Safety In Social Work Settings

Azusa Pacific University
Masters of Social Work Program
Field Orientation Module
There is a growing trend in Child Welfare and Mental Health to provide therapeutic services in client homes, schools and communities; moving away from traditional clinic-based psychotherapy model.
Examples of Community Based programs:

- Wrap Around
- Family Preservation/Family Supports
- Full Service Partnership (FSP)
- Prevention and Early Intervention (PEI)
- School Based Services
RISKS:
- Home visit in unfamiliar areas
- Unpredictable client/family sessions
- Unpredictable environment where client resides.
- Hazardous driving and parking conditions
- Unusual or dangerous activities at or near the client’s home or meeting place
- Dogs and other animals at or near the home
- Risk of property crime
- Risk of assault
What Does the Research Show About Social Work and Risk?
Studies conducted since the 1990s have consistently found high rates of physical assault (3 percent to 30 percent) and verbal threat of assault (42 percent to 82 percent) among social workers and social service providers (Ringstad, 2009, Zelnick et al, 2013).

Ringstad (2005) survey results of 1,020 NASW members reports of psychological or physical violence by setting
Jayaratne and colleagues (1996) conducted a national study and found that 42% of the social workers sampled had been verbally abused by clients, 17.4% had been physically threatened, and 2.8% had been physically assaulted.

Newhill and Wexler (1997) reported that 92% of children and youth services social workers in California and Pennsylvania had been verbally threatened, and 2% had been physically assaulted.

Ringstad (2005) did a survey of 1,029 NASW members which indicated that 85.5% of social workers had experienced at least some type of psychological aggression by clients at some point during their career.
The greatest predictor of violence is if a client has had a prior history of aggressive or assaultive behavior.

Substance Abuse is another risk factor, intoxication and withdrawal can contribute to severe mood swings and anger outbursts.

Domestic Violence disputes are high risk.

Research shows Mental Illness alone is not a predictive risk factor for violence.
Starting Field Training: Safety Tips

- Discuss the agency expectations and what type of activities you will be conducting with clients
- Request copy of agency safety and emergency response policies
- Learn about the target community, i.e., demographics and culture, severity of symptoms
- When developing the Learning Agreement, include safety/managing crisis goal if appropriate
Expectation of the Agency

- An orientation to the community in which trainee/student will be working as well as orientation to potential risks
- Common resources pertaining to the population the agency is serving;
- Protocols for crises and emergencies while in the field;
- Protocols for securing confidential client information;
- Protocols for use of personal vehicle for agency business and maintaining an agency In/Out Log.
Expectations of Students

- Notify your Field Instructor or Preceptor, and Field Liaison of any potential safety concern immediately
- Follow agency guidelines and protocols as instructed
Safety While at the Office

- **Be aware:** always be aware of your surroundings, know your escape routes, and available back-up staff
- **Check identity:** Always ask who is knocking before opening the door. Never let a stranger into your office.

- **Report suspicious** persons or criminal activity immediately
- **Close and lock** all office doors when you leave. Never prop open locked exterior building doors.
- **If you anticipate a difficult session** with a potentially violent client, **notify** staff and keep the session room door open
- **Never leave purses**, wallets, jewelry and other valuables unattended
- **Do not give out personal information** to strangers
You are scheduled to have a fifth session with “Mr. Gordan, a client who has been court ordered to attend therapy and has a history of domestic violence against his wife. The client has been inconsistent in attending sessions and today you plan to tell him you cannot sign off on his court papers.
What types of potential harm can you identify in this scenario?

What preventative steps can you take before or during the scenario to avoid danger to yourself?

How would you address the client concerns and/or de-escalate the situation?

What would be immediate follow up steps?
Your are a family preservation social worker counseling Mrs. Valera and her two young children, and working to improve her parenting skills. Her uncle Manuel is present during the home visit, and appears to be drinking. He interrupts the session and begins to complain about DCFS, and then accuses you of spying on the family and trying to take away the children. Manuel begins cursing at you and appears to be getting more agitated.
What types of potential harm can you identify in this scenario?

What preventative steps can you take before or during the scenario to avoid danger to yourself?

How would you address the client concerns and/or de-escalate the situation?

What would be immediate follow up steps?
Managing an aggressive client

Remember it is important to remain as calm as possible and know your options.

- **You should leave the situation when:**
  - You feel you do not have the skill to deal with the situation
  - Your de-escalating attempts are not working
  - You endanger others by staying
  - When you are alone with an actively aggressive or violent client
  - Do not try to physically stop them damaging property and do not try to restrain the individual.
De-Escalating an Aggressive or Distressed Client

- Demonstrate your concern for an individual by validating that you recognize that they are upset and asking open ended questions.
- Maintain an open and relaxed posture, keep hands open at your sides in full view, and use slow gestures.
- Position yourself slightly to one side and be ready to move quickly if needed.
- Always avoid making physical contact, unless you need to use it in a defensive maneuver.
- Maintain a confident, firm and reassuring voice, use logical statements.
- Make sure to keep your access to the nearest exit unobstructed.
1. Preparation and mind-set:
   • Gather information before the visit about the potential for violence.
   • Make others aware of your home-visit plans (time, place).
   • Consider a neutral place to meet.
   • Work in pairs.
   • Be sure to have a cell phone, directions, and enough gas; leave valuables locked in your car or office.
   • Talk to yourself to keep calm.
   • Take personal safety training.
2. During the visit: practical tips

- Park close to home, not blocked from departure.
- Have the client lead the way to and from the home.
- Sit in a position to maintain a clear exit; note the location of the door.
- Follow your gut reaction; leave if alcohol or weapons are present.
- Be aware of escalating anger.
- Negotiate a safety contract with the client.
3. During the visit: de-escalating strategies

- Explain the purpose of the visit; remain calm.
- Review engagement skills.
- Use active listening.
- Do not argue.
- Take time out and make plans to reconvene in a neutral place.
- Never touch clients who are about to fight.
- Be aware of your own and your client's body language; use non-threatening gestures and stance.
- Know when to call the supervisor.
1. Always inform colleagues of your destination.
2. Utilize cell phones with programmable emergency numbers.
3. Have a senior clinician/staff member accompany you on initial home visits.
4. Wear loose comfortable clothing and shoes that are non-restrictive, but still appear professional.
5. Limit the wearing of jewelry.
6. Large purses should be locked in an office or trunk of vehicle.
7. Be aware of buildings and other areas that present a high risk for crime and avoid parking in high risk locations.

8. Always lock your vehicle, and have your keys readily available.

9. Use all your senses when approaching a home. Look, listen and smell for anything that could compromise your safety.

10. Be alert to the presence of pets. If the client has a large pet, request that it be contained in another room.

11. When inside the residence always inquire if anybody else is home.
12. Always attempt to position yourself near the doorway you entered or a conspicuous window.
13. Never attempt to interview an intoxicated client.
14. Avoid mediating a domestic quarrel.
15. Be careful to avoid invading a client’s personal space. Avoid potentially perceived threats to a client or his family, and confront judiciously.
Further Resources