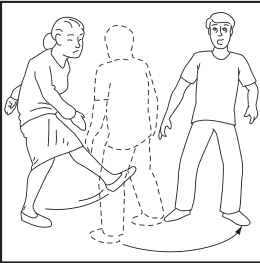
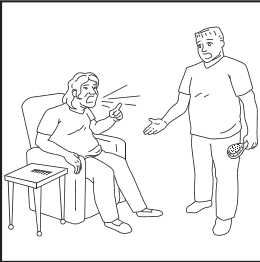


Workplace Violence Prevention and Management of Aggressive Behavior

Sharon Edwards, RN, MSN, CS



**Prevention and Management of
AGGRESSIVE BEHAVIOR**

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NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

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As health care expands and our population ages, many older adults are discovering that the reduction of extended families is leaving them with few options as they become older and more dependent. As a result, home care, assisted living facilities, and nursing homes have become increasingly necessary. The older adult's realization of limited abilities, both physically and emotionally, often contributes to frustration, fear, and potentially aggressive behavior. Healthcare workers are faced with difficulties, such as workplace violence, that were more limited in the past.

This in-service focuses on violent or aggressive behavior and ways to prevent or minimize it in the work setting. While we address aggressive behavior, the information contained in this SourceBook is intended to be used for prevention and assessment. The issues of workplace violence are the same for both long-term care facilities and home health agencies, with some differences for home care due to the different environment. In respect for the nursing home and assisted living individuals, the term "resident" will be used. In addition, HCFA has regulations in their condition of participation (nursing homes) that regulate the use of psychotropic medications and the use of mechanical restraints. Hopefully, with early intervention, chemical and manual restraints can be avoided or greatly limited.

This manual is intended to deal with aggressive behavior. If more instruction and physical intervention are needed, such as take downs or seclusion, there are several programs available. (Consult your mental health agency.)

This in-service can be divided into three sections as follows:

1. Introduction - Learning Objective 4
2. Learning Objective 5 - 7
3. Learning Objective 8 - 11

Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard or flip chart.

We hope you find this in-service helpful. And, as always, we welcome your comments and suggestions.

Introduction and Assessment

Estimated Time: 20 minutes

Tools: Handout Intro-1 Assessment A
Handout Intro-2 Assessment A Answer Key
Handout Intro-3 Note-Taking Worksheet
Transparency Intro-1 Targeted Population

Learning Activity: **Introduction**

The purpose of this in-service is to educate healthcare workers about prevention and management of violence and aggression. The goal is to reduce the frequency and degree of violent or aggressive behavior among the persons in their care by teaching techniques to prevent and manage the behavior when it happens.

Learning Activity: **Assessment**

**Distribute
Handout Intro-1
Assessment A**

Allow participants enough time to complete the assessment.

Learning Activity: **Lecture and Discussion**

Ask the following questions for discussion:

- Have any of you been involved in a violent or aggressive situation?
- What happened?
- Was the outcome negative or positive?
- What would you have done differently?
- What are your views now about a similar situation?
- Did you now have fears about aggression?
- Did you feel that the aggressive individual was being mean to you?

Allow (as time permits) the participants to discuss these situations and then ask for feedback from the remainder of the group. Answer any questions that may arise.

**Distribute
Handout Intro-3
Note-Taking
Worksheet**

Advise the participants that taking notes during the lectures and discussions will help them to remember the information and provide a resource to refer to later.

In the healthcare system, it is estimated that about 225,000 to 300,000 acts of aggression occur annually. About two-thirds (2/3) of the total number of reported incidents are directed towards the healthcare worker.

Ask the following question:

- Why do you think healthcare workers are the target of aggressive and violent behavior from the persons in our care? (Answers include: healthcare worker is often “the bearer of bad news” or the “most convenient” person on which to vent frustrations)

No act of aggression is completely senseless. There are reasons behind the aggressive or violent behavior, and it is our job to discover what those reasons are and use that knowledge to prevent aggressive behavior in the future.

Ask participants to discuss the following:

- Think about a situation in which you would feel threatened.
- What would you do to protect yourself or your loved ones?

Close the discussion by pointing out that we are all capable of aggression if we feel threatened enough!

**Display
Transparency
Intro-1
Targeted Population**

The targeted populations that healthcare staff work with in long-term care facilities, assisted living facilities, and home health agencies include individuals who are:

- Elderly
- Chronically ill
- Chronically in pain (sometimes unmanaged)
- Experiencing multiple health difficulties
- Mentally ill

Briefly discuss the various aspects of mental illness:

- Dual diagnosis - a diagnosis of both mental illness and one of the following:
 - chemical dependency
 - mental retardation
 - medical illness
- Dementia
- Alzheimer’s disease

Assessment A

Name: _____ Date: _____

Instructor's Name: _____

True or False. For each of the following statements, write "T" for true or "F" for false.

1. ___ People are mean and this is why they are aggressive towards others.
2. ___ Aggression occurs without warning.
3. ___ Residents are only aggressive towards those healthcare workers that they don't like.
4. ___ All acts of aggression or violence are clearly directed at a specific person.
5. ___ Aggression is a result of fear.
6. ___ Aggression is a learned behavior.
7. ___ Each of us has a safety "personal space" of about three feet.
8. ___ Healthcare workers have a legal responsibility to "do no harm."
9. ___ We can choose to interact with aggression rather than react to it.
10. ___ Our previous experience will influence how we respond to aggression.
11. ___ Residents will present "clues" before becoming agitated.
12. ___ Establishing routine times for eating, bathing, and other activities can reduce agitation.
13. ___ Difficulty with seeing or hearing can be a factor leading to aggression.
14. ___ The first stage of aggression is increased anxiety.
15. ___ The most important factor to prevent aggression is to listen to the resident/client.
16. ___ Too many people talking can increase anxiety and frustration for the individual.
17. ___ Statements to the agitated resident/client should only be stated once.
18. ___ When the resident/client has become physically aggressive, he/she can still logically reason.
19. ___ If a staff member is involved in an aggressive event, he/she may develop Post Traumatic Stress Disorder.
20. ___ The key component of prevention and management of aggressive behavior is education.

Assessment A Answer Key

1. False. Aggression is the result of a threat, either real or perceived.
2. False. The individual will always give “clues,” but many times staff are busy and don’t listen.
3. False. Aggression is the result of frustration or fear and may be directed towards individuals the resident/client trusts.
4. False. Aggression is a response to fear or frustration, which may be caused by a situation and not necessarily by a person.
5. True.
6. True.
7. True.
8. True.
9. True. However, this takes education, practice, and an understanding of the event.
10. True.
11. True.
12. True. Routines can help the resident/client feel safe.
13. True. Misperceptions can increase anxiety and thus fear or even paranoia.
14. True.
15. True. Listening includes not only the words spoken but nonverbal clues also.
16. True. The resident will be frustrated in trying to determine who to listen to.
17. False. Statements to the agitated person may need to be repeated several times.
18. False. The fear has reached a point beyond logic for the resident/client.
19. True. Especially if their feelings are not discussed.
20. True.

Note-Taking Worksheet

Name: _____ Date: _____

Intro-1 _____ to _____ acts of aggression occur annually.

Intro-2 Reasons why healthcare workers are the target of aggressive and violent behavior from persons in their care: _____

Intro-3 Targeted populations include:

1. _____
2. _____
3. _____
4. _____
5. _____

1-1 Define the following terms:

1. Aggression: _____
2. Verbal aggression: _____
3. Physical aggression: _____

1-2 The cycle of aggression:

1. _____
2. _____
3. _____
4. _____
5. _____

1-3 Two types of restraints are:

1. _____
2. _____

1-4 Medications should be used as _____, not as _____.

1-5 Restraints should NEVER be used for _____ or _____.

2-1 Reasons for aggressive behavior:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____