

VIDEO I



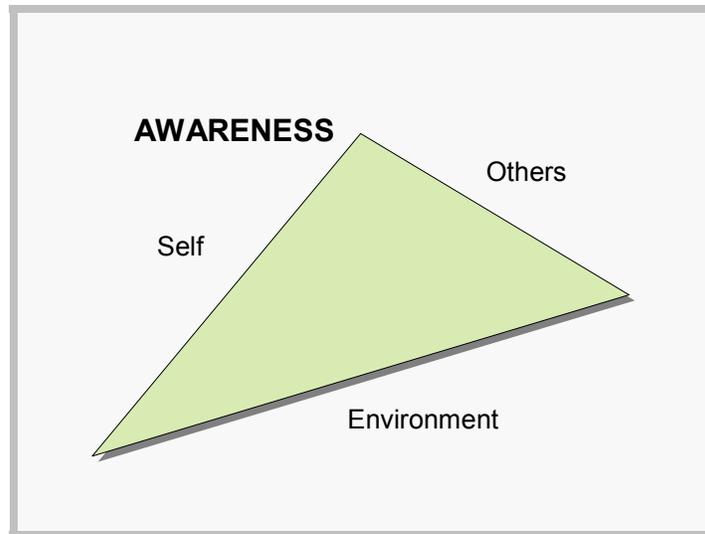
Awareness

Predisposing and Precipitating Factors

Objectives:

1. Increased awareness of potential risk factors of violence in the workplace to provide a safer work environment for staff and veterans.
2. Understanding of predisposing and precipitating factors all individuals possess.
3. Awareness of individual characteristics of potentially disruptive individuals.

TAB 2 may be used for PMDB training for New Associate Orientation.



VIOLENCE

Any physical assault, threatening behavior, or verbal abuse occurs while working or on duty.

-NIOSH

NIOSH has researched violence in the workplace for more than 20 years.

A NIOSH researcher is on the PMDB national task force.

Predisposing Factors

Individual characteristics a person brings into a situation which may contribute to a violent incident.



Predisposing Factors:

- These are the things that we bring with us where ever we go.
- What the person brings with them when they walk in the door...we all have history or baggage.

Indicators for Disruptive Behavior

- Individual Characteristics
- Diagnoses Associated with Violence
- Basic Motives for Violent Behavior
- Other Factors Associated with a High Potential for Violence

Indicators:

We will look at these four areas as factors contributing to disruptive behavior.

Individual Characteristics

Loner / Withdrawn	Substance Abuse
Fascination with Violent Music, Games, Movies	Views World as Hostile/Threatening
Obsession with Weapons	Shunned by Co-workers
Poor Interpersonal Skills	Low Frustration Tolerance
Poor Employment History	Impatient
Suspicious of Others	Financial Stress
Problem with Authority Figures	Blames Others for Problems
Frequent Mood Swings	

Do you know anyone who fits this description?

- One or two characteristics may not be as high a risk factor as having several characteristics.
- Some characteristics are common among the veteran population.

Additional Characteristics:

- Fascination with homicidal incidents in the workplace &/or empathy for those who commit acts of violence.
- Obsessive focus on grudge - quick to perceive unfairness or malice in others, especially a supervisor.
- Recent stressful events or losses
- Perceived loss of options
- Health problems - cancer, head injuries, disability, etc.
- Show disregard for safety of their co-workers

Diagnoses Associated with Violence

- Intoxication / Substance Abuse
- Delirium
- Paranoid Schizophrenia
- Mood Disorders
 - Mania / Bipolar
 - Post Traumatic Stress Disorder
- Organic Disorders / Dementia
- Brain Damage / Head Injury
- Borderline Personality Disorder
- Antisocial Personality Disorder

Individuals with these mental health **DIAGNOSES** have the potential to be more reactive in stressful situations.

- History of or present drug or alcohol problems are indicators for assaultive behaviors.
- Personality Disorders - Borderline and antisocial personality disorders are ingrained characteristics, which we may notice when an individual demonstrates an unusual emotional response in a social situation.
EXAMPLE: lack of emotional response or an over-exaggerated response.
- People with BPD can be like Dr. Jekyll & Mr. Hyde. They may turn hot or cold depending on whether they are getting what they want. They may use anger for manipulation / intimidation.
- Antisocial people have no regard for anyone but themselves. APD may present as conduct problems in children. It then escalates into adulthood. These people can be very personable & charming, which is another form of manipulation.



A violent response to a situation may be due to fear, frustration, intimidation, poor health / pain level, negative response to medication, an attempt to get what they want (such as money, an item, or service) or a person may indulge in violence to gain control over his / her situation

REMEMBER!

- Not all violent individuals are mentally ill.
- and*
- Not all mentally ill individuals are violent.

An illustration of a woman with long brown hair, wearing a black t-shirt and blue jeans, sitting on a gray ledge. She has a distressed expression, with her hands raised near her face as if she is crying or shouting.

Have you ever slammed a door, kicked the wall or thrown something? We all have at least thought about it and we may have actually done it when we were angry.

REMEMBER!



- Given the right set of circumstances, **ANY** person has the potential for violence in order to regain control of his / her environment.

Is there a particular type of situation in which you may act verbally or physically aggressive or violent?

Every person here has this potential. Every one of you can imagine a situation in which you would physically attack another to protect yourself, your parents or your children.

Basic motives

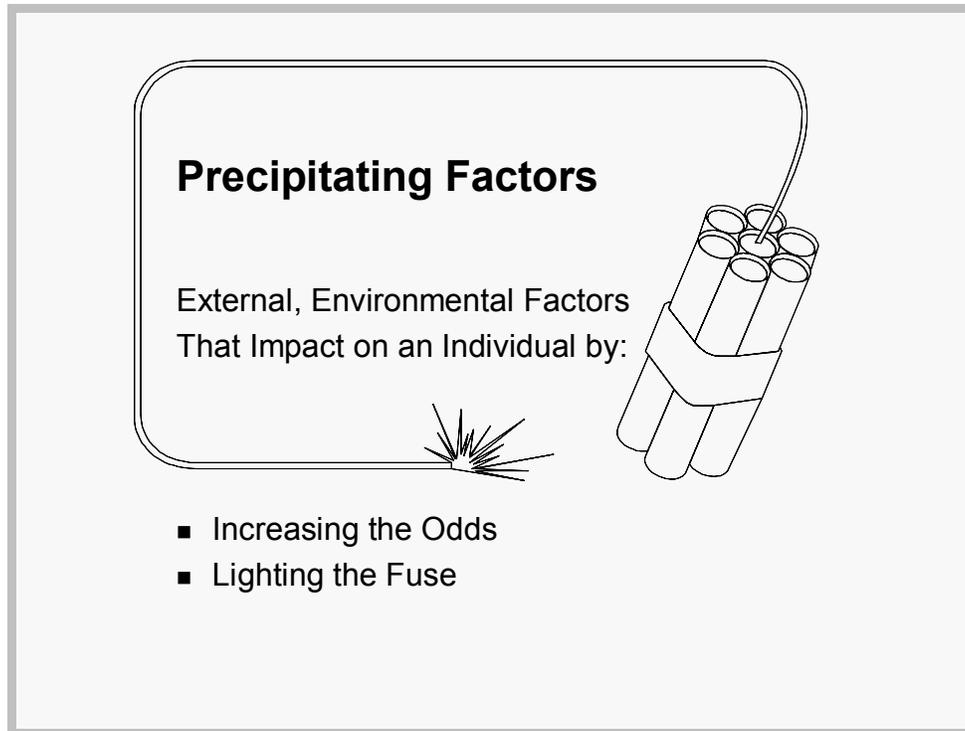
- Fear
- Anger
- Frustration
- Manipulation
- Intimidation
- Brain Damage/Dementia
- Responses to Pain, Medication, Illness

- Fear - uncertainty, confusion about what will happen, both now & in the future. EXAMPLE: health - medication, experience of diagnostic testing, receiving results of test, surgery, being in a medical center or nursing home....fear of aging process.
- Anger - the person may not be getting what he or she wants - information, answers, or results. This person may be a supervisor, co-worker, customer, visitor, or vendor.
- Frustration - what are some examples of veterans' being frustrated by the VA system?
 - Access, amount of paper work, waiting times
- Manipulation & intimidation – Attitude may be “I’ll push the limits as far as I can go to get what I want”
- Head injuries - strokes, dementia, slowly losing memory due to the aging process (normal)
- Medication response - experiencing pain or other health problems...Have you ever been impatient or short fused when you were sick or in pain?

OTHER FACTORS

- **History of Past Violence**
- **Psychiatric Commitment, Jail. Homelessness**
- **Availability of Weapon**
- **History of Abuse**
- **Economic Instability**
- **Organizational Changes**
- **Increase of Domestic Violence**

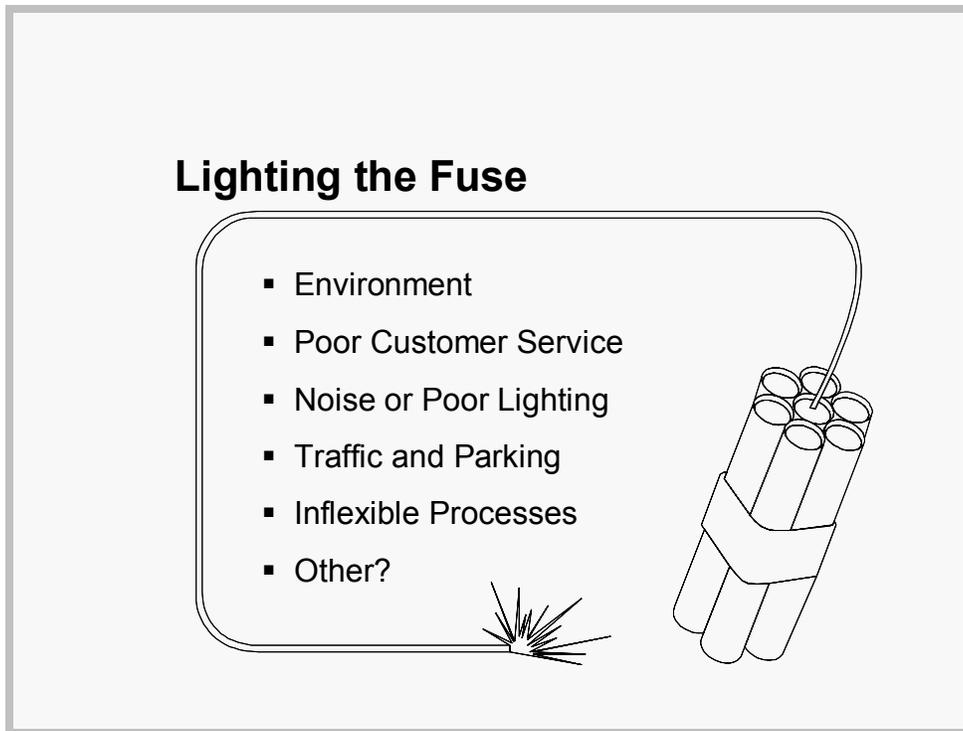
- Past behavior is the best predictor of future behavior. As in horse racing, we must look at the person's track record.
- 4-10% of patients cause 40-80% of injuries.
- Is the patient out of jail on bail, on probation, homeless?
- Increased availability of weapons, such as children who have access to guns to take to school. Provide a local example.
- History of abuse increases the likelihood the person will act out in violent manner.
- Domestic violence and breakdown of the family unit.
 - A young male growing up in a fatherless home is 11 times more likely to commit a violent crime
 - Domestic violence spills over into the workplace, as co-workers are stalked at work. High incidence of women being located by ex's and killed in the workplace.



- These are things that occur in our daily lives that may cause us to become angry. These occurrences “light our fuse,” thereby increasing the chance or “odds” that one will become violent.
- The buildup of small, medium or high stress over days, weeks, or months may accumulate in all of us. We all react to stress differently.

Precipitating Factors in the Workplace:

What the customer experiences as he or she enters your organization. What is their typical experience?



What may light our fuse?

- Environment – rain, snow, heat, cold, rude strangers, etc.
- Staff interaction – lack of empathy, care or concern.
- Excessive noise. Sounds that may not be offensive to most, such as music, may agitate others.
- Convenience of service – Waiting times, confusion in waiting area, incompatibility with others who are waiting, being sent from place to place to receive service, etc.
- Family member – angry with spouse, child, parent, etc.
- Traffic and parking – Either on the way to the facility or upon arrival. How difficult is parking here?
- Outdated signage in building
- What is the typical experience at this facility?
- How do organizational changes affect the veterans? What about office moves, construction? Other examples?

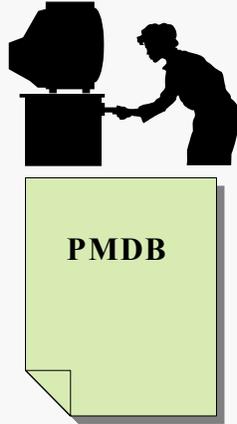
Increasing the Odds

- Lack of Privacy
- Loss of Control
- Loss of Dignity
- Loss of Identity
- Loss of Independence
- Fear of Pain
- Frustration with System



- Do you have private areas to discuss private or confidential information, such as income, benefits, or health problems?
- Do you have private areas in which to examine patients? ER rooms?
- Do co-workers refer to individuals by their names or by problems, diagnoses, room numbers, etc.?
- Fear of what may occur during an exam, testing, surgery procedure.
- When someone is admitted to the hospital, he goes very quickly from a state of independence to a state of dependence. What is the first thing we ask folks to do when they arrive on a ward? (Take off all your clothes and put on a gown or pajamas.)

New Employee Orientation *Awareness Training*



OPTIONS

- PMDB Facility Policy
- Video I (Predisposing/Precipitating Factors)
- Videos II or III (Verbal – Nonverbal Interventions or Limit Setting)
- PMDB Handouts

PMDB is mandatory for all employees during New Employee Orientation.

- In addition to the overhead, additional resources are available.
- You may choose to use local handouts as well.
- Use Module 2, the awareness section of this program, including the video training tape.
- Also, consider using Module 8 on Geriatrics for clinical areas.

Computer based training:

- Performax - New Employee Orientation - PMDB Awareness Module - contact EES, Birmingham, AL for details.