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

Let us hear from you!

If you would like to comment about something that appears in this or any other issue of Children's Services Practice Notes, please do so! Address your comments to:

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A LOOK AT SAFETY IN SOCIAL WORK

It's an open secret, really: social work is a dangerous profession. Every day, armed only with a genuine concern for families, social workers step out of their offices and into the homes of families in crisis. Each time they do, social workers run the risk of becoming the focus of an assault.

Although there is no way to guarantee you will not become the victim of an attack, there are steps you can take to reduce your risk. This issue of *Practice Notes* gives you some

practical suggestions for assessing potentially dangerous situations and provides strategies for maintaining your personal safety. In keeping with our family-centered approach to practice, we also discuss ways to integrate safety precautions into your practice in a way that won't send the wrong message to families.

We hope this issue will be a jump-off point for discussions with others in your agency. Safety concerns should be "safe" to talk about!

MAINTAINING YOUR SAFETY IN THE FIELD

Not long ago, a CPS social worker in Michigan was killed by two members of a family with whom she was working.

If you read about it in the papers, your first reactions to this killing were probably horror and sympathy—*this woman was doing the same thing I do*. Unless you managed to put it out of your mind right away, you may have moved on to feelings of curiosity and fear—*what went wrong? Were there warning signs? How can I keep that from happening to me?*

BEFORE YOUR VISIT

Before you enter a family's home, you should have a safety action plan. This plan should include precautions that will help you avoid stepping into a dangerous situation. It should also contain strategies that will help you manage a confrontation if one occurs.

Safety Assessment. To gather the basic information you need for an action plan, you should conduct a safety assessment of the situation. Doing a safety assessment before you leave the office will allow you to decide what preventative measures you should take, such as who to bring (going out in teams, or with police), **cont. page 2**



Can you keep a confrontation from turning violent?

SAFETY IN THE FIELD from page 1

when to visit (preferably during daylight hours), and how to proceed.

As a first step in this assessment, learn what you can about the family's history: have they had violent encounters with the police, schools, or social services? Is there a history of mental illness in the family? Have they had negative interactions with agencies in the past? Some of these details will be noted in agency records. For others, you may need to consult informal sources, such as your supervisor, coworkers, or colleagues from other agencies.

Also, give serious consideration to the street, neighborhood, or area where the family lives. You will want to exercise extra caution—for example, avoid wearing jewelry—in known drug areas, isolated places, or high crime areas. No matter where you are going, be sure your car has enough gas and is in good working order.

Find out what you can about the activities and whereabouts of cults and militia groups in your area. Even if they are not directly involved in a case, these groups may be a danger—they often have very different views of reality, and could perceive your actions as threatening, unwarranted, or unconstitutional. Cults and militias may feel justified in threatening or attacking child welfare professionals (Horejsi & Garthwait, 1997).

Although many times you will not be able to learn much about a family, even a little information can help you make an informed judgement.

Safety Action Plan. When you've found out what you can, make a plan. Be sure to follow any safety protocols or policies your agency has (for example, leave information about where you are going). In addition, the box at

right contains suggestions for keeping yourself safe on a visit.

To ensure your plan fits with the particular visit at hand, think about similar visits you've had to make in the past—what worked and what didn't? If you have limited practice experience, consult someone you know who does. And trust your instincts. If something doesn't feel right, it probably isn't. Try to figure out why, and decide what to do.

AWARENESS IS KEY

No matter how thorough you are, safety assessments and action plans are not magic bullets. If they are to work at all, you must remain alert and observant once you are in a family's home.

Observing your surroundings and the people you are talking to are second nature for you as a social worker—this is how you assess the safety of children and the needs of their families. But you can also use your skill as an observer to identify potential safety risks.

Finally, a word of caution: don't get carried away. Most of the families we see are not a threat. Safety assessments and action plans are useful only because they promote our awareness and reduce our fear so we can focus on helping families.

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SAMPLE ACTION PLAN

Drive by the residence to see if things seem okay—is there anything suspicious going on? When pulling into the parking lot/neighborhood, look around to see who is hanging around and what the atmosphere seems to be.

Note at least two (if possible) exits and entrances to parking. Back your car in and don't park directly in front of the home/residence.

Listen outside the door of the home for disturbances such as screaming, yelling, or fighting. When knocking on the door, stand to the side, not in front of it.

Introduce yourself clearly, letting the family know who you are and why you are there.

Assess the person/persons you are talking with. What is their demeanor? Are they intoxicated?

Note the location of doors in the home. Leave the door unlocked if possible.

Scan the environment for any weapons—guns are often kept in the bedroom, knives in the kitchen.

Note any drug paraphernalia lying about and what danger that poses to you or the children (Griffin et al., 1997).

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PROMOTING SAFETY IN THE AGENCY

All human services agencies should have safety policies and protocols. Properly conceived and implemented, these steps make clients and workers feel safe. At their best, they promote safe social work practice, reduce the chances of a violent or dangerous encounter, and facilitate a quick recovery for the victim and the agency as a whole when things do go wrong.

This article and the sidebar below talk about some of the things people have done to improve agency safety. We hope this information will help you consider how safe your agency feels and give you ideas for making it even safer.

SAFETY FIRST

Safe agencies talk about and act on safety concerns. This begins the first day on the job—safety skill training is a crucial part of orientation to the agency. All staff members should know how to recognize signs of an impending violent outburst and what they should do about it.

To further prepare staff, some agencies have a “violence plan,” and rehearse their reactions, just like a fire drill. During this rehearsal, people practice techniques and responses and learn what needs to be done not only before and during a violent episode, but afterwards, to support the victim and everyone else.

Safety begins before people enter the building. Make it clear to clients that the agency has a “zero tolerance” policy with regard to carrying weapons or using drugs or alcohol prior to visiting the agency.

Focus special attention on the waiting room. Make sure it is pleasant and comfortable, and keep waiting time to a minimum. Carefully monitor temperature, crowding, and noise. Many agencies use silent alarms in this and other areas where clients may be, so that others can be alerted when trouble starts.

Organize the agency to promote safety. Some agencies limit access to staff work areas using keys or coded locks. Also, consider the arrangement of furniture in your office. Ideally, both you and the client should have easy access to the door—you shouldn’t have to go around your desk or past the client to get out. It is also a good idea to eliminate “weapons of opportunity,” such as paperweights, scissors, and staplers from areas clients access (Griffin, 1997).

Want to find out more? We encourage you to seek out the sources listed at the end of this and the other articles in this issue for further reading.

Source: Flick, J. (1996). *Defusing potentially violent situations: Keeping yourself and others safe*. Unpublished. Presented at social worker safety training.
Griffin, W., Montsinger, J. & Carter, N. (1997). *Resource guide for administrators and other personnel*. Durham, NC: ILR, Inc.

SUGGESTIONS FOR MAKING AGENCIES SAFER

1. Develop and adopt an agency mission statement that incorporates staff safety.
2. Develop a safety committee (or committees) to research and focus resources on the development and maintenance of safety programming.
3. Develop a method for assessing risk to staff in the performance of agency tasks, and develop supports for use when a higher level of risk exists. (For example, worker teams or a buddy system, protocols for use of law enforcement, etc.)
4. Develop staff development and training opportunities that bring the latest information on personal safety into the workplace.
5. Develop caseload/client contact guidelines (For example, monitoring or flagging of dangerous clients/cases; assigning cases with consideration for gender, ethnicity and culture, language, etc.; and planning field and office visits for safety.)
6. Develop an incident reporting system to allow staff the ability to officially relate troubling situations or areas of concern.
7. Develop and disseminate written office and field safety procedures for all staff to follow. These procedures can range from the simple (staff signing out/in) to the complex (protocol for use of security guards or law enforcement).
8. Develop a safety plan for buildings the agency operates. Agencies need to encourage building administrators to develop safe and secure buildings for staff to work in. A general objective is to create a climate in which both staff and visitors feel secure.
9. Develop a clear, concise communicable disease policy. The purpose is to provide guidelines in preventing the contraction of communicable diseases.
10. Develop a policy for follow-up to victimization and trauma suffered by staff. Serious incidents, such as a personal threat, assault, or a staff fatality are significant emotional events. These have the power, because of the circumstances in which they occur, to cause unusual psychological distress in a healthy, normal individual. These types of events also point out the necessity of providing for an agency-wide support system to assist victims and staff in the recovery process.

Source: Griffin, W. V. (1997). Staff safety in human services agencies. *Protecting Children*, 13(1), 4–7. Mr. Griffin has done extensive work throughout the U.S. on staff safety issues. Tel: 800/820-0001.

PREDICTING AND DEALING WITH VIOLENCE

When they think about maintaining their safety on the job, social workers always want to know: Is it possible to predict who will be violent? What can I do to prevent a situation from becoming violent? And what should I do to protect myself if someone strikes out at me?

PREDICTING VIOLENCE

Are there factors common to those who commit violent acts? In fact, there are. Research has identified certain traits and factors that make people more inclined to violence:

Prior Violence. Each time someone commits a violent act, it is more probable that violence will happen again. Since this is the single best predictor of violence, it is a good idea to ask questions about past or current violent behavior during your initial contact with a child or family member. Specifically, you want to know about a person's most violent act, and how often he or she has violent thoughts.

Certain Feelings. Several internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting clients in positions that embarrass them. Rather, give them knowledge that empowers them and help them see other, nonviolent options.

Physical Factors. Physical factors increase the risk of violence as well. These include lack of sleep, physical exhaustion, use of drugs or alcohol, brain trauma, heat, hunger, cold, physical disability, or chronic pain.

Situational Factors. Situational factors are also predictive of violence. Access to weapons, experiencing childhood abuse or aggression in the home, or feeling a sense of injustice or oppression can lead to violence.

Forced Removal. There is growing evidence that demonstrates that violence is more likely when children or adults are taken from their living situations, especially if they are removed in front of family or friends. Therefore, removals should always be planned events. Never conduct one alone.

WHAT TO LOOK FOR

Even if you do not have any information about a person's past history or current emotional state, there are signs you can look for. Observe the person's body: is she pacing or fidgeting? Clenching her fists or jaws? Does she have a "wild" look in her eyes? Is she out of touch with reality? Is she speak-



Prior violence is the best predictor of violent behavior.

ing in a loud voice or becoming verbally abusive? If you see these behaviors, take immediate steps to reduce the tension before it escalates.

REDUCING TENSION

You are on a home visit and Mom's boyfriend comes home. He glares at you and paces around the room. When you explain who you are and why are visiting, he yells at you. He begins cursing and gesturing, but stays away from you. What do you do?

Unfortunately, there is no "right" answer, no technique that will work in every situation. Ideally, though, you want to help the angry person "come down" from his or her anger.

The main rule (and it's easier said than done) is to remain calm. A calm tone, demeanor, and presence transfers to others. Speak in a clear and direct manner, so the person can hear what you are saying through the anger.

It is not a good idea, however, to tell the client to "calm down." By saying this, you communicate that you do not understand—if you did, you would understand why he or she is so upset. Instead, be empathetic. Talk about the frustration or problem that has come up. Reflect feelings and behaviors such as "you seem angry." Take responsibility for your mistakes.

It may be easier to remain calm if you remember this isn't personal—the person is angry at the situation, not you. Defensiveness on your part validates the angry person, increasing the tension (Horejsi & Garthwait, 1997).

Reinforce your calm tone with nonthreatening, non-confrontational body language. Move slowly. Avoid putting your hands on your hips. Position yourself to the side of the person, so you are not squarely facing them. Avoid extensive eye contact and physical closeness. Do not touch an angry person. Do not stand between the person and the door.

You can also use different strategies to help an angry person calm down. One method is to offer the person choices, such as talking later or agreeing on a cooling off period. Allow the person to save face—give him or her a way out.

Attempting to distract or change the subject can sometimes work, but be careful, as this may further anger people if they realize you are diverting them. Don't use humor—in the haze of anger, it is too easily misinterpreted.

FAMILY-CENTERED PRACTICE AND WORKER SAFETY

Even if the person seems to be calming down, be patient—it takes a person about 30 to 40 minutes to calm down from anger physiologically (Griffin et al., 1995). If you have done what you can and things still seem to be escalating, leave the situation and/or get help.

IF AGGRESSION OCCURS

The angry boyfriend doesn't calm down. Suddenly he comes at you, his hands outstretched. What do you do?

Anger and aggression cannot always be contained. If a person attempts to assault you, protect yourself. Your first step should always be to leave the room and get away from the situation. If you cannot leave, call for help and:

Protect yourself from head injuries. Block blows with pillows, arms, clipboard, etc.

If you fall, block the attack with your feet and legs.

If your arm is grabbed, break the hold by twisting quickly toward the person's thumb.

If you are choked, raise both arms straight up and quickly turn around. Your arms and shoulders will break the hold.

If you are bitten, push into the bite, don't pull away.

If your hair is pulled, press down on the person's hand with both of yours.

Weapon: Never reach for the weapon. Encourage the person to talk. Focus on the person, and keep your distance (Flick, 1996; Griffin, 1997).

IMPLICATIONS

Safety is essential to your success—you can't help a family through a crisis if you are afraid for your own well-being. Therefore it is crucial to know how to identify potentially dangerous individuals and what to do when you encounter them. By maintaining your awareness and being proactive, you improve your ability to do your job, as well as stay safe.

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If your approach to social work practice is family centered, this issue of *Practice Notes*, with its talk of safety assessments, safety action plans, and “how to defend yourself” may make you a bit uneasy.

It's not hard to see why. Family-centered practice is about using your powers of observation to uncover hidden strengths in families, not their likelihood of doing you harm. It's about seeing them as colleagues, not potential assailants.

Yet often we walk into the homes of families having—quite literally—the worst day of their lives. It would be dishonest and foolish to ignore safety concerns. The question is, how can we take safety into account without insulting or distancing ourselves from the families with whom we work, particularly those who meet some of the criteria defined in the “Predicting Violence” article at left?

One approach is to bring this concern out in the open. If you have safety concerns, talk openly with the family about them. Make it clear that you are interested in resolving these concerns so that you can focus on helping the family.

Another way to integrate safety concerns into your practice is a safety contract (see below). The idea behind this kind of contract is that a formal, written commitment is more likely to be honored and remembered than an informal discussion about safety.

The most effective way to promote your safety may be the family-centered approach itself, however. Why? Because, with its emphasis on respecting the traditions and competencies of families, and on empowering them to create their own solutions to the problems they face, family-centered practice builds solid relationships with families. And to a large extent, the quality of your relationships with people is what determines your personal safety.

SAMPLE SAFETY CONTRACT

I understand that my children and all members of the family and the social worker must be guaranteed physical safety during our work together. I agree to provide this safety for all members by separating rather than fighting. I guarantee that any firearms in the house will be disarmed and locked up. I guarantee the worker's safety and will accompany the worker in the community if necessary.

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 of the successful techniques for dealing with aggressive adolescents on a long-term and short-term basis.

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. Some are discussed elsewhere in this issue. Very few agencies have specific policies about safety, and studies of existing safety standards have found them to be insufficient (Scalera, 1995; Johnson, 1988; Newhill & Wexler, 1997). Some of the precautions not mentioned elsewhere in this issue include:

Self defense/restraining violent clients training—contact a local NASW branch

Cellular 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, 1995; Scalera, 1993; Johnson, 1988; Newhill & Wexler, 1997)

Of course, all of these precautions are easier said than done. Recognizing a potentially violent client, especially one who is new to you, is an ongoing 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

FIVE STEPS OF ANGER MANAGEMENT

Below is an approach to anger management used by Dr. Kim Masters, of Charter Hospital in Asheville, NC. If you work with angry youth, you may want to learn these steps and integrate them into your practice.

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).

aggression with more productive behavior. This is far more effective than simply punishing them for violence (Glick, 1995; Knell, 1995).

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 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. **cont. page 8**

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 for kids to focus.

Touch appropriately. Many 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 adolescents.

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 an 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)

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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 on the previous page provides some possible interventions social workers can try with aggressive adolescents.

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How can we teach teens to express anger appropriately?