



MANAGING CONFLICT

DE-ESCALATION & SITUATIONAL AWARENESS

WORKPLACE VIOLENCE

- Data obtained from Health Care and Social Work professionals in a major population-based study showed a rate of *physical* assaults at 13.2 per 100 professionals per year
- A rate of 38.8 per 100 health care and social work professionals per year for *non-physical* violent events (threat, sexual harassment, verbal abuse)

Experts believe the majority of incidents go completely unreported....

Nachreiner, N.M. et al., 2007



WORKPLACE VIOLENCE

Healthcare and Social Work Professionals have a higher risk of workplace violence compared to most other professions

- From 2016 to 2020 there were 207 deaths due to violence in the workplace in the health care and social assistance industry within the private sector
- In 2020, health care and social assistance workers overall had an incidence rate of 10.3 (out of 10,000 full-time workers) for injuries resulting from assaults and violent acts by other persons.

Violence Against Health Care Workers



68%
Reported
experiencing verbal
abuse between
Feb-May/June 2020



44%
Reported
experiencing physical
violence between
Feb-May/June 2020



5x
Health Care & social
assistance professions
are 5x more likely to
experience
workplace violence than
other professions



70%
Health Care & social
assistance
professionals have
reported acts of
violence against
them

Experts believe the vast majority of incidents go un-reported....

Organizations Must Commit to Safety

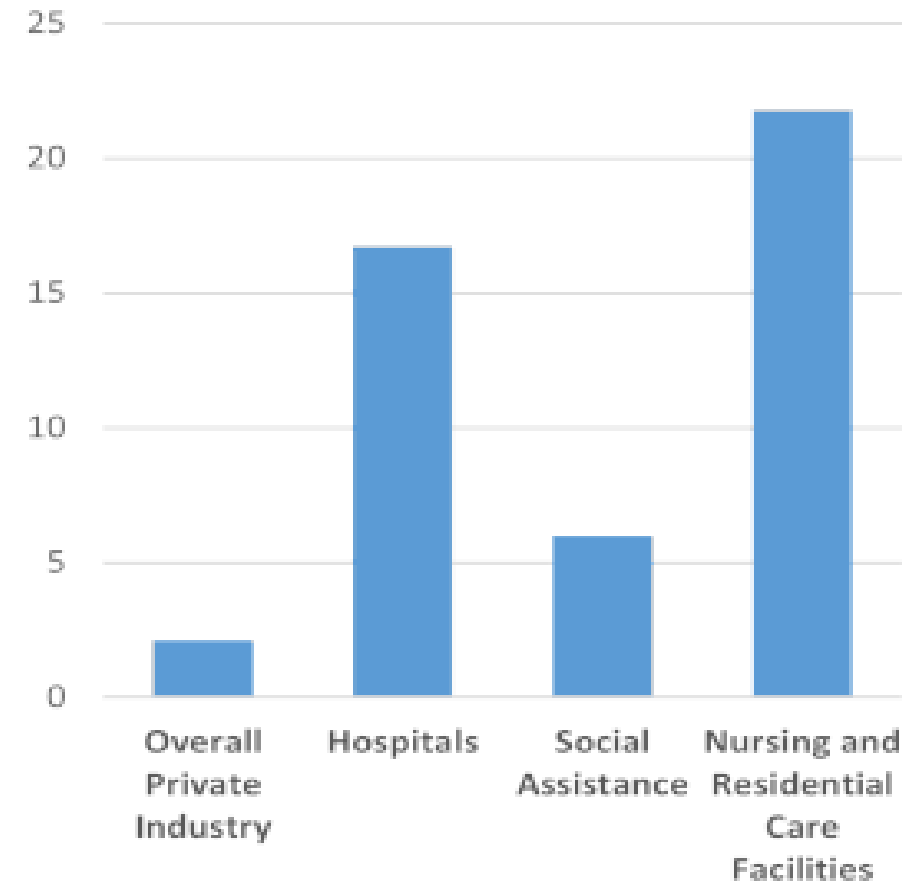
- Most Health Care organizations have adopted a zero tolerance policy for any form of abuse (verbal or physical).
- Patients have the right to be cared for and health care professionals must be able to work in a safe environment.
- A physical altercation within a health care setting should result in **removal and prosecution**.
- Assaulting a healthcare professional is a Class D felony under New York State law.



WORKPLACE VIOLENCE

Healthcare and social service industries experience the highest rates of workplace violence injuries and are 5 times as likely to suffer a workplace violence injury than workers overall.

Incidence rates for nonfatal assaults and violent acts by industry, 2020
Incidence rate per 10,000 full-time workers



- Perception within industry that workplace violence is "part of the job"
- Poor institutional policies, procedures, staff training, support mechanisms
- Complex reporting procedures
- Frequent incidents seem to be too time consuming to report
- A perceived lack of response to reported incidents
- Fear of retribution for reporting (victim blaming)
- Belief that some people cannot be held accountable for their violent actions

WORKPLAC E VIOLENCE

Why do healthcare/social work professionals routinely decide not to report incidents of workplace violence?

Increased Social Media Messaging

We're here to care for you, so please show some care for us



It's NOT ok to:

- Hit me
- Kick me
- Spit at me
- Yell at me
- Curse at me
- Attack me





SITUATIONAL AWARENESS

You **MUST** be acutely conscious of your environment before attempts to de-escalate

Personal Awareness Color Code (Situational Report)

- **White:** total unawareness.
 - We read about these people in the news.
- **Yellow:** relaxed awareness, optimal everyday state of being.
 - Countless routine observations occur every second.
- **Orange:** a specific alert has triggered your full attention.
 - If you haven't done it yet, thinking through your plan of defense or getaway happens here.
- **Red:** ready to defend your life.
 - You must make every effort to avoid getting here.

SITUATIONAL AWARENESS

- What is happening around you?
- Where are you in relation?
- Where should or could you be?
- Is there a threat to your health and safety or could there be a threat?

SITUATIONAL AWARENESS

- Know the exits....
 - Position yourself to be able to exit if necessary
 - Create distance or be able to quickly create it
- Prepared to react...
 - Hands resting in front of you
 - Props - hold a folder or notebook
 - Never have hands in pockets or behind your back
- Plan for help....
 - Alert people to join you or...
 - Have support nearby if needed
 - Emergency feature on your mobile device
 - Device dependent – understand your system

What is your Personal Situational Report (SITREP)?





AGITATED AND ANGRY

What to “*Look For*” • Reasons “*Why*” • Two “*Key Factors*”

PRECIPITATING FACTORS

Some “*about them*” issues we try to remember
(*why they feel the way they feel*)

- Loss of personal power and control
- Anger/fear comes from a place of hurt
- Frightened, scared of the unknown
- Psychological or physiological causes
- Attention seeking behavior
- *Meltdown factor...*
 - *Sometimes you must disengage*

DE-ESCALATION – TWO KEY CONCEPTS

1. Reasoning with an angry person is not possible.

- The first and only objective in de-escalation, reduce level of agitation so discussion becomes possible

2. De-escalation techniques are inherently abnormal

- Techniques go against our natural 'fight or flight' impulses
- To be effective, we need to remain calm and centered
- Must remain professionally detached
- These skills require practice

We can't attempt to solve a problem until communication is possible

TECHNIQUES FOR DE-ESCALATION

A combination of verbal and non-verbal techniques

NON-VERBAL TECHNIQUES

Model these non-verbal behaviors:

Control

- Control your breathing
- Control your voice (volume & tone)
- Control your body language
- Control your vocabulary

*Calm can be as contagious as
fear or panic*

Maintain

- Maintain a calm and self assured appearance
- Maintain limited/natural eye contact
- Maintain a neutral facial expression
- Maintain an alert posture
- Keep your hands gently in front of you
- Be aware of exits and safe areas

*Situational Awareness = Personal
SITREP*

VERBAL TECHNIQUES

Model these verbal behaviors:

Speech

- Use a soft, slow, low tone of voice
- Do not interrupt
- Do NOT get defensive
- Respond selectively
- Be honest

*AKNOWLEDGE THEIR ANGER
“NAME IT TO TAME IT...”*

Empathy

- Empathize with feelings – NOT behavior
- Do not analyze emotions
- Do not attempt to argue or correct
- Do not attempt to persuade
- Identify external controls as institutional

*LET THEM VENT, BUT MAKE IT CLEAR
YOU CAN'T HELP THEM UNTIL THEY ARE
DONE*

ENDING DE-ESCALATION

Responsive

- If the person calms down, you can then begin to address the situation
- Use the same patient and professional manner that you have already displayed

....remember what came before came from a place of internal hurt and was not directed at you personally...

ENDING DE-ESCALATION

Not Responsive

- If the person doesn't respond to your efforts – end the interaction
 - This doesn't mean you shouldn't *try* to communicate before giving up...
- Do your best not to intensify the situation as you work away from it
 - No matter what – do not place yourself or anyone else in danger
- Always ask for assistance and/or a supervisor or instructor to be present
 - When necessary – security or police should be requested



WE ALL HAVE THE RIGHT TO BE ANGRY

We have a tendency to believe the way we express anger is acceptable but the way others express anger is NOT (?)

- If it is safe to do so:
 - allow people time and space to express their pain and hurt
- It might take some time...but remember:
 - Providing space allows opportunity for interaction to become manageable
 - It is about *them* and how *they* are processing the situation
 - **YOU** are **NOT** the target – even when it may seem like it.

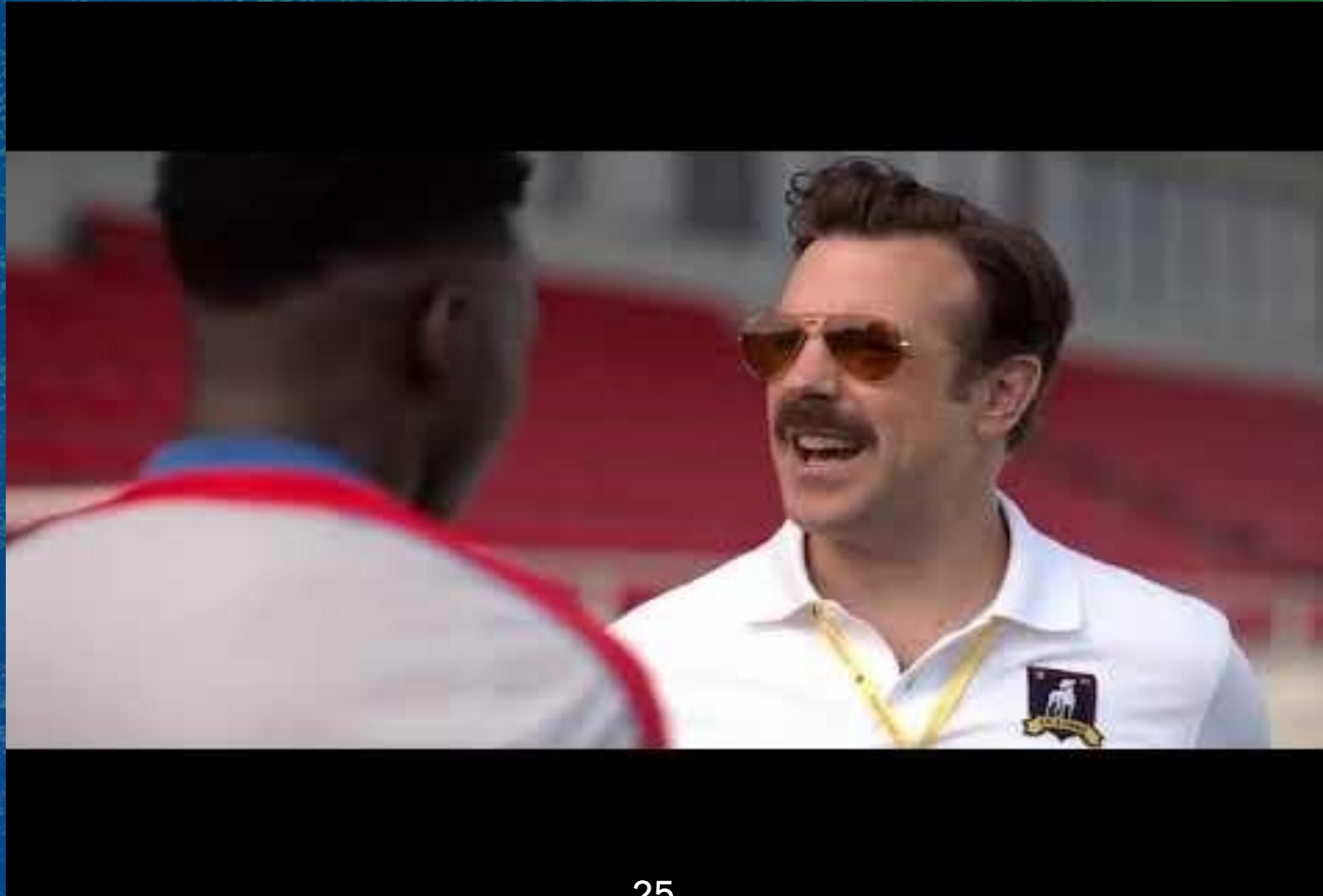
IT'S A WHOLE LOT EASIER SAID THAN DONE!!

Understanding an individual's anger is not personal and not directed at you...can't be overstated

- It is vital to get that and keep it here  never allow yourself to take it here 
- Remain professional and in control of you
- Be empathetic and understand the true “**why**” of the emotion/reaction
- Allow people time to express themselves - leave and come back if you need to

Self SITREP: Am I emotionally mature and balanced - am in control of me...?

BE A GOLDFISH SAM!



THE IMPACT OF COVID

- Increased device usage and communication through devices created a chasm in human interaction
- Isolation/Quarantine created a phenomenon where people need to re-learn how to speak to one another
- People became hyper concerned about getting sick, and how long the pandemic might last
- Concerns about employment and how it would affect families and their future

THE IMPACT OF COVID

- Information overload, rumors and misinformation gave people a feeling of no control
- Stress, anxiety, fear, sadness and loneliness made some unable to cope
- Mental health disorders, including anxiety and depression, worsened or manifested for the first time
- Documented increased use of alcohol and drugs often used as coping mechanisms

Surveys show a major increase in the number of U.S. adults who reported symptoms of stress, anxiety, depression, and insomnia during the pandemic, compared with surveys conducted before the pandemic.



Short Poll

To Respond: PollEv.com/shadcrowe486



THANK YOU!

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