followed by the attempt to injure through assault.

While we often respond to attempts to manipulate with annoyance and irritation ("here we go again", or "give me a break"), we often respond to intimidation with fear and a belief that we might really get hurt!

#### Confirming History

A history of bullying, extortion and other criminal assault.

**Note:** persons diagnosed as "anti-social personalities" or "sociopaths" often use this form of assaultive behaviour.

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#### Identification: Summary

An interdisciplinary approach to observing and describing assaultive behaviour shows us that:

- Assaultive incidents can be categorized into logically (and legally) defined levels of dangerousness.
- Assaultive incidents typically progress through a five-phase cycle.
- Assaultive incidents are signalled by, and grow from, patterns of unbalanced, non-assertive communication.
- Environmental irritants often contribute to assaultive incidents.
- A perceived threat to deprive a person of basic needs may lead to assault.
- Often relate to social and cultural pressures.
- Assaultive incidents develop from patterns of behaviour that most people are quite familiar with because of daily exposure to assault and its effects.

Although staff members may not find it necessary to describe a particular assaultive incident from each of these perspectives, a broad knowledge of assaultive behaviour, and the ability to look at assault from a number of perspectives or points of view, is helpful in categorizing and understanding the significance of specific behaviour signals.

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#### Section 5 - Response

##### Principle

Staff members who are able to match their responses to the level of dangerousness presented by the individual's behaviour are less likely to use too much or too little force.

##### Key question:

When we are responding to a person who is trying to injure, will we be able to match our response to the level of injury threatened?

##### A. Crisis Intervention

Can we talk the individual into stopping the dangerous behaviour?

##### B. Evasion

If the individual won't stop, can we avoid harm by evading?

##### C. Restraint

- If we fail to restrain this person will someone be seriously injured?
- If we try to restrain this person, do we have enough people to do it safely?
- Are the staff on duty properly trained?

**1. Manual Restraint:** Is brief manual restraint working? If not, do we need more help?

**2. Seclusion:** If brief manual restraint isn't working, is seclusion alone likely to reduce the risk of injury?

**3. Restraint:** Must we resort to mechanical restraint?

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#### Principles of Crisis Intervention

Matching your verbal intervention to the identified probable cause of the assault.

#### Principles of Crisis Intervention

Matching our responses to the level of dangerousness presented by the individual's behaviour is a necessary part of our job. Verbal crisis intervention (or talking an assaulting individual into stopping the fight) will almost always fit within the definition of reasonable force. It is hard to imagine how gentle and firm instructions to stop fighting could be viewed as excessive force. Further, staff members who can consistently talk individuals out of fighting are extremely valuable to their employers. They are not as likely to injure or be injured when they are required to respond to assaultive behaviour.

Verbal methods of intervention are also preferable from a clinical standpoint. Talking is better than fighting, and staff members who talk their way out of difficult circumstances are modelling the appropriate behaviour for individuals. Verbal methods also preserve their dignity.

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Verbal crisis intervention is the appropriate response to a situation in which a threat of minor physical injury is present, with the individual in close proximity, but without actual physical contact occurring. This situation presents an opportunity for reversal of the stress cycle, or de-escalation of the threat. These situations are classified as "common assaults".

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The general principles of crisis intervention are:

#### 1. Self Control

It is difficult, if not impossible, for a person without a well-developed plan for self-control to convince someone who is being impulsive and explosive to regain control.

#### 2. Identification

It is essential to accurately identify visual and auditory signals that come before an assault. Failure to accurately identify these signals virtually insures the failure of a crisis intervention attempt.

#### 3. Communication

When spoken communication is chosen it should be simple, direct and brief. Remembering and applying the "**rule of five**" will help in minimizing the use of speech during crisis intervention. The **Rule of Five**: During crisis intervention, sentences should be limited to no more than five words, and the words used should be limited to five letters or less.

#### 4. Timing

Crisis intervention techniques are appropriate shortly before, during and shortly after the crisis phase of the stress cycle. If they are used at other times they not only lose their effectiveness at times when they are most needed, but they are likely to unnecessarily provoke an assaultive incident. The timing of particular kinds of communication should be matched to the particular phase in the assault cycle.

#### 5. Patience

The crisis will pass, even if crisis intervention techniques are not successful. Retreating in panic or becoming unnecessarily punitive because the techniques are not immediately successful can result in avoidable future consequences.

#### 6. Spontaneity

Each assault is unique, and may require some elaboration or modification of basic response guidelines. The cause of an assault may change as the incident progresses (e.g. manipulation to frustration or frustration to fear) requiring a switch in techniques.

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#### Legal Model

##### Reasonable Force

When responding to an assaultive incident, staff members are expected to protect themselves from injury but are limited to using "reasonable force". A reasonable amount of force is just enough force for effective self-protection, and no more than is absolutely necessary. This means that the staff members do not use any more force to protect themselves from the individual than the individual is threatening or using against them. Professionals in a treatment setting do not resort to the use of traditional self-defence techniques. As professionals we are obligated to protect not only ourselves, but others from any avoidable injury.

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##### Guidelines for Reasonable Force

1. When the observed behaviour constitutes **common assault**, the reasonable force permissible is nil. Crisis intervention and other communication techniques should be sufficient.
2. When the observed behaviour constitutes **assault causing bodily harm**, the reasonable force permissible is evasion.
3. When the observed behaviour constitutes **aggravated assault**, the reasonable force permissible is restraint.

The use of an intervention technique that presents a greater risk of injury to the individual than the risk threatened by the assault is excessive — not "reasonable". For example, if an individual is only threatening and not attempting physical contact, laying on of hands would be considered unreasonable. If an individual takes a single swing or kick and does not attempt serious injury, then restraint would be considered unreasonable.

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#### Stress Model

##### Timing of Staff Response

When staff members are assigned to respond to an assaultive incident they must choose a response technique that is appropriate to the particular phase of the assault cycle during which they are intervening. Poor timing can easily ruin a well-intended intervention. These are the guidelines for interventions:

1. During the **triggering phase**, response techniques that focus on expectations for self-control are appropriate. These expectations should be stated briefly and simply, and should be consistent with the treatment plan. The "trigger" will occur when the person is at "baseline" (i.e. their normal state), meaning that their hearing is still intact, their impulse control is fairly good, etc. For this reason making an attempt to talk the person out of a dangerous response is likely to work. Diversion and distraction may be helpful as well.
2. During the **escalation phase**, crisis communication is the appropriate intervention. Crisis communication is simple, direct, and brief. The style of this communication should match the demonstrated "motive" for assault (i.e. fear, frustration, manipulation, or intimidation).
3. During the **crisis phase**, crisis communication continues. In addition to crisis communication, evasion or restraint may be required, in keeping with reasonable force guidelines.
4. During the **recovery phase**, crisis communication should be maintained to insure that the assaultive person does not re-escalate. This is **not** the time for discussing consequences or engaging in lengthy conversation; doing so might re-ignite the energy for assault. For many individuals, voluntary self-isolation is helpful in the recovery.
5. During **post crisis depression** more verbally engaging techniques can be employed since the individual is now "spent". Active listening and unconditional positive regard are useful at this time. It is important to determine the source of the loss of control and to allow expression of feelings with the danger past. This is not the time for consequating the behaviour or determining blame. Close supervision may be required at this time if the person is at risk for suicidal thoughts or for running away. Restraint is no longer necessary during this phase. Neglecting a restrained individual during this phase is punitive. Continued restraint may serve to trigger another episode. Return to the treatment plan is appropriate at the end of this phase.

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### Crisis Intervention for Fear

#### Goal: Threat Reduction

The basic assumption is that communication patterns that reduce the perceived threat will also reduce the probability that the common assault will escalate to assault causing bodily harm. Conversely, communication patterns that add to the perceived threat can be expected to increase the probability of assault causing bodily harm.

Here are some guidelines for reducing threat:

**Posture:** relaxed and open; hands in full view

**Gestures:** slow, palms-up

**Position:** slightly off to the side of the fearful individual, and far enough away (8-10 feet, if possible) to make it clear that an assault on the individual is not being planned

- positions directly in front of, or any position behind a frightened person can be expected to increase the perceived threat
- positions at or below the eye level of the frightened person can be expected to reduce the perceived threat

**Voice quality:** firm, reassuring, confident

**Speech content:** logical, encouraging calm reflection; promising to help if possible, but not promising something that is not possible

**Eye contact:** if the frightened person seems to seek eye contact as an additional source of reassurance it should be given freely; if the frightened person tries to avoid eye contact it should not be forced on them. There are many cultures that discourage or limit communication through eye contact.

**Physical contact:** some frightened people (particularly children) need to have reassurance communicated through touch. Touch should be "offered", not given without permission, and should be light with slow movements.

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#### Crisis Intervention for Frustration

##### **Goal: Control**

The basic assumption is that patterns of communication that demonstrate and "lend" control will contribute to the restoration of the internal control of the frustrated individual. Conversely, communication that demonstrates loss of control will likely increase the probability that the frustrated person will lose their ability to control an impulse to assault.

Here are some guidelines for exerting control:

**Posture:** self-confident, commanding, imposing, firm, in control

**Gestures:** firm, commanding, palms out or down

**Position:** directly in front of the frustrated individual, and just outside of his/her striking range

- a position within striking distance of a frustrated person communicates a challenge or a desire to fight
- a position well outside of striking distance of a frustrated person communicates undue caution or fear, and unwittingly points out vulnerability and willingness to be a target for release of frustration

**Voice quality:** quiet, firm, commanding in tones low enough to make the frustrated person strain to hear

**Speech content:** repetitive, confident commands without threat

**Eye contact:** direct and accompanied by facial expressions that indicate that a firm command is being given

**Physical contact:** if physical contact is required to prevent the frustrated person from escalating from common assault to assault causing bodily harm, it should be made firmly but without excessive movement or pain that would indicate loss of control.

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#### Crisis Intervention for Manipulation

##### **Goal: Detachment**

The basic assumption is that communication patterns that tend to indicate refusal to become involved in manipulation will decrease the likelihood that the manipulative person will attempt to gain something through complete loss of control resulting in assault. Conversely, communication that indicates openness to the manipulative demand increases the belief that the demand will be met at the next higher level of loss of control.

Here are some guidelines for detaching yourself from a manipulative game:

**Posture:** closed, relaxed

**Gestures:** idiosyncratic gestures of disapproval or mild irritation, non-responsive, non-engaging, detach yourself from the situation (e.g., show no emotion), display a closed posture (e.g., cross your arms)

**Position:** close enough to physically intervene if necessary, but far enough away to show non-involvement (4-5 feet)

- turning slightly away to show non-involvement is appropriate, but do not turn your back

**Voice quality:** detached, mechanical, slightly bored

**Speech content:** quiet, repetitive, "broken record" commands

**Eye contact:** avoid eye contact by looking at the hairline, chin, shoulders, etc.

**Physical contact:** if physical contact with the person who is manipulating becomes necessary, it should be handled as quickly and unemotionally as possible. Try to make contact with clothing only, not flesh. Punitive and vengeful forcefulness should be avoided, since it will add to the belief that the manipulation could have been successful if it had been done differently.

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#### Crisis Intervention for Intimidation

##### Goal: Consequation

The basic assumption is that clear communication of the consequences, or cost, of an assaultive act is likely to reduce the probability that an intimidating person will escalate to assault to have their demands met. Conversely, failure to communicate, or ambiguous communication, will likely encourage an intimidating person's belief that they can gain what they want quickly and easily through assaultive behaviour.

Here are some guidelines for removing intimidation:

**Posture:** poised and ready to move or react quickly (standing), but not so defensive as to give the impression of fear

**Gestures:** few and far between, to avoid the impression of momentary un-readiness and weakness

**Position:** a position of the greatest relative defensive advantage, such as standing with your back to an exit (not allowing it to be blocked by the individual), having a chair, table or desk between you and the intimidating person

**Voice quality:** matter-of-fact, monotone, emotionless. Avoid screaming, shouting or using threatening tones (which will signal that you are feeling vulnerable).

**Speech content:** clear and direct statements of consequences, repeated as often as necessary. Avoid threats, unrealistic consequences, swearing, insulting and any interaction that can be interpreted as fearful bluff.

**Eye contact:** should be used sparingly, to emphasize a statement

**Physical contact:** if physical contact is necessary, it should be completed as quickly, smoothly, and as matter-of-factly as possible, as if it were a minor inconvenience. Over-reaction and physical punishment adds to the belief that intimidation is the best and quickest way to get what you want.

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**Common Knowledge**

Common Motives	Signs of Impending Aggression			Approach
	Visual	Auditory	History	
<b>Fear</b>				<b>Threat Reduction</b>
irrational need to escape, defend against or eliminate a perceived threat	posture - tense, prepared to defend, hide or run away  skin color - pale or ashen (dependent upon natural skin tones)  facial - wide-eyed or fearful	voice quality - whining, pleading  breathing - rapid, shallow, irregular	personal history - withdrawal and victimization  - aggressive outbursts	<i>Assumption</i> - communication patterns that reduce perceived threat will reduce probability of assault
<b>Frustration</b>				<b>Control</b>
irrational need to express frustration in a physically destructive manner	posture - tense, prepared to assault  skin color - tones of purple or red (dependent upon natural skin tones)  facial - expressing destructive urge	voice quality - menacing, aggressive  breathing - loud, deep, long breaths	personal history - low frustration tolerance  - impulsive assault and battery	<i>Assumption</i> - patterns of communication that demonstrate control contribute to restoration of control in individuals
<b>Manipulation</b>				<b>Detachment</b>
impulsive attempt to obtain something in exchange for not losing emotional control and doing something dangerous	difficult to interpret at any particular moment	definite change - confusing demands, whining voice, words of "poor me" (pitiable) victim; accusations, comparisons and trivia in more aggression tones; threats and finally attempt to assault	interpersonal history - losing control - attaching physically when deprived or oppressed	<i>Assumption</i> - communication patterns that indicate refusal to become involved in manipulation will decrease likelihood person will see a gain
<b>Intimidation</b>				<b>Consequence</b>
calculated attempt to obtain something in exchange for physical safety or freedom from threat of injury	basically neutral or unremarkable	voice quality - menacing, threatening words and posture. Definite pattern - clear and strong demand, believable threat. final refusal to comply than attempt to injure	personal history - bullying - extortion - other criminal assault	<i>Assumption</i> - clear communication of consequences is likely to reduce probability that situation will escalate to battery

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## Flowsheet

Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
<b>Threat Reduction</b>						
relaxed and open, hands in full view	slow, palms up	off to side; 8-10' away, at or below eye level, NOT directly in front or behind	firm, reassuring, confident	logical; encouraging calm reflection; promising to help if possible, but not promising something that is not possible	if the frightened person seems to seek eye contact, it should be given freely. If the frightened person tries to avoid eye contact, it should not be forced on them	when this method of communication is used, it should be handled with a light touch and slow movements
<b>Control</b>						
commanding imposing	forceful and commanding, pointing, palms out or down	directly in front just outside striking range	quiet, forceful, commanding in tones low enough to make the person strain to hear	repetitive, confident commands without threat	direct and accompanied by facial expressions that indicate a final command is being given	if required, to prevent escalating from assault to assault causing bodily harm, it should be made firmly and forcefully but without the excessive movement or pain that would indicate loss of control
<b>Detachment</b>						
closed relaxed	idiosyncratic gestures of disapproval or mild irritation	close enough to physically intervene but far enough away to show non-involvement (4-5 feet)	detached, mechanical, slightly bored	quiet, repetitive, "broken record" commands to sit and calm down	avoid eye contact by looking at the hairline, chin, shoulders, etc.	handle the manipulating person by the clothing, avoiding direct contact with the flesh if possible
<b>Consequence</b>						
poised and ready to move or react quickly, but not so defensive as to give the impression of fear	few and far between to avoid the impression of momentary un-readiness or weakness	a position of the greatest relative defensive advantage should be sought - e.g., standing with a chair, table or desk between you and the intimidating person	matter of fact; monotone; emotionless; avoid screaming, shouting or threatening tones	clear and direct statements of consequences, repeated as often as necessary	should be sparingly to emphasize a statement	complete as quickly, smoothly and matter-of-factly as possible, as if a minor inconvenience

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#### Section 6 - Recording

##### Principle

The primary purpose of written reports is to promote communication among team members. Clearly written reports about assaultive incidents, which are complete and accurate, provide the treatment team with needed information. Such reports enable the team to modify treatment plans when necessary. These reports also assist with developing preventive measures by communicating clearly what precipitated the assaultive incident.

##### Key question:

Do my reports accurately reflect the assaultive incident and staff interventions?

Properly written reports can also protect professionals and their agencies from misrepresentation of staff performance during an assaultive incident.

A complete report of an assaultive incident is based on the six points contained in a good newspaper story: who, what, when, where, why and how. In addition to these six components, complete incident reports also contain information about injuries, notification and follow-up.

1. **Who:** Accurate identification of all of the people directly involved in the incident.
2. **Where:** An exact or adequate description of the location of the incident.
3. **When:** The time(s) or time frames and date of the incident. Avoid generalizations such as Monday morning, after dinner, etc.
4. **What:** An accurate description (not interpretation) of what happened during the incident. This is the time to list the staff interventions used in order from least to most restrictive.
5. **How:** A description of how the individual carried out the assault and how the staff intervened. This is the time to document the "hierarchy of interventions".
6. **Why:** Identify the visual, auditory and historical signs of impending assault that might explain the motive for the assault. If the signs were not clear or were not observed, write down what you are sure of, do not try to guess why the incident happened. Also explain why the staff chose to intervene as they did and explain why less restrictive interventions did not work.
7. **Injuries:** Statement of visible injuries or a statement attesting to the absence of injuries.
8. **Notification:** A statement of who was notified of the incident: physicians, parents, supervisors, social workers, etc.
9. **Follow-up:** Identification of either a requirement for further action or follow up or a voluntary plan for follow up. This is the section to show that you are concerned about the incident, and do not simply accept it as inevitable.
10. **Simplicity:** A report stated in common, ordinary language and limited to what has been directly sensed rather than inferred.

##### **Remember**

- *If it isn't in writing, it didn't happen.*
- *If it is written incorrectly, it happened the way you wrote it.*
- *Keep your language simple, short and jargon free.*

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#### **Additional Resource Material**

##### **Summary of Performance Goals and Errors**

The following is a summary of the performance goals and errors discussed during the PART workshop. Goals are shown as things to **DO**, while **DON'T** is used in sentences which identify errors. The topics in this summary follow the same outline used in the **Record of Workshop Participation**.

An absolutely perfect staff member would theoretically be able to achieve all the performance goals while successfully avoiding errors. Since that absolutely perfect staff member may not exist, this list of goals and errors should only be used as a guide and reminder and not as the final authority in disputes over performance quality.

**Make an effort to understand your motives for accepting employment in an agency that provides treatment and control of assaultive behaviour.**

**DO** maintain a positive attitude about the prospects for treatment and control of persons who have problems with impulsive and violently explosive behaviour.

**DON'T** become cynical and pessimistic about the outcome of treatment and control efforts.

**Before you enter the treatment and control facility, be sure that you are fully prepared to respond to an assaultive incident.**

**DO** sharpen your observational powers. Use a rhythmical and repetitive observational strategy.

**DON'T** foster inattention with a false sense of security. Failure to see or hear key behavioural signals can be painful and costly.

**DO** dress as if you were anticipating vigorous activity. Wear loose fitting clothing, comfortable clothing and low-heeled shoes with closed toes.

**DON'T** wear clothing that restricts movement or shoes that would prohibit short sprints.

**DO** maintain postural poise and balance to promote readiness for rapid movement.

**DON'T** lounge around in unbalanced postures that inhibit movement.

**DO** rehearse your self-control and restoration plans.

**DON'T** lose control of your natural "fight or flight" response to being assaulted or injured.

**DO** use simple common sense in determining the potential dangerousness of observed behaviour.

**DON'T** confuse behaviour that is obnoxious or irritating with behaviour that is truly dangerous.

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**DO** compare the observed behaviour to the legal criteria for dangerousness. Determine whether the behaviour constitutes common assault, assault causing bodily harm or aggravated assault.

**DON'T** view every potential assault as a murder in the making.

**DO** watch and listen for the behavioural signs of stress that often precede assault.

**DON'T** ignore or discount behavioural signs of stress.

**DO** compare the observed behaviour to the current level of functioning.

**DON'T** forget to take into account the developmental level of the assaultive person.

**DO** look for a victim when you see aggressive posturing. Remember that assault is most often a form of two-way communication.

**DON'T** focus all of your attention on the aggressor.

**DO** analyze the effect of the environment on observed signs of stress.

**DON'T** arrange the environment for the convenience of the staff at the expense of the potentially explosive person.

**DO** make adjustments in your observational criteria for socio-cultural background.

**DON'T** expect persons with a history of impulsive and explosive behaviour to conform without resistance to the majority view of proper expression of strong feeling.

**When you respond to an assaultive incident, match your response to the level of dangerousness presented by the incident. Use only as much forceful control as is absolutely necessary, no more or less.**

*\* When the level of dangerousness is a threat of injury or assault but without actual contact or bodily harm, the appropriate response is crisis intervention.*

**DO** follow the rule of five during crisis intervention. Use only words which are five letters or less, in sentences which are five words or less. Keep it short and simple.

**DON'T** try to keep an assault from progressing to assault causing bodily harm by flooding the area with words, or by exercising an impressive vocabulary, or by indulging in extensive philosophical debates.

**DO** exaggerate non-verbal communication while minimizing verbal communication.

**DON'T** ridicule or condescend.

**DO** encourage assertive responses and promote muscular relaxation.

**DON'T** try to challenge or intimidate.

**DO** maintain strict honesty in your crisis communication.

**DON'T** promise or threaten something you can't deliver.

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**DO** compare the observed patterns of behaviour with those of the four most common causes of assault and select your pattern of crisis communication accordingly.

**DON'T** try to develop a single crisis communication pattern and use it for every assaultive incident, regardless of probable cause.

**DO** have patience. If you are making a sincere effort to help the explosive person regain control, the chances are good that you will prevent the assault from progressing to bodily harm.

*\* When the level of dangerousness is a threat of minor injury involving actual contact, or battery, but without enough force or duration to cause serious bodily injury, the appropriate response is evasive self-defence.*

**DO** maintain proper postural balance, keeping the hips directly above and between the feet, and the shoulders directly above the hips.

**DON'T** allow your upper body weight to sway outside your feet, pulling you off balance.

**DO** move in a manner similar to a boxer's "shuffle", keeping your weight up on the balls of your feet, and alternately moving your feet in toward the centreline of the body and then out again.

**DON'T** stand flat-footed in a single place, or move in ungainly strides.

**DO** move your body weight away from an assault unless the individual's hands, arms or teeth have captured you. If you have been captured, move your body weight directly towards the point of capture.

**DON'T** move into an assault unless you have been captured, and once captured, don't move away from the assault until released.

**DO** deflect an assault when necessary by first pulling your arms in toward the centreline of your body and then pushing yourself away from the assault, using coordinated circular motions of the hands and arms.

**DON'T** block an assault by trying to interrupt its force or trajectory to avoid being hit or kicked is much more important than your understanding of any strange motive that may be impelling the individual to hit or kick you.

**DO** try to move with the force and trajectory of an assault.

**DON'T** try to overpower or out muscle the individual. The use of force against force is a fundamental error.

**DO** try to keep the most vulnerable parts of your body turned away from the assault and covered.

**DON'T** try to neutralize the assault with pain. Altered states of reality combined with arousal and often complicated with psychotropic drugs, inhibit the ability of the individual to perceive pain. In these situations the use of pain inducing holds or manoeuvres to neutralize an assault will significantly increase the risk that a permanently disabling injury will be caused before the individual is able to perceive warning pangs of pain.

*\* When the level of dangerousness is assault causing bodily harm by means of force likely to produce serious bodily injury, the appropriate response is either escape or when feasible, manual restraint.*

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#### **Therapeutic Approaches**

##### **Validate the Individual as a Person:**

- Listen with respectful attention to any attempt to communicate.
- Take the time necessary to understand what the individual is saying.
- Make eye contact when talking to the individual.
- Communicate with the individual at their level of functioning. Tune in to their needs by sensitive listening and observation.
- Do not patronize or put down the individual.
- Address him/her by their proper name, calling them "Mr." or "Mrs." until they give you permission to call them differently.
- Use touch selectively and appropriately.

##### **Respect the Individual's Privacy:**

- Do not move into the individual's personal space or thought too rapidly.
- Respect the individual's territorial boundaries.
- Allow the individual to bath and perform basic functions in private if possible.
- Draw curtains or shut door when care is given or privacy is needed.
- Do not make eye contact with the individual when giving personal care.
- Allow the individual to spend more time alone if possible.

##### **Interview the Individual and Family to Determine History and Present Problems:**

- Identify losses.
- Identify physical handicaps or illness.
- Identify coping skills.
- Identify individual's ability to verbalize and express feelings.
- Identify life-stage concerns.
- Identify supports, e.g., family, significant others.

##### **Complete a Mental Status Evaluation to Determine:**

- Individual's level of orientation.
- Individual's short-term and long-term memory.
- Individual's judgement level and ability to make decisions.

##### **Determine Individual's Level of Functioning:**

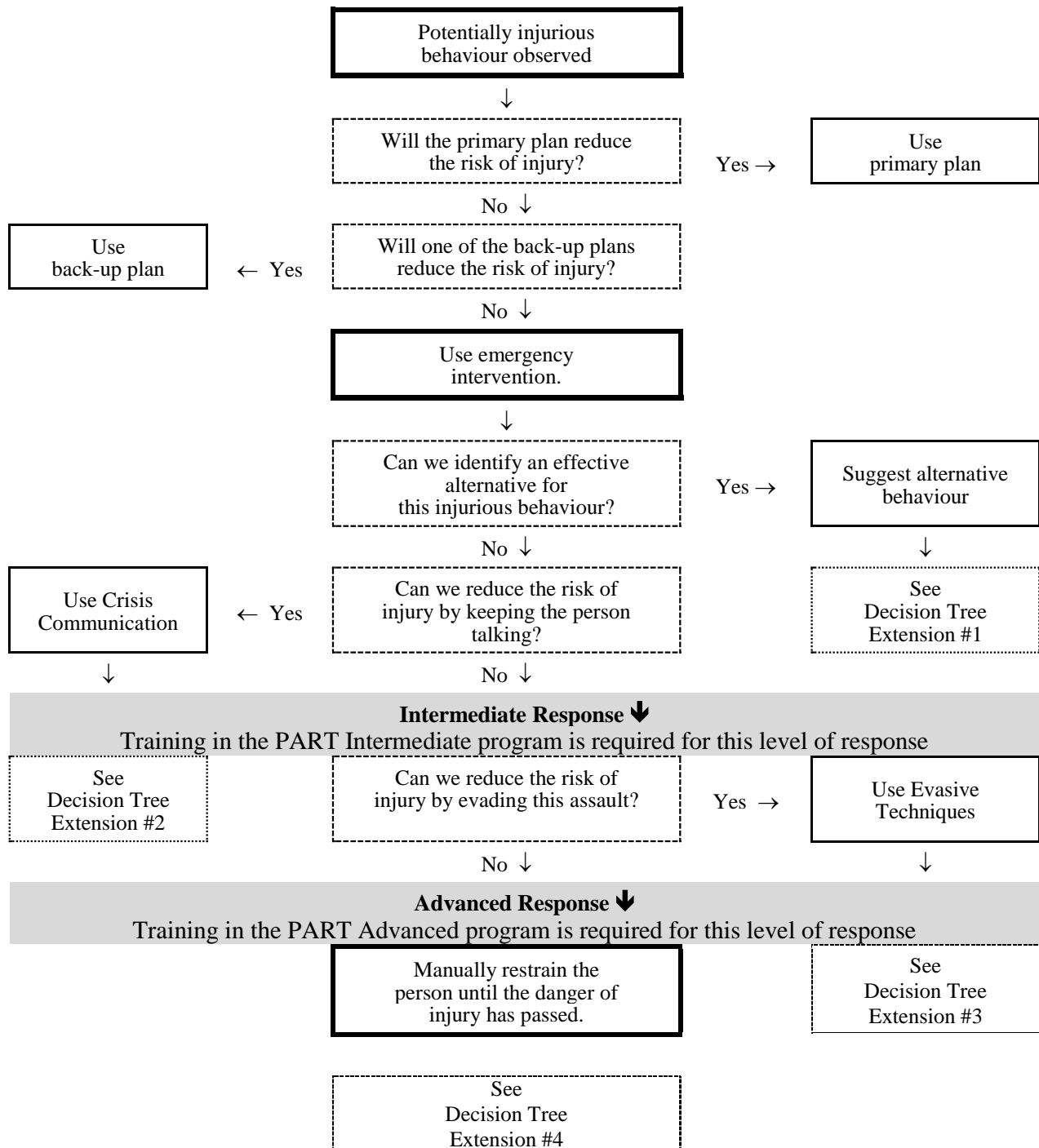
- Identify independent functions and encourage him/her to perform at his/her level of ability.
- Expect the individual to operate at his/her highest level.
- Do not make unreasonable demands on the individual.
- Consider the individual's limitations and assist him/her to negotiate his/her surroundings.
- Encourage the individual to make choices when possible.
- Establish a supportive environment of acceptance and carrying.

##### **Determine How the Individual Perceives and Relates to Non-traditional Staff:**

- Identify cues that indicate if the individual is upset when approached by particular staff.
- Assist staff when possible considering both individual's and staff's preferences.
- Be aware of individual's attitude towards staff. Realize that negative attitude towards staff may not be personal but related to biases.

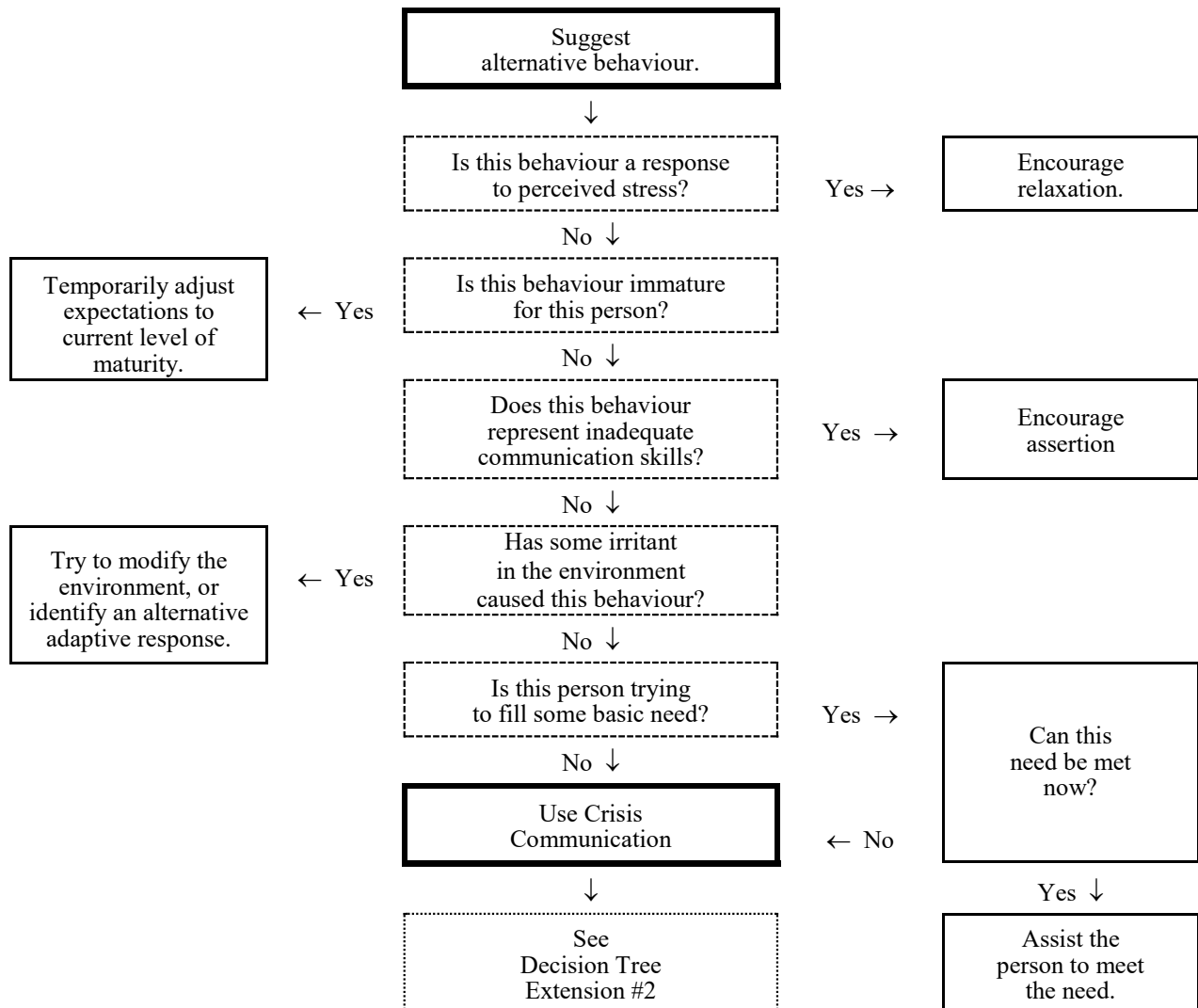


### Decision Tree for Responding to Injurious Behaviour



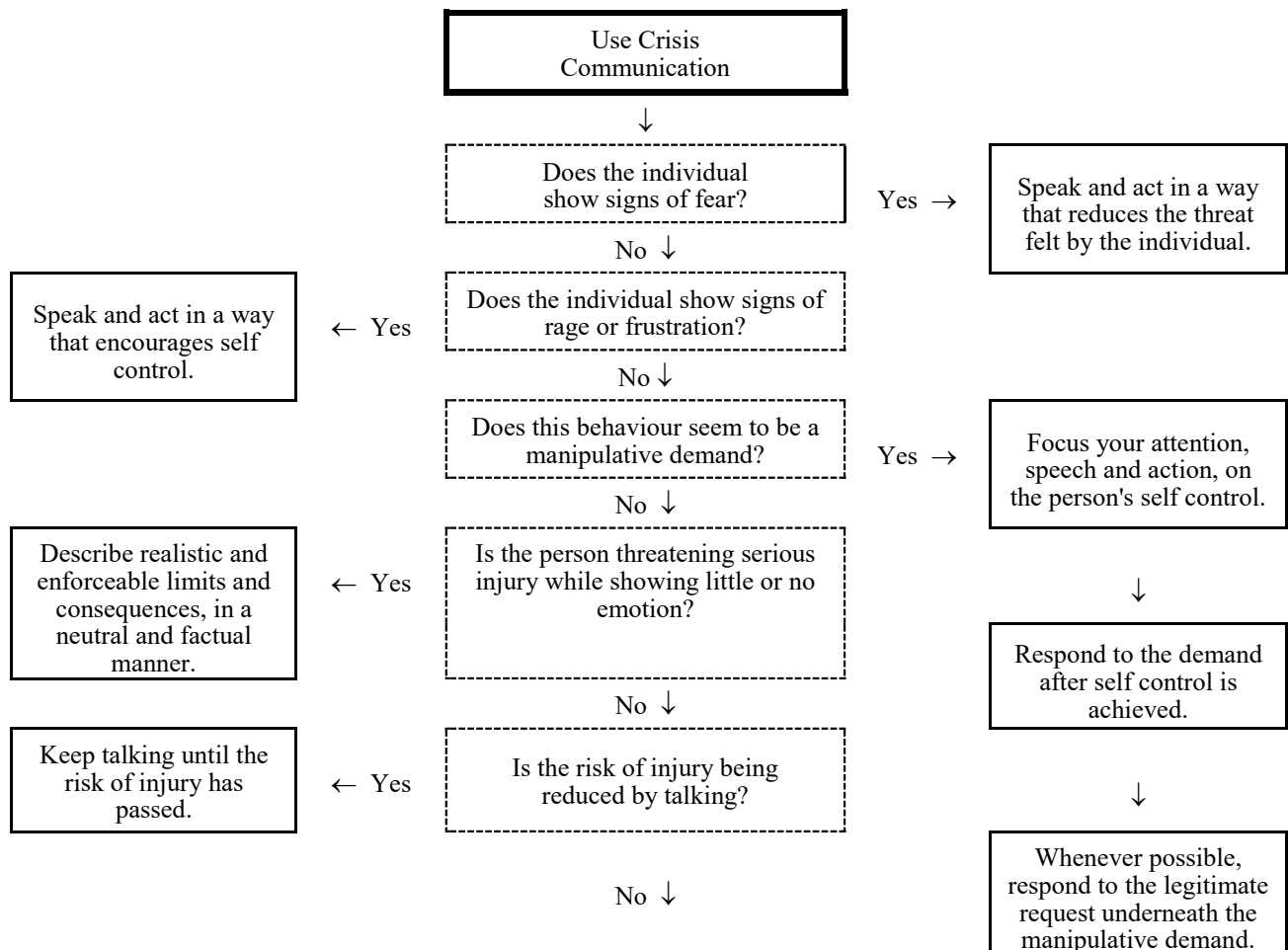
## Decision Tree Extension #1

### Suggesting Alternative Behaviour



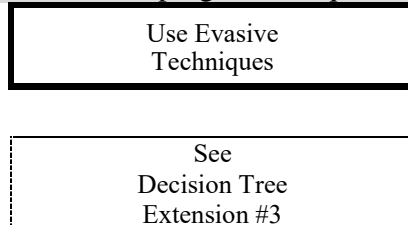
## Decision Tree Extension #2

### Using Crisis Communication



### Intermediate Response ↓

Training in the PART Intermediate program is required for this level of response



### My Notes:

[illegible]

## Participant's Handbook Intermediate - "Breakaway & Evasion"

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### PART Intermediate Program

This section of the Participant's Handbook includes information on the PART Intermediate program. Participants must have received the PART Basic program prior to participating in this session.

As previously mentioned, PART is **not** a self-defense course.

During this program all participants **must** practice techniques slowly and carefully. If at any time during this program you feel pain or exhaustion, **stop** practicing and tell your PART trainer!

If at any time you are unsure of a technique, **ask** your PART trainer for assistance.

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## Participant's Handbook

### Intermediate - "Breakaway & Evasion"

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#### Section 7 - Evasion

##### Principles of Evasion

Evasion is appropriate for responding to situations where assault causing bodily harm occurs, but there is no intent to do serious bodily harm. Rather, the intent seems to be to inflict minor pain that is not likely to require medical attention. Evasive techniques are designed to allow avoidance of the intended pain or injury, without retaliation or overreaction. Evasive techniques meet the criteria for "reasonable force" when responding to a brief episode of assault causing bodily harm.

These are the basic principles of effective evasion:

- 1. Keep talking** - If there is any way you can talk the individual into stopping an assault, then talking is still the best option. Generally speaking, the individual is most likely to hear and respond to his or her name, so start your communication with their name. Then give a brief directive or instruction to stop. The message might sound something like this, "John! Stop".
- 2. Stay out of the way** - Try to stay out of striking range when you are talking to someone you believe is potentially assaultive. Keep your weight lightly balanced on the balls of your feet. Keep your back straight and your head up. There are two evasion positions taught in this workshop; you practiced them earlier. These positions are called the stance and the crouch. Practice these positions until they feel natural for you.
- 3. Get out of the way** - If you can't stay out of the way, then get out of the way as quickly as possible. Getting out of the path of an assault is also called evasion. While evading you should stay balanced and move smoothly. You should also continue to try to talk the individual into stopping the assault.
- 4. Cover up** - When an assault cannot be evaded, try to cover the vital areas that are being assaulted. As you are covering the vital areas, move away from the individual.
- 5. Deflect blows and kicks** - If you have covered yourself before the any contact is made by the assaultive individual, you may have time to deflect a blow. When deflecting a limb that gets "too close", physical contact is only momentary and used to prevent impact and injury. There is no attempt to hold or control the assaultive individual.

When you are deflecting a blow try to **close** the assault. When you deflect the assaultive individual's limb so that it crosses the middle of their body, you are closing the assault. If you deflect the limb so that it moves away from the centre of the individual's body, you are opening the assault. It is much harder for the individual to hit or kick you with an arm or leg that has just been deflected away from you. Deflection does not mean pushing. Borrow momentum from the contact to help you move. Don't plant your feet and push an assaultive individual away. Use your hands only to help you get out of the way.

Do not block blows or grab the assaultive individual.

- 6. Call for HELP!** - Call for help when available – call loudly but without panic.
- 7. Be patient** - When being assaulted try to remember that it cannot last forever. Most assaults lose momentum and stop in a matter of minutes. Even professional boxers stop every three minutes.
- 8. Control yourself** - Use your self-control plan and let it work for you. If you lose control you are much more likely to be injured or injure the individual with excessive force.

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**9. Roll with the punch (Go with the flow of the blow)** - When evading an assault, move in circular patterns so that the energy of the assault is deflected off the edge of a moving circle, rather than absorbed by a stationary target. In boxing this is called rolling with the punch. Use the **side-step, back-step and pivot** to move out of the way. Make short steps. Keep your feet close to the floor.

**10. Escape holding assaults** - When the goal of an assault is to hold rather than strike (e.g. hair-pulling, biting, scratching, pinching or choking), move your body weight quickly toward the point of contact to minimize the risk of injury, prior to attempting an escape. Do not try to use pain to make the individual release you. Many individuals get so excited during an assault that they may not perceive the pain until we have seriously injured them. Those individuals who are taking anti-psychotic medications may not be able to feel pain as intensely as they would without the medications. Also, deliberately hurting individuals who have lost control sets a very poor example and encourages retribution.

### Evasion Techniques

**1. Warm up** - Start by warming up and rehearsing the moves you will be making during this session. To do these exercises you should have picked a practice partner that is about your size, weight and agility level. Most importantly, you should feel that you can trust your partner not to hurt you as you practice. Remember that this is an initial **learning** and **practice** session, it is **not** a full-contact sport.

**2. Talk and evade** - This will be a series of **evasive moves**. Each of the moves will be based on the moves you have now practiced twice in the warm-up and mobility exercises.

To practice the evasive moves, you should be standing just outside of your partner's striking range. To find that position, have your partner put his or her arms and hands straight out from the shoulders and move slowly from side to side at the waist. Your partner's hand should pass several inches in front of your nose. When you are standing facing your partner, your starting position for each exercise will probably be between three and four feet apart. You will be shown how to:

- Take the **stance** while you **talk** to a person who is potentially assaultive.
- Quickly determine which area of your body is under assault.
- Make an immediate choice of which direction to move in, so that the target area is out of the path of assault.
- Use the **side-step, back-step or pivot** to move away from the assault.

**3. Talk, crouch, cover and roll** - This will be a series of moves designed to help you **cover vital areas** when you are being punched or kicked. To do these moves you should be standing within striking range of your partner. To find that position, have your partner put both hands on your shoulders while you are facing each other. You will probably be less than three feet apart. You will be shown how to:

- **Crouch, cover and roll with the punch** when you are being punched or kicked, and can't get out of striking range quickly enough.
- Quickly determine which area of your body is under assault, and cover your vital areas.
- Make an immediate choice of which direction to move in, so that the target area is out of the path of assault.
- Use the **side-step, back-step or pivot** to move away from the assault.

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#### 4. Talk, crouch, cover, roll and close the assault

This will be a series of moves designed to help you **deflect punches and kicks**.

To do these deflection moves you should be standing within striking range of your partner. To find that position, have your partner put both hands on your shoulders while you are facing each other. You will probably be less than three feet apart.

You will be shown how to:

- **Crouch and cover** when you are being punched or kicked and you can't get out of striking range quickly enough.
- Quickly determine which area of your body is under assault and cover your vital areas.
- Make an immediate choice of which direction to move so that the target area is out of the path of the assault.
- Use your hands and forearms to deflect punches and high kicks, and your legs to deflect low kicks, as you use the side-step, back-step or pivot to move away from the assault.

#### 5. Talk and evade

This is a repetition of technique 2. Notice that the techniques in exercises 2 through 5 became increasingly complex. Your professional life will be much more simple (not to mention less painful) if you are successful at staying out of the way and talking individuals into stopping their assaults.

We want you to repeat the **evasive moves** because they are the most effective methods for preventing injury. It is not likely that you will be injured if the individual can't make contact with you. **Please practice slowly and carefully.** Do not surprise or get in a strength contest with your partner. If you feel pain or exhaustion please stop practicing and tell your trainer or instructor. You will be shown how to:

- Take the stance while you talk to a person who is potentially dangerous.
- Quickly determine which area of your body is under assault.
- Make an immediate choice of which direction to move so that the target area is out of the path of the assault.
- Use the side-step, back-step or pivot to move away from the assault.
- Practice the demonstrated assaults with your partner.

#### 6. Escape

This will be a series of **escape moves**. Each of the moves will be based on the moves you learned when defending against punches and kicks.

You will be shown how to **escape from a holding assault** (e.g., biting or scratching). We are assuming as we start these exercises that you haven't been able to evade the assault, and the assaultive individual hasn't responded to your directive to release. Consistent with the principles of evasion, the deliberate use of pain to force the individual to release his or her grip is not taught.

You will be shown how to:

- Limit the effect of the assault by moving into (rather than away from) the grasp of the assaultive individual.
- Find the weakest point of the grasp and work against that point.
- Use weight, leverage and surprise to get away from the assault.



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#### 7. Use a shield

This exercise will teach you how to defend against blows with objects. If you are asked to participate in a demonstration, ***please move slowly and carefully***. Do not surprise or get in a strength contest with your partner. If you feel pain or are uncomfortable with this exercise for any reason, please stop practising and tell your trainer or instructor.

#### Sample Assaults

##### Blows:

- Punch to the face
- Overhead blow to the top of the head
- Punch to the upper body
- Punch to the midsection

##### Kicks:

- To the lower legs
- To the groin
- To the stomach

##### Holding:

- Pinching
- Scratching
- Biting
- Hair pulling
- Arm grabbing
- Bear hugging
- Choking with the hands from the front and rear
- Choking with the arm from the rear

#### Evasion Techniques

##### Blows

###### Punch to the Face

**Evasion** - avoid any contact, move away while tracking the path of the blow.

**Deflection** - pull defences in and deflect yourself off of the assaultive individual's arm, using the momentum to move out of the way – physical contact is only momentary!

**Cover Up** - if you can't evade or deflect, pull defence in and cover up anything that won't heal quickly while moving out of the way (e.g., if assaulting head, cover up ears, eyes).

###### Overhead Blow to Top of Head

**Evasion** - move to the side of the individual's body that is used to assault you while tracking the assaultive individual's hand.

**Deflection** - deflect the assaultive individual's arm using the momentum to move away. Again move to the side that the assault originates from so that you move away and behind the assaultive individual (e.g., if the blow is coming with the right fist, move to individual's right).

###### Lunging Assault (assault for throat)

**Evasion** - move away from assaultive individual using tracking motion. If available, you could put chair between you and the individual.

**Deflection** - if evasion is not possible, deflect. Both of your hands should make contact at the arm of the assaultive individual, swivelling him around while you move out of the way.

- one of the advantages of the sideways stance is that you are facing the individual at an angle and not straight on, thereby giving him less of your body to strike.
- move, out of the way.

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#### Kicks

##### Kick to Thigh

**Evasion** - move away from individual while tracking path of assault.

**Deflection** - if evasion is not possible, deflect the leg out of the way with your leg (using your opposite leg). This will cause individual to pivot around and away from you. If you don't have time to deflect with your leg you may deflect away with your hands.

**Turn and Cover** - if you can't evade or deflect, take the kick where you will heal quickly (e.g., buttocks).

##### Kick to the Stomach

**Deflection** - defences into centre line (chest) and then deflect leg away with your hands and move out of the way.

##### Kick to Head While Kneeling

**Deflection** - deflect the kick with your hands using the momentum to get up and out of the way.

##### Knee Kick to Groin

**Deflect** - with your knee or if time is limited with your hands on individual's leg.

**Turn and Cover** - if you can't deflect, turn, so that you take the knee kick where it will heal quickly (e.g., buttocks).

- as the assaultive individual raises leg or looks at feet to kick you, raise your front leg, keeping your knee bent at a 90 degree angle.

Deflect the kick with your shin rather than allowing kick to the groin or abdomen.

#### Holding Assaults

**Pinch Release (Capture)** - Assaultive individual is pinching your arm:

- grasp assaultive individual's hand with free hand and grasps the small thumb muscle (base of thumb), at the same time pushing arm down.
- move toward the point of capture with full body weight.
- this will cause the individual to release pinch hold.
- move out of the way.

**Scratch Response (Capture)** - Assaultive individual is scratching your arm.

- move toward point of capture, pushes free hand down on assaultive individual's fingers which will release capture and moves through the scratch and out of the way.
- move toward point of capture and grabs assaultive individual's wrist and left arm after individual straightens up.

**Bite Release (Capture)** - Assaultive individual is biting your arm.

- move in, toward assaultive individual.
- place index finger under individual's nose and use a vibrating motion. This motion will cause the individual to release bite.

**OR**

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- move arm up to point of capture, places free hand on the back of the assaultive individual's head for postural support of neck, pushing arm in and down, causing jaw to release.
- move out of the way.

**OR**

- move in, toward assaultive individual.
- push the bitten part of your body even deeper into the individual's mouth.
- hold the individual's nostrils closed, preventing breathing (temporarily).
- assaultive individual will open mouth to breathe giving opportunity to escape.
- move out of way.

**Hair Pull Release (Capture)** - Assaultive individual grips your hair from the front.

- step in, toward assaultive individual.
- immediately establish control to minimize further pain or damage from being pulled or shaken. Push the individual's grabbing hand(s) firmly down against your head. Move your head toward the individual at a 45 degree angle (reposition grabbing hand into a mechanically inferior position).
- by establishing control the immediate danger from the hair grip is terminated and negotiation can begin or help can be summoned.

To release the hair-pull grip:

- continue control over grabbing hand.
- drop either foot back.
- move your head down and walk backwards.
- when you feel grip releasing move back, out of the way.

**OR**

- move your head and body toward point of capture. With your free hand push the individual's hand (fingers) on your head and jump and scream.
- element of surprise should cause individual to release hair pulling.
- move out of the way.

**OR**

- push down on individual's hand (fingers) and proceeds to immobilize the individual's hands thus preventing hair from being pulled.
- appeal to assaultive individual's sense of humour if no further assault is anticipated.

**Choking With Hands From Front - Release from front hand choke**

- step in, towards the individual.
- tuck chin downward as close to chest as possible.
- raise both arms straight up at the same time, outside of the individual's arms (e.g., as if you were cheering for a touchdown!); then rotate and at the same time, bring both arms downward, in an arc so that your upper arms come down over individual's wrist/forearm (utilizing rotary force and leverage).
- as you rotate, grip will be broken.
- move out of the way.
- turn and face assaultive individual, hands in stop position, talk to individual.

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#### **Choking With Hands From Rear - Release from rear hand choke**

- step back, towards the individual.
- tuck chin downward as close to chest as possible.
- raise both arms straight up at the same time (e.g., as if you were cheering for a touchdown!); then rotate and at the same time, bring both arms downward, in an arc so that your upper arms come down over individual's wrist/forearm (utilizing rotary force and leverage).
- as you rotate, grip will be broken.
- move out of the way or
- step back, hands to stop position, talk to individual.

#### **Rear Forearm Choke - Release from forearm choke**

- assaultive individual applies a forearm choke by grabbing you around the neck with one arm, and uses the other arm to add strength to the grasping arm.
- step back, move towards the individual.
- first essential manoeuvre is to tuck the chin behind the assaultive individual's forearm. Simultaneously step (push) back, turn your head sideways (towards the wrist of the grasping arm) keeping chin down (now airway is protected).
- convert the forearm choke into a headlock (danger greatly reduced) by stepping backward past the individual as you push up on their elbow and pull down on their wrist.
- if possible exit headlock by backing out of the way.
- move out of the way.

#### **Bear Hug Escape**

##### **a. Assaultive individual's arms around your arms.**

First line of defense is to say "Let Go" in a firm voice. If that doesn't work:

- extend chest out and push arms out to side
- head to side to protect nose
- make wedge with closed fists under assaultive individual's wrists/hands
- drop your weight down quickly, push up hard with hands to create an opening and move out to the side and away
- use bum butt

##### **b. Assaultive individual's arms underneath your arms.**

###### **Method 1 - the first reasonable response**

- step backward, into the assaultive individual
- all movements are done at the same time (simultaneously), as you step back expand your chest by inhaling deeply
- clasp your hands together in front of you, forcing elbows outward and upward, applying pressure against his forearms/wrists (create an opening in front of your body)
- once the opening is large enough, turn your head to the side and drop down
- use bum butt
- move out of the way

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#### **Method 2 - use if Method 1 is not effective**

- raise your legs from the floor so that the assaultive individual must carry your entire weight; ensure your knees are raised up toward your chest, in a tuck position, and not raised backward or left dangling
- wait for the individual to tire
- due to tiring, the individual will not be able to sustain a full-force grip and you will be able to breathe by taking small gulps of air as the individual tires
- gradually wedge a bit at a time by clasping your hands together, forcing your elbows outward and upward, applying pressure against the individual's forearms/wrists
- turn your head to the side and drop free
- use bum butt
- move out of the way

#### **Arm Grab Escape**

##### **a. Assaultive individual has a hold of your arm and both his thumbs are up.**

Assaultive individual has a two-hand grip on your arm and **both** thumbs are up.

- move in, towards the individual
- reach through the individual's arms with your free hand and grip your captured hand
- turn, broaden your stance
- rotate arms up in a full arc, going in the direction of the individual's thumbs. Move is effected by directing effort against the individual's thumbs (weakest point of the grip)
- execute technique swiftly before the individual has had time to react to and resist
- move out of the way

##### **b. Assaultive individual has one thumb up and one thumb down.**

- move in, towards the individual
- grab your own captured hand with free hand from underneath and twist your arm like a corkscrew. (this technique won't work unless you get your weight moving into him)

#### **Release from one-hand grab**

Since such assaults are not life threatening, you may decide to allow the assaultive individual to maintain the grab while attempting verbal and nonverbal intervention measures (including asking the individual to let go).

- place your free hand onto the individual's grasping wrist (optional)
- step in towards the individual
- make a fist with your captured hand, and roll your fist with your palm inward towards your body until the smallest part of the wrist appears between the assaultive individual's thumb and forefinger (which is the weakest part of his grip)
- keep your elbow close to your body
- bend your fist toward your own wrist, and with a **quick** motion, pull your wrist through the individual's thumb and forefinger pulling upwards towards your shoulder
- move out of the way

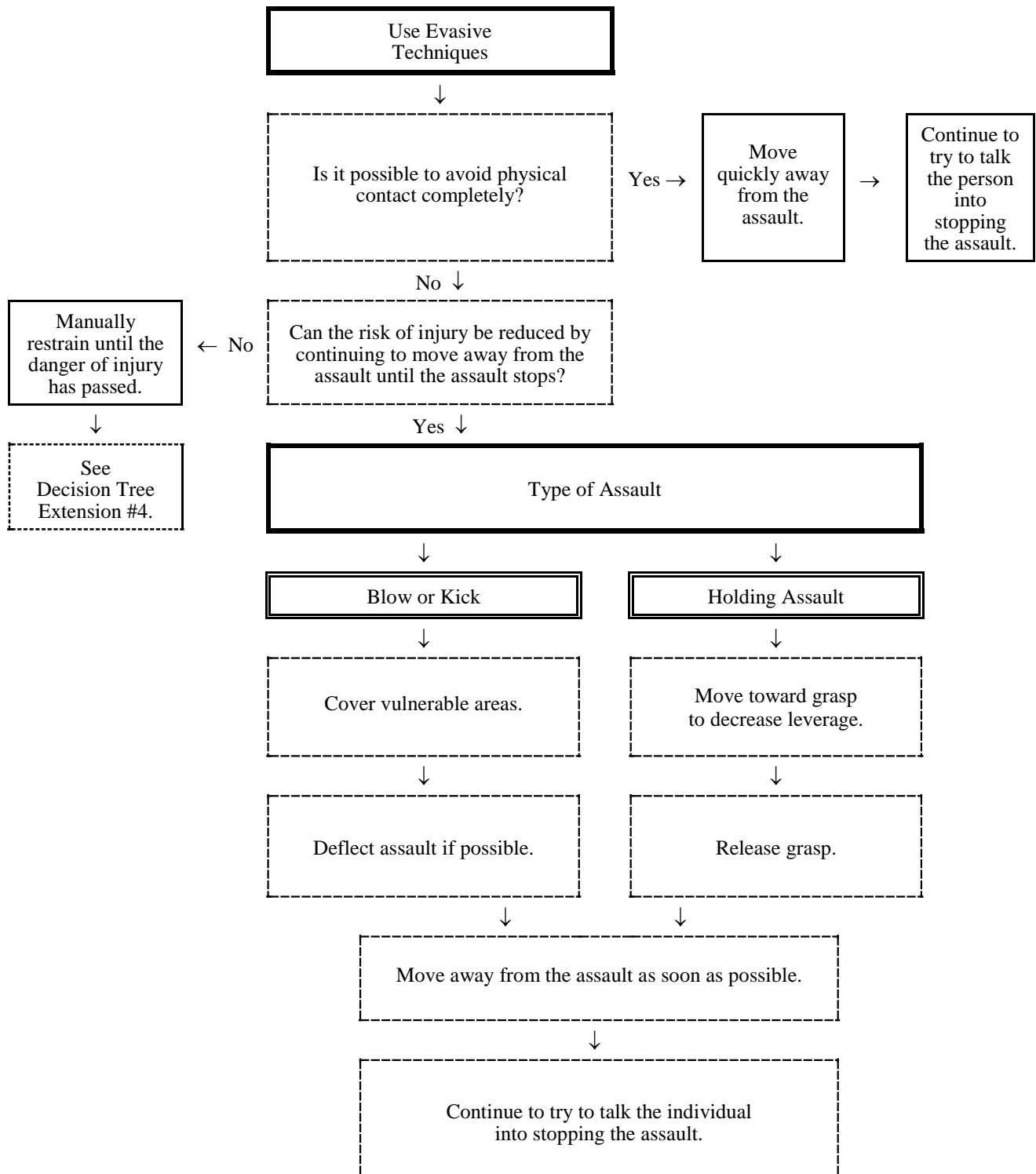
**Participant's Handbook**  
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Refer to the Decision Trees in the PART Basic program.

### Decision Tree Extension #3

#### Using Evasive Techniques



## Participant's Handbook Advanced – "Restraint"

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### PART Advanced Program

This section of the Participant's Handbook includes information on the PART Advanced program. Participants must have received the PART Basic and the PART Intermediate program prior to participating in this session.

Many of the Advanced techniques build off of the Intermediate techniques. Refer to the Intermediate techniques as necessary.

As previously mentioned, PART is **not** a self-defense course.

During this program all participants **must** practice techniques slowly and carefully. If at any time during this program you feel pain or exhaustion, **stop** practicing and tell your PART trainer!

If at any time you are unsure of a technique, **ask** your PART trainer for assistance.

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## **Section 7 - Restraint**

### **Restraint**

#### **Definition of Restraint**

Restraint is the forcible and involuntary deprivation of the liberty to move about. If an individual has been deprived of the liberty to move freely, and if that deprivation was forcibly imposed against the will of the individual, the individual has been restrained.

#### **Types of Restraint**

There are four types of restraint used by professionals who work with individuals whose disabilities are sometimes manifested in assault. They are listed below in ascending order from the least restrictive and intrusive method, to the most restrictive and intrusive method.

- **Manual restraint** - restricting voluntary movement by holding the individual.
- **Seclusion** - restricting voluntary movement by locking an individual in a room. If an individual cannot leave the room at will, the room is considered locked.
- **Mechanical restraint** - restricting voluntary movement by means of belts, cuffs, soft ties or similar devices.
- **Chemical restraint** - restricting voluntary movement by means of medication(s).

***Note: The PART program covers manual restraint only. The use of other types of restraint is not taught in the PART program.***

### **Manual Restraint**

Manual restraint is appropriate when:

- responding to aggravated assault;
- the assault is expected to end quickly;
- the intervening staff can reasonably expect to achieve safe control; or when
- a staff team of two or more trained persons is available.

### **Basic Principles of Manual Restraint**

**1. Master evasion techniques** - Successful use of evasion techniques is an indispensable prerequisite for adequate performance in manual restraint. Proper balance and the ability to roll with an assault are necessary. Patience, self-control and a willingness to call for help are likewise indispensable.

**2. Master capture techniques** - In evasion techniques, the force of the assault is deflected off the edge of a moving circle. In manual restraint the force of the assault is captured (held) at the edge of the moving circle and pivoted downward or sideways. Consistent with the principles being taught, deliberate use of pain is **never** necessary in manual restraint.



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### Advanced – "Restraint"

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In evasion techniques, force from the assault is used to assist in springing away from the assault. In manual restraint, you remain in place and pivot with the force of the assault, attaching weight to the assaultive individual's limb. The assaultive individual's limb is thus "captured" at points between the joints, limiting the capacity to assault.

**3. Get a "grip"** - Whenever possible, the capturing grip should be made on the assaultive individual's clothing rather than on the flesh. Grasping the clothing allows the use of more and larger muscles to maintain the grasp. Further, a grip on the flesh is only as strong as its weakest point, which is the thumb: grasping clothing lessens the chance that the assaultive individual will work against our thumbs, thus causing us to weaken or lose our grip.

**4. Use weight, *not* strength** - Limiting the capacity to assault is achieved by attaching body weight to the assaultive individual's limb. Contests of strength against strength should be avoided. The idea is to have the assaultive individual tire by using his/her strength against the overpowering weight and leverage of the intervening staff.

**5. Avoid pain** - Avoid the use of pain inducing methods. This is especially important when the assaultive individual: has a mental or developmental disability; is under the influence of alcohol or drugs; or has a history of being abused, since permanent damage may be done before the individual registers intense pain.

**6. Use only reasonable force** - Aggravated assault is dangerous and should be responded to with enough force to minimize injury. Vindictive and punitive use of force, in excess of what is actually necessary to minimize injury, is prohibited.

**7. Maintain a proper ratio** - Intervening staff must determine if there is a favourable size/weight ratio before attempting manual restraint. One-to-one situations have proven very dangerous and should be avoided, regardless of the size of the assaultive individual. Problems with one on one restraint include, but are not limited to:

- an inability to see the assaultive individual's face, which is necessary to check for proper breathing and circulation.
- A danger of restricting breathing by compressing the torso of the individual, making it difficult for the diaphragm to pull air into the lungs.
- Providing an emotional trigger for an individual who has been raped or molested, by making forcible contact with the sexual areas of her or his body and with sexual areas of the staff person.

An intervening staff team should have a 100 per cent height and weight advantage over the assaultive individual. The capturing staff members must have a leverage advantage. There is a leverage disadvantage when the staff members are more than four inches shorter than the individual they are attempting to capture.

**8. Be a team player** - When manual restraint is necessary, **only** one person should be the designated team leader or captain. Ordinarily, this is the person being assaulted, who "calls" the capture. This may change after the capture, if the team leader is losing control, or if someone else on the team has a better relationship with the assaultive individual. The "captain" is the only one who communicates with the individual. The remaining team members should act as extensions of the leader's action plan during the incident. Team members should follow the directions of the captain. Disagreements regarding the directions given by the team leader should be resolved after the incident.

**9. Select the least intrusive restraint position** - It is always best to manually restrain an individual in the most dignified and least intrusive manner possible. PART teaches four basic manual restraint positions. The **standing restraint** position is the least restrictive restraint position.

The **escort and wall restraint** positions are more restrictive, and the **floor restraint** position is the most restrictive position used the basic PART workshop.

**The standing restraint position**

This position is used to prevent the individual from injuring with arms and hands. It provides the restraining professionals with an opportunity to get close enough to the assaultive individual to communicate while reducing the ability of the individual to assault. It is also the first step in achieving more restrictive restraint when necessary.

In some instances, standing restraint will be the only form of restraint necessary to prevent injury. When the person being held stops the assault and responds to the staff verbally, she or he can be gradually released. The next step is to reintegrate the person into the program in accordance with the primary plan.

**The escort position**

This position is most often used to forcibly move an individual away from the source of his or her agitation. The restrained individual is held in a standing position and is forcibly walked from one place to another.

**The wall assisted restraint position**

Wall assisted restraint is a more intrusive variation of the escort position. The individual who is struggling so vigorously that she or he cannot be restrained effectively in an escort position may possibly be effectively restrained in a standing position with his or her body held against a wall.

**The floor assisted restraint position**

The individual, who is struggling so vigorously that he or she cannot be effectively restrained in either a standing restraint position, an escort position or a wall assisted restraint position, is lowered to the floor to be restrained. Again, the surface of the floor provides additional restraint. The individual is held with her or his face toward the floor. The floor-facing position is also known as a prone position. The prone position prevents the use of the individual's largest muscle groups and limits the capacity to mount an assault with the remaining muscles. Restraining the individual in a face-up (supine) position leaves staff vulnerable to the actions of the largest and most exercised muscle groups.

There are times when using the prone position is not in an individual's best interest. Sometimes an individual's history of sexual abuse will include having been abused while being restrained in a prone position. Even though supine restraint is more difficult, it would be better for this individual than to recreate the traumatizing incident while trying to help the individual calm down. Staff will have to exercise professional judgment based on their knowledge of the individual's sexual history. Supine restraint is necessary for obese or pregnant individuals because an enlarged abdomen will press upward into the diaphragm (making breathing more difficult) if the individual is held in a prone position. There is, however, an increased risk of aspiration (choking on something that has been inhaled) for individuals restrained in a supine position. Close and frequent observation to minimize the risk of choking is necessary if an individual is restrained in a supine position.

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### Advanced – "Restraint"

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There are realistic risks of injury to both the restrained individual and the restraining staff during the imposition of floor-assisted restraint. The greatest risk of injury seems to be during the period the restrained individual is being lowered to the floor from a standing position. The restrained individual often suffers bumps, scrapes, small bruises and small cuts from impact with the floor. Likewise, the restraining staff sometimes suffers strains, sprains, bruises, scrapes and cuts from impact with the floor or bearing weight in awkward positions.

The floor assisted restraint position is the most restrictive and intrusive method of manual restraint taught in the PART workshop. Floor assisted restraint however, is a preparatory step for even more restrictive and intrusive forms of restraint. This restraint often precedes carrying a struggling individual to a seclusion room. It is also used as the first step in mechanical restraint. The individual is held still on the floor while the initial set of leather cuffs and belts is applied. Finally, floor assisted restraint is frequently used to hold an individual still on the floor so that injectable drugs may be safely administered for the purpose of achieving chemical restraint.

#### **10. Monitor breathing and circulation very closely**

Restraining staff should avoid any position that puts pressure across the assaultive individual's long bones, joints or spinal cord. Adequate/safe restraint can be achieved by limiting the ability to move the limbs without risking breakage or similar damage. It is also important to avoid positioning weight on the chest cavity. The boa constrictor kills its prey by allowing it to breathe out but not in. Weight on an assaultive individual's chest can have the same effect.

The team leader should check with the individual during manual restraint to see that breathing is not being interfered with, that blood circulation to the hands and feet is adequate and that pressure is not being put across the bones, joints or lungs.

#### **Remember:**

*The decision to manually restrain should always be based on a comparison of the risk of injury associated with the restraint position selected against the risk of using a less intrusive method, or not restraining at all. Before choosing to deprive a person of her or his liberty to move about, you should ask yourself:*

***What is the worst thing that is likely to happen  
if this individual isn't restrained right now?***

#### **Rules for Manual Restraint**

1. Don't attempt to contain unless you have twice the height and twice the weight.
2. Make sure that you have an advantage before physically intervening in an assaultive incident. In incidents involving children, a single staff member may physically intervene if the staff member has a height and weight advantage of at least 50 per cent. In incidents involving adults or larger children, team methods should be used. In such incidents, the intervening staff team should be roughly equivalent in height to the assaultive individual and have a combined weight advantage of at least 100 per cent.
3. Only the Captain talks to the assaultive individual. The Captain will use the "rule of five" (statements of no more than five words, words containing no more than five letters).
4. When using containment techniques you need to be cognizant of circulation/breathing checks.

### **Balance Control Techniques**

**Belt pivot** - get behind the assaultive individual if possible, using both hands get a hold of belt at back and pull straight back, using your weight like a pendulum to pivot individual around.

**Belt and shirt control** - grab the shirt with one hand at middle of back just below shoulder blades with other hand grab the belt. You can pull the assaultive individual backwards, push forwards or pivot him.

**Hip pivot** - used if assaultive individual has a dress on - grab the iliac crest (hips) from behind and again using your body like a pendulum, swing individual around.

**Clothing pivot** - used if no belt - grab assaultive individual by the shirt at each side of waist and pivot the individual.

Attach your weight to their limbs. Remember, the individual may not be able to feel pain.

### **Manual Restraint Techniques**

#### **Standing Restraint From Blow**

- deflect the arm away from you, move in and capture assaultive individual's arm with your hands above the wrist and above the elbow - GRAB CLOTHING IF POSSIBLE. DO NOT TWIST HIS ARM BEHIND HIS BACK.

#### **Standing Restraint From Overhead Blow**

- deflect blow away from you.
  - pivot and capture arm just above wrist and elbow.
  - grab clothing if possible and pull arm down keeping individual off balance.
- deflect arm away from you, move in behind individual and capture using belt and shirt pivot.

#### **Standing Restraint From Holding Assaults**

- **frontal hand choke** (escape and capture)
  - move into the assaultive individual.
  - bring your arm up and over to break choke hold as you pivot around.
  - capture individual above wrists.
  - individual will be behind you and you pull him forward keeping him off balance.
- **rear hand choke** (escape and capture)
  - move into the assaultive individual.
  - bring your arm up and over to break choke hold and pivot around.
  - capture individual above wrists and push him back maintaining grasp of wrists.
- **lunging assault** (deflect and capture)
  - moving quickly to the side.
  - grab by shoulder and belt and swivel assaultive individual around.

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### Advanced – "Restraint"

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- **rear arm choke** (escape and capture)
  - step slightly back into the assaultive individual.
  - move head to side to protect airway.
  - push up on his elbow.
  - pull down on his wrist.
  - drop weight down and swing leg back so you are behind individual.
  - capture individual with one hand grasping clothing at middle of back, just below shoulder blades.
  - other hand at waist, grasping belt or clothing.

***Do NOT twist his arm behind his back!***

- **arm grab** (escape and capture)
  - **both thumbs up**
    - move into assaultive individual by taking a step forward.
    - grasp your captured hand with your free hand from above pushing captured elbow into and up individual. Capture at shirt and waist.
  - **one thumb up and one thumb down**
    - move in by taking a step forward.
    - grasp your captured hand with free hand from underneath and twist your arm like a corkscrew. Capture from behind at shirt and waist.

#### **Standing Restraint From Kicks**

- **kick to thigh** (deflect and capture)
  - deflect with your leg away from you and capture at mid back and waist using belt and clothing pivot.
- **kick to stomach** (deflect and capture)
  - deflect the kick so assaultive individual is facing away from you.
  - move into the individual from behind and capture by grasping shirt in the middle of the back just below shoulder blades and the other hand grabbing belt or pants.
  - you only move in to use physical force when failure to do so will result in greater harm than you are risking by physical intervention.
- **knee kick to groin** (deflect and capture)
  - reflect knee kick so assaultive individual is facing away from you.
  - move in from behind and capture by grasping his clothing (e.g., shirt with one hand and belt or pants with the other).

### **Escorts**

A captain is determined prior to performing escort techniques. All workers should develop a set of consistent and simple signals that the captain will use. Signals can be lowering or raising one hand, crossing or uncrossing arms - regardless of the standard signal your team chooses, all staff must know what each signal means.

#### **Two Person Escort**

- staff position themselves arms length away from the assaultive individual and arms width away from each other, so that each has an equal chance of stopping the individual no matter which way he moves. Staff must maintain eye contact with each other.
- captain talks to individual to see if he will come willingly or be staff escorted (if individual won't go).
- captain - uses the pre-determined signal that indicates to his co-worker to prepare for escort.
- captain - uses the pre-determined signal that indicates to his co-worker for execution of the escort.
- staff - simultaneously take one step forward with the foot closest to the individual and quickly grabs the individual's clothing above the wrist with hand closest to the individual.
- staff move their other arm under the individual's arm and grasps their own shirt.
- staff knees go behind individual's knee.
- staff's hip is against the other staff's hip.
- on signal captain says when to move - ready step - then drag back foot forward.
- to go through doorway - captain signals other staff to stand still - captain pivots himself and escorted individual around and signals to take three (3) steps back.
- when through doorway captain pivots again and continues escort.

#### **Three Person Escort**

- the staff are on the individual's right and in the center.
- do the same procedure as a two person escort, the third person stands on the individual's left and becomes the captain who signals the execution.
- the captain then moves to the back and grabs shirt mid-back and belt or pants.
- again, captain will signal when to move - ready step - step - then drag back foot forward.

#### **Three Person Reversed Escort** (refer to 2 person and include the following additional steps)

- third person pivots on captain's signal.
- three (3) steps backward and on captain's signal pivot again and continue escort.

### **Wall Assisted Restraint**

#### **Two Person Wall Assisted Restraint**

- once the assaultive individual is in a two person escort, team will escort the individual to the wall with the individual facing wall.

#### **To contain assaultive individual at wall:**

- contain individual's arm to wall with palm turned out.
- place one hand above wrist and one hand above elbow.
- place your forearm on individual's back.
- place your knee behind his knee.
- place your instep at individual's heel securing foot to wall.

### **Three Person Wall Assisted Restraint**

- the third person will be at belt and shirt (mid-back) and assisting.
- check circulation/breathing to ensure the individual is not being held too tightly. This may be done by the staff member who has the best visual advantage of the individual's face.

### **Floor Assisted Restraint**

#### **Two Person In Escort Position**

- place your hand on individual's shoulder while still grasping his wrist.
- with your knee behind his, buckle him to his knees, leaving his hands to protect himself. You go down with him on the knee closest to him.
- contain individual's arm with palm up, with one hand above wrist and one hand above elbow and your forearm on his back.
- place your knee on the inside of his leg, with your ankle on the outside to secure leg.
- TALK to him to make sure he can breathe.

#### **Three Person Floor Assisted Restraint**

- the heaviest staff person stands to the left of the assaultive individual and becomes the captain. Assignment is secure legs. When command is given by the captain (e.g., lowers his arm), the captain secures the legs making sure his head is behind and kneels with the knee closest to the assaultive individual on the floor.
- at the same time the other two staff member's assignment is the arms. Step forward with the leg closest to the assaultive individual - take a large step toward him grasping clothing on arm above wrist pulling the individual forward at the same time swivel yourself around so you are facing same direction as the individual. Bringing the individual to the ground, face down, protecting him by supporting his shoulders and allowing him to put his hands in front of himself in order to protect his face.
- Third person - (heavier person) sits on individual's legs with knees on the outside of the individual's knees and ankles on inside of the individual's ankles and hands on the individual's hips. Other two team members are positioned on their knees at the individual's side - individual's arm is placed at his side with palms up, your knees against his arm. Hands secure, arm above wrist and elbow on each side.

**If the fourth person is required** for containment he would secure one leg and the third person would secure the other. Secure the leg by placing knee on the inside and ankle on outside on each side (straddling him) one hand on individual's hip and one on the floor.

**Fifth person** - sits on lower back with knees bent resting on the floor and hands securing shoulders.

#### **Release From Manual Restraint**

Release of the individual is completed upon verbal request from the captain. Once the individual has calmed down and will no longer become assaultive, the captain will request that each team member - **one at a time** - releases their hold of the individual in a slow, managed and controlled manner. An example of a slow, managed and controlled release is first releasing one leg, then an arm, then the other leg, then the last arm. During restraints the individual should be continually checked for circulation and breathing.

## **Principles Underlying Manual Restraint Techniques - Optional**

### **Purpose**

The purpose of training in manual restraint techniques is to learn simple but effective methods of dealing with assault. It is important to realize that there is no such thing as a completely safe technique. No matter how harmless something sounds, injury to the assaultive individual and staff is always possible. The techniques in PART do not come with guarantees of success and should therefore only be used when necessary. Their effectiveness depends upon how well they are learned, as well as speed and co-ordination. Times when restraint techniques will be required are very few. Staff that are prepared will feel more confident and assured in their interactions with assaultive individuals.

### **Actions and reactions of the assaultive individual**

- Anticipate actions and reactions

### **Mechanical/kinesiological factors**

- Avoid danger zone (personal space)
- Utilize appropriate stance
- Protect head and throat
- Do not oppose force
- Deflect
- Control individual's hand(s)
- Induce weak position
- Apply torque
- Utilize proper timing
- Utilize body weight
- Wedge

### **Personal Space**

Interpersonal distance can become quite crucial in volatile situations. As an individual becomes increasingly fearful or angry, the size of the "body-buffer zone" for comfortable interpersonal distance increases substantially. Standing or sitting too close may be interpreted as an invasion (whether deliberate or not) of another's territory evoking fear, anger and resulting aggression.

On the other hand, standing too far away may be interpreted as either fear or dislike. You should therefore maintain a distance of at least four to six feet, which is farther than the an individual can lunge, punch or kick.

**Intimate** zone (0 - 18 inches) – **Social** zone (18 inches - 3 feet) – **Public** zone (3 - 6 feet)

### **Distance**

When approaching a physically assaultive individual, maintain a distance from him of at least an arm and a half - his arm and a half. For example, if the individual's arm is three feet long, stand a distance of four and a half feet away. This distance is safe and it takes more time for him to move in to strike or kick you than if you are only a few inches away.



## **Participant's Handbook**

### **Advanced – "Restraint"**

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Similarly, if the individual is holding an object in his hands, such as a cane or a stick, add the length of the cane and the distance as you will then be standing the distance of his arm and a half plus the cane. A position within striking distance might communicate a challenge or a desire to fight.

#### **Stance**

When talking to a potentially assaultive individual one should stand slightly sideways to protect the vulnerable middle areas of the body. Standing sideways toward the individual utilizes the strongest dimension of the stance; standing sideways also permits you to lean sideways (away from the individual) faster and farther than you would be able to lean in a backward direction.

Hands and arms should be held ready to block an assault. Arms can be held (but not folded) across the chest with one hand resting on the chin. Blocking motions begin with at least one hand high to protect the head, and if necessary can be lowered quickly to protect the torso. This position, with the body slightly turned and the knees slightly bent, appears relaxed and casual. Never turn your back on or take your eyes off the individual.

Maintain proper postural balance, keeping the hips directly above and between the feet, and the shoulders directly above the hips. Body weight should be centred between the feet. Knees should be slightly flexed to allow for smooth and rapid movement.

Position the feet with forward foot facing front while the rear foot is behind at a 45 degree angle. If the front foot is brought straight back towards the rear foot (for example, if you are pushed from the front), the front foot will glide past the rear foot thereby preventing you from tripping over your own feet. Similarly, if you are pushed from behind, your back foot will not collide with your front foot - instead you will fall into another step forward with the front foot, thereby preventing you from falling. In this stance you are poised for movement.

**NOTE:** In this stance you are facing the individual at an angle and not straight on; the most vulnerable parts of your body are turned away from an assault.

#### **Placement of Arms**

Arms should remain as free for movement as possible. The vertical arm can deflect a blow to the head; the lower, horizontal arm can block a blow to the groin area. This position is also non-threatening to the assaultive individual. However, having your hands clasped in front of your body or behind your body or hands in your pockets make them difficult for quick movement. Similarly, arms locked in front of your chest or hands on your hips restrict your movement and may also present a threatening appearance.

When dealing with a physically assaultive individual, remember that it is more difficult to hit a moving target than a stationary one. However, movement should be slow, and accompanied by conversing calmly with the individual, attempting to settle with verbal intervention. Movement should remain in front of the individual, within visual field.

### **Eye Contact**

When approaching an individual maintain eye contact as in normal conversation. Look frequently into their eyes, but avoid staring since this may be interpreted as threatening. Avoiding eye contact altogether may be interpreted as fear or lack of interest. Never let the individual out of your visual field, rather focus on an area at the chin or shoulder. By keeping visual contact with the individual we can better anticipate what is going to happen. The individual will typically look at the intended target of an assault (look up if reaching for our hair or look down if a kick is planned). Gaze is an index of intention; the individual might glance at an object before grabbing it to use as a weapon. Knowing the individual's intentions can help you anticipate, prevent or minimize the effects of an assault.

If we are conversing with someone and the whole while he stares out the window or up at the ceiling, we do not feel he is interested in what we are saying. It is no different for assaultive individuals in speaking with them; our approach and concern for them is lost if we speak and do not look to their face.

When approaching an individual, if we maintain eye contact with him, his eyes might help to tell us his mood. Similarly, if involved in a physical confrontation with an individual, our eyes can be used to convey gentleness, which might help him feel non-threatened and therefore aid in calming him. If a frightened individual seems to seek eye contact, it should be given freely.

If an individual tries to avoid eye contact it should not be forced on them; there are many cultures that discourage eye contact. Direct eye contact might be misinterpreted as aggressive. Never let the individual out of your visual field, rather focus on an area at the chin or shoulder. By keeping visual contact with a particularly physically assaultive individual we can better anticipate physical blows from him. An individual's eyes will, for example, tend to look up if striking towards our head or reaching for our hair and look down towards his feet if a kick is planned.

### **Protective Falling**

Should you be taken off guard and pushed down, protective falling will prevent you from injuring your back, elbows and head. In falling, relax your body, bend your elbows slightly to help absorb the fall and keep your head up as long as possible.

If you are pushed to the ground, protect yourself against further assault by pivoting on the buttocks, keeping your feet toward the assaultive individual in a position to block.

**Participant's Handbook**  
**Decision Trees Applicable for PART Advanced – "Restraint"**

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Refer to the Decision Trees in PART Basic and PART Intermediate programs.

**Decision Tree Extension #4**

**Manual Restraint**

