Perceiving and Responding to Subtle and Overt Threats at Work

Judith C. Holder-Cooper, PhD
Program Director & Assistant Professor
Duke Occupational Mental Health Programs
Department of Community & Family Medicine
Duke University School of Medicine

Member, NCPA Colleague Assistance Committee

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2011 CAC Survey: Training for Psychologist

N= 138

Clinical Skills

- How to assess & screen
- How to maintain appropriate boundaries
- How to defuse escalating interactions
- How to manage different types of threating/challenging clients

Setting up a Safe Work Place

- Setting up the office (e.g., furniture, panic button)
- Office policy (scheduling, safety plans, protocol for handling threats)
- Solo office & in-home office plan

Suggestions for format of Training

- Role plays
- Dangerous scenarios
- Group discussions of difficult situations
- Lessons learned

Ethical and Legal Issues

- When, how and with whom to consult without violating HIPPA
- How and what to document to protect against ethical and legal challenges
- What can a psychologist do to stay safe when threatened

Objectives

- Identify at least four (4) aggressive acts psychologists have encountered and what they have done to create a safe environment.
- Distinguish between subtle and overt threats, and between countertransference and threat
- Identify five (5) personal attributes of a therapist as well as therapeutic techniques used by therapists which can decrease or increase the likelihood of a rupture occurring in the therapeutic alliance.
- Consider three (3) ways psychologists can care for themselves during and after an event in which they felt unsafe

NCPA CAC 2011 Survey Results

Agenda

- **Perception to Threat**
  - 2011 Survey Results
  - Panel Remarks: “The Incident”
  - Perceptions of Threat
  - Therapist – Client Dynamic
- **Panel Discussion**
- **Responding to Threat**
  - 2011 Survey Results
  - Minimizing Risks
  - Stages of Client Anger
  - Self-Care Management
  - Lessons Learned

Self-Reflection
(See Handout)

How do you personally assess risk with your clients?

Panelists' Situations: How would you feel if you had this situation? What might you worry about?

How do you identify the difference between threat, countertransference & transference?

What are your self-care tools/strategies for coping with stressful and/or threatening clients?

“In Their Own Words”
The Incident

Dr. Missy Simpson	Dr. Jason Vogler	Dr. Roxanne Howard

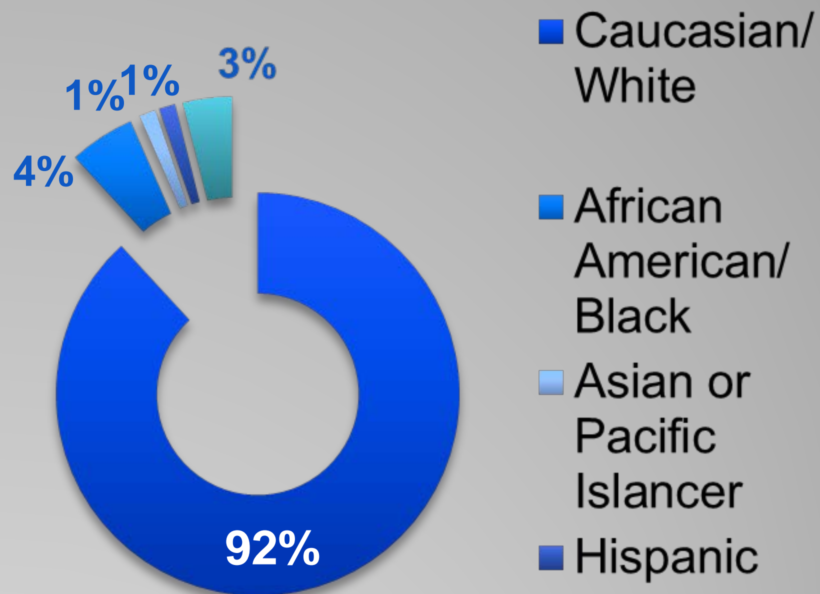
Description of the threatening situation

NCPA-CAC 2011 Survey Results on Client Threats and Workplace Safety

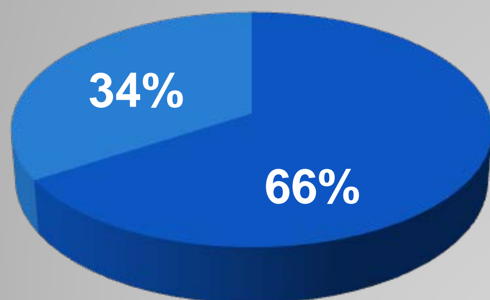
(N = 188)

Demographics

Race/Ethnicity



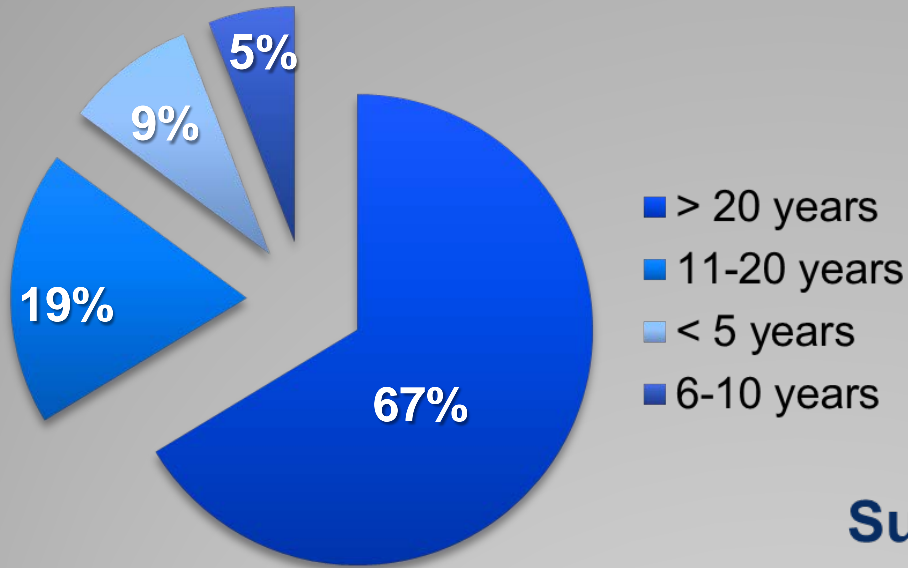
Gender

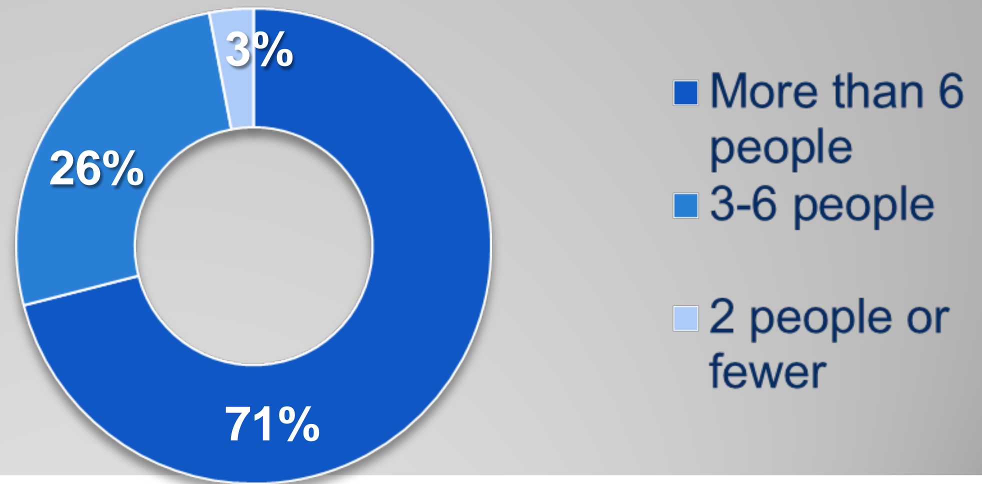


Female
Male

N=188

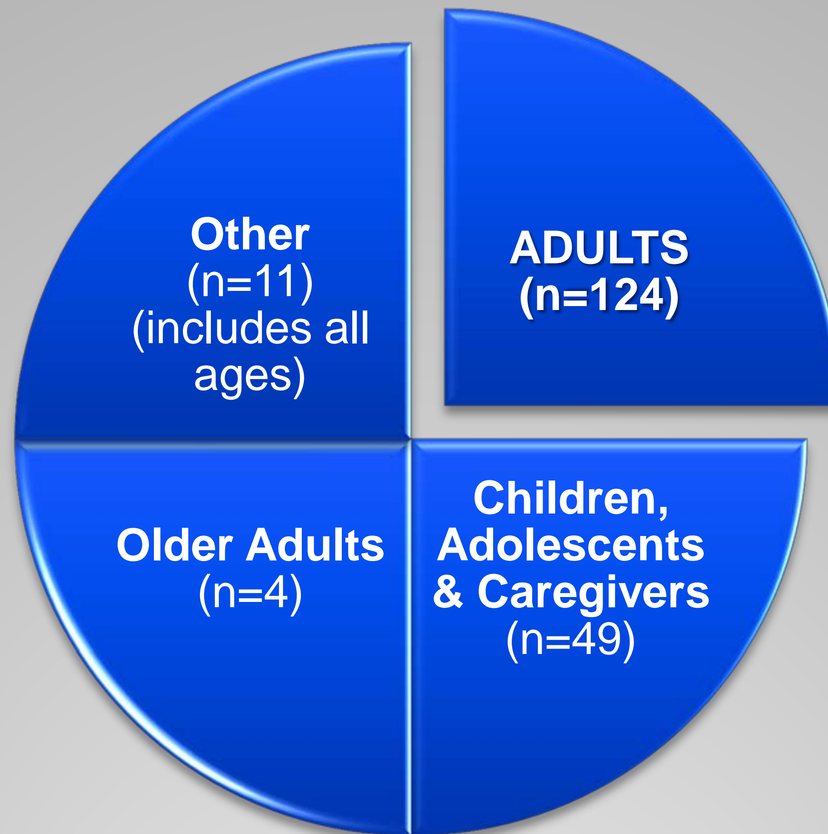
Demographics



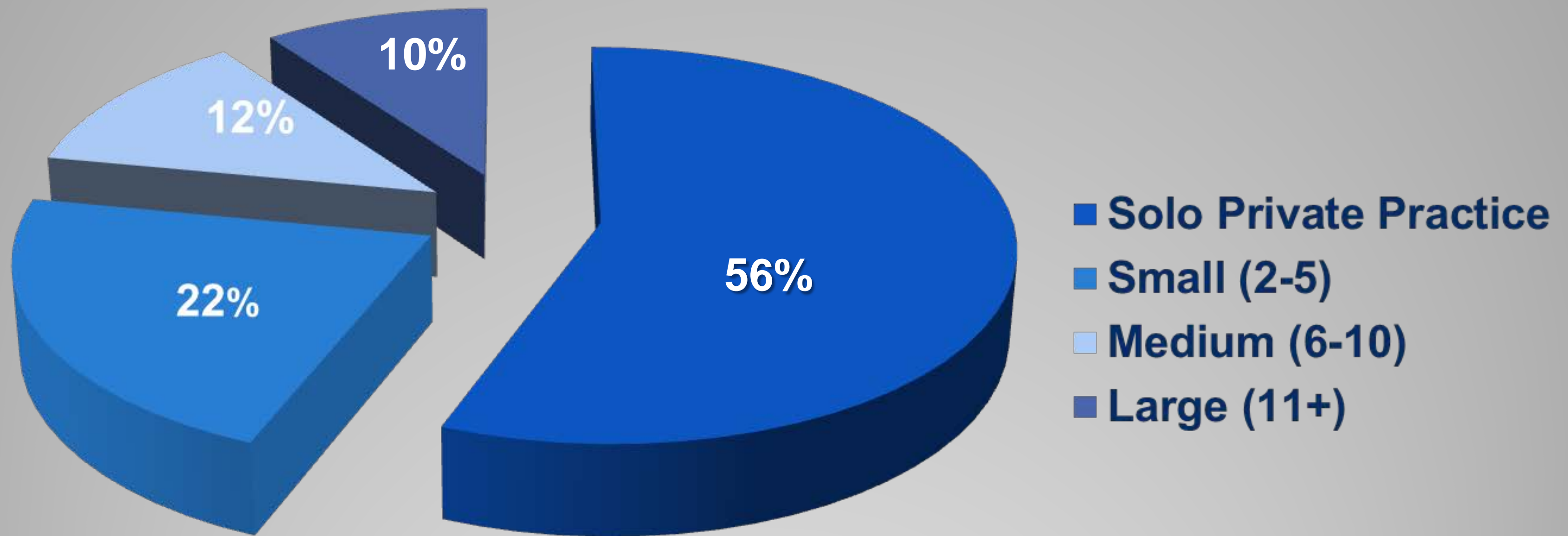


N=188

Primary Population Served (n=188)

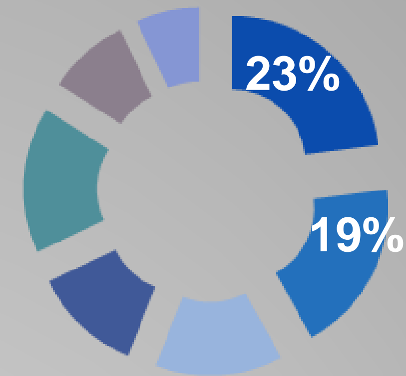


Private Practice Workplace Settings



N=144

Other Agency/Workplace Settings



Setting	%	N
Medical Center (including dental and medical schools, primary care office, pediatric practice clinics)	23%	10
Psychiatric Hospital-Inpatient	19%	8
University/College Counseling Center	14%	6
Government (Federal/State/County; includes VA)	12%	5
Outpatient Mental Health (including Social Service Agency, community mental health agency, practice clinics, outpatient psychiatric hospital, etc.)	16%	7
Department of Corrections/Juvenile Justice	9%	4
Residential Treatment Facility	7%	3

N = 44

Comments by Survey Participants

- *It's my opinion that we tend to ignore these issues until they happen.*
- *Let's not over-react to unpredictable random events.*

What are Considered Aggressive Acts?

"Any physical assault, threatening behavior or verbal abuse that occurs in the work setting."

Violence on the Job: A Guidebook for Labor and Management (1997). Labor Occupational Health Program, CA.

- **Intimidation**
- **Threats**
- **Harassment**
  - Phone calls/texts
  - Electronic mail
- **Bullying**
- **Stalking/Intrusions**
- **Physical violence**
  - Stabbing
  - Shooting
- **Sexual Misconduct**
  - Inappropriate touching
  - Rape

Perceptions of Threat/Risk

- Risk perception is the subjective judgment that people make about the characteristics and severity of a risk.

From: Slovic, Finucane, Peters, & MacGregor, 2004

From: Slovic, Finucane, Peters, & MacGregor, 2004

Risk in the Context of Psychotherapy

Surface –

- Observable
- Facts
- Analytic system

Beneath the Surface –

- Unobservable
- Feelings
- Experiential system

Slovic, Finucane, Peters & MacGregor, 2004

Perceptions of Threat/Risk

- Risk as feelings
  - Process information
    - Early warning system (automatic/unconscious awareness)
    - Parallel operations resulting in similar judgments and decisions
    - The "dread factor"
- Affective reactions play a crucial role in objective contexts/events
- Clinical interview versus gut reaction (feelings)

Slovic & Weber, 2002

NCPA 2011 Survey Results

- Four (4) Types of Subtle and Overt Threats
- Frequency of Threats
- Phase of Therapy

Perceived Threats in Session

Four (4) Themes to the Types of Subtle Threats

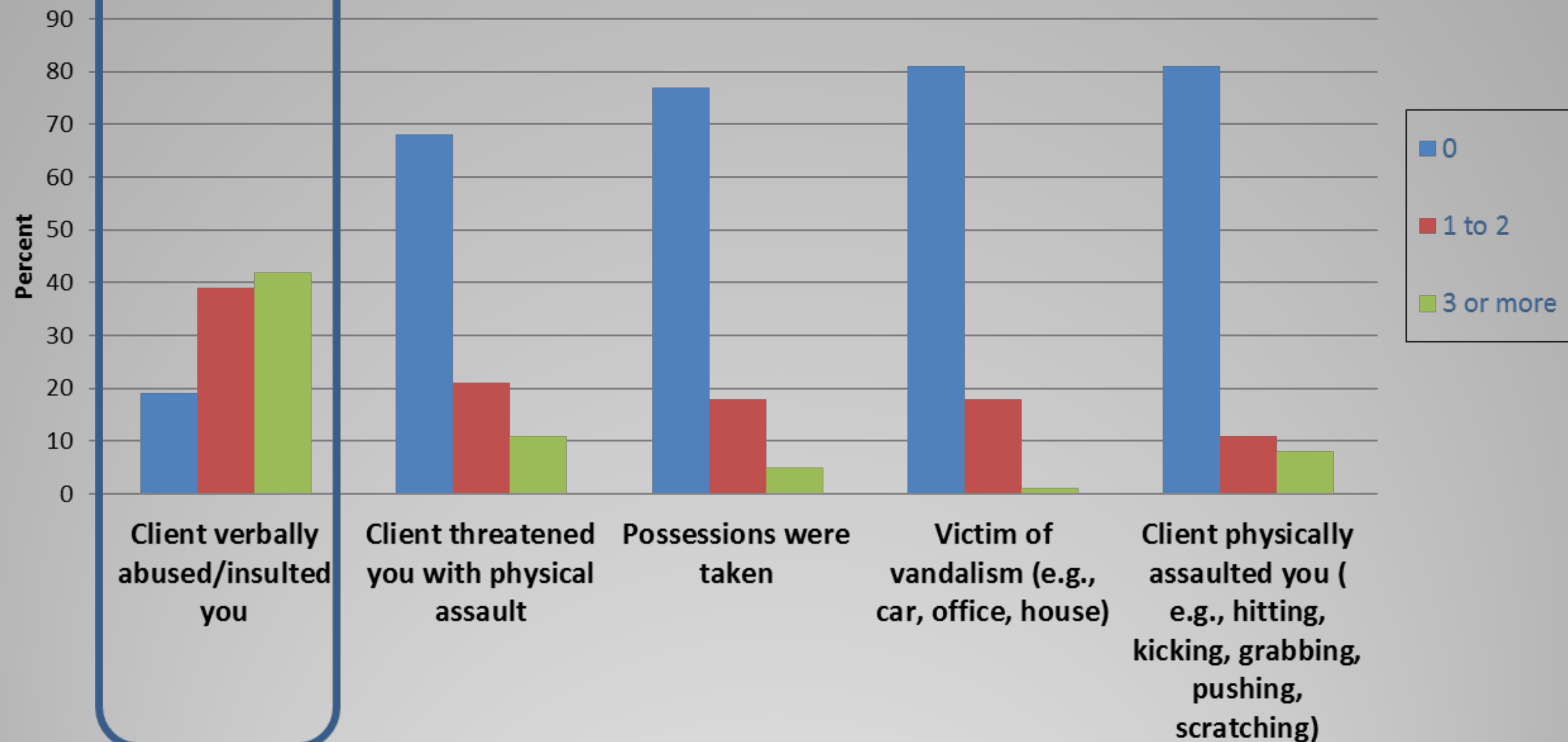
N=92

Four (4) Themes to the Types of Overt Threats

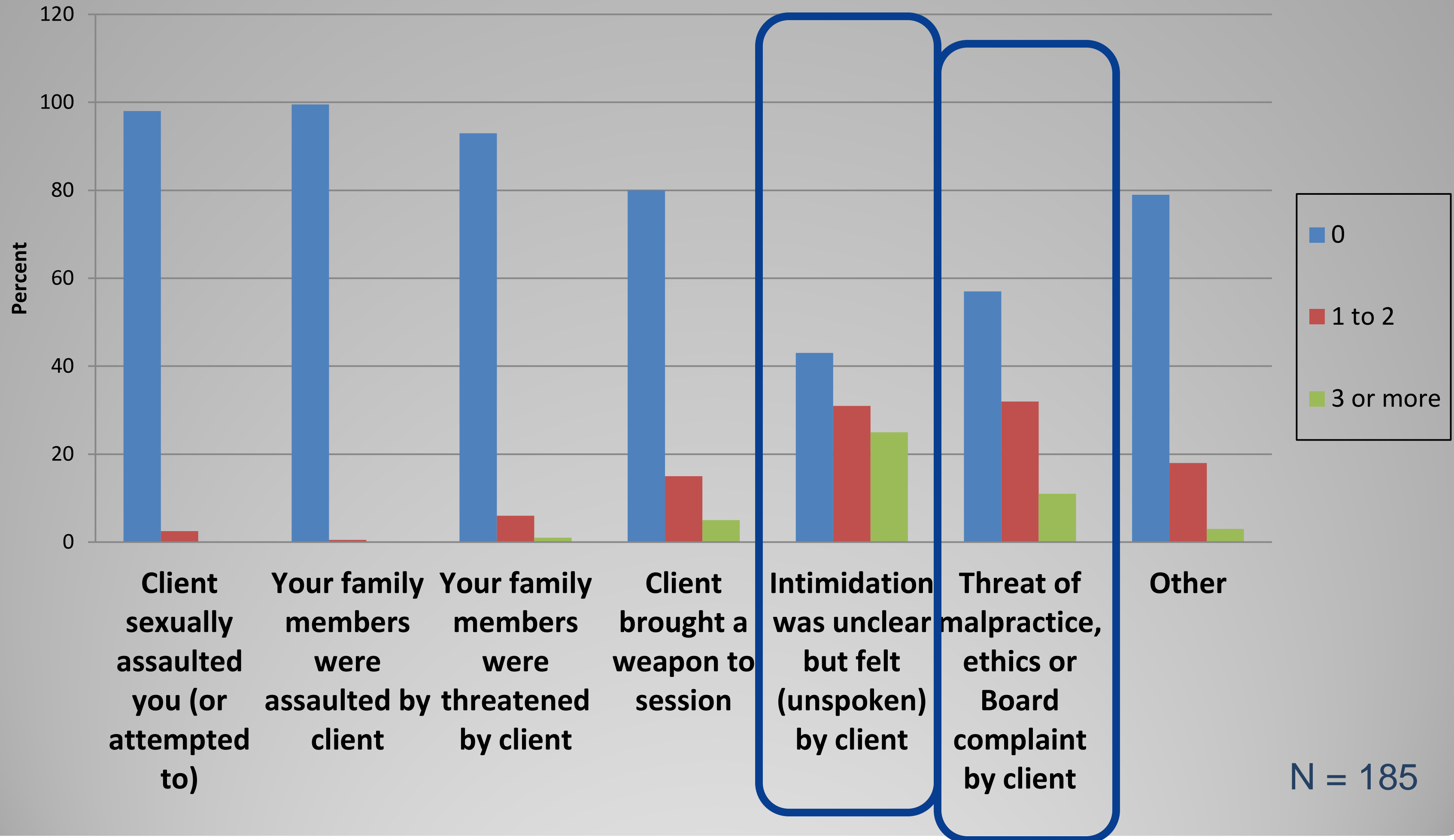
- **Threats of Physical Harm** (25%)
  - *Client yelling, "Bad things could happen and I can easily buy a gun."*
- **Death Threats** (12%)
  - *In a note a client stated that she felt she had to kill herself and all of her family*
- **Contact Licensing Board, BBB, or Law Suit** (20%)
  - *A parent stated, "If you think you will collect on this bill, I will complain to your licensing board."*
- **Physical Gestures of Threats** (11%)
  - *Client picks up a large rock and threatens to throw it at you through a glass door.*

N=85

68%

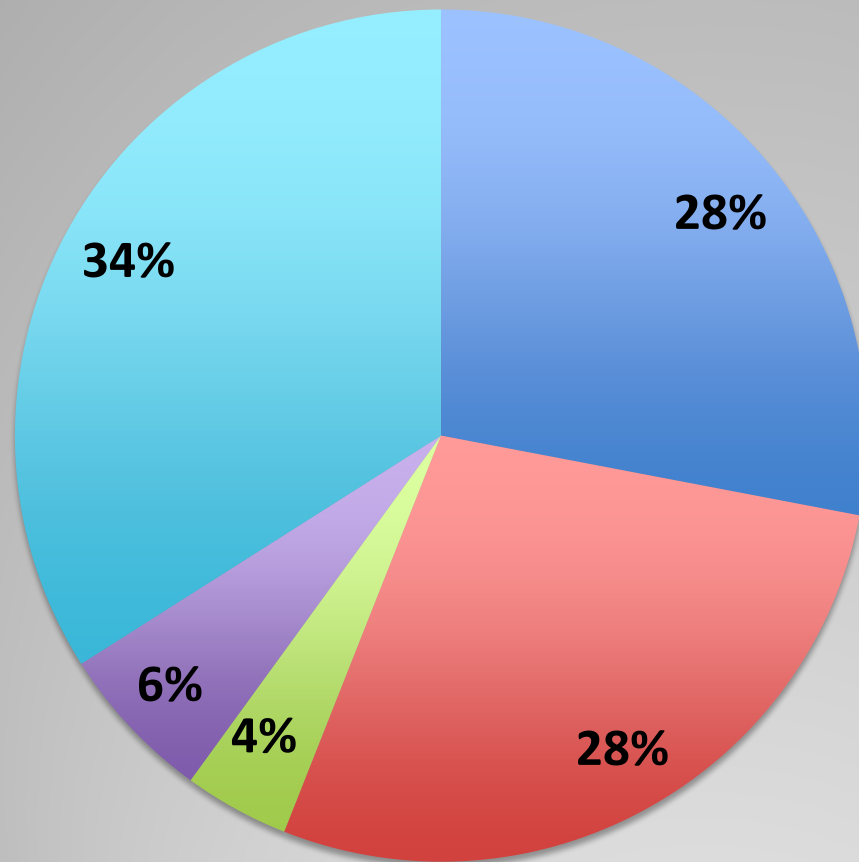


How <u>many times</u> have you experienced the following….



How many times have you experienced the following….

Phase of Therapy that the Aggression Occurred



- Beginning stage of therapy
- Middle phase of therapy
- End phase of therapy
- After therapy sessions ended
- No general pattern

NCPA CAC 2011 Survey Results

N = 159

The clinician should be attuned to early inappropriate behaviors that reflect deranged transference and boundary violations that could potentially escalate to physical danger.

Michael Baer, PhD

The National Psychologist, 2011

Therapist – Client Dynamics

- Research on Threats Directed Towards Mental Health Professionals
- Client Attributes and High Risk Signs
- Therapist and the Alliance
  - Personal Attributes
  - Therapist Techniques
- Threats, Countertransference & Transference

How do you personally assess risk with your clients?
(see worksheet)

2011 CAC – Workplace Safety Survey Results

Survey of Threats and Assaults Directed Toward Psychotherapists

- Sixty (60) indicated that they had been assaulted
- One-hundred and fifty (150) indicated that they had been threatened by patients
- Female therapist were assaulted proportionately less than males
- Prediction of such incidents was extremely poor

N = 422

Bernstein, 1981

Survey of Threats and Assaults Directed Toward Psychotherapists

Of patients who had attacked or threatened therapists -

- 75% had a history of violent behavior
- 35% of those who threatened therapist had a history of suicide threats or attempts
- Inexperienced therapist were assaulted more often than those with experience of more than 11 years
- External objects were seldom used in assaults
- Therapist felt that their best defense was to handle the situation intuitively

N = 422

Bernstein, 1981

Those clients who engaged in stalking behaviors were….

- Needy and made early attachments to their therapists
- Experience erotic transference
- Personality disorders
- Paranoid delusional system

Hudson-Alez, 2003

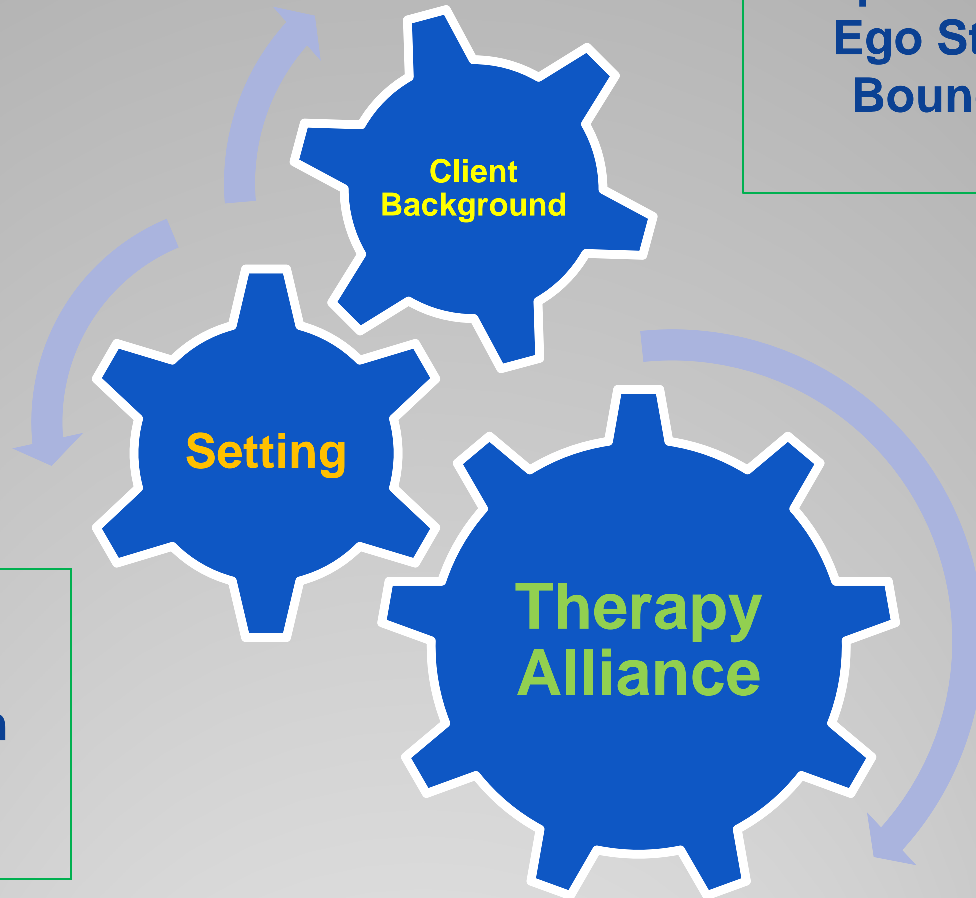
Perceiving Client High Risk Signs

- Suspicious, paranoid behavior
- Extreme desperation, hopelessness, suicidal tendencies
- Bizarre or obsessive thoughts, e.g. romantic obsession
- Strong sense of entitlement, blaming others
- Stalking
- Moral righteousness
- Alcohol or drug abuse

Perceiving Client High Risk Signs

- History of aggressive behavior; violence (incl. domestic violence)
- Intimidating or aggressive behavior
- Mood swings
- Past violent acts
- Significant changes in appearance, behavior, or social interactions
- Preoccupation with weapons
- Anything which would indicate desperation

Personality
Impulse Control
Ego Strength
Boundaries



Attributes
Technique
Deterioration in Alliance

Five (5) Therapist Attributes & Techniques Contributing to Ruptures in the Alliance

Personal Attributes	Misapplication of Therapeutic Technique
1. Rigid	Over-structuring the therapy
2. Exploitative	Inappropriate self-disclosure
3. Uncertain	Failure to structure therapy
4. Distant	Unyielding transference interpretation
5. Tense	Inappropriate use of silence

Ackerman & Hilsenroth, 2001

Precipitants to Ruptures in the Alliance

Breach of client's wants and/or needs:

(A) Therapist does something the patient does not want or need -

- Confronts unsupportively
- Focus is off
- Gives unwanted advice
- Fixated on something other than the patient

(B) Therapist misses importance of issue(s)

Rhodes et al. 1994 cited in Ackerman & Hilsenroth, 2001

Deterioration in the Alliance During the General Course of Therapy

1. Nonresponsive
2. Closed off
3. Non-accepting
4. Dogmatic in maintaining his/her point of view without taking the patient's perspective into account

Ackerman & Hilsenroth, 2001

- *Transference* - Refers to redirection of a client's feelings for a significant person to the therapist

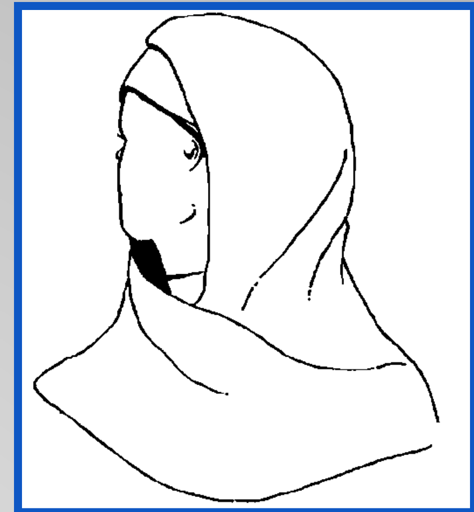
- *Countertransference* - Refers to the therapist's unconsciously activated reactions to the client

How do you determine the difference between transference, CT and threat with your clients?

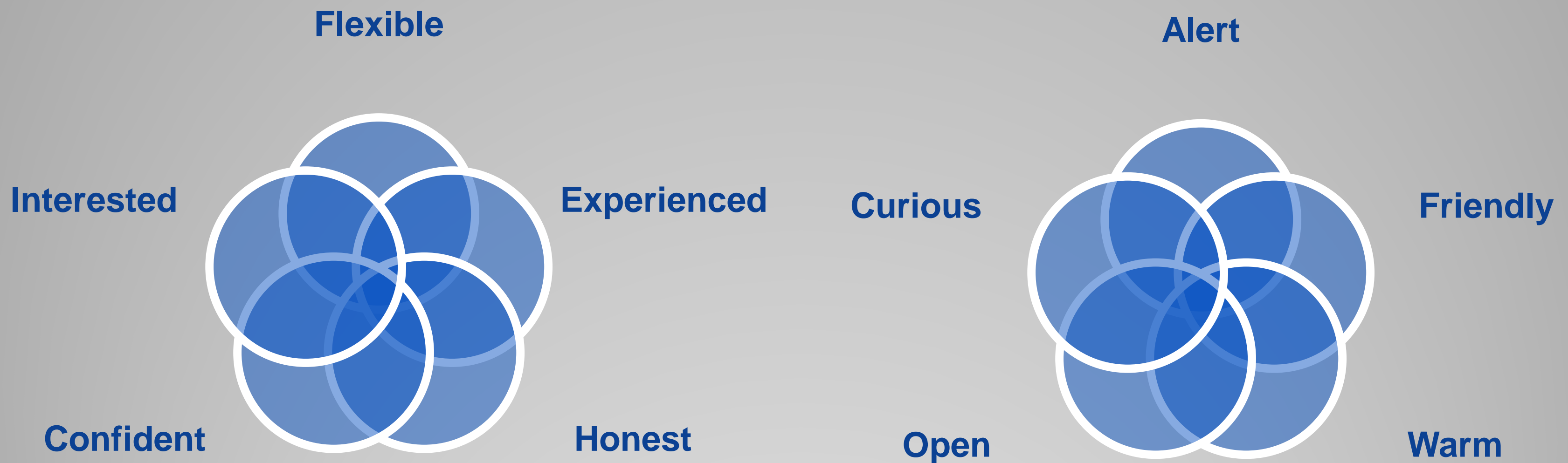
(see worksheet)

Positive Therapeutic Alliance: Both Technical and Relational Aspects

- An agreement on goals
- An assignment of task or a series of tasks
- The development of bonds



Therapist Attributes Contributing to Positive Alliance



Ackerman & Hilsenroth, 2003

Clinical Skills (Techniques) Found to Contribute to Alliance

- Active
- Exploration
- Depth
- Reflection
- Supportive
- Notes past therapy success
- Accurate interpretation
- Facilitates expression of affect
- Understanding
- Attends to patient's experience

Ackerman & Hilsenroth, 2003

15-Minute Break

Responding to Threat

Panel Discussion

Responding to Threat Panel Discussion

Each panel member has three to five minutes to share their experience

1. Describe the threatening situation
2. How was it resolved?
3. What was the personal impact on you?
4. How did you deal with that impact?
5. What did you learn? Do you have any advice for others?
6. In retrospect, what (if anything) would you do differently?

Roxanne	Jason	Missy

Responding to Threat

- Top four clinical incidents
- Impact of Incident on well-being
- Therapist inner-response to threat
- Action-strategies taken in response to the incidents
- Minimize Risk & Increase Safety

A soft answer turneth away wrath;
but a grievous word stirreth up anger.
Proverb 15:1 KGV

2011 CAC – Workplace Safety Survey Results

Top Four (4) Clinical Incident Experienced During Session

Verbal Aggression (53%)
Client yelled, accused therapist of malpractice, "mistreating" her and "attacking" her, "shook finger in face, leaning into physical space".

Threatening Nonverbal Behavior (20%)
Told the evaluator he was reading a book about serial killers as he used a knife to eat sardines.

Most Memorable Clinical Incident

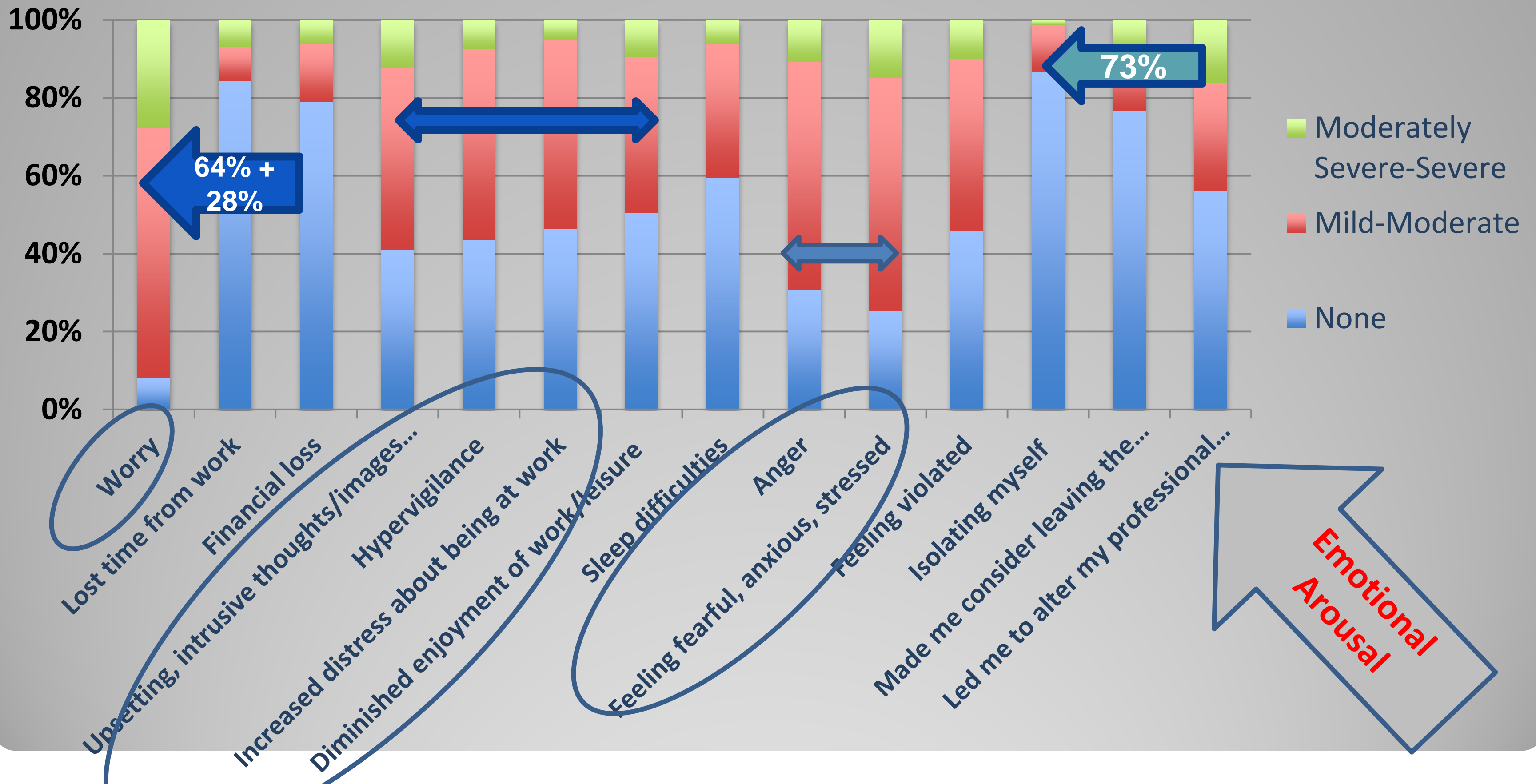
Physical Assault (17%)
Client lunged at therapist and shoved therapist into doorway where colleagues were eating lunch

Licensure Board Threats (17%)
Multiple baseless threats to contact federal authorities and Licensing Board. Late night calls at home

N=106

Impact the Incident had on Therapist Well-being

Impact of most intense/memorable experience



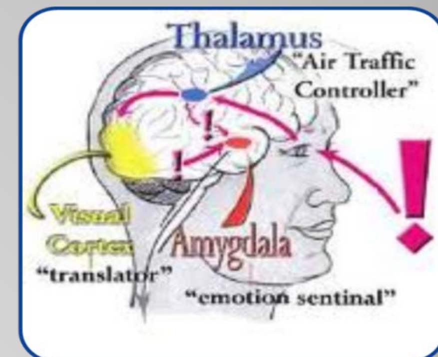
N=164

Therapist's Inner-Response to the Threat

Step 1: **Internal Alarm Stage**. Therapist experiences emotions such as shock, disbelief, denial or numbness.

- Physically, the therapist is in "fight or flight" mode. Heart rate, sensory perception, and adrenaline levels are increased.

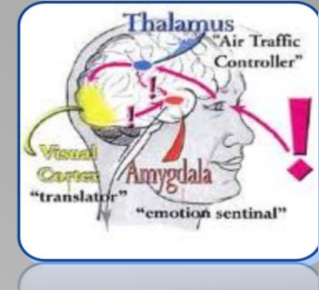
Subtle & Overt Threats



Therapist's Inner-Response to the Threat

- Stage 2: **Impact stage**. The therapist may feel a variety of intense emotions including anger, fear, rage, grief, sorrow, guilt or depression. This stage may last a few days, a few weeks or a few months.
- Stage 3: **Reconciliation stage**. The therapist tries to make sense of the event, understand its impact, and reach closure of the event.
- Stage 4: **Evaluation stage**. The therapist reviews the incident to determine what took place, what might be done differently with this type of client, and preventative steps for the future.

Responding to Threat



Dread Uneasiness

Single action bias

Risk

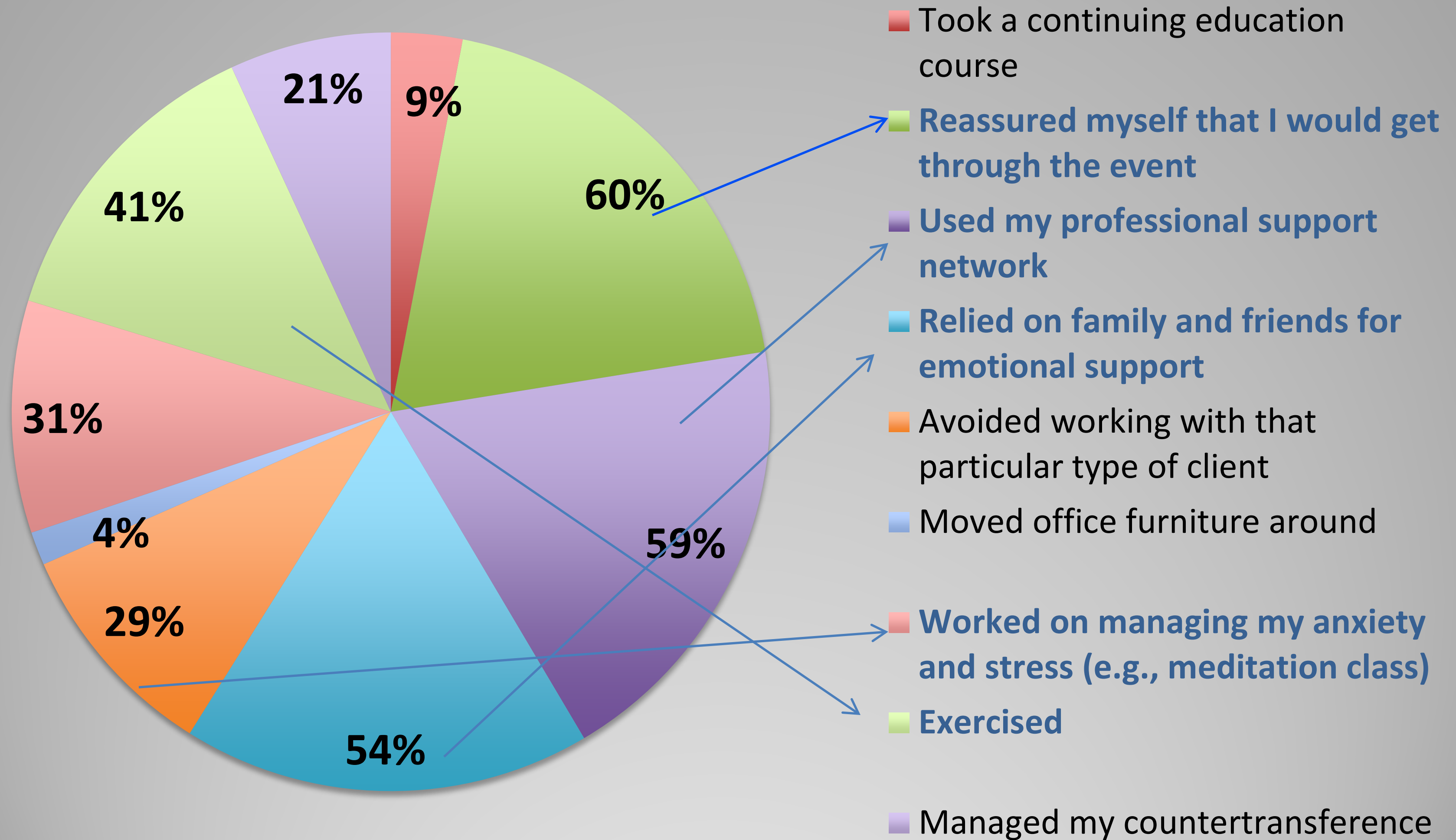
Psycho-physical numbing

Analytic Processing

Failure of Anticipation

Portfolio of Responses

Slovic & Weber, 2002)



N=160

Minimizing Risk by Creating a Safe Work Environment

Screen

- *Know your clients and be ever mindful of the potential for aggressive acts*
- *Explore patients' history of complaints against professionals, (e.g., MDs, pastors or Lawsuits)*

Team Approach

- *Pool resources and collaborate. Have a code word*
- *Discuss any incident immediately*

N = 123

Minimizing Risk by Creating a Safe Work Environment

Firm Boundaries

- *At intake session make rules of engagement explicit*
- *Be clear with yourself and confront at first signs of inappropriate behavior*

Have a Plan

- *Have a plan with colleagues/office staff for worst-case scenario*
- *Think through how to handle the situation before it occurs*

N = 123

Minimizing Risk by Creating a Safe Work Environment

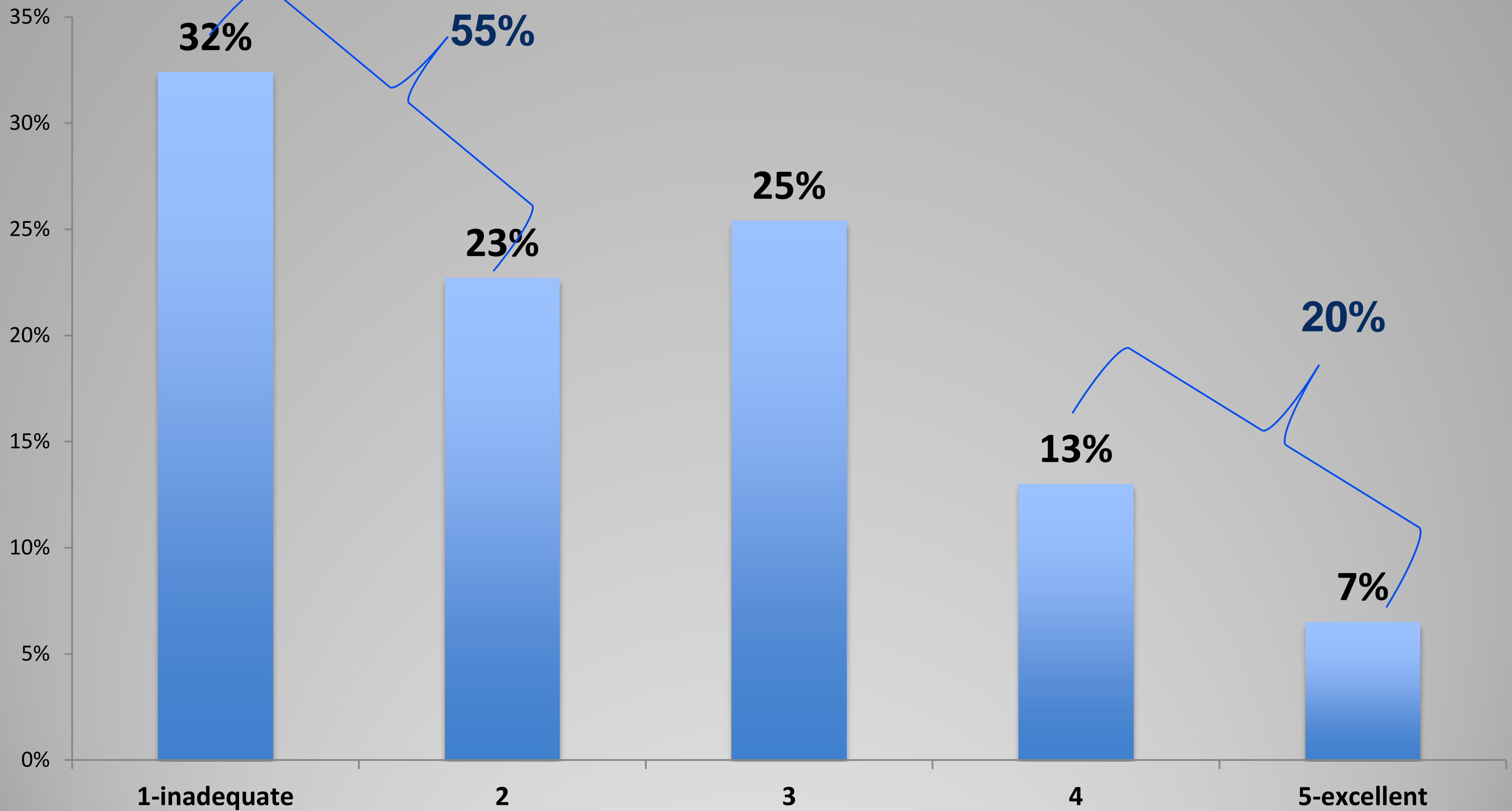
Burnish Your Clinical Skills

- *Learn to manage self and client's strong emotions (e.g., anger)*
- *Balance realistic managing for threats with knowing why we entered a helping profession*

Trust Your Gut

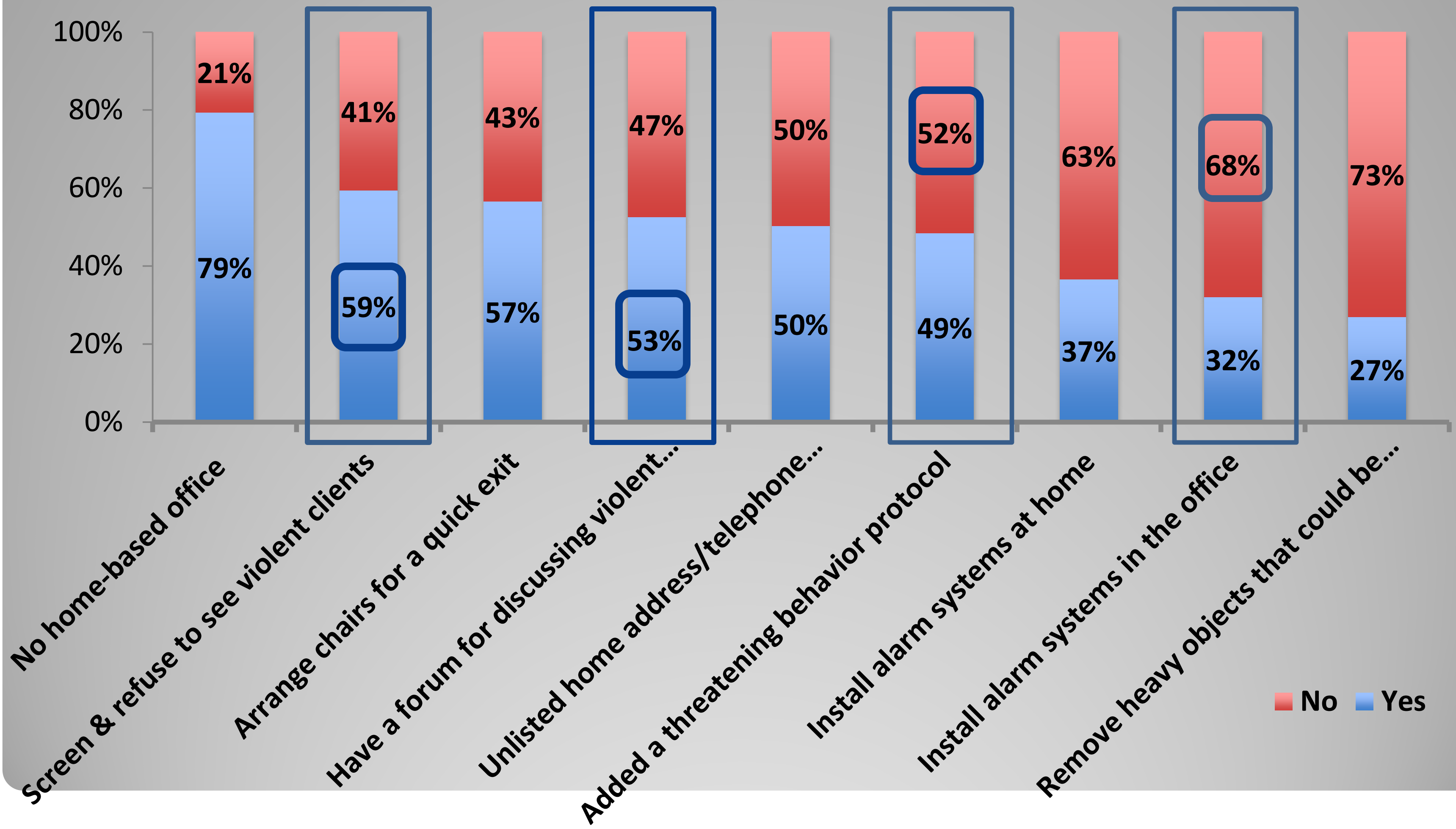
- *Consider if you should stop working with someone who makes you feel unsafe*
- *Use your intuition and experience to tell you if a client is a threat*

N = 123



N = 185

Actions Taken by Agency/Institution to Minimize Risk and increase Workplace Safety



N = 185

Self-Care Through Emotional Management

Ways psychologists can care for themselves during and after an event in which they felt unsafe

Self-Care During and After an Incident?

1. i-Click©: Professional and Self-Care Strategies
1. Advice from Colleagues
2. Lessons Learned

2011 CAC – Workplace Safety Survey Results

i-CLIC.K©

Professional & Personal Self-Care Strategies

- **i** = intuition
- **C** = Clinical ('search-light') assessment
- **L** = Look for ruptures and repair
- **I** = 'I' (Who) quotient
- **C** = Collaborate
- **K** = Know your resources

© Holder-Cooper

Intuition: A Therapist Safety Barometer

- Unconscious signal brought to awareness
- Has your best interest at HEART!
- Self preservation
- Response to something, e.g., danger

- Signals of Intuition
  - Fear
  - Apprehension
  - Suspicion
  - Hesitation
  - Gut feelings
- Engaging your Senses
  - What is it that I am choosing not to see?
  - Did anything out of the ordinary just happen?

De Becker, 2002

Clinical Risk Assessment

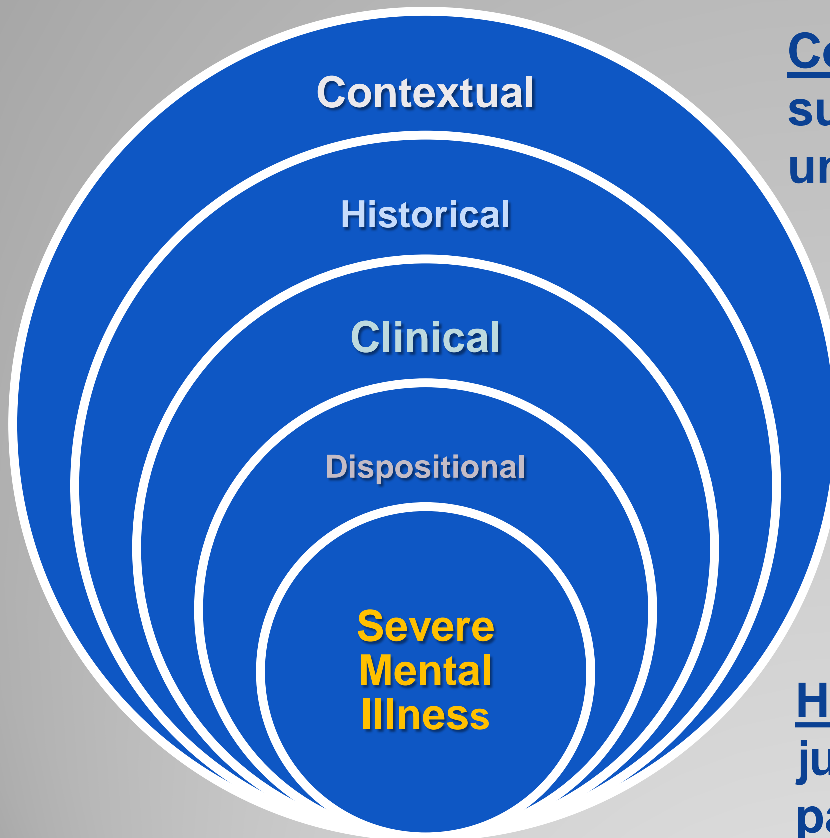
Thorough history includes

- Patient's personal history (family-of-origin)
- Past and present mental state
- Substance misuse/abuse/dependency
- Social functioning and stressors
- Cognitive deficits
- Particular focus on past acts of violence

Pay attention to your feelings. Despite these incidents I have been able to manage to reduce the anger/threat the patients had…"

CAC 2011 Survey participant

The Intricate Link between Violence and Mental Disorder



<u>Context</u> – environmental stressors, such as recent separation/divorce, unemployment, victimization

<u>Clinical</u> – schizophrenia, bipolar, major depression, substance abuse, perceived (hidden) threats

<u>Dispositional</u> – age, education, sex, income

<u>Historical</u> – past physical violence, juvenile detention, physical abuse, parental criminal acts

i-Click©

Elbogen & Johnson, 2009

N = 34,653

HCR-20: Actuarial Risk Assessment Instrument

Historical

- Previous violence
- Young age at first incident
- Relationship instability
- Employment problems
- Substance use problems
- Major mental illness
- Psychopathy
- Early maladjustment
- Personality disorder
- Prior supervision failure

Clinical

- Lack of insight
- Negative attitudes
- Active symptoms of major mental illness
- Impulsivity
- Unresponsive to treatment

Risk

- Plans lack feasibility
- Exposure to destabilizers
- Lack of personal support
- Noncompliance with remediation attempts
- Stress

Historical, Clinical and Risk Management (HCR-20)
Weber et. al, 1997

i-Click©

Look for Ruptures and Repair: Stages of Client Anger

1. Anxiety

- **Warning Signs**
  - Sighing
  - Restless
  - Tenseness
  - Fidgety
- **Action Steps**
  - Offer Empathy
  - Active management
  - Listen

2. Hostility

- **Warning Signs**
  - Abusive or threatening language
  - Paranoid behaviors
  - Moral righteousness
- **Action Steps**
  - Remain calm
  - Paraphrase
  - Show respect

Adapted from *Safety on the Units – Safety in the Clinics* Presentation, Duke Security, 2010

Stages of Client Anger

3. Physical Aggression

- **Warning Signs**
  - Rage
  - Weapon
  - May hurt self or others
- **Action Steps**
  - Stay calm
  - Keep distance / get away
  - Call security/police
  - Activate emergency procedures/plan

See Handouts for Additional Information -
"Diffusing Aggressive Behaviors"
"Strategies for Reducing Risk"

Adapted from *Safety on the Units – Safety in the Clinics* Presentation, Duke Security, 2010

Your “I” (Who) Quotient

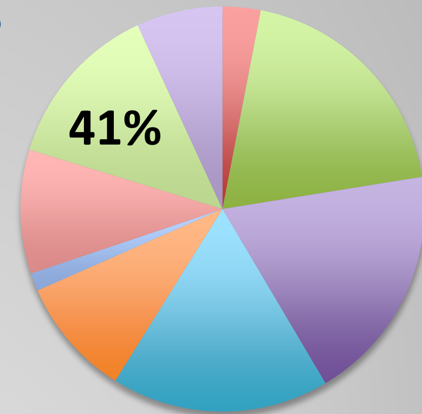
- What were the first signs that something was going on?
- What are my strengths, tolerations and blind spots?
- How do I manage my anxiety and fears? (self-care strategies)

i-Click©

Distress Management
Self-Care Strategies (during and after an incident)

Body Strategies

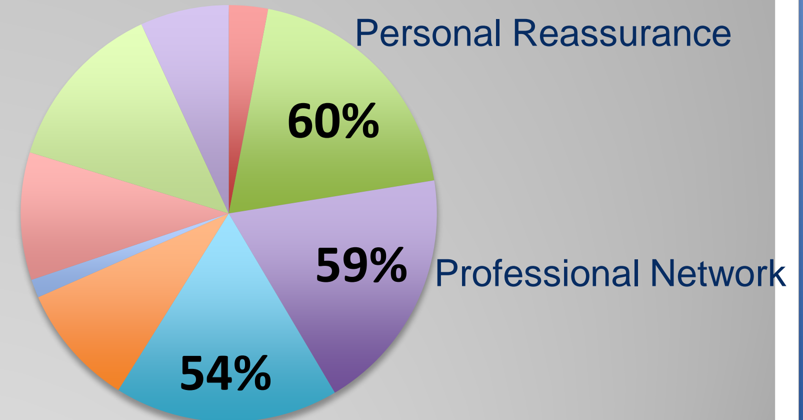
- Exercise releases helpful chemicals in our brain and body (41% of Psychologist)
  - Increases blood flow to the brain
  - Warms and relaxes cold, tight muscles and tissues which contribute to stress feelings
  - Healthy form of distraction
- Meditation, Yoga, Chi-Gong
- Jogging, Walking in Nature
- Sleep, Diet, Breath, Music



Distress Management:
Self-Care Strategies (during and after an incident)

Emotional & Cognitive Strategies

- **Self Reassurance**
  - Self-talk/Affirmations
  - Meditation (stillness)
  - Taming the Inner Critic
- **Professional and Personal Consultation**
  - Support
  - Catharsis / Post-Debriefing
  - Acute Stress/PTSD
- **Energetic tools**
  - EMDR
  - EFT



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Media-Intake Management:

Self-Care Strategies (during and after an incident)

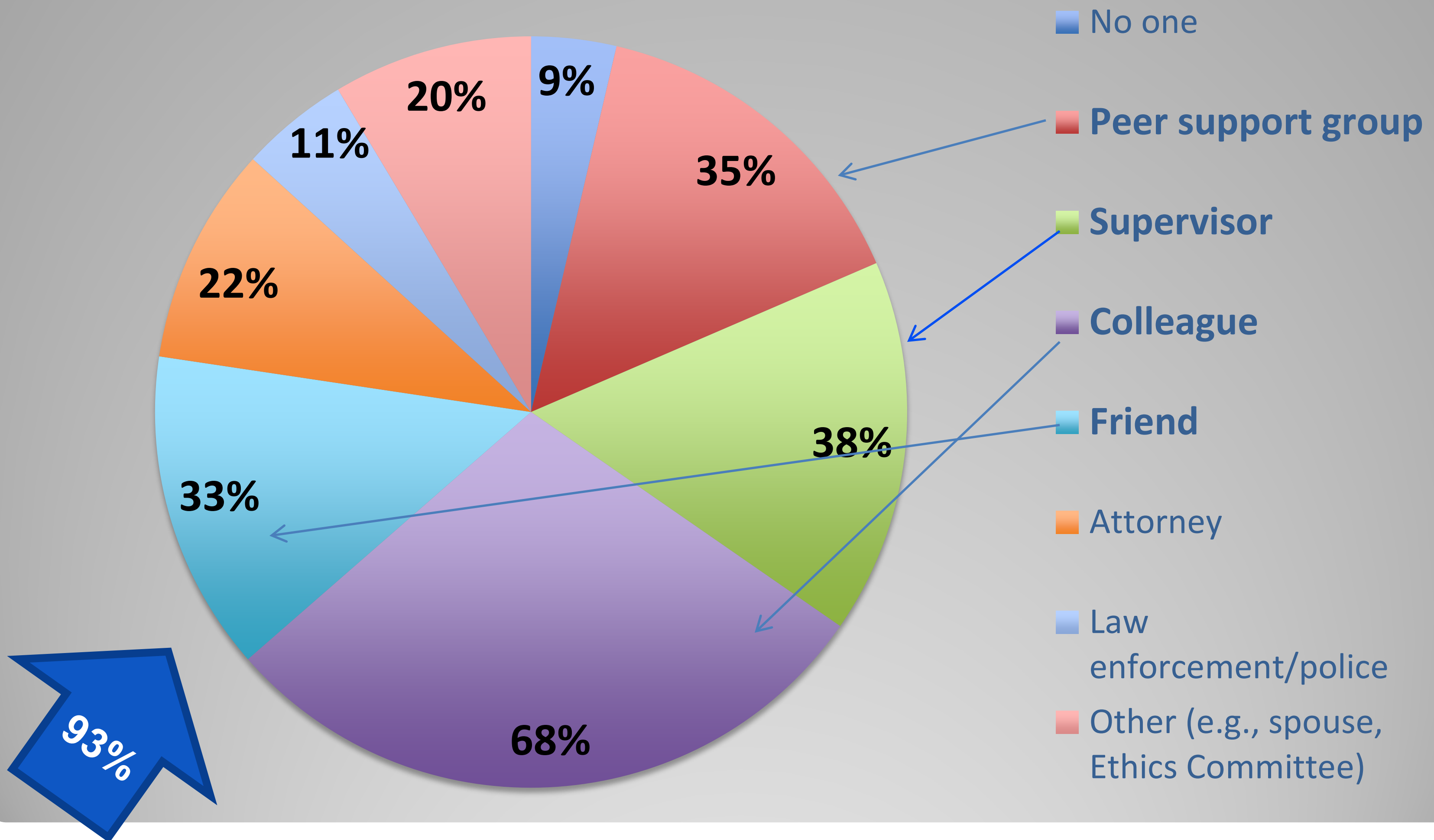
- Researchers have discovered that positive or negative images and sounds have a corresponding affect on your physical health and well-being

- In the same way that 'you are what you eat' recent research suggests that also 'you are what you watch‘ (e.g., television, films, computer games)

Media-Intake

- Watching or listening to an amusing experience or portrayal in a variety of media (TV, film, even books) has a beneficial effect on your mood, and thereby will tend to improve your physical health, mental state, and reduce your stress levels.

Find Ways to Collaborate Consultation about the Incident/Event



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N= 163

Self-Care Management:
Advice from Colleagues on Minimizing Risk

Self-Care Management: What You Learn About Yourself From the Threatening Situation

- Trusting one's instincts
- Challenging (difficult) to be on the receiving end of a client's anger
- Feeling capable at handling difficult situations
- Recognizing one's resiliency
- Needing to limit difficult clients in caseload
- Recognizing the need to set better boundaries with clients
- Needing to be more vigilant!

N=116

Self-Care Management: Know Your Resources

- **Personal Network**
- **Supervision**
- **Local Police**
- **Liability Insurance Coverage**
  - Attorney
  - Consultation Service
- **NC Psychology Board**
- **NCPA and APA (ACCA)**
  - Psychology and Law
  - Early Career Psychologist
  - Colleague Assistance Services

North Carolina Psychological Association Colleague Assistance Committee

Purpose

- Serving our members
- Integrity of the profession
- Protection of the public
- Confidential

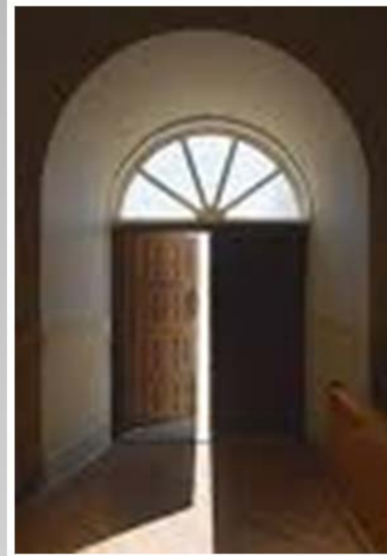
Peer Consultation Hotline:
919.785.3969
(leave a message)

Scope of Services

- Peer consultation (e.g., professional stressors relative to client/patient work)
- Management of relationships with colleagues and other work setting issues
- Personal well-being issues
- Educational outreach

Colleague Assistance Committee Members

- Mira Brancu
- Alexis Franzese
- Clare Marks Gibson
- Glen Martin (Chair)
- Steve Mullinix
- Missy Simpson
- Kristi Webb



We are only a phone call away…... 919.785.3969

- ***"Balance realistic monitoring of threats with knowing why we enter a helping profession…"***
- ***"You don't always know when something is going to happen so it is good to have a plan in place if you need extra help."***

Quotes taken from 2011 NCPA CAC Survey