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The National Methamphetamine Symposium

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RESPONDING TO CHALLENGING SITUATIONS RELATED TO THE USE OF **PSYCHOSTIMULANTS**

a practical guide for frontline workers

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a practical guide for frontline workers

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Contents

Introduction

Psychostimulants have been used by some people in Australia for many years. Psychostimulants include cocaine ('coke'), amphetamine ('speed'), methamphetamine (also known as 'speed', 'crystal', 'ice', 'crystal meth', 'base', 'louie') and dexamphetamine (a medically prescribed stimulant).

People who interact with psychostimulant users include frontline workers, including counsellors, case managers, support workers, administration officers, volunteers from alcohol and other drug services, and workers from a variety of other health, welfare and service settings. These people are sometimes required to respond to challenging situations.

Challenging situations can include situations involving hostility, threats of violence and actual violence, and incidents involving people with psychostimulant-related psychosis. The vast majority of people who access health services, including users of psychostimulants, are not aggressive or violent. Rather, research suggests that a small proportion of service users can be involved in a large number of incidents. This may lead to an unsafe workplace.

This guide for frontline workers is based on the best and most recent information available. The research literature on challenging situations was reviewed, using databases such as PubMed and PsychInfo, to find relevant studies. However, most research on challenging situations focuses on those involving violence and aggression. Also, there is little research evidence specifically addressing the role of psychostimulants in challenging situations. Where evidence is lacking, information has been drawn from national and international guidelines, and expert opinion.

Challenging situations may be caused by stressful situations, including financial, interpersonal and health problems. Feelings that have been shown to trigger violence or aggression include anger, anxiety and fear. Features of the physical environment and the effects of psychostimulants are additional factors that may increase the likelihood of challenging situations. Challenging situations sometimes escalate quickly, but if hostility or violence occurs, it is usually

preceded by a progression from relative calm through increasing levels of agitation. This guide outlines early signs that a person is becoming hostile or aggressive. It also suggests de-escalation techniques that involve calming the person and managing the physical environment to reduce the risk of harm to him or herself and others. Although few studies have been conducted on de-escalation techniques, they are recommended consistently by national and international guidelines, and expert opinion.

Success stories from the literature demonstrate that effective policy responses to challenging situations include strong organisational awareness and support for risk reduction. All workers (including both front-line workers and managers) have a role in reducing the likelihood of a challenging situation. Challenging situations are often underreported in the health workplace, and incident reporting is an important part of establishing a workplace culture that promotes a safe workplace for all.

This guide is intended to be useful to a range of frontline workers, particularly those without a professional or clinical background. It offers practical tips for reducing the likelihood of challenging situations, responding during a crisis, and reviewing the management of a challenging situation. The guide also includes considerations for specific service settings such as needle syringe programs; outreach services; withdrawal programs; community health centres; and residential rehabilitation settings.

The guide is not intended to replace existing policy and procedures. Rather, it can be used to guide a review or modification of existing practices for responding to challenging situations related to the use of psychostimulants. This guide should be read in conjunction with *Treatment Approaches for Methamphetamine Users: A Practical Guide for Frontline Workers,* which can be accessed via the Australian Government Department of Health and Ageing website and clicking on the 'publications' link (http://www.health.gov.au).

1
About challenging situations

How can psychostimulants increase the risk that users will become angry, hostile or aggressive?

Psychostimulants include cocaine ('coke'), amphetamine ('speed'), methamphetamine (also known as 'speed', 'crystal', 'ice', 'crystal meth', 'base', 'louie') and dexamphetamine (a medically prescribed stimulant). All of these drugs stimulate the central nervous system. The rate of a user's normal bodily processes increases so that the person feels alert and energetic, and usually will have an intense feeling of wellbeing.

A person who has recently used psychostimulants can:

- have fast, loud and difficult-to-interrupt speech
- appear agitated (eg pace or can't sit still)
- engage in impulsive or reckless behaviour
- appear sweaty
- clench the jaw or grind the teeth
- have large pupils.

Following a high dose of psychostimulants, users can experience:

- tremors, anxiety, sweating, racing heart (palpitations), and dizziness
- tension, irritability, and confusion
- intense fear, paranoia and panic states
- sleeplessness
- seeing or hearing things that other people cannot (illusions or hallucinations)
- loss of behavioural control and aggression.

Withdrawal from psychostimulants can lead to:

- agitation
- irritability
- mood swings
- disrupted sleep patterns
- poor concentration.

(see *Treatment Approaches for Methamphetamine Users: A Practical Guide for Frontline Workers* for more information).

Although psychostimulants can increase the risk of aggression, not all psychostimulant users will become aggressive. Similarly, not all people who become aggressive have used psychostimulants.

What can trigger a challenging situation?

A challenging situation can be triggered by:

- the specific effects of intoxication or withdrawal from psychostimulants, as described above
- an exaggerated response to a real event in the person's life or a trigger in the immediate environment
- fear or paranoia
- psychostimulant-related psychosis (a person's contact with reality is grossly impaired)
- lack of staff training in recognising and responding to escalating hostile behaviour
- a seeming or actual long wait for service, or lack of communication that leads to frustration or anger
- a range of other environmental stressors.

Which service users are most at risk of involvement in challenging situations?

People who are most at risk of being involved in a challenging situation include those who:

- have been aggressive or violent in the past
- are using multiple drugs with psychostimulants (eg alcohol, heroin, benzodiazepines, cannabis, or more than one type of psychostimulant at once)

- are intoxicated with psychostimulants or another drug
- are withdrawing or 'coming down' from psychostimulants
- have multiple difficulties in their life (eg financial, legal, health, housing, relationships, etc)
- also have a serious mental illness such as schizophrenia (see page 12, *What if a person is experiencing psychosis*?).

Young men are more likely to be involved in challenging situations than other users.

How should workers respond to challenging situations?

Workers are often well equipped with the skills and knowledge necessary to respond challenging situations. Even when psychostimulant use is involved, workers should rely on their experience and feel confident in their ability to respond appropriately.

Challenging situations should be managed in the same ways that other hazards in the workplace are managed, and workers have a responsibility to familiarise themselves with their agency's existing policy and procedures. Frontline workers and managers alike have key roles to play in reducing the likelihood of challenging situations and in responding skilfully if they do occur; *teamwork and a consistent approach are essential*.

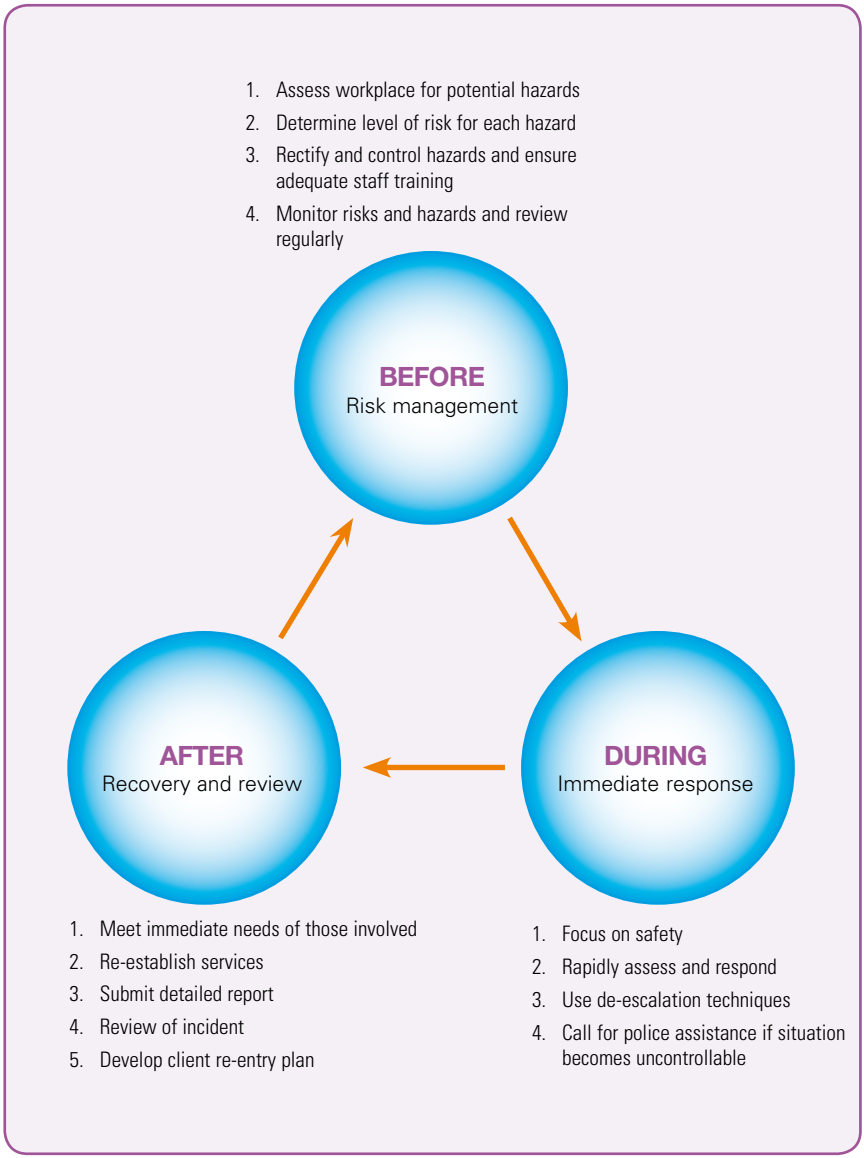
An effective response to challenging situations involves a linked, three-phased approach as described by the National Health and Medical Research Council (NHMRC).

1. **Before**: planning and initiation of risk management strategies.
2. **During**: direct and immediate response to challenging behaviours.
3. **After**: recovery and review.

Although service managers are largely responsible for ensuring that the 'before' component of the model is undertaken, frontline workers have a key role to play in informing the regular revision of relevant documents and plans, and ensuring that such plans are applied consistently. Both managers and frontline workers have important roles in both the 'during' and 'after' phases.

All workers have an obligation to themselves, their colleagues and their clients to ensure that attention to hazards and risks in the workplace are identified promptly and assessed, and that action or management plans are applied consistently.

The model is designed to improve the service response and is depicted in the following figure on the next page. Each phase of the model is described in detail in subsequent chapters.



Adapted from National Health and Medical Research Council (NHMRC) (2002). *When it's Right in Front of You: Assisting Health Care Workers to Manage the Effects of Violence in Rural and Remote Australia*. NHMRC. Commonwealth of Australia, Canberra.

2
BEFORE — preventing and reducing the likelihood of a challenging situation

The occurrence of challenging situations in which hostility, aggression or violence occur will never be completely eliminated in the workplace, so appropriate and active steps should be taken to reduce and manage risk before it occurs.

Consistent with NHMRC guidelines services should aim to:

1. Assess the workplace for potential dangers before they arise **(hazard identification)**.
2. Determine the level of risk associated with each hazard **(risk assessment).**
3. Take steps to rectify those hazards that pose the most risk **(risk prevention and control)**.
4. Monitor hazards and risks and undertake regular reviews so lessons can be learned and workplace procedures adapted accordingly **(monitoring and review)**.

Hazard identification

Hazards are anything that places workers, service users, bystanders or visitors at risk. Hazards can be identified in the physical environment and in the delivery of services. A thorough and careful exploration of each workplace should be undertaken to identify potential hazards. All members of staff, including frontline workers and management should actively participate in this process.

It is also useful to recall past situations as well as possible future situations in an effort to identify hazards that place workers at risk. Workers should discuss in detail what the possible outcomes would be if a challenging situation should occur in the workplace.

Potential workplace hazards are specific to individual services settings and can include:

Hazards relating to staff training and communication

- lack of a clear plan for responding to challenging situations
- staff untrained in recognising and responding appropriately to challenging situations
- poor communication or lack of communication between workers and service users.

Hazards relating to work practices

- work practices involving after hours services with limited numbers of staff members
- lengthy waiting times for service.

Hazards relating to environmental and security factors

- risk factors related to the building layout or design, including lack of telephone access, poor lighting, areas with unsecured access, awkward or limited number of exits, lack of duress alarms, isolated interview rooms
- physical environments where service users are crowded or are required to congregate for extended periods
- too much noise or stimulation in waiting areas (eg noisy televisions, radios, mobile phones)
- furniture or fittings that can be easily moved or thrown
- unknown effectiveness of existing security measures.

Risk assessment

Each workplace will vary in the number and type of hazards identified, so the next step in reducing and preventing the likelihood of a challenging situation is *risk assessment*.

Risk assessment involves identifying *which hazards pose the greatest safety risks to workers and service users*. The hazards should then be prioritised from the most urgent to the least urgent, taking into consideration the service's budget constraints. The priority list will then guide the next step in the process, which is *risk prevention and control*.

Workers should also ensure that an assessment of the mental state of service users who are known to have a psychotic illness is undertaken by a

trained clinician so that an individualised plan for preventing and responding to a challenging situation can be developed (see page 12, *What if a person is experiencing psychosis*?).

Risk prevention and control

These measures relate to the previous steps. A range of actions could be suitable to tackle the identified hazards and could include the following.

Staff education and training

- Make sure that workers are familiar with existing policies and procedures regarding challenging situations, or creating policies and procedures or detailed action plans if none currently exist.
- Educate workers about psychostimulants. This can include the effects of psychostimulant intoxication and withdrawal, including accelerated bodily functions and high level of arousal; short attention span; potential for paranoia or psychosis; irritability; mood swings; sleeplessness.
- Train workers to respond to challenging situations including recognising when a service user is becoming hostile or aggressive, and how to calm a person using verbal and non-verbal communication skills (known as 'de-escalation techniques'). Role plays of specific scenarios are useful in helping workers practice their skills. Workers should be encouraged to respond to challenging situations according to their personal ability and level of confidence.
- Provide regular staff training regarding incident reporting and action plans for challenging situations, with an emphasis on the importance of consistently applying the action plan.

Attention to service users

- Make a visibly clear statement of service users' rights and responsibilities that incorporates clear processes of communication, complaints and advocacy.
- Provide sensitive and timely information to waiting service users.
- Adopt measures to decrease waiting time if possible.
- Aim for a smooth flow of service user movement through the agency if practical or possible.
- Provide flexibility in service delivery to meet the individual needs of psychostimulant users.

Safety issues

- Provide free access to exits, telephones, and duress alarms.
- Minimise hazards relating to staff members who work alone, particularly at night or when assistance is unavailable.
- Establish links with mental health services to ensure a prompt assessment or secondary consultation should a challenging situation occur (see *Treatment Approaches for Methamphetamine Users: A Practical Guide for Frontline Workers* for tips on creating links and partnerships).
- Require every worker to report all threats, hostility or incidents of violence to a supervisor or manager, and every worker to keep detailed records and reports of such incidents.
- Establish a liaison with local police to ensure a prompt response should a serious incident occur.

The process for regular monitoring and review

The processes of hazard identification, risk assessment and management should be undertaken regularly as workers and workplaces change and evolve over time. Regular review of the risk prevention and control activities is crucial to monitoring their effectiveness and determining whether other actions are necessary to reduce workplace risks.

Monitoring and review also provide an opportunity for reflective practice. Services can learn valuable lessons by reviewing in detail their responses to challenging situations (see page 20, *Review: After the event*).

3
DURING — responding to challenging situations

General principles

1. **SAFETY IS PARAMOUNT.**
2. Workers need to recognise that reasons for a service user's anger or frustration are often valid so workers should listen and respond sensitively to concerns as they arise.
3. Workers need to understand that, in a crisis, they are responsible for managing the situation and avoiding provocation — it is often not realistic to expect an agitated, angry, or intoxicated person to calm down just because he or she is asked to do so.
1. Workers should recognise the point at which de-escalation techniques have failed to calm a situation sufficiently, at which time police assistance should be sought urgently.

Aims of the response

When faced with a real or potentially challenging situation, workers should:

1. Recognise the signs of impending aggression or violence.
2. Intervene early to reduce the chance that a challenging situation will lead to aggression or violence (see page 14, *De-escalation techniques*).
3. Maintain the safety of everyone involved.
4. Call for assistance when de-escalation strategies are not effective (see page 16, *When the person does not respond to de-escalation techniques*).

The signs of hostility and de-escalation techniques detailed in this section appear in the *Quick Reference Chart* at the end of this guide. The chart is designed to be an easily photocopied, visual reminder of the main points for frontline workers.

What are the signs that a person is becoming hostile or aggressive?

Signs that a person is becoming hostile or aggressive often include but are not limited to:

- increased content and volume of speech that can be demanding or argumentative and may involve shouting
- agitation, restlessness, erratic movements, inability or unwillingness to sit or stand still
- behaviours such as pacing, clenching fists, drumming fingers, repeatedly running hands through hair, tapping or banging on walls or furniture
- tense, frustrated or angry facial expressions
- extended eye contact that appears challenging, or overt glaring
- rapidly shifting mood
- appearance of intoxicatation with psychostimulants and or other drugs, particularly alcohol; the signs of psychostimulant intoxication include rapid speech, sweatiness, large pupils, restlessness and agitation
- rapid breathing, muscle twitching, wide-eyed expression
- lack of recognition of staff by a regular service user
- disclosure of feelings of great fear, anger, or loss of control
- blocking of escape routes or attempts to back you into a corner
- vague or clear verbal threats or gestures.

What if a person is experiencing psychosis?

The term psychosis describes a disorder in which a person's contact with reality is grossly impaired. People who are experiencing psychosis are not usually aggressive or violent. However, sometimes symptoms such as hallucinations or delusions can cause people to become aggressive.

Symptoms of psychosis include:

- Hallucinations — the person experiences sensations that have no basis in reality such as hearing voices (auditory hallucinations) or seeing things (visual hallucinations) that others cannot. Other hallucinations involve touch, taste and smell.
- Delusions — the person holds fixed, false beliefs that do not shift even when faced with logical evidence to the contrary. For example, a person might believe that he or she is being spied upon by a secret agency, or that his or her

thoughts are being controlled by external forces, or that complete strangers intend to harm the person in some way. Beliefs that are shared by others in a person's religion or culture are not considered to be delusions.

- Thought disorder — a person's thinking becomes confused, concentration becomes difficult, thoughts may speed up or slow down, or the person will jump form one topic to another with no obvious logical connections.
- Disorganised or bizarre behaviour — a person will respond to strange thoughts, mood swings or unusual sensory experiences by adjusting his or her behaviours to adapt to these beliefs or perceptions. To others, such behaviour seems disorganised or bizarre, but to the person it makes sense. For example, those who fear surveillance might pull blinds, speak in whispers, disconnect the phone, appear generally anxious, jumpy and afraid, or keep a weapon for protection.

Because of these symptoms, a service user might feel anxious or scared, and may swing rapidly and unpredictably between different mood states. He or she might also act upon commands given by auditory hallucinations or 'voices' (eg the 'voice' could say something like *'get him before he gets you'*), or lash out to protect himself or herself from perceived threats linked to the frightening delusions (eg a belief that workers or bystanders intend to injure or apprehend the service user).

A mental health clinician can often determine the content of a person's hallucinations and delusions during an assessment. This information can then be used by frontline workers to develop a service or action plan that is specific to the needs of the individual service user. If the service user already has a mental health case manager, a collaborative approach is recommended (see *Treatment Approaches for Methamphetamine Users: A Practical Guide for Frontline Workers* for referral and collaboration tips).

Response strategies

DO NOT APPROACH IF:

- the worker does not feel confident or capable of managing the situation; **if in any doubt, do not approach** and call for the immediate assistance of a senior staff member or supervisor
- the person is enclosed in a small space with no exit
- the person is already too hostile, unstable, fearful or intoxicated to respond
- the person is threatening harm to workers or bystanders
- the person has a weapon.

In these situations, the worker should **call for immediate assistance** (senior worker or supervisor; police; security personnel, etc); clear the room of other workers, service users or bystanders; and wait for assistance to arrive.

De-escalation techniques

Strategies designed to prevent an aggressive or violent incident are known as *de-escalation techniques*. De-escalation techniques involve taking steps to calm the person and manage the physical environment. Calming communication strategies and steps to reduce risk to the safety of workers, bystanders, visitors and the service user are important components of de-escalation techniques.

If a worker is interviewing or counselling a service user when signs of hostility or aggression occur, immediately stop counselling/interviewing, consider activating a duress alarm if available and attempt to de-escalate the situation as described below.

Initial approach

- ✔ Quickly scan the immediate vicinity and observe the location of duress alarms, exits, bystanders, and potentially dangerous objects to judge immediate risks and decide upon the most suitable approach (leave and call for assistance, or respond skilfully).
- ✔ One person only should take control of the situation and undertake all communication with the service user (ensure the 'communicator' feels confident, calm and able to do so).
- ✔ The communicator should place other workers on stand-by so a team approach can be undertaken. Have another staff member present to observe or step in *only if required* (the communicator could use a code word to call for assistance from the 'observer'). The observer should attempt to determine if the service user has a known history of aggression or violence and, if so, extra care should be taken; the observer should be ready to call for immediate assistance if required.
- ✔ Usher bystanders from the immediate environment, stop others entering and create some physical space.
- ✔ Consider removing potential, personal hazards such as necklaces, eyeglasses, pens, and keys.
- ✔ Adopt an open body posture (ie arms by sides, palms forward, move slowly).
- ✔ The communicator should always approach the person from the front or the side so that he or she can be seen so the service user is not startled or scared.

- ✔ Monitor eye contact — not too much (appears threatening) or too little (implies indifference or untrustworthiness).
- ✔ Ensure that a safe distance is maintained (ie the person will need a larger area of personal space than usual).
- ✔ Sit with a person who is seated, walk with a person who is pacing — mirroring body language signals shows that you understand what the person is going through (empathy) and ensures that you appear neither threatening by standing over the person nor vulnerable by being seated while he or she stands.

Communication strategies

The communicator should:

- ✔ Use an even, calm tone of voice, even if the person's voice becomes loud or aggressive.
- ✔ Speak to the person by name if known, or attempt to establish a rapport if unknown — the communicator can introduce him or herself by name, or remind the person of his or her identity.
- ✔ Acknowledge the grievance and communicate a willingness to help — ask open-ended questions about the cause of the person's current anger or distress without delving into past grievances, for example *'Tell me what happened* today*', 'What can I do to help you right* now*'?*
- ✔ Show concern and attentiveness through non-verbal (eg nodding head) and verbal responses *'I understand how you feel…'* or *'Tell me about that…'*
- ✔ Ask the person if he or she would like some time to think before responding — consider stepping back to reduce the stimulus while still actively managing the situation *'I'll give you a minute or two to think about this, but I'll be right here'*.
- ✔ Negotiate realistic options to resolve the situation and be clear about what the communicator is trying to achieve *'I want to help, and we need to talk this through but I can't understand you when you're shouting…'*.
- ✔ Take the person to a dedicated, 'quiet room' or 'safe room' if available — such a room promotes calm and allows service users to feel that their immediate needs are being met.
- ✔ Try to establish if the person has used psychostimulants. If so — and without being patronising or dismissive — reassure the person that the uncomfortable feelings will pass by gentlyly reminding him or her that the feelings are probably related to stimulant use and will subside with rest and time.
- ✔ Always appear confident even if the communicator does not feel it.

The communicator should avoid:

- ✖ use of 'no' language, which may prompt a hostile outburst, rather focus on what can be done for the person:
  - ✔ statements like *'What I CAN do to help is …'* often encourages negotiation and may have a calming effect
- ✖ arguments
- ✖ threats
- ✖ being blocked from the exit (stand near the exit if possible), and do not block the service user's exit
- ✖ promises that cannot be kept
- ✖ an assumption that the person will inevitably become violent as this might lead the worker to unintentionally adopt a defensive posture, which can itself trigger an aggressive response.

When the person does not respond to de-escalation techniques

The communicator should signal the observer to **TELEPHONE THE POLICE**. Because of the strong arousing effects of psychostimulants, severity of psychotic symptoms, or a combination of individual and environmental factors, some people might not respond to de-escalation techniques, and the safety of workers, bystanders and the service user may become threatened. In this case, follow the agency's existing policy and procedures for calling for police assistance and state:

1. your exact location (including the name of your organisation and the nearest cross street)
2. the exact nature of the situation including number of bystanders, if and what threats have been made, presence of weapons, and any other relevant information.

After removing non-involved workers, other service users and bystanders from the immediate environment, the communicator and observer should leave and not re-enter until police arrive. If the person is known to be involved with another agency such as mental health services, workers should promptly inform the person's case manager and provide relevant details of the event.

Note: Be aware that if the person is afraid or paranoid, the sight of a police uniform may escalate the situation even further, so prepare everyone concerned for this possibility. Workers should also be aware that psychostimulant use is a risk factor for sudden death of individuals being physically restrained and, if restraint is ever necessary, it should be undertaken for the *shortest possible time*.

When the person does respond to de-escalation techniques

A service user can be embarrassed or remorseful when the incident has blown over so acknowledge the person's effort in calming him or herself. Negotiate a plan with the person to implement any actions that were agreed upon during the de-escalation process. Reinforce the service user's rights, responsibilities and processes for communication, grievances and advocacy.

When the person has left the agency, complete an incident report and ensure all workers are aware of the situation. Include the person's individual signs of impending hostility or triggers to the challenging situation if any were identified by the communicator or observer. Identify any strategies that can be put in place to limit reoccurrence of a challenging situation involving the particular service user. See Chapter 4, *After — recovery and review*.

4
AFTER — Recovery and review

Recovery: Immediately following the situation

Immediately following an incident, the physical, emotional and psychological needs of staff members, other service users or bystanders should be attended to in a supportive safe environment, particularly if any were victims of aggression or violence. Immediate responses to any worker(s) who was involved, injured or traumatised during the incident include:

- medical care if required
- the offer of counselling if required (eg employee assistance program or on-site counselling if available)
- an opportunity to seek legal advice if required.

When the situation is under control, the previously developed recovery plan should be implemented as quickly as possible and should include:

- re-establishment of services to service users as soon as possible
- provision of clear information about the incident to workers and others directly concerned
- provision of a verbal report to the appropriate supervisor or manager
- completion and submission of a detailed written or electronic incident or situation report that includes date, time, location of incident, details of people present, nature of the incident, and outcome (check existing policy and procedures for reporting guidelines).

Review: After the event

Services should undertake a dedicated and timely review to examine the responses to the incident. The review process should be undertaken in the spirit of open enquiry with the aim of improving future responses rather than an attempt to assign blame. The following points should be considered:

1. Identify the specific situation that occurred, including triggers if identified (use the completed incident report as a starting point).
2. Identify the steps taken that were effective.
3. Identify any steps taken that were ineffective.
4. Determine if the action plan for response was carried out as intended. If not, determine why not. Identify the barriers to implementing the plan. Brainstorm solutions to overcoming the identified barriers. Determine if the plan was realistic or useful, or if it was lacking in some way.
5. Determine what hazards led up to the situation. Determine if the hazards were previously identified. If additional hazards were identified following the situation, determine how the risk of future challenging situations can be reduced.
6. Determine if the workers involved recognised the signs of an impending challenging situation and whether they intervened appropriately.
7. Identify any additional training for workers that might be required. Determine who can best provide the training and schedule it accordingly. Determine how the effectiveness of the training will be evaluated.
8. Determine if existing security measures were or were not useful.
9. Determine if additional support for workers is required and how the support can be introduced (if several additional supports are required, identify the priorities). Determine the time frame for introducing the new supports.
10. Identify how the overall service's responses could be improved to deal with a future challenging situation should one arise.

Following the review, the action plan should be updated accordingly, and all staff should be made aware of any alterations to the planned response to challenging situations.

On-going support

Workers who are affected by hostile or violent incidents should have clear information about what continuing support services are available. The option of time out from duties and an appropriate return to work plan should also be available if required.

Workers should also be offered an opportunity for psychological counselling during which personal feelings about the incident can be explored. Uncomfortable feelings related to challenging situations can include anger, guilt, frustration, disbelief, blame, fear and anxiety, all of which can impact negatively on the worker on a personal and professional level. However, the usefulness of debriefing (particularly compulsory debriefing) is not clear, and sessions should be offered on an individual and voluntary basis.

In some states and territories, WorkCover will refer injured or traumatised workers to a psychologist and will pay the cost for a specified period of time. Workers should contact their relevant agency for advice.

Preparing for the service user's return to the service

Individuals who have been involved in a challenging situation can be unknown to the agency, do not return and pose few ongoing management difficulties for workers. However others will be long-term service users or will require ongoing support or services. Therefore, it is essential to develop a plan for re-entry or re-engagement of the person into the service and **every worker should ensure that the plan is applied consistently** to reduce the risk of challenging situations reoccurring (workers should refer to their individual agency's service user re-entry guidelines).

The service user re-entry plan will be based on the circumstances surrounding the challenging situation and should be developed in conjunction with the service user following the review. For example, if the situation was triggered by a service user who was intoxicated, then verbal or written warnings might be suitable. On the other hand, if the situation was triggered by a service user with a history of aggression or violence who is regularly involved in such situations or repeatedly threatens workers or other service users, a formal management plan or conditional service agreement could be a more suitable option.

Service users who have an established mental health disorder such as schizophrenia will often have a relapse of symptoms following methamphetamine use, so the person's mental state should be reviewed before re-entry with the agency. Individual signs of acute psychosis can then be highlighted in the person's treatment or service plan so workers can intervene early if they observe these signs again.

A range of possible re-entry options from least to most intensive include:

- *all staff to be alerted* to the service user's role in the challenging situation
- *all staff to be alerted* to a service user's identified triggers for hostility or aggression with clear directions for response
- *face-to-face meeting* with the service user and a senior worker to discuss the incident and negotiate a plan to minimise risk of future challenging situations (particularly appropriate for young people)
- the service user can be offered *referral to a counsellor* to work through any personal issues that might prompt episodes of hostility or aggression
- *verbal warnings* to the service user to refrain from any further unacceptable or threatening behaviours and clear written explanation of service users' rights and responsibilities, advocacy and complaints process
- *written warnings* to the service user (consistent with the person's literacy level) to refrain from any further unacceptable or threatening behaviours, the consequences of breaking the contract and a clear written explanation of the service user's rights and responsibilities, advocacy and complaints process
- *written contract* (consistent with the person's literacy level) to be developed in conjunction with the service user and signed by both service user and senior worker/manager indicating clearly that the person will refrain from any further unacceptable or threatening behaviours and the consequences of breaking the contract
- *formal management plan* (eg where and when the service will be offered and by whom; how to respond if the person becomes hostile or aggressive; what to do if the person appears to be experiencing psychosis, etc) that is to be communicated clearly to the service user and all staff must **adhere consistently to the plan**
- *conditional service agreement*, which details the conditions under which the service will be provided (eg when the service user is not intoxicated; at a specific time of day; in a specific room or open environment; by certain members of staff; when the service user is not accompanied by others who are known to be disruptive to services); the agreement is to be communicated clearly to the service user in writing (consistent with the person's literacy level), and all staff must **adhere consistently to the plan.**

Note: If the agency expects to have contact with the service user soon after the event (eg in a needle syringe program) an interim plan should be created immediately.

When a service user cannot re-enter the service

Because of the severity of the challenging situation, repeated incidents, for other reasons that are specific to the incident, or for reasons related to the resources or policies of an individual agency, the decision might be taken to disengage a service user from the service. In this case the following options could be appropriate:

- *Initiate alternate service arrangements*. The person should receive services from a different agency that is better resourced to deal with the service user's tendency for hostility, aggression or violence. Management or a senior worker should negotiate the referral with the person, and the referral agency should also be informed of the reason for referral.
- *Obtain an apprehended violence order (AVO).* The order is legally binding and can be obtained to protect staff and other service users. Each state has its own procedure for obtaining an AVO, so check with local police for advice.

If the service user is mandated to attend the service (eg by a court order) then the appropriate agent such as a community corrections officer, drug courts officer or diversion program case manager must be contacted about the outcome of the service user's review so alternative service arrangements can be made.

5
Special considerations for specific service settings

The general principles described in this guide apply to all service settings. This chapter highlights special considerations for a variety of settings.[1]

Needle syringe programs

Needle syringe programs can be a unique challenge because service users are not usually known by name, which can make it more difficult to identify them, especially those with a history of violence or aggression. The following points serve as a guide:

Meeting service users

- One staff member should be visible to service users at all times if possible.
- Respond to service users as quickly and helpfully as possible. If the worker is delayed, at least acknowledge the presence of the service user and indicate that you will attend to him or her as soon as possible.
- If a service user appears to be intoxicated with stimulants or other substances, refrain from extended engagement and limit unnecessary questioning.
- Ensure that all staff members are aware of service users who have been involved in challenging situations in the past and develop an action plan in case a challenging incident re-occurs. Because service users are usually not known by name, try to use an accurate description to assist other workers to be alert to users who have been previously involved in challenging situations. Some service users have specific signs or behaviours that might indicate an impending episode of hostility or violence, and these should be highlighted in the action plan.

1. As there may be some overlap of considerations across settings, workers are encouraged to review all points in the first instance and adopt whichever are appropriate.

Ensuring safety

- Be alert to changes in the presentation of known service users and initiate de-escalation techniques as appropriate using the helping relationship (rapport) that already exists.
- Be alert for signs of impending anger or hostility in unknown service users and respond quickly and appropriately.
- Consider designating one room a 'quiet room' that is created specifically as a safe place where agitated service users can be attended to in a calming, low-stimulus environment.
- Orient all workers to the floor plans of the building and ensure that they are aware of emergency exits and duress alarms if present.

Community health centres

Community health centres sometimes offer services from multiple disciplines or to a range of service users. The following points relate to the provision of services in the context of community health centres.

Meeting service users

- Ensure that administration or front office staff members are trained in identifying impending hostility and aggression, and are instructed to call for immediate assistance if a service user becomes unusually agitated (consult with an alcohol and other drug counsellor in the health centre if one is available).
- If service providers from multiple disciplines (eg dentistry, women's health, drug and alcohol) are on-site, it might appear to a psychostimulant user that others are being seen out of turn, so ensure that waiting service users are acknowledged promptly and made aware of the procedure for intake and assessment to the various services.
- Alcohol and other drug workers should ensure that a client who is known to be using psychostimulants is not kept waiting in the general waiting area beyond the time of the scheduled appointment and that the person's needs are responded to promptly. If the delay is unavoidable, at least acknowledge the presence of the client and indicate that he or she will be attended to as soon as possible.

Ensuring safety

- Workers should position themselves closest to the exit in an interview room.
- All workers should be oriented to the floor plans of the building and be aware of emergency exits.
- When conducting a detailed hazard assessment, pay particular attention to unsecured furniture or fittings (eg loose chairs, indoor plant containers, magazine racks); objects or procedures that might increase environmental stress (eg noisy televisions in the waiting area, which should be fixed and have appropriate programming and sound level), or crowded conditions (eg children and adults in the one area).
- Duress alarms should be available, and all workers should be trained to respond immediately.
- Ensure that all workers report every incident of hostility or aggression to a supervisor, no matter how minor, and complete incidents reports according to existing policy and procedural guidelines.

Residential withdrawal (detoxification) settings

- As far as possible, limit environmental stressors such as noisy televisions or radios.
- Newly abstinent service users can be impulsive, irritable and experience extreme mood swings, so workers should take extra care in the early stage of withdrawal to reduce the risk of a challenging incident.
- Newly abstinent service users should be provided with adequate physical space to move around freely.
- Newly abstinent service users should be offered access to activities that help them manage uncomfortable feelings, such as relaxation sessions, physical activities or other distractions.
- In some geographical locations, particularly rural and regional towns, residential service users are likely to be familiar with each other, so be alert for signs of interpersonal conflict and defuse this rapidly.
- Ensure the safety of other service users if an incident does occur.

Community/outpatient alcohol and other drug counselling settings

This section assumes that community alcohol and other drugs workers will see service users within an agency setting. If workers are required to offer outreach services, please refer to the next section, *Outreach/home based services*.

Meeting service users

- If a service user has been involved in a challenging situation in the past, it is essential that all workers are aware of the risk so a service-wide plan for risk reduction and response can be devised and implemented if necessary.
- Ensure administration or front office staff members are trained in the identification of hostility and aggression, and are instructed to call for immediate assistance if a client becomes unusually agitated.
- Ideally, the intake or assessment interview room should be closest to the front entrance of the building.
- Workers should ensure that a client who is known to be using psychostimulants is not kept waiting in the general waiting area beyond the time of the scheduled appointment and that the client's needs are responded to promptly.

Ensuring safety

- The worker should position him or herself closest to the exit without blocking the service user's exit.
- Windows could be placed in a door so passing workers are able to observe interview rooms for safety purposes.
- Consider designating one room near the entrance or exit a 'quiet room', created specifically as a safe space where agitated service users can be attended to in a calming, low-stimulus environment.
- When conducting a detailed hazard assessment, pay particular attention to unsecured furniture or fittings (eg loose chairs, indoor plant containers, magazine racks); objects or procedures that might increase environmental stress (eg noisy televisions in the waiting area, which should be fixed and have appropriate programming and sound); or crowded conditions (eg children and adults in the one area).
- Duress alarms should be available, and all staff members should be trained to respond immediately.
- Where no duress alarms are available, workers could nominate a special code word or phrase that can be used to alert other workers to a need for assistance. For example, to avoid inflaming a potentially hostile situation, a worker who feels uncomfortable or threatened could telephone a colleague and use a benign code phrase such as *'Please bring the red book'* to call for help.

- All workers should be oriented to the floor plans of the building and be aware of emergency exits.

Outreach/home based services

A range of safety strategies for outreach services are available in most agencies, and workers should refer to existing policies and procedures for advice. The following points serve as a guide.

Meeting service users

- Meet new service users within the agency setting so an assessment of the potential for risk and hazards during home or site visits can be undertaken (eg establish if other people live in the house such as boyfriends, partners, friends; presence of dogs).
- Try to anticipate hazards ahead of time. If the outreach service does not have an appropriate venue for the initial assessment, a neutral public space or a borrowed office in another agency could be used.

Establishing a work plan

- Establish a daily work plan for mobile workers including a designated contact person who can follow up if a worker does not report in as expected. Include the address of the visit, nearest cross street, estimated time of return, car number plate, service user to be visited, and worker's mobile phone number.

Ensuring safety

- Two staff members should undertake at least the first home or site visit, and they should exercise extra care in unfamiliar homes and environments.
- Workers should park the car in the street facing the direction they intend to leave so a hasty exit can be made if necessary (never park in a driveway or face into a cul de sac).
- Always carry a mobile phone and pre-program the phone with emergency contact numbers and carry the car keys in hand.
- Scan the environment upon arrival for signs of potential hazards.
- When the service user opens the door, try to assess the person's presentation and do not enter if workers feel uncomfortable.
- At all times workers should position themselves where the service user can see them, and workers should not move suddenly.

- Workers should tell the service user exactly what they are doing and why, and ask permission if they want to go to another area of the person's dwelling.
- Workers should not let a service users get between them and an exit.
- Leave the premises immediately if a risky or challenging situation occurs. One approach is to agree on a special 'password' ahead of time that can be used by either worker to communicate to the other a feeling of unease or discomfort. If either worker uses the password, both workers should leave the premises immediately without further discussion.
- If it is established that the personal safety of workers is threatened in a particular environment, the setting should be avoided and alternatives for care of the service user should be pursued.
- If mobile workers visit another agency that is unfamiliar to them (eg homeless shelter), workers should familiarise themselves with both the agency's policies and procedures for managing challenging situations and the layout of the building, including exits, upon arrival.

Residential rehabilitation

A challenging situation can affect the disturbed resident, other residents and workers. Use of the following points can help to decrease risk to all concerned while promoting resolution of the situation.

When an incident occurs

Should a challenging situation occur, all other residents should be moved away from the disturbed resident until the situation is under control.

One worker only should undertake communication with the disturbed resident and take control of the situation. The worker is referred to the de-escalation techniques described in this guide.

After an incident

When the situation is resolved, a reviewing session for anyone involved could be helpful in assisting staff members and other residents to come to terms with the incident.

If the resident is required to leave the service, workers should alert a relevant agency, such as a homelessness response team, if the person has no accommodation to return to.

If a previously settled resident becomes hostile or aggressive and no obvious environmental stressors or triggers can be identified, it is possible that

psychostimulants have been secreted into the facility so a check for the presence of illicit drugs is advisable.

Individualised attention

In some geographical locations, particularly rural and regional towns, residential service users are likely to be familiar with each other so be alert for signs of interpersonal conflict and defuse rapidly.

Engagement and retention of stimulant users in residential rehabilitation could be enhanced by an individually tailored, flexible rehabilitation plan that takes into account a newly abstinent user's potential for impulsivity, irritability, paranoia, intense cravings, and memory impairment. For example, an emphasis on brief individual counselling sessions and motivational approaches could be useful over the more challenging group therapy in early stages and reduce the risk of a challenging situation occurring.

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Responding to challenging situations: Quick Reference Chart

Signs of escalating hostility or aggression

- Increased content and volume of speech that can be demanding or argumentative and may involve shouting
- Agitation, restlessness, erratic movements, inability or unwillingness to sit or stand still
- Pacing, clenching fists, drumming fingers, repeatedly running hands through hair, tapping or banging on walls or furniture
- Tense, frustrated or angry facial expressions
- Extended eye contact that appears challenging, or overt glaring
- Rapidly shifting mood
- Appearance of intoxication with psychostimulants and or other drugs (eg rapid or loud speech, sweatiness, restlessness, agitation, clenched jaw, large pupils)
- Rapid breathing, muscle twitching, wide-eyed expression
- Disclosure of feelings of great fear, anger, or loss of control
- Vague or clear verbal threats or gestures
- Blocking escape routes or attempting to back you into a corner

Communication strategies

- ✔ Use an even, calm tone of voice.
- ✔ Speak to the person by name or introduce yourself by name.
- ✔ Acknowledge the grievance and communicate your willingness to help *'Tell me what's happened today'?, 'What can I do to help you'?*
- ✔ Show concern and attentiveness through non-verbal (eg nodding head) and verbal responses *'I understand how you feel...'*, or *'Tell me about....'*
- ✔ Allow the person time to think and respond — *'I'll give you a minute or two to think, but I'll be right here'*, and step away while still actively managing the situation.
- ✔ Negotiate realistic options to resolve the situation and be clear about what you are trying to achieve *'I want to help, and we need to be able to talk this through, but I can't understand you when you're shouting…'*
- ✔ If a dedicated, low-stimulus room is available, ask the client to accompany you there to reduce excessive environmental stimulation.
- ✔ Always appear confident even if you don't feel it.
- ✖ Do not use 'no' language, instead try:
  - ✔ *'What I CAN do to help is …'.*
- ✖ Do not argue with the person.
- ✖ Do not threaten the person.
- ✖ Do not allow the person to block your exit from the room (stand near the exit if possible), and do not block the person's exit either.
- ✖ Avoid making promises you cannot, or do not intend to keep

Emergency contact names and telephone numbers

_____

_____

_____

DO NOT APPROACH IF:

- The worker does not feel confident or capable of managing the situation — if in any doubt do not approach — call for the immediate assistance of a senior staff member or supervisor
- The person is threatening harm to workers or bystanders
- The person is already too hostile, unstable, fearful or intoxicated to respond
- The person is enclosed in a small space with no exit
- The person has a weapon
- Call for immediate assistance (senior worker or supervisor; police; security personnel, etc), clear the room of other workers, clients or bystanders and wait for assistance to arrive.

De-escalation techniques: initial approach

- ✔ Quickly scan the immediate vicinity and observe the location of duress alarms, exits, bystanders, and potentially dangerous objects to judge immediate risks and decide upon the most suitable approach.
- ✔ One person only should take control of the situation and undertake all communication with the person.
- ✔ The communicator should place other workers on stand-by. Have another staff member present to observe or step in; use a code word to call for assistance from the observer.
- ✔ Usher bystanders from the immediate environment, stop others entering and create some physical space.
- ✔ Consider removing potential, personal hazards such as necklaces, eyeglasses, pens and keys.
- ✔ Adopt an open body posture (ie arms by sides, palms forward, move slowly).
- ✔ Always approach the person from the front or the side so that you can be seen.
- ✔ Be aware of your eye contact — not too much (appears threatening) or too little (implies indifference or untrustworthiness)
- ✔ Ensure that a safe distance is maintained as the person will need a larger area of personal space than usual.
- ✔ Sit if the person sits, stand if the person stands, and walk if the person walks.

No response? Continues to be aggressive?

- Is the safety of workers, bystanders or the person at risk? If yes,
  TELEPHONE THE POLICE on 000 and state:
  1. your name, name of your organisation and exact location
  2. the exact nature of the situation including the number of bystanders, if and what threats have been made, presence of weapons, and any other relevant information
  3. clear the location of workers and bystanders and await police arrival.

- Immediate assistance to workers or others, incident report, formal review, service user re-entry plan.