



## **Understanding and Dealing With Client Aggression: Exploring the Extent, Causes, and Impact of Aggressive Outbursts and How to Handle Them**

From time to time, clients can become aggressive and, yes, violence does happen. However, these aggressive outbursts can be understood and, in many cases, prevented. In all situations the combative behavior can be managed. Staff can anticipate and in many instances de-escalate a potentially violent episode. Furthermore, once the aggressive episode is under way, there are ways in which staff can effectively intervene.

### **Causes of Aggressive Behavior**

Aggression is often the result of a medical condition. For example, client's outburst may reflect a urinary tract infection or pneumonia. Another major contributor to aggression is dementia, defined by memory loss, disorientation, and difficulty in communication--symptoms that can lead to fear, depression, anxiety, and panic. In one study, among clients with dementia, 45% exhibited aggressive behavior within a two-week study period. Although Alzheimer's disease represents the majority of dementia cases, there are many other causes, such as head trauma, atherosclerosis, and multiple cerebral infarcts.

There is often a relationship between dementia and infections. When a client with dementia contracts an infection, he or she may have difficulty telling others of his/her discomfort, and an aggressive outburst may be his/her way of communicating it.

A number of psychological problems can translate into aggressive behaviors. These include depression and a host of serious and persistent mental disorders. Depression is marked by a pervasive feeling of sadness, guilt, thoughts of death, dread, and despair, as well as physical symptoms such as a diminished appetite and difficulty with sleep. Many people with depression also experience a sense of loss. Clients also might have other

losses in their lives, such as jobs, health, and loved ones. For some the contemplation of their own deaths can be depressing. That depression can evolve into anger and, in turn, lead these clients to strike out at others.

For some, mental illnesses have been a persistent and lifelong struggle. These illnesses include schizophrenia, bipolar disorder (manic-depressive illness), some anxiety disorders, and post-traumatic stress disorder (PTSD). Although most of these disorders can be effectively treated with medications, sometimes client's symptoms emerge and can trigger an aggressive episode.

### **Prevention/De-escalation**

There are 10 basic techniques for effective de-escalation. Use of these procedures can not only diminish or halt the agitation, but can improve the quality of care. These are:

- ❖ active listening
- ❖ effective verbal responding

Active listening and effective verbal responding represent the key aspects of good communication with all clients. This means taking the time to really hear what a person is saying and then thinking about the response.

- ❖ Redirection
- ❖ "fiblets"

Clients with memory impairments benefit from the use of redirection and "fiblets." In redirection, staff simply draws client's attention to another subject and takes his/her mind off of whatever he/she is focusing on. Fiblets are often called "little white lies." They address the subject the client is dwelling on, provide some comfort, and allow the client to mentally move on to another subject.

- ❖ Stance
- ❖ positioning

Attention to staff's stance and positioning in relation to an agitated client is very important. By standing with feet about 18 inches apart, staff are able to work and move with a client without losing their balance. Also, if they position themselves to the side rather than directly in front of a client behaving aggressively, and maintain a distance of approximately six feet, staff are less likely to be struck by the client--and the client will feel less threatened by them, as well.

- ❖ "tincture" of time
- ❖ not jumping to conclusions

One technique of particular value is applying the "tincture" of time. This simply means allowing the client to have time and space to let his/her outburst dissipate.

Not jumping to conclusions means listening to what the client is really concerned about and then responding to it rather than assuming the obvious.

- ❖ controlling the environment
- ❖ teamwork

When a client is becoming aggressive, there are a number of steps staff must take in controlling the environment. These include moving other family members and staff out of harm's way, removing objects that could be used by the client to hurt him/herself or others, and blocking routes by which he/she could leave the house. Staff must also make sure the agitated client is not alone and is always kept in view.

Finally, dealing with an aggressive client requires teamwork. The team must cooperate on many levels. When a client is becoming agitated, staff and family members working together can be very effective. It is important for each staff member to communicate with all members of the team about the client's status.