

PART - Understanding Behaviours

Sometimes those we care for may become assaultive. A care plan (or treatment plan) for each client will set out the care that is needed for that person, including other important information to understand and manage behaviour.

We need to know what the care plan is for a client in order to provide effective interventions that meet that care plan.

First, we need to know what the individual is doing. How are they acting?

Possible answers:

- hitting
- kicking
- biting
- kneeling
- scratching
- pinching
- throwing items
- spitting
- strike with item (e.g. cane)
- pushing
- hair pulling
- gouging
- punching
- slashing
- rushing at or moving towards person in threatening way

Then we need to figure out what needs are they trying to meet. Why are these individuals acting out?

Possible answers:

- protecting themselves or their belongings
- invasion of personal space
- getting attention
- manipulation
- misinterpret the environment i.e. hallucination
- power
- freedom
- retaliation
- rear/frustration
- sickness/hunger
- means of communication
- grieving
- exclude self from activity
- gain control
- gain security

If our interventions **are** successful, what would we expect the individuals to do?

Possible answers:

- Less likely behaviour will occur again
- May get control
- May be prepared to talk over problem
- May be more rationale

If our interventions **are not** successful, what would we expect the individuals to do?

Possible answers:

- Continue with current behaviour
- Escalate
- Behaviour may occur again

What are some **positive and successful responses** you have made or observed during assaultive incidents which might enhance the response techniques?

Possible Answers:

- team approach
- diversion
- remove victim
- change environment
- validated what he/she was hearing
- careful assessment of situation
- time out
- voice/tone
- kept talking
- assess situation
- escape route
- calm/rationale

What are **some errors** you might have made or observed during assaultive incidents?

Possible Answers:

- one-on-one approach
- yelling – may escalate the problem
- waiting too long to intervene, moving in too soon
- improper or no recording
- attempt to overpower
- inconsistent approach
- tone of voice
- body language (eye contact; stance)
- move in too fast
- get angry with individual
- too close, too many workers
- cornering person
- using “No”
- lack of communication between staff
- over persistent

Practice different scenarios with a co-worker; keep improving your ability to respond effectively during an assaultive incident.

Do you have a favorite way to practice?

- role playing - learning from each other
- debriefing - what, where, when
- involved in actual teaching
- visual
- demonstrations
- peoples experience

source: *Professional Assault Response Training (PART) program*®

Safety Talk Discussion

Be Accountable: Choose safety - work safe - and go home injury free!