



The Essentials of Aggression Management in the Senior Living Community

presented by

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Before We Begin

Ask yourself
“have I ever been the victim of workplace aggression?”



Please Remember

De-escalation training is different from an active shooter training.

Active shooter training is a separate training that should be specific to active shooters and presented at a separate time.

Do not try to de-escalate an active shooter.



Please Remember

As with all aspects of human behavior, there is no 100 percent "tried and true" method to de-escalate all aggressive behavior.



What Would You Do If...

An employee enters the facility carrying a brown paper bag. The employee doesn't say anything to anyone and is wearing camouflaged clothing. The employee has been acting strange the past few weeks, making threats to his supervisor and fellow employees, and making comments about "getting even".



What Would You Do If...

An employee comes into work and tells you that he/she is going to commit suicide.

A co-worker comes into the nurses' lounge while you are in there, stating "I've had it with that)#&*% and if she doesn't watch out, she's gonna be one sorry SOB".



What Would You Do If...

An employee starts crying once or twice every shift, for no apparent reason, and without provocation.

A female co-worker, going through a divorce, gets a call from her estranged spouse, and hangs up the phone and tells you "he says he's coming here to kill me".



Objectives

At the conclusion of this program, the participant will be able to:

- Discuss the impact of workplace violence
- Discuss the role of de-escalation in management of disruptive/aggressive behavior
- Describe the purpose and acceptable use of self-defense maneuvers taught in class
- Correctly demonstrate self-defense maneuvers



What Constitutes **Workplace Violence**?

The Joint Commission Defines Workplace Violence as:

Any act or threat occurring at the workplace that can include the following:

- | | |
|---|---|
| • Verbal, Nonverbal, Written, or Physical Aggression | • Sabotage |
| • Threatening, Intimidating, Harassing, or Humiliating Words or Actions | • Sexual Harassment |
| • Bullying | • Physical Assaults |
| | • Other Behaviors of Concern Involving Staff, Licensed Practitioners, residents, or Visitors. |

Aggression at the hands of residents cannot be considered "part of the job".



The Four Types of Workplace Violence

Type I	Type II	Type III	Type IV
Criminal Intent	Family / Resident	Worker-on-Worker	Personal Relationship
<i>The aggressor has no connections to the hospital and came to the facility to commit a crime.</i>	<i>The aggressor is a resident or family member who entered the facility seeking treatment.</i>	<i>Two or more employees of the facility involved in a physical altercation.</i>	<i>The aggressor is a family member or spouse entering the facility to confront an employee.</i>



Workplace Violence Impact

<p>A National Nurses United (NNU) Survey of Nurses' Experience of Workplace Violence: Types of Workplace Violence, Data Gathered Jan. 1, 2023, through Dec. 31, 2023.</p> <ul style="list-style-type: none"> • 67.8% Physically threatened • 38.7% Pinched or scratched • 37.3% Slapped, punched, or kicked • 36.2% Objects thrown • 34.6% Verbally harassed based on your sex or appearance • 33.3% Spat on or exposed to other bodily fluids • 29.9% Groped or touched inappropriate • 19.8% I have not experienced workplace violence • 18.4%



Workplace Violence Impact

<ul style="list-style-type: none"> • The American Hospital Association (AHA) reports that healthcare workers suffer more workplace injuries because of violence than any other profession. The AHA also reported a 44% of nurses report an increase in physical violence since the pandemic and 68% report an increase in verbal abuse.
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PREVENTING
WORKPLACE VIOLENCE

Universal Precaution for Workplace Violence

IN EVERY HEALTHCARE ORGANIZATION, THE RISK OF VIOLENCE SHOULD ALWAYS BE RECOGNIZED, BUT CAN BE AVOIDED OR MITIGATED THROUGH PREPARATION.



Responding To A
Violent Situation

To increase safety and lessen your chances of being injured, follow some simple guidelines:

- Limit physical interventions
- Use adequate number of staff
- Develop and train Emergency Response Teams
- Provide training to all employees
- Train using role playing, situations, and mock drills



Characteristics of the Potentially Violent Person
(Non-Resident)

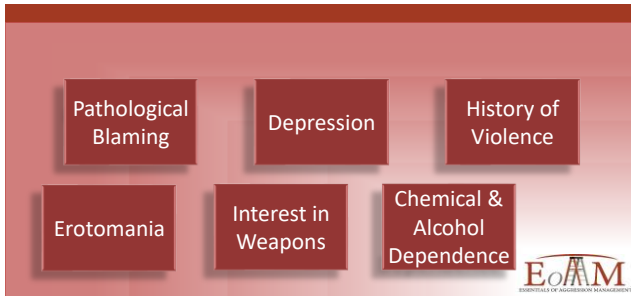
Male
80% Probability

Caucasian
75% Probability

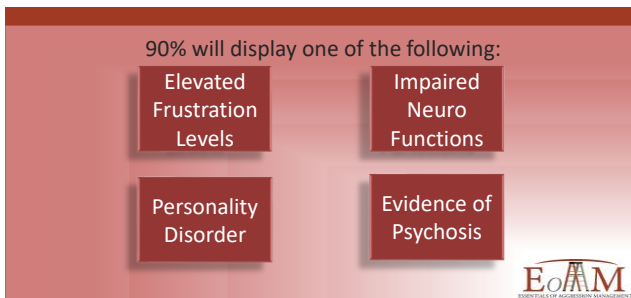
Working Age
90% Probability



Characteristics of the Potentially Violent Person



Characteristics of the Potentially Violent Person



Prevention Starts HERE

Key to prevention of violence:

- Connect with the resident or aggressor during a calm, non-threatening time.
- Begin at the moment of contact with your facility.
- Conduct every interaction in a kind, caring, and empathetic manner.
- Ask yourself, "how can I best help this person?"

IF IT FEELS GOOD, DON'T SAY IT!

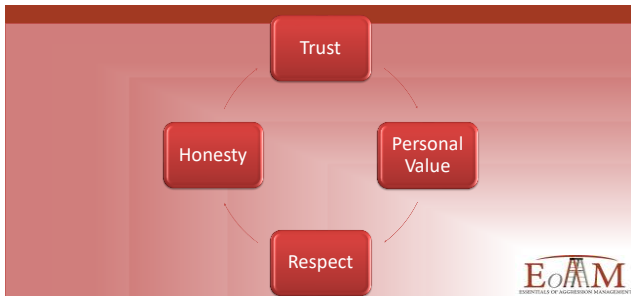
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Active Listening/Reflective Response

Active Listening	Reflective Response
<ul style="list-style-type: none"> • Allowing them to talk • Listen for key issues • Deflecting personal comments • Keeping comfortable eye contact • Nod your head yes • Demonstrate your hearing • Don't get personally insulted • Maintain your composure • Always start off with "I see" 	<ul style="list-style-type: none"> • Repeat the key concepts they provided you with while they talked • You don't have to agree, just understand their view • Provide a confident reply • Be sincere, never sarcastic • Give them a choice • Answer their concern by offering your solution

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Elements of Positive Rapport



TRUST

Trust= Consistency + Predictability
Time (X)

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Personal Values

Personal Values are your core set of beliefs that differentiate between good and bad, or right and wrong. These beliefs come from your community, culture, or society and can differ from person to person.



HONESTY

Situations can go from bad to worse if you do not give honest information.

- Do your best to be honest in all situations
- Explain procedures and processes
- Think of the long-term consequences



Respect

- How would I act if I were a resident or family in this situation?
- How would I want my loved one treated in this situation?



Respect

Maintaining respect may be challenging – consider:

- Taking a time out
- Discussing care challenges with another member of the care team
- Doing your best not to take the situation personally
- Reminding yourself that the resident is having a difficult time
- Checking biases at the door



Professional / Personal



Professional / Personal

- Professional Face / Personal Face
- Professional Face: Who you are while working
 - The resident may have an issue with what you have to do and lashes out at you the “Professional”
- Personal Face: Who you are away from work
 - The relationships and people you call family/friends, your “Personal Face”





Recognizing & Avoiding Potentially Violent Behavior

The Aggression Continuum:

Six Steps from Calm to Violent



The Aggression Continuum



The continuum can best be thought of as a six-footstep ladder. The closer the aggressor gets to the top rung, the more likely the risk of violent behavior.



The Aggression Continuum




Remember what the sticker on the top step says:

DANGER
Do Not Stand Here




The Aggression Continuum



STEP 1:

the Person is

Calm



Step 1: Calm and Non-Threatening

Observable Behavior:

- Presents In A Calm Manner
- Does Not Seem Agitated
- Presence Is Not Threatening
- Is Just "Another Person Functioning In Society"

Your Response:

- ✓ Respect Persons Dignity
- ✓ Actively Listen to Concerns
- ✓ Demonstrate Compassion and Caring
- ✓ Focus on Their Needs
- ✓ Build Rapport

Begin utilizing AIDET



AIDET

Five steps to better customer service

A	ACKNOWLEDGE	ESTABLISHES CONNECTION
I	INTRODUCE	INCREASES TRUST
D	DURATION	DECREASES ANXIETY
E	EXPLANATION	INCREASES COMPLIANCE
T	THANK	INCREASES LOYALTY

Reminder: This could be someone's first time in a hospital setting! AIDET can be a useful tool to keep the resident calm and relaxed.



The Aggression Continuum



STEP 2:
the Person is
Verbally
Agitated

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Step 2: Verbally Agitated

Observable Behavior:	Your Response:
<ul style="list-style-type: none">➤ Person Expresses Verbal Anger➤ The Anger Is Not Directed At Any Specific Person Or Object➤ The Person Is No Threat To You	<ul style="list-style-type: none">✓ Actively Listen To The Person✓ Demonstrate Respect✓ Support The Person's Dignity✓ Avoid Giving Orders

Remember: Typically, people vent at different paces

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The Aggression Continuum



STEP 3:
the Person is
Verbally
Hostile

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Step 3: Verbally Hostile

Observable Behavior:

- Behaviors Very Similar To Being "Verbally Agitated"
- Person Is Oblivious To Efforts To Calm Him
- Higher Degree of Emotion (Tearful, Voice Cracking, Etc.)

Your Response:

- ✓ Maintain Non-threatening Body Posture
- ✓ Respect The "Personal Zone"
- ✓ Continue To Allow The Person To Vent Anger
- ✓ Keep Any Instructions Minimal
- ✓ Continue To Make Collaborative Statements
- ✓ Keep Discussion Specific To Here And Now

Maintain a safe personal distance of at least one arm's length



Step 3: Verbally Hostile

Begin Gaining Compliance Through Use Of:

- "Yes, And Agreement Terms"
- N'T Words Like:
 - Wouldn't You?
 - Can't You?
 - Won't You?

"You Will Explain More About That In A More Fitting Place, Won't You?"



The Aggression Continuum



STEP 4:
the Person is


Verbally
Threatening



Step 4: Verbally Threatening

Observable Behavior:	Your Response:
<ul style="list-style-type: none"> ➤ Begins To Focus Anger On Specific Person(s) ➤ Makes Demands For Action ➤ Makes Threats Of Consequences If Demands Are Not Met 	<ul style="list-style-type: none"> ✓ Maintain Eye Contact ✓ Provide HONEST Options ✓ Utilize The Buddy System ✓ Triangular De-escalation ✓ Avoid <u>Cornering</u>


Anticipate Violence & Call For Help



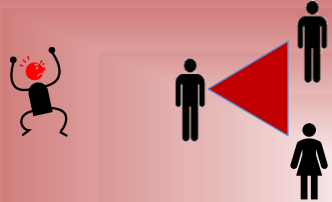

Responding to Potentially Violent Incidents

Use The "Buddy System"

- Respond To Potentially Violent/Aggressive Situations Using The Buddy System
- A Minimum Of Two People
- Increase Safety With Three Person Team For Talk-down, And A Six Person Team For Physical Intervention.



Triangle Approach

CORNERING

To **corner** the person means to **trap** the person.

- C** - Contact Cornering
- A** - Angular Cornering
- P** - Psychological Cornering
- E** - Exit Cornering



The Aggression Continuum



STEP 5:
the Person is
Physically
Threatening



Step 5: Physically Threatening

Observable Behavior:

- Takes Stance That Suggests Violence
- May Scan Area For Potential Weapons
- May Make Aggressive Moves Against You

Your Response:

- ✓ This Is The **CRITICAL POINT**
- ✓ Maintain Defensive Posture
- ✓ Look For Strong Side/Weak Side Indicators

Be prepared for a physical attack!



Strong Side / Weak Side Indicators

- Most People Will Carry Keys/Phones/Bags With Their Strong Hand
- Most People Use Their Strong Hand with Hand Gestures
- Most People Wear Their Watch Or Fitness Device On The Weak Side
- Most People Stand With Their Weak Side Facing Forward

If Unsure, Line Up On Their Left Side



The Aggression Continuum



STEP 6:
the Person is
Physically Violent



Step 6: Physically Violent

Observable Behavior:

- Physically Attacks You In Some Form

Your Response:

- ✓ Change To Self Defense/Survival Mode
- ✓ Discontinue Efforts To De-Escalate

ESCAPE!



Self Defense vs. Resident Control

Self Defense Involves All Means Of Self Protection

- Force Used Must Be Reasonable And Necessary
- Tactics Aid In The Escape Of An Individual From An Attacker Without Regard For The Attacker
- Used Only In Emergency Situations To Protect The Provider From Harm Or Injury



Objective “Reasonableness”

Force Is Judged

- From Standpoint Of A Reasonable Provider With Similar Training And Experience
- Through The Eyes Of The Provider At The Scene, At The Time
- Objective Determination



Ten De-Escalation Tips

- | | |
|----------------------------------|--|
| 1. Commit to an Outcome | 6. Monitor Your Status |
| 2. Pay Attention | 7. Monitor the Environment |
| 3. Know the Aggression Continuum | 8. Offer Honest Options/Choices |
| 4. Assess the Cause | 9. Avoid Cornering – I.E. C.A.P.E |
| 5. Avoid Ego Battles | 10. Establish Leadership (Who’s In Charge) |



The Don'ts and Do's of De-Escalation

DON'T	DO
Give Orders	Allow Individual To Make Choices
Project A "Don't Give A Damn" Attitude	Be Compassionate And Allow The Individual To Save Self Esteem
Over Stare (Threatening stare)	Maintain Eye Contact
Argue	Stay Calm And Relaxed
Turn Your Back Or Walk Away	Maintain Safe Personal Distance
Become Emotional	Monitor Your Own Status
Corner the Individual Or Invade His Space	Position Yourself On Individuals Weak Side
Raise Your Voice To Meet Theirs	Keep Voice Pitch/Volume Down
Make Threats Or Lie To The Individual	Offer Honest Options
AND REMEMBER... TAKE YOUR TIME!!	

Watch for Non-Verbal Clues:

Sudden Movements Toward You

Tightening Of Small And Large Muscle Groups

Twitching Of Facial Muscles

Darting Eye Movements

Fixed Staring



Watch for Non-Verbal Clues:

Glancing For Weapons

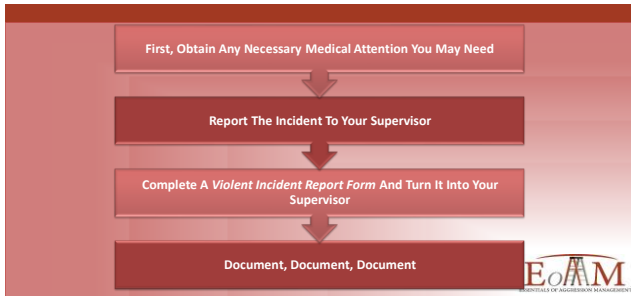
Shifting Balance Or Changing Stances

Raised Voice Pitch And Increased Volume

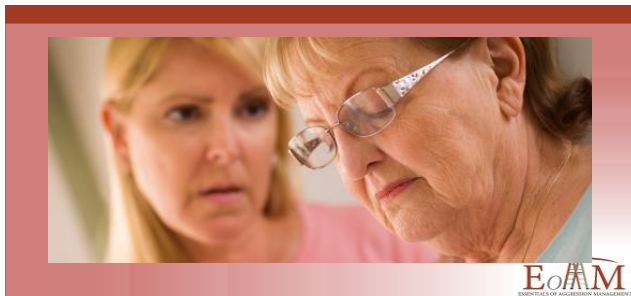
Increased Breathing Rate



If You Are Involved In A Violent Situation



Aggressive Behavior and the Dementia Resident



Deescalating Resident with Dementia

Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily activities, with the illness getting worse over time. It mainly affects older people, but not all people will get it as they age.

The EoAM logo is in the bottom right corner.

Early Signs and Symptoms

- Changes in mood and behavior
- Forgetting things or recent events
- Losing or misplacing things
- Getting lost when walking or driving
- Being confused, even in familiar places



Early Signs and Symptoms

- Losing track of time
- Difficulties solving problems or making decisions
- Problems following conversations or trouble finding words
- Difficulties performing familiar tasks
- Misjudging distances to objects visually



Phases of Dementia

Phase I	Phase II	Phase III
Mild dementia: Forgetfulness is the most common indicator. Often perceived as a normal sign of aging and blamed on stress or over-work. However, most loved ones are still recognizable.	Moderate dementia: This manifests in the form of repeated questions, paranoia, anxiousness at what were common tasks or events, depression and loss of control. Hygiene and self-care, often in the form of not eating or sleeping, and withdrawing from friends, family, and past interests are also problems at this stage.	Severe dementia: Daily living is no longer possible without assistance, even for brushing teeth or bathing. The resident may become non-verbal, lose control of their arms, hands, and legs, and may require admission into a specialized facility.



De-Escalating Dementia Residents

Catastrophic Reactions: Overwhelmed and Overreacting

It is easy for a dementia resident to become overwhelmed and overreact to a situation.
Possible causes for this include:

Fatigue	The environment is too stimulating	The resident is asked too many questions at a time
Too many strangers in a noisy, crowded atmosphere	The resident is asked to perform a task beyond his/her abilities	Irritable/impatient nursing staff

Strategies to Help Restore Calm

➤ Remain calm	➤ Move the resident to a quieter area
➤ Use a low tone of voice	➤ Simplify the task for the resident
➤ Do not argue with the resident	➤ Build in rest periods
➤ Try the activity or task again later	➤ Simplify communication
➤ Refrain from forcing or restraining the resident	➤ Be aware of your body language and what it is saying
➤ Offer reassurance and try distraction	

Disruptive Vocalizations

A dementia resident may become disruptive or loud during a visit to the hospital or unfamiliar environment. Possible causes for this include:

- Scared or uncomfortable in their new environment
- Pain
- Loneliness
- Self-stimulation



Strategies to Help Restore Calm

Offer the resident reassurance.

Place the resident where he/she can see a nurse.

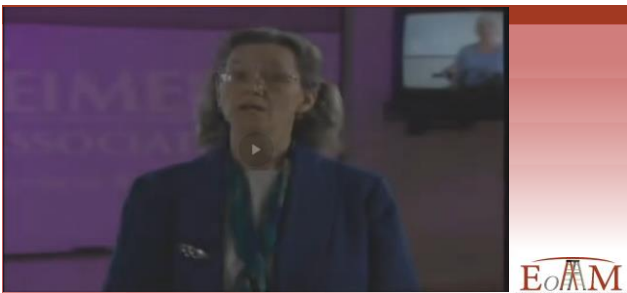
Spend time with the resident.

Assess the resident for pain.

Provide a range of textures in the environment for stimulation.



Physical Approach & Communication – Teepa Snow



De-escalating a Dementia Resident

Dementia residents can benefit from the same EoAM techniques and calming methods used by healthcare workers and first responders. Healthcare workers are trained to de-escalate tense situations, through proper communication.

When de-escalating a resident with dementia remember:

- Use a non-threatening body posture
- Use validation to put the resident at ease
- Be aware of where you are in the room and DON'T let yourself get exit trapped



Communication Tips:

- Give the person time to respond to your question (20 seconds).
- Always repeat your question the same way.
- Use simple language. No slang or medical terminology.
- State in positive terms. Constant use of "no" or giving commands increases resistance.
- Find the key thought and take note of the feeling or emotion being expressed along with the spoken word.
- Reassure through words.
- Remind the resident who you are and that you'll take care of him/her. Let them know you are on their side.




Communication Tips:

- Sometimes asking a "why" question can get to the reason behind a repetitive question and decrease its occurrence. (i.e., "Why are you concerned about what time it is?")
- If the resident can understand written words, then large, bold-lettered signs can be cues to the bathroom, closet, and personal items.



Tips to Help with Confusion and Maintain Calm

<ul style="list-style-type: none"> ✓ Identify any potential dangers in the environment. ✓ Use pictures (symbols) instead of written signs to assist the resident with locating his/her room and bathroom. ✓ Decrease noise level, if possible, by avoiding paging systems and buzzing call lights. ✓ Place the resident's name in large block letters on the door to his/her room. 	<ul style="list-style-type: none"> ✓ Review medications for side effects of confusion. ✓ Simplify tasks. Break them down into smaller steps. ✓ Simplify communication. Use short sentences and avoid lengthy explanations. ✓ Ask the family member/caregiver about the emotional comfort strategies used at home.
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Do's and Don't of De-Escalating Dementia residents


DO	DON'T
✓ Slowly approach from the front/side	Present an aggressive body language
✓ Maintain eye contact, but don't stare	Approach from the side or behind them
✓ Keep your breathing under control	Argue or use negative words like "No" or "You can't"
✓ Stand at a slight angle, try to be at eye level	Turn your back or walk away
✓ Keep your voice low and modulated	Argue, even if you're right
✓ Allow only one person to talk at a time	Patronize or treat them with disrespect
✓ Try to reverse or undo whatever caused their aggression	

AND REMEMBER... TAKE YOUR TIME!!

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Remember

- Secure the environment during the de-escalation, removing items that can be used as a weapon against staff members.
- Always know where the exits are and keep doors open.
- You may find it helpful to have their favorite shows or music handy on the television or speaker. You can also attempt to shift focus to a different activity.
- Conduct every interaction in a kind, caring, and empathetic manner.

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If You Have An Incident...

Talk About It	Watch For Signs Of Post Traumatic Stress Disorder (PTSD)	Utilize CISD Teams
Utilize Peer Support Teams	Utilize Employee Assistance Program (EAP)	Critique Each Session From Quality Improvement Perspective



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