



WORKPLACE VIOLENCE PREVENTION & VERBAL DE-ESCALATION



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WORKPLACE VIOLENCE PREVENTION TRAINING OBJECTIVES:

- Understanding your role
- Identify types of difficult customers
- Verbal de-escalation techniques: what, why & how
- Understanding triggering events
- Recognizing the warning signs
- Conflict prevention and environment safety
- Suspicious behavior recognition
- **Changing a Culture!**

TWO WORDS BRING ME HERE

**VICARIOUS
LIABILITY**

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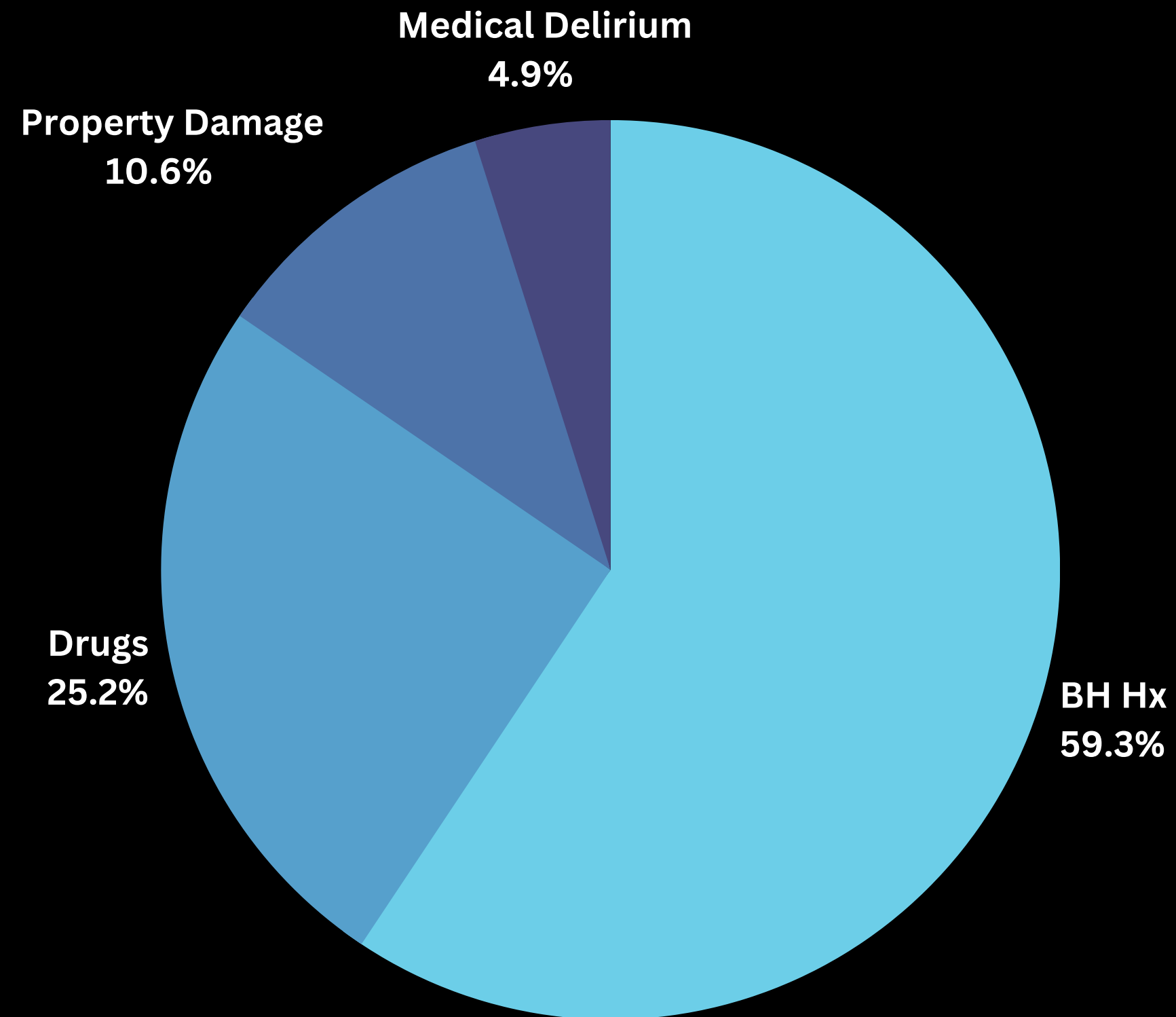
Workplace Violence Prevention Initiatives



STATISTICS DRIVE CHANGE

- How is your organization tracking incidents of violence reported?
- Who is looking at the data? How often?
- Dedicated WVP Director or Committee?
- Process to change protocols?

CONTRIBUTING FACTORS TO VIOLENCE FY23Q2





WORKPLACE VIOLENCE PREVENTION PROGRAMS:

MULTIPLE LAYERS

- RUN, HIDE, FIGHT training - Drill monthly
- Patient Charting system provide alerts for patients at risk for violence
- Violence-precaution safety signs for patient room doors
- WVP training for all staff tailored to high vs medium -risk areas
- Proper access controls
- Desk and wall-mounted panic alarms
- Video surveillance
- Adequate lighting
- Hospital based security officer training
- Personal safety alarms & communication devices



WORKPLACE VIOLENCE PREVENTION

- **Public area signage**
- **Security escort to vehicles**
- **Legal support for filing criminal charges**
- **Post-incident emotional support**
- **System wide WVP review procedures**
- **System wide protocols for patient restraints and maneuver, seclusion**
- **Safety/Behavior Contracts -**
- **Bar notices, trespass orders, discharge from care notices (LAST RESORT)**
- **Is there a process in place?**



AGGRESSIVE VISITORS POLICY

**Visitation is a privilege not a right.
Inappropriate behavior should be
addressed, after which visitors can be
barred from premises for violating.**



WORKPLACE VIOLENCE PREVENTION: CLINICIANS OWN THIS TOO!

- Are patients being effectively medically treated for symptoms of agitation?
- CIWA protocol- Are alcohol detox protocols well followed?
- Did you set limits? Safety Contracts are effective tools to do so.
- If you're the victim of assault- did you report?
- 911 as appropriate
- Security & leadership notification
- Incident/Safety/Internal report
- Clinical team notification



**#1 RULE FOR STAYING SAFE:
SITUATIONAL AWARENESS**



WORKPLACE VIOLENCE PREVENTION:

BENEFITS OF VERBAL DE-ESCALATION

- Staff and patient safety
- Increased professionalism
- Decreased complaints
- Decreased vicarious liability
- Legal justification for use of defensive force



**We treat people like ladies and gentlemen, not
necessarily because they are, but because we are!**

WORKPLACE VIOLENCE PREVENTION:

TRIGGERING EVENTS

- Job Performance
 - Reprimand, termination or layoff
 - Performance Evaluation
- Personal Loss
 - Loss of control – real or perceived
 - Financial troubles
 - Separation, divorce, or a death
 - Health issues – chronic pain, poor prognosis, addiction, inconsistent general medical care
- Mental Health
 - Depression
 - Anxiety
 - Loss of self worth
 - Trauma / PTSD
- “Injustice collectors”
 - Will not forget or forgive those wrongs or the people he/she believes are responsible





WORKPLACE VIOLENCE PREVENTION: REALITY IS

- It is all about perception
- It is estimated that if one person witnessed one negative action by an employee, he/she will tell 17 people about it. What happens when your actions are witnessed by 10, 50, 100 people?
- Like it or not, you DO represent your organization. What kind of representative do you want to be?



WORKPLACE VIOLENCE PREVENTION:

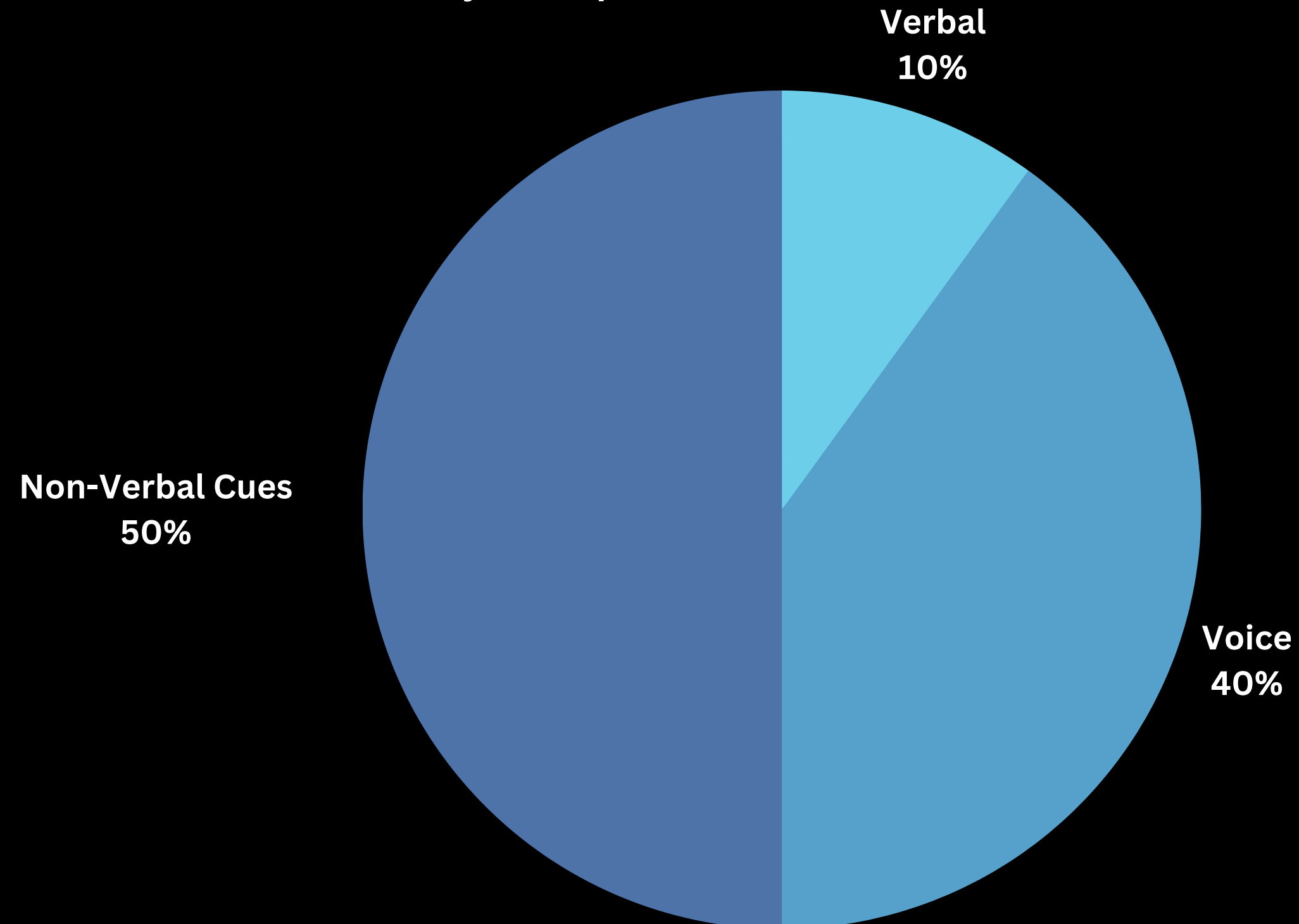
RESPONSE OPTIONS

You can't control what happens, but you can control how you respond

- **Be empathetic**
- **This isn't personal**
- **Sometimes, silence is the best approach**
- **Establish rapport from the start...**
- **Acknowledge**
- **Connect**
- **Thank people when you can**

WORKPLACE VIOLENCE PREVENTION: COMPONENTS OF COMMUNICATION

Communication has three major components:



WORKPLACE VIOLENCE PREVENTION:

VERBAL

Verbal Communication or the words we choose account for roughly 10% of the overall communication process. The words we choose can escalate or de-escalate a situation.

- **Escalating**

- “Calm down!”
- “Come over here!”
- “What’s your problem?”
- “I’m not going to say that again”
- “You people...”
- “Because these are the rules”
- “You should have done...”
- “You can talk to the manager, but she/he will say the same thing.”

- **De-Escalating**

- “Excuse me sir, can we talk?”
- “Would you mind assisting me?”
- “What can I do to help?”
- “Can we come up with a plan together?”
- "I see that you're upset"
- "I understand that you're angry."

WORKPLACE VIOLENCE PREVENTION:

VOICE

- The voice we use and the way in which we use our words, accounts for roughly 40% of the communication process. When a person is frustrated, upset or excited it is often reflected in their voice
- Escalating
 - Pitch gets higher
 - Volume increases
 - Faster pace
- De-Escalating
 - Speak softly
 - Lower volume
 - Speak more slowly
- Effective verbal de-escalation technique requires the “art” of speaking softly, lowering our volume, and slowing down while expressing empathy. It works and often leads agitated individuals to follow suit
 -

WORKPLACE VIOLENCE PREVENTION:

Non-verbal cues, also known as body language, contribute to roughly 50% of communication

- **Escalating**
 - **Chest puff**
 - **Facial wipe**
 - **Pacing**
 - **Glazed expression**
 - **Excessive hand and head movement**
 - **1,000 yard stare**
 - **Fist clenching**
 - **Folding Arms**
- **De-Escalating**
 - **Open arms/hands**
 - **Make eye contact**
 - **Do not look at clock/watch**
 - **Head bobbing in acknowledgement**
 - **Maintaining a safe distance (don't get in personal space)**



WORKPLACE VIOLENCE PREVENTION

ACTIVE LISTENING

The process of communication is two-sided. You should not just listen to what is being said but take the time to understand what is being said.

- These active listening skills are a valuable tool and will enhance your ability to understand what the other person is saying and hearing.
 - Hear what they are saying
 - Internalize what they are saying
 - Reaffirm what they are saying - paraphrase and repeat.
 - Seek verification of your interpretation



WORKPLACE VIOLENCE PREVENTION

PERSONALITY CATEGORIES OF PEOPLE

Three Categories of People:

- **“Nice people”** - Cooperates and complies with request.
- **“Difficult people”** - Needs to know why. What’s in it for them?
 - **Drunk**
 - **Rude**
 - **Angry**
 - **Entitled**
 - **Abusive**
- **“Back Stabbers”** - Difficult to identify, initially appear to cooperate but then turn on you.



Active Listening



WORKPLACE VIOLENCE PREVENTION

ACTIVE LISTENING

- The process of communication is two-sided. This means that aside from verbalizing and expressing one's thoughts and words, you should not just listen to what is being said, but take the time to understand what is being said.
- These active listening skills are a valuable tool and will enhance your ability to understand what the other side is saying and hearing.
 - Hear what they are saying
 - Internalize what they are saying
 - Repeat what they are saying
 - Seek verification of your interpretation



WORKPLACE VIOLENCE PREVENTION

ACTIVE LISTENING

- Acknowledge feelings and issues the other person is experiencing
- Provide opportunity for them to tell you if you're wrong
- Display empathy
- Provide empathetic body language:
 - Neutral stance, arms relaxed at side, facing at a slight angle, safe distance
- Use language that acknowledges their feelings- "Pain is your most urgent concern, am I correct about what I am seeing?" or "I understand that you're angry."



WORKPLACE VIOLENCE PREVENTION

ACTIVE LISTENING

- **Maintain respect and validate the emotions you have recognized**
- **Show that you understand the other person's point of view and can empathize with their situation**
- **Use language like "I know it's frustrating when you're in a lot of pain" or "I also get annoyed when I get slowed down too."**



WORKPLACE VIOLENCE PREVENTION

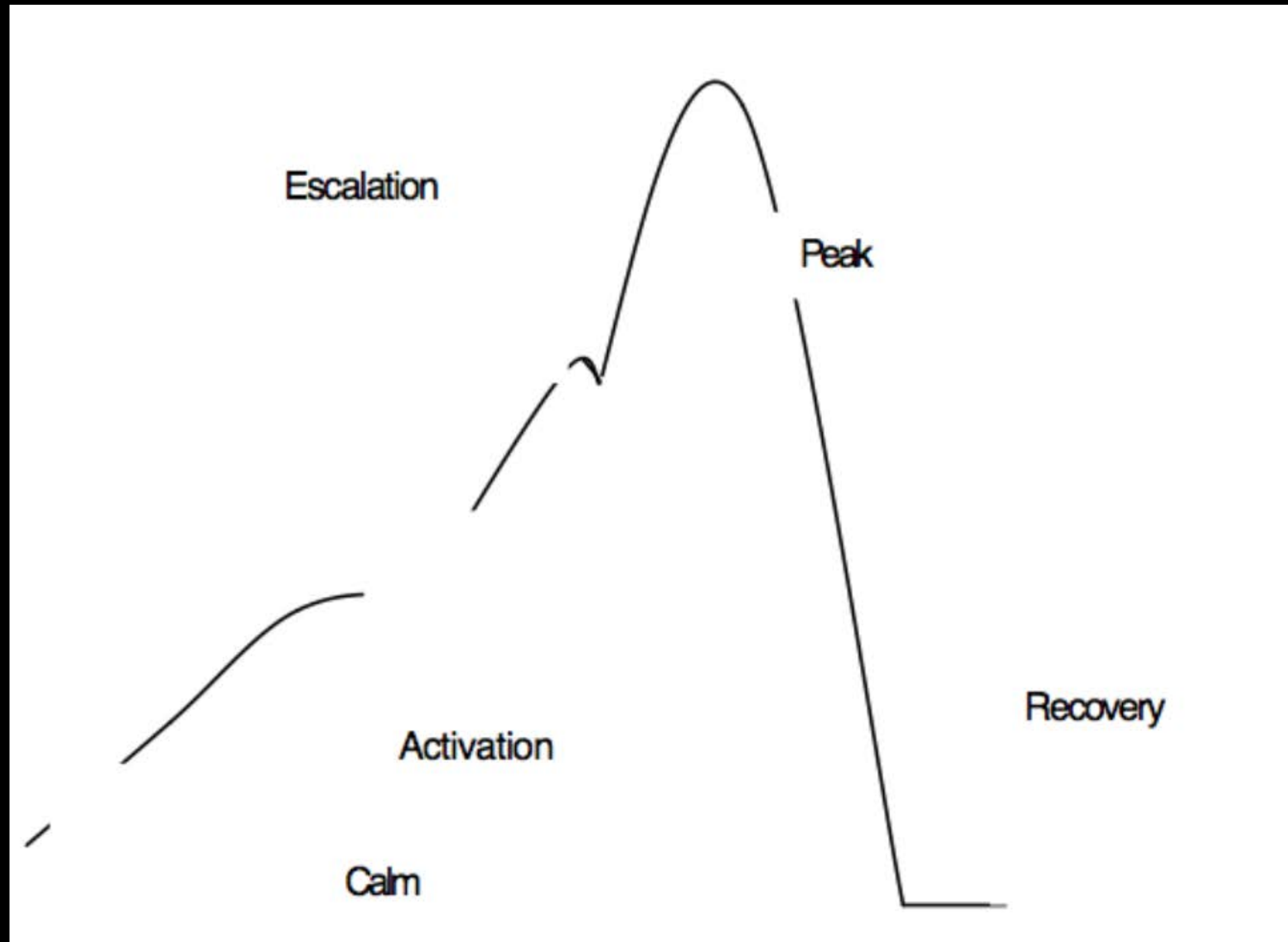
ACTIVE LISTENING

- Offer clear options or choices for moving forward
- Set the context and offer concrete next steps
- Context should include reasons for your response (policy, safety, etc)
- Use language like "You received pain medications an hour ago, I'll call the doctor to see if there are additional things we can do to help relieve your pain"
- Provide other options and ask their approval/acceptance of the plan



Behavioral Continuum And Trauma Informed Care

WORKPLACE VIOLENCE PREVENTION: BEHAVIOR CONTINUUM





WORKPLACE VIOLENCE PREVENTION

BEHAVIOR CONTINUUM

Calm:

- A person not showing or feeling nervousness, anger, or other emotions
- Appropriate staff response - courteous interaction
- What do courteous interactions look like?
 - Watch for your own sarcasm or under the breath comments
- Why is it rare that a person would arrive at the hospital in this phase of the continuum?
 - They are in crisis
 - Precipitating factors
 - Triggers



WORKPLACE VIOLENCE PREVENTION

BEHAVIOR CONTINUUM

Activation:

- **Activation is the point on the continuum where the person begins**
- **to feel emotion, but still has control of their behavior and the ability to reason and cope**
- **Behavior associated with crisis phase - Anxiety**
- **Appropriate staff response - Supportive with spatial and situational awareness**
- **Ways to be supportive:**
 - **Proactively manage the environment**
 - **Reserve judgment - Active Listening**
 - **Validate their feelings - Look for “signs”**



WORKPLACE VIOLENCE PREVENTION

BEHAVIOR CONTINUUM

Peak:

- **Peaking is the most volatile point in the continuum. The person has lost ability to reason and cope at this point and has become dangerous to themselves or others**
- **Crisis development behavior - Release**
- **Appropriate staff response - Safe Physical Crisis Intervention - Safely evacuate the area and seek additional resources.**
 - **DO NOT FREEZE**
 - **DO NOT OVERREACT PSYCHOLOGICALLY OR PHYSICALLY**
 - **DO NOT RESPOND INAPPROPRIATELY (personal space, body language, facial expressions, voice tone/inflection, choice of words)**

WORKPLACE VIOLENCE PREVENTION:

TRAUMA INFORMED CARE

- **Define Trauma:**
 - **Psychological trauma is the deep emotional response to an extremely negative event**
 - **The three E's: Events, Experiences and Effects that affect an individual**
- **Individuals are just that: individuals. Each person is different.**
- **Trauma affects cognitive, physical, emotional, and all other aspects of a person's life. Each person is affected differently.**
- **Assessment, support, and proper intervention assist in creating better therapeutic environment.**

WORKPLACE VIOLENCE PREVENTION:

TRAUMA INFORMED CARE

- **Goals:**
 - Engage all care providers with the patient's history of trauma
 - Recognize the signs and symptoms of trauma
 - Acknowledge the role of trauma in the patient's life and develop individualized plan of care treatment
- **Principles of TIC:**
 - Safety, Trustworthiness, Choices, Collaboration, Empowerment
- Takes into account the knowledge of trauma and disseminate that knowledge to everybody involved in the patient's care
- Recognize how traditional approaches may re-traumatize the patient
- Person-centered Approach: what is best for this individual?



Verbal De-Escalation

VERBAL DE-ESCALATION:

THE FIVE PRINCIPLES BEHIND R.A.P.

- **Ask:** Don't demand! Most difficult people will not cooperate at this point.
- **Set the context:** Explain policy/law, provide logical explanation, most (roughly 70%) of difficult people will cooperate at this point.
- **Provide options:** If the person has something to gain or lose, you can use that to persuade them. 9 out of 10 difficult people will cooperate at this point.
- **Confirmation:** Allows a person to keep face. Offer to do something for them if they do what you asked them to do.
- **Act:** If the person is still resistant it may be time to move to the next level.
- These techniques will generate compliance 90% of the time and provide legal validation for escalation of defensive force if needed as well as increase positive feedback and reputation by administration.
- Effective intervention and outcomes reflect a collaborative and cohesive effort.

VERBAL DE-ESCALATION:

SIMPLY ASK

- At this point your professional, genuine, yet assertive request for compliance is all that is needed.
- Framed in a polite, caring and respectful manner the receiver will follow suit.
- Remember: “nice people” does not refer to personality, but rather compliance level. Most “nice people” will comply at this level.
- Understand the difference between rude and threatening. If you feel threatened, immediately escalate to Supervisor or Security

VERBAL DE-ESCALATION:

SET THE CONTEXT

- When asking is not enough, ask in context of what is important to the person
- 70% of difficult people will comply at this level
- Context refers to a logical explanation, such as regulation, safety, common welfare of people around
- It has to resonate with the receiving party

VERBAL DE-ESCALATION:

PROVIDE OPTIONS

- If asking and context did not work, you can attempt to “bargain” with the receiving party
- 9 out of 10 difficult people will comply at this level
- Options should be options that work for YOU! However, by providing the receiving party with the ability to choose out of free will, they may be more inclined to comply

VERBAL DE-ESCALATION:

CONFIRMATION

- True last step prior to escalating the response options
- Goal is to allow the person being addressed to save face, especially in a social setting
- This is typically accomplished by offering to do something for them in exchange for their compliance
- A balance should be stricken that allows the employee to do something for the other entity without losing his own sense of worth or future respect of others (may lead to being taken advantage of in the future)

VERBAL DE-ESCALATION:

ACT

- All of your steps did not suffice and the difficult person is still non-compliant
- The first step in “escalating” response option is excusing yourself from the situation and seek assistance from your supervisor or charge nurse. This will allow for the next level of leadership to get involved, provide for a learning opportunity, and accomplish the desired results:
 - Increase public positive professional perception
 - Decrease vicarious liability
 - Decrease complaints and provide for a positive outcome
- Act refers to safety. Take whatever means necessary to assure you or those around you are not in danger



Crisis Intervention

CRISIS INTERVENTION:

ROLE OF CLINICAL STAFF

- **Nowhere in the rules does it say that you have to be a punching bag!**
- **There may come a time where a person abandons the title of “patient” and becomes a “criminal” when they make a threat or put their hands on you inappropriately.**
- **When they cross that line, use all available tools including pressing charges, bar notices, etc.**

CRISIS INTERVENTION:

DEFINITIONS

Workplace Violence: Violence or the threat of violence against workers

- **Outsiders (Type 1) : Someone who has no legitimate relationship with the victim or workplace and usually enters the workplace to commit a robbery or other criminal act.**
- **Patient/Visitor (Type 2): Someone who is a recipient of a service provided by the affected workplace or victim. Majority of workplace violence in healthcare.**
- **Employee (Type 3): Someone who has an employment-related relationship with the workplace victim. You may have current or former employees in this situation.**
- **Employee-related outsider (Type 4): Someone who is possibly a current or former spouse/lover, a relative, acquaintance or some other person who has a dispute involving an employee of the workplace.**

CRISIS INTERVENTION:

PREVENTION & SAFETY

- **Intelligence Gathering:** Know before you go! History of violent behavior, medical treatment or medications that could alter behavior, known triggering events, communicable diseases (PPE)?
- **Buddy System / Two Person Entry:** Only one person communicates with the person to avoid confusion. The second person is there to aid and support as needed.
- **Spatial and Situational Awareness:** Know and maintain unobstructed egress. Your exit must be easy and clear.
- **Clothing and tools:** “Tools of the Trade,” such as sharps, flashlights, badges and lanyards can be used as a weapon against you. Remove items not required when dealing with an aggressive person. Be observant for “weapons of opportunity.”
- **Capability, Motivation, OPPORTUNITY:** It is generally accepted that for a violent attack to take place, the attacker needs: motivation, capability, and opportunity. Of those, Opportunity is the only variable we can affect and control. By minimizing the opportunity, we can greatly increase safety.



CRISIS INTERVENTION

USE OF DEFENSIVE FORCE

- Non-physical intervention is the intended initial response. When non-physical intervention proves futile and/or there is an immediate and significant threat of physical violence, you should leave the situation and defend yourself as necessary with the intent of escaping the attack (RUN HIDE FIGHT)
- It is imperative that whenever non-physical or physical intervention is used, the dignity and worth of the individual is to be respected. Therefore, the defensive force used to stop a threat should be in direct relation to the force used to initiate the threat, using the least amount of defensive force required to stop the threat.

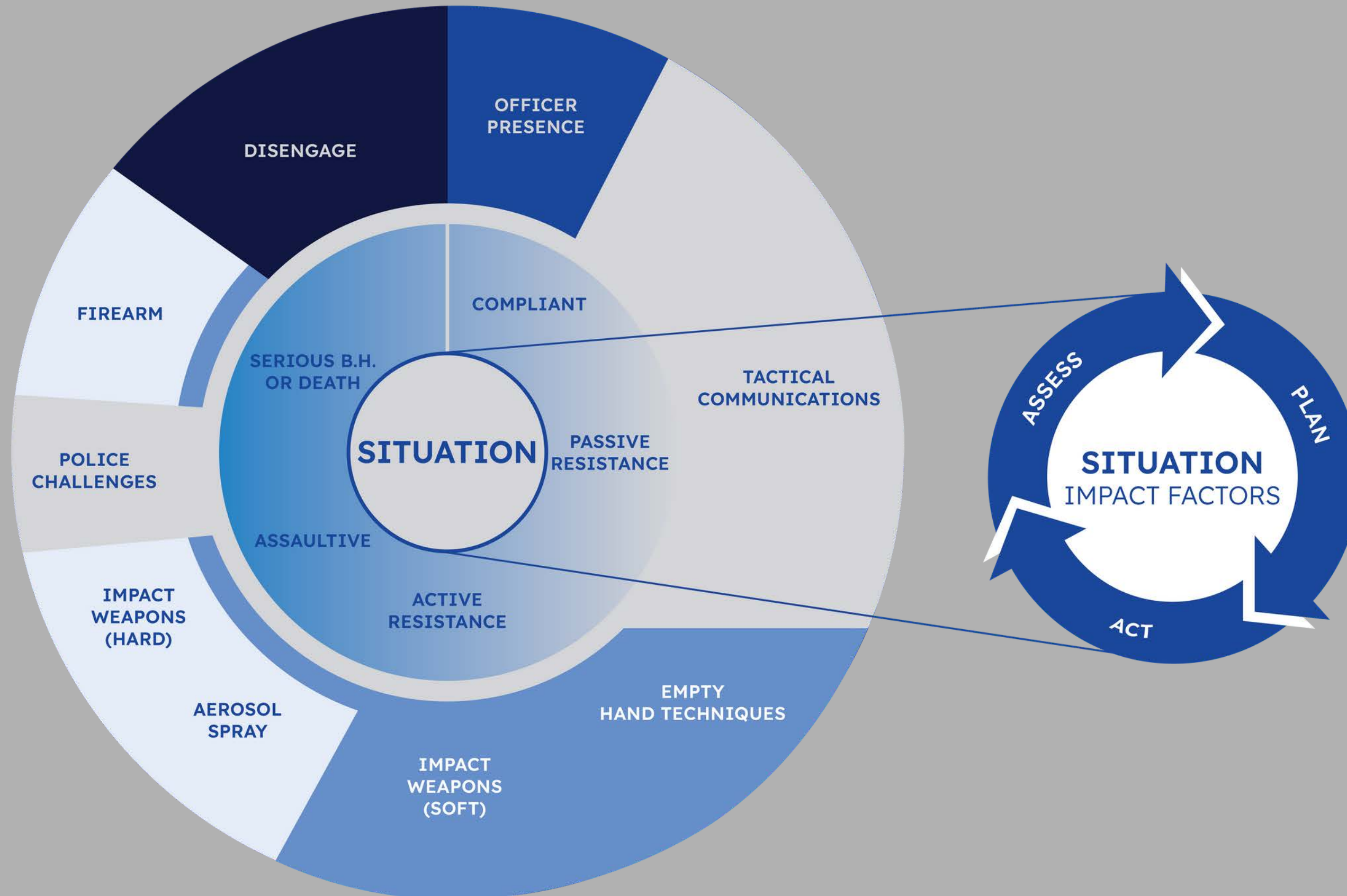


CRISIS INTERVENTION

TERMS

- **Use-of-Defensive-Force Policy (or UODF)** is designed to protect the safety and security of patients, visitors, security, support and other staff members.
- **“Totality of Circumstances”** standard test supports that there is no single factor, one must consider all contributing factors, circumstances, context, and conclude from the whole picture the response option was appropriate, and whether a person acted under color of law.
- **Any use of defensive force must be documented.** Documentation should include full details and explanation of the **“Totality of Circumstances”** defined by the Use Of Force Continuum.

CRISIS INTERVENTION USE OF FORCE CONTINUUM





Recognizing Suspicious And Potentially Aggressive Actions & Behaviors





If Workplace Violence Affects You



IF YOU BECOME A VICTIM OF WORKPLACE VIOLENCE

- If you are physically or emotionally harmed, please report to Occupational Health
- Complete internal reports as soon as possible.
- Always report any event involving workplace violence, no matter how minor, to your supervisor or manager and enter into internal reporting system.



IF YOU BECOME A VICTIM OF WORKPLACE VIOLENCE

- If physically assaulted do you encourage staff to file a police report
- **TEAM LEADERS:** Highly encouraged to initiate the 911 call
- Does your organization offer legal resources available to support employees when pressing charges and going to court



IF YOU BECOME A VICTIM OF WORKPLACE VIOLENCE

- Counseling / Therapy
- Formal incident review / debriefing
- Do not hide injuries
- Do not downplay the incident
- Who is your internal resource for employee guidance?



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