

# Supportive Supervision Strategies to Promote Worker Safety

## Administration

Communicate clear worker expectations:

- Workers have permission to be self-protective
- It's always okay to pause and seek supervision/peer backup
- Create expectations for peer support
- Report safety concerns/threats

Engage staff in analyzing the worksite, making adaptations, response planning and practice

Develop agreements with law enforcement re safety needs

Develop joint response plans with agencies in the same building, etc.

## Education

Review response planning in unit meetings

Share information about threats/violence to other staff members

Involve/empower staff to plan in-service training

- see sample training outline from Dubuque Service Area

Provide opportunities for trainee and novice workers to discuss de-escalation techniques with experienced workers

## Consultation

Use individual supervision to help workers learn to more accurately assess personal safety risk

If client threatens a worker, consult with worker about advisability of continuation/termination

## Counseling

Debrief, alert worker to possible emotional aftermath

Support victims of threats of violence

With worker, arrange for time off, counseling, as needed

Pay attention to worker bias which might influence risk assessment

Understand one's own and staff's general attitudes toward risk taking

## Evaluation

Evaluate staff competencies around safety

- Use task analysis for worker safety

# Client Factors in Propensity for Violence

## Dynamics of Violence (Weinger, 2005)

- Some clients have a “shorter fuse” and less internal capacity to moderate feelings, self soothe, and verbally express emotions
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- The immediate context influences whether the fuse gets further ignited or quelled
- Caseworker may have an opportunity to use skills to defuse a potentially violent situation
- Violence may stem from perceived “power disequilibrium”
  - Defensive reaction to perceived threat or expectancy of harm
  - Fear → anxiety → anger → aggression
  - Violence gives person temporary relief from extreme feelings of anxiety and helplessness
  - Violence used as a way of “restoring balance”
- Other internal dynamics
  - Organic brain disease
  - Anti-social personality disorder
  - Paranoid delusions

## Individual Risk Factors

### Newhill (2003)

- Psychiatric symptoms (e.g. violent fantasies), impulsive personality features, personality disorders and substance abuse.
- Biological risk factors: low intelligence quotient and neurological impairment.
- Historical risk factors: a history of violence, early exposure to violence, and unsteady employment.
- Environmental risk factors: level and quality of social support, peer pressure and access to weapons.

### Weinger (2005)

- History of violence: Most powerful predictor of violent outbursts is past violence
  - In one study, half of assaults on mental health workers were committed by repeat offenders
- Mental illness (controversial)
- Substance abuse
- History of child abuse
- Weapons possession
- Experiencing acute symptoms of hostility, suspicion, agitation, thought disturbance
- Demographics:
  - Males
  - Age between 15-40
  - Military service

Newhill, Christina E. (2003). Client Violence in Social Work Practice: Prevention, Intervention and Research. New York: Guilford.  
Weinger, Susan (2005) Security Risk: Preventing Client Violence Against Social Workers, NASW Press

## Worker Risk Factors for Victimization by Clients

Weinger (2005):

- No strong correlations
- No gender correlations
- Some indication that clinicians with high internal locus of control are less likely to be victimized. That is, a belief that they can control their environment may lead to taking protective measures
- Authoritarian, over controlling postures and attitudes may precipitate violent
- Reactions

Columbia University study (2005): younger workers at greater risk than older workers

## Phases of Assault Cycle: Interventions

Baseline: All clients have baseline demeanors (behavior, speech, emotions)

Intervention:

- Be clear about your expectations and the consequences of failing to meet them
- Use a straightforward, matter-of-fact approach to set limits on unacceptable behavior
- Encourage and reinforce positive behavior, avoiding power struggles and confrontation, defensiveness and arguing whenever possible

Triggering phase: The first deviation from baseline demeanors.

Intervention:

- Remain calm, nonjudgmental, and non-argumentative
- Observe for physical and verbal signs of agitation. *Agitation refers to a state of hyper arousal, increased tension, and irritability that leads to defensiveness, confusion, hyperactivity, and overt verbal and emotional hostility*
- As agitation increases, client less likely to be able to respond rationally or be redirected
- **THEREFORE** it is important to intervene early on in this cycle, as soon as it becomes apparent the client is behaving apart from his baseline

Escalation Phase: Client's behavior, speech and emotions move further away from normative expressions – more apparent, more intense

Intervention:

- Follow your intuition. According to Newhill (1995), *many reported incidents of violence happened after social workers felt an intuition of growing danger but chose to handle the situation themselves by dismissing their feelings as trivial or indicative of personal weakness.*
- Attempt to de-escalate, use listening and problem solving skills, redirect

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Crisis Phase: Client is too pumped up. De-escalation, listening and problem solving are unlikely to be effective

Intervention:

- First, protect yourself:
  - Remain at a distance from client
  - Call for assistance
  - Try not to overreact, remain calm
- Attention must turn to worker safety, safety of other clients and workers, and safety of client
- Attempt to remain composed and to establish environmental control
- Encourage the client to move to a quiet location — free from noise, activity, and people — to avoid stimulating him further.
- Make sure you have enough back up before any attempts to restrain the client
- Explain what's happening to reassure or redirect client if possible

Recovery Phase: The client begins to return to baseline behaviors, but is still in a precarious state and can return to crisis phase.

Intervention:

- Give client time to gain composure, self control. Workers sometimes make the mistake of moving too quickly and retriggering the client
- Pace intervention in response to client cues
- Reassure client about their safety, give client time to de-escalate
- Avoid exploring reasons for or consequences of client behavior
- Avoid disapproving comments

Post-crisis Depression Phase: Return to baseline or even below. Mental and physical exhaustion occurs.

Intervention:

- Depending on interventions used, shame and remorse *may* make client more receptive to social work interventions
- May be appropriate later to:
  - reflect on the assaultive episode with the client, considering other appropriate options to the situation
  - Address the precipitating problem or consequences for behavior
  - Follow up on any decisions made with consistency, predictability, firmness, and respect

Source: Weinger, citing Newhill, Lanza, Lehmann et al, & Davies

## **Preventive Interview Pointers for Defusing Potentially Violent Situations**

- Facilitate talking out feelings and thoughts
- Respond succinctly
- Encourage problem solving
- Redirect
- Avoid responding aggressively
- Position yourself strategically
- Make eye contact carefully
- Mirror body language
- Set limits appropriately
- Equalize relationship
- Personalize or depersonalize
- Use self-disclosure purposefully
- Relate with sensitivity to diversity
- Stay calm, keep thinking
- Alter the environment
- Retreat
- Enable client means of retreat

Source: Weinger, S. *Security Risk: Preventing Client Violence Against Social Workers*, NASW Press (2001)

# Interview Pointers for Defusing Potentially Violent Situations

Author's caution: These strategies are based in practice wisdom, not verified by outcome studies. There is no effective step-by-step prescription. Professional judgment and intuition should guide.

## De-escalating Verbal Communication

- Facilitate talking out feelings and thoughts
  - Help client talk out angry feelings rather than act on them
- Respond succinctly
  - Speak simply and repeat as necessary – prolonged or rambling responses may be more confusing to a client and may not come across as empathetic
  - Repeat as necessary -- an aroused client may have difficulty focusing and processing verbal messages that are said only once or twice
- Encourage problem solving:
  - Violence prone individuals have greater difficulty coming up with solutions
  - Exploring options and noting choices has an empowering impact:
    - “What do you usually do to regain control when you get angry? Does walking help? Does talking help? Does writing a letter help?”
  - Suggest an option: “I’d be mad too. Have you ever considered doing X?”
  - Meet reasonable requests, but don’t overpromise.
- Redirect to help client gain emotional control
  - Change the subject to redirect client’s focus away from an emotionally charged situation: “You had a really bad experience with our front desk today, but I remember last week you came in and had a great visit with Jill. Can you remember what went right last week?”
- Eliminate aggressive responses
  - Confrontational responses generally increase the likelihood of violence. This can include pushing a client to deal with difficult intrapsychic material.
  - Defensive reactions to the client, such as yelling, dominant body postures, or setting unnecessary limits, can also provoke a violent response

## De-escalating Nonverbal Communication

- Position yourself strategically
  - Do not approach client head-on or from the back; approaching at an angle is perceived as less confrontational
  - Don't turn your back to the client
  - Take care not to isolate yourself with the client
  - Maintain enough physical distance so the client would have to move to strike you
  - Appropriate physical distance is also less threatening to the client
    - Violence prone individuals perceive the need for a wider territorial space in order to feel comfortable – 5 times the physical space
  - Best stance – at an angle, feet hips width apart, one foot in front
    - Greater balance and mobility
    - Exposes less of the body as a target
    - If client moves in, turn body to right angle, change poses slightly – signals friendliness
  - Touching may be perceived as a challenge or arouse past trauma
- Make eye contact carefully
  - During a potentially violent situation, direct eye contact may be perceived as hostile, heightening aggressive arousal
  - Remember to watch, however – people will often glance in direction where she/he will strike just prior to doing so
- Mirror body language, verbal tone and pace
  - Be enough in sync with client that they will perceive you as allied with their feelings, then slowly decrease the intensity (e.g., if client standing and pacing, also stand and move slowly, speak more slowly and softly)
  - As client settles down, slowly lead the client to lower levels of arousal
  - Whispering when a client is shouting appears detached and may result in escalation
- Set limits appropriately
  - Setting limits provides angry clients with a helpful external structure; clients who are fearful of losing self-control may be reassured that enforceable limits will be upheld so that no harm comes to self or others
  - May prevent momentum from building
  - May involve communicating what the consequences will be if the behavior continues
  - Can be done in a way that does not increase client's feelings of powerlessness

- Equalize relationship
  - Communicate in a way that is respectful to client's dignity
  - Assertive, not submissive
  - Non-authoritarian, non-parental (avoid transference)
  
- Personalize or depersonalize
 

When to personalize – when client anger seems to stem from transference (from another relationship) or seeing worker only in authoritarian/controlling role

  - How: Careful self-disclosure; clarify role and repeat intentions (to help you get your children home)

When to depersonalize – when anger is at worker for implementing an agency policy – helps client understand that the decision is not at worker's whim or directed personally at the client
  
- Use self-disclosure purposefully
 

Trying hard to hide fear may lead to incongruence between verbal and nonverbal communication, inappropriate humor, or other cues which could lead the client to escalate behavior. If client wants to instill fear, he or she may keep going until the desired result is achieved.

  - How: Express discomfort but don't imply that you can't hold the client to limits: "I wish you wouldn't do that; . . ."

### **Other Strategies**

#### Relate with sensitivity to diversity

- There may be different cultural responses to professional helpers and to crisis situations. Share experiences with colleagues and try to learn as much as you can about populations you serve so that you will be better able to interpret behaviors and responses.

#### Stay calm, keep thinking

- High anxiety can provoke clients, make them feel pressured
- High anxiety interferes with good judgment and ability to assess options
- Use anxiety reducing techniques – deep breathing, self talk
- Communicate calmness and confidence in voice and posture
- When you can't remain calm, say to yourself: "No matter how agitated I feel, I am going to keep thinking and decide what is best to do."

#### Alter the environment

- Direct client to leave the immediate area
- Change session to another room
- Invite the client to have a snack
- Separate clients from each other to remove fuel or an audience for escalation

## Retreat

When de-escalation is not working, retreat can be the most professional and preventive way to handle an escalating situation.

- “I am leaving now because I think we can better discuss this at a later date.”
- “I am going to get a file that will help me gain some information that I need to address your concerns.”
- I can’t help with that problem, but it is important to me, so I am going to get my supervisor who may be able to help.”

## Enable client means of retreat

Remind the client that he or she is free to leave the room at any time. Keep the way to the exit clear.

Source: Weinger, S. (2001) *Security Risk: Preventing Client Violence Against Social Workers*, Washington, D.C.: NASW Press, 33-47.

# Safety Best Practices

## Source: Massachusetts NASW Safety Guidelines (1996)

### I. Written Safety Plan

A written safety plan specific to the function and layout of each agency, or branch or division of an organization must be developed with staff input and expert consultation. All staff members should know what to do in case of emergency. A comprehensive safety plan should be:

- Written, detailed, comprehensive
- Regularly reviewed and practiced by all staff

The safety plan should include:

- How to recognize signs of agitation
- What to do **at first sign** of agitation
- **Code words and phrases** to signal for help without increasing client's agitation
- Format for ongoing assessment of a client's level of dangerousness
- Format for intervention, including:
  - When and how to call security or police
  - When and how to evacuate building
  - When and how to attempt de-escalation
  - When and how to use non-violent:
    - Self-defense
    - Physical evasion
    - Force deflection
    - Disengagement skills

### II. Exterior and Physical Layout

- Maintain and furnish facility to present an organized, calm and respectful appearance
- Adequate lighting inside and out
- Be aware of traffic patterns that allow unescorted clients (bathrooms, coffee areas)
- Evaluate need for safety equipment (buzzers, alarms, sound alert equipment) in offices
- Establish a risk room where potentially violent or agitated clients can be seen. Risk room should be furnished in a sparse, neutral manner, and located in a centrally located area with ready access to help.
- Furnish offices to allow a comfortable distance between client and worker and to permit easy exit for both.
- Eliminate items in interview rooms that may be thrown or used as weapons. Interview rooms need 2 exits and in view (large windows, one way mirrors). Interview areas should not be secluded.
- Exercise care in personal dress (eg., no dangling earrings, necklaces, scarves or ties that could be used to pull or choke)

- Be aware of bringing in items which could be used as weapons (e.g., hot drinks), glass bottle
- Arrange furniture to allow for quick exits and less direct confrontation. Chairs placed equidistant to door allow both to exit; chairs placed at an angle rather than head on are less confrontational or potentially threatening
- Decorate public areas – calming color schemes, soft lighting, comfortable chairs, toys
- Routinely inspect exterior and interior layout and all safety equipment to ensure all is in working order.

### III. Rules, Regulations and Procedures

- Establish a format for taking a required history of violence as a part of regular intake procedure.
- Establish a procedure for communicating violent history to staff when current danger exists.
- Develop a procedure to address the consequences of violent behavior with the client, including effects of the violence on services.
- Develop a format to determine when and how legal action against the violent client will be taken.
- Communicate safety policies to clients, when indicated.
- Formulate and post a policy regarding providing services to clients who carry or have guns and weapons or who are under the influence of alcohol or drugs.
- Establish relationships with security and police. Let them know what you do and what you need from them.
- Log and communicate to staff all work-related occurrences of violence including threats.
- Re-evaluate policies, procedures and training needs following an occurrence of violence.
- Ensure adequate staffing at all times; no one should work in a building alone.
- Orient new workers to safety policy and plan.
- Design a program to address the aftermath of client violence. Address the physical and emotional needs, short and long term, of the assaulted worker, worker's family, coworkers and affected clients as well as a format for debriefing and communicating with all staff following an occurrence of violence
- Address institutional practices that unintentionally contribute to client violence.
- Develop a policy on home visits which include:
  - leaving itinerary with office staff so worker location is known at all times.
  - phoning office frequently when in the field.
  - providing portable phones and other safety equipment.
  - providing options for escorts: staff or police.
  - giving permission not to go when risk of violence is high.

### IV. Supervision and Training

- Provide ongoing supervision, consultation and training in:
  - details of safety policy and plan with regular updates
  - assessment of client's potential to become violent
  - treatment and clinical interventions with violent clients
  - de-escalation techniques non-violent self-defense, physical evasion, force deflection and disengagement skills
  - aftermath of client violence
- Train all staff, including support staff and custodians

## Agency Checklist for Worker Safety

1. What written policy is there related to worker and client safety?
2. What planning has staff undertaken for a situation where a worker feels uncomfortable or concerned about safety?
3. How does the office arrangement contribute to or deter safety?
4. What guidelines are available to assess for potential violence in clients (e.g., a written checklist)?
5. What is the system for reviewing difficult client situations (e.g., supervision, peer consultation, quarterly review)?
6. What risk factors have agency staff members identified for this particular population and workplace?

Source: Weinger (2001) citing Dr. Ineke Way, School of Social Work, Western Michigan University.

# Thinking Safety During A Home Visit

Adapted in part from Iowa Department of Human Services Title 24 Chapter F Violence-Free Workplace

## Before Going:

1. Make sure someone knows where you are going.
  - a) keep a log or use a sign-out board at the office
  - b) let someone at the office know when you should be back
  - c) make a habit of using your cell phone to call in to the office to notify them of your arrival/departure from home visits
2. Make sure you know where you are going before leaving.
3. Avoid unannounced visits, which increase the risk of walking into a situation in which a surprised client or other person in the house may react violently.
4. Take a look at your weather forecast.
5. When in doubt, take another worker.

## When You Are There:

1. If you go by car, drive around the area and block of the residence, looking for:
  - a) unsafe conditions like poor lighting, limited visibility such as fences or bushes, unsecured animals, or people fighting;
  - b) sources of help, like pay phones, neighbors at home, open businesses, and community workers such as police or fire stations or utility trucks
2. If you find you have an incorrect address, don't search for the client by knocking on doors.
3. Take a second to listen before knocking on the door.
4. Don't enter a home until an adult answers the door and lets you in.
5. When you enter, stop at the doorway and make mental notes of:
  - a) the exits
  - b) other people in the home
  - c) any other safety hazards
  - d) If your gut tells you to leave--leave
6. Act as a guest in the home. Wait for the client to direct you to sit. The best seat in the house is a hard chair (easier to get up quickly if necessary), seated with your back to a solid wall rather than an unknown space, with a clear view of the room and doorways, and as close to an exit as possible.
7. While it is legal to have a firearm in the house, its casual display during a home visit is inappropriate. If you see a firearm or become aware that someone in the room is armed, leave immediately. Before rescheduling the home visit, ask the client to put the firearm in another room during your visit.
8. Be aware of pets (dogs, snakes, etc.)

# **Personal Staff Safety Training Points**

## **All Staff - IM, Clerical, and Social Work Staff (90 minutes)**

### **OVERVIEW**

Personal safety behavior in office  
Ways to engage clients:  
    In person and over the phone  
Signs to identify anger and its escalation  
Ways to de escalate situations where individuals are angry.

### **TRAINING**

Most interactions with customers are uneventful, safe. Why does a situation escalate and how can this be prevented or controlled?

### **IDENTIFYING ESACALATION & DE-ESCALATION TECHNIQUES**

Set the tone. How do you engage the client?  
What are some de-escalation techniques?  
When should you terminate a conversation and follow-up later?

### **HIGH RISK SITUATION**

Domestic violence  
Individual noticeably “high”  
Individual who appears to be out of touch with reality, possibly mentally ill

### **OFFICE SAFETY: WHERE AND WHEN TO INTERVIEW**

Physical considerations and use of others in office for support

### **ACTIONS IF AN EVENT OCCURS**

When and how to notify office, supervisor, law enforcement  
Using support from others after event

### **PROTECTION OF STAFF**

Consideration as to what personal information should ever be shared  
After hours notification

## **BREAK OUT SESSIONS (45 minutes)**

### **IM - OBTAINING NEEDED PERSONAL INFORMATION FROM CLIENTS**

### **CLERICAL - FRONT DESK SAFETY ISSUES**

### **CASE MANAGER/CPW - PERSONAL SAFETY IN THE COMMUNITY**

Interaction with customers and interactions with animals

1/18/08 WBW Talking Points for personal Safety Training