Understanding Agitation

Recognizing the Signs of Agitation and Knowing What to Do When They Appear

Webinar: May 20, 2015

Presenters: Scott Zeller, M.D., and Tom Lane, CRPS

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Signs of Agitation and Collaborative Treatment Approaches

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Past President, American Association of Emergency Psychiatry

The Spectrum of Agitation

- Agitation can be described as "excessive verbal and/or motor behavior[1]" in addition to feelings of unease. It manifests in a broad spectrum ranging from restlessness to combativeness. Some signs of agitation:
  - Involuntary behaviors such as hand-wringing and pacing
  - Excessive talking
  - Tension, excitement, or hostility
  - Poor impulse control
  - Potential to harm self , others, or property
- People with mood disorders may be more disposed to experiencing agitation
- 1.7 million medical emergency room visits in USA per year may involve agitated patients[2]
- Agitation is a behavioral emergency. It is best to intervene early as possible before symptoms progress

1. Citrome, L. *Postgrad Med.* 2002
2. Sachs GS. *Journal Clinical Psych*. 2006

Wants and Needs during Emergency

Consumers’ Wants and Needs during a Psychiatric Emergency[1].

Surveyed Patients Strongly Disagreed that:

- Staff treated them with respect: 63%
- Seen in a timely manner: 65%
- Listened to their story/version of events: 68%
- Spent enough time with them: 77%
- Adequately addressed their problems: 80%
- Understood ethnic, cultural, racial or religious backgrounds: 53%

1. Allen, et al. *Journal of Psychiatric Practice* 2003

Wants and Needs during Emergency

Consumers' Wants and Needs during a Psychiatric Emergency[1].

Themes regarding staff interactions:

- Importance of being treated as a human being; allowed to retain one's dignity
- Importance of staff listening to what the person has to say, respecting wishes as much as possible, answering questions and informing about what is happening
- Importance of being asked what you need or want
- Importance of being soothed and helped to calm down and not be afraid
- Importance of staff having a positive outlook and conveying that things can get better

1. Allen, et al. *Journal of Psychiatric Practice* 2003

Wants and Needs during Emergency

Consumers' Wants and Needs during a Psychiatric Emergency[1].

Regarding Patient Experiences with the use of Physical Restraints:

- No other intervention attempted: 67%
- Terrified witnessing others in restraints: 93%
- Unwilling to seek outpatient care: 54%
- Kept in restraints too long: 68%
- Requests generally ignored: 77%
- **Made easier:** Someone there to explain why in restraints and offer alternatives
- **Made harder:** darkness, lack of stimulation, unsympathetic staff, muscle cramps, cold, worrying about vomiting, choking, not being allowed to urinate

1. Allen, et al. *Journal of Psychiatric Practice* 2003

A Call for Change in Treatment

A Call for Change in the Treatment of Agitation

- Regulatory agencies and advocacy groups have called for a reduction in physical restraint and less coercion in the treatment of the mentally ill.
- Some facilities have made innovative changes to address these concerns.
- However, far too many facilities continue to treat agitation using "restrain and sedate."
- Clearly, more discussion has been needed on effective, alternative management of agitation.

Project BETA

- In October 2010, the American Association for Emergency Psychiatry embarked on Project BETA.
- The challenge was to develop new guidelines that were effective, safety-minded, and in the best interests of the patient.
- Over 40 emergency psychiatrists, emergency medicine physicians, mental health clinicians, nurses, patient advocates and others participated in the project, the results of which were published in a six-article special section of the *Western Journal Of Emergency Medicine* in 2012.

Project BETA Mission

The Project **BETA** mission was to develop and disseminate guidelines that represent **B**est practices for the **E**valuation and **T**reatment of **A**gitation in the emergency setting.

Project BETA

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Western Journal of Emergency Medicine
A Peer-Reviewed Professional Journal

BEHAVIORAL EMERGENCIES: BEST PRACTICES IN EVALUATION AND TREATMENT OF AGITATION
1 Overview of Project BETA: Best practices in Evaluation and Treatment of Agitation (Editorial)
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A Stone, D Rogers, S Kruckenberg, A Lieser

PERSPECTIVE
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SD Docherty

- The six Project BETA articles are the most downloaded articles in the history of the *Western Journal Of Emergency Medicine*.
- Stories about Project BETA have appeared in *Emergency Medicine News, Psychiatric Times, Psychiatric News*, and many other publications.

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Zeller's Six Goals

Zeller's Six Goals of Emergency Psychiatric Care[1]

1. Exclude medical etiologies of symptoms and ensure medical stability
2. Rapidly stabilize the acute crisis
3. Avoid coercion
4. Treat in the least restrictive setting
5. Forge a therapeutic alliance
6. Formulate an appropriate disposition & aftercare plan

1. Zeller, *Primary Psychiatry*, 2010

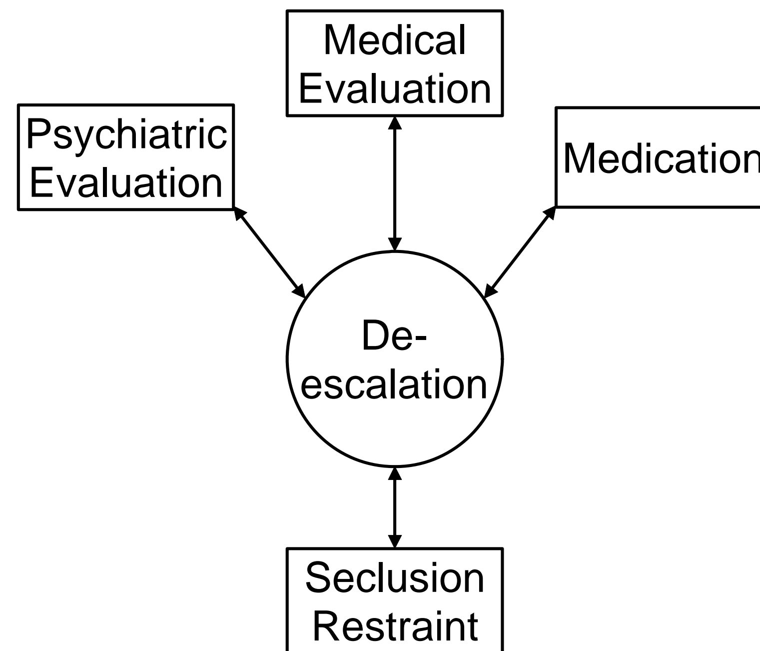
Acute Behavioral Emergency

- **Agitation is an acute behavioral emergency** requiring immediate intervention.
- The preferred intervention for calming the agitated patient is verbal de-escalation.
- Medication can help, and offering medication is part of verbal de-escalation.
- Unless signs and symptoms dictate emergent medical intervention, de-escalation must take precedence in an effort to calm the patient.

Verbal De-escalation

- The goal is to help the patient regain control so that he or she can participate in the evaluation and treatment.
- While engaging the patient in verbal de-escalation, the clinician's observations and medical judgment must drive decisions regarding management of the patient.
- Successful de-escalation of the patient is the key to avoiding seclusion and restraint.

Verbal De-escalation



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Benefits of Mastering Skills

- Verbal de-escalation usually takes less time than the process of restraint and involuntary medication.
- Avoiding "containment" procedures will result in less injuries to both staff members and patients.
- Patients are more trustful when not restrained or forcibly medicated.
- Receiving facilities may be more willing to accept a patient who has not been restrained, improving throughput.

Improving Throughput

Restraint use leads to a length of stay of psychiatric patients in Emergency Departments averaging 4.2 hours longer than that of patients not requiring restraints[1]

1. Weiss AP et al, *Annals of Emergency Medicine* 2012

The Ten De-Escalation Commandments

I. You shall be non-provocative

II. You shall respect personal space

III. You shall establish verbal contact

IV. You shall use short phrases; repeat yourself

V. You shall identify the patient's wants and feelings

VI. You shall listen

VII. You shall lay down the law and offer choices for what is next

VIII. You shall agree or agree to disagree

IX. You shall have a moderate show of force and be prepared to use it

X. You shall debrief with patient and staff

from Fishkind, *Current Psychiatry*, 2002

Restraint or Seclusion

- Seclusion and Restraint can be traumatizing to both patients and staff
- Early identification and intervention, using de-escalation techniques and collaboration with medications, can help prevent the need for seclusion and/or restraint

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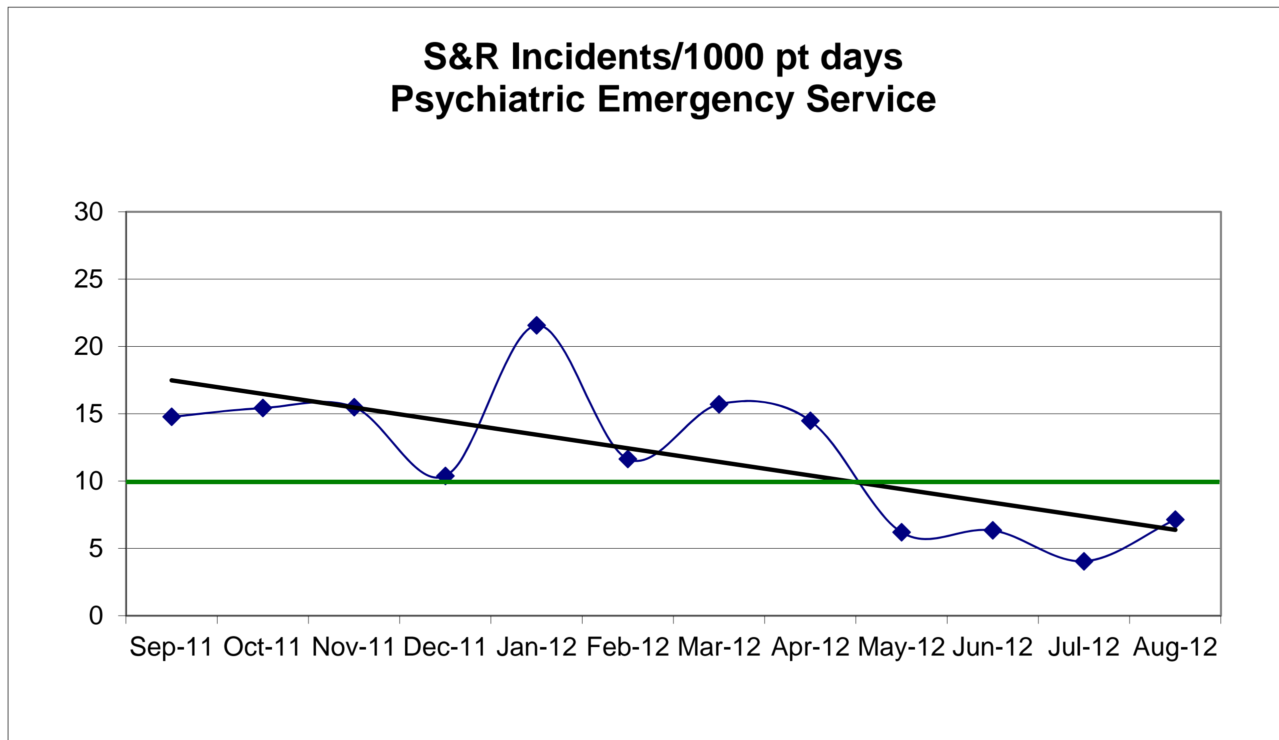
Does it work?

A California psychiatric ER using BETA recommendations:

- 6 months 1/2010 to 6/2010 compared to
- 6 months 7/2011 to 12/2011

Continued Improvement



Continued Improvement

As of 2014, the Psychiatric Emergency Service, averaging 1200-1500 involuntary, danger-to-others and danger-to-self patients per month is now averaging only:

- Two (2) uses of restraints per 1000 patients
- (0.002 of patients seen go into restraints)

And a Drop in Assaults Too

35% further reduction in assaults,
with or without injury,
over this continued time period

Agitation and Wellness: A Personal Perspective

Tom Lane, CRPS
Member of the DBSA Board of Directors

Some Things to Think About

- It can happen to anyone
- It is a reaction to feelings
- It might be a side effect
- It could be a symptom
- It affects those around you

A Thought to Consider

"We become tight and constricted in our minds, which can easily lead to agitation and restlessness."
— Gyalwa Dokhampa, *The Restful Mind*

Personal Experience

- Before things got better, things got worse
- Impact of being unwell
  - on myself
  - on my family
  - on those around me
- Losing control, direction, and hope

The Four "E"s

- Energy—low energy, high energy, no energy
- Environment—short term, long term
- Emotions—ranges of (e)motion
- Extremes—0 to 60! (or 600!! or 6000!!!)

Personal Experience

- Energy – too much, too little, or just right
  - Impact of stress
  - Lack of rest
  - Influence of substances
  - Impact of pressures
- Personal Energy Profile (PEP)
  - Find a balance
  - Spend it wisely

Personal Experience

- Environment – where you are, who you live with, how you live
  - Short term, long term, or who knows?
  - Impact of choice
  - Aspects of control
  - Influence of others
  - Loneliness, isolation
- Change, adapt, plan

Personal Experience

- Emotions—how you feel, what you feel, and why you feel
  - Limited range of emotions limits your feelings
  - Emotions tied to agitation
  - Emotions and others – impact and influence
  - WOE (Walking on Eggshells)
- *Build emotional range*
- *Be in touch – know what you are really feeling*

Personal Experience

- Extremes—highs and lows and in between
  - Living on the edge
  - The other Three “E”s – interwoven and related
  - No control, out of control, or in control
  - Tipping points
- Take a few steps back—find stable ground
- Ask for help
- Discover healthy limits

Balance: A Wellness Framework

Adapted from Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal, 29,(4) 311- 314. (used with permission)*

Metaphors For Living Well

- Find the tools you need—basic set
- Learn to use the tools you have—practice, practice, practice
- Watch others—different people, different tools
- Know what you want to build—have a plan
- Step back and check your progress
- Change when you need to, when you want to
- The more you build, the better you get

Closing Thoughts

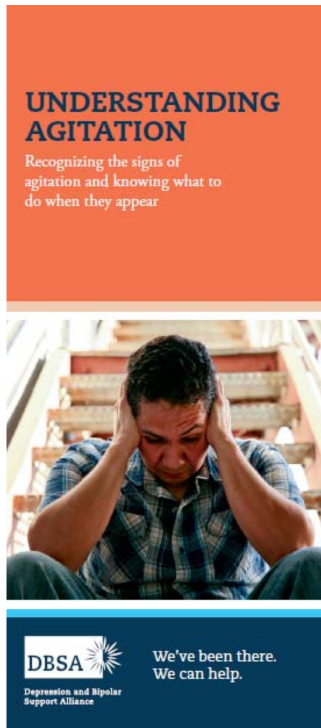
We all see things differently.

When you change the things you look at, the things you look at change.

We can change the way we see our world.

People get better, life can be awesome!

Resources



- DBSA offers a brochure titled *Understanding Agitation* available in print and online.
- We will be releasing videos on agitation and de-escalation on the DBSA YouTube channel in the next few weeks.

Archived Webinar and PPT

www.DBSAlliance.org/Webinars

Thank You!

- DBSA is very grateful for the time and expertise provided by our esteemed presenters, Dr. Scott Zeller and Tom Lane.
- DBSA would also like to thank Teva for their generous support for the production of this webinar.
- And, DBSA would like to thank you, our peers and partners, for joining us. We hope you found the webinar informative and helpful and hope you'll provide us feedback about the webinar via the survey link that will be emailed to you following today's webinar.
- Check **www.DBSAlliance.org/webinars** and/or be sure to sign up for DBSA's monthly eUpdate at **www.DBSAlliance.org/join** to learn about future DBSA webinars.

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