

Assaulted Staff Action Program (ASAP)

Fulton State Hospital
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Assaulted Staff Action Program

Presentation Objectives:

- **To inspire others to acknowledge and recognize staff trauma and how violence in the work environment causes trauma.**
- **To inspire others to develop, implement, and support practices at work that address the impact of trauma on staff.**

Fulton State Hospital: A Community of Respect and Empowerment

Background



Fulton State Hospital

- Authorized in 1847 and opened in 1851
- Oldest public mental health facility west of the Mississippi River
- Employs 1184 staff (approx. 550 direct care)
- Capacity of 376 beds.



Security Levels

- Three High Security Programs
 - Biggs Maximum Security – 186 beds
 - Guhleman Intermediate Security - 91 beds
 - Sexual Offender Rehabilitation and Treatment Service program (SORTS) - 75 beds
- Minimum Security - 24 beds
- = 376 bed total

Admission Statuses

- **Voluntary by Guardian**
- **Individuals with a legal status of incompetent to stand trial (IST), not guilty by reason of mental disease or defect (NGRI), permanently incompetent to stand trial (PIST)**
- **Sexual violent predators - SORTS**
- **Civil Commitments**
- **Administrative transfers from other mental health facilities who have been determined to be too dangerous to maintain in a minimum security setting**

Fulton State Hospital

Defining Trauma

Trauma



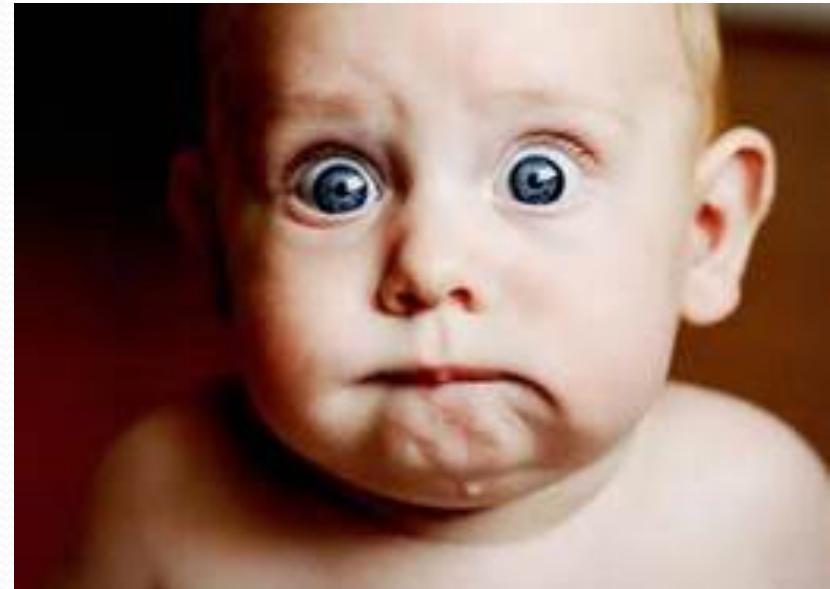
The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

(Image taken from:
<http://centralfoothillsmommies.blogspot.com/2011/10/october-is-domestic-violence-awareness.html>,
Artist Bruno Leyval, March 2014)

Immediate Response to Trauma

**“Fight or Flight” response
kicks in:**

- Thoughts racing
- Change in vision
- Dry mouth
- Heart beats faster
- Hands get cold
- Muscles tense
- Dizzy or lightheaded
- Breathing changes
- Adrenaline release
- Bladder urgency
- Palms sweaty





Psychological Trauma

“Psychological trauma is a person’s physical and psychological response to sudden, unexpected, terrifying, potentially life-threatening event over which the person has no control.”

From: “The Assaulted Staff Action Program”, by Flannery, Raymond B. Jr., 1998, page 19.

Psychological Trauma Conditions

Physical

- Hypervigilance
- Exaggerated startle response
- Sleep disturbance
- Difficulty with concentration and memory
- Mood instability, especially anger and depression

Psychological Trauma Conditions

Intrusive

- Recurring, distressing recollections (thoughts, memories, dreams, nightmares, flashbacks)
- Physical or psychological distress at an event that symbolizes trauma
- Grief or survivor guilt

Psychological Trauma Conditions

Avoidant

- **Avoiding specific thoughts, feelings, activities or situations related to the trauma**
- **Diminished interest in significant activities**
- **Restricted range of emotions/psychological numbness**
- **Accept the violence as part of the work (violence comes with the turf)**
- **Victims blame themselves and withdraw in shame (self-blame is the illusion of being in control)**



Psychological Trauma Conditions

- All of these symptoms are common and *normal*.
- Through natural recovery, their intensity and frequency decrease.

Untreated Psychological Trauma

- Anxiety states, such as panic states, and medical conditions and pain without apparent medical causes
- Depression
- Substance abuse
- If after about one month they don't decrease, a person is said to have Post-Traumatic Stress Disorder

Total Staff Injuries for 2013

Injury Circumstances	Total Staff Injuries
Assault	331
Containment	230
Self Harm	0
Accident	109
Other	2

Injuries include everything from minor cuts and bruises to serious injuries needing treatment and therapy.

Un-Healthy Culture of Ignoring

Trauma

- Violence comes with the turf!
- Employees will get better at handling assaults the longer they work at the hospital.
- Employees just need to use their informal supports to cope.
- “You may have been threatened, but at least you weren’t physically assaulted!”



Un-Healthy Culture of Ignoring Trauma

Denial (ignoring assaulted staff) is a great way to avoid facing the reality of trauma and its impact on ourselves!



Fulton State Hospital

Becoming A Trauma-Informed Care Mental
Health Facility

Definition of Trauma Informed Care

For the past decade FSH has focused on treatment that incorporates:

- An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services.
- A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.

Trauma Informed Care Team

- FSH's Trauma Informed Care Team explores and develops ways to incorporate trauma informed treatment principles in service delivery to FSH clients *and* staff.
- In 2012 begin to focus on what could be done to be more trauma informed regarding staff.
- Literature search led to the Assaulted Staff Action Program.

Assaulted Staff Action Program (ASAP)

Coping with the Psychological Aftermath of Violence

(Excerpted from Raymond B. Flannery, Jr., Ph.D. book by same name.)

ASAP's History

- Developed in 1990 by Raymond Flannery, Jr. Ph.D. in a state hospital in Massachusetts.
- Currently, 1,700 ASAP team members on 40 teams in 7 states.
- May 2013 the Fulton State Hospital Team was trained by Dr. Flannery.

ASAP's History

Research studies have demonstrated:

- ASAP appears cost-effective in providing needed support to staff victims.
- Associated with significant reductions in assaults facility-wide in several settings.
- Appears to mitigate the onset of PTSD, and creates improved morale.



What is ASAP?

ASAP is a voluntary, systems-wide, peer-help, crisis intervention approach for addressing the psychological aftermath of patient assaults on staff.

What is the ASAP Philosophy?

**Violence does
not “come with
the turf!”**

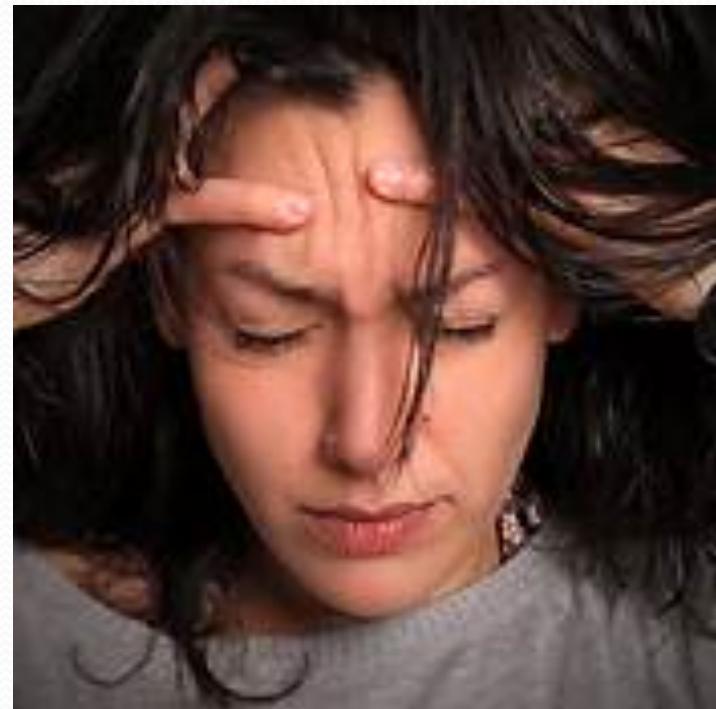
***All staff victims
are worthy of
compassionate
care.***



What is the ASAP Philosophy?

Staff may experience psychological trauma as a result of violence and assaults.

- *Physical*
- *Sexual*
- *Non Verbal Intimidation*
- *Verbal Threats*
- *Derogatory Comments and Racial Slurs*
- *Vicarious Trauma*





What is the ASAP Philosophy?

- It is easier to discuss the incident with peers at the same risk.
- Talking about the event may result in less human suffering and better coping in the short-term and avoid longer lasting disruptions, including PTSD, in the longer term.

Assaulted Staff Action Program (ASAP)

Implementation

Implementing ASAP: Keys to Culture Change

1. Administrative Support – All Levels



Implementing ASAP: Keys to Culture Change (continued)



**2. Confidentiality
Guaranteed**

Implementing ASAP: Keys to Culture Change(continued)

3. Campaigning and Educating – (Lessons from Geese)





Implementing ASAP: Keys to Culture Change (continued)

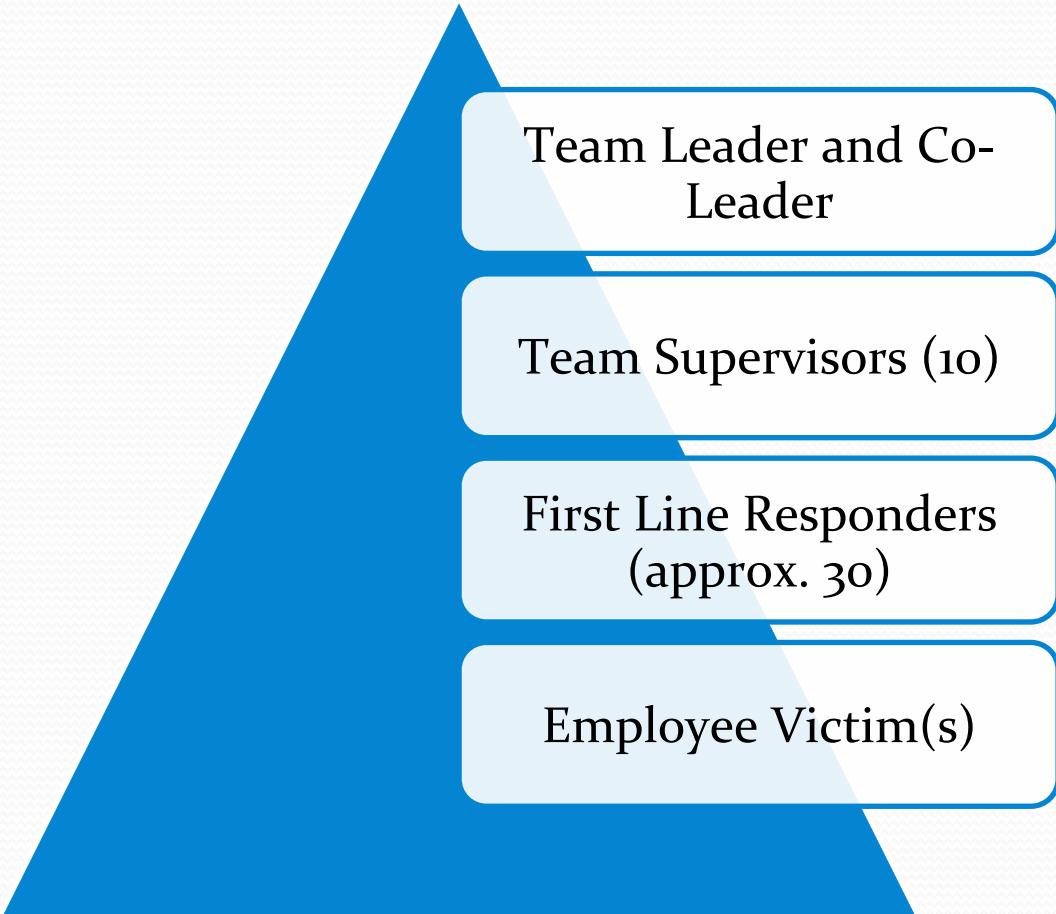
- 4. The Power of Peer Support**
- 5. Experienced, Respected, and Compassionate Team Members**
- 6. Trauma-Informed Care Training and Treatment Practices**



Implementation of ASAP

- Determining team numbers
- Soliciting volunteers
- Training team
- Setting up processes
- Ongoing meetings and training

Structure of ASAP



Team Leader and Co-Leader

Team Supervisors (10)

First Line Responders
(approx. 30)

Employee Victim(s)

Assaulted Staff Action Program (ASAP)

For Those Who Serve Others in Need



Stress-Resistant Persons

“Over the centuries physicians have noted that some men and women, when confronted with stressful life events, cope adaptively and emerge relatively intact from these events whereas others, faced with the same events are overwhelmed and become ill.”

(Stress Resistant Information is from Raymond B. Flannery, Jr., Ph.D., The Assaulted Staff Action Program”)

Stress-Resistant Persons

Research shows that stress-resistant persons use six strategies to cope successfully with stressful life events.

- 1. Reasonable Mastery**
- 2. Personal Commitment to Task**
- 3. Wise Life-style Choices**
- 4. Social Support**
- 5. Sense of Humor**
- 6. Concern for Welfare of Others**



Stress-Resistant Persons

- Not born with stress resistant skills
- No inherent gender differences
- No class differences
- *Learn and practice them over time*



How does knowing what makes a Stress-Resistant Person relate to ASAP?

**ASAP responders promote Stress-Resistant Persons by
focusing on the Domains of Good Health, or “MAM”:**

M: Mastery

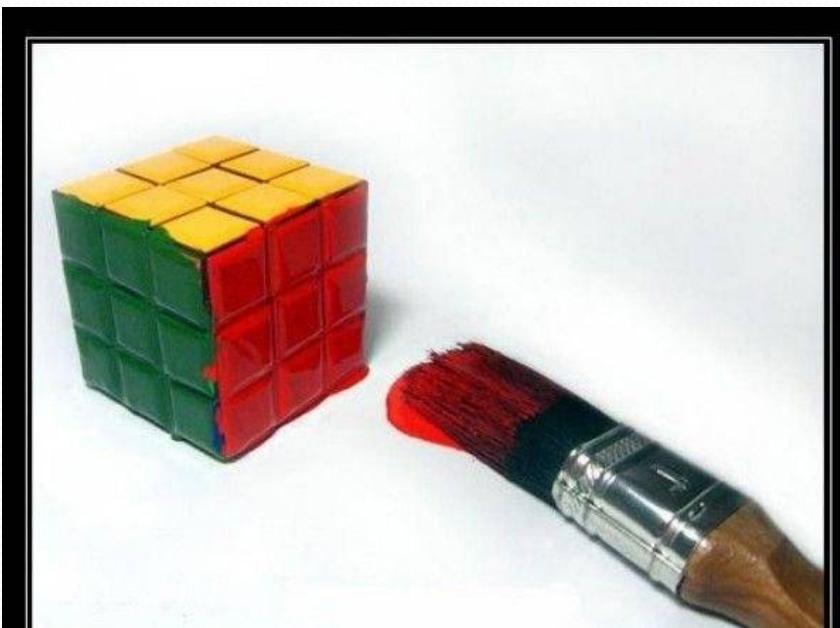
A: Attachment

M: Meaning

Domains of Good Health

1. Reasonable Mastery

**“The ability to shape
the environment to
meet our needs.”**



There are solutions:
even to the hardest problems

Domains of Good Health

Faulty mastery: no power to control the event, no matter how hard they try.

- 1. Overcontrol**
- 2. Blame oneself for what happened and feel incompetent**
- 3. Learn to be helpless**
- 4. Use drugs and alcohol**

Domains of Good Health

2. Caring Attachments

The caring and support of family, friends, colleagues with powerful psychological benefits.



Domains of Good Health Missing

Inadequate attachment

- 1. Make avoidance responses to others**
- 2. The withdrawal of others from the victim**

Domains of Good Health

3. Meaningful purpose in life



For staff this can include the ability to make sense out of what has happened regarding a traumatic event.



Domains of Good Health Missing

Faulty meaning

1. Victims can feel their world is unsafe
2. Feel ashamed

1. Respond Immediately

- **Assault occurs**
- **Nurse calls operator**
- **Operator pages ASAP responder on-call**
- **ASAP responder goes to staff victim**
- **See that safety and medical needs of victim are being addressed**

2. Gather the Facts of the Incident

- Reconstructs the facts of the assault (from the leader in charge)
- Introduce yourself to the victim
- Offer the ASAP intervention
- Assure the employee victim of complete confidentiality unless the victim reports a crime (abuse or severe neglect)

3. Reduce Physiological Arousal: Physical Activity, Ventilation, Cognitive Control

- If employee accepts service, begin monitoring for psychological trauma symptoms
- Monitor for disruptions in mastery, attachment, and meaning
- Encourage staff to talk about violent act and negative thoughts, feelings, etc.

4. Foster Mastery: Empower, Avoid Decision Avoidance

- **Make suggestions to restore some initial sense of control for the victim**
- **Use problem-solving model in assisting victim in how to remaster their work location**
- **“what support would you need to be able to remain on your ward?”, “would you like to speak with the client?”**

4. Foster Mastery: Empower, Avoid Decision Avoidance (continued)

- Be aware of staff victim avoidance
- Encourage/support staff victim's use of wise lifestyle choices to deal with stress
- Encourage sense of humor – laughing reduces the physiology of stress

5. Restore or Building Caring Attachments

- **Assess victim's resources for caring attachment networks**
- **The ASAP member and program is one of those networks!**

6. Explore Meaning of Event to Restore Meaningful Sense of Purpose

- **Assist victim in making some initial sense of what happened**
- **Two most common reasons for violence in clients:**
 1. Brain Chemistry; 2. External Events
- **E.g., how do you explain what happened to you?, was client off medication?, what is the client's trauma and abuse history?**

6. Explore Meaning of Event to Restore Meaningful Sense of Purpose (continued)

- Deal directly with self-blaming and victim-blaming
- Remember that we “blame” to build false sense of safety. “If I/he/she hadn’t done ___, this assault probably wouldn’t have happened.”



6. Explore Meaning of Event to Restore Meaningful Sense of Purpose (continued)

- **Assist staff victim in finding commitment to their role**
- **Assist staff victim in identifying purpose in their role - Those most motivated for the welfare of others enjoy better health.**

Follow-up for Staff Victims

- After each meeting the ASAP Responder completes a data collection form.
- Contact three days after incident
- Contact ten days after incident
- ASAP *does not* provide personal therapy
- Referrals can be made to the Employee Assistance Program (EAP) if needed.

Ongoing Development

- Scheduling and Communication
- Trips to the emergency room
- ASAP Shower Room/Change of Clothing
- Responders balancing roles
- Incorporating ASAP in initial and yearly training
- Major assaults versus chronic combative or verbally abusive behavior
- Support for the ASAP responders
- ASAP Service Line
- Therapists with expertise in treating trauma

Initial Six-Month Data on ASAP:

September 3, 2013 through February 28, 2014, the first six months of the program.

ASAP calls to the Operator:	September	40
	October	21
	November	40
	December	31
	January	38
	February	35

Total: 205

Number of *documented* ASAP responses: 199

Response Outcomes:

•accepted ASAP services:	103
•had one repeat service:	28
•had two repeat services:	9

Number of responses that were:

•result of R/S:	101
•physical assaults, but not result of R/S:	59
•nonverbal or verbal threats:	6

Female victims:	88
Male victims:	111

Job Positions of Staff Victims:

•Forensic Rehabilitation Specialists:	176
•RN:	
14	
•LPN:	
3	
•Psychologist:	2
•Social Worker:	2
•Other – (Env. Srv.):	2

Responses on Day Shift:	147
Responses on Night Shift:	52

Anecdotal Reports on ASAP

- Staff victims have reported back appreciation for the ASAP response
- Most wards report automatic expectation that ASAP will respond to physical assault
- ASAP team is now approached about staff trauma un-related to assaults

“Never shall I forget those moments that murdered my God And my soul, and turned my dreams to dust.” – Elie Wiesel



“Look after him; if you spend any more, I will repay you on my way back.” Luke, X, 30-35

