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# Agitation and Aggression: Minimizing Restraints

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**Bottom Line:** The use of restraints ensures a quick end to any escalation of agitated or aggressive behavior, but restraint-free approaches can also defuse the situation while safeguarding patients' safety and dignity.

**Understand Agitation and Aggression:** Understanding agitation and aggression's root cause—ranging from delirium, dementia, substance abuse, severe mental disorders, environmental stressors to unmet needs—is key to effective management. Once you recognize these factors, they'll guide your steps to reduce the need for restraints, as detailed below.

## **Non-Pharmacological Interventions: The Preferred First Line:**

- **Modify the environment to minimize stimuli**

- Reduce Noise: Provide earplugs, install sound-absorbing materials, encourage quiet conversations, and lower the volume of alarms and devices.
- Control Light: Ensure adequate natural light during the day and reduce artificial light at night to help maintain a natural circadian rhythm.
- Simplify Surroundings: Keep patients' rooms tidy and uncluttered, with clear paths for movement.
- Familiarity: Personal items, like photos or a favorite blanket, can provide comfort and a sense of familiarity.
- Temperature and Ventilation: Keep the room temperature comfortable.
- Visual Cues: Clear signage for important areas such as bathrooms and exits can reduce confusion and stress. The use of calming colors and artwork create a more relaxed atmosphere.
- Private Spaces: Where possible, provide spaces where patients can have privacy or quiet time away from others.

- **Implement structured routines.**

- Establish predictable daily patterns such as mealtimes, sleep times, and activity times.
- Use visual aids like charts or calendars to help patients anticipate daily activities.
- Keep patients informed about any changes in their schedule to reduce anxiety.
- Integrate calming activities like reading or listening to music into the daily routine.

- **Initiate therapeutic activities that engage patients:**

- Cognitive Activities: Examples include puzzles, memory games, reading, drawing, and interactive games on tablets.
- Physical Activities, like dancing, tai chi, or chair yoga.
- Music Therapy, like karaoke or drumming
- Pet Therapy with certified therapy animals
- Reminiscence Therapy, encouraging patients to talk about their past, through photographs, music, or life story books.
- Art Therapy
- Gardening or Horticulture Therapy

- **Verbal de-escalation techniques**

- Practice patience, empathy, and active listening (see "How to verbally deescalate an agitated patient")
- Create a therapeutic alliance to diffuse potentially volatile situations.

### **Pharmacological Interventions: When Needed, Use Them Wisely:**

In instances when non-pharmacological measures fall short, pharmacological interventions may be necessary. Align your medication choice with the underlying condition and monitor for potential side effects. Options often include antipsychotics, benzodiazepines and mood stabilizers.

### **Minimizing Restraints: A team effort**

Reducing restraints requires a collaborative effort. Key steps include:

- Encouraging a culture shift within institutions
- Addressing staff fears about safety
- Providing continuous staff education
- Regularly revisiting and reviewing restraint episodes
- Encouraging open communication among staff
- Developing Individual Care Plans for patients known to become agitated or aggressive.
- Provide adequate staffing levels
- Establishing clear policies regarding when and how to use restraints, based on the principle of using restraints as a last resort