

# Dealing with Drunken Behaviour

## How the resident may be feeling

- Frustrated
- Disempowered
- Unheard
- Lonely
- Angry
- Marginalised
- Stigmatised
- Frightened
- Agoraphobic
- Powerless
- Another reason to have a drink
- Anticipating a problem
- 'I'm a victim'
- Needing some attention
- Expecting to be told 'no'
- Unable to express themselves verbally

It is important to understand that residents can often experience many of the thoughts, emotions and feelings set out above, and that **these can all be heightened and/or exasperated by alcohol**. This is not an excuse for residents to refuse to take responsibility for their actions, but it is to appreciate – from a professional perspective - what might be going on for a specific individual. Responding angrily to someone else's emotional state or behaviour is often extremely counter-productive.

## Effective diffusion methods

- **Self control** – ensure you are entirely in control of your own emotions and reactions.
- **Non-aggressive signals** – your body language will be interpreted by others, so make sure that you are sending the right signals.
- **Request that the behaviour STOP** – be clear that the resident's behaviour is becoming unacceptable; they need to take some deep breaths and calm down.
- **Recognise the message** – the resident will become increasingly angry or upset if they feel they are not being listened to. Acknowledge that you have understood what they are saying.
- **Empathise** – if the resident feels understood, and has their frustration recognised, then they will not continue to repeat themselves and are less likely to become angrier.
- **Diversionary tactics** – situations can often be diffused by diverting attention. If something is said that gives you the opportunity to do this, try taking it.
- **Humour** – used with great care, this can also be quite useful. It helps if you know the resident.
- **Sit down** – if you can sit down with the resident, do so. This can often reduce the level of tension.
- **Take a break** – as sensitively as possible suggest they come back later when they are more sober.
- **End the situation** – if you come to the point where you feel that you have done all that you realistically can, end the situation by either calling the police to remove the resident (having warned them first), or leave the area as safely as possible.

## Dealing with Drunken Behaviour (continued)

### Remember that:

- Alcohol makes behaviour unpredictable – assume nothing
- Safety is very important (staff, others, resident)
- Alert others about what is going on
- Be prepared to make up a colleague
- Act as a team and all say the same thing
- There is no absolute right or wrong way to deal with the situation
- You have limitations
- Make a risk assessment and act on it
- Make a plan and stick to it
- Recognise the resident's feelings
- Be aware of a resident's history
- Use your previous knowledge of the resident
- You will learn something new each time it happens
- Feedback to others – it might happen again
- Power is on your side – respect this
- You can call the police at any time
- You need to stay calm and in control
- Draw your own bottom line and stick to it
- You don't have to deal with this alone – call on a colleague
- Be aware of your escape route
- Someone heavily under the influence of alcohol has little co-ordination and power
- Women are not often hit
- Humour can work

### Verbal Communication

- Be assertive
- Be clear
- Be direct
- Be precise
- Be specific
- Be positive
- Be confident
- Use the broken record technique (repetition)
- Apologise if necessary
- Offer an alternative
- Used closed questions
- Don't shout
- Don't be authoritarian
- Don't argue
- Don't negotiate
- Don't get backed into a corner

## Dealing with Drunken Behaviour (continued)

### Non-verbal communication/body language

- Stay calm
- Relax, if possible
- Use open body language
- Eye contact
- Non-threatening
- Nod
- Trust your gut reaction
- Don't retreat
- Don't touch the resident
- Don't shake your head
- Don't panic
- Don't become too involved
- Don't get backed into a corner
- Don't clench your fists or teeth

### The impact & after effects on staff

#### Short-term:

Very upset	Unable to cope	Crying	Get angry	Exhaustion	Shaking
Reduced confidence	Distress	Acute anxiety	Go numb	Feel dehumanised	Self-doubt

#### Medium term:

Disproportionate fears    Increased wariness    Increased jumpiness    Shy away from situations

#### Long term:

Flashbacks    Intrusive memories    Poor concentration    Poor sleep pattern

#### Solutions:

- Talk to colleagues
- Take time out
- Express emotions – anger/fear etc
- Take time off
- Seek counselling