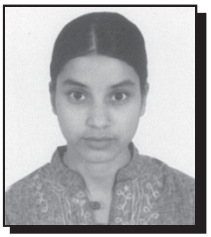
Aggression and its Management



Poojan Sharma Choulagai
Instructor,
National Vision Nursing Campus,
Baneshwor Kathmandu

Abstract

Aggression is associated with violent activities which occurs with most of the mentally ill patients. It arises from an innate drives or occurs as a defense mechanism and is manifested either by constructive or destructive acts directly towards self or others. Aggressive people ignore the rights of other people. They must fight for their own interests and they expect same from others. An aggressive approach to life may lead to physical or verbal violence. The aggressive behavior often covers a basic lack of self confidence. The general objective of the article is to provide general guideline for nurses to manage the aggressive behavior of patients. Aggressive behavior can be managed by adopting soft and polite communication technique at first and at last, rapid tranquilization and restraining can be done.

Terms

Anger: Anger is defined as a strong uncomfortable emotional response to provocation that is unwanted and incongruent with one's values, beliefs or rights.

Aggression: Aggression refers to behavior that is intended to cause harm or pain. Aggression can be either physical or verbal.

Hostility: Hostility is an emotion expressed by verbal abuse, lack of cooperation, violations of rules or norms, or threatening behavior, also called verbal aggression. Hostility may be expressed by a person who feels threatened or powerless.

Types of Aggression

Instrumental Aggression: Aggression aimed at obtaining an object, privilege or space with no deliberate intent to harm another person

Hostile (Physical) Aggression: Aggression intended to harm another person, such as hitting, kicking, or threatening to beat up someone.

Relational Aggression: A form of hostile aggression that does damage to another's peer relationships, as in social exclusion or rumor spreading

Condition in which the Aggressive Behavior Occurs

- Schizophrenia, post partum psychosis, mania
- Withdrawal from alcohol and drugs abuse
- Agitated depression
- Personality disorders e.g. antisocial personality disorder

- Mental retardation
- Autism
- Psychosocial factors e.g. marital disruption, poverty etc

Characteristics of Aggressive Behavior

Aggressive behavior is communicated verbally or non verbally

Aggressive people may invade the personal space of others

They may speak loudly and with greater emphasis

They usually maintain eye contact over a prolonged period of time so that other person experiences it as an intrusive

Gestures may be emphatic and often seem threatening, (for example they may point their figure, shake their fists, stamp their feet or make slashing motion with their hands)

Posture is erect and often aggressive people lean forward slightly towards the other person. The overall impression is one of the power and dominance

Predisposing Factors

Neurobiologic Theory

Serotonin plays a major inhibitory role in aggressive behavior; therefore, low serotonin levels may cause an increase in aggressive behavior. Increased activity of dopamine and norepinephrine in the brain is associated with an increase in impulsively violent behavior. Structural damage to the limbic system and the frontal and temporal lobes of the brain may alter the person's ability to modulate aggression, leading to aggressive behavior.

Psychosocial Theories

Temper Tantrum are a common response from a toddler whose wishes are not granted. As the child matures, he or she is expected to develop impulse control and socially appropriate behavior. Failure to develop these qualities can result in a person who is impulsive, easily frustrated, and prone to aggressive behavior.

Cultural Consideration

Expression of anger is depend on culture, such as, in Asian community, expressing anger may be seen as rude or disrespectful and is avoided at all cost.

Treatment

The treatment of aggressive clients often is aimed at treating the underlying or comorbid psychiatric diagnosis such as schizophrenia or bipolar disorder. For aggressive psychotic clients, the cocktail or chaser approach may be used to produce rapid sedation.

Emergency Management of Acutely Aggressive Client

	At the time of the behavior	30 minutes to 1 hour after the behavior	1to 2 hours after the behavior
Cocktail	Lorazepam 1-2mg PO or IM Haloperidol 5-10 mg PO or IM	Lorazepam 1-2mg PO or IM Haloperidol 5-10 mg PO or IM	Lorazepam 1-2mg PO or IM Haloperidol 5-10 mg PO or IM
Chaser	Lorazepam 1-2mg PO or IM	Lorazepam 1-2mg PO or IM	Lorazepam 1-2mg PO or IM

Reclosing is for clients who have not actieved seclation from the previous dose of medication.

Nursing Intervention

1. Client Management Strategies

Triggering Phase

- The nurse should approach the client in non threatening, calm manner.
- Conveying empathy for client's anger or frustration is important.
- Encourage the client to express his or her angry feelings verbally, suggesting that the client is still in control and can maintain the control.
- Suggest that the client go to a quiet area, or may get assistance to move other clients to decrease stimulation.
- As the client's anger subsides, the nurse can help the client to use relaxation techniques and look at ways to solve any problem or conflict that may exist (Maier, 1996).
- Physical activity, such as walking also may help the client relax and become calmer.

If these techniques are unsuccessful the client progresses to:

Escalation Phase

- Provide direction to the client in a calm, firm voice.
- Tell the client that aggressive behavior is not acceptable, and nurse is there to help the client remain control.
- If the client refused medications during the triggering phase, the nurse should offer them again.
- If the client's behavior continues to escalate and he or she is unwilling to accept direction to a quiet area, the nurse should obtain assistance from other staff members.
- The client is informed that his or her behavior is out of control, and that the staffs are taking control to provide safety and prevent injury.
- The client is transported to a seclusion room, and restraints are applied to each limb and fastened to the bed frame.
- Provide the injectable medicine when required to calm the patient.
- Closely assess the client when restraining and document the actions.

As the client regains control proceed to:

Recovery Phase

The patient is encouraged to talk about the situation or triggers that led to the aggressive behavior.

Help the client to relax and return to calmer state.

Post crisis Phase

- Remove the client from restraint or seclusion as soon as he or she meets the behavioral criteria.
- The client can be given feedback for regaining control.
- The client should be reintegrated into the milieu and its activities as soon as he or she can participate.

2. Communication Strategies

- Present a calm appearance
- Speak softly
- Calmly and respectfully assure the client that you will provide control if he or she cannot control himself or herself, but do not threaten the client.
- Speak in a non proactive and non judgmental manner
- Speak in a neutral and concrete way put space between yourself and patient
- Show respect to the patient
- Avoid intense direct eye contact
- Build a trust relationship with the client as soon as possible which decreases the client's fears and facilitate communication.
- Demonstrate control over the situation without assuming an overly authoritarian stance.
- Facilitate the patient's stance.
- Listen to the patient
- Avoid early interpretations
- Do not make promises that cannot keep.

3. Environmental Strategies

- Inpatient units that provide many productive activities reduce the chance of inappropriate patient behavior and increase adaptive social and leisure functioning.
- Both the unit norms and the rewards associated with such activities may reduce the amount of disorganized patient behavior and the number of aggressive acts.
- Units which are overly structured with too much stimulation and little regard for the privacy needs of the patients may increase aggressive behavior.
- Inpatient units should adapt the environment to best meet needs of the patient they treat.
- Be aware of factors that increase the likelihood of violent behavior.

4. Cathartic Activities

Cathartic activities is another heading after environmental strategies therefore its font is similar as environmental strategies. Numbering is done only for identification but not necessary.

The use of cathartic activities may help the patients deal with their anger and agitation.

Physically Cathartic Activities: It is based on the assumption that some physical activity can be useful in releasing aggression and can

prevent more explosive or destructive forms of aggression or violence. Some traditional nursing interventions, such as encouraging patients to release tension through the use of exercise equipment or allowing patients to pace the hall in the expectation that their tension will decrease. Because these strategies are not supported by research and may increase patient's agitation they are not recommended now.

Emotionally cathartic activities: These are evidence based. Having patients write their feelings, do deep breathing or relaxation exercises, or talk about their emotions with a supportive person can help the patient regain control and lower feelings of tension and agitation.

5. Others

- Do not use physical restraints or techniques without sufficient reason.
- Allow the client freedom to move around unless you are trying to restrain him or her.
- Always maintain control of yourself and the situation. If you do not feel competent in dealing with the situation, obtain assistance as soon as possible.
- Do not restrain or subdue the client as a punishment.
- If possible, do not allow other clients to watch the situation of staff subduing or restraining the client.
- When placing the client in restraints, tell the client what and why you are doing.
- Remain aware of the client's feeling, dignity, and rights.
- Carefully observe the client and, promptly complete the charting and reports in keeping with hospital or unit policy.

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