

Safety Issues in Crisis Management

“Safety Issues in Crisis Management” was developed by Bob Sebourn and Pat Bell of the Division of Children and Family Services, who generously shared their training materials with MidSOUTH. The user may notice the layout and appearance of the curriculum are different from the usual layout and appearance of training materials developed by MidSOUTH Training Academy. MidSOUTH is grateful to Bob Sebourn and Pat Bell for making this material available.

Safety Issues in Crisis Management

TRAINER OUTLINE

I. Introduction

A. Objectives

1. Participants will discuss basic stages of crisis development and appropriate responses to exhibited behaviors.
2. Participants will engage in structured activity involving inappropriate behaviors.
3. Participants will practice Safe-Space and appropriate physical defensive techniques.
4. Participants will discuss safety issues related to work environment.

B. Need for training (PP 3)

The possibility of encountering an aggressive person in this world is becoming greater every day and DCFS workers and volunteers are potentially at risk in every interaction with clients. Although specific aggressive behaviors may vary greatly, it is important that DCFS employees and volunteers are reminded that the basic crisis situation develops in a predictable way. The worker, through positive responses, may help reduce the escalation of the aggressive person, but even with these techniques, the aggressive person may be unresponsive and still become physically violent. This training will not cover counseling skills or other clinical responses, or martial arts to disarm, incapacitate or restrain the aggressive individual.

II. Awareness of Personal Reactions

A. Maslow's Hierarchy of Needs – brief discussion of theory.

Maslow's model provides us with information concerning movement through various levels seeking the highest level of "self-actualization." To reach the top level, he stated that we have to do two things: 1.) Perform some self-exploration to critically think about our behaviors; and, 2.) change our behavior if we have found a problem. Participants are encouraged to self-explore their crisis behaviors and look at changes in their behaviors (responses) if needed. (Cognitive Restructuring = change the way you think, change the way you act.)

B. Dominant Belief System.

Individual activity to demonstrate physical dominance then transfer the concept to dominant belief system: Hold up a small object in front of the class and ask each participant to stretch out an arm towards the object,

make a fist and then stick out their thumb of that hand. Ask them to close one eye, and using the other eye, sight down their arm and use their thumb to cover the object in your hand from where they are sitting. DO NOT TELL THEM WHICH EYE TO CLOSE OR WHICH ARM TO USE. When all have completed the task, ask them to tell you what eye they used, and this will most likely be their dominant eye – be ready for exceptions to this “rule.” Transfer this concept to a dominant belief system they have about aggressive or unruly people. It is a way of thinking that is connected with a primary behavior response, and each participant will have to conduct some “self-exploration” to decide if their dominant belief system is as positive as they desire it to be. Is their dominant system one that blindly reacts to a verbally aggressive person, without thinking, or do they respond from a practiced and focused belief system? Generally, people who utilize a practiced, thoughtful response may tend to assist in the de-escalation of another’s crisis situation.

C. Don’t They Know Who We Are? (PP 4 – 5)

We are all important. We have knowledge, skills, and power. At times, we may believe that another person (client) should do what we say because of our status or position as a field staff, investigator, parent or foster parent. We believe our questions should be answered, our recommendations be accepted and our directions be followed. We can get upset, ill tempered, or even depressed because we are not noticed, recognized or otherwise taken seriously, and this feeling or belief may impact our behavior and tend to impact another’s crisis situation. We may become more pushy or demanding, or even threatening. This may reveal itself in a verbal or physical reaction by us without thinking of the impact on the situation or the other person.

Examples: Story about Sir Alec Guinness and his concern about not being recognized; story about Senator David Pryor and his visit to a nursing home; story about airline steward and problem flyer; or any other story fitting this concept.

D. Clients Should Act the Way they Do. (PP 6 – 7)

Simply a piece of information from Rational Behavior Therapy: “People (clients, kids) should act the way they do.” The trainer should let this statement float in the air for a few minutes and it should draw some reaction from the group, such as “No, it’s wrong to act the way they do.” It is not a matter right or wrong, but that current behavior is based on a lifetime of learning and practice. How we act is what we’re good at. We are products of the world and our decisions, so whatever we do, is what we’re supposed to do.... right or wrong.

We may experience a conflict with another person when we request or direct or recommend a course of action, and it is ignored, or there is argumentative behavior discounting our actions. We say to ourselves: "They shouldn't do that," when in fact, they should do precisely what they are doing. They should act the way they do, and when they do it...we may tend to be surprised. We may also tend to get angry when we get surprised, and when we get real angry; our IQ tends to go down. *Anger up - IQ down*. We may see this as a WIN-LOSE situation and they are "winning." To "win" then, we may need be a little louder or narrow our eyebrows, or even get into the powerful sugar bowl (hands on hips) or teapot (one hand on hip, other hand shaking a finger or fist) stance.

Participants need to understand that a person will not always do what we say (just because we're the important person) and we need to avoid being sucked into a tar-baby situation just to regain our perceived loss of self-worth. It is much more productive to understand and expect that they should act the way they do, and move on.

III. Crisis Escalation and Management (PP 8)

It is important to respond appropriately to crisis situations, because inappropriate responses may tend to escalate the crisis development. Consider these escalation behaviors in relation to both the client and ourselves.

A. Tension Buildup

1. *Tension Buildup*. (PP 9) Ask the participants if they have noticed different levels of crisis development. Ask the participants: "How do you know a crisis situation may be beginning...can you identify some behaviors?" Answers may include something about chairs being thrown or guns being drawn, but the initial level, if the worker is there to witness the start of the process, will be behaviors like being quiet instead of loud, or walking, or wringing of hands or having no eye contact. Their behavior could even be the opposite of these, but the thing to remember here is that the behavior is different from their usual behavior. Review with the group some of their generated input and see if there are more to add.
2. *Response to tension buildup*. Ask participants for information on how they would respond to this level of crisis, or if they were exhibiting it, what would they like to hear. (PP 10) This slide gives possible responses. Ask group what the responses communicate to the other person: that the helper is willing to take time to help and that they are listening and seeing the behavior.

B. Protective Anger

1. *Protective Anger.* (PP 11) Even though the helper may have responded perfectly to the other person in the tension buildup level, the person may choose to escalate to the next level of protective anger. This level is represented by behaviors that are verbally aggressive. Ask the group for input as to what behaviors may be seen at this level. Some responses may be: “belligerent,” “irrational,” and that they “challenge authority.” Behaviors here, like the first level, remain verbal in nature, even though they are very aggressive. (PP 12) Exhibited behaviors tend to be self-destructive and the person may believe this outrageous behavior is helping the outcome of the problem.
2. *Protective Anger Behaviors.* **(See ACTIVITY 1 instructions)**
Responses to Protective Anger behaviors present a Window of Opportunity (PP13) in dealing with these verbally aggressive behaviors. Four primary behaviors are examined here, and the order in which they are exhibited by the aggressive person may be unpredictable (PP 14):
 - a. Threaten
 - b. Why
 - c. Anger
 - d. No!
3. *Responses to Behaviors:* (Ask group for ideas on how to respond appropriately prior to each of the PP screens.)
 - a. Response to THREATEN (PP 15): Get a witness and make a record of the threatening behavior in a report.
 - b. Response to WHY (PP 16): Give information to client if seeking clarification, but once given, redirect the client to the problem or situation at hand.
 - c. Response to ANGER (PP 17): Allow the client to vent. At times, an aggressive person will perform in front of a group, so you may wish to isolate if possible, and get assistance.
 - d. Response to NO! (PP 18): As with any test of a directive or recommendation, the client may continue to deny a request to comply with a mandate. If this continues, be ready to set limits and impose sanctions. Sanctions must be realistic, enforceable and understandable. Ask group what some unrealistic, unenforceable and hard to understand sanctions (threats) might be.

Be sure to remind the participants, that the preceding behaviors have remained in the domain of the verbal and have not become physical. Challenging, abusive behavior from an aggressive individual may feel like a physical assault, but should never result in a physical response

from the worker, other than ensuring their safe space and possibly leaving the area.

C. Crisis (PP 19)

Crisis is defined as an unstable or crucial time or state of affairs. A second definition, a business reference, states that it is a time to liquidate all assets.

1. *Crisis behaviors* Inform group that at this level, behaviors become physical and potentially damaging. Ask participants to share what they may see in a client at this level. (PP 19 second click) Behaviors seen at this level are physically violent.
2. *Responses to crisis behavior* (PP 20). The most important thing to remember here is for the worker to protect themselves from the client's violence with nonviolent defensive measures, and get assistance by calling for help and/or leaving the dangerous area. Nonviolent defensive measures include behaviors that would solely protect the worker from serious injury and not extend that point. No behaviors would include any response from the worker past the point of protection where the worker could then escape. The Department or the legal system supports no offensive response, one that would be to solely injure the client.

D. Tension Reduction. The end of the crisis model is usually marked by a reduction of tension created by the overall episode. If the worker is in contact with the client after the violent crisis episode or if the crisis escalation stopped prior to the physical crisis situation and the worker is still with the client, the worker may be able to utilize this level of interaction in this stage.

1. *Tension Reduction Behaviors*. Ask the participants to share what they may expect to see at this level. (PP 21). Ask the group members to share what emotions the client may have experienced during the crisis episode.
2. *Responses to Tension Reduction Behaviors*. (PP 22) Ask the participants to share what worker-responses they think would be appropriate at this level. Ask the group members to share what emotions the worker may have experienced at this level. These may possibly be the same as experienced by the client during their crisis behaviors. It would appear that first, the worker should regain control and be calm, and the client should be able to rationally discuss the situation. The worker may review the crisis buildup by the client, and what could have been done differently. This is a sharing transaction, not a "one-up" communication, speaking "down" or berating the client. This is an opportunity for sharing and planning for "next time" when the client may face a similar situation or circumstance.

III. Protective Measures (basic review of previous information points A and B, with new information, C and D)

- A. Safe space (PP 23) is important because it is a safety consideration for both the worker and the client. By using a safe space position the worker protects him or herself, and by not intimidating the client's space, the worker may not intentionally or unintentionally provoke a crisis development.
 - B. Verbal defusing (PP 24). Previously covered. Ask the participants to share information concerning appropriate responses to crisis behaviors. Ask the group if they would rather deal with verbal or physical behaviors. Most participants would rather deal with verbal behaviors, and the appropriate responses by the worker in the situation would have the most likelihood of resolving the crisis situation.
 - C. Non-harmful defenses. (PP 25) If a crisis episode results in a physical attack upon a worker, it is important that the worker has some basic knowledge of crisis development, has considered what they may do in case a situation develops, and some experience in practicing some defensive techniques. (PP 26) **(See Activity 2 instructions.)** Review safety instructions with the group before the activity proceeds.
 - D. Field safety issues – handouts. Handout copies of the suggested safety information. Discuss issues in the handout and ask for suggestions to be included in the information. (PP27)
- IV. (PP 28) Statement: “Competency in crisis prevention is based on both cognitive and physical practice.” It is important that workers practice thinking about the crisis situation....thoughtfully exploring their behaviors and recognizing positive behaviors and negative behaviors which may require change. They need to think about what may happen and mentally prepare....what if? Participants also require regular practice in the techniques covered in this training event.
- V. (PP 29) Thank the participants for their participation and encourage them to submit further information to be added to the handouts used in the training.

Trainer Instructions for Activity 1

Window of Opportunity in Dealing with Protective Anger Behaviors

Conduct this activity while PP 13 (Window of Opportunity) is being viewed on the screen by the group. The purpose of this activity is to allow verbal interaction between a “client” and a worker in a structured and protected setting. There is no physical contact between the dyads and this fact must be explained prior to the activity.

1. Inform group that they will be partnering with another participant for the purpose of demonstrating an interaction based on their contact with a client.
2. Ask group to move to an area away from chairs and other large objects. This area will allow room for the partners to face each other (no closer than 10”), and this will also allow each dyad room to move during the activity. Ask that they select either the client or worker role and ask the workers to align themselves in one long row, facing their clients. Each client may need to adjust their position to stand in front of their worker.
3. Demonstrate to the group the principle of “Safe Space” by enlisting assistance from a participant or a co-trainer, while the rest of the participants view the demonstration. One of this pair remains in their position and the other moves from the 10’ marker (approx.) and approaches them from the front. The principle of Safe Space is to reinforce a safety issue with the worker and remind them that the position they take in front of a client may place themselves or the client in a dangerous position. When demonstrating, recommend to the participants:
 - a. To stand either to the right or left front corner of the client’s position, no closer to the client than an arm or leg’s length (2-3’). Leave a space directly in front of the client. A position directly in front and closer than the recommended distance, may unintentionally pressure or intimidate the client and position the worker in a position vulnerable to physical attack.
 - b. To keep both hands free of heavy packages, notebooks, briefcases, and keep hands out of pockets.
 - c. To remain constantly aware of their own body language and that of the client.
 - d. To be aware of any items in shirt pockets or in hands, or in the immediate area that may be used as a weapon for the client.

After demonstrating the Safe Space principle, allow the group to practice the principle, by asking that they remain in their lines facing their partner. As a group, the “workers” walk over to the “clients” and position themselves in the recommended posture. Ask that they then separate and change roles, allowing the other person to practice the safe space position. After separating back into two parallel lines with partners facing each other, process any feelings, thoughts or observations by the group participants concerning this principle.

4. Inform the group that they will now participate in an activity that simulates interaction in their work. Remind the group of the rule that there will be no physical contact, only verbal interaction.
 - a. Ask the participants in the client role line to move to another area, out of hearing range of the worker participants. Either the trainer or a co-trainer informs this group to respond to whatever the worker will be telling them with “no” statements. Continue to say no, refusing any compromise or reframing of the request by the worker. Request that they stay on task and continually refuse the worker’s directive.
 - b. While the client line is away from the main group receiving their instruction, the trainer or co-trainer informs the worker role participants that they are to deliver a directive or instruction to the client, based on their work requirements, when they return to the group. The client group is aware of the fact that the worker will deliver some form of directive to them when they rejoin the total group.
 - c. After both groups have been given instructions, allow the client role group to return to the activity area and assume their original positions.
 - d. The workers will then walk over to the clients, assuming a safe position and deliver the instruction to the client, not aware of the planned response of the client.
 - e. The client responds as instructed. Allow 3-5 minutes for the interaction.
 - f. After the time limit, or whenever the trainer believes it necessary, the worker and client dyads are separated to the original distance. Process the observations of the workers first, then from the client’s perspective.
 - g. Continue with this activity by interchanging the roles of client and worker three more times using these instructions to the different clients when apart from the group (workers always give a directive regardless of the task of the client):
 1. Ask “why” no matter what the worker says. Question to seek information, and then question their power over you.

Request that the client actors stay on task and continually ask the “why” question of the worker. Ask for reasons from the worker for this directive.

2. Threaten the worker. Tell them you know where they work, where their kids go to school, what kind of car they drive, and they could suffer for treating you this way. Keep tone of voice low and sinister.
 3. Blow-up and demonstrate your anger about the directive they have given you. Yell, shake your fist, point your finger, jump up and down and stomp your feet!
- h. After a total of four exchanges have taken place, and processing of each interaction has been completed, ask client/worker partners to shake hands and forgive each other for what transpired in the activity.
- i. Ask the group for any questions concerning the activity. If none, thank them for their active participation and ask them to return to their tables.

END OF ACTIVITY 1

Trainer Instructions for Activity 2

Physical Practice in Nonviolent Response to Aggressive Behavior

Conduct this activity while PP 26 (Protective Measures - Practice) is being viewed on the screen by the group. The purpose of this activity is to allow physical practice of methods of responding to lower levels of physical aggression involving grabbing or striking of the worker.

1. Inform the group that they will be partnering with a different participant for the purpose of practicing defensive techniques.
2. Ask group to move to an area away from chairs and other large objects. Inform the participants that this activity will require more physical movement and exertion than in the first activity, so they must monitor their physical movements so as not to further injure or aggravate any existing condition. This is a cooperative activity for the purpose of learning the techniques and is not a competitive event between the roles being played by the participants. Participants will be in dyads, but will not be required to be in lines like Activity 1.
3. Reinforce the concept of safe space and the need to position themselves correctly when practicing the techniques.
4. While the group is standing around the trainer, the trainer will demonstrate each of the techniques, pausing between each technique for sufficient practice in the dyads. Inform the partners that they are to alternate between the role of client and worker to allow both time to practice, but they are not to practice any other techniques not demonstrated by the trainer.
5. Defensive techniques to be taught:
 - a. Defense against single and double wrist grab, and both wrists being held.
 - b. Defense against front and back two-hand choke.
 - c. Defense against being kicked.
 - d. Defense against being struck with fist.
 - e. Defense against hair being pulled.
 - f. Defense against being bitten.
 - g. Defense against a bear hug.
6. Inform the participants that responses to more violent levels of physical attack where the worker is unable to escape and obtain help, must be at the worker's own device and discretion. Whatever response is made to

aggressive behavior should not be to solely injure the client but to protect the worker. The response must be defensive and not offensive in nature. It should be understood by the worker that additional physical practice will provide quicker and more meaningful response, and more thought of what might happen in a crisis event, will more adequately prepare the worker to deal with both predictable and new situations. They should be thinking, "what if."

7. Ask the group for any questions concerning the activity. If none, thank them for their active participation and ask them to return to their tables.

END OF ACTIVITY 2

Safety Issues in Crisis Management

Division of Children and Family Services Participant Outline

- I. Introduction and Purpose
- II. Awareness of Personal Reactions
 - A. Maslow
 - B. Dominant Belief System
 - C. Reputation and Respect
 - D. Client Behavior
- III. Crisis Escalation and Management
 - A. Tension Buildup
 - 1. Behaviors
 - 2. Responses
 - B. Protective Anger (Window of Opportunity Activity)
 - 1. Behaviors
 - a.
 - b.
 - c.
 - d.

2. Responses

- a.
- b.
- c.
- d.

C. Crisis

- 1. Behaviors
- 2. Response

D. Tension Reduction

- 1. Behavior
- 2. Response

IV. Protective Measures (Some new and some review)

A. Safe Space

B. Verbal defusing

C. Non-harmful defenses (Activity)

D. Field safety issues (Handout)

Safety Issues in Crisis Management

Suggested Safety Procedures Handout

I. Prior to home visit

A. Before the home visit with a client, the worker:

1. assesses case record information and determines whether there are any risk factors associated with the family, their home, or their neighborhood. If the worker believes the home visit cannot be made safely, then the supervisor is consulted to determine whether a home visit is appropriate due to the safety concerns. If not, law enforcement is contacted for assistance;
2. will have, or make arrangements to obtain a cellular phone and ensure the battery is fully charged;
3. prepares either a paper day sheet, or schedule in Microsoft Outlook Calendar, listing the planned visits for the day and maintains that schedule as much as possible. A copy of the day sheet is left in plain sight on the worker's desk or left with the supervisor. If there are major changes in the schedule, the worker informs the county office of the changes via cell or telephone;
4. requests changes or arranges so that the work schedule permits new or questionable visits to be made early in the day;
5. notifies office staff when he or she leaves and returns. If the worker plans to go home after the last field visit, he or she notifies the county office after the last visit is finished;

6. ensures that vehicle has sufficient fuel for travel to and from site.
7. is aware of the areas in the neighborhood where help could be obtained if an emergency occurred?

B. Recommended safety equipment items kept in the car when making home visits should include:

1. one change of personal clothing;
2. clean towels for clean-up or decontamination;
3. protective (latex or non-allergenic) gloves for handling children that may be injured or exposed to methamphetamine;
4. disinfectant hand wipes;
5. plastic trash bags for covering car seats and floorboards, and for carrying clothes that may need decontamination;
6. dust masks to limit breathing particulates and dust.

II. During the visit

A. When preparing to park and leave the vehicle used for making the home visit, the worker should:

1. park in the open and near a light source that offers the safest, most direct walking route to the home and look around the vehicle before exiting;
2. locate the clients' building before exiting the car when the clients' residence is in an apartment complex, whenever possible;
3. park on the street rather than a driveway, and in the direction in which the worker plans to leave;
4. take only the items necessary to complete the home visit. Purses or wallets are concealed if left in a parked and locked car, or place items in trunk.

B. When approaching the residence, the worker:

1. looks and listens for signs of someone in the residence and assesses whether there is any indication of danger involving the occupants of the residence;
2. is aware of any smells associated with substance abuse;
3. observes the outside of the residence, the surrounding homes, any animals or unfamiliar vehicles;
4. programs the cell phone so that a 911 call can be made easily in an emergency;

C. In order to make a safe entrance into the residence, the worker:

1. goes only to the door that is in plain sight of the street and stands to the side of the door when knocking;
2. as the door is opened, looks quickly inside to determine if there are any threats to safety;
3. does not enter the home if an unseen person calls for the worker to come in;
4. quickly evaluates the clients' attitude and demeanor to determine if there are warning signs of aggression, violence, substance use, or other suspicious behavior;
5. does not enter the home if an adult is not present. If there are children in the home who may be unable to care for themselves alone, law enforcement assistance is immediately requested;
6. does not enter the home when law enforcement accompanies the worker for the home visit and there is no adult present in the home. If law enforcement makes the decision to enter, the worker remains outside the residence in order to ensure the worker's physical safety. If law enforcement requests the assistance of the worker in the residence due to an emergency with the

child, do not enter the residence until it has been secured by law enforcement and is determined safe to enter;

7. does not attempt to aggressively persuade the client if he or she refuses to allow access to the home. If denied access, the worker leaves the residence and consults with a supervisor;
8. leaves the residence if the worker does not feel safe entering the home, and consults with a supervisor.

D. When in the client's residence, the worker is particularly aware of any signs of risk. The worker:

1. introduces themselves and explains and reassures that their purpose is to help the family; is not there to assign blame but to see if the child needs protection;
2. recognizes body language, non-verbal clues that may indicate a client is escalating in their aggressive behavior. Use all your skills to prevent a crisis situation from developing.
3. pays attention to any unusual smells, particularly those associated with the manufacture or use of drugs; does not attempt to interview clients who are obviously intoxicated or under the influence of other drugs;
4. once inside the clients' residence, stays near an exit if possible and remains alert and observant; conducts interviews in a room near an exit; remains calm and not defensive in demeanor;
5. remains aware of the possibility of any other persons in the residence and inquires about anyone that may appear to be in another room;
6. does not go into any other parts of the residence without the client's permission. Proceeds with caution when entering any room;
7. leaves immediately if there is risk to safety.

III. Departing from the visit site

When leaving the client's residence, the worker remains alert to safety risks by:

1. observing any activity in close proximity to the front of the home/apartment door being exited or near the residence; quickly checks for any activity by their vehicle and checks back seat and floorboard when opening driver door;
2. having car keys in hand when walking to the parked car and locking car doors immediately after entering vehicle quickly; avoiding opening trunk or rear door to store or retrieve items before entering vehicle; starting engine as soon as feasible;
3. not lingering to make phone calls or notes, but instead leaving the neighborhood immediately.

Additional safety issues or suggestions: _____

Think Safety – Act Safely