



TRAUMA AT WORK

November 15, 2013

Jennifer Hensel
Yona Lunsky

Who are we?



camhCREWH

Centre for Research on Employment
and Workplace Health



Institute of Health Policy, Management & Evaluation
UNIVERSITY OF TORONTO

[Exit this survey](#)



Violence & Aggression Experienced by Staff Workers in the Developmental Disabilities Sector: Staff

Survey Consent

The purpose of this survey is to describe the type, frequency and severity of aggression experienced by all workers across all community agencies and how these experiences impact emotional well-being.

Thank you for considering participation in this survey that is part of a study being done at the Centre for Addiction and Mental Health (CAMH). We are interested in your experiences of client aggression and violence at work and the impact that it has on your emotional and psychological well-being. The survey consists of 5 sections and a total of 65 questions. It should take about 15-30 minutes to complete. You may choose to discontinue at any time.

We do ask you to name your agency because they have agreed to have their staff participate in this study and we want to provide them with a summary of the results. You will NOT be required to provide any personal information (name, date of birth, address, etc) and your agency will NOT be made aware of your individual responses.

If you have any questions about this study you may contact the principal investigator, Carolyn Dewa, at (416) 535-8501 ext. 4101 or Yona Lunskey at (416) 535-8501 ext. 7813. If you wish to discuss your rights as a research participant, you may contact Dr. Pdraig Darby, Chair of the Research Ethics Board at the Centre for Addiction and Mental Health at (416) 535-8501 ext. 6876.

*** Please answer the following question before proceeding: I understand the above and I agree to participate in this study (please circle).**

☐ Yes

☐ No

Prev

Next

Welcome...



Centre for Addiction and Mental Health
455 Spadina Avenue, Suite 300
Toronto, ON M5S 2G8

Work and the workplace impact our quality of life, yet little is known about this complex relationship. Our goal is to transform our understanding of work and living using a trans-disciplinary approach to research. But it will take collaboration, and we are committed to exchanging information as we examine the impact of work on people with mental illness as well as work's impact on mental health.

For more information about us, click [here](#)

Report: The little-known lives of staff who support those with developmental disabilities

CAMH researchers investigate the emotional impact of working with people with developmental disabilities and the associated risk for job burnout

We know surprisingly little about the experiences of the direct support staff in Canada who work with individuals who have developmental disabilities. A project undertaken by scientists from CAMH's Dual Diagnosis Program and the Centre for Research on Employment and Workplace Health seeks to examine exactly this. A series of studies involving different groups of support staff have been carried out to look at the emotional well-being of staff, particularly as it pertains to their experience of client aggression. The presence of aggressive behaviour among people with developmental disabilities has been well documented and the study authors were interested in understanding how this exposure affects staff members' well-being in and out of the workplace.

This project utilized a survey which assessed several major areas, including staff exposure to client aggression, the impact it has on their work, levels of job burnout, confidence in dealing with challenging client behaviours and the availability of policies and resources for support. The largest study included over 900 of Ontario's community direct support staff who work with adults with developmental disabilities. Other groups sampled include community staff who support youth, summer camp staff and hospital in-patient staff.

Quick Facts

- Nearly all staff from all settings reported experiencing some form of client aggression. A significant proportion reported it to be a near daily occurrence.
- Depending on work setting, between 6 and 14% of staff had missed time from work due to a physical injury which was the result of client aggression.
- Regardless of how frequently they were exposed to aggression, staff in all settings rated themselves highly in terms of their perceived ability to manage aggressive behaviour and they reported that their work provided some positive benefit to their lives.
- Approximately half of all staff reported experiencing what they felt were emotional problems related to dealing with client aggression.
- Most staff were not experiencing job burnout, however a third or more may be at high risk. Symptoms of job burnout were associated with more frequent and more severe aggression among community and camp staff, but not hospital in-patient staff.
- Most staff reported having access to resources through their workplace to deal with emotional stress resulting from client aggression. However, only a limited number of staff had actually utilized them.
- Across all settings, there were a small proportion of staff who were not aware of policy relating to violence and aggressive behaviour in the workplace. Furthermore, policy was not always followed because staff felt it was too much work or would not be helpful.

Research has shown that stress in the workplace can lead to decreased productivity and burnout, which in turn results in increased labour and healthcare costs, higher job turnover, increased rates of staff disability and decreased stability for clients receiving care. These reports were prepared in hopes of reaching stakeholders and promoting discussion of these issues. We are very interested in opportunities to receive feedback and/or stimulate discussion around our findings with an ultimate goal of improving the well-being of these important care providers and the clients they support.

- [Community-based support staff for adults \(pdf\)](#)
- [Community-based support staff for youths \(pdf\)](#)
- [Hospital-based support staff \(pdf\)](#)
- [Summer camp staff \(pdf\)](#)

Related Links

[Short video interviews on the 2009 Congress](#)
[CrossCurrents Autumn 2009 - Employment, Making it Work](#)

<https://knowledgex.camh.net/researchers/projects/crewh/Pages/default.aspx>

Presentation Overview

- The importance of the work
- Why talk about trauma?
- Sources of Trauma and Consequences
- Aggression from people supported
- Factors affecting help-seeking among front-line staff
- Review of Interventions

The Work is Important

- Support staff are really important to the children and adults with intellectual disabilities (ID) they support
- Community Care = Better Quality of Life for People with ID
- Problems can be addressed if there is awareness and solutions are available



Proof is in the pudding...

I asked front-line support staff:

*“Why do you do
what you do?”*

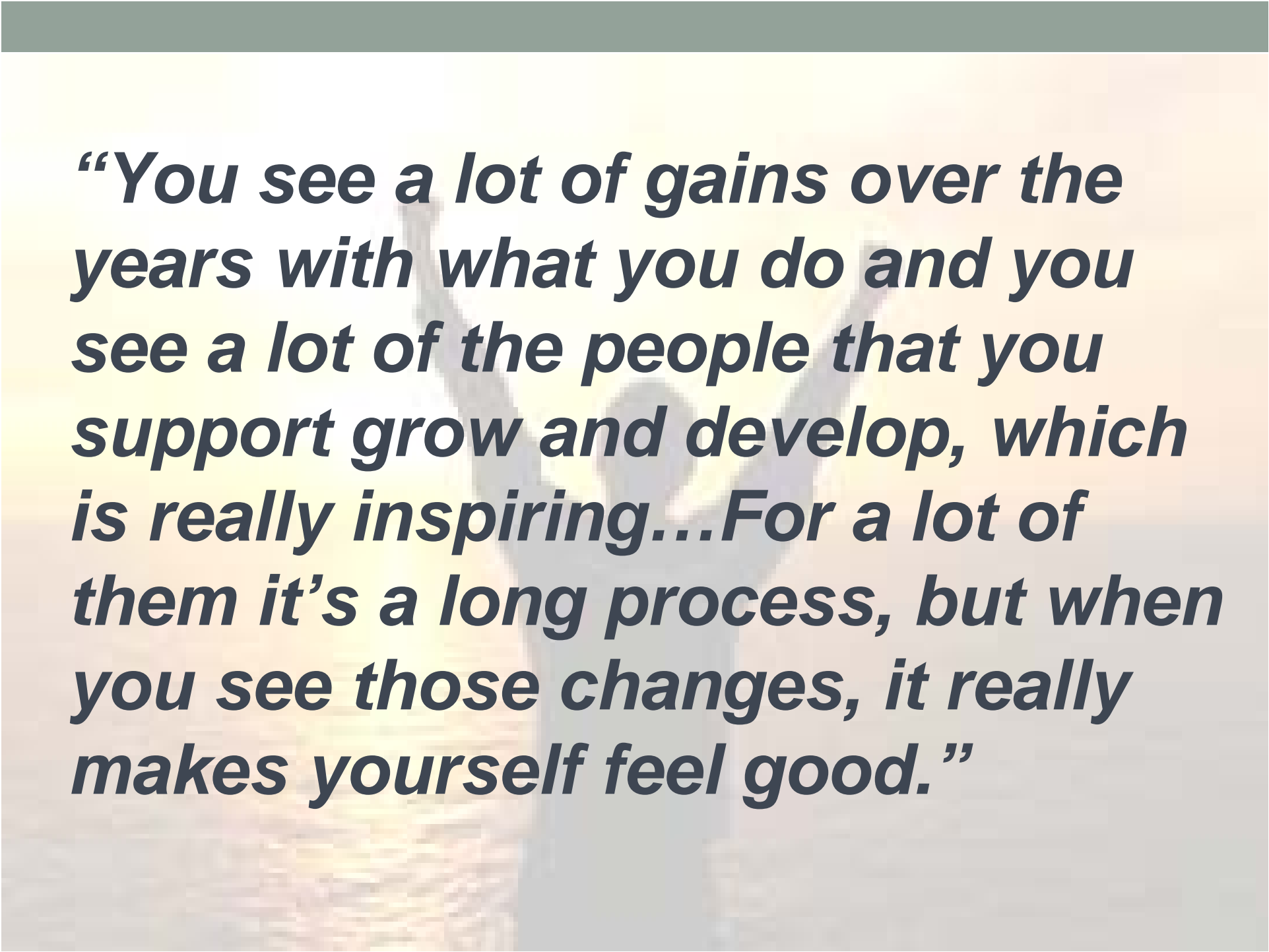
“I absolutely love it when somebody experiences something for the first time, and smiles and appreciates that, even if they can’t even talk and you know they’ve appreciated it.”



“I get attached to some of the guys. Like... they become a little bit like family I guess.”



“I love the interaction with the people. It is fascinating, like, the dynamics, just everything about it, I just love it.”



“You see a lot of gains over the years with what you do and you see a lot of the people that you support grow and develop, which is really inspiring...For a lot of them it’s a long process, but when you see those changes, it really makes yourself feel good.”

Why talk about Trauma?

HOT

TOPIC



THE GLOBE AND MAIL Search: | News & Quotes | Jobs

Home News Commentary Business Investing Sports Life Arts

Streetwise Economy International Industry News Small Business Comm

Career Advice Management Leadership Business Education Top Employers

Try Globe Unlimited - 1 month for just 99¢ And get un all your dev

Home » Report on Business » Globe Careers » Career Advice » Ask A Career Expert




WORKPLACE LAW

What to do when violence erupts in the workplace

DANIEL LUBLIN

Special to The Globe and Mail

Published Thursday, Apr. 18 2013, 6:46 PM EDT



In 2007, there were 2,150 WSIB
allowed lost-time claims from assaults,
violent acts, harassment and acts of
war or terrorism in Ontario (www.IAPA.ca)

33% of workplace violence is against
employees in social services or
healthcare (OPSEU, 2011)



- Isolated work
 - Nights, Weekends, Alone
- Duties can be physically demanding
- Service recipients can be violent
- Policies may be lacking
- Transitional spaces (OPSEU report, 2011)

Sources of Trauma at Work



Harassment



Violence



Accidental injury



Structural



Harassment

A course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be **unwelcome** (Bill 168, Ontario, 2010)

BULLYING

SEXUAL
HARRASSMENT

DISCRIMINATION



Violence

The threat, attempt or exercise of physical force against a worker that causes or could cause physical injury

(Bill 168, Ontario, 2010)

CO-WORKER

FAMILIES

SERVICE
RECIPIENTS

DOMESTIC



Accidental injury

Injury due to a chance event
occasioned by a physical or
natural cause

(WSIB, Ontario, 2013)

FALLS

EQUIPMENT-
RELATED
INJURIES



Structural

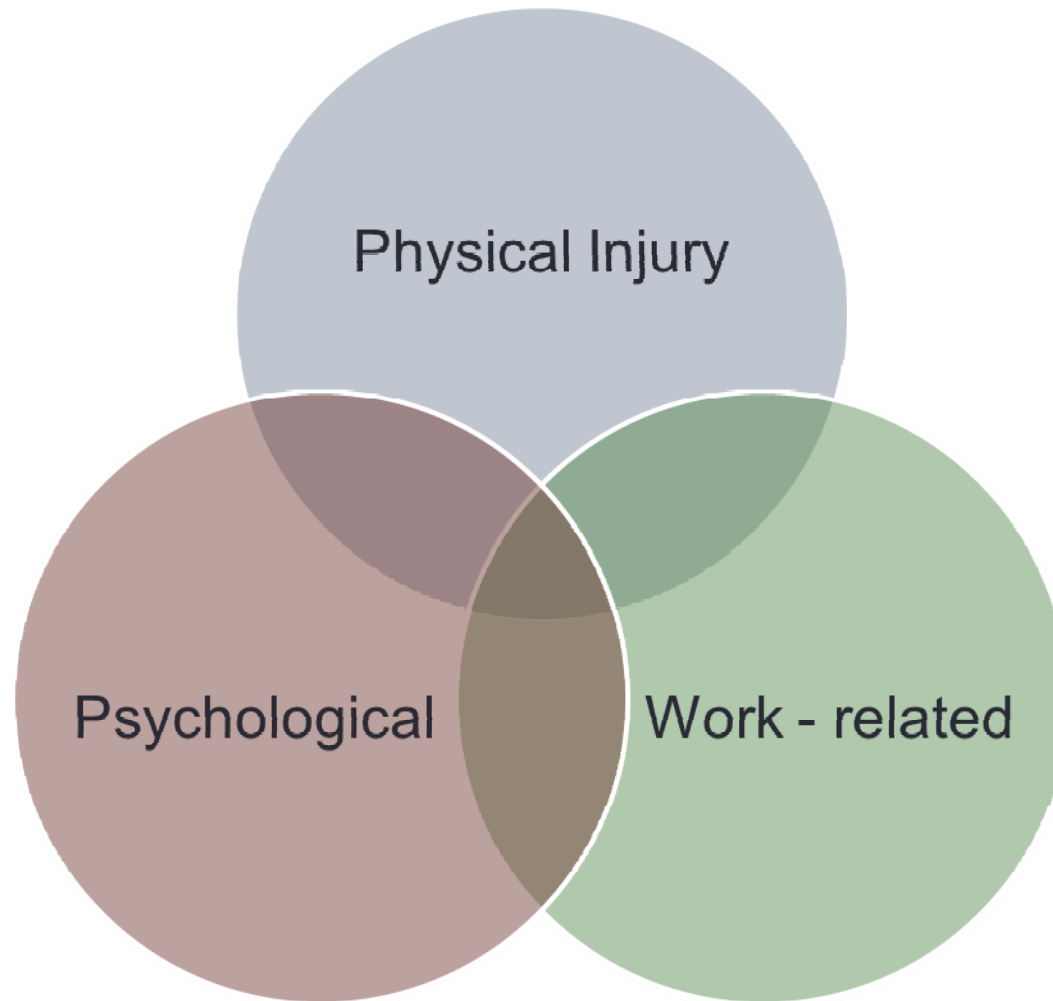
Indirect forms of violence that are built into social structures and that prevent people from meeting their basic needs or fulfilling their potential
(Banerjee et al., 2012)

LONG HOURS

UNDERSTAFFING

LOW PAY

Consequences of Trauma



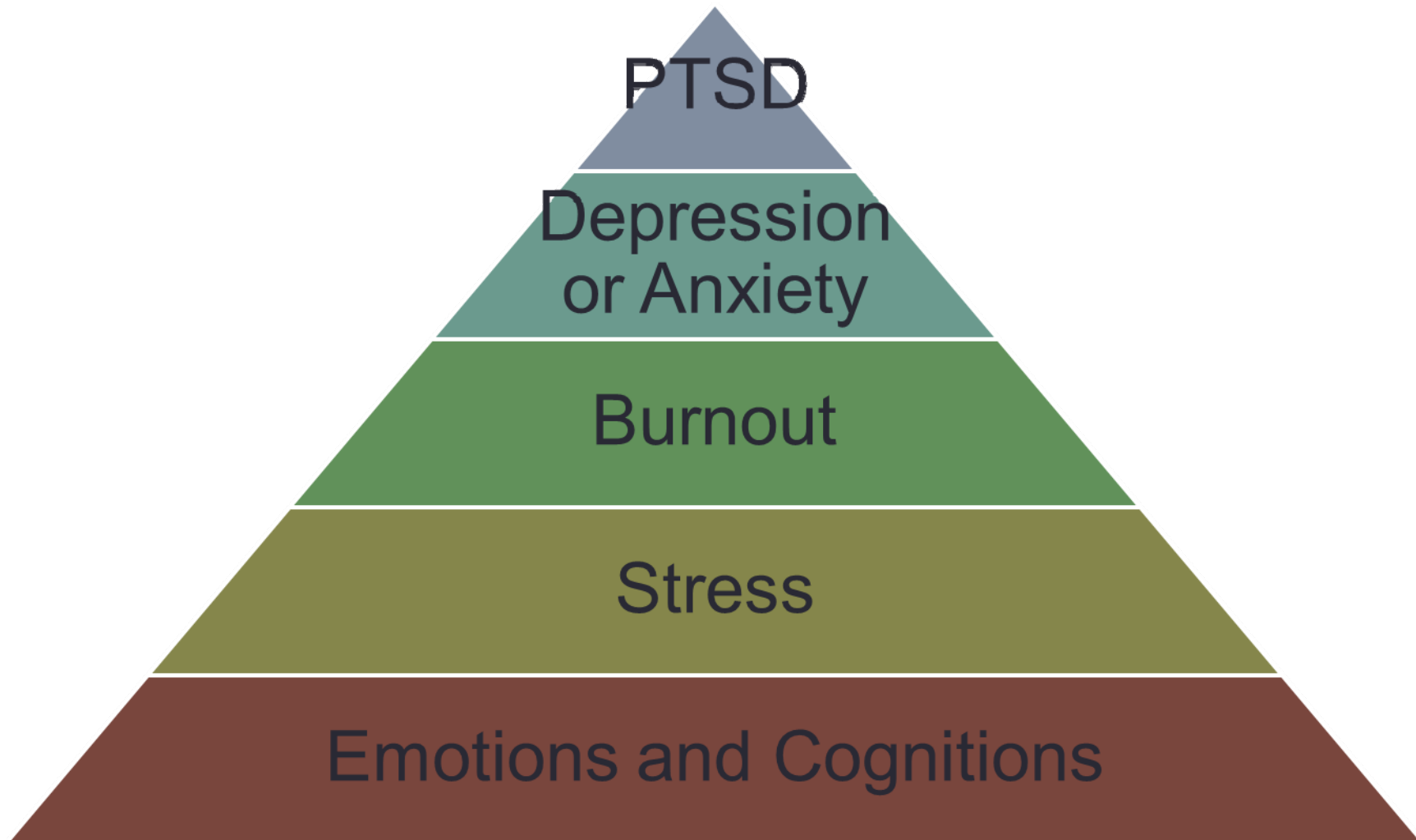
Physical Injury



- WORKPLACE POLICIES
- ACCESS TO TREATMENT
- FOLLOW-UP



Psychological Consequences



Emotions and Cognitions



- Typically brief normal reaction
- Cognitions may include negative thoughts about oneself or others
- Eg) “I’m no good at my job” OR “Everyone will think I’m stupid”
- May accrue over time leading to more problems

Stress

Everyone talks about
“stress”

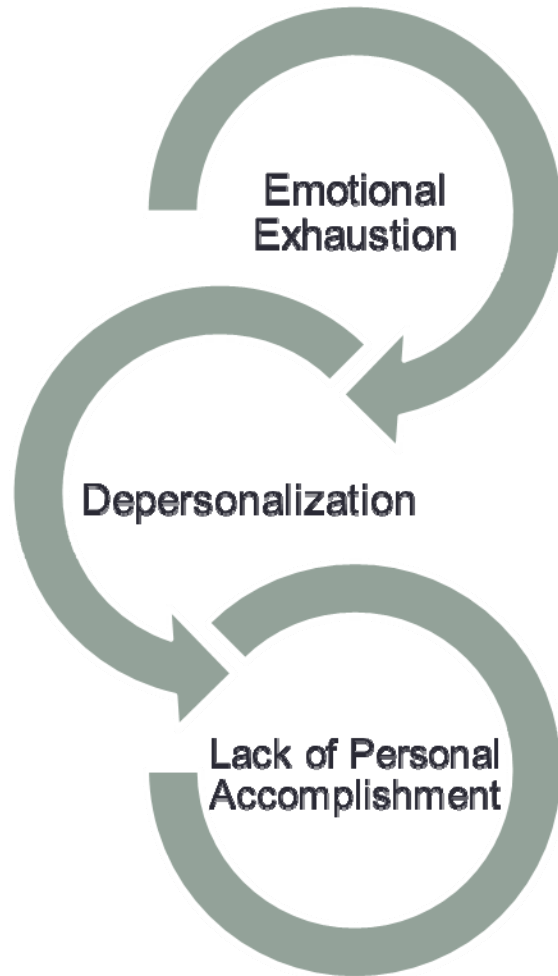
“A state of mental or
emotional strain or tension
resulting from adverse or
demanding circumstances”

Typically up and down
depending on triggers

May be brief or last long
periods of time

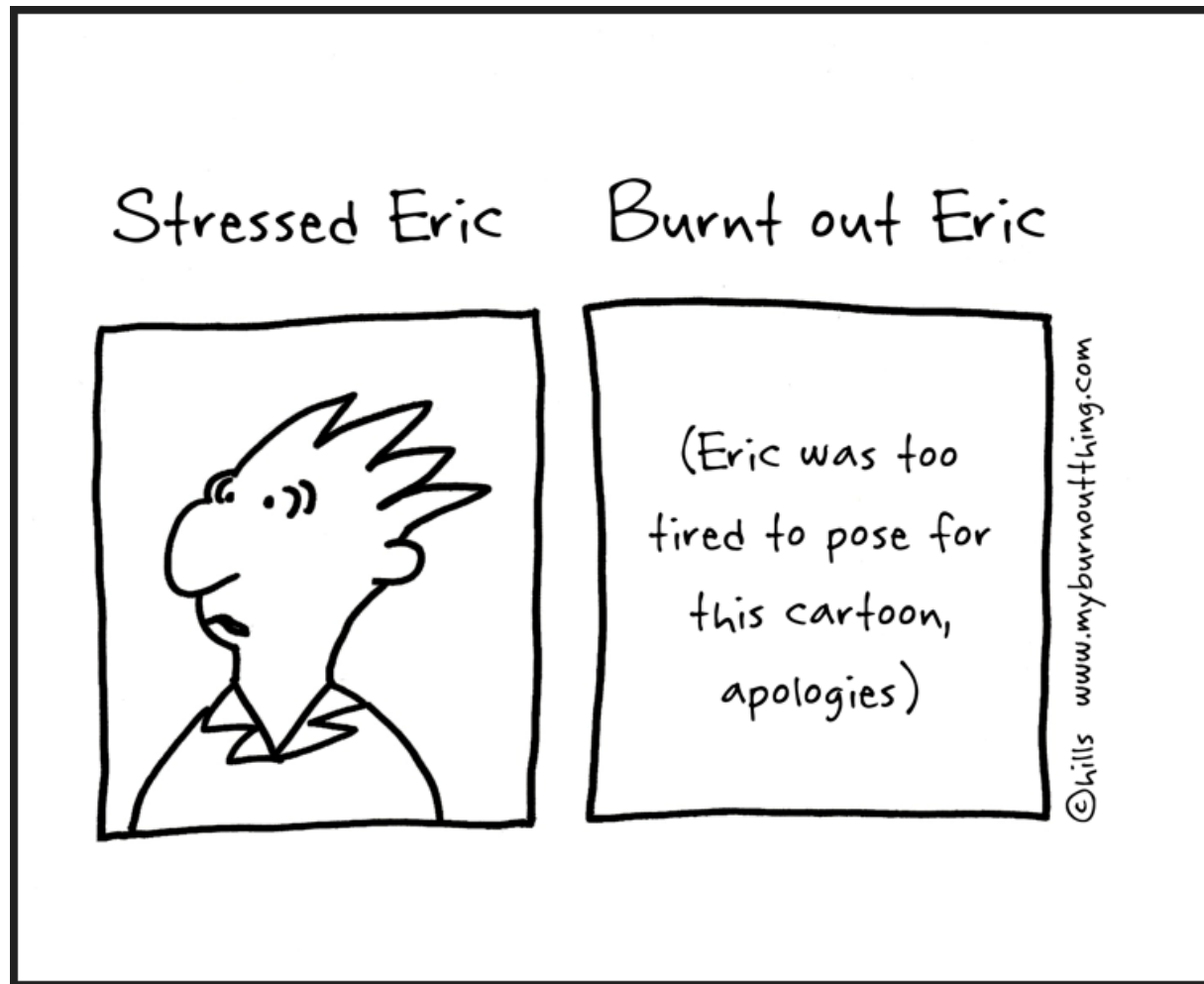


Burnout



- Occurs gradually with ongoing stress at work in emotionally demanding conditions
- Human service workers are especially at risk
- Has been linked to a number of stressors that staff experience at work

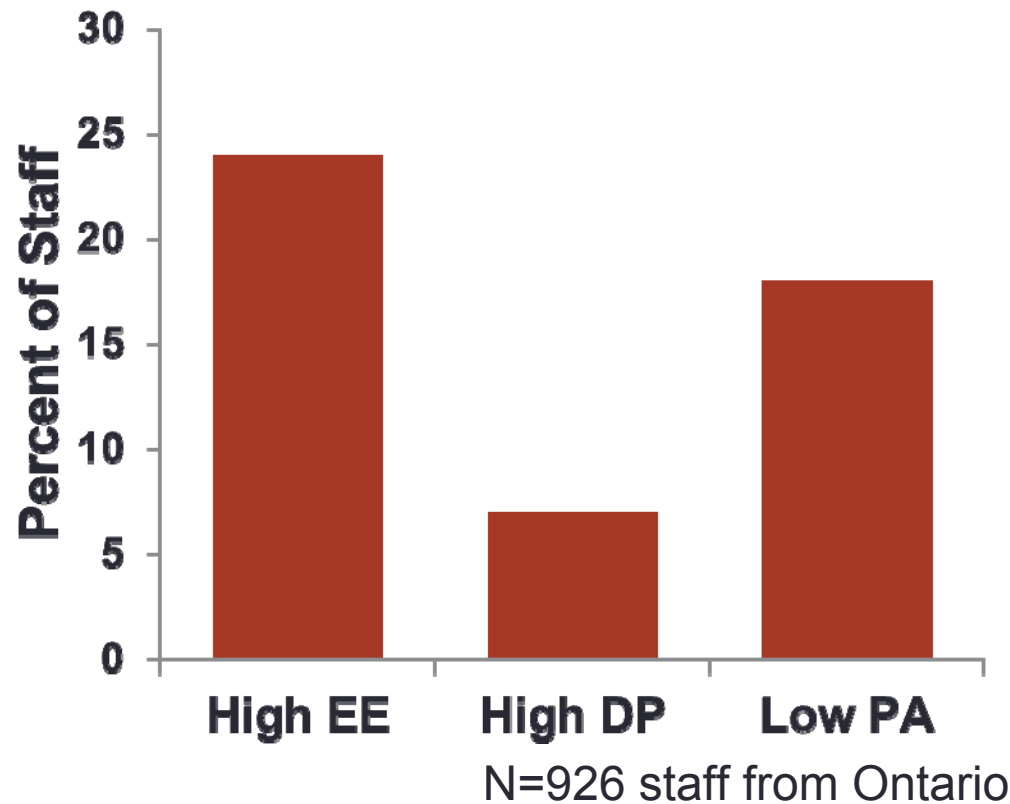
Stress vs. Burnout



Symptoms of Burnout

- Emotional Exhaustion
 - “I feel emotionally drained by my work”
 - “Working with people all day long requires a great deal of effort”
- Depersonalization
 - “I feel I look after certain patients/clients impersonally, as if they are objects”
 - “I really don’t care about what happens to some of my patients/clients”
- Feeling of Lack of Personal Accomplishment
 - “I accomplish many worthwhile things in this job”
 - “I look after my patients’/clients’ problems very effectively”

Burnout Research in Ontario

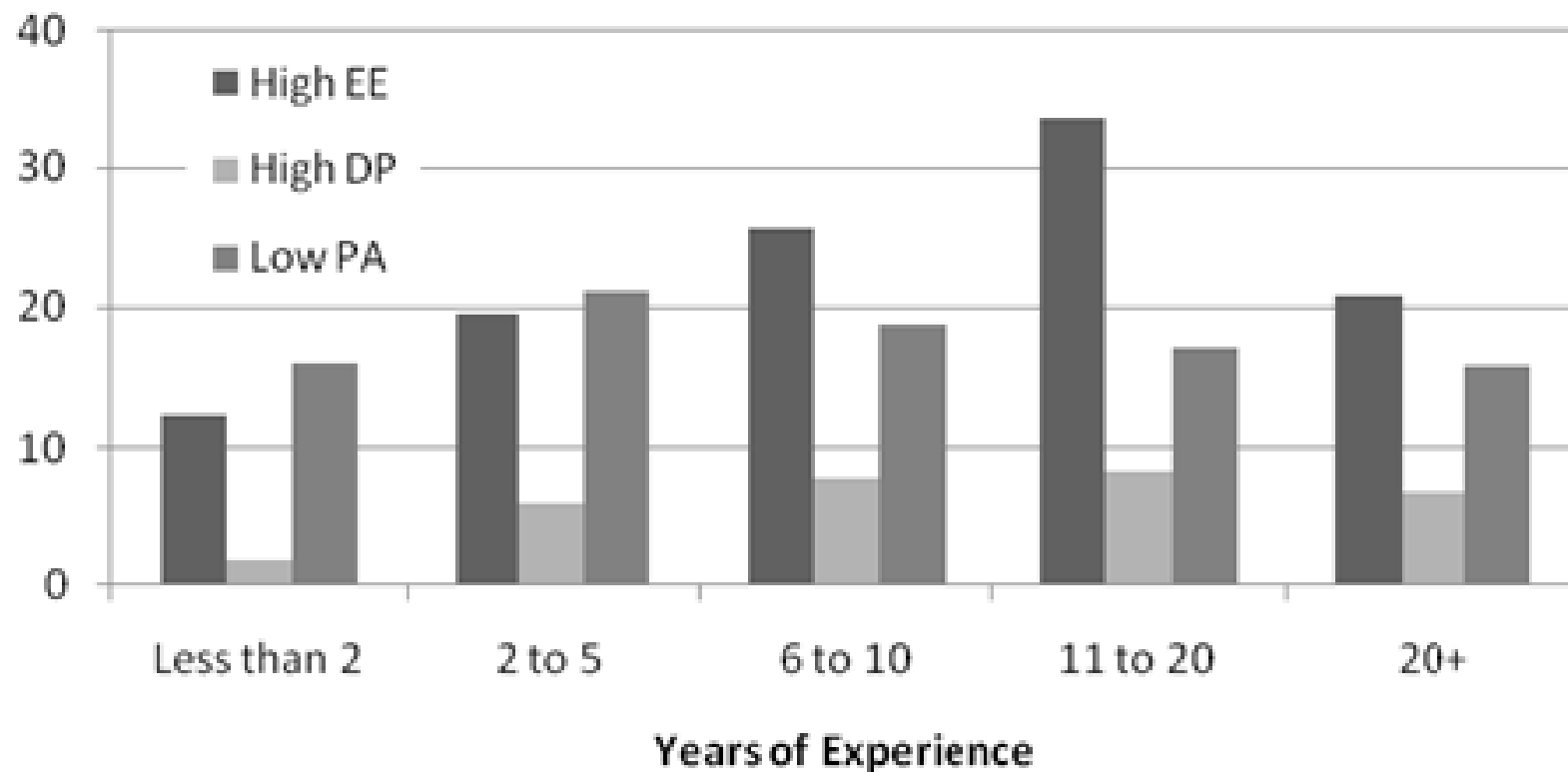


EE = Emotional Exhaustion

DP = Depersonalization

PA = Personal Accomplishment

Burnout Research in Ontario



N=926 staff from Ontario

Depression/Anxiety

- **Depression**

- **Low mood**
- **Loss of interest/pleasure**
- **Disrupted sleep**
- **Hopelessness**
- **Guilt/worthlessness**
- **Loss of energy/appetite**
- **Impaired concentration**
- **Suicidal thoughts**
- **Irritability**
- **Social withdrawal**
- **Minimum 2 week duration**

- **Anxiety**


- **Panic symptoms**
- **Excessive and uncontrollable worry**
- **Avoidance**
- **Intense fear**
- **Obsessions**
- **Compulsions**
- **Variable time frame**

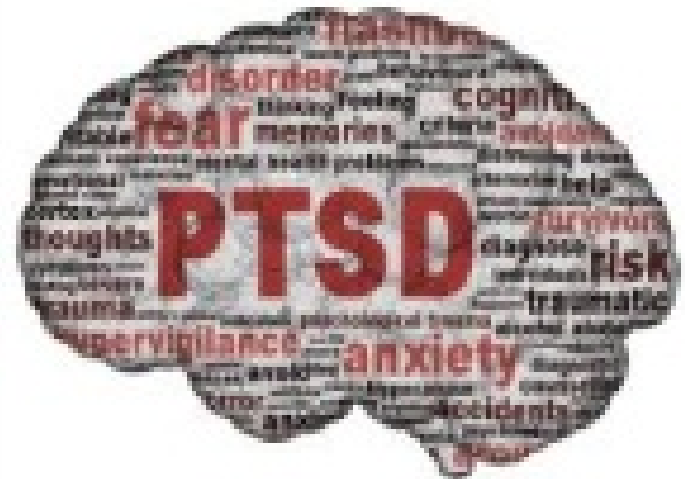
Risk Factors for Depression/Anxiety

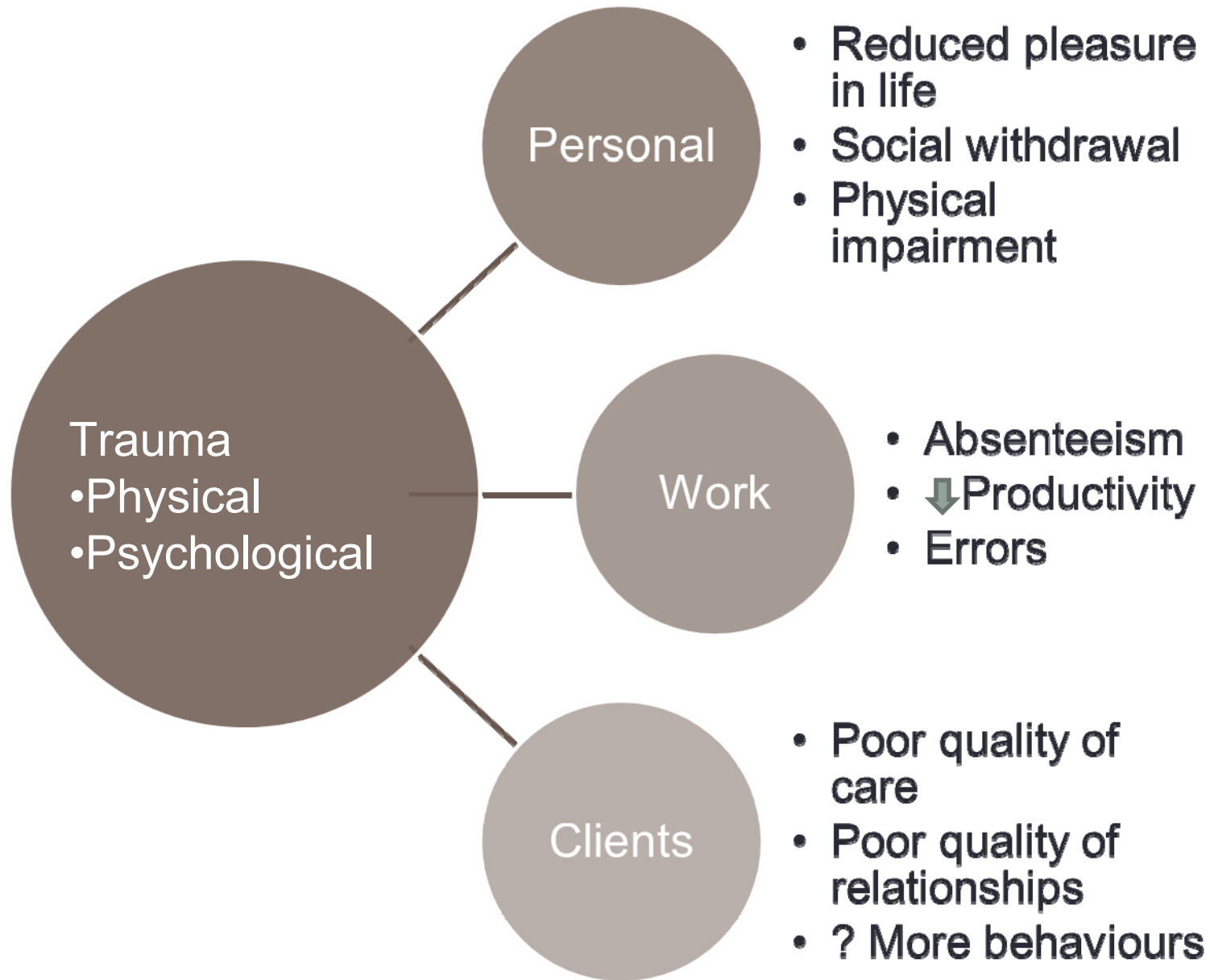
- Family history
- Personal history of previous problems
- Difficult life events
- Lack of support
- Personality traits
- Lack of coping strategies and resources

Posttraumatic Stress Disorder

- Current Diagnostic criteria:
 - Exposure to traumatic stressor**
 - **Intrusion symptoms:** emotional re-experiencing, nightmares
 - **Alterations in reactivity:** insomnia, irritability, hypervigilance
 - **Avoidance:** of triggers, reminders
 - **Altered cognitions and mood:** dissociation, persistent negative emotions/cognitions
 - Minimum 1 month duration of symptoms

- Personal or family psychiatric history
 - Prior or repeated trauma
 - Severity of trauma
 - Lack of post-trauma support
- 





Treatment Depends on Severity

- **Always helpful:**
 - Stress management strategies
 - Coping resources
 - Support from others
- **Sometimes consider:**
 - Counselling
 - Work modifications
- **Occasionally:**
 - Medical assessment (GP, Psychiatrist, Psychologist)
 - Medication
 - Psychotherapy
- **Rarely:**
 - Short-term leave
 - Disability
 - Return to work co-ordination

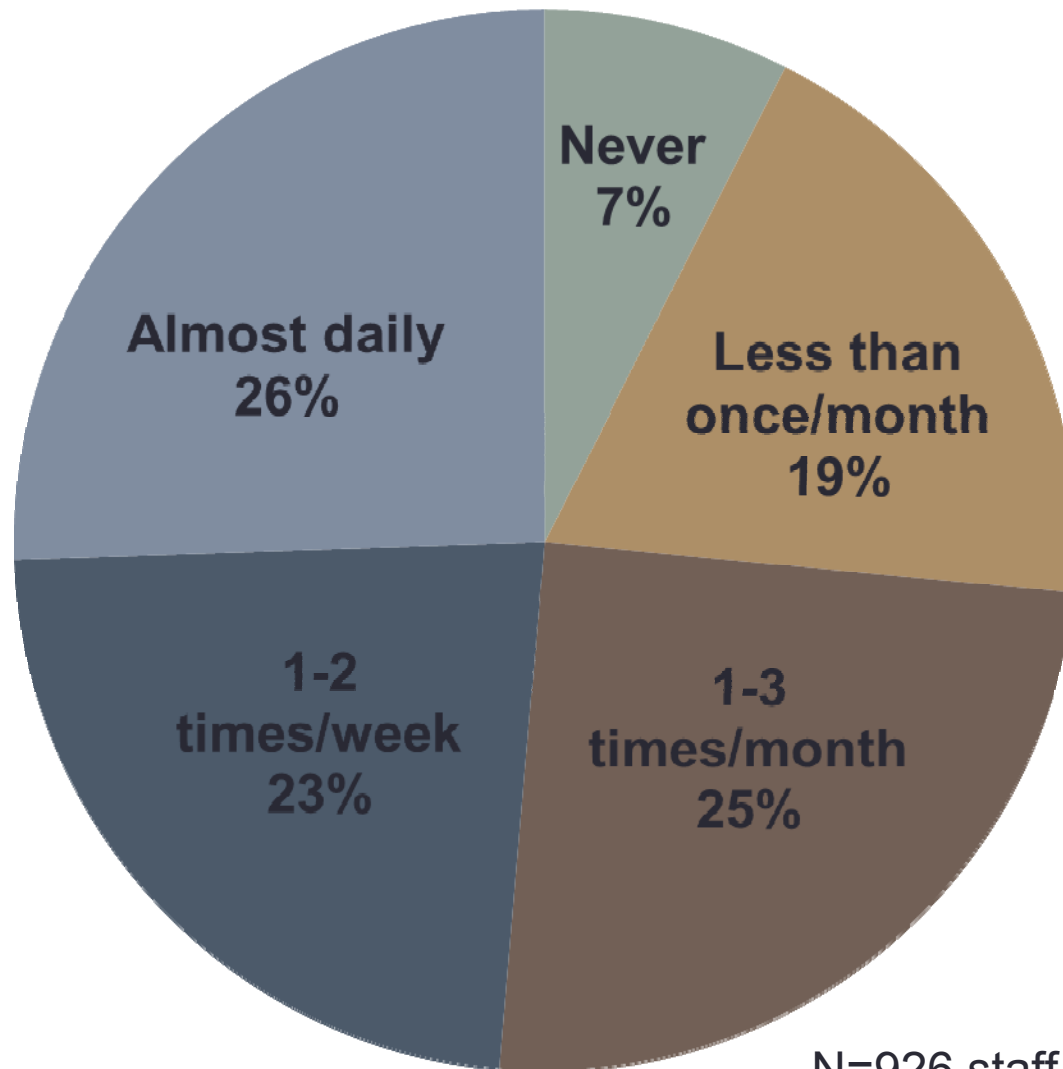
Aggression in People with ID

- Many adults with ID will behave aggressively at some point, but few are responsible for most repeated and most serious acts¹
- Aggression also encountered in services for mentally ill patients and elderly with dementia
- Aggression more prevalent²:
 - In hospitals and institutions
 - Among younger individuals
 - When psychopathology is present
 - More severe disability

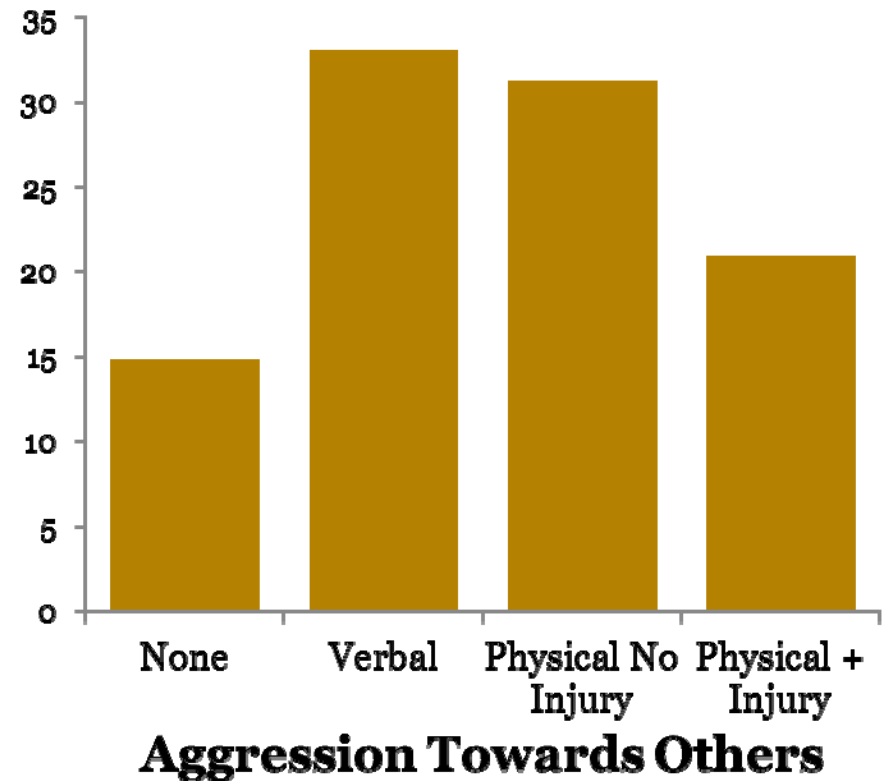
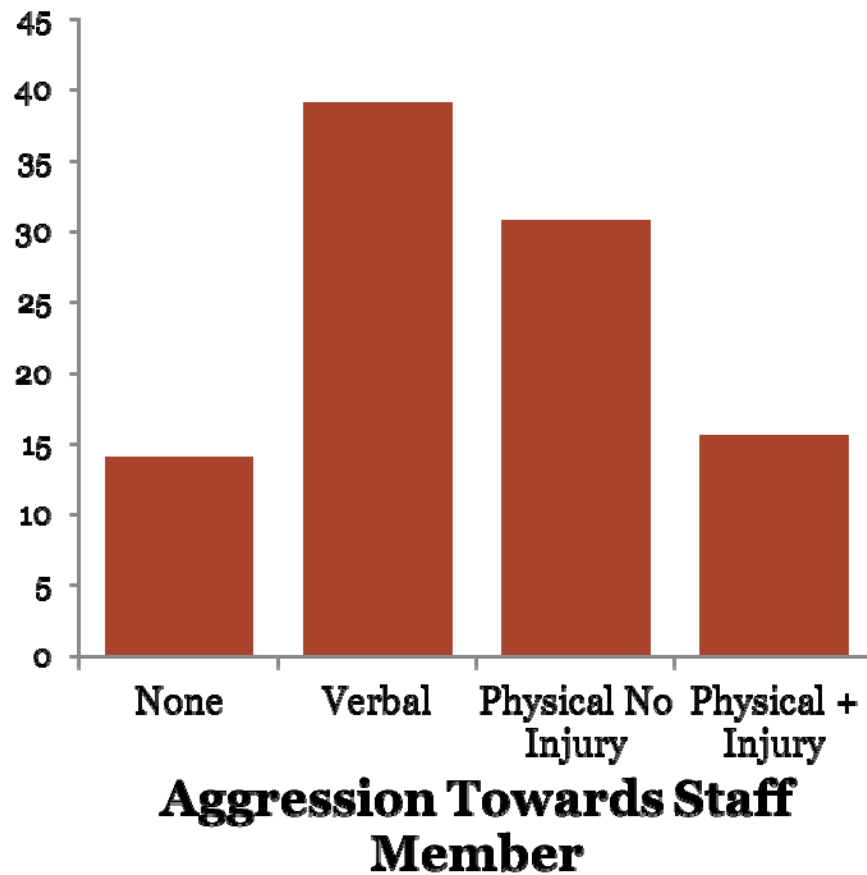
¹Benson and Brooks, 2008

²Tenneij & Koot, 2008

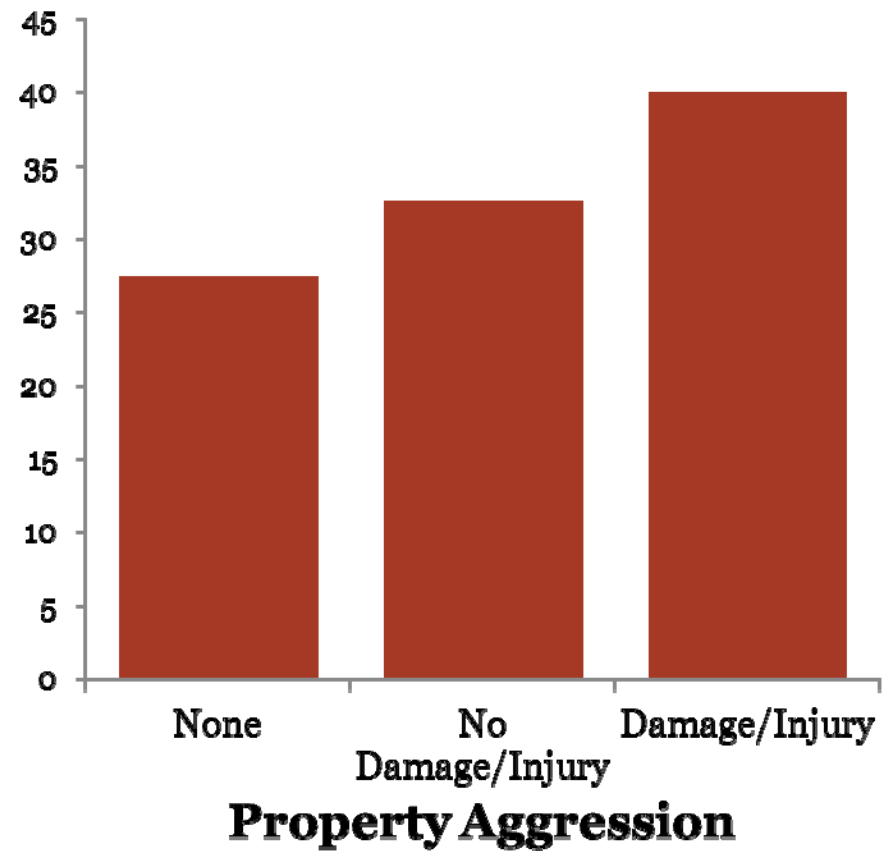
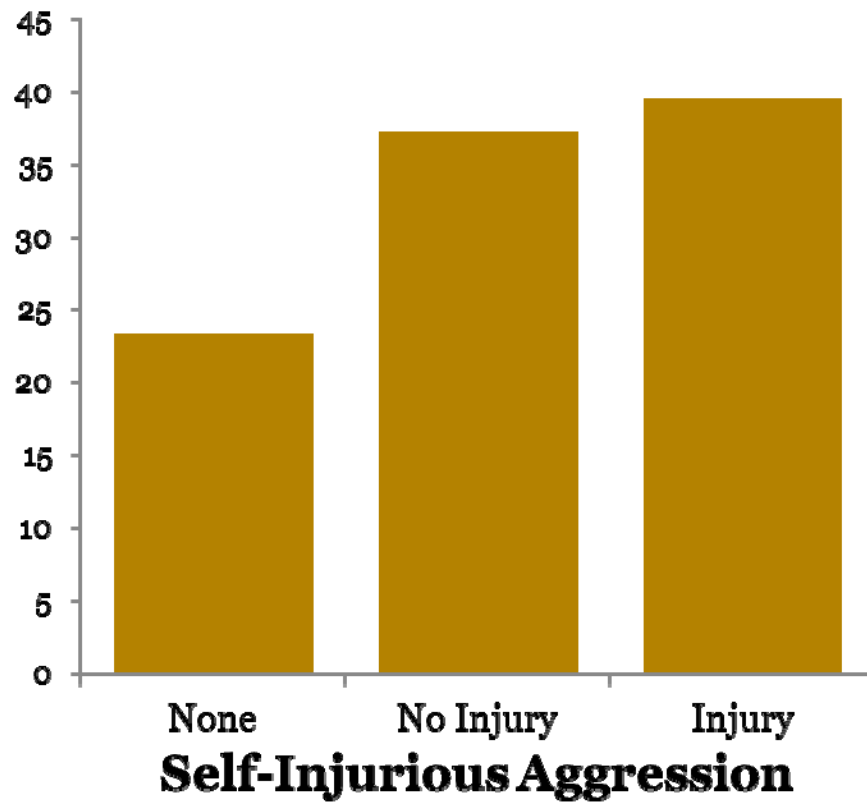
Staff Exposure to Aggression



N=926 staff from Ontario

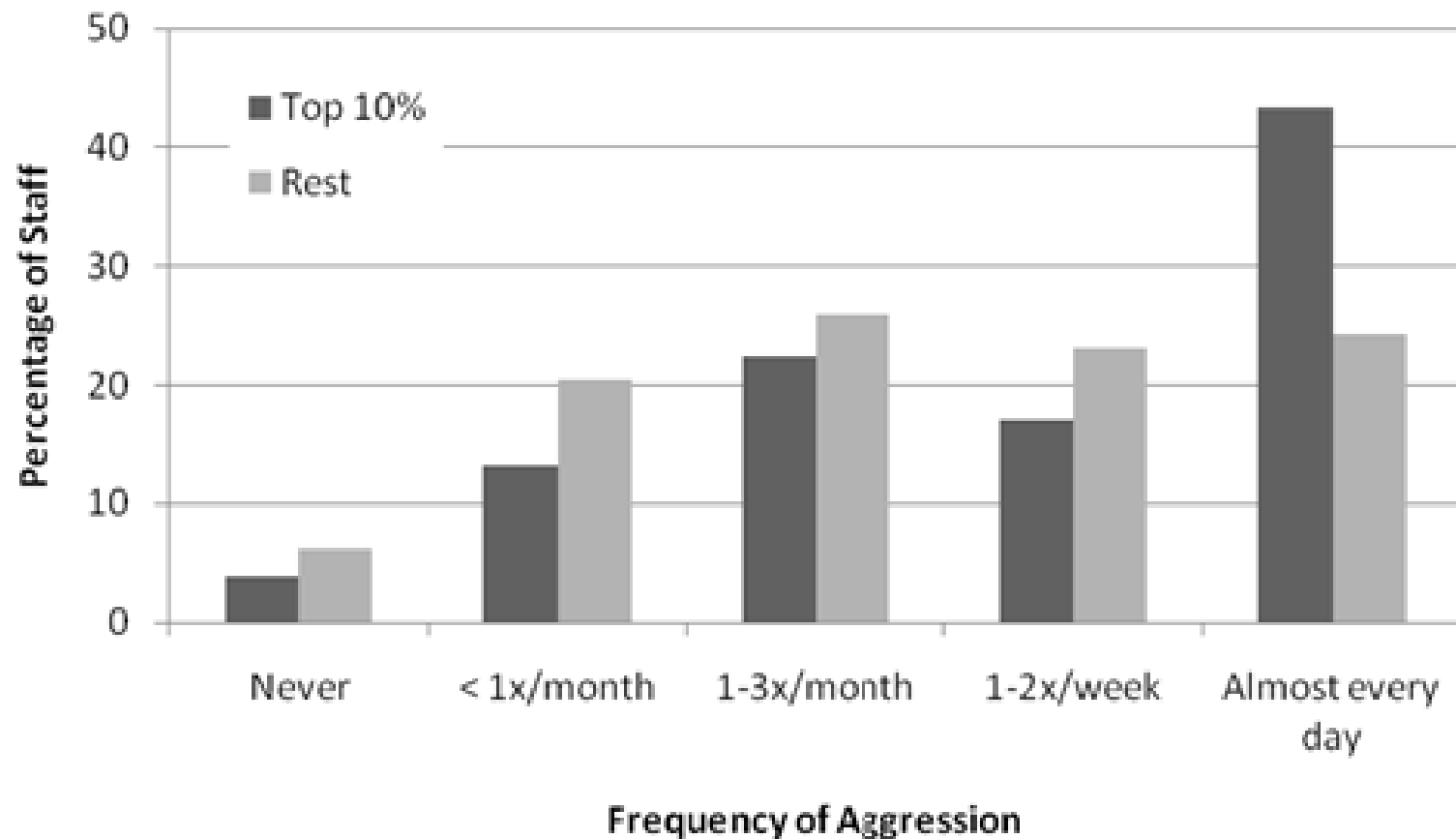


N=926 staff from Ontario



N=926 staff from Ontario

Aggression and Burnout



N=926 staff from Ontario

*What do
Support Staff
say about
Aggression*





Some people love it!

*“I miss all the good days
when it was more action
going on in the house.
Cause, I don’t know why, I
guess it’s just part of the
personality that you kind of
need the adrenaline”*

*“I take the challenging people
and anytime I’ve gone into a
situation I take those
challenges....because for me
that’s just what I enjoy doing”*

CHALLENGES



Staff may not be 'suited' for it

*“It’s hard for staff, you know—**some people are not cut out for behaviours.** I’m not cut out for a whole lot of personal care. I like behaviours. But there’s **somebody that’s great with personal care that would be terrified of behaviours, right?**”*

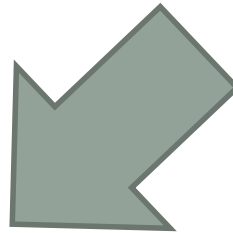
It can shift over time

*“There are people that really just love it...And more power to them. I was there when I was younger. **Not there anymore!**”*



Handles stress well
Not super confident
with behaviours

Incident happens at
work



What if I get
hurt? I can't
afford that.



After incident:
Fearful of working with person
Worried about another incident
Starts to avoid

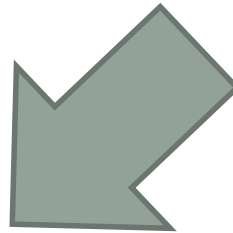


After time:
Co-workers get annoyed
No support sought
Seeks transfer/leaves sector



Has suffered
depression in past
++Stress at home
Previous incident
required leave

Incident happens at
work



I'm worthless
I'm terrible at
my job



After incident:
Flashbacks, difficulty coping
Very fearful, anxious
Starts to avoid and withdraw
Makes mistakes at work



After time:
Struggling at work and home
Visits doctor
Starts treatment
Takes leave

Unique Challenges in this Sector

- Consolidating traumatic experiences with positive outlook on work
- Need to protect clients and provide quality care
- Dealing with violence a “part of the job”*
- Team back-up*
- Staffing challenges
- Human service workers – role identity and denial
- Transitional spaces*

“Part of the Job...”

“It’s just almost...checked off as that’s just part of the job”

TABLE IV
Acceptance of violence as part of the job

Categories	Example
I see violence as just part of my job.	“It’s just part of the job, it happens, you go and do your job and then you get out.”
I see my work as “just a job”.	“I’ve got a vested interest if there is a member of my staff looking like getting injured.”
It is important that there’s a point/purpose to my work.	“Personal satisfaction for me, it’s just I feel good that I can work and help . . . if everybody was thinking they couldn’t help children like this, it would be a case of, ‘well what happens to the children?’ ”
I find it frustrating when I feel that no progress is being made.	“you go over the reasons [for the violence] and nothing seems to work . . . and that gets me like really frustrated.”
I think you need to accept violence in order to work effectively.	“If you were all hyped up after an incident, that you couldn’t concentrate, then you’d be taking it out on the children which isn’t fair.”
I think as it’s my choice to be here I have to accept it.	“I choose to do it, ’cos I know where the door is if I didn’t want to.”

Howard and Hegarty, 2003

Team Back-up

- Depends on:
 - Availability
 - Skill and competency
 - Trust
 - Team relationships



“I’ve never been in a situation where I’ve been in there for more than like ten, fifteen seconds without a staff coming in for back-up. So, without that back-up, I probably wouldn’t be here.”

Transitional Spaces



“We were on vacation, and [one person] became very aggressive - You’re very aware, you’re making sure everybody’s safe. That was probably one of the most stressful situations. You can’t call for back-up and you’ve exhausted every resource you know. It ended up successful...but it was a learning experience, right?”

Experiencing vs. Witnessing

- Witnessing others being threatened or physically harmed may also have traumatic effects
- Study of group home staff:
 - Perceived severity of overall aggression predicted by severity of aggression witnessed towards others and towards property (more than aggression towards self)
- Why?
 - Less control
 - Helping role
 - More severe?
 - When directed at us we can attribute cause and consequence more easily

What prevents help-seeking?

- In depth interviews with 19 front-line support staff with current or prior experience in residential settings
- Main Thematic Clusters:
 - 1) Preventing and Coping
 - 2) Severity Threshold
 - 3) Enabling Factors
 - 3) Costs vs Benefits
- A balance of staff's ability to prevent or manage their problems and the help-enabling factors present in the workplace

Preventing and Coping

- Works to keep staff healthy and performing well
- Several sub-themes:
 - Innate abilities to work with aggression
 - Team cohesiveness
 - Finding relief
 - Proactive work culture/Supportive managers
 - Self-efficacy (+/- denial)
 - Personal resources



Finding Relief

- Switching off
- Sharing duties

Personal Resources

- Friends/Family
- Hobbies
- Stress Management

Team Cohesiveness

- Trust
- Humour
- Peer Support

Self-Efficacy

- Training
- Experience

Work Culture

- Supportive Managers
- Education
- Debriefing

Severity Threshold

- The point at which symptoms are perceived as severe enough to warrant action
- Depends on: previous personal experiences, expectations about symptoms, beliefs about illness and outcomes, personal impact

“I’m thinking about it more outside of work... I’m over-anticipating things...I can feel it, you know, my body expresses stress in certain ways that I’m aware of....I get tired, irritable...the rewarding part of the job doesn’t feel very rewarding anymore.”

Enabling (and not so enabling) Factors

- Those things that will encourage or allow staff to seek support
- Availability of services
 - And accessible!
 - And useful!
- Personal motivation
 - May be enhanced by cues from family, co-workers
- Support in and out of organization
 - Time, benefits (\$)
 - Co-worker and supervisor support
 - Focus on client, Rules – less enabling

“Um, so one of the things I do is I go for monthly massages too, just to kind of work out the tension and just to have that hour of strict relaxation....being full-time our benefit package covers that. So it’s also a load off my mind knowing that I can do that and it’s not coming out of my pocket.”

“Sometimes we don’t show the same empathy for our employees as we do for the people we support. It only seems like there’s a disconnect and there’s two different things that’s happening there but it’s the same environment.”



Costs vs Benefits

- The balance between the cost of doing something and the benefit that will result
- Often both costs and benefits are highly subjective but may be created and reinforced by the workplace culture
- Sub-themes:
 - Personal beliefs about job stability, judgment, stigma
 - Perceived resource utility
 - Likelihood of desired response



“...the fear that if they did go somewhere or tell their supervisor, that they would be removed from the home...fear of your supervisor seeing you or others seeing you as being inadequate, that you can’t do the job.”



“I think my supervisor would somehow be suspicious that ‘Well, why is it that you can’t work with this person? Why can’t you handle this kind of a situation?’”



Summary

- Trauma can happen at work and comes in a variety of forms
- Consequences range from temporary to persistent
- Negative psychological consequences of trauma may accumulate over time
- Many positive strategies are used by staff to cope
- Staff's individual context is important
- Help seeking within the organization may be deterred by several factors many of which can be addressed


Areas for intervention

- Interventions must be implemented in larger consideration of workplace and sector culture
- Points to target:
 - Individual Staff
 - Team Units
 - Managers/Executives
 - Organization/Sector



Suggestions from Staff

Individual



Organization

- Coping skills development
- Team-building
- Case discussions
- More available/involved managers
- “Open the door”
- Recognition for staff performing well
- Careful staff:job matching
- Resources matched to needs
- EAPs/peer counsellors
- Job sharing/transfer opportunities
- “Reciprocal compassion”

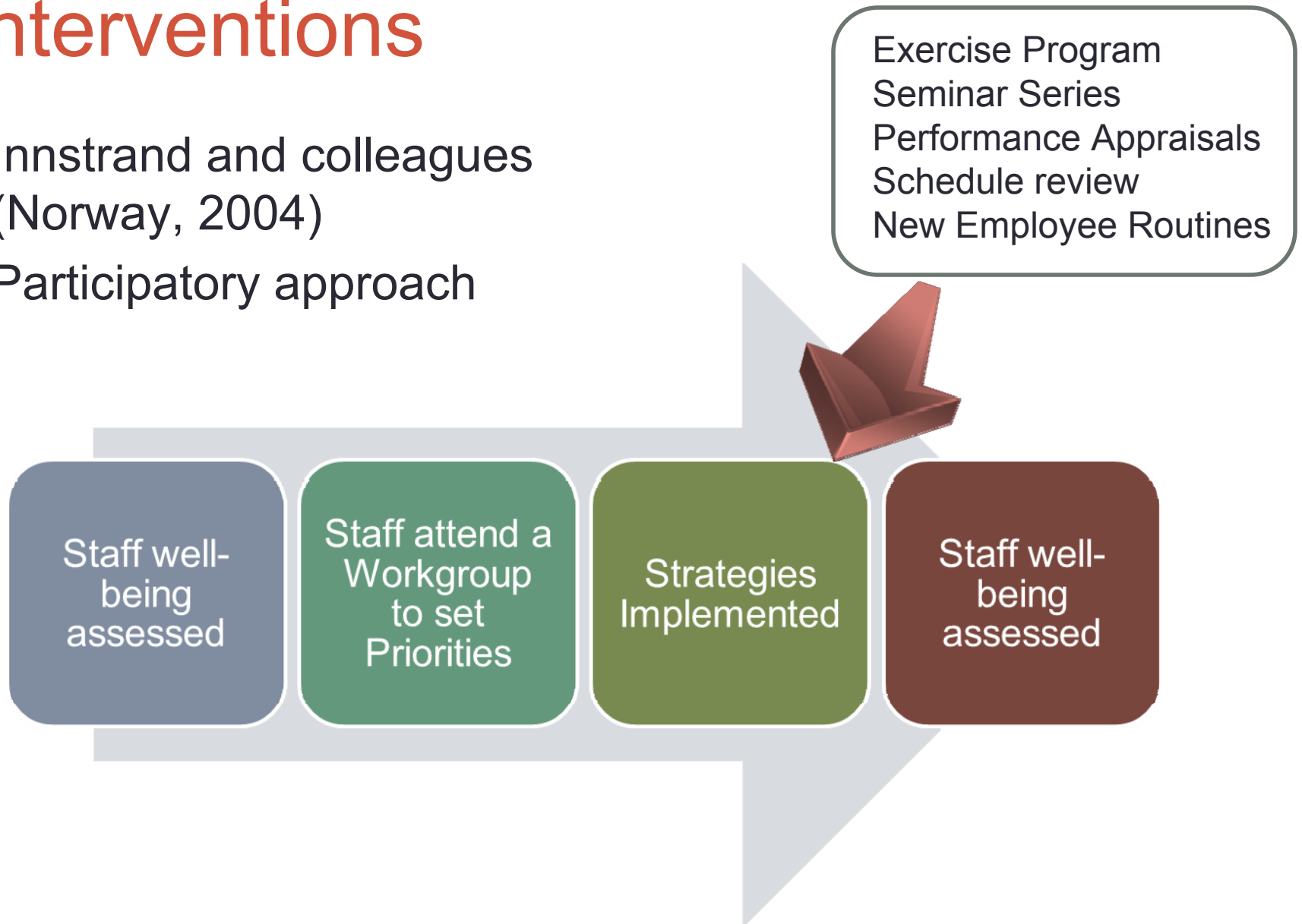




“To spend time with [the manager] it is more of the receptionist, and receptionist calling and seeing if that person is in, seeing if they will accept an appointment, you know?”

Interventions

- Innstrand and colleagues (Norway, 2004)
- Participatory approach



Interventions

- Gardner and colleagues (UK, 2005)
- Focus on stress management training
 - Cognitive Therapy or Coping Skills Therapy
- Main benefit found in people with highest symptoms of ill-health
- Cognitive therapy more successful overall

Interventions

- Singh and colleagues (USA, 2009)
- Staff were provided with weekly mindfulness meditation training sessions
- Encouraged to practice meditation outside of work on a daily basis
- Also taught to use mindfulness - “being in present moment” - in work interactions
- STAFF developed and maintained their personal practice after training ended, applied it at work and in their home life

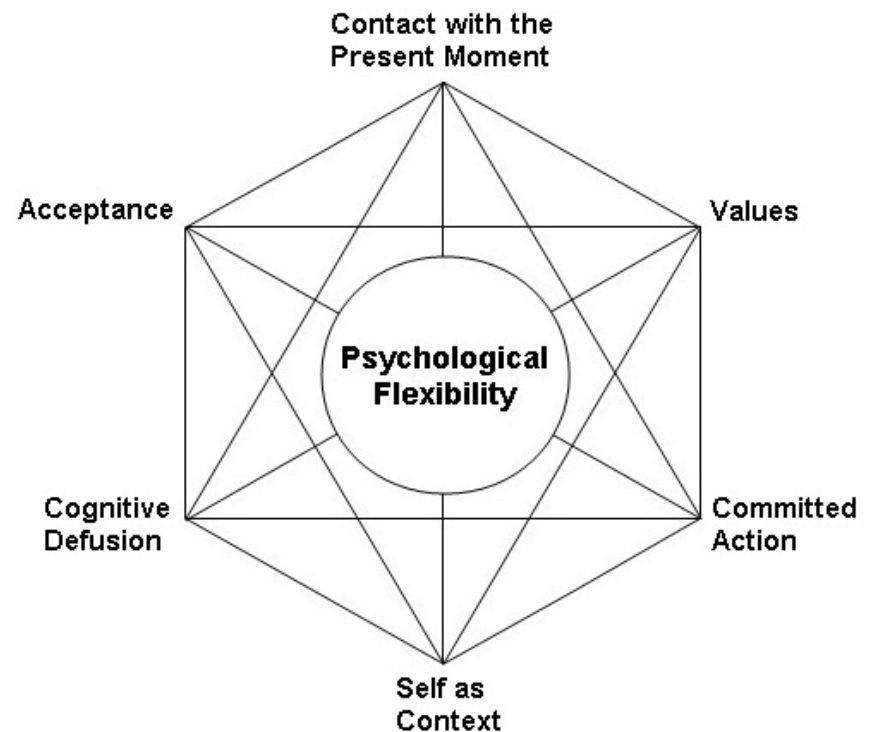
Mindfulness

ADDITIONAL OUTCOMES:

- Reduction in staff injury & sick time
- Intervention not only benefited staff but it also benefited clients
- Reduction in client aggression, physical restraint use, injuries and use of PRN medication

Interventions

- Noone & Hastings (UK, 2009)
- PACT: Promotion of Acceptance in Carers and Teacher
- Delivered as workshop over 1-2 days
- Positive benefit found in staff self-rated health



Appendix: Promotion of Acceptance in Carers and Teachers (PACT)

Day 1: morning session

- Understanding the demands of caring
- Describing the challenges within your job and evaluating how successful is your present coping
- Coping is the problem not the solution: the promotion of willingness (Hayes et al., 1999, pp. 123–4)
- Clean versus dirty discomfort (p. 136)
- First mindfulness exercise – short body scan
- Defusion exercise – leaves on a stream (pp. 158–62)

Interventions

- CAMH Being Better Together
 - 8 week group for clients and residential staff
 - Coping skills training
 - Hassle logs
 - Weekly relaxation and/or mindfulness practice with client/staff pairs

Being Better Together

- Situations raised by clients can be discussed with staff that same day
- Staff also can discuss impact of behaviour on them with peers, without clients present
- Staff can discuss challenges faced when working with other staff
- Group leaders model coping strategies with staff and clients in room together
- Both staff and clients receive training in mindfulness, together and in their separate groups

“These are helping hands”



“My staff helping me with my bother
log”



Staff Feedback

Impact on Self

- I'm doing the right thing
- Feel more confident
- More mindful of things
- It has made us feel valued and we need to take care of ourselves first.

Interventions

- Hutchison, Hastings and colleagues (UK, 2012)



Journal of Intellectual Disability Research

doi: 10.1111/j.1365-2788.2012.01630.x

Who's Challenging Who? Changing attitudes towards those whose behaviour challenges

L. M. Hutchinson,¹ R. P. Hastings,¹ P. H. Hunt,² C. L. Bowler,² M. E. Banks² & V. Totsika¹

¹ *School of Psychology, Bangor University, Bangor, UK*

² *Mencap Cymru, Cardiff, UK*



Exercise

Resources

Centre for Research on Employment and Workplace Health

<https://knowledgex.camh.net/researchers/projects/crewh/Pages/default.aspx>

Centre for Addiction and Mental Health

www.camh.ca, tel. 416-535-8501

ConnexOntario Health Services Information

<http://www.connexontario.ca/>

Jennifer.Hensel@mail.utoronto.ca

Yona.Lunsky@camh.ca