Title: Safety in the Workplace: Rates of subtle and overt threats at work-- Part I

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*This article is the first in a three-part series addressing workplace safety. These articles report the results of a survey conducted by the Colleague Assistance Committee in February, 2011, to assess the frequency with which NCPA members encounter stalking, violent or other threatening behavior in their work with clients, and the impact such events have on practitioners.*

Safety is a critical component to wellbeing and is maintained when psychologists are able to accurately perceive and respond to risk. Risk perception is the subjective judgment that people make about the characteristics and severity of a risk (Slovic, Finucane, Peters, & MacGregor, 2004). Research shows that in evaluating the risk in a situation, individuals consider both *surface* factors (which are observable, considered facts, which are processed through an analytical system) as well as factors which are *beneath the surface* (those that are unobservable, come in the form of feelings, and are experienced) (Slovic et al., 2004).

As psychologists we often hear about the surface factors that may put us at risk (i.e. being in an isolated office with a client, meeting with a client after hours, the clients access to a weapon), yet the understanding of risk as a feeling is important but can be disregarded. Considering risk as a feeling emphasizes our gut reaction, or the “dread factor” that we might have to a given situation (Slovic & Weber, 2002). As one participant in our study noted*, ….I learned that I could/should have set limits earlier*.

The reality is, *It may happen to you*. Accurately perceiving risk at the surface and as a gut reaction is crucial in our work settings in which risk truly does exist. To understand the extent of risk, and the types of concerning situations that psychologists may experience, a brief internet survey was sent out to the North Carolina Psychological Association (NCPA) membership by the Colleague Assistance Committee (CAC) to be used as a part of a presentation presented at the 2011 NCPA’s Spring Conference. Of the more than 700 members solicited, 188 responded to the invitation to provide information about this topic. The sample that responded was predominantly female (66%) and Caucasian (92%). Respondents included individuals relatively new to the profession with ten years or less experience (27%), those with a mid-level of experience (19%, 11-20 years) as well as more seasoned psychologists with greater than twenty years of experience in clinical practice (67%). Many of the respondents work in solo private practice (43%), small to medium practices (25%) or large group practices (8%) while a variety of other clinical settings ranging from medical centers to counseling centers are also represented. Respondents specialize in the care of children (17%), adolescents (7%), or adults (66%), while others work across age groups.

Experiences in which safety was threatened were relatively common among respondents. 81% of practitioners experienced verbal abuse or insult by a client at least once, with 34% experiencing this four or more times. Being threatened with physical assault occurred at least once for 32% of respondents while having possessions taken or being a victim of vandalism occurred at least once to smaller percentages of respondents (23% and 18%, respectively). Physical assault was experienced at least once by close to 19% of respondents while threatened or experienced sexual assault was less common, yet still occurred to 4 providers. The assault of a family member was experienced by a sole respondent however 7% of respondents reported that family members were threatened by a client. As a provider in the survey stated, *Never give out information that could lead a client to know where you live.*

One out of 5 respondents had a client bring a weapon to a session. However, it is intimidation – “unclear but felt” – that seems both prevalent (56.7%) and frequent (20% of respondents report that this has occurred four or more times). Threats regarding one’s professional standing (, e.g., threats to sue for malpractice, or to file a complaint with the Better Business Bureau or Licensing Board) are also relatively common and were reported by 43% of those who responded to the survey.

When asked about the timing of these occurrences, they occurred most frequently, and in equal proportion in the early (27.7%) and middle (27.7%) stages of therapy. Lest these numbers be perceived as high, note that 19% of our survey sample reported experiencing physical assault parallels the finding of 14% assault rates found in previous research (Bernstein, 1981). As our survey showed, clients can be experienced as threatening (76%), harassing (49%), and even stalking (13%).

It is clear that there are real risks in the workplace for clinical and counseling psychologists.

However, learning to balance these risks and appropriately manage these risks is central to provider wellbeing. In the next two articles in this series we will address the impact of these threatening situations on clinicians as well as steps to take to increase workplace safety.

Bernstein, Howard A. (1981) Survey of threats and assaults directed toward psychotherapists. *American Journal of Psychotherapy*, 35(4), 542-549.

Slovic, P., Finucane, M., Peters, E., and MacGregor, D. G. (2004). Risk as analysis and risk as feelings:  Some thoughts about affect, reason, risk and rationality. *Risk Analysis*, 24(2), 1-12.

 Slovic, P. and Weber, E. U. (2002).  Perception of risk posed by extreme events. Presented at Risk Management Strategies in an Uncertain World. (<http://myweb.facstaff.www.edu/~harper3/slovic.wp.pdf>