

CFS NEW WORKERS ACADEMY

Worker Safety

BOISE STATE UNIVERSITY CHILD WELFARE CENTER
In Partnership With
Idaho Health & Welfare Department
Children and Family Services

Round 13
Session 2
11-15 Jan 2010

Name: _____

WORKER SAFETY
Continuous Learning Plan

Strengths:

1. What do you already know how to do that relates to this topic?

2. What do you already do that relates to this topic?

Self Development:

1. What would you like to know more of – related to this topic?

2. What would you like to do more of – related to this topic?

Revised 3/13/07

WORKSHEET

WORKSHEET

PERFORMANCE REVIEW OF COMPETENCIES

Describe employee performance in specific work areas.

Customer Service

Competency Description:

Provides what has been promised to each customer in a timely, dependable and accurate manner; gains customer trust and confidence by conveying knowledge and accurate information; treats customers with courtesy, respect and dignity; communicates with customers in a responsive, productive, clear and appropriate manner.

Dependability

Competency Description:

Meets commitments, works independently, accepts accountability, handles change, sets personal standards, stays focused under pressure, meets attendance/punctuality requirements.

Interpersonal Skills

Competency Description:

Has good listening skills, builds strong relationships, is flexible/open-minded, negotiates effectively, solicits performance feedback and handles constructive criticism.

Productivity

Competency Description:

Manages a fair workload, volunteers for additional work, prioritizes tasks, develops good work procedures, manages time well, handles information flow.

Quality

Competency Description:

Is attentive to detail and accuracy, is committed to excellence, looks for improvements continuously, monitors quality levels, finds root cause of quality problems, owns/acts on quality problems.

Work Environment/Safety

Competency Description:

Promotes mutual respect, keeps workplace clean and safe, supports safety programs.

Additional competencies for CFS/CMH Employee in CFS/CMH ACADEMY and completing 6 months probationary Period

Decision Making/Judgment

Recognizes problems and responds, systematically gathers information, sorts through complex issues, seeks input from others, addresses root cause of issues, makes timely decisions, can make difficult decisions, uses consensus when possible, communicates decisions to others.

Job Knowledge

Understands duties and responsibilities, has necessary job knowledge, has necessary technical skills, understands company mission/values, keeps job knowledge current, is in command of critical issues.

Computer Skills exceedingly adept at using and integrating the company's operating systems and applications into her day-to-day work. Has knowledge of general PC, network, and operating systems is unsurpassed. Has mastered a variety of applications that enable him/her to produce excellent work. Knows where to find information within the company's databases.

Self Development -CFS

Seeks out and accepts feedback, is a proactive learner, takes on tough assignments to improve skills, keeps knowledge and skills up-to-date, turns mistakes into learning opportunities.

Problem Solving/Analysis

Breaks down problems into smaller components, understands underlying issues, can simplify and process complex issues, understands the difference between critical details and unimportant facts.

Planning Is a thorough and diligent planner. Takes all important details into account and involves project participants to make sure all needs and potential problems are out on the table. Plans contain a level of detail and thought that almost guarantee project success.

Teamwork

Meets all team deadlines and responsibilities, listens to others and values opinions, helps team leader to meet goals, welcomes newcomers and promotes a team atmosphere.

Sales Skills [Social Marketing] -CMH

Develops new business, identifies and sells to customer needs, translates product features to benefits, has good listening skills, is sensitive to customers, delivers effective presentations, negotiates well, uses closing skills appropriately, develops sales skills.

Worker Safety

DHW Competencies Applicable:

- Self Development
- Work Environment/Safety
- Communication

Learning Objectives:

1. The social worker/clinician has an understanding of professional boundaries/limits and how to maintain them.
2. The social worker/clinician can identify the 3 types of communication and how they are connected to worker safety.
3. The social worker/clinician can identify ways culture impacts communication.
4. The social worker/clinician is familiar with the Children and Family Services Safety Standard.
5. The social worker/clinician has practical ideas on how to maintain his/her personal safety while working in the field or office.

Activities to Demonstrate Competency:

Time Management:

- Ask supervisor for ideas on how they organize their time and manage case timeframes.

Social worker/clinician Safety:

- Read CFS Policy on Methamphetamine labs and know what to do to protect yourself.
- Discuss personal safety ideas with team including discussion on when to contact law enforcement or take a partner on assessments.
- Review HIV/Aids Policy and discuss universal precautions with your supervisor.
- Review safety policy and strategies with your supervisor. Cover issues such as vicious dogs, serious injury, being followed by clients.
- Discuss and practice methods to use to de-escalation an angry client.


Stress Management:

- Read the section of the Child Welfare Practice Manual related to Vicarious Trauma
- Obtain Employee Assistance Program and Human Resource Contact information. Know how and when to access these services for yourself.
- Recognize and discuss both in-office and out-of-office safety issues with your supervisor.
- Use supervision to discuss and/or debrief ethical dilemmas and challenges.

Worker Safety

Protecting Yourself at the Office
and in the Field

Why is worker safety important?



Worker Safety Stats

- University of Pittsburgh – 1200 social workers surveyed indicated a violent situation at least once in their careers
- Youth and experience & Practice Settings
- Age of client 13 - 39
- University of Michigan – 1999 survey of 1600 social workers
 - 3 % physically assaulted
 - 23% threatened with assault

Minimize the Risk of Safety Hazards



- Awareness
- Knowledge of hazards
- Apply knowledge and be aware in the workplace and in the community

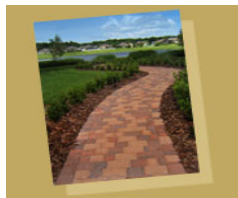
Environmental awareness

- Office safety
- Outdoor safety and travel
- Making visits



The Path to Safety

- Collect information on intake
- Check prior involvement
- Know agency safety procedures
- Apply knowledge and principles
- Documentation
- Follow-up



Before You Leave the Office

- Tell someone where you are going and when you will return
- Find out history
- Know about any previous concerns
- Take someone with you if needed
- Cell phones

Stay Calm

- Most families are not a threat
- Safety Plans and Action Plans promote awareness and help reduce fear so we can focus on helping families



Making visits



- Parking and approaching residences
- Entering residences
- Residence awareness
- Exiting residences

Making Visits

- Drive by the residence
- Park down the street
- Back your car in
- Listen for anger voices
- Knocking at door – Stand to the side
- Introduce yourself
- Note location of doors in home
- Ask “Who else is in the house?”
- Don’t overstay

Clothing

- Shoes & Purses
- Ties & Scarves
- Religious or political symbols
- Jewelry
- Long hair



Outdoor safety and travel



- Driving conditions and weather
- Knowledge of neighborhoods and safety
- Car safety

Driving Hazards



- Know agency procedures for car safety
- Keep fuel tank full
- Leave valuables locked
- Drive defensively

Animal Hazards



- Check for prior involvement or info on intake
- Watch for clues
- Be vigilant
- Know safety procedures

Communicable Diseases and Health Hazards

- Know agency safety procedures
- Hand washing is critical
- Know when to protect yourself
- Lice
- Airborne & Fluid surface contamination



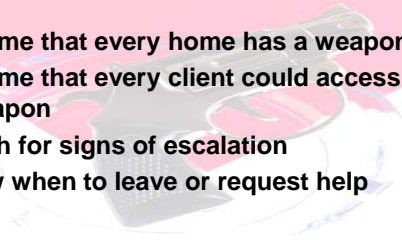
Drug and Chemical Hazards

- Know agency procedures
- Recognizing hazards
- Know when to get help or leave
- Reporting issues



Weapons

- **Assume that every home has a weapon**
- **Assume that every client could access a weapon**
- **Watch for signs of escalation**
- **Know when to leave or request help**



Weapons

- Look for weapons when you are in someone else's space
- Guns are often in bedroom, knives in kitchen
- Never reach for a weapon

Office safety

- Inside buildings
- Within your office
- Parking lot safety



Office Safety

- Arrange your office so that no one sits between you and the door
- Maintain physical distance
- Ask yourself "Does my office have a calming effect?"
- Pictures and personal items
- Know your agency policy about visits


Self Awareness

- Boundaries / Limit setting behaviors
- Communication
- Feelings
- Intuition
- Problem solving skills
- Conflict Management



Boundaries

- What is acceptable behavior?
- How to set limits
- Maintaining limits



Boundaries

- Boundaries set the tone for a professional relationship
- Know your triggers
- "What would a reasonable person do?"
- Do you bend your rules?
- Talk with your supervisor about limits

- Is it OK for a client to yell at me?
- Is it OK for me to yell at a client?
- Is it OK for a client to threaten me?
- Is it OK for me to threaten a client?
- Is it OK for a client to lie to me?
- Is it OK for me to lie to a client?



Communication

- Awareness of ALL communication
- Verbal
- Nonverbal
- Paraverbal



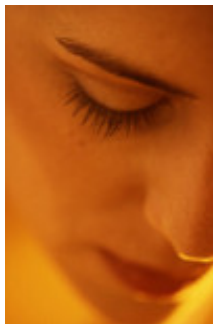
Messengers of Intuition

- Nagging feelings
- Persistent thoughts
- Sarcasm
- Wonder
- Anxiety
- Curiosity
- Hunches
- Gut feelings
- Doubt
- Hesitation
- Suspicion
- Apprehension
- Fear



Client Awareness

- Power
- Phases of crisis
- Appropriate interventions
- Exceptions



Power

- Needs to be recognized and acknowledged
- Facilitate client's sense of control and allow client to save face
- Stop escalation before client loses control

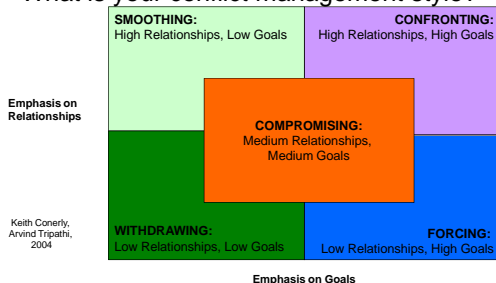


Power

- Do not be defensive
- Do not defend yourself or anyone else
- Do not make the client show you that they must be respected
- Avoid putting clients in positions that embarrass them.
- Help them "Save face"

Conflict Management

- What is your conflict management style?



Scenario

- When is this style most useful?
- When you should not use this style?
- What would happen if this style was the only one used?

Crisis Intervention



- Anxiety Phase
- Defensive Phase
- Acting-out Phase

Anxiety Phase

- How to recognize this phase
- Intervention
- Focus on Feelings



Anxiety Phase

- Easiest stage to deflect the crisis
- Give choices where possible and both solutions are safe
- Allow the client to create the solution to the crisis if possible
- Use active listening
- Client should express feelings
- Explain rules and limits

Defensive Phase

- How to recognize this phase
- Intervention – Focus on feelings & Behavior



Defensive Phase

- More visible than anxiety phase
- Focus on feelings and behavior
- Intervention is to prevent client from losing control
- Critical to remain calm
- Insults are not about YOU!
- Don't try to convince
- Appear calm

Acting Out Phase



- How to recognize this phase
- Intervention
 - Focus on Behavior
 - Provide external control to safeguard safety of all

Acting Out Phase

- Client has lost their ability to control their behavior
- You may need to leave the situation
- Set clear boundaries in the beginning of visit
- Drug/Alcohol Use – be very cautious
- Main rule – Easier said than done – Remain Calm & Trust your Instincts

What would you do?

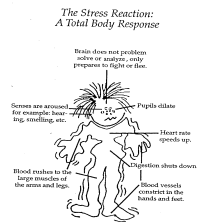
During a home visit, Mom's boyfriend comes home. He glares at you and paces around the room. When you explain who you are and why you are visiting, he yells. He begins cursing and gesturing, but stays away from you.

Skills

- Do remain Calm
- Do speak clearly and confidently
- Do be Empathetic
- Do acknowledge frustration
- Do Reflect feelings
- Do keep a safe distance
- Do be patient
- Do leave if escalation
- Don't tell client to "calm down"
- Don't smile
- Don't point or shake your finger
- Don't touch client
- Don't put your hands in your pocket
- Don't try to interpret feelings
- Don't use humor

Self-Care

- EAP
- Critical Incident Form



What's the difference?

- Stress
- Secondary Trauma
- Vicarious Trauma
- Burnout
- Compassion Fatigue




Prevention Strategies

- Peer support.
- Don't take work home.
- Ensure that healthy coping strategies are in place



Closing

- Pluses and Wishes
- Evaluations



STANDARD: Establishing and Maintaining Worker Safety

Purpose

The purpose of this standard is to provide direction and guidance to the Children and Family Services (CFS) programs regarding establishing and maintaining worker safety, both in the office and in conducting fieldwork. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules, and policies. The standard will also provide a measurement for program accountability.

Introduction

Worker safety is a timely and important issue in today's social service environment. Substance use, domestic violence, and environmental hazards increase the potential risks social workers face daily. Additional challenges include the geographic and social diversity within the state, and even within regions. Risk reduction in an urban setting may be dramatically different from risk reduction in a rural setting. Though risk to workers cannot be completely eliminated, it can be dramatically reduced by increasing awareness. By reducing potential risks in a planful way, social workers can focus on client and client family needs.

Standard

The purpose of this standard is to establish procedural guidelines directed toward increasing safety both in the field and in the office. Determining potential risk to workers begins with basic awareness and up-front data gathering.

Before Leaving the Office:

- A. Gather information regarding safety issues prior to initial contact whenever possible. Review file/program history, when available, prior to initial contact.

Intake is the ideal place to begin to assess worker safety. Include all information on the Presenting Issue to be assigned. Possible questions to ask referent:

1. Is there any history of violence, both reported and/or unreported to law enforcement?
2. Is any member of the family using illegal drugs or drinking alcohol in excess?
3. Is any member of the family mentally ill?
4. Are there firearms in the home?
5. Are there any vicious dogs or other animals that may pose a threat?
6. Are there known safety hazards in the home or on the property?

7. Does the referent fear anyone in the home? What do they base that fear on? Would a social worker be at risk engaging with that individual?
 8. Is anyone in the home on probation, or has a known criminal history?
- B. All Presenting Issues involving potential safety hazards will be staffed with a supervisor or team lead prior to a risk assessment worker responding.
- C. The Risk Assessment worker or Supervisor/Team Lead will request Law Enforcement assistance on all contacts where safety hazards have been reported.
1. When Law Enforcement is unable, or unwilling, to respond within the required timeframe, Supervisors/Team Leads shall write a Variance to reflect the request for Law Enforcement assistance, their ability to respond, and the plan as to when Law Enforcement will be available for response.
 2. In situations where Law Enforcement is unwilling to assist the worker the Program Manager, or his/her designee, will contact Law Enforcement to enlist their assistance.
 3. In the event Law Enforcement continues to not assist the worker in responding to a potentially risky situation, the social worker and their Supervisor/Team Lead shall consult with the FACS Program Manager and the regional Deputy Attorney General regarding next appropriate steps. These steps may be taking the case to the local Multi-Disciplinary Team for assistance, or taking the situation to the local courts for judicial review.
- D. Team risk assessments when potential safety hazards exist. Respond with another worker or Supervisor/Team Lead. It may be appropriate to explore the possibility of the child being brought to the field office by an authorized caretaker, relative, or law enforcement agent, to be interviewed, rather than responding to the home until assistance can be coordinated to reduce the risk to the worker.
- E. Supervisors/Team Leads shall be aware of the location of their workers while in the field, particularly if the visit extends after hours.
- F. Cell phones shall be purchased for workers to use in the field. Consideration should be given to phones with safety features and the capability of working in more remote areas, i.e. GPS capabilities.
- G. Each field office will establish reporting/check-in guidelines for workers that fit the specific capabilities of the office. **For instance:**
1. Field offices may choose to have an established sign-out board in a confidential area, where workers can document specifics as to where they are and when they are scheduled to return. If a confidential area is not available, field offices may look to post white boards outside workers' doors and work spaces, where specifics of visits can be documented.
 2. Workers check in with the office at specific increments during visits that may present safety risks. In the event the worker does not call in at the scheduled time, a designated person calls them.
 3. Have pre-determined "code words" that can be used to indicate danger while not alerting those around the worker.

In the Field-After Leaving the Office:

- A. Always make sure others are aware of your location when you are in the field.
- B. Do not hesitate to ask for assistance from Law Enforcement, other workers, or your supervisor/team lead if feeling unsafe.
- C. Be aware of where you park the car, noting an exit plan. Park so that you will not be required to back up in order to leave the residence. Be prepared to leave quickly if needed.
- D. Have an adequate amount of gas in the car at all times.
- E. Know your office policy regarding vehicle safety, i.e. what to do in the event of a breakdown, flat tire, or other mechanical problem with the vehicle.
- F. Always lock the car, even when moving. Keep windows rolled up to the point where someone cannot put their arm inside the car. Lock your purse or other valuables in the trunk of the car.
- G. Be aware of your surroundings. Is the area isolated? Are there unknown people or vehicles parked around the residence?
- H. Be aware of your attire. For example, wear shoes that you can move quickly in if necessary. Be cautious when wearing jewelry, scarves, ties, etc. that can be potentially grabbed, and where you may be harmed. Wear Department ID on break-away lanyards. Carry as few items as possible on your person.
- I. When you knock on the door, listen to what may be going on at the residence. For example, is there fighting, crying, a dog barking, etc.? Stand to the side of the door, never directly in front of the door.
- J. Do not enter a residence without being welcomed in by the occupants. Never enter a residence where no one has responded and the door is unlocked or ajar. Do not walk around the residence looking in windows when no one answers the door.
- K. Be aware of how to exit the client home once they have invited you in.
- L. If invited to sit, be aware of where you sit, so you do not sit on sharp or wet items.
- M. Always wash your hands once you leave a home visit. Latex gloves and prepackaged towelettes will be made available within the regions and Department cars.
- N. Be aware. Know which situations are the most likely to heighten risk factors, such as a Child Protection action where children are removed from their home.

In the Office:

- A. Determine how to “flag” potentially dangerous families and individuals in the shared data system. For example, place the phrase “Potential Hazards” in the first line of the PI, as this appears on the global list of Presenting Issues and will be an indicator to read additional information included in that PI. ***Note: Service Integration will also provide additional ways to identify potential hazards across the various programs within the Department. This Standard will reflect these changes as they become known.***

- B. Know the building's safety procedures. Each building has a safety protocol for responding to hazards, including fire, bomb threats, and potentially threatening individuals.
- C. Follow OSHA (Occupational Safety and Health Administration) guidelines if you are exposed to needles (or other sharps) or bodily fluids. Immediately (as soon as possible) flood the exposed area with water, and clean the area with soap and water or a disinfectant. Report incident to your supervisor, and seek medical attention.
- D. Be aware of your office or meeting rooms, where staff conduct face-to-face meetings with clients. Does the room have 2 exits? If there is not a second exit, sit close to the door where you can leave quickly if needed. Are there potentially dangerous items in the room? Do not have paperweights, scissors, etc., available that someone could use as a weapon.
- E. Keep waiting time to a minimum when possible.
- F. Do not meet with anyone when alone in the office.
- G. Do not open suspicious packages that are unexpected and have no return address. Inform a supervisor who will then contact Law Enforcement for response.

Dealing with an Irate Client:

- A. Remain calm. Be aware of the tone of your voice, and consciously keep your voice low.
- B. Keep a safe distance between you and the client. Stand to the side of an individual, never directly in front of them. Never touch a client on the arm or shoulder to calm them. This may actually serve to escalate the situation.
- C. Remove yourself from the situation as soon as possible if you feel threatened. Ask for a cooling off time or reschedule. This also helps a client to regain composure and maintain their dignity.
- D. Use empathy when possible, however, do not say, "I understand..." This may again, serve to escalate an already tense situation.
- E. Show respect and sincerity.
- F. Do not tell the client what to do, or how you would handle a situation if you were them.
- G. Ask for assistance from Supervisor/Team Lead, another worker, or Law Enforcement when needed. Never hesitate to ask for help.

Following an Incident:

- A. Seek medical attention immediately if injury warrants this response (call 911 in an emergency). If medical attention is advised, but not an emergency, contact regional HR representative for designated medical providers.
- B. Notify your Supervisor/Team Lead as soon as possible.
- C. Supervisors will inform the regional Program Manager immediately upon being informed of a safety-related incident. In the event the Supervisor/Team Lead is unavailable, notify the regional Program Manager of the incident.

- D. Notify Law Enforcement if a worker is injured by a client and file appropriate reports.
- E. Document the incident fully in a Critical Incident Report and subsequent Supervisor's Accident Report if needed. These reports will be forwarded to the Program Manager. Consult Human Resources when warranted.
- F. When incidents involve clients, document in the narrative section in the client's file.
- G. Responses to stressful incidents are individualized based on personal experience and history. Supervisors will be available for debriefing. The Employee Assistance Program is also available to all employees, and shall be considered if appropriate.
- H. Worker safety training will be available to new staff, and ongoing worker safety training will be made available to experienced staff when requested.

Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.

Level of Risk Scenarios

Scenario #1:

Scott has been arrested twice for domestic violence. He grew up in a home where there was domestic violence as well. Scott is married to Becky. They have three children, ages 8, 5, and 1. There have been two substantiated referrals on Scott and Becky due to their children having witnessed domestic violence. There has been one unsubstantiated referral of neglect. Scott does not want to let you in, but finally acquiesces. Scott is an avid sportsman and has a bow and all the paraphernalia that goes with it. He spent seven years in the army before he and Becky were married. He has worked at the same company since he left the army. He is a hard worker and well liked by his employer and co-workers. Becky has a long history of depression. She takes medication, but documentation on work with the family states that she does not respond well to the meds. They have a large, extended family and many friends. The children have a strong bond with both of their parents.

Scenario #2:

Patty is a single parent. She has Multiple Sclerosis and has struggled with parenting because of her physical limitations. She has been reported to CFS several times for neglect, but the problem is not her lack of desire to care for her children, but because that she gets so tired, she sits down, and is asleep before she realizes it. Patty is very worried about her 10-year-old son, Jim. He has been torturing their cat, and last weekend the police brought him home after he got into a fight. He has been increasingly mean to his mother. He calls her names and refuses to do what she asks. Patty called CFS for help when her 6-year-old daughter told her that Jim had been locking her in the closet when mom fell asleep, and that yesterday he had locked her in the closet and put a dead cat in the closet with her.

Scenario #3:

Peter and Janie have been living together for two years. They have a new baby. The baby is only four months old, and Janie's mom has called CFS four times since the baby was born. None of the concerns were substantiated. Janie's mother called CFS when Janie told her that Peter had thrown the baby on the bed last night and Janie said the baby had been hurt. The baby has colic and cries all the time. Peter says that he doesn't want to hurt the baby but he can't stand the crying anymore. He and Janie have been up for nights without sleep. They do not have the money to go to a doctor. Janie's solution is to ask her mother for help since she doesn't know what to do. Peter has told Janie that if she calls her mother one more time he is leaving. Janie is desperate. She calls her mother for help and doesn't have anyone else to call, but she doesn't want Peter to leave. Both Peter and Janie look like bikers and are pretty crude in their manner. They admit to occasional recreational use of drugs. There are several empty and half-full bottles of alcohol around the house.

Level of Risk Scenarios

Scenario #4:

The neighbors have called CFS. They think the neighbor is a jerk. They watch him bring the kids outside where he makes them work in the yard for hours at a time. They never see the mother except when she goes quickly to the car and back into the house. They are concerned that he never lets her do anything. They have never spoken to her and he is very short with them when they speak with him. The family appears to be from the Middle East. They want someone to check on the family. You go to the house and the door is opened by several smiling, young boys. They call their mother who comes to the door. She says that she cannot talk with you without her husband. She tells you he will be home from work in four hours. When you return you are let into the house. Mother sits with her head down and does not speak. The daughter sits next to her and does not speak either. The little boys tell you how they like to work in the yard with their father. They say they like America because it has so many new things that they don't have in Pakistan. When you question the mother she looks to the father before answering. He nods at her and smiles and she responds to your questions. Father is obviously in charge.

Preparing to Meet Incidents of Risk

Areas in which workers prepare to meet situations that might present risk.

- Prepare Personally
- Prepare your Environment
- Plan for Safety

Prepare Yourself

- Have clear boundaries
- Do not present yourself in a threatening or intimidating manner
- Don't look or act vulnerable
- Dress appropriately for the situation
- Don't assume that you are safe
- Walk and talk like a person with a purpose
- Develop a personal plan of how you will react in a risky situation
- Practice de-escalation self-protection skills

Prepare Your Environment

- Arrange your office so that no one sits between you and the door
- Keep your cell phone dialed to 911
- Do not hold an interview in a room with items that can be used as weapons
- Maintain physical distance from a violent or threatening client
- Consider your apparel...can it pose a risk to your safety
- Know as much about the residence as possible
- Know the geographical area you are going into
- Find a place for cover near the residence just in case
- Know the best way to leave the area
- Try and put a subtle barrier between you and the interviewee
- Ask yourself, "Does my office provide a pleasant, calming effect?"
- Be aware of animals

Plan for Safety

- Ask the intake worker if they were given any information that indicated risk to the worker
- Know about possible previous concerns about the family
- Know if there is a history of violent behavior
- Know if there is a criminal history
- Know if there is a history of drug or alcohol use
- Look for weapons when you are in someone else's space
- Tell a co-worker or your supervisor where you are going and when you will return
- Listen at the door for angry voices
- Take someone with you when you feel the situation warrants it
- Ask for support from your supervisor when you need it

Family-Centered Practice and Worker Safety

If your approach to social work practice is family centered, this issue of *Practice Notes*, with its talk of safety assessments, safety action plans, and "how to defend yourself", may make you a bit uneasy.

It's not hard to see why. Family-centered practice is about using your powers of observation to uncover hidden strengths in families, not their likelihood of doing you harm. It's about seeing them as colleagues, not potential assailants.

Yet often we walk into the homes of families having – quite literally – the worst day of their lives. It would be dishonest and foolish to ignore safety concerns. The question is, how can we take safety into account without insulting or distancing ourselves from the families with whom we work, particularly those who meet some of the criteria defined in the "Predicting and Dealing with Violence" article?

One approach is to bring this concern out in the open. If you have safety concerns, talk openly with the family about them. Make it clear that you are interested in resolving these concerns so that you can focus on helping the family.

Another way to integrate safety concerns into your practice is a safety contract (see below). The idea behind this kind of contract is that a formal, written commitment is more likely to be honored and remembered than an informal discussion about safety.

The most effective way to promote your safety may be the family-centered approach itself, however. Why? Because, with its emphasis on respecting the traditions and competencies of families, and on empowering them to create their own solutions to the problems they face, family-centered practice builds solid relationships with families. And to a large extent, the quality of your relationships with people is what determines your personal safety.

Sample Safety Contract

I understand that my children and all members of the family and the social worker must be guaranteed physical safety during our work together. I agree to provide this safety for all members by separating rather than fighting. I guarantee that any firearms in the house will be disarmed and locked up. I guarantee the worker's safety and will accompany the worker in the community if necessary.

_____ (sign) _____ (sign)

_____ (sign) _____ (sign)

© 1998 Jordan Institute for Families

Predicting and Dealing with Violence

When they think about maintaining their safety on the job, social workers always want to know: Is it possible to predict who will be violent? What can I do to prevent a situation from becoming violent? And what should I do to protect myself if someone strikes out at me?

Predicting Violence

Are there factors common to those who commit violent acts? In fact, there are. Research has identified certain traits and factors that make people more inclined to violence:

Prior Violence. Each time someone commits a violent act, it is more probable that violence will happen again. Since this is the single best predictor of violence, it is a good idea to ask questions about past or current violent behavior during your initial contact with a child or family member. Specifically, you want to know about a person's most violent act, and how often he or she has violent thoughts.

Certain Feelings. Several internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting clients in positions that embarrass them. Rather, give them knowledge that empowers them and help them see other, nonviolent options.

Physical Factors. Physical factors increase the risk of violence as well. These include lack of sleep, physical exhaustion, use of drugs or alcohol, brain trauma, heat, hunger, cold, physical disability, or chronic pain.

Situational Factors. Situational factors are also predictive of violence. Access to weapons, experiencing childhood abuse or aggression in the home, or feeling a sense of injustice or oppression can lead to violence.

Forced Removal. There is growing evidence that demonstrates that violence is more likely when children or adults are taken from their living situations, especially if they are removed in front of family or friends. Therefore, removals should always be planned events. Never conduct one alone.

What to Look for

Even if you do not have any information about a person's past history or current emotional state, there are signs you can look for. Observe the person's body: is she pacing or fidgeting? Clenching her fists or jaws? Does she have a "wild" look in her eyes? Is she out of touch with reality? Is she speaking in a loud voice or becoming verbally abusive? If you see these behaviors, take immediate steps to reduce the tension before it escalates.

Reducing Tension

You are on a home visit, and Mom's boyfriend comes home. He glares at you and paces around the room. When you explain who you are and why are visiting, he yells at you. He begins cursing and gesturing, but stays away from you. What do you do?

Unfortunately, there is no "right" answer, no technique that will work in every situation. Ideally, though, you want to help the angry person "come down" from his or her anger.

The main rule (and it's easier said than done) is to remain calm. A calm tone, demeanor, and presence transfers to others. Speak in a clear and direct manner, so the person can hear what you are saying through the anger.

It is not a good idea, however, to tell the client to "calm down." By saying this, you communicate that you do not understand – if you did, you would understand why he or she is so upset. Instead, be empathetic. Talk about the frustration or problem that has come up. Reflect feelings and behaviors such as "you seem angry." Take responsibility for your mistakes.

It may be easier to remain calm if you remember this isn't personal – the person is angry at the situation, not you. Defensiveness on your part validates the angry person, increasing the tension (Horejsi & Garthwait, 1997).

Reinforce your calm tone with nonthreatening, non-confrontational body language. Move slowly. Avoid putting your hands on your hips. Position yourself to the side of the person, so you are not squarely facing them. Avoid extensive eye contact and physical closeness. Do not touch an angry person. Do not stand between the person and the door.

You can also use different strategies to help an angry person calm down. One method is to offer the person choices, such as talking later or agreeing on a cooling off period. Allow the person to save face – give him or her a way out.

Attempting to distract or change the subject can sometimes work, but be

careful, as this may further anger people if they realize you are diverting them. Don't use humor – in the haze of anger, it is too easily misinterpreted.

Even if the person seems to be calming down, be patient – it takes a person about 30 to 40 minutes to calm down from anger physiologically (Griffin et al., 1995). If you have done what you can and things still seem to be escalating, leave the situation and/or get help.

If Aggression Occurs

The angry boyfriend doesn't calm down. Suddenly he comes at you, his hands outstretched. What do you do?

Anger and aggression cannot always be contained. If a person attempts to assault you, protect yourself. Your first step should always be to leave the room and get away from the situation. If you cannot leave, call for help and:

- Protect yourself from head injuries. Block blows with pillows, arms, clipboard, etc.
- If you fall, block the attack with your feet and legs.
- If your arm is grabbed, break the hold by twisting quickly toward the person's thumb.
- If you are choked, raise both arms straight up and quickly turn around. Your arms and shoulders will break the hold.
- If you are bitten, push into the bite, don't pull away.
- If your hair is pulled, press down on the person's hand with both of yours.
- Weapon: Never reach for the weapon. Encourage the person to talk. Focus on the person, and keep your distance (Flick, 1996; Griffin, 1997).

Implications

Safety is essential to your success – you can't help a family through a crisis if you are afraid for your own well-being. Therefore it is crucial to know how to identify potentially dangerous individuals and what to do when you encounter them. By maintaining your awareness and being proactive, you improve your ability to do your job, as well as stay safe.

Sources

Brady, E. (1993). *Coping with violent behavior: A handbook for social work staff*. Harlow, United Kingdom: Longman Group.

Brown, R., Bute, S., & Ford, P. (1986). *Social workers at risk: The prevention and management of*

violence. London: British Association of Social Workers.

Dernocoeur, K. (1993, July). Tips on defusing a violent situation. *JEMS*, 78-79.

Flick, J. (1996). *Defusing potentially violent situations: Keeping yourself and others safe*. Unpublished. Presented at social worker safety training.

Fraser, M. (1995). Violence overview. In R. Edwards (Ed.), *Encyclopedia of Social Work*. Washington, DC: NASW Press, 2453-2460.

Horejsi, C. & Garthwait, C. (1997). Be careful out there: CPS worker safety in rural areas. *Protecting Children*, 13(1), 12-14.

Griffin, W., Montsinger, J., & Carter, N. (1997). *Resource guide for administrators and other personnel*. Durham, NC: ILR, Inc.

Hughes, D. (1994). Assessment of the potential for violence. *Psychiatric Annals*, 24(11), 579-583.

Murdach, A. (1993). Practice forum: Working with potentially assaultive clients. *Health and Social Work*, 18(4), 307-312.

Nadwairski, J. A. (1994). Inner city safety for home care providers. *Journal of Safe Management of Disruptive and Assaultive Behavior*, 2, 4-6.

Star, B. (1984). Patient violence/therapist safety. *Social Work*, May/June, 225-230.

© 1998 Jordan Institute for Families

Maintaining Your Safety in the Field

Not long ago, a Child Protective Services (CPS) social worker in Michigan was killed by two members of a family with whom she was working.

If you read about it in the papers, your first reactions to this killing were probably horror and sympathy – *this woman was doing the same thing I do*. Unless you managed to put it out of your mind right away, you may have moved on to feelings of curiosity and fear – *what went wrong? Were there warning signs? How can I keep that from happening to me?*

Before Your Visit

Before you enter a family's home, you should have a safety action plan. This plan should include precautions that will help you avoid stepping into a dangerous situation. It should also contain strategies that will help you manage a confrontation if one occurs.

Safety Assessment. To gather the basic information you need for an action plan, you should conduct a safety assessment of the situation. Doing a safety assessment before you leave the office will allow you to decide what preventative measures you should take, such as who to bring (going out in teams, or with police), when to visit (preferably during daylight hours), and how to proceed.

As a first step in this assessment, learn what you can about the family's history: have they had violent encounters with the police, schools, or social services? Is there a history of mental illness in the family? Have they had negative interactions with agencies in the past? Some of these details will be noted in agency records. For others, you may need to consult informal sources, such as your supervisor, coworkers, or colleagues from other agencies.

Also, give serious consideration to the street, neighborhood, or area where the family lives. You will want to exercise extra caution – for example, avoid wearing jewelry – in known drug areas, isolated places, or high crime areas. No matter where you are going, be sure your car has enough gas and is in good working order.

Find out what you can about the activities and whereabouts of cults and

militia groups in your area. Even if they are not directly involved in a case, these groups may be a danger – they often have very different views of reality, and could perceive your actions as threatening, unwarranted, or unconstitutional. Cults and militias may feel justified in threatening or attacking child welfare professionals (Horejsi & Garthwait, 1997).

Although many times you will not be able to learn much about a family, even a little information can help you make an informed judgment.

Safety Action Plan. When you've found out what you can, make a plan. Be sure to follow any safety protocols or policies your agency has (for example, leave information about where you are going). In addition, the next article, "[Sample Action Plan for Safety](#)", contains suggestions for keeping yourself safe on a visit.

To ensure your plan fits with the particular visit at hand, think about similar visits you've had to make in the past – what worked and what didn't? If you have limited practice experience, consult someone you know who does. And trust your instincts. If something doesn't feel right, it probably isn't. Try to figure out why, and decide what to do.

Awareness Is Key

No matter how thorough you are, safety assessments and action plans are not magic bullets. If they are to work at all, you must remain alert and observant once you are in a family's home.

Observing your surroundings and the people you are talking to are second nature for you as a social worker – this is how you assess the safety of children and the needs of their families. But you can also use your skill as an observer to identify potential safety risks.

Finally, a word of caution: don't get carried away. Most of the families we see are not a threat. Safety assessments and action plans are useful only because they promote our awareness and reduce our fear so we can focus on helping families.

References

Dernocoeur, K. (1993, July). Tips on defusing a violent situation. *JEMS*, 78-79.

Flick, J. (1996). *Defusing potentially violent situations: Keeping yourself and others safe*. Unpublished. Presented at social worker safety training.

Griffin, W., Montsinger, J., & Carter, N. (1997). *Resource guide for administrators and other*

personnel. Durham, NC: ILR, Inc.

Horejsi, C. & Garthwait, C. (1997). Be careful out there: CPS worker safety in rural areas. *Protecting Children*, 13(1), 12-14.

Nadwairski, J. A. (1994). Inner city safety for home care providers. *Journal of Safe Management of Disruptive and Assaultive Behavior*, 2, 4-6.

© 1998 Jordan Institute for Families

Sample Action Plan for Safety

- Drive by the residence to see if things seem okay -- is there anything suspicious going on?
- When pulling into the parking lot/neighborhood, look around to see who is hanging around and what the atmosphere seems to be.
- Note at least two (if possible) exits and entrances to parking.
- Back your car in and don't park directly in front of the home/residence.
- Listen outside the door of the home for disturbances such as screaming, yelling, or fighting.
- When knocking on the door, stand to the side, not in front of it.
- Introduce yourself clearly, letting the family know who you are and why you are there.
- Assess the person/persons you are talking with. What is their demeanor? Are they intoxicated?
- Note the location of doors in the home. Leave the door unlocked if possible.
- Scan the environment for any weapons--guns are often kept in the bedroom, knives in the kitchen.
- Note any drug paraphernalia lying about and what danger that poses to you or the children.

Sources

Griffin, W., Montsinger, J., & Carter, N. (1997). *Resource guide for administrators and other personnel*. Durham, NC: ILR, Inc.

© 1998 Jordan Institute for Families

Promoting Safety in the Agency

All human services agencies should have safety policies and protocols. Properly conceived and implemented, these steps make clients and workers feel safe. At their best, they promote safe social work practice, reduce the chances of a violent or dangerous encounter, and facilitate a quick recovery for the victim and the agency as a whole when things do go wrong.

This article talks about some of the things people have done to improve agency safety. We hope this information will help you consider how safe your agency feels and give you ideas for making it even safer.

Safety First

Safe agencies talk about and act on safety concerns. This begins the first day on the job – safety skill training is a crucial part of orientation to the agency. All staff members should know how to recognize signs of an impending violent outburst and what they should do about it.

To further prepare staff, some agencies have a "violence plan," and rehearse their reactions, just like a fire drill. During this rehearsal, people practice techniques and responses and learn what needs to be done not only before and during a violent episode, but afterwards, to support the victim and everyone else.

Safety begins before people enter the building. Make it clear to clients that the agency has a "zero tolerance" policy with regard to carrying weapons or using drugs or alcohol prior to visiting the agency.

Focus special attention on the waiting room. Make sure it is pleasant and comfortable, and keep waiting time to a minimum. Carefully monitor temperature, crowding, and noise. Many agencies use silent alarms in this and other areas where clients may be, so that others can be alerted when trouble starts.

Organize the agency to promote safety. Some agencies limit access to staff work areas using keys or coded locks. Also, consider the arrangement of furniture in your office. Ideally, both you and the client should have easy access to the door – you shouldn't have to go around your desk or past the client to get out. It is also a good idea to eliminate "weapons of opportunity," such as paperweights, scissors, and staplers from areas clients access (Griffin, 1997).

Want to find out more? We encourage you to seek out the sources listed at the end of this and the other articles in this issue for further reading.

Sources

Flick, J. (1996). *Defusing potentially violent situations: Keeping yourself and others safe*. Unpublished. Presented at social worker safety training.

Griffin, W., Montsinger, J. & Carter, N. (1997). *Resource guide for administrators and other personnel*. Durham, NC: ILR, Inc.

© 1998 Jordan Institute for Families

REPORTING REQUIREMENTS FOR CRITICAL INCIDENTS

<i>OCCURENCE</i>	<i>REPORTABLE WHEN</i>	<i>REPORTING FORMAT</i>	<i>REPORTING TIME</i>
Death of a child in care	Any time a child dies who is in out of home care. This includes relative care, foster care, group home, or residential treatment.	Critical Incident Report	ASAP
		Fatality review report	Within 3 months of death
Death of client	Client dies while under agency's regular/periodic care, other than deaths resulting from natural/expected causes or from an event unrelated to service delivery.	Critical Incident Report	Within 3 working days of death
Serious injury of client	Injury results in debilitating, permanent injuries, (example: paralysis, brain trauma); or results from agency or provider action (example: restraint injuries); or results in a third party investigation; or injuries that may result in being publicized and/or litigation.	Critical Incident Report	Within 3 working days of injury
Allegation of client being abused, neglected or sexually abused by a Department employee	Whenever an allegation is made with follow-up when determination is made.	Critical Incident Report	Within 24 hours of allegation
		Division reports to Human Resources	Same day as report is received
		Memo	Within 24 hours of determination
Incident or allegation of client being sexually abused, neglected, or abused by a provider, foster parent, or volunteer.	Whenever an allegation is made, with follow-up when determination of validity is made.	Critical Incident Report	Within 3 days of allegation and within 3days of determination
Civil or criminal action	The action is filed against the department or against its employees, foster parents, or volunteers, for alleged conduct while acting on behalf of department	Critical Incident Report	Within 24 hours of action
Missing child (i.e., runaway) * notify Division Administrator & Management Assistant when child is found	A child in custody is missing from out of home care and the child's location is not known.	Critical Incident Report	Within 24 hours of notification
	When child has been located and returned, send a follow-up memo to Division Administrator and Management Assistant	Email	

May 2003

CRITICAL INCIDENT REPORTING

Program and region submitting Report:	Date of Report
Client involved:	
Employee(s) involved:	
Provider involved:	
Critical incident:	
Person Submitting Report Signature _____	
Program Manager Signature _____	

- 1) Submit completed critical incident report form to: Administrator AND Management Assistant of the Division of Family and Community Services.*
- 2) Critical weekend incidents should be reported to either the Administrator or Deputy Administrator (i.e., death of a child, serious injury of a client)*

DHW Worker Health & Safety

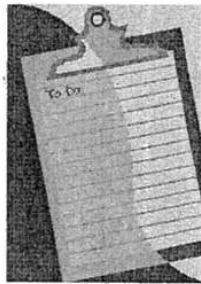


Safety Is How We Do Business

Since our Department's mission is "to promote and protect the health and safety of Idahoans," it stands to reason this would be of utmost importance within our Department family; as in any family, everyone must participate in the efforts to reach our goal. Therefore, "Work Environment/Safety" is one of the six competencies outlined in the Department's Performance Review process. The competency description reads "promotes mutual respect, keeps workplace clean and safe, supports safety programs." Obviously, Safety as a performance criterion means more than simply "were you injured on the job this year?"

Safety partners perfectly with the Department's goal to apply learning organization skills. By utilizing the disciplines of Shared Vision, Personal Mastery, Team Learning, Systems Thinking, and Mental Models, safety becomes part of how we do business.

Building the Best Place to Work



When you are aware of a health or safety hazard, inform your Supervisor or Human Resource representative immediately. You can also contact the Worker Health & Safety Program by calling (208) 332-7206 or sending an e-mail to safety@idhw.state.id.us (we're "DHW Safety" in the Global address book). You may be asked to help reduce or eliminate the hazard by making changes to the work area, the equipment used, the way work is performed, or any combination of these methods. DHW may also seek help from other resources in order to improve the safety of everyone's work environment. You owe it to yourself and the Department to help build the best possible workplace!

Safety Resources

In addition to contacting the Worker Health & Safety Program in Boise, safety information can be found on DHW's InfoNet. Just click on Health & Safety from the list on the left side of the Home Page (the list takes a few seconds to appear) or go directly to:

http://infonydhw/health_safety/health_safety.htm

From the WHS site, you can contact the Department's Health, Safety & Wellness Committee, access ergonomic information, read a variety of safety Fact Sheets, get your own copy of The Daily Constitutional (a weekly newsletter for "sharing good safety info"), or download a copy of a "Request for Special Assistance in Evacuation" form.

The Worker Health & Safety Program is also available to assist in locating or presenting safety training materials to managers and employees.

***A World Class Safety Culture is the Result of Commitment,
Not Just Compliance***

In Case of an Injury

If you are involved in an accident or any unsafe act, condition, or incident (even if you are not injured) **it is critical that you report the incident to your supervisor within 24 hours.** This notification will help the Department protect you, your co-workers and clients through the identification and elimination of hazards and prevent future accidents and injuries. Incident reports also provide the means to record information needed to complete a Workers' Compensation claim, should the need arise. **An incident report is NOT a Workers' Compensation claim.** If you need to seek medical care, or miss more than one (1) day from work, the First Report of Injury (FROI) must be completed. Your supervisor and HR representative will help you complete the FROI which will be e-mailed to: safety@idhw.state.id.us Workers' compensation claims are submitted to the Idaho State Insurance Fund. **Only the Fund** can determine the compensability of your claim and guarantee medical or time-loss payments.

Preferred Physicians or Preferred Healthcare Professionals

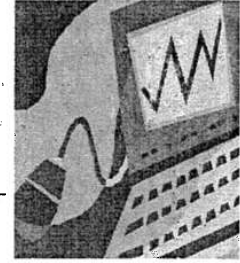
Except in emergency situations, DHW employees who need medical care due to an injury on the job are expected to see the Department's Preferred Physician or Preferred Healthcare Professional for initial treatment. These medical providers are selected for their ability to provide timely access to medical services and are particularly knowledgeable of work injuries, rehabilitation, and return-to-work options. Using this network of physicians will speed claim processing and payment of medical bills and time loss benefits.

Your Supervisor will ask you to sign an "Acknowledgement of Notification" of the Preferred Providers in your Region. If you live and work in a town without a designated Provider, treatment can be initiated by a local physician. You may want to ask the Preferred Provider to forward copies of your medical records to your family physician in order to maintain complete medical records.

A list of the Preferred Providers for each Region is available by logging onto:
http://infonetdhw/health_safety/preferred_physician_summary.pdf

Return-to-Work Program

After an injury, if your physician releases you to return to work with some temporary work restrictions, you must contact your supervisor and your Human Resources representative. The Department actively supports the timely return to work of employees who are injured or become ill due to their job; reasonable accommodation consideration will be given to you as well as to employees who are unable to perform full duties due to a non-work related injury or illness. Temporary restricted or light duty assignments may be offered when an employee is able to perform their regular duties with certain restrictions, or if the employee is able to work in a different setting at a specially-designated light duty work site. In the case of an on-the-job injury, if the restricted duty results in a decrease of wages (due to reduced work hours), the State Insurance Fund will provide income benefits based on the reduced wages.



Safety Works!

A commitment to safety awareness is one more way we can meet our goal to become a Learning Organization skilled at creating, acquiring, and sharing knowledge; modifying behavior to reflect new knowledge and insights; and changing to meet new demands of internal and external customers. When we all make Safety part of how we do business, we improve the workplace, the work product, and the workforce.

FOR MORE INFORMATION, PLEASE CONTACT YOUR LOCAL HUMAN RESOURCE REPRESENTATIVE, OR

Stephen M. Manning, MS, CSP
Manager, Worker Health and Safety Program
Division of Health
Idaho Department of Health and Welfare
450 W. State Street
Boise, Idaho 83720-0036
(208) 334-4963 (v)
(208) 332-7362 (f)
mannings@idhw.state.id.us

Marsha McKinney, ARM
Health & Safety Specialist, Worker Health & Safety Program
Division of Health
Idaho Department of Health & Welfare
450 W. State Street
Boise, Idaho 83720-0036
(208) 332-7206 (v)
(208) 332-7362 (f)
mckinnem@idhw.state.id.us

11/2004

DHW Safety Resources

Health & Safety InfoNet Web Page

The Health & Safety web page has links and information about safety committees, the Worker Health & Safety Program, DHW's Worker Health & Safety Manual, and a number of health and safety topics and resources.

Health Safety & Wellness (HSW) Committees

(Refer to the Health & Safety web page on the IHW InfoNet)

Department HSW Committee

The Department HSW Committee consists of representatives from Regions, Divisions, and Institutions. Their purpose is to guide the development and implementation of consistent, supportive and practical HSW efforts and to promote a safe and healthy work environment.

Local Health Safety & Wellness (LHSW) Committees

There are seven (7) local committees, one each for Eastern Idaho, Southwest Idaho, and Northern Idaho; one each for State Hospital South (SHS), State Hospital North (SHN), Idaho State School and Hospital (ISSH); and one for the Pete T. Cenarrusa Building (central office) in Boise.

Local committees at SHS, SHN, and ISSH are to include the individual in charge of safety and security as well as a representative from each major program area. The other local committees should include a representative from each Division.

Worker Health & Safety Program (WHS or WHSP)

(Refer to the Health & Safety webpage on the DHW InfoNet)

The Department's Worker Health & Safety Program is administered by the Bureau of Community and Environmental Health in the Division of Health. The program submits and manages all workers' compensation claims resulting from on-the-job injuries, promotes safe work practices within DHW, assists in locating and/or providing safety services and training to managers and employees, and is represented on the Department's HSW Committee.

Contacts: Steve Manning, WHS manager: 334-4963 smanning@idhw.state.id.us

Marsha McKinney, Health & Safety Specialist: 332-7206 mckinnem@idhw.state.id.us

DHW Worker Health & Safety flyer

(On the Health & Safety webpage on the DHW InfoNet, or contact the WHSP)

This 2-page flyer provides basic information about the Worker Health & Safety Program, safety in the workplace and what to do if you are injured.



Idaho Statutes

TITLE 18
CRIMES AND PUNISHMENTS
CHAPTER 9

ASSAULT AND BATTERY

18-915. ASSAULT OR BATTERY UPON CERTAIN PERSONNEL --
PUNISHMENT.

Any person who commits a crime provided for in this chapter against or upon a justice, judge, magistrate, prosecuting attorney, public defender, peace officer, bailiff, marshal, sheriff, police officer, correctional officer, employee of the department of correction, employee of a private prison contractor while employed at a private correctional facility in the state of Idaho, employees of the department of water resources authorized to enforce the provisions of chapter 38, title 42, Idaho Code, jailer, parole officer, officer of the Idaho state police, fireman, social caseworkers or social work specialists of the department of health and welfare, employee of a state secure confinement facility for juveniles, employee of a juvenile detention facility, a teacher at a detention facility or a juvenile probation officer, emergency medical technician certified by the department of health and welfare, emergency medical technician-ambulance certified by the department of health and welfare, advanced emergency medical technician and EMT-paramedic certified by the state board of medicine, a member, employee or agent of the state tax commission, United States marshal, or federally commissioned law enforcement officer or their deputies or agents and the perpetrator knows or has reason to know of the victim's status, the punishment shall be as follows:

(a) For committing battery with intent to commit a serious felony the punishment shall be imprisonment in the state prison not to exceed twenty-five (25) years.

(b) For committing any other crime in this chapter the punishment shall be doubled that provided in the respective section, except as provided in subsections (c) and (d) of this section.

(c) For committing a violation of the provisions of section 18-901 or 18-903, Idaho Code, against the person of a justice, judge or magistrate, jailer or correctional officer or other staff of the department of correction, or a county jail, or of a private correctional facility, or of an employee of a state secure confinement facility for juveniles, an employee of a juvenile detention facility, a teacher at a detention facility or a juvenile probation officer and the person committing the offense knows or reasonably should know that such victim is a justice, judge or magistrate, jailer or correctional officer or other staff of the department of correction, or of a private correctional facility, an employee of a state secure confinement facility for juveniles, an employee of a juvenile detention facility, a teacher at a detention facility or a juvenile probation officer because of the victim's former or present official status, and the victim is engaged in the performance of his duties, the offense shall be a felony punishable by imprisonment in a correctional facility for a period of not more than five (5) years, and said sentence shall be served consecutively to any sentence being currently served.

(d) For committing a violation of the provisions of section 18-903, Idaho Code, except unlawful touching as described in section 18-903(b), Idaho Code, against the person of a peace officer, sheriff or police officer because of the victim's former or present official status, the offense shall be a felony punishable by imprisonment in a correctional facility for a period of not more than five (5) years, and said sentence shall be served consecutively to any sentence being currently served.

The Idaho Code is made available on the Internet by the Idaho Legislature as a public service.

This Internet version of the Idaho Code may not be used for commercial purposes, nor may this database be published or repackaged for commercial sale without express written permission.

Basic Pathways to Wellness

1. Sleep
2. Complete Relaxation (while awake)
3. Aerobic Activity
4. Play (one hour each day)
5. Strokes – Positive, Pleasant thoughts, and/or attention and/or activity
6. Hugs (positive, physical touch or contact)
7. Something meaningful and exciting
8. Good eating and nourishment with fresh wholesome foods

Simple Ways to Decrease Stress on a Daily Basis

AVOIDING STRESS

1. Get up 15 minutes earlier so you don't begin your day rushed.
2. Prepare for morning the night before, i.e., lunches, clothes, etc.
3. Write down the things you need to remember.
4. Practice preventive maintenance on automobiles and other machinery.
5. Make duplicates of all keys and hide or give one to a trusted friend.
6. Don't over book yourself.
7. Say "no" when that's what you mean.
8. Take advantage of off hours for banking and shopping.
9. Keep an emergency supply of necessities.
10. Walk everywhere you can.
11. Make copies of important papers and keep the originals in a safe place.
12. Do annual spring cleaning.
13. Anticipate your needs and be prepared, e.g. umbrella, change of clothes.
14. Fix or replace items that don't work properly.
15. Make advance reservations when possible.
16. Call around to see which store has the desired item rather than driving around.
17. Make a list of the week's meals and corresponding grocery list.
18. Allow extra time when driving to something important, e.g., work, airport.
19. If you tend to be late, plan to arrive 10 minutes earlier.
20. Schedule regular chores, e.g., bill writing, laundry, house cleaning.
21. Think twice before spending money you don't have.
22. Manage your time more effectively.

REDUCING STRESS:

23. Be prepared to wait; keep a book ready.
24. Find humor in a normally upsetting situation.
25. Take entertainment with you when you travel, e.g., book, puzzles, knitting.
26. Relax your standards.
27. Get help with the chores you dislike.
28. Establish a serene place of your own.
29. Change your perspective – we usually make things more complicated than they are.
30. Try to remember that whatever just happened could be worse.
31. Count your blessings.
32. Keep time fillers by the telephone.
33. Travel light.
34. Ask questions if you don't understand something.
35. Try to do things well the first time.

36. Identify the time of day when you have the most energy and schedule complicated tasks at that time.
37. Unclutter your life – get rid of clothes you don't wear and objects you don't use.
38. Do not rely on chemical aids.
39. Meditate.
40. Lead a healthy lifestyle – exercise, eat well, get plenty of rest, balance work and play.
41. Use positive self-talk.
42. Work on our self-esteem.
43. Take time to think about what your needs are. Are they being met? If not, how can they be met?
44. Remember that you have the freedom to make choices.

RELIEVING STRESS

45. Take time out to breathe deeply, stretch, do a relaxation exercise (progressive relaxation or imagery are helpful).
46. Find enjoyable ways to exercise.
47. If something is bothering you, get it off your chest.
48. Take a hot bath.
49. Schedule fun.
50. Take a break from the kids.
51. Get a massage.
52. Unwind before going to sleep at night, you will sleep more peacefully.

MOST IMPORTANTLY, LAUGH!

Some ideas of what you can do when you are getting depressed

- Get help while you still can: the longer you wait, the harder it gets. Depression is very dangerous. Medications may take from four to six weeks to work.
- Use cognitive therapy techniques to get you out of negative thought patterns. (read some self-help books)
- Plan your day with some activities you have to do and some activities you enjoy. Rate your expectations of these activities, and then reassess how you felt after their completion.
- Break down difficult tasks into smaller incremental parts.
- Give yourself credit for even the smallest things you get done.
- Remember depression passes. Focus on living one day at a time.
- Get emotional support from a family member, friend, or mental health professional. Get involved in a fun activity with someone you enjoy.
- Talk to an understanding, nonjudgmental person for as long as you need to talk (or join a support group). It needs to be ok to talk about anything and to be emotional.
- Listen to or help someone else.
- Use whatever spiritual resources you are comfortable calling on.
- Get some exercise, whatever you can muster – walk, run, bike, swim.
- Get out in the sunlight as much as possible. If you must be inside, sit or work near a window.
- Eat healthy – whenever possible eliminate sugar, caffeine, and junk food.
- Buy yourself something you have been wanting and would enjoy.
- Watch a funny movie, read a funny book, listen to music you enjoy.
- Make and stick to simple plans.

Sources: David Burns' *Feeling Good*; Aaron Beck, *The Cognitive Therapy of Depression*

Conflict Styles Assessment

The proverbs listed below can be thought of as descriptions for different strategies to solve conflicts. Read each proverb carefully and then using the following scale, indicate how typical each proverb is of your actions in a conflict.

- 5 – Very typical of the way I act in a conflict.
- 4 – Frequently typical of the way I act in a conflict.
- 3 – Sometimes typical of the way I act in a conflict.
- 2 – Seldom typical of the way I act in a conflict.
- 1 – Never typical of the way I act in a conflict.

1.	It is easier to refrain than to retreat from a quarrel.
2.	If you cannot make a person think as you do, make him or her do as you think.
3.	Soft words win hard hearts.
4.	You scratch my back; I'll scratch yours.
5.	Come now and let us reason together.
6.	When two quarrel, the person who keeps silent first is most praiseworthy.
7.	Might overcomes right.
8.	Smooth words make smooth ways.
9.	Better half a loaf than no bread at all.
10.	Truth lies in knowledge not majority opinion.
11.	He who fights and runs away lives to fight another day.
12.	He hath conquered well that hath made his enemies flee.
13.	Kill your enemies with kindness.
14.	A fair exchange brings no quarrel.
15.	No person has the final answer but everyone has a piece to contribute.
16.	Stay away from people who disagree with you.
17.	Fields are won by those who believe in winning.
18.	Kind words are worth much and cost little.
19.	Tit for tat is fair play.
20.	Only the person who is willing to give up his or her monopoly on truth can ever profit from the truth that others hold.
21.	Avoid quarrelsome people, as they will only make your life miserable.
22.	A person who will not flee will make good friends.
23.	Soft words ensure harmony.
24.	One gift for another makes good friends.
25.	Bring your conflicts into the open and face them directly; only then will the best solution be discovered.
26.	The best way of handling conflicts is to avoid them.
27.	Put your foot down where you mean to stand.
28.	Gentleness will triumph over anger.
29.	Getting part of what you want is better than not getting anything at all.
30.	Frankness, honesty, and trust will move mountains.
31.	There is nothing so important you have to fight for it.
32.	There are two kinds of people in the world, the winners and the losers.
33.	When one hits you with a stone, hit him or her with a piece of cotton.
34.	When both give in halfway, a fair settlement is achieved.
35.	By digging and digging, the truth is discovered.

Conflict Styles Assessment Scoring

Transfer your ratings for each proverb to the appropriate cell in the table below. Then add down the columns to obtain a total for each category.

Withdrawing	Forcing	Smoothing	Compromising	Confronting
1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.
16.	17.	18.	19.	20.
21.	22.	23.	24.	25.
26.	27.	28.	29.	30.
31.	32.	33.	34.	35.
Total	Total	Total	Total	Total

Uses of Conflict Management Styles*

Style	Most Useful	Do Not Use	Effect of Overuse
Forcing	Quick action needed – emergency situation.	When team members need to buy-in.	Viewed as aggressive; people won't want to express their opinions.

Case example of effective use of the forcing style:

Three-year-old Tara is very ill. The foster care team recently decided that Tara needed to go to a pediatrician in her mother's community, as there is a plan for Tara to return to her mother's care during the next three months. The new pediatrician has not yet seen Tara, and is located an hour away. Because the foster mother feels Tara's medical needs can best be met in this situation by returning to her previous pediatrician, she makes the decision to do this. The foster mother is aware that this is not exactly what the foster care team decided, but in this instance she knows that quick action is needed.

Style	Most Useful	Do Not Use	Effect of Overuse
Confronting	All concerns are too important to be compromised; you need commitment from all team members.	You don't have time; you don't have the energy.	Can take too long; important decisions may not get made.

Case example of effective use of the confronting style:

Eight-year-old Mike has been in care for two years. His mother recently completed a drug treatment program. Mike is very attached to the foster family he has been living with for this two year period. The foster family has hoped to adopt Mike, and at one time that was the plan. But now Mike's mother has made great improvements. It is almost time for Mike's case review. The foster care team wants to work collaboratively together to determine an appropriate plan for Mike. While this will take a lot of time, the team knows that if everyone buys into Mike's plan, Mike's permanence will be achieved much faster. The team works collaboratively together. They develop a plan for Mike to return home to his mother, but to continue to use the foster family as a visiting resource. The mother is very pleased about this because she knows she will need help. The foster parents are pleased because they were most interested in maintaining a relationship with Mike. The case worker is pleased because Mike will maintain continuity as well as obtain permanence.

Style	Most Useful	Do Not Use	Effect of Overuse
Compromising	Achieve temporary solution to complicated problem; when opponents are equally committed to mutually exclusive goals.	If you can't live without what you had to give up.	Team may take on air of "bargaining" which leads to cynicism.

Case example of effective use of the compromising style:

Two-year-old Renee has many special needs as she was born prenatally exposed to drugs. There are several medical appointments a week. The foster father recently injured his back, and the foster mother has stated that she cannot continue to provide all the transportation. The team meets to determine how to make appropriate arrangements. All members of the team compromise to ensure that the transportation needs are met for the time that the foster father expects to be incapacitated.

Style	Most Useful	Do Not Use	Effect of Overuse
Withdrawing	An issue is trivial or many others are more pressing; situation is beyond the realm of the team to resolve.	If a decision really needs to be made; if you don't want "no decision" to become the decision.	Team is not effective; unable to deal with the issues and make decisions.

Case example of effective use of the withdrawing style:

Fifteen-year-old Wanda just came into foster care due to being sexually abused by her two uncles. The foster care team needs to arrange for a sexual abuse evaluation, medical treatment, and counseling. The foster mother has noticed that Wanda sometimes doesn't seem to understand things, and had made a mental note to talk to the caseworker once things have settled down. The foster mother feels that right now too many other issues are more pressing, and this can be more effectively dealt with once Wanda has stabilized in her home and entered treatment.

Style	Most Useful	Do Not Use	Effect of Overuse
Smoothing	When you realize you are wrong; if you want to demonstrate you are reasonable; this issue isn't that important to you, but the next one may be.	High-risk situations. High investment situation.	Team begins to "walk on egg shells;" too much emphasis on keeping peace and/or "status quo."

Case example of effective use of the smoothing style:

Mrs. Williams has three children with special needs in her home. The youngest child's foster care team recently requested that the child be seen by an additional medical resource. Mrs. Williams does not feel that this is necessary, and is rather irritated that the team does not seem to consider the time and energy to takes to complete all the appointments. But she decided to follow through. After all, she wants what is best for the child, and wonders if perhaps the new doctor will be able to do something to help.

CONFLICT MANAGEMENT STYLES

1. **Withdrawing**— Person with this style tend to withdraw into their shells to avoid conflicts. They give up their personal goals and relationships. They stay away from the issues over which the conflict is taking place and from the people they are in conflict - with. Withdrawers believe it is hopeless to try to resolve conflicts. They feel helpless. They believe it is easier to withdraw (physically and psychologically) from a conflict than to face it.
2. **Forcing** – People who score high with this style try to overpower opponents by forcing, them to accept their solution to the conflict. Their goals are hi-highly important to them, and the relationship is of minor importance. They seek to achieve their goals at all costs. They are not concerned with the needs of other people. They do not care if other people like or accept them. They assume that conflicts are settled by one person winning and one person losing-. They want to be the winner. Winning- gives sharks a sense of pride and achievement. Loosing gives them a sense of losing-, inadequacy, and failure. They try to win by attacking, overpowering, overwhelming, and intimidating- other people.
3. **Smoothing** –The relationship is of great importance, while their own goals are of little importance for people who score high under smoothing. They want to be accepted and liked by other people. They think that conflicts should be avoided in favor of harmony and believe that conflicts cannot be discussed without damaging relationships. They are afraid that if the conflict continues, someone will be hurt, and that would ruin the relationship. Smoothers would say, "I'll give up my goals, and let you have what you want, in order for you to like me-" They try to smooth over the conflict in fear of harming, the relationship.
4. **Compromising** -- Compromisers are moderately concerned with their own goals and about their relationships to other people. They seek a compromise. They give up part of their goals and persuade the other person in a conflict to give up part of his goals. They seek a solution to conflicts where both sides gain something---the middle ground between two extreme positions. They are willing, to sacrifice part of their goals and relationships in order to find agreement for the common good.
5. **Confronting**-- Confronters highly value their own goals and relationships. They view conflicts as problems to be solved and seek a solution that achieves both their own goals and the goals of the other person in the conflict. They see conflicts as improving relationships by reducing tension between two people. They try to begin a discussion that identifies the conflict as a problem. By seeking solutions that satisfy both themselves and the other person, confronters maintain the relationship. They are not satisfied until a solution is found that achieves their own goals and the other person's goals. And they are not satisfied until the tensions and negative feeling have been fully resolved.

ProQOL R-IV

PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision IV

[Helping] people put you in direct contact with their lives. As you probably have experienced, your compassion for those you *[help]* has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the last 30 days.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I *[help]*.
- _____ 3. I get satisfaction from being able to *[help]* people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I *[help]*.
- _____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- _____ 8. I am losing sleep over traumatic experiences of a person I *[help]*.
- _____ 9. I think that I might have been “infected” by the traumatic stress of those I *[help]*.
- _____ 10. I feel trapped by my work as a *[helper]*.
- _____ 11. Because of my *[helping]*, I have felt “on edge” about various things.
- _____ 12. I like my work as a *[helper]*.
- _____ 13. I feel depressed as a result of my work as a *[helper]*.
- _____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. Because of my work as a *[helper]*, I feel exhausted.
- _____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- _____ 21. I feel overwhelmed by the amount of work or the size of my case_[work]load I have

- _____ to deal with.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- _____ 24. I am proud of what I can do to *[help]*.
- _____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- _____ 26. I feel “bogged down” by the system.
- _____ 27. I have thoughts that I am a “success” as a *[helper]*.
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very sensitive person.
- _____ 30. I am happy that I chose to do this work.
- _____

Copyright Information

© B. Hudnall Stamm, 1997-2005. *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)*. <http://www.isu.edu/~bhstamm>. This test may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. You may substitute the appropriate target group for *[helper]* if that is not the best term. For example, if you are working with teachers, replace *[helper]* with teacher. Word changes may be made to any word in italicized square brackets to make the measure read more smoothly for a particular target group.

Disclaimer

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

Self-scoring directions, if used as self-test

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
 - a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
 - b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
 - c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the theoretical scores.

Your Scores On The ProQOL: Professional Quality of Life Screening

For more information on the ProQOL, go to <http://www.isu.edu/~bhstamm>

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Compassion Fatigue/Secondary Trauma _____

Compassion fatigue (CF), also called secondary trauma (STS) and related to Vicarious Trauma (VT), is about your work-related, secondary exposure to extremely stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called VT. If your work puts you directly in the path of danger, such as being a soldier or humanitarian aide worker, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, such as in an emergency room or working with child protective services, this is secondary exposure. The symptoms of CF/STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

© B. Hudnall Stamm, 1997-2005. *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)*. <http://www.isu.edu/~bhstamm>. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.