Can a Systems Approach Work?

Bringing together key stakeholders and developing a coordinated approach to addressing behavioral incidents can lower the risk to an organization and raise the profile and credibility of the EAP.

by Joan Rinner, LMFT; Teresa Kulper, LISW, LMFT; and Carol Wozniak-Rebhuhn, LMFT

“Hello? We just had an employee threaten another employee with a chair and I was wondering what to do. We broke it up this morning and I really let them have it. I’m wondering if I can send them to your office right now. Actually, I would like to terminate one of them, and this might be a good time. Is that also possible? These guys have been troublemakers for a long time, and I want to settle it once and for all. I’m so fed up with these guys, but who wouldn’t be?”

At the University of Iowa, a supervisor attempting to deal with a situation like this could call a number of offices: Public Safety, Employee and Labor Relations, or Human Resources. These entities would respond in a manner appropriate for their particular expertise, but they might not think about including the other entities in their response.

The role of the BRM (Behavior Risk Management) protocol is to identify interpersonal and organizational factors related to unresolved conflict that may lead to productivity losses, problematic behaviors, and/or violence. This framework of this process is designed to be preventative when possible, to arrange treatment or rehabilitation for employees when appropriate, to respond to the needs of group members who may have witnessed problematic behavior, and to return the employee to work when appropriate.

COMPONENTS OF THE PROTOCOL

The first step in developing the BRM protocol was to bring together the various campus offices that were dealing with violence issues. The group created a comprehensive approach that includes a commitment to dealing with situations consistently and systemically. This “response protocol” outlines the roles and responsibilities of the team members, provides a template letter and an Employee Guide to BRM for departments to share with employees who are referred, and delineates a step-by-step process for addressing violence.

The system components we incorporated include the following:

• Gathering information about the workplace. Behavior risk is viewed as part of a system. It is essential to understand the workplace dynamics and culture and to view the individual and his/her behavior within this context.

• Sharing information with a team of key individuals. The role of the BRM team is to act as a clearinghouse to review cases, determine next steps, and create policies. Participants are from FSS, Employee and Labor Relations, Faculty and Staff Disability Services, Public Safety, Equal Opportunity and Diversity, the Office of the Ombudsperson, University Counseling Services (student counseling), and the department in which the referral originated.

During the initial call from the supervisor, the EAP counselor asks questions to evaluate the employee’s behavior based on the conflict continuum (Figure 1). If the behavior is at the hostility/safety risk level, the BRM protocol is activated and the employee is sent home from work and required to undergo an EAP assessment, as follows:

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“Let’s take it step-by-step. If you haven’t already, send the employee home and let him know you will be following up with him later. He will be required to undergo an assessment before returning to work.

I will be your case manager. I’ll help you through the process, coordinate meetings, and help you look at any workplace issues that may have contributed to, or resulted from, this incident. I’d like to meet with you to get more information about the situation. When would be a good time for us to meet?

Your employee will be on investigatory leave during this time. This may be changed to disciplinary leave or sick leave depending on the assessment and investigation outcome. We’ll send you and your HR rep a letter template and Employee Guide to send to the employee so that everything is covered in writing. A time for the assessment appointment at FSS will be included in the letter.

We’ll also require an evaluation from a doctor or therapist who is external to university administration, to decrease any potential perception of bias by the employee. The employee will be required to complete any treatment recommendations made by the doctor and/or the BRM team. The FSS counselor will take care of the referral and the follow-up.

You need to conduct a disciplinary investigation concurrently; your HR rep or one of our team members can assist you with that if you prefer. Then the FSS counselor, the appropriate members of the BRM team, you, and your HR rep will meet. The purpose of the meeting is to report on the recommendations from the employee’s assessment, make decisions about discipline if warranted, and talk about any issues related to returning this person to work.

Do you have any questions?”

The conflict continuum is also based on Lewis’ work. After piloting the protocol for one year, we added the at-risk category to address many cases that were being referred to us but were not at the nuisance or hostility/safety risk level. Because the systemic approach was working so well, the team decided to use this approach to deal with on-the-job intoxication as well as violence.

INFORMATION ABOUT THE WORKPLACE
The workplace assessment is designed to inform the case manager of any possible “toxic workplace” issues that might be contributing to the employee’s behavior. The case manager may gather additional information, which could include conducting individual interviews, prior to making any workplace recommendations.

This process is coordinated with the departmental human resources representative and the leadership within the department. In sensitive cases, an attorney from the university’s Office of Equal Opportunity and Diversity joins the case manager in interviewing employees and making recommendations.

The components of the workplace assessment are as follows:
- Objective/subjective information about the incident;
- The history of the individual and the workgroup;
- The individual’s job description and essential functions of the job;
- A review of workplace stressors and recent changes;
- The history of discipline, violent incidents, lawsuits, or other “red flag” concerns; and
- An overview of the organizational culture, with a focus on the following characteristics that could contribute to workplace violence: management style, job demands, the decision-making process, communication procedures, management training, and working conditions. (Lewis 2006).

INFORMATION ABOUT THE INDIVIDUAL
The FSS counselor may call the employee prior to the appointment to establish rapport and ensure an understanding of the BRM process. The call would proceed as follows:

“I’m the counselor you are scheduled to see on Thursday as part of the behavior risk management process. Have you received
the letter informing you of the process and the appointment time?

At the meeting, we’ll be asking you to complete some assessment inventories and questionnaires. We’ll probably also ask you to meet with another health professional external to the university, and we’ll make that appointment for you.

Do you have any questions? Would you like to bring someone to your appointment at our office?"

The initial appointment confirms that the employee understands the BRM process and identifies the EAP counselor and human resources representative as the points of contact for any questions or concerns. Similar to other EAP sessions, the goal is assessment and referral to the appropriate provider(s) for evaluation. The EAP counselor also attempts to create an ongoing relationship with the employee to help prepare him/her for a successful return to work if possible.

The employee is required to sign release forms so that the counselor may share or obtain relevant information with the BRM team, external providers, or other appropriate parties. Diagnostic and bio-psychosocial history is not shared with the BRM team.

The individual assessment steps are as follows:
1. The employee is asked to complete assessment questionnaires, such as those developed by Gerald Lewis (Lewis and Muller 2001), as well as a life events checklist and a personal problems checklist (completed through an interview with the EAP counselor)
2. Other assessment inventories may be administered, including an alcohol screening instrument and a depression scale
3. The EAP counselor decides whether to make a referral, typically to a psychologist, psychiatrist, or substance abuse counselor, and may ask the employee to complete other instruments such as the Minnesota Multiphasic Personality Inventory (MMPI) or the Hare Psychopathy Checklist (Fisher 2007).

The EAP counselor follows up with the employee throughout the process—after the external evaluation, after treatment is completed, and periodically for one year.

**BRM TEAM MEETING**

The third step in the BRM protocol is to conduct a team meeting. The BRM case manager chairs the meeting, reviews the incident, and provides information about the workplace assessment. The EAP counselor shares relevant information and recommendations about the employee and the workplace; the depart-

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**Figure 2**

<table>
<thead>
<tr>
<th>Individual Level Potential Outcomes</th>
<th>Referring Department/HR Rep Potential Outcomes</th>
<th>Larger Organization Potential Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problematic behavior is not repeated</td>
<td>Standardized method or process used (trained to use)</td>
<td>Standardized method or process used across organization</td>
</tr>
<tr>
<td>Intervention/treatment leads to positive health outcomes</td>
<td>Consistent use of leave policies or procedures</td>
<td>Consistent use of leave policies across the organization</td>
</tr>
<tr>
<td>Clear expectations about the process</td>
<td>Behaviors not repeated in the department</td>
<td>Decrease in workers’ compensation claims</td>
</tr>
<tr>
<td>Employee feels supported</td>
<td>Streamlined process (proactive vs. reactive)</td>
<td>Litigation avoided</td>
</tr>
<tr>
<td>Employee feels the process was unbiased or less biased</td>
<td>Improved productivity within the department</td>
<td>Arbitration avoided</td>
</tr>
<tr>
<td>Employee’s relationships with coworkers improves</td>
<td>Workgroup needs identified and addressed</td>
<td>Arbitration won</td>
</tr>
<tr>
<td>Employee retained when possible</td>
<td>Access to organizational expertise and resources</td>
<td>“Doing the right thing”</td>
</tr>
<tr>
<td>Employee increases productivity</td>
<td>Increased effectiveness</td>
<td>Decrease in petitions filed with EEOC, Dept. of Labor</td>
</tr>
<tr>
<td>Employee increases satisfaction</td>
<td>Increased efficiency via good communication</td>
<td>Decrease in accidents and safety risk</td>
</tr>
<tr>
<td>Increase in employee engagement</td>
<td>Decrease in unnecessary turnover</td>
<td>Increase in morale/satisfaction</td>
</tr>
</tbody>
</table>
Team members have commented that the BRM protocol has freed them from “reinventing the wheel” after each incident.

The systemic nature of the BRM protocol lends itself to outcome measures reflecting the various levels within the organization: the individual, the department or workgroup to which the individual belongs, and the larger organization. From the organizational perspective, the BRM protocol provides a more internally consistent approach to addressing behavioral risk. Specifically, the protocol utilizes standardized processes such as—

- Consistent use of leave policy and procedures within and across departments;
- Consistent training and education of supervisors, leaders, and human resources staff;
- Model employee letters and other documents explaining the BRM process; and
- Model last-chance agreements, return-to-work agreements, and “clarification of expectation” documents.

Figure 2 lists some of the potential or expected outcomes for each of the systemic levels identified.

Another benefit of the systemic BRM process is the ability to look for patterns. We know that the best predictor of future behavior is past behavior, and this is especially pertinent with regard to the potential for violence (Fisher 2007). For example, one department had multiple BRM incidents during 2001-2006 and placed calls to the EAP regarding additional referrals that did not meet the full BRM criteria. This information was instrumental in university leadership creating a formal steering committee to develop and oversee a comprehensive organizational development plan with clear, identifiable outcomes and measures of success.

Summary results from a recent BRM outcomes study for the period of July 2005-July 2006 identified eight BRM referrals (additional BRM referrals were received but did not meet the full criteria). In six of the eight cases, employees were returned to their original departments and positions; in the other cases, one employee was terminated and one was transferred. Reasons for the BRM referrals included five instances of on-the-job intoxication or impairment, three acts of physical violence, three verbal threats with a specific victim identified, and one harassment situation (more than one behavior may apply to any given case).

In our study, all seven workers who remained employed were referred to external providers for evaluation. In two instances, the providers documented formal ADA (Americans with Disabilities Act) accommodations. Full workplace consultations were appropriate in two of the eight cases, with more limited workplace assessments and support in the remaining six.

A final systemic benefit of the BRM process is that it provides a structure to bring together the various resources on campus. Departmental supervisors and human resources staff report that the letter template, Employee Guide, and standardized roles and responsibilities provide them with a quick and efficient protocol for responding to difficult situations. Other BRM team members have commented that the BRM protocol has freed them from “reinventing the wheel” after each incident, provided them with access to multiple resources, and allowed for a more consistent and efficient response.

By initiating the protocol, including key stakeholders, coordinating resources, and developing a systematic response, FSS/EAP lowered the level of campus risk (Deming 2006). It also increased the credibility of the EAP while better meeting the needs of employees and supervisors alike.

Bibliography

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