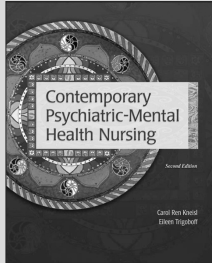


Contemporary Psychiatric-Mental Health Nursing



Chapter 35 *Intervening in Violence in the Psychiatric Settings*

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Violence in the Healthcare Setting

Definition:

- Verbal or physical threats and/or injury to persons or destruction of property
- 60-90% of nurses experience violence.
- Psychiatric setting is area of high risk and incidence.

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Biopsychosocial Theories

- Biologic Theories
 - Imbalances of hormones (↑ testosterone), neurotransmitters (↑ D and NE, ↓ Achm 5HT, and GABA)
 - Genetic abnormalities
 - Neurophysiologic injuries (trauma, anoxia, metabolic imbalance, encephalitis, organic brain injury)

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Biopsychosocial Theories - continued

- Psychosocial Theories
 - Psychoanalytic – aggression an innate drive
 - Psychological – impairment in impulse control, coping, and social skills
 - Sociocultural – child abuse, dysfunctional family

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Biopsychosocial Theories - continued

- Behavioral Theory
 - Learned behavior (exposure to violence in media/entertainment)
- Humanistic Theory
 - Basic drives unmet

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Aggression and the Brain

- Hypothalamus
 - Alarm system, controls pituitary function
 - Dysfunction leads to overreaction to stress and overactivation of pituitary
- Hippocampus
 - Regulates the recall of recent experiences and new information
 - Dysfunction associated with impulsivity

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Aggression and the Brain - continued

- Amygdala (limbic system)
 - Regulates emotion, memory storage, information processing
 - Dysfunction affects emotion and behavior, outbursts of fear, anger, rage, hypersexuality
- Frontal cortex
 - Generates thought and purposeful behavior
 - Dysfunction leads to impaired judgement, poor decision-making, personality changes, aggressive outbursts

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Behavioral Cues

- Clenched jaws and fists
- Dilated pupils
- Intense staring
- Flushing of face and neck
- Frowning, glaring, or smirking
- Pacing
- Increased vigilance

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Verbal Cues

- Threats of harm
- Loud demanding tone
- Abrupt silence
- Sarcastic remarks
- Pressured speech
- Illogical responses
- Yelling, screaming
- Statements of fear or suspicion

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Nursing Process: Assessment

Risk factors:

- History of violence
- Severity of psychopathology
- Higher levels of hostility
- Length of time in the hospital
- Early age of onset of psychiatric symptoms
- Frequency of admission to psychiatric hospitals

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YOUR SELF-AWARENESS Factors That Influence Your Response to Violence

When working with violent clients, be sure to monitor yourself for the following:

- Ability to use anger constructively and not to take clients' anger personally
- Capacity for clear verbal communication
- Ability to listen actively and nonjudgmentally
- Capacity to both establish and maintain empathic linkages with clients and to disengage
- Willingness to understand your fears and anxieties about violence
- Belief that violent clients are amenable to treatment

YOUR SELF-AWARENESS:
Factors That Influence Your Response to Violence

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Box 35-1 Mental Disorders in Which Aggressiveness Often Occurs

- Antisocial personality disorder
- Borderline personality disorder
- Conduct disorder
- Delusional disorder
- Dementia of the Alzheimer's type
- Intermittent explosive disorder
- Schizophrenia
- Substance-related disorders

Box 35.1 Mental Disorders in Which Aggressiveness Often Occurs

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Assessment

Assess client's:

- Perception of precipitating event/current situation
- Support system
- Usual coping patterns

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Assessment - continued

- Environmental factors
 - Availability of dangerous objects
 - Overcrowding
 - Staffing
 - Supervision
 - Activity level

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Nursing Diagnoses: NANDA

- Risk for Other-Directed Violence
- Risk for Self-Directed Violence
- Anxiety
- Ineffective Coping
- Chronic Low Self-Esteem, and Situational Low Self-Esteem

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Other Considerations

- Impulse control
- Sensory-perceptual functioning
- Cognitive functioning
- Social skills
- Impaired communication
- Helplessness
- Powerlessness

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Implementation

- Develop a therapeutic relationship.
- Establish trust, maintain safety, and convey respect.
- Use active listening.
- Address client needs.

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YOUR INTERVENTION STRATEGIES Limit Setting

Nursing Intervention	Rationale	Nursing Intervention	Rationale
<ul style="list-style-type: none"> ■ State limits in specific and direct language. ■ Use a calm, unhurried approach. ■ Offer time-out periods/one-to-one sessions in a quiet area. ■ Explain the limits and consequences during initial interactions (i.e., tell the client what is expected and the related outcomes). ■ Assure client that the staff will not allow client to hurt self and/or others. 	<ul style="list-style-type: none"> ■ Decreases possibility of misunderstanding ■ Promotes a sense of security ■ Diminishes sensory stimuli ■ Promotes the tendency to behave according to expectations ■ Promotes a sense of safety and conveys external controls 	<ul style="list-style-type: none"> ■ Expect all staff to consistently reinforce limits. ■ Accept the client while rejecting the inappropriate behavior. ■ Reward the desirable behavior(s). ■ Continuously evaluate the need for limits; discontinue external limits as soon as the client is able to self-regulate. 	<ul style="list-style-type: none"> ■ Promotes behavior shaping ■ Protects self-esteem and reinforces behavioral limits ■ Promotes continued demonstration of expected behavior(s) ■ Empowers client to exercise self-control

YOUR INTERVENTION STRATEGIES: Limit Setting

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Safety

- Minimizing personal risk
- Nonthreatening communication
- Awareness of environment
- Availability of other staff members
- Awareness of clothing and objects

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Nonpharmacologic Strategies

- Consider healthcare setting.
- Make necessary adaptations.
- Dependent on client needs

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Nonpharmacologic Strategies - continued

- De-escalation
- Assemble a team and brief team members.
- Clear the area of other clients.
- Choose a leader.

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Restrictive Measures

- Restrictive measures (least to most)
 - Verbal
 - Pharmacologic
 - Seclusion
 - Involuntary confinement
 - Restraint
 - Device attached or adjacent to client's body which restricts movement or normal access to one's body
- Documentation required

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Staff Response to Violence

- Affective, cognitive, behavioral, physiological
- Prevalence of violence and aggression is increasing.
- Training programs available

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Professional Education and Support


- Behavioral crisis management programs
 - Increase awareness of risk factors, teach staff de-escalation strategies and teamwork for behavior management/restraint
- Critical Incident Stress Debriefing (CISD)
 - Staff who experience violent situation discuss feelings in safe, supportive environment
 - Reduces long-term negative consequences

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Nursing Self-Awareness

- How do I feel about this patient/setting?
- How are my feelings affecting my behavior?
- Fear is a normal response.
- Avoid personalizing.
- Use intuition.



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