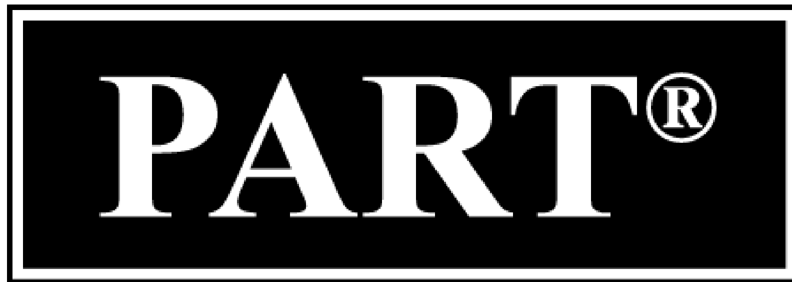
Participant Handbook



Professional Assault Response Training

Basic Program

"Communication & Response"

Name: ______________________________

Participant's Handbook
Basic - "Communication & Response"

revised January 2002, December 2007, January 2009, September 2009
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2021 (OH&S Regulations amendments)

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Acknowledgement

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;

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?

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?

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.

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 __________

Deep Breathing __________

Neck Mobility __________

Shoulder Rolls __________

Side Stretches __________

Toe Lifts __________

Balance __________

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.

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[1], 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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[1]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.

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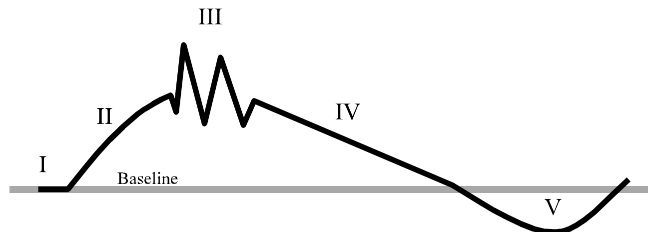
A Stress Model
Studies of the arousal response, or General Adaptation Syndrome ("fight" or "flight"), show that when people perceive serious threats to their well being, they will prepare themselves to either fight with or flee from the source of the threat. Others will become assaultive in an attempt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

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.

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.

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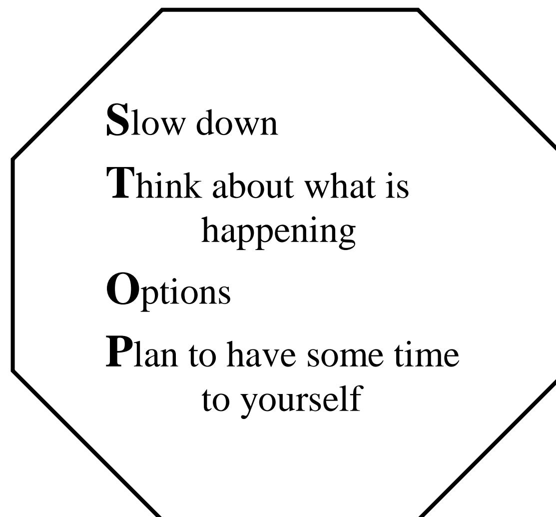
Since assertive behaviour is incompatible with assault, people who communicate assertively are not as likely to provoke or become involved in assault. Conversely, passive, whining, timid behaviour is likely to attract aggressors seeking to assault. Mutually aggressive communicators often move on to become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

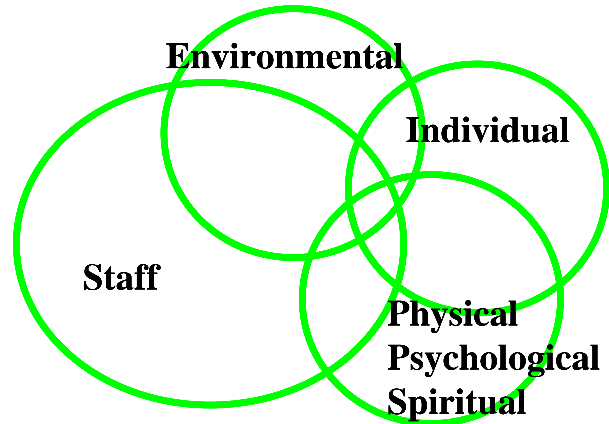
Stop Strategy



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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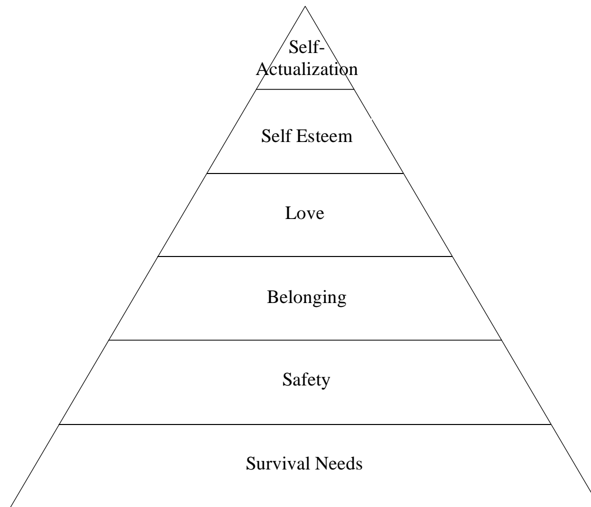
A Basic Needs Model
Throughout life all of a person's behaviour is designed to meet certain basic needs. These needs are met in a sequential order with higher level needs being dependent on the acquisition of lower level needs. Yet all of these needs are "basic" to every individual. These "basic needs" 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.

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.

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**	
Fear				**Threat Reduction**
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	*Assumption* - communication patterns that reduce perceived threat will reduce probability of assault
Frustration				**Control**
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	*Assumption* - patterns of communication that demonstrate control contribute to restoration of control in individuals
Manipulation				**Detachment**
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	*Assumption* - communication patterns that indicate refusal to become involved in manipulation will decrease likelihood person will see a gain
Intimidation				**Consequation**
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	*Assumption* - clear communication of consequences is likely to reduce probability that situation will escalate to battery

Flowsheet

Techniques						
Posture	**Gesture**	**Position**	**Voice Quality**	**Speech Content**	**Eye Contact**	**Physical**
Threat Reduction						
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
Control						
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
Detachment						
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
Consequation						
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 ad-vantage 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

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.***

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.

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.

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.*

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.

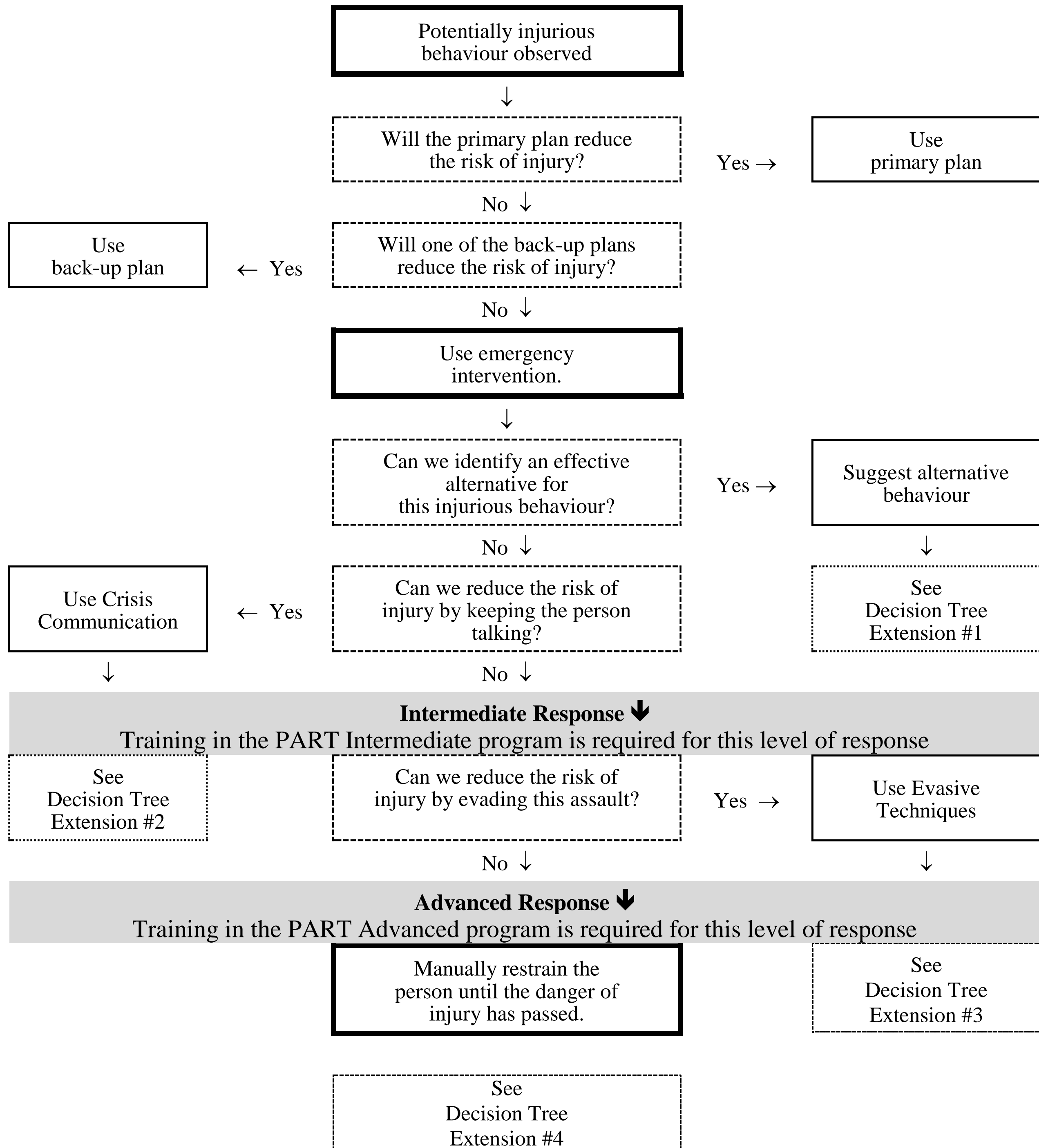
Determine Individual's Level of Functioning:

- 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:

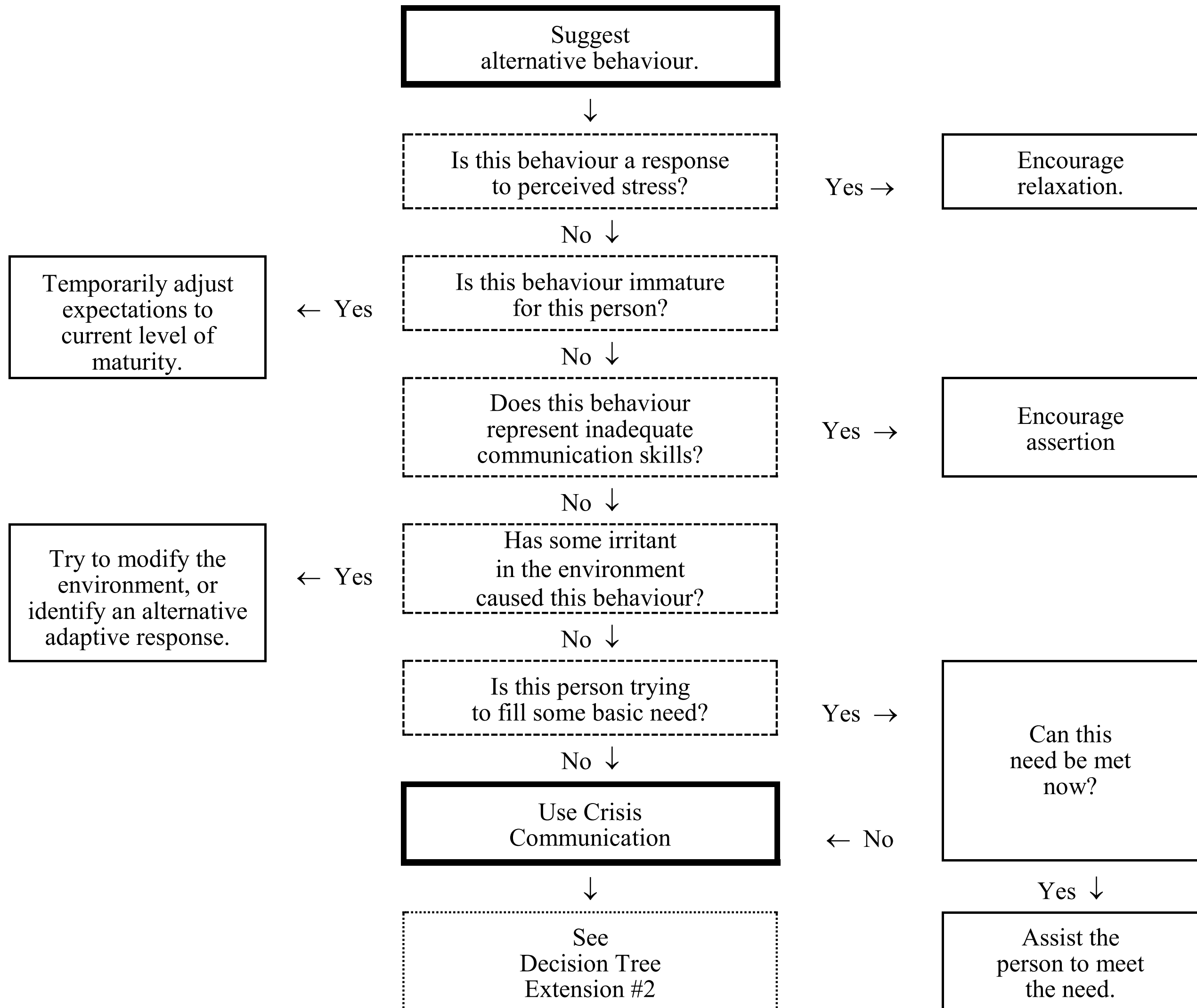
- Identify cues that indicate if the individual is upset when approached by particular staff.
- Assist staff when possible considering both individual's and staff's preferences.
- Be aware of individual's attitude towards staff. Realize that negative attitude towards staff may not be personal but related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

Decision Tree for Responding to Injurious Behaviour



Decision Tree Extension #1

Suggesting Alternative Behaviour



Decision Tree Extension #2

Using Crisis Communication

Use Crisis Communication

↓

Does the individual show signs of fear? — Yes → Speak and act in a way that reduces the threat felt by the individual.

No ↓

Does the individual show signs of rage or frustration? — Yes → Speak and act in a way that encourages self control.

No ↓

Does this behaviour seem to be a manipulative demand? — Yes → Focus your attention, speech and action, on the person's self control.

↓

Respond to the demand after self control is achieved.

↓

Whenever possible, respond to the legitimate request underneath the manipulative demand.

No ↓

Is the person threatening serious injury while showing little or no emotion? — Yes → Describe realistic and enforceable limits and consequences, in a neutral and factual manner.

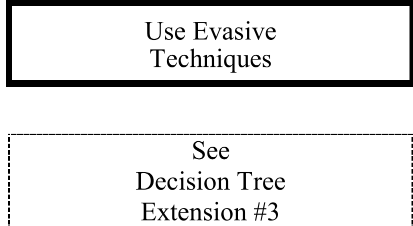
No ↓

Is the risk of injury being reduced by talking? — Yes → Keep talking until the risk of injury has passed.

No ↓

Intermediate Response 🡻

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



My Notes:

My Notes:

My Notes: