

The background of the slide features a close-up, high-contrast image of an elephant's head and trunk, rendered in a dark, almost black and white style. The elephant's trunk is curled. On the right side of the image, there are diagonal stripes in a dark blue and a golden-yellow color, resembling a hazard or caution sign.

SocialWork
TODAY

Complimentary Webinar Presentation

Safety, Ethics, and The Elephant in the Room

Presented by Wanda L. Anderson, MSW, LCSW,
on Thursday, October 18, 2018, from 1-2 PM EDT

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UNIVERSITY OF NEW ENGLAND

Wanda Anderson, LCSW, MSW



Background

Wanda Anderson, LCSW, MSW is the Coordinator for the University of New England's Online MSW Field Education. She has been a faculty member at UNE for the past 15 years. Wanda's experience has included administration, clinical work, case-management and professional trainings.

Wanda has resided in Georgia, South Carolina, Nevada, Hawaii, Augusta and Portland, Maine prior to moving back to Northern Maine. She has presented extensively on Social Work Ethics in Maine for the past 10 years. She is professional photographer, an amateur baker and a disabled veteran.

Thoughts

- We have cut programs
- Cut staff/increased caseloads
- Cut psychiatric/hospital stays
- Cut rehab time
- Limit to outpatient services
- Shut down services
- In general our communities have less monies

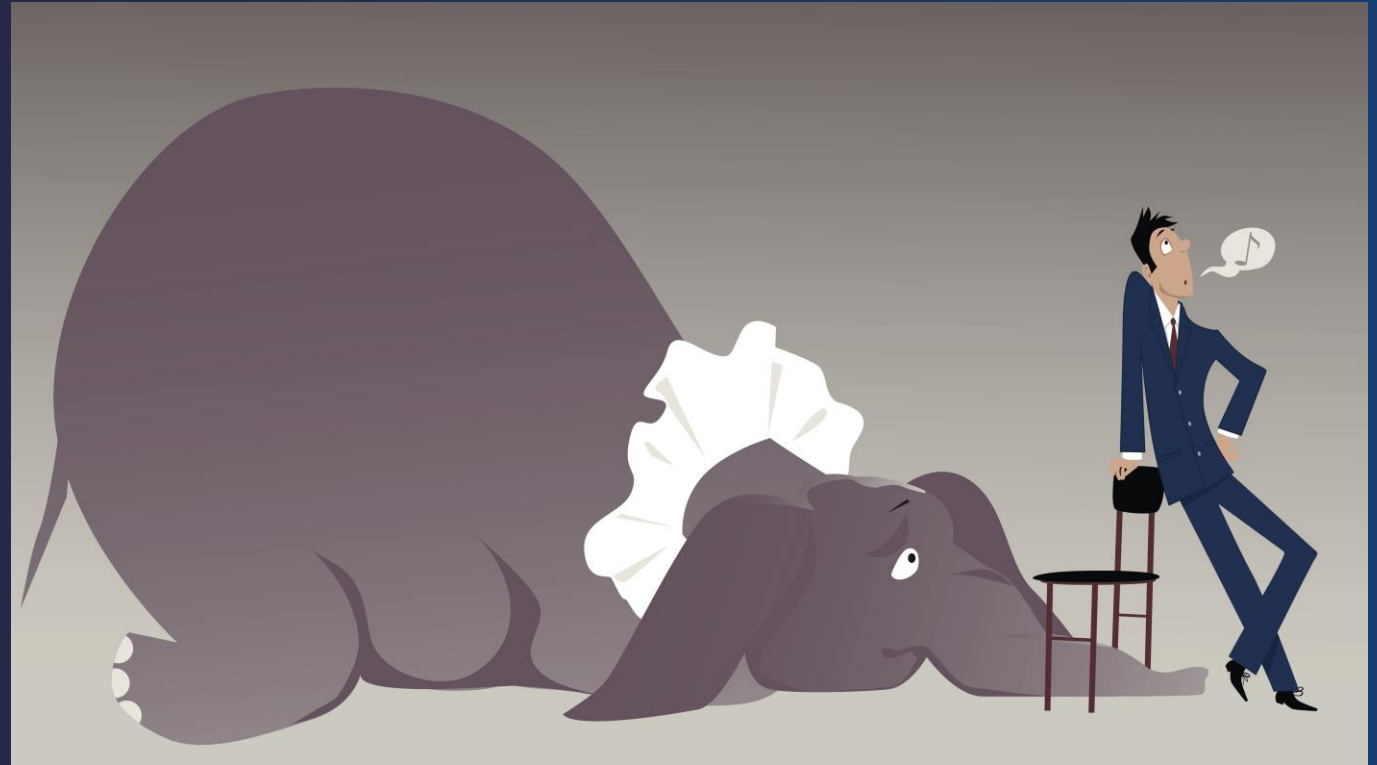


Reality

- Don't offer safety training for workers
- Why don't we demand safety training!
- Your job is important (you can not lose it)
- Everyone else does the work
- No incidents
- Less supervision to discuss issues of safety



Who is the Elephant?



The Money!

- Let's be honest!
- Let's put it on the table!!!



Other Smaller Elephants

- Do not feel safe talking about safety
- Feel we NEED to be strong
- Females feel should do what male counter parts do
- Males feel should be manly enough to do what needs to be done



NASW Guidelines for Social Worker Safety in the Workplace (2013)

“Establishing safety guidelines for the profession is timely as the profession is expected to grow by 25 percent before 2020”

(U.S. Department of Labor, Bureau of Labor Statistics, 2012) From NASW pamphlet

NASW

In 2013 NASW published a booklet titled:


“Guidelines for Social Worker Safety in the Work Place”

Link:


<https://www.socialworkers.org/LinkClick.aspx?fileticket=6OEdoMjcNC0%3D&portalid=0>

NASW News Article: The Urgency of Social Worker Safety - 2010

By James J. Kelly, Ph.D., ACSW, LCSW



In the past few years alone, we have witnessed the fatal stabbing of a clinical social worker in Boston, the deadly beating of a social service aide in Kentucky, the sexual assault and murder of a social worker in West Virginia, the shooting of a clinical social worker and Navy Commander at a mental health clinic in Baghdad and the brutal slaying of social worker Teri Zenner in Kansas. These are only a few of the murders of our colleagues, which, along with numerous assaults and threats of violence, paint a troubling picture for the profession.



https://www.socialworktoday.com/archive/exc_032511.shtml

Teri Zenner, 2004

Teri Lea Zenner was a mental health social worker. She was 26 years old, a Kansas University graduate student who worked for the Johnson County Mental Health Center.

In August 2004, Teri went on a routine visit to the home of a 17-year-old, mentally unstable client named Andrew Ramey Ellmaker. Andrew was diagnosed with schizotypal personality disorder; Teri was there to make sure that he was taking his medication.

Zenner's visit with Andrew began normally enough, but at some point things took a deadly turn. We will never know exactly how, or why she agreed, but Ellmaker was able to lure Zenner to his bedroom. Once inside, he refused let her leave. She begged to be released, but Ellmaker had a weapon – a knife. His mother, Sue Ellmaker, returned from the store, heard Teri's cries and threatened to call police if her son didn't let Teri go by the count of three.

At the end of the count, Teri came rushing down the stairs. Blood was spurting from a wound in her neck. Ellmaker came right behind her, stabbing her all the way.

May 8, 2013 “*Social Worker Safety tips to Live By*” web

KUJH-TV News: New Law Requires Safety Training for Social Workers



<https://www.youtube.com/watch?v=3ejD8jNdBY0>

Frances Mortenson, 2011

“On January 19 in White Plains, NY, 26-year-old Jamile Wilson stabbed St. Vincent’s Hospital-Westchester case manager Frances Mortenson, 47, during a home visit. Mortenson suffered multiple stab wounds to her face and the back of her head, neck, and abdomen; she was in critical condition before undergoing surgery. Wilson has since been charged with second-degree attempted murder and criminal possession of a weapon, which are both felonies.”

Social Work Today, “Violent Crime and Social Worker Safety” By Sherry Saturno, LCSW, DCSW

Teri Zenner Social Worker Safety Act

- March 12, 2009: introduced bill but not enacted
- Teri Zenner's husband has advocated/testified for the bill



US Dept. of Labor (OSHA) Violence against Health and Social Service Workers - July 15, 2016

“Workplace violence in the health care and social services sectors has been a huge problem that doesn’t get the attention it deserves. Between **2001 and 2013 there have been 24,000 workplace assaults annually**, and nearly **75% of those took place in health care and social service settings.**”

“In 2014 the Bureau of Labor Statistics reported that the employees in these two sectors alone suffered **52% of all the workplace violence** incidents”

“What’s even more disturbing is the fact that their deaths and injuries are preventable. But more than **80% of US employers report no change in their workplace violence preventive measures after a major violent** incident.”

<https://www.afge.org/article/violence-against-health-care--social-service-workers-must-end/>

OSHA Workplace Violence in Healthcare

Healthcare Worker Injuries Resulting In Days Away from Work:

- Student **3%**
- Coworker **3%**
- Other Person (not specified) **1%**
- Assailant/suspect/inmate **1%**
- Patient **80%**
 - “In 2013, 80% of serious violent incidents reported in healthcare settings were caused by interactions with patients.”

Settings



Homes



Community



Office/Agencies

Assessing Safety

- Homes/apartments are safe
- Homes/apartments are not safe
- Truth lies in the middle
- Most homes are safe
- Few homes are unsafe



Issues & Culture

- May be unfamiliar with area
- Hunting is a part of our community
- Guns are in most homes/Guns are not always locked up
- Homes may be off the grid/Cell services may be spotty
- Guard/protective dogs common (not always tied up)
- Hallways may be dark
- Police may be slow to respond if unsafe area



Risk in Agencies

- Working alone in agency
- In an unsafe area
- Often do not have safety policies
- Office not set up for safety
- Unlit parking lots
- No safety plan



The Urgency of Social Worker Safety

By James J. Kelly, Ph.D., ACSW, LCSW, *NASW NEWS*, Vol. 55 No. 9 Oct. 2010

- “Job-related violence affects not only the professionals who experience it, but also their families, their clients and their communities.”
- “According to a study from the NASW Center for Workforce Studies, social workers with the least amount of experience (zero to five years) are most likely to experience safety issues on the job.”
- “Numerous states — including California, New Jersey, Washington and Kentucky — have adopted safety guidelines for social workers and caseworkers”.

University of New England School of Social Work Safety Agreement

The practice of social work involves risks inherent in client contact. Students participating in the field practicum experience should engage in behavior that enhances safety and minimizes risk. The University of New England, School of Social Work is requiring practicum agencies to adopt policies and procedures designed to address safety for the students.

Agencies must have policies to address any work situation that entails risk, such as, but not limited to: home visits, services outside the agency in isolated or high crime areas, services to clients who may become angry or violent, are using drugs or intoxicated, and services that are politically sensitive and could result in threats of violence. Each agency is responsible for determining its own situations where student safety may be placed in jeopardy.

Student orientation must include training on the Agency's safety and sexual harassment policies. Students should only see clients when there are other staff present in the Agency. Students have the right and responsibility to refuse any assignment in which they feel physically at risk. The Agency should maintain the quality of client care without relying on the student's placement activities for staffing purposes.

Student supervision must be consistent and adequate enough to allow time for the Field Instructor to be assured of the student's competence regarding safety, to apprise the student of potential risk, to deal with agency policy addressing safety and to attempt to address the student's feelings about any risk that may be present. Discussion should also include procedures for reporting incidents where the student feels physically threatened or unsafe while in the practicum.

In the event that a student is threatened, injured or harassed, it is the responsibility of the Field Instructor and the Student to notify the School of Social Work immediately. The School will be in contact with the Agency and the situation evaluated.

Your Agency

- What protocol do you have?
- What does your agency do for safety orientation?
- What is your plan if you feel unsafe?
- If you are a supervisor, what is your role?



Safety First

Safety Checklist - Home and Community Visits

National Association of Social Workers - Massachusetts Chapter Copyright 2001, NASW/MA. All rights reserved.

- **General Safety**
- Be aware of your surroundings and familiar with the area
- **Have daily schedule available**, (e.g. Outlook calendar) so that your location and your estimated time of return is known
- Have a mobile phone available to call for directions or help
- If risk is a concern, make a plan with supervisor and department team
- Prepare for the unexpected and have back up safety plans

“To be prepared is half the victory.”

-Miguel de Cervantes

Have Daily Schedule Available

- How does your agency know where you are?
- Do you check in **before and after leaving?**
- What if you do a home visit after hours?
- Is your agency closed?
- What if it is Friday evening?
- Do you have a plan if you need help?
- What if your schedule changes during the day?



Community Concerns

- Around agency, parking lot and in community
- After dark, walk out with a partner or group to car
- Carry your phone and keys for quick, easy access
- **If you are staying late, consider moving your car to the parking garage before dark**
- Observe on-comers. If approached use direct, confident language of your intentions, “Sorry, I cannot help you”
- Try to never leave the building at night alone!

Traveling to Client/Home Visit

- **Drive with plenty of gas;** keep doors locked
- Don't stop your car if "bumped"; drive to the nearest, well-staffed business and call the police for a report
- Park in a driveway **facing outward**, try to park where you can not be blocked in
- Call client to let him/her know you have arrived. If possible have client meet you at the door or lobby

During the Home Visit

- Note the location of exits. Leave the door unlocked if possible - state that this is part of your home visit protocol
- Scan for weapons, signs of previous, current or potential violence. If weapons are present, leave and reschedule location
- Assess your client's/family's demeanor, possible substance use, threat of violence to self or others
- Be cautious of animals; you are a stranger. You always have the right to ask for animals to be held in another room or yard
- Keep your phone out and available. If needed, state that your office is expecting you back at (time) /expecting your call
- Do not hesitate to leave and reschedule to time or location for any reason (gut feeling, threat, other concerns)

Assessing Prior Violence

- **History is the best predictor of violence.** Prior to initial assessment, document past violence, current violent thoughts, and client's treatment or interventions
- **Consult with multidisciplinary team to assess history of violence** in community or history of threats/violence in the clinic
- If you feel unsafe ask that client be seen in office or that you go to home in pairs!

Safety Trumps ALL

Violence in the Moment

- Get out If possible!!!!!!
- Say you have a call/text from the office, etc.
- Never reach out for the threatening weapon. **Back up and tell the client your moves before you make them so that nothing is unexpected** or threatens a client who may be violent.
- Use de-escalation techniques and non-violent self defense when possible. Learn basic non- violent self defense techniques
- Protect your head; block with cushion, pillow, arms, clipboard
- Call 911 immediately

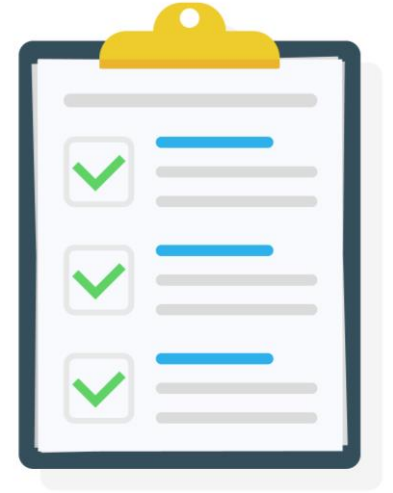
After an Incident

- Call 911. Get medical attention immediately
- If you are sexually assaulted, call police. Do not change or alter your condition in any manner and seek medical examination
- Consult your supervisor and any available director (as soon as appropriate after the violent incident)
- Complete a clinic incident report with supervisor

Final Tips

- Clothing
- Weather (storm)
- Area (how rural)
- Phone reception
- Staff/coworkers know where you are
- Schedule

- Upkeep of car/gas
- Parking
- Keys
- Supervision
- Agency safety plan (create one)
- Plan to debrief (agency plan)



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