Safety and Violence Education: SAVE

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WEBINAR

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Safety

The door to safety swings on the hinges of common sense.
~Author unknown

To learn about eye protection, ask someone who has one.
~Author unknown

If you don't think it's safe, it probably isn't.
~Author unknown

Tupac was one of the biggest thugs I know, and he always wore his seat belt.
~Ice Cube, to Kevin Hart

Safety:

Purpose of SAVE Training:

Allow you all to be:

- More effective in your roles
- Safer and more prepared
- More efficient with challenging cases
- More satisfied with work
- Able to improve the environment for all!

State of Individual within Forensic Setting: *What is it?*

- Lack of awareness re: legal forum
- One down (or more) to staff
- On the defense
- Expect to be done wrong
- Underrepresented
- Fighting *the system*
- Nothing to lose

Need For Safety Training:

"I never got training, we need it before we ever start the job…"

"You need to recognize that sometimes you have to go in pairs and always have a phone. Sometimes it's not safe to do it on your own..."

"Some people are not on their medications, they are not following through and are having active symptoms of their illness."

ICM: University of Rochester Medical Center

Workplace Violence Includes:

- Beatings
- Stabbings
- Suicides
- Shootings
- Rapes
- Near-suicides
- Psychological traumas
- Threats or obscene phone calls
- Intimidation
- Harassment of any nature
- Being followed, sworn or shouted at

Economics of Workplace Violence

- Cost 500,000 employees 1,175,100 lost work days each year
- Lost wages: $55 million annually
- Lost productivity, legal expenses, property damage, diminished public image, increased security: $ billions $

Training and Education

- Employees should understand concept of "Universal Precautions for Violence"
  - Violence should be expected but can be avoided or mitigated through proper preparation
  - "PPPPP"
  - limit physical interventions in workplace

Waiting Room and Office 1

Waiting Room and Office 2

Waiting Room and Office: Discussion

Why Safety Training?

- Violence towards providers by mentally ill individuals: *Infrequent*
- Inspires:
  - *Reactive responses*
  - *> Stigmatization*
- Goals:
  - *Reduce* : Provider fears, patient stigma
  - *Improve* : Provider knowledge, work satisfaction and safety

ACCESS TO CARE FOR PATIENTS!

Mental Health Trends :

- Deinstitutionalization
- Reduced inpatient beds & L.O.S.
- > Substance use
- > Criminal Justice involvement

- *More acute patients with criminal justice involvement requiring community-based care*

Clients Requiring Outreach and Supportive Housing Resources
Characteristics:

- High levels of disability and/or symptoms
- Historically non-adherent to medications
- Historically have failed to engage in traditional treatment
- Multiple risk factors for violence
- Criminal justice involvement

Team Staff:

- Part of multidisciplinary teams
- Typically have more frequent direct client contact
- Have variable levels of formal training
- Tend to receive most "difficult" and challenging clients
- Often work in unfamiliar settings

Incident

Consquences:

Prediction of Violence:
Mental Health Professionals

Study

- 14 psychiatrist vs. 9 psychiatric nurses
  - Independently evaluated 308 patients admitted to hospital in Israel, for violence potential and the criteria used to predict violence

Results

- Predictive Value = 82% Psychiatrists, 83% Nurses
- No significant differences in accuracy of predictions
- No significant differences in criteria used to predict violence

Haim R, Rabinowitz J, et al., Psych Svcs 53:622-624, 2002

Risk Factors for Future Violence:
General Population

- Younger age groups
  - % of violent behavior reported (ECA Study)
    - 7.34% (ages 18 – 29 yrs)
    - 3.59% (ages 30 – 44 yrs)
    - 1.22% (ages 45 – 50 yrs)
    - < 1% (ages > 65 yrs)
- Males perpetrate violent acts 10X > Females
- Males have higher rates of violent offenses vs. females in the general population

Swanson et al., 1990
Tardiff and Swetlam, 1980
Federal Bureau of Investigation, 1993

Risk Factors for Future Violence:
Financial Status?

- Socioeconomic status:
  - Violence is 3x > among individuals in lower income brackets
- Socioeconomic status:
  - less predictive of violent behavior than was concentrated poverty in the neighborhood

Borum et al., 1996
Silver et al., 1999

Risk Factors for Future Violence:
Mental Illness

- Studies examining the relationship of mental illness and violence yield mixed results

Link et al., 1992; Steadman et al., 1998; Swanson et al., 1990

Most mentally ill individuals were not violent, but victims…

Monahan, 1997

- Social Environmental Context of Violence in SMI Individuals

Objectives. This study examined the prevalence and correlates of violent behavior by individuals with severe mental illness.

Methods. Participants (N = 802) were adults with psychotic or major mood disorders receiving inpatient or outpatient services in public mental health systems in 4 states.

Results. The 1-year prevalence of serious assaultive behavior was 13%.

Three variables—past violent victimization, violence in the surrounding environment, and substance abuse—showed a cumulative association with risk of violent behavior.

Swanson, Swartz, et al. 2002

Risk Factors for Future Violence: *Delusions*

- Risk related to *emotions* generated by delusions:
  - Unhappiness, fear, anxiety or anger may lead subjects to act more aggressively

Appelbaum et al., 1999

- A tendency to *act on delusions* in general has a significant association with a tendency to commit violent acts.

Monahan et al., 2001

Risk Factors for Future Violence: *Hallucinations*

- Hallucinations are not generally related to dangerous acts, but certain types may increase risk of violence.

Zisook et al., 1995

- Schizophrenic patients:
  - More likely to be violent if *negative emotions* are generated (anger, sadness, anxiety), and if limited coping skills.

Cheung et al., 1997

Risk Factors for Future Violence: *Intellectual Function and Education*

- Violence risk increases for those with lower intelligence and mild mental retardation

Borum et al., 1996; Quinsey and Maguire, 1986

- Commission of violent offenses:
  - Intellectually handicapped men = 5X
  - Intellectually handicapped women = 25X

Hodgins, 1992

- Less education = higher rate of violence

Borum et al., 1996; Link et al., 1992

Risk Factors for Future Violence:
Past History

"Past history of violence is the single best predictor of future violent behavior"
- 25% - 30% of male psychiatric patients with a violent history become violent again within 1 year

Klassen and O' Conner, 1988, 1990

MacArthur Study:
- All measures of prior violence:
  - Self-report, arrest records and hospital records were strongly related to future violence.

MacArthur Foundation, 2001

Violence Risk Factors for SPMI/Co-occurring Individuals

- Treatment non-adherence
- Recent (6 months) history of violence
- Homelessness (survival mode)
- Active symptoms of mental disorder
- Limited coping skills
- Antisocial attitudes
- Substance use
- Limited intelligence

Risk Factors for Future Violence:
Past History

<u>Violence History:</u>

- Most violent thing done?
- Type of violent behavior?
- Why violence occurred?
- Who was involved?
- Presence of intoxication?
- Degree of injury?

Risk Factors
External

- Presence of:
  - Gang members, drug/alcohol abusers, distraught family/friends
  - Criminal/Forensic matters
    - End dates, new charges…
- Low staffing levels:
  - during times of increased activity such as in session or visiting times
  - Transporting/escorting individuals

Risk Factors for Future Violence:
Environmental Factors:

- Social supports
  - More support = less violence
  - Family as central support
- Employment
  - Negatively correlated with violence
- Domestic Violence
  - Common for mentally ill individuals
  - Uncertain as to perpetrator / victim

Estroff, 1994, Monahan et al 2000, Dvoskin, 1994

Risk Factors for Future Violence:
Life Events:

- Loss of significant others
  - Death, breakup, protective services
- Conditional Oversight/Controls
  - Parole, Probation, Release, CPS
    - *If not balanced with proper treatment!*
- Loss of stability
  - Legal status, job, residence, transportation
  - Entitlements or ***finances***

Risk Factors for Future Violence:
Life Adjustments:

- Re-entry to community from
  - Incarceration
  - Hospital stay
- Moving
  - Alternative location
  - From family or supportive residence to independent living

Massaro et al, 2002, Rotter et al, 1999

Risk Factors for Future Violence:
Weapons History

- Do you own or have you owned a weapon?
- Have you recently moved the weapon?
  - Ominous for paranoid individual that transfers weapon closer to their person
- > psychotic fear = >greater risk
  - paranoid person to kill someone they misperceive as a persecutor.

Scott C, Resnick P, Psych Times 14:4, April, 2002

Risk Factors for Future Violence:
Dual Diagnosis

- Psychiatric patients:
  - comorbid substance abuse is strongly predictive of violence

MacArthur Foundation, 2001

Study:

- Comparing violence rates for discharged psychiatric patients vs. nonpatients in the community

Results -- *Substance abuse*

- Tripled rate of violence in non-patients
- Increased violence by discharged patients 5 fold

Steadman et al., 1998

Risk Factors for Future Violence:
Personality Disorders

- Personality types:
  - Borderline and Sadistic PDs associated with increased violence
    Tardiff, 1999; Tardiff ,Sweillam, 1980; Meloy, 1992
  - Antisocial
    - Most commonly associated with violence
      MacArthur Foundation, 2001
    - Motivated by revenge or during periods of heavy drinking
    - Cold and calculated, lacking in emotionality
      Williamson et al., 1987
  - Low I.Q. and Antisocial P.D. = Ominous combination
    Heilbrun, 1990

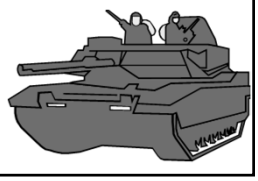
Risk Factors for Future Violence:
Depression

- Circumstances for violence:
  - Despair
  - Most common diagnosis in murder-suicide
    Coid, 1983; Marzuk et al., 1992
  - Depressed or psychotic patient
    - Mothers who take the lives of their very young children
      Resnick, 1969
    - Couples – feelings of jealousy and possessiveness
      Rosenbaum, 1990
    - Homicide-suicide:
      - Individual cannot bear life without vital element, or others carrying on without them.

Risk Factors for Future Violence:
Military History

Military:

- History of fights?
- Awol?
- Disciplinary measures?
- Type of discharge?



Tips on Evaluating Dangerousness:

- All threats should be taken seriously
- All details should be elucidated
- Inform individual and assess his ability to appreciate the consequences
- Grudge lists
- Investigate fantasies of violence
- Assessment of future victim if identified
- Assess for suicidal risk in any homicidal patient
  - High correlation (attempts and ideation)
- *Your experience does not always save you!*
- *Each situation is new and unique!*

Proactive Team Approach:

- Roles of team staff
  - Who brings what to the team?
- Synergy:
  - Experience + Education = Proactive Collaboration
- Communication skills for safety
  - Team approach
  - ***Information must flow freely among ALL staff on team***
- Unified front for Universal Violence Precautions
- Maintaining trust and boundaries

Team Approach: Communication

Team Approach to Assessment

Collaboration:

- Assess each person, each day, each situation
- Review behavior within context
  - Situation
  - Patterns
  - History
- Identify early signs of:
  - aggression or loss of control
- *Prevention and Early Intervention!*

Team Work:

- Can be used in new and difficult situations
- Team up with co-worker
- Team up with others
  - parole, probation, security, law enforcement
- Allow teammates the discretion to ask for assistance or to discontinue a visit

Scenario:
Outreach Preparation

Outreach Safety

Safety Guidelines During Outreach Visits:

- When approaching a residence look, listen and smell for anything that could compromise your safety
- Be alert to the presence of pets
- Stand to the side of the door when knocking or ringing the bell.
- Inquire if anybody else is around upon arrival
- Position yourself near the doorway you entered or a conspicuous window
- Never attempt to interview an intoxicated individual
- Avoid mediating a domestic quarrel
- Be careful to avoid invading personal space
- Avoid perceived threats to an individual or his family, and confront judiciously

Assessing the Situation:
A.W.A.R.E.

- Assess from a safe space / Approach with caution
  - Make first observation from a distance
  - Face to face
    - Maintain appropriate social space
  - Approach
    - Assessment informs approach
    - Rate
    - Proximity
    - Posture and body language

Assessing the Situation:
A.W.A.R.E.

- W's: Where, What, Who, When?
  - Where are the exits?
  - Where is help?
  - What are potential weapons?
  - What is my relationship with this person?
  - What is the intensity of verbal/physical behaviors?

Assessing the Situation:
A.W.A.R.E.

- Who:
  - Else is there (friends and family…)?
    - Avoid being drawn into family issues
  - Needs to leave?
    - Removing instigators
    - Person involved with escalated behavior
    - Diminish stimulation

Assessing the Situation:
A.W.A.R.E.

- Ask
  - Ask for help
    - Plan ahead for sources of help (partner, supervisor…)
  - Ask yourself
    - Do I feel afraid?
    - Do I feel angry?
    - Should I enter the situation?

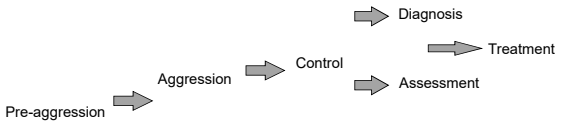
Assessing the Situation:
A.W.A.R.E.

- Respond
  - Use knowledge and skills
    - Safe space
    - Verbal defusing
    - Personal safety
  - Use Crisis Plans
    - Agency
    - Team
    - Individual
  - Use Self
    - Relationship
    - Respect

Assessing the Situation:
A.W.A.R.E.

- Evaluate
  - Damage
    - Property
    - Personal injury
    - Psychological injury
  - To whom
    - Staff, recipients, others
  - Skills
    - What went well?
    - What could have been done differently?
    - Do plans need reevaluation?
  - Restoration
    - Safety, health, control of arena (Court)?

Linear Aggression Sequence:



Maier, Stava, Morrow, et al (1987)

Preaggression:

- Most violence has a prodrome
- Not necessarily step wise
- Progression is usually obvious

OBSERVATION IS ESSENTIAL

Preaggression - Phase 1 (early)

- Tenseness of muscles
- Rigid posture
- Clenching of fists and teeth
- Statements of fear of losing control

Response:
Phase 1

- Utilize empathy
- Include the person's input

Preaggression - Phase 2

- Verbally abusive - **LOUD**
- Boasting of prior violence
- Makes a mess, scatters clothes or objects
- Engenders most negative staff reactions

Response:
Phase 2

- Safe Space
- Safe Place
- Limit setting / Directive Statement (cautious)
- Offer choices & consequences
- Include person's input

Preaggression - Phase 3

- Extreme hyperactivity (fight or flight)
  -Pacing -red flag of impending violence
- Threatening gestures
- Throws objects down, banging, kicking walls or furniture
- Vicious cursing
- Makes clear threats to others

Response:
Phase 3

- *Crisis Plan*
- Exit strategy – Back off
- Call for assistance (911, local security…)
- Attempt to minimize collateral damage
- Do not attempt physical control or pursuit unless properly trained to do so!

COMMON MISTAKES:

- Arguing

- Lose Composure
- Resort to power

- Move in too closely

- Minimize potential for danger

Talking with person in crisis:

- Calm Approach
- Appear to be in control:
  - "Passive Control"
- Lower voice – Keep it S&S
- Comment on obvious neutral items:
  - empathy
- Provide adequate space
  - speak only to a sitting person
  - difficult in jail/forensic settings

Limit Setting:
Strategy for deescalating behavior

- Polite Requests
  - "Please and thank you"
  - Avoid authoritative stances initially:
    - Parental responses may fuel or escalate situation
- Save Face
  - Allow person to do so if limits are being set
  - Avoid anger/arrogance that may impede this
- Communicate Respect

  It's not about you
  - Avoid personalizing person's behavior
  - Back off and get assistance if necessary!!

Situational Awareness Model:
Chain of Events - Air force

Interpreting Incoming Data

- Forward Posture

  Flying ahead of the plane
- Spatial Orientation

  Where am I in relation to what is important at this moment?

Talking with person in crisis:

- **Respect** patient and avoid direct eye contact at first
  - Challenging?
- **Listen** to person initially and avoid interpretations or interruptions.
- **NEVER PROMISE WHAT YOU CAN'T DELIVER**
  - $, Housing, Special favors... It may come to haunt you.

"When in Doubt - Get Out and Shout!"

Safety Transport in the Field:

Safe Transportation:

Transporting Individuals: "Rules of the Road"

- Partner when necessary in transportation
- Do not transport an individual who is:
  - Agitated, threatening or self-injurious
  - Intoxicated
  - Medically compromised
  - In psychiatric or emotional crisis
- Location in vehicle
  - Rear passenger seat- belted
- Meet individual outside of vehicle at pick-up and remove keys
  - Allows direct assessment
  - Do not transport until belted and in required seat position
- Drive in right hand lane
  - Allows rapid pull over and rider exit
  - Stop vehicle if requested and safe

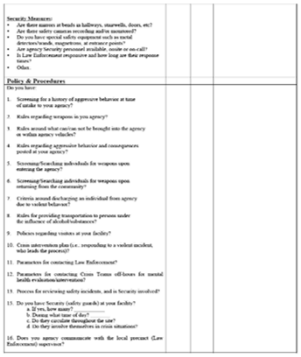
Nerney and Massaro, 1999

Avoiding Road Rage

- Avoid setting off other drivers by:
  - Do not cut people off.
  - Do not tailgate.
  - Do not make obscene gestures.
- Avoid use of high beams to prompt passing in a lane
- Do not escalate minor disputes by arguing with other drivers
  - Slow drivers should always use the right hand lane
  - Take deep breaths and keep your emotions calm
- Maintain safe distance from other drivers
- If someone chases or makes threatening gestures and you feel you are in danger, call 911 and stay inside vehicle

2:30 pm – 3:45 pm Tour for Safety

Tour for Safety (2)

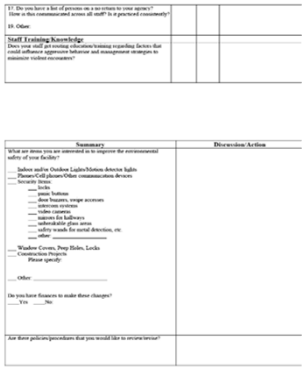


Security Measures:
- Are there mirrors at bends in hallways, stairwells, doors, etc?
- Are there safety cameras recording and/or monitored?
- Do you have special safety equipment such as metal detectors/wands, magnetrons, at entrance points?
- Are agency Security personnel available, onsite or on-call?
- Have Law Enforcement responsive and how long are their response times?
- Other.

Policy & Procedures
Do you have?

1. Screening for a history of aggressive behavior at time of intake to your agency?
2. Rules regarding weapons in you agency?
3. Rules around what can/can not be brought into the agency or within agency vehicles?
4. Rules regarding aggressive behavior and consequences posted at your agency?
5. Screening/Searching individuals for weapons upon entering the agency?
6. Screening/Searching individuals for weapons upon returning from the community?
7. Criteria around discharging an individual from agency due to violent behavior?
8. Rules for providing transportation to persons under the influence of alcohol/substances?
9. Policies regarding visitors at your facility?
10. Crisis intervention plan (i.e., responding to a violent incident, who leads the process)?
11. Parameters for contacting Law Enforcement?
12. Parameters for contacting Crisis Teams off-hours for mental health evaluations/interventions?
13. Process for reviewing safety incidents, and is Security involved?
13. Do you have Security (safety guards) at your facility?
    a. If yes, how many?
    b. During what time of day?
    c. Coverage throughout the site?
    d. Do they involve themselves in crisis situations?
14. Does you agency communicate with the local precinct (Law Enforcement) supervisor?

Tour for Safety (3)



17. Do you have a list of persons on a no-return to your agency? How is this communicated across all staff? *Is it practiced consistently?*

19. Other:

Staff Training/Knowledge

Does your staff go through education/training regarding factors that could influence aggressive behavior and management strategies to minimize violent encounters?

Summary	Discussion/Action
What are areas you are interested in to improve the environmental safety of your facility? ___ Indoor and/or Outdoor Lights/Motion detector lights ___ Phones/Cell phones/Other communication devices ___ Security Items: ___ locks ___ panic buttons ___ door beepers, swipe accesses ___ intercom systems ___ video cameras ___ mirrors for hallways ___ unbreakable glass areas ___ safety wands for metal detection, etc ___ other: _____ ___ Window Covers, Peep Holes, Locks ___ Construction Projects Please specify: ___ Other: _____ Do you have finances to make these changes? ____Yes ____No	
Are there policies/procedures that you would like to review/revise?	

Office Space:
Do's and Don'ts

- Office *Feng Shui* for Safety
  - Location of provider : patient
  - Doorway and Peephole
  - Security buttons or alarms
    - Regular Testing
    - Security/Staff Response
  - Overhead Paging and Alerts
  - Necessary vs. Luxury Items
    - Cords and Utilities
    - Hazards
    - Items as weapons

Mi Casa:

Good or Bad Stuff?

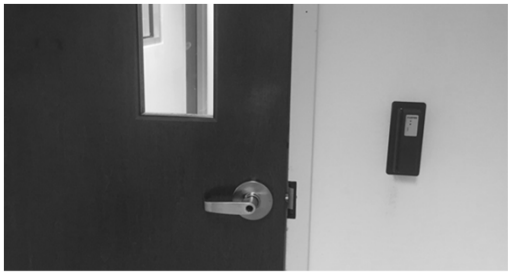
What's the Problem?

What's the Problem?

Real Good Stuff:

Good Stuff:

Secure Passthroughs:



Security Staff

- Familiarize if possible with your security staff
  - They may be your savior some day!
- Methods for contact:
  - Phone #s, intercoms, overhead announcements
- Methods for them to locate you:
  - Room # and name roster
  - Localizing technology
  - Alarms/lights, etc..
- Inclusion of security/law enforcement for incident reviews and process improvements
- Provide feedback for both concerns *and* recognition

Emergency Assistance

- Reserve 911 for true emergency situations:
  - threat to life, health or property
- If you are being held hostage calling 9-1-1 could be dangerous
  - TIP: Call 911 and then put the phone beside you, leaving it on the line.
- The operators will not hang up:
  - They will hear if something is happening.
  - People have already been dispatched to your location.

Requesting Emergency Assistance: *Steps*

- Don't panic – Adrenaline is flowing
  - Obtain space from the emergency - if possible
- Find a phone and ID your number
- Dial 9-1-1:
  - **Do *not* hang up if you do not connect immediately!!**
- Plan what you will say to the dispatcher
- Know what you will be asked:
  - Where is the emergency?
  - What is the nature of the emergency?
  - What happened or is happening?
  - Where you are located?
  - Listen to dispatch and follow orders
  - Do not hang up until instructed to

Self Defense Techniques:

- Non-confrontational interview
- Self defense is to reduce harm
- *Never* to injure patient or others
- Know your surroundings:
  - Escape routes "*When in doubt…"*
  - Panic buttons
  - Emergency contacts

4:00 pm – 5:00 PM

Trauma and Staff

Staff - Immediate Post Traumatic-Event: DEMOBILIZE

When an incident has occurred, the immediate tasks are to ensure:

- That the staff members' physical and emotional needs are identified and addressed;
- The sense of safety and security are re-established with whatever sense of routine and normality is possible under the circumstances;
- The central stress factor of high arousal needs to be addressed to allow those involved to return to a more stable and normal level of activity.

Debriefing Basics

- 24-48 hours
- Invite all affected staff
- Set ground rules:
  - What is said in the room, and by whom, stays and is confidential;
  - This is about support - not an incident review.

Debriefing Process

- Walk through the facts: what happened first, next, etc.
- What do individual remember?
- What did they feel?
- What was the worst part of it?
- Acknowledge the fear; anxiety; anger…
- What is staying with them?
- What is helping them to cope?

10 Rules for Staying Safe:

1. Offer Space
2. Respect
3. Be Aware
4. Trust Instincts
5. Try Not To Make Things Worse
6. Communicate Desire to Help
7. Defuse – Verbally
8. Use Safety Plan
9. Evaluate and Process All Incidents
10. Use Your Own Good Judgment

Debriefing:

Circumstances for Review:

- Review all incidents
  - Review what doesn't and does work
- Review with all team staff if possible
- Do not overlook "emotional injury" incidents

Incident Review:
Reactions to Trauma

- Individual Responses
- Emotional /Psychological
  - Anger, guilt, vulnerability, loss of trust in team
  - Anxiety, irritability, depression, shock, disbelief, apathy, self-blame, fear
- Psychosomatic
  - Insomnia, substance abuse, absenteeism
- PTSD

Engle, 1986 and Warshaw, 1996

Incident Review:
Response

- Medical attention immediately if needed
- Process all incidents!
  - Involve victim/s and client if appropriate
  - Avoid denial by team members or leaders
  - Administrational support
  - Informal supports
- Utilize Trauma Preparation or trained individuals
- Referral to EAP or similar counseling services
- Planned time off and return to work

Team Mental Health:

It is up to all staff to recognize signs and symptoms of burnout
  - *Apathy and lethargy may lead to poor judgment and bad outcomes*

- Offer assistance to overworked staff:
  - "mental health" days and extra supports
- Consider educational retreats or team building events to reduce burden
  - Outings and collective recreational activities can ease work related burnout, while improving staff relations and team morale!!

Know where you are,
and where your going at all times!

Violence Prevention:
Summary

- Unique Case

- Safety First
- Assess Risks
- Violence Escalates
- Escape if Necessary
- Do No Harm

- Inform Each Other
- Take All Precautions

Better put a strong fence 'round the top of the cliff'
Than an ambulance down in the valley.

John Milins

Developing a Team Safety Plan

Location of All Staff

White Boards:

- Daily Log for Staff Itinerary
  - Easy access to each person's itinerary
  - Addresses and phone #'s at each site
  - Emergency contact information
- Log Information:
  - Destination
  - ~Arrival and Departure times
  - Vehicle (if different for each visit)

Routine Contact:

Office Contact Person

(Administrative Assistant, Team Leader…)

- Availability to receive all calls from staff
- Can update white boards
- Staff a check-in time on scheduled basis

Communication Devices

- Maintain in good order and charged!
- Bluetooth earpiece or headset
- Always on your person at work or on-call
- Utilize security features
  - 1 touch dialing and 911
  - GPS location enabled
- Rapid contact list "favorites"
- Update team if cell number changes
- Do not abuse privilege
  - Social media and misuse…

Prepare Your Area:

- A surgeon has a predictable place to work
  - Create safe practice and work areas
- Identify a go-to person in case of emergency
- Have a backup plan (Code, 911, Alarm…)
- DON'T BE A HERO –
  - Avoid confrontation
  - Recognize when to exit and call for backup!

Team and Individual Skills to Prevent and De-escalate crises

Situations with Increased Risk:

- New Cases and Transition of Cases
- Visit may precipitate: Anger, Fear, Anxiety
  - Hospitalization
  - Custody Issues - Forensic
  - Loss of housing or status (privileges…)
  - Loss of funding
  - Deliberations and Sentencing - Forensic
  - Visitations - Forensic

Managing Situations with Increased Risk:

- Awareness of:
  - Early morning, evening and on-call visits
- Employ safe field conduct
- Extra precautions for unknown or high-risk locations
- Work in teams/pairs; charged-gps phone
- Never bring loved ones on a call!
- Consider:
  - law enforcement, security or crisis team escort

Risk Mitigation:

- Short Staffing Plan
  - Develop policy for working alone or with only a few staff
  - Times such as early morning or evening
- Consider the following:
  - Outer/entry door opened only to expected individuals
  - Utilize phone answering system and call back
- Secure Offices:
  - Store potential items that could be used as a weapon
  - Arrange for easy access to exit / do not block escape

Safety Review: