

Workplace Violence

Mindy Schultz, LISW-S

Manager, Behavioral Health Admissions & Patient Experience

May 2016

Violence at Work, a Persistent Problem

- ▶ Nearly 1 out of 5 occupation fatalities could be attributed to workplace violence.
- ▶ Occupational fatalities increased from the previous year by 18% in the 20-24 year old age range.
- ▶ Nearly 1/3 of occupational fatalities due to workplace violence occur in management or sales-related positions.
- ▶ Women were twice as likely as men to be the victim of homicide in the workplace in 2011.

Source: 2011 Figures Released from USDOL, BLS

Did you know.....



- There are NO diagnostic measures to determine violence, but because a history of violence is the best predictor of future violence, recognizing persons with histories of violence is crucial.
- Be Aware! The higher the awareness and level of suspicion for acting out, agitated, or violent behavior there is, the less likely an explosive situation will occur.

Immediate changes or shifts in behavior observed

RECOGNITION OF AGGRESSIVE BEHAVIOR

- ▶ Warning Signs of Escalating Behaviors
 - ▶ Excessive pacing
 - ▶ Psychomotor agitation
 - ▶ Intoxicated
 - ▶ Threatening remarks
 - ▶ Jokes of violence
 - ▶ piercing eye contact
 - ▶ invading your space
 - ▶ Paranoid ideation/delusions
 - ▶ Poor impulse control or low frustration tolerance
 - ▶ Emotional lability
 - ▶ Irritability and/or impulsivity
- ▶ striking objects/pounding fists
- ▶ Suspiciousness
- ▶ Loud, demanding tone
- ▶ Intimidation
- ▶ slamming/throwing things
- ▶ Combative posture and stance
- ▶ Guardedness
- ▶ Person exhibits "abnormal" behavior



RECOGNITION OF AGGRESSIVE BEHAVIOR

- ▶ Passive Behavior
 - ▶ feet are side by side
 - ▶ arms are relaxed/fixated
 - ▶ upper body is relaxed
 - ▶ eyes are at a fixed gaze
- ▶ Aggressive Behavior
 - ▶ dominant foot to the rear
 - ▶ body weight shifts forward
 - ▶ arms will be animated/flailing
 - ▶ Eye contact is piercing
- ▶ Defensive Behavior
 - ▶ dominant foot to the rear
 - ▶ body weight shifted to the rear
 - ▶ arms are tight / fixated(crossed)
 - ▶ Rigid muscle tone
- ▶ Assessing Voice Pitch
 - ▶ person's voice will display an extreme pitch/volume
 - ▶ rapid rate of speech

Behavioral Emergencies / Causes to Behavior What else could be going on?

- ▶ Persons perception of an event or situation as intolerable = Crisis
- ▶ A dramatic emotional or circumstantial upheaval in a person's life
 - ▶ high stress environment, frustration, fear
 - ▶ Criminal activity
 - ▶ Economy
- ▶ Threat to self, family, or community
- ▶ Person may display a variety of symptoms for mental instability, including:
 - ▶ Anxiety or Panic
 - ▶ Bizarre thinking or actions (Disorganization, Disorientation)
 - ▶ Hallucinations or Delusions
 - ▶ Agitation or Mania
 - ▶ Withdrawal
 - ▶ Suicidal or Homicidal Ideations

Personal safety comes first

- ▶ Use of the buddy system--check on each other.
- ▶ Position yourself closest to the door
- ▶ Never let the person get between you and the door
- ▶ Be alert to objects that can be used as weapons
- ▶ Make sure the scene is safe
- ▶ Keep a means of egress open
- ▶ If in doubt call police
- ▶ exercise common sense—trust your instincts

De-escalation Techniques

- ▶ **Remain calm and avoid overreacting**
 - ▶ You have time on your side unless there is a threat to life
 - ▶ Your calmness will be noticed
- ▶ **Indicate a willingness to understand and help**
 - ▶ Provide reassurance to the person (through the entire process)
 - ▶ Be honest
 - ▶ Pay Attention with Active listening
 - ▶ Seek cooperation
 - ▶ Spend time trying to calm the person when he/she is upset—violent outbursts are usually of short duration

De-escalation Techniques

- ▶ **Speak simply and briefly and move slowly**
 - ▶ Understand that a rational discussion may not take place
 - ▶ Ask what they want/need
- ▶ **Be empathetic**
 - ▶ Help the person save face and convey hope if at all possible
- ▶ **Remove distractions, upsetting influences, and disruptive people from the scene**
 - ▶ Be aware of your surroundings, scan the environment

SELF AWARENESS RELATED TO VIOLENCE

- ▶ 85-90% of communication is non verbal body language
- ▶ Be aware of the person's and your own Body Language
 - ▶ Body Posture
 - ▶ Hand Gestures
 - ▶ Facial Expressions
 - ▶ Attitude
 - ▶ Tone/Volume of Voice
 - ▶ Escalating behaviors
- ▶ Use caution when approaching a potentially aggressive person
- ▶ Be open to criticism, don't personalize
- ▶ Respond assertively and confident

Negative Responses

- ▶ Don't express anger, impatience, or irritation
- ▶ Don't crowd the person or violate personal space
- ▶ Don't talk down to the person
- ▶ Don't challenge their thinking
- ▶ Don't offer reassurances that may not be true
- ▶ Don't try to make them feel guilty
- ▶ Don't give advice
- ▶ Don't lie
- ▶ Don't move suddenly, give rapid orders, or shout
- ▶ Don't force a discussion
- ▶ Don't have direct, persistent, continuous eye contact
- ▶ Don't touch the person
- ▶ Don't express anger, impatience, or irritation

Does your Organization or Agency have a plan or policy?

- ▶ Understanding predictors and associated factors in violence as well as having a clear and well-defined plan in approaching and dealing with the violent person/employee is crucial.
- ▶ Ensuring the person, other staff, and personal safety is the most important aspect in the management of a violent aggressive person.
- ▶ High incidents of aggressive behavior can affect employee turnover, emotionally drained or disengaged employees, and shape the perception or culture of a organization.

Supportive Actions

- ▶ It is important to identify the best mitigation strategies for those who have experience any level of trauma.

Defusings, small-group discussion provided within hours of the event for acute symptom mitigation.

Debriefings, larger group meetings with those involved in the event, held a day or so after the event, to assist them with normalizing their reactions, put the incident in perspective, disseminate accurate information about the event, and alleviate concerns for security and safety affecting employees.

- Some Organizations or Systems have Peer/Professional Support Teams
- ▶ Follow-up services such as EAP or Community Mental Health referrals are made when longer term intervention is identified.

Tri-County Resources

- ▶ Tri-County Crisis Response Team
Debriefings by NQWA trained personnel, Call Crisis Hotline
- ▶ Tri-County Crisis Services
Crisis Hotline 335-7148 or 800-351-7347
- ▶ Upper Valley Medical Center
Emergency Behavioral Health Evaluation and screening 440-7601
Employee Assistance Program
- ▶ Community Mental Health and Substance Recovery Centers
 - *Miami County
Recovery and Wellness Centers of Midwest Ohio
Troy Office : 335-0361
Miami County Recovery Council 335-4543
 - *Darke County
Recovery and Wellness Centers of Midwest Ohio
Greenville Office: 548-1635
Darke Co. Recovery Services 548-6842
 - *Shelby County
Shelby County Counseling Center 492-8080