Violence Prevention in Healthcare Settings

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What expectations do we have for this training?

Course Outline
- Violence in Healthcare Settings
- Client Risk Assessment
- Defusing the Aggressive Client
- Responding to The Active Intruder / Shooter

Behavior Requiring Intervention
- Any act which is physically assailive
- Behaviors indicating potential for violence, intimidation
  - throwing objects
  - showing fists
  - destroying property
- Substantial threat to:
  - harm another or endanger safety of employees
  - destroy property
- Aberrant, or bizarre behavior, signaling emotional distress

Examples Of Workplace Violence
- Verbal threats
- Domestic violence displaced to the workplace
- Harassment
- Intimidation
- Stalking
- Aggravated assault
- Battery
- Unwanted sexual contact (e.g., touching, fondling, assault)
- Flat tires
- Corrupt voice/E-mail
- Displaying weapons
- Computer virus/hacking
- Sabotage
- Vandalism
- Extortion
- Stabbing
- Hostage / Kidnapping
- Terrorism
- Murder
Healthcare Risk Factors

- Prevalence of handguns and other weapons among patients, their families, or friends

- Increasing use of hospitals by the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals

Risk Factors (cont’d)

- Increasing number of:
  - acute and
  - chronically mentally ill patients being released from hospitals without follow-up care, who now have the right to refuse medicine and who can no longer be hospitalized involuntarily unless they pose a threat to themselves or others

Risk Factors (cont’d)

- Availability of drugs and money at hospitals, clinics and pharmacies, making them likely robbery targets

- Unrestricted movement of the public in clinics and hospitals

- Low staffing levels during times of increased activity such as meal and visiting times, transporting of patients

Risk Factors (cont’d)

- Isolated work with clients during exams or treatment

- Solo work, often in remote locations, high crime settings with no back-up or means of obtaining assistance such as communication devices or alarm systems

Risk Factors (cont’d)

- Lack of training in recognizing and managing escalating hostile and aggressive behavior

- Poorly-lighted parking areas

Potential Healthcare Angry Assailants

- Angry Patient
- Angry Family Member
- Medically Ill Person
- Batterer in Domestic Dispute
- Criminal – Opportunistic – Intruder – Gang Member
- Disgruntled / Disciplined / Co-Worker / Fired Employee
- Ideological Extremist
  - Hate
  - Terrorist
Diagnoses that may Affect Violent Behavior

- Paranoid Delusional Disorder
- Anti-social Personality Disorder
- Borderline Personality Disorder
- Post Traumatic Stress Disorder
- Organic Brain Damage

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Preventing Violence in the Health Care Setting

Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide.

As criminal activity spills over from the streets onto the campuses and through the doors,

providing for the safety and security of all patients, visitors and staff within the walls of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers

OSHA--General Duty Clause 5 a.

- Each employer shall:
  furnish to each of his employees, employment and place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to its employees.

  19 USC 654

OSHA- Four Types of Perpetrators

- **DEFINITION:** Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty
- **FORMS / TYPOLOGY:**
  - I. Robbery-associated violence
  - II. Violence by disgruntled clients, customers, patients, families of patients
  - III. Violence by co-workers/former co-workers
  - IV. Family/Intimate partner violence

More Facts

- More assaults occur in the health and social services industries than in any other.

- Almost 2/3 of non-fatal assaults occurred in nursing homes, hospitals, clinics and establishments providing residential care.
WORKPLACE VIOLENCE STATS

- Health care workers are 5 times more likely to experience violence in the work place.
- 2,367 nonfatal assaults on hospital staff in 1999.
- Hospital Workers - 8.3 assaults per 10,000 workers.
- Private Sector/Industries – 2 per 10,000 workers.

Non-Fatal Assaults and Violent Acts
Incidence rate per 10,000 full-time workers

BLS Data 2001

Discussion

When assessing a client, what factors do you take into account with your safety specifically in mind?

“Predicting” Potential Aggression

Behavioral Indicators

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Evaluating a client for risk

**Past Risk Factors**
- Violent behavior
- Child/adolescent behaviors problems with aggression
- Arrests / convictions
- Victims or perpetrators of bullying
- Sexual abuse
- Substance abuse
- Personality disorder (anti-social; borderline; narcissistic)
- Serous mental illness
- Cognitive impairment / brain damage
- Unstable relationships

**Present Risk Factors**
- Behavior marked by anger, hostility, suspiciousness, excitement
- Command hallucinations to harms others, paranoid delusions
- Intoxication
- Acute symptoms of mania, schizophrenia, psychosis, delirium
- Thoughts / threats of violence, suicide, homicide

**Present Risk Factors**
- Poor therapeutic alliance / response to treatment
- Access/ possession of firearms/ weapons
- Impulsive behaviors
- Primary relationship disruption
- Employment problems

**Risk Factors**
- Poor compliance with treatment / medication
- Lack of social support
- Peers who support criminal / aggressive behavior
- Unrealistic plans
- Precipitating "losses"

**Behaviors that make others “uncomfortable”**

- "Veiled" or indirect threats
  - "something bad may happen to you"
  - "watch your back"

- "Conditional" threats
  - "If I get disciplined, people will fall"

- Fascination with violent "perpetrators"

- Excessive and intimidating references to other violent events
  - "A Postal Shooting could happen here"

- Special, excessive interest in police, fascist, military, survivalist activities
  - Conversion to extremist or religious beliefs

- Inappropriate, bizarre communications to co-workers, customers, staff
  - "Radio waves are penetrating my brain."
Intimidating or frightening comments about weapons
  - "I have my 9mm to protect me"

"Documenting" of other people who are "causes" of one's problems
  - keeps "notes"
  - makes "lists"
  - conducts "surveillance", "interviews"

Signs of suicidal intent:
  - gives away property
  - expressions of futility
  - says "good-bye" to others
  - makes will

Willingness to cross "thresholds":
  - be disciplined
  - be fired
  - lose freedom
  - lose life

Shooter Characteristics

- Examine behavior, NOT profiles
- "Brittle" People
- Injustices
- Feelings of persecution / alienation
- Extreme sensitivity to rejection
- Perception of self as "outsider"
- No other options

Paranoia
  - plots, conspiracies
  - "stealing" of loved one
  - externalizes, blames others

Repeatedly accusing others for causing one's problems
  - externalization of blame

Depression, suicidal thinking

Threats of homicide

Sense of "entitlement" or "injustice"

The active killer is not a conventional criminal predator, but often a "revenge seeker" for "grievances"

Virginia Tech

Cho
Fascination with pornography, sexual fetishes
Harassment of women
Spouse / child abuse
Lack of social “connectedness”

Past history of:
- acting-out behavior
- self-mutilation
- harming animals
- fire-setting
- domestic violence
- destruction of objects

The Shooter’s Pathway to Violence
- Grievance
- Ideation
- Research and Planning
- Preparation
- Breach
- Attack

“High-Risk”
- Specific threats to identifiable targets
  - Describes:
    - plan
    - place
    - time
    - motive
    - method

Correlation is not causation!

Case History
Mind of a Killer
Defusing the Aggressive Client

Clinic Safety Strategies

- Assess the client comprehensively
- Assess the counter-transference
- Assess the clinical settings

Signs Client is “Losing Control”

- Client conspicuously ignores you
- Excessive emotional behaviors
  - Yelling, crying, pacing
  - Exaggerated motion
    - Shaking fists, gross physical movement
- Client suddenly stops at movements
- Boxer stance
- “Target” glances
- Repetitive questioning without letting you answer
- Reduces space between you the him/her

Verbal Diffusion

- ABC’s of Verbal Diffusion
  - A = acquire information
  - B = boil it down
  - C = clarify person’s expectation and desired solution
  - Educate me about how you see this situation.
  - Share with me what you are feeling

Use “same-word” feedback
- Acknowledge emotional mood
- Establish “contract” for working relationship
- Express desire to “help and not hurt”
- Elicit “two sides” of person
- Reinforce “healthy” side

Violence Diffusion

- Clarify motives for anger
- Clarify outcome client is seeking
- Suggest possible alternatives
- Help individual develop a “plan” to resolve situation
- Facilitate closure and joint seeking of a solution
- Offer to “call in more resources” to help solve problem
Verbal Diffuison Techniques

- Introduction
- “I” statements
- Restating what the individual has said
- “Emotional labeling” the individual’s behavior
- Mirroring and Reflecting
- Clarifying the outcomes the individual is seeking

“I” Statements

- These statements reflect what you are seeing and hearing
  - I can see that you are upset/angry
  - I can hear in your voice that you are ...
  - I am here to help you I want to help you
  - I will try to keep you safe
  - I care, I have time... I’m listening...
  - I appreciate your help and cooperation

- They convey you are:
  - listening,
  - understanding and
  - that you involved in their concerns

Countermeasures

- Create space
  - Put a barrier up, move to door, start exiting
- Use loud positive commands, “Stop”, “No”
- Mover to a boxer stance
- Create a diversion
  - Throw coins, drop a book, cough, hat
- Draw defensive tools, shields
  - Clipboards, umbrella, computer case, plant, books
- Exit

Responding to the Active Intruder / Shooter

Cell Phone Video
Survival is Seizing Opportunities!

Shots Fired!

What is your best course of action?
- **Get out**: Can you safely escape?
- **Hide out**: Is there a good place to hide?
- **Keep out**: Block doors, shut off phones, radios
- **Take out**: Attack shooter as best you can

1. **GET OUT** Evacuate
- Have an escape route in mind
- Evacuate regardless if others agree to follow
- Leave your belongings behind
- Prevent others from entering the danger zone
- Help others and have plan for the disabled
- Keep your hands visible
- Follow instructions of police
- Do not move wounded
- Call 911 when you are safe

2. **Hide Out**
Provide protection if shots are fired in your direction (office with a closed and locked door)
- Place which may not restrict your options for movement of to flee
- Lock door of room
- Block the door with heavy furniture
- Turn off lights, radios and phones
- Be out of shooter’s line of sight
- Call 911
- Remain in place until police announce “all clear”

3. **Keep Out**
- Lock the door
- Silence your cell phone or pager
- Turn off any source of noise (radios, TV)
- Hide behind large objects (cabinets, desks)
- Remain quiet
- Dial 911 to alert police to shooter’s location
- Leave the line open to allow dispatcher to listen
- As a last resort, take action against the shooter

4. **Take Out** If there are two or more of you...
- Spread out
- Make a plan
- Act as a team
- **Swarm**
- Total commitment to action
- Do “whatever it takes”
- If suspect leaves, Do try to escape
  Flee if safe to do so- moving targets are harder to hit
4. Take Out

The world can be an evil place, not because of the evil that men do, but because of those that allow them to do it.

Albert Einstein

Remember...

It wasn’t raining, when Noah built the Ark!

Thank You

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