

Dos and don'ts of managing a client who is angry or aggressive

Problems relating to anger and aggression are not uncommon in alcohol and other drug services and should be managed appropriately. For example, one study of **methamphetamine** presentations to an Australian emergency department (ED) in 2016 found that behavioural disturbance (i.e. agitation or aggression) was present in 78% of cases (Isoardi et al. 2018). The clear majority (94%) of ED presentations examined involved crystal methamphetamine ('ice') as opposed to less **potent** forms of methamphetamine such as speed.

In general, episodes of aggression are usually triggered by a particular event, which may involve circumstances that have led the client to feel threatened or frustrated.

The following signs may indicate that a client could potentially become aggressive or violent:

- **Appearance:** **intoxicated**, bloodstained, carrying anything that could be used as a weapon.
- **Physical activity:** restless or agitated, pacing, standing up frequently, clenching of jaw or fists, hostile facial expressions with sustained eye contact, entering 'off limit' areas uninvited.
- **Mood:** angry, irritable, anxious, tense, distressed, difficulty controlling emotions.
- **Speech:** loud, swearing or threatening, slurred.
- **Worker's reaction:** fear, **anxiety**, unease, frustration, anger.

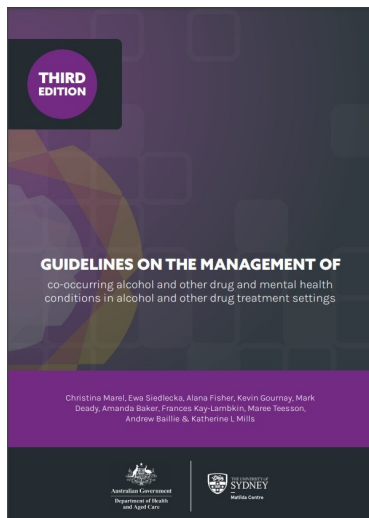
If a client becomes aggressive, threatening or potentially violent, it is important for service providers to respond in accordance with the policies and procedures specific to their service. It is also important for service providers to have knowledge of how to respond to challenging behaviour, including physical threats or actual violence. Below are some general strategies for managing aggression.

DO

- ✓ Stay calm and keep your emotions in check.
- ✓ Adopt a passive and non-threatening body posture (e.g. hands by your side with empty palms facing forward, body at a 45 degree angle to the aggressor).
- ✓ Let the client air his/her feelings and acknowledge them.
- ✓ Ask open-ended questions to keep a dialogue going.
- ✓ Be flexible, within reason.
- ✓ Use the space for self-protection (position yourself close to the exit, don't crowd the client).
- ✓ Structure the work environment to ensure safety (e.g. have safety mechanisms in place such as alarms and remove items that can be used as potential weapons).
- ✓ Make sure other clients are out of harm's way.

DON'T

- X Challenge or threaten the client by tone of voice, eyes or body language.
- X Say things that will escalate the aggression.
- X Yell, even if the client is yelling at you.
- X Turn your back on the client.
- X Rush the client.
- X Argue with the client.
- X Stay around if the client doesn't calm down.
- X Ignore verbal threats or warnings of violence.
- X Tolerate violence or aggression.
- X Try to disarm a person with a weapon or battle it alone.



Information on this page has been adapted from the Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (3rd edition).

Developers: Marel C, Siedlecka E, Fisher A, Gournay K, Deady M, Baker A, Kay-Lambkin F, Teesson M, Baillie A, Mills KL. (2022). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (3rd edition). Sydney, Australia: Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney. The Guidelines were funded by the Australian Government Department of Health and Aged Care

[Further information about managing phases of aggression](#) can be found in the Guidelines.

Costs: Free

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Evidence base: These guidelines were developed based on comprehensive reviews of the best available evidence at the time of development. View the [full list of references](#).

KEY SOURCES

Isoardi, K. Z., Ayles, S. F., Harris, K., Finch, C. J. & Page, C. B. (2019). Methamphetamine presentations to an emergency department: Management and complications. *Emergency Medicine Australasia*. doi:10.1111/1742-6723.13219

Unadkat, A., Subasinghe, S., Harvey, R.J., & Castle, D. (2018). Methamphetamine use in patients presenting to emergency departments and psychiatric inpatient facilities: what are the service implications? *Australasian Psychiatry*. DOI: 10.1177/1039856218810155