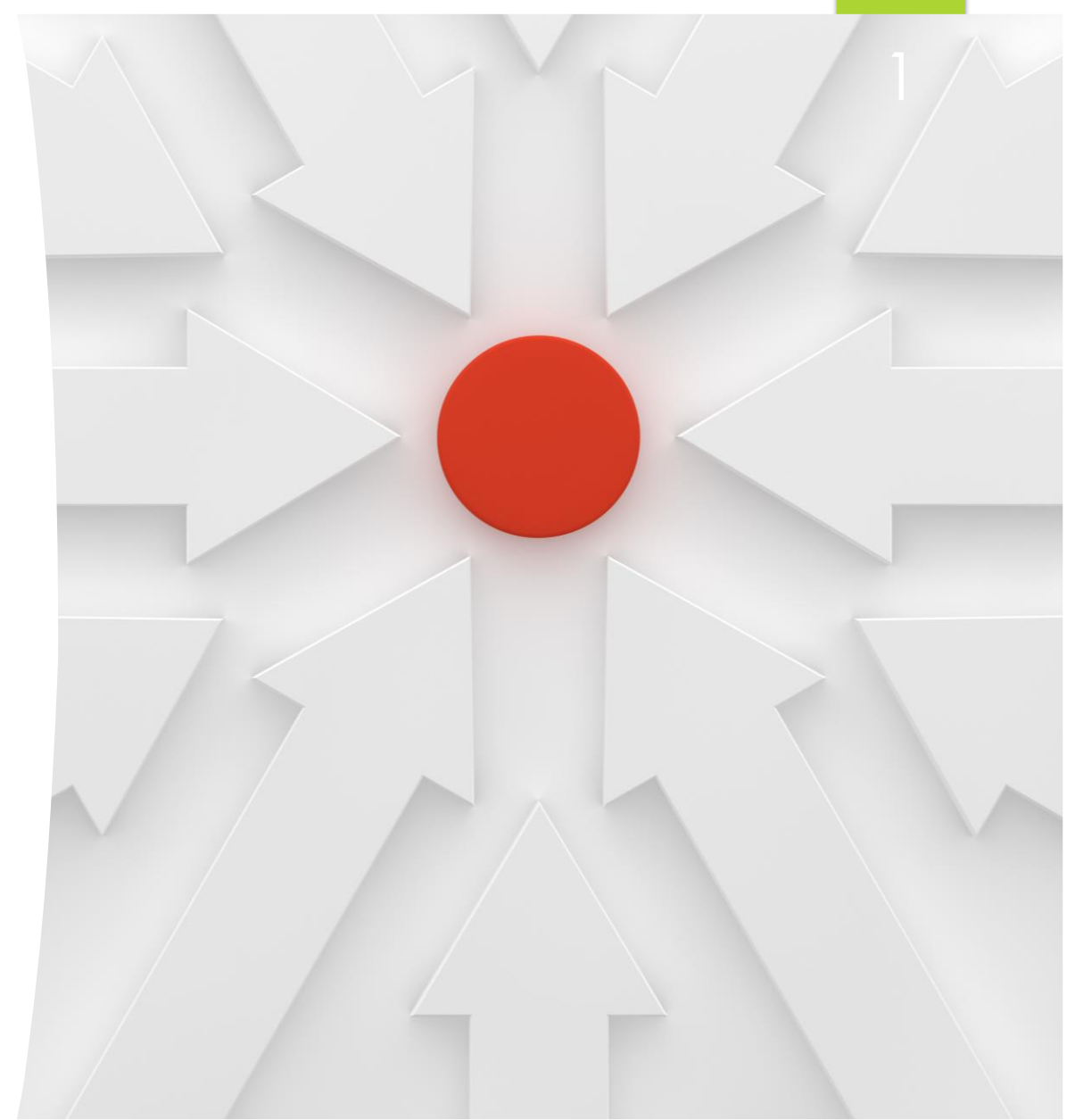


Disrupting Workplace Violence:

Critical Opportunities for EAPs in
Healthcare Settings

MARK BERG, LCSW, CEAP
DR. DANIEL HUGHES, PHD, CEAP
DR. BRYAN MCNUTT, PHD, LMFT, CEAP



Panel Presenters



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Public Health –
Icahn School of Medicine at Mount
Sinai

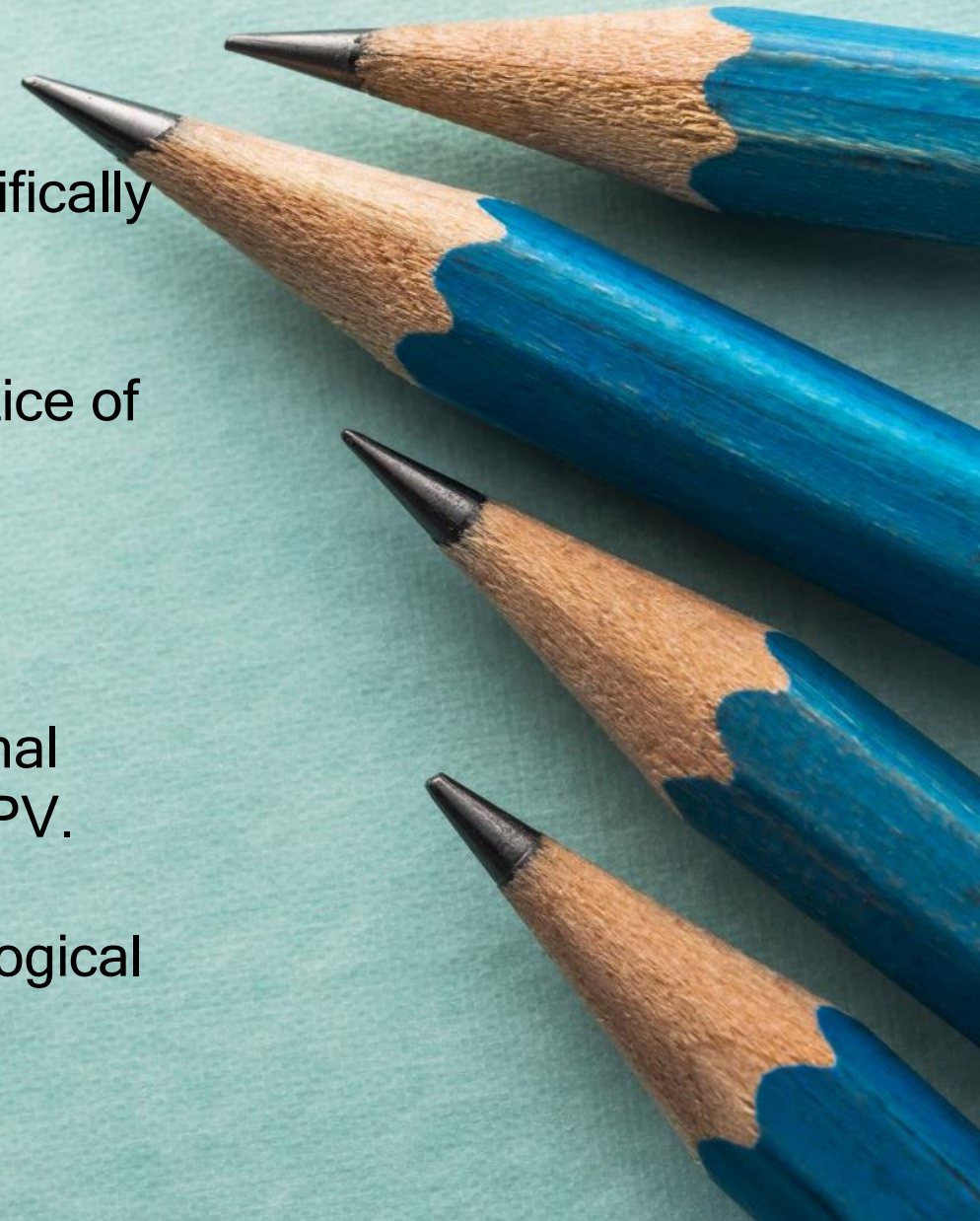


Bryan McNutt, Ph.D., LMFT,
CEAP
EAP Clinical Psychologist,
Faculty and Staff Assistance Program
(FSAP) –
University of California, San Diego
(UCSD)

Adjunct Faculty Professor –
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Objectives for our Panel Presentation Today

- Discuss a brief review of current trends of WPV, specifically within healthcare settings.
- Explore the basic principles and concepts of the practice of Threat Assessment and Management, including an applicable understanding of the Pathway to Violence Model.
- Identify opportunities for EAPs to support organizational efforts of disrupting and responding to incidents of WPV.
- Explore relevant clinical approaches such as Psychological First Aid and Trauma Informed Counseling.



A working definition of “Workplace Violence”

“Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.”

US Department of Labor & OSHA

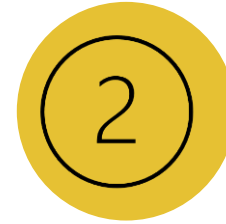
“A spectrum of behaviors – including overt acts of violence, threats, and other conduct – that generates a reasonable concern for safety from violence, where a nexus exists between the behavior and the physical safety of employees and others (such as customers, clients, and business associates) on-site, or off-site when related to the organization.”

ASIS / SHRM, *Workplace Violence Prevention and Intervention*,
American National Standard

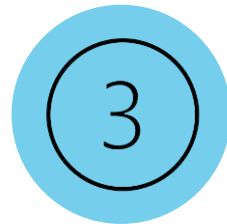
Types of Workplace Violence (NIOSH)



Violence associated with the incident of other crimes being committed



Violence perpetrated by customers/clients against employees



Violence between employees



Violence associated with a domestic dispute

Types of Workplace Violence

(UCSD Workplace Violence Employee Handbook)

Employee Workplace Violence

Affiliated Workplace Violence

Occupational Workplace Violence

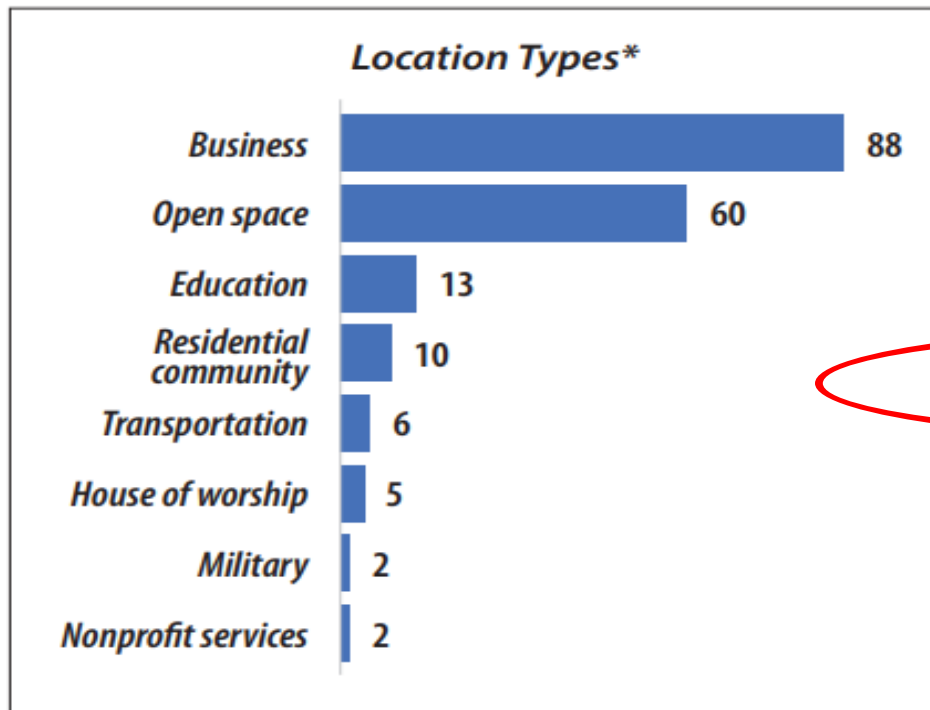
Random Workplace Violence

Hate Violence

- A history of concerning or threatening communication
- A history of violent behavior
- Mental health related symptoms
- A fascination with violent topics
- A fixation on violent themes and extremist ideology
- Access to weapons
- Leakage of intent to commit harm
- Significant stressors
- Grievances



Locations of Targeted Mass Attack Violence (2016 – 2020)

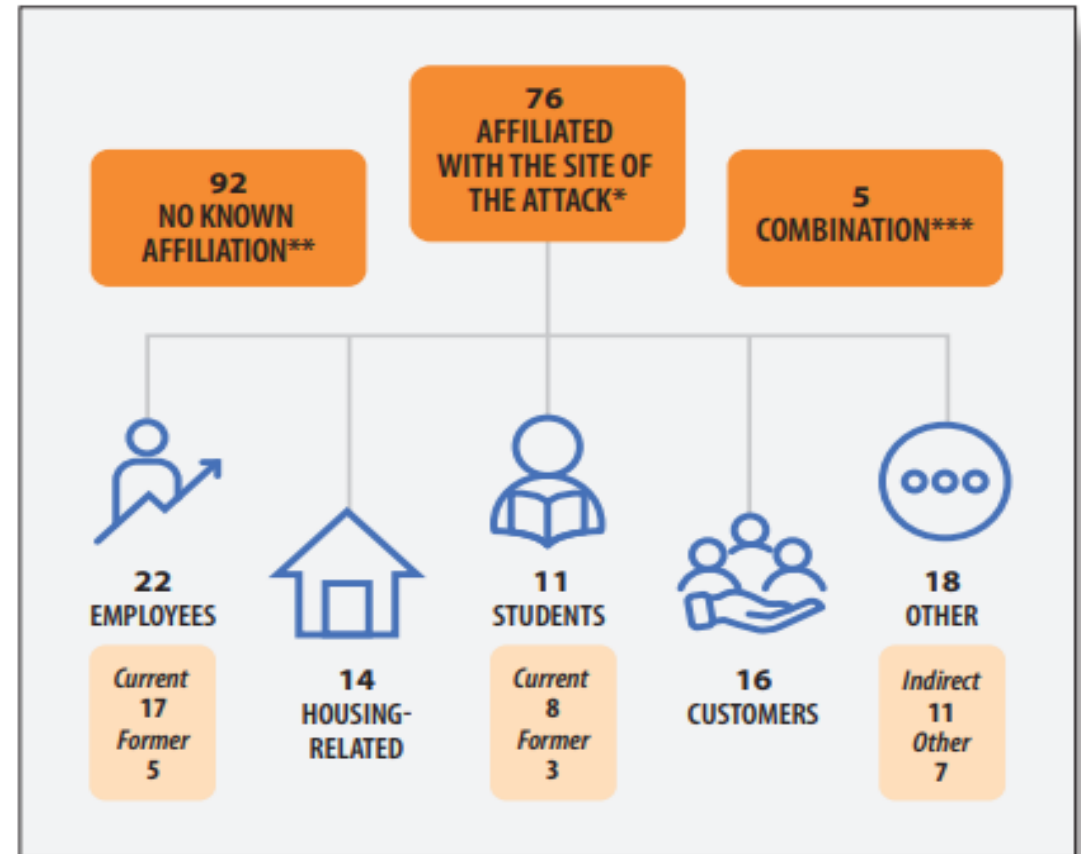


BUSINESS TYPES**	<i>n</i>
Restaurant/bar	25
Retail	21
Service	20
Manufacturing/ distribution	10
Healthcare	9
Government	4

* The total number of location types will exceed 173 as 14 attacks took place at more than one type of location.

**One attack took place at two different business types.

Attackers' Affiliations with Targeted Sites (2016 – 2020)



* 76 attacks involved only sites with which the attacker was affiliated

** 92 attacks involved only sites with which the attacker was unaffiliated

*** 5 attacks (three housing-related and two with current employees) involved the affiliated site and other sites with which the attacker had no affiliation

Motives for Targeted Mass Attack Violence (2016 – 2020)

COMPONENTS TO MOTIVE*	2016	2017	2018	2019	2020	TOTAL
Grievances	40%	50%	68%	35%	60%	51%
<i>Personal</i>	5	9	11	8	13	46
<i>Domestic</i>	6	6	8	1	8	29
<i>Workplace</i>	2	6	3	4	3	18
Ideological, bias-related, or political beliefs	30%	24%	10%	21%	10%	18%
Psychotic symptoms	13%	26%	10%	15%	8%	14%
Desire to kill	13%	8%	3%	9%	3%	7%
Fame or notoriety	7%	8%	3%	6%	5%	6%
Other	3%	3%	10%	9%	8%	6%
Undetermined	20%	8%	10%	29%	23%	18%

* The percentages for each year do not total 100% as some attackers had multiple motives.

Statistics of Workplace Violence (2020 & 2021)

Injury Data



In the U.S. in 2020, 37,060 workers suffered nonfatal workplace injuries due to intentional violence from another person.

- 73% were female
- 62% were aged 25 to 54
- **76% worked in the healthcare and social assistance industry**
- 22% required 31 or more days away from work to recover, and 22% involved 3 to 5 days away from work

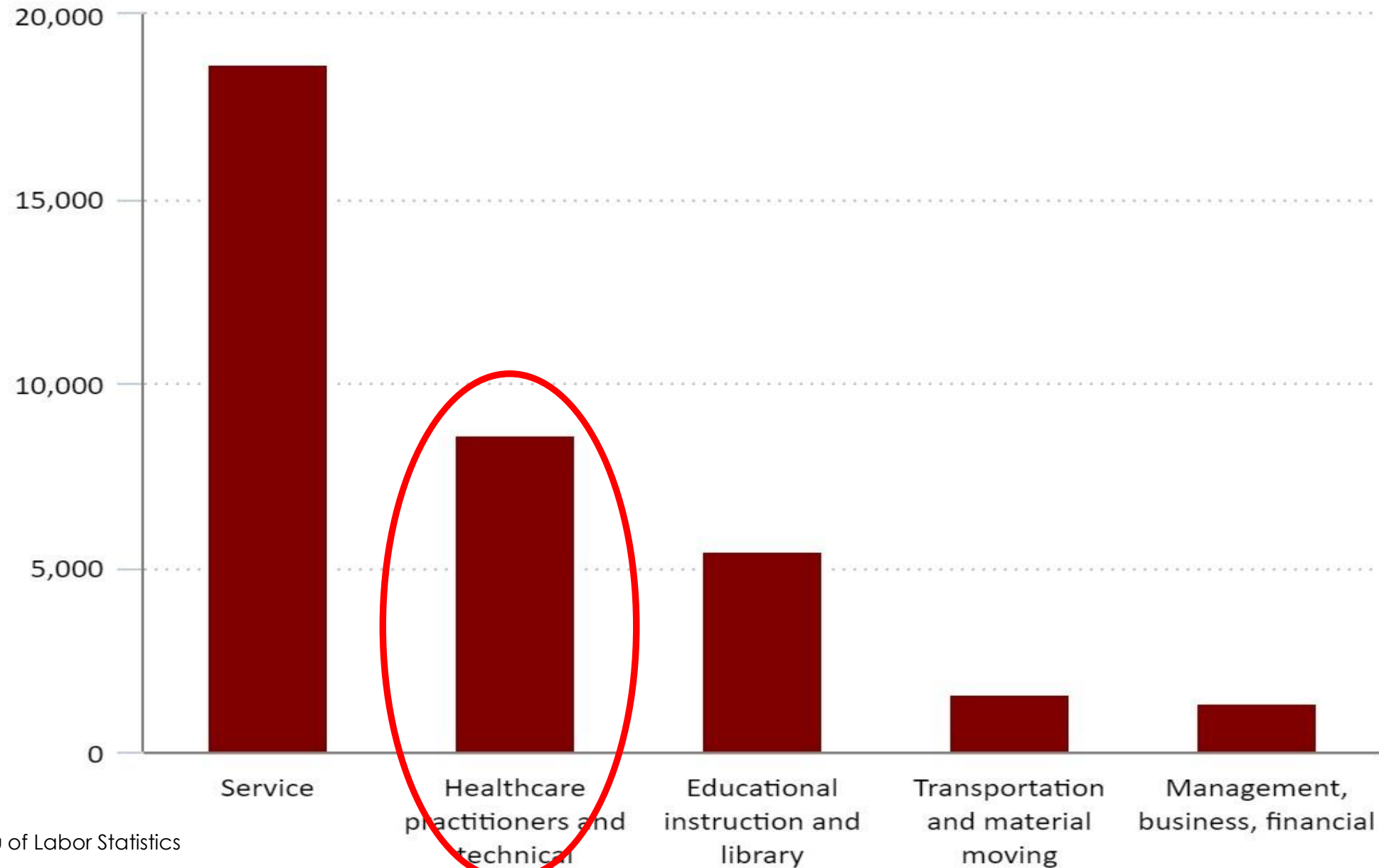
Fatality Data



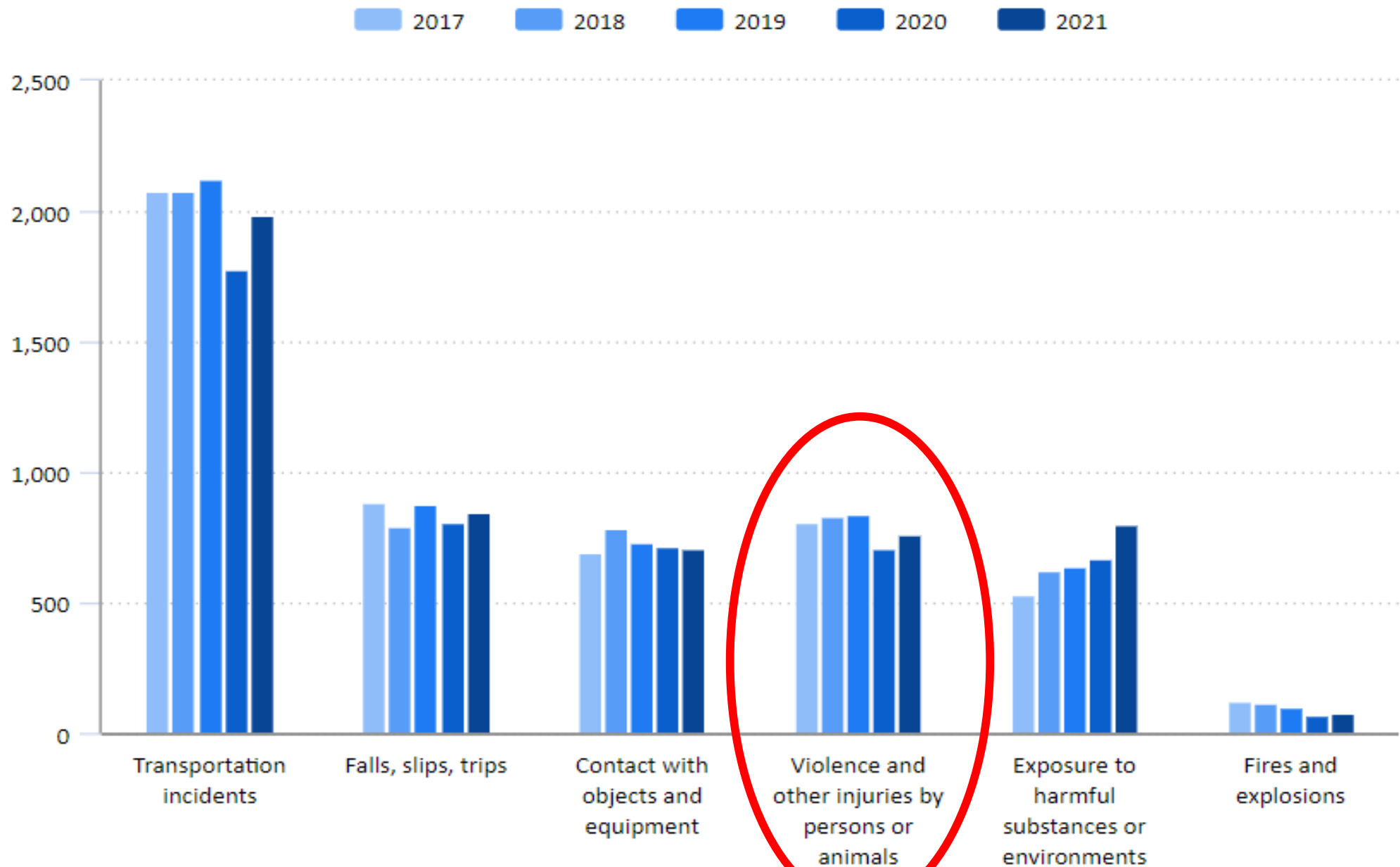
In the U.S. in 2021, 761 U.S. workers were workplace violence homicide victims in 2020.

- 85% were men
- 44% were aged 25 to 44
- 55% were White, Non-Hispanic, 20% were Black and 13% were Hispanic
- 30% of workplace homicide victims were performing retail-related tasks such as tending a retail establishment or waiting on customers.

Nonfatal workplace intentional injuries by another person that required at least a day away from work, selected occupational groups, 2020



Fatal work injury counts by event or exposure



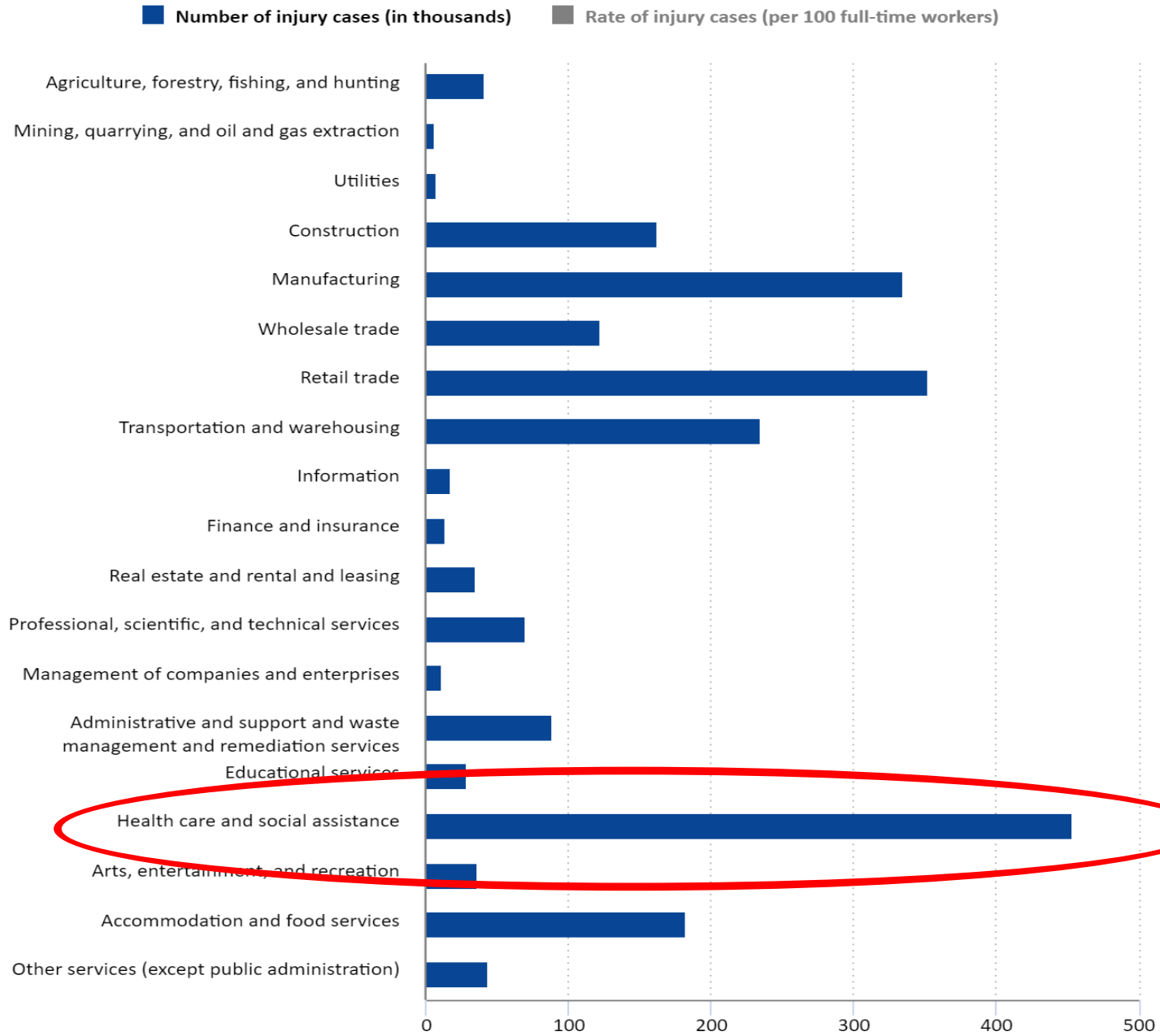
Workplace homicides by selected occupational group, 2020

Occupational group	Number of homicides
Sales and related	92
Transportation and material moving	51
Management	29
Construction and extraction	20
Production	18

Nonfatal workplace intentional injuries by another person that required at least a day away from work, selected occupational groups, 2020

Occupational group	Number of intentional injuries by another person
Service	18,690
Healthcare practitioners and technical	8,590
Educational instruction and library	5,470
Transportation and material moving	1,560
Management, business, financial	1,360

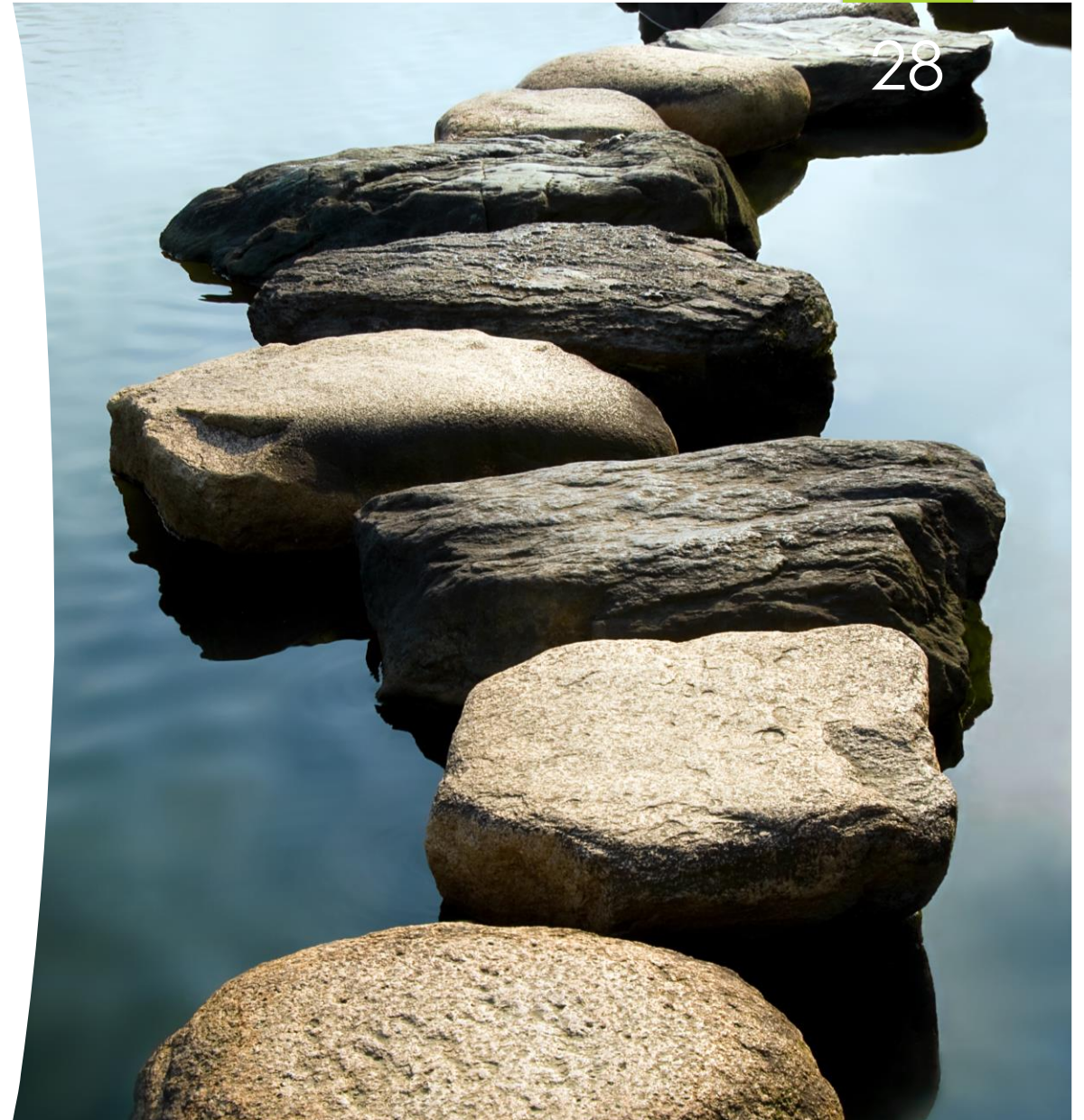
Number and rate of nonfatal work injuries in private industries, 2021



Source: U.S. Bureau of Labor Statistics.



The Pathway to Violence



The Psychology of Violence

Affective Violence



- Reactive, impulsive, emotional
- Autonomic arousal
- Immediate perceived threat
- Emotional intensity (anger, fear)
- Defensive
- Self-protective

Predatory Violence



- Instrumental and premeditated
- Minimal autonomic arousal
- Absence of an immediate perceived threat
- Emotionally flat, cold, and calculating
- Offensive
- Planning and preparation beforehand

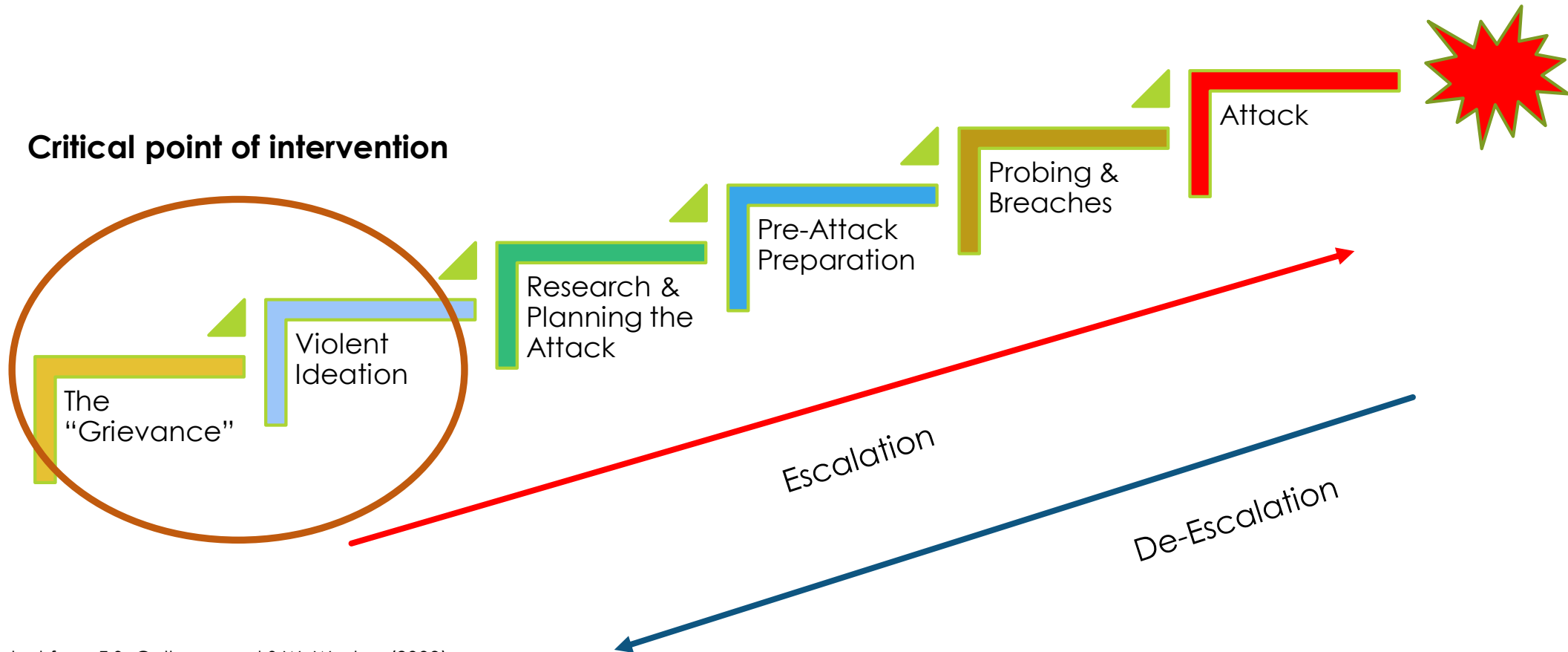
A Working Definition of Threat Assessment

“The process of gathering information about people in a way that is consistent with and guided by the best available scientific and professional knowledge to understand their potential for engaging in violence in the future and to determine what should be done to prevent them from doing so.”

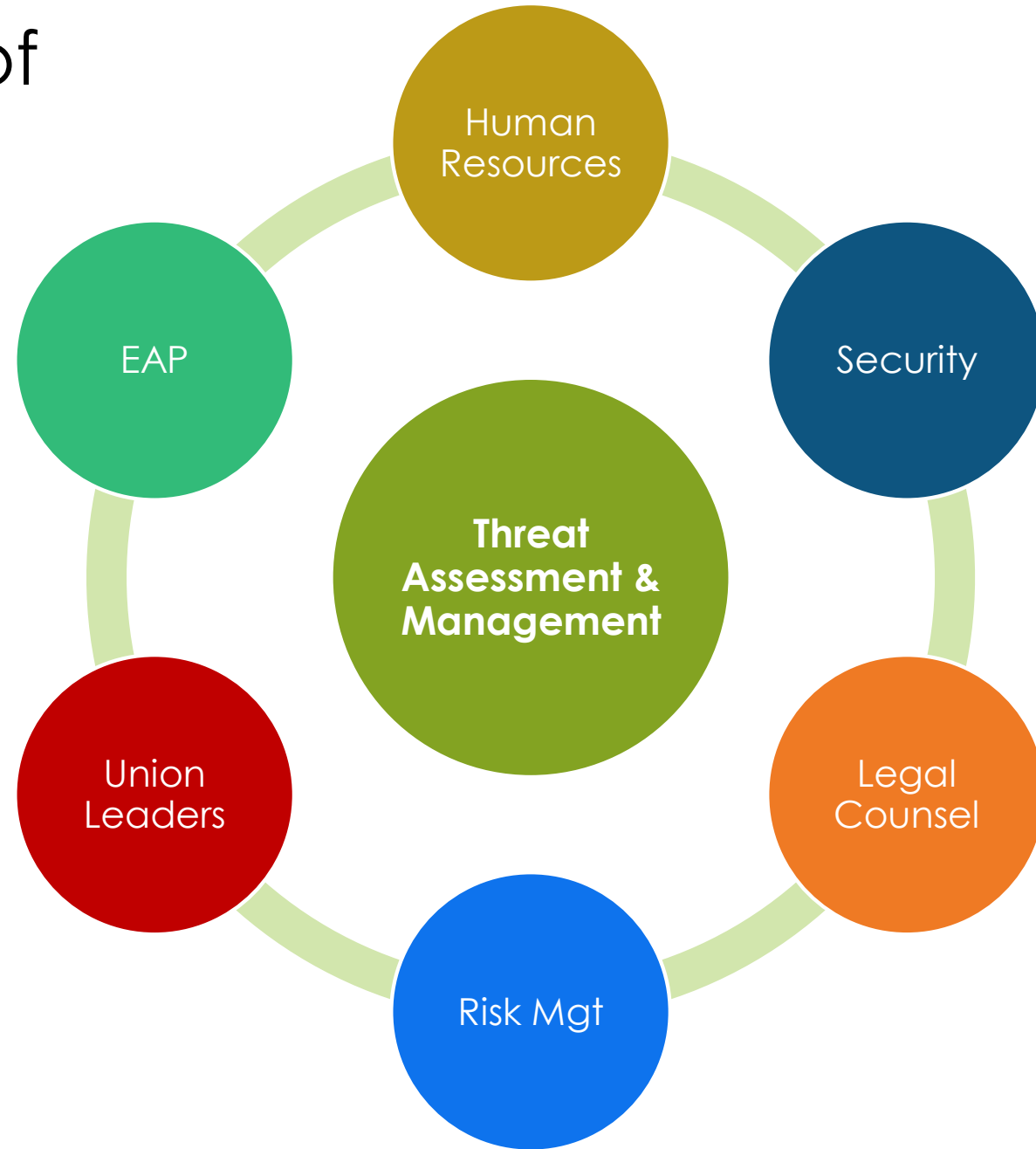
Pathway to Intended Violence

32

(Calhoun & Weston)



The Importance of Multidisciplinary Involvement





Articles


The COVID chronicles: An Employee Assistance Program's observations and responses to the pandemic

Daniel Hughes & Acanthus Fairley 

Pages 177-196 | Received 07 Aug 2020, Accepted 27 Oct 2020, Published online: 01 Dec 2020

 Download citation  <https://doi.org/10.1080/15555240.2020.1844569>

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Read this article

Abstract

This article discusses the impact of the COVID-19 pandemic from the perspective of a large academic health system's Employee Assistance Program (EAP). It builds on a growing literature documenting the psychological effects experienced by Health Care Workers (HCW) during extreme and adverse circumstances. Although it is an observational study based on recent events in the United States, it reviews survey data collected in Wuhan China and New York City. The article discusses the operational responses of an EAP as it responded to the pandemic by adopting virtual communication platforms and developing innovative engagement strategies. It discusses the differential impacts experienced by front line and remote health care workers. A pre and post COVID-19 comparison of EAP activities will be offered. Lastly, the article explores practice implications for other EAPs.

Q Keywords: ["Cluster-ball" engagement](#) [COVID-19](#) [Employee Assistance Program \(EAP\)](#) [Health Care Workers \(HCW\)](#) [pandemic](#)
[virtual practice](#)



**Mount
Sinai**



Utilizing ‘Soft Touch’ Engagement Techniques for EAPs

| By Daniel Hughes, PhD, CEAP; Acanthus Fairley, LCSW; & Barbara Leese, LCSW, SAP

During the COVID pandemic many EAPs developed novel approaches to service delivery. Most programs migrated from face-to-face counseling models to virtual platforms. The Mount Sinai Health System’s EAP developed new employee engagement strategies based on existing sampling methodologies. This flexible approach, referred to as “Cluster Ball” was deployed to reach distressed front line health care workers (HCW) such as ICU staff, physicians, nurses, nurse practitioners, physician assistants, therapists, EMTs and others during the pandemic (Hughes & Fairley 2020).

The goal of this article is to discuss how the “Cluster Ball” strategy has been adapted with “soft-touch” techniques to address workplace violence (WPV).

What is a ‘Cluster Ball’?

“Cluster Ball” is an active engagement strategy that locates identified areas of employee and organizational need known as clusters. Subsequently, it relies on supervisors, peers, and others to *identify distressed employees or work groups* for EA outreach (snowball). It is based on cluster and snowball sampling methodologies and is aligned with the core technologies of individual assessment and organizational consultation (Bloom & Roman, 1985).

The approach evolved during the pandemic as leaders turned to the EAP for critical incident consultation and support. *It was established by our mental health leadership team, which promoted the service to front*

the principles of Psychological First Aid (PFA). This process depends on organizational support, existing workplace relationships, and workplace integration. The approach is broadly normalized within the context of the crisis (SAMSHA, 2010). The strategy can be used effectively by internal, external, or hybrid practitioners with onsite capacity.

The Soft Touch Process

As the pandemic waned in NYC, the EAP shifted its focus to the *traumatic impact of Workplace Violence (WPV) on healthcare workers*. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty” (OSHA, 2016).

OSHA goes on to state that health care and social service employees experience the highest levels of WPV in the civilian workforce. (This stems primarily from violent behavior of their patients, clients, and/or residents). As a result, we had learned during the pandemic that our employees appreciated active EA engagement during periods of high stress.

Consequently, we adapted the PFA approach to support engagement elsewhere. Logically, the Cluster-Ball techniques previously developed in our emergency rooms ICUs and respiratory care units were transferred to employees who had experienced WPV.

We discovered that PFA in the hands of skilled counselors was an effective engagement and mitiga-

GVA - Seven Year Review	2016	2017	2018	2019	2020	2021	2022
Deaths - Willful, Malicious, Accidental	15,139	15,742	14,943	15,509	19,558	21,009	20,200
Suicides by Gun	22,938	23,854	24,432	23,941	24,292	26,328	Pending
Injuries - Willful, Malicious, Accidental	30,586	31,358	28,285	30,199	39,542	40,603	38,550
Children [aged 0-11] Killed or Injured	665	734	665	696	1,001	1,065	995
Teens [aged 12-17] Killed or Injured	3,154	3,296	2,883	3,129	4,159	4,645	5,157
Mass Shooting	383	348	336	417	610	690	647
Murder-Suicide	549	608	623	632	570	594	670
Defensive Use [DGU]	1,993	2,118	1,889	1,619	1,513	1,295	1,178
Unintentional Shooting	2,235	2,065	1,696	1,912	2,336	2,027	1,626

Number of Deaths, Injuries, Children, Teens killed/injured [actual numbers]

Mass Shooting, Murder-suicides, Defensive Use, Unintentional Shooting [number of incidents]

Suicide numbers supplied by CDC End of Year Report [actual numbers]

@gundeaths

www.gunviolencearchive.org

www.facebook.com/gunviolencearchive

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GVA

Significant Incidents of Gun Violence in Health Care:

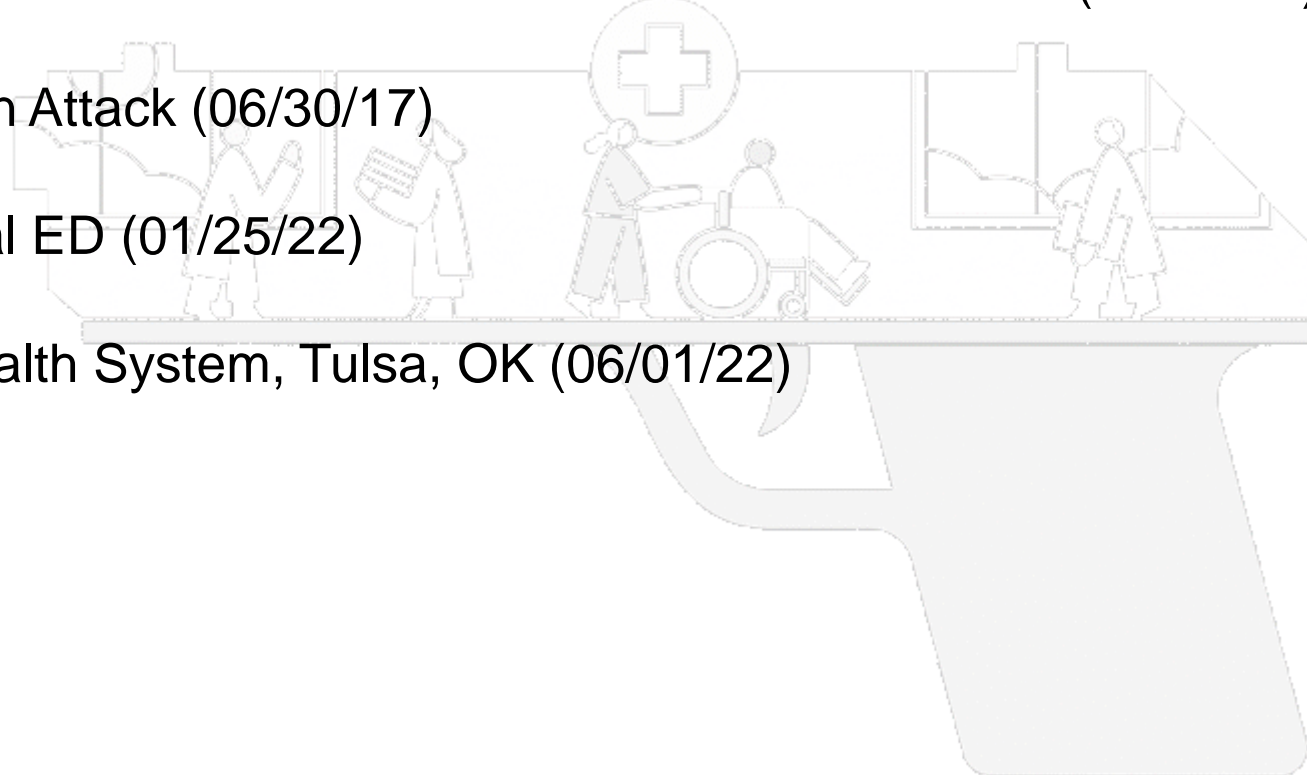
CT Surgeon Shot at Brigham and Women's Hospital (01/21/15)

Armed Assault on the Dean of the Icahn School of Medicine (08/26/16)

Bronx Lebanon Attack (06/30/17)

Jacobi Hospital ED (01/25/22)

St. Francis Health System, Tulsa, OK (06/01/22)



TJC Essential Elements Of a WPV Initiative

- A revised Safety Policy addressing WPV
- Reporting and Tracking Procedures
- A Communication Strategy
- Environmental Enhancements (Controls)
- Organizational Resources
- WPV Response Mechanisms
- WPV Training
- Designated Leader (TBD)

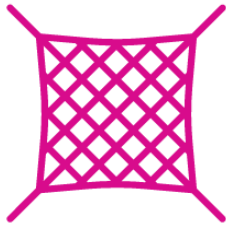


A revised Safety Policy addressing WPV

- Concise statement of policy
- Definitions of behaviors of concern
- Protections for reporters
- Domestic violence
- Stakeholder responsibility (duty to report and respond)
- Procedures
- Resources
- Reporting (data sources)
- Training



Reporting and Tracking Procedures



SafetyNet



Security Reports



Compliance helpline



Corvel

WPV Response Mechanisms

- Dashboard
- Referrals to EHS
- Soft touch protocol (EAP)
- Referrals to CorVel (Disability Care)
- Referrals to local workplace violence committees
- Incident review team

RESPONSE



Health System Data Dashboard

▪ Safety **Stratus** Dashboard for Workplace Safety

- Summarizes incidents:
 - By hospital
 - By department
 - Additional specific details of each incident
 - By workers compensation financial impact/cost
 - By type of interaction
 - Patient-to-Staff
 - Staff-to-Staff
 - Visitor-to-Staff
 - Patient-to-Patient
- By mode of interaction
 - Physical violence, email, phone, social media, text, verbal, sexual, etc.

WPV Training

- Crisis Prevention Intervention (CPI)
- Preventing and Managing Crisis Situations (PMCS)
- Broset Instrument
- Active Shooter Training Program
- Annual Mandatory Educational Modules
- “Be Safe”



CPI:

ACE:

Privileged and Confidential: Prepared in accordance with New York State Public Health Law 2805 j through m; New York State Education Law 6527; & Federal Law 109-4.

Implications for EA Practice

1. EA Practitioners should be competent in Psychological First Aid and Trauma Informed Counseling Techniques.
2. EAPs should help shape organizational workplace violence policies.
3. EA Practitioners should have a place on Threat Assessment Teams.
4. EAPs should continue to serve as a consultation resource to organizations, managers and supervisors concerning employees of concern.

Implications for Organizations

1. Organizations should adopt fair and equitable standards of workplace jurisprudence.
2. Organizations should adopt comprehensive workplace violence policies (include bullying, racial and sexual harassment)
3. Organizations should embrace training technologies designed to promote workplace safety.
4. Appropriate Security enhancements should be implemented.
5. Organizations should operationalize interdisciplinary Threat Assessment Teams (TAT) with the support of senior leadership.

Social Policy Implications: Common Sense Gun Controls

1. Ban civilian access to weapons of war.
2. Background Checks.
3. Gun ownership registries.
4. Implement Emergency Restrictive Protective Orders (Red Flag Laws).
5. Age Restrictions on gun ownership.



The 2-STOP Team

**University of Texas
MD Anderson Cancer Center
Workplace Violence Prevention**

Mark Berg

Director, Employee Assistance Program





Defining Workplace Violence

Joint Commission definition is:

any act or threat occurring at the workplace that can include any of the following: verbal, non-verbal, written, or physical aggression, threatening, intimidating, harassing, or humiliating words or actions, bullying, sabotage, sexual harassment, physical assaults, or other behaviors of concern involving staff, licenses practitioners, patients or visitors



Joint Commission

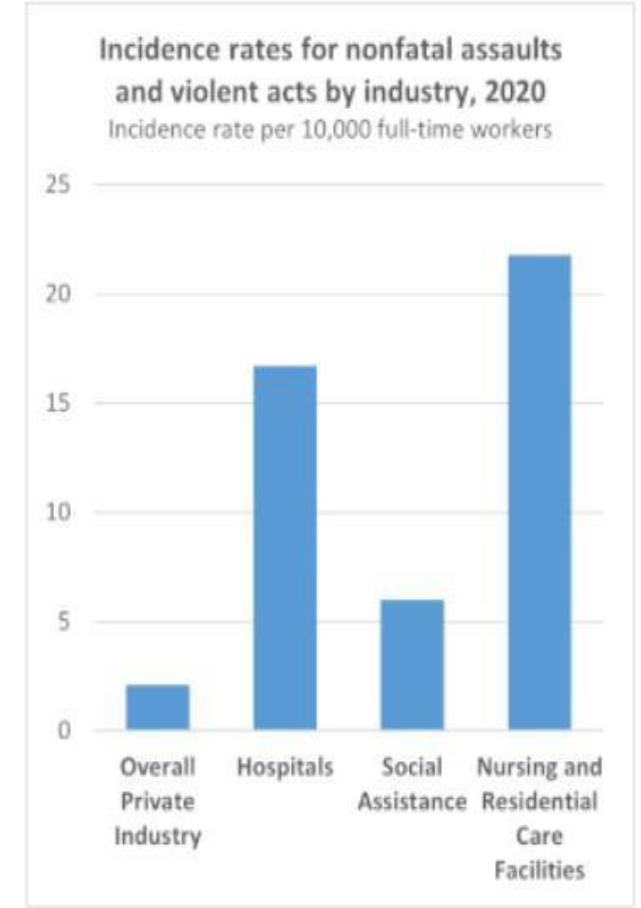
Joint Commission requires a violence prevention system, including **leadership** oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease violence.



Workplace Violence in Healthcare:

Statistics about workplace violence are often confusing and difficult to reconcile due to the different criteria and sampling methodologies used by the investigating agencies. Regardless of these differences, most studies show that health care workers, particularly nurses, are at a far higher risk of workplace violence compared to most other professions. Examples include:

- From 2016 to 2020 there were 207 deaths due to violence in the workplace in the health care and social assistance industry within the private sector ([BLS, 2021](#)).
- In 2020, health care and social assistance workers overall had an incidence rate of 10.3 (out of 10,000 full-time workers) for injuries resulting from assaults and violent acts by other persons. The rate for nursing and personal care facility workers was 21.8 ([BLS, 2021](#)).
- Data obtained from nurses (RNs/LPNs) in a major population-based study showed a rate of *physical* assaults at 13.2 per 100 nurses per year and at a rate of 38.8 per 100 nurses per year for *non-physical* violent events (threat, sexual harassment, verbal abuse) ([Nachreiner, N.M. et al., 2007](#)).



Source: Bureau of Labor Statistics, U.S. Department of Labor ([BLS, 2021](#))



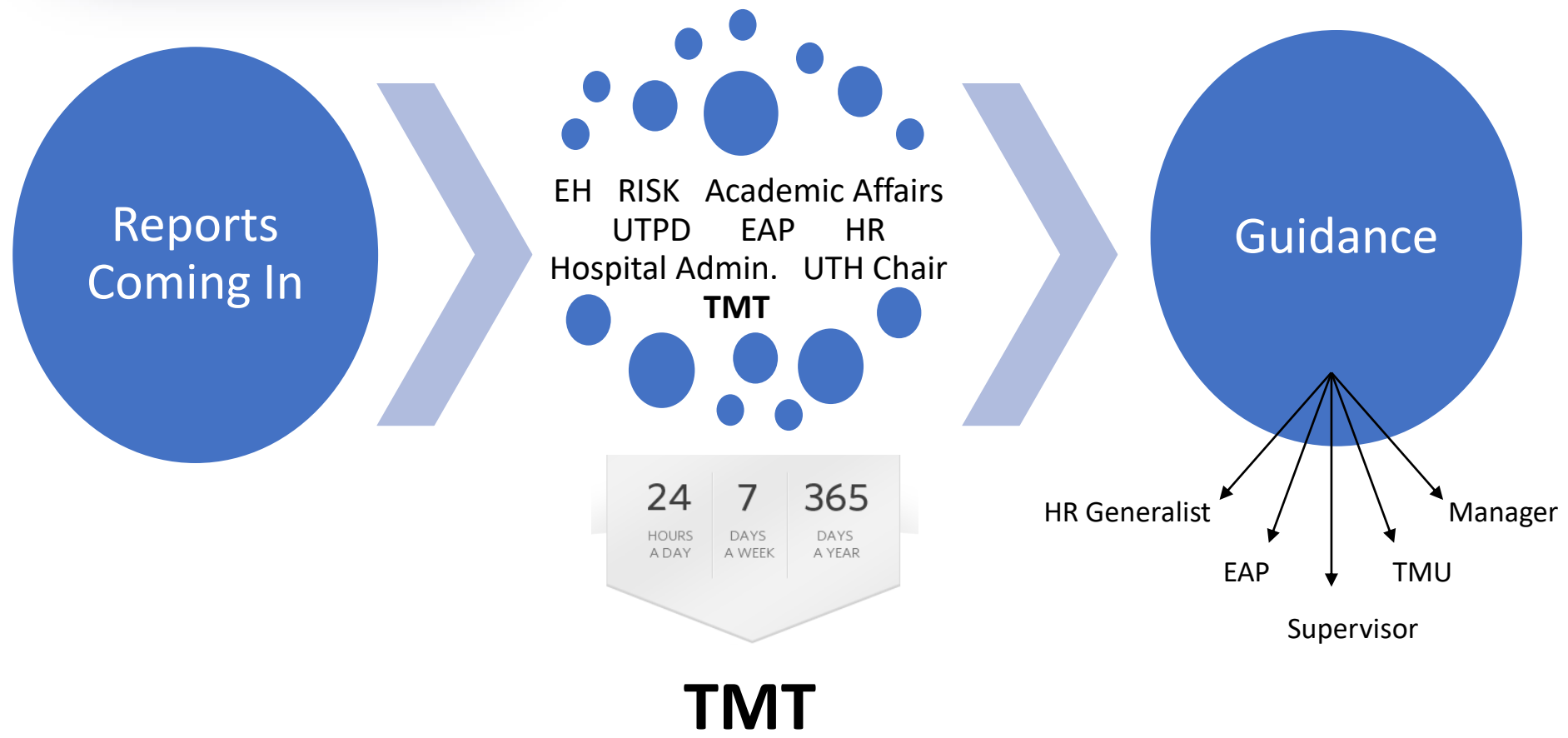
Workplace Violence in Healthcare:

- 13% of days out of work were due to workplace violence. (American Nurses Association)
- HCWs who experience these incidents use around 112.8 hours of sick, disability, and leave time annually. This costs hospitals \$53.7 million per year. (Milliman Research Report)
- One study found that of the injuries at a large US hospital system, 54 resulted in average costs of \$3,138 per incident. (911Cellular)
- Exposure to these situations increases depression, anxiety, and emotional stress for employees. This results in HCW turnover, and turnover of a registered nurse costs hospitals \$5.2M to \$8.1M. (Nursing Solutions, Inc)



MD Anderson's 2-STOP Team: A Multi-Disciplinary Approach

Threat Management Process





2Stop Team Functioning



- Meets weekly and emergently
- Handles urgent cases by phone, text, email
- 2Stop team case database in SharePoint
- Currently using the NaBITA Threat Assessment Tool and an IPV checklist
- Invites managers and HR to attend and discuss cases
- Sponsored by Chief Adcox and the Chief Human Resources Officer

NaBITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
 - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
 - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
 - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
 - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
 - ▲ Actual affective, impulsive violence or serious threats of violence such as:
 - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
 - ▲ Making threats that are concrete, consistent, and plausible
 - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
 - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
 - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
 - Threats of affective, impulsive, poorly planned, and/or economically driven violence
 - Vague but direct threats or specific but indirect threat; explosive language
 - Stalking behaviors that do not cause physical harm, but are disruptive and concerning

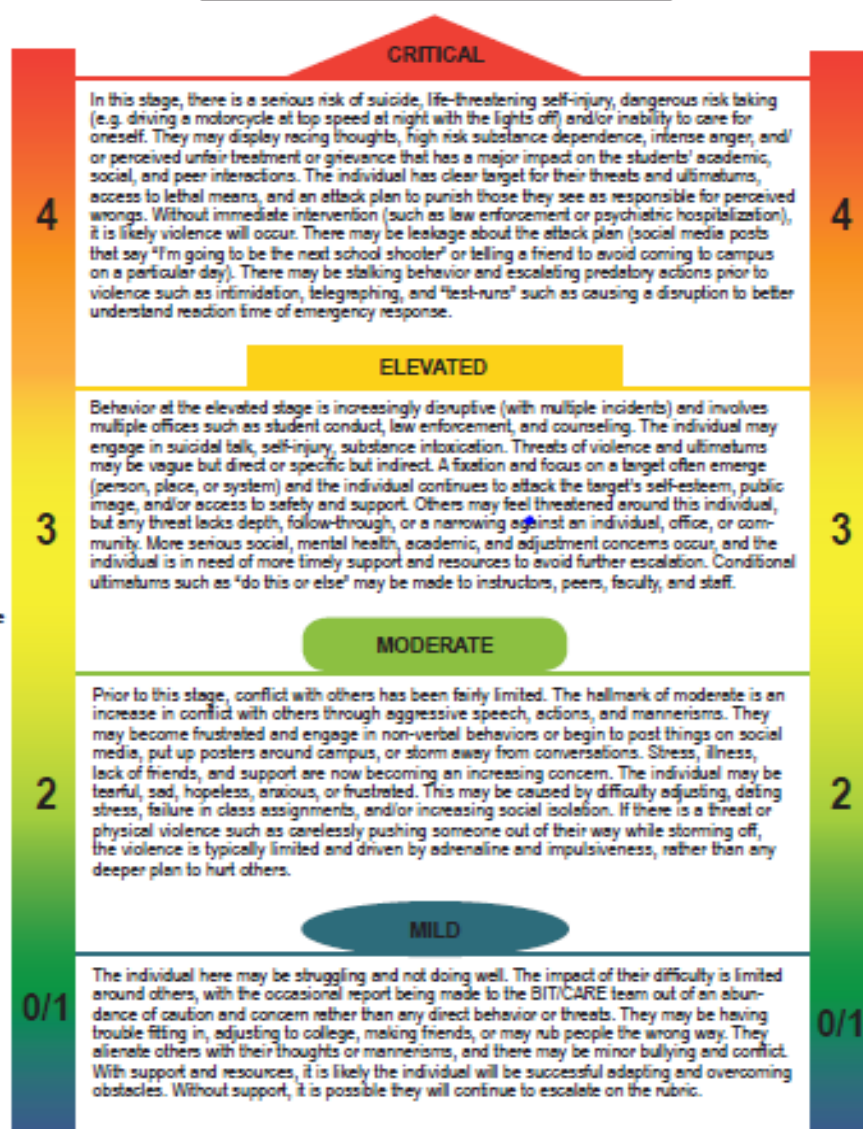
DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
 - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
 - Situational stressors that cause disruption in mood, social, or academic areas
 - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

OVERALL SUMMARY



E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

TRAJECTORY? ↑

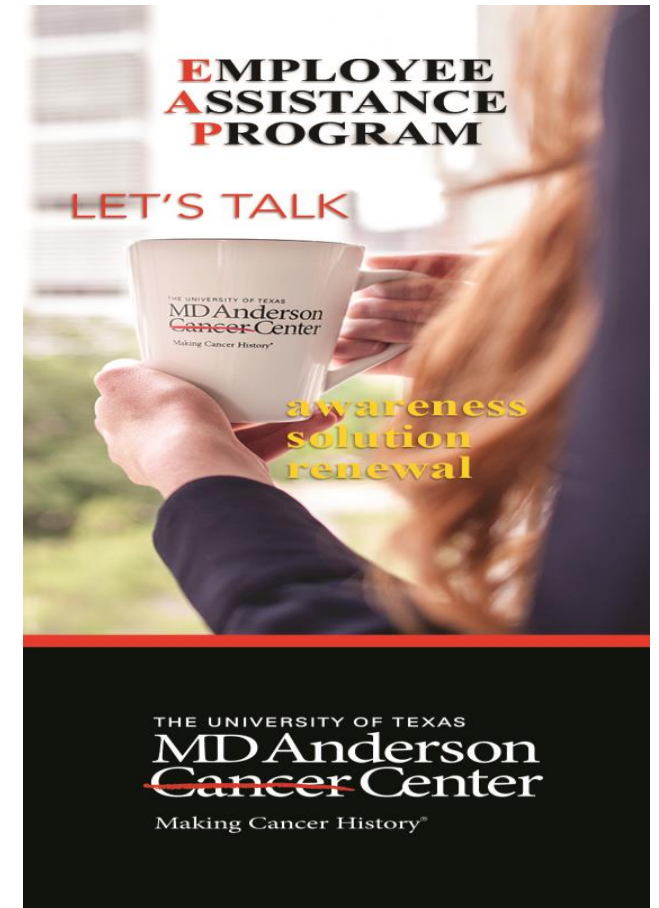
BASELINE

TRAJECTORY? ↑



2Stop Team Membership

- It takes a village - mirrors institutional decision-making
- Have everyone at the table to achieve a safe outcome
- Redundancy during emergencies
- All constituencies in the MD Anderson community are represented
- A diverse team makes better decisions





University of Texas MD Anderson Cancer Center

Reports include:

Patient threats on staff/other family members

Family vs. Family/Staff

Employee vs. Employee

Suicidal threats

Visitor threats

Domestic Violence



Threat Assessment Professional Organizations



<https://www.atapworldwide.org/>



<https://www.nabita.org/>