

Coping with Aggressive Behavior in Brain Injured Offenders: Tips for Providers

A Presentation for the Center for Human Development
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What this is NOT about:

- Violent predatory offenders
- Conducting physical restraint with violent persons
- Disarming someone with a weapon

What this may help you with:

- ✓ Minimizing the frequency and intensity of aggressive reactions among brain injured persons, adult or adolescent, who are living in group homes, Assisted Living Homes, or family settings
- ✓ Applicable to incarcerated persons, but with the caveat that corrections security policies absolutely supersede any of the following material

Basic Premise: Aggressive behavior is different than angry feelings, and is best prevented by creating an atmosphere that minimizes the occurrence of aggressive behavior. Preventing aggressive behavior is the Goal.

1. Dignity and Respect—Treat ALL persons with dignity and respect. ALL persons.
2. Avoid Power Struggles, also known as Pick Your Battles. Create win-win situations. Say ‘Yes!’
3. Observe freely occurring behavior and reinforce positive behaviors in a way that is *meaningful to the client*. Be aware of what motivates YOU. —Remember the mother in the grocery line; remember the power of Negative Reinforcement (the cessation or avoidance of a negative stimulus).
4. Adjust your expectations and be clear about your goals for the person. Recognize how/when the person meets the expectation. Don’t expect to create an honest person, aim to increase the instances of honest behavior.
5. In a potentially escalating situation, always take the course of action which is LEAST likely to escalate the person. S.T.O.P.
6. Once an escalation starts, remember the crisis cycle and take appropriate action.

7. Become exquisitely attuned to your own level of arousal, and de-escalate yourself before you intervene with the client. It takes 90 minutes for YOUR adrenalin to return to baseline as well as the client's adrenalin level.
8. Never go into an escalated situation where you cannot be assisted by your colleagues—always know where your backup is, and **always** use teamwork.

Final Tip: Get good training in the prevention and management of aggressive behavior, no matter what population you are working with in what setting. Some of these training programs are listed in the box below. If your agency is not using one of these programs agency-wide, work with management and HR to explore a few of the options. Make sure those who are most likely to encounter aggressive behavior actually get the training, whether or not they are direct care providers (especially reception and housekeeping).

These tips and comments are entirely the product of the instructor, and are based on my experience in a 24 year long practice in inpatient, residential and outpatient settings, including both direct service and clinical administrative services to adults, children and adolescents. General credit is given to what I have learned as a Mandt and PMAB Instructor, and to a variety of programs designed to train caregivers in preventing and managing aggressive behavior, including: Crisis Prevention Institute, Satori Alternatives to Managing Aggression, Therapeutic Crisis Intervention, Handle with Care, & Professional Assault Response Training.

Most of the credit for what I have learned goes to the clients, families and clinical providers whom I've had the honor and privilege to work with over the last 24 years.

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