A list of various strategies staff can use to feel safe and secure for proactive discussions instead of waiting for a frightening incident to occur to talk about it

Are We Safe and Secure?

(2014)

There's probably nothing more important to being able to work well than being safe and secure. Although they travel together, being safe and secure isn't the same thing. I could argue that no matter how many terrible killings they find to put on the evening news the odds of any of us actually getting killed or severely injured remains low so I'm safe. But is that the right argument? How low of odds is low enough? Why only include death and serious injury? How about other assaults that aren't physically injurious? Or how about threats that leave me with nightmares, hypervigilance, and fearfulness? How safe is safe enough to feel secure?

I recently visited a high security ward at a forensic state hospital where the staff assured me that they felt secure primarily because they're such tight team, even though there are assaults daily. They knew they could rely on each other. A couple of them also said they'd gotten used to noninjurious assaults working with kids and adolescents before they came to this dangerous ward. On the other hand I know a staff who became seriously traumatized when on a home visit she was held at knifepoint for a few terrifying moments until she escaped and the police came…and it didn't help when she found out later that the knife was really a carrot peeler with a sharp point.

Both safety and security are essential to run a recovery based program. Recovery requires alliances with the people we serve, not doing things to people. Recovery requires staff to have enough trust to empower people and to encourage growth oriented risk taking. Recovery requires being free enough from fear to "treat people like people" regardless of their diagnoses.

Ordinarily we think about our safety when some incident occurs. We analyze what happened and try to make improvements so "it won't happen again." These debriefing conversations can be very useful especially if they are used to build understanding, team cohesiveness, and skills and if they avoid blaming and defensiveness. Nonetheless, something bad likely will happen again. A crucial, yet rarely asked question is, "Will we be resilient enough to make it through when the inevitable dangerous incident does occur?" Do we have staff who have already been through danger and know they can make it?

When something dangerous happens some staff, and clients, are going to struggle and they deserve our support. Some of those people develop traumatic reactions because the trauma overwhelms their defenses and they need help dealing with the acute incident. They may always have some PTSD symptoms, but can they keep them localized enough to a particular person or trigger to avoid it impacting their overall work? On the other hand, some of those people didn't feel secure even before the acute incident and being endangered reinforced all their pre-existing insecurities. Those people

would likely fare better if we'd worked proactively to help them feel more secure before the acute incident.

What if, instead, we ask ourselves to recall emotional incidents over the last year at work related to safety and security? Some stories would highlight positive emotions like gratitude to a team mate for protecting them. Others would be more negative filled with vulnerability and betrayal. Some people might even relive these incidents they've been trying to ignore. Most will likely include a mixture of feelings. What strategies did we actually use when faced with danger? What do we feel were the lessons learned? What do we rely on now?

This paper is about creating a strategic plan for safety and security for a program proactively, knowing what's crucial to succeed and what weaknesses our strategies have. Here's a set of common strategies:

1. Rely on our relationship with and understanding of the individual client
2. Rely on community security resources
3. Separate from community and enhance internal security
4. Individual staff self-reliance
5. Reliance on program leader
6. Reliance on team
7. Shared responsibility with clients
8. Shared non-violent culture
9. Therapeutic focus on decreasing client aggression and violence

1. Rely on our relationship with and understanding of the individual client

Most staff rely heavily on some version of, "They might hurt someone else, but they'd never hurt me. They care too much about me. I know their triggers so I know how to avoid escalating them."

The first part of this strategy is that the individual treatment relationship (partly the roles we're in and partly the personal connections within those roles) are strong enough to stop someone we're working with from hurting us. Our mutual trust will be broken. At least anecdotally it does seem that some staff are better at making relationships and they rarely get hurt and some are worse and seem to get regularly attacked in various ways. On a practical basis, if we want to use this strategy to be safe and secure, we'd better be good at creating service relationships. Also we have to be aware of the amount of power, deprivation, and unwanted influence we're exerting over people because their resentments might outweigh their trust.

The second part implies a close familiarity with the person and an ability to know and avoid their triggers. It is more likely that personal knowledge will be of more use than diagnostic knowledge in keeping safe. Useful knowledge can be passed among various staff or in clinical records. Staff who don't read old charts, because they don't' want to be prejudiced against someone because of past dangerous behavior, may be forcing themselves to learn triggers the hard way. On the other hand, they may be less defensive and inadvertently provocative.

We need to have some self awareness to avoid our moods or triggers getting in the way of evading conflict. May times, in retrospect, we can identify ways in which they triggered us and we inadvertently escalated the conflict. To be truly effective, relationship based strategies require attention to both people in the relationship, us and them. The more isolated we are, the less likely we are to have help in noticing our contributions.

A relationship approach to safety is weakest when we first meet someone, before there is a relationship. Therefore it should probably be supplemented with physical precautions (like not doing first home outreach visits alone, or not seeing strangers in small offices alone with potentially dangerous objects scattered around and limited opportunities for escape). Once again, self –awareness, "How well do I really know this person?" and "Do we really have a trusting relationship?" is important so we know when we do and don't need additional physical precautions or additional people in the room with us.

2. Rely on community security resources

This is the "call the police" strategy. Most of our lives this is the strategy we rely on for safety. Our society has a very expensive, highly structured system to keep all of us safe. Why do we so often want more security at work than elsewhere in our lives? Our beliefs about mental illness and dangerousness may be part of it, but there are other considerations.

Some neighborhoods have different safety standards than others. Most public health programs work with impoverished clients in impoverished neighborhoods. If this strategy is going to be relied upon it's important to have staff who can tolerate the local levels of dangerousness.

Some police departments are more reliable and effective than others, especially dealing people with mental illnesses. Some police departments think that mental health professionals are supposed to provide for our own safety with our own clients and are reluctant to take control. It's important to have strong relationships with local police for this strategy to work.

Mental health programs can actively be involved in improving the prevailing safety in the neighborhood. We can collaborate with police, courts, and probation. We can be a part of neighborhood watch and safety programs. We can be part of community development.

3. Separate from community and enhance internal security

This strategy has two prongs – one is to segregate ourselves from our community and the second is to enhance internal security. This requires a guard function to keep people (or weapons or certain behaviors) out and an internal security system stronger than the usual police response. Many people commonly use this strategy at home – locking our homes and buying a gun for self protection.

One risk of this strategy is that it can create an "us vs. them" atmosphere. Staff may seem elitist or irrelevant or even weak by disconnecting ourselves from the conditions our clients deal with every day.

It is also important to decide if the separation line is put between staff and clients on the one side and the rest of the community on the other or between staff on the one side and the clients and the

community on the other. Are we protecting our clients and ourselves or protecting ourselves from our clients?

This kind of separation function, whether done by a guard or a metal detector or a glass wall and locks protecting the reception staff, tends to erode welcoming and engagement. Focusing on the welcoming of the greeting staff and the overall program can help compensate for this weakness. Unfortunately, clients who do not feel welcomed and engaged are more likely to escalate to demanding and aggressive behavior as their attempts to get attention are frustrated. Staff can emphasize accessibility and responsiveness to counteract this tendency. Guards can paradoxically make people act more dangerously. This risk can be reduced if they emphasize de-escalation and avoiding confrontation and staying out of power struggles.

Staff's ability to respond aggressively to violence within the perimeter is often problematic. There are restrictions against physical responses to clients and against arming staff. Sometimes specialty staff will be hired to respond physically to aggression but that takes resources away from therapeutic staff. Staff may feel no more secure within their perimeter than they did relying on the police and respond by increasing restrictiveness since they can't effectively increase self defense.

It's remarkable how popular this strategy is given its serious limitations and negative effects. Because of that popularity people often only feel secure when this strategy is used whether they're actually safer or not. It's also striking how often when something dangerous happens, we immediately react by wanting to strengthen this level. It's important to avoid decreasing actual safety while increasing feelings of security.

4. Individual staff self-reliance

Many staff "go it alone." Some staff believe they have special abilities to sense danger and to deal with it effectively when it occurs. Since true danger is rare this belief may be reinforced over years of work without incident whether it's true or not. Have we actually been trained to have heightened sensitivities and effective responses?

Staff who use a trauma-informed approach, seeing things through their client's eyes and seeing clients as frightened trauma victims at risk of retraumatization are more likely to be able to diffuse situations and create alliances than staff who view clients as problematic and demanding / manipulative and get into power struggles. Staff may inadvertently increase the danger they're in by provoking defensive aggressive responses or escalating conflicts. Working alone makes it much harder to be aware of our own contributions in worsening situations. For example, if a client unexpectedly personally "assaults" us perhaps by taking or destroying a sentimental possession or finding our emotional vulnerabilities or triggers we may become impaired over the short run without realizing it and unintentionally react defensively and provocatively.

On the other hand, an appeal of this approach is that it's self contained. Issues with co-workers, poor team work, mistrust of administration, etc. can be quite severe and the staff may still feel safe and

secure. Asking these staff if they feel supported, instead of if they feel safe, may yield a very different answer.

A downside of this approach is that it's likely unrealistic. While experience can enhance our ability to assess and respond to danger, the intuitive / sub-conscious approach most people take may not really be protecting them. And being alone, without anyone to hear you scream or come to your assistance increases vulnerability.

Another downside of this approach is that if it fails, if someone is actually endangered, there's no one to blame but ourselves and no one to lose faith in besides ourselves Lots of crisis incident processing revolves around "I should have known" comments because we're reevaluating our own ability to keep ourselves safe and finding them lacking.

It also seems to me that when a self-reliance strategy breaks down we're at high risk for more generalized PTSD because the failure is our own and our internal world is challenged.

5. Reliance on program leader

Some leaders are so solid that we just feel safe knowing we're with them. This sense of security is built on trust rather than actual safety – unless of course the leader happens to be a knight or a green beret who really could keep us safe. That trust may be built on lots of different competencies or personal qualities besides an actual ability to deal effectively with violent danger, but we usually don't analyze why we feel secure, we're just happy that we do. If this is going to be a major strategy the leader should work to build and maintain their actual competencies in facing danger.

Sometimes the leader feels the pressure of keeping everyone safe and secure on their shoulders, perhaps even overwhelmingly so, when the staff aren't actually relying on them as much as the leader thinks they are.

The leader doesn't have to be the program director for this strategy to work. Sometimes leaders with past experience with danger or demonstrated resilience are trusted. Socialized sexual stereotypes of strong men protecting weak women or other counter-narratives may come into play. This strategy can be divisive if some staff trust a leader while other staff don't.

A weakness of this approach is that when the leader isn't physically there or when they leave their job the rest of the staff (and clients) may feel insecure. The program may not function well without the leader. Having more than one leader to rely on can help mitigate this.

6. Reliance on team

This is the "community watch" strategy. In some ways it's an extension of the leader strategy, in that everyone takes on responsibility to keep everyone else safe. Like the leader strategy, for the team

strategy to work there must be both trust in teammates and some actually expertise of how to handle dangerous situations. Do those two prerequisites exist in your team?

Many programs have a team structure on paper, but not in fact. Would you really put your life in the hands of your teammates? And would you take personal risks to protect them? Creating, maintaining, and supporting the needed level of team loyalty takes focused time and effort on an ongoing basis. Strategies like self-disclosure and relationship building, celebrating and grieving together, supporting each other's personal and professional growth, and emotional sharing and comforting each other can make a team more likely to really be there for each other when something dangerous happens.

For this strategy to work there also must be high levels of in-the-moment communication between staff to respond to and protect each other. Being able to see and hear what other staff are doing, attentiveness to each other's cues, and rapid, subtle communications are essential. Mental health is traditionally a field that emphasizes privacy and confidentiality; in other words isolation and the absence of communication. For a team safety approach to work, privacy and confidentiality have to be held within the entire team, not just any individual staff. This may be a difficult adjustment and a serious sacrifice for many staff used to working alone. More open work areas with sight lines and easy verbal access to each other are more likely to work than closed doors and panic buttons.

Training the entire team to be more sensitive to anticipate danger and to defuse it should be incorporated into this strategy.

The team can also work together to reduce staff "grumpiness" from all causes which will likely lead to a less provocative environment and decreased client assualtiveness. We can monitor our coworkers for when they're having "a bad day" for whatever reason and help support them so they'll be at less risk.

7. **Shared responsibility with clients**

Some programs, like consumer-run programs, clubhouses or wellness centers, try to break down barriers between staff and consumers to create a "we're all in this together" culture where everyone can receive and give support. Programs like these may be damaged by using an approach that emphasizes protecting staff from clients and want to emphasize a more inclusive approach.

In effect this approach extends the idea of team to include everyone in the program. For this strategy to work the same prerequisites have to be established and nurtured – trust, communication, access, relationships – across both clients and staff. That's a tall order for many programs. There may be widespread differences in personal safety and security standards. Some people may have very limited aggression and violence in their lives and find other people's "normal behavior" problematic. At the other end, some people may have trauma histories that are profoundly triggered by aggressive acts. Most people are more tolerant of our own aggression than of other people's aggression.

This strategy may involve staff in protecting one client from another if we're all really "in this together".

Widespread expertise in handling dangerous situations is also required. Staff and clients should be trained in crisis interventions together and on an ongoing basis.

Anecdotally, incidents where clients protect staff seem rather common to me. Yet this strategy is rarely emphasized.

8. Shared non-violent culture

Cultural approaches can be very powerful because they can become ingrained and automatic. Culture is what we do without thinking about it and also what we don't do. For example, a violent drug dealer isn't likely to kill a rival in church because that "just isn't done". There's something almost sacred or at least inviolate about a strong culture and group sanctions for betraying the cultural norms are powerful.

Since many of the people being served in mental health programs have been raised and live in violent neighborhoods and cultures, programs using this strategy must create a powerful "counterculture" that includes non-violence. That counterculture must be strong enough to counteract the culture the clients bring with them. If the program does field work it may be difficult to sustain the counterculture into the community. There may also be challenges respecting the client's culture at home while expecting them to respect the program's counterculture within the program.

Non-violence likely will be only one element of a more overarching culture. A successful culture needs to be healing and sustainable and draw both staff and clients into it. Examples include cultures that promote welcoming, usefulness, self-responsibility, giving back, etc.

Strengthening culture requires ongoing work using a number of tools that may not be a common focus. These tools include: 1) Artifacts and symbols, 2) Stories, histories, heroes, legends, and jokes, 3) Rituals, rites, ceremonies, and celebrations, 4) Beliefs, assumptions and mental models, and 5) Rules, norms, ethical codes, and values.

It is difficult to have a culture of non-violence if the program incorporates a lot of coercive and/or hierarchical practices. If staff rely on using authority and power to gain compliance with treatment plans and orders or even to gain safety and security, it weakens their ability to promote non-violence. This makes it hard to combine the generally power dependent techniques commonly used in the separation and enhance internal security strategies with promoting a culture of non-violence.

Language can be particularly important in conveying non-violent values and culture. Person centered language excels at this. Training in non-violent communication skills may also be helpful.

9. Therapeutic focus on decreasing client aggression and violence

If the primary threat is perceived to be the clients it may be helpful to both the program and the community at large to focus services directly on decreasing their aggressive and violent behaviors. This is most likely to be useful if the clients are in some way selected for aggressive behavior and not just for mental illness.

A variety of services can be used including: Conflict resolution skills, assertiveness and social skills, anger management skills, non-violent communication skills, moral CBT, promoting self-responsibility and moral development, coping with paranoia and CBT for psychosis. These are probably more effective used in-vivo integrated into the overall program instead of as separate psychoeducational groups. Service providers can include reception and security staff if they are trained. Working on coping better with issues that most commonly lead to violence, like substance abuse and money management may also be helpful.

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A strategic safety and security plan can be built proactively out of a combination of these nine strategies and, if well implemented, it's likely that safety and security would be improved. Nonetheless, two opposing paradoxes remain that we ultimately need to "accept": 1) No matter how prepared we are we cannot be totally safe. There is always a risk that something dangerous, even deadly, can happen regardless of what we do. 2) These events will always be rare, but they'll have a negative impact far greater than their incidence.

We teach rape victims that they can never be totally safe. Even if they're prepared and careful, they can still be raped again at any time. But if they never go out again, because they can't be totally safe and secure, they've let the rapist and their fear win. We can be prepared and careful, but we're still always in danger. We need to overcome the danger and our fears to develop trusting relationships with our clients and our communities anyway.