

Workplace Violence and Employee Threats Review

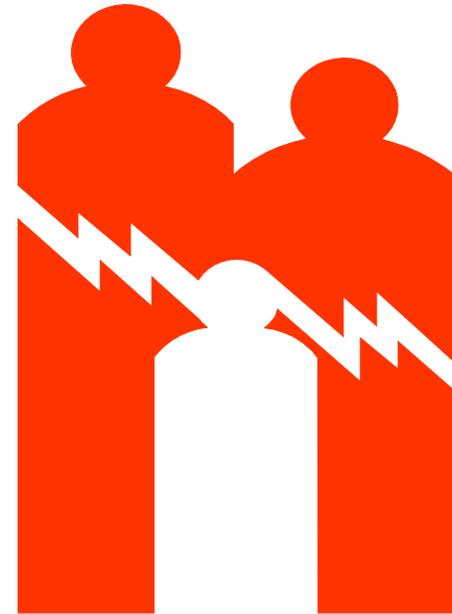
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Four Types of Workplace Violence

- **Type I: Criminal Intent**
- **Type II: Customer/Client**
- **Type III: Co-Workers**
- **Type IV: Personal Relations**



NIOSH/CDC

Type I: Criminal Intent

Jackson VAMC, MS

May 12, 2004 11:55AM



VA Police shoot at car thieves who attempt to run them over. Suspects survive and are charged with Attempted Murder of a Police Officer.

Type II: Customer/Client

Salisbury, NC VAMC

August 3, 2000



83 y/o wheel-chair bound patient, delivered to the ED by Sheriff's Deputy on involuntary hold, pull 22 cal revolver and shoots Dr. Chas Flynn thru the heart. The patient is engaged by two VA Police Officers and killed. Dr. Flynn survives.

Type II: Customer/Client

Dayton VAMC, OH

March 31, 2004 07:10AM



37 y/o male patient enters the Emergency Room complaining of a headache. Nurse gives the patient directions to a clinic. Patient pulls out a gun and holds the nurse hostage. VA Police respond and order the suspect to drop the gun. Patient refuses and is shot by Police.

Type II: Customer/Client

Temple VAMC, TX

October 7, 2001 11:00AM



73 y/o patient enters a domiciliary with a 9mm handgun and shoots three people. Two patients dead, one injured.

Type III: Co-Worker

El Paso VA Clinic, TX

January 6, 2015 3:10PM



48 y/o former employee enters clinic with a 380-caliber handgun and shoots a psychologist, before turning the gun on himself. Doctor had previously filed a threat complaint against his alleged killer.

Type IV: Migration of Domestic Violence into Workplace

Fayetteville VAMC, NC

December 12, 2005 8:15PM



VA Employee Arthur James Charland (Pharmacy Tech) enters the VA Medical Center with a 12 gauge shotgun. He shot fellow employee Linda Levington at a close distance.

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VA Employee Arthur James Charland (Pharmacy Tech) enters the VA Medical Center with a 12 gauge shotgun. He shot fellow employee and former girlfriend, Linda Levington at a close distance.

Modes of Violence

Meloy's Modes of Violence

Predatory vs. Affective

- Minimal or absent ANS arousal
- No conscious emotion
- Planned and/or purposeful violence

- Intense ANS arousal
- Subj. exp. of emotion
- Reactive & immediate violence

X
Predatory

X
Predatory/Affective

X
Affective/Predatory

X
Affective



Meloy's Modes of Violence

Predatory vs. Affective

No time limit on behavior

Preceded by private ritual

Primarily cognitive

Perceived internal or external threat

Goal: threat reduction

Rapid displacement of the target of violence

X

X

X

X

Predatory

Predatory/Affective

Affective/Predatory

Affective

Meloy's Modes of Violence

Predatory vs. Affective

No or minimal threat

Goal: many goals

No displacement of target of violence

Time-limited behavior sequence

Preceded by public posturing

Primarily emotional

X

X

X

X

Predatory

Predatory/Affective

Affective/Predatory

Affective

Meloy's Modes of Violence

Predatory vs. Affective

Heightened and
focused
awareness

Heightened and
diffuse awareness

X
Predatory

X
Predatory/Affective

X
Affective/Predatory

X
Affective



On the Nature of Threats

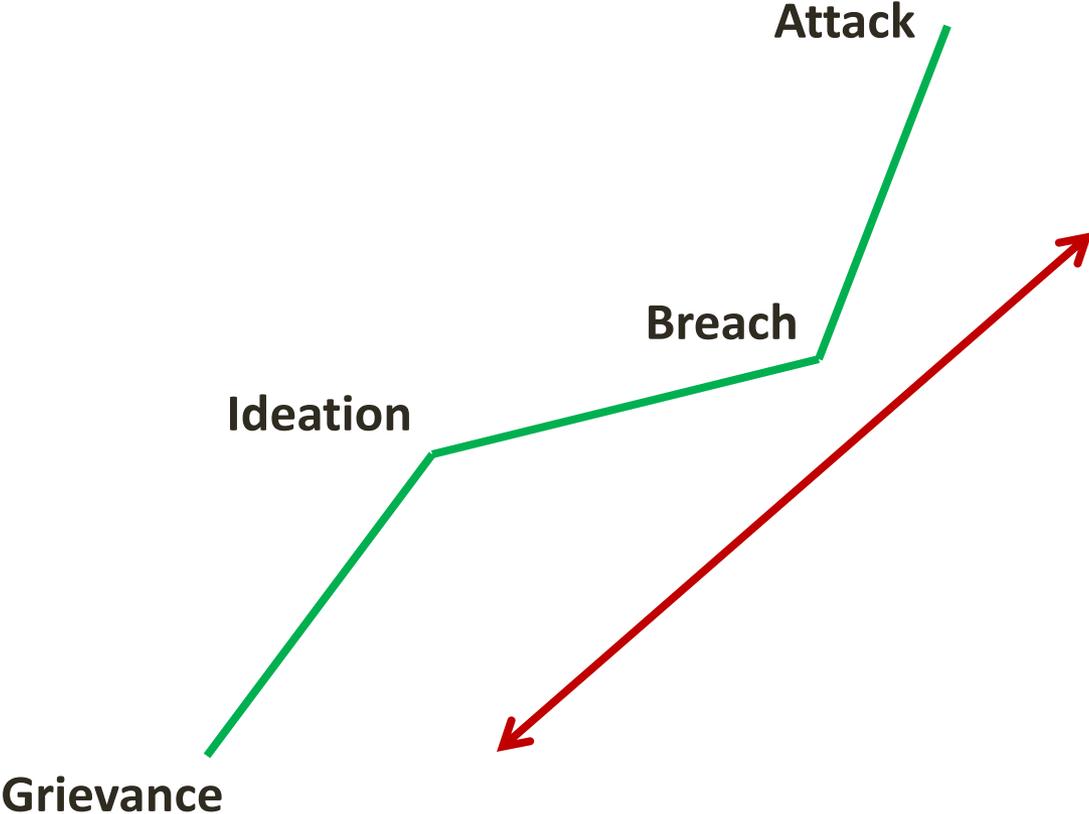
- Subjects who pose a threat may never make a threat
- Conversely, Subjects who make a threat may never pose a threat
- Consequently, threats should be treated as one of many Subject behaviors that need assessment

CTM: Path to Violence

- Subjects who engage in either impromptu or intended violence must follow a path of certain behaviors
- The two paths have similarities and differences
- Since the steps along both paths are behaviors, they are recognizable

*Calhoun and Weston, 2003
Contemporary Threat Management*

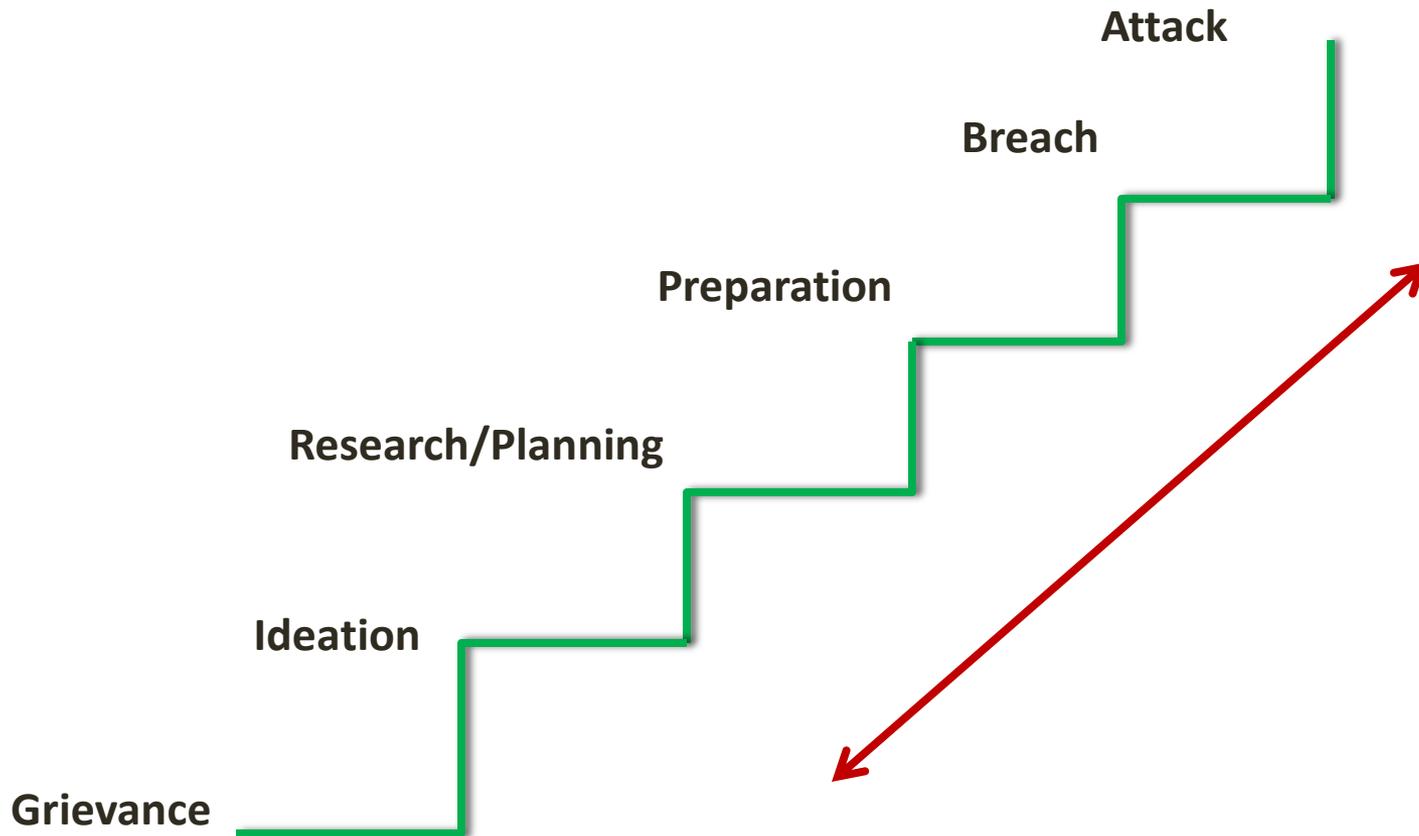
Path to Impromptu Violence



*Calhoun and Weston, 2003
Contemporary Threat Management*

Path to Intended Violence

(Calhoun and Weston, 2003)



Calhoun and Weston, 2003
Contemporary Threat Management

Grievance

- Patients who engaged in impromptu violence
 - Make a demand
 - Are refused
 - Do not accept the refusal
- In effect, patients who engaged in impromptu violence cannot abide being told “No” or that they have to obey rules
- They are “Unruly Patients”

The Unruly Process

- The unruly process is
 - Demand
 - Rejection
 - Escalated demands, threats, or threatening behavior
- Violence can occur after first refusals or can spiral upward with escalating demands or threatening behaviors and escalating refusals

Role of Medical Center Employee

- In the unruly process, hospital employee, or responding board, plays role in how rejection – the “No – is handled
- Institutional response can escalate or de-escalate

Helpful Models and Instruments

Helpful Models and Instruments

- Clinical Approach
 - Intent, plan, access?
- Actuarial Approach
 - Informed by existing literature
 - Structured
 - Some Normed
 - Increased predictive validity (accuracy)

Helpful Models and Instruments

- Contemporary Threat Management (CTM)
 - F. Calhoun and S. Weston, 2003
- WAVR 21
 - S.G. White and J.R. Meloy, 2007
 - Workplace Assessment of Violence Risk
- HCR-20
 - C.D. Webster, K.S. Douglas, D. Eaves, S.D. Hart, 1997
 - Correctional, Forensic and Civil Psychiatric Assessment of Violence Risk

Threat Assessment Team

One Model: A 2-Tiered Threat Assessment Team (TAT)

Mission of the TAT

1. To conduct a thorough assessment of both short and long-term threats involving employees when warranted;
2. To develop recommendations for reducing the risk of violence to all employees;
3. To protect the dignity & privacy of employees who are either the victims of threats or violence or who are accused of threatening behavior; and
4. To refer supervisors to resources available to employees who may have been traumatized in workplace violence incidents.

2-Tiered Approach

1. Screening, Consultation, Disposition

VS.

2. Full Threat

Assessment/Management

Intervention

Level of Response

- Determine the appropriate level of response required by VA Police.
- Law Enforcement response?
- Non Law Enforcement response?

Assure Immediate Safety

- Restrain subjects when appropriate.
- Arrange for medical care.

The Threat Assessment Team (TAT)

- Behavioral Science Professional
- Bargaining Unit Representative
- Executive Office Support
- Police
- HR
- Safety Office
- Legal Counsel (ad hoc)

BUILD IN REDUNDANCY

WAVR 21

Educational Use Only

- Motives for Violence
- Homicidal Ideas, Violent Fantasies or Preoccupation
- Violent Intentions and Expressed Threats
- Weapons Skill and Access
- Pre-Attack Planning and Preparation
- Stalking or Menacing Behavior
- Current Job Problems
- Extreme Job Attachment

WAVR 21

Educational Use Only

- Loss, Personal Stressors and Negative Coping
- Entitlement and Other Negative Traits
- Lack of Conscience and Irresponsibility
- Anger Problems
- Depression and Suicidality
- Paranoia and Other Psychotic Symptoms
- Substance Abuse
- Isolation

WAVR 21

Educational Use Only

- History of Violence, Criminality, and Conflict
- Domestic/Intimate Partner Violence
- Situational and Organizational Contributors to Violence
- Stabilizers and Buffers Against Violence
- Organizational Impact of Real or Perceived Threats

Full Threat Assessment/Management Intervention

U.S. Secret Service developed the process known as “Threat Assessment”.

Six Principles Of Threat Assessment

- **Principle 1**
“Targeted violence is the end result of an understandable, and oftentimes discernible, process of thinking and behavior.”
- **Principle 2**
“Targeted violence stems from an interaction among the individual, the situation, the setting, and the target”
- **Principle 3**
“An investigative, skeptical, inquisitive mindset is critical to successful threat assessment.” The key to investigation & resolution of threat assessment cases is identification of the subject’s “attack related behaviors.

Six Principles Of Threat Assessment

- **Principle 4**
“Effective threat assessment is based on facts, rather than characteristics or ‘traits.’”
- **Principle 5**
“An ‘integrated systems approach’ should guide threat assessment investigations.”
- **Principle 6**
“The central question of a threat assessment is whether a subject poses a threat, not whether the subject made a threat.”

Last Component is Case Management

- Case Plan Development – Develop a plan to manage the subject and the risk
- Consultation at Ever Major Stage of the Assessment Process
- Closing The Case

Conclusion

- Questions?