AGENCY SAFETY

Personal safety skill training is important, but it is also important to make agencies as safe as possible.

Some suggestions for making the physical layout of the agencies safer are:

• Maintain an organized, calm, and respectful appearance for clients, especially in the waiting areas. Monitor temperature, crowding, and noise.

• Ensure adequate lighting, both inside and outside.

• Be aware of traffic patterns, with special attention to where clients can go unescorted, especially bathrooms and coffee areas.

• Establish a "risk room" where potentially violent or agitated clients can be placed and seen. This room should be furnished sparingly in neutral tones and located in a centrally located area with ready access to help.

• If possible, install safety equipment such as buzzers and silent alarms in offices and waiting areas.

• Furnish offices to maximize safety. Allow a safe distance between clients and social workers. Place furniture to facilitate easy access to the door; social workers should not have to go around their desks or pass clients to get out of the office. Eliminate, as much as possible, items that may be thrown or used as weapons such as staplers, books, pictures, scissors, paperweights, etc.

• Possibly limit access to staff work areas by using keys or coded locks on doors.

• Routinely inspect the interior and exterior layout and all safety equipment to ensure that everything is in working order.

The agencies should have codified rules, regulations, and procedures to establish a safe environment which address prevention, intervention, and aftermath strategies. They may include:

• Designing and maintaining a safe physical environment.

• Developing a safety committee to develop and maintain safety orientation and continuing education programs.

• Developing a method for assessing risk to staff while performing their duties and developing processes to reduce risk, such as using a buddy system, assigning cases with consideration to gender, ethnicity and culture, language, etc.

• Having a format for obtaining a client's history of violence as part of a regular intake procedure.

• Having a method of communicating to all staff when current danger exists.

• Ensuring adequate staffing at all times and allowing no one to work in a building alone.

• Developing policies relating to the provision of services to clients who carry any type of weapon or who are under the influence of any type of alcohol or drugs.

• Developing policies relating to home visits. (This will be discussed later under the heading of "Safety in the Field".)

• Establishing relationships with security and police, informing them of the agency's safety protocols, as well as what would be needed from them during an incident.

• Developing a post-incident format for debriefing and communicating with all staff following an occurrence of client violence, as well as a format to determine when and how legal action against a violent client may be taken.

• Developing a format to report and record all work-related occurrences of violence, including threats.

SAFETY IN THE FIELD

Before going into the field, all social workers should have their own safety action plan. It should encompass what actions to take before leaving the agency and what preventive measures to utilize while in the field.

• Learn what they can about the client's and/or family's histories, learn if they have had prior violent encounters with the police, schools, or social services, determine if they have had negative interactions with agencies in the past. Find out if there is a history of mental illness in the family. Some of this information can be gleaned from agency records. Additional information may be obtained from informal sources such as supervisors, coworkers, or colleagues from other agencies.

• Carefully consider the streets, neighborhoods, or areas where the families live. For example, avoid going alone or wearing jewelry in known drug areas, isolated places, or high crime areas.

• Find out about the activities and whereabouts of cults and militia groups in the areas. The beliefs of cults and militia groups may cause them to view social worker's actions as threatening, unnecessary, or unconstitutional.

• Consult with social workers with more experience if limited practice experience is an issue.

• Leave information with the agencies as to the time and place where the field visits are to occur and the expected duration of the visits.

• Dress sensibly at work to allow for ease of movement, including comfortable shoes. Remove neckties, scarves, hanging jewelry, religious or political symbols or anything that could be used as a weapon or increase agitation in a client.

• If possible, keep your home address and last name from becoming known to your clients and have an unlisted phone number.

• Be careful of what is posted on social networks that can disclose routine habits and/or home addresses.

• Make sure that your car is in good working order and that you have plenty of gas in it. You should also have a spare tire with a jack, a working horn, spare change, a flashlight, jumper cables, and a first aid kit.

SITUATIONAL AWARENESS

The best preparation will still not remove all threats of danger. Vigilance and situational awareness are imperative. Some steps that can be taken to decrease vulnerability while in the field are:

• Drive by the residence first to see if things seem okay or if there is anything suspicious going on.

• When pulling into a parking lot or neighborhood, observe who is hanging around and what their general attitude is. Back your car into a parking garage space so you can exit quickly if you need to. Make note of at least two (if possible) exits and entrances to the parking area. Park close to any lights if there is a chance of you returning to your car before or after daylight.

• If you park on the street, do not park directly in front of the home or residence you are visiting.

• Have your car keys in your hand as you approach your vehicle.

• If you have a flat tire at night or in a high crime area, try to keep going along the shoulder of the road until you reach a gas station or, at least, a safer area.

• If stranded, ask to see identification of anyone stopping to assist you, even the police. If you accept assistance, pretend that someone else will be arriving soon and stay alert to their actions.

• Drive with your windows up and the doors locked in unsafe areas.

• Always keep your car doors locked when you are away from the car or sitting in it.

• Be careful about what you leave on your seats or dashboard. Valuables can be an incentive for others to break into your car. Items with personal contact information can lead to identify theft or cause the thieves to break into your home.

• Scan the area as you approach your car and always check the floor and backseat before getting in.

• If someone tries to force you into your car, throw away the keys to distract the attacker and run.

• If someone approaches your car to force entry, lay on the horn and drive off quickly.

• Try not to drive clients in your car. If you must, have them sit next to you. Never have them sit behind you where you can't see what they are doing.

• If someone in your car is forcing you to drive, turn on the flashers, press the horn, stop suddenly, get out and run or, in the worse case scenario, cause an accident with other cars.

• Schedule visits during daylight hours, preferably in the morning.

• Go out in teams or with the police, if warranted, on potentially dangerous visits.

• Before opening a gate, rattle it to determine if there are animals loose that might pose a threat.

• Listen outside the door of the residence for disturbances such as screaming, yelling, or fighting before making your presence known.

- When knocking on the door or ringing the bell, stand to the side, not in front of it, in case someone tries to harm or grab you.
- Introduce yourself clearly, letting the family know who you are and why you are there.
- Assess the person/persons you are interviewing to determine their demeanor and/or if they are under the influence of any substances.
- Note any drug paraphernalia lying around.
- Note the general layout, exits, and phones of the residence. Position yourself for an easy exit if necessary.
- Scan the environment for any weapons. For example, guns are often kept in the bedroom while knives are kept in the kitchen.
- Avoid discussing plans and personal information within the hearing of others.
- Keep personal items such as a purse or briefcase locked in the trunk of your car. Only keep your keys, a little money, and a phone on your person.
- Travel with a cell phone that is charged, turned on, and preprogrammed to call 911 for assistance in any emergency or threatening situation.
- Check in with your agency at set times to let them know you are okay.
- Most importantly, trust your instincts. If something doesn't feel right and you are uneasy about the situation you are in, leave and call the police.

Verbal De-escalation Techniques for Defusing or Talking Down an Explosive Situation

When a potentially violent situation threatens to erupt on the spot and no weapon is present, verbal de-escalation is appropriate.

There are two important concepts to keep in mind:

1. Reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of arousal so that discussion becomes possible.
2. De-escalation techniques are abnormal. We are driven to fight, flight or freeze when scared. However, in de-escalation, we can do none of these. We must appear centered and calm even when we are frightened. Therefore these techniques must be practiced before they are needed so that they can become "second nature."

THERE ARE 3 PARTS TO BE MASTERED IN VERBAL DE-ESCALATION

A. The Worker in Control of Him/Her Self

1. Appear calm, centered and self-assured even though you don't feel it. Relax facial muscles and look confident. Your anxiety can make the client feel anxious and unsafe and that can escalate aggression.
2. Use a modulated, low monotonous tone of voice (our normal tendency is to have a high pitched, tight voice when scared).
3. If you have time, remove necktie, scarf, hanging jewelry, religious or political symbols before you see the client (not in front of him/her).
4. Do not be defensive-even if the comments or insults are directed at you, they are not about you. Do not defend yourself or anyone else from insults, curses or misconceptions about their roles.
5. Be aware of any resources available for back up. Know that you have the choice to leave, tell the client to leave or call the police should de-escalation not be effective.
6. Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they must be respected. We automatically treat them with dignity and respect.

B. The Physical Stance

1. Never turn your back for any reason.
2. Always be at the same eye level. Encourage the client to be seated, but if he/she needs to stand, you stand up also.

3. Allow extra physical space between you – about four times your usual distance. Anger and agitation fill the extra space between you and your client.
4. Do not stand full front to client. Stand at an angle so you can sidestep away if needed.
5. Do not maintain constant eye contact. Allow the client to break his/her gaze and look away.
6. Do not point or shake your finger.
7. DO NOT smile. This could look like mockery or anxiety.
8. Do not touch – even if some touching is generally culturally appropriate and usual in your setting. Cognitive dysfunction in agitated people allow for easy misinterpretation of physical contact as hostile or threatening.
9. Keep hands out of your pockets, up and available to protect yourself. It also demonstrates non-verbal ally, that you do not have a concealed weapon.
10. Do not argue or try to convince, give choices i.e. empower.
11. Don't be defensive or judgmental.
12. Don't be parental, join the resistance: You have a right to feel angry.

C. The De-Escalation Discussion

1. Remember that there is no content except trying to calmly bring the level of arousal down to baseline.
2. Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath; then talk. Speak calmly at an average volume.
3. Respond selectively; answer all informational questions no matter how rudely asked, (e.g. "Why do I have to fill out these g-d forms?" This is a real information-seeking question). DO NOT answer abusive questions (e.g. "Why are all social workers ___ ?) This question should get no response what so ever.
4. Explain limits and rules in an authoritative, firm, but always respectful tone. Give choices where possible in which both alternatives are safe ones (e.g. Would you like to continue our meeting calmly or would you prefer to stop now and come back tomorrow when things can be more relaxed?)
5. Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff.)
6. Do not solicit how a person is feeling or interpret feelings in an analytic way.
7. Do not argue or try to convince.

8. Wherever possible, tap into the client's cognitive mode: DO NOT ask "Tell me how you feel. But: Help me to understand what your are saying to me" People are not attacking you while they are teaching you what they want you to know.
9. Suggest alternative behaviors where appropriate e.g. "Would you like to take a break and have a cup of coffee (tepid and in a paper cup) or some water?
10. Give the consequences of inappropriate behavior without threats or anger.
11. Represent external controls as institutional rather than personal.
12. Trust your instincts. If you assess or feel that de-escalation is not working, STOP! You will know within 2 or 3 minutes if it's beginning to work. Tell the person to leave, escort him/her to the door, call for help or leave yourself and call the police.

Responses to Specific Mental Health Conditions

1. Psychotic (Disorganized Thinking) and verbally aggressive: Allow person to vent energy, maintain safe distance, talk in low voice, broken record, reassure
2. Hallucinations: Validate the experience for the person, can indicate you don't hear the voices, have person focus on you, offer help, safety
3. Delusional statements (may include paranoia): Recognize their view, indicate it is not your view, but you are willing to help, do not argue or debate, focus person on what you need them to do
4. Compulsive Talking (mania): Ask concise, specific, concrete questions; use broken record technique
5. Intoxication: Let them vent, listen, use a calm, even tone, move person away from others if possible, be reassuring
6. Depression: Active listening, empathy, take time, reassure, offer hope, validate feelings
7. Suicidal Ideation: Present in calm, understanding, non-judgmental manner, listen, emphasize temporary time frame of crisis, suggest alternatives, emphasize effect on survivors, lethality assessment (plan, lethal, access, support), be active in offering hope and help

OFFICE VIGNETTE: EDDIE FROM THE EMPRESS

You are a social work intern for a support housing program whose mission it is to provide psychosocial assessment and intervention to residents of SRO (single room occupancy) hotel rooms to prevent, when possible, their eviction or being homeless again. Your office is not located in the hotel but is in the same neighborhood.

You have successfully engaged Eddie into a case management relationship, and specifically, you and he have agreed to work on his goals of reducing his use of alcohol and drugs and increasing his ability to get along with others (reducing conflicts and fighting). He has signed a release for you to speak to his building's management and they have recently called you to report that he is drinking heavily and has been very aggressive in the lobby with other residents and front desk staff.

Today, he drops into see you at your office. He appears as though he has an altered mental status. Specifically, he is pacing in an agitated manner, his body posture and facial gestures appear tense and intimidating, his eye contact is characterized by focused staring/glaring, he appears to be breathing in a shallow rapid fashion, and he is using a very loud voice in the reception area. As soon as you greet him in the waiting area, he approaches you at a close distance and loudly demands $15 as a loan because he states he was "robbed" and "has not eaten."

Key Question:

1. How would you respond to this scenario in a manner that balances your clinical duties and goals with your attention to his, your, and other members of the clinic's safety?

HOME VISIT VIGNETTE: EDDIE FROM THE EMPRESS

You are a social work intern for a support housing program whose mission it is to provide psychosocial assessment and intervention to residents of SRO (single room occupancy) hotel rooms to prevent, when possible, their eviction or being homeless again. Because your office is in a different location, you usually meet your clients at their hotel rooms.

You have successfully engaged Eddie into a case management relationship, and specifically, you and he have agreed to work on his goals of reducing his use of alcohol and drugs and increasing his ability to get along with others (reducing conflicts and fighting). You have had several productive visits and feel you have good rapport with Eddie.

When you arrive at his room, you notice that he appears to have an altered mental status. He looks and behaves differently, seems agitated and "amped up," and you suspect drug-related intoxication. He has a guest in his room, George, who he says he met in prison. George has tattoos all over his face, is not wearing a shirt, glares at you, seems similarly intoxicated, and says "You don't look like you belong here," laughing in a manner you consider menacing.

Key Question:

1. Given this scenario, what steps would you take to respond to this situation?

Video Demonstration: De-escalating a Crisis

- Client's verbal and non-verbal communication:
  - *How is he feeling?*
  - *What is he expressing?*
  - *What does he want?*
- Clinician's verbal and non-verbal communication:
  - *What is his non-verbal stance?*
  - *What is he verbally saying?*
  - *How is he trying to help the client?*
- Resolution:
  - *What is the clinician offering?*
  - *How is the client responding?*