

SAFETY FOR HELPING PROFESSIONALS

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Learning Objectives

Identify and describe situational awareness and the Four A's of personal safety.

Utilize appropriate strategies to ensure personal safety in the workplace.

Understand and employ effective de-escalation strategies to increase worker, client, and agency safety.

Introduction

Daily, social workers in a variety of settings are in harm's way. Our profession works in home care agencies, hospitals, child guidance centers, family services agencies, schools, mental health clinics and case management agencies, to name just a few settings. These are jobs that often require work beyond the agency walls where the risk of threats and violence are more prevalent.

However, even within agencies we have had reports of incidents of violence against social workers. Social workers and health professionals are twice as likely to face job-related violence as compared to other occupations.

Safety is #1

VIDEO:

A Possible Scenario

https://search.alexanderstreet.com/preview/work/bibliographic_entity%7Cvideo_work%7C3372960

Social workers intervene in the lives of clients at pivotal moments of change or crisis. While the goal of social work is to improve those moments and maintain the well-being of all parties involved, violence towards social workers can occur in agencies and in the field. Though most clients who social workers engage with will never become violent, it's important to understand the risk associated with the profession and prepare for the unexpected.

Pop Quiz!

In a 2018 NASW survey of over 10,000 social workers, what percentage reported being confronted with personal safety issues on the job?

- A. 20%
- B. 45%
- C. 60%
- D. 80%

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Surveys

- Journal of Social Work survey: 1,129 social workers responded
 - **58%** had directly experienced an incident of client violence
 - At least **63%** were aware of colleagues that had experienced client violence
- NASW survey: 10,000 licensed social workers
 - **45%** revealed that they had been confronted with personal safety issues on the job
- Bureau of Labor Statistics (2018)
 - Health and social service workers were nearly **five times** as likely to suffer a serious workplace violence injury than workers in other sectors.

The Tragic Case of Teri Zenner

Teri Zenner Social Worker Safety Act (2009)

Authorizes the Secretary of Health and Human Services to award grants to states to provide safety measures to social workers and other professionals working with violent, drug-using, or other at-risk populations.



Matt & Teri Zenner

Components of the Bill

- (1) the procurement and installation of safety equipment, including communications systems to assist agencies in locating staff, and technical assistance and training for safety communications;
- (2) training exercises for self-defense and crisis management;
- (3) facility safety improvements;
- (4) provision of pepper spray for self-defense;
- (5) training in cultural competency and on strategies for de-escalating a situation that could turn volatile;
- (6) training to help workers who work with mentally ill communities and who need help coping; and
- (7) educational resources and materials to train staff on safety and awareness measures.

Did You Know?

NASW Social Work Safety Standards

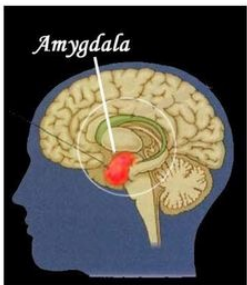
- Standard 1. Organizational Culture of Safety and Security
- Standard 2. Prevention
- Standard 3. Office Safety
- Standard 4. Use of Safety Technology
- Standard 5. Use of Mobile Phones
- Standard 6. Risk Assessment for Field Visits
- Standard 7. Transporting Clients
- Standard 8. Comprehensive Reporting Practices
- Standard 9. Post-Incident Reporting and Response
- Standard 10. Safety Training
- Standard 11. Student Safety

NATIONAL ASSOCIATION OF SOCIAL WORKERS

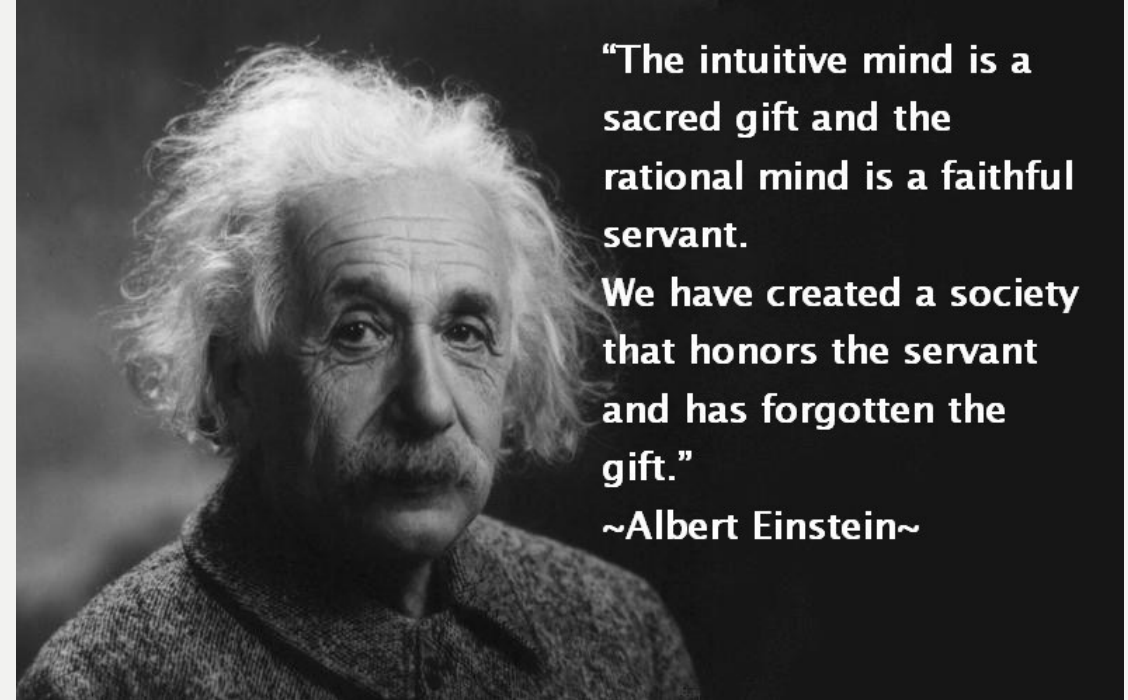
Guidelines for
**Social Worker
Safety**
in the Workplace

The Amygdala: Fight, Flight or Freeze

Amygdala: the 'feeling' part of the brain



The amygdala acts as a security guard to keep you safe. It warns our body of danger and stress to protect us. It also blocks information from going to your PFC so you can react in a flash.



**"The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift."
~Albert Einstein~**

“The Gift of Fear”

- “Fear is a gift”
- Caveman → primitive fear instinct led to survival
- Rely on your intuition
 - “*Something isn’t right*” whisper
 - Hair standing up on the back of your neck
 - Uneasy feeling
 - Dismiss dismissive thoughts
- VIDEO: Kelly’s story

You have permission to walk away from anything that doesn’t feel right. Trust your instincts and listen to your inner-voice — it’s trying to protect you.

– Bryant Mac Gill

Simple Reminders
SIMPLEREMINDERS.COM

The translation of the word “intuition” in Latin means ‘to guard and protect’

4 A's of Personal Safety

Does your agency have a safety plan?
Have you been oriented to it?

Attitude

Awareness

Avoidance

Action

Situational Awareness is KEY!

- Paying attention may save your life.
- Pay attention to:
 - People
 - Your surroundings
 - Things changing
 - Yourself
- Watch for antecedent behaviors
 - Verbal threats
 - Pacing
 - Yelling
 - Cursing
- Maintain clear boundaries, and address boundary issues as they arise
- If you can avoid it, do not work alone

VIDEO:
Home Visiting Safety
https://youtu.be/kL3r3N_Qek

Be Aware of Your Surroundings: Avoid Complacency

- While we should be always work with our clients strengths it is important to balance our optimistic outlook with practicality.
- Social Workers work with individuals who may impairments. Issues ranging from mental illness, substance abuse and/or intellectual disabilities may prevent individuals from being able to appropriately assess situations and may contribute to acting out or aggressive behaviors.
- Interns may also be working with these individuals. Even if the individuals are not impaired they may be unhappy that the agencies are involved in their lives. (Think Child Protective Services)
- The risk of violence is real and can occurs no matter the economic, social, gender, or racial make up of a community.
- It is a mistake not to be aware of surroundings.

SLAM

Safety Assessment

SITUATIONAL AWARENESS
S.L.A.M.

S **STOP:** Engage your mind before your hands. Visualize your task and be sure you understand what needs to be done before you start working.

L **LOOK:** Identify elements around you - notice threats and non-threats that surround you. These include objects, events, animals, people, political and environmental factors.

A **ASSESS:** Point out the effects the hazards could potentially have on you or others and ask yourself if you can complete your job safely.

M **MANAGE:** Reduce or eliminate risks. If you can eliminate the risk before moving forward, do it. Work with your supervisor on what actions you think are necessary to make the situation safe for you and co-workers .

1. Learn what you can about the client's history: Have they had violent encounters with the police, schools, or social services? Is there a history of mental illness in the client? Have they had negative interactions with agencies in the past?
2. Drug or alcohol use?
3. Prior violence?
4. Erratic or unstable behavior?
5. Other worker concerns?

General Safety Precautions

If you have concerns about a client, seek peer consultation or supervision

Maintain an unlisted phone number and address – not easy!

Be mindful and cautious with social media – avoidance is ideal

Share minimal personal information with clients

Always tell someone if a client threatens you

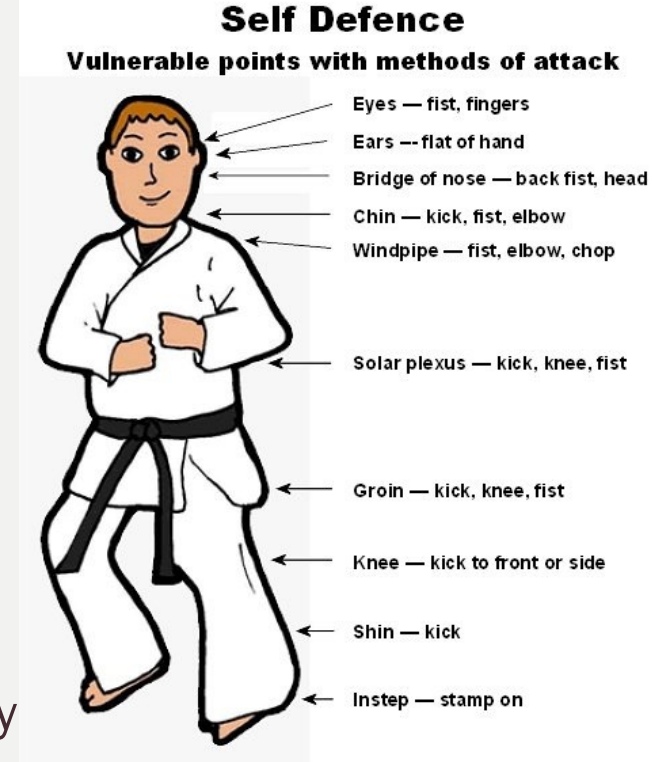
Color Guide for Situational Awareness (Jeff Cooper)

White	Unprepared and unready to take action.
Yellow	Prepared, alert & relaxed. Good situational awareness.
Orange	Alert to probable danger. Ready to take action.
Red	Action Mode. Focused on the emergency at hand.
Black	Panic. Breakdown of physical & mental performance.

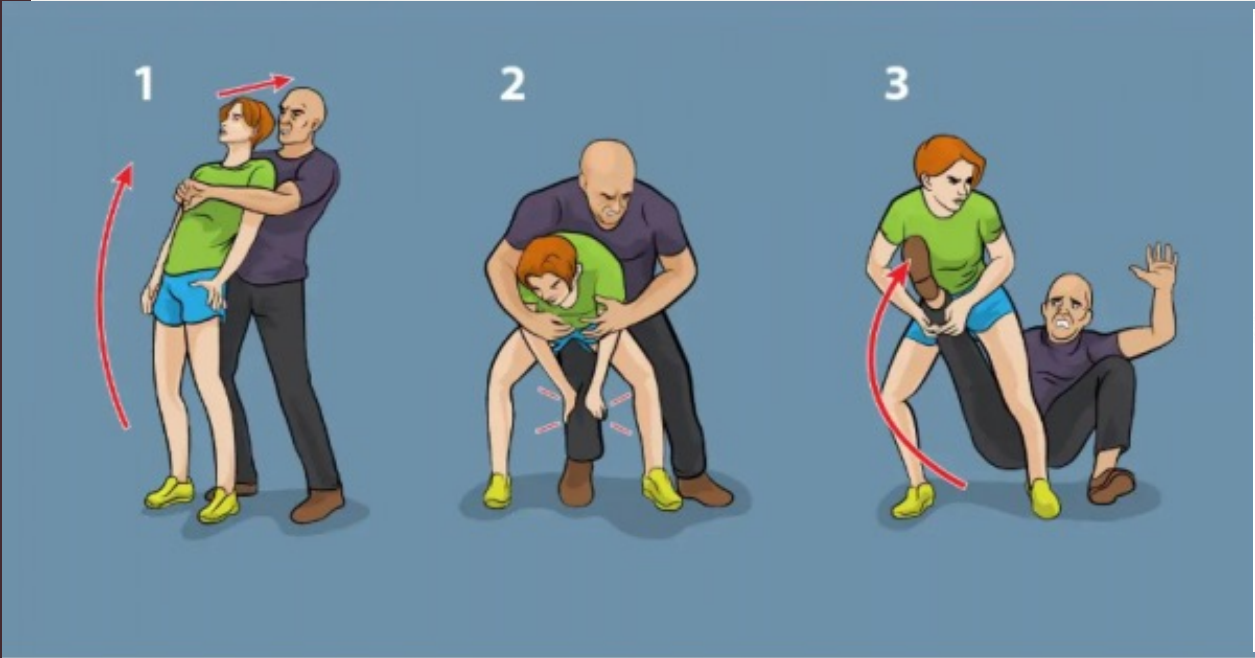
- Awareness of personal space
- Specifics to watch for (hands)
- Have a plan
- Establish good habits
- Practice self-awareness daily (at home and in public)
- Take a self-defense course
- Listen to your intuition

If You're Being Attacked

- Make noise, yell *"Help! Call 911. I'm being attacked!"*
- Kick, bite, scratch, punch, gouge, pull, twist, etc.
- Use your elbows...the elbow is the strongest part of the human body
- Pick up an object that can be used as a weapon, and use it
- Try to create distance between you and your attacker and escape
- Do not be afraid to hurt/injure your attacker.
 - *Aim for soft spots: eyes, stomach, throat, nose, knee, groin, pressure points*
- If you're being contained, feign surrender – then attack when an opportunity arises



Self Defense Moves



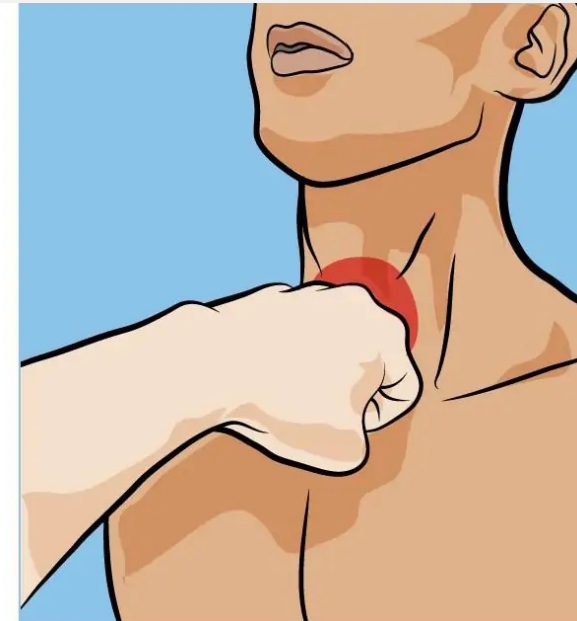
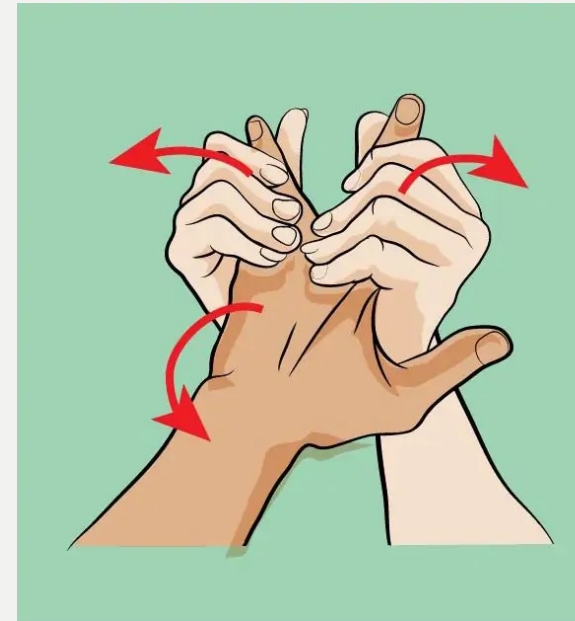
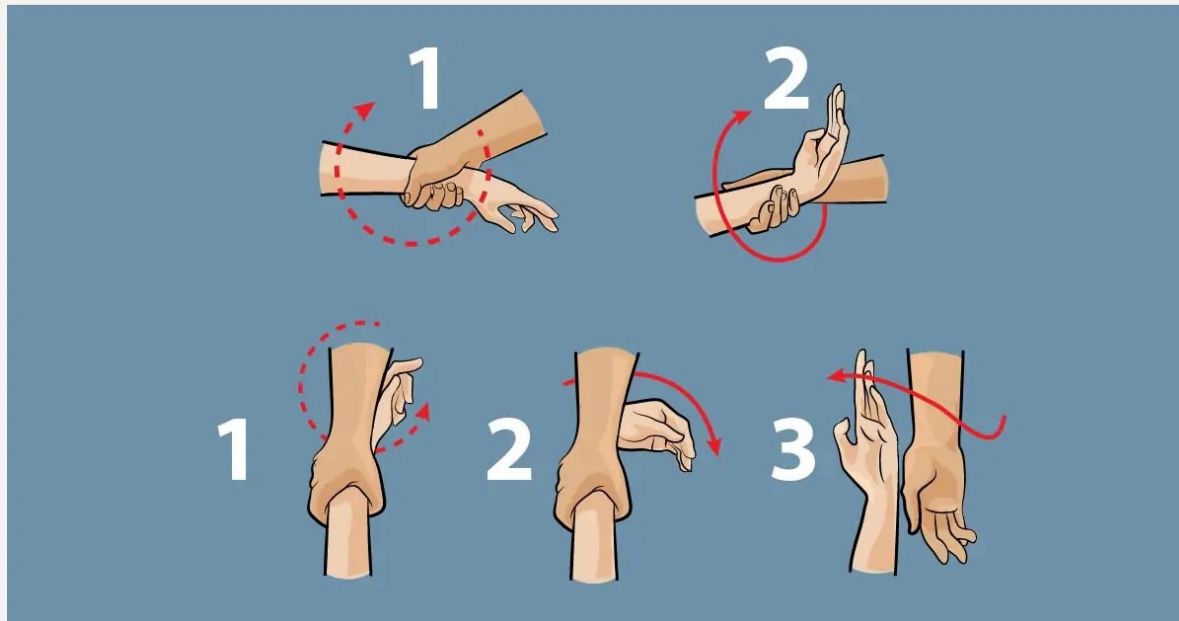
Self Defense Moves

VIDEO:

Self Defense Practices

<https://youtu.be/HtP79JZ>

[T5mc](#)



“30 Easy Self Defense Tips That May Save Your Life” video:

<https://www.youtube.com/watch?v=Ww1DeUSC94o>

Pop Quiz!

True or False?

Female social workers are more likely than males to be attacked.



Multiple Choice

The biggest predictor of potential violence is:

- A. Mental health disorder
- B. Prior violence
- C. Family history
- D. Personality



Risk Factor Categories

Individual

- Certain psychiatric symptoms like violent fantasies
- Personality features such as impulsivity, anger
- Personality disorders and substance abuse

Biological

- Low IQ
- Neurological impairment

Risk Factor Categories

Historical

- **History of violence**
- Early exposure to violence
- Unsteady employment

Environmental

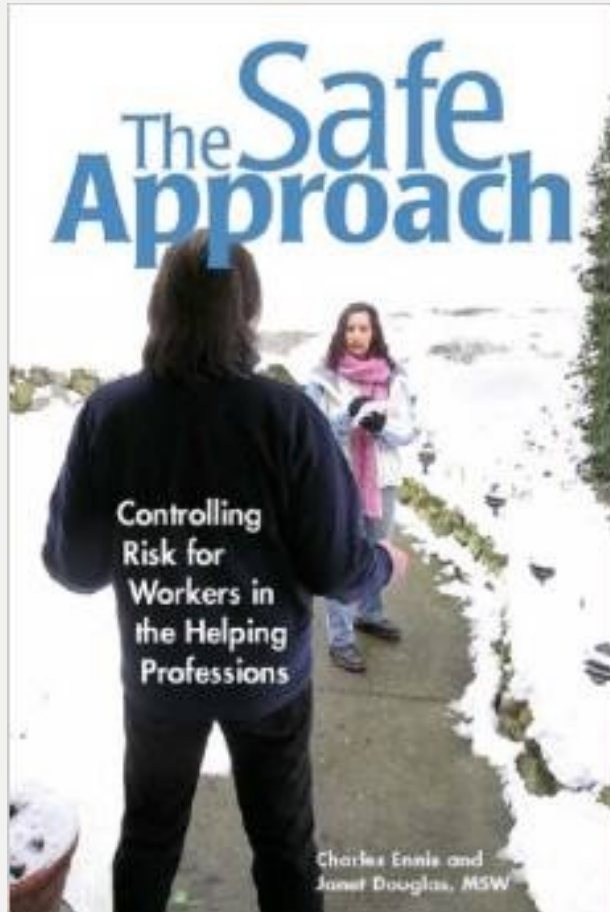
- Low level of and/or poor quality of social support
- Peer pressure
- Access to weapons

Worker Safety Intervention Plan

A **worker safety intervention plan** is formalized by the assigned worker and supervisor during case conferencing when a particular family member—an adult or a child—or family or environment has been identified as being potentially dangerous to staff or presenting a risk to the personal safety of staff and/or authority figures. A worker safety intervention plan can be a simple written outline or paragraph describing specific precautions to be taken upon intervention.

- ✓ When and where it is best to meet a client
- ✓ Who should or should not be present
- ✓ If security or LE is needed
- ✓ Whether minor children should be present
- ✓ Specific actions to be taken or not taken if worker safety becomes a concern

Recommended Book



In Summary

- Trust your intuition; resist dismissing it in situations where safety is important.
- Become familiar with your agency safety policies.
- Determine any safety issues in your work or “blind spots”.
- Increase your situational awareness – even with regular clients or environments.
- Be prepared to act to defend yourself if necessary.

DE-ESCALATING PEOPLE IN CRISIS



Drops in a bucket

Your handling of a crisis situation is like drops in a bucket...

you will either add drops to de-escalate the situation

or

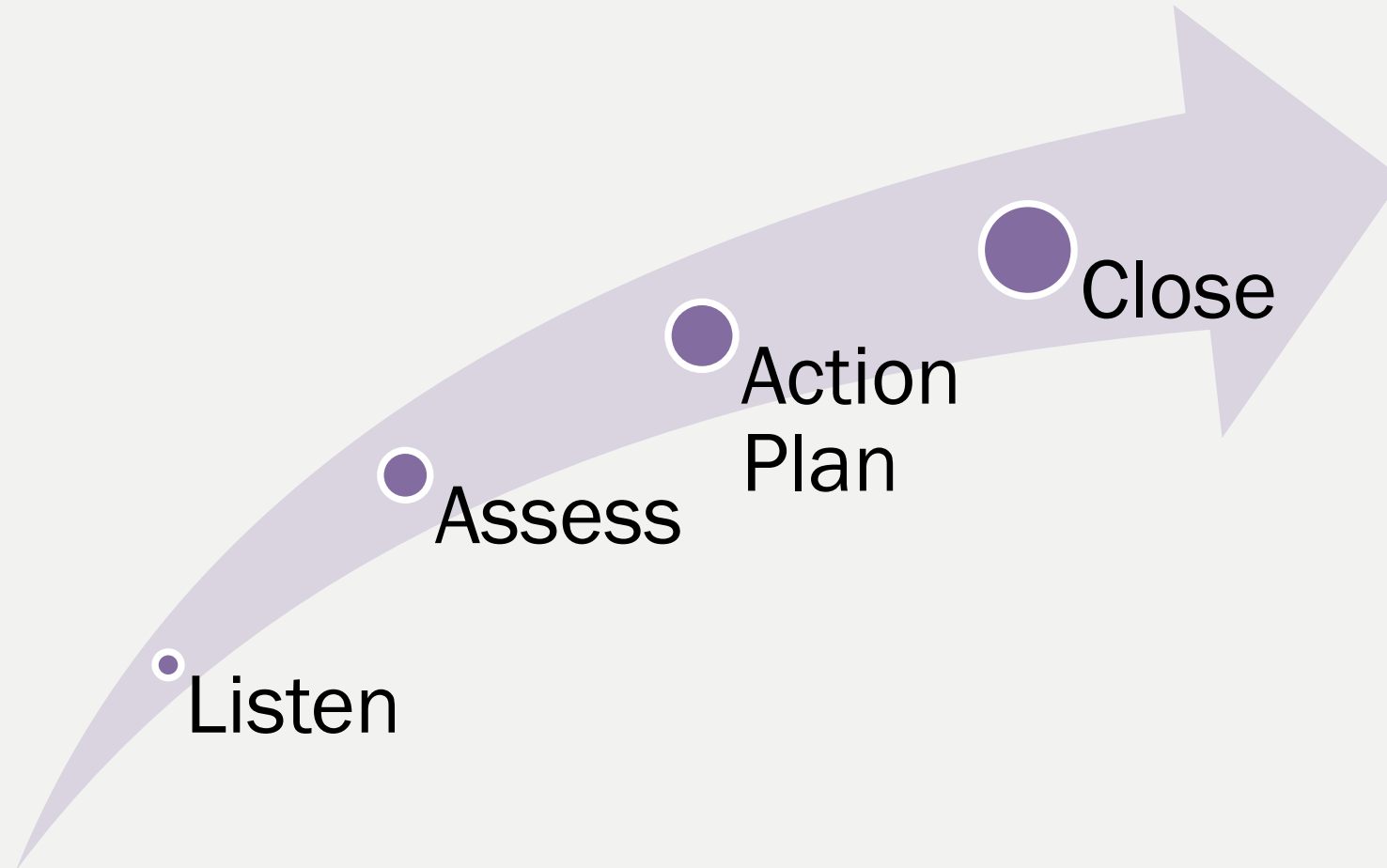
add drops to escalate the situation



The Logic of De-escalation

- If you take a LESS authoritative, LESS controlling, LESS confrontational approach, you actually will have MORE control.
- You are trying to give the client a sense that he or she is in control. *Why?*
 - Because they are in a crisis and feeling out of control. The client's normal coping measures are not working at this time.

Crisis intervention



Risk Factors for Violence

Past history of violence **

Suicidal tendencies

Substance use

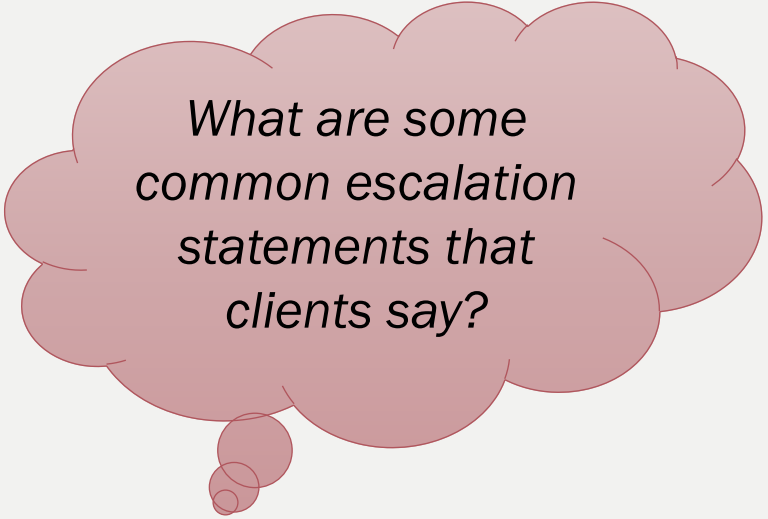
Medication changes

Patterns

Neurobiology

Personal life circumstances (homelessness, job loss, divorce, etc.)

The Path to Escalation



What are some common escalation statements that clients say?

- The helper engages in a power struggle
- The helper does not attend to person's body language
- The helper overreacts to threats, posturing, or emotional displays
- The helper's own issues become engaged
- The person feels they are not being heard
- The person feels threatened
- The helper pushes and becomes provocative

Environmental Considerations

- Cramped room
- Over-stimulation (lights, sounds, colors)
- Overcrowded
- Other staff visible
- Person kept waiting/ignored
- Exits
- Tables/chairs
- Weapons
- Other clients involved

Assessing Your Risk

Am I in danger?

YES



Goal: SAFETY

assume the worst

isolate

call for help

physical environment

personal space

self-defense

escape route/exit

NO



Goal: DE-ESCALATION

check out yourself

check out the environment

work on non-verbals

verbal de-escalation

BREATHE

CAF Model

Calm

- to decrease the emotional, behavioral, and mental intensity of a situation

Assess

- to determine the most appropriate response as presented by the facts

Facilitate

- to promote the most appropriate resolution based on an assessment of the facts presented

Non-verbal communication before verbal

SAVES

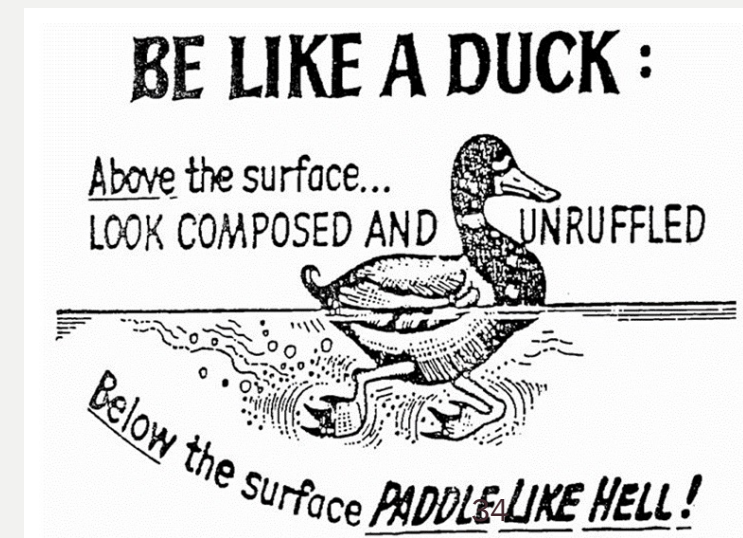
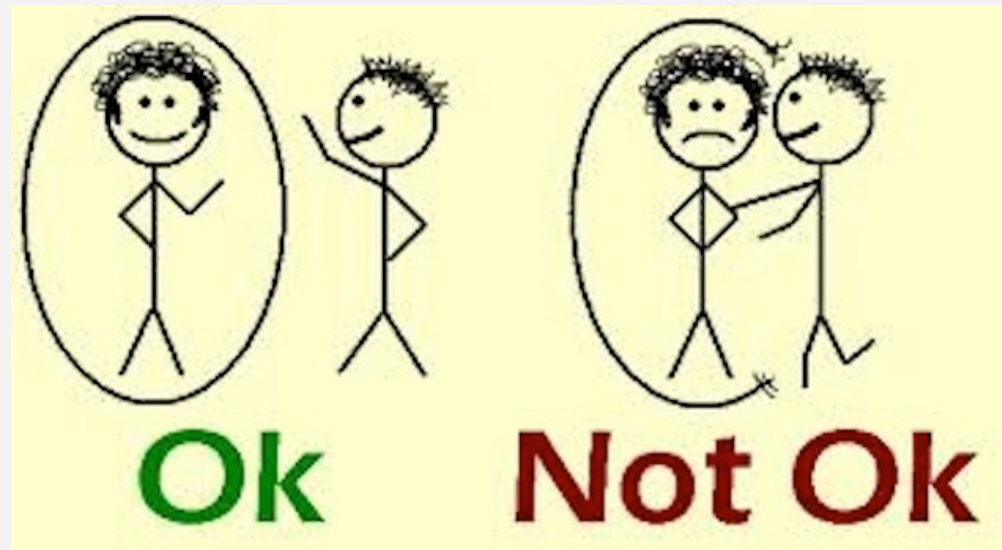
Space

Assertive posture

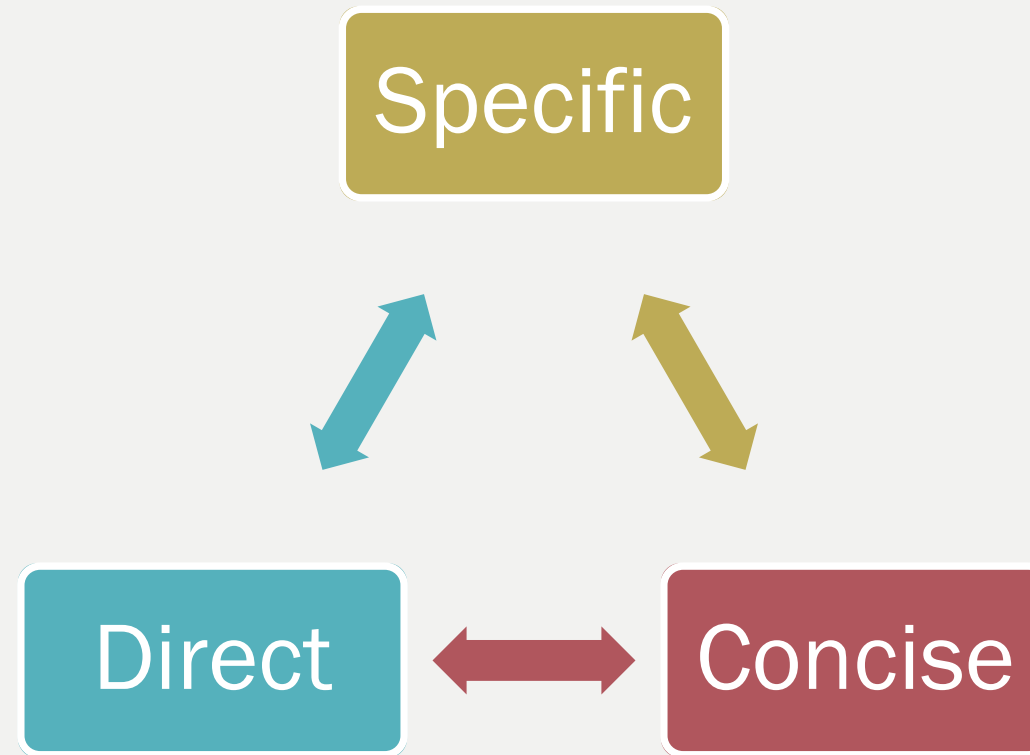
Voice steady

Eye contact

Safe stance



Effective Verbal Intervention Must Be...



Communicating Compassionately

The Agitated Person

- Fearful
- Anxious
- Angry / hostile
- Insecure
- Paranoid
- Acting strangely
- Speaking bizarrely
- Poor personal hygiene

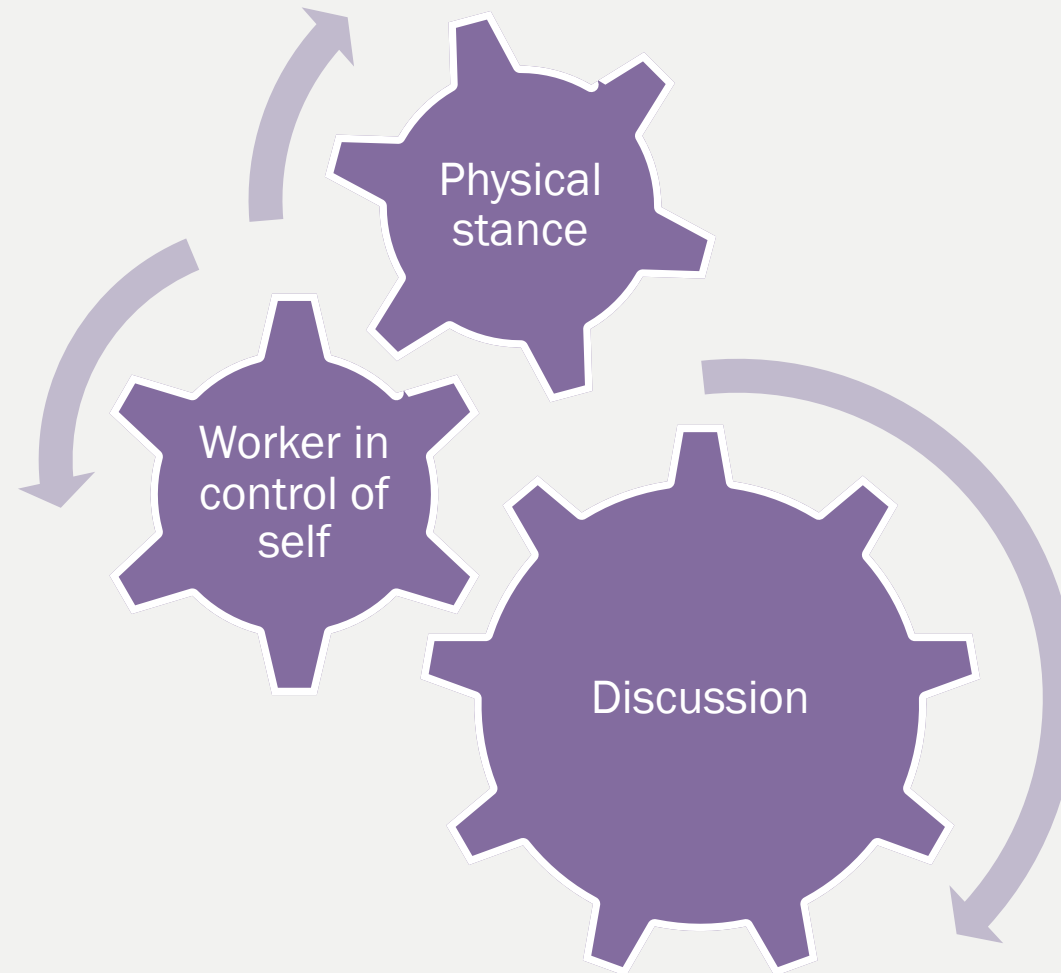
The Responder

- Respectful tone and body language (and introduction if necessary)
- Please, thank you
- Smiling when appropriate
- Reflects back
- Empathizes
- Considers:
 - *What if this were a loved one?*
 - *How would I want to be treated if I were upset?*

Recommendations (CIT training manual)

- Maintain safe distance (5-6 ft or 21 ft rule)
- Use clear voice tone
- Use volume lower than that of the aggressive individual
- Use relaxed, well-balanced, nonthreatening posture (yet maintaining tactical awareness)
- Set limits
- Remove distractions
- Be active in helping
- Build hope – resolution is possible
- Focus on strengths
- Present self as a calming influence
- Demonstrate confidence and compassion
- Do not personalize
- Be aware of body language/congruency

NASW: Three Parts to De-escalation (Handout)



Video Demonstration: De-escalating a Crisis

VIDEO:
De-escalation scenario
<https://www.youtube.com/watch?v=6B9Kqg6jFel&t=50s>



- 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?*

Safety Resources

THANK YOU!

Questions?

- De-escalation video: <https://youtu.be/6B9Kqg6jFel>
- Personal safety for social workers toolkit: <https://pdf4pro.com/cdn/be-careful-personal-safety-for-social-workers-3bec8e.pdf>
- NASW Guidelines for Safety in the Workplace: <https://www.socialworkers.org/LinkClick.aspx?fileticket=60EdoMjcNC0%3D&portalid=0>
- Home Visiting Safety video: https://www.youtube.com/watch?v=kL3r_3N_Qek
- Home Visiting & Community Risk Assessment Tool: <https://mepacs.com.au/assets/uploads/2019/10/Lone-Working-Risk-Assessment-Template-1.pdf>
- Things Social Workers MUST Know to Be Safe at Work video: https://www.youtube.com/watch?v=BQ7_eaDeBAU