In most situations, a person who is very agitated is acting out of either, fear, frustration, anger, or some organic cause. The four states listed below are ones that are likely to pose a potential safety risk.

**Frustration**

Frustration is typically the result of being prevented from accomplishing some goal or objective, or meeting a specific need in a timely manner. Signs of frustration include impatience, verbal signs of agitation, such as swearing, self-degrading statements, such as “I can't do anything right”, blaming of others, and making demands, or threats. Frustration may change to anger if not dealt with effectively.

It is important when dealing with a person acting out of frustration to be cautious, but also to do everything you can to determine what the person needs or where the basis of their frustration lies. It is quite possible that if the need is within reason, you can assist the recipient in meeting that need and avoid any kind of confrontation. Listen and be supportive. Help the recipient to clarify feelings of frustration.

**Behaviors of people expressing frustration:**
- roll eyes
- sigh
- furrowed brow
- repeat self
- pace
- fidget
- blame; “you/they/them”
- threaten
- cry
- cuss/swear
- make fists
- clench jaw
- pound, slam
- stare
- glare
- name call
- reactive
- rude/sarcastic
- argumentative
- “always/never”
- tall posture
- look away
- arm/hand movement
- shake head “no”
- “I don’t understand”

**Intervention for frustration:**
- Ask a question about unmet goals to reveal the source of the frustration.
- Identify the goal as:
  - Reasonable
  - Lofty
  - Impossible
- If the goal is reasonable or lofty, work on ways to obtain it. Lofty goals tend to take longer to achieve.
- If the goal is impossible, be honest, unless it compromised your safety.

**Fear**

Fear is brought on by the expectation of danger that is real or imagined, and actual pain, whether physical or emotional. A recipient may also be afraid in unfamiliar situations. Some may react to fear by withdrawing, becoming quiet, and backing away from the situation. Others may make a rather exaggerated and loud display such as verbal threats, posturing, shaking of fists, etc., and maintaining a safe distance from whatever is causing the fear.

It is important when dealing with someone acting out of fear to give the person both physical and psychological room. If a person is challenged and forced into a corner, physically or psychologically, he or she is quite likely to strike out in self defense. It is important to provide support and reassurance to the person. By getting the person to talk, you may be able to determine the basis of the fear. If the verbal threats and posturing are of a defensive nature, give the person room and do not overreact.
Behaviors of people expressing fear:

- move away
- hide (eyes)
- leave
- cuss/swear
- pale skin tone
- tremble
- sweat
- eyes widen
- pupils dilate

- heart rate up
- breathing up
- nostrils flare
- cry
- look around
- get quiet
- cower/slouch
- plead
- apologize

- “I don’t know”
- memory loss
- stammer
- furrowed brow
- no eye contact
- rocking back and forth
- negotiate
- easily startled

Intervention for fear:

- Ask a question about “discomfort” to reveal the pain (source of the fear).
- Do not move in toward someone who is in fear until you are sure you are not the cause of their fear or until you are invited to comfort them.
- Fear is often the result of a lack of information and the mind running away with itself. More information can help.
- Reassure and talk to them. Provide physical and psychological space.

Anger

Anger is a feeling of hostility or exasperation toward someone or something. It is usually caused by pain, whether of a physical or psychological nature, and is expressed by striking out at the source of the pain. Some indicators of anger include a flushed or red face and neck area, enlarged veins in the neck and forearms, loud verbal threats and swearing, and a moving toward or striking out at the persons or things nearby.

When an agitated person displays signs of anger, it is important to convey a message that feeling angry is okay, when the anger can be justified. It is the way that the anger is expressed and dealt with that needs to be focused on. Help the person to identify the anger and productive ways of dealing with it. If the level of agitation is increasing, it is necessary to set clear behavioral limits. In doing so, specify what outcomes are needed. Then allow the person to choose how to achieve that outcome. If you confront or challenge, it will likely increase his/her level of agitation.

Behaviors of people expressing anger:

- raise voice
- cuss/swear
- rant
- clench jaw
- make fists
- repeat self
- move in
- red skin tone
- tremble

- sweat
- eyes get small
- pupils constrict
- heart rate up
- breathing up
- stop listening
- threaten
- blame; “you/they/them”
- cry

- pound, slam
- glare
- get quiet
- point
- scowl
- make demands
- loss of humor
- sarcasm

Intervention for anger:

- If possible, validate the anger. Often their behavior is a means to convey how upset they are.
- Be aware of your own triggers. Are you reacting to their anger or your fear of their anger?
- Avoid confronting, challenging, or blaming them. This often occurs when we get triggered.
- Find the cause of the anger; usually some other emotion is driving the anger.
- Set clear behavioral limits: “It’s okay to be angry; not okay to threaten, yell, throw, etc.”
- Pay attention to their visual focus. People in anger tend to look at what they are angry at or going to vent on.
Organic and Psychological Causes of Aggressive Behavior

Organic and psychological causes of agitated and aggressive behavior are less prevalent than the other causes and may in fact appear as either fear or anger. Such disturbances are likely to develop quite rapidly, and it may appear that nothing triggered the episode. The episode may be a direct aggressive attack or it may be more of an undirected seizure. The causes of these episodes may be a reaction to medications that the recipient is taking or substances they are abusing. It is important to convey support and understanding to this recipient and at the same time maintain a safe environment.

**Organic Causes**
A naturally occurring imbalance (e.g., diabetes, neurotransmitters) or induced imbalance (e.g., medication, alcohol) in body chemistry.

**Psychological Causes**
A mental state or perception; may be diagnosable (found in the DSM) or a life adjustment worthy of counseling, such as grief.

**Unusual, Unspecified Behavior (UUB)**
Possibly yet to be diagnosed or assessed as an organic or psychological cause of challenging behavior. May just be eccentric behavior.

Listed below are behaviors associated with organic and psychological causes of challenging behavior. There is overlap in how these behaviors are exhibited. For instance, hallucinations can be a psychological event or drug induced.

- slurred speech
- odor
- glassy or red eyes
- gravity issues
- sniffing
- itching/scratching
- needle marks
- hyperactivity
- slow movement
- light sensitivity
- agitated movement
- belligerent/hostile
- affective behavior
- paranoia
- delusions
- hallucinations
- obsessive-compulsive disorder
- dissociative identity disorder
- mania
- depression
- mood swings
- change in sleep, eating, or hygiene

In some instances, a person under the influence may not be a physical threat, as with marijuana. While these people may not be a safety at risk, they can be frustrating to work with.

Interventions for people under the influence or mental health issues:
- Assume they have a real concern and listen
- Offer assistance:
  - “What can I do to help?”
  - “Can you tell me what you need?”
- Do not threaten or challenge them
- Meet reasonable requests
- Allow them time to vent, possible more than you normally would
- Use non-threatening body language; keep your hands in plain view and no higher than waist level
- Use slow and deliberate movements
- Allow more personal space than the standard two-arms length
- Apologize for something that inadvertently upset them

The goal is to create a stable and respectful environment in which the person can take comfort and feel safe.