Child Welfare Education and Training Partnership

Experienced Worker

Worker Safety

Indiana Department of Child Services

Trainer Manual
Special Appreciation:
We would like to thank all of the staff at the Indiana Department of Child Services for their contributions to this document.

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

M.B. Lippold, Indiana Department of Child Services
Pat Howes, IUPUI – School of Social Work
Cassandra Porter, Indiana Department of Child Services
Jackie Votapek, IUPUI—School of Social Work
LaTrece Thompson, Indiana Department of Child Services
Jane Bisbee, Indiana Department of Child Services
Jeff Bedree, Indiana Department of Child Services
Deborah Berkey, Indiana Department of Child Services
Rebecca Eckles, Indiana Department of Child Services
Tom Egler, Indiana State Police
Angela Jordan, Indiana Department of Child Services
Alice Hoenigman, IUPUI – School of Social Work
Autumn McNichols, Indiana University School of Medicine
Matthew Moore, IUPUI – School of Social Work
Michelle Murdock, Indiana Department of Child Services

Modified by and additional content designed and developed by:
Julia Sanders, *Curriculum and Assessment Specialist, Indiana Child Welfare Education and Training Partnership*

Additional content designed and developed by:
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## Course Logistics – Trainer Guide

<table>
<thead>
<tr>
<th>Room Setup</th>
<th><strong>Arrange</strong> the tables into small groups (four to six participants per group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>Laptop Computer</td>
</tr>
<tr>
<td></td>
<td>LCD Projector</td>
</tr>
<tr>
<td></td>
<td>Computer Speakers</td>
</tr>
<tr>
<td>Handouts, Materials, Media</td>
<td><strong>Handouts:</strong> EW: Worker Safety Participant Manuals</td>
</tr>
<tr>
<td></td>
<td><strong>Materials:</strong> Chart Paper</td>
</tr>
<tr>
<td></td>
<td>Markers</td>
</tr>
<tr>
<td></td>
<td><strong>Media:</strong> EW: Worker Safety PowerPoint EW: Worker Safety DVD</td>
</tr>
<tr>
<td></td>
<td><strong>Optional Activity:</strong> Car Seat Quiz</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Trainer Page</th>
<th>Participant Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am / 1:00pm</td>
<td>Welcome &amp; Overview</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>9:15am / 1:15pm</td>
<td>Worker Safety Statistics &amp; Complacency</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>9:45am / 1:45pm</td>
<td>The Four A’s of Safety</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>10:15am / 2:15pm</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30am / 2:30pm</td>
<td>Preparation as Prevention</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>10:45am / 2:45pm</td>
<td>Stages of Escalation &amp; Verbal De-escalation</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>11:30am / 3:30pm</td>
<td>Universal Precautions</td>
<td>48</td>
<td>22</td>
</tr>
<tr>
<td>11:40am / 3:40pm</td>
<td>Resources</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>11:45am / 3:45pm</td>
<td>Wrap-up &amp; Evaluations</td>
<td>52</td>
<td>23</td>
</tr>
</tbody>
</table>
## Table of Contents

<table>
<thead>
<tr>
<th>Activity</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>Welcome &amp; Overview</td>
<td>4</td>
</tr>
<tr>
<td>Worker Safety Statistics &amp; Complacency</td>
<td>5</td>
</tr>
<tr>
<td>The Four A’s of Safety</td>
<td>8</td>
</tr>
<tr>
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</tr>
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<tr>
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<tr>
<td>Resources</td>
<td>25</td>
</tr>
<tr>
<td>Wrap-up &amp; Evaluations</td>
<td>23</td>
</tr>
</tbody>
</table>
Welcome & Overview – Trainer Guide

9:00am / 1:00pm
15 minutes

Participant Page 4

Show the PowerPoint slide – *Experienced Worker: Worker Safety*.

**Introduce** yourself to participants. **Share** with the group your professional background and why you are excited about this training.

**Express** your appreciation for their participation, and **acknowledge** their past experiences.

**Remind** participants if something arises during the training to share it with you so the Partnership can offer proper support.

**Ask participants** to introduce themselves and say what they are hoping to get out of this training.

---

**Course Description**

Direct participants to the course description in their participant manual. **Allow** participants a moment to read the course description.

**Explain** -

- This course was developed at the request of the Local Office Directors and Regional Managers as a refresher to worker safety issues that can sometimes be forgotten.

- This course will remind workers to recognize unsafe situations and develop practical and useful methods for safety intervention.

---

**Course Objectives**

Show the PowerPoint slide – *Course Objectives*.

Direct participants to the course objectives in their participant manual. **Allow** participants a moment to read the course objectives.

**Explain** -

- These objectives will be met through group discussion, lecture, and activities.

---

**Course Agenda**

Direct participants to the Table of Contents for a list of content to be covered during this training.
Welcome and Overview

**Course Description**

Experienced Worker: Worker Safety is a half-day training that will provide experienced Family Case Managers a refresher on risk management and safety awareness. This course will remind workers to recognize unsafe situations and develop practical and useful methods for safety intervention, including verbal de-escalation. Participants will also recall universal precautions to be used in the field.

**Course Objectives**

At the end of the training participants will:

- Recognize the potential dangerous situations workers may encounter in the field or at their local office.
- Use preparation as a strategy for minimizing risk.
- Recognize signs a client’s behavior is escalating and use verbal de-escalation techniques to reduce tension.
- Review the use of universal precautions to control the spread of infection.

**Notes**

What are you hoping to get out of this training?
Show the PowerPoint slides – *Statistics, and More Statistics* while discussing the content.

**Trainer Notes –**

- In the participant manual are some statistics on worker safety issues related to social work and child welfare.
- Spend some time looking at each of the statistics and ask participants to reflect on their own experiences on the job.
- Encourage participants to share their experiences and discuss how those experiences can inform the group’s view on the importance of maintaining awareness of personal safety in all aspects of the job.
Worker Safety Statistics & Complacency

2004 NASW Study Results

In 2004 the National Association of Social Workers conducted a study that examined a number of variables related to licensed social workers and their practices. The question asked was – “Are you faced with personal safety issues in your primary employment practice?”

- 44% answered yes
- 30% of those who answered yes did not think their employers adequately addressed the safety issues.

Social Workers facing safety issues were more likely to:

- Be in the first five years of their social work practice.
- Work in private, non-profit, and state government settings.
- Describe their primary area of practice as mental health or child welfare.

2003 U.S. GAO Report

The U.S. General Accounting Office (GAO) released a report in 2003 identifying and highlighting child welfare workforce challenges. The study was based on 585 exit interviews from former child welfare service providers; interviews with child welfare practitioners and researchers; an analysis of 27 federal CFSRs; and site visits in California, Illinois, Kentucky, and Texas.

The report identified risk of violence as a factor contributing to high turnover:

- Safety was a leading concern.
- 70% of front-line child welfare workers had been victims of violence or threats in the line of duty.
- A review of the 585 exit interviews found that of those former child welfare workers:
  - 90% experienced verbal threats,
  - 30% experienced physical attacks, and
  - 13% had been threatened with weapons.

2003 Social Work Book

From Christina E. Newhill's 2003 book - Client Violence in Social Work Practice: Prevention, Intervention, and Research:

- 58% reported incidents of violence (1129 survey participants)
- 25% reported property damage,
- 50% reported threats,
- 24% reported physical attacks
Policy HR-3-8  

Participant Page 6

Explain –
- Safety is a shared responsibility at all levels of DCS.
- FCMs will be supported in leaving an unsafe situation.

Direct participants to policy HR-3-8 in their manual. Allow participants a few moments to look over the information.

Key Points:
- 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.
- No Family Case Manager is to carry a gun or other weapon while on the job (Indiana Employee Handbook).
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.
Show the PowerPoint slide – *Office Culture*.

**Ask** – What is the office culture in your local office around worker safety?

**Option Adaptation** – Turn to your neighbor and each person take a few minutes to describe your impression of the office culture in your local office around worker safety.

**Trainer Notes to Guide Discussion** –

- Identify positive aspects of local office cultures described.
- Identify some solutions or ideas participants could communicate to their supervisor regarding worker safety.
- Encourage participants from different local office locations to share ideas of what is going well to other offices.

**Key Point** –

- It is important for each individual to take personal responsibility for his/her safety – be aware, work smart, don’t become complacent.
- Communicate your concerns with a supervisor – if they don’t take you seriously, take it to the next level.
Office Culture

What is the office culture in your local office around worker safety?

What are some positive aspects in which safety is addressed in your local office?

What are some ideas for increasing safety in your local office you can share with your supervisor?
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.

Direct participants to the Four A’s of Safety handout in their participant manual.

Ask – Who remembers this chart from Cohort training?

Explain the Activity –

- To review this chart, we are going to watch a short video clip, then assess the situation in the video using the chart.

- When you are watching this clip, imagine that the worker is one of your co-workers (or a FCM on your team if you are a supervisor).

- After the video you will discuss the actions of the worker with a partner –
  - How did the worker take into consideration the Four A’s of Safety?
  - How you might debrief the situation if it had happened with a co-worker in your office?

- Allow participants a moment to look over the chart before starting the video clip.

Trainer Notes –

- Show the video clip – The Four A’s of Safety, then allow participants a few minutes to discuss the scenario with a neighbor.

- Regroup and ask a few groups to share the highlights of their discussion.
# The Four A’s of Safety

## The Four A’s of Safety Handout

<table>
<thead>
<tr>
<th></th>
<th><strong>Awareness</strong> (What information do I have?)</th>
<th><strong>Assessment</strong> (Am I in danger? Do I feel threatened?)</th>
<th><strong>Anticipation</strong> (What is most likely to happen next?)</th>
<th><strong>Action</strong> (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)
The Four A’s of Safety continued – Trainer Guide

**The Four A’s of Safety**

**Participant Page 9**

**Explain –**

- In your manual is a checklist you can use as a reminder for basic safety information.

- **Allow participants a moment** to browse the information, then continue.

- We are going to watch a short video clip reviewing some basic safety information you should keep in mind when going to a client’s home.

**Show the video clip - Rosa.**

**Ask –**

- Are you currently doing these things on every home visit you go on?

- What is one piece from this video you are going to try to take to heart and make sure you follow through with after this training?

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**10:15am / 2:15pm**

**15 minutes**

**Break**
The Four A’s of Safety continued

Safety Checklist

Prior to initiating the home visit:
- Assess the intake
- Review any prior case history, ICES history, etc.
- Determine if assistance from law enforcement is needed
- Notify office staff when leaving and provide an address and estimated time of return
- Familiarize yourself with the area you are travelling

When parking and exiting your vehicle:
- Park in the direction you wish to leave
- Park in the street rather than the driveway (if possible)
- Canvas the neighborhood
- Take only items necessary to complete the home visit
- Keep vehicle doors locked

When approaching the home:
- Visually inspect the outside of the home and surrounding area
- Look/listen for signs of disturbance inside the home
- Take note of any smells associated with substance abuse, etc.

When entering a home:
- Enter a door within plain sight of the street
- Wait for a person to answer the door, do not enter unless someone physically greets you
- Do not enter the residence if no adult is present
- Complete an initial environmental scan for exits, barriers, weapons

When in the home:
- Stay close to an exit (Family Case Managers should always be between the client and the exit)
- Remain alert and observant
- Know everyone who is in the residence at all times
- Leave immediately if there is a perceived safety risk

When leaving the home:
- Have car keys out and ready upon approaching your vehicle
- Observe the back seat before entering your vehicle
- Observe for people or activity taking place in relative proximity to the residence
- Thank people for their time
Show the PowerPoint slide – *Preparation as Prevention*.

Ask – What are some simple things you can do **before** you go to an assessment or home visit that will increase your safety?

**Explain** –

- Prevention techniques are so important – if you can avoid ever going into an unsafe situation, it is much better than trying to leave an unsafe situation.

- In your manual are some ideas for how preparation and thinking/planning ahead can help prevent unsafe situations.

- **Emphasize** the importance of reading the worker safety report in the 310 and keep up-to-date with provider progress reports that might indicate a change in behaviors that would be risky.
General Prevention Guidelines – Quick Sheet

- Check the 310 for worker safety comments before leaving for an assessment.
- Read provider progress reports and make note of any comments that might indicate a safety concern.
- Make sure someone knows where you are going, how long you will be there, and when you will return. If you plans change, call and let the agency know.
- If you can help it, do not go into questionable (unsafe) situations alone.
- Anticipate that the unexpected may happen, and formulate a tentative plan of action.
- Take safety precautions from the beginning. For example, stay near the door during a home visit, and make a note of all exits.
- Wear sensible clothing; avoid clothing that restricts your movements.
- Carry a whistle or other noisemaker.
- Trust your instincts – if you really feel uncomfortable, take action to protect yourself.
- Develop relationships with community members.
- Avoid provocative comments or behaviors. Keep your arms free.
- Do not get on elevators alone with people whose appearance makes you feel uncomfortable.
- Carry your keys separately, not in your purse.
- If you can avoid it, do not carry a purse. Lock it in your car trunk before you start your trip.
- Never give out too much information about yourself or family.
- Do not walk alone near places where someone could hide.
- Do not walk through a group of people – cross the street to pass them.
- Always lock car when leaving and keep gears engaged at stoplights in unsafe areas.
Explain –

- The Annie E. Casey Foundation put together a publication addressing safety for child welfare workers.
- In your manual are some excerpts regarding safety when traveling to and from the family’s home.

Allow participants a moment to look over the information, then continue.

Possible discussion questions –

- Are these things you are already doing?
- What are some additional strategies you are using that aren’t listed here?
- If you could share one piece of safety advice with a new worker, what would it be?
Preparation as Prevention continued

Walking:
- Dress as though we belong – be aware of what is considered appropriate.
- Staying focused – know where you are going.
- Staying close to buildings – so you have one safe side.
- Taking cell phones – to call for help
- Preventing physical attacks – meet in a safe place, leave an area if you start feeling scared
- Self-defense training – not required for the job, but something you could do on your own
- Coping with muggers – carry a separate smaller stash of money for anyone who tried to mug you

Driving:
- Being prepared – stay on the main roads as much as possible
- Having the supplies we need – full tank of gas, check your spare tire frequently, keep a flashlight, map, and jumper cables
- Checking the route – call the family ahead whenever appropriate or possible and see if there is construction
- Parking and walking to the home – drive around the block once before parking to check for potential hazards
- If the car dies or an accident occurs – pull over, put your flashers on, get back in the car and lock the door to call for help
- Leaving the family’s home – ask a family member to watch you walk from the house to your car
- Being followed – drive to a public place, police station, or occupied fire station.

Entering the Home or Apartment:
- Stay alert
- Notice doors and windows
- Notice neighbors
- Listen before knocking
- Going inside – don’t worry about looking stupid, worry about being safe
Show the PowerPoint Slide - *Verbal De-Escalation*.

Ask –

- What kind of situations may occur in working with clients that could put you at risk?

- Situations that increase danger might include:
  - Language barriers
  - Substance abuse
  - Mental illness
  - Domestic violence
  - Animals
  - Hate groups
  - Gangs
  - Gender issues
  - Removing your shoes in a home
  - Invasion of personal space
  - Failure to engage your clients

- When someone is angry with me, I . . . [Poll participants for their usual response to conflict.]

- Think about a time you saw or were involved in a personal conflict that suddenly escalated into a potentially verbally and/or physically explosive situation – what made it more serious or calmed it down?

**Key Points** –

- Child Welfare workers protect the oppressed, vulnerable and most-at-risk -- the children of our communities.

- Child welfare employees work with families, who are often in crisis or at a physical or emotional low. Working with families in crisis sometimes places social workers 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, assaultsive behavior or criminal intent.
  - Employ the appropriate responses to potential assaults
Stages of Escalation & Verbal De-escalation

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 . . .

Making It Personal
Remember a time you saw or were involved in a personal conflict that suddenly escalated into a potentially verbally and/or physically explosive situation.

*What actions or statements pushed the conflict into a more serious situation?*

*What statements or actions allowed the situation to calm down?*
Show the PowerPoint slide - *What are the stages of escalation?*

**Explain –**

- Conflict escalation usually progress through seven identifiable stages: calmness, a trigger, agitation, acceleration, peak, de-escalation, and recovery.
- A 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.

Show the PowerPoint slide: “7 Stages of Behavior Escalation.”

**Present** the 7 stages in the participant manual.

**Key Point –**

- 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.
### 7 Stages of Escalation

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Calm</td>
<td>Person relatively calm / cooperative.</td>
</tr>
<tr>
<td>2. Trigger</td>
<td>Person experiences unresolved conflicts. This triggers the person’s behavior to escalate.</td>
</tr>
<tr>
<td>3. Agitation</td>
<td>Person increasingly unfocused / upset.</td>
</tr>
<tr>
<td>5. Peak</td>
<td>Person out of control / exhibits severe behavior.</td>
</tr>
<tr>
<td>6. De-escalation</td>
<td>Vents in the peak stage, person displays confusion. Severity of peak behavior subsides.</td>
</tr>
<tr>
<td>7. Recovery</td>
<td>Person displays willingness to participate in activities.</td>
</tr>
</tbody>
</table>

Show the Power point slide: *Traits and Factors That May Trigger Aggression*.  
**ONLY CLICK ONCE** – Do not show the characteristic until after you poll the participants.

Ask - Name some indicators that may foreshadow aggression.

**Click to advance the traits and factors to appear.**

Ask –

- Do any of the characteristics on the chart surprise you? Why or why not?
- Which of these traits have you seen in your experiences in the field?

Show the PowerPoint slide: *Common Signs of Agitation*.  
**ONLY CLICK ONCE**. Do not show the characteristics until after you poll participants.

Ask - What are some behavioral signs of increased agitation and tension?

**Click to advance** the traits and factors to appear.

**Allow a moment** for participants to read the list.

Show the PowerPoint slide: *What is Verbal De-escalation?*

**Explain** –

- Many professions use verbal de-escalation: education, law enforcement, hospitals and medicine, social work, and many other professions.
- 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.
Stages of Escalation & Verbal De-escalation continued

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Traits and Factors That May Trigger Aggression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Psychiatric illness</td>
</tr>
<tr>
<td></td>
<td>• Feelings: <em>powerlessness, fear, grief, injustice, boredom, humiliation</em></td>
</tr>
<tr>
<td></td>
<td>• Access to weapons</td>
</tr>
<tr>
<td></td>
<td>• Physical disability or chronic pain</td>
</tr>
<tr>
<td></td>
<td>• Personal history of child abuse</td>
</tr>
<tr>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td>• Prior history of violence</td>
</tr>
<tr>
<td></td>
<td>• Highly stressful situations: removal of children, involvement with DCS, court proceedings, compliance with services, parental rights termination</td>
</tr>
<tr>
<td></td>
<td>• Ages 15-40, especially males</td>
</tr>
</tbody>
</table>

Common Signs of Aggression

What are some behavior signs of agitation and tension?

Definition of 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
Show the PowerPoint slide: “Physical Force in De-Escalation.”

**Explain** – The participant manual includes information from Indiana Code 35-41-3-2 on self-defense.

**Ask** –
- What does Indiana Code say and what does it not say?
- What self-defense methods are approved by Indiana Code?
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).
Show the PowerPoint slides: *Verbal de-escalation tips*. [2 slides]

Ask –

- Which of these techniques have you used?
- Which of these techniques have you seen in the field?

Show the PowerPoint slide: *The first and only de-escalation objective.*

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.

Stages of Escalation & 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. Lying to calm someone down 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 understand that you have every right to feel angry, 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? Have you seen in the field?

The first and only De-Escalation objective

Reduce the level of anxiety to encourage the possibility for discussion.
Stages of Escalation & Verbal De-escalation continued – TG

Show the PowerPoint slide: *Techniques that show you are listening.*

- **Explain** – These are three common social work skills that demonstrate listening.

Show the PowerPoint slide: *Minimal encouragers.*

- **Describe** the use of minimal encouragers in a conversation.

Show the PowerPoint slide: *Reflecting.*

- **Explain** – Reflecting is a way of demonstrating understanding, expressing empathy, and helping the speaker feel that their voice has been heard and they have been understood.

Show the PowerPoint slide: *Open-ended questions.*

- **Ask** – What are some open-ended questions you have used with clients?
### Stages of Escalation & Verbal De-escalation continued

<table>
<thead>
<tr>
<th>Minimal Encouragers</th>
<th>Minimal encouragers demonstrate to the person that you are listening and paying attention, without stall the dialogue or creating an undue interruption.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflecting</td>
<td>Show evidence of active listening by repeating what the person has said. Be brief and do not interrupt the agitated person.</td>
</tr>
<tr>
<td>Open-ended Questions</td>
<td>What are some open-ended questions you have used with clients?</td>
</tr>
</tbody>
</table>
Stages of Escalation & Verbal De-escalation continued – TG

Show the PowerPoint slide: 3 Aspects of Communication. **ONLY CLICK ONCE.** Do not show the graph until after you poll participants.

Ask –

- Which aspect has the most influence over communication?
- Ask participants to determine what percentage each aspect has in communication.
- **Adaptations:** Ask table groups 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.

Show the PowerPoint slide: Body Language.

Click to advance the caption and ask - “What is her body language saying?”

Show the PowerPoint slide: What message are they communicating?

Ask participants to describe the message from the pictured body language.

1. Mitt Romney and Rick Perry, 2012 Republican presidential candidates
2. Sarah Palin, former governor of Alaska
3. Former US President William Clinton
4. Former President of Russia and current Russian Prime Minister Vladimir Putin
Body Language Can Escalate Tension

Show the PowerPoint slide: *Body Language Can Escalate Tension*.

- **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:** [Trainer Note – a few could be used for more than one gesture.]

<table>
<thead>
<tr>
<th>1. Shoulder shrugging</th>
<th>F. Uncaring or unknowing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Jaw set with clenched teeth</td>
<td>E. Not open-minded or listening</td>
</tr>
<tr>
<td>3. Finger pointing</td>
<td>B. Accusing or threatening</td>
</tr>
<tr>
<td>4. A fake smile</td>
<td>A. Mocking or uncaring</td>
</tr>
<tr>
<td>5. Excessive gesturing, pacing</td>
<td>C. Anxiety fidgeting, or weight shifting</td>
</tr>
<tr>
<td>6. Touching, even when culturally appropriate</td>
<td>D. Hostility or threatening</td>
</tr>
</tbody>
</table>

**Ask:** Does anyone have another example to add to the list?

Show the PowerPoint slide: *Try to look as non-threatening as possible.*

**Ask:** Why is it important to be at the same eye level with a client?

**Explain** –

- Loss of eye contact may be interpreted as an expression of fear, lack of interest or regard, or rejection.
- Excessive eye contact may be interpreted as a threat or challenge.

**Ask** - Why is it suggested that you place your hands in front of your body in an open and relaxed position?

**Explain** - This gesture appears non-threatening and positions your hands for blocking if the need arises. Avoid crossed arms, hands in the pockets, or arms behind the back since it can be interpreted as negative body language as well as putting you at tactical disadvantage if an attack occurs.

[Sources: Massachusetts Chapter-National Association of Social Workers / Texas Dept. of Health-Bureau of Emergency Management]
**Stages of Escalation & Verbal De-escalation continued**

<table>
<thead>
<tr>
<th>Body Language can escalate tension.</th>
<th>Match the body language to its message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shoulder shrugging</td>
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</tbody>
</table>

**Also avoid:**
- Turning your back
- Quick actions
- Aggressive postures

<table>
<thead>
<tr>
<th>Body Language</th>
<th>Which position is less aggressive? Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Diagram showing different body language positions]</td>
</tr>
</tbody>
</table>
Show the PowerPoint slide: *Which position is less aggressive? Why?*

**ONLY CLICK ONCE.** Do not show the text box with the answer *until after* you poll participants.

**Explain** how to 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.

- 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.

- 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.
Stages of Escalation & Verbal De-escalation continued

Body Language can escalate tension.

Match the body language to its message

____ 1. Shoulder shrugging
____ 2. Jaw set with clenched teeth
____ 3. Finger pointing
____ 4. A fake smile
____ 5. Excessive gesturing, pacing, fidgeting, or weight shifting
____ 6. Touching, even when culturally appropriate

G. Mocking or uncaring
H. Accusing or threatening
I. Anxiety
J. Hostility or threatening
K. Not open-minded or listening
L. Uncaring or unknowing

Also avoid:

- Turning your back
- Quick actions
- Aggressive postures

Body Language Which position is less aggressive? Why?
Show the PowerPoint slide: “Stand by Me” or “Stand Back.”

Discuss slide information with the group.

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.

Explain - 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.

Show the PowerPoint slide: “Don’t Fence Me In.”

Talking Points:

- Persons with mental illness often develop an 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 American culture 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.”
Stages of Escalation & Verbal De-escalation continued

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
Show the PowerPoint slide: “It’s not just what you say but how you say it.”

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

Participant
Page 20

Show the PowerPoint slide: “It’s not just what you say but how you say it.”

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

Show the PowerPoint slide: “Handle them carefully, for words have more power than atom bombs.” Quote by Pearl Strachan, British politician, 1930.

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 understand you, 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. Did I understand you correctly?”

You’ve heard the old saying: “It’s not what you say, but how you say it.”

**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.

“You made it here on time!”

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

“Handle them carefully, for words have more power than atom bombs.”

Pearl Strachan, British politician, 1930
Show the PowerPoint slide: Trust your instincts.

Summarize the Verbal De-escalation materials –

- De-escalation is a proven technique in preventing conflict escalation.
- There are numerous studies in many different professions such as law enforcement, education, and the mental health industry that document that de-escalation strategies work.
- However, always trust your best judgment about when to leave a dangerous situation.
- If you are uncomfortable in a situation, do not put your personal safety at risk by trying to defuse a conflict situation.
- In particular, de-escalation techniques may not work on individuals under the influence of drugs.

Explain - If you find yourself in a conflict situation, here’s an easy way to remember 5 important don’ts of de-escalation:

T.A.C.O.S.
1. Threaten the aggressor
2. Argue or contradict the aggressor
3. Challenge the aggressor
4. Order or command the aggressor
5. Shame or disrespect the aggressor

Ask: Are there any questions?

Reference websites.
National Association of Social Workers: Massachusetts Chapter
http://www.naswma.org/displaycommon.cfm?an=1&subarticlebr=290

ERIC: Education Resources Information Center:

ERIC: Education Resources Information Center: Attributes That Predict Teachers' De-Escalation of Aggression and Violence in the Classroom.
http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_&ERICExtSearchSearchValue_0=ED438248&ERICExtSearchSearchType_0=no&accno=ED438248
Stages of Escalation & Verbal De-escalation continued

Always trust your instincts.

If de-escalation is not working, **STOP!**
If situation feels unsafe, **LEAVE / CALL FOR HELP!**

What do fast food and verbal de-escalation have in common?

T.A.C.O.S.  5 De-escalation Don’ts
 Threaten
 Argue
 Challenge
 Order
 Shame

Show the PowerPoint slide – *Universal Precautions*.

**Direct** participants 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.

**Trainer Note** -

- **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.
Universal Precautions

Overview:
Universal Precautions are infection control guidelines designed to protect the body from exposure to disease spread by blood and certain body fluids. The Indiana Department of Child Services applies Universal Precautions when working with children, families, and community members.

Universal precautions apply to bloodborne fluids. However, Universal Precautions can also prevent the spread of bacteria when dealing with:

- Feces
- Nasal secretions
- Urine
- Vomitus
- Perspiration
- Sputum
- Saliva

Prevention Strategies:

- Cover cuts - If you have cuts or open sores on your skin, cover them with a bandage.
- Wash your hands - Wash your hands with soap and hot water for at least 20 seconds after contact with a client. Use hand lotion to help keep your hands from becoming chapped or irritated.
- Wash your clothes - If possible wash all your clothing in hot soapy water or have dry-cleaned.
- If necessary wear gloves and other forms of protection when working with clients.

Why is this important?
Field staff must protect themselves from contagious disease because they are not visible, are easily transmitted, and can be deadly.

References
Indiana State Department of Health
www.in.gov/isdh

Centers for Disease Control and Prevention
www.cdc.gov

Indiana Department of Child Services
11:40am / 3:40pm  
5 minutes

**Explain** – In the back of the manual are several resources for more information on worker safety.

**Resources:**

- Personal Safety for Visiting Professionals
- Field Safety for Staff
- General Prevention
- Car Seat Safety Quiz (**Trainer Note** – If time permits, you may use this as an optional activity.)
Wrap-up & Evaluations – Trainer Guide

11:45am / 3:45pm

Wrap-Up

Show the PowerPoint slide – Course Objectives.

Explain – During the training today we set out to meet some learning objectives.

Present the objectives in the participant manual.

Ask –

• Did we meet these objectives?
• Why are these objectives important? [Tie back to the statistics from the beginning of training.]
• Does anyone have any questions or discussion before we wrap up?

If time permits – use an assessment strategy to assess participants’ learning in each of the course objective areas.

Evaluations

Show the PowerPoint slide - Thank You for Attending!

Tell participants you will distribute course evaluations and then leave the room while they complete them.

• Assure participants that every comment is read and considered when updating and creating training materials.
• Ask for constructive comments that are specific and to suggest solutions to any problems they encountered during training.
Wrap-up & Evaluations

Did we meet the learning objectives?

At the end of the training participants will:

- Recognize the potential dangerous situations workers may encounter in the field or at their local office.
  - 4 A’s of Safety
  - Safety Checklist & Video
- Use preparation as a strategy for minimizing risk.
  - Resource: *Safety First*
- Recognize signs a client’s behavior is escalating and use verbal de-escalation techniques to reduce tension.
  - Stages of Escalation & Verbal-De-escalation presentation
- Recall the use of universal precautions to control the spread of infection.

Evaluations

Please provide constructive comments and suggest solutions to any problems you encountered during training.

Thank you for attending!
<table>
<thead>
<tr>
<th>Participant</th>
<th>See participant manual for reference list.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 24</td>
<td></td>
</tr>
</tbody>
</table>
References


Car Seat Safety Quiz Answers – Trainer Guide

Car Seat Safety Quiz

Directions: Test yourself on your level of car seat safety knowledge. For each question, you may choose to work alone or work with one other person - You know the old saying that two heads are often better than one. You have 10 minutes to complete all 16 questions.

1. Indiana state law allows children to ride in the front seat of a motor vehicle. True or False [Sitting in the front seat reduces protection by 27%, nearly a third! Even in vehicles without a passenger air bag, the back seat is safest for all passengers.]

2. Some child safety seats have a strap on the back of the seat near the top called a TETHER

3. A baby may ride on someone’s lap for short trips of less than two miles. True or False [No. Infants and children are never safe riding in another passenger’s lap. Most crashes happen close to home and at low speeds, not during long trips.]


5. Besides the model, serial and batch numbers, car seats also include a(n) expiration date.

6. In some vehicles, locking clips may be essential to hold sliding seat belts securely.

7. You may move a young child to a belt-positioning booster seat once the child is at least 3 years old and 40 pounds.

8. Why is it dangerous to put a rear-facing infant car seat in the front passenger seat? [Short answer: air bag injuries. Long answer: Babies have heavy heads and fragile necks. The neck bones are soft, and the ligaments are stretchy. If the baby is facing forward in a frontal crash (the most common and most severe type of crash), the body is held back by the straps, but the head is not. The head is thrust forward, stretching the neck, resulting in spinal cord injury or death.]

9. It is okay to buckle two people with the same safety belt. True or False
Car Seat Safety Quiz Answers continued – Trainer Guide

10. A car seat may not be used after it has been in a car crash, even if the seat itself is not damaged.  [Some auto insurance companies will replace the car seat after a crash. California and Illinois state law requires auto insurance companies to replace car seats involved in car accidents.]

True or False  

11. The internal harness straps should be threaded through the slots which bring the harness closest to the baby’s body, preferably at or below the shoulders.

12. Keep infants rear-facing as long as possible, at least until they are both 20 pounds and 1 year of age.

13. Keep children in the back seat until they are at least 12 years old.

14. Where should a 25 pound 9 month old ride in the car? What type of car seat should be used?

   [in a rear-facing car seat in the back seat]

15. Where is the safest place for a 55 pound 6 year old to sit in the car? What type of car seat is needed?

   Booster seat in the back

16. Which seat is best for a 35 pound 4 year old?

   forward-facing car seat with harness straps

BONUS Question: What type of car seats did you secure to safely transport Daunte, who is seven-years-old, and Bianca, who is seven months?

Duante –  a booster seat that uses the car’s shoulder seat belt

Bianca –  rear-facing car seat that is semi-reclined
At The Dwelling:

- Pay attention to signs like “No Trespassing”, “Beware of the Dog”, etc., as they may be an indicator of the residents’ attitudes toward strangers.

- Pause at the door before knocking and listen. If you hear loud quarreling or fighting or other disturbances, leave immediately.

- If an unfamiliar person answers the door, find out if the client is home before entering.

- Do not enter a home when you suspect an unsafe condition exists.

- If you decide it’s safe to enter, don’t let your guard down. Be alert to signs of violence or sexual advances from either the client or family members.

- Make a note of other exits/entrances as soon as you enter the dwelling and where the telephone is located.

- If there are people present that you feel are a danger, reschedule the visit.

- Be aware of traffic in and out of the home while you are there.

- If there are pets in the home, note this on your record. Should the pet be a nuisance, ask the client to put it in another room for the duration of the visit.

- Do not go into a dark room, basement, or attic first. Have the client go first and turn on the light. Follow, never lead, even if you’ve been to the dwelling before.

- While it is legal to have a firearm in the home, its casual display is inappropriate. You should consider preadvising all clients of this issue. If you see a firearm, or become aware of one in the room, or see someone is armed, leave immediately or as soon as possible within the range of your professional responsibilities. Notify your supervisors and assess the risk level. Minimally, require the client to put the firearm in another room during your rescheduled visit and tell them to not allow armed individuals in the residence during your visit(s).

- If you need to retrieve something from outside, knock again or say hello when you reenter.

- If you feel unsafe because of a heated family argument that erupts, leave as soon as possible.

- When sitting, choose a hard chair, if possible, so you are able to get up more quickly.

- If possible, sit so your back is to a solid wall, not to an unknown space.

- Sit as close to an entrance/exit as possible.

Dealing With Hostile/Angry Clients:

Clients can react with anger because of difficulty in finding help with their situations, emotional pain or discomfort, or fear and anxiety about the results of your visit.

- React and respond to the client in a calm but firm manner.

- To help the client define their anger, verbally acknowledge it. “I understand that you are upset” or “It sounds like you’re really angry about this.”

- Reinforce the positive long-term benefits of your assistance, your commitment to their best interests, and your role as their ally.

- A lower volume of voice can help the client calm down.

- Encourage the client to sit down.

- Rehearse ahead of time what you’d say or do in these situations.

- If situation appears dangerous, leave and call 911.
Office Procedure:

- Make fellow staff aware of your day’s schedule.
- Keep address/client file updated.
- If the visit is in an unfamiliar location, ask a staff member who may be familiar with the location to brief you regarding any known risks or possible hazards.
- Ask for precise driving instructions and consult a map before leaving the office.
- Any incident or circumstance that makes staff uncomfortable in a location or on a home visit should be reported to a supervisor immediately. Examples of such situations at a home visit are: unsecured weapons, unsecured pets, threatening clients or family member, and residences where illegal activity appears to be taking place.
- Contact the client ahead of the visit so he/she will be watching for your arrival.

In The Car:

- Keep your car in good working order and make sure you have enough gas to carry you through the day.
- Before entering your car, check the back seat. When approaching, be sure to look under the car.
- Lock your car doors and keep windows up at all times. If necessary, keep windows only partially open above ear level while driving.
- Keep valuables out of sight.
- Avoid rubble and broken glass that can flatten a tire and immobilize your car.
- If possible, try to park where you can see your car from inside the home.
- Choose a parking space that is well lit, or that offers the safest walking route to the dwelling.
- Do not park in a driveway to lessen the chance of being blocked in when you want to leave.
- Park in the direction you want to go when leaving the home.
- Be wary of dead end streets.

In The Community:

- Work with a partner, if possible.
- Be alert and observant; develop a sense of consciousness regarding your immediate environment.
- Walk confidently and purposefully.
- Arrange your work schedule so you can make new or questionable visits early in the day. You’ll be less likely to find loitering and illegal activities.
- Wear shoes and clothing that make it easy to move quickly.
- Avoid carrying a purse while in the field.
- Carry a minimal amount of money, your driver’s license, and your keys on your person, not in a purse.
- Lock your purse in the trunk of your car before leaving the office if you must have it with you.
- Make yourself known to businesses and institutions and also to management and security personnel in public housing and other high-rise buildings.
- Carry a cellular phone if possible.
- Look for public telephones. You don’t need any money to call 911.
- Call the office at scheduled times to check in.

Approaching The Dwelling:

- Trust your instincts. If you feel uncomfortable in any given situation, leave.
- Drive around the area of the dwelling looking for:
  - Unsafe conditions like poor lighting, limited visibility (fences, bushes), unsecured animals, people yelling, drinking, fighting, loitering.
  - Sources of help like pay phones, neighbors at home, open businesses, other community workers such as police and fire personnel, utility trucks.
- If you find you have an incorrect address, don’t search for the client by knocking on strange doors. Call your office.
- If you suspect you are being followed, enter the closest public place. If a car is following you, turn around and walk in the opposite direction.
- If people are loitering on the street or sidewalk, walk around them or cross the street.
- If you are verbally confronted, maintain a professional manner and don’t attempt to answer verbal challenges.
- If you are using an elevator, use an empty one if possible. Always stand next to the door and the control panel. If you have a problem, push all the buttons so the elevator stops on all the floors, providing a better chance of escape. Press the appropriate floor number yourself. Don’t ask someone else to do it. If someone suspicious gets on while you’re already in the elevator, get off as soon as possible.
QUICK SHEET

Field Safety for Staff

1. Review your experience on similar types of interviews/calls.

2. Anticipate that the unexpected may happen, and formulate a tentative plan of action.

3. Be exceptionally alert when the subjects are unknown, especially if they live in a high crime area, when there are indications of a domestic dispute, or when the report indicates physical violence.

4. Always notify your supervisor (or the sheriff’s department, etc.) where you are going and how long you expect to be there.

5. Consider the image you present to the client. A neat, well-groomed appearance enhances the impression that you take your responsibilities seriously. Avoid clothing that restricts your movement.

6. Take safety precautions from the beginning. For example, stay near the door during a home visit, and keep your car keys accessible. Make a note of all exits.

7. Be aware of “out of normal” conditions. Lots of little things out of place may indicate one big problem.

8. State clearly who you are and why you are there.

9. Use client’s names to personalize and humanize the interaction.

10. Encourage client’s participation in a solution by asking for opinions and suggestions.

11. Avoid “good/bad” judgments.

12. Take care not to slur or challenge clients.

13. Allow only one client to talk at a time.

14. Physical intrusion may trigger defensive or violent behavior; at least initially. Keep a distance of about three feet and do not touch a client. Avoid backing people into corners either physically or verbally.

15. Allow people to blow off steam; venting usually saps energy and diffuses intensity. Use verbal ploys such as asking for a glass of water to create cooling off time.

16. Watch for signs indicating imminent violence. Non-verbal indicators include: flaring nostrils, dilated pupils, pulsing veins, grinding teeth, crouching torso, clenching fist.

17. If the situation continues to escalate, leave and call for help. Under no circumstances should you turn your back on a disturbed client or allow them to walk behind you.
General Prevention Guidelines

- Act assertive, confident; do not look vulnerable. Try to know where you are going so you look sure of yourself.

- Wear sensible clothing if you will be in a potentially dangerous situation. In other words, wear clothing you could escape in (no high heels, straight skirts).

- If you can help it, do not go into questionable (unsafe) situations alone.

- Do not carry a weapon; it can be turned against you. Carry a whistle or other noisemaker.

- Be aware of everything around you.

- Trust your instincts -- if you really feel uncomfortable, take action to protect yourself.

- Make sure someone knows where you are going, how long you will be there, and when you will return. If your plans change, call and let the agency know.

- Develop relationships with community members.

- Avoid provocative comments or behaviors. Keep your arms free.

- Travel in teams or pairs.

- Do not get on elevators alone with people whose appearance makes you feel uncomfortable.

- Carry your keys separately, not in your purse (for example, in a pocket, in your hand).

- If you can avoid it do not carry a purse. If you do, cradle it in your arms as you walk. Lock it in car trunk before you start your trip. Place purse in desk or cabinet drawer.

- Never give out too much information about yourself or family.

- Do not walk alone near places where someone could hide.

- Do not walk through a group of people -- cross the street to pass them.

- Always lock car when leaving and keep gears engaged at stoplights in unsafe areas.
Car Seat Expert or Car Seat Beginner?

Test your knowledge

You have the paperwork to pick up two children, a brother and sister, from the resource home they have lived in for last two months for a reunification with their birth mother. The resource parent has the children’s essential belongings packed up, and everyone has said the last round of goodbyes.

Anticipating the family’s happy reunion, you escort the children out to your car. Working with DCS as a Family Case Manager, you are savvy about standard car seat safety. What type of car or booster seats did you check out of your local office for Daunte, who is seven-years-old, and Bianca, who is seven months?

Directions: Test yourself on your level of car seat safety knowledge. For each question, you may choose to work alone or work with one other person -- You know the old saying that two heads are often better than one. You have 10 minutes to complete all 16 questions.

1. Indiana state law allows children to ride in the front seat of a motor vehicle. True or False

2. Some child safety seats have a strap on the back of the seat near the top called a __________

3. A baby may ride on someone’s lap for short trips of less than two miles. True or False


5. Besides the model, serial and batch numbers, car seats also include a(n)__________________
   date.

6. In some vehicles, __________________ clips may be essential to hold sliding seat belts securely.

7. You may move a young child to a belt-positioning booster seat once the child is at least _____ years old and ______ pounds.
8. Why is it dangerous to put a rear-facing infant car seat in the front passenger seat?

9. It is okay to buckle two people with the same safety belt. True or False

Please turn over for numbers 10-16

10. A car seat may not be used after it has been in a car crash, even if the seat itself is not damaged. True or False

11. The internal harness straps should be threaded through the slots which bring the harness closest to the baby’s body, preferably at or below the ____________________________.

12. Keep infants rear-facing as long as possible, at least until they are both 20 pounds and ___ year of age.

13. Keep children in the back seat until they are at least ____________ years old.

14. Where should a 25 pound 9 month old ride in the car? What type of car seat should be used? (in a ________________ ________________)

15. Where is the safest place for a 55 pound 6 year old to sit in the car? What type of car seat is needed? ________________ ________________

16. Which seat is best for a 35 pound 4 year old? _________________________________

**BONUS!**

**BONUS Question:** What type of car seats did you secure to safely transport Daunte, who is seven-years-old, and Bianca, who is seven months?

**Duante –**

**Bianca -**