
Nursing Strategies for Managing Aggressive Behavior in Psychiatric Settings

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ABSTRACT

Managing aggressive behavior in psychiatric settings is a complex challenge that requires well-defined nursing strategies. One effective approach involves early identification of triggers that can lead to aggression. Nurses can conduct thorough assessments to understand a patient's history, current state, and potential stressors. By fostering an environment of trust and open communication, nurses can empower patients to express their needs and emotions, which can often prevent escalation. Active listening and validation of feelings can de-escalate high-tension situations. Additionally, staff training in de-escalation techniques, body language awareness, and maintaining a calm demeanor can be crucial in managing aggressive behaviors before they escalate to physical confrontations. Another strategy focuses on the implementation of structured interventions, such as individual and group therapy sessions tailored to the needs of patients expressing aggressive tendencies. Cognitive-behavioral therapies can help patients identify and modify harmful thought patterns and behaviors. Moreover, developing personalized care plans that include coping strategies, relaxation techniques, and possibly medication management ensures that patients feel supported and understood. Regularly engaging in team meetings to discuss cases, share insights, and revise intervention strategies is also vital. This collaborative approach allows healthcare providers to remain adaptable and responsive to the dynamic needs of individuals in crisis, ultimately promoting a safer and more therapeutic environment.

Keywords: Aggressive behavior, Psychiatric nursing, De-escalation techniques, Trigger identification, Communication strategies, Cognitive-behavioral therapy, Structured interventions, Patient empowerment, Collaboration, Therapeutic environment.

Introduction

In the realm of psychiatric healthcare, the management of aggressive behavior is a significant concern that poses challenges to both patient safety and the provision of effective care. Aggressive behavior in psychiatric settings is characterized by actions that can result in harm to individuals, objects, or the therapeutic milieu, and is often expressed through physical aggression, verbal outbursts, or other disruptive behaviors. The impact of such aggression not only affects the individuals exhibiting these behaviors but also poses risks to healthcare providers and other patients, necessitating comprehensive strategies for effective management. As the prevalence of mental health disorders continues to rise globally, psychiatric nursing must evolve to develop and implement strategies that ensure safe, respectful, and therapeutic environments [1].

Understanding the multifaceted nature of aggression in psychiatric settings is essential for developing effective management strategies. Aggression in psychiatric patients can be rooted in a variety of factors, including underlying mental health disorders, environmental stressors, interpersonal conflicts, or even physiological factors such as medication side effects. The ability to recognize early warning signs of aggression and to understand the underlying causes is paramount for psychiatric nurses who are often the frontline caregivers in these settings. It is imperative that nursing strategies are informed not only by clinical knowledge but also by an understanding of individual patient histories, current mental states, and the social dynamics within the treatment environment [2].

Nursing strategies for managing aggressive behavior encompass a wide array of approaches, ranging from preventative measures to de-escalation techniques and crisis intervention. Preventative strategies focus on creating a safe and therapeutic environment that minimizes triggers of aggression. This includes fostering positive interpersonal relationships, conducting regular assessment of patient behavior, and integrating interventions that enhance patients' coping mechanisms and emotional regulation. Furthermore, staff training in recognizing potential aggression cues and reinforcing positive behavioral interventions plays a vital role in reducing the frequency and intensity of aggressive outbursts [3].

De-escalation techniques are critical tools for psychiatric nurses to diffuse potentially volatile situations. Approaches such as verbal de-escalation, active listening, and the application of de-escalation protocols can help in managing aggressive behavior effectively. These techniques are grounded in communication skills that focus on validating patients' feelings, maintaining a calm demeanor, and establishing a nonthreatening presence. By employing these strategies, nurses aim to redirect aggression and foster a therapeutic engagement, which can lead to more stable outcomes for patients and a safer environment for all individuals involved [4].

In instances where aggressive behavior escalates beyond verbal confrontation, crisis intervention strategies may be invoked. These may involve the use of physical restraint or seclusion; however, these approaches are surrounded by ethical considerations and must be considered as a last resort after less restrictive options have been exhausted. The potential psychological impact of such interventions on patients underscores the

necessity for nurses to be well-versed in the ethical implications and to adhere strictly to established protocols and policies that govern the use of restraint and seclusion [5].

The role of interdisciplinary collaboration in managing aggressive behavior cannot be overstated. Psychiatric nurses operate within an interdisciplinary framework that includes psychiatrists, psychologists, social workers, and occupational therapists. Collaborative care is vital for developing a comprehensive understanding of the patient's needs and devising a cohesive care plan that addresses all aspects of their mental health. Regular communication between team members allows for ongoing assessment and adjustment of management strategies, ensuring that they remain responsive to the evolving needs of patients [6].

Additionally, there is an increasing emphasis on evidence-based practice in psychiatric nursing. Research studies and clinical trials play an essential role in validating nursing strategies and informing best practices. By analyzing data on aggressive behavior management, healthcare providers can refine their approaches, adopting those that have proven to be effective while discarding approaches that have shown limited or negative outcomes. This ongoing commitment to evidence-based practice reflects a larger trend within the healthcare community toward quality improvement and patient-centered care [7].

The Role of the Nurse in Managing Aggression :

Aggression in psychological settings can present a significant challenge for healthcare professionals, particularly nurses who are often on the front lines of patient care. The multifaceted nature of aggression, encompassing verbal hostility, physical violence, and non-compliant behaviors, requires a comprehensive understanding of both psychological principles and clinical competencies. Nurses play a pivotal role in managing such aggressive behaviors, not only to ensure their safety and the safety of their patients but also to facilitate therapeutic outcomes in a challenging environment [7].

Aggression in mental health settings can stem from numerous factors including the patient's mental health condition, environmental triggers, and even the interpersonal dynamics that exist within the therapeutic milieu. Patients with disorders such as schizophrenia, bipolar disorder, or personality disorders may exhibit aggressive behaviors due to symptoms of their illness, substance abuse, or extreme stress. Understanding the underlying causes of aggression is essential for nurses, as this knowledge allows them to tailor their interventions effectively [8].

Factors such as history of trauma, frustration stemming from inability to express needs, and a loss of control in a structured setting can exacerbate feelings of aggression. Nurses need to be keenly aware of these influences to create a safe and supportive environment. Importantly, the approach to managing aggression must center on de-escalation techniques, which prioritize communication, understanding, and therapeutic rapport over coercive measures [8].

The foundation of effective aggression management lies in the therapeutic relationship established between the nurse and the patient. Nurses are trained to build trust and

rapport, which can significantly reduce a patient's sense of isolation and frustration. A strong therapeutic alliance enables nurses to engage patients through active listening and empathy, transforming potential conflict into collaboration [9].

Establishing clearly defined boundaries and expectations within the therapeutic environment also fosters a sense of safety for both patients and staff. Nurses should consistently communicate these boundaries to patients, helping them understand the consequences of aggressive behaviors and the importance of respectful interactions. This proactive approach can mitigate the potential for aggressive outbursts and enhance the overall therapeutic milieu [10].

Once aggression arises, effective management is paramount to ensure the safety of all involved. De-escalation techniques are critical skills for nurses, focused on reducing the intensity of a potentially volatile situation. These techniques may include maintaining a calm and non-threatening demeanor, using clear and concise verbal communication, and adopting a posture that conveys openness and accessibility [10].

Nurses can also utilize active listening to validate the patient's feelings and concerns, demonstrating recognition of their distress without endorsing aggressive behavior. Practical strategies may involve offering choices to the patient, redirecting their focus, or facilitating a break from the situation to allow for cooling off. It is essential that nurses remain patient and composed, as their demeanor can significantly influence the patient's behavior.

Furthermore, training in specific de-escalation techniques, such as the Crisis Prevention Institute (CPI) or Nonviolent Crisis Intervention (NCI), can provide nurses with essential tools to manage aggression effectively. Such training emphasizes techniques that prioritize verbal intervention over physical restraints, promoting a culture of safety and respect in mental health settings [11].

While individual nurses play a critical role, managing aggression in psychological settings is fundamentally a collaborative effort. Interdisciplinary teamwork is essential in developing comprehensive intervention plans that address the holistic needs of patients. Involving psychologists, psychiatrists, social workers, and occupational therapists ensures that multiple perspectives inform the strategies employed to manage aggression [12].

Regular interdisciplinary meetings can facilitate the sharing of insights and experiences regarding aggressive incidents, allowing for the refinement of strategies and promoting a unified approach to care. Continuous assessment of the patient's conditions and triggers is vital, as what may work at one moment may change with varying patient circumstances.

Moreover, involving patients in their care plans can empower them, providing a sense of agency that often diminishes feelings of frustration and aggression. Encouraging them to express their preferences and understanding their triggers can lead to more effective management of their behaviors. This patient-centered approach strengthens their engagement in treatment and fosters a compassionate recovery environment [13].

In managing aggression, creating a safe environment is critical. Nurses must adhere to established safety protocols and understand the physical layout of the facility to mitigate risks. Designating safe zones, ensuring that exits are unobstructed, and

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maintaining awareness of potential hazards in the environment are essential components of aggression management training for nurses [14].

In addition, knowledge of when to escalate the situation to higher levels of intervention or to summon additional support is crucial. Nurses need to remain vigilant and assess the level of aggression continually, making informed decisions regarding the necessity of physical interventions or restraints, when all other methods have failed. However, such measures should always be viewed as a last resort, employed only when absolutely necessary and in accordance with organizational policies [15].

Identifying Triggers and Risk Factors for Aggression :

Aggression is a complex psychological construct that encompasses a range of behaviors, from verbal outbursts to physical violence. Understanding the triggers and risk factors for aggression in psychological settings is essential for professionals who work in mental health, educational environments, and conflict resolution. Identifying these triggers and risk factors not only aids in preventing aggressive incidents but also enhances the effectiveness of therapeutic interventions, promotes healthier interactions, and fosters safer environments for both clients and practitioners [16].

Aggression can be understood as behavior that is intended to cause harm or injury to another individual, either physically or psychologically. Various forms of aggression exist, including reactive aggression—typically an impulsive response to perceived threats or provocations—and proactive aggression, which is more calculated and goal-oriented. Aggression can arise from a multitude of sources, including biological factors, environmental influences, and psychological predispositions. This multifactorial nature necessitates a thorough exploration of the myriad reasons that prompt aggressive behaviors in different psychological settings [16].

Research has highlighted several biological factors that can contribute to aggressive behavior. Neurotransmitters such as serotonin and dopamine play critical roles in regulating mood and behavior; low levels of serotonin, in particular, have been linked to impulsivity and aggression. Furthermore, hormonal influences, particularly those of testosterone, have been studied extensively in relation to aggression. Elevated testosterone levels are associated with increased risk-taking behavior and higher aggression levels, especially in stressful situations [17].

Genetic predispositions also contribute to aggressive behavior. Twin and adoption studies suggest that hereditary factors account for a significant proportion of aggressive behavior traits. Certain genetic markers may predispose individuals to impulsive behaviors commonly associated with aggression. Thus, understanding these biological underpinnings can provide a foundation for the identification of risk factors in psychological settings [18].

Psychological factors significantly influence the likelihood of aggression. One critical factor is an individual's history of trauma or abuse. Experiences of violence or neglect during formative years can lead to maladaptive coping mechanisms, fostering aggressive responses as a means of exercising control or expressing pain. Another psychological construct of interest is the presence of personality disorders, particularly

those that entail antediluvian traits, such as Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (ASPD). Individuals exhibiting these disorders may demonstrate heightened levels of aggression due to emotional dysregulation or impaired ability to empathize with others [18].

Moreover, cognitive factors play a critical role in aggression. The way individuals interpret social situations can influence their likelihood of responding aggressively. For instance, individuals who are prone to perceive neutral or ambiguous stimuli as threatening may react defensively, leading to aggressive behaviors. Cognitive distortions, such as all-or-nothing thinking or catastrophizing, can exacerbate this tendency [19].

Beyond biological and psychological factors, the environment also serves as an essential context in the understanding of aggression. Social learning theory posits that individuals can learn aggressive behaviors through observation and imitation, particularly from role models such as parents, peers, or media figures. Environments that normalize violence, through either explicit actions or implicit messages, cultivate climates in which aggression becomes an acceptable form of conflict resolution [19].

Additionally, socio-economic factors can amplify aggressive tendencies. Individuals living in poverty-stricken communities often face heightened stress and limited access to mental health resources. This socio-economic stress, coupled with social isolation and limited coping strategies, can foster conditions conducive to aggression. Furthermore, overcrowding and environmental stressors, such as noise and pollution, can exacerbate irritability and frustration, increasing the likelihood of aggressive outbursts [19]. **Situational Triggers**

Situational triggers for aggression often stem from immediate circumstances, including perceived threats, frustration, or provocation. In psychological settings, professionals must be attuned to specific triggers that may provoke aggressive responses from clients. Such triggers can include:

1. **Perceived Betrayal or Rejection:** In therapeutic contexts, clients may interpret feedback or interventions as personal attacks, catalyzing aggressive reactions [20].
2. **Power Imbalances:** Situations where clients feel powerless or dominated by authority figures may yield aggression as a means of reclaiming control.
3. **Frustration:** Situations where individuals feel thwarted in achieving their goals—be it communication, treatment progress, or relational dynamics—can lead to aggressive outbursts.
4. **Substance Use:** The influence of drugs and alcohol can significantly lower inhibition and exacerbate aggressive tendencies, leading to unpredictable behavior.
5. **Social Contexts:** Group dynamics can shift individual behaviors; an individual may engage in aggression in a group setting due to social pressure or mob mentality [20].

Prevention and Management Strategies

To mitigate aggression, it is critical that psychological settings adopt multifaceted prevention and management strategies. These may include:

1. **Training and Awareness Programs:** Care providers and educators should receive training that equips them with the skills to recognize potential triggers and de-escalate tense situations effectively [21].
2. **Creating Safe Environments:** Establishing safe spaces where clients feel secure can reduce feelings of threat and anxiety, diminishing the likelihood of aggression.
3. **Cognitive-Behavioral Strategies:** Implementing cognitive-behavioral approaches can help clients build awareness of cognitive distortions and develop healthier coping mechanisms that limit aggressive reactions [21].
4. **Empowerment Models:** Employing empowering techniques can help clients regain a sense of autonomy, allowing for constructive expressions of frustrations rather than resorting to aggression.
5. **Communication Skills Training:** Teaching clients effective communication techniques can facilitate conflict resolution and improve interpersonal relationships, reducing instances of aggression [21].

De-escalation Techniques: Strategies for Immediate Response:

Psychological distress can manifest in various forms, from anxiety and stress to panic attacks and overwhelming emotional responses. In today's fast-paced world, individuals are frequently confronted with situations that trigger such distress, whether they be work-related pressures, personal crises, or social challenges. Consequently, the ability to employ effective immediate response strategies to calm oneself becomes essential for maintaining mental well-being and overall health [22].

Psychological distress refers to a range of emotional suffering that individuals can experience due to various stressors. Symptoms may include heightened anxiety, irritability, difficulty concentrating, and a sense of helplessness. Understanding the nature of distress is the first step toward managing it. Recognition of psychological triggers—such as situational factors, personal experiences, or even biological predispositions—can enable individuals to respond more effectively when these triggers arise [22].

Immediate response strategies are techniques that individuals can deploy quickly to alleviate psychological distress in real-time. The effectiveness of these strategies often hinges on their simplicity and accessibility. The immediate benefits can include reduced emotional arousal, enhanced cognitive clarity, and improved mood, all of which can create a more conducive environment for problem-solving and emotional processing [23].

Moreover, engaging in calming techniques can prevent the escalation of distress, thereby enabling individuals to handle situations more effectively and prevent

potential long-term implications associated with chronic stress responses, such as anxiety disorders and depression. Hence, understanding and utilizing these strategies is vital for anyone looking to navigate their psychological landscape more effectively [23].

Types of Calming Techniques 1. Breathing Exercises

Breathing exercises are perhaps one of the most widely recommended immediate calming techniques. The practice of controlled breathing shifts the body from a state of heightened stress (sympathetic nervous system response) to a more relaxed state (parasympathetic nervous system response). One common method is the 4-7-8 technique, which involves inhaling for four seconds, holding the breath for seven seconds, and exhaling for eight seconds. Such rhythmic breathing helps regulate the heart rate and reduces physiological symptoms of anxiety [24].

2. Grounding Techniques

Grounding techniques are designed to anchor individuals in the present moment, which can be particularly beneficial during episodes of anxiety or panic. One effective method is the "5-4-3-2-1" exercise, where individuals identify five things they can see, four they can touch, three they can hear, two they can smell, and one they can taste. This method encourages mindfulness and shifts focus away from distressing thoughts to tangible realities, thereby decreasing feelings of overwhelm [24].

3. Progressive Muscle Relaxation (PMR)

PMR is a technique that involves tensing and then relaxing different muscle groups throughout the body. This method fosters bodily awareness and encourages the release of physical tension that often accompanies psychological stress. By systematically working through muscle groups, individuals can cultivate a deeper sense of relaxation and clear their minds, making it a valuable immediate response strategy to stress [25].

4. Visualization and Guided Imagery

Visualization involves creating mental images designed to promote relaxation and comfort. Guided imagery, often facilitated by a trained professional or through digital resources, leads individuals through calming scenarios—such as a peaceful beach or a serene forest. This method allows the mind to disconnect from stressors and promotes a sense of tranquility, proving effective for many facing acute anxiety or tension [25].

5. Physical Activity

Engaging in light physical activity can also serve as a quick calming technique. Simple actions such as walking, stretching, or even dancing can help release endorphins, the body's natural stress relievers. Physical activity can disrupt negative thoughts and foster a more positive mindset by focusing on the rhythms of movement and the sensations within the body [25].

6. Mindfulness and Meditation

While these practices often require dedicated time, brief forms of mindfulness or meditation can serve as effective immediate responses as well. A few minutes of sitting quietly and focusing on one's breath or repeating a calming mantra can effectively reduce anxiety levels. Mindfulness techniques can help individuals cultivate a nonjudgmental awareness of their emotional states, thereby creating a buffer against distress [26].

Application of Calming Techniques in Psychological Situations

The application of these calming techniques can vary based on individual preferences and specific contexts. For instance, a workplace environment may lend itself well to breathing exercises and brief walks during breaks, while family conflicts might benefit from grounding techniques or PMR to alleviate immediate tension in conversations.

Moreover, integrating these strategies into one's daily routine can enhance their effectiveness. Practicing these techniques regularly helps individuals build resilience, making it easier to implement them during moments of acute distress [26].

Therapeutic Communication: Building Trust and Rapport:

In the dynamic environment of healthcare, effective communication serves as the cornerstone of quality care. Among the various stakeholders in this system, nurses frequently find themselves in roles that require not only clinical acumen but also the ability to forge meaningful connections with patients [27].

Therapeutic communication refers to the specialized form of communication utilized in healthcare settings to promote the emotional and physical well-being of patients. Unlike casual conversation, therapeutic communication is characterized by intentionality and a focus on the patient's needs, feelings, and experiences. It is an interactive process wherein both the nurse and the patient engage in a dialogue that fosters understanding, healing, and support. Key elements of therapeutic communication include active listening, empathy, respect, and validation [27].

Active listening is the foundation of therapeutic communication. It involves fully concentrating on the patient's words, understanding their message, and responding thoughtfully. A nurse practicing active listening provides both verbal and non-verbal cues that demonstrate genuine interest and concern. This might include nodding, maintaining eye contact, and providing verbal affirmations such as "I understand" or "That must be difficult."

Empathy, another pillar of therapeutic communication, requires the nurse to put themselves in the patient's shoes, understanding their emotions and perspectives without becoming emotionally entangled. By demonstrating empathy, nurses can validate patients' feelings, promoting a sense of safety and support. This practice can alleviate anxiety and discomfort, which are often prevalent in healthcare settings [27].

Trust is an essential component of the nurse-patient relationship. It empowers patients to share sensitive information and express their concerns openly. A nurse can build trust by establishing a safe and welcoming environment in which patients feel

respected and understood. This environment can be fostered through consistent, honest communication that honors the patient's autonomy and preferences [28].

One effective strategy for building trust is the establishment of rapport, which involves creating a connection that goes beyond mere clinical interaction. Nurses can initiate rapport by introducing themselves, explaining their role, and expressing genuine interest in the patient's background and needs. Tailoring interactions based on individual patient characteristics, such as cultural background, communication preferences, and personal experiences, further enhances this relationship [28].

Additionally, nurses should be mindful of their non-verbal communication. Body language, facial expressions, and tone of voice convey powerful messages to patients. For instance, maintaining an open posture, using a calm tone, and ensuring appropriate distance can help patients feel more at ease. A warm smile or a comforting touch can also assist in breaking down barriers, allowing for more open communication [29].

In the context of challenging healthcare interactions—such as delivering bad news, managing chronic illness, or dealing with end-of-life issues—therapeutic communication becomes even more crucial. In these cases, the emotional weight of the interactions can be significant, yet the nurse's ability to utilize therapeutic communication can ease the experience for patients and their families [29].

When conveying difficult news, a nurse should employ a technique known as SPIKES, which focuses on six key elements: Setting up the interview, assessing the patient's perception, obtaining the patient's invitation to discuss the information, giving knowledge and information, addressing the patient's emotions with empathic responses, and strategizing and summarizing. This structured approach enables nurses to handle sensitive conversations thoughtfully, ensuring that patients feel supported throughout the process [29].

End-of-life conversations exemplify the importance of empathetic communication. Patients may experience a range of emotions from fear to acceptance. Nurses can facilitate these discussions by providing a safe space for patients and families to express their feelings and preferences regarding their care and legacy. In doing so, they not only honor the individuality of each patient but also empower them to make informed decisions aligned with their values [30].

Despite the evident benefits, therapeutic communication may encounter several barriers. Time constraints in high-pressure settings, varying degrees of health literacy, cultural differences, and emotional distress are just a few challenges that nurses might face. The increasing reliance on technology in healthcare can further complicate communication, as it may detract from face-to-face interactions [31].

To counter these barriers, nurses must develop strong organizational skills and prioritize effective communication as an integral component of patient care. This includes advocating for sufficient time allocated for patient interactions and fostering interdisciplinary collaboration to ensure comprehensive patient support. Embracing cultural competence is also vital—acknowledging and respecting diverse beliefs and practices can enhance the nurse's ability to connect with patients on a deeper level [31].

Utilizing Cognitive-Behavioral Therapy in Aggression Management:

Aggression represents a multifaceted construct characterized by behaviors that are intended to cause harm or injury to others. This can manifest in various forms, including verbal outbursts, physical violence, and passive-aggressive behavior. In psychological settings, effectively managing aggression is paramount not only for the welfare of clients but also for the overall therapeutic environment. Cognitive Behavioral Therapy (CBT) stands as a powerful intervention that can be employed to understand, mitigate, and manage aggressive tendencies [32].

Cognitive Behavioral Therapy is an evidence-based psychotherapeutic approach that emphasizes the relationship between thoughts, feelings, and behaviors. Introduced by Aaron T. Beck in the 1960s, CBT posits that our thoughts profoundly influence our emotional responses and subsequent behaviors. The therapeutic process involves identifying and challenging distorted thinking patterns, modifying unhelpful behaviors, and fostering healthier beliefs about oneself and others. These cognitive interventions can be particularly beneficial for individuals grappling with aggression, as aggressive tendencies are often rooted in maladaptive thought processes. By addressing these core cognitive distortions, CBT provides a framework for understanding and altering aggressive behavior [32].

Aggression can stem from various sources, including biological factors, psychological distress, and environmental influences. Cognitive distortions such as catastrophizing, all-or-nothing thinking, and overgeneralization can often exacerbate feelings of anger and frustration, leading to aggressive responses. For instance, an individual who perceives a minor criticism as a personal attack may react with disproportionate anger, resulting in aggressive outbursts. Understanding these cognitive distortions is essential in recognizing the internal triggers that contribute to aggressive behavior [33].

CBT employs several techniques that can effectively address aggression. One of the cornerstone methods is cognitive restructuring, which encourages individuals to identify irrational or harmful thought patterns, challenge them, and replace them with more rational and constructive ones. For individuals prone to aggression, cognitive restructuring can help rewrite narratives that fuel hostility [33].

For example, a patient in therapy may commonly think, “Everyone is always against me.” This thought, if unchallenged, can foster feelings of despair and aggression. Through cognitive restructuring, the therapist might guide the individual to explore evidence against this belief, helping them recognize that not every social interaction is adversarial. This shift in perspective can significantly reduce feelings of animosity and hostility [34].

In addition to cognitive restructuring, Behavioral Activation—a technique within CBT—encourages individuals to engage in activities that promote positive emotions and reduce circumstances that lead to negative thoughts. By engaging in constructive pursuits, individuals can cultivate resilience and diminish the tendency to react aggressively in challenging situations.

Another effective approach within CBT is the incorporation of mindfulness techniques. Mindfulness practices encourage individuals to cultivate awareness of their thoughts and feelings without judgment. By fostering present-moment awareness, clients can

develop a greater understanding of their emotional triggers and learn to pause before reacting. This mechanism can be particularly effective in preventing impulsive aggressive responses, leading to calmer interactions and reducing the likelihood of escalation [35].

CBT also frequently includes skills training and role-playing exercises to help individuals develop more effective communication and conflict resolution skills. Individuals often engage in socio-emotional skill development, allowing them to learn how to express emotions assertively rather than aggressively. Role-playing scenarios help individuals rehearse appropriate responses in controlled settings, allowing them to practice and internalize non-aggressive tactics for handling conflict [36].

For clients who experience frustration in interpersonal relationships, practicing assertive communication techniques can be transformative. These skills enable individuals to express their needs, thoughts, and feelings clearly without resorting to hostility. By fostering assertiveness rather than aggression, clients can navigate conflicts in healthier ways, leading to improved relationships and personal well-being [36].

The efficacy of CBT in managing aggression extends beyond immediate therapeutic settings. As clients learn to reframe their thoughts and adopt new coping strategies, they often experience enhanced relational dynamics, improved self-esteem, and reduced levels of anxiety and depression. Furthermore, the skills acquired through CBT can be life-long assets that enable individuals to handle stressors and adverse situations without resorting to aggression [37].

In community settings or institutions where aggression can be particularly disruptive—the workplace, educational environments, or correctional facilities—the application of CBT principles can aid not only individual clients but also broader populations. Through the cultivation of a culture of understanding, empathy, and constructive problem-solving, many environments can shift from potentially volatile situations to collaborative and supportive communities [37].

While CBT holds many benefits for managing aggression, some challenges remain. For instance, clients may initially resist confronting deeply held beliefs or may feel uncomfortable with self-reflection. Additionally, clients with severe personality disorders or those involved in acute substance abuse may require integrated approaches that supplement CBT.

Recognizing these challenges, therapists should adapt their strategies according to the client's needs and readiness for change. Maintaining a supportive therapeutic alliance is crucial, as it provides clients with the safety and encouragement needed to engage in therapeutic tasks that may provoke discomfort [38].

Developing Personalized Care Plans for At-Risk Patients:

In the realm of healthcare, the significance of personalized care plans emerges as an essential strategy for improving patient outcomes, particularly among at-risk populations. At-risk patients, defined by various factors such as chronic illnesses, socioeconomic status, age, and behavioral patterns, require tailored approaches to address their unique needs. Developing effective personalized care plans is crucial for

promoting patient engagement, enhancing health outcomes, and reducing healthcare costs [39].

At-risk patients encompass a diverse group with varying needs. For instance, individuals with chronic diseases like diabetes or heart disease may require meticulous monitoring and management of their conditions. Furthermore, those living in underserved communities may face barriers to accessing healthcare, such as lack of transportation, financial constraints, or inadequate health literacy. The aging population is also considered at-risk due to their susceptibility to multiple medical conditions and the complexities of managing them.

Recognizing the diversity within at-risk populations is paramount to creating tailored care plans that resonate with their specific circumstances and requirements. By understanding the social determinants of health — such as economic stability, education, and access to healthcare — health professionals can better design interventions that tackle the root causes influencing health outcomes [39].

The Importance of Personalized Care Plans

Personalized care plans are not one-size-fits-all solutions. Instead, they reflect a patient-centered approach that emphasizes the individual needs, preferences, and values of each patient. Personalized care plans serve multiple essential functions:

1. **Clinical Relevance:** By integrating patients' medical histories, comorbidities, and lifestyle factors, care plans can promote more precise interventions that lead to better management of health conditions [40].
2. **Behavioral Engagement:** Patients are more likely to adhere to care plans that honor their preferences and consider their everyday lives. Involving patients in the decision-making process empowers them and instills a sense of ownership over their health.
3. **Resource Optimization:** Personalized care plans allow healthcare providers to allocate resources more efficiently. By identifying at-risk patients who require intensified support, healthcare teams can prioritize interventions that promise the most significant impact [40].
4. **Interdisciplinary Collaboration:** Developing effective care plans fosters collaboration among healthcare providers, including primary care physicians, specialists, nurses, and social workers. This team-based approach ensures that all aspects of a patient's health are considered, leading to comprehensive care [40].

Steps to Develop Personalized Care Plans

The development of personalized care plans involves a systematic process that incorporates a variety of components. The following steps can be outlined:

1. **Patient Assessment:** The first step is a thorough assessment of the patient's medical history, current health status, and psychosocial factors. This assessment should include comprehensive screenings, interviews, and

questionnaires to gain a holistic understanding of the patient's lifestyle, challenges, and goals [41].

2. **Identifying Risk Factors:** This step entails identifying specific risk factors that contribute to the patient's at-risk status. It could involve examining behavioral factors such as smoking, diet, physical activity, and medication adherence.
3. **Setting Goals:** Collaborating with the patient to establish realistic and achievable health goals is critical. Goals should be specific, measurable, attainable, relevant, and time-bound (SMART), ensuring clarity for both patients and providers [41].
4. **Designing Interventions:** Once goals are established, healthcare professionals can design evidence-based interventions tailored to the patient's needs. These may include medication management, lifestyle modifications, education, counseling, and referral to specialists or support groups.
5. **Implementing the Care Plan:** Effective communication and coordination among healthcare providers are essential in executing the personalized care plan. Engaging the patient in this phase reinforces their commitment to the plan and encourages adherence [42].
6. **Monitoring and Evaluation:** Continual assessment of the patient's progress towards their goals enables adjustments to the care plan as necessary. Regular follow-up appointments and feedback mechanisms should be designed to identify barriers to success and make timely modifications.
7. **Education and Support:** Empowering patients through education on their health conditions, medication management, and available resources can promote self-management. Providing support through case management, peer support groups, or community resources can further enhance patient engagement and improve outcomes [43].

Challenges to Implementing Personalized Care Plans

While the benefits of personalized care plans are clear, implementing these strategies is not without challenges. Healthcare systems often face barriers related to resource allocation, staffing shortages, and time constraints. Moreover, data-sharing limitations and interoperability issues among electronic health records can hinder the availability of comprehensive patient information. Cultural differences and communication barriers may also complicate the development of personalized care plans for diverse populations [44].

To address these challenges, healthcare organizations must prioritize training for healthcare professionals on developing and implementing personalized care plans. Investment in technology that facilitates information sharing and encourages collaboration among providers can also enhance care plan development. Ultimately, fostering a culture of patient-centered care across healthcare settings is essential [44].

Interdisciplinary Collaboration for Effective Aggression Management:

Aggression is a complex human behavior that is influenced by a myriad of factors including biological, psychological, and sociocultural elements. The prevalence of aggressive behavior in various settings—such as healthcare systems, educational institutions, and prisons—poses a significant challenge to professionals working in these fields. The management of aggression requires a comprehensive understanding of its underpinnings and the implementation of effective strategies tailored to individual circumstances. In this context, multidisciplinary cooperation becomes essential for effectively managing aggression in psychological settings [45].

Aggression can manifest in various forms, including verbal, physical, and relational aggression. It can stem from a range of influences including genetic predispositions, environmental triggers, mental health disorders, and learned behaviors. Understanding these facets of aggression is paramount for professionals who deal with individuals exhibiting these behaviors. For instance, in clinical psychology, aggression may be tied to conditions such as intermittent explosive disorder, borderline personality disorder, or post-traumatic stress disorder (PTSD) [45].

The psychological underpinnings of aggression often amplify the need for a holistic approach. Factors such as empathy deficits, frustration, and impulsive behavior play crucial roles in the manifestation of aggressive actions. Thus, grasping the individual's psychological state is critical for designing effective intervention strategies. This complexity indicates the necessity of incorporating knowledge and skills from various disciplines, including psychology, psychiatry, social work, nursing, education, and law enforcement, to develop a comprehensive framework for managing aggression [45].

The Necessity of Multidisciplinary Cooperation

Multidisciplinary cooperation is the collaborative approach that draws together professionals from diverse fields to address complex issues. In the context of aggression management, this approach is vital for several reasons:

1. **Comprehensive Assessment:** Aggression often encompasses various domains—cognitive, emotional, social, and environmental. By pooling expertise from different disciplines, practitioners can perform a more thorough assessment of an individual's circumstances. For example, a clinical psychologist may identify underlying mental health issues, while a social worker could shed light on environmental stressors that contribute to aggressive behavior [46].
2. **Diverse Intervention Strategies:** Effective aggression management necessitates a range of intervention strategies. For instance, a psychiatrist may prescribe medication to help stabilize mood, while a counselor may employ cognitive-behavioral therapy (CBT) techniques to address thought patterns that contribute to aggressive behavior. Educational interventions may also be vital in schools where teachers work collaboratively with mental health professionals to implement conflict resolution programs [47].
3. **Cultural Competence:** Aggressive behaviors can differ widely across cultures. Multidisciplinary teams help ensure that cultural factors are

respected and incorporated into treatment plans. Social workers and community health workers play significant roles in understanding cultural perceptions of aggression and violence that may inform intervention strategies and foster greater acceptance of different approaches [48].

4. **Crisis Management:** In high-stress situations—such as in hospitals, correctional facilities, or during crisis interventions—having a team readily available with diverse expertise enhances the ability to respond effectively. For example, a nurse trained in crisis de-escalation can work alongside a psychologist to manage aggressive patients with specific intervention techniques, reducing the likelihood of escalation and harm [49].
5. **Long-term Solutions:** Addressing the root causes of aggression often requires sustained intervention over time. A multidisciplinary approach allows for continuity of care, where professionals stay connected and share insights about an individual’s progress. Coordinated efforts among educators, psychologists, and community resources can help structure ongoing support networks for individuals at risk of displaying aggressive behavior [50].

Benefits of Multidisciplinary Cooperation

The advantages of a multidisciplinary approach in managing aggression in psychological settings are numerous. Firstly, it leads to enriched knowledge exchange among professionals, fostering innovative solutions that address the multifaceted nature of aggression. Professionals learn to appreciate varying perspectives, cultivating an environment of mutual respect and shared goals.

Moreover, this cooperative framework can enhance patient outcomes. Research indicates that individualized care plans crafted through multidisciplinary collaboration significantly reduce instances of aggression and improve overall psychological wellbeing. When clients experience integrated support, they are more likely to comply with treatment recommendations and exhibit sustained progress [51].

Additionally, the collaborative approach promotes better education and training for all staff involved. It allows professionals to understand the intersections of their disciplines, leading to the development of specialized training programs aimed at equipping everyone with essential skills to manage aggression proficiently [52].

Despite its merits, multidisciplinary cooperation does not come without challenges. One notable obstacle is communication. Misunderstandings can arise when professionals use discipline-specific jargon or have differing assumptions about the nature and management of aggression. Thus, establishing common language and clear channels of communication is essential to avoid potential conflicts and ensure cohesive care [53].

Furthermore, resource allocation can complicate collaboration. Not all organizations may find it practical to assemble a multidisciplinary team due to financial constraints, staffing issues, or institutional culture. Organizations must prioritize the inclusion of multidisciplinary frameworks while allocating necessary resources and support to uphold these collaborations [54].

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Finally, there may be resistance to collaboration from professionals accustomed to functioning independently. Advocating for a multidisciplinary approach requires a cultural shift within organizations and may necessitate leadership support to instigate change and ensure buy-in from all staff members [55].

Conclusion

In conclusion, effectively managing aggressive behavior in psychiatric settings requires a multifaceted approach rooted in proactive nursing strategies. By understanding the complexities of aggression and its underlying triggers, nurses can create a safe environment that promotes de-escalation and therapeutic interactions. The implementation of evidence-based practices, such as effective communication techniques and cognitive-behavioral interventions, facilitates a responsive and supportive atmosphere for patients. Additionally, the development of personalized care plans, coupled with interdisciplinary collaboration, enhances the overall efficacy of aggression management.

By prioritizing patient-centered care and continuous staff training, psychiatric nurses can significantly mitigate the risks associated with aggressive behavior. Ultimately, these strategies not only improve patient outcomes but also contribute to a safer workplace, fostering a culture of respect and compassion within psychiatric care settings. Continued research and adaptation of nursing practices will remain essential in addressing the evolving challenges posed by aggressive behavior in mental health environments.

References

- Almeida TM, Azevedo LC, Nose PM, Freitas FG, & Machado FR (2016). Risk factors for agitation in critically ill patients. *Revista Brasileira de Terapia Intensiva*, 28(4), 413–419.
- Almvik R, Woods P, Rasmussen K. The Brøset Violence Checklist sensitivity, specificity, and interrater reliability. *J Interpers Violence*. 2000;15:1284–96.
- Aubanel S, Bruiset F, Chapuis C, Chanques G, & Payen JF (2020). Therapeutic options for agitation in the intensive care unit. *Anaesthesia Critical Care & Pain Medicine*, 39(5), 639–646.
- Bourn J, Maxfield A, Terry A, Taylor K. *A Safer Place to Work: Protecting NHS Hospital and Ambulance Staff from Violence and Aggression*. London: National Audit Organization; 2003. pp. 21. Part 3.
- Bowers L, Brennan G, Ransom S, Winship G, Theodoridou C. The nursing observed illness intensity scale (NOIIS). *J Psychiatr Ment Health Nurs*. 2011;18:28–34. doi: 10.1111/j.1365-2850.2010.01615.x.
- Bowers L, Ross J, Nijman H, Muir-Cochrane E, Noorthoorn E, Stewart D. The scope for replacing seclusion with time out in acute inpatient psychiatry in England: the scope for replacing seclusion with time out. *J Adv Nurs*. 2012;68(4):826–835. doi: 10.1111/j.1365-2648.2011.05784.x.
- Bunn F, & Handley M (2019). Reducing agitation in care home residents with dementia. *Lancet Psychiatry*, 6(4), 274–275.
- Chieze M, Hurst S, Kaiser S, Sentissi O. Effects of seclusion and restraint in adult psychiatry: a systematic review. *Front Psychiatry*. 2019;10. doi: 10.3389/fpsy.2019.00491.
- Comaggia CM, Beghi M, Pavone F, Barale F. Aggression in psychiatry wards: a systematic review. *Psychiatry Res*. 2011;189(1):10–20. doi: 10.1016/j.psychres.2010.12.024.
- Cusack P, Cusack FP, McAndrew S, McKeown M, Duxbury J. An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings. *Int J Ment Health Nurs*. 2018;27(3):1162–1176. doi: 10.1111/inm.12432.
- Davison TE, McCabe MP, Bird M, Mellor D, MacPherson S, Hallford D, ... O'Connor DW (2017). Behavioral symptoms of dementia that present management difficulties in nursing homes: Staff perceptions and their concordance with informant scales. *Journal of Gerontological Nursing*, 43(1), 34–43.

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- Dimitriou TD, Verykouki E, Papatriantafyllou J, Konsta A, Kazis D, & Tsolaki M (2018). Nonpharmacological interventions for agitation/aggressive behaviour in patients with dementia: A randomized controlled crossover trial. *Functional Neurology*, 33(3), 143–147.
- Douglas K, Hart S, Webster C, Belfrage H, Guy L, Wilson C. Historical-clinical-risk management-20, Version 3 (HCR-20 V3): Development and overview. *Int J Forensic Ment Health*. 2014;13:93–108.
- Douglas KS, Guy LS, Hart SD. Psychosis as a risk factor for violence to others: A meta-analysis. *Psychol Bull*. 2009;135:679. doi: 10.1037/a0016311.
- Douglas KS, Skeem JL. Violence risk assessment: Getting specific about being dynamic. *Psychol Public Policy Law*. 2005;11:347.
- Duxbury J, Whittington R. Causes and management of patient aggression and violence: staff and patient perspectives. *J Adv Nurs*. 2005;50(5):469–478. doi: 10.1111/j.1365-2648.2005.03426.x.
- Fazel S, Gulati G, Linsell L, Geddes JR, Grann M. Schizophrenia and violence: Systematic review and meta-analysis. *PLoS Med*. 2009;6:e1000120. doi: 10.1371/journal.pmed.1000120.
- Fazel S, Gulati G, Linsell L, Geddes JR, Grann M. Schizophrenia and violence: Systematic review and meta-analysis. *PLoS Med*. 2009;6:e1000120.
- Fazel S, Lichtenstein P, Grann M, Goodwin GM, Långström N. Bipolar disorder and violent crime: new evidence from population-based longitudinal studies and systematic review. *Arch Gen Psychiatry*. 2010;67:931–8. doi: 10.1001/archgenpsychiatry.2010.97.
- Fletcher A, Crowe M, Manuel J, Foulds J. Comparison of patients' and staff's perspectives on the causes of violence and aggression in psychiatric inpatient settings: an integrative review. *J Psychiatr Ment Health Nurs*. 2021;28(5):924–939. doi: 10.1111/jpm.12758.
- Freeman S, Hallett C, & McHugh G (2016). Physical restraint: Experiences, attitudes and opinions of adult intensive care unit nurses. *Nursing in Critical Care*, 21(2), 78–87.
- Freeman S, Yorke J, & Dark P (2019). The management of agitation in adult critical care: Views and opinions from the multi-disciplinary team using a survey approach. *Intensive and Critical Care Nursing*, 54, 23–28.
- Garcia Guerra G, Almeida L, Zorzela L, King-Jones S, Joffe AR, Hartling L, ... Vohra S (2019). Efficacy of music on sedation, analgesia and delirium in critically ill patients. A systematic review of randomized controlled trials. *Journal of Critical Care*, 53, 75–80.
- Garriga M, Pacchiarotti I, Hidalgo D, Bernardo M, Vieta E. Detection and management of agitation in psychiatry: a Delphi expert consensus study. *Eur Psychiatry*. 2016;33(Suppl 1):S170–S170. doi: 10.1016/j.eurpsy.2016.01.350.
- Gates DM, Ross CS, McQueen L. Violence against emergency department workers. *J Emerg Med*. 2006;31:331–7. doi: 10.1016/j.jemermed.2005.12.028.
- Gerace A, Muir-Cochrane E. Perceptions of nurses working with psychiatric consumers regarding the elimination of seclusion and restraint in psychiatric inpatient settings and emergency departments: an Australian survey. *Int J Ment Health Nurs*. 2019;28(1):209–225. doi: 10.1111/inm.12522.
- Harwood RH. How to deal with violent and aggressive patients in acute medical settings. *J R Coll Physicians Edinb*. 2017;47(2):176–182. doi: 10.4997/jrcpe.2017.218.
- Haugom EW, Ruud T, Hynnekleiv T. Ethical challenges of seclusion in psychiatric inpatient wards: a qualitative study of the experiences of Norwegian mental health professionals. *BMC Health Serv Res*. 2019;19(1). doi: 10.1186/s12913-019-4727-4.
- Haugvaldstad MJ, Husum TL. Influence of staff's emotional reactions on the escalation of patient aggression in mental health care. *Int J Law Psychiatry*. 2016;49:130–137. doi: 10.1016/j.ijlp.2016.09.001.
- Hoover GL, & Whitehair VC (2020). Agitation after traumatic brain injury: A review of current and future concepts in diagnosis and management. *Neurological Research*.
- Hui A, Middleton H, Völlm B. Coercive measures in forensic settings: findings from the literature. *Int J Forensic Ment Health*. 2013;12(1):53–67. doi: 10.1080/14999013.2012.740649.
- Ikemata S, & Momose Y (2017). Effects of a progressive muscle relaxation intervention on dementia symptoms, activities of daily living, and immune function in group home residents with dementia in Japan. *Japan Journal of Nursing Science*, 14(2), 135–145.
- Ilkiw-Lavalle O, Grenyer BF. Differences between patient and staff perceptions of aggression in mental health units. *Psychiatr Serv*. 2003;54:389–93. doi: 10.1176/appi.ps.54.3.389.
- Kales HC, Gitlin LN, & Lyketsos CG (2015). Assessment and management of behavioral and psychological symptoms of dementia. *BMJ*, 350, h369.
- Lekan DA, Wallace DC, McCoy TP, Hu J, Silva SG, & Whitson HE (2017). Frailty assessment in hospitalized older adults using the electronic health record. *Biological Research for Nursing*, 19(2), 213–228.

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- Linder LM, Ross CA, & Weant KA (2018). Ketamine for the acute management of excited delirium and agitation in the prehospital setting. *Pharmacotherapy*, 38(1), 139–151.
- Link BG, Stueve A. Psychotic symptoms and the violent/illegal behavior of mental patients compared to community controls. Violence and mental disorder: Developments in Risk Assessment. Report, NCJRS library. 1994. pp. 137–59.
- Lowbridge KL, Hayes L. The unpopular patient. *Br J Nurs*. 2013;22(8):448–448. doi: 10.12968/bjon.2013.22.8.448.
- Machiels M, Metzeltin SF, Hamers JPH, & Zwakhalen SMG (2017). Interventions to improve communication between people with dementia and nursing staff during daily nursing care: A systematic review. *International Journal of Nursing Studies*, 66, 37–46.
- Miner JR, Klein LR, Cole JB, Driver BE, Moore JC, & Ho JD (2018). The characteristics and prevalence of agitation in an urban county emergency department. *Annals of Emergency Medicine*, 72(4), 361–370.
- Moheb N, Mendez MF, Kremen SA, & Teng E (2017). Executive dysfunction and behavioral symptoms are associated with deficits in instrumental activities of daily living in frontotemporal dementia. *Dementia & Geriatric Cognitive Disorders*, 43(1/2), 89–99.
- Monahan J, Steadman HJ, Appelbaum PS, Grisso T, Mulvey EP, Roth LH, et al. The classification of violence risk. *Behav Sci Law*. 2006;24:721–30. doi: 10.1002/bsl.725.
- Montaguti E, Schürmann J, Wetterauer C, Picozzi M, Reiter-Theil S. Reflecting on the reasons pros and cons coercive measures for patients in psychiatric and somatic care: the role of clinical ethics consultation. A pilot study. *Front Psychiatry*. 2019;10. doi: 10.3389/fpsy.2019.00441.
- Muir-Cochrane E, O’Kane D, Oster C. Fear and blame in mental health nurses’ accounts of restrictive practices: implications for the elimination of seclusion and restraint. *Int J Ment Health Nurs*. 2018;27(5):1511–1521. doi: 10.1111/inm.12451.
- Muthukatachalam S, Gupta S. Understanding aggressive and violent behavior in psychiatric patients. *Indian J Psy Nsg*. 2013;5:42–6.
- Nicholls TL, Brink J, Greaves C, Lussier P, Verdun-Jones S. Forensic psychiatric inpatients and aggression: An exploration of incidence, prevalence, severity, and interventions by gender. *Int J Law Psychiatry*. 2009;32:23–30. doi: 10.1016/j.jljp.2008.11.007.
- Ogloff JR, Daffern M. The dynamic appraisal of situational aggression: an instrument to assess risk for imminent aggression in psychiatric inpatients. *Behav Sci Law*. 2006;24:799–813. doi: 10.1002/bsl.741.
- Paterson B, McKenna K, Bowie V. A charter for trainers in the prevention and management of workplace violence in mental health settings. *J Ment Health Training Educ Pract*. 2014;9:101–8.
- Pettit B, Greenhead S, Khalifeh H, Drennan V, Hart TC, Hogg J, et al. At Risk, Yet Dismissed: The Criminal Victimization of People with Mental Health Problems. London: MIND; 2013.
- Schablon A, Wendeler D, Kozak A, Nienhaus A, Steinke S. Prevalence and consequences of aggression and violence towards nursing and care staff in Germany—a survey. *Int J Environ Res Public Health*. 2018;15(6):1274. doi: 10.3390/ijerph15061274.
- Sorgi P, Ratey JJ, Knoedler DW, Markert RJ, Reichman M. Rating aggression in the clinical setting: A retrospective adaptation of the Overt Aggression Scale: Preliminary results. *J Neuropsychiatry Clin Neurosci*. 1991;3:S52–6.
- Spinzy Y, Maree S, Segev A, Cohen-Rappaport G. Listening to the patient perspective: psychiatric inpatients’ attitudes towards physical restraint. *Psychiatr Q*. 2018;89(3):691–696. doi: 10.1007/s11126-018-9565-8.
- Swanson JW. Mental disorder, substance abuse, and community violence: An epidemiological approach. In: Monahan J, Steadman H, editors. *Violence and Mental Disorder: Developments in Risk Assessment*. Chicago, IL: University of Chicago Press; 1994. pp. 101–36.
- Vedana KGG, da Silva DM, Ventura CAA, Giacon BCC, Zanetti ACG, Miaso AI, et al. Physical and mechanical restraint in psychiatric units: perceptions and experiences of nursing staff. *Arch Psychiatr Nurs*. 2018;32(3):367–372. doi: 10.1016/j.apnu.2017.11.027.
- Zolkefli Y. Responding to difficult nurse-patient encounters. *Int J Care Scholars*. 2021;4(1):61–62. doi: 10.31436/ijcs.v4i1.162.