**Clinical Reference Guide (CRG): CARING FOR CHALLENGING PATIENTS**

**Challenging Patients** can be defined as:
- Patient’s behavior that goes far beyond the norm
- Behavior crosses personal, ethical, & professional boundaries
- Behavior prevents safe treatment & care

This type of patient requires you to address the behaviors that have crossed over to unacceptable behaviors. It’s very important for ALL Team members to be aware of Acceptable, Unified, TX Interventions for challenging patient’s behaviors.

- Be informed & educated
- ALL STAFF should huddle, discuss strategies & interventions, & the PT’s care
- Recognize escalating behavior
- Use appropriate interventions (examples on back)
- Use AIDET - Acknowledge, Introduce, Duration, Explain, Thanks

**UNDERSTANDING THE ROLE OF SECURITY**

The role of Security is multifaceted, with the priority of ensuring a safe environment.

During a Security Request in response to acting out behavior, Security will:
1) Check in with BH staff to determine security’s role in situation (How may I be of assistance?)
2) Survey the environment for dangerous objects
3) Monitor the patient/visitor’s behavior
4) Allow patient/visitor to vent
5) Attempt to de-escalate patient/visitor
6) Use Non-violent physical intervention when needed
7) Provide a “show of force” in an attempt to de-escalate an aggressive patient/visitor
8) Assist staff as needed while caring for an aggressive patient

**Behavior Influences Behavior!!!**

- The manner in which we interact with another person affects how the person interacts with us
- There are phases or stages to this interaction
- Staff Behaviors; both verbal and physical influence another person’s behaviors
- Appropriate staff interactions at each phase is critical

It’s not what you say but how you say it

Elements of speech
- Tone (low, calm)
- Volume (soft, Do Not match voice level)
- Rate/Rhythm (slow & clear)

Body Language: the process of communication nonverbally through conscious or unconscious gestures and movements

Examples are; Facial expressions
- Movement (eyes, head, etc.)
- Arm placement
- Others?

Don’t take it Personally

- Being non judgmental
- Know your triggers and breaking point
- Be in control of your behavior
- De-personalize situation
- Understand person brought “issues” with them

**INTerventions**

- Do not take it personally- remember everyone has their own beliefs, issues, background
- Do not become emotional- you cannot think & act clearly when you are upset
- Set clear understandable boundaries- let the patient know what you can & cannot do referencing TX (use the board)
- Use simple concrete language to explain your care- patients sometimes calm down when they understand what is happening
- Communicate between ALL staff members- challenging patients may try to “split” staff
- Know who you are dealing with- some patients have other issues (Substance abuse, mental illness, etc.)
- Engage patient’s support systems- sometimes family or friends may assist you with the patient
- Discuss situations with management, so everyone agrees- the care of challenging patients may need additional resources (sitter, security walk through, counseling, etc.)
- Talk about behavior- explain their behaviors may interrupt your ability to provide TX/care for them
- Take care of yourself- use your personal coping skills to handle challenging patients

**REMEmber… IT’S NOT ABOUT YOU**
**Phase of Escalating Behaviors & Staff Interventions**

1) **Anxiety Phase** - Staff will observe:
   - Energy changes
   - Verbal or conversational changes
   - Fidgeting
   - Sudden changes in affect
   - Drawing people into a power struggle

2) **Resistance Phase** - (Identify signs the patient is escalating into possible behavioral crisis.):
   - Increasing resistance to requests
   - Refusal
   - Questioning
   - Challenging
   - Change in tone and volume of voice
   - Beginning of loss of control
   - Increasing physical activity
   - Loud self-talk
   - Swearing to self

**If patient’s behavior is frequently in this escalating phase, a Team TX Planning is suggested to prevent further escalation!!!**

3) **Combative Phase**
   - Crisis *(Risk of harm to self, others, or environment, or seriously disruptive behavior)*
     - Swearing at people
     - Threats of aggression
     - Explosive behavior
     - Using threatening gestures to others or self
     - Physical aggression to self or others
     - Hurting self
     - Kicking, hitting, scratching, choking, biting
     - Using objects to hurt self or others

**Follow the policy EOC-002-035 Threat of Violence (TOV).**

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<th>Regional Protective Services</th>
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<tr>
<td>BHMC (954) 355-5350</td>
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<td>BHN (954) 786-6688</td>
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<tr>
<td>BHIP (954) 776-8719</td>
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<td>BHCS (954) 344-4094</td>
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<td>BHMC (954) 355-5048</td>
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<td>BHN (954) 786-6900</td>
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<td>BHIP (954) 776-8680</td>
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<td>BHCS (954) 344-3010</td>
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**Highlights of the policy are;**

- Follow the Threat of Violence Flowchart -Immediate Threat
- Non-Immediate Threat
- TOV Hotline (954) 369-5635
- Document in a HAS Report
- Contact Protective Services (if appropriate)
- Contact Human Resources (if appropriate)

**Regional Protective Services**

**Regional Human Resources**

**Regional Protective Services**

**Regional Human Resources**

**8/22/17**