ELSEVIER Clinical Skills

Defusing Anger - CE

ALERT

Don appropriate personal protective equipment (PPE) based on the patient's signs and symptoms and indications for isolation precautions.

Do not attempt to intervene alone when a patient demonstrates behaviors consistent with possible imminent violence or aggression.

OVERVIEW

Anger can be a normal human response that ranges from irritation to fury. Patients experiencing health disorders may have feelings of vulnerability or fears that cause them to experience anger. Helping patients learn to manage anger constructively can assist them with expressing their needs safely and developing health promotion skills.[18]

Angry patients may express their anger verbally or physically. They may also be passively angry. Health care team members should identify anger and communicate effectively with patients to prevent agitation or angry behavior that may compromise patient care or health care team member safety. Team members should also engage in self-assessment and debriefing to prevent responses that are not therapeutic and do not support respectful and positive relationships with patients.

EDUCATION

- Provide developmentally and culturally appropriate education based on the desire for knowledge, readiness to learn, and overall neurologic and psychosocial state.
- Teach the patient and family how to recognize early warning signs of anger and triggers that may precipitate aggression, such as irritability and restlessness brought on by such factors as overcrowded rooms or long wait times.[2,3]
- Teach the patient and family about ways to maintain a safe environment.
- Use communication styles that decrease the perception of blame and likelihood of defensiveness.
- Teach the patient and family about positive coping mechanisms and skills to manage anger, including strategies such as verbalizing needs in an assertive, nonaggressive manner and identifying diversionary activities that can decrease loneliness and boredom.[4]
- Teach the patient and family about the medications used for agitation and the potential risks, precautions, and adverse effects.[13]
- Encourage questions and answer them as they arise.

ASSESSMENT

1. Perform hand hygiene and don PPE as indicated for needed isolation precautions.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Assess the patient for signs and symptoms that may precede violence.[5,9,10]

a. Angry, irritable affect
b. Impulsivity or hyperactivity (e.g., pacing, restlessness, slamming doors)
c. Delusions
d. Increasing anxiety and tension (e.g., clenched jaw or fist, rigid posture, fixed or tense facial expression, mumbling to self, shortness of breath, sweating, rapid pulse rate)
e. Verbal abuse (e.g., profanity, argumentativeness)
f. Loud voice, change of pitch, or very soft voice that forces others to strain to hear

g. Intense eye contact or avoidance of eye contact
h. Total silence
i. Suspiciousness or paranoid thinking

5. Assess the patient for signs and symptoms of depression, such as feelings of hopelessness, sadness, and lack of pleasure in activities that were formerly pleasurable.[11]

Rationale: Depression is associated with an increased risk of anger.

6. Assess the patient for alcohol or drug intoxication or withdrawal.
7. Assess the patient for possession of a weapon or an object that may be used as a weapon (e.g., fork, knife, glass bottle).
8. Assess the patient for a history of violence to self or others.
9. Explore recent losses (e.g., job loss, divorce, role changes, physical health).
10. Assess the patient for demographic risk factors, including exposure to domestic violence and a history of abuse, neglect, bullying, or being bullied.
11. Assess the patient for specific allergies and contraindications to receiving medications and advise the practitioner accordingly.
12. Assess the patient's perceived support systems and ability to access support.
13. Assess the patient's previous methods of anger expression and ability to manage anger and frustration.
14. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm. Use an organization-approved standardized tool for suicide assessment.[12]
15. Assess the need for a psychiatric practitioner consult and seek a consult as appropriate.

STRATEGIES

1. Perform hand hygiene and don appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.
2. Verify the correct patient using two identifiers.
3. Explain the strategies to the patient and ensure that he or she agrees to treatment.
4. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm. Use an organization-approved standardized tool for suicide assessment.[12]
5. Use a calm, clear tone of voice when addressing the patient.

Rationale: The patient's ability to process information decreases during episodes of agitation.

6. Use assertive "I" statements and active listening to engage the patient in therapeutic communications.

Rationale: Engaging in therapeutic communication allows the patient to experience care centered at his or her needs and to promote better engagement with treatment.[7] This can provide an outlet for venting frustrations or an opportunity to identify anger triggers.

7. Use a self-assured, empathetic, nonaggressive posture when communicating with the patient.

Rationale: Using a self-assured, empathetic, nonaggressive posture conveys that the health care team member is calm, controlled, and nonthreatening.

8. Maintain adequate eye contact, but avoid excessive eye contact, which can be interpreted as challenging.

Rationale: Adequate eye contact communicates to the patient that the health care team member is concerned and interested.

9. Remove or secure potential weapons in the environment.
10. Maintain adequate distance from the patient, respecting his or her personal space.

Rationale: Patients who have the potential for violence need additional space, and the health care team member should have a route of retreat in case the patient acts out aggressively.

11. Administer antianxiety and antipsychotic agents as needed.

Rationale: Medications may quickly calm the patient so he or she is more receptive to psychosocial interventions and teaching.

12. Match anger management coping interventions to the patient's needs, interests, and abilities.

a. Teach problem-solving techniques for a patient who needs to make a decision.
b. Decrease stimulation for a patient overwhelmed by the environment.

Rationale: Using the correct strategy can effectively defuse anger and prevent violence.

13. Focus on the patient's strengths by identifying areas in which the patient has had positive coping skills and success in facing challenges.

Rationale: Focusing on the patient's strengths can help him or her regain a sense of control.

14. Monitor the patient for healthy coping skills and reinforce the use of appropriate expressions of anger.

Rationale: Individuals with limited coping skills and lack of assertiveness have a higher risk of using violence.[14]

15. Provide privacy and decrease environmental and emotional stimulation for the patient who is angry.

Rationale: Providing privacy for the patient is a method of demonstrating caring and respect and helps protect the patient from experiencing embarrassment from acting on angry emotions. When patients are adjusting to internal turmoil, decreased stimulation from external sources can help them regain emotional control.[4]

16. Communicate frequently with health care team members regarding the patient's needs and anger issues to ensure consistent team member actions and responses.

Rationale: Consistency in approaches, especially when centered on patient preferences, provides the patient with a sense of control and benefits the patient and health care team members.

17. Monitor the patient's behaviors to ensure that he or she demonstrates positive coping skills and avoids self-harm.

Rationale: Higher levels of anger are associated with increased risk of self-harm and suicide.[8]

18. Remove PPE and perform hand hygiene.
19. Document the strategies in the patient's record.

REASSESSMENT

1. Reassess the patient for:

a. Anxiety
b. Ability to use assertive, nonaggressive communication to have needs met
c. Use of healthy coping skills to deal with anger and frustration
d. Response to medication for agitation, anxiety, or pain
e. Expressed understanding of anger triggers and methods for managing anger

2. Reassess the patient for continued presence of high-risk symptoms (i.e., impulsivity, hyperactivity, irritability, delusions, or violence to self or others).
3. Assess, treat, and reassess pain.

EXPECTED OUTCOMES

- Patient abstains from self-harm or striking health care team members or other patients.
- Patient maintains self-control independently.
- Patient uses assertive techniques to express anger and frustration.
- Patient identifies triggers to anger and safe, healthy methods for expression.

UNEXPECTED OUTCOMES

- Patient physically acts on anger and aggression toward self or others.
- Patient destroys property.
- Patient is unable to maintain self-control independently.

DOCUMENTATION

- Mental status of the patient
- Patient behaviors that indicate agitation or anxiety
- Patient threats of self-harm or passive death wish
- Strategies used to reduce patient anger and their effectiveness
- Reassessment of the patient after an anger outburst
- Education
- Unexpected outcomes and related interventions

ADOLESCENT CONSIDERATIONS

- Adolescents may not have developed the skills necessary to deal with feelings that trigger anger.[15]

- Adolescents who have sustained or explosive episodes should be seen by a mental health professional because these episodes may indicate more serious issues.[16]

OLDER ADULTS CONSIDERATIONS

- Older patients may experience a paradoxic effect when taking antianxiety medications such as alprazolam because disinhibitory actions of the medication may result in increased aggression.[17]
- Alzheimer disease can result in changes to personality and increase the likelihood of violence.[1]
- Patients with cognitive deficits such as delirium and dementia are at increased risk for agitated or aggressive behaviors.
- Calming facial cues may decrease agitation and provide comfort for some agitated patients with cognitive deficits.[6]

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Elsevier Skills Levels of Evidence

- Level I - Systematic review of all relevant randomized controlled trials
- Level II - At least one well-designed randomized controlled trial
- Level III - Well-designed controlled trials without randomization
- Level IV - Well-designed case-controlled or cohort studies
- Level V - Descriptive or qualitative studies
- Level VI - Single descriptive or qualitative study
- Level VII - Authority opinion or expert committee reports

Supplies

- Gloves and PPE, as indicated

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