APA Resource Document

Resource Document on Prevention of Patient Assaults on Mental Healthcare Employees in Psychiatric Healthcare Settings

Approved by the Joint Reference Committee, February 2025

This resource document is intended to support psychiatrists, trainees, and other mental healthcare workers and to provide a framework for assessing the adequacy of existing violence prevention policies and a list of resources for the development of state-of-the-art policy approaches. This document is not intended to be comprehensive or completely systematic in nature, nor is it a practice guideline. It is highly recommended that mental healthcare employees pursuing improvements in local policies consult with their facility/practice administrator, risk manager, and legal counsel as well as local, state, and federal regulations and policies that pertain to healthcare and workplace violence.

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Definitions	
Violence	Violence is the use of physical force, threatened or actual, against oneself, against another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.[1]
Aggression	An integral component of violence,[2, 3] subtypes include but are not limited to:

	• Physical aggression: Action intended to inflict pain, bodily harm, or death on another. • Verbal aggression: Verbally hostile statements that seek to inflict psychological harm on another through humiliation, devaluation/degradation, intimidation, social rejection, or threats toward others. • Aggression against property: Destruction of the property, objects, or possessions of others. • Auto aggression: Physical injury toward oneself, self-mutilation, or suicide attempt. • Instrumental aggression: Used by those who think they can get what they want by violence or threats of violence. • Irritable aggression: A person who reacts aggressively when their boundaries are violated or a chronically angry individual who seeks to intimidate or create fear or confusion in others.
Workplace Violence	Workplace violence, referring specifically to violence in the healthcare setting, is any act or threat of physical violence that occurs at the worksite. It ranges from threats to physical assaults and even homicide. It can affect and involve employees, clients, customers, and visitors.[4]
Culture of Safety	A culture of safety is one in which an organization acknowledges the high-risk nature of its activities, including potential violence, and has the determination to achieve consistently safe operations, create a blame-free environment where individuals can report errors or near misses without fear of reprimand or punishment, and encourage collaboration across ranks and disciplines to seek solutions to patient safety problems, and

	has an organizational commitment of resources to address safety concerns (adapted from AHRQ).[5]

Psychiatric healthcare settings are unique in their elevated potential for staff in them to encounter patient violence, making it crucial for psychiatrists and allied team members to preemptively address workplace violence to ensure both staff and patient safety (for a review of workplace violence toward mental healthcare workers in psychiatric settings, see reference).[6] According to the Bureau of Justice Statistics, between 2015 and 2019, 75% of nonfatal workplace violence incidents against mental health workers occurred in restricted-access areas—defined as areas limiting or prohibiting access. This percentage was among the highest across occupations, second only to teaching occupations, which reported 82%.[7] Additionally, government-sector mental health workers experienced the highest rate of nonfatal workplace violence (77.1 incidents per 1,000 workers) compared with all other occupations. These statistics highlight the heightened risk faced by mental health workers in both specific environments and across sectors.[8]

Workplace violence in psychiatric settings often inflicts not only physical harm but also emotional trauma on mental healthcare employees.[9] Studies have collectively identified patient assaults on psychiatric staff as commonly contributing to depression, anxiety, post-traumatic stress disorder, lost productivity, and impaired morale among employees.[10] These sequelae can increase staff burnout, turnover, and risk of compromised patient care.

The American College of Emergency Physicians has set a commendable organizational example by issuing detailed preventive recommendations to reduce workplace violence in their field, highlighting the need for proactive measures, training, and support.[11, 12] With regard to preventing repeat violent assaults in psychiatric settings, the Assaulted Staff Action Program (known as ASAP; see training resources below) has shown benefits of prompt, intensive support and counseling for not only assaulted employees' wellness and morale but also their ability to de-escalate future situations with violence potential. ASAP has been endorsed as an innovative program by the Department of Health and Human Services and the Department of Education and by the Ministry of Health in Ontario, Canada.[13]

Given the role of psychiatrists as multidisciplinary team leaders in mental healthcare settings, it is incumbent upon psychiatrists to take the initiative in mitigating the risk of patient assaults on mental healthcare employees. The Patient Safety Work Group (PSWG) of the American Psychiatric Association's Council on Quality Care is providing

this resource document with tips and suggestions to assist mental healthcare employees, including trainees, and their organizations in learning more about and finding tools to address this important issue.

Where to Begin?

Review Existing Institutional and Departmental Policies (See Table 1 and Figure 1)

An initial step in developing a workplace violence prevention program is to determine whether violence prevention initiatives already exist by consulting the human resources department or appropriate body within the organization. Healthcare organizations are required by law to play an active role in ensuring that the workplace is safe and free from recognized hazards, which include workplace violence.[14] Both the Occupational Safety and Health Administration (OSHA) and The Joint Commission (TJC) provide guidance for preventing workplace violence and developing prevention programs.[15, 16]

A healthcare organization's human resource department or quality improvement office is typically familiar with OSHA and TJC regulations and may already have institutional policies based on these regulations. This information may have been presented to staff during new-employee orientation and embedded in an employee handbook or online training courses. Departments may also provide a historical perspective of how these policies have evolved in the organization. In some healthcare institutions, there may have been an informal or chartered committee to address the prevention of workplace violence that is active, is inactive, or has been dissolved. The organization's strategic plans or executive committee may have information regarding prior related activities.

Many healthcare institutions have additional documents that address workplace safety policy that may be helpful to review. These include an outline of patient responsibilities (as a companion document to the patient bill of rights), reporting requirements for patient acts of violence, and termination-of-care and antidiscrimination or harassment policies and procedures. At minimum, these documents will reflect state and local government legal requirements for protecting against healthcare worker-related violence. They may also provide information on local agencies that have oversight of workplace violence prevention issues.

Lastly, it may be helpful to engage in discussions with or request presentations from security, risk management, and/or legal departments that can share lessons learned from previous policy implementation experiences. Risk management can also provide information on how patient data are utilized to identify risk factors for violence. For

example, risk management usually has oversight of the patient safety risk alert process in the electronic medical record (e.g., flagging a record). Through the provision of standard operating procedures, risk management provides an understanding of the minimum threshold for alerting staff of potential violent behavior from patients.

Table 1.

Review Institution and Department Policies
What are your institution's policies on patient rights and responsibilities, harassment, antidiscrimination, and patient care termination?
Does the institution provide any guidance regarding staff members' right to file a police report if they have been assaulted?
Are there current initiatives, work groups, or committees that are addressing workplace violence and healthcare staff safety?
How does your institution review episodes of violence and hospital violence metrics to measure workplace safety?

Trainee Engagement in Workplace Violence Prevention (See Table 2)

Exploring residency training program curricula may yield additional information about opportunities to enhance workplace violence prevention activities. Examples include dedicating time within didactic sessions and grand rounds, providing regular de-escalation training (including scenario-based experiences), and creating support venues for impacted residents that include clear guidance on the process for accessing internal resources (e.g., employee assistance programs, advocates, and peer support). Embedding the culture of safety within a residency program can be further enhanced by empowering resident physicians to actively participate in the violence mitigation process. The formation of a resident-led workplace safety group, whether formal or informal, provides a venue to review, discuss, and learn about prevention activities from peers and departmental leaders across the institution.

Learning that is inclusive of leaders working in spaces with higher rates of violence, such as emergency departments and inpatient psychiatric units, can provide valuable insights on how safety standards are carried out in high-acuity environments. This includes providing a greater understanding of violence risk screening and the de-escalation, restraint, and debriefing processes. The process may also shed light on how these physicians work collaboratively with nursing, law enforcement, security, and risk management to appropriately document, communicate, and track violent incidents.

Table 2.

Review Residency Program Curriculum and Policies
Does the residency program's curriculum cover strategies to mitigate workplace violence in psychiatry?
Is there a platform designated to voice safety concerns without fear of retaliation and process the psychological impact of acts of violence for residents?
Does your program have additional policies to protect residents training in services where the risk of violence is elevated?
Is de-escalation and crisis management training offered to residents prior to training in high-acuity services?

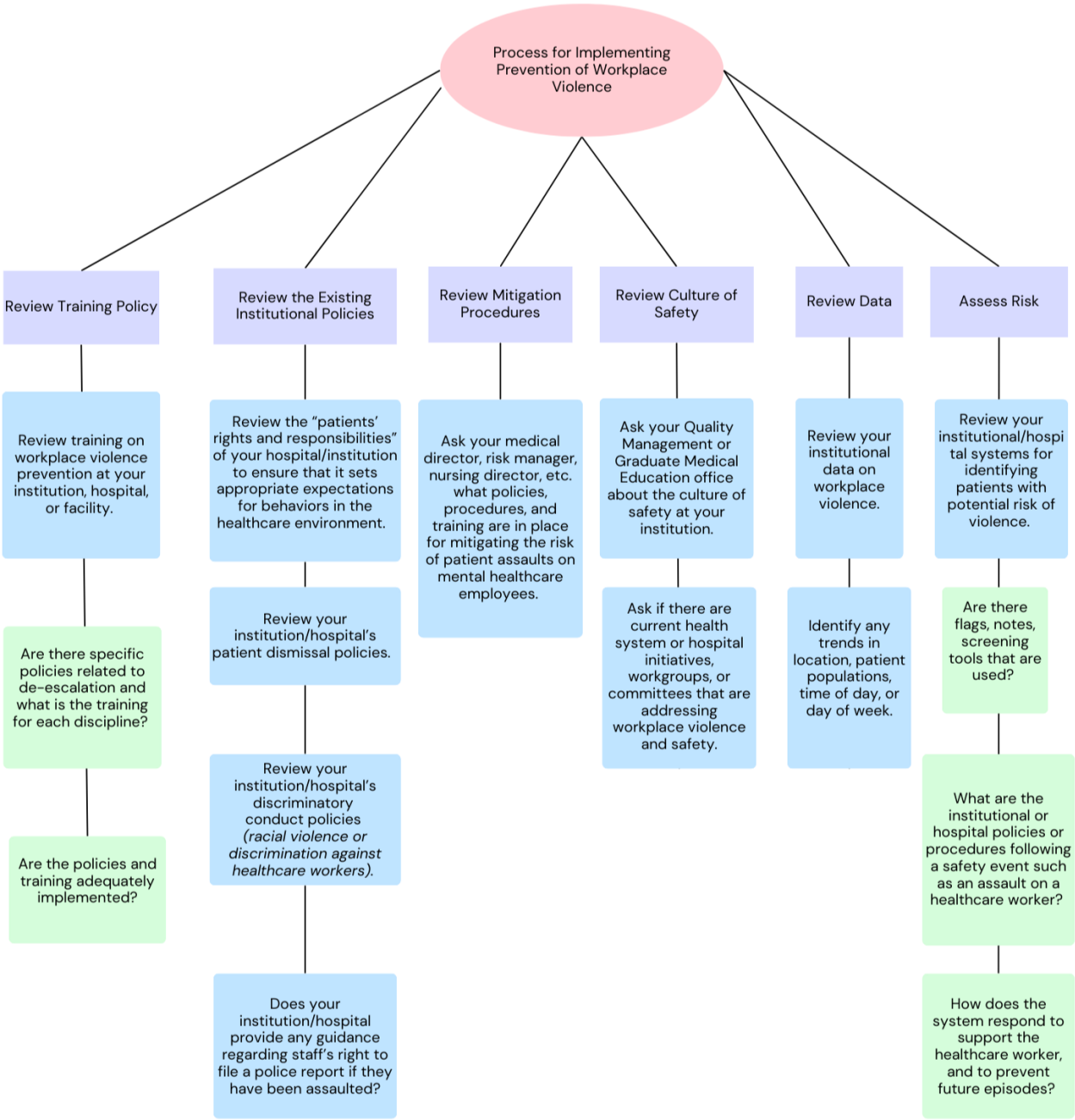

Figure 1: Flowchart outlining the process for implementing prevention of workplace violence in an organization or program.

Resources for Workplace Violence and Prevention of Assaults on Mental Healthcare Workers

Below is a compilation of resources, including policy statements, other resource documents, trainings, etc. to provide examples or supplement mental healthcare employees' local organizational information on prevention of violence. This is in no way meant to be exhaustive or to promote any particular resource over another or to the exclusion of others not listed.

Policy Statements and Other Resources of APA:

APA Policy Statements

APA Position Statement on Assessing the Risk for Violence[17] (2023)
This position statement discusses that psychiatrists assess violence risk but cannot predict actual violence.

APA Position Statement on Weapons Use in Hospitals and Patient Safety[18] (2018)
This position statement discourages weapons usage by staff (except by properly trained law enforcement officers) in hospitals when dealing with patients with behavioral disturbance and provides practical suggestions for clinically managing such situations. There is emphasis on policy, screening, ongoing training, and ensuring adequate staffing to reduce or manage assaults on staff.

APA Position Statement on the Prevention of Violence[19] (2017)
This position statement supports approaches to the prevention of violence and calls for the education of trainees and practicing psychiatrists about the prevention of violence.

APA Position Statement on Arrests of Psychiatric Inpatients for Violence[20] (2024- link coming soon)
This position statement discusses alternatives to pressing charges against inpatients for violence.

APA Resource Documents

Resource Document on Seclusion or Restraint (2022)

This resource document outlines a set of practical considerations for using seclusion or restraint and provides resources to increase awareness and highlight areas of importance for psychiatrists and other mental healthcare clinicians who are providing psychiatric care for adults in emergency and hospital settings.

Resource Document on Psychiatric Violence Risk Assessment (2023)
This resource document discusses the process, accuracy, and ethics of violence risk assessment.

Resource Statement on Stalking, Intrusive Behaviors and Related Phenomena by Patients (2019)
This resource document discusses how patients may engage in behaviors that can engender concern and even fear in the psychiatrist involved and what steps to consider to protect oneself and what choices to consider to manage the patient-physician relationship.

APA Webinar
Patient Safety: Stop the Disparity! Eliminating Seclusion and Restraint (2024)
This webinar reviews definitions of agitation and the evidence-based means of reducing and eliminating seclusion and restraint. There is a major emphasis on using local data to help drive change. Verbal de-escalation and other environmental interventions are emphasized. Using a trauma-informed approach (see below) is encouraged.

Policy Statements and Resources from Allied and Other Organizations (in Alphabetical Order):

Agency for Healthcare Research and Quality

AHRQ Culture of Safety

The concept of safety culture originated outside healthcare, in studies of high reliability organizations, organizations that consistently minimize adverse events despite carrying out intrinsically complex and hazardous work. High reliability organizations maintain a commitment to safety at all levels, from frontline providers to managers and executives. This commitment establishes a “culture of safety” that encompasses these key features:

- acknowledgment of the high-risk nature of an organization’s activities and the determination to achieve consistently safe operations

- a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment
- encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems
- organizational commitment of resources to address safety concerns

AHRQ Patient Safety 101

These primers cover foundational topics such as medication errors, adverse events, and diagnostic errors.

American College of Emergency Physicians (ACEP)

Violence Prevention and Intervention in Emergency Medical Services Systems
This policy statement underlines the importance of a culture of safety, adequate staffing, sufficient training, coordination with law enforcement, development of written operational protocols, non-retaliatory incident-reporting policies, and post-incident supports. Additionally, a zero-tolerance policy for violence in emergency medical services systems is supported.

"How Safe Is Your Workplace?" Checklist for Assessment
A sample checklist, created from national accreditation standards and ACEP policies, includes items, controls, and protocols that physicians can ask their workplace about in order to understand what safety and violence prevention measures are in place.

American Hospital Association (AHA)

Mental health services—Aggression and Violence
This site focuses on resources related to behavioral health and aggression and violence. Additional information and resources are provided for reducing the stigma of mental illness and violence, reducing patient violence, reducing youth violence, and more. Links to other organizations are listed on the landing page.

Hospitals Against Violence
"The Hospitals Against Violence (HAV) initiative exists to share examples and best practices with the field about workplace and community violence. HAV's work is guided by the Building a Safe Workplace and Community Framework, which identifies four essential domains that hospital and health system leaders should consider as they address issues of violence in their workplaces. These include mitigate risk, trauma support, culture of safety, and violence intervention."

American Psychiatric Nurses Association

APNA Position: Violence Prevention

This position statement extensively reviews violence prevention, identifying risk and protective factors, developing and testing prevention strategies, violence prevention via staff engagement, and the broader implications of nursing actions. The position statement emphasizes that trusting relationships between care providers and individuals, families, and members of the community are essential elements in the effort to prevent most types of violence.

American Society for Healthcare Risk Management

Health Care Facility Workplace Violence Risk Assessment Toolkit

Violence in the workplace continues to be an area that risk managers need to be proactively preparing their institutions to prevent. Resources include the following: Readiness Survey for Leadership, Proactive Prevention Checklist, and Reactive Response to Event Checklist. Requires membership; check with your hospital risk managers.

CDC—Violence Risk Assessment Tools

Violence Risk Assessment Tools

Risk assessment tools provide a standard against which to evaluate individuals for potential violence, enabling all healthcare providers to share a common frame of reference and understanding. This minimizes the possibility that communications regarding a person's potential for violence will be misinterpreted. Check with your own healthcare organization to see what tools they have in place. The following are examples of assessment tools that have been developed for this purpose. Click each link for details.

- Triage Tool
  To assess a patient's potential danger from others or to him/herself, which may spill over to become an issue in the healthcare setting.
- Indicator for Violent Behavior
  A quick list of five observable behaviors that indicate danger to others.
- Danger Assessment Tool
  To assess the risk to nurses and other healthcare personnel of an individual who is exhibiting signs of potentially dangerous behavior.

Occupational Safety and Health Administration (OSHA)

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

This publication updates OSHA's 1996 and 2004 voluntary guidelines for preventing workplace violence for healthcare and social service workers. OSHA's violence prevention guidelines are based on industry best practices and feedback from stakeholders and provide recommendations for developing policies and procedures to eliminate or reduce workplace violence in a range of healthcare and social service settings.

The Joint Commission

Checklist of Suggested Prevention Strategies for Workplace Violence on Hospital Units

This provides a checklist of environmental considerations and strategies, administrative interventions, and staff behavior/skills that can help reduce workplace violence.

The Joint Commission R3 Report: Workplace Violence Prevention in Behavioral Health Care and Human Services

The new and revised Joint Commission requirements provide a framework to guide behavioral healthcare organizations in developing new and reinforcing existing workplace violence prevention efforts. Requirements focus on leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident support and follow-up, and staff training and education as means to decrease workplace violence.

State Hospital Associations*

California Hospital Association

Healthcare Workplace Violence Prevention

CHA's guidebook explains Cal/OSHA's new regulation and offers practical implementation tips to ease compliance with this far-reaching rule. *Healthcare Workplace Violence Prevention*:

- Describes the elements of a compliant workplace violence prevention plan
- Explains hospitals' legal obligations
- Provides a comprehensive task-by-task planning and implementation checklist
- Details training and reporting requirements
- Addresses what to expect regarding enforcement

Texas Hospital Association

Workplace Violence Toolkit

Washington State Hospital Association
Workplace Violence Prevention

*Many state hospital associations have workplace violence resources; search for your state's own guidance.

Training Resources

Safety Training for Psychiatrists and Other Mental Health Personnel
APA has no financial relationship with and does not endorse any particular curricula, training, or vendors, but has reviewed the following and finds that they meet the purpose of assault prevention training. There are likely others that are not listed.

Free trainings:

- A Free Online Video Series Teaching Verbal De-escalation for Agitated Patients[21]
- AHRQ Workplace Violence Series
- SAMHSA's Creating Safe Scenes Training
  Note: This is a free 1.5-hour online, self-paced training.

Trainings with a cost/fee:

- Assaulted Staff Action Program (ASAP)
- Crisis Prevention Institute (CPI®) De-escalation Training
- Handle With Care®:
- SAMA training: Satori Alternatives to Managing Aggression
- Welle Behavioral Safety Management for Healthcare

Podcast:
Reducing Inpatient Violence in Psychiatric Hospitals: Risk Factors and Prevention | Episode 040—Psychiatry & Psychotherapy Podcast (psychiatrypodcast.com)
This is a podcast focusing on how to prevent violence in the inpatient psychiatric setting through de-escalation and how to avoid overuse of pharmacologic treatment of agitation through establishment of a therapeutic alliance.

Trauma-Informed Care Training

Healthcare services are commonly experienced as stressful environments, particularly by people with a history of trauma. This can lead to inappropriate patient behavioral reactivity when care is provided by healthcare professionals and other staff. Furthermore, some aspects of care provision can also be perceived by patients as threatening, resulting in aggressive responses. In this context, trauma-informed care can be a successful strategy for preventing violence by integrating person-centered strategies that prioritize safety, minimize triggers, and promote empathy and mutual respect. Trauma-informed care aims to provide proactive, safe, and effective services by recognizing and addressing the underlying factors that increase the risk for negative behaviors and workplace violence.[22, 23]

Research suggests that patient-centered interventions that use a trauma-informed approach to enhance de-escalation can result in reduced coercive practices. Furthermore, trauma-informed care-based strategies have positively impacted mental healthcare, particularly for people with a history of trauma.[24, 25, 26, 27, 28]

Trauma-informed care is based on the following principles: 1) Healthcare clinicians recognize the prevalence of trauma, 2) healthcare clinicians recognize how trauma affects all individuals involved, including patients and the healthcare workforce, and 3) healthcare clinicians assess and treat trauma-related symptoms to prevent re-traumatization.[29]

This approach has been endorsed by different mental health organizations, which have also developed guidelines with pragmatic strategies to implement it. Resources on trauma-informed care and its implementation are listed below:

1. Substance Abuse and Mental Health Services Administration—SAMHSA (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services

   This document is part of the treatment improvement protocols (TIPs) series developed by SAMHSA. This document was written by clinical, research, and administrative experts and provides evidence-based and best-practice information for behavioral health service providers and administrators who work with people who have been exposed to acute or chronic trauma. Using key trauma-informed principles, this document addresses trauma-related prevention, intervention, and treatment issues and strategies in behavioral health services.

2. Substance Abuse and Mental Health Services Administration—SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Trauma and Justice Strategic Initiative

This document reviews the key components of trauma-informed care, as well as concepts related to this approach. Furthermore, this document proposes a framework for the implementation of trauma-informed care that can be adapted not only to inpatient behavioral settings but also to primary healthcare and military settings, among others.

3. Center for Health Care Strategies.
   Key Ingredients for Successful Trauma-informed Care Implementation—Brief. April 2016.

   The Center for Health Care Strategies is an organization that partners with state and federal agencies as well as community-based organizations to promote innovations in healthcare delivery, particularly for patients on Medicaid. This document draws insights from experts to outline the key components for establishing a trauma-informed approach to care at the organizational and clinical levels. This document also explores opportunities for improving care, reducing healthcare costs for individuals with a history of trauma, and incorporating trauma-informed principles throughout healthcare settings.

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