

# Participant Handbook



**Professional Assault Response Training<sup>®</sup>**

**6<sup>th</sup> Edition 2024**

## **Basic Program**

Verbal Crisis Intervention  
&  
De-escalation

Name: \_\_\_\_\_

## **Acknowledgements**

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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 through a collaborative approach with SASWH membership and other stakeholders.

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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.

## Table of Contents

<b>Introduction</b> .....	1
Description of Terms .....	2
Legislation .....	3
Three Rights of Workers.....	4
Course Outline/Learning Objectives .....	5
Accountability .....	6
The Interface of PART and the Care/Treatment Plan(s) .....	7
 <b>Purpose</b> .....	 8
 <b>Professionalism</b> .....	 8
 <b>Preparation</b> .....	 9
Attire .....	9
Mobility .....	10
Observation .....	10
Self-control .....	10
 <b>Identification</b> .....	 11
A Legal Model .....	12
Stress Model .....	12
Developmental Model.....	14
Communication Model.....	15
Basic Needs Model .....	17
Environmental Model.....	17
Interactive Model.....	18
Socio-cultural Model.....	19
Common Knowledge Mode/ .....	19
Identification Summary .....	23
 <b>Response</b> .....	 23
Legal Model Response.....	24
Stress Model Response .....	25
Communication Model Response.....	26
Socio-cultural Model Response .....	26
Common Knowledge Model Response.....	27
Key Information for Response .....	28
Therapeutic Approaches .....	30
Response Summary.....	31
Common Knowledge Flowsheet.....	32
Decision Tree Extension #1 - Suggesting Alternative Behaviour .....	36
Decision Tree Extension #2 - Using Crisis Communication .....	37
 <b>Recording</b> .....	 38

## Introduction

### Learning outcomes for each level of PART

#### Basic

- understand why individuals are acting out
- understand how your attitude may aggravate the situation
- know if you are physically and mentally prepared to work with potentially assaultive individuals
- know the importance of effective communication to assist with de-escalating an assaultive situation
- create a plan for self-control
- know how you respond in a crisis situation
- know how to identify why an individual may be assaultive
- understand the importance of proper communication and documentation (demonstration, practice and return demonstration through role plays and exercises)

#### Intermediate

- the Basic learning outcomes
- understand the principles of effective breakaway and evasion techniques (demonstration, practice and return demonstration of techniques - practice each technique three times)

#### Advanced

- the Basic learning outcomes
- the Intermediate learning outcomes
- understand the principles of effective manual restraint techniques (demonstration, practice and return demonstration of techniques - practice each technique three times)

Workers who have developed a **systematic approach** to the treatment of aggressive or violent behaviour are less likely to injure or be injured during an incident than those who haven't!

## PART Basic

### Description of Terms

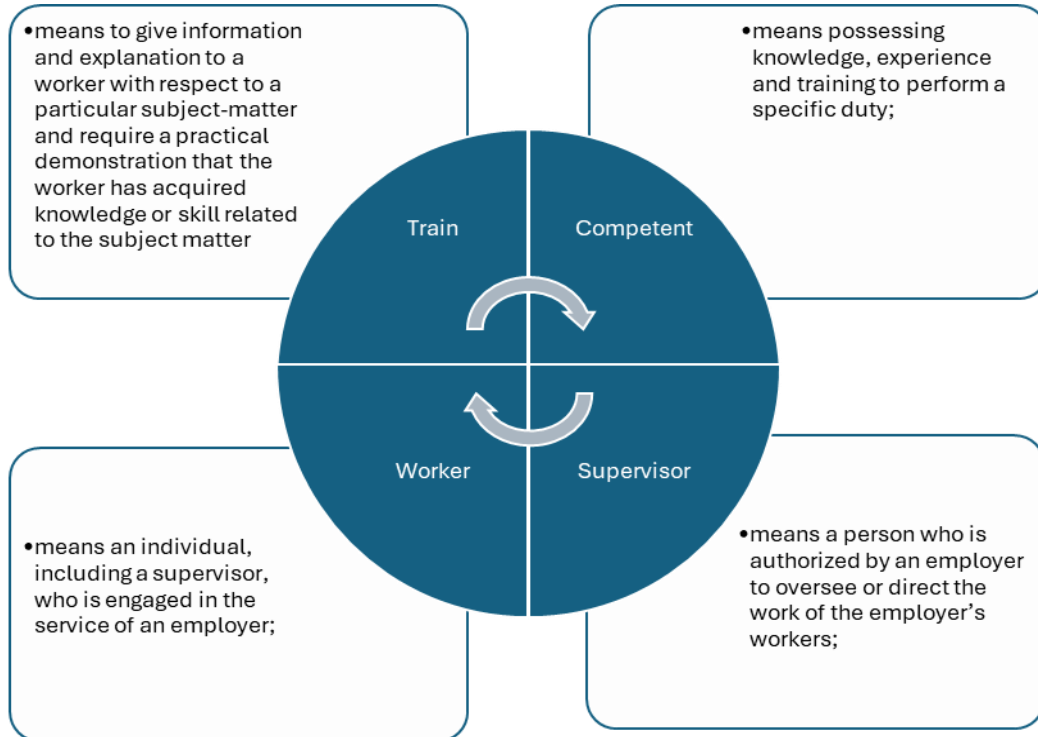
<p><b>Aggression</b> - Any behaviour or act aimed at harming a person either physically or psychologically or damaging physical property. Some examples: shouting, swearing, threats, throwing objects, physical violence. An aggressive act is defined as violence.</p>
<p><b>Violence</b> - The attempted, threatened or actual conduct of a person that causes or is likely to cause injury and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that the worker is at risk of injury.</p>
<p><b>Incident</b> - An incident refers to any event or situation in which aggressive or violent behaviour occurs. This can include physical attacks, verbal threats, or any conduct that poses a risk of injury or harm to workers. These incidents often require immediate response, documentation, and potentially further investigation or intervention to ensure safety and prevent recurrence.</p>
<p><b>Approach</b> - PART represents an approach rather than an array of techniques. Principles are emphasized rather than specific interventions.</p>
<p><b>Problem-solving</b> - PART does not propose to provide answers to people working with aggressive and/or potentially violent individuals. The primary purpose of the course is to help participants ask the right questions so they can solve problems for themselves.</p>
<p><b>Emergency Response</b> - PART methods are not a legitimate substitute for a primary treatment or support plan! PART assumes that you have a reasonable primary treatment/support plan in place for each individual as well as a back-up treatment/support plan. In the event a violent situation exceeds the skills taught in the PART program, an additional back-up plan must also be developed.</p>
<p><b>Gender Neutral</b> - PART is designed to be free of gender bias. The course is designed to provide adequate thinking and movement skills for everyone with various strengths and abilities to remain safe in the workplace.</p>
<p><b>Teamwork</b> - PART emphasizes the skills and qualities of effective teamwork. It involves effective communication, cooperation and coordination among team members to achieve the objective in an efficient manner.</p>
<p><b>Rights</b> - PART training maintains a dual focus on individual/worker safety and individual/worker rights.</p>

# PART Basic

## Legislation

*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.



### Regulation 3-2 states:

A worker shall:

- (a) use the safeguards, safety appliances and personal protective equipment provided in accordance with these regulations and any other regulations made pursuant to the Act; and
- (b) follow the safe work practices and procedures required by or developed pursuant to these regulations and any other regulations made pursuant to the Act.

# PART Basic

## Three Rights of Workers

Saskatchewan's OH&S legislation has also given every worker, including managers and supervisors, three basic rights:

1. The right to know.
2. The right to participate.
3. The right to refuse work *believed to be unusually dangerous*.

Right to Know	Right to Participate	Right to Refuse
<ul style="list-style-type: none"><li>• Every worker has a right to be informed about the hazards at work, trained to recognize those hazards; and trained to protect him or herself from those hazards.</li><li>• This right is built into all regulations where information and training could help to protect workers. Workers must use the information and instruction provided.</li></ul>	<ul style="list-style-type: none"><li>• The occupational health committee (OHC) or the OH&amp;S representative is the principal vehicle for worker participation in the workplace. It is the forum for cooperative involvement of every worker, at every level.</li><li>• Workers' participation assists in developing a strong safety culture. Workers participate by:<ul style="list-style-type: none"><li>▪ being knowledgeable regarding their rights and responsibilities under the legislation;</li><li>▪ asking for information from the supervisor;</li><li>▪ reporting health and safety concerns;</li><li>▪ discussing health and safety concerns at meetings;</li><li>▪ working safely;</li><li>▪ consulting with Saskatchewan Ministry of Labour Relations and Workplace Safety's occupational health officer (OHO);</li><li>▪ assisting in inspections and investigations; and,</li><li>▪ participating in safety; workers assist in cultivating a culture of safety.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• A worker has the right to refuse work that the worker has <i>reasonable grounds to believe is unusually dangerous</i>. The unusual danger may be to the worker or to others. This right is set out in Part III, Division 5 of the Act, section 3-31.</li><li>• An unusual danger could include:<ul style="list-style-type: none"><li>▪ a danger that is not normal for the job</li><li>▪ a danger that would normally stop work</li><li>▪ an imminent danger and in contravention of the Act and Regulations</li><li>▪ a situation for which the worker isn't properly trained, equipped or experienced.</li></ul></li><li>• The right to refuse is the right of an individual and not the right of a group. During a refusal, the refusing worker is protected from discriminatory action through the Act (PART III, Division 5, 3-35)</li></ul>

## Worker Responsibilities

With rights come responsibilities. *The Occupational Health and Safety Regulations, 2020* sets out general duties that every worker must be responsible for:

- taking reasonable care to protect his or her health and safety and the health and safety of other workers who may be affected by his or her acts or omissions
- refraining from causing or participating in the harassment of another worker
- co-operating with any other person exercising a duty imposed by the Act or the regulations
- complying with the Act and the regulations
- using the safeguards, safety appliances and personal protective equipment provided in accordance with the regulations and any other regulations made pursuant to the Act
- following the safe work practices and procedures required by or developed pursuant to the regulations and any other regulations made pursuant to the Act.

# PART Basic

## Course Outline/Learning Objectives

### **PART is designed to help you answer key questions.**

The key questions throughout the program are, in part, the learning objectives. By working through the information and exercises, these questions will be answered.

#### **1. Purpose**

What changes do we expect in the individuals who come to us with assaultive behaviour? (i.e. When dealing with an individual displaying difficult or aggressive behaviour, what is your goal?)

#### **2. Professionalism**

What brought me to this job? What keeps me here? What are my attitudes toward my job and others – clients, co-workers, students? Am I suited for the demands of this job? (i.e. 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?)

#### **3. Preparation**

Am I physically and mentally prepared to work with potentially dangerous people? (i.e. 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 my clothing, footwear, jewelry and other items affect my ability to move/respond in an emergency? Why is this an important part of my self-assessment?

##### **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?

##### **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?

##### **d) Self-control**

Do I have an effective plan for self-control?

#### **4. Identification**

If there is a threat of injury and the care/treatment plan isn't working to reduce that threat, can I identify why? (i.e. If an individual is displaying difficult or aggressive behaviours, can I identify why and adjust my responses accordingly?)

#### **5. Response**

When responding to an individual who is trying to injure, will I be able to match my response to the level of injury being threatened?

##### **a) Verbal Crisis Intervention**

Can I talk the individual into stopping the dangerous behaviour?

##### **b) Evasion**

If the individual won't stop, can I 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 workers to do it safely?



## PART Basic

Are the workers on duty properly trained in restraining?

1. **Manual Restraint:** Is brief manual restraint working? If not, do we need more help? (PART only teaches Manual Restraint)
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?

### 6. Recording

Do my reports accurately reflect the assaultive incident and workers' interventions?

### Follow-up Plan

Following any type of incident there is appropriate documentation, discussion and planning to eliminate/manage the incident from recurring. The safety of workers and other individuals is of utmost importance.

**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

<p>The general definition of "accountability" includes:</p> <ul style="list-style-type: none"> <li>▪ being bound to give an explanation of your conduct</li> <li>▪ being responsible; answerable.</li> </ul>	
<p>In day-to-day work, accountability means:</p> <ul style="list-style-type: none"> <li>▪ following the policy</li> <li>▪ using the skills you have received in training</li> <li>▪ being responsible for the decisions/actions you make at work and even at home</li> <li>▪ performing your job duties accurately and appropriately and using your knowledge, skills and abilities received during training - including making appropriate choice</li> <li>▪ asking for help/assistance or additional training</li> <li>▪ use equipment safely</li> <li>▪ report anything that is unsafe.</li> <li>▪ debriefing after an incident</li> </ul>	<p>As a trainer, some of the things I am accountable for are:</p> <ul style="list-style-type: none"> <li>▪ preparing in advance and being here today to teach the program</li> <li>▪ staying up to date with any new material related to PART</li> <li>▪ observing each of you as we go through the activities, techniques - helping you to learn</li> <li>▪ completing attendance lists, any follow-up required with your manager/supervisor</li> </ul> <p>Everyone is accountable - me, you, your manager/supervisor, VPs, right up to the CEO.</p>

### Interface of PART and the Care/Treatment Plan

1. **PART is designed to address the question:** What happens when the care/treatment plan breaks down?

The primary care/treatment plan provides the worker and the individual with specific information about what the individual will be doing to meet these needs in a responsible way. The care or

## PART Basic

treatment focus is not on what the individual **will stop doing**, rather what the individual **will be doing** to meet their needs.

2. 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?

3. **PART is NOT a self-defense course.** The focus of this training is to enhance your self-control, de-escalation, and verbal crisis intervention skills. The focus of this training is to enhance your self-control, de-escalation, and verbal crisis intervention skills.
4. **The key question to be answered when considering the use of PART interventions is:**  
Is the behaviour dangerous?

There is a difference between dangerous behaviour and behaviour that workers find irritating.

Workers must remember that:

- being obnoxious is a constitutional right

We violate the human rights of individuals to whom we are providing services when we:

- physically force them to stop doing something they want to do, when what they want to do is not dangerous; or
- physically force them to start doing something we want them to do.

**Violating anyone's human rights is a serious matter.  
It should never be done without sufficient cause.**

### Purpose

#### 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:

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

### Remember

*"All behaviour is a form of communication."  
(Dr. Becky Bailey, 2023)*

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### Professionalism

#### Principle

Workers who understand why they have chosen to work in the healthcare/human services field are more motivated to respond in a positive manner when responding to difficult or challenging behaviours while not reacting with emotion.

The difference between a **response** and a **reaction** lies in the level of thought and intention behind each:

- A **reaction** is typically quick, instinctive, and often involves an emotional behavior in the moment. It's automatic and driven by immediate feelings or stimuli without much consideration of the consequences.
- A **response** is more thoughtful and deliberate. It involves self-control, assessing the situation, and choosing the best course of action or response, often considering the potential outcomes or effects.

As a professional, we must respond thoughtfully and with intention, ensuring that our actions are guided by reason, empathy, and a commitment to achieving the best possible outcome for all involved.

#### 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?

**Professionalism is  
taking responsibility  
for the disciplined management  
of mood,  
attitude and motivation  
in the service of the individual.**

## PART Basic

### Important Points of Professionalism

#### Self as Tool

Construction workers use tools to build. In Healthcare/Human Services, self **is** the tool. A skilled craftsman keeps tools in good working order. Disciplined professionals must do the same.

#### Professionalism and Safety

Unprofessional attitudes pose a safety risk to self and others. The more professional we are, the less likely we are to respond negatively.

#### Features of Professionalism

- a) **Mood:** a temporary state of mind or feeling.
  - Mood affects performance.
  - What causes your moods?
  - The professional has control over their mood and how they respond to others.
  
- b) **Attitude:** a way of thinking or feeling about someone or something, reflected in a person's behaviour. 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.
  
- c) **Motivation:** is why you do what you do.
  - Motivation affects performance.
  - Take a moment to reflect on why you are here.

When responding to individuals, we must be professional and remember the "TV rule". If a decision or action is something you wouldn't want to be broadcasted on television or social media, then it's probably not the right response. This rule serves as a way to ensure accountability and by encouraging workers to reflect on their choices and their consequences.

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## Preparation

### Principle

Workers who are prepared to respond to challenging behaviours before they get to work are less likely to injure or be injured than workers who are not prepared. The fully prepared workers consider 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 challenging individuals?
- Have I completed my assessments on self, environment, and others?
- Have I communicated with the team and identified any challenges or limitations?

#### 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?

# PART Basic

## B. Mobility

### Key Questions:

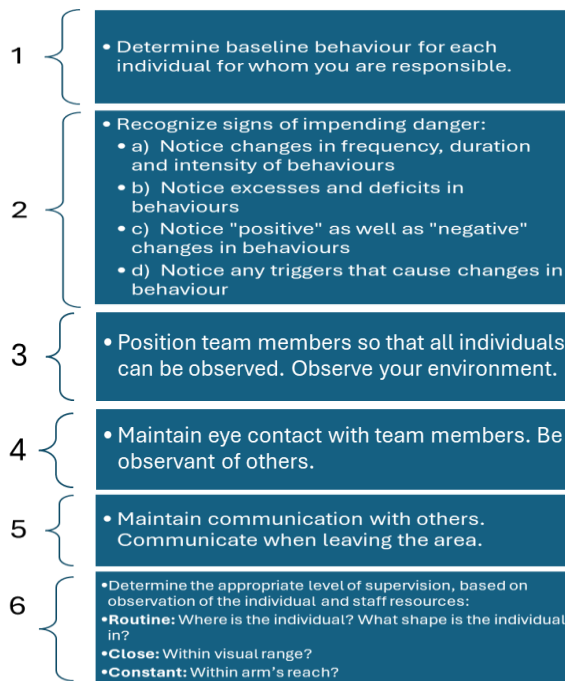
- Am I prepared to move quickly if and when I need to?
- What can I do to improve and maintain my ability to be mobile?

## C. Observation

Being observant can provide critical information about a person's mood, behaviour, and potential triggers, which might not be communicated verbally. This increased awareness can lead to more effective responses in various situations.

### Key Questions:

- Do I have a well-developed observation strategy?
- Do I observe the environment and the individuals I interact with?
- When and where am I more observant - when and where am I less observant?
- Have I set up my environment to be effectively observant?



## D. Self-control

### Key Question:

- Do I have a plan for self-control?

When you believe you are being threatened with physical injury or perceived danger, your body will prepare to reduce or eliminate the threat through a natural stress response. This built in defence mechanism is meant to help you respond to various threats in the most effective way. Fight, flight, freeze, and fawn are all common stress responses.

The first response your body activates is the fight or flight. Your heart rate goes up and prepares your body for a physical response. Your nervous system can then shift to a freeze or fawn (people-pleasing behaviour to avoid conflict) if your body determines the fight or flight won't be effective. Your past experiences, personality and the type of threat will affect which stress response is activated and how you respond to a stressful or frightening situation.

## PART Basic

Maintaining self-control in difficult circumstances is one of the hallmarks of professional behaviour. 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 response is cumulative in its effects, planned methods for reducing this stress and restoring emotional balance are also necessary.

Self-control plans vary widely. Critical features of an effective self-control plan are self-assessment, knowing your limits, regaining self-control and restoration and healing.

1. **Self-assessment:** Taking a moment to check your own physical state. The next exercise will give you an opportunity to think out and write a self-control plan for situations such as this.

2. **Knowing your limits:** Having a clear picture in your mind of how far you might go when you are unable to control your emotions.

3. **Regaining self-control:** 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.

4. **Restoration and healing:** 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.

Talking with a trusted friend is one of the most common ways of beginning to restore emotional balance as well as debriefing with your team.

### Plan Your Work and Work Your Plan!

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## Identification

### Principle

The better we understand the many contributors to the occurrence and potential for challenging behaviours the more likely we will be to prevent incidents from occurring or deal more effectively with incidents when they occur.

**If an individual is displaying difficult or aggressive behaviours, can I identify why and adjust my responses accordingly?**

### Why Does Assault Happen?

This multi-level approach, which looks at behaviour from various perspectives and models, is meant to help workers develop and maintain a broad understanding of aggressive behaviour and provide insight into the reason for the behaviour.

## PART Basic

The identification section allows us to examine violence and violent situations from a number of points of view. These include:



### Legal Model

#### Purpose

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". Reasonable force is defined as a reasonable amount of force that is just enough force for effective self-protection, and no more than is absolutely necessary.



Common Assault	Assault Causing Bodily Harm	Aggravated Assault
<ul style="list-style-type: none"> <li>•When one person threatens to injure another, the threat is a <b>common assault</b> if:                             <ul style="list-style-type: none"> <li>▪the person is close enough to injure;</li> <li>▪the person has the ability to injure;</li> <li>▪the person shows an intent to injure immediately; and</li> <li>▪the injury being threatened is not serious enough to require immediate medical attention.</li> </ul> </li> <li>•Examples include realistic/believable threats to slap, threats to pinch or threats to scratch.</li> <li>•Touch does not occur – there is no contact.</li> </ul>	<ul style="list-style-type: none"> <li>•When a person tries to injure another, the threat is <b>assault causing bodily harm</b> if:                             <ul style="list-style-type: none"> <li>▪the person has the ability;</li> <li>▪the person shows an intent to injure immediately;</li> <li>▪the person makes physical contact; and</li> <li>▪the injury being attempted is not serious enough to require immediate medical attention.</li> </ul> </li> <li>•Examples include slapping, pinching and scratching.</li> <li>•Touch occurs – there is contact – but no medical attention is required.</li> </ul>	<ul style="list-style-type: none"> <li>•When a person tries to injure another, the attempt is called <b>aggravated assault</b> if:                             <ul style="list-style-type: none"> <li>▪the person has the ability to seriously injure;</li> <li>▪the person shows an intent to seriously injure immediately; and</li> <li>▪threatens or attempts an injury that would require immediate medical attention.</li> </ul> </li> <li>•Examples include eye gouging, choking and blows with heavy objects.</li> </ul>

Source: Criminal Code (R.S.C., 1985, c. C-46)

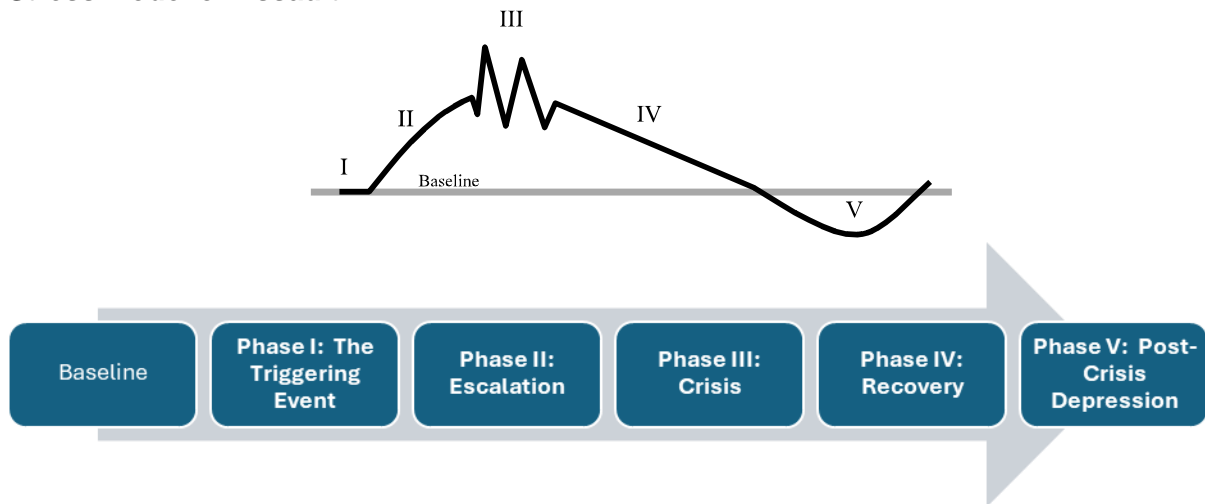
## Stress Model

Studies of “fight or flight,” 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 aggressive in an attempt to control the environment, using violence or the threat of violence to achieve their wishes.

The aggressive person will demonstrate physical, psychological and behavioural reactions, which follow a cycle. Each individual has a uniquely patterned cycle of response to perceived stress that tends to repeat itself.

For the purpose of observing aggressive incidents, this cycle of response has been entitled **The Assault Cycle**, and is divided into five separate, distinct and observable phases.

### Stress Model of Assault



**Baseline Behaviour:** is the individual’s typical or standard pattern of behaviour. Knowing someone’s usual behaviour is crucial for observing triggers and changes in behaviour, as well as assessing how different treatments, supports, or changes in their environment affect them.

#### Phase I: The Triggering Event

This phase includes any event that an individual perceives as a serious threat to well-being or sparks intense negative emotions. The event may be observable (name calling by another person, a disturbing phone call, loss of a privilege) or not observable (a flashback or memory, a delusion or hallucination, a reaction to medication).

#### Phase II: Escalation

The individual’s mind and body prepare for the increase in intensity or seriousness of their behaviour. The individual’s muscles become increasingly tense and active. The increase in intensity could be gradual. Behaviours such as pacing, yelling, banging, throwing objects randomly, kicking walls, drumming fingers, etc., are frequently observed.

#### 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.



## PART Basic

### Phase IV: Recovery

When the crisis is over, the muscles become progressively more relaxed and negative behaviours become less frequent, as the mind and body seek the stability of baseline. It is important to note, however, that the individual is not yet at baseline and is vulnerable to re-escalation.

### Phase V: Post-Crisis Depression

The level of exertion required during the crisis phase has now taken a toll on the body and mind. 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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## Developmental Model

Violence can be seen as a function of age. Younger people are likely to act out or have bursts more than older people. Social norms permit violent expression in children without drastic consequence, for example, temper tantrums.

The importance of this perspective is in the difference between chronological and developmental age. The developmental stage is typically lower than the chronological age.



The stages of developing the ability to control explosive outbursts typically progress as follows:

<b>Pre-school age children:</b> <ul style="list-style-type: none"><li>• Little ability to control explosive outbursts.</li><li>• Can be easily provoked over relatively simple issues.</li><li>• Can have outbursts based on environmental features (hungry, cold).</li></ul>
<b>Early elementary age children:</b> <ul style="list-style-type: none"><li>• Have enough control to avoid hitting and biting, however interactions can cause impulsive violent behaviour such as pushing.</li><li>• Sometimes violent expressions are used to gain the attention of adults.</li></ul>
<b>Late elementary age children:</b> <ul style="list-style-type: none"><li>• Can delay their impulses to fight until they can find a time and a place with less adult intervention.</li><li>• Fighting is much less frequent.</li><li>• There is a notable difference between each gender's ability to control their impulses at this age.</li></ul>
<b>Early adolescents:</b> <ul style="list-style-type: none"><li>• Provoke adults or authority figures intentionally.</li><li>• Typically, pushing their limits and attempting to challenge authority.</li><li>• Inexperience and poor judgement sometimes lead youth to fight with someone who may injure them badly or injure another more than planned.</li></ul>

## PART Basic

<b>Late adolescents:</b> <ul style="list-style-type: none"><li>• Have the ability to channel most of their violent and destructive impulses into other activities (sports, etc.).</li><li>• Relationships may provoke incidents (cheating, disagreements).</li></ul>
<b>Young adults:</b> <ul style="list-style-type: none"><li>• Rarely express their violent or aggressive impulses.</li><li>• Incidents are more isolated.</li></ul>
<b>Middle-aged adults:</b> <ul style="list-style-type: none"><li>• Rarely have physical fights</li><li>• Violence is situationally caused (adultery, job loss, alcoholism).</li></ul>
<b>Elderly adults:</b> <ul style="list-style-type: none"><li>• Typically avoid situations that may lead to violence altogether.</li><li>• Mental and physical impairments may produce the inability to inhibit impulsive violent expression.</li></ul>

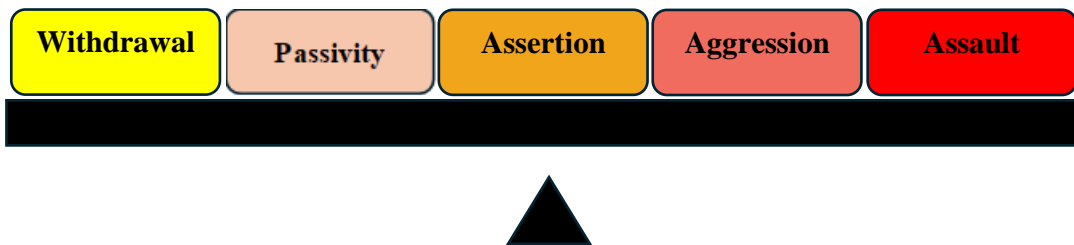
A key point to consider with the developmental model is when an individual is in crisis, their behavioural stage may decrease.

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### Communication Model

From the perspective of interpersonal communication between two people, aggressive 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 aggressive incidents is that it enables us to observe signs and signals of impending aggression. Use of this model allows for early intervention in the assault cycle and may prevent violent expression. The following diagram illustrates the relationship between various forms of communication that lead to violence or its prevention:



**Withdrawal:** Withdrawn forms of communication are non-verbal and include: stares, gestures, isolation and self-destructive behaviours (drug overdoses, dangerous games, etc). Sometimes people cause others to avoid them through poor hygiene or muttering in angry tones.

Non-verbal communication such as gestures may be misunderstood.

**Passivity:** Passive forms of communication include someone avoiding expressing their opinions, needs or values. Often, the person prioritizes the needs, values, and opinions of others over their own. In this form of communication, frustrations tend to build, sometimes resulting in outbursts over time.

Being passive and not setting boundaries can create ill feelings.

## PART Basic

**Aggression:** Aggressive forms of communication include loud/angry blaming of others, yelling, name calling, or making threats. Communicators are comfortable expressing their needs, values and opinions. Often, they might struggle to see the needs, values, and opinions of others.

"You" language puts the other individual on the defensive.

**Assault:** Assaultive forms of communication are non-verbal and include hitting, kicking, throwing objects at people, etc.

Assaultive behaviour can be seen as a two-way communication.

**Assertion:** Assertive communication is the healthy, balance point between aggressive/assaultive patterns and withdrawn/passive patterns. Assertive forms of communication involve the individual being able to express their values, needs, and desires, as well as respecting the values and needs of the other person.

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

Use "I" messages, accept responsibility and make and give others choices.

### Assertive Communication Tips:

1. **Create win-win situations, instead of I win – you lose:** Mutually beneficial situations where all parties should feel satisfied with the outcome.
2. **Be Prepared to Negotiate:** Be open to finding mutually beneficial solutions through negotiation and compromise. Focus on finding common ground and exploring alternative options that address everyone's needs.
3. **Use Assertive Language:** Use assertive language that is firm, yet respectful. Avoid aggressive or passive language, such as blaming, criticizing, pretending to agree, or apologizing excessively. Express your opinion honestly. Use facts and not judgements or assumptions.
4. **Use Assertive Body Language:** Pay attention to your body language and posture. Stand or sit up straight and use open gestures such as facing the person directly, maintaining an open stance, and using expressive hand movements.
5. **Use "I" Statements:** Start sentences with "I" to express your thoughts, feelings, and needs directly. For example, say "I think", "I feel" or "I need" instead of blaming or accusing others. Avoid "you" messages.
6. **Be Clear and Specific:** Clearly state what you want or need and be specific about your expectations.
7. **Stay Calm and Relaxed:** Maintain a calm and composed demeanour, even in challenging or confrontational situations. Take deep breaths and use relaxation techniques to manage any feelings of anxiety or tension. Pay attention to your tone of voice.

## PART Basic

8. **Maintain Eye Contact:** Make eye contact with the person you're speaking to as it conveys confidence and sincerity. However, be mindful not to stare excessively, as it can come across as aggressive. Be aware of cultural differences, direct eye contact may be a sign of disrespect.
9. **Listen Actively:** Practice active listening by giving your full attention to the person who is speaking, nodding to show understanding, and paraphrasing their message to ensure clarity. Show empathy and validate their perspective, even if you disagree.
10. **Stay Focused on the Issue:** Stick to the topic at hand and avoid bringing up unrelated issues or getting sidetracked by emotions. Keep the conversation focused and constructive.
11. **Set Boundaries:** Clearly communicate your personal boundaries and limits and assert them when necessary. Respect others' boundaries as well.
12. **Practice Empathy:** Try to understand the other person's point of view and feelings, even if you disagree with them. Empathize with their perspective and acknowledge their emotions before expressing your own.
13. **Take responsibility for your own actions:** Acknowledge and own your mistakes and make amends by taking corrective action when necessary.
14. **Practice Assertiveness Regularly:** Assertive communication is a skill that improves with practice. Look for opportunities to assert yourself in various situations, both personally and professionally.

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### Basic Needs Model

Throughout life, a person's behaviour is designed to meet basic needs. These needs are met with higher level needs being dependent on meeting the lower-level needs which are the most basic. The needs theory aims to explain human motivation (the reason why we do what we do) based on an individual's specific needs. Regardless of an individual's background, this model is universal that can be applied to many situations.

**Self-Actualization:** desire to be one's best

**Self Esteem:** respect, recognition, strength, freedom

**Love & Belonging:** friendship, intimacy, family, acceptance, trust

**Safety:** personal security (emotional and financial), employment, resources, health, property

**Survival Needs:** air, water, food, shelter, heat, sleep, clothing, reproduction



## PART Basic

Interventions focused on the individual's self-esteem will not help until a worker has assisted the individual in feeling more secure in the situation. If the individual is attempting to obtain a survival need, a worker needs to focus on assisting the individual in attaining that need.

Violence may be a result of an individual's basic needs being threatened, whether it be real or perceived.

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### Environmental Model

Conditions within the environment may impact the individual's behaviour. These can include:

- physical conditions
  - light, heat/cold, crowding, privacy, noise, physical layout
- lack of control
- social environment
  - lack of resources (mental health support, access to information)
  - lack of support (short staffed)
  - hostile environment
- worker performance problems
  - inconsistency and lack of structure

### Therapeutic Approaches to the Environment

These are circumstances and conditions over which the worker may have some influence:

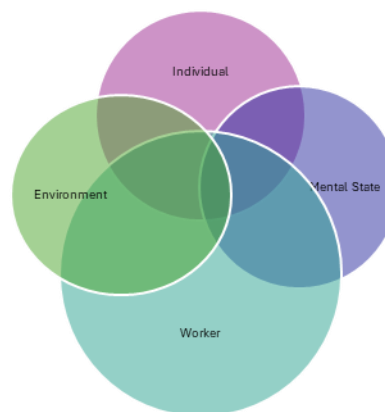
- Create a calm and safe environment.
  - Manage temperature, noise and crowding.
  - Allow for and provide a balance between solitude and socialization.
  - Respect individual's need for privacy and facilitate this as much as possible.
  - Allow individuals to have some of their possessions to instill a feeling of ownership and control.
  - Facilitate individual's physical comfort.
  - Provide opportunity for meaningful activities.
  - Give individuals time and opportunity to complete activities of daily living. Allow for flexibility (e.g., in health care: sleeping in, alternative bath times, etc.).
  - Be aware of and facilitate individual's diverse cultural values.
  - Control environmental influences such as disturbing television programs.
  - Provide a colourful rewarding environment.
  - Maintain a stable routine with realistic changes when necessary.
  - Work within your means.
  - Ensure consistent approach from all workers.
-

## PART Basic

### Interactive Model

#### About the Interactive Model

This model is interactive between the environment, individual, worker, and their mental state. The individual and their mental state impact the worker and the environment, and vice versa.



Another component of this model is the needs approach. The individual has needs related to their mental state, personal experience and environment. These needs are met or unmet by the worker and the environment, as well as the individual.

Workers also have personal needs related to other individuals, the environment they work in as well as their unique human nature. Workers are expected to satisfy their needs by their own resources.

#### The Individual

What are the unique needs and characteristics of the individuals you work with? Some of these needs include the need for; personal space, decision making, respect, warmth, affection and validation.

#### The Environment

The environment can include heat, noise, furnishings, pictures, activities, families, other individuals, workers and much more. The environment is the one area that we can control and modify.

#### Mental State

Unless workers relate to an individual's needs, the individual's awareness will not increase. Workers should focus on getting to know the individual and determining their own individual needs.

#### Worker

This relationship between the worker and individual is based on unique experiences and personalities. Workers should constantly monitor their attitudes toward those to whom they give care.

Workers must be sensitive to their own needs and aware of how these needs are met or unmet in the work environment. Workers should expect to give and receive support to contribute to a positive work environment.

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### Socio-cultural Model

*“Socio-cultural refers to a wide array of societal and cultural influences that impact thoughts, feelings, behaviours and ultimately health outcomes. There are several dimensions encompassed by the term, which can include race, ethnicity, ethnic identity, sex (identity), acculturation, language, beliefs and value systems, attitudes and religion.” (Encyclopedia of Behavioural Medicine, 2020)*

Culture may influence behaviour. It is important for workers to become familiar with cultural norms to recognize and acknowledge differences.

## PART Basic

**Social Training:** Some sub-cultures accept aggression as a method of communication, while some do not (i.e. an individual's upbringing).

**Social settings:** Settings which cause little concern for the surrounding community, while other communities do not tolerate this (i.e. hockey games, professional fighting, etc).

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### Common Knowledge Model

The common knowledge model of assaultive behaviour gives us four basic reasons (motives) why people threaten and injure themselves or others. These are:

- Fear
- Frustration
- Manipulation
- Intimidation

Regardless of how complex the circumstances leading up to an incident, the actual reasons individuals use to explain or excuse their aggression towards themselves, or others are relatively simple and easily understood.

At the point of assault, there are four common motives:

1. **Fear:** an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain or a threat.

Individuals will react, possibly by displaying aggressive behaviours when they feel they are being assaulted or when they think that someone is going to take something away from them that is a basic need, necessary for their well-being.

2. **Frustration:** the feeling of being upset or annoyed, especially because of inability to change or achieve something.

Individuals may become aggressive and injure themselves or others, sometimes damaging property, as an expression of frustration.

3. **Manipulation:** is designed to influence or control another, usually in an underhanded manner which facilitates one's own personal goals.

Individuals can become impulsive and explosive in an effort to manipulate others into giving them something (i.e. emotional control, physical objects).

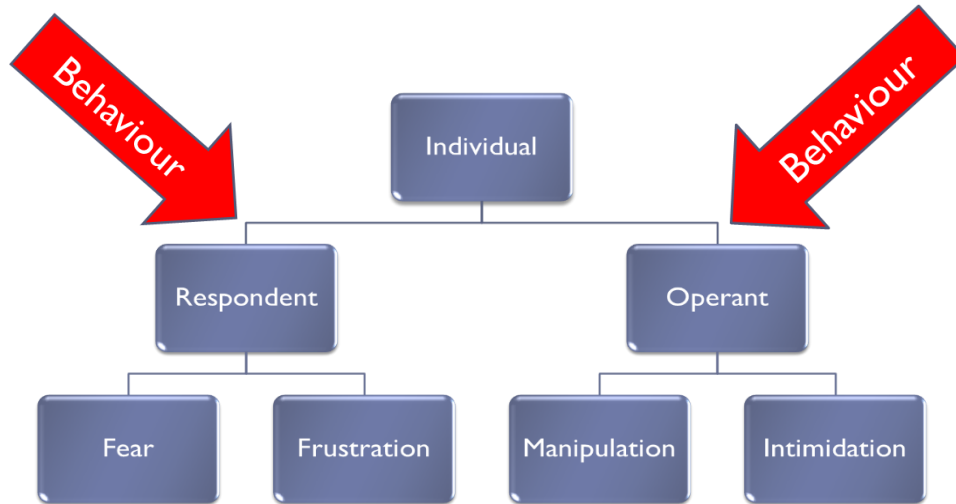
4. **Intimidation:** is behaviour which usually involves deterring or coercing an individual by the threat of violence.

The individual may threaten or instil fear to intimidate others to get what they want (i.e. physical or emotional threat).

Fear and Frustration are "respondent" states, meaning that the individual experiencing these motives feels out-of-control, threatened and/or vulnerable to injury in the environment. The goal of the behaviour is to reduce the feeling of being threatened or out of control.

## PART Basic

Manipulation and Intimidation, are "operant" states, meaning that the individual is attempting to control the environment. In other words, the individual is attempting to "operate" on the immediate environment in order to cause others to become "responsive" and thus give in to their demand(s).



The following profiles may be helpful in determining which of these four motives is the "probable cause" of an aggressive incident. It is not an all-inclusive list.

FEAR		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<p><b>Posture</b></p> <ul style="list-style-type: none"> <li>tense, prepared to defend, hide or run away</li> </ul> <p><b>Skin</b></p> <ul style="list-style-type: none"> <li>pale or ashen (depends on natural skin tone)</li> </ul> <p><b>Facial expression</b></p> <ul style="list-style-type: none"> <li>wide-eyed or fearful</li> </ul>	<p><b>Voice quality</b></p> <ul style="list-style-type: none"> <li>whining, pleading</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>rapid, shallow, irregular</li> </ul>	<p><b>Personal history</b></p> <ul style="list-style-type: none"> <li>get to know the individual's history, as fear could be considered a threat to their physical, emotional, or psychological well-being</li> </ul>

Frustration		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<p><b>Posture</b></p> <ul style="list-style-type: none"> <li>tense and escalated</li> </ul> <p><b>Skin</b></p> <ul style="list-style-type: none"> <li>tones of purple or red; splotches (may depend upon</li> </ul>	<p><b>Voice quality</b></p> <ul style="list-style-type: none"> <li>menacing, aggressive, loud.</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>loud, deep, long, heavy.</li> </ul>	<p><b>Personal history</b></p> <ul style="list-style-type: none"> <li>whether or not the individual's behaviour typically escalates quickly you need to determine the source of</li> </ul>



## PART Basic

natural skin tone)  <b>Facial expression</b> <ul style="list-style-type: none"> <li>tense, focused, and angry</li> </ul>		the frustration.
--	--	------------------

<b>Manipulation</b>		
<b>Signs of Impending Aggression</b>		
<b>Visual</b>	<b>Auditory</b>	<b>History of Behaviour</b>
Difficult to interpret at any particular moment	<b>Definite change:</b> <ul style="list-style-type: none"> <li>confusing demands, whining voice, “poor me”, words of pitiable victim</li> <li>may be overly friendly or pleasant</li> <li>outbursts of behaviour</li> <li>accusations, comparisons and trivia in more aggression tones</li> <li>will change tactics to get what they want</li> <li>threats and may attempt violence</li> </ul>	<b>Personal history</b> <ul style="list-style-type: none"> <li>losing control</li> <li>if there is a history of manipulation - there is a strong chance the manipulating behaviour will continue.</li> </ul>

**Manipulation:** Manipulation can take a variety of forms, including:

**Temper Tantrum:** When the individual’s requests or demands are not met, their response appears to be losing control (i.e. yelling, banging, stomping, etc.).

**Playing the Numbers:** The manipulating individual attempts to "play" people against each other, hoping that in the confusion, their request/demand will be met. Many different settings provide an abundance of opportunities for this form of manipulation.

**Promoting Confusion:** The manipulating individual brings in related, but irrelevant, matters into the discussion, leaving the people wondering what the individual really wants, or how the issues being raised by the person relate to the request/demand being made. (i.e. changing the subject, diverting attention, bringing up past events that are not relevant to the discussion, etc.)

## PART Basic

Intimidation		
Signs of Impending Aggression		
Visual	Auditory	History of Behaviour
<ul style="list-style-type: none"><li>• neutral or unremarkable with the exception of threatening posture.</li><li>• physical menacing/crowding (standing very close to or over the person being intimidated) as a way to threaten danger.</li></ul>	<b>Voice quality</b> <ul style="list-style-type: none"><li>• menacing, threatening words</li><li>• definite pattern - clear and strong demand, believable threat</li><li>• finally, refusal to comply followed by an attempt to injure through violence</li></ul>	<b>Personal history</b> <ul style="list-style-type: none"><li>• bullying and having demands met by using intimidating tactics</li><li>• extortion</li><li>• other criminal assault</li></ul>

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### Identification Summary

A multi-level approach to observing and describing aggressive behaviour shows us that:

- Assaultive incidents can be categorized into logically (and legally) defined levels of dangerousness.
- Aggressive incidents typically progress through a five-phase cycle.
- Aggressive incidents are signaled by, and grow from, patterns of unbalanced, non-assertive communication.
- A perceived threat to deprive an individual of basic needs may lead to assault.
- Environmental irritants often contribute to aggressive incidents.
- Often relates to social and cultural pressures.
- Aggressive incidents develop from patterns of behaviour that most people are quite familiar with because of daily exposure to aggression and its effects.

While workers may not need to analyze every incident from all perspectives, understanding different types of aggressive behaviour and viewing them from various angles can help in understanding the reasons behind behaviours and certain actions.

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### Response

#### Principle

Workers 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 an individual who is displaying aggressive or challenging behaviours, will we be able to match our response to the behaviour demonstrated?

## PART Basic

### A. Crisis Intervention

Can we talk the individual into stopping the aggressive or challenging behaviour? Our goal is to de-escalate the behaviour.

### B. Evasion

If the individual continues to escalate, can we avoid harm by evading?

### C. Restraint

- Do we need to restrain this individual?
- If we do not restrain this individual, will someone be seriously injured?
- If we try to restrain this individual, do we have enough people to do it safely?
- Is the worker 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 Verbal 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 individual into stopping the behaviour) will almost always fit within the definition of reasonable force. It is hard to imagine how gentle and firm instructions to stop the behaviour could be viewed as excessive force.

Verbal crisis intervention is the appropriate response to a situation in which a threat of minor physical injury is present, but without actual physical contact occurring. These situations are classified as "common assaults".

The general principles of verbal crisis intervention are:

### 1. Self Control

To respond to an individual effectively, we must maintain our self-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 ensures the failure of a crisis intervention attempt. Failure to identify the signals that come before an assault is more likely to lead to further escalation.

### 3. Communication

Communication should be simple, direct and brief. Remembering and applying the "**rule of five**" will help in minimizing unnecessary speech during crisis intervention. Remember to use assertive communication.

The **Rule of Five:** During verbal crisis intervention, sentences should be limited to no more than five words, and the words used should be limited to five letters or less.

## PART Basic

### 4. Timing

Verbal crisis intervention techniques are appropriate shortly before, during and shortly after the crisis phase of the stress cycle. 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 verbal crisis intervention techniques are not successful. Remember your self-control.

### 6. Spontaneity

A person's behaviour may change during an incident; you may need to adapt your response as their behaviour changes. You may need to be spontaneous and think on your feet.

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## Legal Model Response

### Reasonable Force

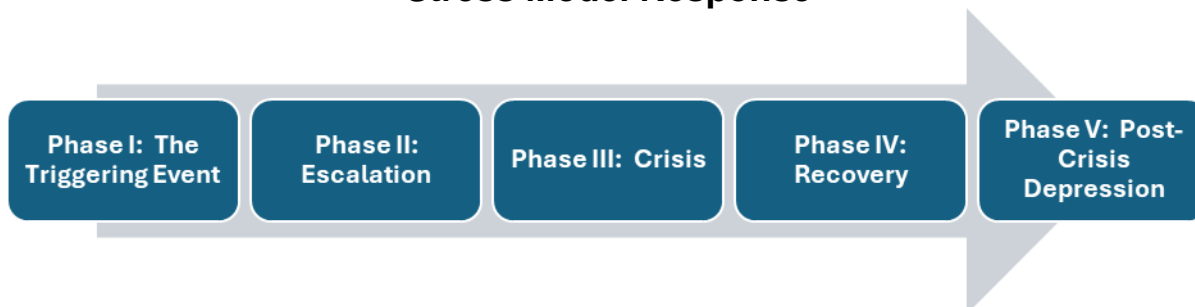
When responding to an assaultive incident, workers are expected to protect themselves from injury but are limited to using "reasonable force". A reasonable amount of force is just enough force for effective self-protection, and no more than is absolutely necessary. As professionals we are obligated to protect not only ourselves, but our clients (or students and co-workers) from any avoidable injury.

### Guidelines for Reasonable Force

1. When the observed behaviour constitutes **common assault**, the reasonable force permissible is verbal crisis intervention.
2. When the observed behaviour constitutes **assault causing bodily harm**, the reasonable force acceptable is evasion.
3. When the observed behaviour constitutes **aggravated assault**, the reasonable force acceptable is restraint.

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## Stress Model Response



### Timing of worker Response

When workers are assigned to respond to an aggressive 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 should focus on self-control

## PART Basic

- expectations should be stated briefly and simply and should be consistent with the treatment/support plan
  - attempt to talk the person out of a dangerous response
  - diversion and distraction are additional strategies that may be utilized
2. During the **escalation phase**:
    - verbal crisis communication is the appropriate intervention
    - communication is simple, direct and brief
    - response should match the demonstrated "motive" for assault (i.e. fear, frustration, manipulation or intimidation)
  3. During the **crisis phase**:
    - verbal crisis communication continues
    - evasion or restraint may be required, in keeping with reasonable force guidelines
  4. During the **recovery phase**:
    - verbal crisis communication should be maintained
    - this is **not** the time for discussing consequences or engaging in lengthy conversation; doing so might re-ignite the energy for assault
    - individuals may choose to self-isolate as part of the recovery process
  5. During **post crisis depression**:
    - active listening and unconditional positive regard should be used
    - this is not the time for consequences or determining blame
    - try and determine the source of the crisis and to allow expression of feelings
    - close supervision may be required if the person is at risk for suicidal thoughts or running away
    - restraint is no longer necessary during this phase
    - return to the treatment/support plan at the end of this phase
- 

### Communication Model Response

The following are some de-escalation tips to use during your response.

#### De-escalation tips:

1. Identify yourself and your goal - *"Hello, my name is Linda, I am here to help you."*
2. Remember personal space - maintain a distance of four to six feet.
3. Be empathetic and non-judgemental.
4. Actively listen and use unconditional positive regard - allow for expression of feelings.
5. Look for the reason behind the behaviour.
6. Know and use their treatment/support plan.
7. Use your self-control plan.
8. Use a team approach – take a "time out" if needed to regain your self-control.
9. Respond appropriately to each motive including appropriate body language.
10. Find a worker that has a good rapport/relationship with the individual and have them talk to them.
11. Respect needs to be communicated in different ways (recognize possible socio-cultural differences as well as fear, shame, and embarrassment they may be experiencing).

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## Socio-cultural Model Response

When responding to an individual, it's important to consider socio-cultural factors. The following are some key considerations:

- Ensure there is understanding when communicating. You may have to use an interpreter or alternative ways to communicate, i.e. Google translate.
- Be aware of body language, eye contact, and gestures, which can have different meanings in different cultures.
- Address individuals in a culturally and personally acceptable manner, such as using titles, first or last names, unless given permission otherwise.
- Approach each individual recognizing your own biases and values while being open to learning about their unique cultural background.
- Be sensitive to cultural norms regarding gender roles, such as preferences for a care provider of a specific gender.
- Show respect for elders and authority figures within the individual's culture.
- Consider the individual's access to healthcare, education, transportation, and financial resources, which can impact their ability to follow treatment/support plans.

Considering these socio-cultural key points in how we respond, will ensure it is respectful, and tailored to the individual.

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## Common Knowledge Model Response

### Crisis Intervention for Fear

#### Goal: Threat Reduction

Reducing the threat will also reduce the probability that the common assault will escalate.

Guidelines for threat reduction:

<b>Posture:</b>	relaxed and open; hands in full view
<b>Gestures:</b>	slow, palms-up and to the side
<b>Position:</b>	slightly off to the side, and far enough away (8-10 feet, if possible) to make it clear that you are not a threat. <ul style="list-style-type: none"><li>▪ positions directly in front of, or any position behind can be expected to increase the perceived threat</li><li>▪ positions at or below the eye level can be expected to reduce the perceived threat</li></ul>
<b>Voice quality:</b>	firm, reassuring, confident
<b>Speech content:</b>	logical, encouraging calm reflection; if promising, ensure the promise is achievable
<b>Eye contact:</b>	if the individual seeks eye contact, should be given freely; if the individual tries to avoid eye contact it should not be forced on them. There are many cultures that discourage or limit communication through eye contact
<b>Physical contact:</b>	touch should not be given without permission and should be light with slow movements

## PART Basic

### Crisis Intervention for Frustration

**Goal: Control**

Communication that demonstrates self-control contributes to the decrease of frustration and encourages restoration of the individual's self-control.

Guidelines for exercising control:

<b>Posture:</b>	self-confident, leading, in control
<b>Gestures:</b>	firm, directing, palms out and gesturing down
<b>Position:</b>	using our stance, be directly in front of the individual, and just outside of their striking range
<b>Voice quality:</b>	quiet, firm, strong tones low enough to make the individual strain to hear
<b>Speech content:</b>	repetitive, confident directives without threat
<b>Eye contact:</b>	direct and accompanied by facial expressions that indicate firm directives are being given
<b>Physical contact:</b>	if physical contact is required, it should be made firmly but without excessive movement

### Crisis Intervention for Manipulation

**Goal: Detachment**

Communication that indicates refusal to become involved in manipulation will decrease the likelihood of manipulation.

Guidelines for detachment:

<b>Posture:</b>	closed, relaxed
<b>Gestures:</b>	gestures of disapproval or mild irritation, non-engaging, detached from the situation (e.g., show no emotion), closed posture (e.g., cross your arms)
<b>Position:</b>	close enough to physically intervene, if necessary, but far enough away to show non-involvement (4-5 feet) <ul style="list-style-type: none"><li>▪ turning slightly away, but do not turn your back on the individual</li></ul>
<b>Voice quality:</b>	detached, mechanical, slightly bored
<b>Speech content:</b>	quiet, repetitive
<b>Eye contact:</b>	avoid eye contact to show non-involvement
<b>Physical contact:</b>	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, as contact with flesh may portray involvement

### Crisis Intervention for Intimidation

**Goal: Communicate Consequences**

Clear communication of the consequences to reduce the probability that an intimidating individual will escalate to have their demands met.

Guidelines for communicating consequences:

<b>Posture:</b>	poised and ready to move or react quickly (standing)
<b>Gestures:</b>	few and far between, to avoid the impression of momentary un-readiness and weakness
<b>Position:</b>	position yourself at a defensive advantage, such as standing with your back to

## PART Basic

	an exit (not allowing it to be blocked by the individual), having a chair, table or desk between you and the intimidating individual
<b>Voice quality:</b>	matter of fact, monotone, emotionless. Maintain self-control
<b>Speech content:</b>	clear and direct statements of consequences, repeated as often as necessary. Avoid threats and unrealistic consequences
<b>Eye contact:</b>	should be used sparingly, to emphasize a statement
<b>Physical contact:</b>	if physical contact is necessary, it should be completed as quickly, smoothly, and as matter of fact as possible

### Key Information for Response

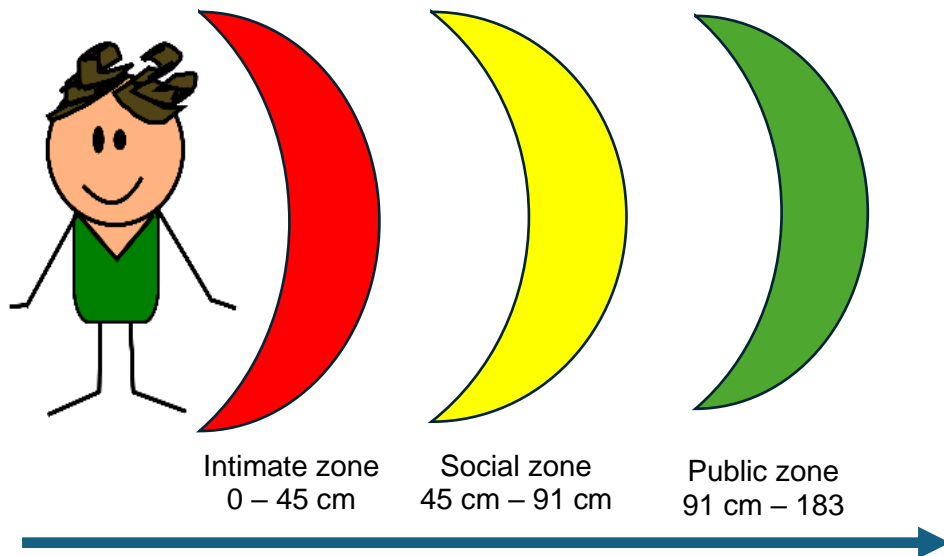
#### Personal Space

As an individual becomes increasingly fearful or angry, the amount of space an individual needs to feel comfortable increases. Standing or sitting too close may be interpreted as an invasion of their personal space (whether deliberate or not). You should maintain a distance of at least four to six feet, which is farther than an individual can lunge, punch or kick.

**Public zone:** 91 – 183 cm (3 - 6 ft) : individual feels comfortable in large group settings

**Social zone:** 45 – 91 cm (18 in. - 3 ft) : individual feels comfortable in workplace settings, social events

**Intimate zone:** 0 – 45 cm (0 - 18 in.) : individual feels comfortable in this zone with family, friends and close colleagues



#### Distance

When approaching a physically aggressive individual, maintain a distance from them of at least an arm and a half of their arm. This safe distance does not allow time for them to move in to strike or kick you.



## PART Basic

If the individual is holding an object in their hands, add the length of the object to the safe distance.

### **Stance**

When talking to a potentially assaultive individual one should

- stand slightly sideways to protect the vulnerable middle areas of the body. Standing sideways toward the individual utilizes the strongest dimension of the stance; standing sideways also permits you to lean sideways (away from the individual) faster and farther than you would be able to lean in a backward direction.
- Hands and arms should be held ready to deflect an assault. Arms can be held (but not folded) across the chest. Never turn your back on or take your eyes off the individual.
- Maintain proper postural balance, keeping the hips directly above and between the feet, and the shoulders directly above the hips. Body weight should be centred between the feet. Knees should be slightly flexed to allow for smooth and rapid movement.

In this stance, you are poised and ready for movement, at an angle and not straight on; the most vulnerable parts of your body are turned away from an assault.

### **Placement of Arms**

Keep your hands visible. Arms should be ready for movement. Avoid clasping hands or crossing arms.

When dealing with a potentially aggressive individual, remember that it is more difficult to hit a moving target than a stationary one. Movement should be slow and accompanied by verbal de-escalation strategies. Movement should remain in front of the individual.

### **Eye Contact**

When approaching an individual, maintain eye contact as in normal conversation. Look frequently into their eyes but avoid staring since this may be interpreted as threatening. Keep in mind cultural differences.

By keeping visual contact with the individual, we can better anticipate what is going to happen. The individual will typically look at the intended target of an assault (look up if reaching for our hair or look down if a kick is planned). A visual glance is an index of intention; the individual might glance at an object before grabbing it to use as a weapon. Knowing the individual's intentions can help you anticipate, prevent or minimize the effects of an assault.

When approaching an individual, if we maintain eye contact with them, their eyes might help to tell us their mood. Knowing their mood will help us respond in an appropriate way.

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## **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 (if appropriate).
- Communicate with the individual at their level of functioning. Tune into their needs by sensitive listening and observation.
- Do not patronize or put down the individual.
- Address them by their proper name, unless they give you permission to call them differently.
- Use touch selectively and appropriately.

## PART Basic

### **Respect the Individual's Privacy:**

- Do not move into the individual's personal space or move too rapidly.
- Respect the individual's territorial boundaries.
- Allow the individual to bathe 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 abilities 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 them to perform at their level of ability.
- Expect the individual to operate at their highest level.
- Do not make unreasonable demands on the individual.
- Consider the individual's limitations and assist them to negotiate their surroundings.
- Encourage the individual to make choices when possible.
- Establish a supportive environment of acceptance and carrying.

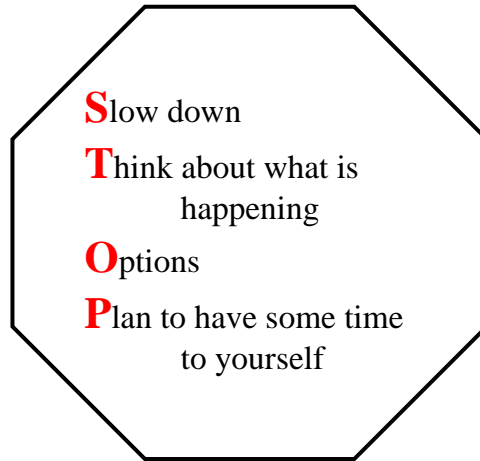
### **Determine How the Individual Perceives and Relates to Non-traditional Workers:**

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

## PART Basic

### **STOP Strategy**

By using assertive communication, workers automatically reduce the chances that an incident will occur. When an incident does occur use the STOP strategy.



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### **Response Summary**

1. Can we de-escalate the individual prior to escalation and/or crisis?
2. Match your response to the level of dangerousness presented – always keep in mind reasonable force guidelines.
3. Choose a response technique that matches the phase of the assault cycle.
4. Remember the general principles of verbal crisis intervention and de-escalation techniques.
5. Verbal crisis intervention should follow the approach techniques in the common knowledge model.

## PART Basic

### Common Knowledge Flowsheet - Fear

Common Motive		Signs of Impending Aggression			Goal	
		Visual	Auditory	History		
<b>Fear</b>					<b>Threat Reduction</b>	
Individuals will react, possibly by displaying aggressive behaviours when they feel they are being assaulted or when they think that someone is going to take something away from them that is a basic need, necessary for their well-being.	posture - tense, prepared to defend, hide or run away  skin color - pale or ashen (depends on natural skin tone)  facial - wide-eyed or fearful	voice quality - whining, pleading  breathing - rapid, shallow, irregular	get to know the individual's history, as fear could be considered a threat to their physical, emotional, or psychological well-being	Reducing the threat will also reduce the probability that the common assault will escalate.		
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
relaxed and open, hands in full view	slow, palms-up and to the side	slightly off to the side, and far enough away (8-10 feet, if possible) to make it clear that you are not a threat.	firm, reassuring, confident	logical, encouraging calm reflection; if promising, ensure the promise is achievable.	if the individual seeks eye contact, should be given freely; if the individual tries to avoid eye contact it should not be forced on them. There are many cultures that discourage or limit communication through eye contact.	touch should not be given without permission and should be light with slow movements.

## PART Basic

### Common Knowledge Flowsheet - Frustration

Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
<b>Frustration</b>				<b>Control</b>		
Individuals may become aggressive and injure themselves or others, sometimes damaging property, as an expression of frustration.	posture – tense and escalated  skin color - tones of purple or red; splotches (may depend upon natural skin tone)  facial – tense, focused, and angry	voice quality - menacing, aggressive, loud  breathing - loud, deep, long breaths	whether or not the individual's behaviour typically escalates quickly. Determine the source of the frustration	Communication that demonstrates self-control contributes to the decrease of frustration and encourages restoration of the individual's self-control.		
<b>Approach Techniques</b>						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
self-confident, leading, in control	firm, directing, palms out and gesturing down	using our stance, be directly in front of the individual, and just outside of their striking range	quiet, firm, strong tones low enough to make the individual strain to hear	repetitive, confident directives without threat	direct and accompanied by facial expressions that indicate firm directives are being given	if physical contact is required, it should be made firmly but without excessive movement

## PART Basic

### Common Knowledge Flowsheet - Manipulation

Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
<b>Manipulation</b>				<b>Detachment</b>		
Individuals can become impulsive and explosive in an effort to manipulate others into giving them something. (i.e. emotional control, physical objects)	difficult to interpret at any particular moment	definite change - confusing demands, whining voice, words of pitiable victim; may be overly friendly or pleasant; accusations, comparisons and trivia in more aggression tones; will change tactics to get what they want; threats and may attempt violence	-losing control -if there is a history of manipulation - there is a strong chance the manipulating behaviour will continue.	Communication that indicates refusal to become involved in manipulation will decrease the likelihood of manipulation.		
Approach Techniques						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
closed relaxed	gestures of disapproval or mild irritation, non-engaging, detached from the situation (e.g., show no emotion), closed posture (e.g., cross your arms)	close enough to physically intervene, but far enough away to show non-involvement (4-5 feet)	detached, mechanical, slightly bored	quiet, repetitive,	avoid eye contact to show non-involvement.	if physical contact becomes necessary, it should be handled as quickly and unemotionally as possible. Try to make contact with clothing only, as contact with flesh may portray involvement.

## PART Basic

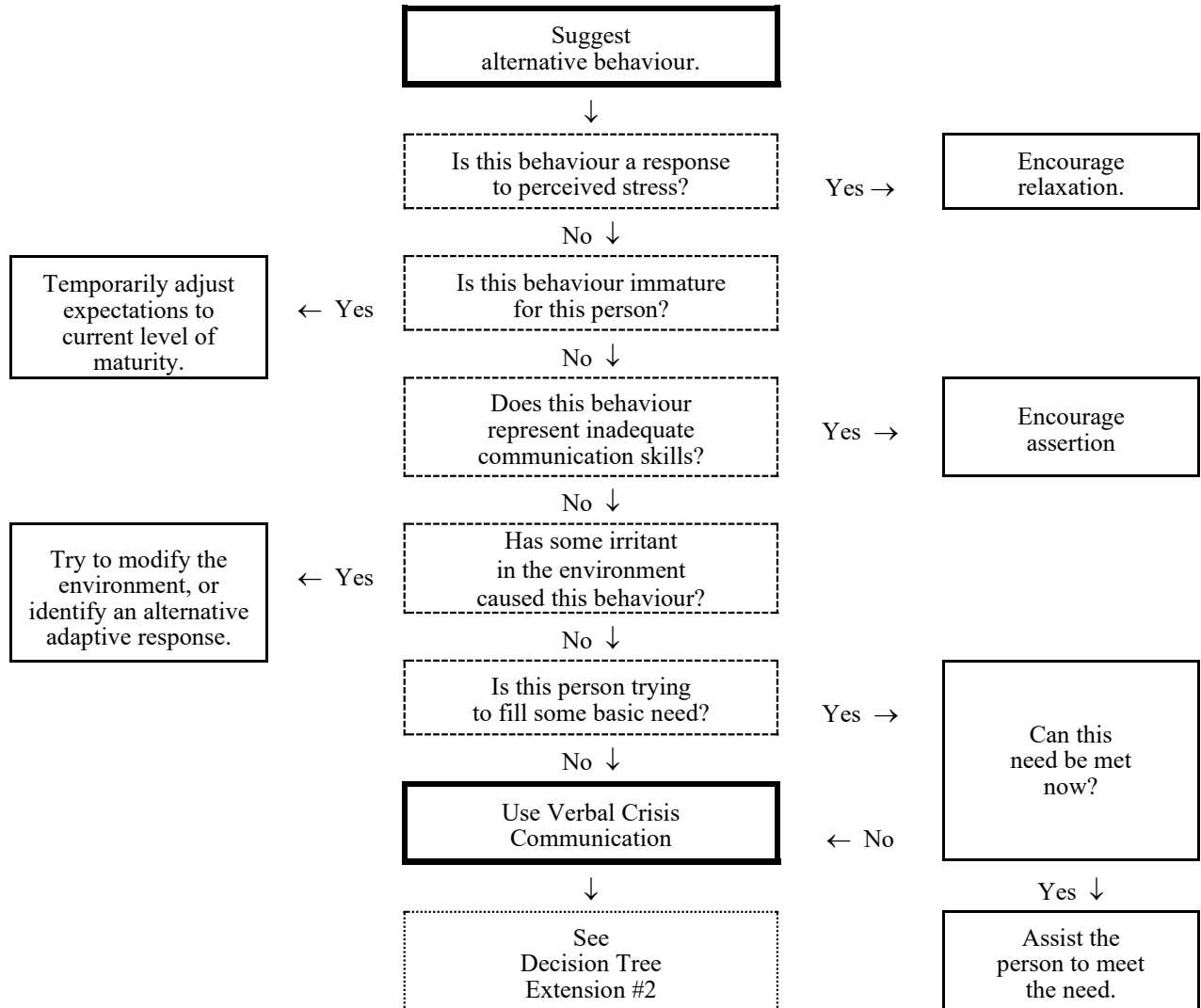
### Common Knowledge Flowsheet - Intimidation

Common Motive	Signs of Impending Aggression			Goal		
	Visual	Auditory	History			
<b>Intimidation</b>				<b>Consequences</b>		
<p>The individual may threaten or instil fear to intimidate others to get what they want. (i.e. physical or emotional threat)</p>	<p>-neutral or unremarkable with the exception of threatening posture. -physical menacing/crowding (standing very close to or over the person being intimidated) as a way to threaten danger.</p>	<p>-menacing, threatening words -definite pattern - clear and strong demand, believable threat -finally, refusal to comply followed by an attempt to injure through violence</p>	<p>-bullying and having demands met by using intimidating tactics -extortion -other criminal</p>	<p>Clear communication of the consequences to reduce the probability that an intimidating individual will escalate to have their demands met.</p>		
<b>Approach Techniques</b>						
Posture	Gesture	Position	Voice Quality	Speech Content	Eye Contact	Physical
<p>poised and ready to move or react quickly (standing)</p>	<p>few and far between, to avoid the impression of momentary un-readiness or weakness</p>	<p>position yourself at a defensive advantage, such as standing with your back to an exit, having a chair, table or desk between you and the intimidating individual</p>	<p>matter of fact; monotone; emotionless; Maintain self-control</p>	<p>clear and direct statements of consequences, repeated as often as necessary. Avoid threats and unrealistic consequences</p>	<p>should be used sparingly, to emphasize a statement</p>	<p>if physical contact is necessary, it should be completed as quickly, smoothly, and as matter-of-factly as possible</p>

PART Basic

**Decision Tree Extension #1**

**Suggesting Alternative Behaviour**

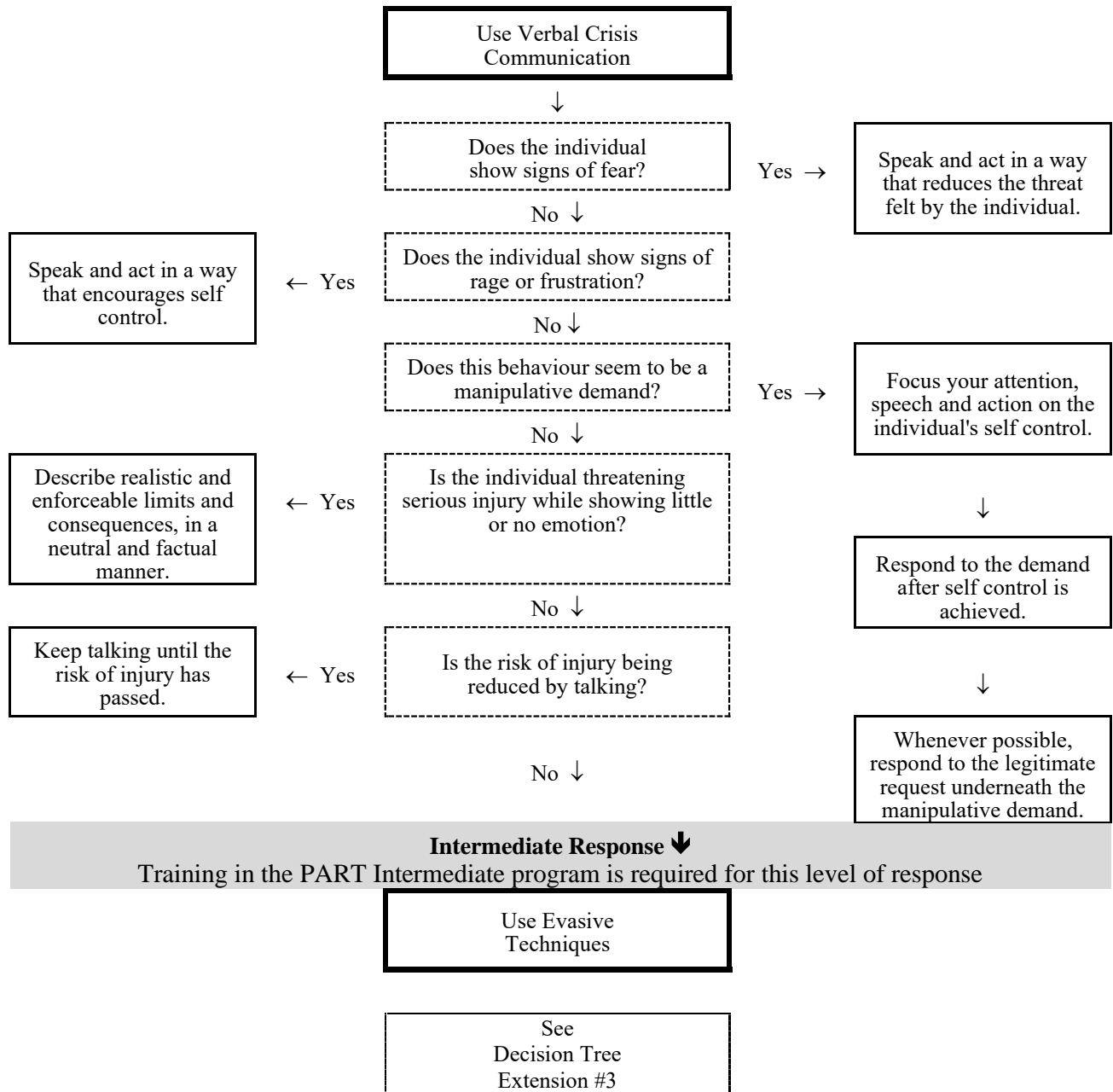




# PART Basic

## Decision Tree Extension #2

### Using Verbal Crisis Communication



### Recording

#### Principle

The primary purpose of written reports is to enhance communication among team members. Complete and accurate documentation provides the team with essential information, allowing for timely adjustments to treatment or support plans when needed. These reports also help identify underlying causes of incidents, supporting modifications to treatment plans or corrective actions. All reported incidents should be followed up by your OHC or designated representative, and only factual information should be documented.

In addition to recording incidents, it is important to document and communicate any interventions or changes in an individual's behavior.

#### Key Question:

Do my reports accurately reflect the incident and worker interventions?

A complete report of an incident is based on ten points: who, what, when, where, why, how, injuries, notification, simplicity, 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.
5. **How:** A description of how the worker intervened.
6. **Why:** Identify the visual, auditory and historical signs that might explain the motive for the assault. Remember to document facts only.
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, family, supervisors, social workers, etc.
9. **Simplicity:** The report should be easy to understand.
10. **Follow-up:** Have a plan to follow up once changes to treatment/support plans or corrective actions have been implemented.

#### 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.**

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