

Professional Assault Response Training Participant's Exercises Workbook

6th Edition, 2024



Instructions

These exercises follow the layout for the PART Basic program. Follow the numbering in your PART Trainer Manual.

Written exercises are not provided for the Intermediate and Advanced programs. These programs require each participant to provide a return demonstration of the skill/technique.

Unless otherwise instructed, the following procedure should be followed for each learning exercise:

1. Participants read the entire learning exercise carefully.
2. Complete the exercise individually or have a small or large group discussion.
3. Share ideas and questions of each group or individual to the class.

Participants should not be satisfied that their learning exercises are completed until all of their questions have been answered. During the session, participants should write down their questions and ask during, at a break or after the session. The goal is to assist participants to ensure understanding of the material presented.

For PART Trainer and Instructor Use Only

Record of Basic Exercises for _____ (participant name)

Trainer(s) _____

Exercise	Complete	Incomplete	Notes
#1 Purpose			
#2 Professionalism			
#3 Attire			
#4 Observation			
#5 Self Assessment			
#6 Knowing Your Limits			
#7 Restoring Balance			
#8 Legal Model			
#9 Stress Model			
#10 Developmental Model			
#11 Communication Model			
#12 Basic Needs Model			
#13 Environmental Model			
#14 Interactive Model			
#15 Socio-Cultural Model			

#16 Common Knowledge Model			
#17 Response: Developmental Model			
#18 Response: Basic Needs Model			
#19 Response: Interactive Model			
#20 Response: Common Knowledge Model			

For PART Trainer and Instructor Use Only

Record of Intermediate Techniques for _____(participant name)

Trainer(s) _____

Technique	Complete	Incomplete	Notes
Punch to the Face			
Overhead Blow			
Lunging Assault			
Kick to the Thigh			
Kick to the Stomach			
Kick to the Head			
Knee Kick to the Groin			

Pinch Release			
Scratch Response			
Bite Release			
Hair Pull Release			
Choke Release			
Bear Hug Escape			
Arm Grab Escape			
Dementia Techniques (if taught)			
Hip Pivot			
Clothing Pivot			
Belt Pivot			
Belt and Shirt Control			

For PART Trainer and Instructor Use Only

Record of Advanced Techniques for _____ (participant name)
Trainer(s) _____

Technique	Complete	Incomplete	Notes
Standing Restraint from Blow			
Standing Restraint From Overhead Blow			
Standing Restraint from Holding Assault			
Standing Restraint from Kicks			
Escort Two Worker			
Escort Three Worker			
Escort Three Reverse			
Wall Assisted Two Worker			
Wall Assisted Three Worker			
Floor Assisted Two Worker			
Floor Assisted Three Worker			

Participant's Written Exercises

Section 1: Purpose

Exercise 1:

Key question:

When responding to an individual displaying difficult or aggressive behaviour, what is your goal?

Briefly answer the following questions. When you are finished, discuss your answers with your group. Select a leader to give an overview of your group's answers. If you don't understand the questions, ask your PART trainer to explain.

1. What type of difficult, aggressive or violent behaviours do individuals display (any change in behaviour)?

2. What is the purpose of the behaviour? (i.e. What needs are they trying to meet? Why are these individuals acting out?)

3. a) If our response **is** successful, what would we expect the individuals to do?

b) If our response **is not** successful, what would we expect the individuals to do?

4. List some examples of **positive and successful responses** that you made or observed during an incident.

5. List some examples of your response that were not effective during an incident.

Participant's Written Exercises

Section 2: Professionalism

Exercise 2:

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?

You have chosen to work for an agency/organization that supports individuals with a potential for aggressive or assaultive behaviour. Describe your reasons for making this choice.

Section 3: Preparation

Exercise 3:

A. Attire

Key Questions:

- 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?

Look at the way you are dressed from head to toe. Assess your attire in terms of the risk it might present during an incident.	Low Risk	Some Risk	High Risk
Head			
• earrings/piercings - do they present a risk of tearing or cutting?			
• glasses - are frames and lenses likely to break or shatter?			
• hair - could it be easily grabbed or obscure my vision?			
Neck			
• do necklaces, ties, scarves, pen on a rope, stethoscope, etc., provide an opportunity for choking?			
Arms & Hands			
• can rings, bracelets, watches or fingernails catch and tear skin?			
Torso (clothing)			
• will my clothing keep me from jumping, running, bending or kneeling?			

Participant's Written Exercises

Feet (shoes)			
• do my shoes interfere with my ability to move quickly?			
• do my shoes present a risk of injury to myself or others?			
Keys			
• does the way I carry my keys pose a risk of injury to myself or others?			
Emotional Attachment			
• if my clothing or jewelery were damaged, would I be upset?			
Other			
• personal hygiene			
• shaving lotion/perfume			

Exercise 4:

C. Observation:

1. What are some observable, common signs that an individual might become aggressive or potentially violent?

2. Can you identify specific body language that might indicate the individual is escalating?

3. How can the environment contribute to an individual's aggressive behaviour?

4. Why is it important to observe changes in an individual's behaviour?

Participant's Written Exercises

Exercise 5:

D. Self-control:

Your trainer may take you through the next exercises that will give you an opportunity to develop a pre-planned self-control response for maintaining and/or regaining control.

Think of an incident that scared you. Relate back to a time when you had to confront a fear (e.g., a moth, spider, mouse, etc.) and you will be better able to understand the fight or flight response.

Will you be able to maintain control of yourself at that moment? If yes, what will your plan be? Possible reactions to this situation: fight, flight, freeze, fawn, or self-control.

Physical Response in Crisis

1. Self-assessment:

	Symptoms experienced when assaulted: Fight – Flight – Freeze – Fawn	What to do to keep behaviour within acceptable limits Self-control Plan
Breathing		
Vision		
Heart		
Speech		
Thinking		
Perception		
Emotions		

Participant's Written Exercises

2. Knowing Your Limits

Exercise 6:

If I failed to regain self-control and **overreacted**, what would I be doing?

If I failed to regain self-control and **underreacted**, what would I be doing?

What habits do I display under stress that might make this situation worse?

4. Methods for Restoring Balance and a Sense of Well-being

Exercise 7:

Immediately after an incident, I will do these things to restore my sense of well-being:

When an incident has occurred, I will do these things after work to restore my sense of well-being:

I have developed the following habits or patterns of activity to keep myself emotionally balanced:

What can your employer do to help with restoration and healing?

Participant's Written Exercises

Section 4: Identification

Exercise 8:

Legal Model

Read the following scenarios and classify them according to their level of dangerousness. Write the classification in the box provided.

1. An elderly individual grabs a worker by the arm as they walk by and pushes them into another worker.

2. An angry adolescent stands directly in front of the worker, fists clenched, teeth bared, breathing heavily, speaking slowly and deliberately, "You will do what I want right now, or I'll make you pay big".

3. A mentally disturbed, hallucinating young adult picks up their chair and holds it over the head of a worker. As they bring the chair towards the worker's head, they mutter incoherently.

4. A four-foot tall, slightly built, seven-year-old shakes a fist and swings wildly at a twenty-four year old, six-foot tall, solidly built worker, yelling, "I hate you. I'm going to kill you."

Exercise 9:

Stress Model/Assault Cycle

Choose a scenario from your recent experience. This should be someone who became aggressive.

1. Describe the **triggering** event(s) for this incident.

2. Describe the behaviours observed during **escalation**.

Participant's Written Exercises

3. Describe the behaviours observed during the **crisis**.

4. Describe the behaviours observed during the **recovery**.

5. Describe the behaviours observed during the **post-crisis depression**.

Exercise 10:

Developmental Model

Think of someone you have encountered that was not developmentally at the stage that matched their chronological age.

What did this person do that led you to believe they were functioning at a lower developmental stage?

What signs showed them moving away from baseline behaviour? What developmental stage would they be?

Participant's Written Exercises

Exercise 11:

Communication Model

Assertive Communication Exercises:

Using the assertive communication skills you have just learned, role-play various scenarios to build on your current communication skills. These role-playing scenarios allow professionals to practice assertive communication skills in realistic situations, helping them build confidence and effectiveness in their interactions with individuals, families, and colleagues.

Option 1: participants role-playing various scenarios where they need to assertively communicate their needs, boundaries, or opinions.

For example, participants could take turns acting out situations where they need to say “no” to a request, ask for help or support, or disagree with someone else's opinion. After each role-play, the group can discuss what went well, what could be improved, and share feedback on how to communicate assertively in similar situations.

This exercise will help participants practice assertive communication skills in a safe and supportive environment.

Option 2: participants role-play various scenarios for practicing assertive communication in different healthcare settings:

Requesting Inappropriate Medication:

- Situation: An individual insists on receiving a specific medication that is not appropriate for their condition.
- Role-play: One participant plays the individual, while another plays the worker. The worker must assertively explain why the requested medication is not suitable and offer alternative options.

2. Family Member Overstepping Boundaries:

- Situation: A family member insists on staying with the individual overnight despite hospital policy.
- Role-play: One participant plays the family member, and another plays the worker. The provider must assertively communicate the hospital's policy regarding visiting hours and explain the reasons for it.

3. Handling Disruptive Behavior:

- Situation: An individual becomes verbally aggressive and starts shouting in the waiting area.
- Role-play: One participant plays the individual, and another plays the worker. The worker must assertively address the disruptive behavior, setting clear boundaries while remaining calm and professional.

4. Discussing Treatment Options:

- Situation: An individual is reluctant to undergo a recommended treatment due to concerns about side effects.
- Role-play: One participant plays the individual, and another plays the worker. The worker must use assertive communication to address the individual's

Participant's Written Exercises

concerns, provide information about the treatment, and engage in shared decision-making.

5. Dealing with a Disagreement Among Colleagues:

- Situation: Two workers have conflicting opinions about the best course of action for an individual's care.
- Role-play: Two participants play the workers involved in the disagreement. They must use assertive communication to express their viewpoints, listen actively to each other, and work towards finding a consensus.

Points to remember:

- focus on the behaviour not on the individual
- remember as a professional how we communicate can really impact the individuals we support
- we can only control ourselves and how we communicate

Exercise 12:

Basic Needs Model

Consider an individual you have worked with or observed who has become aggressive - **do not use real names for confidentiality purposes**. Explain how this individual's behaviour resulted from a threat or an attempt to meet one of their basic needs.

Exercise 13:

Environmental model

Choose an environmental condition that might provoke an incident. Provide a therapeutic approach to improve that condition. This should be something over which you have some influence over.

Participant's Written Exercises

Exercise 14:

Interactive Model

Components	Give examples that may affect the individual's behavior.	How does this impact the individual or yourself?
Individual		
Environment		
Mental State		
Worker		

Exercise 15:

Socio-cultural Model

Think of three examples where aggression may be seen as an example of social training or social settings.

1.

2.

3.

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Exercise 16:

Pair up participants to perform brief role plays for each motive of the common knowledge model. These role plays don't need to be lengthy or overly detailed; a 30-second demonstration is sufficient to illustrate signs of impending aggression. While the pairs act out their scenarios, the other participants should observe. Afterward, hold a brief discussion about what was observed.

Section 5: Response

Exercise 17:

Write down response ideas or options for each stage of development.

Stage	Identify	Response
Pre-school age children	Easily provoked, little ability to control their outbursts. Easily provoked by physical/environmental conditions (hunger, cold).	
Early elementary age children	Usually, have developed control during outbursts to not hurt others.	
Late elementary age children	Can usually delay their impulses to fight. Fighting is less frequent.	
Early adolescents	Tendency to provoke adults intentionally. May fight among peers and between rival groups. Poor judgement at this stage.	
Late adolescents	Mostly able to channel their energy into sports, etc. Relationships may provoke incidents.	
Young adults	Rarely express themselves explosively. Isolated incidents. Drug and alcohol abuse make it difficult to inhibit explosive behaviour.	
Middle-aged adults	Rarely have physical fights. Domestic matters may cause inhibitions to break down (adultery, job loss, threat to property, alcoholism, etc.).	
Elderly adults	Healthy elderly avoid violent situations. Physical and mental impairments may cause impulsive violence.	

Participant's Written Exercises

Exercise 18:

Interactive Model

When responding to an individual it is important to think about all aspects that may affect behaviour. Write down some examples of each component of the interactive model as well as ways to respond.

Components	Give examples that may affect behavior.	List some ways you can respond to each component?
Individual	<ul style="list-style-type: none">• Personal history• Diagnosis• Developmental stage• Mental health conditions• Unmet needs	
Environment	<ul style="list-style-type: none">• Physical surroundings (temperature, noise, light)• Staffing concerns• Safety (real or perceived)	
Mental State	<ul style="list-style-type: none">• Emotional state• Cognition (confused disoriented)• Hallucinations, delusions• Coping strategies	
Worker	<ul style="list-style-type: none">• Level of training• Communication skills• Attitudes and beliefs• Personal triggers• Personal well-being• Workplace culture	

Exercise 19:

Basic Needs Model

By understanding and addressing the needs at each level of this hierarchy, you can tailor your responses and interventions to the individuals you support. Briefly describe your response for each basic need.

Survival Needs:

Safety:

Participant's Written Exercises

Love and Belonging:

Self Esteem:

Self-Actualization:

Exercise 20:

Common Knowledge Model

Verbal Crisis Intervention and De-escalation

Fill in the common knowledge flow sheet, the signs of impending aggression as well as the approach techniques observed in each role play and/or video. Following the role-play and/or video, discuss the motive and what was observed.

The purpose of the role-play is not to do everything correctly, but to practice the new skills, and to learn both from the successful and not-so-successful attempts at intervention and de-escalation.

Fear: terrified about surgery, unfamiliar environment

Frustration: long wait times in an emergency room, slow progress of rehabilitation

Manipulation: a person who uses drugs trying to get more pills from a nurse, diet restrictions in place and individual is trying to get more food

Intimidation: wanting preferential treatment, family member trying to get preferential treatment for their loved one

Participant's Written Exercises

Common Knowledge Flowsheet

Common Motive		Signs of Impending Aggression				
		Visual	Auditory	History		
Fear						
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical

Common Motive		Signs of Impending Aggression				
		Visual	Auditory	History		
Frustration						
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical

Participant's Written Exercises

Common Motive		Signs of Impending Aggression				
		Visual	Auditory	History		
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Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical

Common Motive		Signs of Impending Aggression				
		Visual	Auditory	History		
Intimidation						
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical

Participant's Written Exercises

Case studies:

For the following case studies, identify the common motive as well as some possible approaches.

Case Study #1 – resident “Jane”

Jane is a 68-year-old resident who is pleasant most of the time. Jane often hides in her room and makes mumbling sounds. She is at times, loud, shouting “No!” and making other repetitive loud noises and squawks.

Jane has dementia and her disease is progressing. Jane doesn’t like workers rushing her and needs time to process information. Jane has lost control of herself in the past and physically and verbally assaulted others.

What is the common motive? _____

What are some possible approaches? _____

Case Study #2 – Public Health “Mom”

Mom arrives at the public health office with a toddler and baby for an immunization appointment. Mom appears out of breath when she checks in, toddler is touching things and not listening to requests not to touch, and baby is starting to squawk. The nurse is running late, and Mom is made aware.

Mom states the baby missed nap time for this appointment and she doesn’t have time to reschedule – she is too busy. Mom threatens to report the nurse/receptionist to the manager. Mom says “you guys are always behind, why even make appointments? The other nurse doesn’t make me wait this long”.

What is the common motive? _____

What are some possible approaches? _____

Case Study #3 – Emergency Room “John”

John, a 45-year-old man, arrives at the emergency room (ER) with severe abdominal pain. He registers at the front desk and is told to wait for his turn. The ER is crowded, and there are several patients ahead of him.

After waiting for an hour, John starts to feel increasingly frustrated, and he notices that people who arrived after him are being seen by doctors. He approaches the front desk and demands to know why he hasn’t been seen yet. He raises his voice, complaining loudly about the wait time and accusing the workers of neglect.

Participant's Written Exercises

What is the common motive? _____

What are some possible approaches? _____

Case Study #4 – Mental Health Crisis “Sarah”

Sarah, a 28-year-old woman, arrives at the emergency room with her friend. Sarah is experiencing severe anxiety and panic attacks, which have escalated over the past few days. The ER is busy, and the wait times are long. Sarah becomes increasingly agitated and starts pacing back and forth and hyperventilating. Sarah's anxiety peaks, and she begins to shout that she can't breathe and needs to leave. She attempts to exit the ER, but her friend and a security guard gently stop her, trying to reassure her that she needs to stay to get help. This makes Sarah feel even more cornered and out of control, and she starts to lash out verbally, yelling and crying.

What is the common motive? _____

What are some possible approaches? _____

Case Study #5 – Intellectual Disability

An individual is diagnosed with intellectual disability and works part-time. The afternoon worker, who is new, comes in and tells everyone that lunch break is over, and it is time to get back to work. The individual sighs loudly and yells “but I didn’t get my break until late”. The worker checks the log and sees that the individual clocked out at 12:00pm. When the worker comes back and tells the individual that they have had a full lunch break, the individual throws a chair and screams, “no I didn’t, Jessica said I could have an extra-long break, I don’t like you!”.

What is the common motive? _____

What are some possible approaches? _____

Case Study #6 – Group Home

An individual is diagnosed with FASD and is supported in a group home. The individual walks close to the worker when they are doing dishes. The individual leans into the worker’s body and says, “if you don’t get me my smokes *right now*, you won’t like what will happen.” The individual waves their fist in front of the worker’s face.

What is the common motive? _____

What are some possible approaches? _____
