Working with Targets of Workplace Bullying

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Objectives

- Discuss 25+ years treating and working with targets of workplace bullying
- Understanding the injury
  - Antecedents, moderators, outcomes
- Assessment
- Diagnoses: debate, ideas, discussion
- Counselling treatment model

Target Description of their Workplace Bullying Experiences …

"I felt like I was psychologically

"I would rather have been assaulted."

"I am not the same person, I can't trust, I have no joy."

"I felt stripped of humanity."

it was like soul murder"

"I felt like I had an abusive boyfriend who beat me and said it was my fault and then said he loved me."

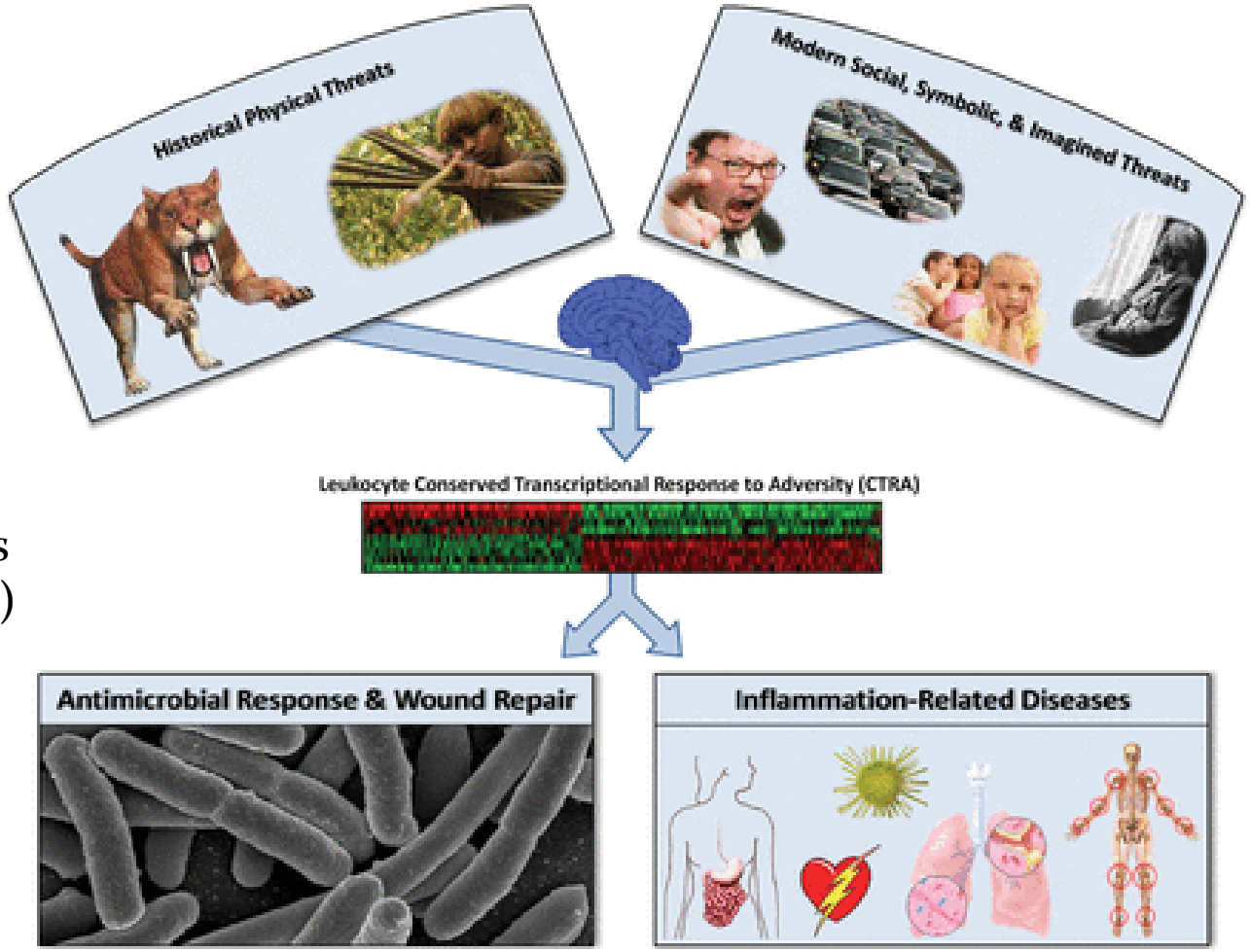
"I lost me" *"I used to be so strong!"*

"But I love my job…I just want to do my job!"

Know the Injury

Threats to Basic Psychological Needs

Social Environment and Gene Expression



Signals carried on pain neurons (Eisenberger)

Social bonds and trust central to humans (Williams et. al.)

Development of Psychological Injury*

Experience
Type, frequency, clarity

Antecedents (target/perpetrator)

Moderators
Organizational
Perpetrator
Target

Threatened Needs:
Belonging, control, self-esteem, meaningful existence

Reactions
Immediate, short-term
long term

*Adapted from Williams (1997/2001 Model of Ostracism

Antecedents

Target

- Conscientious, high performer, lack of political awareness, strong belief in just world
- Anxious, avoidant
- Suspicious
- Mental illness

Perpetrator

- Lack of insight
- Poor empathy
- Attachment issues
- Personality disorder
- Cultural pressures
- Learning

Type of Bullying Experienced

Motive

- Escalated Conflict
- Stress related
- Mental Illness
- Leadership style
- Culture of response to allegations
- Predatory and

Exposure

- Acute
- Chronic
- Frequency
- Visibility of actions
- Perceived motivation
- Clarity – easily defined as bullying

Organizational Moderator: Institutional Betrayal

- When the organization does not protect those involved in experiencing and witnessing bullying and harassment a basic belief about safety is violated
- Developed by Smith and Freyd (2014) and applied to university lack of response to sexual assaults, and has been applied to WPB (e.g., Pursell Elliot)
- In WPB and harassment, the wider the web of betrayal, the greater the moral injury
  - Ignoring bullying culture
  - Ignoring requests for help
  - Not following procedures/legislation
  - Poorly conducted investigations
  - Unfair sick leave processes

Individual Moderators

- Taking responsibility
- Attachment styles, needs for belonging, control, self-esteem, fear response management
- Previous experiences
- Beliefs about work

Four Basic Human Psychological Needs

1. The need for attachment (belonging)
2. The need for control over one's environment to feel safe (control)
3. The need for self esteem enhancement & protection (identity)
4. The need for pleasure & pain avoidance (meaningful life)

Roussow, P.J. (2012).

Reactions to Threats to Basic Needs

1. **Immediate (Alarm) stage:**

- alarm goes off in the brain and registers physical pain
- increased production of adrenaline, noradrenaline

2. **Short Term (Coping Attempts):**

- how to improve their inclusionary status
- pay attention to every social cue, cooperate, conform, and obey and look to regain control

3. **Long Term (Resignation/Exhaustion)**

- depleted, depressed, helpless & despairing
- ruminative especially on lack of justice in process and search to balance the scales (critical factor in development of injury)
- reduced serotonin, less blood flow to PFC, increased production of adrenalin and cortisol, decreased dopamine and GABA

Treatment

Connecting, Assessing, Diagnosing, treatment

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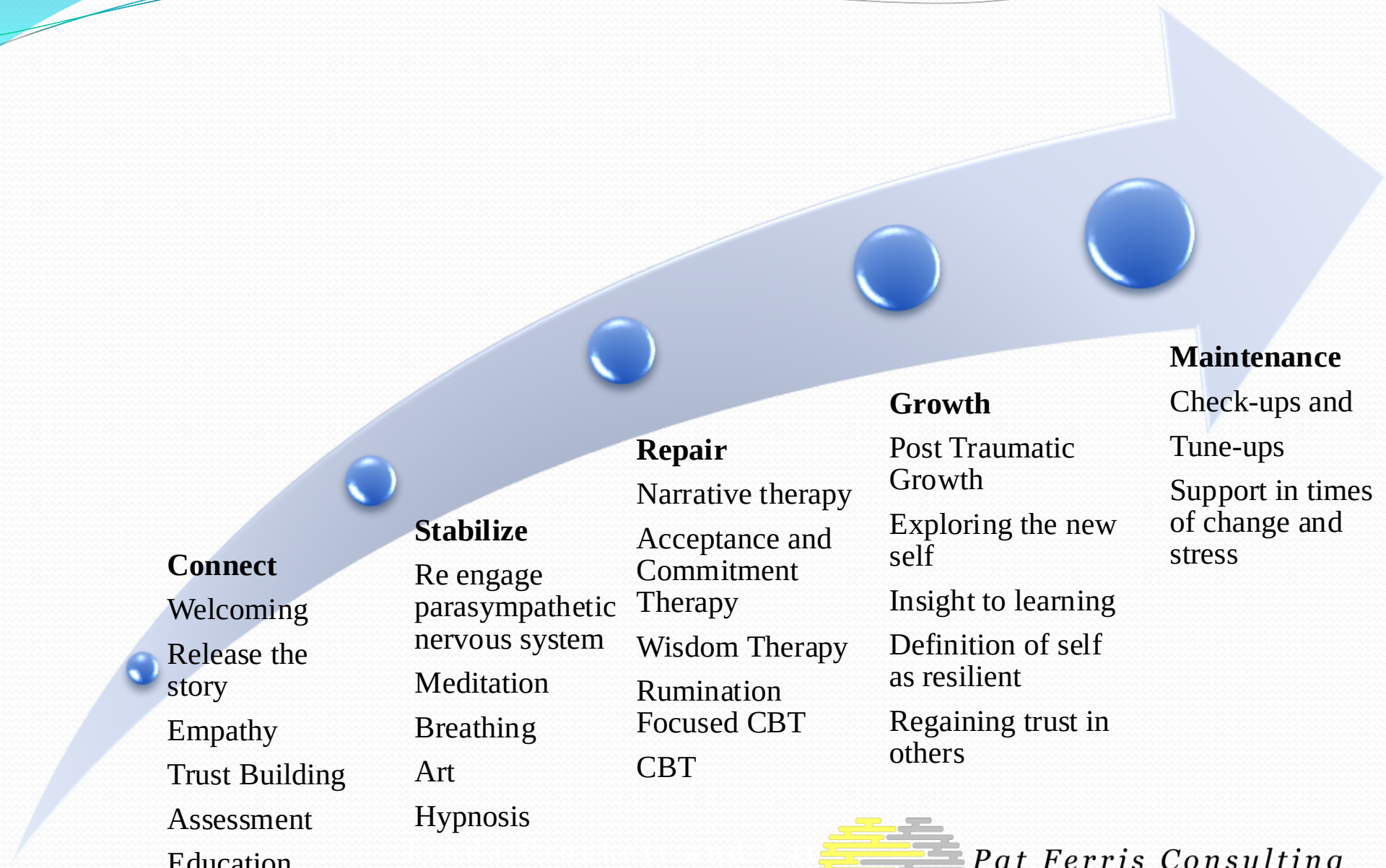
The Therapeutic Journey



Connect

Welcoming

Release the story

Empathy

Trust Building

Assessment

Education

Stabilize

Re engage parasympathetic nervous system

Meditation

Breathing

Art

Hypnosis

Repair

Narrative therapy

Acceptance and Commitment Therapy

Wisdom Therapy

Rumination Focused CBT

CBT

Growth

Post Traumatic Growth

Exploring the new self

Insight to learning

Definition of self as resilient

Regaining trust in others

Maintenance

Check-ups and Tune-ups

Support in times of change and stress

Wampolds Contextual Model

Three pathways or mechanisms that produce benefits in psychotherapy"

a) the real relationship

b) the creation of expectations through explaining the disorder and the treatment that is recommended; and

c) using specific therapeutic techniques to develop health promoting activities

Translated to Treating Targets or Perpetrators

a) establishing a safe, trusting and real relationship;

a) education about exposure to and impact of workplace bullying, and the process of treatment; and

a) working with the client to engage in behavioural and thought changes that improve health and promote resiliency.

Issues in Connecting: Establishing the Therapeutic Relationship

- Client will determine counsellor trustworthiness, expertise, compassion and ability to understand
- Role of the counsellor is to be professional, warm, and welcoming, to establish clear boundaries
- Strong focus on confidentiality
- Extended first interview to facilitate listening to stories that are often long and disjointed (most critical point)
- Sense of safety to talk, to be heard and validated is the core of healing for the target – 'holding' the client
- Agree on goals
  - Realistic review of achieving justice and counsellor power

Educate

- Most clients don't understand why they were targeted
- Blame self
- Provide education on why people bully (e.g., personality, culture, stress, learning, mental disorders)
- Provide education on why some people become targets
  - Overly conscientious
  - Highly competent
  - Unaware of politics/dynamic
  - Strong belief in just world
  - Avoidant
  - Triggering of perpetrator

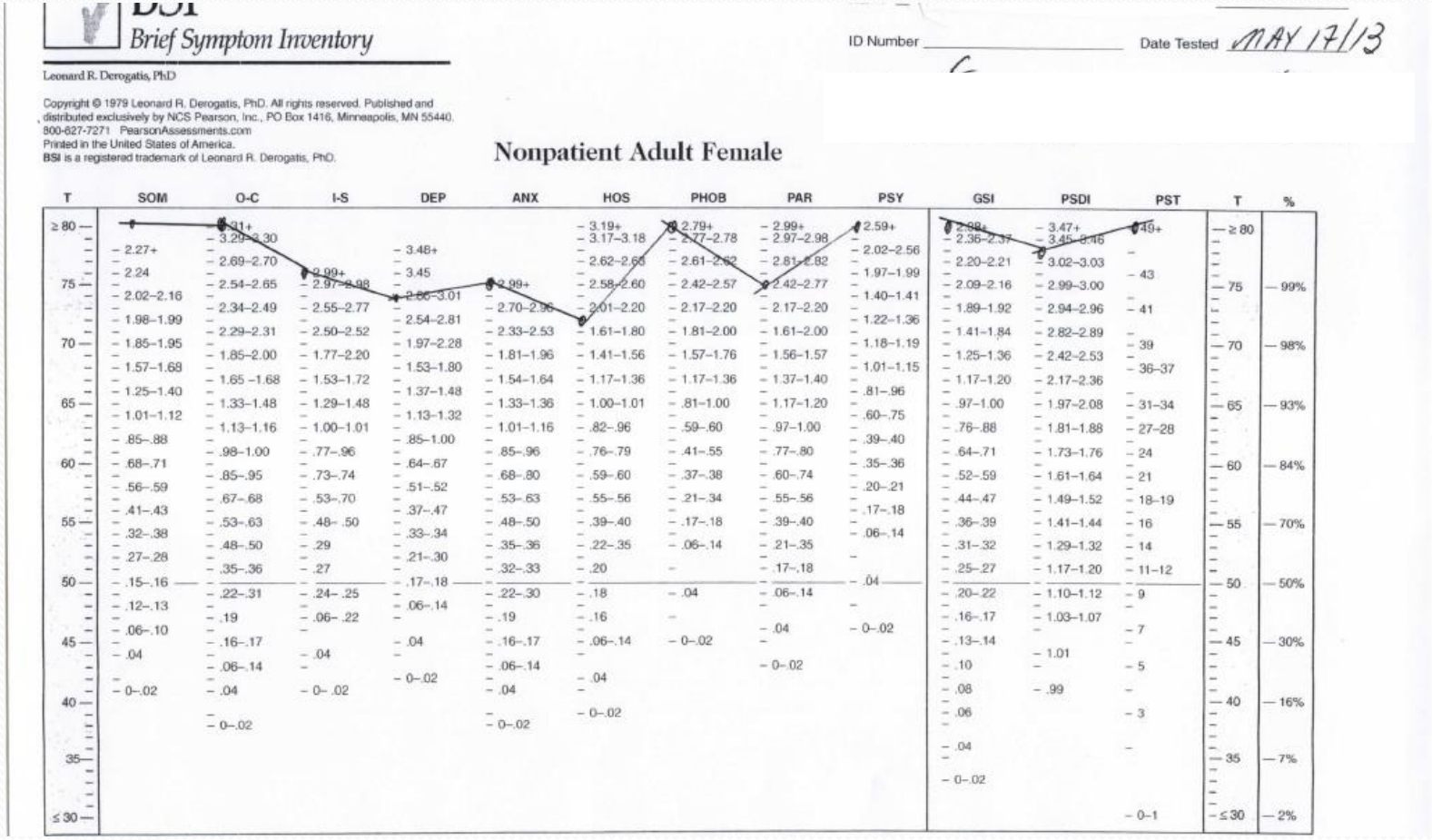
Issues in Assessment

- May take several sessions and won't happen easily if the story is not told
- Clients find this helpful to understanding and this acts as an educative tool as well
- Use validated tools to add objectivity e.g. Negative Acts Questionnaire, Bullying Inventories, Brief Symptom Inventory, Psychiatric Diagnostic and Screening Questionnaire
- Provide diagnosis as required

Factors in Assessment

- Physical symptoms
  - Sleep, fatigue, skin disorders, somatic complaints
- Psychological symptoms
  - Rumination, anxiety, depression, obsessions, agoraphobia, trauma related, presence of suicidal ideation/plan
- Cognitive symptoms
  - Poor memory, unable to learn, poor problem solving
- Social symptoms
  - Impoverished/conflictual family and social relationships
- Personality changes
  - Loss of perception of self, shame, guilt, conflictual

Brief Symptom Inventory Example



BSI
Brief Symptom Inventory

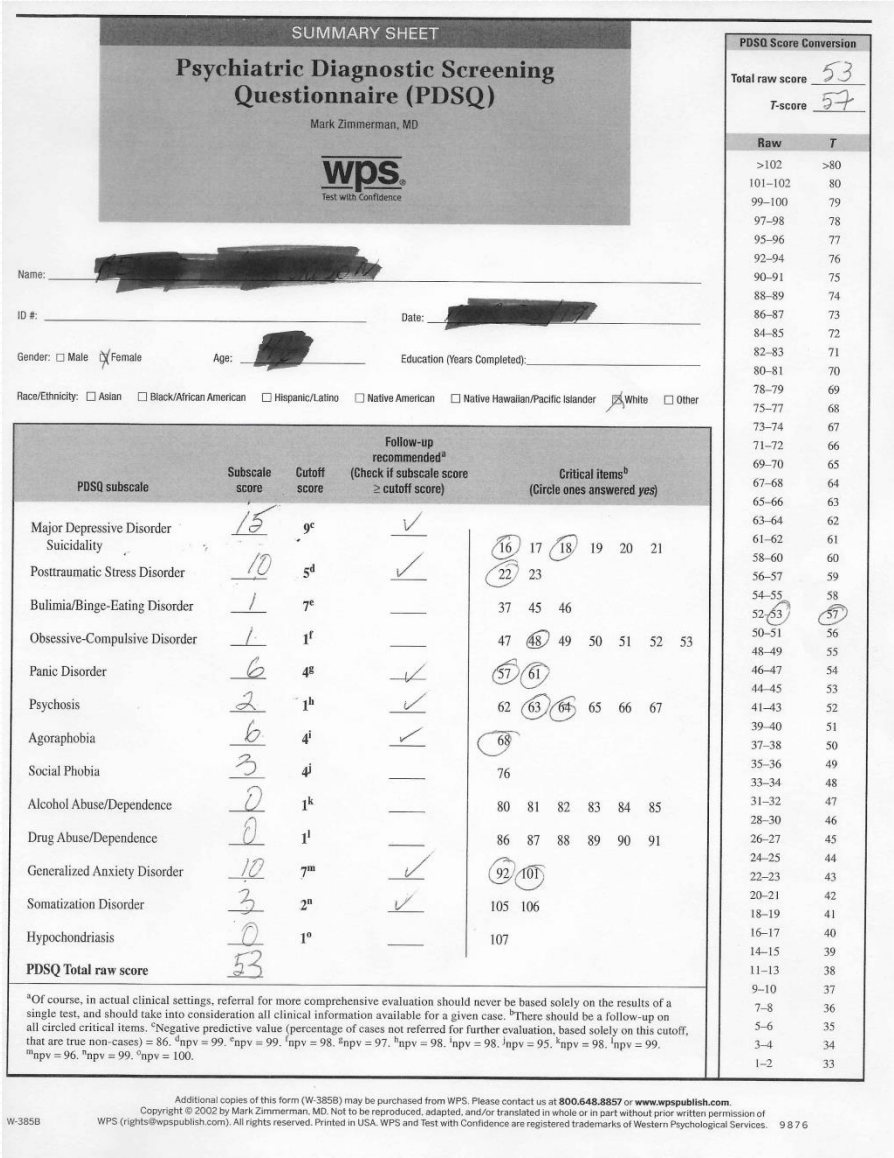
ID Number _____ Date Tested MAY 17/13

Leonard R. Derogatis, PhD

Nonpatient Adult Female

T	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PAR	PSY	GSI	PSDI	PST	T	%
≥ 80													≥ 80	
75	2.27+	3.31+	2.99+	3.48+	2.99+	3.19+	2.79+	2.99+	2.59+	2.88+	3.47+	49+	75	99%
	2.24	3.29–3.30	2.97–2.98	3.45		3.17–3.18	2.77–2.78	2.97–2.98	2.02–2.56	2.36–2.37	3.45–3.46			
	2.02–2.16	2.69–2.70		2.66–3.01		2.62–2.63	2.61–2.62	2.81–2.82	1.97–1.99	2.20–2.21	3.02–3.03	43		
	1.98–1.99	2.54–2.65		2.54–2.81		2.58–2.60	2.42–2.57	2.42–2.77	1.40–1.41	2.09–2.16	2.99–3.00	41		
70	1.85–1.95	2.34–2.49	2.55–2.77	1.97–2.28	2.70–2.96	2.01–2.20	2.17–2.20	2.17–2.20	1.22–1.36	1.89–1.92	2.94–2.96	39	70	98%
	1.57–1.68	2.29–2.31	2.50–2.52	1.53–1.80	2.33–2.53	1.61–1.80	1.81–2.00	1.61–2.00	1.18–1.19	1.41–1.84	2.82–2.89	36–37		
	1.25–1.40	1.85–2.00	1.77–2.20	1.37–1.48	1.81–1.96	1.41–1.56	1.57–1.76	1.56–1.57	1.01–1.15	1.25–1.36	2.42–2.53			
65	1.01–1.12	1.65 –1.68	1.53–1.72	1.13–1.32	1.54–1.64	1.17–1.36	1.17–1.36	1.37–1.40	.81–.96	1.17–1.20	2.17–2.36	31–34	65	93%
	.85–.88	1.33–1.48	1.29–1.48	.85–1.00	1.33–1.36	1.00–1.01	.81–1.00	1.17–1.20	.60–.75	.97–1.00	1.97–2.08	27–28		
	.68–.71	1.13–1.16	1.00–1.01	.64–.67	1.01–1.16	.82–.96	.59–.60	.97–1.00	.39–.40	.76–.88	1.81–1.88	24		
60	.56–.59	.98–1.00	.77–.96	.51–.52	.85–.96	.76–.79	.41–.55	.77–.80	.35–.36	.64–.71	1.73–1.76	21	60	84%
	.41–.43	.85–.95	.73–.74	.37–.47	.68–.80	.59–.60	.37–.38	.60–.74	.20–.21	.52–.59	1.61–1.64	18–19		
	.32–.38	.67–.68	.53–.70	.33–.34	.53–.63	.55–.56	.21–.34	.55–.56	.17–.18	.44–.47	1.49–1.52	16		
55	.27–.28	.53–.63	.48– .50	.21–.30	.48–.50	.39–.40	.17–.18	.39–.40	.06–.14	.36–.39	1.41–1.44	14	55	70%
	.15–.16	.48–.50	.29	.17–.18	.35–.36	.22–.35	.06–.14	.21–.35		.31–.32	1.29–1.32	11–12		
	.12–.13	.35–.36	.27	.06–.14	.32–.33	.20		.17–.18		.25–.27	1.17–1.20			
50	.06–.10	.22–.31	.24– .25	.04	.22–.30	.18	.04	.06–.14	.04	.20–.22	1.10–1.12	9	50	50%
	.04	.19	.06– .22		.19	.16		.04	0–.02	.16–.17	1.03–1.07	7		
		.16–.17	.04	.04	.16–.17	.06–.14	0–.02	0–.02		.13–.14	1.01	5		
45	0–.02	.06–.14		0–.02	.06–.14	.04				.10	.99		45	30%
		.04	0– .02		.04					.08		3		
						0–.02				.06				
40		0–.02			0–.02					.04			40	16%
35										0–.02			35	7%
												0–1		
≤ 30													≤ 30	2%

PDSQ



SUMMARY SHEET

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Mark Zimmerman, MD

wps
Test with Confidence

Name: [redacted]

ID #: _____ Date: [redacted]

Gender: ☐ Male ☒ Female Age: [redacted] Education (Years Completed): _____

Race/Ethnicity: ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Native American ☐ Native Hawaiian/Pacific Islander ☒ White ☐ Other

PDSQ subscale	Subscale score	Cutoff score	Follow-up recommended[a] (Check if subscale score ≥ cutoff score)	Critical items[b] (Circle ones answered *yes*)
Major Depressive Disorder	15	9[c]	✓	
Suicidality				16 17 18 19 20 21
Posttraumatic Stress Disorder	10	5[d]	✓	22 23
Bulimia/Binge-Eating Disorder	1	7[e]	___	37 45 46
Obsessive-Compulsive Disorder	1	1[f]	___	47 48 49 50 51 52 53
Panic Disorder	6	4[g]	✓	57 61
Psychosis	2	1[h]	✓	62 63 64 65 66 67
Agoraphobia	6	4[i]	✓	68
Social Phobia	3	4[j]	___	76
Alcohol Abuse/Dependence	0	1[k]	___	80 81 82 83 84 85
Drug Abuse/Dependence	0	1[l]	___	86 87 88 89 90 91
Generalized Anxiety Disorder	10	7[m]	✓	92 101
Somatization Disorder	3	2[n]	✓	105 106
Hypochondriasis	0	1[o]	___	107
PDSQ Total raw score	53			

[a]Of course, in actual clinical settings, referral for more comprehensive evaluation should never be based solely on the results of a single test, and should take into consideration all clinical information available for a given case. [b]There should be a follow-up on all circled critical items. [c]Negative predictive value (percentage of cases not referred for further evaluation, based solely on this cutoff, that are true non-cases) = 86. [d]npv = 99. [e]npv = 99. [f]npv = 98. [g]npv = 97. [h]npv = 98. [i]npv = 98. [j]npv = 95. [k]npv = 98. [l]npv = 99. [m]npv = 96. [n]npv = 99. [o]npv = 100.

PDSQ Score Conversion

Total raw score 53

T-score 57

Raw	*T*
>102	>80
101–102	80
99–100	79
97–98	78
95–96	77
92–94	76
90–91	75
88–89	74
86–87	73
84–85	72
82–83	71
80–81	70
78–79	69
75–77	68
73–74	67
71–72	66
69–70	65
67–68	64
65–66	63
63–64	62
61–62	61
58–60	60
56–57	59
54–55	58
52–53	57
50–51	56
48–49	55
46–47	54
44–45	53
41–43	52
39–40	51
37–38	50
35–36	49
33–34	48
31–32	47
28–30	46
26–27	45
24–25	44
22–23	43
20–21	42
18–19	41
16–17	40
14–15	39
11–13	38
9–10	37
7–8	36
5–6	35
3–4	34
1–2	33

Diagnostic Issues

- Adjustment Disorders
- Depressive and Anxiety Disorders
- Post Traumatic Stress Disorder
  - Exposure to life threatening situation
- Complex Cumulative Trauma
- Personality Disorders e.g., Paranoid
- Delusional/Psychotic Disorders

Diagnostic Issues	Presentation	Diagnosis
Mild Generally within 3 months of exposure Organizational support	Remains at work Stable personal relationships, Ability to regulate emotions Minimal anxiety, depression Sense of control	Adjustment disorder Occupational Problem
Moderate 3-6 months exposure Failure of organizational supports	Greater disruption in work and personal relationships, physical pain, poor sleep, focus on injustice, rumination on why, avoidant at work or on sick leave	Adjustment disorder, MDE, Anxiety disorder,
Severe Prolonged exposure Organizational failure Late access to appropriate treatment	Unable to work Severe rumination on justice Avoidant Hypervigilant, triggered, distrusting Poor relationships Paranoid/Delusional/persecutory thinking Suicidal ideation, loss of self	Complex PTSD WPB Trauma Moral Injury Rule out psychosis and Delusional Disorder Brief Psychotic Disorder

Treatment: Calm the Sympathetic Nervous and Musculo-Skeletal Systems

- Breathing
- Meditation
- Visualization
- Coloring, Art
- Music
- Exercise
- Massage/acupuncture/physiotherapy

Techniques That Develop Health Promoting Behavior

- Think about situation is less maladaptive ways
- Identifying and relying less on negative schemas (cognitive behavioural strategies), improving interpersonal relationships (interpersonal psychotherapy), accepting that something bad has happened and committing to moving forward (acceptance and commitment treatments), accepting oneself more (self-compassion therapies), and complex trauma therapies

Specific Strategies

- Basic needs: small goals such as personal hygiene, a 5 minute walk
- Mourn losses through ritual
- Rapport; mirroring, empathy "I am here with you."
- Instill hope: resiliency and future vision
- Acceptance of situation and commitment to healing
- Visualization exercises
- Creation of a healing network:
  - Physician and other treatment providers

Focus on Growth

- Work on strengthening beliefs in the self as resilient, reviewing the learning from their experiences, and defining their new path in life.
- The counsellor role is one of strengthening the new and growing neural networks in the brain through focused discussions in counselling
- Helpful tool is Post Traumatic Growth Inventory

Stability

- Agree to check ups
- Prepare for minor relapses and normalize

Self Care

- Clients can be demanding of attention and resources
  - Watch your boundaries
- Clients can be exhausting
  - Exhibit high levels of emotions and stress that can be catching
  - Be careful how many clients you take on
  - Transference is likely to happen, be prepared for clients to be angry at you
  - Counter-transference: frustration at client, helplessness, awareness of impact of own experiences
- Access to support and clinical supervision

THANK YOU

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QUESTION & ANSWER

ABRC

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