Children's Services
PRACTICE NOTES
For North Carolina's Child Welfare Workers
From the NC Division of Social Services and the Family and Children's Resource Program

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This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!
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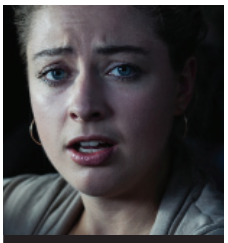
Staying Safe on the Job in Child Welfare

In 2014-15, child welfare workers in North Carolina conducted 64,817 CPS assessments (includes both family and investigative assessments). During this same time they removed 5,212 children from their homes (Duncan, et al., 2016).

Behind these numbers were countless interactions between social workers and others, including thousands of exchanges with angry, upset parents and children. In most of these interactions social workers were—and felt—safe.

But in their line of work the potential for violence is real. Research and anecdotal reports suggest that, at some point in their careers, many social workers will face physical attacks, attempted physical attacks, property damage, or threats. Fatalities and serious injury, though rare, occur as well.

Perhaps that's why, when the NC Division of Social Services asked child welfare professionals what they'd like to learn more about, DSS directors, supervisors, and line staff all said "social worker safety" was a key concern.



We want you to be safe as you engage in your difficult, rewarding work with children and families.

Practice Notes has actually covered this topic before, in 1998 (vol. 3, no. 2). A lot of the messages we sent back then are worth revisiting. With this current edition we're adding new resources and touching on topics such as guns in the home, safety around dogs, universal precautions, and creating safe, trauma-informed child welfare agencies.

We hope you'll be willing to talk with others in your agency about safety. We want you to be safe and well as you engage in your difficult, rewarding work with children and families. ◆

Is Violence Against Child Welfare Workers Common?

Is violence against child welfare workers common? Although there is no single, definitive source we can turn to—there's no central agency recording violence against social workers, nor is there a commonly accepted definition of workplace violence—researchers have attempted to answer this question (Grayson, et al., 2012). The evidence we have suggests violence against child welfare workers is not at all uncommon.

Consider the work of Newhill (2003), who surveyed 1,600 social workers about violence on the job, with violence defined as physical assault, attempted assault, property damage, or threats. Newhill's analysis led her to conclude that client violence is definitely not rare: 58% of the 1,129 respondents said they had experienced at least one violent incident in their career.

Newhill also found her respondents' risk of violence varied based on where they worked. As the figure below shows, although social workers from all areas of *continued p. 2*

Survey Respondents Reporting Violent Incidents, by Practice Area

High Risk	
Criminal justice	79%
Drug and alcohol services	76%
Children and youth/child welfare	75%
Moderate Risk	
Mental health services	64%
Developmental disabilities/ MR	56%
School social work	54%
Family services	54%
Lower Risk	
Medical/health care	49%
Services to the aged	44%

Source: Newhill, n.d.

Common?

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practice reported violence, in certain areas—including child welfare—client violence was far more common.

Another, larger study conducted in 2004 by the National Association of Social Workers (NASW) reached similar conclusions. Of the 10,000 licensed social workers surveyed, 44% reported facing personal safety issues on the job. Many who faced safety issues were less experienced (in their first five years) and worked in child welfare or mental health (Whitaker, Weismiller, & Clark, 2006).

A number of other studies found similar levels of client violence—with at least half of social workers having experienced client violence in some form (Ringstad, 2005; American Federation of State, County, and Municipal Employees, 2011).

Men More at Risk?

As the table at right shows, Newhill (2003) found that gender seems to influence one's likelihood of experiencing violence. Across all practice areas, the male social workers participating in her study were much more likely than women to report violence and to report more violent incidents. Other studies have reached similar conclusions (Spencer & Munch, 2003; Ennis & Douglas, 2007).

What explains this finding? In an online interview Newhill noted that more male social workers work in the highest risk settings (i.e., criminal justice, drug and alcohol services, and child welfare). She added, however, "many of the male respondents told me that they were more likely to be assigned violent/aggressive clients than their female counterparts, and when a client did become violent or aggressive they were often called in to deal with the situation. So I think what's happening is that agencies are using male social workers as a kind of informal 'security force.' But the disturbing thing is that the male social workers reported they weren't being given additional training, nor were they given 'hazard pay' for taking on this additional risk. . . . That's a finding we as professional social workers and agencies need to think about...is this really just?" (Singer, 2008).

If this quote from Newhill resonates with you when you think about how things are done in your agency, we encourage you to begin a conversation about safety and the role of male social workers.

Type of Violence by Gender for Total Sample

Type of Incident	Male SWers (N=221)	Female SWers (N=869)
None	27%	48%
Property damage	42%	21%
Threats	64%	47%
Physical attacks	39%	21%

Average Incidents by Gender and Violence Type

Type of Incident	Male SWers	Female SWers
Property damage	9	7
Threats	12	6
Attempted physical attacks	12	4
Actual physical attacks	9	2

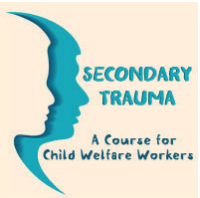
Source: Newhill, n.d.

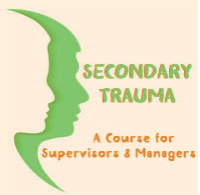
Impact on Social Workers

Experiencing client violence exacts a significant emotional toll on social workers. In Newhill's study, social workers' emotional reactions varied according to the type of incident they experienced. For example, when violence took the form of property damage, workers tended to be angry. The response to threats was often fear and anxiety. Physical attacks evoked fear, anxiety, and anger, but workers also felt shocked and shook up, helpless and inadequate, and physically exhausted. Newhill noted that physical attacks provoked trauma reactions such as sleeplessness, intrusive thoughts, and self-blame (Singer, 2008).

Given the potentially harmful impact of client violence, child welfare agencies must do all they can to prevent it and to create an environment of support that will allow staff to heal and rebound when it occurs. The training described in the box below and the suggestions in the next article may prove helpful in this effort. ◆

New Courses for Workers and Supervisors on Secondary Traumatic Stress





North Carolina is placing a lot of emphasis on trauma-informed child welfare practice. Knowing about trauma's influence and how to respond when dealing with children and families is a key part of this. But stress and secondary traumatic stress (STS) affect child welfare professionals as well as families.

Recognizing this, the NC Division of Social Services, in partnership with the UNC School of Social Work, has developed two new courses on the subject: (1) a one-day course for workers that helps them practice strategies to reduce secondary traumatic stress and build resilience, and (2) a two-day course on STS that teaches supervisors the same things and then gives them the skills they need to support their staff members. To learn more or register, log in to your account at http://ncswLearn.org.

Creating Safe, Trauma-Informed Agencies

When it comes to safety, every human service agency faces the challenge of balancing two core goals: protecting the physical and psychological safety of staff while also promoting the physical and psychological safety of clients. Child welfare professionals increasingly recognize the importance of having a trauma-informed approach that attends to the needs of both staff and clients. SAMSHA (2015) defines a trauma-informed organization as one that:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

A Balancing Act

Yet the balancing act of caring for those served by the agency and those who provide services is not always easy. On the one hand, agency leaders have an ethical duty to their staff to address the very real risk of physical and emotional harm involved in child welfare work. (*See p. 2.*) On the other hand, an agency that only considers potential risk from clients when establishing policies and procedures is likely to stigmatize and re-traumatize the very people it's designed to serve. The same security guard or metal detector or bullet-proof barrier that helps a staff member feel safe and valued is likely to make some clients feel decidedly unsafe and devalued.

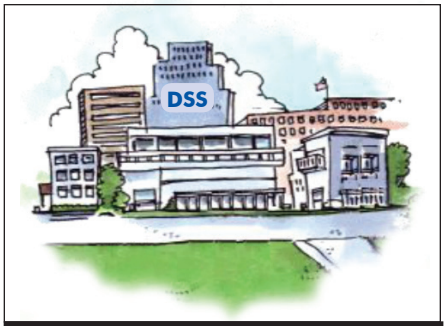
Like families, every agency is unique. No two are likely to need the exact same mix of approaches in ensuring that everyone who walks through their doors feels protected. However, there are common principles of trauma-informed agencies (SAMSHA, 2015): safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and attending to cultural, historical, and gender issues. Here are some tips, based on a growing body of research, for putting those principles into practice.

Minimize Environmental Triggers

Part of keeping people safe is simply reducing the factors that can lead to aggressive behavior. Research has shown that a more comfortable and welcoming environment tends to improve behavior. For example, rooms that are crowded, noisy, uncomfortably hot or cold, or harshly lit are likely to leave people more frustrated and agitated. Conversely, having more space, comfortable seating and temperatures, more natural lighting, less noise, and soothing, neutral paint colors all contribute to a more pleasant, calming environment (McMurran, 2012; Wortley, 2002).

In fact, studies in assisted living facilities have shown a physical environment that's attractive, organized, and well-maintained correlates with improved behavior of the people served (Bicket, et al., 2010).

In terms of being trauma-informed, a welcoming and attractive environment helps not only on a physiological level, but conveys a clear message that those who work in and use the building are valued and respected. The decor and environmental conditions of the social service agency may tend to fall to the bottom of many county budgets; however, in a trauma-informed culture part of the leadership role is to advocate and engage community supports to provide a physical space that is as welcoming and well cared for as possible.



"One of the things that is unique about this institution is that we try to not make it an institution."

Re-consider Common Areas

We all know how our own anger can rise the longer we're kept waiting. Add to that the stress under which most clients come to your agency and you can see why problems escalate. If at all possible, waiting times should be kept under 20 minutes.

At the same time, workers have to spend as much time as needed to provide quality service and attention to each client. This not only reduces problems by giving people a chance to vent, but follows the trauma-informed principle of empowering people by allowing them voice and choice.

In reality this means the responsibility for keeping waiting times down falls to supervisors and leaders who may need to jump in and see clients themselves, call in additional staff or volunteers, or ask walk-in clients if they can return at a later time (Brown, et al., 1986).

Lack of privacy can also be a trigger for anger or shame that may be acted out in aggressive ways. In some settings people have to announce what their problem is in earshot of others, or they may worry that others can overhear them if they're meeting in a cubicle (Brown, et al., 1986; Bicket, et al., 2010). Agencies can reduce this risk with a small number of private screening and meeting rooms.

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Safe, Trauma-Informed Agencies

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Use a Customer Service Approach

Consider the experience clients have from the time they walk into your agency to the time they leave. It is hard to create a culture of collaboration and mutuality if an agency is operating more out of fear of what *might* happen than out of hope for what may be possible. A number of studies have shown that what seems at first glance as an out-of-the-blue episode of violence by a client is often a result of feeling mistreated or unfairly controlled. Richter and Whittington (2006) found that staff in mental health settings typically described aggressive incidents by patients as happening unpredictably, with no triggering incident; patients, on the other hand, reported frustrating behaviors by staff or other patients as the cause.

Given the high prevalence of traumatic stress among families served by child welfare, it's likely many people who come into your agency may be hyper-vigilant about perceived threats or slights (AAP, 2013). Even interactions that seem neutral to an outside observer may feel unsafe to a trauma survivor. And given the frustration front-line staff may feel from overwhelming workloads, sometimes challenging clients, and the endless pile of paperwork, it's safe to say that not all interactions with clients are positive or even neutral. Sometimes staff understandably show their frustrations or even vent their irritation on clients or visitors. While we have all been on the receiving end of poor customer service, our individual histories and current level of functioning play a huge role in how we handle those episodes.

In settings where staff face a potential threat of harm, there can be a "tradition of toughness" that leads the professionals to distrust clients (Morrison, 1990, cited in Richter & Whittington, 2006). This, in turn, can lead to rigidly following rules, rather than allowing for some flexibility for individualized treatment. Such rigid adherence can create frustrating bureaucratic hurdles, which in turn can escalate clients' anger.

Being in a state of excitement typically makes people less psychologically flexible. In an agency setting, this can mean that both staff member and client can quickly feel they have no option other than to escalate the situation (Zillman, 1994, cited in Richter & Whittington, 2006). Sometimes staff who have been assaulted (or who perhaps have heard about threatening incidents from co-workers) cope with their fear by becoming more emotionally distant or confrontational (Whittington & Wykes, 1994). While such reactions may be an understandable extreme, we have all experienced organizations where a culture of wariness and mistrust towards clients is conveyed in some staff attitudes and behaviors.

The task of supervisors and agency leaders is to provide a safe forum for staff to share their fears and frustrations, and to be responsive to their need to feel protected, while at the same time modeling and insisting on a consistently respectful and collaborative approach to every client interaction. While child welfare professionals need validation and support around the risks they face, they also need encouragement to build a relationship of openness and trust with each new client.

Trauma-Informed Design

A new trend in building design takes an even more fundamental approach to creating environments that promote psychological safety and healing. Trauma-informed design is an attempt to create a sense of safety and comfort in the way buildings are made and used. The approach has been used across the country to design organizations, such as schools and homeless shelters, that serve populations at high risk for trauma exposure.

Even small changes can help convey a message of trust and possibility that changes the narrative for people who have experienced trauma.

One practice in trauma-informed design is to recognize the healing properties of nature, and to bring as much of it as possible into the agency. This can include something as simple as using a wooden railing instead of a metal one, using muted colors instead of bright ones, maximizing natural light, and having as many views or images of the natural world as possible.

Understanding the need to balance privacy with the principle of transparency, buildings with trauma-informed design use open sight lines with glass dividers and curving hallways. Perhaps most importantly, staff members fill in areas with small details like pillows, throw rugs, and blankets to provide as much a feeling of comfort and home as possible. In the words of a school principal in Boston: "One of the things that is unique about this institution is that we try to not make it an institution. We try to really think about it as a family of learners, students, staff and parents….And in that we also have a lot of trust for the people we're working with" (WBUR, 2016).

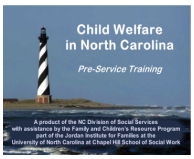
Changing the Narrative

Child welfare agencies across the country increasingly recognize the need to create a trauma-informed system that provides a sense of safety and promotes healing for children, families, and staff. For families and staff alike, there is always a temptation to batten down the hatches and maintain a defensive posture against potential harm. Even small changes in how individuals and agencies operate can help convey a message of trust and possibility that changes the narrative for people who have experienced trauma. ◆

Worker Safety: Learning Resources

Courses Sponsored by NC DSS

Child Welfare in North Carolina (aka "Pre-Service")



The Course: This four-week, competency-based curriculum gives social workers and supervisors an overview of the child welfare system. It includes an online module focused explicitly on worker safety. Staff who completed *Pre-Service* since 2007 continue to have access to this module through ncswlearn.org.

In the re-design of Pre-Service currently being piloted, staff are asked to complete and submit two worker safety activities to their supervisor; this provides opportunities for follow-up conversations regarding worker safety.

Audience: Everyone employed by a county DSS agency in child welfare must complete this course prior to direct client contact or assuming supervisory responsibilities.

Offered: 30 times a year.

Methamphetamine: What a Social Worker Needs to Know

The Course: This short, self-paced, online course explores methamphetamine's impact on families and communities, describes evidence-based treatment interventions, and teaches social workers to recognize and protect themselves and others from meth-related hazards.

Audience: Recommended for all child welfare social workers and supervisors employed in a county DSS.

Offered: Continuously (on-demand course).

Domestic Violence Policy and Best Practices in Child Welfare

The Course: This three-day, skill-building course covers the specific assessment and intervention issues when domestic violence-related child maltreatment has been identified. It includes discussion about the dangers and dynamics of DV, the effects of DV on children, cultural aspects of DV, safety planning, and outcome-based service planning.

Audience: Child welfare social workers, supervisors, and program managers employed in a county DSS.

Offered: 11 times a year.

To register for these courses, go to www.ncswLearn.org

Safety-Focused Websites

NASW, Social Worker Safety. This page contains many resources and relevant links: http://bit.ly/1RhWWe2

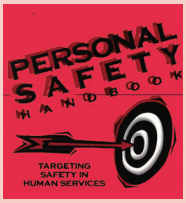
National Child Welfare Workforce Institute. Home to a range of resources on worker safety, self-care, and secondary trauma: http:// conta.cc/1PsmvU4

Child Welfare Information Gateway. See especially this page: http:// 1.usa.gov/1o7Cz7A

National Safety and Self-Defense Training Resources

For 20+ years ILR, Inc., a Durham-based organization, has been helping agencies learn to address their personal workplace safety needs. Unfortunately, agencies often don't seek help until after a traumatic event, creating an atmosphere of vulnerability. ILR encourages agencies to prepare and plan for their organizational safety needs using the following two tools. To learn more go to http://ilrinc.com/.

Working Safe Working Smart (WsWs). This five-unit workplace safety training program from ILR, Inc. focuses on interactions between staff and clients or the general public. It presents an approach for determining safety needs within an agency and identifying a broad outline of areas that might require safety planning. WsWs comes in two major formats: (1) eLearning, which is available for individuals or group purchase, and (2) curriculum license, which allows agencies to train the course under a perpetual use license. Online: www.workingsafeworkingsmart.com



Personal Safety Handbook. This compact guide from ILR, Inc. gives practical suggestions to human services staff on managing personal safety. Key issues covered include: why people assault, general prevention techniques, risk assessment, safe approaches to field visits, navigating mental illness, and office and building safety.

Everyday Self Defense™ for Social Workers

Janet Nelson, MSW, LCSW, offers full and half-day seminars to teach personal safety awareness, conflict avoidance skills, and stress reduction. Participants practice verbal defense skills, specific awareness drills, and learn about body language and positioning. To learn more visit http://www.everyday-selfdefense.com/

The Personal Safety training group

Training for social services professionals working at or away from the office. Sessions are 2 to 6 hours long and provide practical strategies and specific skills to enhance awareness of surroundings and recognize and de-escalate threats. Plans are included that stress the importance of schedule sharing and assigning emergency contacts and specific check-in times. http://www.personal-safetygroup.com/training/social-work-safety/

Guns in the Home: Considerations for Worker Safety

As a child welfare professional it is likely that at some point you will find yourself in a household where guns are present. Given this, it is reasonable to ask: how can I stay safe, and therefore ensure the best outcomes for families and children, when I am visiting people in their homes?

Background

Child Protective Services' gun policies. Specific gun-related policies vary from county to county in North Carolina. When *Practice Notes* informally asked several counties about their gun-related policies they responded with similar answers: CPS workers are supposed to ask during assessments about guns in the home and how they are stored, county CPS buildings are supposed to be weapon-free, and CPS workers are not allowed to carry a personal firearm while working. If you have questions about your county's specific policy, check with your supervisor.

Best practice. We found little when we searched the literature for best practices related to home visits and the presence of firearms. Lyter and Abbot (2007) had a similar experience and noted: "Given the merits of home visitation, the social work commitment to community outreach, and the very real risk of harm posed by a violent society, there is a surprising lack of information on the safe conduct of home visits. . . . A review of the literature reflects minimal research addressing the topics of dangers in the field and efforts to enhance worker safety... the most surprising information about the topic of safety and home visiting is the lack of information."

In an attempt to fill in the gaps, *Practice Notes* interviewed Matthew Sullivan about home visitation and guns. Mr. Sullivan's unique background includes working as a police officer, getting an MSW and working as a police social worker, obtaining a law degree and working on behalf of emergency services. He currently serves as the interim Fire Chief in Chapel Hill, NC.

Interview with Matt Sullivan

During a case review or interview with a client you may learn that they own a gun. Now what? Address topics related to gun ownership respectfully, non-judgmentally, and directly. In Mr. Sullivan's experience people are willing to talk as long as they do not feel judged.

Once you find out a gun is in the home, or you see one during your visit, you might begin by asking a question such as, "Since my job is about thinking about children and their families being safe, may I ask you some questions about your gun?" After this opening, Mr. Sullivan suggests follow-up questions such as: What do you use the gun for? How often do you use it? Where and how is it stored? Do the kids ever use it, and if so in what circumstances? He also recommends always asking who else is currently in the house, or if they are expecting visitors or someone to come home soon.

Many people who have not grown up around or handled guns are uncomfortable with their presence. If you fall into this category, acknowledging that you have not been around guns and asking the client to educate you can alleviate everyone's stress and help you gather information and build rapport with the client.

The client's answers to questions like those above will help you ascertain what to discuss next, such as the safe storage of weapons, the natural curiosity of children, or whether the client feels safe with the gun in the home. If others are home or are expected to arrive home soon, be conscientious of the client's privacy and where/how topics are discussed.

A gun is in plain sight. Do not touch it or ask the client to move it. If possible, create distance between yourselves and the gun. Even in a non-threatening situation, moving the gun to a safer place could result in an accidental discharge. Additionally, if the gun is removed from sight you no longer know where it is. The client could be concealing it, or another person in the house could have it. If possible, ask the client to move to an adjoining room or different end of the room so there is more physical distance from the gun, but you still know where it is.

A client is carrying a gun. This can be tricky based on the individual's history and current mood. Leave if needed. Otherwise, set clear boundaries and address the issue of the gun directly and respectfully. This may mean rescheduling a time to come back when the client doesn't have the gun on them, arranging a meeting at the agency, or leaving and asking law enforcement to accompany you back for the visit. Mr. Sullivan says, "If you are already in fear for your safety, adding law enforcement to the situation probably can't make rapport with the client any worse."

You are threatened with a gun. No one knows exactly how they'll respond in this situation unless it happens. Your short-term options are to flee, flee and hide, or fight. Which you do should be determined situationally. *continued next page*

Guns in the Home: Considerations for Worker Safety

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Removing guns. The legality of asking clients to remove guns from their homes can be complicated. In domestic violence cases the judge can order guns to be removed from the home. If a client genuinely wants to get rid of a gun they can sell it through an authorized gun dealer, have a family member or friend store it for them, or check with their local police department. Some departments have policies which allow officers to collect and destroy guns with consent of the owner, but they typically cannot remove a gun without consent (or a judge's order) or hold it for someone to retrieve later.

Other tips and suggestions. In Mr. Sullivan's experience, if there are drugs in the home there are likely guns in the home as well. The number of guns present may fluctuate based on who is currently home. This is another reason why it is so important to know who else is home and who may be coming or going. When visiting with clients, try to avoid bedrooms, as this is where guns are often stored.

Body language and positioning also matter. When talking with a client, angle your body so you are not "squared off" with the client. Also, try to maintain access to an exit such that you would not need to pass by the client in order to leave.

The goal, of course, is to prevent an unsafe incident from occurring in the first place. Mr. Sullivan stressed the importance of thorough case reviews to understand prior violent history as well as history of drug use or mental illness. Above all, be respectful. Set clear boundaries and follow through on them. ◆

General Strategies to Prevent Client Violence

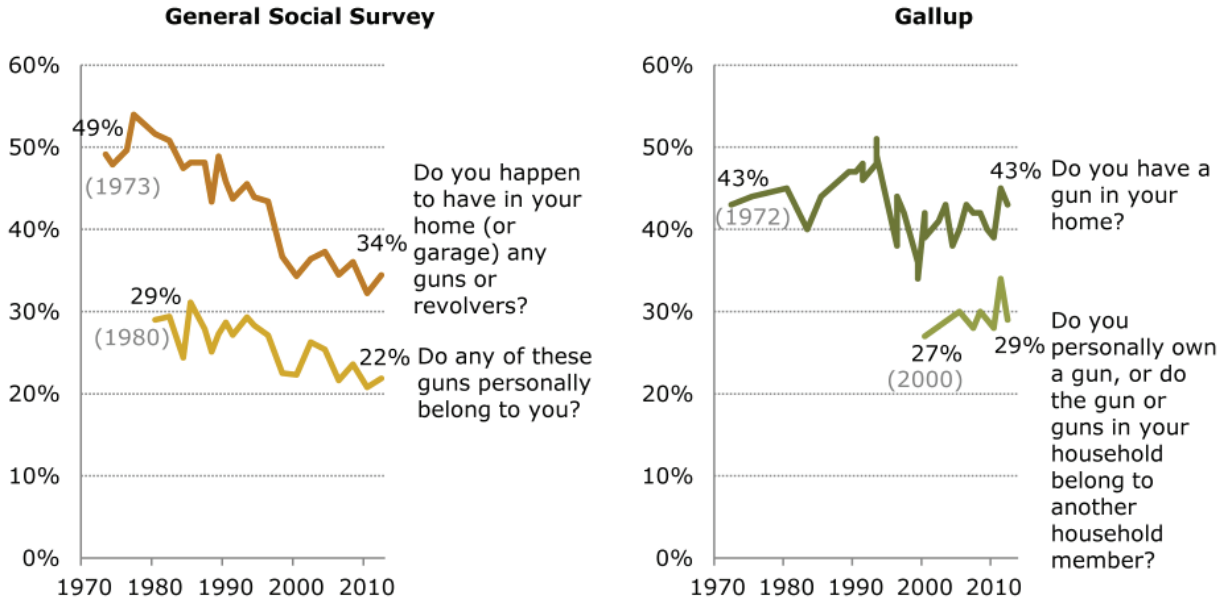
Reprinted from Newhill, n.d.

- Acknowledge client violence as a serious practice concern
- Agree everyone deserves a safe workplace
- Offer high quality in-service safety training addressing risk assessment and risk management strategies
- Establish specific policies to help victimized workers
- Implement specific safety precautions in the office and field
- Use a form for reporting violent incidents
- Employ a risk management approach to home visiting and outreach
- Establish safety protocols with other organizations
- Affirm that it is okay to ask for help
- Create an agency safety committee, a safety policy, and a plan for implementing that policy
- Include content on risk assessment and management and practice with involuntary clients in BSW and MSW curricula
- Send clients a clear, consistent message that using violence to solve problems is unacceptable; teach them non-violent alternatives

Gun Ownership Trends

Adapted from Dimock, Doherty, & Christian 2013

There is no definitive data on how many Americans own guns or how gun ownership rates have changed over time. Indeed, even respected public opinion surveys, such as those shown, disagree about whether there has been a decline in the number of households with guns.



Working with Aggressive Adolescents

Violence and aggression among adolescents and children is a growing problem (Glick, 1996). When working with potentially violent adolescents, social workers have the right to keep themselves safe. But how?

Although it is impossible to reduce risk to zero, there are many ways to decrease risk significantly. This article will discuss some effective techniques for dealing with aggressive adolescents on a long-term and short-term basis.

Protecting Yourself

Social workers may not always have the opportunity to enter into an extended therapeutic relationship with aggressive youth. In fact, you may only deal with such an individual once or twice. Therefore, it is important to know some ways to protect yourself, short of implementing a complete anger management program.

To stay safe with potentially violent clients, social workers must take several precautions. Many agencies lack specific policies about safety, and studies of existing safety standards have found them to be insufficient (Scalera, 1995; Johnson, 1988; Newhill & Wexler, 1997). Some key precautions to take include:

- Training in self-defense/client restraint—contact a local NASW branch
- Cell phones—especially in rural areas
- Knowing a client's "triggers"—being cautious when discussing sensitive subjects
- Meeting clients in a safe place—the office during business hours is safest
- Report incidents—write everything down, consider a police report, medical help (Griffin, 1997; Scalera, 1993; Johnson, 1988; Newhill & Wexler, 1997)

Of course, these precautions are easier said than done. Recognizing a potentially violent client, especially one who is new to you, is a challenge. But if agencies and individuals remain aware of the risks and take appropriate precautions, workers and clients will usually be safe.

Replacing Aggression

When we are able to develop an extended relationship with an adolescent, we may find ourselves helping that person manage anger and find ways to avoid aggression.

To enhance his ability to help the aggressive teens he works with, Dr. Barry Glick developed a program called Aggression Replacement Training (ART). This method is based on the finding that aggressive youth demonstrate four basic traits: verbal and physical aggression, skill deficiency, immaturity, and withdrawal (Glick, 1996).

To safely work with aggressive adolescents, social workers must recognize these clients. Teens may exhibit disruptive behavior, such as using profanity, defying authority, and seeking attention, without actual violence. These behaviors are strong clues that violence may occur.

Aggressive adolescents usually lack the social skills required to solve problems appropriately, such as the ability to express their feelings or take responsibility for their own actions. They are often immature, and exhibit a short attention span, poor cognitive abilities, and a preference for younger playmates. Again, these traits are a clue to the social worker that violence may occur. Signs of withdrawal, including feelings of inferiority, anxiety, and over-sensitivity to teasing and criticism, may also be present (Glick, 1996).

Intervening in a way that addresses these problems may be the best way to cease aggression (Glick, 1996). Helping adolescents set goals they can accomplish and find the resources necessary to follow through replaces their aggression with more productive behavior. This is far more effective than simply punishing them for violence (Glick, 1996; Knell, 1998).

With these findings in mind, Glick developed Aggression Replacement Training (ART). ART has three main components—Structured Learning Training, which teaches social skills, Anger Control Training, which teaches youth a variety of ways to manage their anger, and Moral Education, which helps youth develop a higher level of moral reasoning (Glick, 1996).

Social Skills. Glick uses a four-step process to teach adolescents social see next page

Teaching Youth Anger Management

Here are some anger management steps from Masters (1992) that might be helpful to teach to youth you work with.

1. Admit that you are angry, to yourself and/or to someone else.
2. Believe you can control your anger. Tell yourself that you can!
3. Calm down. Control your emotions. Take some time for yourself, breath deeply, count to ten, cry . . . do whatever works for you.
4. Decide how to solve the problem. This step only works once you are calm. Figure out what you need, and what's fair.
5. Express yourself assertively. Ask for what you need. Speak calmly, without yelling, and people will listen to you (Masters, 1992).

skills. First, he shows them the particular behavior, such as saying thank-you, asking for help, complaining, apologizing, giving instructions, asking permission, standing up for your rights, and setting a goal.

Next he gives the youth a chance to try the skill by role playing. The client and another adolescent, staff member, or family member act out a situation that has upset the client in the past. Afterwards, Glick discusses the role play with the teen.

Over a period of days or weeks, many skills are acted out. Gradually, the adolescent becomes comfortable using new social skills, and is more likely to use them effectively in real life to avoid trouble (Glick, 1996).

In the fourth step, the adolescent is expected to use the skill in actual situations where he or she might otherwise have resorted to violence (Glick, 1996).

Anger Control Training. Glick's program also teaches specific ways to handle anger. The adolescent must learn the following skills:

- Identifying triggers: external and internal events that provoke anger (such as people saying "no" or insulting us [external] and fears that "I'm not good enough" or feeling confused [internal]).
- Identifying cues: physical signs of youth's own anger—tightened muscles, clenched fists, etc.
- Using reminders: thinking or telling his or herself to "chill out" or "he/she didn't mean to hurt you" or "it's not worth fighting over."
- Using reducers: techniques such as deep breathing, counting backwards, imagining a peaceful scene, picturing the consequences of aggression.
- Using self-evaluation: adolescent thinks/talks about how well he or she used the above steps.

These steps comprise Anger Control Training (see also Feindler & Ecton, 1986).

Moral Education. This is done by trainers working with groups of 12 adolescents. They present the group with fictional moral dilemmas, which serve to facilitate discussion of concepts such as justice, concern for others, and personal rights and responsibilities (Glick, 1996).

Implications

Learning to properly use the ART system is a long, complex process, and no one social worker can enact ART by him or herself. However, there are important lessons for the social worker to take from Glick's work. It is important to remember that aggression takes many forms, and that its causes are numerous. Simply punishing aggressive adolescents is unlikely to change their behavior significantly (Glick, 1996). Rather, we must take the time to address the many factors in our clients' lives that contribute to aggression.

The sidebar above provides some possible interventions social workers can try with aggressive adolescents. ◆

Tips for Working with Aggressive Teens

- Notice signs of aggression. Learn to identify clues that a teen is potentially violent. Know how to defend yourself and how to restrain a client if necessary.
- Offer alternatives. Aggressive teens may not know what to do with their feelings. Expose them to positive ways to expend energy, like exercising, drawing and painting, running, playing sports—even crying.
- Practice problem solving. Most adolescents get angry for good reasons, but express their anger inappropriately. Teach them how to resolve conflicts through honest discussion and compromise.
- Quiet time. Encourage young people to take time for themselves, away from noise and activity. Explain that this calming, quiet time is a gift to themselves.
- Shut off the TV. Studies have linked television with violence and hyperactivity. It's not just the violent content of TV shows, it's the barrage of stimulation that makes it hard to focus.
- Touch appropriately. Some adolescents and adults use touch only as a means of control or showing aggression. By touching our adolescent clients appropriately (e.g., pats on the back, handshakes), we help them learn a better way to use their bodies. Do not touch a teen who is angry, however.
- Explain the consequences of violence. When they are relaxed, explain to teens that as adults, violent behavior can hurt their chances of finding a job, alienate friends, or lead to jail. Make sure teens understand that you are simply describing reality, not trying to manipulate them with guilt or fear.
- Role model. By remaining calm, speaking in a respectful and rational manner, and never condoning violence, even jokingly, you can exemplify the behavior we expect from teens.
- Set clear standards of behavior. Make certain your clients know that anger is natural and should be expressed, but that violence is unacceptable under any circumstances.
- Travel safely. Transporting angry, agitated teens can lead to accidents. Always warn drivers if a child they are transporting is upset. If he or she starts to act out while you are on the road, stop the vehicle and give them time to cool off.

Sources: Lagerspetz & Viemero (1986); Masters (1992); Feindler & Ecton (1986); Glick (1996); Carlin (1996)

Worker Safety When There Is Domestic Violence

Use the following suggestions, which are excerpted from North Carolina's child welfare policy regarding domestic violence (Chapter VIII, section 1409), to keep everyone—including yourself—safe when working with families struggling with domestic violence. CPS involvement, in particular, may increase the risk to the family and the social worker, due to the threat it poses to the abuser's control of the situation.

Mitigate Risk

Extreme caution should be used when intervening with a family when there is confirmed or suspected domestic violence. Strategies for intervening more safely include:

- Conducting interviews with law enforcement,
- Cellular telephones, pagers; and
- Working in pairs.

Recognizing Possible Abusers

Following are possible signs of an abusive or violent personality type:

- Constant blaming of everyone except themselves
- Obsessive behavior—jealous, accusatory
- Makes threats—of suicide, violence, kidnapping, harming those who attempt to help
- Stalking
- Presents as a victim
- Vengeful (e.g., makes a baseless CPS report against the non-offending parent/adult victim)
- Powerful or claims to be powerful (may report having friends in positions of power such as police, wealthy friends/family, etc.)
- Paranoid/hypersensitive
- Criminal record of violent offenses
- Belligerent toward authority figures
- Current alcohol and drug use
- Access to weapons; training in martial arts or boxing

Prior to a Home Visit

If the alleged perpetrator of domestic violence exhibits behaviors that suggest heightened risk, it is not advisable for a home visit to be made until the following guidelines have been considered:

- Talk to the social work supervisor/DV consultant about the concerns and begin safety planning.
- Consider taking law enforcement or a co-worker to the home.
- If the abuser has a violent criminal record or is on probation, a probation officer should be contacted and accompany you to the home.
- When interviewing the family, be aware of triggers that may cause the individual to respond in a violent manner.

Triggers that May Cause a Violent Confrontation

- Non-offending parent/adult victim is preparing to leave or has recently left.
- Abuser's degree of access to the adult victim changes.
- Children will be removed.
- Abuser has just been released from jail or is facing criminal charges and possible incarceration.
- Abuser is confronted directly with allegations of domestic violence/child maltreatment.
- Abuser seeks information regarding family's location.
- Permanency Planning goal changes to adoption.

Guidelines for Working in High Risk Situations

- Contact law enforcement if there is a criminal record of violent offenses.
- It is highly recommended that social workers never meet with the abuser alone. When possible, visit at the office or take a co-worker to the home.
- Notify a co-worker that a potentially dangerous client is coming to meet and when and where the meeting will be held.
- Whenever possible, have multiple exits in the meeting room, in case you need to leave quickly.
- Have security nearby if at all possible; know the agency's procedures in emergency situations.
- Understand that, depending on the abuser's interpretation of the social worker's role, he or she may attempt to manipulate the situation by "charming" the social worker or denying, minimizing, rationalizing, and/or blaming the victim.

Threatening Situations

- Trust your instincts. If the situation feels unsafe, it probably is.
- Stay calm. The abuser will try to test limits. Do not engage in a confrontation.
- End the visit if the abuser's anger cannot be de-escalated by efforts to calm him or her down.
- Always notify the non-offending parent/adult victim prior to a visit with the perpetrator.
- Always notify the non-offending parent/adult victim of escalation in the abuser's anger and risk to the children or the non-offending parent/adult victim.

After an Intervention or Incident

Intervening in domestic violence situations can be traumatic. Supervisors should debrief their workers when needed to build workers' capacity to deal with the stress of interacting with the family.

Source: Olmsted County Minnesota Department of Human Services

Learn More

Take *Domestic Violence Policy and Best Practices in Child Welfare*. To register, log in to your account at http://ncswLearn.org

Staying Safe Around Dogs

According to the Centers for Disease Control (2015), approximately 4.5 million dog bites occur each year in the U.S. Dog bites cause not only pain and injury, but infection as well. Almost 20% of dog bites become infected. Here are some suggestions for staying safe around dogs and preventing bites.

Those Most at Risk for Dog Bites

- *Children* are more likely than adults to be treated for dog bites. Among children, the rate of dog-bite injuries is highest for those 5 to 9 years old.
- *Men* are more likely than women to be bitten by a dog.
- *Dog owners*. More than half of dog bites occur at home and are delivered by dogs we know. The more dogs you have, the greater your chances of being bitten. People with two or more dogs are five times more likely to be bitten than those with no dogs. Nearly half of U.S. households owned at least one dog in 2012 (Trotto, 2015).

Source: Centers for Disease Control, 2015

Preventing Dog Bites

To avoid being bitten, it helps to know there are dogs present in the first place. When arriving at a family's home—and if possible, before exiting your car—look for signs of dogs, such as the presence of a dog house, waste, chains, food dishes, footprints, chew/tug toys, etc.

If a dog is present and you are concerned about it, ask the family to place the dog in a separate room behind a closed door.

Interacting with Dogs

The Humane Society (2015) emphasizes it is important to respect a dog's personal space. Don't approach an unfamiliar dog without the owner's permission, especially if it is tied up or behind a fence. Never pet a dog without first letting it see and sniff you. Do not disturb a dog that is caring for puppies, eating, sleeping, or chewing on a toy.

Be careful around strange dogs. Always assume dogs who don't know you see you as an intruder or a threat.

If an Unfamiliar Dog Approaches

If an unfamiliar dog approaches you and you do not want to interact with it:

- Remain motionless (i.e., "be still like a tree").
- Do not panic or make loud noises.
- Avoid direct eye contact with the dog.
- Say "No" or "Go Home" in a firm, deep voice.
- Stand with the side of your body facing the dog. Facing a dog directly can appear aggressive to the dog. Instead, keep your body turned partially or completely to the side.
- Slowly raise your hands to your neck, your elbows in.
- Wait for the dog to pass or slowly back away.

Pay attention to the dog's body language.

Source: Centers for Disease Control, 2015

Danger Signs

Be alert to a dog's body language. The following indicate a dog is uncomfortable and might feel the need to bite:

- Intense stare
- Pulled back head and/or ears
- Tensed body
- Stiff tail
- Eyes rolled so the whites are showing
- Furrowed brow
- Flicking tongue
- Yawning
- Backing away

Source: Humane Society, 2015

Responding to an Unfriendly Dog

If you see any of the above signs, your goal should be to put space between yourself and the dog. However, the Humane Society (2015) advises you to resist the impulse to scream or run away. Do not turn your back or run—a dog's natural impulse will be to chase you. Instead, remain motionless, hands at your sides, and avoid eye contact. Once the dog loses interest, slowly back away until it is out of sight.

If a Dog Attacks

If a dog attacks:

- Put your purse, bag, or jacket between you and the dog to protect yourself. If you have time, wrap your jacket around your forearm and use that forearm to fend off the attack.
- Knee the dog in the chest or deliver a hard kick to the nose, throat, or ribs.
- If you are knocked down, curl into a ball with your head tucked in and your hands over your ears and neck.

Source: Centers for Disease Control, 2015; Vermont Agency of Human Services, n.d.

After a Dog Attack

When you get to a safe place, wash wounds with soap and water. Report the incident immediately and seek medical attention, especially if the wound is serious, becomes red, painful, warm, or swollen, or you develop a fever. Because rabies may be an issue, consider contacting your local animal control agency or police department to report the incident (Centers for Disease Control, 2015; Vermont Agency of Human Services, n. d.). ◆

Universal Precautions

Basic Information for Child Welfare Professionals and Resource Parents

Many child welfare professionals in North Carolina think of universal precautions as it pertains to foster care and foster home licensing. This makes sense, because state policy requires all foster parents be trained in universal precautions (and First Aid and CPR), before a child can be placed in their home.

But understanding universal precautions is important for all child welfare professionals. You just never know when you might need this knowledge. As the Boy Scouts say, it's good to be prepared.

In this spirit, we share with you the following, which is reprinted from a fact sheet from New Jersey's Foster and Adoptive Family Services (2014).

Universal Precautions

Universal precautions are actions that you take to place a barrier between yourself and potentially infected body fluids. Blood and other body fluids (e.g., semen, vaginal fluids, saliva, urine, feces, and vomit) can contain viruses and bacteria that can be passed on to another person through direct contact. Hepatitis B and C, as well as HIV, are diseases that can be transferred from one person to another through contact with infected blood and/or body fluids. Since there is no way to know without testing if a person has Hepatitis B and C, as well as HIV, it is recommended that you treat all body fluids as though they are infected. Here are suggestions for protecting yourself and others.

How do blood and body fluids spread from one person to another?

Blood and body fluids are passed from one person to another through:

- open areas on the skin
- splashing in the eye
- the mouth
- unprotected sexual activity (oral, anal, and vaginal)
- injury with contaminated needles or other sharp objects
- prenatally (mother to baby) and during delivery

How do you protect yourself from blood and body fluids?

The easiest way to protect yourself from blood and body fluids is to have the injured person treat his own wound. If he is unable to take care of himself, or he needs help, use latex gloves. If you do not have disposable gloves available, use a plastic bag (trash, shopping, or sandwich) over your hands to create a barrier. If you are at work, your employer must provide appropriate personal protective equipment (gloves, goggles, disinfectant, etc.). Know where these items are located so that you will be prepared to protect yourself.

How do you safely handle a bleeding injury?

- The child or adult should hold an absorbent material to the wound; a clean disposable diaper offers a good absorbent material with the added protection of a plastic backing.
- You can also use paper towels, tissue, or newspaper.
- Have the injured person hold pressure until the bleeding stops.
- Assist with placing a bandage over the wound if needed.
- Dispose of bloody material in a plastic-lined trash can or sealed plastic bag.
- Everyone should wash their hands with soap and running water as soon as possible. (Disinfectant waterless hand cleaners or towelettes may be used if soap and running water are not available.)

How do you clean surfaces that have blood and body fluids on them?

- Wear disposable gloves.
- Wash the area with soap and water, and dry the area.
- Disinfect the surface with a solution of one part bleach to ten parts water, or you can use a hospital-strength disinfectant (e.g., Lysol, Cavicide, or Non-Acid Bathroom Cleaner (NABC). Allow the area to remain wet for at least 3 minutes before drying. Consult the container label for differences in recommendations due to product strength.
- Use disposable cleaning materials if possible, such as paper towels instead of cloth.
- Dispose of cleaning materials and gloves in a sealed plastic bag.
- Wash hands with soap and running water. (Again, disinfectant waterless hand cleaners or towelettes may be used if soap and running water are not available.)

These suggestions are for information only and are not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. For more information, call your health care provider or your local health department.

Want to Learn More or Renew Your Certification?

The Red Cross offers an online course that satisfies annual OSHA Bloodborne Pathogens training requirements. Cost: $25. Online at: http://rdcrss.org/1IRqnSu

American Red Cross

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