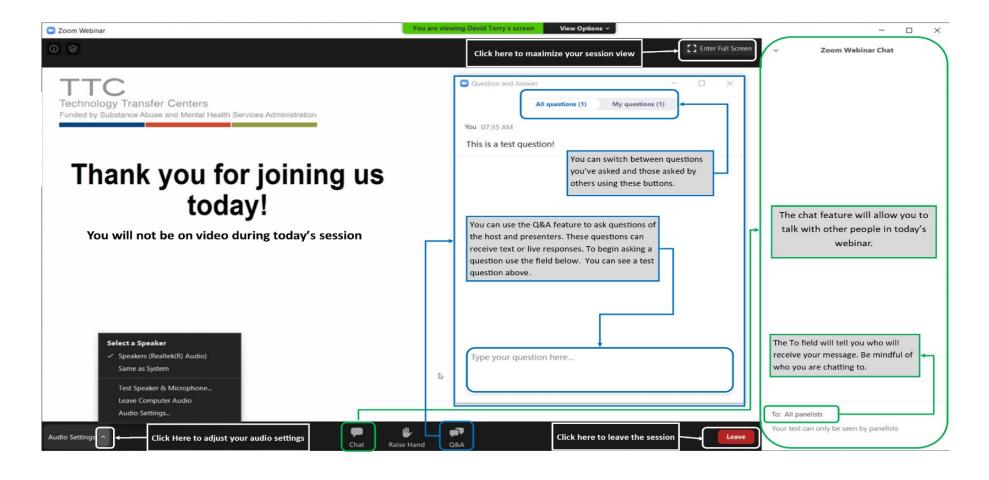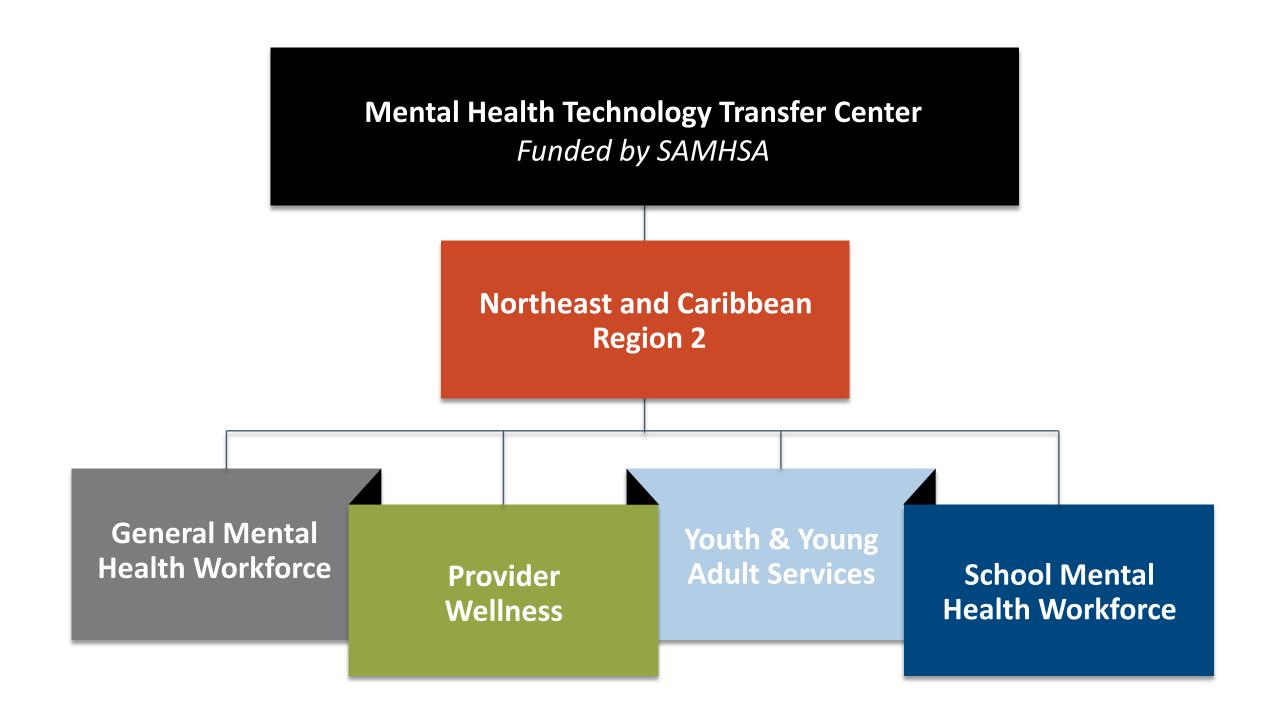# The Zoom Interface

All attendees are muted. Today's session will be recorded.

Creating Safe Environments in Inpatient Settings

Kenneth T. Kinter, MA, LPC

Rutgers, Institute for Inpatient Psychiatric Rehabilitation

5/30/24

Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Northeast and Caribbean (HHS Region 2)

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Video Recording Information

Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

Disclaimer

Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.

- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).

- Note: your question may be visible to other participants.

Chat and Polls

- Throughout the webinar, we will be asking for your input.

- Use the Chat or Poll features in Zoom located on the task bar.

- You can control who can see your chat comments.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

988
SUICIDE
& CRISIS
LIFELINE

For people experiencing:
- **Suicide, mental health, substance use crisis**
- **Emotional distress**
- **People concerned about someone in crisis**

Meet Today's Presenter

Kenneth T. Kinter, MA, LPC
Rutgers, Dept. of Psychiatric Rehabilitation & Counseling Professions
Assistant Professor

Content Acknowledgements: Dr. Tom Bartholomew, Dawn Reinhardt-Wood

OBJECTIVES

01   Review literature on types of inpatient aggression

02   Identify contributors to inpatient aggression

03   Describe Three Steps to Safety model for creating safer inpatient settings

Rates of <u>injury</u> due to aggression in:

All Industries	2 per 10,000
Health Care	9.7 per 10,000
Nursing	37.7 per 10,000
Psychiatric	**77.7 per 10,000**

Risks of Psychiatric Staff Assault / Injury:

- 1 in 3 chance that a psychiatric staff member will be assaulted

- Risk of injury is greater than injury rates from **agriculture, mining, manufacturing, transportation, and construction combined**

Effects of Violence

Fearfulness

Low morale and productivity

Absenteeism

Turnover

Reduced patient care

Staff Burnout

PTSD among patients and staff

Three Types of Violence
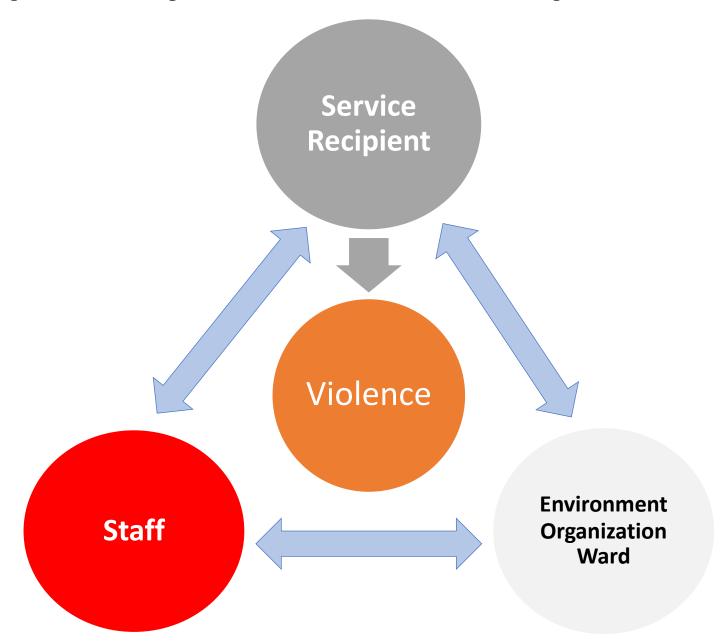
1. **Instrumental violence**, which is violence committed in a planful way to accomplish a goal

    (premeditated)

2. **Psychotic violence**, which is violence committed due to distorted thinking and or fear of harm

    (symptomatic)

3. **Reactive violence,** which is violence that is committed as a reaction to perceived provocation

    (impulsive)

Quanbeck et al, 2009; Newbill, 2015

Unpacking Inpatient Violence

Types of Violence:	Forensic	Civil
Instrumental, organized, revenge or predatory	29%	20%
Psychotic, delusional belief or fear of harm	17%	15%
Reactive, impulsive or angry reactions to events	54%	65%

Quanbeck et al, 2009; Newbill, 2015

Adapted Nijman Model of Inpatient Violence

Service Recipient

Violence

Staff

Environment
Organization
Ward

Nijman, 2002

Behaviors that Contribute to Violence (An Analysis)

Staff Behavior	# of Articles
Controlling /Authoritarian	**14**
Poor Communication	7
Poor Alliance	6
Violation of Rights	6
Staff Expressing Anger	5
Avoidance of Patients	5
High Staff Anxiety/ Fear	4
Inconsistency of Rules	3
Externalized Blame Onto Patients	2

Staff Interactions Can Trigger Aggression

1. Limit Setting   "Don't do that"

2. Activity Demands "You need to do this"

3. Denial of Request(s) "No"

*These may be made worse by **perceived procedural injustice**.*

Marth, 2005; Bowers et al., 2011

Three Steps to Safety

Validate

Explain

Problem Solve

1. Validate

Validation: Convey understanding of a person's feelings and point of view while normalizing them in the situation

Validation Hints

- Put yourself in the person's shoes …what are they thinking, feeling, experiencing?

- How would this situation make YOU feel?

Note: Validation is NOT problem-solving or telling the person how they should feel.

Validation Example

• John has been on the phone with his mom for 30 minutes. Staff ask him to get off the phone because others are waiting to use it. John gets angry and starts yelling at the staff and slams the phone down.

• **VALIDATION: I'd be pretty upset too if I couldn't talk to my family whenever I wanted to. It must be hard to be away from them right now.**

Validation – Test Yourself

You ask a patient to take her medication. She refuses, saying "I'm busy!". She is watching TV. When you tell her that she doesn't look busy, she crosses her arms and says she will call the CEO and the patient advocate to report you. Her voice starts getting louder.

Which example is the **best** validation response?

a) Come to the med window right now.

b)   You can watch TV later after you take your meds.

c)   I can tell that you are upset right now because you would prefer to watch TV. I would feel upset too if someone interrupted me doing something I enjoy.

Six Levels of Validation

Level 1 : **Being Present** *listening & speaking to the person, open-ended questions*

Level 2: **Accurate Reflection** *reflecting content, feeling & meaning of what person is trying to say*

Level 3: **Articulate non-verbal emotions, thoughts and actions** *giving voice to what is not being said e.g. "you are really upset right now", even when the persons didn't say it*

Level 4: **Describe behavior in terms of their history & biology** *acknowledging that given a persons background it is understandable that they learned a skill/dysfunctional way to cope*

Linehan, 1997

Six Levels of Validation

Level 5: **Normalize/recognize emotional reactions anyone would have -** *express how the behavior makes sense in the current situation & how you would feel the same way in the situation*

Level 6: **Display radical genuineness** *validation of the person as a person, may involve offering a hug during times of stress/grief*

Linehan, 1997

Validation Practice

- A patient asks to go the store,but does not have the level of supervision to go without staff. Staff tell him that he is not allowed to leave the unit by himself, and therefore, cannot go.

- A patient is jumping on the couch in the dayroom because she is looking forward to a visit with a friend.

Establish a Validation Bank Account

- Patients who know you care can tolerate limits, activity demands, and denials better.
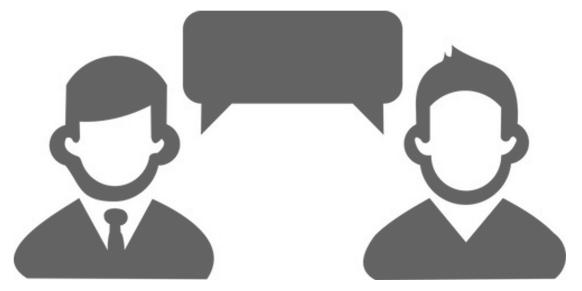
- People are less likely to be aggressive towards people that they like and more likely to be aggressive toward staff exerting power over them

2. Explain the Reason

Explain why you need to set a limit, make an activity demand or deny a request.

- It's not personal. We don't have enough escorts!

- It's a hospital policy. I would get fired if I let you…

Explain Example

- Staff ask John to get off the phone because others are waiting to use it. John gets angry and starts yelling at the staff and slams the phone down.

- EXPLANATION: I'm asking you to get off the phone, because you've been on a very long time and we have a 15-minute limit. Other people are waiting to use it. They want to call their families too.

Explain – Test Yourself

You ask a patient to take her medication. She refuses, saying "I'm busy!". She is watching TV. When you tell her that she doesn't look busy, she crosses her arms and says she will call the CEO and the patient advocate to report you. Her voice starts getting louder.

Which example is the **best** explanation response?

a) Patients have to take their medications at certain times. Those are the rules and I will get fired if I don't follow them.

b) I understand you want to watch TV right now, but the nurse will only be there for a few minutes and I don't want you to miss the opportunity to take your meds on your own.

c) You have two choices: get up or you will get a shot.

3. Problem Solve

- Help the person cope with what is going on in the moment.

- What can you do to deal with being upset?

- How can we get you what you want?

Problem Solve Examples

Staff ask John to get off the phone because others are waiting to use it. John gets angry and starts yelling at the staff and slams the phone down.

- PROBLEM SOLVE 1: You can use the phone again later when there's no one else waiting. You can call your mom back in a little bit.

- PROBLEM SOLVE 2: What would you like to do in the meantime while you're waiting? Would you like to go into the dining room for some tea or go out for some fresh air?

- PROBLEM SOLVE 3: What can you do to deal with being upset right now?

Problem Solve- Test Yourself

You ask a patient to take her medication. She refuses, saying "I'm busy!". She is watching TV. When you tell her that she doesn't look busy, she crosses her arms and says she will call the CEO and the patient advocate to report you. Her voice starts getting louder.
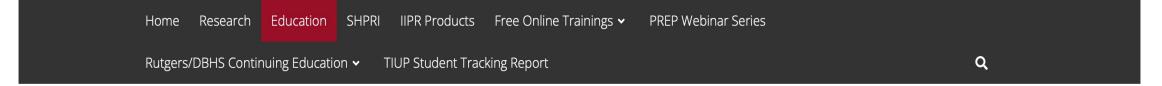
What is the **best** problem-solve response?

a) You are supposed to come and take your meds now.

b) I'll let the nurse know you are coming so she can get things ready, can you come during the next commercial break?

c) If you don't come now, I'll report you to the treatment team.

3 Steps Observation Tool

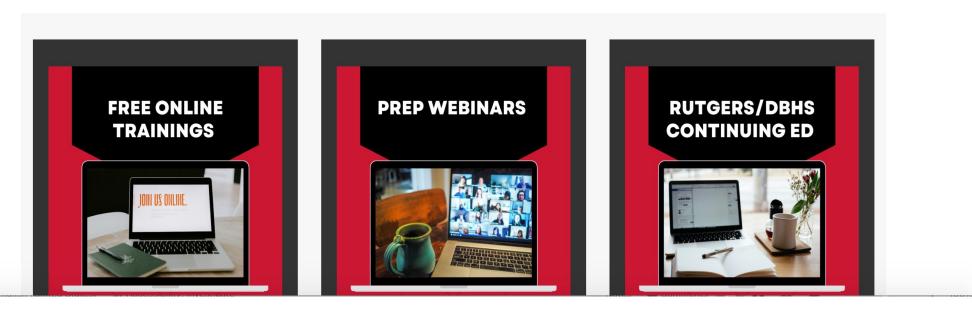| Directions: Put 1, 2 or 3 to the right of the 3 steps and nonverbal boxes based on the weights below. Rate the interaction based on the behavior with the highest score that you see i.e. if the person is both validating and shaming rate the validation and discuss the shaming with them as an area for improvement.	code* NAME 1	code NAME 2	code NAME 3	code NAME 4	code NAME 5	Comments:
	1st	2nd	3rd	4th	5th	
1 **Validate:** Communicate to the person that what they are thinking or feeling is important and normal. 1= Staff was invalidating. Staff ignored patient views or told them that they should not think or feel the way that they do. 2= Staff was kind, but no specific validation was present. 3 = Staff validated the patient thoughts or feelings.						
2 **Explain Why**: Explain that it is not personal and exactly why there is an activity demand, limit being set, or a denial of a request. 1 = Staff did not explain why… 2 = Staff explains wrong or incomplete reason 3= Staff explains why.						
3 **Problem Solve**: Help the patient decide what to do to deal with the situation, offer choices. 1 = Staff does not problem solve. 2 = Staff tried to solve problem by directing person or other ineffective means 3 = Staff and patient agree on problem solving plan(s)						
4 **Non-Verbal Communication**: Communicate that you care about the person by keeping an open posture and warm tone of voice while projecting an						

IIPR, 2024

Rutgers IIPR Initiatives

- Aggression Assessment Tool Training
- Medical Security Officer Training
- Ancillary Response Team Training
- Technical Consultation on Specialized Units
- Technical Support for Implementation of best-practice programming
- Trauma Assessments and Treatment
- Restraint reduction initiatives

https://sites.rutgers.edu/shp-shpri/

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Question and Answer

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SAMHSA
Substance Abuse and Mental Health
Services Administration

MHTTC
Mental Health Technology Transfer Center Network
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The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.
Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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