Child Welfare Education and Training Partnership

New Worker

Worker Safety

Indiana Department of Child Services

Trainer Manual
The Indiana Child Welfare Education and Training Partnership wish to thank all of the staff at the Indiana Department of Child Services for their contributions to this content.

In addition, we would like to express our appreciation to the work group for their time and dedication to completing this project:

LaTrece Thompson, Indiana Department of Child Services
Pat Howes, IU School of Social Work
Fay Russell, Indiana Department of Child Services
Gosia Pawlak, Indiana Department of Child Services
Jackie Votapek, IU School of Social Work
Scott Derr, IU School of Social Work

Updated 2014 by
Erin Richardson, Training Partnership Curriculum Team

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## Course Logistics - Trainer Guide

<table>
<thead>
<tr>
<th>Room Setup</th>
<th>Pods (four to six participants per group)</th>
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</table>
| **Equipment** | Laptop Computer  
| | DVD Player  
| | Computer Speakers  
| | LCD Projector |
| **Supplies** | Name Tents  
| | Markers  
| | Blank Chart Paper  
| | Tape |
| **Handouts** |  |
| **Training Materials** |  |
| **Media** | Power Point Presentation  
| | Video: Channel 15 Removal  
| | Video: Interpreting the Conflict Management Style Assessment  
| | Video: Honoring Our Personal Space - How Close is Too Close?  
| | Video: Distracted Driving (News 12 Long Island, NY)  
| | Video: Identifying Methamphetamine Labs (TV 6 Upper Peninsula, MI) |
| **Computer Assisted Trainings** |  |
| | HR 3-8: Healthy Work Environment  
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<td>Welcome and Overview</td>
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<td>12:00 PM</td>
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<td>1:15 PM</td>
<td>Verbal De-Escalation (Break Included)</td>
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<td>3:55 PM</td>
<td>Case Review</td>
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<td>Universal Precautions</td>
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<td>Worker Safety and Substance Abuse</td>
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<td>9:40 AM</td>
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<tr>
<td>12:00 PM</td>
<td>Lunch</td>
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<tr>
<td>1:15 PM</td>
<td>Call Center Observations</td>
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</table>
Welcome and Overview - Trainer Guide

8:00 AM
Welcome
Introduce yourself to participants. Share with the group your professional background and why you are excited about this training.

Slide# 1
Participant Page 4
Express your appreciation for their participation. Acknowledge their past experiences. Remind participants if something arises during the training to share it with you so the partnership can offer proper support.

Course Description
Direct participants to the worker safety course description in their participant manual. Ask participants to read the course description. Discuss the course description with participants.

Talking Points:
- This course will provide Family Case Managers information on risk management and safety awareness.
- This course will help workers recognize unsafe situations and develop practical and useful methods for safety intervention.

Course Competencies
Direct participants to the course competencies in their participant manual. Ask participants to read the course competencies. Discuss the course objectives with participants.

Talking Point:
- These objectives will be met through group discussion, lecture, activities, and presentations from guest speakers.
Welcome and Overview

Course Description
This course will provide Family Case Managers information on risk management and safety awareness. This course will help workers recognize unsafe situations and develop practical and useful methods for safety intervention, including verbal de-escalation and physical defense. Participants will also learn special safeguards when dealing with methamphetamine and universal precautions.

Course Competencies
At the conclusion of this training, participants will be able to:

1. Recognize situations that are unsafe and employ techniques to ensure personal safety.
2. Explain the role of law enforcement and identify situations when they would accompany workers on field visits.
3. Utilize Worker Safety skills to prevent dangerous situations in the field.
4. Recognize the Stages of Escalation and apply calming techniques such as Verbal De-Escalation.
5. Demonstrate when and how to use universal precautions.
6. Recognize materials and environmental hazards common in production of methamphetamines.
### Walk Around Activity - Trainer Guide

<table>
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<tr>
<th>8:30 AM Activity Preparation</th>
<th>Display the four prepared chart papers, each containing one of the following statements:</th>
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</thead>
<tbody>
<tr>
<td>Slide# 3</td>
<td>- I believe I have the right to defend myself if attacked (this chart should include a continuum from strongly agree to strongly disagree).</td>
</tr>
<tr>
<td>Participant Page 5</td>
<td>- I believe safety is a shared responsibility at all levels of the Indiana Department of Child Services, and I will be supported in leaving an unsafe situation (this chart should include a continuum from strongly agree to strongly disagree).</td>
</tr>
<tr>
<td></td>
<td>- One characteristic that describes you.</td>
</tr>
<tr>
<td></td>
<td>- One characteristic that describes your clients.</td>
</tr>
</tbody>
</table>

### Purpose:
The purpose of this exercise is to help the trainer assess the knowledge and general needs of the training group. Completion of this activity partially satisfies **Course Competency One**.

#### Provide each participant with a marker or alternate writing tool.

#### Instruct participants to walk around the room and respond to each of the five posted statements.

#### Discuss participant responses.

#### Direct participants to the basic principles of self-defense in their participant manual. Review the handout with participants.

### Talking Points: I believe I have the right to defend myself if attacked

- **YES**-if you perceive you are in immediate physical danger.
- Must act *logically, reasonably*, and feel action was *necessary* to save their life or the life of a defenseless third party.
- **Ask** participants what a Family Case Manager should do if a client hits them and immediately withdraws or hits them and attacks them while on the ground.
  - If the client immediately withdraws… the Family Case Manager should leave the situation, immediately report to their supervisor, contact law enforcement, and seek proper medical attention.
  - If the client continues to act aggressively… the Family Case Manager would be justified in defending themselves in order to disengage from the situation, immediately report to their supervisor, contact law enforcement, and seek proper medical attention.
Walk Around Activity

Basic Principles of Self-Defense

According to Indiana Code 35-41-3-2, if a person perceives they are in immediate physical danger they are authorized to use a reasonable amount of force to protect themselves (or others) from that danger. The force used to repel an attack must not only be reasonable, but must also be used in the belief that such degree of force is necessary to defend oneself. A person may only use deadly force to protect themselves (or others) from immediate serious bodily injury.

A person need not be in actual immediate physical danger, but only perceive this danger. Courts use a “reasonable person” standard when determining if a person was justified in fearing they were in immediate physical danger. In other words, would others in that same situation have felt the same way?

The term “reasonable force” is not defined in the statute and determining whether someone’s actions were reasonable is highly subjective, situation specific, and is left up to a jury to determine. For example, there could be two situations, where in each situation a person reasonably believed they were in danger and struck someone in self-defense. However, in one of the situations, a jury may determine the person was not acting with reasonable force because they could have retreated, or the person they hit was smaller, or the person hit was unarmed yet was hit with a baseball bat, etc…

There are many variables in “real life” situations, and each variable would play into the determination of whether the person acted with appropriate force.

The elements of a self-defense claim are as follows:

1. Defendant acted without fault (i.e. did not instigate the altercation)
2. The defendant had a right to be where they were at the time the event took place (i.e. was not a robber breaking into a house)
3. The defendant was in real or apparent danger of immediate bodily harm

If the above conditions are met, there is no duty to retreat before acting to protect oneself from imminent bodily harm (in Indiana).
Inform participants safety is a shared responsibility at all levels of the Indiana Department of Child Services. Furthermore, Family Case Managers will be supported in leaving an unsafe situation. Direct participants to policy HR-3-8 in their participant manual.

Talking Points: I believe safety is a shared responsibility and I will be supported in leaving an unsafe situation.

- DCS believes every staff member should practice good risk management by adhering to safety measures and policies.
- DCS will not tolerate violence, threats, harassment, intimidation, or other disruptive behavior in the workplace. Family Case Managers should immediately inform their supervisor if any of these situations arise.
- No Family Case Manager should place him or herself in a situation they feel is dangerous.
- Emphasize: No Family Case Manager is to carry a gun, mace, or other weapon while on the job.

Trainer Note:
If participants have specific questions regarding firearms, refer them to the Weapons section of the State Employee Handbook (pg 42):

In accordance with rules promulgated by DOA and the Indiana State Police and applicable laws, weapons are prohibited in the IGC Complex. Firearms and ammunition secured out of sight in a person’s locked, personal vehicle are not prohibited. Firearms and ammunition are prohibited in state vehicles, unless required by sworn police officers. Inquiries by state officials about ownership, possession, storage, transportation or use of a firearm or ammunition, other than those used in fulfilling the duties of the employment of the individual, are prohibited. State employees fulfilling their duties on the property of vendors, customers, and others or on property leased by the state must abide by the laws, rules and policies established for those premises by the owners and/or tenants.

Review the characteristics participants used to describe themselves and their clients. Discuss the similarities and the differences between the two lists. Inform participants how we see a family is more than likely how we will work with them.

Talking Points:
- Failure to identify a family’s strengths can prevent a Family Case Manager from building a trust-based relationship with his or her clients.
- Engagement is the first and most important step in promoting worker safety.
- Preconceived ideas can result in limited accuracy when gathering information and making decisions about a family’s scenario.
A. The Indiana Department of Child Services (DCS) is committed to providing a safe and healthy work environment for staff, clients, and visitors.

B. DCS believes every staff member should practice good risk management because ultimately every individual is responsible for his or her overall safety:
   1. Good risk management and safety practices require all staff be responsible for adhering to safety measures, practices and rules, and that they conduct themselves in a manner which will minimize risk to themselves and others.
   2. DCS recognizes risk management practices may vary based on the staff member's work setting (i.e., urban area vs. rural area).

C. DCS will not tolerate violence, threats, harassment, intimidation, or other disruptive behavior in the workplace, with clients, or other stakeholders with whom the agency partners or interacts. All staff members are responsible for notifying their supervisor of any such behavior which they have witnessed or experienced. In the event of a credible, immediate threat to an individual's safety, law enforcement should immediately be notified by either the employee or the supervisor.

D. DCS recognizes the nature of its mandate requires daily activities which may expose staff to risk; however, staff members are not expected to place their own safety in jeopardy. It is essential all field staff use their training and personal skills to minimize potential safety threats that may be involved when interacting with families to ensure both their own safety and the safety of any child(ren) present in the home. Although risks to staff members cannot be completely eliminated, they can be dramatically reduced by increasing awareness.

Refer to Policy HR 3-8

Policy HR 3-8

Walk Around Activity (continued)
The Four A’s of Safety - Trainer Guide

9:10 AM
Transition
Participant Page 7

The Indiana Department of Child Services supports Family Case Managers as they practice and promote worker safety. The Indiana Department of Child Services believes safety starts with an awareness of self, the environment, clients, and policy.

The Four A’s of Safety Slide# 6 Purpose: The purpose of this activity is to inform Family Case Managers about the importance of awareness, assessment, anticipation, and action as it relates to worker safety. Completion of this activity partially satisfies Course Competency One.

Direct participants to the Four A’s of Safety handout (Harrelson, 2006) in their participant manual. Review the handout with participants.

Talking Points:

Slide# 7
- Self is the only tool individuals always have with them. It is the only constant and reliable tool for intervention and defense. Self as a tool includes not only skills, but also awareness and assessment of one’s own values, beliefs, attitudes, stereotypes, and judgments.
- Environment is the “where” of a potentially dangerous situation. Environment also includes what to look for, as well as observations made.

Slide# 8
- Client is with “whom” the worker engages in an interaction. Safety is most often a concern when dealing with particular types of client emotional states.
- Policy is the overarching framework that serves to protect the worker.

9:35 AM
The Four A’s of Safety

<table>
<thead>
<tr>
<th>The Four A’s of Safety Handout</th>
<th>Awareness (What information do I have?)</th>
<th>Assessment (Am I in danger? Do I feel threatened?)</th>
<th>Anticipation (What is most likely to happen next?)</th>
<th>Action (What do I need to do?)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self</strong></td>
<td>What do I know about myself? What are my own strengths and weaknesses? What triggers me? What is the limit of my patience? Do I need help?</td>
<td>What am I feeling and thinking? What is my mood? Am I already triggered? Am I furthering the situation by my words and behaviors?</td>
<td>Are my attitudes, biases, and stereotypes creating more tension? Can I reduce my risk?</td>
<td>Do I intervene, call the police, wait for more information, or leave?</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>What do I know about the environment? What am I observing? What resources are available to me?</td>
<td>Am I physically trapped? Are my options limited? Am I physically threatened? Do I sense danger?</td>
<td>If danger exists, can I leave if necessary? Are my choices becoming fewer? Is my risk of danger increasing?</td>
<td>Do I need to rearrange my current environment or move to a different environment?</td>
</tr>
<tr>
<td><strong>Client/Others</strong></td>
<td>What do I know about the person(s)? What am I seeing and hearing? Are there people present who escalate danger?</td>
<td>What emotional state is the person in? Positive, negative, or agitated? Are they under the influence of drugs or alcohol? Do they have a mental illness?</td>
<td>If behavior is negative or dangerous, can it or will it diminish? Can I reduce my risk?</td>
<td>Do I intervene, call the police, wait for more information, or leave?</td>
</tr>
<tr>
<td><strong>Policy/Law</strong></td>
<td>What are the policies/laws that protect and support me? What are the professional expectations of conduct?</td>
<td>What are the policies/laws that protect and support me?</td>
<td>Will my actions protect me legally? Can I expect to be supported?</td>
<td>Are my actions logical, reasonable, and necessary?</td>
</tr>
</tbody>
</table>

(Harrelson, 2006)
While awareness of self, the environment, clients, and policy are essential for proper risk management, understanding these elements cannot ensure Family Case Managers are safe in every situation. Thus, Family Case Managers must know how and when to request assistance from law enforcement.

**Purpose:** The purpose of this training section is to explain the role of law enforcement in accompanying workers on field visits. Completion of this activity satisfies **Course Competency Two.**

**Ask** participants when they believe law enforcement should accompany Family Case Managers on field visits. **Discuss** participant responses.

**Inform** participants the primary role of law enforcement in any situation is to ensure the safety of the worker and determine if any laws have been broken. **Direct** participants to policy 4.29: Joint Assessments in their participant manual. **Review** the policy with participants.

**Talking Points:**
- The Indiana Department of Child Services will conduct joint assessments with law enforcement on all fatalities, near fatalities, child sexual abuse cases, and cases involving persons or entities acting as custodians of the child (i.e. licensed childcare facilities, residential facilities, and schools).
- The Indiana Department of Child Services can involve law enforcement on other cases including: severe physical abuse, alleged drug use, domestic violence, or cases where Family Case Managers feel their safety is in jeopardy.
- **Encourage** participants to discuss the local roles and responsibilities of law enforcement with their field mentor or supervisor.
- **Tell** participants they may also ask another Family Case Manager to accompany them on a visit if there are safety concerns.
- **Explain** that some counties have local practice that goes beyond the requirements of Policy 4.29. Encourage participants to learn about these practices in their county office during a TOL Day.
Roles and Responsibilities of Law Enforcement

Policy 4.29
Joint Assessment

Upon receipt of a report of suspected child abuse and/or neglect the Indiana Department of Child Services (DCS) will contact the Law Enforcement Agency (LEA) in the appropriate jurisdiction to request a joint assessment.

DCS will conduct joint assessments with LEA when allegations include, but are not limited to:

1. Child fatalities and near fatalities
2. Child sexual abuse
3. Allegations involving persons or entities acting as custodians of the child
4. Cases where Family Case Managers feel their safety might be in jeopardy
5. Discuss Joint Assessment in your county with your Supervisor or Field Mentor. Many counties have local practice in addition to DCS Policy 4.29.

DCS will not be deterred from initiating a CA/N assessment within the necessary time frame due to a delay in LEA response, unless allegations indicate the child’s home may be the site of a methamphetamine lab and an interview with the child at an alternate site is not practicable.

During a criminal investigation of child abuse and/or neglect, DCS will cooperate with the county or district prosecutor and LEA. However, DCS will not act as law enforcement by gathering evidence or interviewing persons for the sole purpose of a criminal investigation. DCS will focus on assuring the safety of the child(ren).
Family Case Managers have the support of fellow staff and law enforcement when promoting their own safety. However, there are times when Family Case Managers will be in the field or at their local office and must work alone with an agitated client. Family Case Managers must have the ability to verbally de-escalate these clients. Verbal de-escalation is the single most important risk management skill taught in this training and supports the engagement principles discussed earlier in training.

**Stages of Escalation**

**Slide # 10**

**Purpose:** The purpose of this training section is to educate participants regarding common stages of escalation, and teach verbal de-escalation skills necessary for promoting worker safety. Completion of this activity partially satisfies Course Competencies Three and Four.

**Activity:** Direct participants to the stages of escalation handout in their participant manual. Divide participants into small groups (based on experience). Ask each group to answer the four corresponding questions. Provide participants 10 minutes to answer the questions. Discuss participant responses.

**Possible Talking Point Question One:**
- Ask individuals to share why they would (i.e. they have nothing to hide) or would not (i.e. they do not want to feel violated) let the Family Case Manager into their home. Discuss participant responses.

**Possible Talking Points Question Two:**
- Signs of increased anxiety might include: fast breathing, pacing, changes in skin tone, and inconsistent eye contact.
- Individuals often need others to actively listen, to use positive communication skills, and to have their experiences validated when feeling anxious.

**Possible Talking Point Question Three:**
- Individuals lie to protect themselves or others, to avoid troublesome situations, to cover up an embarrassing moment, or they might be a pathological liar.

**Possible Talking Point Question Four:**
Warning signs a person might display before acting out include: exaggerated body movements, increased use of profanity, clinched fists, intense staring, and verbal threats. A person may exhibit the opposite behavior as well, by immediately shutting down or getting very quiet.
Stages of Escalation

Activity: How People React to DCS

Please answer the following questions with your small group.

If someone from the Indiana Department of Child Services was at your door, how would that make you feel? Would you allow the Family Case Manager to come into your home?

What are signs of a client’s increased anxiety? What do you need from others when you are feeling anxious?

Why do individuals lie?

What are warning signs a person might display before they act out?
Stages of Escalation (continued) - Trainer Guide

10:20 AM
Stages of Escalation
Slide# 12
Participant Page 10

Explain
- conflict escalation usually progresses through seven identifiable stages: calmness, a trigger, agitation, acceleration, peak, de-escalation, and recovery.
- conflict may not move through all seven stages, but may suddenly skip stages, depending on the person involved and the situation.

Discuss how crisis and non-crisis thinking differs. Give examples.

Say: De-escalation techniques can help you identify when a situation is spiraling out of control and give you options to avoid reaching stage 5, where someone else’s loss of control puts you most at risk.

Slide# 13

Ask: Name some triggers that may foreshadow aggression.

Ask: Do any of the characteristics on the chart surprise you? Why or why not?

10:35 AM
Stages of Escalation (continued)

1. **Calm** – Person relatively calm / cooperative.

2. **Trigger** - Person experiences unresolved conflicts. This triggers the person's behavior to escalate.

3. **Agitation** – Person increasingly unfocused / upset.


5. **Peak** - Person out of control / exhibits severe behavior.

6. **De-escalation** – Vents in the peak stage, person displays confusion. Severity of peak behavior subsides.

7. **Recovery** - Person displays willingness to participate in activities.


**Triggers**

**Traits and Factors That May Trigger Aggression**

- Psychiatric illness
- Feelings: *powerlessness, fear, grief, injustice, boredom, humiliation*
- Access to weapons
- Physical disability or chronic pain
- Personal history of child abuse
- Substance abuse
- Prior history of violence
- Highly stressful situations: removal of children, involvement with DCS, court proceedings, compliance with services, parental rights termination
- Ages 15-40, esp. males
Stages of Escalation (continued) - Trainer Guide

10:35 AM

Ask: What are some behavioral signs of increased agitation and tension?
Click to advance the traits and factors to appear. Allow participants to read list.

10:50 AM

Click

Additional Talking Points: Agitation
- When faced with increased anxiety, Family Case Managers should remember the engagement skills for working with resistance.
  - Recognize the cues – identify the forms of increased anxiety, be aware of nonverbal messages, and trust your instincts
  - Manage your emotions and reactions – do not take your client’s feelings personally, empathize with their situation, and remember increased levels of anxiety are predictable and natural
  - Reflect the form of resistance and allow for silence – use “I” statements and provide clients the opportunity to talk uninterrupted (“I notice my being here has caused you to raise your voice, tell me more about that…”)
  - Use active listening and attending behaviors
- Demonstrate the core conditions of genuineness, empathy, respect, and professionalism.

Click

Additional Talking Points: Acceleration
- When faced with accelerating behaviors, Family Case Managers should reflect and reframe their client’s behaviors (i.e. “I notice a change in your body language. Let’s talk about what you’re feeling”).
- Family Case Managers should avoid power statements and continue exploring and focusing on their client’s verbal and nonverbal behaviors.
Stages of Escalation (continued)

**Agitation**  Agitation is met with exploration and support. If a family member demonstrates a level of agitation, Family Case Managers should:

- Continue active listening
- Pay closer attention to environmental cues
- Use positive communication skills
- Try to remain in dialogue
- Remain present in the situation
- Continue to build rapport
- Add structure to the communication
- Make limits clear and calm
- Make their role non-threatening
- Pay close attention to their own feelings and emotions
- Use “I” statements and avoid using the word “Why”
- Conduct a silent assessment paying attention to escape routes, protective barriers, and shields

**Acceleration**  Acceleration is met with assessment and re-direction. If a family member demonstrates pre-aggressive behaviors, Family Case Managers should:

- Lower the tone of their voice
- Choose their words carefully
- Take a few deep breaths
- Do Not use any challenges (i.e. “You do realize I have the power to remove your children.”)
- Explore what a behavior means to a family member
Additional Talking Points: Peak

- Family Case Managers should remember individuals act out of fear, frustration, anger, and/or organic causes (i.e. mental illness).
- Family Case Managers should reassure and talk to the person who may be acting out of fear.
- Family Case Managers must provide physical and psychological space if they remain in a potentially dangerous situation.
- Family Case Managers should try and identify the cause of a client’s frustration and help the client meet any needs that have not been adequately met.
- Family Case Managers should help their clients find an appropriate way to cope with their feelings. Be cautious to not challenge or confront these clients. Oftentimes, being silent and actively listening will help improve the situation.
- After any incident of a client acting out, Family Case Managers should notify their supervisor to determine if further action is necessary.

Additional Talking Points: De-Escalation

- As part of tension reduction, Family Case Managers should try and restore trust with their client. It is important emotional barriers never permanently stop the engagement process.
- Family Case Managers should address their client’s feelings of vulnerability to decrease the likelihood of future dangers.
Stages of Escalation (continued)

<table>
<thead>
<tr>
<th>Stages of Escalation</th>
<th>Peaking</th>
<th>De-Escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>is met with control and protection. If a family member peaks, Family Case Managers should:</td>
<td>is met with facilitation and recovery. During De-Escalation, Family Case Managers should:</td>
</tr>
<tr>
<td></td>
<td>• Remain calm</td>
<td>• Separate the client from the act</td>
</tr>
<tr>
<td></td>
<td>• Provide structure that is logical, reasonable, and necessary</td>
<td>• Understand aggressive actions are not the sum total of who their client is as a person</td>
</tr>
<tr>
<td></td>
<td>• Consider their own personal safety options</td>
<td>• Remove the &quot;personal&quot; from the incident, clients direct actions at what you represent not who you are</td>
</tr>
<tr>
<td></td>
<td>1. Contacting the police</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Removing his or herself from the environment</td>
<td>• Remember you or another Family Case Manager might work with this family in the future</td>
</tr>
<tr>
<td></td>
<td>3. Suggesting reasonable limits</td>
<td></td>
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</tbody>
</table>
### Stages of Escalation (continued) - Trainer Guide

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 AM</td>
<td><strong>Take it to Work:</strong> Direct participants to the Stages of Escalation video worksheet in their participant manual. Ask participants to complete the worksheet while they watch the Channel 15 Video. This video allows participants to visualize of the stages of escalation. <strong>Trainer Note:</strong> Prior to showing the film, the trainer should briefly discuss how the removal process is a potentially dangerous situation. The trainer should setup the video by explaining to participants they are about to watch an actual removal of children from Marion County. Present at the removal is the Family Case Manager, a member of Youth Emergency Services Staff (no longer in existence), law enforcement, and a reporter. The allegation was physical abuse (bruises/cuts/welts) on the stepdaughter who is currently at an area hospital. <strong>Emphasize</strong> that this video does not model current DCS Practice. The object of this activity is not to show a removal. Rather, the goal is to identify the Stages of Escalation and discuss potential responses. <strong>Trainer Note:</strong> Review Discussion questions with participants before showing the video. Possible Talking Points for each question are included in gray on the Participant side of the Trainer Manual. Notes are removed from the Participant Manual.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 PM</td>
<td><strong>Reflection</strong> How will you use DCS Practice and Policy to encourage families to remain calm during a removal? <strong>Ask</strong> volunteers to share ideas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:15 PM</td>
<td></td>
</tr>
</tbody>
</table>
Stages of Escalation (continued)

**Take it to Work**

Answer the following questions while watching the Stages of Escalation video.

**Stages of Escalation Video**

What signs of increased anxiety did you observe? What would you do as a Family Case Manager to explore and support the client’s anxiety levels?

- Signs of increased anxiety included: minimal eye contact, rubbing hands together, defensiveness, standing rather than sitting, and lying
- To reduce anxiety, the Family Case Manager might continue their active listening, add structure to the interview, and continue to build rapport with the father and mother.

What pre-aggressive behaviors were evident in the DVD? What would you do as a Family Case Manager to assess and re-direct your client’s behaviors?

- Signs of pre-aggression included: exaggerated body movements, pacing back and forth, use of offensive language, removing articles of clothing, and lighting a cigarette
- To assess and re-direct, the Family Case Manager might lower the tone of her voice, avoid challenging the parents’ statements, and explore what the parents’ behaviors mean to them.

Did the client act out? If so, what did this look like? What would you do as a Family Case Manager to control the situation and promote personal protection?

- Many individuals believe the father acted out when he increased his usage of profanity, picked up his child, and told his child he may never be able to come home.
- Many individuals would not consider this acting out behavior, which illustrates how people view safety through different lenses.

**Reflection Question**

- Core Values, Trust Based Relationships
- Parents have the primary responsibility to care for children
- Policy outlines structure, must have REASON to take action
- Parents have a voice-dad in the video offered several solutions to avoid a removal (relatives, he would leave, etc.)
Say: As an FCM, you may at times find yourself in a dangerous situation by the virtue of the circumstances. Your presence in the homes of families can increase tension and stress, which can lead to escalated behaviors.

Ask: What kind of situations may occur in working with clients that could put you at risk? [Validate responses.]

Ask: When someone is angry with me, I . . . [Poll participants for their usual response to conflict. Validate answers.]

Review behavioral signs of Agitation and Acceleration from the Stages of Escalation

Say Child Welfare workers:
- protect the oppressed, vulnerable and most-at-risk -- the children of our communities.
- work with families, who are often in crisis or at a physical or emotional low.
- Work on the front line for potential workplace violence.

Child Welfare workers can ensure their own safety when they
- Report workplace violence
- Recognize the signs of escalating agitation, assaultive behavior or criminal intent.
- Employ the appropriate responses to potential assaults

[Note: Newhill earned a PhD in social welfare from the University of California. She currently teaches and chairs the Direct Practice for the MSW program at the University of Pittsburgh, PA.]

Remind participants of the reasons for choosing social work as a career: to help individuals, families achieve a better quality of life. Social workers also need to be aware of personal safety when working with individuals and families.
Verbal De-Escalation

Opening Discussion
What kind of situations may occur in working with individuals and families that could put you at risk?

When someone is angry with me, I . . .

Common Signs of Aggression

Can you recall some behavioral signs of Agitation and Acceleration?

➤
➤
➤
➤
Say: Child Protective Service Workers work with families who are in the midst of a personal or family crisis. Emotions tend to run high when a person does not feel in control of the situation.

Explain that De-escalation training can help you stay safe and reduce risk for client/workplace violence.

Say: Behaviors for dealing with conflict are learned from family patterns and childhood experiences. One theory states that people assume a style of conflict that resembles roles played in their childhood family environment (victim, martyr, peacemaker, rebel, etc.).


Say: Your default conflict management style may not be the best possible reaction in a dangerous situation. More effective strategies can be learned through de-escalation techniques.

Say: Please log on to your computers and access the website on the screen. This website is from the University of Minnesota’s Department of Family Social Science. [http://www.cehd.umn.edu/fsos/projects/ruralmnlife/conflict.asp](http://www.cehd.umn.edu/fsos/projects/ruralmnlife/conflict.asp)

Say: Please click on the website and take the 15 question conflict management style assessment. Please write down your results.

**Trainers, email the website link (hyperlink) to participants for easy access**

This slide is a screenshot of the webpage for the conflict activity.
Verbal De-Escalation (continued)

<table>
<thead>
<tr>
<th>Conflict Management</th>
<th>How do you manage conflict? Personal strategy for managing conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Is learned in childhood</td>
</tr>
<tr>
<td></td>
<td>• Functions automatically</td>
</tr>
<tr>
<td></td>
<td>• Defaults to doing what comes naturally</td>
</tr>
</tbody>
</table>

1. **Log on** to your computers and **access** the website below. This website is from the University of Minnesota’s Department of Family Social Science. [http://www.cehd.umn.edu/fsos/projects/ruralmnlife/conflict.asp](http://www.cehd.umn.edu/fsos/projects/ruralmnlife/conflict.asp)

2. **Click** on the website’s and **take** the 15 question Conflict Management Style Assessment. Please **write down** your results in the table provided on the next page.
Say: Together we will listen to Professor Sharon M. Danes from the University explain your results.

Play video (click on the black box within the slide): Interpreting Your Conflict Management Style

Discuss the Conflict Management Style Assessment questions in the Participant Manual.

Read the scenario sentence in the Participant Manual.

Say: Turn and discuss with a partner.

Ask: Who would like to share how his/her conflict management would help calm down this angry parent or escalate the conflict? Who was surprised by his/her test results? Why?

Say: Please power down your laptops and put them aside.

Ask: What efforts might you have to make in order to adjust your default Conflict Management style in order to engage clients?
Verbal De-Escalation (continued)

Conflict Management Style Results

<table>
<thead>
<tr>
<th>Competing</th>
<th>Collaborating</th>
<th>Accommodating</th>
<th>Avoiding</th>
<th>Assertive</th>
<th>Passive</th>
</tr>
</thead>
<tbody>
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</table>

What did you learn about your default management style based on the given scenarios?

How accurate do you think your results from this assessment are?

**Pair Discussion**

Imagine an angry parent begins to verbally assault you during a home visit.

How would your default management style help or hinder this tense situation?

**Reflection**
Say: Many professions use verbal de-escalation: education, law enforcement, hospitals and medical profession, social work, and many other professions.

Slide# 26
Say: Verbal de-escalation is a proven strategy that can be used to keep a tense situation from turning physically violent. However, always trust your instincts about a situation. If you feel unsafe about a situation, LEAVE.

Slide# 27
Say: Recall the excerpt of Indiana Code 35-41-3-2 (from the introduction activity)

Ask: What does it say and what does it not say?

Ask: What self-defense methods are approved by the Code?

Trainer Note:
Potential talking points are provided in gray in the Participant side of the Trainer Manual. Notes will be removed from the Participant Manual.

HR Policy 3-1
Refer participants to Policy Tool HR-3-1 in their Participant Manual

Review Section G: When Interacting with an Irate Client
Verbal De-Escalation (continued)

**Definition of Verbal De-Escalation**

Verbal De-Escalation is an intervention for use with people who are at risk for aggression. It is basically using calm language, along with other communication techniques, to diffuse, re-direct, or de-escalate a conflict situation.

Mary M. Kerr & C.M. Nelson: *Strategies for Addressing Behavior Problems in the Classroom*, 2010

**Recall** Indiana Code 35-41-3-2 from the introduction activity.

What does it say and what does it not say?
- Use a reasonable amount of force if you PERCEIVE you are in danger
- Reasonable force is subjective

What self-defense methods are approved by the Code?
- None specifically
- May only use deadly force to protect from immediate serious bodily injury

**Policy HR 3-1**

Refer to Policy Tool HR 3-1 in the Participant Resources section of your manual.

Section G provides guidance regarding interactions with clients.

Review the Policy Tool now, and we will discuss many of these points in further detail.
Participants should work in the PODS they are seated in.

Ask: Which aspect has the most influence over communication? Ask participants to determine what percentage each aspect has in communication. Optional: Ask tables to give a consensus answer. Chart totals. Alternatively, allow individual guessing / chart answers.

Click to advance the graph to appear. Discuss how close the participants’ percentages were to the graph. Explain that among communication evidence, there may be a slight variation between actual numbers – not a set in stone statistic.

Allow participants to discuss what this person might be thinking.

Click to advance the caption: “What is her body language saying?” [Validate responses.]

Ask participants to take a few minutes to read through slide. Ask for volunteers to match the body language examples from the left column to the corresponding message in the right column.

Answers: [note – a few could be used for more than one gesture.]

1. Shoulder shrugging- F. Uncaring or unknowing
2. Jaw set with clenched teeth- E. Not open-minded or listening (or D)
3. Finger pointing- B. Accusing or threatening
4. A fake smile- A. Mocking or uncarng
5. Excessive gesturing, pacing, fidgeting, or weight shifting- C. Anxiety
6. Touching, even when culturally appropriate- D. Hostility or threatening

Look Non-Threatening
Review slide info
Verbal De-Escalation (continued)

<table>
<thead>
<tr>
<th>Three Aspects of Communication</th>
<th>What has the most influence on communication?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• <strong>Body language</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Tone</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Word choice</strong></td>
</tr>
</tbody>
</table>

Body Language can escalate tension.

Match the body language to its message

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shoulder shrugging</td>
</tr>
<tr>
<td>2</td>
<td>Jaw set with clenched teeth</td>
</tr>
<tr>
<td>3</td>
<td>Finger pointing</td>
</tr>
<tr>
<td>4</td>
<td>A fake smile</td>
</tr>
<tr>
<td>5</td>
<td>Excessive gesturing, pacing, fidgeting, or weight shifting</td>
</tr>
<tr>
<td>6</td>
<td>Touching, even when culturally appropriate</td>
</tr>
</tbody>
</table>

A. Mocking or uncaring
B. Accusing or threatening
C. Anxiety
D. Hostility or threatening
E. Not open- minded or listening
F. Uncaring or unknowing

Try to look as Non-Threatening as possible

Avoid:

• **Turning your back**
• **Quick actions**
• **Aggressive postures**

Sources: Massachusetts Chapter-National Association of Social Workers / Texas Dept. of Health-Bureau of Emergency Management
Ask: Which position is less aggressive?

Say: Position yourself for safety:
- Never turn your back for any reason
- Maintain a distance of at least two arms' length between yourself and the agitated party. This will allow you reaction time from attacks such as grabs, strikes, and lunges.
- If possible, casually position yourself behind a barrier such as a sofa, desk, large chair, counter, table, or other large object.
- Position yourself closer to the room entrance than the escalated client if indoors.
- Angle your body about 45 degrees in relation to the individual. This stance not only reduces your target size in the event of an attack, but also prepares you to escape when necessary.

Trainer Note:
Complete ONE of these activities during the Personal Space section on the following page:

Trainer gets permission to use ONE participant in this demonstration before it begins (during break or lunch)
Trainer will get increasingly close to the participant and continue talking, until the participant is clearly uncomfortable with the spatial boundaries.

Co-Trainer will get increasingly close to the trainer until it is obviously uncomfortable for the trainer(s) or participants.

Discuss: How the participant or trainer felt when their space was infringed upon; was anyone uncomfortable watching this happen?
## Verbal De-Escalation (continued)

<table>
<thead>
<tr>
<th>Body Language</th>
<th>Compare how the individuals are positioned in reference to each other in the two pictures. Explain which position is less aggressive.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Yourself for Safety</strong></td>
<td>Make some notes here about how you might position yourself when talking to a client in order to keep yourself safe:</td>
</tr>
</tbody>
</table>
Discuss Four Personal Spaces

Ask participants if they noticed you getting too close to the participant/co-trainer.
- Did that make any observers uncomfortable?
- How did they expect the other person to react/not any observations

Click on the CBS video hyperlink on the PowerPoint slide. This will allow the YouTube video to open - CBS Investigates: "Honoring our Personal Space: How close is too close?" Taryn Winter Brill reports an undercover investigation of personal space. This video is approximately 3:33 long.

Say: This CBS video report shows people's reactions under normal circumstances when the participants were not stressed or in a crisis moment. Imagine how participants' reactions would change under stress.

Talking Points:
- Learn as much as possible about a person's mental health history before meeting them (report source may be able to provide information).
- Persons with mental illness often develop and altered sense of personal space. They require more space than usual to feel comfortable and feel intensely threatened when other people close in on them with no warning.
- Invasion or encroachment of personal space tends to heighten or escalate anxiety.
- Personal space in most US cultures is about 3 feet.
- Do not touch a hostile person – they might interpret that as an aggressive action.
- Announce intention: "I need some space, so I am going to back up."

How might you feel when another person (client, family, etc) has different spatial boundaries than you do? How will you address your own spatial boundaries?
Personal Spaces

Four Personal Spaces

**Intimate space** - interacting with friends, significant people / hand-shaking, whispering, etc. -- touch to 1.5 feet

**Casual space** - interacting with close friends—1.5 feet to 4 feet

**Social space** - interacting with acquaintances—4 feet to 12 feet

**Public space** - interacting with anonymous people—further than 12 feet

From *Hidden Dimension*, 1966 by American anthropologist Edward Hall

Personal Space Considerations

Here are some additional things to think about:

- Needs of those with mental illness
- Increased anxiety with loss of personal space
- 2-3 Foot Rule is custom in the United States
- Do not touch a hostile person, even in kindness
- Announce your intentions “I need some space, I’m going to back up.”

Reflection
Allow participants to read through the slide information. If possible, give a personal example of when a speaker’s tone made a conflict worse.

Ask volunteers to read the line “You made it here on time!” with one of the four verbal tones described on the slide.

Review the four aspects of speech in the Participant Manual.
Discuss how participants may have noticed these aspects in their own daily conversations.

Give an example of how to help clients talk out angry feelings rather than to act on them.
For example, affirm what the client is saying:
“Okay, let me make sure I am hearing you correctly, You’ve told me that people are bothering you and that your case manager is not helping you. That your meds are hurting you because they make you feel sick. Is there anything else?”

Verbal De-Escalation (continued)

**Tone**

Tone expresses the speaker’s feelings or attitudes. Listeners interpret the speaker’s message through tone.

Try it! Say the following sentence with different tones.

1. in a suspicious tone
2. in a happy tone
3. in a patronizing tone
4. in an irritable tone

How You Use Your Words

Be mindful of not only WHAT you say, but HOW you say it:

**TONE**
- **Stern** - Confidence, possibly aggression
- **Timid/Wavering** - Fear or lack of self-assurance
- **Lowered** - Uncertainty
- **Raised** - anger, agitation

**VOLUME**
- **Loud, Overpowering** - authority, unwillingness to hear others
- **Soft, Assuming** - docility, possibly fear

**RATE OF SPEECH**
- **Slow, rhythmic** - soothing
- **Controlled** - calm and firm to promote confidence

**POLITENESS**
- Be **respectful**
- **Please and Thank You**
- **Mr. or Ms.** Indicates respect
Verbal De-Escalation (continued) - Trainer Guide

3:10 PM  

Verbal De-Escalation Tips  
Slide # 41  
Click for each bullet  
Participant Page 22

3:15 PM  

Slide# 42  
Review the first and only De-Escalation objective

De-Escalation Objective  
Slide# 42  
Explain 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 consumer a sense that he or she is in control.
- Why? Because he or she is in a crisis, which causes the person to feel out of control. A person in crisis is typically not logical. The person’s normal coping measures are not working at this time.


Trainer Manual - Worker Safety
Verbal De-Escalation (continued)

How to Verbally De-Escalate

• Do not be defensive even if comments, curses, or insults are directed at you. They are not about you.

• Be honest. Dishonesty to avoid conflict may lead to future escalation if the dishonesty if discovered. If possible, wait to convey further upsetting news.

• Explain limits and rules in an authoritative, firm, but respectful tone. Give choices, where possible, in which both alternatives are safe ones. Example: “Would you like to continue our meeting calmly, or would you prefer to stop now and continue tomorrow?”

• Be respectful when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. Utilize the core conditions at all times.

• Empathize with feelings but not with behavior. Example: “I appreciate that you are angry about the situation, but it is not okay for you to threaten me.”

• Suggest alternative behaviors where appropriate. Example: “Would you like to take a break and have a cup of coffee or some water?”

Which of these techniques have you used?

The first and only De-Escalation objective

Reduce the level of anxiety to encourage the possibility for discussion.
Say: As we talk about each of these techniques, use the space in your manual to note ideas that you think will work well for you.

Explain

There are three specific things you can do to demonstrate to your client that you are listening to what they are saying:

1. Use Minimal Encouragers
2. Reflection Statements and Questions
3. Ask Open-Ended Questions

Review minimal encouragers.  Ask for examples.

Review Reflecting questions.  Ask for examples.

Review Open Ended questions.  Ask for examples.

- ‘Tell me about how you usually discipline your children’
- “Tell me about how people in your family react to stressful situations’
- ‘What do you think a good solution to this situation might be?’

Ask: Can you think of a time when someone supported you by asking these types of questions?

Always trust your instincts.  If de-escalation is not working, STOP!  If situation feels unsafe, LEAVE / CALL FOR HELP!

Trainer Note:
If LEA is not assisting and you fear you are in danger, CALL 911.
Verbal De-Escalation

Are You Listening?

There are some techniques you can use to actively show your client you are listening.

Follow along with the Trainer to fill in information regarding each technique.

MINIMAL ENCOURAGERS

REFLECTING QUESTIONS

OPEN-ENDED QUESTIONS

Reflection

Always trust your instincts.

If de-escalation is not working, **STOP!**
If situation feels unsafe, **LEAVE / CALL FOR HELP!**
Ask for a volunteer who is comfortable with their Verbal De-Escalation skills.

Tell the volunteer that they are going to act as the FCM, and you are going to act as the client.

Explain to the class that you will be an agitated client, and it is the role of the FCM to help you calm down so the FCM can complete their assessment.

Instruct the volunteer to knock on the classroom door. When you open the door, the scenario begins.

**TRAINER NOTE:**
Be mindful of your environment, such as meetings in nearby rooms.
Maintain professionalism
Don’t yell or make extremely loud noises!

**Sample expressions from you (as the client):**
Who called you? I bet it was my mother –in-law!
You WILL NOT take my kids!
Who do you think you are?

**Sample body language:**
Pacing
Waving your arms
Violate Personal Space

Allow the activity to continue for several minutes. Find a good ‘stopping point’ and end the activity.

Discuss what the FCM did well, and what they could improve on.

Repeat the activity if time allows.
Change your behavior as the client each time.
Verbal De-Escalation (continued)

Take it to Work: Role Play Activity

In this activity, participants in the class will take turns volunteering to act as FCMs.

‘FCMs’ will knock on the door of the ‘client’s’ home (the trainer will act as the client).

- Introduce Yourself
- Say that you are with DCS
- Say that you want to talk about an allegation our department received
- Remain Calm!
- Work to engage the client. Your goal is to engage in a calm, productive conversation with your client.

Activity Note Space

What did the FCM(s) do well?

Is there anything they could have improved upon?

Did you notice anything that actually increased the client’s anxiety?
Even though participants have discussed numerous safety skills and techniques, identified potentially dangerous situations, and created a personal safety plan, no Family Case Manager can be assured of their safety in each and every interaction with children and families.

**Purpose:** The purpose of this case review is to educate workers on times when things did go wrong and how Family Case Managers can learn from this experience to better prepare themselves for working safely. Completion of this activity partially satisfies **Course Competency One.**

Tell participants on October 16, 2001, a Family Case Manager from Franklin County (Columbus), Ohio was stabbed to death in the home of a client. Nancy Fitzgivens was an accomplished worker with experience in both life and child welfare. She had raised two sons, was married, and was pursuing her Master’s Degree in Social Work.

Direct participants to the case review in their participant manual. Provide participants 10 minutes to read the case review. Review the case with participants.

**Talking Points:**
- This case involved substance abuse, mental illness, and domestic violence.
- While violence towards Family Case Managers is not common, this case proves it is possible to get hurt on the job.
- This case stresses the importance of never having a false sense of security with the families you manage.
- This case highlights the need to know your cases, to read all reports from service providers, check past history, etc.
- Family Case Managers should always observe for inconsistent patterns of behaviors (i.e. requesting a home visit for the first time in three years).
- Family Case Managers should discuss red flag behaviors with their supervisor and the Child and Family Team.
Case Review

General Information:

- Franklin County is the 3rd largest metro in Ohio.
- Nancy, age 43, was enrolled in the Master’s program for Social Work at Ohio State University.
- Nancy was stabbed to death in a home on October 16, 2001. To date, Greg Pack has not said why he killed Nancy or what happened in his house that day.
- A home visit was requested by the family. This was the first time in over three years the family had asked for a visit at their home.
- Nancy had been the Family Case Manager for the previous 18 months.
- The children were originally removed for neglect, mental health issues of the parents, and physical abuse allegations involving excessive discipline.

Client History:

- Bi-Polar II Disorder with psychotic features
- Poor to non-medication compliance
- Six in-patient psychiatric admissions over ten years for violent behaviors (stays ranged from two weeks to six months)
- Last psychiatric evaluation stated “extremely poor recovery prognosis” and “should be considered a ticking time bomb”
- Evidence of paranoid behaviors
Case Review

Please see the previous trainer page for talking points about this case review.
Case Review

Client History, continued:
- Seven incidences of domestic violence with common law wife of 20 years
- Serious drug and alcohol problems (marijuana and cocaine)
- Failed to make mental health counseling appointments for months prior to the incident

Additional Case Details:
- There was a pending permanent custody trial one week from the date of the murder.
- Greg allegedly sent his wife out to get him cigarettes before the murder so she was not at home during the crime. She has the receipt for the purchase and went where she could be videotaped in the store. Police believe she knew this was going to happen, but to date she has not been charged.
- Nancy left behind two adult children in their 20's and a husband.
- Greg was sentenced to 25 years to life for Nancy's murder.
- Greg left the scene after putting on a clean shirt and drove himself to a mental health agency. Once there, he reported he wanted to get back on his medication. It appears he knew what he was doing and was setting up an insanity defense.

Lessons:
- Consistent review of case files are necessary
- Consistent Child and Family Team Meetings and case staffing are necessary
Explain

We will now review two Worker Safety incidents that occurred in Indiana, involving DCS Caseworkers. You will read newspaper articles from each situation, then answer the questions in your Participant Manual. We will discuss each situation together. It is unethical to attempt to locate specific or additional information regarding any case in MaGIK that is not assigned to you.

Refer participants to the article “19 Year Old Accused of Attempting to Rape His DCS Caseworker” on page 9 of Participant Resources.

Provide participants time to read the article in the Participant Resources. Review questions in the Participant Manual and discuss answers together.

Potential Answers are provided in gray in the Participant side of the Trainer Manual. Answers are removed from the Participant Manual.

Refer participants to the news article regarding an Indiana man assaulting a DCS caseworker on page 10 of Participant Resources.

Provide participants time to read the article.

Review questions in the Participant Manual and discuss answers together.

Potential Answers are provided in gray in the Participant side of the Trainer Manual. Answers are removed from the Participant Manual.

Ask participants what their personal Worker Safety concerns are and discuss
Case Review (continued)

1. What did the FCM do well in order to protect herself?

She knew where the exits were and was able to get out of the home. She knew where to find help quickly.

2. What might she have done differently to further ensure her own safety?

If she had a phone, she would not have to get a neighbor. Did she park in a manner that allowed for easy escape? (We don’t know all of the details-allow participants to discuss potential risks and safety measures)

3. How can you prepare yourself to avoid a similar situation?

Always make sure your Supervisor knows where you are. Take your phone with you. Know where your keys are. Know how to exit the home, and how to exit the area in your vehicle.

DCS Worker Assaulted

1. What did the FCM do well in order to protect herself?

She contacted Law Enforcement; she protected the baby

2. What might the FCM have done differently to further ensure her own safety?

She could have asked LEA to accompany her to the home. She could have backed away from the father when he threatened her and the baby. She could have left the baby in the home until LEA arrived to assist.

3. How can you prepare yourself to avoid a similar situation?

Ask for LEA assistance with substance abuse allegations.
# Vehicle Safety - Trainer Guide

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td><strong>Welcome</strong> participants to the second day of Worker Safety.</td>
</tr>
<tr>
<td></td>
<td><strong>Ask</strong> if there are any unanswered questions regarding yesterday’s</td>
</tr>
<tr>
<td></td>
<td>topics.</td>
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<tr>
<td></td>
<td><strong>Distracted Driving</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Explain</strong> that busy FCMs are easily distracted in vehicles.</td>
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<tr>
<td></td>
<td><strong>Encourage</strong> participants to seriously consider their distractions and</td>
</tr>
<tr>
<td></td>
<td>think about ways to keep themselves and other more safe on the road.</td>
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<tr>
<td></td>
<td><strong>Play</strong> the ‘Distracted Driving’ video (Click on the black box within the slide)</td>
</tr>
<tr>
<td></td>
<td><strong>Discuss</strong> how these seemingly simple tasks distracted the driver and</td>
</tr>
<tr>
<td></td>
<td>caused accidents.</td>
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<tr>
<td></td>
<td><strong>Discuss</strong> other potential distractions that participants are aware of,</td>
</tr>
<tr>
<td></td>
<td>and potential plans for vehicle safety.</td>
</tr>
<tr>
<td></td>
<td><strong>Refer</strong> Participants to HR Policy 3-1 (Section B) in the Participant</td>
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<tr>
<td></td>
<td>Resources Section of their manual. This section outlines expectations of</td>
</tr>
<tr>
<td></td>
<td>employee travel safety.</td>
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<tr>
<td></td>
<td><strong>Reflection Question</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ask</strong>: What specific driving habits do you need to change in order to</td>
</tr>
<tr>
<td></td>
<td>keep yourself and others safer on the road?</td>
</tr>
<tr>
<td></td>
<td><strong>Approaching and Exiting a Home</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Review</strong> safety procedures in the Participant Manual</td>
</tr>
<tr>
<td></td>
<td><strong>Explain</strong> that backing your vehicle out of a driveway puts you at risk.</td>
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<tr>
<td></td>
<td>You are unable to leave quickly, you lose sight of objects in front of</td>
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<tr>
<td></td>
<td>you when you are backing up, and you can easily be blocked in by the</td>
</tr>
<tr>
<td></td>
<td>resident(s).</td>
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<tr>
<td></td>
<td><strong>Encourage</strong> participants to talk to their Field Mentors or Supervisors</td>
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<tr>
<td></td>
<td>about local practice regarding safety measures. Some offices have a sign</td>
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<tr>
<td></td>
<td>in/out sheet to be completed when an employee leaves. Some offices</td>
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<tr>
<td></td>
<td>require updated Outlook Calendars each time an employee leaves, and some</td>
</tr>
<tr>
<td></td>
<td>have other safety practices in place.</td>
</tr>
<tr>
<td></td>
<td><strong>Encourage</strong> participants to talk about local practice regarding Law</td>
</tr>
<tr>
<td></td>
<td>Enforcement assistance to homes.</td>
</tr>
<tr>
<td>8:35 AM</td>
<td><strong>Refer</strong> participant to HR Policy 3-1 (Sections C,D,E, and H) for</td>
</tr>
<tr>
<td></td>
<td>information regarding parking, approaching, and exiting homes.</td>
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</tbody>
</table>
Vehicle Safety

Distracted Driving
FCMs face several distractions while driving. It is important that you focus on driving and ensuring your own safety in your vehicle. Here are some common distractions to be aware of and make an effort to avoid:

- Talking/Texting on telephone
- Reading (GPS, maps, reports, case information, etc.)
- Eating
- Tending to children in your vehicle
- Stress

It is important that you are aware of these distractions, and the risks to yourself, others in your vehicle, and other drivers. **If you must tend to distractions, find a SAFE place to pull your car over.**

Reflection

Approaching and Exiting a Home
When approaching and leaving a home, there are several things you can do to protect yourself.

- **Park** in a manner that allows you to exit quickly and easily if necessary. Park on the street, or back into driveways.
- **Look and listen** around the area for potential dangers before exiting your vehicle.
  - Animals
  - Groups of people
  - Weapons or paraphernalia in view
  - Yelling or arguing
- If something about the home or environment appears to be dangerous, leave immediately and request assistance from Law Enforcement.

When exiting a home, also be aware of potential risks.

- Try to stay in well-lighted areas
- Have your keys ready, be prepared to get in your vehicle quickly.
- Know the quickest route-be familiar with dead-end streets.
To help keep Family Case Managers safe when conducting field visits, they should keep a safety kit in the trunk of their car. This safety kit will especially be useful when removing children from homes containing active methamphetamine labs.

**Purpose:** The purpose of this training section is to discuss items Family Case Managers should keep in their vehicle to remain safe during field visits. Completion of this activity partially satisfies **Course Competency One**.

**Talking Points:**

- Disposable blankets can be used to transport a child who has been exposed to methamphetamine or may be used to cover a child who does not have a coat or proper clothing.
- Latex gloves will protect you when you are in a situation involving universal precautions.
- Instant hand sanitizer will keep your hands and the hands of those you come into contact with free of germs.
- Water will help you wash chemicals from a child’s face and hands prior to transporting the child from a home with an active methamphetamine lab.
- Soap and washcloths can be used to wash a child’s hands and face.
- An extra sweatshirt can be used to cover a child who does not have a coat or proper clothing.
- Lice spray can prevent lice from infecting your clothing, hair, or the fabric in your car.
- An extra pair of shoes will come in use if you are entering an unsanitary home.
- An extra pair of clothes will be useful if you are exposed to methamphetamine byproducts, you sit on something while on a home visit, a child gets sick on your clothing, etc.

**Guide** participants in a discussion regarding additional items that might go in a Safety Kit.
## Safety Kit

The following items should be kept in your car in case of an emergency:

- Disposable blanket
- Latex gloves
- Instant hand sanitizer
- Bottle of water
- Soap and a wash cloth
- Extra sweatshirt
- Lice spray
- Extra pair of shoes in a sack
- A change of clothes for yourself

## Additional Items

What additional items might go well in a Safety Kit?
When working in the field, Family Case Managers might be exposed to certain situations that require Universal Precautions. These blood borne pathogens can pose serious and even deadly risks to Family Case Managers.

**Purpose:** The purpose of this training activity is to educate participants about Universal Precautions and prevention strategies when working with Universal Precautions. Completion of this activity satisfies **Course Competency Six.**

Direct participants to the Universal Precautions handout in their participant manual. Review the handout with participants.

**Additional Talking Points:**
- Educating staff about Universal Precautions is required by law under the Occupational Safety and Health Act.
- The goal of education is to prevent work-related injuries, illnesses, and death by issuing and enforcing rules for workplace safety and health.
- It is necessary to have written guidelines about Universal Precautions for the following reasons:
  1. Employers are responsible for providing a safe and healthy workplace for their employees.
  2. Employees have the right to know what environmental dangers they are exposed to in their work.
  3. Employers must do all that is possible to prevent the spread and transmission of disease.
- The basic premise of Universal Precautions is every person is treated as if they are infected. It is always best to not take chances.

**Definition:**
- **Sputum** - the matter that is expelled from the respiratory tract, such as mucus or phlegm, mixed with saliva, which can then be spat from the mouth.

Review these points:
- Close-toed shoes protect your feet from sharp objects and fluids on the ground
- Cover your hands with bandages and gloves as necessary
Save for Universal Precautions Handout

Universal Precautions

INSERT UNIVERSAL PRECAUTIONS PDF
Explain that as an FCM, you will enter homes and work closely with individuals who are active or prior drug users. Because these individuals often have a weakened immune system and/or share injection needles, they are at an increased risk for blood-borne diseases such as hepatitis, tuberculosis, and HIV/AIDS.

Explain that active methamphetamine labs and products are extremely dangerous. Chemicals contained in meth labs are easily explosive. The fumes created in a meth lab are toxic and may cause harm to those in the environment.


Show the methamphetamine news clip.

Ask participants to look for the common products listed in the manual and mark them as they appear in the video.

Discuss how an untrained eye may not notice these items as harmful.

Explain that a detailed Experienced Worker Methamphetamine Training, provided by the Indiana State Police, is offered for Family Case Managers after Cohort graduation.
Substance Abuse

Substance Abuse

When working with clients who are actively using illegal substances, or have a history of substance abuse, an FCM should be aware of the Universal Precaution procedures.

Clients with a history of substance abuse have an increased risk for blood-borne diseases, and it is important to protect yourself from the spread of disease.

BE AWARE of open sores, bodily fluids, and sharp objects
- Wear close-toed shoes
- Keep a supply of bandages to cover your cuts/scrapes
- Keep a supply of disposable gloves

Meth Labs

Homemade or ‘One Pot’ methamphetamine labs can look so ordinary that the untrained eye may not notice anything alarming. Meth labs are extremely dangerous due to chemical toxins and risk of explosion. Here are a list of things that might indicate a meth lab:

**What you might see:**
- Large quantities of cold medicine such as Pseudoephedrine, or empty packaging
- Unusual quantities of kitchen glassware, mason jars, etc.
- Plastic soda bottles, either empty or partially full of a powdery substance
- Rubber tubing and/or funnels
- Dust masks and filters
- Rubber gloves
- Large plastic storage containers or tubs

**What you might smell:**
- Paint thinner or varnish
- Ether or “hospital smell”
- Sour vinegar-like smell
- Ammonia (commonly described as cat urine smell)

If you think you may be in an environment where methamphetamine is being produced, LEAVE IMMEDIATELY! Call law enforcement and contact your supervisor immediately.

Watch the video clip of a news story and mark the items you notice as potential meth production products.
Tell participants one of the greatest dangers facing Family Case Managers is the rise in the number of methamphetamine cases in Indiana.

**Purpose:** The purpose of this training section is to inform participants of the policies and procedures regarding drug endangered children. Completion of this activity partially satisfies **Course Competency Six**.

Inform participants that the following activity is an overview of the Indiana Drug Endangered Children (DEC) Comprehensive Care Protocol and the Indiana Drug Endangered Children (DEC) Response Protocol.

**Trainer Note:**
Below are the answers to the Fill-in questions in the Participant Manual. If participants are not able to find the answers while reviewing the documents, lead them to the correct section for each question. Review the answers with the group.

**DEC Comprehensive Care Protocol**

**Key Points (Answers):**
- 2 Hours; Section A
- 24 Hours; Section A
- 30 Days; Section D
- 12 Months; Section E

**DEC Response Protocol**

**Key Points:**
- OSHA-Certified; Section A
- Removed from the home; Section A
- Exit Immediately; Section B
- Urine Sample; Section F
Drug Endangered Children Protocol

The Indiana Drug Endangered Children (DEC) Comprehensive Care Protocol and the Indiana Drug Endangered Children (DEC) Response Protocol are available in the Participant Resources Section of your manual. Use those document to fill in the missing information for each of the key points. Identify the section of the document in which you found the information.

DEC Comprehensive Care Protocol

Key Points:
- An initial medical assessment should occur within ___ hours of discovering a child in a methamphetamine lab. Section____
- A complete medical examination should occur within ____ hours of discovering a child in a methamphetamine home (with no symptoms of a problem). Section____
- A follow-up examination should occur within ____ days of the child’s full medical examination. Section____
- A long-term follow-up examination should occur within ___ months of the child’s full medical examination. Section____

Family Case Managers should utilize law enforcement photographs and police reports as corroborative evidence.
Tell participants they will now have an opportunity to practice using the Four A’s of Safety.

Refer participants to the Lou and Sharon Green 310 Report on page 5 of Participant Resources.

Break participants into their small groups (based on regions).

Provide participants 10 minutes to complete the activity.

Ask participants to share how they would prepare for their safety.

Discuss participant responses.

Possible Talking Points (review each on slide-REMOVE from TM):

- Prior to initiating the home visit, Family Case Managers should: 
  See talking points on slide and in gray on the Participant side of the manual

- When parking and exiting their vehicle, Family Case Managers should: 
  See talking points on slide and in gray on the Participant side of the manual

- When approaching the home, Family Case Managers should: 
  See talking points on slide and in gray on the Participant side of the manual

- When entering a home, Family Case Managers should: 
  See talking points on slide and in gray on the Participant side of the manual

- When in the home, Family Case Managers should: 
  See talking points on slide and in gray on the Participant side of the manual

- When leaving the home, Family Case Managers should: 
  See talking points on slide and in gray on the Participant side of the manual

Trainer Note: This is not an exhaustive list, but provides many helpful tips for new Family Case Managers. More tips may be found throughout the curriculum.
Worker Safety Activity

The Indiana Department of Child Services received a report alleging domestic violence between Lou and Sharon Green. The Allegation Narrative stated Lou struck Sharon in the face in front of their two children (ages 5 and 10). You have been assigned to assess these allegations. Review the 310 report as it is handed to you by the trainer. Using the prompts below, how would you prepare for your safety considering yourself, the environment, your clients, and policy?

What would you do prior to initiating the home visit?
1. Assess the intake
2. Review any prior MaGIK history
3. Determine if assistance from law enforcement is needed
4. Notify office staff when leaving and provide an address and estimated time of return
5. Familiarize themselves with the area they are travelling

How would you park and exit your vehicle?
1. Park in the direction they wish to leave
2. Park in the street rather than the driveway (if possible)
3. Canvas the neighborhood
4. Take only items necessary to complete the home visit
5. Keep vehicle doors locked

How would you approach the home?
1. Visually inspect the outside of the home and surrounding area
2. Look/listen for signs of disturbance inside the home
3. Take note of any smells associated with substance abuse, etc

What would you do when entering the home?
1. Enter a door within plain sight of the street
2. Wait for a person to answer the door, do not enter unless someone physically greets you
3. Do not enter the residence if no adult is present
4. Complete an initial environmental scan for exits, barriers, weapons, etc

What would you do once inside the home?
1. Stay close to an exit (Family Case Managers should always be between the client and the exit)
2. Remain alert and observant
3. Keep your phone with you
4. Know everyone who is in the residence at all times
5. Leave immediately if there is a perceived safety risk

What would you do when leaving the home?
1. Have their car keys out and ready upon approaching their vehicle
2. Observe the back seat before entering their vehicle
3. Observe for people or activity taking place in relative proximity to the residence
4. Thank people for their time
Subscribe participants to the Director’s Note on Safety on page 11 in the Participant Resources Section.

Advise participants to read this note from our Director at their leisure.

Say:
This concludes the Worker Safety training. This training is not intended to 'scare' you as a new FCM, but rather to properly prepare you to keep yourself safe while working with families.

Review Course Competencies in the Participant Manual and slide Answer any remaining questions regarding material covered throughout the 2 day training.

Encourage participants to have ongoing conversations with peers, Field Mentors, and Supervisors in their local offices. Participants should know the safety procedures and expectations regarding check in/out of the office, and involvement of Law Enforcement during Assessments and family visits.

Instruct participants to complete the course evaluations.

Thank participants for their active participation in class.

Internal Affairs and Ethics Discussion

Lunch

Participants will be attending the Job Skills Building-DCS Hotline training module

11:00 AM

12:00 PM

1:15 PM

4:30 PM
Course Review and Evaluation

At the conclusion of this training, participants will be able to:

1. Recognize situations that are unsafe and employ techniques to ensure personal safety.

2. Explain the role of law enforcement and identify situations when they would accompany workers on field visits.

3. Utilize Worker Safety skills to prevent dangerous situations in the field.

4. Recognize the Stages of Escalation and apply calming techniques such as Verbal De-Escalation.

5. Demonstrate when and how to use universal precautions.

6. Recognize materials and environmental hazards common in production of methamphetamines.

PLEASE COMPLETE THE TRAINING EVALUATION
References


North Carolina Department of Justice Signs of a Meth Lab http://www.ncdoj.gov/Top-Issues/Fighting-Crime/Stop-Meth/Meth-Labs