Title: Safety in the Workplace: Suggestions for Managing Risk and Maintaining a Safe Workplace-- Part III

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*This article is the third 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.*

The “Safety in the Workplace” survey found that psychologists, over the course of their career, are likely to encounter verbal abuse and/or threats of various kinds. These events had multiple and varied impacts on our respondents, including emotional distress, and decreased work satisfaction.

**Lessons Learned**

Such events are distressing, but also instructive. Some respondents noted that such events made them aware that they were resilient—that they could handle such interactions and got over them quickly. An equal number noted that such events were stressful, depleting and personally challenging. Many respondents used the interaction as a wake up call to maintain their vigilance and to increase their awareness of safety concerns, e.g*.,“I learned that I can be too trusting that patients won’t hurt me.” “I have become more astute in being aware of potential danger.”*

**Training**

Psychologists rated the adequacy of their training in this important area on a five-point Likert scale, using 1 to indicate “Inadequate” and 5 to indicate “Excellent”. Over half (55 %) of the respondents thought their training in this area was inadequate, giving it a rating of 1 or 2. Only 20% thought their training prepared them well, giving it a rating or 4 or 5. The survey also asked respondents to list the types of training they would find helpful currently. Five themes emerged from analysis of the responses.

1) The most common response indicated uncertainty: for example some respondents said that they had not given it much thought, or didn’t know what would be good to know.

2) The second most frequent response for was for training in clinical skills, such as how to screen/assess for dangerousness, and how to defuse escalating interactions.

3) Some respondents requested training on how to set up a safe work place, e.g., examples of office policies and procedures recommended to prevent and/or handle dangerous situations.

4) Other respondents thought training on ethical and legal issues would be helpful, for example, they wanted training on how and what to document in order to protect themselves against ethical and legal challenges.

5)A few respondents noted that they had been required to take a self-defense class at one point in their career, and thought that it would be useful to have on-going opportunities to brush up on those skills.

**Advice for our colleagues**

The survey asked respondents to share any “critical piece of advice” they had for colleagues on how to create a safe work environment and minimize risk. CAC committee members compiled the 123 responses into general themes. The most common advice was to screen—“*Assess thoroughly, carefully and routinely”*, both at the initiation of a therapeutic relationship, and through the course of therapy. The second most frequent piece of advice was to use a team for consultation routinely--use the team to help you anticipate crises, to evaluate safety on an ongoing basis, and to think through your responses to a crisis situation. As one respondent said: *“Consult with peers and get adequate supervision and training in areas you feel ill prepared to deal with.”*

Just as psychologists develop treatment plans for their clients, they can use their consultation team to develop “risk plans” for potentially problematic client encounters. Some respondents simply emphasized having good clinical skill: *“Have good knowledge of clients and how to handle them clinically.”* Beyond clinical skills, respondents also advised their colleagues to pay attention to their gut: “*Be mindful, and trust your instinct, including whether or not you need more training/protection.*” Other common themes were:

Have firm boundaries. “*Respond to the very first incident or hint of an incident in a clear and concise manner, using logic and minimizing affect in the approach*.”

Don’t make it easy. “*Don’t work alone in the evening in the office.” “ Never give out information that would allow a client to know where you live*.”

Control your environment. “*Arrange chairs so your chair is near an exit.” “Have a code to alert others to dangerous situations.”*

The advice given by our respondents on how to minimize risk in the workplace is well worth noting, and putting into practice. The following suggestions are consistent with the literature in this area (APA, 2009).

1. Carefully evaluate for risk of violence at intake,
2. Make your office safer by arranging for an exit,
3. Develop methods and policies for communicating with others if you need help (either on or off site),
4. Pay attention to your gut and intuition, and
5. Think carefully before treating clients that make you feel uncomfortable or need a level of care, assistance or security not available in your setting.

Various surveys suggest that our profession has its risks, and that steps, like those listed in this article, can diminish those risks. While we need to attend to our safety concerns, we should do so within the larger context, noting that most people who are violent are not mentally ill, and most mentally ill people are not violent; that although the risk of violence is real, it is small; and even those who are at risk of being violent are less at risk when they are in treatment in the appropriate setting (Friedman, 2006).

**References**

APA, (2009). *Minimizing the risk of patient violence in the workplace: A clinical primer.* Retrieved January 23, 2012, from <http://www.apa.org/divisions/div12/sections/section7/Minimizing-Risk-Brochure-v5.pdf>

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