

RISK ASSESSMENT, VIOLENT CLIENTS AND PRACTITIONER SAFETY

Workshop Handout

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Topics to be considered:

- How and why client violence is a critical issue for social workers and other human services professionals
- Identification of key risk markers for violent behavior within three spheres:
- How to prepare oneself to ensure safety in both office and field settings

Reasons we choose social service work:

- To help individuals, families and communities achieve quality of life,
- To help foster social justice,
- To advocate on behalf of those who are oppressed, vulnerable and at risk
- To help make the world a better place

What causes social service workers to be targets for a client's violent behavior?

- Such violence represents a barometer for our violent society
- Long standing social problems can create an environment in which violence can thrive
- Our roles as social workers: Balancing Care versus Control

Political issues and policy shifts:

- Number of people needing public assistance and other social services has increased
- Budget cuts
- Understaffing in agencies
- Rising caseloads
- Clients are desperate, frightened, hopeless and angry
- Public anger at social services
- Because of confidentiality, social service workers are often unable to explain or defend their actions publicly
- The public often does not understand our work

What can be done to prevent such incidents from occurring, and still provide clients with the best services?

Statistics from Client Violence Toward Social Workers Study (Newhill, 2003)
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Types of Incidents of Client Violence Reported by All Respondents in Sample
(N=1129)

Type of Incident	Percent of Sample
No incidents reported	42%
Incidents of violent reported	58%
Property damage	25%
Threats	50%
Physical attacks	24%

Incidence of Violence by Primary Area of Practice
(N=1129)

Primary Area of Practice	% Reporting No Incidents	% Reporting Incidents
<u>High Risk</u>		
Criminal justice	21%	79%
Drug and alcohol services	24%	76%
Children and youth/child welfare	25%	75%
<u>Moderate Risk</u>		
Mental health services	36%	64%
Developmental disabilities/ MR	44%	56%
School social work	46%	54%
Family services	46%	54%
<u>Lower Risk</u>		
Medical/health care	51%	49%
Services to the aged	56%	44%

Type of Violence by Gender for Total Sample

Type of Incident	Male SWers (N=221)	Female SWers (N=869)
No incidents	27%	48%
Property damage	42%	21%
Threats	64%	47%
Physical attacks	39%	21%

Average Number of Incidents by Gender and Type of Violence

Type of Incident	Male SWers	Female SWers
Property damage	9	7
Threats	12	6
Attempted physical attacks	12	4
Actual physical attacks	9	2

Feelings Immediately Following the Incident of Client Violence

Emotional feeling	Property damage	Threats	Physical attacks
Angry	55%	45%	38%
Scared / fearful	36%	65%	42%
Anxious	43%	61%	23%
Guilty	10%	7%	5%
Sad	21%	11%	7%
Embarrassed / humiliated	9%	11%	7%
Irritated / annoyed	3%	1%	5%
Shocked / shook-up	2%	2%	36%
Helpless / inadequate	2%	7%	18%
Drained / exhausted	2%	1%	14%

Conclusions from findings presented:

- Client violence is not a rare event;
- Risk varies according to where one works;
- Male social workers are at a significantly greater risk of experiencing client violence than females;
- Experiencing an incident of client violence exacts an emotional toll on the social worker involved.

Individual/Clinical Risk Markers:

Demographic risk markers

- Young age
- Male gender (although not always)

Clinical risk markers:

- High risk psychiatric symptoms (delusions, hallucinations, and violent fantasies)
- Personality features (anger, emotional dysregulation, impulsivity)
- Personality disorder (antisocial, borderline)
- Substance abuse (particularly alcohol)

Biological risk markers:

- Low intelligence quotient (IQ)
- Neurological impairment

Historical Risk Markers:

- History of violence (recency and frequency of self reports of violence toward others, arrests, incarcerations, and reports of violence toward self)
- Social and family history (early exposure to violence)
- Work history (economic instability, unemployment)
- History of psychiatric treatment and hospitalization

Environmental/Contextual Risk Markers:

- Level and quality of social support
- Peer pressure from peers who endorse violence
- Influence of popular culture
- Means for violence (access to lethal weapons and knowledge of how to use them)
- Potential victims that are accessible

Summary of Guidelines for Risk Assessment of the Violent Client**Background/Collateral Information**

- Review available official documents: clinical records including past hospitalizations, medication orders, other treatment; criminal justice records, e.g. arrests and incarcerations;
- Determine whether there is any past history of violence toward self or others or any history of abuse either as perpetrator or victim. If there is a history, determine triggers, targets and circumstances.

Clinical Assessment of the Client

- Note anything significant about the client's physical appearance suggestive of risk for violence including scars, tattoos or certain dress patterns;
- Note if the client is angry, hostile, agitated, threatening or verbally abusive;
- Note the extent to which the client is compliant with routine requests and procedures as an indicator of the client's ability to control their behavior.
- Conduct a diagnostic assessment to determine the presence of any psychiatric or medical risk markers including whether there is evidence of substance abuse;
- Inquire about the client's potential for violence toward others including who, why, how and when they may harm another individual;

- Inquire about the client's potential for violence toward self;
- Following your evaluation, obtain consultation from colleagues and provide written documentation that sufficient risk assessment information has been obtained and evaluated, and that the decision as to whether the client poses a potential for violence has been based on that information and a follow-up plan for re-evaluation of violence potential has been implemented.

Environmental Assessment for Social Worker Safety

- When making a home or field visit, you are not on your own turf;
- Whereas the social worker may view the home visit as an explicit demonstration of a desire to help, the client may perceive it as threatening;
- Do not allow the desire to help override prudent caution
- Get to know and evaluate the neighborhood ahead of time via observation, consultation with colleagues, consultation with local police;
- Make sure your car is in good working order, know how to access emergency help, lock your car at all times;
- If you are going to a client's home, find out about what potential dangers are in the home and who and what will be there, e.g. weapons, dangerous dogs, abusive family members;
- Consider and learn from your experience with similar client situations in the past;

Environmental Assessment of the Client's Situation

- What is the quality of the client's social support in the environment? Is it supportive, absent or hostile?
- What is the socioeconomic status of the neighborhood? Is the neighborhood characterized by concentrated poverty? Is it a stable community or a transient one?
- Will the client have easy access to the resources he/she will need day to day?
- What is the culture of the neighborhood? Is it characterized by collective efficacy or is there a street code that tolerates and encourages violence to solve problems and control resources?

First Contact with the Violent Client

- Safety first
- What is the best interview setting?
 - ▶ Alone with the client with the door closed
 - ▶ With the door open and staff available outside
 - ▶ With staff present in the office
 - ▶ With the client in physical restraints

In making such a decision, you balance:

- What you know about the situation that brought the client to your attention
- What kinds of risk markers are present in the situation
- Any emotional reactions on your part that might interfere with the assessment, such as anger or fear about seeing the client
- Your gut feelings regarding safety - always listen to your instincts

Talking with the Violent Client

- Appear calm and relaxed
- Speak softly in a non-provocative, non-judgmental manner
- Begin by commenting in a neutral, concrete manner about the obvious
- Empathize with the client's feelings
- Avoid any emotional or pejorative comments
- Identify who you are by name and agency
- Explain simply and clearly your reason for being there
- Inform the client about his or her rights
- Always be honest in your communication
- Make sure there is adequate space between you and the client
- If possible, both you and the client should be sitting
- Show respect for the client at all times
- Non-verbal communication is as important as your verbal
- Avoid continued direct eye contact
- Aim for a balance between non-threatening acceptance and being in control of the situation
- When the client begins to talk - LISTEN
- Appear empathic, concerned, and uncritical
- Allow the client to tell their story
- Obtain the client's view of the situation and what led up to the violent episode
- Calmly and honestly state your own perception of the situation
- Never make promises you cannot keep

Physical Environment of the Interview

- Have solid furniture difficult to move or throw
- Sit between client and door
- Two exits if possible
- Don't have heavy objects that can be thrown or used as weapons
- Have a pre-arranged method to call for help
- Pay attention to how you are dressed
- Remove any dangerous items from client
- Learn self defense maneuvers if needed

Threats Often Signify:

- Disappointment
- Anger about setting boundaries with the client

- Perceived or actual rejection from you or someone else
- Frustration
- Effort to extort compliance in a request

Group Forces That Can Prevent Action:

- Group helplessness
- Group resignation
- Group machismo
- Group minimization
- Group myths

Intervention Strategies for Threats

- Examine the context of the threat;
- Clients who are at risk of becoming threatening should be seen with other staff for protection and to dilute the threat;
- Constantly monitor the transference and the countertransference
- Address any threats immediately with the client and/or consultation with a colleague;
- If you are unsure of what do, consult with an expert in threat management;
- Immediately document and report even minor threats;
- Do not allow your desire to be empathic, patient and understanding toward clients prevent you from taking decisive protective action;
- Recognize when external controls are needed and then take immediate action;
- Evaluate the need and advisability of obtaining a restraining order;
- Discuss and debrief after the threat has been contained with all staff involved;
- The rule of thumb is: Don't ignore threats; when they occur, take immediate action

Case Analysis Exercise

Using the Risk Markers Associated with Violence Table in the Handout as an outline, read the following vignette and try to identify the risk markers that the client's situation presents, the strengths in the client's situation and, then, think about how you would intervene in the situation, given the client's risk marker profile.

The client, "John", is a 25 year old divorced white male who asked for an appointment with a counselor because he wants help with his temper. He is an explosive man with a long history of antisocial acts including assault and numerous incidents of property damage, always secondary to getting into a fight with another person. As an adolescent he was in and out of juvenile hall and was diagnosed with conduct disorder at that time. Recently, John lost his forklift business and blames the local police for that. Currently he is living with his mother but say he hates her and recently beat her with a shovel, almost killing her. He is asking for Valium but admits to drinking alcohol daily and using other assorted drugs - "whatever I can get hold of". Currently unemployed, John spends most of his time watching TV, smoking cigarettes and drinking. Upon evaluation by the social worker, John looks furtively around the room and says "You better help me or someone's going to get hurt and it just may be you, pal." (Newhill, 1995).

Safety when Making Home Visits

Before you leave for the home visit:

- Make sure your car is in good working order
- If you are using an agency car, take a few minutes to check out how to use the various functions you'll be using - hazard light, high beams, etc
- Pace yourself - don't schedule too many home visits in one day
- Always notify your supervisor or a responsible co-worker where you are going, how long you expect to be there, and when you will return to the office

Special cautions when not on your own turf:

- Check out the neighborhood before parking and getting out
- Park in an area close to the residence where you cannot be blocked in
- Review your experience with similar types of client visits
- Anticipate the unexpected may happen and formulate a tentative plan of action ahead of time
- Be exceptionally alert when the clients are unknown to you, or if the area has a high crime rate or is isolated, or when there are indicators of domestic violence

When you arrive at the client's home:

- Remember that whereas the social worker may view the home visit as an explicit demonstration of a desire to help, the client may perceive it as threatening;
- Make note of all exits in the home
- Stay near the outside door
- Keep your car keys where they are immediately available
- When there is a concern about violence or you do not know the client well, never conduct an interview in the kitchen
- State clearly who you are, and why you are there
- Take a collaborative approach
- Allow people to blow off steam but don't allow emotion to escalate
- If situation begins to escalate and there are signs of imminent violence - LEAVE
- Do not allow the desire to help override prudent caution

General Strategies To Prevent Client Violence

- Acknowledge client violence as a serious practice concern
- Agree that everyone deserves a safe workplace
- Offer high quality in-service safety training addressing risk assessment and risk management strategies
- Establish specific policies to help victimized workers
- Implement specific safety precautions in the office and field
- Employ a Violent Incident Reporting Form
- Employ a risk management approach to home visiting and outreach
- Establish safety protocols with other organizations
- Affirm that it is okay to ask for help
- Appoint a Safety Committee and develop an Agency Safety Policy and Implementation Plan
- Include content on risk assessment and management and practice with involuntary clients in BSW and MSW curricula
- Give a clear consistent message to clients that using violence to solve problems is not acceptable and teach clients non-violent alternatives to solving their problems

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