

ETHICAL AND SAFETY GUIDELINES

Adopted by the North Carolina
Family Based Services Association
Second Edition

by Jim Hamilton

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PREFACE

PREFACE TO THE SECOND EDITION

In-home, family-based professionals have always needed a standard set of ethical guidelines that address the unique situations that these professionals find themselves in when working in a family's home or community. Until recently, there was limited guidance regarding ethical concerns such as maintaining confidentiality in the community, appropriate dress code for working in family's home or accepting gifts from clients. In-home professionals had to rely on the codes of ethics or standards of ethical conduct established by licensing boards, professional associations, or their employing agency, all of which were directed at practitioners providing services in a traditional office setting. In 1999, however, the North Carolina Family-Based Services Association (NCFBSA) responded to the needs of in-home professionals across the state by adopting a set of ethical guidelines that addressed their concerns. The Ethical Guidelines of the North Carolina Family-Based Services was distributed to in-home, family-based professionals across North Carolina through regional workshops, state trainings and at NCFBSA conferences.

During the two years since the first publication of the manual, it became apparent to the authors that including a section on safety would enhance the manual's usefulness to in-home practitioners across the state. First-hand reports from professionals in the field who hear about and sometimes witness family violence, as well as increased media attention to school shootings and violence among youth gave rise to the need for a standard set of safety guidelines. The new safety section gives in-home professionals practical suggestions for reducing their exposure to high-risk situations as well as strategies for handling situations when conflict does occur. The introduction to the safety guidelines section explains why the in-home professional may be at greater risk for encountering unsafe situations. The suggestions in this section represent "best practice," and give the practitioner a comprehensive look at how to protect him/herself when working in the field.

The ethical guidelines have also been revised. The second edition includes an expanded section on multicultural issues. (pg. 17) Solicitation of family members is clarified (pg. 6). There is a new section on protecting confidentiality when using technology (pg. 15-16) and clarification for the in-home professional regarding when to report suspected abuse, neglect or criminal behavior (p. 15).

ACKNOWLEDGEMENTS

The authors would like to recognize the people and agencies who supported our efforts in publishing an expanded second edition. First and foremost, we would like to thank the North Carolina Family-Based Services Association for adopting our guidelines as “best practice” for in-home family-based professionals across the state two years ago. NCFBSA published the first and second editions and supported us as we traveled around the state offering trainings on the topic. We would also like to commend the North Carolina State Training Partnership for purchasing and providing a copy of the guidelines to every professional going through Family-Centered Practice training. Without the continued support of our employing agencies, Foothills Area Program and Bringing It All Back Home Study Center, we could not have traveled around the state providing training in ethical issues, nor would we have had the time to complete a second edition with the new safety guideline section. We would like to thank Family Service of the Piedmont for sharing their ideas regarding safety for in-home workers. We would also like to thank Chris and Anita Faulkner for their tireless work in getting the manuscripts to the publisher and Newton Smith, of Western Carolina University for his editorial skills.

Jim Hamilton and Courtney Smith, 2001

INTRODUCTION

In-home, family-based professionals need a standard set of ethical guidelines to assist them in providing their services in the best appropriate manner. Ethical guidelines and standards for professional practice are important components of all approaches to psychotherapy. Although there is considerable overlap among the codes accepted by the different professions (i.e., counseling, marriage and family therapy, psychology, psychiatry, social work), each has its own standards with minor differences in terms of format and ideology. All these codes, however, share the focus of a traditional approach to mental health service delivery (i.e., office-based therapy). Situations that occur routinely in family-based, in-home work are unheard of in traditional office-based therapy (Dosser et al., 1996).

PURPOSE

These guidelines will focus on practices that are not dealt with, or are in contrast to other current codes of ethics, which should alleviate overlapping or redundancy. After discussing ethics with many family-based professionals across the State of North Carolina, it is obvious that family-based professionals often feel ambiguous about certain ethical situations. The lack of an ethical code that focuses on family-based practice often prevents professionals from knowing their ethical boundaries and thereby limits their flexibility, creativity and confidence in what is best practice. With clearer guidelines, family-based professionals are more likely to use their enhanced judgement to provide best clinical practice.

THE PROBLEM

Jefferies et al., (1996) showed us the contrast between traditional and non-traditional styles with this illustration that follows:

Traditional	versus	Non-Traditional
Services delivered in an office		Services in home/community
Services delivered weekly or monthly		Services delivered as needed
Pathology driven		Strength based
Non-collaborative		Collaborative
Expert/Professional stance		Non-hierarchical
Therapeutic services only		Therapeutic and concrete services
Individual orientation		Family and ecological orientation
Primacy of client-counselor relationship		Flexible boundaries
8:00 a.m. to 5:00 p.m.		Flexible time (up to 24 hours)

STEPS TO FOLLOW IN MAKING ETHICAL DECISIONS

- A. Identify the ethical dilemma and possible courses of action you are considering.
- B. Refer to the Code of Ethics and Professional Guidelines from the appropriate state and national licensing, certifying or membership associations that you belong to as well as the guidelines of the agency that employs you. In general, the strictest guideline takes precedence; however, you must be diligent in following all guidelines that you have agreed to uphold (i.e., your agency's standards or professional licensure standards of practice).
- C. Apply Kitchener's (1984) five ethical principles to the situation:
 1. Autonomy is the principle that encourages independence. It addresses the responsibility of the counselor to encourage clients, when appropriate to make their own decisions and to act on their own values. Three considerations in encouraging clients to be independent are (a) helping the client to understand how the decision will be received by society, (b) helping the client understand how the decision will affect others, and (c) consideration of the client's ability to make sound and rational decisions.
Keywords: Foster Independence
 2. Nonmaleficence is the concept of "above all do no harm." This includes not inflicting intentional harm and not engaging in actions that risk harming others.
Keywords: Do No Harm
 3. Beneficence reflects the counselor's responsibility to contribute to the well being of the client, be proactive, and prevent harm whenever possible.
Keywords: Be Proactive
 4. Justice does not necessarily mean treating all individuals the same. If an individual is to be treated differently, the counselor needs to be able to offer a rationale that explains the necessity and appropriateness of treating the individual differently (i.e., cultural differences or disabilities).
Keywords: Advocate Cultural Competency
 5. Fidelity involves the notions of loyalty, faithfulness, and honoring commitments. Clients must be able to trust the counselor and have faith in the therapeutic relationship if growth is to occur. Therefore, the counselor must take care not to threaten the therapeutic relationship or to leave obligations unfulfilled.
Keywords: Preserve Relationship
- D. Consult with your supervisor and colleagues about the dilemma and possible solutions.
- E. Deliberate alone with the information you have gathered.
- F. Make your decision, inform the appropriate people and take action.

GIFTS

A. GIFTS

A.1. Accepting monetary gifts.

It is not appropriate to accept monetary gifts in the form of cash, checks or gift certificates.

A.2. Accepting symbolic gifts.

Families often offer small gifts as gestures of pride, acceptance, and appreciation of working together. It is appropriate to accept cards, family pictures, homemade items and children's drawings. These articles build self-esteem especially for children who want to show their work. Small gifts (around \$5.00) can be accepted. Be aware of cultural values and customs. All gifts should be reported to your supervisor (MFBSA, 1997).

A.3. Giving clients gifts on life cycle occasions (i.e., birthday or anniversary).

Expenditures for each family will be approved by your agency and should correspond with therapeutic goals established in the treatment plan. Buying meals, Cokes, small gifts, and cards should have therapeutic intent and correspond to family rituals or celebrations. Family-based professional will obtain parental permission when providing treats. These interactions will be recorded in your case notes (MFBSA, 1997).

A.4. Purchasing products from adults in the client's family (i.e., Amway or Tupperware)

Family-based staff will not borrow, lend, buy, sell, or exchange goods or services with any adults in the families to whom they are providing services (MFBSA, 1997).

A.5. Purchasing products from children in the family like tickets or cookies for other fundraising events.

It is acceptable to purchase school or community sponsored merchandise such as Girl Scout cookies, Christmas wreaths, raffle tickets, etc., from clients. Be sure to be fair and equitable when agreeing to purchase items from children in the family. Reasonable attempts must be made to protect client confidentiality (MFBSA, 1997).

A.6. Solicitation by professional of client or family members.

It is not appropriate to sell products, solicit participation in organizations, promote interests in business deals or solicit donations from clients where it will benefit the professional or their family and/or the employing agency either directly or indirectly.

RELATIONSHIPS

B. RELATIONSHIPS

B.1. Sexual relationships with any client or former client.

It is not appropriate to engage in sexual relationships with current or former clients.

B.2. Non-sexual touching, such as hugging family members or holding children.

Non-sexual touching (hugs, back patting, etc.) should be used sparingly and only when comfortable for both the client and the professional. Consider client's gender and past history prior to engaging in physical contact. When engaging in physical contact with children (i.e. holding babies, children sitting on lap), ask the parent's permission. Parents, not professionals should be responsible for putting their children in time-out or when using any other kind of physical restraint. Exceptions may include situations of limited role-modeling or when teaching parents specific skills (MFBSA, 1997).

B.3. Maintaining social relationships with family after termination of home-based services.

Family based professionals will not form a personal relationship with former client for two years after the professional relationship is terminated. This includes deliberate personal socializing with former clients. All types of dual relationships, including political, religious, business, neighborhood/community, etc., must be dealt with carefully. Client confidentiality must be protected. If you feel that a possible dual relationship may be occurring, seek supervision (Friedman, 1993).

B.4. Attending a life cycle function like a wedding or graduation or other community events in which a client or family is involved.

It is acceptable to attend such events, only after being invited, especially since professionals need to understand the families' social environment and informal supports in order to provide the most appropriate services. Also remember to document these events and how they relate to client's treatment. When in public with a family, keep issues of confidentiality in mind. It is appropriate to share genuinely in family joys, recognizing and celebrating birthdays, anniversaries, and award ceremonies (Friedman, 1993).

B.5. Meeting family for a meal in the community during provision of services.

It is acceptable to meet with a family for meals. Remember therapeutic intent and confidentiality (i.e. don't wear nametag in public when accompanied by client). Also, document services appropriately. Only go if it is a planned event that the family has invited you to attend. Be aware of cultural values and customs (Friedman, 1993; MFBSA, 1997).

RELATIONSHIPS

B.6. Eating meals with clients in their home.

Accepting coffee, meals, cookies, etc, from a client during sessions is acceptable. Be aware of cultural values and customs. Remember therapeutic intent (MFBSA, 1997).

B.7. Attending worship service with client.

This may be acceptable for treatment purposes and to better understand a family's community and social environment, but be wary of dual relationship issues. Attend only if invited. In some smaller communities, it may be unavoidable that you attend the same church as a client. Be proactive. Discuss issues of confidentiality and dual relationship with the family and your supervisor.

B.8. Responding to crisis call from former client.

The family based professional must be proactive with clients and develop a follow-up plan before termination. Some plans allow professionals to see clients up to a year after termination. Also if appropriate referrals are made at termination, there may be another professional who is currently involved with the former client and could respond to the needs of the family. Seek supervision regarding appropriateness of continued involvement (N.C. Department of Human Resources, 1992).

B.9. Speaking to client in public places.

Family-based professionals need to be proactive with clients and families early on in the therapeutic process by discussing appropriate responses to meeting in public. Explain the rules of confidentiality to the family. When in public, it might be wise for family members to acknowledge the professional first in order to avoid awkward situations or confidentiality issues.

B.10. Visiting former client in placement setting.

Ask yourself, "What is the purpose of continued contact?" and, "Is this therapeutically helpful and a part of the client's treatment plan or aftercare plan?" Refer to B.8. regarding responding to crisis calls from former clients.

RELATIONSHIPS

B.11. A. Spending agency funds to help family.

Expenditures for each family will be approved by your agency and correspond with professional goals (MFBSA, 1997). For example, flex funds may be used to purchase a gas voucher so that a family may get to appointments. The family-based professional will obtain parental permission when purchasing anything for the children (e.g., clothing, CD's). Any purchases will be cleared with the supervisor and recorded in client case notes (MFBSA, 1997).

B. Use of personal money with client or family.

Using personal funds inherently creates a dual relationship and is not recommended for the in-home professional. If personal monies are used, they should be minimal and carefully thought through. Be aware of therapeutic intent and discuss with your supervisor.

C. Loaning money to a family or client.

It is not acceptable to give monetary loans to a client or family with from the agency or the professional.

CONDUCTING SESSIONS

C. CONDUCTING SESSIONS

C.1. Seeing children alone in the home.

It is not wise to see children alone in the home. If this is unavoidable try to take a colleague, a supervisor or the referring agent and gain permission from the child's parent or guardian first. Explore community meeting places as an alternative to seeing the child in the home. If the professional finds a child alone upon arrival at the home, assess the child's safety, contact the parent if needed and consider rescheduling the session for a later date.

C.2. Seeing child individually in bedroom with guardian elsewhere in home.

Leave door open when seeing children in their bedroom and seek client and parental permission. Consider gender and client and family history before seeing a child alone. Be aware of personal boundaries, body space and specific issues of past abuse. Consider taking colleague or supervisor to session.

C.3. Being alone in the home with a parent of opposite sex.

This is a difficult situation to avoid. There is potential for liability concerns, both for male and female professionals. Seek supervision and consider addressing this issue with the family. Take another professional with you if possible and document thoroughly. Try to find alternatives such as meeting on a front porch or in the community where there are more opportunities for visibility.

C.4. Holding session if non-family member is present.

Obtain family and client's permission first. Confidentiality and comfort of client during session is key when considering involvement of a non-family member. Consult with client and treatment plan to explore whether the addition of the non-family member would be helpful or harmful in reaching the stated goals.

C.5. Conducting session in community (i.e., McDonald's, park, etc.).

Confidentiality and comfort of the client is key. Consider how the service delivery location relates to client's treatment and established goal. For example: Are you meeting in the park with the family to promote the importance of family outings or meetings? Refer to B.9. regarding confidentiality issues when meeting in public.

CONDUCTING SESSIONS

C.6. Conducting session with television on.

Distractions such as TV, telephone noises, rambunctious children or neighbors coming in and out can be a nuisance, but can also reveal much about the family routines, relationships, and home atmosphere. Be respectful of client's home and culture. If distraction continues and affects the professional, then ask permission to remedy the situation (i.e. turn volume down or TV off) (BIABH Study Center, 1996).

C.7. Asking family member to remove pets or extinguish cigarettes due to allergies of professional.

If this affects professional, politely ask a family member to remove the pet or allergy-causing item. Be respectful of client's home and culture. Also if a compromise is difficult, work out a neutral meeting place. If the allergy is extreme, refer the family to another professional who can provide services. It is appropriate for staff to consider and make accommodations for their health concerns.

PERSONAL ISSUES

D. PERSONAL ISSUES

D.1. Sharing current personal issues/conflicts with family.

Rarely. Examine your purpose in disclosing personal information to a family. Is this going to serve the needs of the client's or those of the professional? Seek supervision if there are questions about appropriateness.

D.2. Sharing past personal issues/conflicts with family.

Be cautious! Sharing past experiences may have merit in certain situations to build trust and credibility with a family (i.e. substance abuse or loss of a loved one). Ask yourself, "For what purpose am I disclosing this information?" Be aware that a client may use any information you share at a later date. Seek supervision and document in case record.

D.3. Sharing cigarettes with adolescent clients.

Never. It's against the law!

D.4. Client in crisis staying overnight at professional's home.

Never.

SPECIAL CIRCUMSTANCES

E. SPECIAL CIRCUMSTANCES FOR HOME VISITING

E.1. Transporting clients in private vehicle.

Parental permission is required prior to transporting children. Family-based professionals must adhere to agency policies regarding personal car insurance and transporting of clients. Follow the North Carolina safety laws regarding transporting infants and children in seat restraints. Consider individual car seat manufacturer's guidelines when using infant and toddler car seats or booster seats for older children. Always remind clients to wear their seatbelts.

E.2. Discharging clients despite not meeting family's goals, because of time limitations.

Consider safety issues and involve the client and family in the follow-up and referral process. Make the referral contact or agency aware that you are terminating services and involve them in the transition process if appropriate. Remember that referrals for on-going services are just as important as the initial treatment intervention. Prepare the client and family for termination throughout the therapeutic process. It is further suggested that in-home professionals seek training in solution-focused and brief therapy techniques to gain more insight in how to deal with "client abandonment" issues. Seek supervision regarding personal issues that may come up with regards to terminating a family.

E.3. Professional observes questionable discipline methods by parents.

If abuse is not suspected, explore alternative discipline choices with family. If a report is necessary, encourage family member(s) to be involved in the process of reporting. Whenever possible work with the family and the authorities together using family-centered practice. This satisfies your duty to report while maintaining the relationship you have built with the family. Be proactive by reminding families during the first and consecutive sessions, of your obligation to report abuse and neglect. All in-home professionals are state-mandated reporters. If there is cause for suspicion of abuse or neglect, seek supervision and report the incident to the proper authorities. Reporting Child Abuse and Neglect in North Carolina, by Janet Mason, is available for purchase from: Institute of Government, Publication Sales office, and (919) 966-4119. This is an invaluable resource in determining when and how to make a report. At any time if you are unsure, it is better to err on the side of caution and make the report of an unsafe situation in order to protect the child.

CREDENTIALING AND SUPERVISION

F. CREDENTIALING AND SUPERVISION

F.1. Staff providing family-based services with a bachelor's degree.

Inform client of professional qualifications, experience and therapeutic approach. The professional should seek more supervision and training with therapeutic issues in which he or she lacks knowledge. If unqualified to handle a certain situation or issue (i.e. substance abuse or sexual abuse), refer a client or family elsewhere for treatment. Pursue the highest form of education and licensure possible in order to provide the highest quality services to clients, reduce liability and build credibility for your agency or program. Follow agency and state guidelines for family-centered practice.

F.2. Providing family-based services while receiving limited supervision.

Often family-based professionals are placed in situations where they may feel isolated in their job. Confront the agency and supervisor you work for about this issue if you feel the need for more supervision. There are many liabilities that come from lack of supervision and many benefits are obtained when staff members feel supported. If agency is not able to provide the professional with supervision, consider peer supervision or contract outside the agency for supervision.

F.3. Requesting consultation from peers, within agency, without formal release of information.

Avoid if at all possible. If unavoidable, speak hypothetically and do not disclose identifying information. Follow agency guidelines for intra-agency communication. Obtain a written release from the family as soon as possible if information is released on an emergency basis.

CONFIDENTIALITY & TECHNOLOGY

G. CONFIDENTIALITY AND USE OF TECHNOLOGY

G.1. A. Reporting a Crime

“No person engaged in the delivery of social work services, counseling services, or duly authorized as a licensed psychologist, not any of his or her employees or associates, shall be required to disclose any information which he or she may have acquired in rendering professional services unless ordered to do so by the presiding judge of a superior or district court (1995, North Carolina Criminal Law and Procedure; sections 8-53.3, 8-53.7 and 8-53.8).”

B. Limits of Privileged Communication

An in-home family-based professional is not required to disclose any incriminating information regarding criminal behavior gained during the course of delivering services. However, privileged communication ends between the professional and client or family member, when the professional suspects child abuse or neglect or abuse, neglect or exploitation of a disabled adult (NC Criminal Law and Procedure, 1995). In-home professionals should report such knowledge to the appropriate local authorities based on the Child Abuse Reporting Law, Article 44 or the Protection of the Abused, Neglected or Exploited Disabled Adult Act, Article 6 of the General Statutes.

C. Threats of Physical Harm or Violence

If anyone you come in contact with during the course of providing family-based services threatens to physically harm you or family members, school officials, agency staff, field professions, etc., follow the safety policy of your agency and seek immediate supervision (MFBSA, 1997). Refer to safety guidelines sections regarding how to handle conflict with clients.

G.2. Use of electronic communication

A. Electronic Transmission and Storage

Professionals are obligated to take precautions to ensure and maintain the confidentiality of information transmitted to other parties electronically. All data maintained in electronic storage (i.e. computers, voice mail, pagers, etc.) should be secured using the best methods available (such as the use of passwords) (NBCC, 1997). Access to data should be accessible only to appropriate staff members involved in the provision of services. Professionals should ensure that electronically stored data are destroyed when the information is no longer of value in providing services or required as part of clients' record.

CONFIDENTIALITY & TECHNOLOGY

B. Use of Cell Phones

Disclosure of any identifying information in electronic communication must be avoided (NASW, 1996). It is possible to pick up cell phone conversations on CB radio and other radio frequencies. Therefore, the in-home professional should use the most secure cell phones and not compromise the family's right to confidentiality through cell phone use. An exception to this guideline is in emergency situations when the safety of an individual is involved.

C. Caller ID

Be aware that when calling a client who has the caller ID function on their phone, that the agency's name as well as telephone number will appear. This may cause problems with confidentiality. Discuss with the family and your supervisor. Also, if you do not wish for the family to know your home telephone number, refrain from contacting them from your home phone unless you have a caller ID block on your phone.

G.3. Storing and transporting case files and/or copies of files.

Professionals should protect the confidentiality of clients' records and other sensitive information. Professionals should take reasonable steps to ensure records are stored in a secure location. Don't leave anything with a client's name or other identifying information in areas visible to others such as the back seat of a car (NASW, 1996). Also, if you are transporting confidential information, keep it locked and hidden in the vehicle (preferably in a locked case, a locked glove compartment or the trunk).

OTHER ISSUES

H. MULTICULTURAL ISSUES

The American Counseling Associations Code of Ethics and Practice, “Encourages practitioners who counsel clients from backgrounds different from their own to respect these differences; gain knowledge, personal awareness and sensitivity pertinent to these clients; and incorporate culturally relevant practices into their work (Corey, 1996, p. 65).”

1. Expand your definition of diversity beyond just race, ethnicity, gender or socioeconomic status.

In order to provide the best possible interventions for the diverse families we encounter, we must become aware of our own biases and stereotypes and how they affect our work. Because cultural norms, values and expectations contribute to the problems for which people seek help, we need to understand the unique experiences and coping styles of clients whose cultural assumptions and experiences are different from our own, and the effects of these differences on their lives. In order to attain a multicultural balance, therefore, we need to expand our definition of diversity to go beyond the typical factors including ethnicity, race and socioeconomic status. The ecological perspective is particularly relevant for clients who have been marginalized in our society (Okum, 1996). This ecological perspective takes into account many other factors that make up a family’s culture including gender, family traditions and rituals, geographical region or residence and religious affiliations, to name just a few.

2. Reflect the culture of the surrounding community by hiring diverse staff.

In order to best serve families in their community, it is important to have staff that mirrors the diversity of the community. In order to achieve this, it may be necessary for agencies to advertise position openings beyond their community, county or region. Some suggestions include recruiting from the nearest large city or metropolitan area, posting ads on the Internet to reach a larger audience and accessing community leaders to refer potential workers to you from their community.

3. Educate your referral sources and community leaders about the need for serving all families in your community.

It is well documented from the North Carolina Family Preservation data collection that Family Preservation programs often have fewer referrals from minority populations than from the majority population in the communities they serve. Become a change agent by bringing to light this discrepancy. Seek out referrals for minority clients; educate referral sources about the discrepancy in their referrals; and recruit community leaders as potential referral sources.

OTHER ISSUES

4. Provide access to information in a culturally responsible way.

Make sure that brochures, pamphlets and other reading materials are in all languages represented by the population of the county or community in which you work. Publicize your services in areas where a variety of people can access them such as barbershops and beauty parlors, pet stores, churches, etc.

5. Seek out education and training on multicultural issues.

It is the ethical responsibility of every in-home professional to continually seek out educational opportunities to expand his/her knowledge of a variety of cultural groups. Encourage employing agencies to provide training and access to workshops, attend seminars, read books, and discuss cultural issues in supervision and staff meetings.

I. DRESS CODE

It is recommended that family-based, in-home professionals adopt a dress code that is appropriate to the families they work with. This implies that the professional will dress both professionally and appropriately in all situations. For example: wearing professional business attire for court appearances and dressing more casually when visiting with families in their homes. If your agency's dress code prohibits casual attire, negotiate with your supervisor for consideration of special circumstances (i.e. wearing jeans to help a family move). Wearing suggestive clothing, clothing with offensive slogans or clothing with alcohol and drug related slogans is discouraged (MFBSA, 1997).

J. ALCOHOL AND DRUG CONSUMPTION

No use of alcohol, illegal drugs or abuse of prescription or non-prescription drugs will be permitted by any professional providing in-home services prior to scheduled appointments. If the family-based professional determines that a participating family member is under the influence of alcohol or drugs, s/he should terminate the session and reschedule. It is important that the family is aware that any use of non-prescribed drugs or alcohol use prior or during a session will result in termination of the session and may influence treatment outcomes (MFBSA, 1997).

INTRODUCTION TO SAFETY

INTRODUCTION TO SAFETY

Awareness of safety issues is paramount for the in-home professional. The physical and psychological boundaries that an office setting provides for the professional and the client alike are missing when working with a family in their community or home. The unique nature of service delivery in a family's home or community inherently puts the professional at risk for exposure to dangerous situations. Many of these safety concerns are due to the nature of the services that in-home professionals provide, while others are unique to the personality and style of professionals who are attracted to doing in-home work. Awareness of these potential barriers for safety can prevent unfortunate incidents from happening. They are:

A. ISOLATION

In-home, family-based professionals must be able to work autonomously and often independent of treatment teams, access to direct or immediate supervision, support staff and other advantages offered by a more traditional office-based delivery of services.

Often, the in-home professional may be the only person in the agency providing services to families in their home or community. This isolation may lead to lack of support for the in-home professional from co-workers, supervisors and support staff in their employing agency.

Even if there is more than one in-home professional working in an agency, there may still be only intermittent contact with co-workers due to working odd hours or after hours, serving multiple counties, etc.

Isolation is inherent to the job when a professional provides services in a family's home or in the community. The potential for unsafe situations multiplies in these settings.

B. LONE-RANGER MINDSET

The type of professional who is attracted to in-home work can often be characterized by a more independent or autonomous style. In-home family service professionals may feel as if they are a special breed of workers within their agency (like the Marines: 'The proud, the few, the brave.')

Because of the intensity of the services they are providing to families, in-home professionals may not sense how vulnerable they are in a family's home or community. The longer a professional does this work, the more comfortable s/he may become in situations where a traditional professional may feel uncomfortable.

The intensity of in-home services, especially those that are delivered with greater frequency (i.e. daily or weekly visits) allows the in-home professional to quickly build relationships with families that may give the professional a false sense of trust.

INTRODUCTION TO SAFETY

C. SUPERVISION

Supervision may be less than adequate for in-home professionals (i.e. there may be no one who meets with the professional face to face on a regular basis to discuss the details of family with which s/he is working).

Supervision may be provided to in-home professionals on an irregular basis due to irregular schedules or may be provided by a supervisor who lacks knowledge or experience with in-home service delivery.

Group or peer supervision may not be possible because of irregular hours, multiple county service areas, and the variety of agencies in which in-home family professionals are employed.

HIGH-RISK SITUATIONS

RECOGNIZING THE SIGNS OF HIGH-RISK SITUATIONS

A. INTERNAL WARNING SIGNS FOR COUNSELORS

The in-home professional needs to heed the voice of INTUITION, which is developed over time as a result of training, experience, and education. Developing a keen intuition is perhaps the most important tool for staying safe when working with families in their homes and communities. The 'voice' that tells you a situation feels uncomfortable or that 'gut feeling' that something is wrong is the best indicator that you are in a high-risk situation. Until a professional gains experience, it is crucial that s/he listen to those internal warning signals. It is also important for an inexperienced professional to have regular and ongoing supervision and that supervisors bring up the issue of safety on a regular basis. Some things that a seasoned professional's intuition may suggest is:

- That something is wrong
- That the home is very different looking or feeling than in previous visits
- That there is more tension in the air than usual
- That you feel hesitant to engage in normal family discussions
- That you feel the need for assistance
- That you have feelings of loss of control
- That you feel out of place, unwanted, or discriminated against

B. CLIENT BEHAVIOR WARNING SIGNS FOR SAFETY PRECAUTION

Awareness of client behavior is a good starting point in staying safe; however, it is important that the professional take into consideration cultural differences in behavior. For example, little or no eye contact may be a sign of respect rather than an indication of mistrust or anxiety. Agitated people who inflict violence on others are much more likely to target persons they perceive as having control or power over them. It is important, therefore, that the in-home professional minimize this perception in as many ways as possible. This may include but is not limited to using a family-centered approach; making family members the 'experts' of their strengths and their challenges; working with families as partners; giving family members as much power over what happens to them as possible; matching body posture, dress and language of the families you work with; and using a neutral or compassionate tone of voice in high-risk situations. Some signs that the in-home professional should be alert for are:

- Client appears very agitated
- Client avoids any eye contact with counselor
- Client seems to be preoccupied with violence such as talking about guns, weapons, hurting self or hurting others. (Note: You may need to assess the client for homicide and suicide potential)
- Client appears to be having a psychotic episode
- Client may be having hallucinations or delusions
- Client is intoxicated on drugs or alcohol

SAFETY PRECAUTIONS

SAFETY PRECAUTIONS FOR IN-HOME PROFESSIONALS

A. SAFETY PRECAUTIONS FOR THE OFFICE

1. Know your agency's safety protocols. Compile a notebook of safety guidelines and have it readily accessible for all professionals working both in and outside of the office. Train all new staff in safety protocol and review periodically.
2. If you have reason to be concerned about the risk potential of an upcoming session, talk with your supervisor or colleagues to develop an action plan. Possibilities include, but are not limited to:
 - a. Take someone in the session with you (a colleague or supervisor).
 - b. Make sure a colleague or staff member is in the immediate vicinity who can listen for signs of potential danger or conflict, especially if you are seeing a client after hours.
 - c. Have a colleague check on you periodically during the session.
 - d. Remove any objects that could be used to harm you from your person and the immediate vicinity (i.e. jewelry, scissors, pens, etc).
 - e. Pay attention to the seating arrangement in your office. Arrange the office with safety in mind.
 - f. Maximize the ability for anyone to leave the office if either of you become uncomfortable or tensions flair.
 - g. Minimize the escalation of precipitating emotions of the other person by maintaining a calm and non-threatening demeanor.
 - h. Take all threats seriously!
Pay attention to signs that a colleague may be in a volatile situation, and take appropriate action.
 - j. If you see someone that you do not know unescorted in a non-public area of the agency, inquire in a non-accusatory manner about how you can be of assistance to them; if they do not have a reason to be there of if their behavior seems suspicious, get assistance.

SAFETY PRECAUTIONS

B. SAFETY PRECAUTIONS PRIOR TO LEAVING THE AGENCY

1. Develop a safety notebook that is accessible to supervisors, support staff and co-workers. Information contained in the notebook might include, but is not limited to:
 - a. Emergency information for each employee including people and phone numbers to contact in case of an emergency and relevant medical information including medications and allergies.
 - b. License plate numbers and descriptions of the vehicles driven by professionals working in the community.
 - c. Emergency information about all clients that each in-home professional is currently working with, including the names of the adults in the family, telephone numbers, directions to the home, and any safety issues or concerns that might be helpful to know if you need assistance.
2. Use the sign in and out process consistently. Your supervisor or co-workers cannot assist you if they don't know where you are! Develop a plan for checking in when working after normal business hours.
3. Have a safety sheet that each professional working in the community carries with them on home visits. Include emergency personnel numbers (sheriff, magistrate, police, etc)., pertinent work numbers for after-hour assistance (supervisors, after-hour crisis hotlines, co-workers), and crisis numbers such as the homeless shelter or detox, etc.
4. Know as much about the situation as possible before going on a home visit, including:
 - a. Are there weapons in the home?
 - b. Is there a known history of domestic violence?
 - c. Is the location isolated or in a bad neighborhood?
 - d. Are there unchained animals with a history of aggression?
5. Based on the responses to these questions or if you have reason to be concerned about the risk potential, talk with your supervisor or colleagues to develop a plan to deal with any risk you might encounter. Possibilities include but are not limited to:
 - a. If you feel uneasy after setting up the initial appointment, **DO NOT GO OUT ALONE!**
 - b. Try to take someone else to the session with you such as a co-worker, your supervisor, or the referring agent.

SAFETY PRECAUTIONS

- c. Arrange a neutral and safer meeting place (i.e. the public library, a park or a restaurant).
 - d. Develop a check-in plan with your supervisor or another staff person.
 - e. Remove any objects that could be used as a weapon against you (jewelry, keys, mace or pepper spray, etc)..
 - f. Don't meet with family members alone if you feel unsafe or uneasy.
6. If you suspect danger, talk it over with supervisor and referral agent; assess whether or not this is an appropriate case for in-home work.

TRAVELLING SAFELY

C. TRAVELLING SAFELY IN THE COMMUNITY

1. Have clear directions to the meeting place or family's home and a local map.
2. Maintain automobile in good operating condition including having adequate tires and no less than a quarter tank of gasoline.
3. Have the following items in your automobile for emergency situations:
 - Emergency road kit
 - Jumper cables
 - Flash light with working batteries
 - Liquid tire fix-it
 - First Aid kit
 - Cell phone with 911 programmed, if possible
4. Use common sense in choosing whether or not to drive in inclement weather. If you are caught at a family's house during bad weather, contact your supervisor or let someone know your status.
5. Keep vehicle doors locked at all times both when travelling and parked.
6. Park your car last in the driveway so that you could get out quickly if needed; if you are unsure of others coming in or out, park on the street.
7. Park in a well-lit area if possible.
8. Keep confidential information in your car out of sight; follow agency protocol. Refer to Ethical Guidelines, G.3, p.16.

SAFETY IN THE COMMUNITY

D. SAFETY IN THE COMMUNITY

1. Avoid being in high crime areas alone at night, if possible.
2. Keep keys to your car handy, preferably in your hand before heading to your car.
3. If it is unavoidable to leave a home visit late at night, ask a family member to walk with you or watch you to your car.
4. Do not carry a weapon. The chances that a weapon or protective spray (pepper spray or mace) will be turned against you is greater than the safety value of carrying the item. Instead, carry a whistle or other noisemaker.
5. Avoid having your hands full. Do not carry a purse or other personal belongings into the home with you. Leave them locked in your vehicle before arriving at the home. Dress inconspicuously when you make home visit. Try to blend into the communities in which you work. Do not wear excessive jewelry that makes you a target for theft or that could be used against you in a struggle (i.e. necklaces, dangling earrings, etc).
6. Do not carry cash. Avoid having others see you handling money.
7. Prior to your first home visit, ask the family if there are any animals you should be aware of in their home or the area in which they live (dogs, wild animals, snakes, etc).
8. Carry yourself in a confident and assured manner.
9. Trust your instincts. If you feel uncomfortable, take steps to protect yourself or leave the situation.

SAFETY IN THE HOME

E. SAFETY IN THE HOME

1. Be Prepared

- a. Before the first visit, ask the referring agent or other service providers about any safety concerns you may encounter in the home or community.
- b. If initial referral notes indicate violence in the home, be sure to ask other previous providers and family members whether weapons are kept in the home.
- c. Upon entering the home, observe and be careful of uneven terrain, holes, broken steps, and unsafe conditions in the home or yard.
- d. Be careful where you sit or step. If possible, choose the seat nearest the door or close to a doorway or other exit. Avoid sitting in corners and scan the home for all possible exits.
- e. Be aware of physical proximity to clients; make note of client's with identified safety issues such as psychosis, sexual abuse or offenses, and tendencies toward violence or aggression.
- f. Be personable and friendly. Do not give out too much personal information.
- g. Take a stance of equality. Persons viewed as authority figures with power over family members are at greater risk of being targeted for violence.
- h. Wear comfortable shoes and clothes.

2. Be Able to Make Contact

- a. Have cell phone and pager on you at all times when providing services in-homes or the community.
- b. Have a Crisis card or emergency information sheet in the car and on your person/bag during home visits.
- c. Be able to reach supervisor or other co-professionals for in-the-field supervision.

3. Think Ahead

- a. Talk about safety issues with the families you work with to develop a safety plan in case of crisis.
- b. If at all possible take someone with you to the first visit (a co-professional, supervisor, or the referral agent).

SAFETY IN THE HOME

- c. Call and let supervisor, colleague or office manager know how long you will be at a person's home and check in when finished with the visit.
- d. Know and follow the safety guidelines of your agency.
- e. Know CPR, First Aid, basic self-defense training.
- f. Review these safety guidelines regularly in staff meetings or during supervision.
- g. Bring any safety issues up with supervisor on a regular basis.

WHEN CONFLICT OCCURS

F. WHEN CONFLICT OCCURS

1. Don't panic.
2. In all situations, trust your gut!!!
3. Assess the situation: observe as much as you can about the situation and the people involved.
4. Use your authority sparingly and appropriately, including setting and maintaining appropriate limits without escalating the person's fear, agitation or anger.
5. Notice what escalates and deescalates the family members with whom you work.
6. Convey respect for the person's humanity even if you don't like their behavior.
7. Convey a desire to be helpful to the person - have no intent to harm.
8. Acknowledge that you are hearing what the person is saying and their viewpoint, even if you don't agree with them.
9. Distract by gently changing the subject or turn your attention to another person or activity.
10. Normalize the anger and hostility.
11. Try to sound calm and sincere when speaking.
12. Distance yourself from the target of the anger.
13. If the person seems delusional or is having hallucinations, do not engage in an argument about reality. Don't try and argue a client out of their reality (especially if they are experiencing delusions or hallucinations).
14. Don't try and confront anyone who is intoxicated on drugs or alcohol.
15. Allow the other person space to leave if they can do so safely.
16. Call help if you need back up.
17. Leave if you can do so safely for yourself and others.

FUTURE ETHICAL GUIDELINES

FUTURE ETHICAL AND SAFETY GUIDELINES

These guidelines are considered to be a 'working document' in that changes and/or additions can be made regularly. Any in-home workers in North Carolina using these guidelines is encouraged to contact the current chair of the Ethics Committee on the North Carolina Family-Based Services Association Board with future questions and/or suggested revisions to this document. The procedure for reviewing future ethical or safety questions, post publication, is as follows:

Individuals with ethical or safety questions should address all correspondence to:

Chair of the Ethics Committee
North Carolina Family-Based Services Association
204 Avery Avenue
Morganton, NC 28655
(828) 433-7187 phone
(828) 430-8762 fax
HYPERLINK <mailto:DonnaWalters@homeremedies.hci.net>
DonnaWalters@homeremedies.hci.net

The NCFBSA Ethics Committee will review the question(s) and respond in writing to the individual making the inquiry. In response to questions posed, the Ethics Committee will make any revisions or additions that are necessary for future editions/publications. In addition advisors to the board may be asked to review and comment on any future ethical or safety questions.

The State NCFBSA Board will vote on any changes or additions to the document prior to publication.

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NOTES
