



*Caring for the ...
Combative Client*



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Caring for the Combative Client

Violence in the workplace has become a serious issue, particularly in healthcare settings. Data from the Bureau of Labor Statistics indicates that almost half of all non-fatal injuries due to violent acts occurred within healthcare and social services. Settings where these violent acts took place most commonly included hospitals, nursing facilities, and other client care services. The types of staff most commonly injured include nurses, home health aides, and orderlies/ attendants. These violent acts may be committed by a client, family member of the client or staff member, an unknown person, or even another staff member.

This newsletter will discuss the care of clients who are at risk for, or actually display, violent behavior. Common reasons for violent behavior will be explored, as well as signs of impending violence. The home health aide's role in anticipating and responding to this behavior will also be covered.

Who is the "Combative" Client?

The word combative can be defined as "having a readiness to fight." This, along with other terms such as aggressive or violent, may apply to the client who shows signs of possibly violent behavior. While these terms are used here to clarify the main points, it is important not to label clients by using such terms or "jargon." A much more effective approach is to simply describe the behavior in clear terms, such as, "Mr. Jones was yelling and shaking his fist at me."

Clients may become combative for many reasons. Dementia, or cognitive impairment, is a common reason for aggressive behavior in elderly people who receive healthcare. Other triggering factors include pain or physical illness, such as infections, low blood sugar, or seizure activity. Psychiatric disorders or adverse reactions to medication may also cause combative behavior. In addition, clients who have difficulty coping with losses may be at increased risk for violence. Examples include grief over the death of a spouse, loss of "normal"



living arrangements at home, and loss of normal vision, hearing or speech. Clients may also become combative under the influence of alcohol or other substances, or when suffering withdrawal from these.

Combative or aggressive behavior may include verbal attacks, such as yelling, cursing, and making threats. Non-verbal or physical behaviors may include hitting, pinching, spitting, pushing, kicking, or throwing things. Often, a fairly predictable progression of behaviors can be seen. For example, the client may start by becoming tense and irritated, followed by verbal complaints, such as “You’re always after me to take a bath!” This may progress to cursing, threatening (“Get away from me or I’ll hit you.”), and finally to physical forms of aggression, such as hitting or kicking.

Preventing and Managing Combative Behavior

The best way to manage combative behavior is, of course, to prevent it. While this is not possible in every case, proper client management can often significantly decrease aggressive incidents. If you are working with a client who has a history of aggressive behavior, get as much information as you can. What triggers the aggressive behavior? What early signs of aggression does the client display? Does the client’s behavior progress to physical violence? What helps the client to calm down? Good sources of information include the nurse, other staff members and the client’s family.

When working with your clients, maintain a constant awareness of their mood and affect. Even subtle reactions, like a stiffening of the body or clenching fists when you perform certain actions, can give you clues that they may have difficulty coping. Watch for these early signs of possible aggression:

- increased activity, such as pacing
- a frightened or angry look in the eyes
- tensing of the body, such as clenched fists



- increased respirations
- flushed face

Also, your behavior toward clients can greatly reduce the risk of aggression. The vast majority of our communication with others, about 93%, occurs non-verbally. This means that our messages to others are conveyed mainly by factors such as our appearance, body language and tone of voice. Act in a kind, calm, manner toward your clients. Handle them gently, and speak in a calm tone. Avoid hurrying or pressuring clients, or appearing impatient or annoyed, as these behaviors may trigger a combative reaction. Providing a predictable, calm environment and making sure that the client's needs for food, rest, comfort, and social interaction are met can go a long way toward preventing aggressive behavior. When working with clients who have dementia, tell them frequently who you are, to avoid fear and possible mistaken identity.

If a client you are working with becomes combative, your goal in this situation is de-escalation— attempting to reduce or “bring down” the client's reaction. Verbal and non-verbal de-escalation techniques can be very effective in reducing agitation. Non-verbally, your goal is to project a calm, yet attentive, facial expression. Excitement is contagious, and the client is likely to become more agitated if you react by becoming agitated yourself. Keep your body loose, avoiding aggressive signals such as clenching your fists or crossing your arms. Maintain caring eye contact, but don't stare aggressively at the client. And remember to breathe slowly and deeply, as this will help you to relax. Stand with your body at a slight angle, rather than fully facing the client. This not only puts you in a better position if you need to exit quickly, but protects your chest and abdomen if the client suddenly hits or kicks. Also, stand at least two arm lengths from the client, so that he doesn't feel as threatened by you and cannot hit or kick you. Always keep the nearest door open, and position yourself between the client and the door, so that he is not blocking your exit if you need to leave



quickly. If possible, position yourself so that there is a piece of furniture between you two, for further protection.

Speak to the client in a firm, calm voice. Watch the tone and volume of your voice. Keep it low, as most people tend to raise both their tone and volume when excited or threatened, resulting in high-pitched yelling. Say something that helps the client to know that you understand his feelings... "Mr. Jones, I can see that you're very upset, and I want to help." Treat the client with dignity and respect, and never threaten or belittle him for his behavior. Don't argue or try to reason with the angry client, such as saying, "I do not always forget your coffee." If possible, try to "undo" whatever has made the client agitated. For example, if combative behavior resulted when you approached the client to give him a bath, back off and leave him alone for awhile. If the client has dementia, distracting him with a favored activity can also be effective... "Mr. Jones, your favorite TV show is on now—would you like to watch?" When trying to de-escalate a client's behavior when more than one staff member is present, it is helpful if only one person talks, to avoid confusing or frightening the client. It's also very helpful if the staff member chosen to interact has a good relationship with the client. Once the incident is over, document it in a clear, objective manner. Also, it is very important to report all combative behavior to the nurse, as this may be a sign of illness or medication reaction. When working with a client who is known to be combative, work in teams whenever possible, and maintain contact with the agency to provide updates.

The use of physical or chemical restraints should be avoided whenever possible, and used only as a last, and temporary, resort to protect the client or others from injury. Any restraints, if used, must be applied with strict adherence to agency policy by staff who are well-trained to manage the client without causing injury to the client or themselves.

Safety is the top priority when dealing with a combative client. If your safety



is threatened, leave the area immediately, and get any other persons to safety, if needed. As always, be familiar with and follow agency policy in dealing with combative clients. If the situation is extreme enough that staff cannot effectively handle it, the police should be promptly called to assist.

By acting in a caring and compassionate manner, and staying attuned to your client's reactions, you can help to prevent and effectively manage combative behavior.