

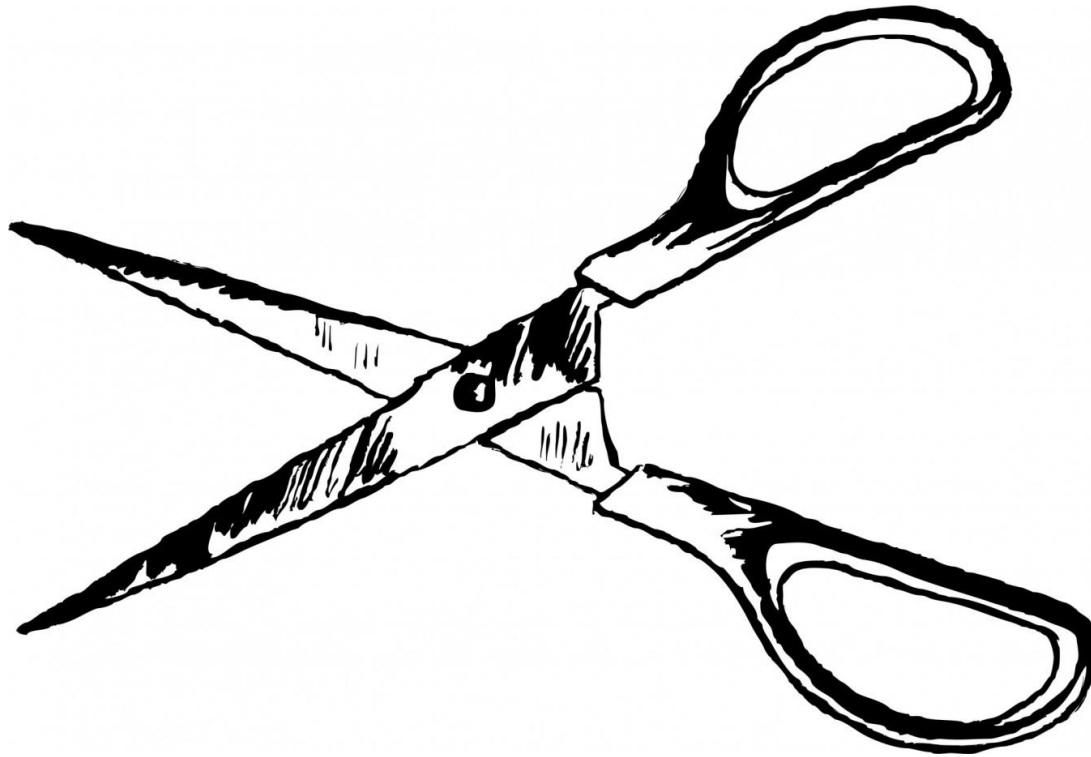
Clinician Safety in U.S. Government Mental Health & Medical Settings

Victoria Balenger, PhD, CTM

Behavioral Risk Management, LLC

www.behavioralriskmgmt.com

“Initial Assessment”



Session Goals

To consider clinician safety in relation to:

- ❖ Our employee populations and sometimes atypical work settings
- ❖ Specific roles & responsibilities of mental health and medical professionals in government service

To discuss personal and organizational responses & dilemmas regarding this issue.

Workplace Assaults on Mental Health Workers Over a 16-year Period

- 55,882 incidents of violence against mental health workers from 2005-2009
- MH workers four times as likely to be assaulted on the job as workers generally.
- Rate of non-fatal violence toward psychiatrists & mental health professionals was 68 per 1000.

Workplace Violence, 1993-2009, Bureau of Justice Statistics (2011)

Any safety concerns with...

A highly respected and accomplished employee in a **desperate situation**, with pending disciplinary action, loss of employment, etc.?

Someone who has been **pushed to extreme limits** in a specialized training, now being de-selected?

An employee you're (assisting, evaluating or consulting about) on either side of an alleged **domestic abuse case**?

Someone who perceives
that you (in mental health
or medical role) have
made their

bad situation worse?

Not
“news”
to us:

used to violence. Bodies of the dead lay scattered among blazing shops and vegetable stalls after militants launched four separate bombings in open-air markets. Checkpoints were also attacked. U.S. and Iraqi military officials say the attacks are part of an effort by the Islamic State to stall any

But the severity of the latest bombings in Baghdad is “somewhat unprecedented” since the group declared its caliphate two years ago, according to Otso Iho, an analyst at IHS Jane’s Terrorism and Insurgency Center. Over the past week, more than 150 people have died in violence
ISIS CONTINUED ON A10

Most mass shooters aren’t mentally ill

Experts fault psychiatric solutions pursued by White House, Congress

BY MICHAEL S. ROSENWALD

When it comes to mass shootings, President Obama and House Speaker Paul D. Ryan are in rare accord on a leading culprit.

Both point fingers at mental illness. And in poll after poll, most Americans agree.

But criminologists and forensic psychiatrists say there is a critical flaw in that view: It doesn’t reflect reality.

While acknowledging that some of the country’s worst mass shooters were psychotic — the Colorado theater gunman James Holmes, with his orange dyed hair; the Virginia shooter, Seung Hui Cho, whose judge ordered to get a ment — experts say the majority of such killers do not have any classic form of mental illness, such as schizophrenia.

Instead, they were more often ruthless sociopaths whose behavior, while unfathomable, can’t typically be treated as mental illness.

The oversimplified

SHOOTERS CONTINUED



Denial

Fatalism

MH Roles that Could Risk

Assessment/selection or operational support for very intense or dangerous assignments

Operational support & crisis management for training programs that push to extremes

Consultation regarding fitness for duty; insider threat; other serious security matters

EAP – required breaches of confidentiality

Real Scenarios

- What were the major risk factors or other relevant circumstances?
- What responses were made or considered at the time?
- What did you & your organization learn?

Risk Mitigation

- Mindset and mental preparation
- Taking control of the circumstances – and being willing to pull out if necessary (*)
- Safety planning discussions
 - Violence prevention training
 - Incident reporting procedures
 - New/stronger protections as indicted

The best lightning rod
for your protection is
your own spine.

-- Ralph Waldo Emerson