



N108 CARE FOR CLIENTS WITH PSYCHOSOCIAL PROBLEMS IN ADAPTATION AND ADJUSTMENT

Anger, Hostility, and Aggression

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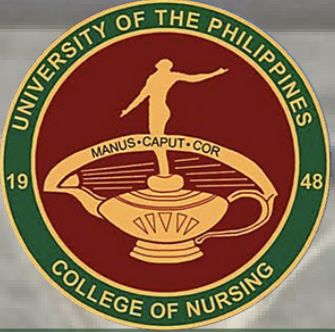
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Learning Objectives

AT THE END OF THIS SESSION, YOU WILL BE ABLE TO

- Discuss anger, hostility, and aggression
- Discuss etiology
- Enumerate different types of treatments
- Discuss appropriate nursing interventions



Anger

- results when a person is frustrated, hurt, or afraid.
- helps a person resolve conflicts, solve problems, and make decisions.
- energizes the body physically for self defense when needed by activating the “fight-or-flight” response mechanisms of the sympathetic nervous system.
- can cause physical or emotional problems or interfere with relationships.



Hostility

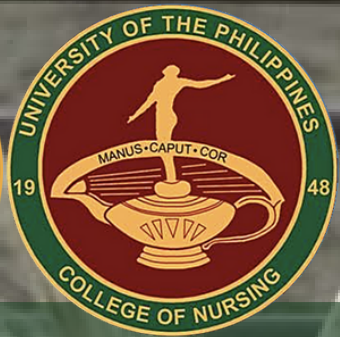
- a.k.a. verbal aggression
- emotion expressed through verbal abuse, lack of cooperation, violation of rules or norms, or threatening behavior (Schultz & Videbeck, 2013).
- A person may express hostility when he or she feels threatened or powerless.



Hostility

Physical aggression

- behavior in which a person attacks or injures another person or destroys property.
- Both verbal and physical aggression are meant to harm or punish another person or to force someone into compliance.



Management

- Catharsis
 - express their angry feelings by engaging in aggressive but safe activities such as hitting a punching bag or yelling
- Cognitive behavioral therapy techniques
 - such as distraction, problem-solving, and changing one's perspective or reframing
- Assertive communication techniques
 - uses "I" statements that express feelings and are specific to the situation
 - *"I feel angry when you interrupt me"*



Hostility and Aggression

Five-phase aggression cycle

1. Triggering

- An event or circumstances in the environment initiates the client's response, which is often anger or hostility.

2. Escalation

- The client's responses represent escalating behaviors that indicate movement toward a loss of control



Hostility and Aggression

Five-phase aggression cycle

3. Crisis

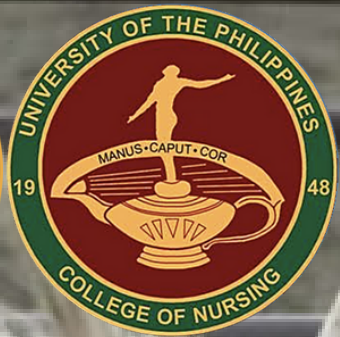
- During an emotional and physical crisis, the client loses control.

4. Recovery

- The client regains physical and emotional control

5. Post-crisis

- The client attempts reconciliation with others and returns to the level of functioning before the aggressive incident and its antecedents.



Related Disorders

Intermittent explosive disorder (IED)

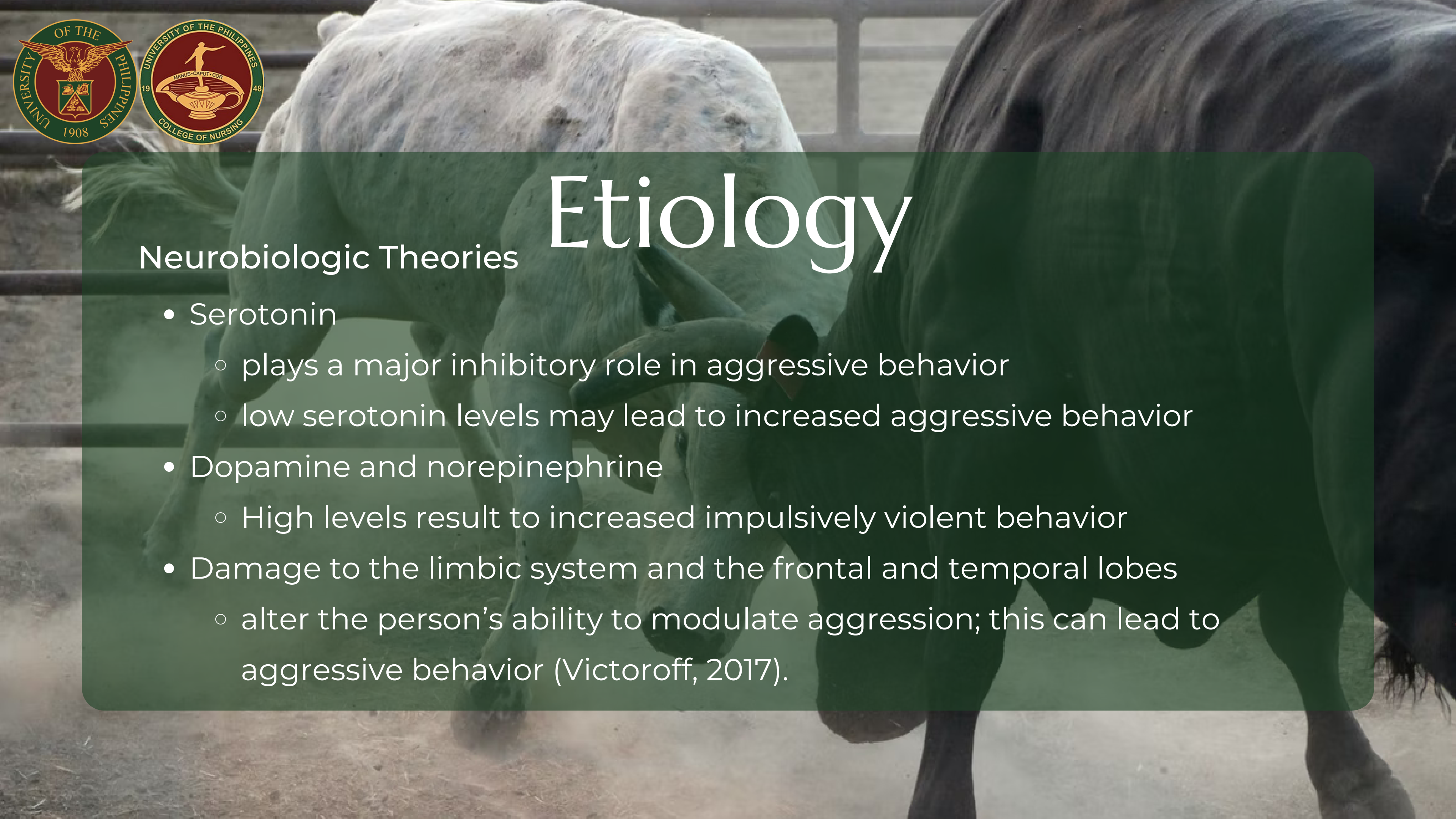
- is a rare psychiatric diagnosis
- characterized by discrete episodes of aggressive impulses that result in serious assaults or destruction of property.
- The aggressive behavior the person displays is grossly disproportionate to any provocation or precipitating factor.
- This diagnosis is made only if the client has no other comorbid psychiatric disorders



Related Disorders

Acting out

- an immature defense mechanism by which the person deals with emotional conflicts or stressors through actions rather than through reflection or feelings.
- engages in verbal or physical aggression, to feel temporarily less helpless or powerless.



Etiology

Neurobiologic Theories

- Serotonin
 - plays a major inhibitory role in aggressive behavior
 - low serotonin levels may lead to increased aggressive behavior
- Dopamine and norepinephrine
 - High levels result to increased impulsively violent behavior
- Damage to the limbic system and the frontal and temporal lobes
 - alter the person's ability to modulate aggression; this can lead to aggressive behavior (Victoroff, 2017).



Treatment

often focuses on treating the underlying or comorbid psychiatric diagnosis such as schizophrenia or bipolar disorder

- *ex. lithium, carbamazepine, valproate, clozapine, risperidone, olanzapine, haloperidol, and lorazepam*



Nursing Process Application



Nursing Diagnoses

Risk for other-directed violence

Ineffective coping



Goals and Objectives

1. The client will not harm or threaten others.
2. The client will refrain from behaviors that are intimidating or frightening to others.
3. The client will describe his or her feelings and concerns without aggression.
4. The client will comply with treatment.



Interventions

Managing the environment

- Plan activities in the therapeutic process and minimize boredom
- offer the opportunity for problem-solving or conflict resolution
- if client is psychotic, hyperactive, or intoxicated, the nurse must consider the safety and security of other clients
- encourage clients to verbalize their feelings



Interventions

Managing Aggressive Behavior

- nurse should approach the client in a nonthreatening, calm manner in order to deescalate the client's emotion and behavior
- encourage the client to express his or her angry feelings verbally
- Use clear, simple, short statements



Interventions

Managing Aggressive Behavior

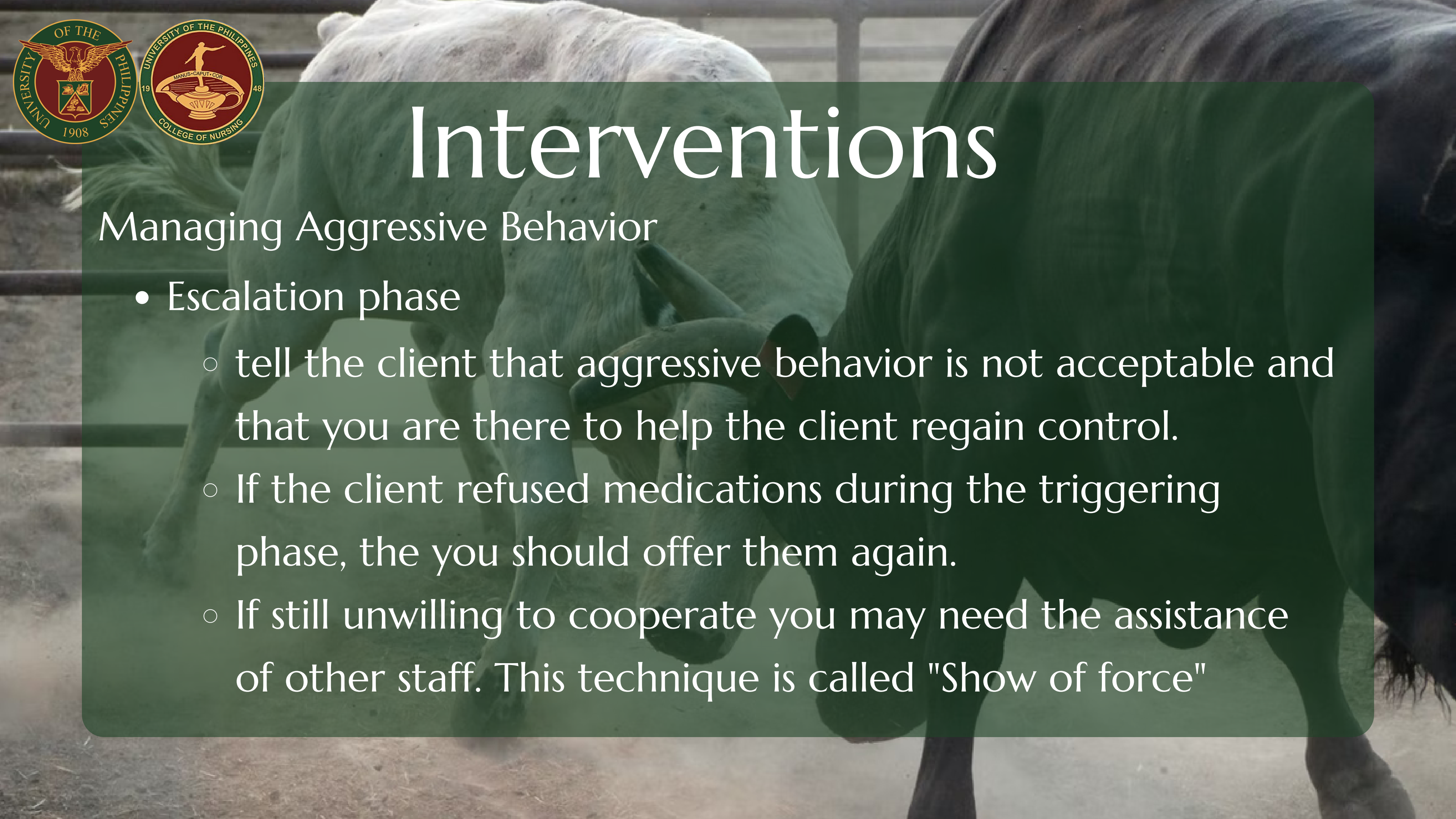
- minimize stimuli
- administer medications (PRN)
- Physical activity



Interventions

Managing Aggressive Behavior

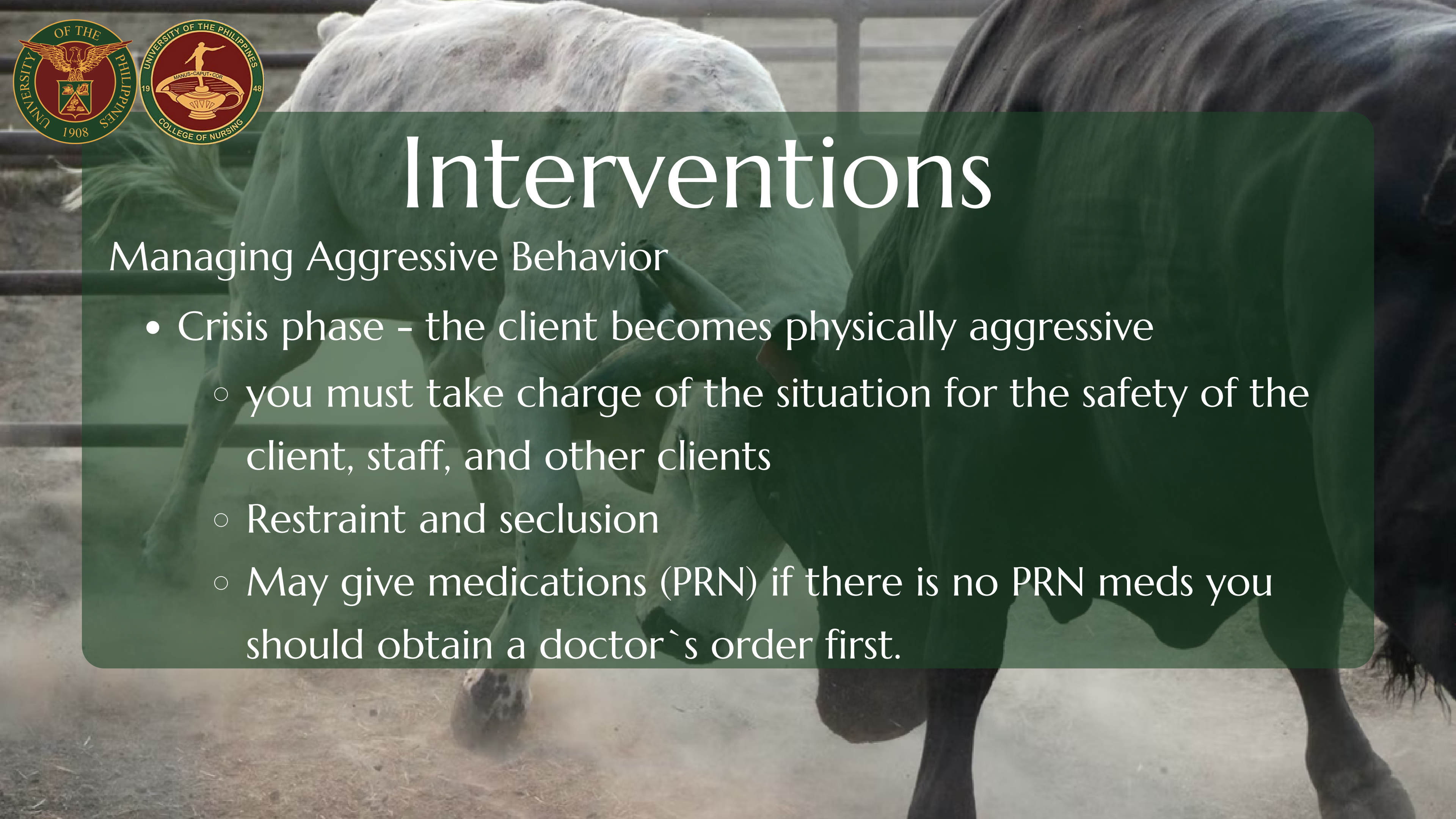
- Escalation phase- period when the client builds toward loss of control
 - nurse should provide directions to the client in a calm, firm voice.
 - client should be directed to take a time-out for cooling off in a quiet area or his or her room



Interventions

Managing Aggressive Behavior

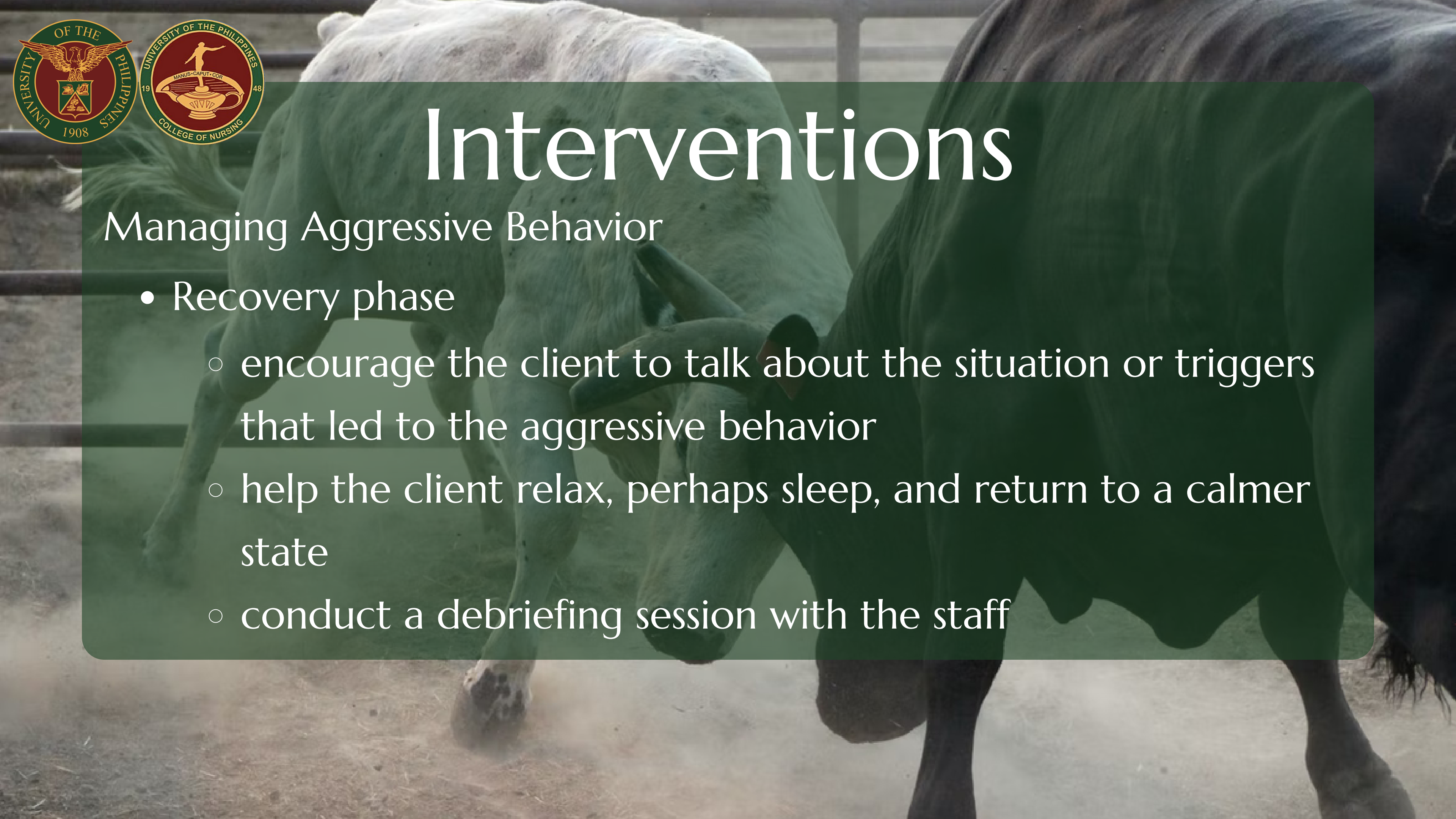
- Escalation phase
 - tell the client that aggressive behavior is not acceptable and that you are there to help the client regain control.
 - If the client refused medications during the triggering phase, then you should offer them again.
 - If still unwilling to cooperate you may need the assistance of other staff. This technique is called "Show of force"



Interventions

Managing Aggressive Behavior

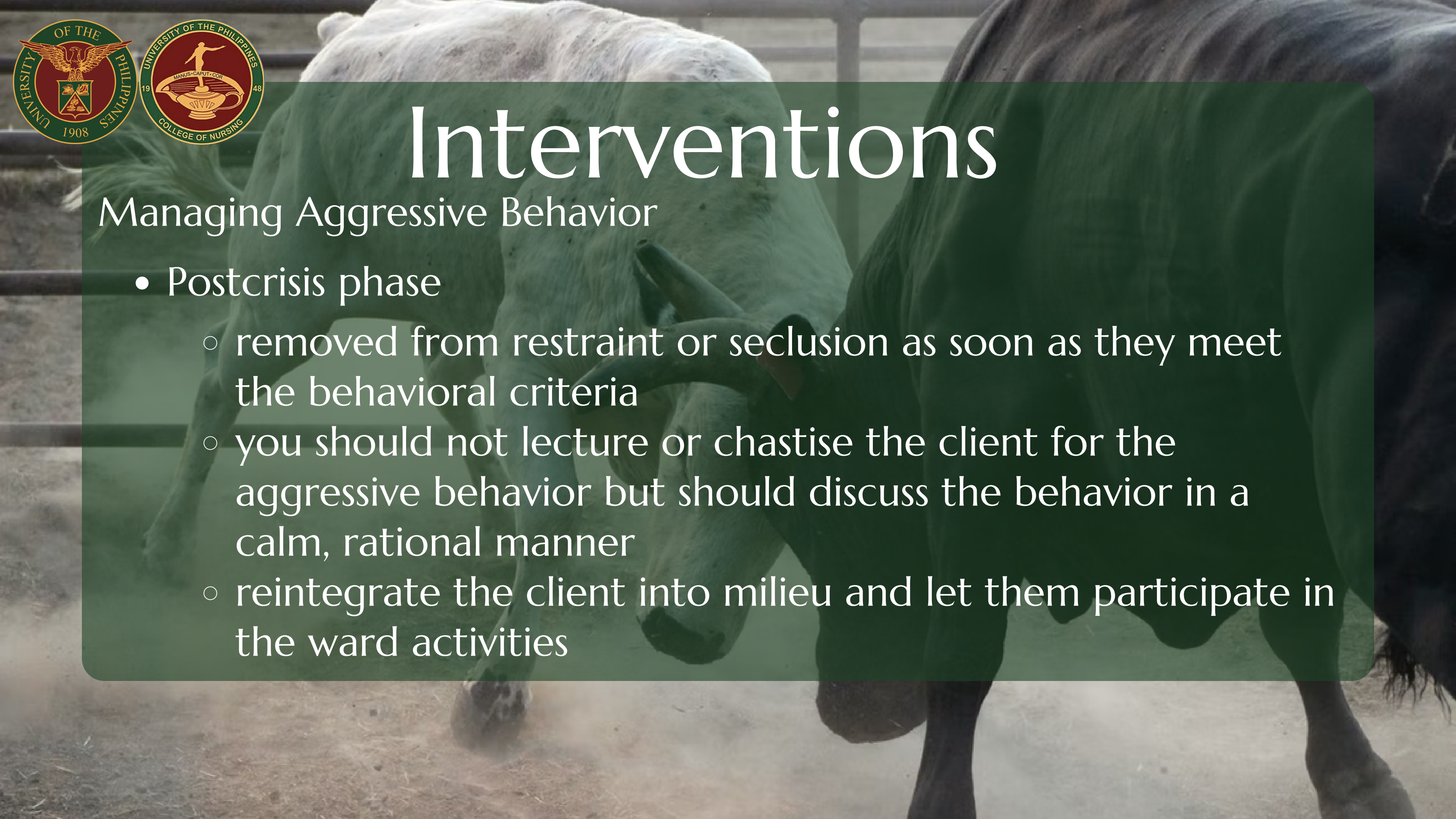
- Crisis phase – the client becomes physically aggressive
 - you must take charge of the situation for the safety of the client, staff, and other clients
 - Restraint and seclusion
 - May give medications (PRN) if there is no PRN meds you should obtain a doctor`s order first.



Interventions

Managing Aggressive Behavior

- Recovery phase
 - encourage the client to talk about the situation or triggers that led to the aggressive behavior
 - help the client relax, perhaps sleep, and return to a calmer state
 - conduct a debriefing session with the staff



Interventions

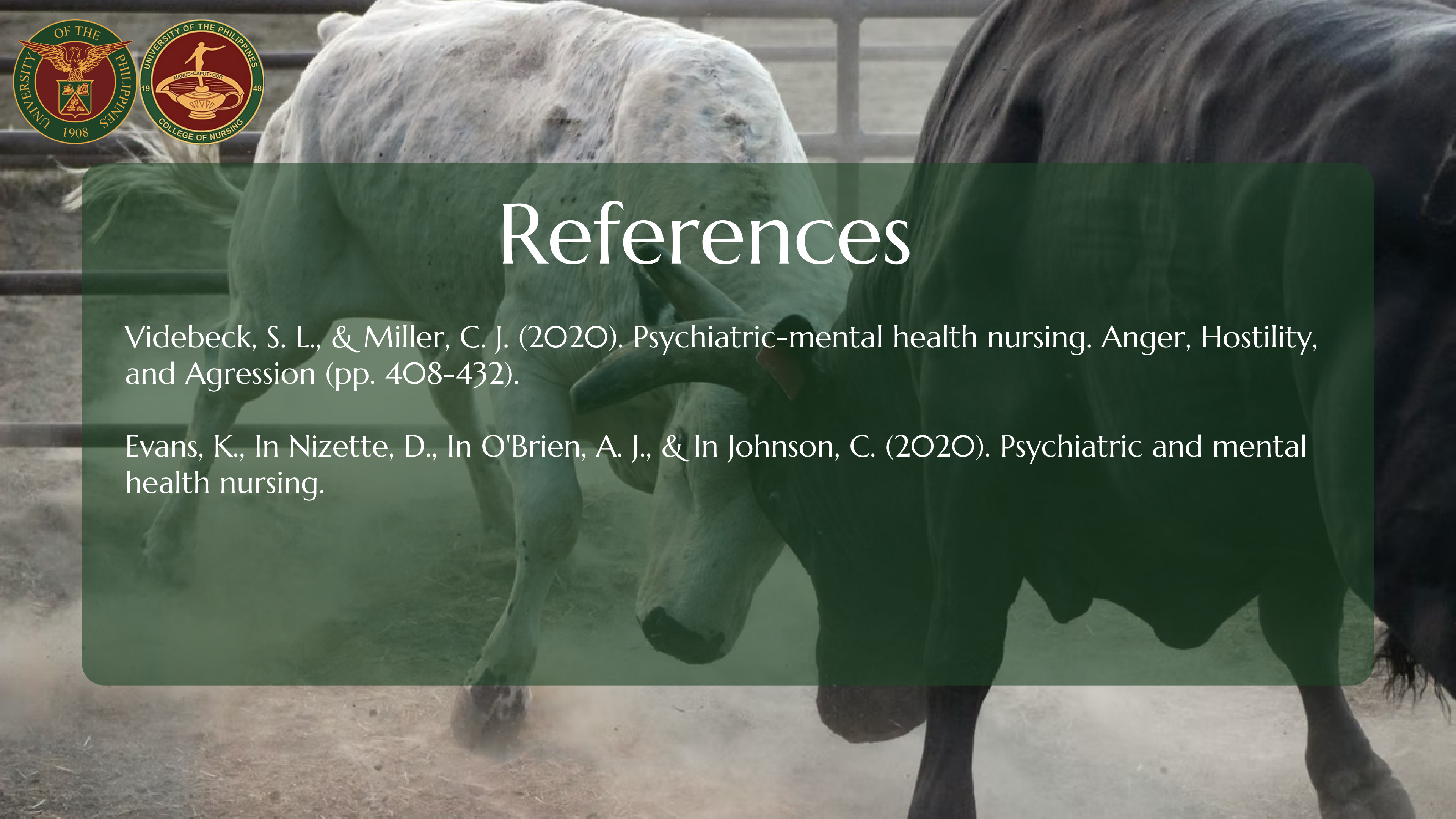
Managing Aggressive Behavior

- Postcrisis phase
 - removed from restraint or seclusion as soon as they meet the behavioral criteria
 - you should not lecture or chastise the client for the aggressive behavior but should discuss the behavior in a calm, rational manner
 - reintegrate the client into milieu and let them participate in the ward activities



Evaluation

defused anger and aggressiveness



References

Videbeck, S. L., & Miller, C. J. (2020). Psychiatric-mental health nursing. Anger, Hostility, and Agression (pp. 408-432).

Evans, K., In Nizette, D., In O'Brien, A. J., & In Johnson, C. (2020). Psychiatric and mental health nursing.



THANK YOU