Personal Safety in Clinical Practice

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We must remain continually aware of safety issues in our daily clinical interactions
Some Statistics

- 2006 study of 5000 workers surveyed indicated that 55% said they faced safety issues on the job.
- 2002 survey of 800 workers 19% had been victims of violence and 63% had been threatened.
- Another study-50% of psychiatrists reported an act or threat of violence in past year.
- Mental Health profession- 2\textsuperscript{nd} highest rate for risk of violence.
Areas of Personal Safety

- In your clinic office.
- In your outreach to the community (i.e. home-based).
- In your interactions with your clients.
- In your documentation (legal).
- In transportation.
- In your own home.
Observe and Plan

- Set up of your office.
- Do a safety assessment.
- Pay attention to signs of danger.
- Don’t become complacent.
Knowledge

- Review any documentation
  1. Is there any history of violence?
  2. Have there been issues with previous therapists?
  3. Is drug or alcohol abuse an issue?
  4. Have there been psychiatric hospitalizations?
  5. Is client medicated?
Initial Evaluation

- Past violence – is best predictor
- Drug and alcohol use and abuse
- Explore history with other helpers
- Access to weapons
- Psychiatric hospitalizations and history
Observe Client

- Do they appear clear?
- Are they pacing or over anxious?
- Are they mumbling or swearing?
- Any other signs of agitation or confusion?
Client Appears Impaired

1. Alert a colleague of your concerns
2. Ask if anyone is available to sit in, at least until you assess the situation.
3. Leave door open during session, if there are others around who could come to your aid.
Use Your Judgment

- If you see a potentially dangerous situation and you can’t feel safe use your judgment and cancel.
Home Based Outreach

- Learn about the area before you go.
- Go with a team member.
- Make first appointments for early in the day. Day-light hours are more safe until you know the area and the client.
- Be specific about appointment time.
- Make sure car has gas and is in good working order.
Outreach Cont:

- Park car in lighted area or accessible area.
- Dress appropriately-no jewelry.
- Make sure cell phone is working and pre-programmed.
- Call to alert family you are on the way.
- Carry a flash-light.
Outreach

- Be observant of building or house.
- Listen before you enter house or apartment.
- Introduce yourself clearly.
When to be concerned:

- Street lights are out or area appears too dark.
- Can’t park close enough to feel comfortable.
- Gathering of strangers or teens that cause concern.
- Your instinct tells you it may not be safe.

ALWAYS PAY ATTENTION
During the visit:

- Remain constantly aware.
- If person or persons you made visit with are not available, LEAVE
- Be clear about who you are and purpose. Don’t allow for confusion.
- Too much activity, other people, party LEAVE
- Unsafe items, weapons, drugs-LEAVE
- Control where meeting takes place.
Transportation

- Keep keys with you and lock doors when no one is in car.
- Prior-Greet client assess risk.
- Seating-behind passenger seat.
- Drive in right hand lane.
- Use traditional 10 and 2 position.
Transportation

- Continually remain aware of mental status of client.
- Discuss concerns with supervisor prior to trip.
- If client is agitated or aggressive-do not transport-use police or ambulance.
Legal

- Keep records up to date
- Make sure they are legible
- Record everything (particularly unusual)
- Consult with others about difficult situations—record that you consulted
Ongoing, office or home

- Always be respectful.
- Set clear limits, on what you will not tolerate (intoxication, violence, 51A)
- Explain consequences
- Don’t get lax in your vigilance
- Be observant
- Don’t violate or bend your own rules
When Escalation Occurs

- Remember violence is often associated with fear or hurt.
- Stay calm and self-assured.
- Speak in a quiet, slow manner.
- Don’t personalize the situation.
- Encourage client to be seated. If they stand, you stand also.
Defusing Skills

- Listen, reflect their anger for them
- Remain non-defensive and supportive
- Acknowledge the anger
- Apologize
- Agree with the truth
- Invite criticism
- Allow extra space
What Action Steps

- Be firm – but not challenging
- Use your clinical skills
- Get to yes
- State your desire to help
- Be clear and direct
Action steps:

- Offer choices
- Distract – offer candy, gum, coke
- Suggest time out or break
- Leave or call for help
Things Not Advised

- Don’t challenge or demand “calm down”
- Don’t touch
- Don’t give ultimatum
- Don’t block exit
- Don’t get into staring contest
- Don’t show fear
- Do not turn your back on the person
If Attacked

- Yell for help.
- Defend yourself.
- Use object- phone lamp etc.
- Grab onto client-hang on them.
- Use knee to groin- twist fingers etc.
- Use any means to get free and get help.
Some Common Sense

- Don’t see client in isolation.
- Pay attention to your own feelings.
- Use supervision.
- End session if you have real concerns.
A Final Note

- Remember most of our work is safe. A majority of the clients and families we provide treatment to are not a threat to our safety.

- Safety assessments and action plans are important simply because they promote awareness and reduce fear to allow us to better serve our clients.
Thank You

- Questions / Comments