

Note Disclaimer: This CRG is not intended to give the reader details on the specific policies and procedures and competencies used at Broward Health Facilities nor replace Work Place Violence Training (WPVT)

Introduction

What is considered a Challenging Patient?

- A patient that goes far beyond the behaviors you generally encounter, someone whose behavior crosses personal, ethical, & professional boundaries may be considered a Challenging Patient.
- This type of patient requires you to address the behaviors that have crossed over to unacceptable behaviors. It's very important that **ALL Team members** be aware of the **acceptable, unified, TX Interventions** to use with the challenging patient's behaviors.
 - **Be informed & educated**
 - **ALL STAFF should huddle & discuss strategies (Team TX Planning)**
 - **Recognize escalating behavior**
 - **Use appropriate interventions**
 - **Use AIDET (Acknowledge, Introduce, Duration, Explain and Thank you)**

What is the role of Security and/or the Responding Team?

- Respond to emergency situation
- Assess the scene safety
- Obtain information from Nurse in charge is patient related
- If patient related, assist nurse as needed. The nurse in charge will be responsible for the instructions.
- If non patient related, utilize de-escalation techniques to resolve the situation

Safety

Communicate between ALL staff members	Challenging patients may try to "split" staff
Discuss situations with management, so everyone agrees	The care of challenging patients may need additional resources, e.g. sitter, security walk through, counseling, etc.
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
Engage patient's support system	Sometimes family or friends may assist you with the patient
Know who you are dealing with	Some patients have other issues, e.g. substance abuse, mental illness, etc.
Set clear, understandable boundaries	Let the patient know what you can & cannot do referencing treatment.
Talk about behavior	Explain their behaviors may interrupt your ability to provide treatment/care for them
Take care of yourself	Use your personal coping skills to handle challenging patients
Use simple, concrete language to explain your care	Patients sometimes calm down when they understand what is happening

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 & 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, volume, rate/rhythm
- Body Language:
 - The process of communication nonverbally through conscious or unconscious gestures & movements
 - Examples are: facial expressions, movement (eyes/head), arm placement, others?

Don't take it Personally

- Being non-judgmental
- Know your triggers & breaking point
- Be in control of your behavior
- De-personalize the situation
- Understand that the person brought the issues with them
- **Remember, It's Not About You!!!!**

Reporting

Follow the P & P, specifically EOC-002-035, Threat of Violence. Highlights of the policy include:

- Follow the Threat of Violence flowchart
 - Immediate threat
 - **Non-immediate threat - 24/7**
 - TOV Hotline 954-369-5635
 - Document in a HAS Report
 - Contact Protective Services, if appropriate
- Contact Regional Human Resources Department, if appropriate

Phases of Escalating Behaviors

1. Anxiety Phase

- May be shown as:
 - Drawing people into a power struggle
 - Energy changes
 - Fidgeting
 - Sudden changes in affect
 - Verbal or conversational changes

2. Resistance Phase

- Identify signs that the patient is escalating into possible behavioral crisis
 - Beginning of loss of control
 - Challenging
 - Change in tone & volume of voice
 - Increasing physical activity
 - Increasing resistance to requests
 - Loud self-talk
 - Questioning
 - Refusal
 - Swearing to self
- **Note:** If the patient's behavior is frequently in this escalating phase, a Team Treatment Planning is suggested to prevent further escalation!!!!

3. Combative Phase

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

Staff Interventions

1. Acknowledge Behavior; Be Supportive,

- Modify environment to meet needs
 - Be empathetic
 - Encourage talking
 - Educate on the care process
 - Increase positive feedback, offer choices
 - Use calming approaches for self & patient, e.g. deep breathing
 - Use distraction & 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 treatment so we can clarify any questions"*
 - *"Mr. Smith, I have placed a call to the doctor & I'll let you know when he calls back"*
 - *"Ms. Hendricks why don't we discuss your discharge plans with your family"*

2. Be Directive

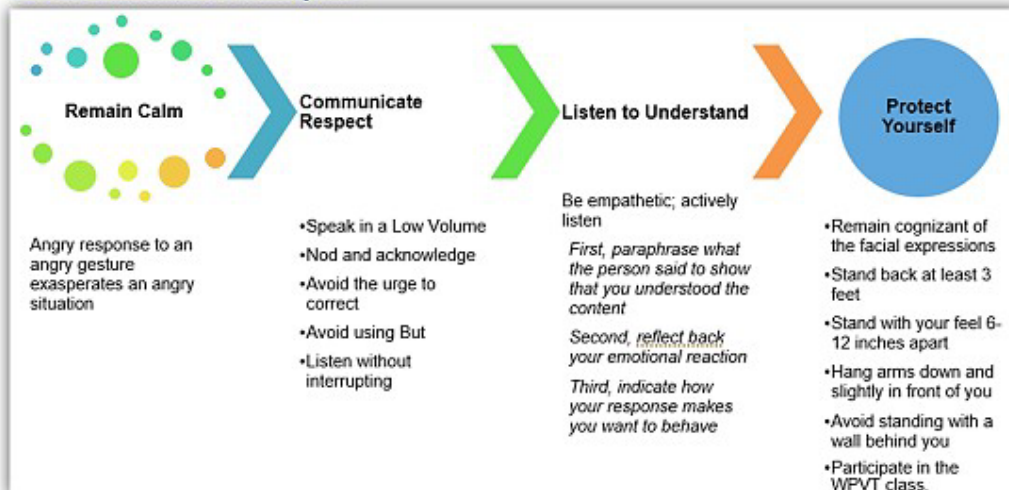
- (Use verbal direction & modeling), continue to modify environment to meet needs & ensure safety)
 - Use clear, short, calm and slow statements
 - Use personal space and supportive body position
 - Describe what you see, not your interpretation of it
 - If the patient is able to communicate verbally, identify his/her major feeling state (angry, frustrated, anxious) provide answers to questions, state facts, ask short clear questions
 - For a non-verbal patient, adjust responses to him/her
 - Reassure, discuss past successes, show understanding
 - Use verbal intervention techniques, **set limits**, remember distance. Use visual aids, if helpful
- **Examples**
 - *"Mr. Williams please stop shouting. It's disturbing others. I will call the Doctor 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."*
 - *"Ms. Hendricks, if you continue to scream at staff, use racial slurs & swear loudly, security will be contacted."*
 - *"Tammy your team including your doctor will meet to discuss how your behavior is affecting your treatment and care."*

3. Use Safety Strategies

- **In Hospital Dial 22 – Announce Security Assistance and location; Off Sites Phone 9-1-1**
 - Get assistance to keep safe; do not approach the person alone
 - Ensure your own safety, safety of others and safety of the individual
 - Everyone should agree on a plan for what happens at the time of a crisis and the follow-up
 - Remove potentially harmful objects
 - Use violence response strategies
 - Reassure the patient that they are safe and you are there to help.

MANAGING COMMUNICATION CHALLENGES

De-escalation Techniques



MANAGING COMMUNICATION CHALLENGES

Know what to say and do

Never use excuses	Call the patient by name whenever possible	Isolate, listen and tone down	Resolve & Act
<p>No one likes to hear them!</p> <ul style="list-style-type: none"> • "Sorry, we were busy" • "Sorry we don't have enough staff" • "Sorry, I wasn't here yesterday – it's not my fault" 	<p>This simple act makes a connection.</p> <ul style="list-style-type: none"> • Eliminate terms like sir, madam, love, honey, and mommy 	<p>Find a private area.</p> <ul style="list-style-type: none"> • makes them feel special • allows you to provide undivided attention • Eliminates disruptive environment for other patients • Say "Sorry about what happened, I understand and if I was in your situation, I'd feel the same" 	<p>Tell them what action you will take.</p> <ul style="list-style-type: none"> • Use "I" • Then do it!