**Safety in the workplace: Impact of client subtle and overt threats on psychologists’ well-being**

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*This is the second article in a three-part series addressing workplace safety. These articles report the results of a survey conducted by the Colleague Assistance Committee (CAC) in February 2011 to assess subtle and overt threats, and workplace safety.*

A complexity of clinician-client factors (e.g., emotion, affect, behavior and reasoning) influence whether a psychologist experiences risk or safety during a therapeutic encounter (Ackerman & Hilsenroth, 2001, 2003). In a 2011 survey of the North Carolina Psychological Association (NCPA) membership, the Colleague Assistance Committee (CAC) gathered information from 188 psychologists who answered quantitative and qualitative questions regarding the types of subtle and overt threats experienced in their client interactions. This article addresses the impact of these threats on psychologists’ coping behavior and well-being.

Psychologists provided examples of what constituted overt and subtle threats encountered in their work with clients. Content analysis of the qualitative comments (n=85) revealed five common types of *overt threats*:

* Threats of physical harm, example: *Client yelling stating bad things could happen and reiterating that she could easily buy a gun.*
* Statements clients’ intended to report them to the licensing Board, example: *I’m going to make trouble for you with your licensing board.*
* Death threats, example: *I’m gonna blow your house up with you and your family!” (phone message left after custody decision).*
* Physical gestures or threats, example: *Client picked up a large rock and threatened to throw it through a glass door at me (the client was on one side and psychologist was on the other).*
* Actual physical aggression, example: *I was punched in the back of the head and slapped on the butt by another client.*

Psychologists also described subtle threats in the form of emotional intimidation. Content analysis of the qualitative responses (n=92) revealed six types of s*ubtle threats*:

* Angry verbal exchanges, example: *Don’t ever talk to me that way again!*
* Aggressive tone or body language, example: *Posturing in a manner intended to intimidate or disrespect me!*
* Indirect hints of threat/harm, example: *You’ll be sorry you said that, with malicious laughter!*
* Threats implying client could go to the authorities, example: *You made a HIPPA violation! I could call the licensing board.*
* Threats related to results of some type of evaluation: example: *When hospital admissions was denied for son, the mother stated, You’ll pay for this!*
* Innuendos about past aggressive behavior, example: *I killed xxxx in the second world war and I could take care of business here if it goes that way.*

Based upon these types of endorsed overt and subtle threats, survey respondents identified their *most memorable* clinical incident. Content analysis conducted on 106 responses revealed over fifty percent of psychologist experienced verbal aggression (53%), followed by threatening nonverbal behaviors, physical assaults and licensure board threats.

Psychologists rated the impact of these memorable incidents on their well-being by marking *all symptoms* that were relevant from a list of common psychosocial impacts reported in past research. A high percentage of psychologists worried (92%). Other common impacts were “Feeling fearful, anxious, stressed” (75%), “Anger” (69%), ”Upsetting intrusive thoughts/images of the event” (59%), “Hyper-vigilance” (57%), and “Increased distress about being at work” (54%). Roughly, half of the psychologists felt violated (54%), and experienced reduced enjoyment in work/ leisure activities (49%). Some psychologist experienced sleep disturbances (40%).

Despite the significant impact of subtle and overt threats in the workplace, the majority of psychologist neither entertained the notion of leaving the profession (78%), nor isolated themselves (87%). Instead, they actively utilized their professional and personal networks. It is refreshing to know that many psychologists had a good support network, i.e., 71% felt supported by more than 6 people and 25% felt supported by 3-6 people. Respondents were asked*, With whom did you consult about the event?* They endorsed as many consulting categories applicable to their situation. A significant percentage of psychologists consulted with colleagues (68%) followed by supervisors (38%), peer groups (35%), friends (33%), attorneys (22%) and law enforcement/police (11%). It is worthwhile to know that psychologist found that consulting with others as helpful (93%).

In addition, psychologists had the opportunity in the survey to endorse all items that were applicable to the question, *What actions did you take to cope with the situation after the event?* Psychologists’ personally coped by reassuring themselves, “I would get through the event” (60%), by using their professional support network (59%), by relying on family and friends (54%), by engaging in physical exercise, (41%), and working on managing their anxiety and stress, e.g., meditation class (31%). Some psychologists (29%) decided not to work with that particular type of client in the future.

In summary, the impacts of threats experienced by psychologists were significant enough to lead to symptoms of acute stress and distress. However, the majority of psychologists appeared to be able to mitigate or manage the impact of these events through a strong social-emotional support network, reliance on consultation and engagement in self-care and reassurance activities. The third article in this series focuses on lessons learned from these experiences and steps psychologists can take to increase workplace safety.

References

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