

Introduction

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

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

Behavior Influences Behavior!!!

- ❖ The manner in which we interact with another person effects 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**

REMEMBER... IT'S NOT ABOUT YOU

Note Disclaimer: This Clinical Reference Guide is not intended to give the reader details on the specific policies and procedures (P&P) and competencies used at Broward Health facilities nor replace training for Violence Prevention in the Workplace

Phases 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

1) Be supportive, modify environment to meet needs

- ❖ Encourage talking
- ❖ Be empathetic
- ❖ Educate on the care process
- ❖ Increase positive feedback, offer choices
- ❖ Use calming approaches for self & patient (e.g., deep breathing)
- ❖ Use distraction and environmental accommodation (e.g., reduce noise stimuli, increase personal space)

EXAMPLES:

“Mr. Williams is there something I can assist you with?”
 “Ms. Johnson let’s discuss your TX so we can clarify any questions.”
 “Mr. Perra I placed a call to the doctor & I’ll let you know when he calls back.”
 “Ms. Hendricks why don’t we discuss you’re D/C plans w/ your family?”

2) Be directive (use verbal direction and modeling), continue to modify environment to meet needs & ensure safety

- ❖ Use verbal intervention techniques, set limits, remember distance. Use visual aids, if helpful
- ❖ Reassure, discuss past successes, show understanding
- ❖ Describe what you see, not your interpretation of it
- ❖ If the patient is able to communicate verbally, identify his/her major feeling state (angry, frustrated, anxious), provide answers to questions, state facts, ask short clear questions
- ❖ For a nonverbal patient, adjust responses to him/her

EXAMPLES:

“Mr. Williams please stop shouting, it’s disturbing others. I will call the Dr. when you have calmed down.”
 “John we can discuss your medications when you stop screaming at staff. If this behavior continues, we will notify your physician.”
 “Mr. Perra I have explained your ordered medications, the time is written on your board. Your behavior is preventing staff from providing you safe care.”
 “Ms. Hendricks, if you continue to scream at staff, use racial slurs, & loudly swear, security will be contacted.”
 “Tammy your Team, including your doctor, will meet to discuss how your behavior is affecting your TX & care.”

3) Use safety strategies (Phone 911 for off sites)

- ❖ Ensure your own safety, safety of others, and safety of individual
- ❖ Use personal space and supportive body position
- ❖ Remove potentially harmful objects
- ❖ Use clear, short, calm and slow statements
- ❖ Remind the patient of pre-established boundaries; remind patient about the consequences of their behavior but do not threaten him/her
- ❖ Get assistance to keep safe
- ❖ Use violence response strategies
- ❖ Everyone should agree on a plan for what happens at the time of a crisis and the follow-up

EXAMPLES:

“Joyce your behavior is out of control & now there’s a safety issue. We will do what is needed for everyone’s safety.”
 “Cindy this behavior is destructive & will not be tolerated.”
 “Please allow me to assist you before this goes too far.”

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

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

BHMC(954) 355-5350

BHN (954) 786-6688

BHIP (954) 776-8719

BHCS (954) 344-4094

**HSS Program Director
(303) 249-0415**

Regional Human Resources

BHMC (954) 355-5048

BHN (954) 786-6900

BHIP (954) 776-8680

BHCS (954) 344-3010

**Corporate, Spectrum, and
satellite sites (954) 355-5721**



