

The background is a dark blue gradient with a subtle pattern of white dots. Overlaid on the left side are several concentric circles and a large circular scale with degree markings from 140 to 260. Some of the circles have arrows indicating a clockwise direction.

MANAGEMENT OF ASSAULTIVE BEHAVIOR (MAB) AB 508 WORKPLACE VIOLENCE PREVENTION CERTIFICATION PROGRAM

COURSE INTRODUCTION

This four-hour online course is designed to meet the requirements toward the recertification of Adult Residential Facilities (ARF) administrators.

Persons who work in the healthcare industry are at risk for assaultive events as clients and staff have high risk stressors.

COURSE INTRODUCTION

In California, AB 508 is a law that requires all hospitals and healthcare facilities to conduct a security and safety assessment plan to protect personnel, clients, and visitors. All hospitals, healthcare facilities and residential care facilities are required to report any assault or battery to local law enforcement within 72 hours. All employees assigned to the emergency department will receive training on how to handle emergency room violence.

COURSE INTRODUCTION

Preventing assaultive events before they occur is the key and verbal de-escalation techniques may help in preventing injury to the client or yourself. This course emphasizes verbal strategies and does cover aspects of hands-on techniques to prevent harm.

COURSE OBJECTIVES

- To get certified so you can get back to work and to get out early.
- Safety for You, for the individual who is escalated along with anyone else in the area who may be in jeopardy.
- Working together as a team, even ahead of time, to ensure the best possible outcome when dealing with potential violence.
- Recognizing potential problems ahead of time so that you can initiate the most therapeutic effective interventions.
- Understanding why individuals become aggressive and what roles we the staff play in either de-escalating or provoking the behavior.
- To learn how to DE-ESCALATE an upset or escalating individual or situation before it becomes violent.
- To know when to remove yourself from the situation or area so the appropriate people can intervene. Legalities and liabilities of defending yourself.
- To learn ways to protect yourself when an individual becomes aggressive.

THE FOUR CATEGORIES OF WORKPLACE VIOLENCE

Type I: Violent acts by people who have no connection with the workplace, other than to commit a crime.

Type II: Violence directed at employees by customers, clients, patients, inmates, or others for whom an organization provides services to.

Type III: Violence against coworkers, supervisors or managers by a present or former employee.

Type IV: Violence committed by someone from outside who has a personal relationship with an employee.

CRITERIA NEEDED FOR SECLUSION & RESTRAINTS & PHYSICAL INTERVENTION

- IMMINENT DANGER TO SELF
- IMMINENT DANGER TO OTHERS

PERCEIVED THREAT

- Perceived Threat is what activates our own psychological responses which determine our decisions of whether to Escape, Defend Ourselves, or Subdue an Individual when faced with a Crisis, or responding to a potentially dangerous situation within our environment.
- Perceived Threat is what determines our decision of whether either Criteria is met and whether to take an individual down or not. It has to be the most precise decision possible. If the decision is wrong and criteria is not met, then we have Broken the Law and Violated someone's Human and Civil Rights.
- Perceived Threat along with D.T.S. & D.T.O. is one of the largest Grey Areas in our field and the most Dangerous. Everyone has a Different Perception of Threat and that leaves Everything up for Interpretation.
- If one person makes the decision whether to take an individual down, or intervenes either verbally or physically, there's less than a 50/50 chance that it will be the right decision, or that the incident will go well.
- If a Team makes the same decision, then it goes up to around 80 to 85 % that it will be the right decision, or that the incident will go well.

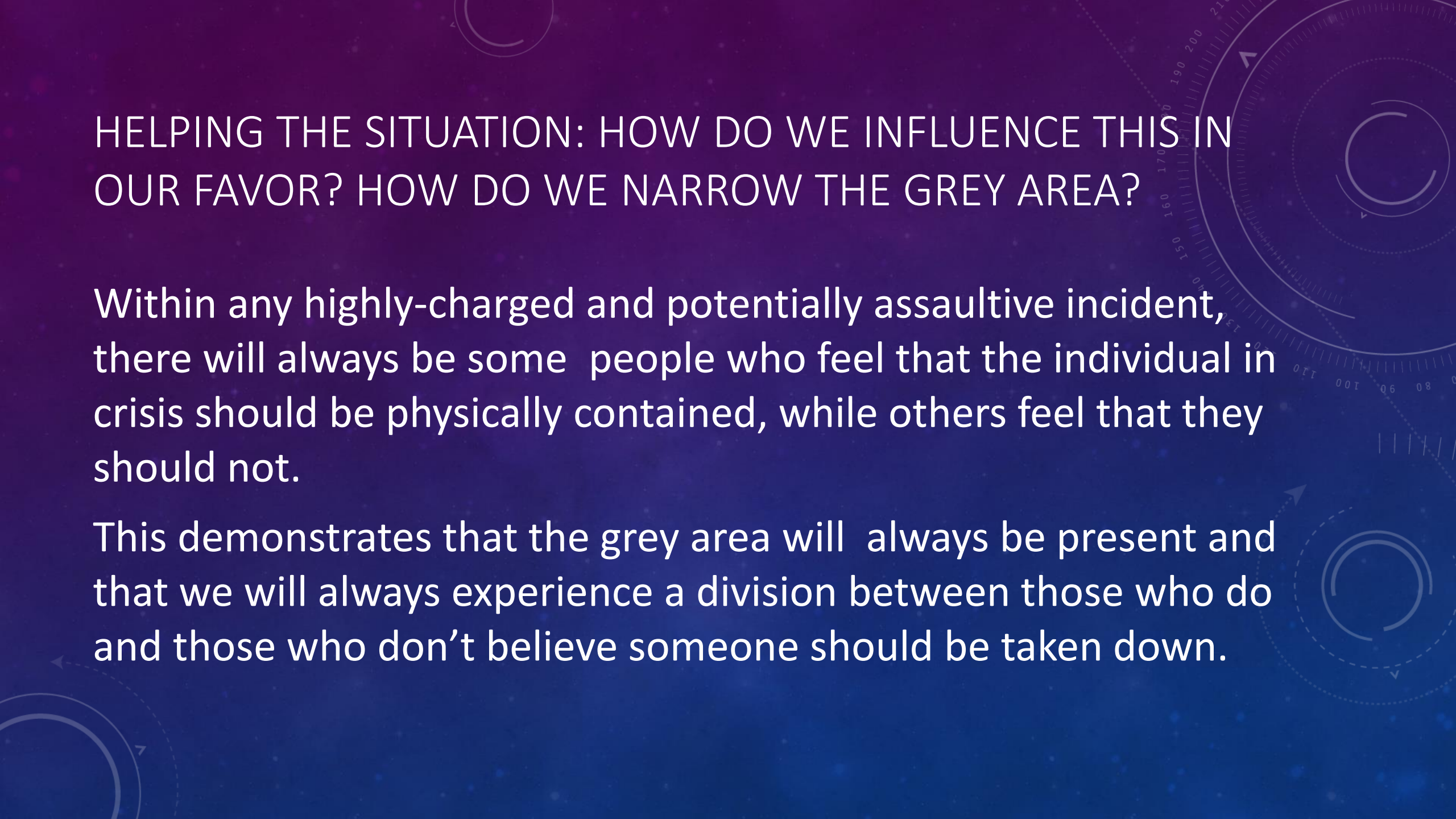
WHAT ARE SOME OF THE IDENTIFIED REASONS FOR VIOLENCE WITHIN THE HEALTHCARE SETTING?

- One person initiated the wrong decision, or One person intervened into the situation either verbally or physically by themselves, creating a Power Struggle.
- One person, or a group of people entered into the situation too early, unorganized, without enough information, without enough people, or without a plan.
- The High Acuity or the Negative Energy Level of the facility, unit or individuals within the milieu.
- The state of our economy has produced a much higher need for outside healthcare and behavioral health help and resources.
- The state of our economy has also produced the necessity to dramatically reduce and cut the resources available to those who would need it.
- The effect is an imbalance of the essential resources needed vs. resources available dynamic.
- The result is the higher rate of people who may have had some previous resources, who now do not and so they are entering into the healthcare environment as sicker and more needy, while flooding into areas that are not used to that type of client or situation.

HELPING THE SITUATION: HOW DO WE INFLUENCE THIS IN OUR FAVOR? HOW DO WE NARROW THE GREY AREA?

We influence this with The Triad of Successful Interventions:

- Effective Communication.
- Coordinated Teamwork.
- Having a Plan of Action in place.



HELPING THE SITUATION: HOW DO WE INFLUENCE THIS IN OUR FAVOR? HOW DO WE NARROW THE GREY AREA?

Within any highly-charged and potentially assaultive incident, there will always be some people who feel that the individual in crisis should be physically contained, while others feel that they should not.

This demonstrates that the grey area will always be present and that we will always experience a division between those who do and those who don't believe someone should be taken down.

WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- Withholding cigarettes, food, drinks and medications
- Physical or verbal abuse
- Denial of visitors
- Withholding or overuse of medication
- Whispering or talking too loudly regarding the clients in their presence
- Laughing at or around disturbed clients
- Staring too intensely at, or not visually acknowledging the client
- The environment is too noisy or bright
- The staff look like someone the client hates or fears
- The client is held against their will and they want to leave

WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- The client does not want to leave or be discharged from the facility
- The client is experiencing psychosis, hallucinations or delusions
- Demand for compliance
- Making unreasonable demands of clients
- Sarcasm during interactions between staff and clients
- Rude and hostile treatment of clients
- Failure to provide confidentiality
- Touching or getting too close to clients who have physical boundary issues Individual or group punishments especially in public
- Giving double messages Inconsistencies and violations of the established routines
- Favoritism Inflexible schedules which do not allow for individual needs

WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- Rushing a client
- Long wait times for clients
- Being too punitive or parental with clients
- Arguing with a client
- Interrupting while a client speaks
- Not being attentive to the client while they are speaking
- Poorly timed confrontations
- The lack of positive reinforcement
- Not providing adequate physical and emotional stimulation for clients
- Overriding another staff member's decision without explanation
- Making too many decisions for the client

WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- The lack of respect or rejection of the client
- Failure to follow through with promises
- Conscious or unconscious innuendos and seduction of clients
- Passing the client along from one staff member to another without explanation
- Emotional boundary violations
- Lying to clients
- Patronizing or ridiculing clients

WHY DO PEOPLE GET TO THE POINT WHERE THEY LOSE CONTROL?

- Ignoring clients
- Unresponsiveness to the client's needs
- Threatening, intimidating or accusing clients
- Time-outs without explanation
- Excessive or unnecessary restrains and/or seclusions
- The threat or loss of privileges
- Violations or limitations of rights Mishandling personal belongings

THERE ARE ONLY TWO FUNDAMENTAL REASONS WHY

- Communication - They don't have the ability to communicate, or coping skills to develop the communication process, or they have learned badly and behave the only way they know how to get attention or what they want.
- Symptom of Their Illness - Drunk, on drugs, psychotic, low functioning, autistic, reaction to medications, dementia... Something having to do with their illness that would promote them to become aggressive or strike out because of it.

THERE ARE ONLY TWO FUNDAMENTAL REASONS WHY

- Communication - Find out What they Want, What they Need and What they are trying to Say.
- Symptoms of Their Illness - Be prepared for something Action or Physical but try Communication before it becomes Physical.

We must first try to understand why people do what they do before we will be able to know what to do about or with them. The first dynamic to understand about them, is that it has very little to do with us.

THE THREE DYNAMICS OF BEGINNING A SUCCESSFUL NEGOTIATION

- Try to understand as much about the Individual or Situation you are faced with.
- Try to understand Your Reaction to the Individual or Situation you are faced with.
- Try to understand how to attempt to Solve the Issue you are faced with.

TRIGGER WORDS

- No.
- What's Bothering you?
- What's the Problem?
- What's Wrong?
- Why...
- Come Here.
- You Need to...
- Anytime you start out with "You..."

TRIGGER WORDS

Having only two reasons helps to eliminate some of the Mystery from the situation or Crisis to where you are able to identify it. When you can identify the Crisis, then you will know more about how to approach it. When you are better able to approach the situation, then you'll be better able to solve it.

THE ELEMENTS OF CRISIS

- When we identify a Crisis, it becomes not about the person in Crisis, but more about our own Auto Response to the situation.
- Our mind identifies a Crisis and immediately begins treating it as a threat.
- That threat prompts our Auto Response to Control the Behavior instead of trying to De-Escalate it.

CONTROLLING BEHAVIOR VS. DE-ESCALATION

- When there is no threat involved... No Danger to Self, or Others, then is not our job, nor responsibility to Control Behavior.
- By attempting to Control the Behavior, we instantly initiate a Power Struggle.
- Power Struggles escalate the incident further.
- Power Struggles will only be settled by force.
- Someone has to win & someone has to lose.

CONTROLLING BEHAVIOR VS. DE-ESCALATION

- Step One: Get the dialogue moving two ways, either positive or negative, if vital information is being exchanged.
- Step Two: Find out what that individual Needs.

Once you have reached Step Two, only then do you have any hope of solving the issue by Negotiation. If you initiate a Power Struggle, it will prevent you from reaching Step Two, and therefore there will be no hope of solving the issue, only settling it using force.

INSTRUMENTAL BEHAVIOR

Instrumental, or Attention-Based Behavior is characterized by superficial demands and clearly recognizable objectives that, if attained, will benefit the subject, such as the individual with a gun to their own head, that propels you or anyone else present to realize that you need to pay attention to the individual because this is serious and therefore should try to give the individual what they demand.

EXPRESSIVE BEHAVIOR

Expressive, or Emotional Need Behavior, is designed to communicate the subject's frustration, outrage, passion, despair, anger, or other feelings that are sometimes stemming from a long-term histrionic dynamic, where the individual feels as though they have not been listened to or understood to the point where they exceed their normal coping abilities.

BEHIND THE BEHAVIOR

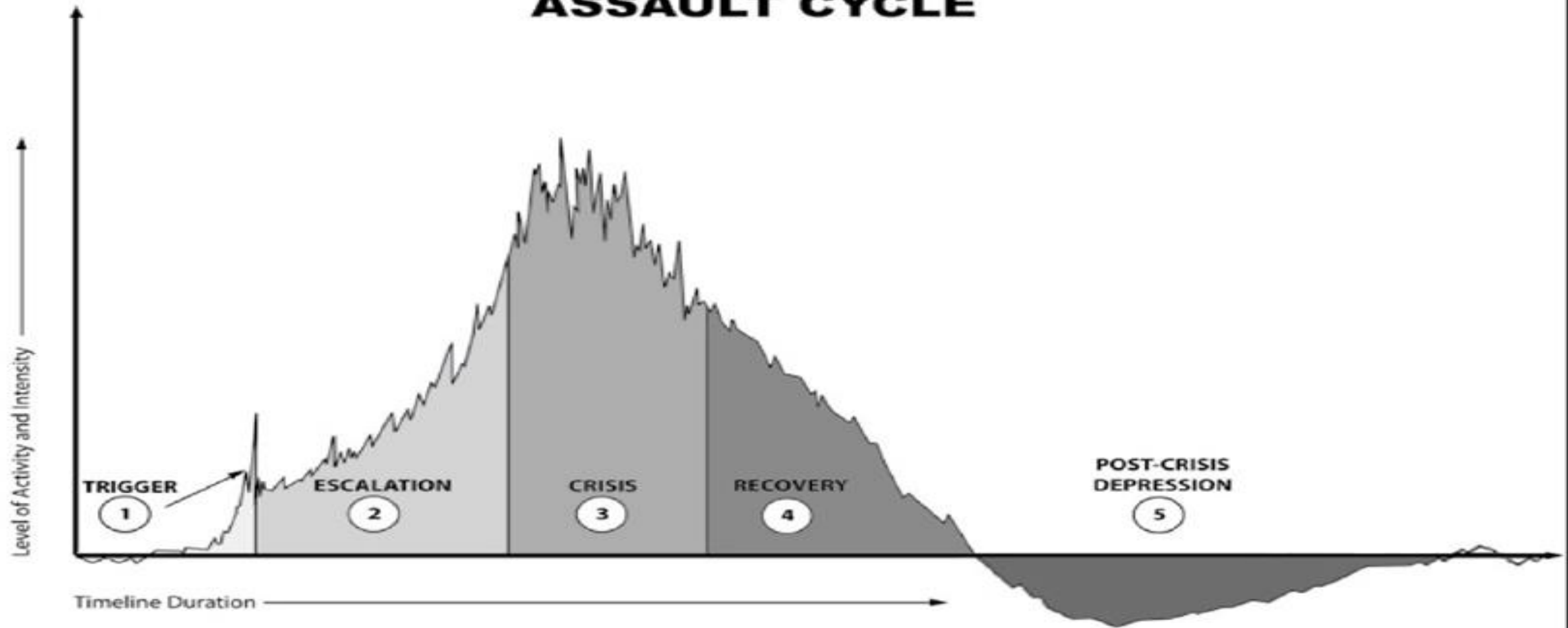
There is always something behind the behavior that is pushing the behavior toward you and therefore we shouldn't take the behavior personally, but instead realize that there is a deeper issue that the individual wishes us to reach, but they are unable to express, so it is our responsibility to reach it.

Never focus on the behavior, or the individual will focus on the behavior. Focus what is behind the behavior instead. What is making them feel like doing what they are doing? Ask them to help you understand what they need... How can I help? What can I do? How can we make the situation better or go away?

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MANAGEMENT of ASSAULTIVE BEHAVIOR[®]

ASSAULT CYCLE



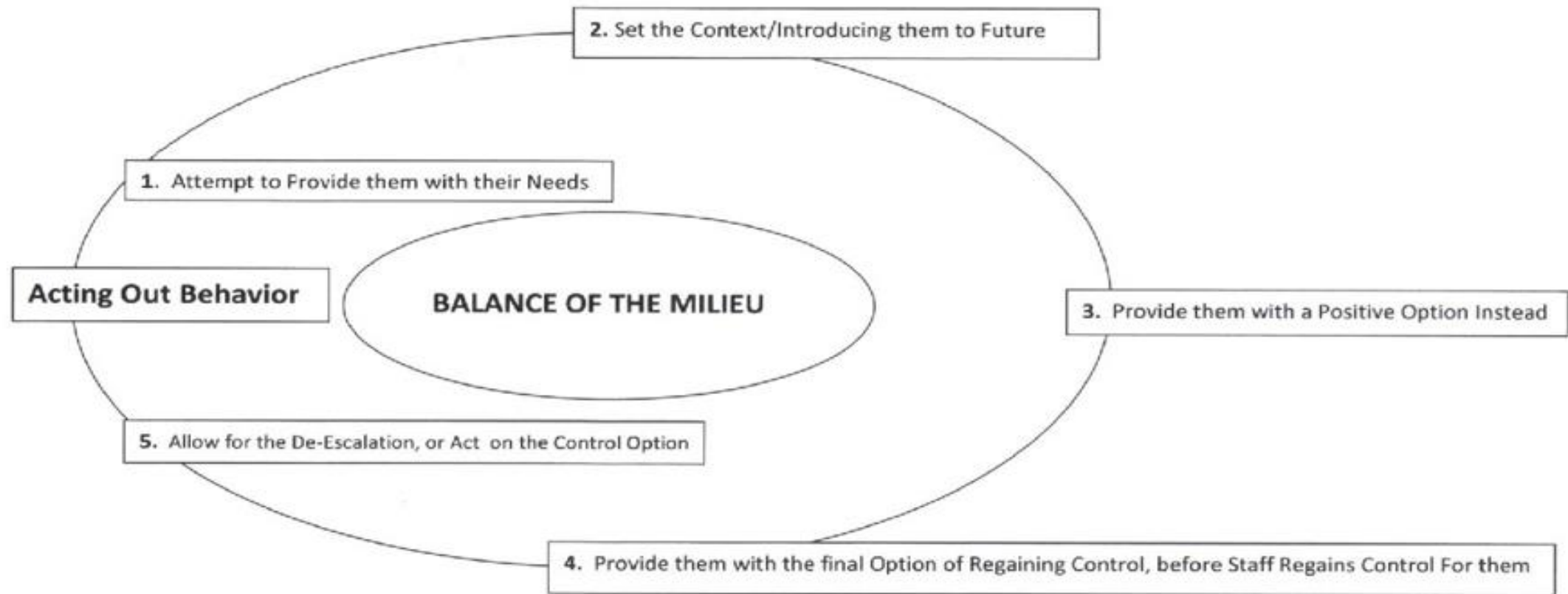
REDIRECTION/DISTRACTION

Redirection and Distraction is the process where the responder takes the initiative to direct the actions away from the crisis and toward a direction that the responder guides to, instead of allowing the individual to control the outcome.

NEW WORLD EDUCATION NETWORK

MABPRO™

COMPLIANCE CYCLE



TYPES OF COMMUNICATION

COMMUNICATION IS A TWO-WAY process. The SENDING and RECEIVING of messages Sending a message that is understood UNDERSTANDING the message that is sent.

- AUDITORY - HEARING, SPEAKING, AUDITORY LANGUAGE (Failure to listen and communicate effectively affects working relationships)
- VISUAL - SEEING, VISUALIZING, VISUAL MESSAGES, BODY LANGUAGE
- KINESTHETIC - PHYSICAL ACTIONS EITHER POSITIVE OR NEGATIVE

IMPORTANT ELEMENTS

- ACTIVE LISTENING PROVIDING EVIDENCE OF LISTENING
- DEMONSTRATING TOTAL ATTENTION
- OFFERING GOOD EYE CONTACT
- NOT INTERRUPTING
- NOT INSERTING YOUR OWN OPINION
- REFLECTING BACK WHAT YOU HEARD
- EXHIBITING POSITIVE BODY LANGUAGE
- ASKING APPROPRIATE QUESTIONS

12 ELEMENTS OF ACTIVE LISTENING

1. Emotional Labeling - Emotional Labeling allows someone to see that we're seeing their perspective by attaching a tentative label to the feelings expressed or implied by the person's words and actions. It also helps to attach an overall emotion in the beginning that the person may be feeling about the issue, such as; "This must be very frustrating for you" or "I understand, you must be really angry over this."

12 ELEMENTS OF ACTIVE LISTENING

2. Paraphrasing - The use of this technique is demonstrated by your repeating in the person's own words, the meaning of what you believe to be what the person is trying to communicate. As you listen, you should attempt to provide evidence of your attention by paraphrasing the person's words by stating; "So what you're saying is you believe I could've said what I said differently... Alright, I think I understand."

12 ELEMENTS OF ACTIVE LISTENING

3. Mirroring - This is utilized by repeating only the most important concepts, or the last few words of the individual's dialogue to gain a better understanding of their core issues and thus, being able to develop a much more effective rapport. After the person has explained that they were promised to be on this particular unit, you reply with; "You were promised to be on this unit... I understand what you're saying."

12 ELEMENTS OF ACTIVE LISTENING

4. Minimal Encouragement - These responses do not need to be lengthy, but instead should be brief, well-timed vocal replies, such as; "Alright," "O.K.," or "I see." In this way, you can provide evidence that you are listening and understanding to what is being said, rather than simply hearing the words. This will help encourage the person to continue communicating with you, rather than shutting down and feeling unheard.

12 ELEMENTS OF ACTIVE LISTENING

5. Open-Ended Questions - This method helps you to focus on learning what the person is really thinking and feeling so that you can develop a roadmap of where to go and what to focus on in order to understand their feelings and intent. An example might be; "I'd like to help you and in order to do that, I need more information on just how you feel."

12 ELEMENTS OF ACTIVE LISTENING

6. Directive "I" Messaging - By using "I" messages, you portray a much more level playing field and in doing so, remove yourself from the elevated authority figure when the person may already feel that they are on a different level than you. "I" messages should be made up of three main elements, the first being The problem or situation, the second being your feelings about the issue and the third, the reason for your concern.

12 ELEMENTS OF ACTIVE LISTENING

7. Effective Silence - People have a conscious or even subconscious reflex to speak in order to fill gaps and spaces within a conversation. You can obtain a true sense of what the person is thinking and feeling by utilizing silence as a method of encouraging the person to voluntarily fill the gaps. Even the most emotionally-charged individuals find it uncomfortable to stay engaged within a one-sided argument and will eventually calm.

12 ELEMENTS OF ACTIVE LISTENING

8. Perception Checking - This is done by trying to understand the feelings and emotions behind the words spoken by the individual, or to tap into the root cause of the issue. There is sometimes a deeper issue that is going on behind the issue at hand and when you try to discover the deeper issue that is lurking behind the overt one. This will actually serve to satisfy an emotional need that will in turn, help allow the person to trust you and open up.

12 ELEMENTS OF ACTIVE LISTENING

9. Clarifying - This is the process of following up to understand both the content and context of the words or feelings expressed by the person in order to check for accuracy of understanding in order to clear up any misperceptions that may have occurred during an emotionally-charged conversation. An example of this would be; “Can you tell me again what you meant when you said that you don’t feel like you’re being heard by administration.”

12 ELEMENTS OF ACTIVE LISTENING

10. Structuring - It is sometimes necessary to create guidelines or parameters for the conversation in order for the person to feel as though there is a defined direction that the conversation is going so that there is a sense of purpose. As an example, you might say; “You mentioned that you don’t feel that this issue is in your best interest and that you’re afraid you’ll be blamed.” ... “Which one of these issues would you like to talk about first?”

12 ELEMENTS OF ACTIVE LISTENING

11. Pinpointing - During confrontations, there can be so many emotionally-charged topics that the person is dealing with internally and externally, that the issues themselves may become lost in purpose. Therefore, you may need to at times redirect the conversation back to the most important issues. An example would be; “I hear you saying that you’re feeling better now, but I’m still seeing some tears”... “Is everything really okay now?”

12 ELEMENTS OF ACTIVE LISTENING

12. Body Language and Posturing - Physical messages or body language from a person can either validate or discount the message we are trying to convey, and the body language exhibited by you can sabotage even the best of intentions. Examples of negative body language would be checking your watch, working on an unrelated task, interrupting, fidgeting, sighing, taking a phone call, or standing at the doorway instead of face to face while listening.

STRATEGIES TO ENSURE A CLEAR MESSAGE

- ACKNOWLEDGE THAT YOU HEARD THE MESSAGE
- BE AWARE OF YOUR TENDENCY TO JUDGE, "YOUR WAY" AS RIGHT AND ALL OTHERS AS WRONG.
- ALLOW FOR APPROPRIATE DIFFERENCES IN STYLES
MEET ON COMMON GROUND

AWARENESS

- BE AWARE OF SIMILARITIES BETWEEN YOU AND THE RECEIVER.
- USE THESE SIMILARITIES TO DEVELOP A RELATIONSHIP AND TRUST.
- ACKNOWLEDGE THAT DIFFERENCES CAN BE BOTH DIFFERENT & STILL BE APPROPRIATE
- MODIFY YOUR APPROACH TO ADDRESS the COMMUNICATION NEEDS OF THE RECEIVER

GIVING MESSAGES APPROPRIATELY

- USE POSITIVE LANGUAGE AVOID USING “BUT”, “CAN’T”, OR “DON’T”. THIS NEGATES THE FIRST PART OF THE STATEMENT.
- CORRECT MISTAKES WITH A SUPPORTIVE TONE “THE NEXT TIME THIS HAPPENS YOU MAY WANT TO TRY...”

NON-VERBAL COMMUNICATION

- BE AWARE OF THE SIGNIFICANCE OF NON-VERBAL COMMUNICATION.
- AVOID NON-VERBAL MESSAGES THAT APPEAR NEGATIVE SUCH AS: ROLLING EYES, LOSS OF EYE CONTACT POINTING OR WAGGING FINGERS DEEP SIGHS, CLEARING THROAT

OVERCOMING BARRIERS

- RECOGNITION OF DIFFERENCES
- ACKNOWLEDGEMENT OF MESSAGES
- EXPLORING DIFFERENT APPROACHES
- BEING EMPATHETIC
- REINFORCEMENT
- BEING A GOOD LISTENER
- PARAPHRASE WHAT YOU HAVE BEEN TOLD

EFFECTIVE LISTENING

- SET THE STAGE - Choose an appropriate place, Remove distractions, Be open and accessible Listen with empathy
- SUSPEND JUDGEMENT - Concentrate, Keep an open mind, Hear them out
- SUPPORTIVE BEHAVIORS - Relaxed, open body posture
- FEEDBACK THAT ACKNOWLEDGES THAT YOU UNDERSTOOD THE MESSAGE - Reflect feelings, Paraphrase main ideas, Interrupt ONLY to clarify, Confirm next steps

LISTENING EXERCISE

- Who are the people in your life that are easiest to listen to?
- What is it about these people that makes it easy to listen to them?
- Who are the people that you listen to the least?
- What is it about them that makes it difficult to listen to them?

BEING A GOOD SPEAKER

- LOOK AT THE PERSON WHEN TALKING TO THEM
- PRONOUNCE WORDS CLEARLY
- DON'T TALK TOO QUICKLY OR TOO SLOWLY
- USE WORDS THEY CAN UNDERSTAND
- DON'T TALK TOO LONG WITHOUT ALLOWING THE OTHER TO SPEAK

COMMUNICATION STYLES

- DIRECTOR - HANDS-ON, LOGICALLY ORGANIZED, USES ALL SENSES
- EXPRESSOR - LOGICAL PRESENTATION, VERBALIZING
- THINKER - PROBLEM SOLVING
- HARMONIZER - NURTURING, HEALERS, CARE-GIVERS

KEYS TO COMMUNICATION

TO UNDERSTAND ANOTHER PERSON, WE MUST BE
WILLING TO BE INFLUENCED WHEN WE ARE OPEN,
WE GIVE PEOPLE ROOM TO RELEASE THEIR
FIXED POSITIONS AND CONSIDER ALTERNATIVES
SEEKING TO UNDERSTAND LETS US ACT FROM A
POSITION OF KNOWLEDGE BY SEEKING TO
UNDERSTAND WE GAIN INFLUENCE IN THE
RELATIONSHIP

ARIS AGGRESSION SCALE AGGRESSION REACTION & INTERVENTION SCALE

- BASELINE BEHAVIOR
- CRISIS APEX
- DETONATION REFLEX
- RECOVERY DESCENT
- ESCALATION REACTION
- SUBLEVEL EQUALIZATION
- REDIRECTION LEVELING
- EQUALIZATION

TEN GUIDELINES FOR AVOIDING ASSAULT

1. Is there Imminent Danger to Self or Others and to what degree?
2. Try to Understand the Person or Situation that you're faced with.
3. Try to Understand your Reaction to the Person or Situation that you're faced with.
4. Try Not to focus on the Behavior...Focus on what's Behind the Behavior... There's usually something behind the Behavior that's causing it.
5. Try Not to tell them what to do or demand their compliance...Try to Ask for their compliance instead.

TEN GUIDELINES FOR AVOIDING ASSAULT

6. One Team leader should be negotiating, not several... If more than one person is trying to de-escalate the individual, it creates a Conflict of Focus.

7. Try to initiate a Plan before entering any potentially violent situation.

8. Work as a Team... Everyone has a role to offer in helping to de-escalate the situation.

9. Reactive Thinking always creates Primitive Responses... Critical Thinking allows a person to help solve the situation by prompting you to ask yourself questions of why the individual might be upset and what you can do to help them communicate their needs.

10. Try to always focus on the power of De-escalation, rather than giving into the weakness of Over-Reaction.

KEYS TO COMPLIANCE

- Compassionate Teamwork
- DEFENSIVE INTERVENTION

CASE STUDY 1

Joanne is a residential care facility administrator who works in an adult residential facility (ARF). Around midnight, police arrive with Jane, a 50-year-old female threatening to harm herself and her family. During the assessment, Joanne finds: a cooperative, though disheveled woman, with an odor of alcohol and superficial lacerations to her hands. Her history, supplied by both the police officers and her husband describe combativeness at the scene, threats to harm herself, depression with crying since losing her job, with an escalation of the symptoms in the last two weeks.

CASE STUDY 1

Joanne, having just completed the management of assaultive behavior training knows she should:

- A. Respond to Jane in a calm and reassuring manner
- B. Call Security immediately
- C. Restrain Jane as she may be impaired by alcohol
- D. Call for an experienced emergency department nurse to care for Jane

CASE STUDY 1

Answer: Did you pick “A”? You are correct! Jane is exhibiting no signs of agitation now and treating her in a calm reassuring manner may keep her from escalating. Calling for Security and restraining her may lead to more aggressive behavior.

CASE STUDY 2: SITUATION ESCALATES

Joanne helps Jane get comfortable in a room and, with the aid of a residential facility nurse, assists Jane into a hospital gown and getting labs drawn. Joanne checks with Jane to see if she needs anything, she says no, and she goes to check in with another patient. Jane's husband is in the room and the police officers remain outside the room. Upon her return, she sees Jane pacing about and talking to herself. Jane's jaw is clenched, and she is balling her fists. Her husband states that she is upset that the doctor has not been in to see her, and she wants to leave.

CASE STUDY 2: SITUATION ESCALATES

Joanne checks her watch and notes that only 15 minutes has passed. She would:

- A. Instruct the husband to tell Jane to be patient, after all this is an emergency department and the doctors are busy
- B. Tell Jane if she does not calm down, he will remove her husband and lock the door
- C. Speak to Jane in a calm, non-threatening voice, apologizes to Jane for the long wait and asks if she is okay.
- D. Tells Jane she is free to leave at any time

Answer: What was the best course of action? Exactly! “C” Maintaining her calming manner will help de-escalate the situation.

CASE STUDY 3: AGGRESSION ESCALATES

However, Jane is not appeased, she begins to hit her head against the wall and kick the bed. Her turn to more aggressive behavior should be treated by:

- A. Giving her a sedative dose to calm her down
- B. Placing her in restraints and seclusion
- C. Placing her in a room designed to keep her from hurting herself and placing a sitter outside her room
- D. Calling the police officers into the room to control her

CASE STUDY 3: AGGRESSION ESCALATES

Answer: In this circumstance, Joanne chose "C". Why? Even though placing her in a room designed to keep her from hurting herself is a type of restraint, she will be under constant observation. This is the least invasive type of restraint and may be effective enough to calm Jane.

CASE STUDY CONCLUSION

The laboratory results are back, and the physician is here to examine Jane. He notes that Jane has calmed and is sorry for her behavior. She admits that she has been depressed and drinking, since losing her job. She feels worthless and thinks her husband is unhappy with her. She might as well kill herself and free him. What should the physician do? Did you consider a psychiatric consult? Would you let her go home? Would you keep her safe until the alcohol dissipates? Would have the physician prescribe a common antidepressant?

The physician diagnoses depression and her labs show she is legally impaired by her alcohol consumption. He is not an expert in depression but knows the effects of the alcohol will wear off. He orders a psychiatric consult and recommends Jane to be treated for substance abuse.

COURSE CONCLUSION

For more details regarding the Management of Assaultive Behavior (MAB) AB 508 Workplace Violence Prevention Program, visit <https://mabproedu.com>. You may also reach out to them via office@MABPRO.com, or dial (888) 619-8880.

What is AB 508?

Open this link to know more about Bill No. AB 508:

http://www.leginfo.ca.gov/pub/93-94/bill/asm/ab_0501-0550/ab_508_bill_931008_chaptered