

PART Trainer Guidelines
Participant Re-evaluation Pre-test - Answer Key

Pre-test Answer Key Provided to PART Trainers and Instructors only

The following answers (*in italics*) are provided to PART trainers and instructors for use as a guide when working through the pre-test. Participants may offer more answers as well as different answers than what are provided here.

Program Outline

The following outline is offered as a suggestion for completion of the PART re-evaluation program and based on a half-day session. Some agencies may prefer to take additional time to review various aspects of the program, including the addition of specific policies, procedures, incident reporting forms, etc. The recommended timelines for re-evaluations are provided in Section 9 of the PART Trainer's Manual. If annual re-evaluation sessions are provided, this suggested outline can be amended by the PART Trainer and/or PART Instructor to ensure the appropriate information would be reviewed and applicable breakaway/evasion and manual restraint techniques are practiced.

Time	Activity	Materials
5 minutes	Welcome, introductions, icebreaker	
30 minutes	Theory Review Review of Pre-test questions	pre-test - work through questions with group during the session. If employers require the pre-test to be completed prior to the session, considerations to collective agreement requirements may be necessary.
2 hours	Demonstrate competence in verbal/non-verbal skills through role play (fear, frustration, manipulation, intimidation) Include review of recording/record keeping or Role plays (bring actual incident reports; role play as incident reports depict; role play as should have been) Discuss recording/record keeping	
1 hour	Evasion/breakaway - review and return demonstration of techniques	
1 hour	Manual Restraint - review and return demonstration of techniques	
30 minutes	Debriefing and its importance	

Objectives of PART Re-evaluation

- to prevent injury to staff and the individual
- to demonstrate competence in verbal/non-verbal interventions
- to demonstrate competency in physical techniques

Acknowledgement

SASWH acknowledges and thanks Gerry Hollman, RPN and Beryl Bauer, RPN, MHS-CSB, Yorkton, for their assistance in the development of this re-evaluation program.

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Dr. Paul A. Smith, Ph.D. is recognized and acknowledged as the original author of the PART program.

Information appearing in this manual, and in the materials/resources used by participants, has been revised and updated by members of the PART Advisory Committee and other stakeholders.

amended March 2001, December 2007, January 2009
April 2011 (SASWH branding), July 2015

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Introduction

This is an open-book pre-requisite to completing the PART re-evaluation program. Your PART instructor or trainer will review this completed pre-test.

You may wish to review your participant handbook that you received during your initial session as you work through these questions. During the program led by your PART instructor or trainer, there will be an opportunity for discussion.

Successful completion includes active involvement in discussion, completion of written activities as well as return demonstration of the techniques taught in the PART program.

Print your name legibly

department/ward/unit

1. Prevention

Briefly describe your experience(s) in managing aggression in the workplace.

participants may provide their own individual answers; some possible answers include:

- *talk calmly*
- *let them express themselves*
- *walk away*
- *diversion/distraction techniques*
- *be prepared (sleep, nutrition, exercise)*
- *have a good history of the client*
- *be understanding*
- *control the environment*
- *care plans*
- *know client's baseline*
- *be a team player*
- *pause and reset*
- *consistency of staff*
- *have strong observational strategies*
- *debriefing afterwards*
- *plan your work and work your plan*

Does your workplace provide you with policies/guidelines to manage aggression? If yes, in your opinion are these policies/guidelines adequate? Feel free to explain your response.

Some examples of policies/guidelines may include the following:

- *Violence Policy*
- *PART Policy & training*
- *Harassment Policy*
- *Zero Tolerance Policy*
- *Formal Complaint Procedure*
- *Incident Reporting and follow up by supervisor*
- *Working Alone procedures*
- *Right to Refuse*
- *Team conferences, staff meetings*
- *Debriefing*

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List three **verbal** and three **non-verbal** behaviours/techniques/procedures that you practice in the prevention of assaultive behaviour.

Some possible answers include:

Verbal	Non-verbal
<ul style="list-style-type: none">• <i>Talking, verbal crisis intervention</i>• <i>Tone of voice, clear, not shouting</i>• <i>Use their name</i>• <i>Assertive (avoid “you” messages)</i>• <i>Rule of 5</i>• <i>Allow choices and them having some control</i>	<ul style="list-style-type: none">• <i>Respect personal space and privacy</i>• <i>Reduce environmental conditions that may provoke an incident</i>• <i>Have exits in view</i>• <i>Be aware of culture</i>• <i>Aware of posture (avoid hands on hips)</i>• <i>Timing of responses</i>• <i>Teamwork/consistency in approach</i>• <i>Appropriate body language/gestures/eye contact</i>

Staff members who learn a hierarchy (i.e. chain of command) of emergency responses to assaultive behaviours are less likely to cause injuries during assaultive incidents by responding with too much or too little force than those who have not learned such a hierarchy.

Briefly explain this statement:

Participants may provide their own individual answers; some possible answers include:

- *Matching response to level of injury threatened*
- *Don’t do major surgery if a band-aid will do*
- *Be prepared and have a plan*
- *Try to prevent, don’t provoke*
- *PART – emergency response when care plan fails*
- *Based on principles rather than procedures*
- *Teamwork*
- *Rights of individuals and workers are respected*

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“Observation, assessment, problem identification and problem resolutions are **KEY** components in the prevention of assaultive behaviour”. Do you agree or disagree with this statement? Explain your response:

Participants may provide their own individual answers; some possible answers are

Agree

- *By matching appropriate responses by identifying the problem through observation & assessment the greater chance of preventing the assaultive behavior from happening. This allows us to use diffusion techniques before a situation escalates.*
- *Behaviour mapping, documentation of incidents and care planning can assist in identification and problem solving.*
- *Use of appropriate equipment (e.g., mechanical lifting equipment) may reduce incidents.*

2. Theory Review

The following answers are as they appear in the PART program materials

List the four common motives/probable causes of assaultive behaviour. For each one, give an example of behaviour that demonstrates it.

1. **Fear** – *the perceived need to escape, defends against, or eliminate the perceived threat of personal injury.*

Examples: may run away, hide, fight back, tense postures, wide eyes, rapid breathing, pale skin, refusal to bathe, hallucinations

2. **Frustration** – *irrational attempt to gain control by physically assaulting the source of frustration.*

Examples: Frustrated because of language barrier or confusion, may have red face, pacing, fidgeting, and may be at end of day. Wanting to go outside, wandering

3. **Manipulation** – *attempt to obtain or avoid something*

Examples: pleading, temper tantrums, staff vs. staff. Any attempt to gain control in return for not “losing control” – e.g., temper tantrum

4. **Intimidation** – *attempt to get something in exchange for physical safety from threat of injury.*

Examples: threaten with weapon, tense, focused. A calculated planned attempt to gain control i.e. threat to “hit” if you don’t do what I want.

*Respondent & Operant behavior types

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Define “reasonable force”:

*Using just enough force to protect self but no more than absolutely necessary
- Fishbowl theory or TV example*

Give an example of acceptable reasonable force for each of the following legal categories:

Common assault:

- *no hands on contact*
- *verbal intervention or walk away*
- *no force – communication should be sufficient*
- *Definition: “a threat” to harm*

Assault causing bodily harm:

- *evasion*
- *Definition: “physical contact” but not serious enough to require medical attention*

Aggravated assault:

- *Evasion or Restraint (if appropriate and trained as last resort) Example: may be more appropriate to evade and call police or emergency contact than to restrain*
- *Note – verbal crisis intervention always fits within reasonable force guidelines*
- *restraint permissible*
- *Definition: the assault requires medical attention and the person has the ability to seriously harm the worker*

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List three behaviours that you might typically observe during each phase of the Assault Cycle:

Trigger:

- *you might see change in facial expression or mood*
- *example of triggers may be environmental conditions (temperature, staff, etc), pain, hallucination, receiving bad news*
- *person at usually at baseline when trigger occurs so behaviours may not be immediately obvious*

Escalation:

- *they may not hear or understand you (especially the higher they escalate)*
- *breathing increases with heart rate*
- *voice tone may be shrill or loud*
- *facial color and expression*
- *agitation or irritation – pacing, fidgeting, slam door closed, stomp feet*
- *name calling*
- *pacing*
- *throwing objects*
- *yelling*
- *kicking wall*
- *disrobing*

Crisis:

- *behavior pattern explodes – may be assault*
- *usually only lasts 2-3 minutes at most, sometimes it is just one attempt, such as one swing to punch*
- *verbal abuse / assault - hitting, kicking, pinching, grabbing, chokingactions towards other people*

Recovery:

- *voluntary self-isolation*
- *can be easily re-escalated as they are not yet back to baseline*
- *breathing is returning to normal*
- *may still pace, more relaxed but vulnerable to re-escalation, may want to self-isolate, possibly apologetic*

Post-crisis Depression:

- *assaultive individual is physically 'spent' or sleeping*
- *may be feeling badly and apologetic*
- *may be crying or not wanting to talk*
- *possibly suicidal as self esteem drops below normal baseline*
- *hiding*
- *fetal position*
- *self-blame*
- *possible suicide risk*

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Indicate when each of the following staff responses would be most appropriate in the stress cycle (assault cycle):

a) Demands for self-control:

- *as close to baseline as possible or trigger*
- *trigger phase, statements should be simple and brief*

b) Unconditional positive regard:

- *post crisis depression*

c) Crisis intervention:

- *use during most of the cycle from trigger you are trying to diffuse to avoid any further escalation, you continue through escalation, during crisis, and during recovery*
- *escalation, will use different levels at different stages*

In keeping with the Developmental Model, our ability to control aggressive impulses increases as we mature.

a) At what stage of development is an individual **least likely** to act out aggressively?

- *healthy elderly adults*
- *middle age adults*

b) At what stage of development are individuals least likely to inhibit their aggressive impulses?

- *Preschool aged children*
- *Teens with addictions*
- *Older adults with physical or mental impairment*
- *Possibly the elderly IF they have physical and / or psychological / cognitive impairment that inhibits their ability to deal with impulsive behaviours*

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List the four components of the Interactive Model:

Patient/Client

- *each has own needs, space, privacy, respect, making choices, friends/family visiting, pain*

Mental State

- *frustration, needs being met*

Environment

- *safe, temperature, noise, privacy, colors, furnishings, lighting, routines/schedules*

Staff

- *attitudes and motivations, enthusiasm, flexibility in schedules/routines, number of staff or short staff*

Give three examples of environmental conditions (from your workplace/area) that decrease the potential for assaultive behaviour:

Participants may provide their own individual answers; some possible answers are:

- 1. comfortable room temperatures, calm colors quite private areas and personal space with personal value*
- 2. Outdoor gardens that may be confined but are pleasant, meaningful appropriate activities*
- 3. Other tools such as Wanderguard alarm bracelets for a more relaxed atmosphere for those that do not need them, and a safety precaution for those that do, consistent routines*

Briefly describe how the Basic Needs Model might relate to understanding aggression.

Assaultive behaviour may result from a threat or an attempt to attain one of the basic needs

- *Client is hungry or tired –cannot communicate except by aggression.*
- *Feeling of belonging are unmet-wanders*
- *Feelings of alone- loneliness*

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3. Verbal Intervention

Appropriate verbal intervention techniques will avert the majority of incidents of physical aggression.

Explain this statement in terms of the “what” and “how” that we communicate. Tip: You may wish to reference the communication model to find your answer, including your verbal and non-verbal behaviours.

Participants may provide their own individual answers; some possible answers include

- *Assertive communication is the healthy balance point of communication it is least likely to lead to any form of aggressive behaviors.*
- *Assaultive behavior can be seen as a two way communication*
- *“You” language puts the other person on defensive*
- *Being passive and not setting boundaries can create ill feelings*
- *Non-verbal communication such as gestures may be misunderstood*
- *Good verbal intervention fits with reasonable force*

Give three examples of assertive communication.

1. I statements, such as “I think”, “I feel”, “I need”.

- *“I think I may be able to help you if all this shouting stops.”*
- *“I feel hurt by all this swearing and name calling.”*
- *“I need the pinching to stop.”*

2. Address the behavior, not assaulting/attacking the individual, be honest and respectful, don’t blame and take responsibility for your actions

3. Create win/win situations instead of I win/ you lose.

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Briefly describe the general principles of crisis intervention.

a) self-control: we need to maintain our own self control if we are going to get a situation under control. (have a plan for self control and know your limits)

b) identification: identify the motive, problem or trigger and the escalation. Watch for all visual and auditory signals.

c) communication: rule of 5, nonverbal and verbal techniques, use assertive communication, also, use the individuals name when possible.

d) timing: intervention as close to baseline as possible will demonstrate the greatest success of crisis intervention. If the wrong intervention techniques are used at the wrong time , it may provoke, rather than reduce aggression.

e) patience: crisis will pass, stay calm, avoid panic, keep talking.

f) spontaneity: each incident is unique; modify approach but remember the PART principles.

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4. Evasive Action

Define “Evasive Action”:

Allows the avoidance of intended pain or injury without retaliation or over-reaction.

Briefly describe each principle of evasion listed below:

- a) keep talking: the individual may respond to verbal cues, use their name and remember the rule of five.*
- b) stay out of the way: remember personal space. Fear-8-10ft, Frustration-out of striking range, Manipulation-about 4ft to show non-involvement, Intimidation- at your greatest defensive advantage*
- c) get out of the way: move from the assaultive individual’s path using smooth quick movements, stay balanced.*
- d) cover up: cover vital areas, use furniture and object for protection between you and the assaultive individual.*
- e) deflect blows and kicks: contact is momentary, close the assault towards the midline of the assaultive individual’s body, open hands do not grab, use parry to move yourself away from the assaultive individual*
- f) call for help: if help is available, call loudly and without panic*
- g) be patient: the crisis will pass, take time to think about the dangers, and continue trying to talk the assaultive individual down*
- h) control yourself: if you lose control you will increase the risk of injury to yourself and others.*
- i) roll with the punch: circular motions deflect the energy of the assault across the assaultive individual’s midline.*
- j) escape holding assaults: do not use pain, move in towards the point of capture, then away, use weight not strength*

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5. Manual Restraint

Manual restraint techniques are used only as a last resort, where the assault is expected to end quickly and when intervening staff can reasonably expect to achieve control of the situation.

Briefly describe the following principles of manual restraint:

- a) master evasion techniques: roll with the assault; use patience, self control, and call for help.*
- b) master capture techniques: force of assault is held at the edge of the moving circle; pivot downwards or sideways.*
- c) get a grip: use clothing not flesh, between joints, not on joints, if no clothing use hips.*
- d) use weight, **not** strength: this tires the assaultive individual and is gender neutral, use your weight as leverage.*
- e) avoid pain: in crises the client can be hurt before they feel the pain.*
- f) use only reasonable force: enough to get yourself out of the situation safely, and no more than is absolutely necessary.*
- g) maintain proper ratio: staff team needs to be at least 100 per cent height/weight advantage.*
- h) be a team player: have a designated team captain, all other team member follow the captain's directions. Communication is very important!*
- i) select the least intrusive restraint position: restrain in the most dignified and least restrictive method possible.*
- j) monitor breathing and circulation very closely: look, listen and feel, ask frequently and talk to the individual. Take care with pressure areas across long bones.*

“Debriefing is a valuable mandatory exercise following each aggressive incident”. Explain this statement:

Documenting/recording helps to identify what changes might be needed in the care plan. Communicating with co-workers and supervisors may help to come up with alternate approaches for dealing with the behaviors, also may identify the need for other resources e.g., training/education. Allows staff to validate their own emotions and fears; a time to give and receive support.

What component of PART creates difficulty for you (e.g., retention, application, etc.)?

individual responses - listen to the responses and identify if you can assist them to understand the content of the program. As a trainer, you may need to provide a summary of these responses to the department/unit manager to assist him/her in identifying additional needs of workers.