## **APPENDIX T**

## **Guidelines for Managing Volatile Clients**

In extreme cases where there is potential danger to a counselor, the following steps are to be taken to ensure the safety of all colleagues. While it is hoped that the system will never have to be used, it is important to have the security of knowing that a procedure is available in the unlikely event that it becomes necessary.

If it is known or suspected that a client who is being seen may potentially threaten the safety of a staff member, Campus Security should be informed, without disclosing the client's identity, that a potentially volatile client will be seen. It is essential that any other clinical staff members also be made aware that an immediate response may be needed. The clinician seeing the client should consider having Campus Security call into his/her office during the session.

If a therapist becomes concerned about his/her safety during a session, s/he should contact Campus Security or another clinical staff member, whichever is most feasible. Other staff members should not hesitate to interrupt a session or meeting. When a security officer arrives, they should remain on the premises until the situation has been resolved.

During a session, the clinical staff member who has been notified of the potential problem should ask a series of yes/no questions to ascertain the nature of the assistance needed. Yes/no gives the therapist at risk the prerogative to avoid talking in front of an agitated client. The first priority is to attempt to guide the clinician out of the office safely. "Can you tell your client that you need to leave to respond to an urgent situation in the lobby outside the Counseling Center?"

If unable to leave the office and at risk, the counselor is likely to be in an agitated state themselves. Therefore, calmness in asking follow-up questions is crucial. Yes/no questions are aimed at immediate clarification of safety needs. These may include:

Are you in immediate danger/being threatened? Is there a weapon?
Do you need campus security to come in now?
Do you want me to call back in X minutes?
Is there need for more than one person to intervene?
Should we knock first?
Is the door locked?

The intervening staff member should inform the clinician in session of the plan of action before hanging up, (i.e., "I am coming in and will knock first, then enter immediately", "Campus security is coming in now without knocking"). Obtain clinician's consent – "Is that okay?"