

Psychosocial Interventions

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Disclosure

Type of Affiliation	Commercial Entity
Consultant	Janssen Pharmaceutica, Pfizer, Inc.

Ms. Green does not intend to discuss off-label/unapproved uses of products or devices.

Learning Objectives

Upon completion of this presentation, participants should be able to:

- Describe factors that may affect the management of acute agitation
- List appropriate psychosocial interventions for managing an acutely agitated patient
- Recognize that self-care and staff education must support appropriate clinical care

Emergency Situations Are Often
Very Disturbing for All Concerned
and Evoke a Range of Emotions
That Can Have Significant
Consequences

Emotional and Psychological Reactions Depend On...

- | | |
|-------------------------|----------------------------|
| • Patient | • Staff |
| – Clinical presentation | – Care-giving presentation |
| – Social situation | – Beliefs |
| – Beliefs | – Background |
| – Cultural practices | – Experiences |
| – Expectations | – Stress level |
| – Previous experiences | |

Management of Acute Agitation

Goals

- Stabilization of symptoms
- Prevention of undue trauma and side effects while maintaining safety
- Cooperation
- Compliance

Management of the Agitated Patient

- Understand the dynamics of violence
- Recognize the prodromal syndrome of violence
 - Increasing anxiety and tension
 - Verbal abuse and profanity
 - Increasing hyperactivity
- Have knowledge of appropriate restraint techniques
- Must include a philosophy and protocol for management that are accepted by the entire treatment staff

Safety Management and Response Techniques (SMART)

- SMART staff education
 - Managing dangerous situations
 - Preventing escalation
 - Maintaining environmental safety

Motivation for Violence

- Fear
- Frustration
- Manipulation
- Intimidation

Teamwork

- Physician staff
- Nursing staff
- Social work
- Technical staff
- Security staff
- Trainees

ENA Survey: Approaches to Behavioral Emergencies in US Emergency Departments

- Preliminary survey report
 - Nurses' perspective on topics related to behavioral emergencies
- 149 nurses sampled
- Diverse sample of emergency departments
 - Small urban, 33%
 - Suburban, 28%
 - Rural, 25%
 - Large urban, 13%

Data on file, Emergency Nurses Association.
Data on file, Janssen Pharmaceutica.

ENA Survey: *Interventions Used for Imminently Violent Patients*

- Verbal intervention: 29%
- Quiet room: 26%
- Show of force: 7%
- Food, beverage: 6%
- Locked/unlocked seclusion: 3%
- Physical restraint: 2%
- Voluntary meds: 0%
- Emergency meds: 0%
- Least invasive intervention used
 - Verbal and quiet room
- Fourth level of intervention
 - Voluntary meds and seclusion
- Last intervention
 - Physical restraint and locked/unlocked seclusion

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Nonpharmacologic Interventions

- Communication with the patient
- Behavioral management
- Safety/physical restraints
- Medication response and side effects
- Respect/concern

Staff-to-Patient Interactions

- Neutral
 - Nonauthoritarian
 - Nonaggressive
- Be aware of projection
 - Your fear vs patient hostility
- Focus on engagement/relationship
 - Hear the patient out

Interaction with an Agitated Patient

- Verbal interaction takes time
- Haste and urgency by the physician or nurse intensifies the patient's sense of isolation, anxiety, withdrawal, and feeling of helplessness
- You must be able to shift your pace of work when interacting with a hostile or agitated patient – for your safety especially

Building a Relationship

- Ask the patient what is wrong
- Ask what the patient thinks would help
 - Doesn't matter whether you disagree
 - Convey interest, flexibility
- Try to respect any request, at least in token
- Inform the patient of your understanding
 - Allow them to respond, acknowledge differences

(cont)

Building a Relationship

- Offer at least some reasonable choices directed at their comfort, sense of autonomy
 - “Would you like a blanket over you?”
 - “Is there a medicine you would prefer?”
 - “Would you like the lights dimmed or go to a quiet area?”
- If unengageable, proxy decision maker
 - Consider what the patient *might* choose

Interaction with an Agitated Patient

- Offer food or drink to facilitate rapport
 - A patient is unlikely to become assaultive toward someone who has fed him
- Safety in numbers
 - Do not interview in a room alone with an agitated patient
 - Have staff nearby or be in view of others

Communication and Support

- Listen
- Inform and prepare
- Honesty
- Language/translation
- Do not pass the problem to other staff
- Have someone companion the patient
- Privacy/decrease stimulation

Effective Communication

- Paraphrasing
- Summarizing
- Interpreting
- Clarifying
- Context
- Courtesy
- Personal space/touching
- Movement
- Eye contact
- Emotion
- Gestures: difference in meaning

What Sabotages the Alliance

- Improper “show of force”
 - Threatening, cornering, confrontation
 - Provoking a patient
- Disrespect
- Patronizing attitude
- Staff stress

Causes of Job Stress

- Worker characteristics
 - Interpersonal relationships
 - Career concerns
- Working conditions
 - Tasks/role expectations
 - Environmental conditions
- Management styles
 - Lack of staff participation in decision making, poor communication

Compassionate Care

- Teamwork
- Education
- Self-care