



MANAGEMENT OF  
ASSAULTIVE BEHAVIOR  
(MAB) AB 508  
WORKPLACE VIOLENCE PREVENTION  
CERTIFICATION PROGRAM

# COURSE OBJECTIVES

- To get certified so you can get back to work and to get out early.
- Safety for You, for the individual who is escalated along with anyone else in the area who may be in jeopardy.
- 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.

# COURSE OBJECTIVES

- 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.
- Legalities and liabilities of defending yourself.
- To learn ways to protect yourself when an individual becomes aggressive.

## COURSE INTRODUCTION

This course was designed in compliance with OSHA, SB 1299 and AB 508. Completing this course will grant the student up to four (4) Continuing Education Units (CEUs) through the California Board of Registered Nursing (CE Provider Number 17260).

# COURSE INTRODUCTION

All hospital employees regularly assigned to the emergency department are required to receive training and education relating to various security topics, including, but not limited to, general safety measures, aggression and violence predicting factors, and verbal and physical maneuvers to diffuse or avoid violent behavior, by January 1, 1995, and on a continuing basis thereafter as provided for in the security plan of the hospital. Prescribed medical and other staff are also required to receive the same security training or training determined sufficient pursuant to the security plan of the hospital.

## COURSE INTRODUCTION

All general acute care, acute psychiatric, and special hospitals are required to conduct a security and safety assessment and to develop a security plan. This includes reporting of any act of assault or battery, as defined, against any on-duty hospital personnel to the local enforcement agency within 72 hours and would make any individual knowingly interfering with or obstructing the reporting process guilty of a misdemeanor, thereby imposing a state-mandated local program.

## COURSE INTRODUCTION

In addition, it is required that the negotiator consider the ability of the contracting hospital to provide a secure environment for the provision of health care services, as prescribed.



## COURSE INTRODUCTION

Violence is an escalating problem in hospital emergency departments throughout California and the nation. The emergency department is particularly vulnerable to violence because of its accessibility to all members of the public. The emergency department is open 24 hours a day, seven days a week, to anyone desiring care.

## COURSE INTRODUCTION

During the past few years in California, deaths to nurses and other health care workers occurred in emergency rooms, psychiatric hospitals, and community mental health clinics. Actual incidence of the problem in all types of health care facilities is greater than documented because of failure to report or failure to maintain records of incidents that are reported.

# COURSE INTRODUCTION

All hospitals shall conduct a security and safety assessment and, using the assessment, develop a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior. The security and safety assessment shall examine trends of aggressive or violent behavior at the facility. These hospitals shall track incidents of aggressive or violent behavior as part of the quality assessment and improvement program and for the purposes of developing a security plan to deter and manage further aggressive or violent acts of a similar nature.

# COURSE INTRODUCTION

The plan may include, but shall not be limited to, security considerations relating to all of the following:

- (1) Physical layout
- (2) Staffing
- (3) Security personnel availability
- (4) Policy and training related to appropriate responses to violent acts



# COURSE INTRODUCTION

In developing this plan, the hospital shall consider any guidelines or standards on violence in health care facilities issued by the state department, the Division of Occupational Safety and Health, and the federal Occupational Safety and Health Administration. As part of the security plan, a hospital shall adopt security policies including, but not limited to, personnel training policies designed to protect personnel, patients, and visitors from aggressive or violent behavior.

# COURSE INTRODUCTION

The individual or members of a hospital committee responsible for developing the security plan shall be familiar with all of the following:

- (1) The role of security in hospital operations.
- (2) Hospital organization.
- (3) Protective measures, including alarms and access control.

# COURSE INTRODUCTION

- (4) The handling of disturbed patients, visitors, and employees.
- (5) Identification of aggressive and violent predicting factors.
- (6) Hospital safety and emergency preparedness.
- (7) The rudiments of documenting and reporting crimes, including, by way of example, not disturbing a crime scene.

# COURSE INTRODUCTION

The hospital shall have sufficient personnel to provide security. Persons regularly assigned to provide security in a hospital setting shall be trained regarding the role of security in hospital operations, including the identification of aggressive and violent predicting factors, and management of violent disturbances.



## COURSE INTRODUCTION

Any act of assault against any on-duty hospital personnel shall be reported to the local law enforcement agency within 72 hours of the incident. Any individual knowingly interfering with or obstructing the reporting process shall be guilty of a misdemeanor.

# COURSE INTRODUCTION

All hospital employees regularly assigned to the emergency department shall receive, by July 1, 1995, and thereafter, on a continuing basis, security education and training relating to the following topics:

- (1) General safety measures.
- (2) Personal safety measures.
- (3) The assault cycle.
- (4) Aggression and violence predicting factors.
- (5) Obtaining patient history from a patient with violent behavior.

# COURSE INTRODUCTION

(6) Characteristics of aggressive and violent patients and victims.

(7) Verbal and physical maneuvers to diffuse and avoid violent behavior.

(8) Strategies to avoid physical harm.

(9) Restraining techniques.

(10) Appropriate use of medications as chemical restraints.

(11) Any resources available to employees for coping with incidents of violence, including, by way of example, critical incident stress debriefing or employee assistance programs.

## COURSE INTRODUCTION

Members of the medical staff of each hospital and all other practitioners, including, but not limited to, nurse practitioners, physician assistants, and other personnel, who are regularly assigned to the emergency department or other departments identified in the security plan shall receive the same training as that provided to hospital employees or, at a minimum, training determined to be sufficient pursuant to the security plan.

# COURSE INTRODUCTION

Temporary personnel shall be oriented as required pursuant to the security plan. This section shall not be construed to preempt state law or regulations generally affecting temporary personnel in hospitals.



# COURSE INTRODUCTION

The factors to be considered by the negotiator in negotiating contracts under this article, or in drawing specifications for competitive bidding, include, but are not limited to, all of the following:

- (a) Beneficiary access.
- (b) Utilization controls.
- (c) Ability to render quality services efficiently and economically.
- (d) Demonstrated ability to provide or arrange needed specialized services.
- (e) Protection against fraud and abuse.

# COURSE INTRODUCTION

(f) Any other factor which would reduce costs, promote access, or enhance the quality of care.

(g) The capacity to provide a given tertiary service, such as specialized children's services, on a regional basis.

(h) Recognition of the variations in severity of illness and complexity of care.

(i) Existing labor-management collective bargaining agreements.

(j) The situation of county hospitals and university medical centers contracting with counties for provision of health care to indigent persons entitled to care under Section 17000, which are burdened to a greater extent than private hospitals with bad debts, indirect costs, medical education programs, and capital needs.

## COURSE INTRODUCTION

(k) The special circumstances of hospitals serving a disproportionate number of Medi-Cal beneficiaries and patients who are not covered by other third-party payers, including the costs associated with assuring an adequate supply of registered nurses.

(l) The costs of providing complex emergency services, including the costs of meeting and maintaining state and local requirements for trauma center designation.

# COURSE INTRODUCTION

(m) The hospital does any of the following:

- (1) Provides additional obstetrical beds.
- (2) Contracts with one or more comprehensive perinatal providers.
- (3) Permits certified nurse midwives, subject to hospital rules, and consistent with existing laws and regulations, to admit patients to the health facility.
- (4) Expands overall obstetrical services in the hospital.



# COURSE INTRODUCTION

(n) The special circumstances of hospitals whose Medi-Cal inpatient utilization rate exceeds the mean Medicaid inpatient utilization rate by at least one-half of one standard deviation.

(o) The ability and capacity of the contracting hospital in a closed health facility planning area to provide health care services to beneficiaries who are in life threatening or emergency situations but have been sufficiently stabilized at another noncontracting facility in order to facilitate transportation to the contracting hospital.

# COURSE INTRODUCTION

(p) The ability of the contracting hospital to provide a secure environment for the provision of health care services. In this regard, the negotiator shall consider additional security measures that the contracting hospital may have taken to provide a secure environment, including, but not limited to, the use of detection equipment or procedures to detect lethal weapons, the appropriate use of surveillance cameras, limiting access of unauthorized personnel to the emergency department, installation of bullet proof glass as appropriate in designated areas, the use of emergency "panic" buttons to alert local law enforcement agencies, and assigning full-time security personnel to the emergency department.

A 3D rendered white figure is shown from the waist up, holding a magnifying glass over a white egg. The figure is positioned in the center-left of the frame. The magnifying glass is held over the egg, which is slightly to the right of the figure's head. A large black rectangular text box is overlaid on the center of the image, containing the text 'PART ONE - RECOGNITION' in white, uppercase letters. The background is a dark gray gradient with various white circular and dashed lines, suggesting a technical or scientific theme. The overall composition is clean and modern.

# PART ONE - RECOGNITION

# INTRODUCTION

You are at work, minding your own business, until suddenly someone comes in and they are visibly upset. As a courtesy, you ask if they are okay. They aren't. They unload their frustration on you. You try to console them, but it does not work; If anything, they just become more upset: they start yelling and using coarse or—worse of all—threatening language. So, what should you do?

# INTRODUCTION

It is not uncommon for any workplace to experience some sort of hostility. Escalated events that may lead to physical violence such as “bad blood” between co-workers, jilted exes or estranged family members, or enraged clients/customers/patients can trigger the “Fight-or-Flight” response in all persons involved in the reciprocal side of the situation. It is normal and extremely valid to feel scared, but it is our duty to protect not only ourselves but everyone around us from potential harm. Sometimes, this includes the aggressor, too.

# INTRODUCTION

This is the **TRICKIEST** part of the situation as everyone has different thresholds for threatening behavior. If your decision as a recipient of aggressive behavior is to Defend and/or Subdue, it is **IMPERATIVE** your choice(s) is **ABSOLUTELY JUSTIFIED**, otherwise you and your workplace (but mostly you) will have **BROKEN THE LAW** and *can be faced with a lawsuit!*



# OBJECTIVES

Effective workplace safety from hostile situations can be broken down into three main objectives:

1. RECOGNIZING POTENTIAL PROBLEMS AHEAD OF TIME
2. UNDERSTANDING WHY INDIVIDUALS BECOME AGGRESSIVE
3. DE-ESCALATING AN UPSET INDIVIDUAL/SITUATION BEFORE IT'S TOO LATE

# THE FOUR CATEGORIES OF WORKPLACE VIOLENCE

Type I: Violent acts by people who have no connection with the workplace, other than to commit a crime.

Type II: Violence directed at employees by customers, clients, patients, inmates, or others for whom an organization provides services to.

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

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

# CRITERIA NEEDED FOR SECLUSION & RESTRAINTS & PHYSICAL INTERVENTION

- IMMEDIATE DANGER TO SELF
- IMMEDIATE DANGER TO OTHERS



# PERCEIVED THREAT

- Perceived Threat is what activates our own psychological responses which determine our decisions of whether to Escape, Defend Ourselves, or Subdue an Individual when faced with a Crisis, or responding to a potentially dangerous situation within our environment.
- Perceived Threat is what determines our decision of whether either Criteria is met and whether to take an individual down or not. It has to be the most precise decision possible. If the decision is wrong and criteria is not met, then we have Broken the Law and Violated someone's Human and Civil Rights.
- Perceived Threat along with D.T.S. & D.T.O. is one of the largest Grey Areas in our field and the most Dangerous. Everyone has a Different Perception of Threat and that leaves Everything up for Interpretation.

# PERCEIVED THREAT

- If one person makes the decision whether to take an individual down, or intervenes either verbally or physically, there's less than a 50/50 chance that it will be the right decision, or that the incident will go well.
- If a Team makes the same decision, then it goes up to around 80 to 85 % that it will be the right decision, or that the incident will go well.



# WHAT ARE SOME OF THE IDENTIFIED REASONS FOR VIOLENCE WITHIN THE HEALTHCARE SETTING?

- One person initiated the wrong decision, or One person intervened into the situation either verbally or physically by themselves, creating a Power Struggle.
- One person, or a group of people entered the situation too early, unorganized, without enough information, without enough people, or without a plan.
- The High Acuity or the Negative Energy Level of the facility, unit or individuals within the milieu.
- The state of our economy has produced a much higher need for outside healthcare and behavioral health help and resources.

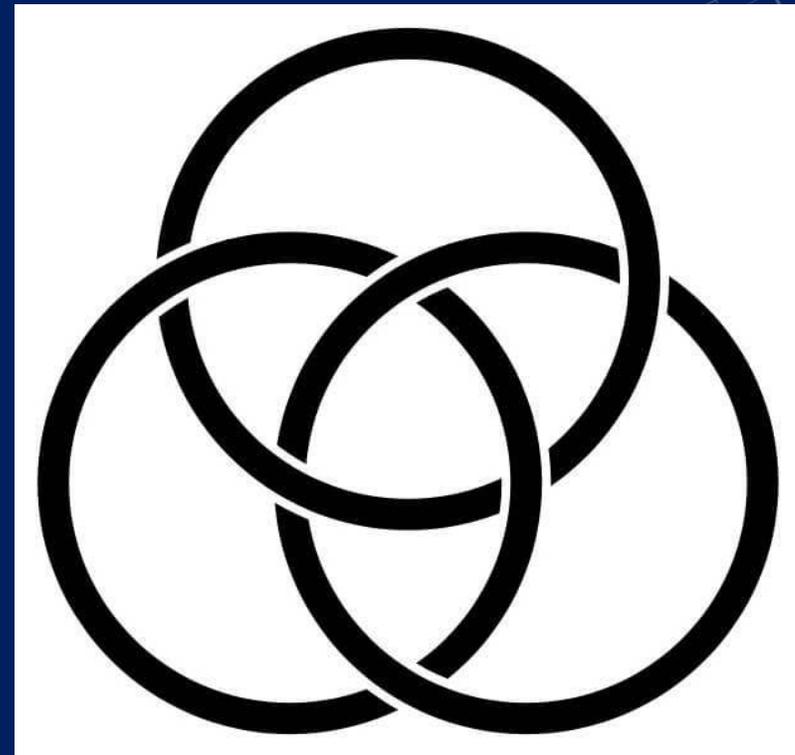
# WHAT ARE SOME OF THE IDENTIFIED REASONS FOR VIOLENCE WITHIN THE HEALTHCARE SETTING?

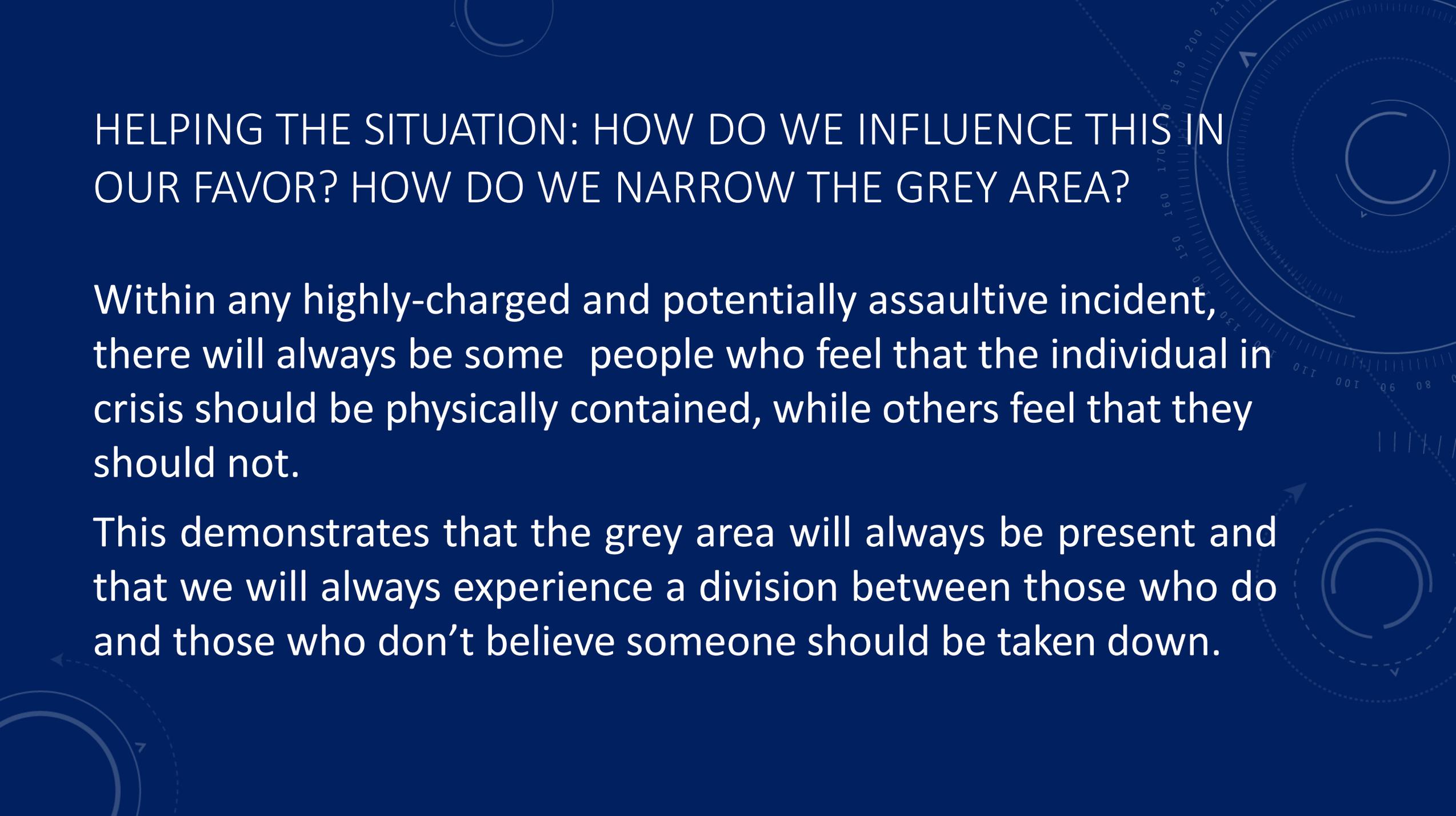
- The state of our economy has also produced the necessity to dramatically reduce and cut the resources available to those who would need it.
- The effect is an imbalance of the essential resources needed vs. resources available dynamic.
- The result is the higher rate of people who may have had some 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.

HELPING THE SITUATION: HOW DO WE INFLUENCE THIS IN OUR FAVOR? HOW DO WE NARROW THE GREY AREA?

We influence this with The Triad of Successful Interventions:

- Effective Communication
- Coordinated Teamwork
- Having a Plan of Action in place





HELPING THE SITUATION: HOW DO WE INFLUENCE THIS IN OUR FAVOR? HOW DO WE NARROW THE GREY AREA?

Within any highly-charged and potentially assaultive incident, there will always be some people who feel that the individual in crisis should be physically contained, while others feel that they should not.

This demonstrates that the grey area will always be present and that we will always experience a division between those who do and those who don't believe someone should be taken down.

# WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- Withholding cigarettes, food, drinks and medications
- Physical or verbal abuse
- Denial of visitors
- Withholding or overuse of medication
- Whispering or talking too loudly regarding the clients in their presence
- Laughing at or around disturbed clients
- Staring too intensely at, or not visually acknowledging the client
- The environment is too noisy or bright
- The staff look like someone the client hates or fears
- The client is held against their will and they want to leave

# WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- The client does not want to leave or be discharged from the facility
- The client is experiencing psychosis, hallucinations or delusions
- Demand for compliance
- Making unreasonable demands of clients
- Sarcasm during interactions between staff and clients
- Rude and hostile treatment of clients
- Failure to provide confidentiality
- Touching or getting too close to clients who have physical boundary issues Individual or...
- ...group punishments especially in public
- Giving double messages Inconsistencies and violations of the established routines
- Favoritism Inflexible schedules which do not allow for individual needs

# WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- Rushing a client
- Long wait times for clients
- Being too punitive or parental with clients
- Arguing with a client  
Interrupting while a client speaks
- Not being attentive to the client while they are speaking
- Poorly timed confrontations
- The lack of positive reinforcement
- Not providing adequate physical and emotional stimulation for clients
- Overriding another staff member's decision without explanation
- Making too many decisions for the client

# WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- The lack of respect or rejection of the client
- Failure to follow through with promises
- Conscious or unconscious innuendos and seduction of clients
- Passing the client along from one staff member to another without explanation
- Emotional boundary violations
- Lying to clients
- Patronizing or ridiculing clients

# WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- Ignoring clients
- Unresponsiveness to the client's needs
- Threatening, intimidating or accusing clients
- Time-outs without explanation
- Excessive or unnecessary restrains and/or seclusions
- The threat or loss of privileges
- Violations or limitations of rights Mishandling personal belongings

# THERE ARE ONLY TWO FUNDAMENTAL REASONS WHY

- Communication

They don't have the ability to communicate, or coping skills to develop the communication process, or they have learned badly and behave the only way they know how to get attention or what they want.



# THERE ARE ONLY TWO FUNDAMENTAL REASONS WHY

- Symptom of Their Illness

Drunk, on drugs, psychotic, low functioning, autistic, reaction to medications, dementia...

Something having to do with their illness that would promote them to become aggressive or strike out because of it.



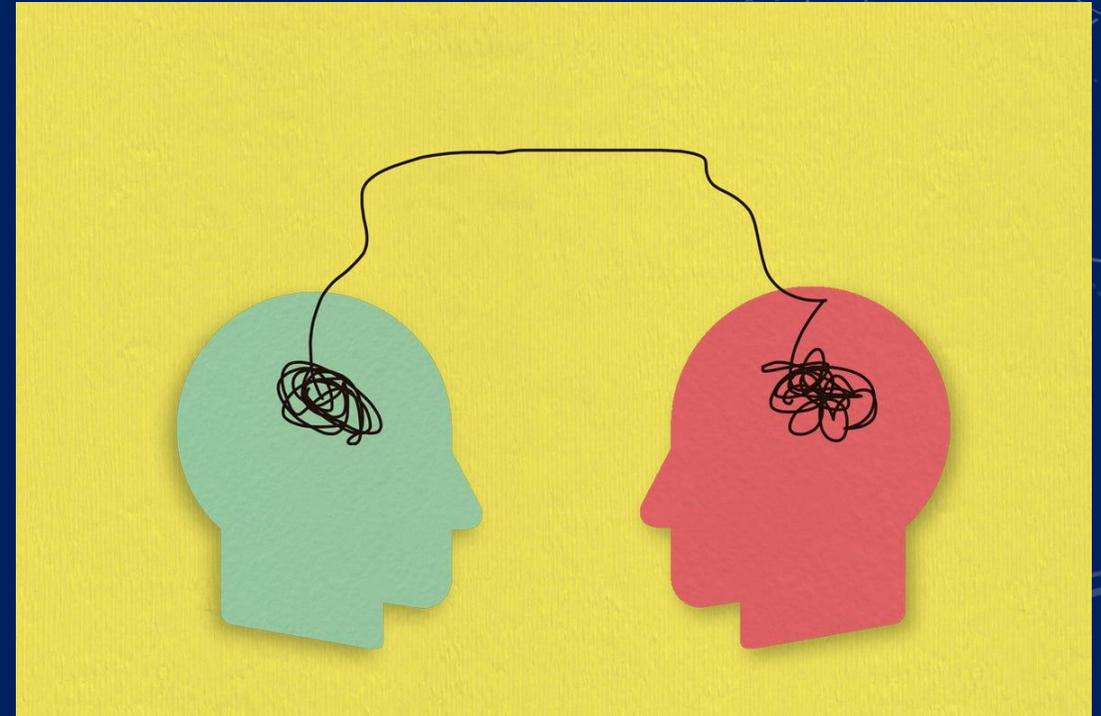
# THERE ARE ONLY TWO FUNDAMENTAL REASONS WHY

- Communication - Find out What they Want, What they Need and What they are trying to Say.
- Symptoms of Their Illness - Be prepared for something Action or Physical but try Communication before it becomes Physical.

We must first try to understand why people do what they do before we will be able to know what to do about or with them. The first dynamic to understand about them, is that it has very little to do with us.

# THE THREE DYNAMICS OF BEGINNING A SUCCESSFUL NEGOTIATION

- 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.



# TRIGGER WORDS

- No.
- What's Bothering you?
- What's the Problem?
- What's Wrong?
- Why...
- Come Here.
- You Need to...
- Anytime you start out with "You..."



## TRIGGER WORDS

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 about how to approach it. When you are better able to approach the situation, then you'll be better able to solve it.

# SELF-ASSESSMENT

True or False: Criteria needed for seclusion and restraints and physical intervention include imminent danger to self, and to others.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: True.

Proceed to the next question. >>>

## SELF-ASSESSMENT

True or False: If a Team makes the same decision, then it goes up to around 80 to 85 % that it will be the right decision, or that the incident will go well.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: True.

Proceed to the next question. >>>

## SELF-ASSESSMENT

True or False: We don't need to understand why people do what they do to know what to do about or with them.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: False.

Proceed to the next lesson. >>>



# PART TWO - DEFENSE

# CONTROLLING BEHAVIOR VS. DE-ESCALATION

- When there is no threat involved... No Danger to Self, or Others, then is not our job, nor responsibility to Control Behavior.
- By attempting to Control the Behavior, we instantly initiate a Power Struggle.
- Power Struggles escalate the incident further.
- Power Struggles will only be settled by force.
- Someone has to win & someone has to lose.

# CONTROLLING BEHAVIOR VS. DE-ESCALATION

- Step One: Get the dialogue moving two ways, either positive or negative, if vital information is being exchanged.
- Step Two: Find out what that individual Needs.



## CONTROLLING BEHAVIOR VS. DE-ESCALATION

Once you have reached Step Two, only then do you have any hope of solving the issue by Negotiation. If you initiate a Power Struggle, it will prevent you from reaching Step Two, and therefore there will be no hope of solving the issue, only settling it using force.

# INSTRUMENTAL BEHAVIOR

Instrumental, or Attention-Based Behavior is characterized by superficial demands and clearly recognizable objectives that, if attained, will benefit the subject, such as the individual with a gun to their own head, that propels you or anyone else present to realize that you need to pay attention to the individual because this is serious and therefore should try to give the individual what they demand.



## EXPRESSIVE BEHAVIOR

Expressive, or Emotional Need Behavior, is designed to communicate the subject's frustration, outrage, passion, despair, anger, or other feelings that are sometimes stemming from a long-term histrionic dynamic, where the individual feels as though they have not been listened to or understood to the point where they exceed their normal coping abilities.



# BEHIND THE BEHAVIOR

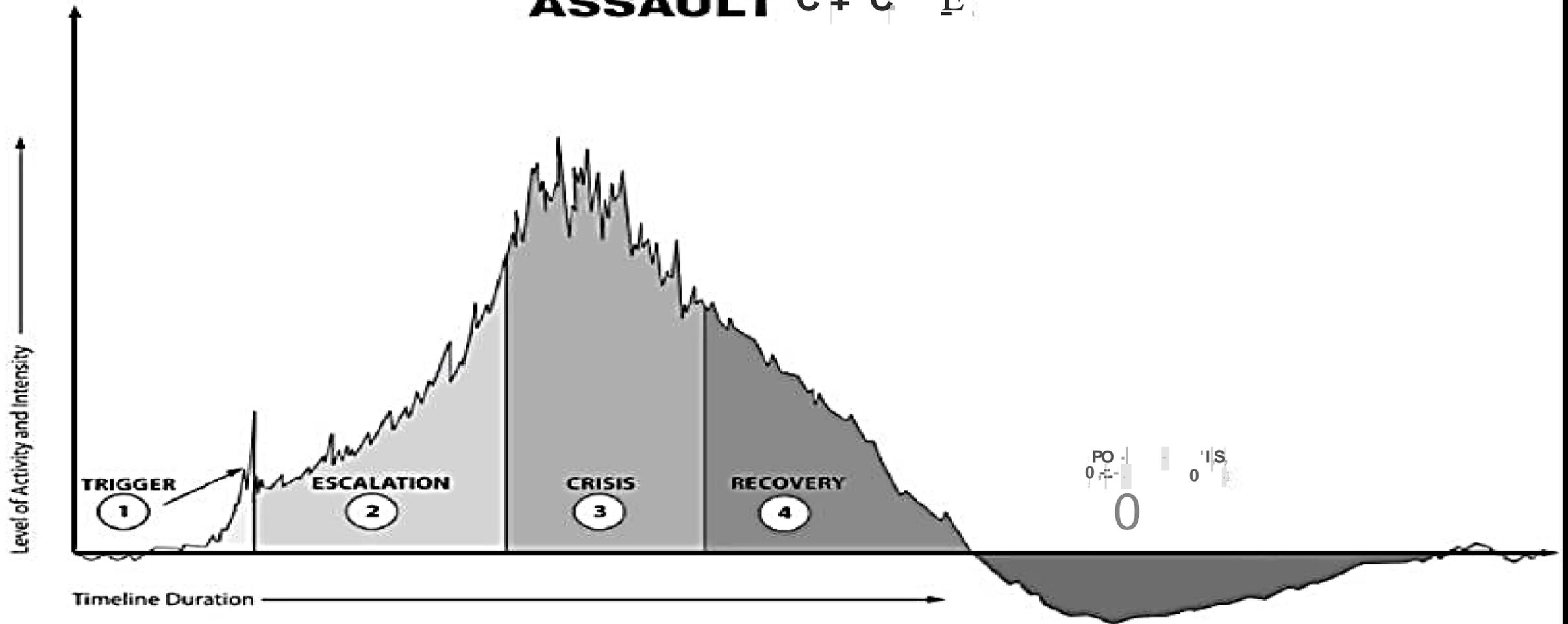
There is always something behind the behavior that is pushing the behavior toward you and therefore we shouldn't take the behavior personally, but instead realize that there is a deeper issue that the individual wishes us to reach, but they are unable to express, so it is our responsibility to reach it.

Never focus on the behavior, or the individual will focus on the behavior. Focus what is behind the behavior instead. What is making them feel like doing what they are doing? Ask them to help you understand what they need... How can I help? What can I do? How can we make the situation better or go away?

# MABPRO<sup>®</sup>

## MANAGEMENT of ASSAULTIVE BEHAVIOR<sup>®</sup>

ASSAULT C ≠ C E



# REDIRECTION/DISTRACTION

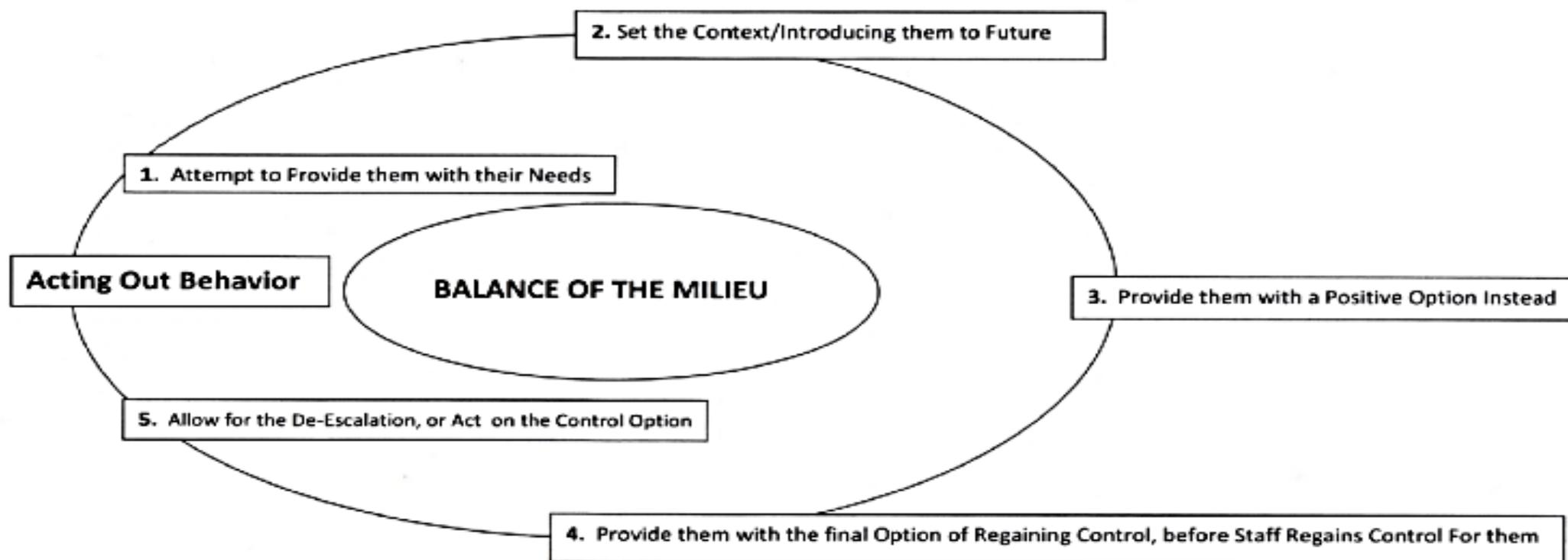
Redirection and Distraction is the process where the responder takes the initiative to direct the actions away from the crisis and toward a direction that the responder guides to, instead of allowing the individual to control the outcome.



# NEW WORLD EDUCATION NETWORK

## MABPRO-

### COMPLIANCE CYCLE



# TYPES OF COMMUNICATION

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

- AUDITORY - HEARING, SPEAKING, AUDITORY LANGUAGE (Failure to listen and communicate effectively affects working relationships)
- VISUAL - SEEING, VISUALIZING, VISUAL MESSAGES, BODY LANGUAGE
- KINESTHETIC - PHYSICAL ACTIONS EITHER POSITIVE OR NEGATIVE

# IMPORTANT ELEMENTS

- 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 POSITIVE BODY LANGUAGE
- ASKING APPROPRIATE QUESTIONS



# 12 ELEMENTS OF ACTIVE LISTENING

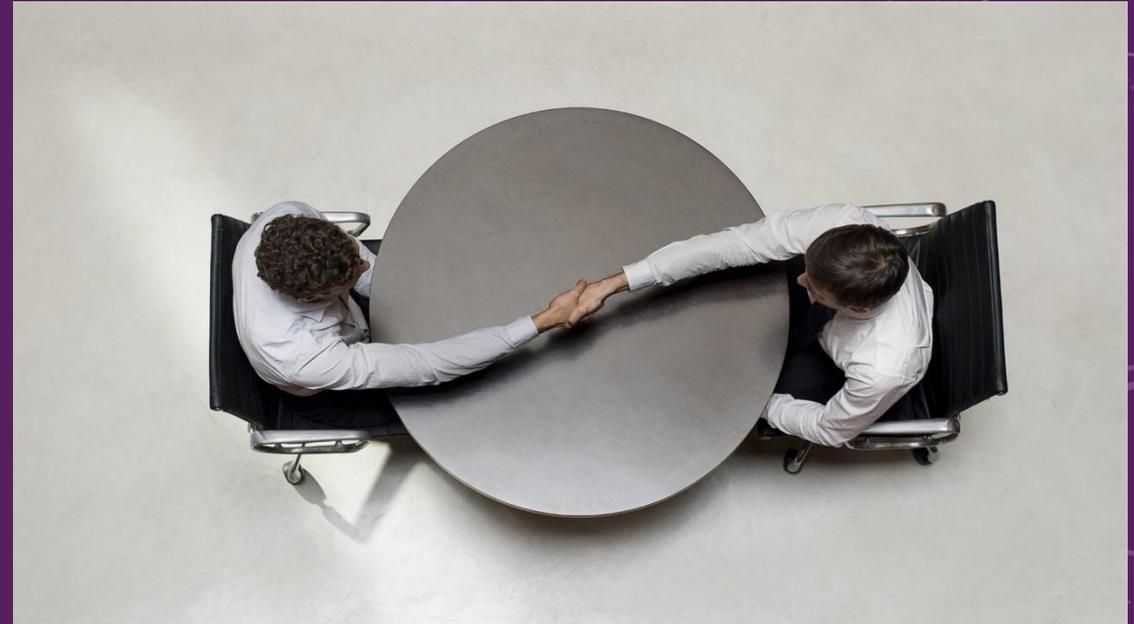
1. Emotional Labeling - Emotional Labeling allows someone to see that we're seeing their perspective by attaching a tentative label to the feelings expressed or implied by the person's words and actions. It also helps to attach an overall emotion in the beginning that the person may be feeling about the issue, such as; "This must be very frustrating for you" or "I understand, you must be really angry over this."

# 12 ELEMENTS OF ACTIVE LISTENING

2. Paraphrasing - The use of this technique is demonstrated by your repeating in the person's own words, the meaning of what you believe to be what the person is trying to communicate. As you listen, you should attempt to provide evidence of your attention by paraphrasing the person's words by stating; "So what you're saying is you believe I could've said what I said differently... Alright, I think I understand."

# 12 ELEMENTS OF ACTIVE LISTENING

3. Mirroring - This is utilized by repeating only the most important concepts, or the last few words of the individual's dialogue to gain a better understanding of their core issues and thus, being able to develop a much more effective rapport. After the person has explained that they were promised to be on this particular unit, you reply with; "You were promised to be on this unit... I understand what you're saying."



## 12 ELEMENTS OF ACTIVE LISTENING

4. Minimal Encouragement - These responses do not need to be lengthy, but instead should be brief, well-timed vocal replies, such as; "Alright," "O.K.," or "I see." In this way, you can provide evidence that you are listening and understanding to what is being said, rather than simply hearing the words. This will help encourage the person to continue communicating with you, rather than shutting down and feeling unheard.

## 12 ELEMENTS OF ACTIVE LISTENING

5. Open-Ended Questions - This method helps you to focus on learning what the person is really thinking and feeling so that you can develop a roadmap of where to go and what to focus on in order to understand their feelings and intent. An example might be; "I'd like to help you and in order to do that, I need more information on just how you feel."

## 12 ELEMENTS OF ACTIVE LISTENING

6. Directive "I" Messaging - By using "I" messages, you portray a much more level playing field and in doing so, remove yourself from the elevated authority figure when the person may already feel that they are on a different level than you. "I" messages should be made up of three main elements, the first being The problem or situation, the second being your feelings about the issue and the third, the reason for your concern.

# 12 ELEMENTS OF ACTIVE LISTENING

7. Effective Silence - People have a conscious or even subconscious reflex to speak in order to fill gaps and spaces within a conversation. You can obtain a true sense of what the person is thinking and feeling by utilizing silence as a method of encouraging the person to voluntarily fill the gaps. Even the most emotionally-charged individuals find it uncomfortable to stay engaged within a one-sided argument and will eventually calm.



## 12 ELEMENTS OF ACTIVE LISTENING

8. Perception Checking - This is done by trying to understand the feelings and emotions behind the words spoken by the individual, or to tap into the root cause of the issue. There is sometimes a deeper issue that is going on behind the issue at hand and when you try to discover the deeper issue that is lurking behind the overt one. This will actually serve to satisfy an emotional need that will in turn, help allow the person to trust you and open up.

## 12 ELEMENTS OF ACTIVE LISTENING

9. Clarifying - This is the process of following up to understand both the content and context of the words or feelings expressed by the person in order to check for accuracy of understanding in order to clear up any misperceptions that may have occurred during an emotionally-charged conversation. An example of this would be; “Can you tell me again what you meant when you said that you don’t feel like you’re being heard by administration.”

# 12 ELEMENTS OF ACTIVE LISTENING

10. Structuring - It is sometimes necessary to create guidelines or parameters for the conversation in order for the person to feel as though there is a defined direction that the conversation is going so that there is a sense of purpose. As an example, you might say; “You mentioned that you don’t feel that this issue is in your best interest and that you’re afraid you’ll be blamed.” ... “Which one of these issues would you like to talk about first?”



## 12 ELEMENTS OF ACTIVE LISTENING

11. Pinpointing - During confrontations, there can be so many emotionally-charged topics that the person is dealing with internally and externally, that the issues themselves may become lost in purpose. Therefore, you may need to at times redirect the conversation back to the most important issues. An example would be; “I hear you saying that you’re feeling better now, but I’m still seeing some tears”... “Is everything really okay now?”

## 12 ELEMENTS OF ACTIVE LISTENING

12. Body Language and Posturing - Physical messages or body language from a person can either validate or discount the message we are trying to convey, and the body language exhibited by you can sabotage even the best of intentions. Examples of negative body language would be checking your watch, working on an unrelated task, interrupting, fidgeting, sighing, taking a phone call, or standing at the doorway instead of face to face while listening.

## STRATEGIES TO ENSURE A CLEAR MESSAGE

- ACKNOWLEDGE THAT YOU HEARD THE MESSAGE
- BE AWARE OF YOUR TENDENCY TO JUDGE, "YOUR WAY" AS RIGHT AND ALL OTHERS AS WRONG.
- ALLOW FOR APPROPRIATE DIFFERENCES IN STYLES MEET ON COMMON GROUND

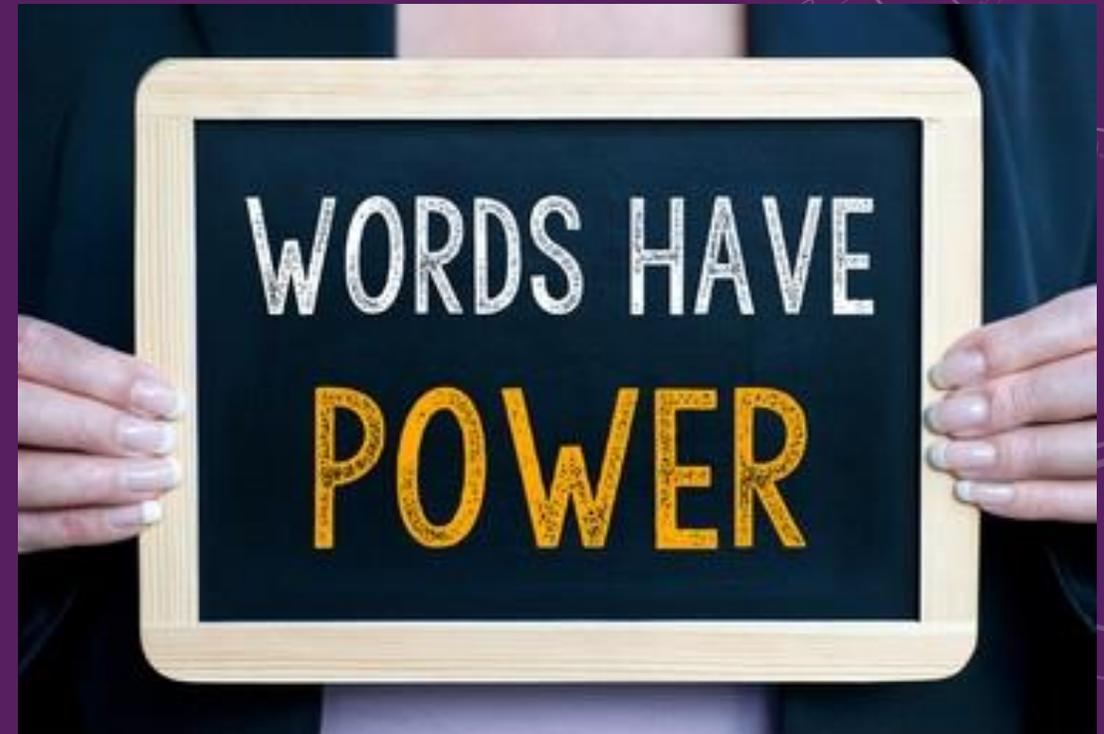


# AWARENESS

- BE AWARE OF SIMILARITIES BETWEEN YOU AND THE RECEIVER.
- USE THESE SIMILARITIES TO DEVELOP A RELATIONSHIP AND TRUST.
- ACKNOWLEDGE THAT DIFFERENCES CAN BE BOTH DIFFERENT & STILL BE APPROPRIATE
- MODIFY YOUR APPROACH TO ADDRESS THE COMMUNICATION NEEDS OF THE RECEIVER

# GIVING MESSAGES APPROPRIATELY

- USE POSITIVE LANGUAGE AVOID USING “BUT”, “CAN’T”, OR “DON’T”. THIS NEGATES THE FIRST PART OF THE STATEMENT.
- CORRECT MISTAKES WITH A SUPPORTIVE TONE “THE NEXT TIME THIS HAPPENS YOU MAY WANT TO TRY...”



## NON-VERBAL COMMUNICATION

- BE AWARE OF THE SIGNIFICANCE OF NON-VERBAL COMMUNICATION.
- AVOID NON-VERBAL MESSAGES THAT APPEAR NEGATIVE SUCH AS: ROLLING EYES, LOSS OF EYE CONTACT POINTING OR WAGGING FINGERS DEEP SIGHS, CLEARING THROAT

# OVERCOMING BARRIERS

- RECOGNITION OF DIFFERENCES
- ACKNOWLEDGEMENT OF MESSAGES
- EXPLORING DIFFERENT APPROACHES
- BEING EMPATHETIC
- REINFORCEMENT
- BEING A GOOD LISTENER
- PARAPHRASE WHAT YOU HAVE BEEN TOLD



## EFFECTIVE LISTENING

- **SET THE STAGE** - Choose an appropriate place, Remove distractions, Be open and accessible Listen with empathy
- **SUSPEND JUDGEMENT** - Concentrate, Keep an open mind, Hear them out
- **SUPPORTIVE BEHAVIORS** - Relaxed, open body posture
- **FEEDBACK THAT ACKNOWLEDGES THAT YOU UNDERSTOOD THE MESSAGE** - Reflect feelings, Paraphrase main ideas, Interrupt ONLY to clarify, Confirm next steps

## 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?

## BEING A GOOD SPEAKER

- LOOK AT THE PERSON WHEN TALKING TO THEM
- PRONOUNCE WORDS CLEARLY
- DON'T TALK TOO QUICKLY OR TOO SLOWLY
- USE WORDS THEY CAN UNDERSTAND
- DON'T TALK TOO LONG WITHOUT ALLOWING THE OTHER TO SPEAK

# COMMUNICATION STYLES

- DIRECTOR - HANDS-ON, LOGICALLY ORGANIZED, USES ALL SENSES
- EXPRESSOR - LOGICAL PRESENTATION, VERBALIZING
- THINKER - PROBLEM SOLVING
- HARMONIZER - NURTURING, HEALERS, CARE-GIVERS

# KEYS TO COMMUNICATION

TO UNDERSTAND ANOTHER PERSON,  
WE MUST BE WILLING TO BE  
INFLUENCED WHEN WE ARE OPEN,  
WE GIVE PEOPLE ROOM TO RELEASE  
THEIR FIXED POSITIONS AND  
CONSIDER ALTERNATIVES SEEKING  
TO UNDERSTAND LETS US ACT FROM  
A POSITION OF KNOWLEDGE BY  
SEEKING TO UNDERSTAND WE GAIN  
INFLUENCE IN THE RELATIONSHIP



# ARIS AGGRESSION SCALE AGGRESSION REACTION & INTERVENTION SCALE

- BASELINE BEHAVIOR
- DETONATION REFLEX
- ESCALATION REACTION
- REDIRECTION LEVELING
- CRISIS APEX
- RECOVERY DESCENT
- SUBLEVEL EQUALIZATION
- EQUALIZATION

# TEN GUIDELINES FOR AVOIDING ASSAULT

1. Is there Imminent Danger to Self or Others and to what degree?
2. Try to Understand the Person or Situation that you're faced with.
3. Try to Understand your Reaction to the Person or Situation that you're faced with.
4. Try Not to focus on the Behavior...Focus on what's Behind the Behavior... There's usually something behind the Behavior that's causing it.
5. Try Not to tell them what to do or demand their compliance...Try to Ask for their compliance instead.

# TEN GUIDELINES FOR AVOIDING ASSAULT

6. One Team leader should be negotiating, not several... If more than one person is trying to de-escalate the individual, it creates a Conflict of Focus.
7. Try to initiate a Plan before entering any potentially violent situation.
8. Work as a Team... Everyone has a role to offer in helping to de-escalate the situation.
9. Reactive Thinking always creates Primitive Responses... Critical Thinking allows a person to help solve the situation by prompting you to ask yourself questions of why the individual might be upset and what you can do to help them communicate their needs.
10. Try to always focus on the power of De-escalation, rather than giving into the weakness of Over-Reaction.

# KEYS TO COMPLIANCE

- COMPASSIONATE TEAMWORK
- DEFENSIVE INTERVENTION



# CASE STUDY 1

John has been a registered nurse for about five years. He usually works in the medical surgical and telemetry float pool; however, tonight, he has been asked to float to the Emergency Department. Around midnight, police arrive with Jane, a 50-year-old female threatening to harm herself and her family. During the assessment, John finds: a cooperative, though disheveled woman, with an odor of alcohol and superficial lacerations to her hands. Her history, supplied by both the police officers and her husband describe combativeness at the scene, threats to harm herself, depression with crying since losing her job, with an escalation of the symptoms in the last two weeks.

# CASE STUDY 1

John, having just completed the workplace violence training knows he should:

A. Respond to Jane in a calm and reassuring manner.

B. Call security immediately.

C. Restrain Jane as she may be impaired by alcohol.

D. Call for an experienced emergency department nurse to care for Jane.

*Click on the button that corresponds to the letter of your choice.*

## CASE STUDY 1

**Answer:** Did you pick “A”? You are correct! Jane is exhibiting no signs of agitation now and treating her in a calm reassuring manner may keep her from escalating. Calling for Security and restraining her may lead to more aggressive behavior.

## CASE STUDY 2: SITUATION ESCALATES

John helps Jane get comfortable in a room and with the aid of a female nurse assists Jane into a hospital gown and getting labs drawn. John checks with Jane to see if she needs anything, she says no, and he goes to provide care to another patient. Jane's husband is in the room and the police officers remain outside the room. Upon his return, he sees Jane pacing about and talking to herself. Jane's jaw is clenched, and she is balling her fists. Her husband states that she is upset that the doctor has not been in to see her and she wants to leave.

## CASE STUDY 2: SITUATION ESCALATES

John checks his watch and notes that only 15 minutes has passed.  
He would:

- A. Instruct the husband to tell Jane to be patient, after all this is an emergency department and the doctors are busy.
- B. Tell Jane if she does not calm down, he will remove her husband and lock the door.
- C. Speak to Jane in a calm, non-threatening voice, apologize to Jane for the long wait and ask if she is okay.
- D. Tell Jane she is free to leave at any time.

*Click on the button that corresponds to the letter of your choice.*

## CASE STUDY 2: SITUATION ESCALATES

**Answer:** What was the best course of action? Exactly! “C” Maintaining his calming manner will help de-escalate the situation.

## CASE STUDY 3: AGGRESSION ESCALATES

However, Jane is not appeased, she begins to hit her head against the wall and kick the bed. Her turn to more aggressive behavior should be treated by:

A. Giving her a sedative dose to calm her down.

B. Placing her in restraints and seclusion.

C. Placing her in a room designed to keep her from hurting herself and placing a sitter outside her room.

D. Calling the police officers into the room to control her.

*Click on the button that corresponds to the letter of your choice.*

## CASE STUDY 3: AGGRESSION ESCALATES

**Answer:** In this circumstance, John chose "C". Why? Even though placing her in a room designed to keep her from hurting herself is a type of restraint, she will be under constant observation. This is the least invasive type of restraint and may be effective enough to calm Jane.

## CASE STUDY CONCLUSION

The laboratory results are back, and the physician is here to examine Jane. He notes that Jane has calmed and is sorry for her behavior. She admits that she has been depressed and drinking, since losing her job. She feels worthless and thinks her husband is unhappy with her. She might as well kill herself and free him. What should the physician do? Did you consider a psychiatric consult? Would you let her go home? Would you keep her safe until the alcohol dissipates? Would have the physician prescribe a common antidepressant?

The physician diagnoses depression and her labs show she is legally impaired by her alcohol consumption. He is not an expert in depression but knows the effects of the alcohol will wear off. He orders a psychiatric consult and admits Jane to the substance abuse ward.

The background features a pair of golden scales of justice and a wooden gavel resting on a wooden block. The scales are positioned at the top, with their pans hanging down. The gavel is positioned diagonally across the lower half of the image. A dark grey rectangular box is overlaid in the center, containing the text 'PART THREE - LEGAL'.

PART THREE - LEGAL

## LEGAL ASPECTS

If we're lucky, scary events like these may never happen in our workspace. Or perhaps it did. We have discussed the skills needed to diffuse a possible assault before it happens, now let's talk about how we could protect ourselves before and after an incident occurs under the law.

## LEGAL ASPECTS

In 1993, a law was created to require all hospital employees to receive training in various security topics, such as aggression and violence, and verbal and physical maneuvers to diffuse or avoid violent behavior on a continuing basis.

# LEGAL ASPECTS

The law also mandates that any act of assault or battery against any on-duty personnel (including janitors) be reported to a local law-enforcement agency within three days of the incident. Anyone knowingly interfering with the reporting process WILL be charged with a misdemeanor.



## LEGAL ASPECTS

Though focused on hospital settings – especially the emergency department, which is VERY public and open 24/7 – this law was passed under the recognition that violence was an escalating problem in emergency departments not only in California but nationwide.

# LEGAL ASPECTS

Nurses and other healthcare workers in emergency rooms, psychiatric hospitals, and community mental health clinics have died from violent situations on-duty within the past few years when this law was only a bill.



## LEGAL ASPECTS

Before 1993, the number of incidents in ANY type of health care facility was in greater numbers than was documented because of the failure to report or failure to maintain records of said reports. In 1991, a national survey of emergency room nurses found that only two-thirds of them reported at least ONE assault during their careers, and over one-third **HAVE BEEN ASSAULTED** at **LEAST** once the previous year.

## LEGAL ASPECTS

Patients and employees should be ensured a safe environment. Regular employee training and appropriate safety measures should be put in place to minimize risk affecting all people in a health care environment.



# LEGAL ASPECTS

By July 1995, it was required that there should be an individual or a committee responsible for developing a security plan. Hospitals should have sufficient staff to provide security pursuant to the security plan developed. These people are to be made up of the medical staff (e.g., nurse practitioners, physician assistants). People assigned to provide security **SHOULD BE TRAINED FOR SECURITY AND RECEIVE REGULAR TRAINING SESSIONS.**

## LEGAL ASPECTS

All hospitals were required to conduct a security and safety assessment, and, using this assessment, devise a plan that'll protect personnel, patients, and visitors from possible aggressive or violent behavior in the future.



# LEGAL ASPECTS

Assessment includes (but not limited to):

1. The physical layout of the facility
2. Tracking and examining trends of prior events of aggressive behavior
3. Tracking examining the **RESPONSE** to prior events of aggressive behavior
4. Availability of security personnel



## LEGAL ASPECTS

The person or people involved should consider and adopt any guidelines on violence set by their state's Division of Occupational Safety and Health and the federal Occupational Safety and Health Administration when making their assessments.



# LEGAL ASPECTS

These generally call for familiarity with:

- General safety measures
- Personal safety measures
- Facility organization
- Protective devices, such as alarms and access control
- The handling of “disturbed” patients, visitors, and staff

# LEGAL ASPECTS

- How to obtain patient history from a patient with a history of violent behavior
- Identification and prediction of aggressive and violent behavior
- The assault cycle
- Restraining techniques
- Documenting and reporting crimes, including not disturbing a crime scene
- Available resources for employees for coping with stressful events, such as employee assistance programs, stress debriefing, therapy, etc.

## LEGAL ASPECTS

Temporary workers within the health care setting must be required to be briefed on the security plan of their current workplace for consistency.



## LEGAL ASPECTS

Under the Welfare and Institutions Code, the factors to be considered by the negotiating party involved in drawing up contracts should not be construed to preempt state law or regulations affecting temporary workers in hospitals or any medical facility.



# LEGAL ASPECTS

These factors for competitive bidding include the following:

- Beneficiary access
- Protection from fraud and abuse
- The cost of providing complex emergency services, including the cost to meet and maintain state and local requirements for trauma centers
- Contracts with one or more comprehensive perinatal providers
- Any existing labor-managing collective bargaining agreements

## LEGAL ASPECTS

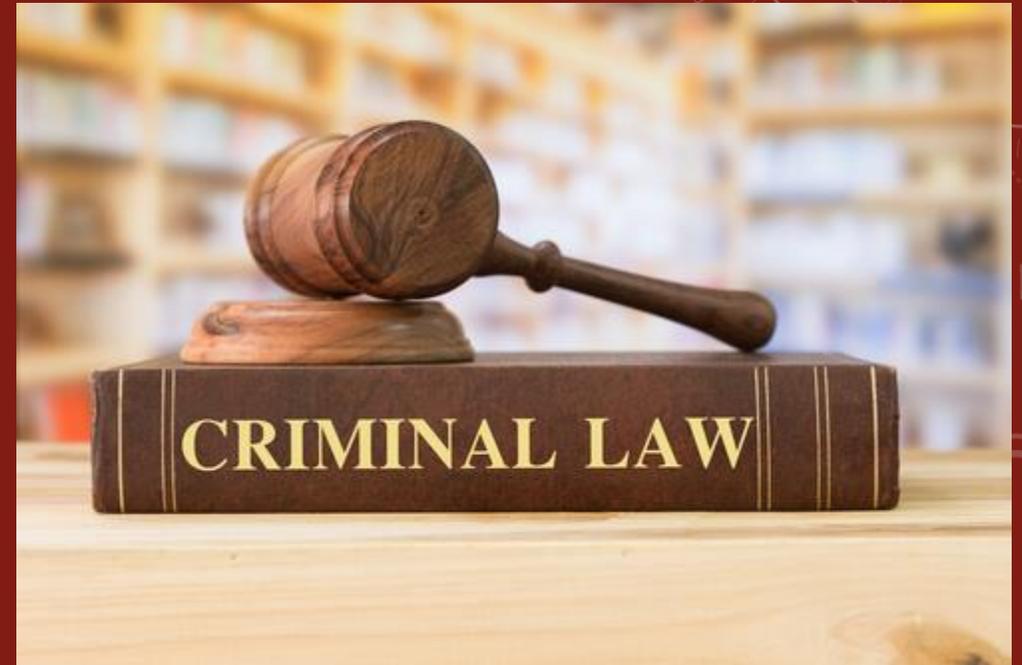
Lastly, under Section 6 of Article 13B of the California Constitution which says:

*“Whenever the Legislature or any state agency mandates a new program or a higher level of service on any local government, then the state must provide a subvention of funds to reimburse that local government for the cost of the program or the increased level of service.”* (Micheli, 2019)

# LEGAL ASPECTS

The only costs that **MIGHT** be incurred by a local agency (the hospital or health care facility) will be incurred if an act:

1. Creates a **BRAND-NEW** crime/infraction not previously covered by the law
2. Changes the definition of what a crime/infraction is (having to adjust the parameters of what constitutes as a particular criminal act)
3. Changes the penalty for a crime/infraction
4. Eliminates the crime/infraction



## LEGAL ASPECTS

So, even if worse comes to worse, whether you, a co-worker, another patient or visitor has been assaulted, neither the State nor your local government cannot pay your hospital/facility or you directly because assault is a long-standing criminal offense.

## SELF-ASSESSMENT

True or False: Regular employee training and appropriate safety measures should be held to minimize risk in a health care environment.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: True.

Proceed to the next question. >>>

## SELF-ASSESSMENT

True or False: Temporary workers within the health care setting are not required to be briefed on the security plan of their current workplace for consistency.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: False.

Proceed to the next topic. >>>



# SURVIVING AN ACTIVE SHOOTER

# INTRODUCTION

According to the Nursing Service Organization (NSO), between 2000 and 2011, 154 hospital-related shootings occurred. In 45% of cases, the shooters were the victims themselves, acting out for reasons such as (but not limited to) grudges, suicide ideation, or the death of a relative.



# INTRODUCTION

While it is still the best practice for all public and private businesses to have a plan of action *before* confronted with an aggressive, potentially dangerous person in their spaces, in most cases active shooting situations are random. According to the Department of Homeland Security there is no pattern or method to their selection of victims and can evolve quickly when they do.

# INTRODUCTION

Furthermore, they add that typically, active shooter situations are often over within 10 to 15 minutes before law enforcement arrives on the scene. Therefore, EVERYONE must be prepared both mentally and physically to deal with an active shooter situation, together, until help arrives.

# INTRODUCTION

The general consensus among major government agencies and public safety entities, such as the Federal Bureau of Investigation (FBI) and the Federal Emergency Management Agency (FEMA) is that the key to survival during an active shooting event can be broken down into five parts:

1. RUN
2. HIDE
3. BARRICADE
4. FIGHT
5. RECOVER

# RUN

Be aware of your surroundings and make a mental note of alternate exits; emergency exits are a given but in a pinch windows count as exits as well.



# RUN

- The best exit is *AWAY* from the line of fire!
- Leave belongings, such as bags behind, as they can slow you down.
- You can encourage other people to follow you, but if they refuse, just keep running.
- Running makes it harder for you to get shot and improves your chance of survival. Seconds matter, so do **NOT** hesitate!

# HIDE

The ideal would be a room with a heavy door. Otherwise, find a spot that is solid enough to slow or stop a bullet, is out of the way, and is dark and shadowy such as under heavy desks, large filing cabinets, or lockers.

## HIDE

If you have your phone, contact 911 via text messaging instead of calling. This also means you must silence your phone completely, including vibrate, and turn off any other electronic device that might make noise, such as televisions or computers.

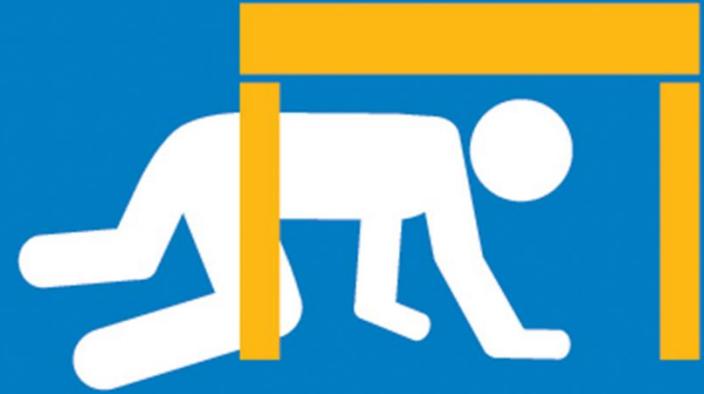
HIDE

Posting to social media to alert and update the public – chiefly friends and family – of the situation is a good idea.



## HIDE

FEMA also suggests not to hide in groups, if possible. If you do happen to have people with you, spread out along the walls as best as you can or split up.



**HIDE**

**IF ESCAPE IS  
NOT POSSIBLE**

# BARRICADE

**If you find a room, lock and block all doors.** Use tables, chairs, boxes and any and all heavy objects as barricades. You can use a belt to loop and tighten around protruding door hinges, or a screwdriver on regular hinges if one is available. **Do not use items on wheels or your body as barricades. Close all blinds and shutters.** Turn off all lights and keep as silent as possible.

# FIGHT

As a last resort you are allowed to FIGHT BACK.

Use the items around you as weapons. Good tools to use are scissors, a fire extinguisher, hardbound books, or paperweights. Obviously do NOT try to fight back with punching or kicking alone.

# FIGHT

If you are with others, make a plan of attack to ambush the gunman: One person can hit the gunman's torso, another can go for the eyes, and another can trip up the feet, etc.



**FIGHT**

**ONLY AS A  
LAST RESORT**

# FIGHT

Just like them, If you decide to attack, you must be just as aggressive so there must be follow through with your counterattacks.

## RECOVER

You have been through a traumatic experience — make time for some extremely important mental healthcare.

Arrange with your place of work time off, if you can.

## RECOVER

Talking with someone about the traumatic incident is a vital step in moving forward.

Find and connect with mental health resources such as clinical social workers, local counselors, or EAP.

# SELF-ASSESSMENT

True or False: As a last resort you are allowed to FIGHT BACK.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: True.

Proceed to the next question. >>>

# SELF-ASSESSMENT

True or False: The best exit is TOWARD the line of fire.

True

False

*Click on the button that corresponds to your answer.*

# SELF-ASSESSMENT

The correct answer is: False.

Proceed to the course conclusion. >>>

## COURSE CONCLUSION

We do not live in a perfect world. Health and healthcare is already a stressful field, and sometimes... Things get to be too much.



## COURSE CONCLUSION

Taking care of others means to take care of each other, not just patients and their loved ones, but colleagues and friends too.

When confronted with a possible crisis, stay calm, stay alert, and stay safe.

## COURSE CONCLUSION

For more details regarding the Management of Assaultive Behavior (MAB) AB 508 Workplace Violence Prevention Program, visit <https://mabproedu.com>. You may also reach out to them via [office@MABPRO.com](mailto:office@MABPRO.com), or dial (888) 619-8880.

What is AB 508?

Open this link to know more about Bill No. AB 508:

[http://www.leginfo.ca.gov/pub/93-94/bill/asm/ab\\_0501-0550/ab\\_508\\_bill\\_931008\\_chaptered](http://www.leginfo.ca.gov/pub/93-94/bill/asm/ab_0501-0550/ab_508_bill_931008_chaptered)