

Dealing with Threatening Client Encounters

Consider clinical issues, confidentiality concerns and other factors in determining what to do.

At some point in their career, many psychologists will face a situation in which they feel threatened by one of their clients. Clinical issues, ethical and legal duties, confidentiality concerns and therapist safety must all be taken into consideration in determining how to anticipate and handle such a stressful situation.

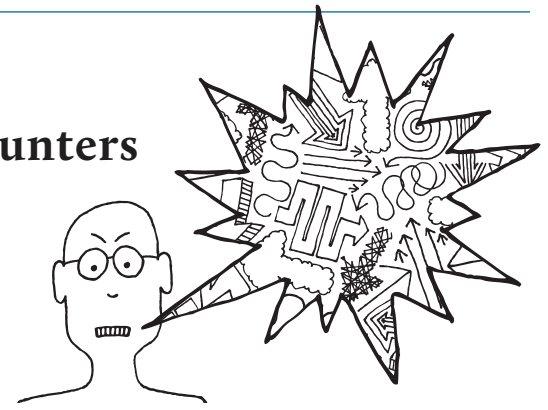
Estimates vary, but studies suggest that almost half of psychotherapists will at some time experience at least one incident of physical attack, verbal abuse or other harassment by a client. According to the American Psychological Association Advisory Committee on Colleague Assistance, 15 to 25 percent of psychologists may be at risk of being physically assaulted by a client during their careers. (See sidebar on page 9 for references and additional resources.) Although instances of serious injury are rare, any type of threat, violence or harassment can cause significant emotional distress.

Policies and procedures

For psychologists who work in hospitals or other institutional settings, there likely will be institutional policies and procedures designed to protect clinicians. For example, institutions that serve client populations with a known risk for violence may have security personnel onsite or panic buttons in clinicians' offices. Psychologists in private and small group practices, however, need to develop their own safety plans and policies.

To reduce the likelihood that a dangerous situation will develop, it is important to consider your office setup and procedures. Some practical steps to increase safety are easy to implement. For example:

- Make sure seating arrangements allow you to exit your office quickly if needed.
- Keep potentially dangerous objects such as letter openers or heavy paperweights out of reach.
- Establish a method of communicating with or notifying others if you need help. For example, some psychologists decide to install security alarm systems in their offices.



Also make sure you are comfortable with your procedures for initial client evaluations and with the hours you make available for appointment scheduling. For example, you may wish to limit appointment times for new patients to times when professional colleagues and/or security personnel are nearby.

A nationwide survey of practicing psychologists (Guy, Brown & Poelstra, 1992) found that protective measures taken by private practitioners often include avoiding working alone in an office, declining to publicly list their home address, avoiding solo practice and obtaining training in management of assaultive behaviors.

A variety of responses

Responses to threatening or potentially dangerous situations vary, but should include careful consideration of clinical factors. For example, have you done a thorough evaluation for risk of violence? It is important to consult with experienced colleagues early on if a particular situation is causing concern. Trust your instincts: If you are feeling uncomfortable working with the client, you probably need to modify your approach to treatment. You may need to consider the advisability of making a referral to a different provider — especially someone with more expertise in working with clients who have a history of violent behavior — or to a more intensive, structured treatment setting such as a day treatment or inpatient program.

The APA Ethical Principles of Psychologists and Code of Conduct (“Ethics Code”) specifically allows for termination of therapy in potentially dangerous situations. Section 10.10(b) states: “Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.” Section 10.10(c) further states that the usual requirements for ethical termination, which include pre-termination counseling and suggesting alternative service providers as appropriate, would not apply “where precluded by the actions of clients/patients.”

Even in these difficult situations, however, the psychologist should keep in mind what is best for the client and can urge the client (e.g., by letter or voicemail) to obtain other appropriate services (see Campbell, Vasquez, Behnke & Kinsherff, 2010). In most cases, practitioners should provide a written communication with contact information for several alternative service providers if further treatment is needed.

In determining how best to respond to a potentially dangerous situation, it is useful to have knowledge of a variety of options. A survey of staff members affiliated with a psychiatric inpatient unit (Sandberg, McNeil & Binder, 2002) described various management strategies for handling stalking, threatening and harassing behavior by patients, as well as perceived effectiveness of these strategies. All staff members who used the following strategies rated them as effective for managing the situation:

- notifying the police or hospital security staff
- seeking consultation from an expert
- having the patient arrested
- obtaining a restraining order

About half of the staff members surveyed found it helpful to confront patients and tell them to stop, or to hospitalize the patients. Of course, the management strategies likely to be most effective in any particular situation will depend on a variety of factors, such as treatment setting and the client's clinical characteristics.

Ethical and legal considerations

Responses that involve release of confidential information must take into account ethical and legal requirements. The APA Ethics Code provides a good initial framework for considering how to balance client confidentiality with therapist safety. Standard 4.01 states: "Psychologists have a primary obligation and take reasonable precautions to protect confidential information..." Standard 4.05(b), however, allows for disclosure of confidential information without the client's consent in specific situations "where permitted by law for a valid purpose such as to...protect the client/patient, psychologist, or others from harm." Ethics Code sections 3.10 and 4.02 on "Informed Consent" and "Discussing the Limits of Confidentiality" are also relevant. Informed consent procedures should include discussion of the potential for disclosure of confidential information if needed to protect the client or others from harm.



REFERENCES & ADDITIONAL RESOURCES

- American Psychological Association. A matter of law: Psychologists' duty to protect. Web article available at www.apapracticecentral.org/business/legal/index.aspx.
- American Psychological Association. (2010). Ethical principles of psychologists and code of conduct. Available at apa.org/ethics/code/index.aspx.
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- Kleespies, P.M. (Ed). (2008). *Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence, and victimization*. Washington, DC: American Psychological Association.
- Munsey, C. (2008). Stay safe in practice. *Monitor on Psychology*. 39(4), 36.
- Pope, K. Therapists' resources for threats, stalking, or assaults by patients. Available at kspepe.com/stalking.php.
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Many states have laws or regulations that permit disclosure of confidential information to protect the client or others from harm. The majority of states not only permit disclosure of confidential information when there is a threat of violence; they also mandate a "duty to protect" (also known as "duty to warn") in certain situations, such

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as when there is an identifiable victim and an imminent threat of serious injury. If you are concerned for your own safety, you should also evaluate the potential for your client to be violent toward others, which could trigger a duty to protect. It is important to know the law in your state regarding duty to protect and to be prepared to take appropriate action. Even if your state does not have a statute specifically addressing this topic, case law (prior court decisions) may have set a precedent for a duty to be imposed. For additional information on this topic, please see “A Matter of Law: Psychologists’ Duty to Protect,” available on Practice Central at www.apapracticecentral.org/business/legal/index.aspx.

In balancing confidentiality with actions needed to protect safety, the psychologist should consider what information needs to be released in order to accomplish the desired goals. The psychologist also needs to consider to whom the information should be released. For example, if a client leaves a threatening voicemail on your answering service and you believe that client may harm you, you could alert the police to the threat without providing details about the client’s treatment. Similar considerations will apply if a psychologist is being threatened or harassed by a former client, as confidentiality protections continue to apply after treatment has been discontinued.

In situations where you release confidential information for

safety purposes, or have considered doing so but determined it was unnecessary, it is important to document your actions and rationale in your client records. By maintaining a thorough record, you can provide evidence that your decisions were based on reasonable professional judgment if questions arise at a later time.

You should feel safe interacting with your clients. If you are working in an institution, make sure you know the relevant resources, policies and procedures. If you are in independent practice, make sure you take adequate precautions. If you have concerns about a potentially dangerous client, take prompt action to address the situation. Confidentiality and clinical issues are very important, but your personal safety comes first.

Many mental health professionals do not receive extensive training in managing behavioral emergencies. To be better prepared for the future, further reading (see sidebar) or continuing education courses on evaluation and management of threatening or potentially violent patients may be helpful. 

Note: Legal issues are complex and highly fact specific and require legal expertise that cannot be provided by any single article. In addition, laws change over time and vary by jurisdiction. The information in this article does not constitute legal advice and should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances.


Are You and Your Assets Protected? *continued from page 13*

Why should people be thinking so much about the risks they face?

Practitioners need simply to prepare and not to worry. Professionally, psychologists are quite skilled at understanding the need to recognize and be prepared for risks. The goal is to explore options and take the appropriate steps not only to achieve some peace of mind, but also to have the confidence that if something does go awry, a plan is in place and an unprotected catastrophe can be avoided.

Is there anything else early career psychologists should know?

Yes. While we haven’t been able to give much detail here, I would recommend doing sufficient research before purchasing insurance or other financial services. I would

not recommend purchasing insurance based on its price because the cheapest policy is not always the best. Consider the whole package and what you actually get for your hard-earned money. Know what coverage is included and what is not. Make sure you work with an experienced and licensed insurance agent. Also know that The Trust is a good source for insurance, financial security and risk management information. 

Note: Insurance needs vary according to individual circumstances. The information in this article is for informational purposes only and does not constitute financial or legal advice. Talk to your attorney, financial advisor and/or insurance agent to ensure that you are adequately protected.

For more information about APA Insurance Trust products, visit apait.org or call 1-800-477-1200.