PHOENIX TRAINING GROUP

VIP RESPONSE®

Workplace Violence Training

Class Workbook

(Condensed)

Name:_____

PHOENIX TRAINING GROUP

Welcome to the Phoenix Training Group VIP Response® Workplace Violence Prevention Training

Whether you are attending a training like this for the first time or have been participating in classes on this subject for years, there is always something to gain or take away from Violence Prevention and Management programs if we are open to the learning process. You'll only learn something new or accept new perspectives on previous information if you have willingness to truly absorb the material with fresh eyes and an open mind and our goal today is that you walk away having learned something new. The material and principles within this workbook are derived from some basic Crisis and Hostage Negotiation techniques that we professional negotiators use when attempting to de-escalate an individual or situation to the point where they do not act upon the impulses or decisions they make while in an escalated, desperate, impulsive or altered state of mind when it comes to inflicting violence on themselves or others.

The climate within today's business world and health field is becoming increasingly more stressful and incidents of violence in the workplace are on the rise, especially within healthcare, psychiatric facilities, ERs, critical care areas, medical offices, long-term or short term care facilities, social services, clinics as well as in the general workplace. Therefore, the need for specialized education dealing with recognizing and reacting to that potential violence, both in its early stages of escalation and when the situation becomes potentially assaultive, is essential these days. In addition to that, employees are under more pressure to provide better customer service often while confronted with violent behaviors within the workplace.

The material presented within our program is designed to provide a comprehensive and yet, easy to understand framework for effective intervention, prevention and management techniques that will apply to both your workplace as well as within your day-to-day life. We accomplish this by using a proven crisis negotiation and de-escalation system, derived from years of crisis negotiation experience for anyone faced with unpredictable, suicidal, aggressive or violent behavior exhibited by individuals within the healthcare field, the mainstream workplace and corporate environments, as well as everyday people dealing with difficult people and situations.

This fully customizable, de-escalation-oriented program will cover the essential and trusted methods of crisis negotiation, which when utilized in the stages prior to any physical intervention or assault that personnel might be faced with, will in most cases, prevent the need for any physical intervention at all. And in the event that the intervention becomes physical in nature, the program will then address the evasive methodology and effective physical techniques, created to protect oneself humanely and safely, as well as how to help effectively manage the assaultive situation, individually or as a group. The evasive portion is designed for anyone, whether they are six years old, or ninety-six, and are very safe and effective for both the defender and their attacker, yet while focusing on the main goal of safety and escape, rather than confrontation.

The goal of the ***VIP Response® Training*** is to provide as much of a ***Hands off and Restraint-Free Environment*** as possible while assisting the participating employees in developing the skills necessary to recognize the signs of a person escalating and then to confidently intervene after recognizing those signs of escalation by a client or individual, in hopes of avoiding a possible violent situation, or reacting correctly to one already occurring. Following the training, you will hopefully be able to feel more comfortable with knowing how to properly recognize warning signs of a potential crisis within the workplace, whether the individual who is perpetrating the assault is directing it toward others or themselves. At the same time, you will gain the invaluable psychological element of understanding why we humans act and react the way we do in ways that might provoke or escalate the situations we're faced with. Once this methodology has been examined, you'll be able to react appropriately, defuse effectively, or respond physically if necessary, while ensuring the safety of themselves, the clients and any personnel or individuals within the milieu of the facility. Those who master these techniques are practicing what we call, ***Empathetic Self-Defense***.

General Class Objectives that meet requirements of all State and Federal laws and regulatory mandates as well as OSHA and local enforcement codes

- The meaning and definition of assault and how it applies to the workplace.
- Types of assaultive behaviors and categories of workplace violence and their causes.
- The importance of assessing what we as employees bring to a situation that will propel it in a good or bad direction so we can avoid making a situation worse and always guide it toward a better outcome.
- Characteristics of aggressive and violent clients and victims.
- Understanding the importance of customer service techniques in order to help clients stay or become calm.
- General safety measures.
- Personal safety measures.
- The Assault Cycle and how it can help de-escalate an aggressive situation.
- The linear steps of negotiation in order to reduce aggression.
- The B.E.N.D. Model Algorithm Tree in order to better understand how to effectively assess a situation in order to direct into in a better, safer and calmer outcome.
- Aggression and violent behavior predicting factors.
- Obtaining client history from an individual with past or present violent behavior.
- Verbal intervention and de-escalation techniques and physical maneuvers to defuse and predict violent behaviors.
- Strategies to avoid physical harm and remove yourself from the assaultive situation.
- The legal criteria necessary for employees to have the right in placing their hands upon an individual with the intentions of either restraining or protecting from a client.
- Appropriate and inappropriate use of restraining techniques in accordance with Title 22. Note: The use of physical and chemical restraints in health care facilities is highly regulated by both the State and Federal Governments.
- An opportunity to practice the physical evasive and protective maneuvers and techniques together with other employees they work with to better understand and become more proficient with the ability to perform these actions if confronted with an assaultive situation.
- Debriefing with the clients following an aggressive outburst in order to understand what the root cause of the incident was and how the employees can help avoid or prevent the aggression from occurring again.
- Discuss resources available to employees for coping with incidents of violence, including, by way of example, critical incident stress debriefing or employee assistance programs.

Specific and Customizable Class Objectives

- Understanding that basic customer service can help to avoid many of the conflicts that healthcare workers encounter while caring for clients and guests and how to ensure that we provide that when faced with the unique challenges of working with the public.

  _____

- How to maintain and nurture the Empathetic Responses that healthcare workers naturally possess through self-care and teamwork when that empathy is being challenged these days from a more violent world.

  _____

- Safety for you, for the individual who is escalated along with anyone else in the area who may be in jeopardy.

  _____

- Developing protocols and establishing a plan before an incident occurs and learning from incidents that have taken place.

  _____

- Working together as a team, even ahead of time, to ensure the best possible outcome when dealing with potential violence.

  _____

- Recognizing potential problems ahead of time so that you can initiate the most therapeutic effective interventions.

  _____

- Understanding why individuals become aggressive and what roles we the staff play in either de-escalating or provoking the behavior.

  _____

- To learn how to De-escalate an upset or escalating individual or situation before it becomes violent.

  _____

- To know when to remove yourself from the situation or area so the appropriate people can intervene and how to hand off that responsibility.

  _____

- How to protect yourself and others when a situation becomes too violent.

  _____

- Liabilities of legally protecting yourself and others when faced with a violent situation.

  _____

- Processing or Debriefing an incident if one occurs.

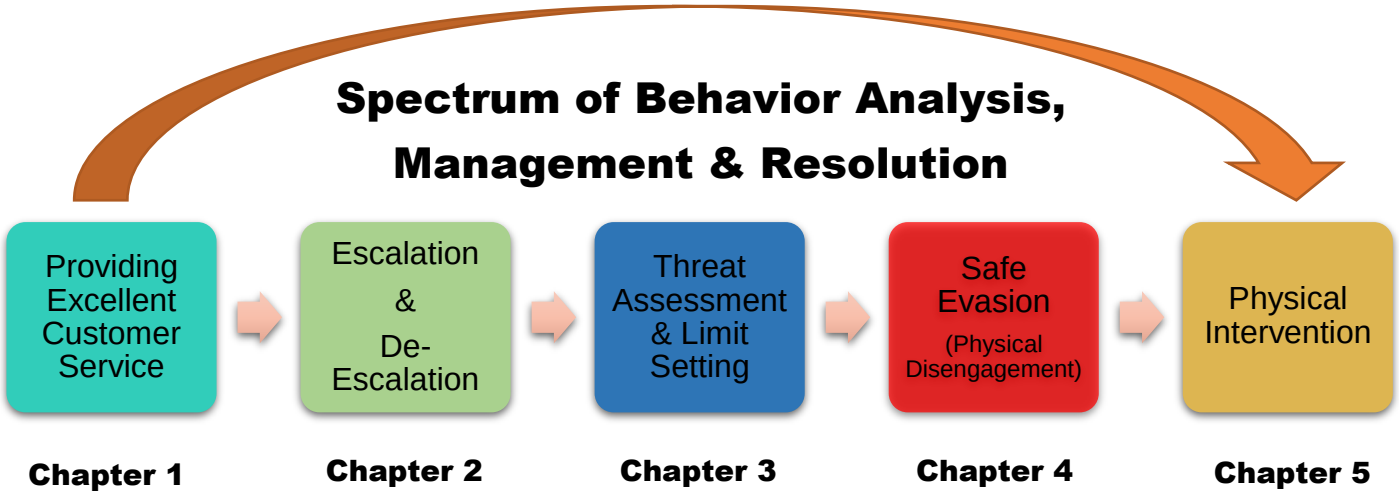
  _____

- How to safely and effectively contain a violent person or situation physically if it is within the scope of your job description, or at least know the correct procedures of how to direct others.

  _____

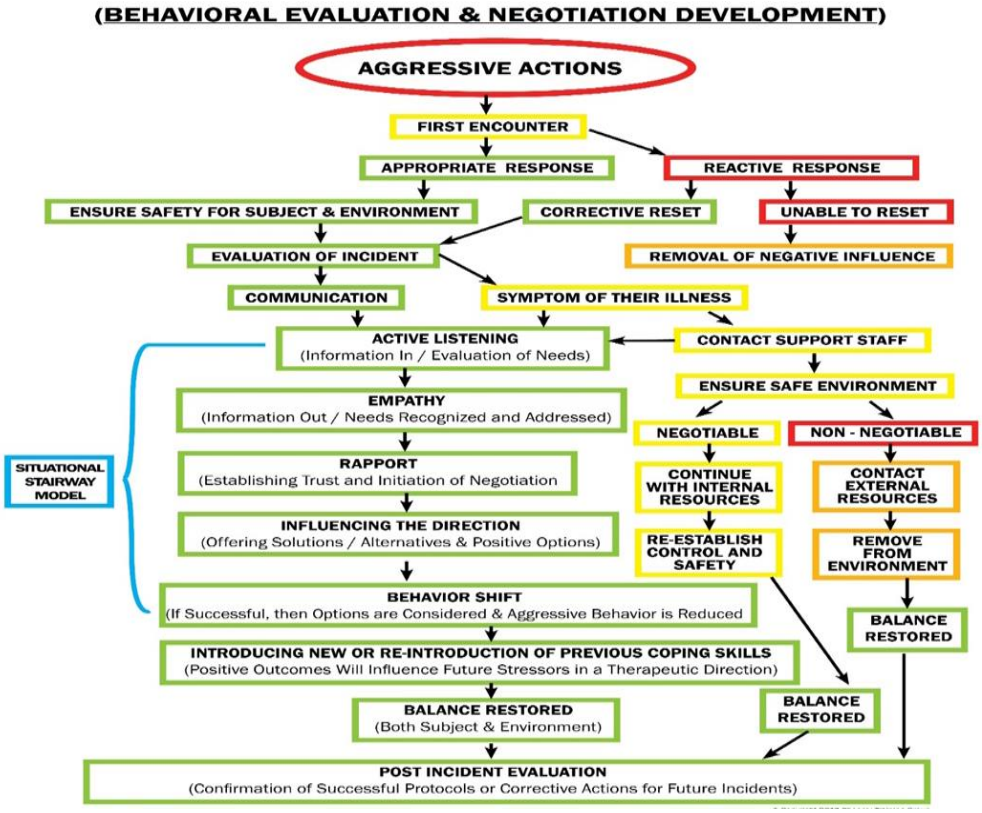
- *Do you have any specific objectives that you would like to learn or cover during this training?

  _____



Throughout this program, we will follow a path of several important elements that are connected in a linear direction originating from the moment that we establish contact with clients and guests to far after they have been discharged. How we interact with those that we help care for has everything to do with how the trajectory of behavior will manifest itself to go in a good or bad direction and how we understand and respond to that behavior will ultimately follow the path that we set, either for success or failure. The ***Spectrum of Behavior Analysis, Management & Resolution*** is the visual diagram of that trajectory that we will follow and attempt to guide in an optimal direction.

This course will also follow a few core principles and algorithms that are meant to simplify the learning process. By guiding you visually and point by point so that you can recognize the linear process of how the recognition, response, action and management can prompt most situations into a more therapeutic direction instead of one that becomes more aggressive or out of control. And if the situation does head in a less than optimal direction, how to regain the control quickly. One of those algorithms is the **B.E.N.D. Model** below that we will refer to throughout the booklet as we dissect the various sections of the training.



Pre-Class Assessment

1. Have you ever been involved in or witnessed a dangerous situation where you or another employee called an Emergency Code for Assistance, or were forced to take action in order to protect yourself or someone else? Yes_____ No_____

   If you answered Yes, please describe the incident:_____

2. If while working and an individual begins yelling and throwing items around within your department, what would be the first action you would take?_____

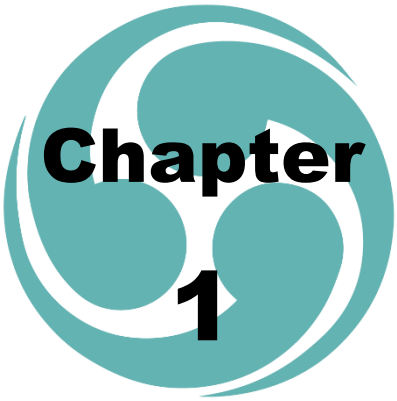
3. If while working and an individual begins yelling and throwing items around within your department, what would you say to that person in order to attempt to de-escalate them?

4. If while working and an individual begins yelling and throwing items around within your department, how many potential reasons might there be of why that individual might be upset?_____

5. If while working and an individual begins yelling and throwing items around within your department, what would you first do to assess and act on how to best de-escalate that person?_____

6. If while working and an individual begins yelling and throwing items around within your department, what would be the function of a Code Grey Team or Security?_____

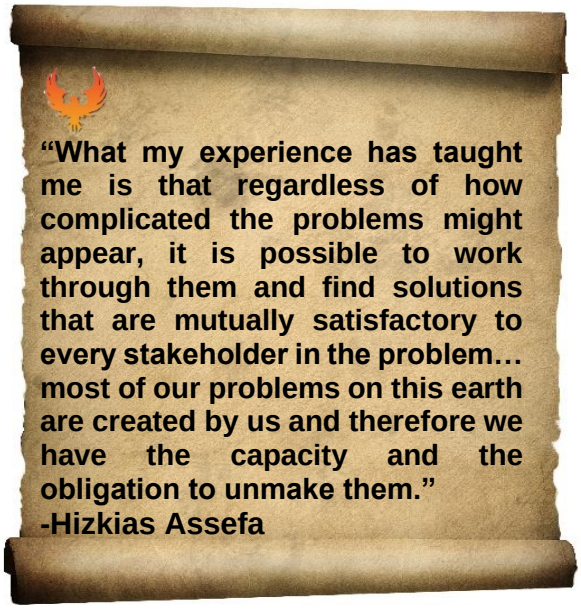
7. If while working and an individual begins yelling and throwing items around within your department, what would give the staff the right to physically contain that person?



Providing Excellent Customer Service

"You never get a second chance to make a first impression." How you communicate with people the first time is key to your overall success and how people will act and react as a response from your style of communication. Several different areas of communication should be kept in mind when attempting to create a positive first impression, like how people are greeted, how you interact with the public and clients, while on the telephone, voicemail and electronic mail, print materials, and how you present yourself and your company outside of the office.

Clients and guests want to be treated like people, not like a number and providing them with the experience that makes them feel more valued and at ease will go a long way when emotions and issues sometimes become involved. For example, greet guests with a smile. Show them you are happy they chose your organization. After all, they are usually not feeling well or in a good mood and they will appreciate someone who is positive and helpful. Give clients a reason to return to your facility. Make them feel appreciated. Keep in mind that impressions are not just made at the initial contact between patient and healthcare facility. Throughout the cycle of care, a guest is usually evaluating the level of care and service, especially if that service is poor, whether real or perceived.



Customer service within the healthcare setting has a unique set of challenges specific to providing the best possible care and staff safety, while maintaining a balance of the best possible patient satisfaction at the same time. The healthcare industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of the patient population. Hospitals have begun to realize that to overcome these obstacles and meet the needs of the health care plans and consumers, they must focus on the demands of the customer. Customer service initiatives increase patient satisfaction and loyalty and overall hospital quality, and many hospitals have found that consumer demands can be met through initiating and maintaining a customer service program. For an organization to succeed, it needs to serve its customers well while maintaining a high level of safety for employees, guests and those we care for. The following section covers that important first element that either makes or breaks an encounter and how we can both ensure the best possible outcome during every encounter, while not unintentionally propelling a situation or person into a direction that can end with violence.

The Increase of Acuity Within Healthcare

Even with our intentions of providing the best possible customer service, there are sometimes, some significant barriers to that process. The **Triad of Acuity** is the dynamic that is occurring in healthcare recently where the employees working within the healthcare setting are frustrated over working harder, faced with higher levels of violence and placed under more demands in their professions than we have seen in many years. The result is what's called, **The Triad of Acuity**. Before we understand the Triad of Acuity though, we must understand what Acuity is. There are three applications of what's recognized as **Acuity** within the healthcare setting.

The first definition of Acuity is the level of severity or care that is present or necessary in order for hospital employees to help, fix or save a life. An example would be a client walking into an ER with cold symptoms vs. a patient being brought in by ambulance suffering from a heart attack. The heart attack victim is more severe and will require more medical resources in order to save their life, therefore the Acuity is higher for the heart attack victim.

The second definition of Acuity is how hospitals are staffed. The Acuity or number of emergency cases going up, will then result in more staff to be needed to meet the need of those emergency cases.

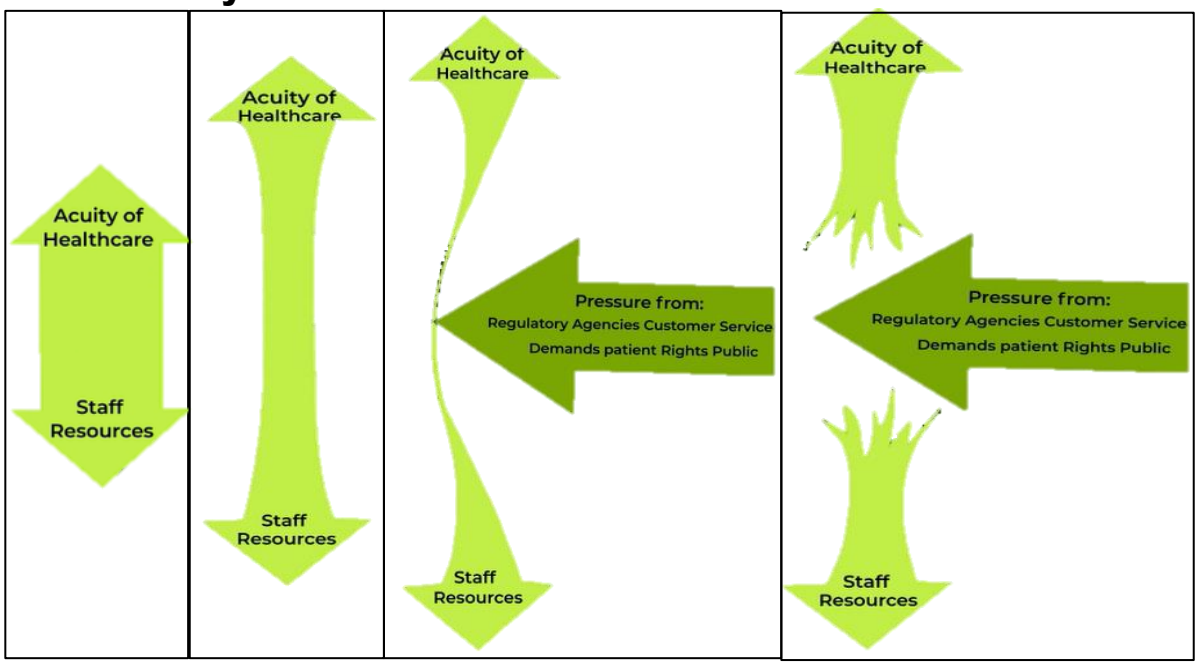
The third definition of Acuity is recognized by the negative energy level or chaos that exists within the specific department at that specific time. An example of a low negative energy level would be a day where you're working in your department that has very few patients and the unit is very adequately staffed. There are no problems, and everyone is in a good mood and you leave your shift saying to yourself, "I wish every day were that fun and easy." A high negative energy level would be the same department where you have three times the number of patients that you can realistically treat, and they are all medical emergencies. Not only are you short staffed, people are yelling, you're calling for assistance from security, you need the supervisor to get involved and there is just a blanket of chaos is everywhere you look. That is a high acuity environment.

Triad of Acuity

The first element of the Triad of Acuity is that the Acuity of healthcare whether medical, behavioral health, social services or any other category of healthcare in this country has risen significantly and become much more severe. Patients coming into healthcare have become more acute and violent over the years to the point where staff in healthcare are reporting more aggression at rate never seen before.

The second element of the Triad of Acuity is the resources for staff within healthcare have fallen somewhat over the years as well, such as budget cuts, under-staffing, the restrictions of employees often times not being able to press charges against patients who assault them or security that are sometimes told not to put their hands on patients who assault the staff. There are significant limitations the staff of healthcare are dealing with these days. Now, these two elements, the Acuity of healthcare going up and the Resources for staff going down, are connected in the middle, so the two elements going in two different directions are pulling on the middle and stretching it thinner and thinner over time. The "middle" however, is recognized as the staff. The staff *ARE* the middle and the pulling in two directions puts a great strain on the middle, to the point where the middle is stretching so thin that it is becoming fragile and ready to snap. This is what the staff of many healthcare organizations are feeling these days.

Triad of Acuity Exercise



What are the three types of Acuity within healthcare?

1. _____
2. _____
3. _____

4. *What types of issues make up the elevation of Acuity in Healthcare?*

_____
_____

5. *What types of issues make up the reduction of Staff Resources?*

_____
_____

6. *What types of issues sometimes put pressure on "The Middle?"*

_____
_____

7. *What is your definition of The Triad of Acuity?*

_____
_____

8. *What is the only element of The Triad of Acuity that we have control of helping?*

_____
_____

Customer Service and providing quality healthcare go hand in hand these days.

With the challenges we sometimes face as providers within healthcare, it's essential that we understand what we may not have control of and try to enhance the areas that we do have control over. It consists of maintaining the levels of empathy, understanding and the best possible treatment for the clients we hope to help, while keeping ourselves healthy and strong during the process. The path of providing quality healthcare and customer service while at the same time always keeping our safety as a vitally important goal is at times a balancing act. It is attainable and something that we can all become proficient at if we commit to achieving this through a team effort with our co-workers, as much as we do for ourselves.

Healthcare has changed over the years and it will continue to change and with it, we must both sometimes change ourselves and adapt to those changes while still maintaining our principles and why we entered into healthcare in the first place if we are to thrive in our chosen profession. Realizing how to keep that balance of providing the best possible care and customer service while always thinking of how we can create a safer and more productive environment is the first step. If you embrace the concepts of this workbook as a roadmap, both within the skills you have learned along the way, combined with the willingness to learn new and useful ones, then we have taken that first step of many.

Did you know?

- It costs an average of **5 times** as much to attract a new customer than it does to keep an existing one.
- Dissatisfied customers tell an estimated **10 to 16 people** about a negative experience.
- On average, it takes around **12** good service experiences to overcome one bad one.
- **91%** of unhappy customers won't buy or seek services again from a company that gives them a negative customer service experience.
- Clients generally judge their experience at your facility by the way they are treated as a person, not by the way they are treated for their medical or behavioral condition.

R.E.S.P.E.C.T.

(An Acronym that spells out Quality Customer Service)

Recognize

Recognize the client is, or may be scared, modest, apprehensive, ill or frustrated, so be conscious of what might trigger them to become more fearful or agitated and attempt to put yourself in their shoes to present more empathy.

Encourage

Encourage the client to share any concerns or requests for protecting their privacy and modesty, or what the staff could do to help make the visit more pleasant and less traumatic for them and their loved ones.

Support

Support the client's concerns, fears, opinions and requests during their stay, communicating that the staff are listening to them and are always attempting to understand what concerns and questions they and their loved ones may have.

Provide

Provide options and alternatives when the client requests or demands specific items or care from the staff during their stay, such as a same-gender care provider or chaperone during intimate procedures or questions, exams, assessments, hygiene requests, or uncomfortable tasks.

Evaluate

Evaluate the client's understanding of the procedure, exam, assessment, hygiene requests, or uncomfortable tasks that may be asked of them and realize that they may be too frightened or self-conscious to admit that they do not fully understand what is being performed, or asked of them.

Communicate

Communicate what's occurring, frequently and regularly, before and during the procedure, exam, assessment, hygiene requests, or uncomfortable tasks that may be asked of them in order to relieve some of their anxiety and fear.

Thank them

Thank the clients and even their loved ones for the trust in us and any feedback that they may offer, in order to help provide the highest quality and care.

Knowledge Check
Customer Service Scenarios

Example #1: *An elderly woman is being admitted to your unit that appears homeless and to be suffering from hallucinations. You need to do an initial exam, but she won't undress or open her mouth in order to take her temperature.*

How you would help this situation using customer service principles?

_____

_____

_____

_____

Example #2: *An older middle Eastern gentleman is in your care and is angry at having to be in the hospital and does not like or trust them or the staff. He is somewhat difficult but responds to male staff better than females. You learn in his history that he speaks and understands only a little English and that he has been the victim of a hate crime while living in town. He's now refusing to talk or listen to you because you are female.*

How you would help this situation using customer service principles?

_____

_____

_____

_____

Example #3: *A middle-aged, smartly dressed and somewhat entitled woman walks up to the counter while on her phone, accompanied by what looks like an assistant. The assistant speaks for the woman, introducing her and stating that the woman has been experiencing a migraine headache all day and that she needs to be seen right away. Before you can respond, the woman quips that she is the wife of a very powerful attorney in town and that she expects the best treatment, a private room and to be done here within an hour as she has other commitments. You explain that the ER has no private rooms, only exam areas separated by curtains and that she will be seen as soon as they can. She cuts you off and lowers her phone just long enough to look at the staff and state that if she does not receive a private room and seen right away, she will have her attorney husband down there fast to speak to your administrator and that we'll see just how long you keep your job after that.*

How you would help this situation using customer service principles?

_____

_____

_____

_____

_____

_____

SARAH Process

Shock

Anger

Resentment

Acceptance

Help

Chapter 2

Escalation Vs. De-Escalation

When individuals don't receive something they want, or are forced into something they don't want, many times we humans escalate. No matter what the situation is however, when a person escalates and becomes angry, there is always something behind that action or reaction that motivates the behavior. Our goal is to attempt to find out what that "Something" is so that we can enlist options and critical thinking in order to defuse or de-escalate the person or situation.

Until we know what is fueling that behavior, we will not be able to effectively address or solve the issue at hand. If we act or react to de-escalate the person or situation without knowing the motivation or issue behind the behavior, this is called, an ***Uninformed Reaction*** on our part. The likelihood of solving the issue or de-escalating the person is very slim. Once we learn the issue that is causing the escalation and what is motivating the person's behavior, then we can act or react with the information needed to address the concerns, help the person or solve the issue. This is called, an ***Informed Reaction*** and the chances of de-escalating the person or people that are upset have now gone up to where we most likely will be successful.

"There are three ways of dealing with difference: Domination, Compromise and Integration. By domination only one side gets what it wants. By compromise, neither gets what it wants but by integration, we find a way by which both sides may get what they wish."

- Mary Parker Follett

During the process of finding out what the motivation behind the behavior is, we will understand what the source of the escalation is and that understanding will then produce the Informed Reaction within our minds. When that occurs, it creates empathy for us and translates the presence of empathy for the individual we are trying to de-escalate. So, the key to de-escalating a person or situation is not only demonstrating empathy but communicating that empathy to the person we are attempting to help.

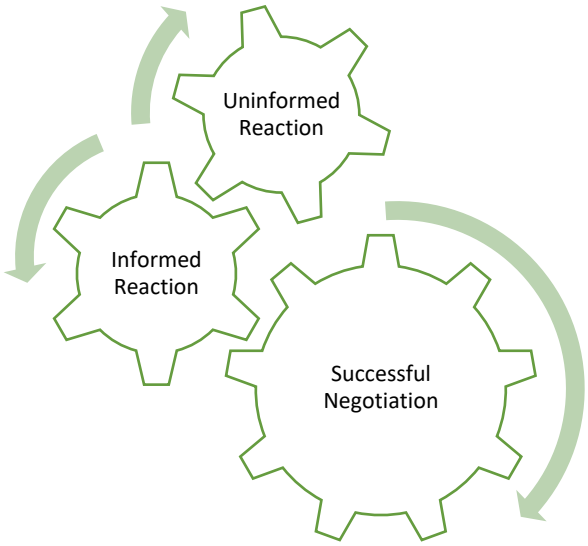
Informed Reaction vs. Uninformed Reaction

Uninformed Reaction **–** Act or react to de-escalate the person or situation without knowing the motivation or issue behind the behavior.

Informed Reaction – Once we learn the issue that is causing the escalation and what is motivating the person's behavior, then we can act or react with the information needed to address the concerns, help the person or solve the issue.

Recognizing Situations Before They Become Worse

One of the goals we always strive for as healthcare providers, is to try and recognize what is coming our way in terms of conflicts so that we can identify what we should do to prevent those conflicts from becoming bigger and more unsafe to us and those we care for. This is one of the most important elements in staying safe and preventing volatile situations from becoming worse.



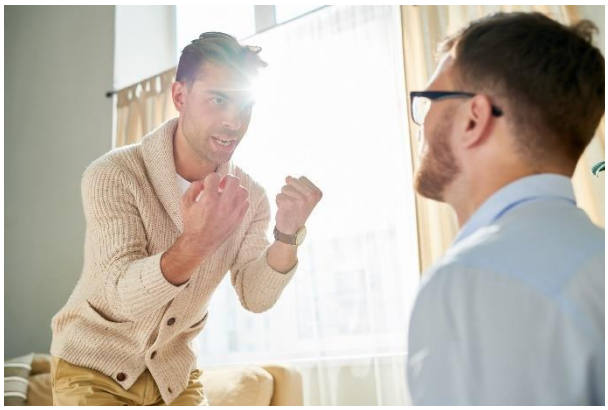
The recognition of potential situations that could turn into more aggressive scenarios is something that employees within the healthcare setting are known for being quite good at. Most employees in healthcare, behavioral health, developmental environments, security and social services seem to possess what's referred to as a "*Sixth Sense*" when it comes to recognizing trouble ahead, even when others may not. The experience that many healthcare staff have acquired has created a hyper-sensibility when performing their jobs. They can be doing ten different things at once on a busy day where one can hardly hear themselves thinking, but one small sound from a room down the hallway can catch their attention because it is not the "normal" pitch of someone's voice among the dozens in the room.

This skill is developed over time and no one has it right out of the gate. A person has only the desire to learn these "superpowers" in order to develop the abilities to those people who have gained the powers of recognizing and de-escalating situations before they become more out of control. Instead of just dealing with an out of control situation that "comes out of nowhere." There is no such thing as "coming out of nowhere" when it comes to healthcare. There is always a trigger and escalation from individuals who are experiencing aggressive behavior within your environment. It just wasn't noticed before it became so obvious that now everyone knows that there is now a situation. The trick is to develop the skills to look far ahead when a situation might be brewing, rather than simply realizing one is already there.

The better one becomes at anticipating and early recognition of potential violence, the fewer incidents we will be faced with when working with angry, aggressive and even violent individuals who enter our industry when in crisis. Something that we in healthcare must keep in mind is, that people who go a pizza parlor are looking for pizza. Whereas people who go to healthcare facilities are all in some varying degrees of crisis, not to mention that their family and friends are wrapped up in the crisis, which means that there are potentially hundreds and even thousands of individuals "in crisis" on any given day when they come into a healthcare setting. This is what we as healthcare providers must keep in mind when trying to be available for our clients and we must expect a certain amount of crisis fallout when assisting people seeking our help.

Therefore, we must be sharp and anticipate the reactions to crisis, which are behaviors that we identify as anger, aggression, self-harm and even violence. This is not to excuse the behaviors. It's just learning how to understand them so then we can understand how to approach and react to the behaviors in a way that does not escalate the person or situation, instead guiding it into one that calms and de-escalates the person or situation.

So, when we are faced with a potentially volatile situation, it becomes our responsibility to bring as much empathy and therapeutic value to every single situation, not some, not a bunch, but all encounters must possess a level of therapeutic value that we will be able to manipulate the odds in our favor in reducing or preventing as many potential incidents from occurring within our work environments. Having and displaying empathy when caring for people is just listening. It is providing evidence that we are listening and trying to understand what they are going through, so that we can react in a manner that creates the rapport that then produces the behavior shift that we hope for when treating people in crisis.



The Dynamics Of Beginning A Successful Negotiation

There are two main dynamics when beginning any negotiation or de-escalation and these are the two most important elements when wanting to provide the best hopes for a successful outcome.

The first step* is to understand as much as possible about the person or situation that you are attempting to de-escalate**. It's a basic fact that if we do not have the information of why the person we are trying to de-escalate is upset and lashing out, then we won't have the tools to help the person or situation. If we don't have the tools to help the situation, then we will not be able to address the issue or give the person the communication skills needed to solve the crisis. We must find out what the motivating factor is in order to help them. Once we have the reason why the person is lashing out, then we will have the direction needed to address the crisis and possibly even solve the problem that they are experiencing. Therefore, the first step of all crisis negotiation is, finding out what is motivating the person's behavior toward us, themselves or someone else. Having this information allows us to understand the direction we need to take in order to best address and solve the situation and create the groundwork for an ***Informed Reaction.

The second step* is to understand as much as possible about what we the staff are bringing to the person or situation**. It's vital to understand what the person is upset about for us to have the tools to help. None of that matters if what we bring to the table, consciously or unconsciously, is communicating a negative or misdirected message. Then we can bring all the negotiation skills known to our industry and it still won't have a positive outcome with the person we are trying to de-escalate. We must be aware of the internal issues that we may be feeling when at work in order to bring the best possible attitude and affect to help direct an emotional situation or crisis in a positive direction. One expression of disapproval or contempt can be like throwing gasoline on a fire when it comes to dealing with flared emotions when people are in crisis. If we don't know the root of the issue, then we run the risk of an ***Uninformed Reaction.

Knowledge Check

Think About Your Own Environment

What are some signs of escalated individuals or situations that you or the staff you work with might witness within the environment while on the job?

_____

_____

_____

What would be some techniques you or your employees might use to de-escalate that potentially dangerous individual or situation?

_____

_____

_____

What pushes your buttons and upsets you to the point where you feel like you might lose control?

_____

_____

_____

What methods do you use to de-escalate yourself when you're angry and about to lose control?

_____

_____

_____

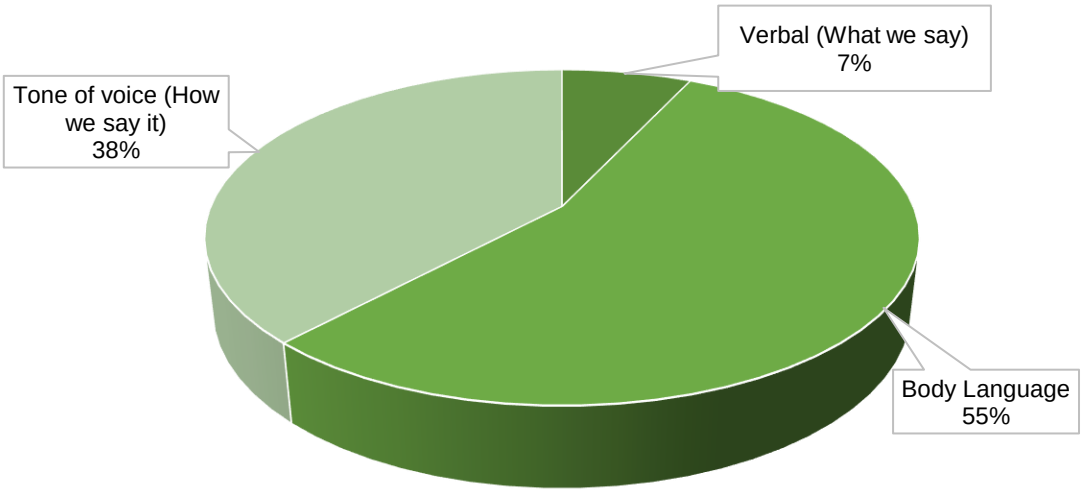
If we are not able to de-escalate ourselves within our own lives outside of our workplace, then typically, we will not be that great at de-escalating people within the inside of our workplace. They must co-exist together in order to work. Just because a few classes are taken every so often does not mean we are going to be good at something. It takes a lot of repetition to create the coping skills and therapeutic responses that guide a conflict or aggressive person in the right direction for a positive outcome.

What is the takeaway from this exercise and how does it apply to how you do your job?

_____

_____

Percentage of Communication



A negotiator must avoid:

- Intimidating
- Demanding
- Lecturing
- Criticizing
- Evaluating the subjects that are in crisis

Instead a negotiator should create an atmosphere containing:

- Empathy
- Respect
- Safety
- Stability

Only in this climate will subjects feel safe enough to consider alternate perspectives and then become receptive to positive suggestions and viewpoints from the negotiator and allow themselves to de-escalate internally.

Signs of Active Listening

Providing evidence of listening

Demonstrating total attention

Offering good eye contact

Not interrupting

Not inserting your own opinion

Reflecting back what you heard

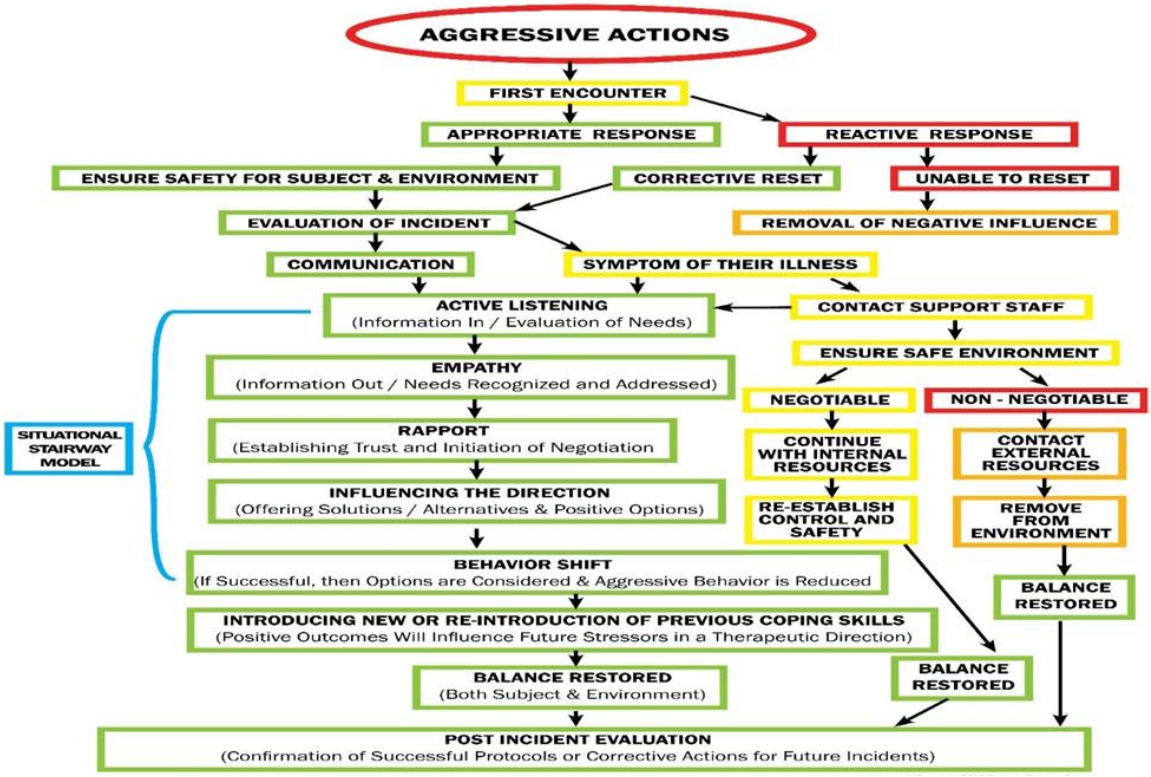
Exhibiting (+) body language

Asking appropriate questions

What is Communication?

- A TWO-WAY process
- The SENDING and RECEIVING of messages
- Sending a message that is understood
- UNDERSTANDING the message that is sent

B.E.N.D. Model (Behavioral Evaluation & Negotiation Development)



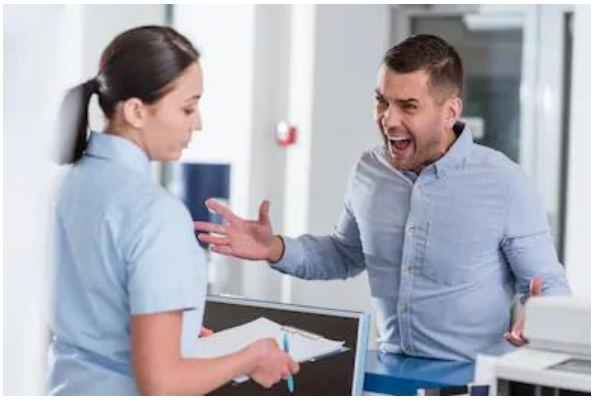
In keeping with the linear flow of the **B.E.N.D. Model, (Behavioral Evaluation & Negotiation Development)** following the initial encounter between the client and ourselves and hopefully we have presented a positive, appropriate response to the person or situation in order to guide it in a better direction.

Once we have presented the best customer service we can possibly offer to the person or situation and demonstrated ourselves to be the people within the organization to count on. When it comes to helping and healing, you are still are confronted with a possibly volatile situation. We should switch to the Resource Mode where we invite other staff such as co-workers, supervisors, administration or customer relations to be involved in order to change the dynamics and allow them to bring a fresh and different perspective to the situation. This may be difficult for some, falling into the pride trap and opting for a personal power struggle rather than a positive resolution.

If this is done however and the situation seems to be getting worse and more escalated despite the introduction of more resources. We next evaluate whether this person is someone that we can actually and effectively Communicate with, or if the person is unable to communicate effectively. This leads us to the second choice of whether this is involving a Symptom of their Illness or Condition. This conclusion should never be just one person's decision, instead being the team's evaluation and conclusion. A collaborative evaluation checks and balances all present perspectives in order to arrive at a better and safer outcome.

When confronted by an annoyed, angry, aggressive or even violent person within the healthcare setting and we do not know what the person is upset about as they escalate. We often look at the situation with confusion as there may be an infinite number of reasons why that person may be upset and with good reason. As there are so many layers and complexities to why a person may be exhibiting aggressive behaviors within a healthcare facility. This is often where we get stuck and give up emotionally since we don't know what the issue is. Which means we are unable to address or help them and therefore the situation becomes worse. We sometimes end up calling an emergency assistance code or security to take control because we feel out of control at the time.

Why Do People Get To The Point Where They Lose Control?



We must first try to understand why people do what they do before we will be able to know how to help them. The first dynamic to understand is, that it usually has very little to do with us and almost always to do with what is going on with that person.

Knowledge Check

List some reasons why you believe people become angry and aggressive within healthcare:

_____
_____
_____
_____
_____
_____
_____

Triggers

A trigger is an act or event that initiates or precipitates a reaction or series of reactions. Triggers include internal and external factors:

Internal – Physical Changes:

- Pain
- Fatigue
- Hunger
- Intoxication
- Withdrawal
- Cravings

Internal – Mental Status Changes:

- Hallucinations/Delusions
- Confusion
- Depression
- Anxiety
- Fear of Losing Control
- Perception of Threat
- Psychotic Distortion

External – Any Threat, Loss, or Challenge to:

- Freedom
- Autonomy
- Privacy
- Success/Failure
- Economic
- Family/Relationship
- Job/School
- Desired Goals/Needs

The Two Fundamental Reasons
Why People Get To The Point Where They Lose Control

Communication – They have limited or no ability to communicate effectively to other human beings or possess the coping skills to develop the communication process. They have learned negative behaviors to get what they want or their message across and acting out is the only way they have been able to achieve this throughout their entire lives. Typically, since they were very young. Our response would be verbal and to enter into the steps of negotiation.

Symptom of Their Illness – They are drunk, on drugs, having a medical emergency, experiencing psychosis, are low functioning, are on the autism spectrum, a reaction to medications, dementia. Something having to do with their illness or condition that would promote them to become aggressive or strike out because of it. When we realize that this dynamic is present, then it doesn't mean it is impossible to de-escalate the individual. It means that it might be more difficult. Once the verbal response has failed, then we may be forced to use more action or physical related options such as; establishing strong limits and boundaries, behavior modification, getting someone else involved, removing yourself from the equation, call for help from other coworkers, crisis teams, security, police or involving putting our hands on the individual, seclusion and even restraints.

The important part of this is that if we are confronted by an angry, out of control or aggressive person or situation and we fall back into the normal thinking that it could be an infinite number of reasons why the person is losing control. Our brains then will automatically have a difficult time processing that many variables or reasons. Once our brains have way too many options to consider, then our brains tend to freeze up and once that happens, it automatically defaults to the Uninformed Reaction part of our brains instead of the Critical Thinking part of our brains. This results when brilliant things come out of our mouths, like ***CALM DOWN!*** which we all know doesn't work. But that's the only thing our minds will allow to pop out because we have too many variables to consider within a split second. The reason we say CALM DOWN when we know it doesn't work and it usually makes the situation worse, is that the repetition of hearing, saying and seeing this all within our own lives, allows that to be the first response.

If we only have two options however, then our brains switch over to the critical thinking abilities and we can access something within our minds that can produce a positive outcome. For example, a question to the escalated person, such as, "*How can we help?"* The less variables our minds must process within that split second during a crisis, the better our brains can function and allow us to use critical thinking. This will produce the Informed Reaction needed to respond in a way to reduce the crisis and increase the level of de-escalation necessary to guide the situation toward a positive outcome.

What it really comes down to is, Communication means this is a talking thing, a de-escalation thing, because you as the de-escalator think that it's de-escalatable. Once we believe that this encounter is Communication related, then we should ask three questions of ourselves and them, such as "What do they want, what do they need and what are they trying to say?"

Now, if you believe that this encounter is a symptom of their illness. Then we realize that this may involve something Action or Physical related but try to use Communication first. Before it becomes physical in order to give them the benefit of the doubt and prove that we utilized the least restrictive measures, which is a responsibility of all healthcare providers when we are forced to use physical force in order to keep themselves or someone else safe.

The process of having only two options allows us to make the best decision in the quickest amount of time, with the least amount of information known about the situation or person.

- **Having only two reasons helps to eliminate some of the Mystery from the situation or Crisis to where you are able to identify it.**
- **When you can identify the Crisis, then you will know more how to approach it.**
- **When you are better able to approach the situation, then you'll be better able to solve it.**

① **Find out What they Want**

② **What they Need**

③ **What they are trying to Say**

Once we as de-escalators decide that this encounter is communication related. Then this is where we can now approach the next step, which is the beginning of the Behavioral Change Stairway Model of Negotiation. In order to guide the person or situation into one in which they feel safe enough to de-escalate and that we can attempt to control.

Behavioral Change Stairway Model of Negotiation

When attempting to de-escalate an individual or situation, there is a specific process that we follow in order to achieve the best possible outcome for each negotiation that we enter into. That process is called, the Behavioral Change Stairway Model. Within this model, there are five distinct steps that must be applied in order to create the dynamics for negotiation success. Each step must be applied in a specific order and no step can be skipped if the process is to be as successful as we would like it to be. The model begins with initiating the first step of **Active Listening.** Active Listening is different than just listening. Anyone can listen to someone, but Active Listening is a collection of techniques that provides evidence to the person that you are engaging with that you are truly listening and trying to understand.

Notes:

Behavioral Change Stairway Model

The Behavioral Change Stairway Model (BCSM) was developed by the Federal Bureau of Investigation and is utilized in the world of crisis negotiation. Although it was developed for crisis negotiations it is applicable to various settings as in hostage negotiations, suicide interventions and when confronted with angry, aggressive or violent individuals within the healthcare industry. Our training program is modeled around this framework when faced with a volatile situation.

The purpose of the model is to create a series of steps for the developing interaction between a negotiator, or de-escalator and their counterpart. In our case it would be a client, family member, visitor or intruder. It follows how the negotiator influences the decisions made by the aggressive individual. The model contains five stages which must completed for a change to occur within the counterpart. For example, a negotiator must successfully listen (Stage 1) before they can express empathy (Stage 2) and so on. A brief summary of each stage is below:

1. **Active Listening:** The first step of the BCSM establishes the foundation for the ensuing steps and involves a collection of techniques aimed at establishing a relationship between the negotiators. Active Listening encourages conversation using open-ended questions, suggests negotiators paraphrase their understanding of the other side's story, attempts to identify and confirm emotions expressed by the other side, and utilizes intentional pauses in the conversation for emphatic effect.

2. **Empathy:** The intent of the second step of the BCSM is for the negotiator to convey his or her empathy to the other side. Empathy suggests the negotiator understands the perceptions and feelings of the other side. This is an important aspect of furthering the relationship between the negotiator and the other side and can be accomplished through a tone of voice that is genuine and conveys interest in and concern for the other side.

3. **Rapport:** The third step in the BCSM is established through the negotiator's active listening and expression of empathy, which will lead to increased trust between the parties. The negotiator continues to build rapport through conversation that focuses on face saving for the other side, positive reframing of the situation, and exploring areas of common ground.

4. **Influence:** Once rapport has been firmly established, the negotiator is able to begin making suggestions to the other side, explore potential and realistic solutions to the conflict, and consider the likely alternatives available to the other side.

5. **Behavioral Change:** The final step in the BCSM is contingent upon how thoroughly and prudently the negotiator walked up the first four steps. If the negotiator has established a solid relationship with the other side, he or she will be able to propose solutions to the conflict that will affect the desired behavioral change.

If the person guiding the escalated individual through the Behavioral Change Stairway performs the steps properly and that individual can use at least some communication skills. Then often times, the individual and situation will start to calm to a point where the staff can guide the encounter into a different direction and a much better outcome.

One of the techniques we as negotiators use when attempting to de-escalate an individual is to replace a common word that usually creates defensiveness and a power struggle. Which will in most cases destroy the possibility for a successful negotiation, with a word that promotes a positive direction and empathy. If you can just suppress the urge to say, "**But**" and replace it with "**And**," the likelihood of resolving the situation with a successful de-escalation is much better than if you allow the "But" word to slip out during a negotiation.

An example would be "Okay, I hear that you want your meds, ***but*** I don't think we can get an order for that." (This sets up an instant power struggle between the negotiator and the client)

Instead saying: "Okay, I hear what you're saying about wanting the medication ***and*** I understand your frustration over this, ***and*** so let's see what we ***CAN*** do for you at this point." (This pulls the client along psychologically toward a direction that both the negotiator and the client benefits from. Therefore, helps to pacify and calm the person into compliance)

Knowledge Check

Listening Exercise

Who are the people in your life that are easiest to listen to?

_____

What is it about these people that makes it easy to listen to them?

_____

Who are the people that you listen to the least?

_____

What is it about them that makes it difficult to listen to them?

_____

How would you feel if you were spoken to in the same manner?

_____

Knowledge Check
Behavioral Change Stairway Model Exercise

1. *What would you say or do to communicate to someone that you were listening actively?*

_____
_____
_____

2. *What sort of statements would you offer in order to demonstrate empathy to a person in crisis?*

_____
_____
_____

3. *What would help to make you feel a rapport with someone who was trying to gain it from you?*

_____
_____
_____

4. *What types of options might you offer in order to influence the person into a calmer state?*

_____
_____
_____

5. *What would you say to the person in crisis that would continue the rapport in order to guide the situation to an optimal resolution?*

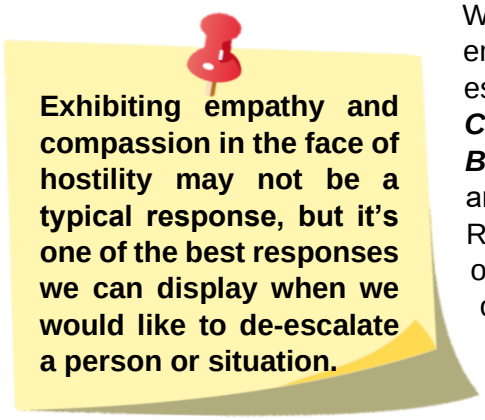
_____
_____
_____

- Try to understand as much about the Individual or Situation you are faced with.
- Try to understand Your Reaction to the Individual or Situation you are faced with.
- Try to understand how to attempt to Solve the Issue you are faced with through an Informed Reaction

Complementary Behavior Vs. **Non-Complementary Behavior**

(**How to Flip the Script**)

Often, people will ask us as crisis negotiators, Is there a "Magic Bullet" that works well when trying to negotiate a person?" There is no specific "Magic Bullet" so to speak, but there are a few techniques that seem to work consistently better than others when we would like to gain ground and provide the all-important Empathy that we need. In order to "reach" the person we are trying to help. If you are committed to learning effective ways to help de-escalate a person who is exhibiting aggressive behaviors, then the following technique is one to work on.



When we talk about Empathy and ways to use it to instill emotions that will help de-escalate people and situations. It's essential to discuss the difference between ***Complementary Behavior*** Vs. ***Non-Complementary Behavior*** when it comes to turning a volatile encounter around to your advantage and the other person's benefit. Rather than fostering more possible aggression. This is one of the most important dynamics when dealing with oppositional people and behaviors and when used correctly. It can be one of the most successful methods to influencing a scenario in the direction that you'd like it to go but it's not an easy thing to do. In fact, it's a difficult state of mind to get into when facing a crisis and frankly it can be a little scary sometimes. As our minds are not great at critical thinking when finding ourselves in the middle of a crisis or faced with an aggressive person. When facing an aggressive situation, our minds are panicking and telling us to respond the same way, instead of the way that will help the situation. It takes some practice to become good at it.

The concept is simple. The practice of **Complementary Behavior** is a way to influence another person's behavior by mimicking their behavior or actions. Being warm with a person will produce warm feelings in return. A person who is mean to another person will most likely receive meanness in return. Being hostile with someone will create more hostility in return.

Non-Complementary Behavior, however, is the practice of responding in the opposite of how the person is behaving and more importantly, the opposite of what the other person expects. This Flipping of the Script, so to speak, creates what's called "***Fracture of Focus***" in our mind and that switch of focus then initiates critical thinking on their part, which can prompt a reaction that is calmer and in line with what you would hope for. Their minds are distracted for that split second which causes their mind to ask questions to itself of why you are saying something that's not natural, or not what people usually respond with. Exhibiting empathy and compassion in the face of hostility may not be a typical response, but it's one of the best responses we can display when we would like to de-escalate a person or situation.

But again, it's not a natural response, so we must work at it a bit. When faced with anger and aggression, it's a reflex to respond with anger and aggression. It's not until we learn how to use our coping skills over time or receive guidance of how to better respond when faced with aggression. In order to become good at Non-Complementary Behavior when we are confronted with aggression, we must practice using this technique so that it will be more of a reflex, or "second

nature" to do the opposite of what our normal reactions are telling us how to respond, instead of the natural way our brains are programmed to respond.

Our minds respond completely differently when a person displays Non-Complementary Behavior, which can initiate a completely different physical response as well. Our minds seem to respond in a more positive way to this dynamic and even respect this behavior more when we witness it. This is the reason that we as a society, admire people like Dr. Martin Luther King, Jr., or Mahatma Gandhi, in that they are perfect examples of individuals who displayed warmth, compassion and empathy in the face of evil and hostility. They were masters at capturing the attention of people's attention and respect with Non-Complementary Behavior.

We have been using this technique for many years, typically with great success. We now use the same techniques when we train schools and students who experience bullying. Using Non-Complementary Behavior exercises in most cases, psychologically disarms the aggressor to the point where they often lose their train of thought, have little more to say and sometimes even remove themselves from the situation in order to save face, or to focus on someone else who will respond in the way that people usually respond.

This is an effective way to at least slow down an aggressive situation and even stop the interaction from becoming worse. The best part is that the encounter for the aggressor can become a learning experience in compassion and has many times changed the way that they deal with people negatively. There have been many cases where the aggressor, or bully, has learned something valuable from the encounter and changed their behaviors toward others. It can be a win/win for everyone. Of course, not all aggressors will have a life-changing moment. In most cases, the aggressor will at least learn that the encounter did not go as they had planned, and that behavior modification element often makes them steer clear of the person who used the Non-Complementary Behavior technique on them. We humans fear what we do not understand and if the aggressor does not understand what you have done or said to make them feel that way, that fear will keep them away.

Scenario:

A client and their husband are waiting to be seen by a doctor. They've been waiting for several hours and the husband is becoming loud and obnoxious, voicing his frustration over the long wait. The husband looks over and makes eye contact with you, then gets up, walks over to your counter and demands for his spouse to be seen "**right now!**" You inform him that they will be called when a doctor is available and he replies by shouting, "**Yeah, you're a moron**!"

Knowledge Check

What would be a Complementary Behavior response?

_____

_____

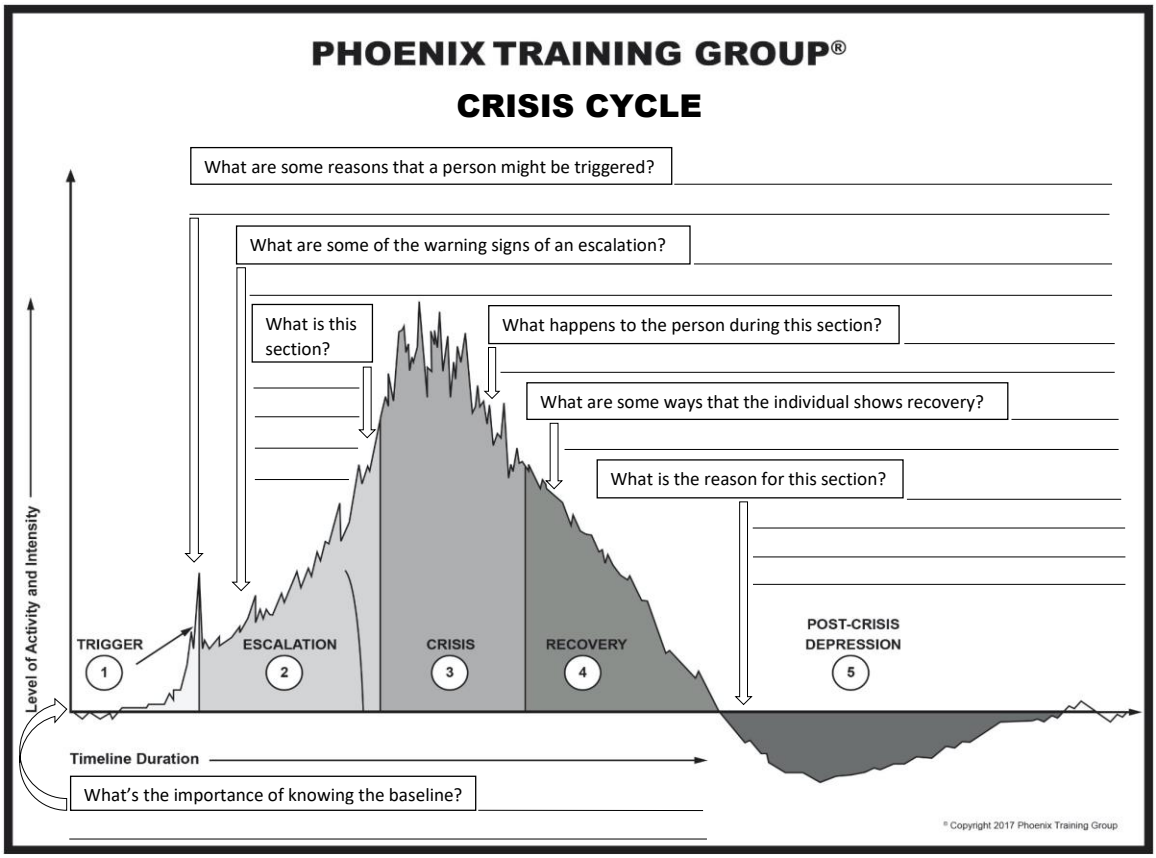
What would you say to initiate a Non-Complementary Behavior response?

_____

_____

PHOENIX TRAINING GROUP Crisis Management Chart

		① Trigger (Detonation Point)	② Escalation	③ Crisis	④ Recovery	⑤ Post Crisis Depression (Equalization)	Client De-briefing	Post-Crisis Baseline
Subjects' Behavior	Client is at their normal baseline level of behavior with fluctuations of emotions & activities.	Increase in anxiety with sharp change in baseline behavior Restlessness Sudden adrenaline spike	Physical aggression Threating behavior Verbal aggression Passive/aggressive & subtle aggression Isolation Momentarily behavior shift from Re-direction & Distraction Technique	Threats of Violence Violence toward themselves or others Physically acting out Heightened irrational response Possible need for physical intervention Able to respond to de-escalation.	More cooperative Responds to staff de-escalation or limits positive way Anger & aggression begins to lessen Still agitated but at lower intensity Releases control	Sleep Silence Crying Accepting lack of control (submission) Desire to talk about incident Medicated Verbal demands Confusion	Quiet Receptive to coping skills Unreceptive to coping skills Blaming Accepting responsibility for actions Appreciation	Return to baseline responses & communication Reintegration with peers Isolation Deviation in previous, pre-crisis baseline
Coping Ability	Normal array of coping skills with daily challenges & ability to withstand typical stressors.	Defensive Normal coping skills not working well Emergency coping skills engaged	Coping skills extremely rigid Responding to internal or external threats with threats Chaotic thought process Distractible higher on the escalation scale.	Coping skills flatline Unable to use rational critical thinking May only stress respond to limits or physical force Reasoning shuts down	Coping ability begins to return Reactive thinking shifts to critical thinking Able to hear rational requests Responds to meds & physical limitations.	Coping abilities begin to reconstitute to either lower level of functioning or baseline level Acceptance of responsibility Understands reason for staff's response	Able to accept new coping skills Able to use previous coping skills Resistance to coping skills Able to listen	Able to accept new coping skills Regression back to old coping skills Seeking help from staff to improve.
Emotion Range & Rationality	Able to effectively think and respond to rational communication. Emotions congruent to situation.	Ability to respond to rational communication diminishes Anger and emotions take over Thought process & rationality diminish	Resistant to authority Hostility Random questioning Oppositional & uncooperative Compulsion to escape Withdrawal	Chaotic thought Process Reactive thinking takes over Irrational feelings of persecution or threat Fight or Flight initiates	Able to calm Able to listen to reason Reduced verbal and physical outbursts Bargaining Crying Emotional breakdown	Relief Remorse Depression Shame Anger Guilt Thankfulness Emotionally spent	Depression Guilt Remorse Suicidal thoughts or actions Acceptance of staff's help	Normal emotional responses Able to withstand stressors better Quiet and withdrawn
Goal for the Client	To maintain normal emotional reactions & independence of thoughts and actions.	Return to normal baseline by reducing perceived threat. May respond to rational requests of therapeutic intervention. Inability to respond to therapeutic intervention	Return to equilibrium by reducing perceived threat, loss or challenge Intimidation & threats to get what they want or don't Energy release	Focusing only on the goal they want, or avoiding what they don't want through intimidation, threats, violence, either verbal or physical.	Desire to lessen restrictions & reintegration with community & staff Requests for food, drinks, sleep Plotting revenge	Emotional reintegration with community Communicates range of emotion to staff Hope of not repeating incident Desire to leave facility	Desire to improve Learn better coping skills Use current coping skills Plan for future success	Return to emotionally normalcy Communicate to staff more effectively Desire to leave treatment
Staff Response and Goals	Normal and rational interaction. Maintaining treatment goals of functional communication. Active Listening Empathetic treatment	Supportive focus on here and now. Identify and remove source of threat, if possible internally or externally. Active listening	Redirect Offer Choices Don't engage in power struggles Refocus on present Compassionate firm limits Active Listening Re-direction & Distraction Technique	Non-threatening communication Seek assistance from support staff Find solutions that works for both staff & client Set & enforce limits Safe physical containment	Re-establish supportive, empathic communication Communicate intent of intervention as therapeutic rather than punitive Offer fluids and physical care Active listening	Supportive communication Help client back to normal baseline Plan for incident follow-up Maintain safety for client during emotional drop Active listening	Communicate empathy & help deal with future stressors Root cause for escalation Find out what we can do to help prevent incident from reoccurring	Observe client for deviation in baseline in order to better predict future behavior shifts. Supportive communication Follow up plans for client for discharge



The **Crisis Cycle,** aka **C**risis **R**eaction **I**ntensity & **S**taff **I**ntervention **S**cale (**C.R.I.S.I.S.)** is a visual image of the emotional, psychological and physiological process a person experiences when dealing with a crisis or traumatic event in their lives. It is made up of five stages that are demonstrated on a scale of intensity and duration that depends upon the severity of the specific crisis a person is experiencing. Based upon the level of coping skill sets that the individual possesses. The combination of the type of crisis and the person's coping skill set or lack thereof, determines the height level and duration of the resulting cycle event.

Some individual's reaction to crisis is high and intense where some are low and manageable. Some reactions to crisis are long and drawn out where others are short and overcome quickly. Everyone has a different-looking scale for a specific crisis within their lives, much like a fingerprint. Using the Crisis Cycle as a mapping tool, we can understand how to better identify and target where a person is within that cycle. So, we can effectively address and help lower the level of stimulation and escalation, predict behavior patterns and finally bring the person and their emotions back down to their original baseline and normal stasis.

If we as healthcare workers begin to recognize the Crisis Cycle patterns for a specific client who is in our care, then we can have the tools to identify the predictable algorithms. This may allow us to address known triggers and responses, intervene sooner and effectively de-escalate the person before they reach the higher states of crisis. Recognizing these patterns within a specific client will usually help the staff to not only reduce the crisis, but in many cases, prevent the incident from occurring in the first place. Which is our goal with anyone who is escalating and in crisis. The Crisis Cycle is the roadmap to understanding how we can pinpoint where a person is within the cycle, the methods necessary to help them and de-escalate the person and situation.

Knowledge Check

Crisis Cycle Exercise

1. *What kind of **Triggers** would cause a person in healthcare to become angry and aggressive?*

2. *What kind of behaviors would you typically see in the **Escalation** section from subtle to dangerous?*

3. *What actions from staff might work to distract the aggressive person within the **Re-Direction and Distraction** Section?*

4. *What kind of behaviors might we see in the **Crisis** section and what would staff be doing about it?*

5. *What kind of behaviors would you typically see in the **Recovery** section and why would they be occurring?*

6. *What is the reason for the person experiencing **Post Crisis Depression** and what would the person be feeling while going through this section?*

7. *Once the person in crisis has had a chance to get through the **Post Crisis Depression** and is possibly in a place to listen to staff during the **Patient Debriefing**, what sort of questions might you ask to help them?*

8. *Why is performing a **Patient Debriefing** so important and what may occur if this is not at least attempted?*

Knowledge Check
Therapeutic Responses

Read the following scenarios and write what you believe to be a therapeutic response.

1. *A woman in a wheelchair approaches the nursing station where you are working, carrying a bag of McDonalds and what looks like a brown bag in the shape of a beer can in her lap. She looks at you and yells, "Hey Nurse!" "I need to see my mother right now!" "Tell me what room she's in!" How would you handle this situation?*

   _____
   _____
   _____
   _____
   _____

2. *You're taking care of a male youth around 18 years old who was brought in by Police on an involuntary hold for suicidal ideation. He approaches the nursing station and tells you with an angry voice and clenched fists, that he wants to leave the hospital right now. What would you do and how would you respond?*

   _____
   _____
   _____
   _____
   _____

3. *A woman is admitted into the ER for stomach pains but while lying in one of the treatment rooms, you notice that she is using her phone to snap photos and video of herself and the inside of the ER including you, the staff and other clients. Before you have a chance to react, her phone rings and she answers the phone loudly for others to hear, bragging that she's live streaming herself in the ER. How would you handle this situation?*

   _____
   _____
   _____
   _____
   _____

4. *An older mentally ill man is dropped off at the hospital by Police after being picked up at a grocery store, shoplifting and exposing himself. He is voluntary but needs to be medically cleared before he can leave. He becomes uncooperative, verbally abusive and threatens to urinate on the floor if someone doesn't bring him a sandwich right now. Before you can respond, the man's daughter walks up to the nursing station looking for his father. What would you do and say?*

   _____
   _____
   _____
   _____

Chapter 3

Threat Assessment & Limit Setting

When a person continues to escalate and the individual or individuals in crisis are not responding to methods by staff to help bring calm to the situation, or the incident is rapidly switching to a more violent and dangerous one. Then we as staff must quickly evaluate the situation and decide when a possible threat is present. You as a healthcare provider will always do as much as possible to assist a person into a calmer and healthier option, but when the situation becomes one in which it begins to threaten themselves, others and even the environment. Then we must do what we can to protect everyone within our facilities and yes, even the person in crisis that may be the cause of the threat.

On the outside of a healthcare facility, we are not responsible for others within the public setting. In healthcare, we hold an added responsibility to those we care for and those around us. In healthcare, we must consider that these individuals are in our care, or even related to those in our care and so there is a certain responsibility that we accept when we work within our profession.

This, however, does not mean that we should accept the aggression or violence that is thrown our way at times. There is a balance between understanding where the hostility comes from and why a person becomes aggressive. So, that we can have the tools to help and de-escalate them and putting ourselves in a situation where we may become a victim of the violence. Therefore, the dynamic of threat assessment and limit-setting is important when being able to read, anticipate, react to and prevent aggressive behaviors before they become physical. If the situation escalates to a point where the lines become blurred and the staff have little choice but to respond to maintain safety. Then the skills of reacting appropriately and safely in order to protect ourselves and those around us, then become as important as the attempt to de-escalate them.

The following chapter covers the dynamics of recognizing that even though we should always maintain an awareness of threat assessment regarding our surroundings. That when the threat becomes more pronounced, we must rise to that level of threat and access safer and different responses in order to keep ourselves, our environment and those we care for as safe as possible.

“The opportunity to secure ourselves against defeat lies in our own hands, but the opportunity of defeating the enemy is provided by the enemy himself.”

-Sun Tzu

The Five Categories Of Workplace Violence

Before we can examine the details of threat assessment, we must first understand the different categories of workplace violence that are recognized throughout the country and specifically within the healthcare industry. The number of workplace violence incidents have increased among all of these categories over the years and even though we will focus primarily on the one that has been recognized primarily for healthcare, the other categories have made their way into the healthcare setting, so it is necessary to examine each type so we can be better prepared.

Type I – Criminal Intent: Violent acts by people who have no connection with the workplace, other than to commit a crime or they may have a random belief or delusion that they hate your facility. For example:

- a nurse assaulted in the hospital parking garage.
- a home health care nurse is mugged while conducting a home visit.

Type I violence occurs less frequently compared to other types of violence in health care settings.

Type II – Patient/Client/Customer: Violence directed at employees by customers, clients, patients, inmates, someone your organization provides services to, taking care of or have some sort of control over.

Type III – Worker-on Worker: Violence against coworkers, supervisors or managers by a present or former employee.

Type IV – Personal Relationship: Violence committed by someone from outside who has a personal relationship with an employee.

Type V – Acts of Terrorism: Violent acts of Terrorism either foreign or domestic, who have the goal to create as much collateral damage, death and destruction to anyone, or any group of people who do not agree with their specific ideology, religious or political belief system.

What Are Some Of The Identified Reasons For Violence Within The Healthcare Setting?

1. **Only one person initiated the decision, or one person intervened into the situation either verbally or physically by themselves, creating a Power Struggle.**
2. One person, or a group of people entered the situation too early, unorganized, without enough information, without enough people, or without a plan.
3. The High Acuity or the Negative Energy Level of the facility, unit or individuals within the milieu and the inability to match the acuity level.

   - The state of our economy has produced a much higher need for outside healthcare and behavioral health help and resources.
   - The state of our economy has also produced the necessity to dramatically reduce and cut the resources available to those who would need it.
   - The effect is an imbalance of the essential resources need vs. resources available dynamic.
   - The result is the higher rate of people who may have had some previous resources, who now do not and so they are entering into the healthcare environment as sicker and more needy, while flooding into areas that are not used to that type of client or situation which leads to a higher acuity of frustration and acting out behaviors.

Knowledge Check

Helping The Situation

What three elements influence a volatile situation in our favor and narrow the grey area?

1. _____
   _____
   _____

2. _____
   _____
   _____

3. _____
   _____
   _____

Miller's Law: Miller's law states

To understand what another person is saying, you must assume that it is true and try to imagine what it could be true of."

If you follow this law, you will be trying to understand. If you can visualize the statement is true, it will cause your approach to be less judgmental. It will give the patient a sense of ease, you are now interested in what they are saying and will improve the relationship at hand. For example, the patient's agitated state is being led by delusion. If the client believes he is being followed and is interested in harming him. In the client's viewpoint, this is completely true.

Example Scenario

Joe is an 80-year-old male suffering from dementia. Joe has a history of wandering into other residents' rooms. When staff attempts to re-direct Joe, he often becomes combative.

A = Activating Event

Joe wanders into a resident's room and the residents becomes angry and threatens Joe.

B = Behavior

Joe responds with verbal aggression and threatens the residents back, raising his cane like he is going to hit him.

C = Consequence (Informed Response)

Staff communicates with each other, intervenes, assesses the situation and speaks to Joe in a firm but friendly voice that is respectful to foster empathy. Staff use their Active Listening and empathetic responses to de-escalate Joe, using redirecting techniques to distract him and the other resident to a better outcome.

D = Decide & Debrief

Joe decides to return to his room reluctantly while staff stay with the resident to check if he is okay.

Debrief - The staff conduct a staff debriefing to note the successful intervention and to determine what they can do to prevent the incident from happening again.

Reactive (Uninformed) Response

Staff intervene quickly without communicating and yell at Joe to put the cane down or he will be restrained. Which creates a power struggle and escalates the situation to where Joe, the resident and the staff all become more agitate to the point where a code team responds to physically control the situation.

No Staff Debriefing

By not confronting Joe in his anger and by using appropriate communication techniques, the **(C)** moves to **(D)** rather than **(A)**, allowing staff to distract him with an activity rather than an **(A)** activating event. The circle Is broken.

Cooper's Color Code of Awareness

CONDITION	MENTAL	PHYSICAL	COMMENTS
WHITE	• Oblivious • Unaware • Unprepared	• Relaxed	Much of the public exists in this condition, too pre-occupied to notice the dangers around them. In this condition, you take no responsibility for your safety or the safety of those around you.
YELLOW	• Aware	• Relaxed	In this condition, a person is aware of what is happening around the but is not focused on a specific threat. This person has realized that dangers exist and takes steps to recognize potential threats as they become apparent.
ORANGE	• Maintaining Awareness • Focus is on threat	• Adrenaline is released • Increased breathing and heart rate • Retains Fine Motor Skills	In this condition, you have recognized a specific threat, but not at the expense of ignoring your environment. You are prepared to recognize additional threats should they become apparent.
RED	• Complete focus on threat • Emotional and Instinctual responses are heightened • Intellectual responses are lessened • Time distortion	• Adrenaline Dump • Breathing and Heart Rate Maximizes • Fine Motor Skills disappear • Tunnel Vision • Auditory Exclusion	As you actively engaged in confrontation, the bodies chemical release prepares you for "Fight or Flight" response while making rational thought more difficult.
BLACK	• With a lack of programmed response, the mine cannot create new solutions. • Irrational or repetitive decisions • Confusion • Denial	• Adrenaline Overload • Hyperventilation may occur • Muscle cramping due to lactic acidosis	As intellectual processes shut down, the mid-brain response overwhelms a person's ability to think through the problem. This "Amygdala Hijack" might cause a person to shut down mentally.

1. *What is the best color code to remain in, in order to stay the safest and why?*

_____

_____

2. *What color mode are many people in these that days that make them unsafe and why?*

_____

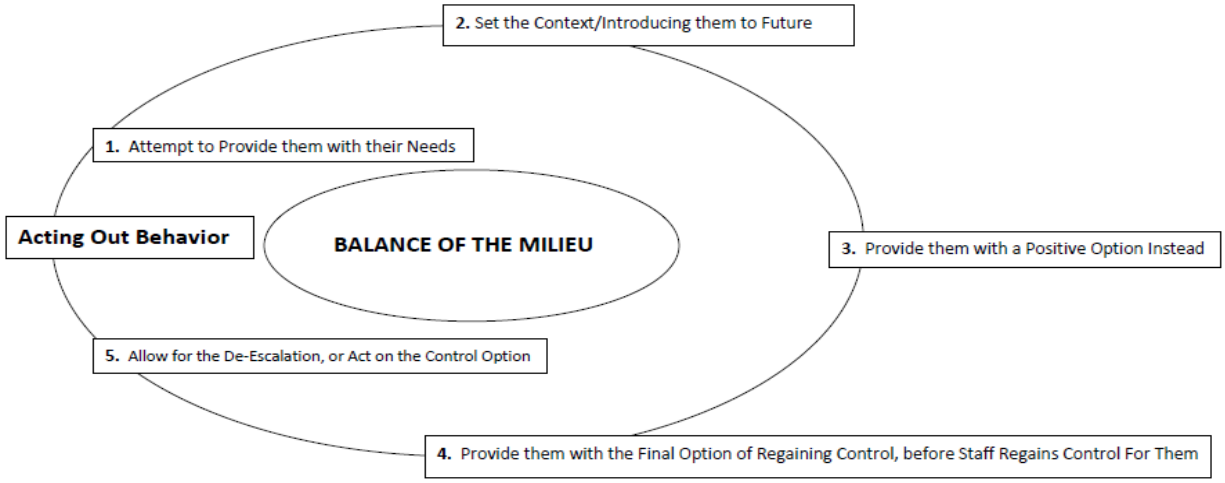
_____

3. *What color mode are we the least effective when faced with a threat and why?*

_____

_____

Compliance Cycle



The purpose of the Compliance Cycle is to find ways to offer choices and solutions while setting limits at the same time for an extended period. If a negotiator attempts to rush the situation or person in crisis into a resolution too soon, then the agitated person will feel hurried to act in a certain way and then they will experience what's called, a **Physical Power Struggle**. A physical power struggle is when an individual is emotionally "pushed" into an action that they normally would not have done if the negotiator had not rushed the situation to end quickly because the negotiator wants it to.

Negotiations often take time. Time is what helps to end a negotiation successfully, much more than trying to get it over with as quickly as possible. We developed the Compliance Cycle for law enforcement many years ago in order to draw out the time frame of a negotiation when the officer may not have had a lot of experience in how a negotiation works. We of course would want the incident to end as quickly as possible, but if the person in crisis believes that it's about what we want, instead of what is best for them, then they will become more escalated. So, we try to guide the situation slowly and methodically in a direction that we control, but that allows the person in crisis to go through the steps over a period.

The more time we can work with the individual, the more we will be able to reason with them. Build the trust, rapport and have them realize the consequences if they continue. Instead of arriving on scene and immediately trying to control the person and commanding cooperation or grabbing the client if they don't comply. We try to keep the interaction going in a constructive direction where we will have much better control and the ability to guide the situation into compliancy instead or forcing it a destructive direction.

Notes:

Knowledge Check

Dominant Behavior and Threat Assessment Exercise

You are quietly winding up your work for the day. It's Friday afternoon and your thoughts turn to your plans for the weekend. Suddenly you are startled by a commotion you hear in the hallway. You recognize the female voice as one of your co-workers, Maya as she is involved in a shouting match with a repeat and problematic client named Jason who is supposed to be discharged today. Jason is yelling loudly at Maya, calling her several expletives and threatening to come back to "**get**" her. After being subjected to this behavior from Jason all day, Maya, having reached her patience threshold with him, is raising her voice back at Jason, saying, **"Go ahead and come back here, I dare you!...because if you do, I'll have security ready to escort you out to the curb in a heartbeat!"** Jason again threatens Maya by saying, **"You'll be sorry!" "You don't think I'll come back here? I'll show you!!"** Just then security arrives and escorts a still yelling Jason from the unit, downstairs to be discharged as Maya shakes her head, looks at you and says, "Just another one of my many fans" before walking away.

All you want to do is write this incident off as just another unsatisfied customer, go home and forget this whole thing, but you begin thinking what, if anything you should do about it if Jason really does decide to come back to the hospital to make good on his threat. You're pretty sure that Jason will cool down once he's out of the facility, like he does every other time he is here, but something bothers you, about this time though. You know that Maya is working twelve-hour shifts evenings and nights all weekend and you also know from previous admissions that Jason has several guns at his house and knows how to use them. You have also heard rumors that Jason has been accused of spousal battery in the past, before his wife recently divorced him and this admission though, he seemed much more depressed and aggressive as compared to previous admissions. Suddenly you are worried about Maya's safety.

1. *Do you think you should get involved in this situation?*

_____
_____
_____
_____

2. *What would you do if you did get involved?*

_____
_____
_____
_____

3. *What would prevent you from getting involved?*

_____
_____
_____
_____

Trigger Words

Trigger or Hot Words and Phrases are what we typically say within our normal vocabulary that mean something positive to us, but that mean something negative to a person in crisis.

In most cases, just being with the person who is in crisis is both all we can really do and all that they really need from us. Nothing we say typically makes anyone feel any better. The best thing that we can do for the person in crisis is just to be there. Sometimes saying that you don't really know what to say and to thank them for trusting you enough to tell you. But, if you feel compelled to say something, these are a collection of Trigger Words and Phrases *not* to say. At least a better way to replace the Trigger Words that we sometimes say without thinking.

- **"No"**

  Saying "No" to someone who is agitated, destroys the possibility for any sort of de-escalation process as it stops any hope for a negotiation. Instead it initiates a power struggle. Once a power struggle has been initiated, then a wall is thrown up between the agitated person and the negotiator. Then it becomes impossible to have any productive dialogue going back and forth in order to consider it a negotiation.

  An example of a much better response would be: *"I'm not sure, but we'll check on that and see what we can do for you that might help with what you're wanting or needing."*

- **"Stop"**

  Saying STOP is the same as saying NO, just in a more aggressive way. It may startle the aggressor momentarily, but it will usually prompt the aggressor to retaliate in a defensive manner, either verbally or physically. Although it is our right to demand that someone to stop what they are doing to us. In some cases, it is perfectly appropriate, but yelling at, and demanding an attacker to STOP often creates what's called a "Physical Power Struggle." A physical power struggle is a physical action that occurs from the attacker after the victim yells and this sometimes can be perceived as a physical response which then triggers a reactive physical response from the attacker. An example of a much better dialogue would be:

  An example of a much better response would be: *"I'd like you to not to say those things to me while I'm trying to help you with your treatment." "You know that it's inappropriate and if it happens again, I'll just inform your doctor that you're not cooperating and that you have been verbally abusing to the staff and that probably will affect your discharge date."* Now, if an individual is physically touching you in an inappropriate fashion, then no one will fault the staff for instantly telling the individual to "STOP" and pursue assistance from staff to instill consequences for the action.

Notes:

- **"What's Bothering you?"**

  Asking this to a person in crisis, triggers something psychologically inside of them that causes them to assume that you're perceiving them as a "bother". So, they will often react defensively, accusing you of thinking that they are bothering you.

  An example of a much better response would be: *"What seems to be upsetting you?" or "Is there something that you'd like to talk to me about that might get to the reason why you're upset?"*

- **"What's the Problem?"**

  Asking this to someone in crisis, causes them to believe that you feel that they, their behavior or their needs are the problem within the encounter. So, they will again react defensively and often aggressively accuse you and their experience at the facility as the real problem.

  An example of a much better response would be: *"Is there something specific that's upsetting you?" "If you sit here with me and explain, then I might be able to understand what I can do to help you."*

- **"What's Wrong?"**

  Asking someone "what's wrong," communicates to the person in crisis that someone here is right, and someone here is wrong. Being that the staff are the ones in control within the facility setting, they will usually assume that you are the right one and they will always be the wrong one. This sets up a downward-spiraling power struggle so there will be little hope for any sort of negotiation.

  An example of a much better response would be: *"I can see that you're upset, and I'd like to find out what we might be able to do together to help."*

- **"Why?"**

  Starting out questioning with "Why," such as, "Why did you say that? Sparks a defensive reaction from the person in crisis and will often cause them to shut down emotionally, providing little hope for them to listen enough for you to even to even find out how you might be able to help them.

  An example of a much better response would be: *"Was there a reason that you said that comment to Doctor Smith?" "If there is, I'd like to hear it so that we might be able to find a solution so that we can help."*

- **"Come Here."**

  No one likes this, not even you. As you know, when someone either tells, or even asks someone else to "Come here," especially when they use a finger gesture in association with the comment. We all experience a negative reaction of dread and fear, like being called out of a meeting by the boss, afraid that we're in trouble. If we feel that dread and

fear, a person in crisis feels it ten times worse and they will react with a psychological fight or flight response.

✓ An example of a much better response would be: *"Hi, James…Would it be okay if we sat and talked for a moment?" "I have a couple questions for you."*

- **"You Need to…" or "I need you to…"**

  ⊘ This is one of the worst things to tell someone in crisis, but we tend to say this to others every day. When we say things like, "I need you to step away from the nurses' station" or "I need you to take your medications," this instantly creates an automatic conscious or sub-conscious reaction among humans of any age to now resist or defy the wishes of the person who has told them this. But a person in crisis often becomes aggressive when told the same thing. An example of a much better dialogue would be:

  ✓ An example of a much better response would be: *"Can I get you to step away from the nurse's station for a minute?" or "Mrs. Randall, can I ask you to take your medications while you're here?*

- **"What is it Now?"**

  ⊘ When anyone asks this of another person, that person will immediately feel demeaned, small and unimportant. Asking this of someone in crisis will make them feel this and that you do not care and that their very presence is inconveniencing you. At the very least, they will act out passive-aggressively and at the most, they might want to show their control and power by harming you. An example of a much better dialogue would be:

  ✓ An example of a much better response would be: *"Yes, Mr. Wilson…How can I help you?"*

- **"Because I said so" or "Because those are the rules"**

  ⊘ When anyone says something like this to a person in crisis, it sets up an instant power struggle. It makes them feel like the person who said this is an uncaring, power-hungry authoritarian is not interested in finding out what they can do to help, only to assert their power onto people that they can dominate. The person in crisis will feel powerless and so will now often have to assert their aggression in order to "save face."

  ✓ An example of a much better response would be: *"I'm sorry Mr. Bell, but the facility rules are requesting that you not bring in cigarettes."*

- **"I'm not going to say this again"**

  ⊘ Saying this to anyone instantly establishes an authoritative and adversarial tone. It never promotes an effective dialogue between two people. Saying this to a person in crisis however will escalate the event into a higher level of aggression. Reading this as a threat and having to fire back verbally or physically, fearful that there might be emotional or physical consequences next.

✓ An example of a much better response would be: *"Ms. Denny, I've mentioned several times that we're trying our best to discharge you as quickly as possible." "Raising your voice is a little distracting and isn't going to help us go any faster so how about we……."*

- **"What do you want <u>me</u> to do about it?"**

  ⊘ Anyone asking this of someone is usually feeling defensive and overwhelmed themselves and should probably remove themselves from the situation or person immediately. Otherwise, they will most likely make the situation much worse by their confrontational attitude and inability to remain objective. Asking this of a person in crisis will make them feel defensive, dismissed and disrespected and often times raise their aggression level with the person asking them as the target for their anger.

  ✓ An example of a much better response would be: *"Is there something that you can think of that might help me to help you better?"*

- **"You Always…" or "You Never…"**

  ⊘ When someone opens the statement up with "You…" the receiving party will quickly feel that they are in some way responsible for the issue at hand, for example, "You always screw things up," "You never could do anything right," etc. When someone says this to a person in crisis, that person will become defensive and will often escalate into a much higher level of aggression as they will now feel persecuted with nothing else to lose.

  ✓ An example of a much better response would be: *"I'm thinking that you might not realize that you're supposed to attend the group today." "Can I help you find out where you're supposed to be?*

- **"Don't Say That."**

  ⊘ Saying this to someone is first, telling them what to do and no one likes to be told what to do. Telling anyone this also invalidates them, what they are feeling and what they just told you. People will feel badly about sharing what they told you. Following your comment, most likely will not trust to tell you anything else and even others for fear that someone else might have the same reaction.

  ✓ An example of a much better response would be: *"I understand why you would feel that way. How about if we explore where this is coming from and different ways to look at it?"*

- **"It's going to get better."**

  ⊘ Maybe it won't get better. It might, but it's not our place to say whether it might or not and it just communicates to the person that your listening to that you don't really get it and that you also don't have much empathy. This is something to say to someone when you're not that invested and usually right before you excuse yourself to something else, so the person you're listening to will know that you don't really care.

  ✓ An example of a much better response would be: *"I hear you when you believe that it's not going to get better and I understand that you feel that way, but you will get through this and you may just surprise yourself at your own strength when you do."*

- **"You need to be more positive."**

  That's about the fastest way to react negatively to you and your superficial, unwanted comments.

  An example of a much better response would be: *"I realize that you're feeling like you're in the darkness at the moment and it may seem that you'll never be back in the light, but you're strong and with help, you can pull yourself back up to where you want to be." "Everyone needs some help sometime." "I understand how you'd feel this and we're just here to help when and if you want it."*

- **"It could be a lot worse."**

  Whether it could or couldn't, it's not our place to say. Suggest or infer and it will instantly create a wedge between you and the person you have just said it to. As the comment doesn't make anyone feel better and it communicates that you don't have the skills to create empathy.

- **"I know how you feel."**

  That will always be the quickest way to have someone fire back to you that you ***DON'T*** know what or how they feel. No one does and they will immediately know you don't get it and then will tune you out, but not before yelling at you for saying it.

- **"Everyone feels that way."**

  This is when they will snap back at you that ***they*** are not ***everyone*** and any opportunity for a quality interaction has just been lost.

- **"That's crazy."**

  This is one the most insensitive comments a person can make. It communicates that you are unprofessional and that you have little to no experience, or that you are a staff who has been in the industry too long and that you are burned out too much to even feel empathy.

- **"At least..."**

  Saying this to a person in crisis, serves to minimize the person and the crisis they are experiencing. Anyone in crisis that you say this to will immediately know that you have no idea how to communicate empathy and will sense that you feel sympathy for them. That will just make them feel that you feel sorry for them. Empathy fuels connection, where sympathy drives the connection away from them and their situation.

- **"I can't do that"**

  This is the same thing as saying "No." You've just said it with a few more words.

- **"I don't <u>think</u> so."**

  This is saying "No" with a sarcastic attitude.

- **"That's not going to happen."** 🚫
  This is saying "No" with an authoritative attitude and will set up the relationship to be nothing but a power struggle from then on.

- **"Sweetheart, Sweetie, Baby, Darlin'" or any other Pet Name** 🚫
  This is a case-by-case situation and some clients will respond positively. The majority of clients and people will not see this as appropriate. Especially within the #MeToo movement, will likely end up with at the very least a complaint. All the way up to a lawsuit against you and the organization. So, it's something that should always be aware of and to find better and more respectful ways to communicate yourself that will put clients at ease.

- **"Listen!"** 🚫
  This is a very aggressive and directive way to demand that someone listen to you instead of finding out from them what they have to say.

- **"Oh, yeah?!"** 🚫
  This is a very challenging way to communicate that you and the client are just about to get into an aggressive power struggle so there's no hope for any negotiation.

- **"No, I'll tell you why you're here, it's to…"** 🚫
  Anytime you tell a person why they are doing anything that they are doing, sets the stage for an instant power struggle. Usually a verbal fight will occur and sometimes it lays the groundwork for a physical power struggle. So, it could even turn into a physical fight as the person will have to show you who the more powerful person is.

- **"Yeah, you don't want to do that"** 🚫
  This is a great way to communicate that you are the one in control and that there will no doubt be consequences for whatever the client is doing, saying or threatening. This at the very least will usually turn into a verbal altercation and often times a physical one as well.

- **"What are you going to do about it?!"** 🚫
  This is something a bully would say. So, if you say this to anyone, especially clients, they will immediately feel that you and the organization are the bullies and they are set up to be the weak person, so they will either back down and never trust you or the organization or will have to fight, verbally or physically to defeat the bully.

- **"Hey!"** 🚫
  Anything followed by "Hey" is a failure and will not communicate anything but a power struggle and disrespect. Once you put "Hey" in front of anything you say, the conversation is over and they will escalate from that point, on.

- **"You know what?!..."** 🚫

  A person says this when they feel powerless and must lash out at the person that they are in the confrontation with, usually with one of their fingers up to communicate power and control. This is a very aggressive action and will quickly escalate the situation into more of a power struggle, perhaps even a fight.

- **"Oh My God, Really?!"...."Seriously?!!** 🚫

  Many people in every workplace out there say this. It's very popular and even humorous to us and to those who hear us say it to people, but it communicates an instant disrespect, sarcasm and passive-aggressive message to those we say it to. It makes the receiver feel stupid and unimportant.

- **"Do you want me to call somebody?!"** 🚫

  Which is usually Security, Code teams, Police or other resources of authority. End Game.

- **"Whatever."** 🚫

  This is one of the most dismissive comments we can say to one another. We all know that this always makes a conversation or argument worse and never better. Whenever we say it to someone who has upset us, frustrated us, said or done something that we don't agree with, or even become aggressive toward us. It is a conscious act to utter these words, knowing that this comment will cause a reaction for the other person and that is exactly why we do it. So, when someone says this to anyone, they are actively trying to upset the individual they are saying it to and control the conversation or situation.

- **"And of course, CALM DOWN!"** 🚫

  Everyone knows that telling this to anyone doesn't work, especially when that anyone is angry or escalated. Saying this to a person in crisis will almost assuredly escalate the situation, raise the aggression level. They will most likely tell you just as loudly, not to tell them to Calm Down. Saying this to anyone is an auto-response based upon repetition, the need to gain control and trying to calm ourselves when faced with an aggressive situation. So, we all should take a breath and let our brains engage the critical thinking area of our brains before spouting out something that makes things worse.

An example of a much better dialogue would be: ***"Is there something I can do for you to help you feel calmer so we can talk and find out what you need?"***

Better Choices to Offer

How about we do this?

Can I get you to come over and talk with me?

I'm thinking that it might help to talk this out.

I can tell that you're pretty *frustrated* and I can understand why you would be…I'm willing to listen if you're willing to talk.

What would you like to get from this experience, talk, place, person?

What do you need and how can I help?

That's very interesting…I'd really like to hear more about that.

I'm so sorry that you're going through this…Let's see what we CAN do to help.

What are you going through that might be causing your frustration?

You're yelling so loudly that it's difficult to hear what you're telling me, and I'd like to help, so if you could lower your voice, I can hear you much better.

"That's Right" vs. "You're Right." You're Right stops the conversation because it communicates to the other person to Shut Up, where That's Right causes a chemical reaction within the brain that helps the person feel heard and understood.

Try not to tell people what do, instead ask for their compliance.

- Try to resist the urge of telling people what to do in order to instill control when you're faced with a situation where you're not feeling in control.
- If you tell people what to do, then they will feel compelled to prove why they do not have to do what you want them to do.
- Try to ask for their compliance instead. It avoids a power struggle and you have a much better chance of their cooperation rather than a fight.

Larry Porte, a former Secret Service agent and the former manager of the Threat Response and Asset Protection Division of Kerby Bailey and Associates, says that the most common workplace violence is a process that does not occur in a vacuum, but rather is the product of an interaction among three factors:

- **The individual who takes violent action**
- **The stimulus or triggering conditions that lead the person to see violence as a "way out"**
- **A setting that facilitates or permits the violence or a setting in which there is a lack of intervention, the exception being if the individual is altered in some way**

Chapter 4

Safe Evasion

(Physical Disengagement)

Despite our best efforts to help and de-escalate those we care for, there will always be a percentage of people who will turn their violence toward us. Nothing we can do or say will be able to prevent it. Then again, sometimes we may have done or said something. In some cases, not done or said something, consciously or unconsciously, that propelled the situation or person to become more aggressive in some way.

Either way, it's not okay to become attacked by anyone for any reason. So, whether it was the attacker who is bent on causing us harm, or the victim who may or may not have done the right thing to de-escalate the situation. We have the right not to become workplace violence statistics. Despite what many have said, it is not a part of your job to become a punching bag for people we are trying to help.

"Despite what many have said, it is not a part of your job to be a victim of workplace violence."

The lines are sometimes blurred between understanding therapeutically why people become violent, where the aggression originates from and being understanding about the person's mental or medical condition that may fuel the violence. Not being willing to accept the aggressive behavior as something employees are expected to just put up with. The reality is, we as healthcare providers knew what we were getting into when we signed up for this job. So, it should come as no surprise that we encounter some of the aggression we face, but the world has become a more violent place. More people are coming into healthcare these days with such a higher level of hostility, entitlement, violence and even murderous intent. Employees are having a more difficult time justifying or excusing the behaviors.

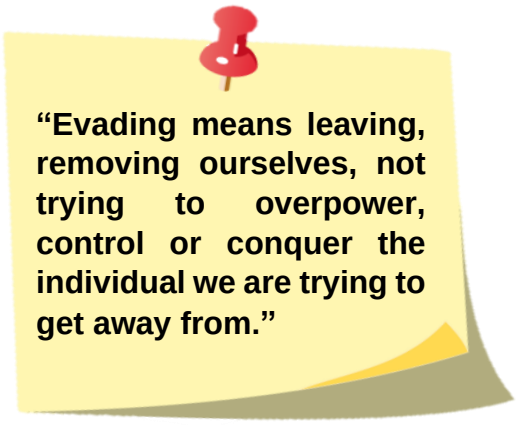
We must know that going to work each day and night that every client we encounter is in some sort of crisis. For every person in crisis that comes to a healthcare facility, there are several of their family and friends who are experiencing the crisis with them at the time. So, we potentially have thousands of people in crisis at the same time on any given day. On top of that, there are people who have no connection to facilities that target them and people who work within them for whatever reason and then there are the employees that are in some form of crisis within their own lives and we have a recipe for possible disaster for every healthcare facility that exists. Realizing this fact should help us to understand why it is so important to prepare ourselves for the jobs we

do within the environments we do them in and that potential violence is unfortunately, a risk that exists within our chosen field.

Every healthcare worker wants to find an empathetic, therapeutic and safe solution to all interactions between themselves and the public we help, but that empathy is being so challenged by those whom we have dedicated our careers to help. The levels of that empathy may be affected at times. The burnout rates among healthcare workers are at record highs these days. Therefore, training like the one you're attending today is so important, to provide new and different tools to layer on top of the amazing amount of skills that you already possess. It's simply a survival skill these days to be mentally and physically prepared when potential violence comes your way in any form. By anyone who directs it toward you and education like this is just one part of the process.

We sometimes cannot control the aggression that we are met with while working within our jobs, but we can control our reactions to the aggression. Therefore, maintain a level of safety for us and others around us. When we are faced with aggression, you have the right to stay safe and staying safe sometimes includes utilizing techniques, both mentally and physically to keep you from harm. And so, when you're confronted by an aggressive person or situation and you fear for your safety, this is where the ***Safe Evasion*** techniques come in to help you protect and escape an aggressive encounter. While the training will guide you through the physical portion of what to do to help you to stay safe and how to perform them. We must first discuss the issues, technicalities and legalities that accompany the decision to physically protect yourself, whether you have a choice or not.

The following chapter will explore the many dynamics, facets and complexities that come with entering a physical interaction with anyone. Let alone a client while in the care of the organization that you provide services for. The desire and protocol of anyone working within your workplace will always help to prevent, avoid and escape from any physical encounter from others that intend to do you harm. For the incidents where we have no other choice but to protect and evade physically, there are safe techniques to achieve those goals.



Even though the Safe Evasion techniques might appear to some to be Martial Arts, we within the healthcare industry do not and will not practice any form of physical martial arts on anyone. When confronted with physical violence by anyone, whether it be a client, family or friend of the client, staff, or intruders, we are dedicated to use the least amount of force in order to remove ourselves from the person or situation. So, what we practice are ***Evasive Techniques***. Evade means leaving, removing ourselves, not trying to overpower, control or conquer the individual we are trying to get away from. The purpose of the Evasive Techniques we practice, is to remove ourselves in order to stay safe, go for help, bring staff back to the situation and create more resources and people in order to effectively confront, control or avoid the situation from becoming worse. This is where the term, "***Evasive Techniques, In Order To Leave***" becomes vital. You're not using Self Defense…We're using "***Evasive Techniques In Order To Leave***."

We also have a responsibility to ourselves and our safety when it comes to finding ourselves confronted by a violent situation or person. We will use the least restrictive measures and attempt to remove ourselves safely and compassionately until the threat becomes too great and we find ourselves fearing for our lives. Once the situation has become so dangerous that we fear for our safety or our lives. Then the responsibility shifts to how we can escape safely while still maintaining some level of care and compassion for the client. The responsibility to keep the other person safe begins to drop the more we fear for our lives. We just must make sure to adequately keep that balance in check when assessing what type of force to use for what type of threat we are faced with. This is one reason why programs like this are important, so we can collectively learn what those nuances and complexities are in relation to what level of threat we feel at the time.

We all hold the absolute right as human beings to stay safe and protect ourselves from those who for whatever reason, would want to harm us. The balance between being able to defend ourselves while keeping the other party safe at the same time is not an easy one to know. If we do the absolute best at keeping our physical responses within the least restrictive measures while keeping ourselves safe at the same time, then we have done everything we can do. The more dangerous and life-threatening the action toward us is, then the measurement for what actions we can take to protect ourselves go up. The restrictions on our responsibility to maintain a safer response for the person threatening us goes down.

“For to win once hundred victories in one hundred battles is not the acme of skill. To subdue the enemy without fighting is the acme of skill.”

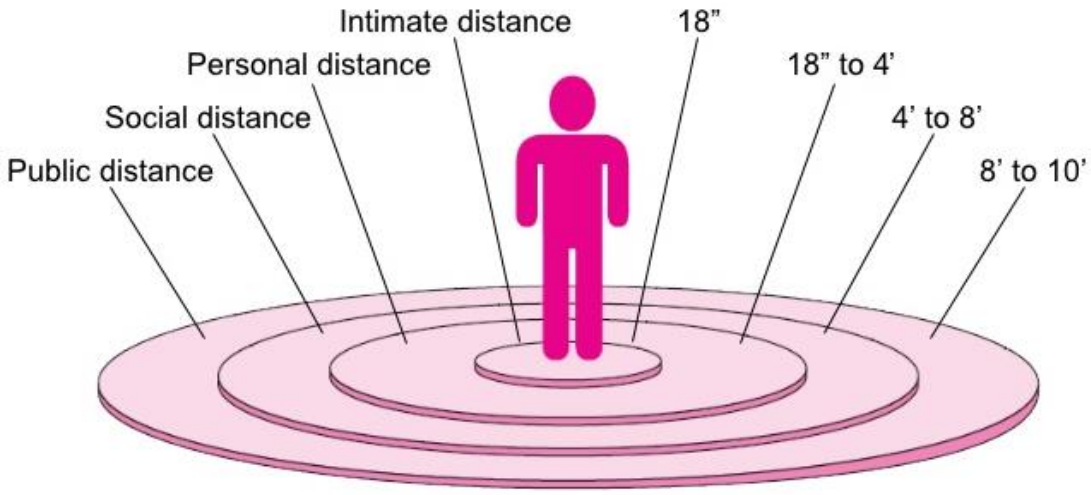
-Sun Tzu

It’s natural for people working within the healthcare field to be compassionate and empathetic to those who at times make the decision to try to harm us. This is the guiding light that sets you apart from caregiving professionals and everyone else. The balance that helps to create that professionalism in the face of danger is something that is developed over time. As long as you learn those principles and practice the best possible reactions to difficult situations, then you are doing your job. Only a select few can perform the critical balancing act that these situations call for within the setting that they have chosen and the empathy you provide will define you as a healthcare professional. Know that balance and you will thrive within your chosen profession.

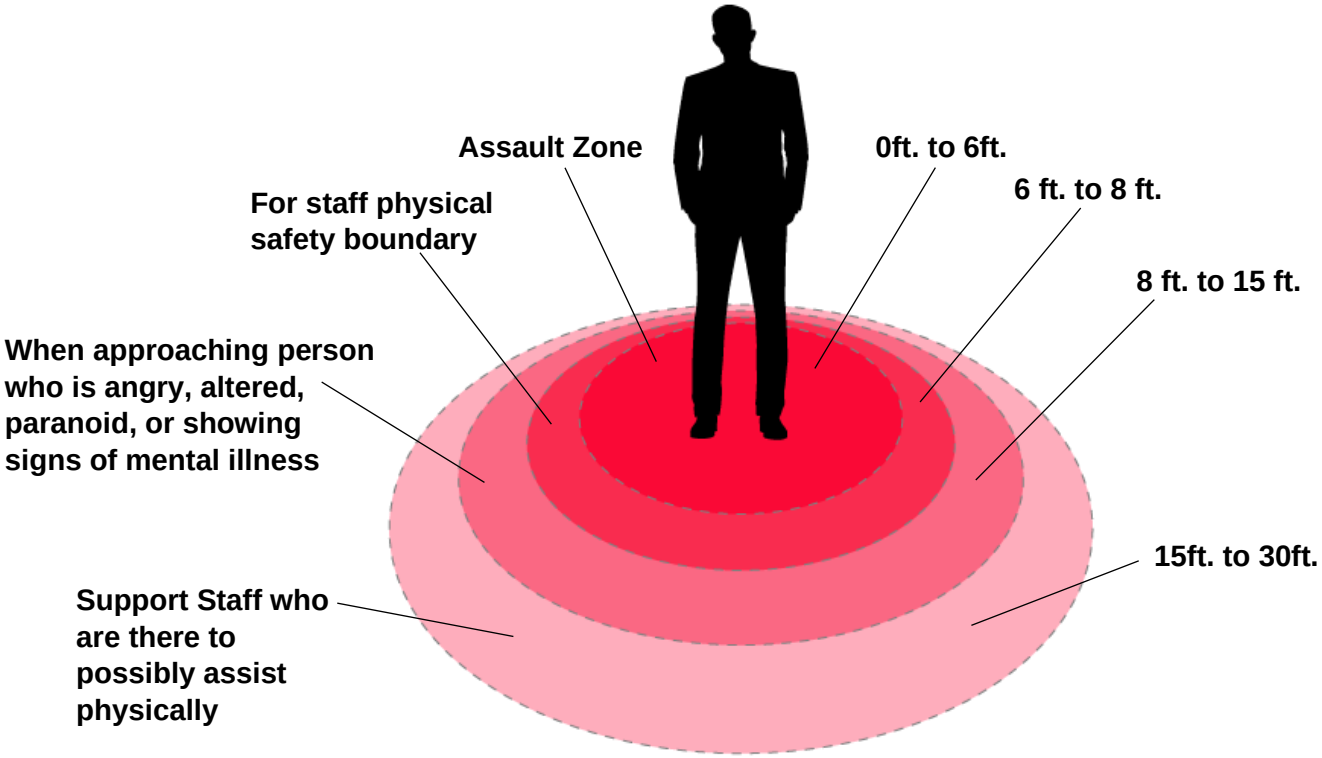
Notes:

The Psychology of Personal space

(Typical Personal Space)



(Personal Space When Dealing With Aggressive Individuals)



Knowledge Check

Meeting the Client's Needs

1. *Describe an event you have observed where a client has become assaultive. Where you believe it could have ended more successfully?*

_____
_____
_____
_____

2. *What do you think were the client's needs that they were trying to communicate?*

_____
_____
_____
_____

3. *Did the staff attempt to identify and then try to meet those needs?*

_____
_____
_____
_____

4. *What could staff have done to reduce the risk of assault?*

_____
_____
_____
_____

It is a good idea to let co-workers where you are at all times and to have a warning signal, or cue that all your co-workers are aware of if you need help, or in the event of a violent situation within your environment

Knowledge Check

Reasonable Responses

To assist you in determining what a "reasonable" response might be, read the following scenarios and classify them according to their level of perception of threat. Write whether they meet the criteria of <u>Imminent Danger to Self or Others</u>, or not, on the lines provided along with what your next action would be regarding the situation.

1. *An elderly woman in a wheelchair in the activity room wheels her chair toward the television, grabs an elderly man by the arm as he attempts to change channels, and pulls him sharply away from the television.*

   _____
   _____
   _____
   _____

2. *An angry adolescent stands directly in front of the social worker, fists clenched, teeth bared, breathing heavily, speaking slowly and deliberately, "you give me a pass right now, or I'll slap your face."*

   _____
   _____
   _____
   _____

3. *A mentally disturbed, hallucinating young adult picks up her chair in the dining room and holds it over the head of the supervising staff. As she swings the chair toward the staff members head, she mutters incoherently.*

   _____
   _____
   _____
   _____

4. *A four-foot tall, slightly built, six-year-old shakes a fist and swings wildly near a twenty-four-year-old, six-foot tall, solidly built staff member, yelling, "I hate you. I'm going to kill you."*

   _____
   _____
   _____
   _____

Chapter 5

Physical Intervention

This final chapter is something of an option when confronting the issue of responding to an individual or situation and is not applicable to every organization. We strive to not place hands on anyone within the workplace when performing our jobs, but sometimes it is a necessary action when confronted with highly agitated and dangerous clients. If your organization is qualified and authorized to or is confronted with individuals who become a clear and imminent danger to themselves or others, and your facility has the legal right to physically respond to assaultive clients. Then the following physical intervention techniques are in line with what is appropriate and safe when containing a person for their safety and for the safety of others.

Teamwork is not only essential in taking on this portion of the program, it is absolutely necessary when the decision is made to control another human being's physical behavior as a result of their actions being an imminent danger to themselves or others that, as well as additional criteria must be in place for the staff to have the right to do so. Every decision or action by the staff should be made as a team in order for there to be a greater justification for the choice to restrict a person's physical movement. If we make a poor decision and it turns out that either the criteria was not present, or the staff acted out of emotions instead from a therapeutic reaction, or if it is determined that the decision was made for convenience, retaliation or punishment. The staff and organization can find themselves on the wrong end of civil lawsuits, criminal charges, loss of trust by the communities they serve and punitive measures by regulatory agencies that allow healthcare facilities to operate as care-giving organizations.

We as healthcare professional are committed to helping others while in their time of need and sometimes that involves controlling physical behaviors and threats with a physical response. The variables are vast and can be unpredictable when it comes to making the right decisions and knowing when to and when not to place our hands-on others for the purpose of controlling their actions for therapeutic reasons within a therapeutic environment. Our jobs are to narrow the grey areas and reduce the unpredictable nature down to a psychological science so that we can consistently bring the right decisions to the table and to those we care for. Teamwork and Training are our best chance at that.

Documentation and Critical Thinking

1. **Who:** Accurate identification of all the people directly involved in the incident.
2. **Where:** an exact description of the location of the incident.
3. **When:** the time frame(s) and date of the incident. Avoid generalizations, such as Monday morning, after dinner, etc.
4. **What:** an accurate **behavioral description** (not interpretation) of what the client did.
5. **How:** a complete description of how the team intervened. This should reflect a hierarchy of interventions from least to most restrictive.
6. **Why:** what did you see; what did you hear; or what did you know, about this client that might explain the motive for the assault. If the signs were not clear or not observed, do not try to guess why the incident happened. A legal decision will be based on the facts you describe, not on your opinions.
7. **Injuries:** if there is any question of injurious contact or impact, clearly address injuries (or their absence) in the report.
8. **Notification:** a statement of who was notified of the incident: physicians, parents, supervisors, social workers, etc.
9. **Follow-Up:** Identification of either a requirement of further action or follow-up, or a voluntary plan for follow up. This is the section to show that you are concerned about the incident, and do not simply accept it as inevitable.

Tips for documentation:

- Avoid technical or industrial jargon
- Be specific
- Avoid words open to interpretation (example: agitation) unless you intend to elaborate
- Do not implicate other staff/accuse of wrongdoing or implicate the hospital
- If it is in writing it happened exactly the way you wrote it.
- If there is a mistake and you omit it, there will be double suspicion.

Do I have a well-developed system for collecting information, devising reasonable interventions, and formulating a workable plan?

Knowledge Check

You have just been called to a staff assist. When you arrive, there are two other staff present. There is a patient seated on the floor holding his nose which is bleeding. There is another patient standing nearby, yelling at him. There are five or six other patients talking excitedly and gathering near the seated patient.

List your thoughts and actions.

_____

_____

_____

_____

Before you graduate to demonstrating and practicing the Physical Evasive Techniques, there are a few rules to remember:

<u>Important rules to keep in mind during the physical portion of the class</u>:

- I agree to respect the physical and emotional boundaries of the other class participants.
- I agree not to be too rough or over-physical with other class participants.
- I agree to be conscious of the other class participant's safety during the training.
- I agree to be conscious of and be responsible for my own limitations regarding any previous or current injuries while performing the physical techniques. If I have any concerns, I will bring it to the attention of my instructor.
- I agree to not engage in horseplay during the class and stick to the techniques taught and approved by the instructor and the VIP Program.
- I agree to take the training seriously and not allow myself to be distracted by electronic devices during class or be distracting to other class participants.
- I agree to not attempt to teach any self-defense or outside techniques to other class participants that are not approved by the instructor and the VIP Program.
- I agree that during any role-playing techniques, I will participate only on my instructor's direction.
- I agree to not challenge the instructor or the physical techniques taught during the class.
- I agree to participate in the physical technique portion to the best of my ability and not attempt to purposefully "sit out" during the required activities.
- I agree to not laugh at, shame or criticize any other class participant during class.
- I agree to take adequate time to warm up and stretch before performing any physical activity and will drink plenty of fluids throughout the day during and following the training.
- I agree to be sensitive to other class participant's feelings during class.
- I agree that any participant can ask to stop during physical techniques at any time, for any reason. As well, if while practicing the physical techniques, my partner asks me to stop the activity, I will take the request seriously and immediately discontinue the activity.
- I agree that I will wear class-appropriate clothing and footwear during the training and will adhere to the requests of the instructor if they direct me to remove any articles that could be unsafe, such as jewelry, lanyards, keys, pins, utility belts, heels or open-toed shoes.

Participant's Signature:_____

Kyōkando

(The Way of Empathy)

The Art of **Kyōkando** translated in Japanese means, **Kyōkan**: (Empathy) together with the word **Do**: (The Way). When we think of what is important to us as professionals when representing the caliber of care that we have dedicated ourselves to provide and the message we wish to represent when working for an organization, one word always comes to mind when describing the kind of care we provide for people and why we do it and that is, **Empathy**. Without it we could not do what we do on a daily basis, so what better name for the service we provide than Kyōkando, (The Way of Empathy). The way you balance the multitudes of daily challenges on a minute by minute basis when at work is nothing less than an art form.

Other martial art forms consist of, Judo (The Gentle Way) and Aikido, (The Way of Harmony and Spirit) just to name a couple, so the artform we practice would then naturally be, Kyōkando, (The Way of Empathy). Now, the belt or level you would like to consider yourself, depends upon the level of empathy you feel you give and the consistent years you have been giving it within your profession, or the amount of recognition you have from your organization and peers as to the greatness of your empathetic personality and only you can be the judge of that.

The symbol for Kyōkando is made up of three sacred guardian animals in front of the Tomoe Wheel, a symbol worn by the ancient Samurai. The first of the spirit animals is the Dragon which represents strength and wisdom, a benevolent force that uses their strength for the good of mankind. The second is the Tiger, the protector, representing courage and honor. The third is of course the Phoenix, overseeing both the Dragon and Tiger. It represents triumph, justice and rebirth or rebuilding of oneself from adversity. Having an artform to guide us is important and although we do not practice martial arts within this program, we do practice the art of Kyōkando.

Notes

Disclaimer:

The author and the publisher, Phoenix Training Group do not dictate policies or procedures for the use of any violence prevention, self-protection or any physical intervention authorized for use by an organization and agency or private individual. The suggestions and options presented in this book are simply that, suggestions or options. Each individual, organization or agency is responsible for developing their own “policies and procedures” regarding the use of violence prevention, self-protection and physical intervention for their personnel and for themselves. Although every effort has been made for this book to be complete and accurate, it is impossible to predict, discuss or plan for every circumstance or situation which might arise in the course of protecting yourself, during any contact, interaction, or intervention with a violent or aggressive person or persons during an assault or crime.

Every reader must always take into consideration his or her experience, physical abilities, professional responsibilities, agency and organization procedures and local, state, and federal legal requirements. Each reader must evaluate the recommendations and techniques contained in this book and decide for themselves which should be used and under what circumstances. Each reader assumes risk of loss, injury, and damages associated with this book and use of information obtained in it. The author and publisher, Phoenix Training Group, cannot guarantee or warrant the legal, medical, tactical, or technical suggestions and options in this book. Any implied warranties are expressly disavowed.

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