When a Client Feels Threatening: Building a Safer Practice

Psychologists think carefully about client safety. We also need to think about our own safety.

Threats in clinical practice do not always look like an obvious emergency. They can range from direct threats of violence to intimidating behavior, escalating anger, repeated boundary testing, stalking behavior, threatening complaints, or comments that make a psychologist question whether a situation is becoming unsafe.

The first step is to take your concerns seriously.

SAFETY IS PART OF PRACTICE

A psychologist does not have to wait until a situation becomes dangerous before thinking about safety.

At intake, consider whether the referral and presenting concerns fit your setting, training, and available resources. Know how you will respond if risk changes after treatment begins.

CONSIDER YOUR ENVIRONMENT

- Can you reach the exit easily?
- Is furniture positioned so you are not trapped?
- Can another person respond if you need help?
- Do staff know what to do if you use a designated code word?
- Are there procedures for after-hours appointments?
- Are you working alone in an isolated location?

Technology and communication matter too. Establish procedures for threatening calls, emails, texts, social media contact, or repeated unwanted communication.

RECOGNIZE ESCALATION

A client can be angry without being dangerous. The goal is not to label difficult clients as threats.

Instead, pay attention to patterns and changes, including escalating contact, increasingly hostile communication, refusal to respect boundaries, threats, property destruction, fixation on retaliation, or behavior that reasonably causes concern for safety.

A single behavior rarely tells the whole story. Context matters.

DOCUMENT AND CONSULT

When a situation feels concerning, document relevant facts objectively. Avoid unnecessary interpretation or inflammatory language.

Then consult.

A second professional perspective can help distinguish an uncomfortable interaction from a developing safety concern and can help identify reasonable next steps.

Risk management may include changes to scheduling, communication boundaries, office arrangements, staffing, security procedures, referral, emergency intervention, or contact with appropriate authorities.

KNOW YOUR LIMITS

Psychologists are not required to manage every situation alone. If a case requires expertise or resources you do not have, consultation or referral may be appropriate.

A thoughtful safety plan does not mean assuming clients are dangerous. It means acknowledging that psychologists work with people experiencing intense emotions, crises, trauma, substance use, interpersonal conflict, and other circumstances that can occasionally produce unpredictable behavior.

The best safety plan is one you create before you need it.

Resources: APA Ethical Principles of Psychologists and Code of Conduct, Standards 2.01 and 2.02; North Carolina Psychology Practice Act.

Note: This article is educational and is not legal advice. Psychologists should consult current North Carolina law, Board guidance, and the APA Ethics Code for questions about their individual practice.