

**DYNAMIC
APPRAISAL OF
SITUATIONAL
AGGRESSION-
INPATIENT VERSION**



The Dynamic Appraisal of Situational Aggression: Inpatient Version (DASA-IV) allows for risk of aggression to be assessed on a day-to-day basis. It is efficient and should take less than five minutes to complete. Each patient's contact nurse completes the DASA-IV for their patients at one time each day and may contribute this knowledge to handovers or include the person's risk status for the next 24 hours in their PJS record. In the Thomas Embling Hospital the Assessments were conducted prior to the 1pm handover was chosen due to repeated findings that, with the exception of a 'spike' between 9am and 10am, aggression tends to be more common as the afternoon progresses. This time was also chosen because it allowed for contact nurse to determine the person's clinical status on that day. The patient's risk level may be handed over to night staff and to staff who arrive for their shift the following morning. Any grade of nursing staff will be able to score the assessment. Where there is confusion or disagreement about the level of risk and the possible intervention strategies, then consultation with other members of staff may be helpful.

In addition to routine monitoring of patients using the DASA-IV, the instrument should be completed on an patient who appears to be presenting some increased risk of inpatient aggression. As staff will quickly become familiar with the items of the DASA-IV, it would be useful for them to consider completing a DASA-IV review should the patient begin to show characteristics consistent with one or more items of the DASA-IV.

The DASA-IV is intended for use on acute psychiatric wards. The only exceptions will be those patients whose admission lasts longer than 3 months where these patients have shown no indication of verbal or physical aggression. In consultation with the clinical team the DASA-IV may be ceased for these patients. Most patients who are aggressive during inpatient treatment will behave aggressively early in their admission, reflecting the strong association between acuity of illness and risk for violence. The DASA-IV may be used on rehabilitation wards when indicated. It may be useful for patients on the rehabilitation wards who are repeatedly aggressive, or who are at risk of severe aggression.

In addition to the assessment of risk the DASA-IV also allows for acts of aggression to be recorded. Within SLAM acts of aggression should be recorded on DATIX and in the PJS clinical record. Unfortunately, every act of aggression is not recorded. This may be because (a) of the effort required to complete a DATIX form and the fact that (b) many staff accept that aggression is an occupational hazard and not regard it as an untoward incident. Having a dedicated aggression recording system may have the advantage of establishing an accurate record of inpatient aggression for each patient that might assist in the monitoring of change over time. When specific aggression recording instruments are used to record aggressive behaviours, significantly more aggressive incidents are recorded and a more comprehensive picture of aggression is obtained.

Scoring the Dynamic Appraisal for Situational Aggression: Inpatient Version

Scoring the DASA-IV requires two steps:

Step 1 – Assessing the risk of aggression

The scoring guidelines for DASA-IV are based on the Broset Violence Checklist, in that each of the items is scored for its presence (1) or absence (0) in the last 24 hours. Importantly, for *well-known* patients an *increase* in the behaviour is scored as 1, whereas the *habitual* behaviour while being non-violent is scored as 0.

For example, a well-known patient who is always irritable or unwilling to follow directions but is never aggressive would score a 0 on these two characteristics. Conversely, if the patient is not generally irritable and unwilling to follow directions but has behaved this way over the past 24 hours then they would be scored as 1. For patients who are not well known the items are scored as present (1) or absent (0). The sum of scores is then totalled.

Step 2 – Recording Aggression

To record acts of aggression on the DASA-IV, the person completing the current days risk assessment should record whether the patient has been aggressive during the previous 24 hours. They should mark with an **X** in the appropriate box if the person has been physically aggressive towards objects (slamming doors, throwing objects, kicking furniture, smashing windows, setting fires). If the person has been verbally aggressive (shouting angrily, insulting or cursing, using foul language in anger or making threats to others) towards either patients or staff then similarly place an **X** in the appropriate box. The same column should be completed on each day. That is, on Monday, when the patient's risk is being assessed their aggressive behaviour in the past 24 hours is recorded in Monday's column.

Scoring Criteria

A-Irritability

The irritability item is taken from the BVC, with permission of the authors.

The patient is scored **1** if they have been considered easily annoyed or angered and unable to tolerate the presence of others within the previous 24 hours.

Scoring key:

0 – the patient has been calm, patient and relaxed during the previous 24 hours. They are comfortable and relaxed in the company of other patients and staff.

1 – the patient is considered easily annoyed or angered and unable to tolerate the presence of others.

Or – a score of **0** is assigned if the patient has been irritable over seven days with no incidents of aggression. Thereafter, a score of **1** will be assigned again if there is an appreciable increase in irritability.

B-Impulsivity

The impulsivity item is taken from the HCR-20, with permissions of the author.

Impulsivity refers to dramatic hour-to-hour, day-to-day, or week-to-week fluctuations in mood or general demeanour that has been present for the patient.

Impulsivity pertains to the inability to remain composed and directed even when under pressure to act. Impulsivity may influence behavioural and effective domains. That is, people may be prone to react with a 'hair trigger' whether behaviourally or affectively. Impulsive persons are quick to (over) react to real and imagined slights, insults and disappointments. Both negative and positive reactions may appear exaggerated and overdone. Actions, including ones which seem at least superficially responsible, may appear markedly inconsistent and are often hard to predict. Responses are not in line with usual expectations given the circumstances.

Scoring key:

0 – the patient has been affectively and behaviourally stable over the previous 24 hours.

1 – the patient has been sudden, impulsive and unpredictable in their affect or behaviour during the previous 24 hours.

Or a score of **0** is assigned if the patient has been impulsive over seven days with no incidents or aggression. Thereafter, a score of **1** will be assigned again if there is an appreciable increase in impulsivity.

C-Unwillingness to follow directions

The unwillingness to follow directions item is derived from the work of the authors.

Aggression often occurs following a demand, where the patient is motivated to avoid the demand or when the patient is annoyed by having to do something they do not want to do. Demands may be either to cease an activity or to complete a task. For example, patients may be requested to adhere to hospital routine or treatment, to cease a behaviour, or to attend to an

activity such as taking a shower. Aggression may occur after a demand because the patient does not wish to attend to the demand and acts aggressively to avoid it. Aggression may occur because the patient not only finds the demand aversive and acts aggressively to avoid it, but may also find the demand insulting, unreasonable, irritating and provocative. Some patients are content with the demands made on them and are obliging: others resist, defer or complain vigorously when asked to do something by others.

Scoring key:

0 – the patient is generally compliant with any requests and directions

1 – the patient has become angry and/or aggressive with the previous 24 hours when they were asked to adhere to some aspect of their treatment or to the ward's routine.

Or – a score of **0** is assigned if the patient has been unwilling to follow directions over seven days with no incidents of aggression. Thereafter, a score of **1** will be assigned again if there is an appreciable increase in irritability.

D-Sensitive to perceived provocation

The sensitivity to perceived provocation item is derived from research of the authors.

Aggression often occurs following perceived provocation by other patients or staff. Types of provocation include disrespectful treatment, unfairness/injustice, frustration/interruption, annoying traits and irritations. Provocation is likely to be subjectively determined by the patient as their appraisal of, or sensitivity to particular provocations may differ from others.

Scoring key:

0 -The patient does not tend to get angry or see everything that occurs around them as provocative. They are not 'overly sensitive' or 'provocative'.

1 – within the previous 24 hours, the patient has tended to see others' actions as deliberate and harmful. They may misinterpret other people's behaviour or respond with anger in a disproportionate manner to the extent of provocation. They are prickly, overly sensitive and quick to anger

Or – a score of **0** is assigned if the patient has been sensitive to perceived provocation over seven days with no incidents of aggression. Thereafter, a score of **1** will be assigned again if there is an appreciable increase in the extent to which the patient is sensitive to perceived provocation.

E-Easily angered when requests are denied

The easily angered when requests are denied item is derived from research conducted by the authors.

Aggression may occur following the denial of a request that has been made by the patient. For example a patient who makes a request to make a telephone call, attend a programme, access leave

from the unit, obtain medication, receive information about their treatment, etc which is refused, may then become angry and aggressive. Aggression may occur after a request is refused because the patient believes aggression will force others to grant their request. Aggression may also occur because the patient finds the refusal of the request insulting, unreasonable, irritating or provocative.

Scoring key:

0 – the patient is calm and accepting when they are asked to wait whilst their request is attended to. They understand and accept that their request is unable to be fulfilled at that time.

1 – within the past 24 hours the patient has tended to become angry when their requests have not been granted immediately. They do not accept the delay in gratification of their requests, may become angry, surly or aggressive.

Or – a score of **0** is assigned if the patient has been easily angered when requests are denied over seven days with no incidents of aggression. Thereafter, a score of **1** will be assigned again if there is an appreciable increase in the extent to which the patient is easily angered when requests are denied.

F-Negative attitudes

The negative attitudes item is derived from the HCR-20, with permissions of the author.

To assess negative attitudes the assessor needs to be attentive to current exaggerated manifestations of certain attitudinal states which may relate to violence. It is important to determine the extent to which the individual's attitudes are pro- or anti-social. Current attitudes toward other people, social agencies and institutions, and the law and other authority, may be taken into account. Some general index of the person's overall state of optimism or pessimism about the future might be useful as might present attitude toward such past violence, and whether he or she expresses genuine sorrow and regret, or is in fact remorselessness, callous, and lacking empathy. Sadistic, homicidal or paranoid attitudes may be counted under this item. This item does not refer to occasional pessimism.

Scoring key:

0 – no negative attitudes

1 – definite serious negative attitudes exhibited with the previous 24 hours

Or – a score of 0 is assigned if the patient has had negative attitudes when requests are denied over seven days with no incidents of aggression. Thereafter, a score of 1 will be assigned again if there is an appreciable increase in the extent to which the patient exhibits negative attitudes.

G- Verbal threats

The verbal item is taken from the BVC with permission of the authors.

Patients who have been recently verbally aggressive are more likely to be physically aggressive in the short term. Verbal aggression may include a verbal outburst, which is more than just a raised voice, and where there is a definite attempt to intimidate or threaten another person. The person may shout angrily, insult others or curse.

Scoring key:

0 – the patient has not been verbally aggressive in the last 24 hours.

1 – the patient was verbally aggressive or displayed a verbal outburst, which is more than just a raised voice, and where there is a definite attempt to intimidate or threaten another person. The person may shout angrily, insult others or curse.

Or – a score of 0 is assigned if the patient is making verbal threats over seven days with no incidents of aggression. Thereafter, a score of 1 will be assigned again if there is an appreciable increase in the extent to which the patient has verbal threats.

The DASA-IV is to be used as a guide for assessing the likelihood of inpatient aggression amongst psychiatric patients. It should not be prescriptive in terms of dictating interventions, nor should it be used in a manner that is isolated from clinical judgement.

DYNAMIC APPRAISAL OF SITUATIONAL AGGRESSION: INPATIENT VERSION

The following ratings are based on your knowledge and observations of the patient during the PREVIOUS 24 HOURS. Well known patients are scored a 1 for an increase in the behaviour described, the patient's usual behaviour while being non-violent is scored as 0.	Mon (circle one)	Tue (circle one)	Wed (circle one)	Thu (circle one)	Fri (circle one)	Sat (circle one)	Sun (circle one)
Irritability – the patient is easily annoyed or angered. The patient is unable to tolerate the presence of others	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Impulsivity – the patient displays behavioural and effective instability (i.e. dramatic fluctuations in mood, or general demeanour, inability to remain composed and directed)	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Unwillingness to follow directions – the patient tends to become angry or aggressive when they are asked to adhere to treatment or to the ward's routine.	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Sensitivity to perceived provocation – the patient tends to see other people's actions as deliberate and harmful; they may misinterpret other people's behaviour or respond with anger in a disproportionate manner to the extent of provocation	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Easily angered when requests are denied – the patient tends to be intolerant, or is easily angered when they make a request that is denied or when they are asked to wait	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Negative attitudes – the patient displays entrenched antisocial and negative attitudes and beliefs which may relate to violence and aggression	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Verbal threats – the patient displayed a verbal outburst, which is more than just aq raised voice, and where there is a definite intent to intimidate or threaten another person	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Total							
Record of aggression – during the previous 24 hours has the patient behaved aggressively in any of the following ways? (please mark with a cross in the appropriate box)							
Physical aggression against OBJECTS – slams door, throws objects down, kicks furniture, breaks objects, smashes windows, sets fires, or throws objects dangerously							
Verbal aggression against PATIENTS – shouts angrily, insults, curses viciously, uses foul language in anger, or makes clear threats of violence towards others							
Verbal aggression against STAFF – shouts angrily, curses viciously, uses foul language in anger, or makes clear threats of violence towards others							
Physical aggression against PATIENTS – makes threatening gesture, swings at people, grabs at clothes, strikes, kicks, pushes, pulls hair, or attacks others.							
Physical aggression again STAFF – makes threatening gesture, swings at people, grabs at clothes, strikes, kicks, pushes, pulls hair, or attacks others.							

Example of the daily rating document for the DASA-IV

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Interpreting the DASA-IV – The Level of Risk for Inpatient Aggression

A final risk assessment is made after consideration of the results of the daily DASA-IV in addition to relevant clinical judgement. Interventions are determined following consideration of the available interventions in addition to knowledge of the patient and what may help the patient avoid aggression. The following is to be used as a guide for interpreting the scores obtained by a DASA-IV assessment.

DASA-IV Score	level of risk	action required
0-1	low	no remedial action is required
2-3	moderate	the patient should be monitored for additional indicators of inpatient risk. Staff should be alerted to the possibility that the patient will become more agitated. Preventive measures should be considered.
>3	high	remedial action is required. Staff must be alerted and the patient requires some remediation to prevent subsequent aggression from occurring. A risk management plan is required.

Scores of **0** and **1** suggest that risk of violence is low and generally no remediation is required. Nonetheless, even with a score of **1** the patient should be monitored in case additional factors arise.

Scores of **2** or **3** represent a moderate risk and preventative measures should be taken to reduce the likelihood that patients will engage in aggressive behaviour within 24 hours.

Scores greater than **3** indicate a high level of risk. This represents a serious risk that the patient will be physically aggressive within 24 hours. Preventive measures are required. In the study of aggression within the TEH during 2002 every patient who scored **4 was aggressive**. The risk level of patients who score 4 or more should therefore be considered very high, suggesting that aggression is imminent.

As the DASA-IV is based upon the structured professional judgement model of violence risk assessment, it must be emphasised that clinicians are encouraged to supplement the information from the DASA-IV results with informed clinical judgement. For example, some patients may exhibit characteristics of the DASA-IV as a part of their general demeanour. It would be senseless to consider such patients as posing an ongoing risk for inpatient aggression. Conversely, some patients may exhibit only one or two items routinely before becoming aggressive. In such cases, even though the DASA-IV scores fall in the moderate range, the actual level of risk may be higher and preventive or remedial action may be required.

Finally, clinicians are cautioned about employing strategies to prevent violence among patients with high scores in a manner that is too routine or restrictive. For example, rather than selecting a restrictive measure such as seclusion on the basis of an identified high risk for aggression, attention should be paid to the patient to determine which risk/aggression reduction strategies may be most effective for the patient.

Reprinted from the DASA Manual – Authors Professor James Ogloff & Michael Daffern
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