
**PART® 6th Edition
Re-evaluation**

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

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

The following answers (*in italics*) are provided to PART trainers and instructors for use as a guide when working through the pre-test. The answers given are not inclusive.

Program Outline

The following outline is offered as a suggestion for completion of the PART re-evaluation program. Some agencies may prefer to take additional time to review various aspects of the program, including the addition of specific policies, procedures, incident reporting forms, etc. The recommended timelines for re-evaluations are provided in the beginning portion of the PART Trainer's Manual, 6th Edition.

If participants have not completed the pre-test prior to the session, you may choose to use this pre-test to review content rather than using the re-evaluation lesson plan. Refer to your PART Trainer Manual, 6th Edition, during your re-evaluation session.

Time	Activity	Materials
5 minutes	Welcome, introductions, icebreaker	
1.5 hours	Theory Review Review of Pre-test questions	pre-test - work through questions with group during the session. PART Trainer Manual 6 th Edition
2.5 hours	Demonstrate competence in verbal/non-verbal skills through role play (fear, frustration, manipulation, intimidation) Include review of recording/record keeping or Role plays (bring actual incident reports; role play as incident reports depict; role play as should have been) Discuss recording/record keeping	PART Trainer Manual 6 th Edition
2 hours	Evasion/breakaway - review and return demonstration of techniques	PART Trainer Manual 6 th Edition
2 hours	Manual Restraint - review and return demonstration of techniques	PART Trainer Manual 6 th Edition

PART

Participant Re-evaluation Pre-test – Answer Key

Introduction

This Pre-test may be an open-book pre-requisite to completing the PART re-evaluation program. Your PART instructor or trainer will review this completed pre-test with you or in a group setting.

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

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

Name

Job title

Objectives of PART Re-evaluation

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

1. Legislation

Saskatchewan's OH&S legislation has given every worker, including managers and supervisors, three basic rights. What are these rights? Describe each right.

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

Right to Know	Right to Participate	Right to Refuse
<ul style="list-style-type: none"> • 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. • This right is built into all regulations where information and training could help to protect workers. Workers must use the information and instruction provided. 	<ul style="list-style-type: none"> • The occupational health committee (OHC) or the OH&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. • Workers' participation assists in developing a strong safety culture. Workers participate by: <ul style="list-style-type: none"> ▪ being knowledgeable regarding their rights and responsibilities under the legislation; ▪ asking for information from the supervisor; ▪ reporting health and safety concerns; ▪ discussing health and safety concerns at meetings; ▪ working safely; ▪ consulting with Saskatchewan Ministry of Labour Relations and Workplace Safety's occupational health officer (OHO); ▪ assisting in inspections and investigations; and, ▪ participating in safety; workers assist in cultivating a culture of safety. 	<ul style="list-style-type: none"> • A worker has the right to refuse work that the worker has reasonable grounds to believe is unusually dangerous. 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. • An unusual danger could include: <ul style="list-style-type: none"> ▪ a danger that is not normal for the job ▪ a danger that would normally stop work ▪ an imminent danger and in contravention of the Act and Regulations ▪ a situation for which the worker isn't properly trained, equipped or experienced. • 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)

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2. Accountability

What does “accountability” mean to you?

The general definition of “accountability” includes:

- *being bound to give an explanation of your conduct*
- *being responsible; answerable.*

List a few examples of what you are accountable for at work.

*following the policy
using the skills you have received in training
being responsible for the decisions/actions you make at work and even at home
performing your job duties accurately and appropriately and using your knowledge, skills
and abilities received during training - including making appropriate choices
asking for help/assistance or additional training
use equipment safely
report anything that is unsafe.
debriefing after an incident*

3. Purpose and Prevention

Briefly describe your positive experience(s) in managing aggression and/or violence in the workplace. Participants may provide their own individual answers; some possible answers include:

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

List some reasons for the aggressive or violent behaviour.

*Protecting themselves or their belongings
Invasion of personal space
Getting attention
Manipulation*

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Misinterpret the environment i.e. hallucination
Power
Freedom
Retaliation
Fear/frustration
Sickness/hunger
Means of communication
Grieving
Antisocial
Gain control
Gain security
Dementia
Delusion

What policies/guidelines does your employer have in place for managing aggression and/or violence?

Some examples of policies/guidelines may include the following:

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

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

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

Agree

By matching appropriate responses, by identifying the problem/trigger through observation & assessment, there is a greater chance of preventing aggressive/violent behavior from happening. This allows us to use de-escalation techniques before a situation escalates.

Documentation of incidents, communication and care/support plans can assist in identification and problem solving.

Use of appropriate equipment (e.g., mechanical lifting equipment) may reduce incidents.

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4. Professionalism

What are the three features of professionalism and why are they important?

Mood, attitude and motivation.

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.

5. Preparation

Workers who are prepared to respond to challenging behaviours by using a professional approach and their self-control plan are less likely to cause injuries during incidents by responding with too much or too little force than those who are not prepared.

Briefly explain this statement:

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

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

6. Identification

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.

Legal Model

Define "reasonable force":

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

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

Common assault:

*no hands on contact
verbal intervention or walk away
no force – communication should be sufficient*

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Assault causing bodily harm:
evasion

Aggravated assault:

Evasion or Restraint (if appropriate and trained as a last resort) Example: may be more appropriate to evade and call police or emergency contact than to restrain

Note – verbal crisis intervention always fits within reasonable force guidelines

Restraint is permissible – ensure to follow your employer’s policies and procedures

Stress Model

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

Trigger:

you might see a change in facial expression or mood

example of triggers may be environmental conditions (temperature, staff, etc.), pain, hallucination, receiving bad news

person at usually at baseline when trigger occurs so behaviours may not be immediately obvious

Escalation:

they may not hear or understand you (especially the higher they escalate)

breathing increases with heart rate

voice tone may be shrill or loud

facial color and expression

agitation or irritation – pacing, fidgeting, slam door closed, stomp feet

name calling

pacing

throwing objects

yelling

kicking wall

disrobing

Crisis:

behavior pattern explodes – may be assault

usually only lasts 2-3 minutes at most, sometimes it is just one attempt, such as one swing to punch

verbal abuse / assault - hitting, kicking, pinching, grabbing, choking

actions towards other people

Recovery:

voluntary self-isolation

can be easily re-escalated as they are not yet back to baseline

breathing is returning to normal

may still pace, more relaxed but vulnerable to re-escalation, may want to self-isolate, possibly apologetic

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Post-crisis Depression:

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

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

Demands for self-control:

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

Unconditional positive regard:

post crisis depression

Crisis intervention:

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

Developmental Model

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

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

*healthy elderly adults
middle age adults*

At what stage of development are individuals least likely able to control their aggressive outbursts?

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

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Communication Model

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

Some possible answers include:

Verbal	Non-verbal
<i>Talking, verbal crisis intervention</i> <i>Tone of voice, clear, not shouting</i> <i>Use their name</i> <i>Assertive (avoid “you” messages)</i> <i>Rule of 5</i> <i>Allow choices and them having some control</i>	<i>Respect personal space and privacy</i> <i>Reduce environmental conditions that may provoke an incident</i> <i>Have exits in view</i> <i>Be aware of culture</i> <i>Aware of posture (avoid hands on hips)</i> <i>Timing of responses</i> <i>Teamwork/consistency in approach</i> <i>Appropriate body language/gestures/eye contact</i>

Give three examples of assertive communication:

- Create win-win situations*
- Be prepared to negotiate*
- Use assertive language*
- Use assertive body language*
- Use “I” statements*
- Be clear and specific*
- Stay calm and relaxed*
- Maintain eye contact*
- Listen actively*
- Stay focused on the issue*
- Set boundaries*
- Practice empathy*
- Take responsibility for your own actions*
- Practice assertiveness regularly*

Basic Needs Model

Briefly describe how the Basic Needs Model might relate to understanding aggression. Aggressive behaviour may result from a threat or an attempt to attain one of the basic needs.

Survival: If an individual is hungry, they may become irritable or lash out at others.

Safety: If an individual feels their physical safety is being threatened (a sudden loud noise or unexpected approach) this may cause aggressive outbursts like pushing or yelling.

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Belonging: An individual who feels isolated or rejected may act out aggressively for attention or connection

Environmental Model

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

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

Comfortable room temperatures, calm colours, quite private areas, personal space.

Meaningful activities.

Stable and consistent routines from workers.

Other tools such as alarm bracelets for a more relaxed atmosphere for those that do not need them, and a safety precaution for those that do, consistent routines.

Interactive Model

List the four components of the Interactive Model and give an example of each:

Individual

has own needs for space, privacy, respect, making choices, friends/family visiting, pain

Mental State

frustration, needs not being met

Environment

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

Worker

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

Socio-cultural Model

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

Various areas/subdivisions within a city

Virtual reality or entertainment (TV shows, social media)

Recreational events where fights are expected (e.g., hockey games, UFC)

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Common Knowledge Model

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

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

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

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

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

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

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

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

Examples: threaten (may be with a weapon), tense, focused. A calculated planned attempt to gain control i.e. threat to "hit" if you don't do what I want.

7. Response

Briefly describe the general principles of crisis intervention.

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

identification: identify the motive, problem or trigger and the escalation. Observe all visual and auditory signals that come before an assault.

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

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

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

spontaneity: each incident is unique; modify approach but remember the PART principles and think on your feet.

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8. Recording

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

Documenting/recording helps to identify what changes might be needed in the care plan. Communicating with co-workers and supervisors may help to come up with alternate approaches for dealing with the behaviors, also may identify the need for other resources e.g., training/education.

Recording allows workers to validate their own emotions and fears; as well as time to give and receive support.