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Assault Prevention, De-Escalation, and Self-Protection Training for Healthcare Professionals

By
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Rationale:

Healthcare professionals face a dilemma. Most enter their respective fields to be of genuine service to others, helping them heal from physical and emotional injuries, trauma, illness, and disease. However, per the Department of Labor, from 2011 to 2013, U.S. healthcare workers suffered 15,000 to 20,000 workplace-violence-related injuries every year that required time away from work for treatment and recovery (i.e., serious injuries)[1]. Injuries to healthcare professionals account for nearly as many injuries as to workers in all other industries combined[1]. Furthermore, healthcare and social assistance workers experienced 7.8 cases of serious workplace violence injuries per 10,000 full-time equivalents (FTEs) in 2013. Other large sectors, such as construction, manufacturing, and retail, all had fewer than two cases per 10,000 FTEs[2].

Financially, a single workplace violence incident may cost tens to hundreds of thousands of dollars in lost wages, workman's compensation claims, and possible lawsuits. Per an OSHA report, the typical workplace violence incident settled without litigation costs the employer over $300,000.

Although OSHA has no standard specific to the prevention of workplace violence, employers have a general duty to "furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees." This requirement comes from Section 5(a) (1) of the Occupational Safety and Health (OSH) Act of 1970 and is known as the General Duty Clause.

Unfortunately, most individuals, healthcare and social service professionals, do not have accurate information as it pertains to the dynamics, escalatory factors, effective de-escalation strategies and effective self-protective behaviors related to actual workplace violence in their industries and settings.

Most trainings offered to healthcare professions do not realistically address the actual violence and aggression dynamics seen in various types of aggressive encounters experienced by these professionals. Programs such as Management of Aggressive Behavior (MOAB) training fail to distinguish between aggressive, destructive, and assaultive behaviors. These distinctions are essential in being able to safely and effectively assess and address the risks that healthcare professionals face in the workplace. There is compelling evidence of a need for effective training. Furthermore, there is substantial support suggesting that active measures can be taken to reduce assault while posing minimal risk of increased harm to the individual engaging in self-protective behaviors.

This training specifically addresses the types of workplace violence workers in healthcare, mental health, social work, and similar helping professions are likely to encounter.

Blended approach:

Most assault prevention programs work and teach from one of two philosophies, Mental health/communication or law enforcement/martial arts. Each of these training models and philosophies possesses strengths. However, they also leave wide gaps with regards to what they can effectively protect and manage.

The evidence and research-based approach used by Kennedy Consulting & Training, LLC integrates knowledge, skills, and attitude from each into a coherent and comprehensive model for mitigating risk factors, recognizing and avoiding high-risk situations, and the utilization of effective physical self-protection strategies.

ADAPT model for self-Protection with Healthcare professionals:

The ADAPT model created by healthcare professionals for healthcare professionals. At a fundamental level, all healthcare professionals train and learn to; **A**ccept and gather data, **D**iagnose, **A**ssess based on available resources and their individual and team strengths and liabilities, **P**rescribe based on options available and content, and offer **T**reatment. Healthcare professionals train to ADAPT. If you are a healthcare professional, you do this every day that you work with every client, patient, family or organization with whom you work. You've had between one and 12 years of training in how to do this. So, it doesn't make much sense to try to teach some other strategy from some other industry to people who already have perfectly sound and effective strategies available for them to adapt and implemented. The ADAPT model takes advantage this skillset already known and used by healthcare professionals, applying what they already do well to the issues of workplace violence and safety.

ADAPT:

1. **Accept and gather data-**The primary focus in this area deals with the notion of "situational awareness." The information, exercises, games, and roleplays in this section aid in teaching healthcare professionals what is important to pay attention to in a given situation. External and internal environmental cues, awareness of "hazards vs gifts," and the relationships with and actions of others in the environment are the main foci in this portion of the training.

2. **Diagnose—**This is the "Anatomy & Physiology" of Violence. Healthcare professionals learning self-protection must have an accurate and realistic understanding of the different types of violence, their causes, accelerants, and decelerants. Individuals must have a firm grasp of the actual sequences of events involved in violent encounters in healthcare. Also, they must be aware of the interpersonal dynamics that may be indicators of escalating danger. Research-based, actuarial information dispels misperceptions and popularized inaccuracies about the actual dynamics likely to be encountered during a violent encounter.

3. **Assess—**Involves evaluation of the potential internal and external resources available to the healthcare professional then. Their skillset and competency along with environmental factors gathered from the Accept and gather phase of the process are assessed in this phase as well. In short, this phase looks at "what can I do?"

4. **Prescribe—**This section of training focuses on the healthcare professional being able to select the proper response given the information from the previous three stages, their goal in the situation, and the parameters within which they are working. It takes into account the legal, ethical, cultural, and personal implications of an action.

5. **Treatment—**Focuses on the implementation of the skill or skills decided upon in the preceding phase. The treatment falls into one of the following categories, Avoidance, Escape, De-Escalation, or Physical self-protection. Some of the specific things that fall under this portion of training are:

    a. **Avoidance**—participants learn and practice not fighting. Learning includes escape and evasion, verbal de-escalation, and, when appropriate, avoidance.

    b. **Counter-ambush**—If the professional didn't see the precursors or couldn't avoid the encounter, they would need a handful of actions trained to reflex level to protect against a sudden and potentially violent assault.

    c. **Breaking the freeze**—Freezing is almost universal in an unexpected assault. Participants must learn to recognize a freeze and practice breaking out of one.

    d. **Employing physical self-protection skills**—Skills and materials taught in this phase fall in line with a realistic analysis of how different types of violence evolves and manifests within different contexts. This section teaches simple and effective physical self-protection strategies. Strategies focus on using one's size and personal attributes as an advantage. They key into environmental conditions, using timing and harnessing the freeze, flee, or fight response to one's advantage.

This training covers two additional important, and often overlooked areas:

1. **Legal, ethical, cultural, and personal implications**—Individuals learning self-protection must learn force law as it pertains to self-defense in their state. Without a firm grasp of what constitutes self-defense from a legal standpoint, individuals may unwittingly make themselves vulnerable to criminal and civil litigation. Along with legal statutes, healthcare professionals explore their own personal and ethical limitations and biases. Also addressed in this area of the training are the impacts of cultural and gender norms and expectations, social taboos, and morays that may aid or hinder individuals in their ability to protect themselves and their coworkers.

2. **The aftermath**—There are potential legal, psychological, and medical effects of engaging in self-protection, no matter how justified. Advanced preparation is critical. This

section of the training goes over some of the potential effects of self-protection related to legal, psychological, and medical concerns. It teaches what steps to take following a violent encounter and connects participants with some of the resources that are available to minimize the potentially negative effects in these realms.

Methods:

Training involves a combination of didactic, role-play, and hands-on training. Trainers introduce skills in a graduated fashion, increasing intensity as competency increases. Unlike most trainings where changes in knowledge are the main objective, this training focuses on skill development, skill application, and skill generalization. Knowledge changes are only important in so much as they allow students to develop additional competencies and skills.

Role-plays of realistic scenarios and can be modified to address particular situations that may be faced by an organization such as environmental barriers, multiple aggressors, and changing dynamics will all be incorporated within the training. Multiple trainers conduct the trainings affording more individualized training and a diversity of experiences. Skills will be tailored to individual needs and abilities, considering physical assets and limitations of the students.

Structure:

Location of training: on-site or at The Kennedy Consulting & Training Center located at 1550 W. Main St., Wilmington, OH 45177

Lengths of training: Four (4) hrs., *Six (6) hrs*. (Standard), Eight (8) hrs.,16 hrs., 32 hrs., and a complete competency training curriculum of 64 hrs.

Number of individuals per class: a maximum of 25-30 recommended

Dates of training: Coordinated based on availability

Cost: The number of training hours, number of participants, and travel costs factor into training costs. For a price quote, please Contact KC&T.

Training requirements and equipment:

Kennedy Consulting & Training, LLC provides all training equipment and safety equipment. Although KC&T modifies techniques and accommodations particular individual's physical limitations, participants should be healthy enough to be able to engage in physical exercise. Participants should wear clothing that they can move in such as sweat/athletic or casual pants and t-shirts. We recommend wearing athletic, non-scuffing shoes.

References are available upon request.

1 Source: Bureau of Labor Statistics data for 2011–2013, covering injuries that required days away from work. These statistics are restricted to private industry to allow for proper comparison. "Healthcare" data cover three large

industry segments: NAICS 621, “Ambulatory Health Care Services”; 622, “Hospitals”; and 623, “Nursing and Residential Care Facilities.”

[2] Source: Bureau of Labor Statistics data for 2013, covering injuries that required days away from work. These statistics are restricted to private industry to allow for proper comparison. They are also restricted to intentional injuries caused by humans, excluding self-inflicted injuries. These data cover the large industry group known as NAICS 62, “Health Care and Social Assistance.”