34 Lessons From an Outreach Counsellor **35** Safety Tips **36** The Rewarding Change Group

BEING SAFE AT WORK

LESSONS FROM AN OUTREACH COUNSELLOR

BY JAMES LOGAN, RCC

Everyone needs to feel safe at work, and we must take steps to ensure we are safe and confident to do our jobs. It is also our responsibility to ensure the safety of our clients during sessions. And while we must remain aware and vigilant, we must also be cautious not to project fear, which clients can pick up on or may appear as a lack of confidence.

As an outreach counsellor, I have a different frame of reference. My more than 25 years of experience working in the homes of people with addictions, criminal lifestyles, high-conflict relationships, and various mental health diagnoses prepare me to not be intimidated. I meet clients where they are and show them respect. My job is to help them express their emotions and be respectful, and I model acceptance in my sessions when clients get angry and vent. In all situations, I take steps to ensure my own safety and my clients' safety.

No matter where you work, it is important to have an exit plan for two reasons: to prevent your client from feeling trapped and to allow you to leave if you need to. Here's an example of when that did not work out. I went to a single mother's home. She greeted me at the door, telling me she had forgotten I was coming but invited me in to meet the fathers of her five children. I entered the kitchen and

My agency has a computerized check-in procedure

I activate by text before entering a home and indicate a set amount of time; I then check out when I am safely in my vehicle.

sat at her nook alongside three bikers who were head and shoulders bigger than me. The fourth father sat down on the other side of me, sliding us along the nook bench. Fortunately, they all got along and appreciated that she was a good mother to their children. They were respectful to her, to me, and to each other, and it became a good reminder not to judge — and to choose my chair carefully.

WorkSafe BC has requirements for employees working alone on site or in the community. My agency has a computerized check-in procedure I activate by text before entering a home and indicate a set amount of time; I then check out when I am safely in my vehicle. If I don't do this, the system notifies a program manager to take action.

However, in private practice outreach counselling, I have to judge each situation myself — which counsellors always have to do — and be aware of my surroundings, whether walking in a neighbourhood, entering a home, or returning to my vehicle.

Of course, there have been situations that tested this. For example, at most homes, I wait for an adult to answer the door. Occasionally, in the past, if someone replied to my knock by calling out for me to come in because, for example, they were busy in the kitchen or changing a baby, I would do so. But on one occasion, when I stepped in, I discovered the client was in bed with bare shoulders and arms on the top of a pulled-up sheet. I told her that obviously she wasn't feeling well, and I left, saying I would return next week at our regular time. Since then, I ignore invitations to enter through a closed door and, instead, phone clients from their doorstep or my vehicle if they are not answering the door in person.

t

HERE ARE A FEW MORE TIPS

Sexual Safety In our role of trust, we must be vigilant about any possible sexual implication, distortion, or suggestion indicating a lack of boundaries or innuendo on our part or the client's. At times, we work with people who are confused, and we respond in caring, respectful ways that can be misinterpreted. Partners can become jealous of the intimate conversations we have with clients, and intimacy can often be confused or aligned with sexual interest, especially for people unaccustomed to intimate conversations. The potential for distortion increases if the conversation takes place in a client's home or the counsellor's home office. It is critical to have a prescreening conversation to determine the client's issues, know whom you are inviting into your home office, and maintain ethical boundaries.

Emotional / Psychological Safety
I remember hearing 40 years ago that you can't do psychotherapy except in an office. To use the terms loosely, the "holding environment" or the office becomes "the containment" clients need to feel safe and to open up to do deep work. Yes, you have to create emotional and psychological safety for the client, for your work, and for yourself. And yes, we need to have clear boundaries and not be seen by the client as a visiting friend. To achieve that, we need to create a professional atmosphere, as well as purpose in the counselling session and the use of the session time.

Physical Safety In addition to having an exit plan, you may want to consider training to manage aggressive or agitated persons. Even if you feel confident managing your own clients, outreach workers, in particular, have to consider that safety risks may come from your clients' relatives, partners, or neighbours. For example, once when I arrived at the home of a client in addiction recovery, her boyfriend, just out of jail, stopped me on the walkway and refused to let me speak with my client. He appeared to be getting agitated, and so I left and contacted the social worker. Even the social worker did not want to challenge the boyfriend, and outreach counselling was discontinued.

Work Safe BC requires that agencies have procedures in place for working alone. Counsellors need to be vigilant and not put ourselves in danger and should arrange office sessions if needed. To prevent looking or feeling vulnerable, we have to walk with purpose, have our keys ready, be alert, and show confidence. A self-defense course could be useful, so that you have measured, realistic, and practised movements. By being prepared, you present as formidable or not intimidated.

OFFICE SAFETY

BY CORAL PAYNE, RCC

- **Screen potential clients** Do an intake over the phone, and if you sense a reason to worry, at least for the first few sessions, make sure you are not alone in the office and make sure you have a safety plan in place.
- **Set clear boundaries** During your first session, inform clients of your expectations, including how you will respond to unacceptable, disrespectful, or threatening behaviour.
- **Arrange your office carefully** Position furnishings so they are not blocking the door so you and your clients can exit quickly if needed. Keep heavy objects and sharp items (paper weight, letter opener) that could be used as weapons out of clients' reach.
- **Establish a safety plan** Arrange a system with coworkers or family members where you agree to call or text at a certain time, and if you don't, they know to check up on you. Some offices have panic buttons to alert other colleagues to a dangerous situation.
- **Leave your door ajar** If you suspect you are going to be working with a potentially violent client, let your coworkers know your concerns and leave your door slightly ajar so others can hear if there is an escalation. Give colleagues permission to "pop in" if they hear clients edging towards violence.
- **Avoid taking risks** Don't go to a house when a client is in crisis and is threatening to hurt someone; call the police. Don't chase after a client who storms out of a session. Make sure your facility or home is well lighted. Avoid working alone at night. Park in a well-lighted area.
- **Trust your instincts** If something feels unsafe or a bit off, act on that feeling, make an excuse, get out of the session, and ask for help, because, at the end of the day, we have rights and shouldn't put ourselves in danger.

Financial Safety Avoid situations that are unsafe or create doubt or mistrust. If you are in the community or at the home of a client, don't carry loose cash in your pockets that could fall out in the home or tempt anyone to help themselves, affecting your trust relationship with your client. Don't lend money or hold money for clients. Keep payment agreements professional and clear. Transparency, including for debt-collection procedures, keeps everyone informed of responsibilities and consequences.

DID YOU KNOW?

Walk and Talk Sessions

The question has come up about whether there are insurance issues for counsellors who offer their clients "walk and talk" sessions as a regular or occasional therapy option. Brad Ackles, Vice President of Mitchell Abbott Group Insurance, the official insurers for BCACC members, says there are no "walk and talk" restrictions to their coverage.

"Our scope of coverage is very broad in that it covers those services 'usual and customary' to clinical counselling or psychotherapy," says Ackles. "There's also no restriction to providing services within a designated premises or office location, so these types of activities don't provide us with any problems or coverage obstacles."

However, Ackles does recommend that anyone in private practice have both Errors and Omissions Liability and Commercial General Liability to enhance their coverage to include most types of injuries, including "slip and fall" type claims. Get more information at mitchellandabbott.com.

PROJECT OVERVIEW

THE REWARDING CHANGE GROUP

Prize-based contingency management intervention is helping clients achieve goals in reducing or quitting illicit stimulant use.

BY HARKAMAL SANGHA, RCC

"Out of the shame spiral. This group breaks the monotony of being in the shame spiral all the time. When you're with people and see the progress they're making, you know it's attainable for you as well."

PROGRAM PARTICIPANT

The Pender Community Health Centre (PCHC) in Vancouver's Downtown Eastside (DTES) provides trauma-informed primary care, home health, mental health, and addictions services to inner-city clients. Clients, particularly those from marginalized backgrounds, are affected by poverty, street entrenchment, housing insecurity, unemployment, social isolation, and discrimination.

Although PCHC offers myriad psychosocial interventions, a challenge amongst clinicians has been finding ways to respond to the prevalent use of illicit stimulants (i.e. crack, cocaine, crystal meth) in the community. With the steady rise of crystal meth usage in the DTES over the past decade (a seven-fold increase reported in 2016 by the *Globe and Mail*[1])along with a gap in treatment services targeting stimulant addiction in the DTES (DTES 2nd Generation Strategy Report, 2015), this has created hardships for clients looking for help and clinicians wanting to offer treatment. In addition, approximately 40 per cent of clients receiving opiate-substitution therapy (i.e. methadose or suboxone) at PCHC have had a recent urine drug screen (UDS) for stimulants, which amongst methadone patients are associated with high attrition rates, poor treatment outcomes, and increased risk of HIV infection.[2]

Moreover, British Columbia is experiencing a public health emergency related to opioid overdoses; it is estimated that approximately 876 people died from a suspected drug overdose between January 2017 and July 2017, most often from fentanyl combined with cocaine, heroin, and crystal meth.[3]

In response, PCHC has been providing prize-based contingency management (PBCM) intervention in a group format for clients struggling with problematic stimulant use, many of whom present with polysubstance use and want to either cut down their stimulant use or quit altogether.