

The Psychological Injury of Workplace Bullying and the Betrayal of Internal and External Systems

You are invited to read this article to develop a deeper understanding of the employee diagnosed with a psychological injury due to workplace bullying. Specifically, what do they experience when on sick leave? This is an invitation to assess and understand the many gaps which exists between the employee's workplace resource systems. With an improved understanding, we can problem solve, make improvements in processes, prevent further delays, errors, and even injuries. This can decrease the recovery time needed for many employees. Professionals need to collaborate on solutions which will benefit all parties. This document will offer insight into the struggles experienced by employees applying for medical leave, denied, appealing, or approved for short term, or long-term disability.

Canada Legislation

As of June 1, 2018 Alberta OHS Code – Harassment is considered a hazard.

Sec 27 OHS Code – Section 390.4 OHS Code – An employer must develop a harassment prevention plan, policy, and procedures.



Alberta Sec 391 OHS Code – An employer must train employees in the recognition, policies, procedures, and controls of the hazard (harassment)

Alberta Sec 3(1) OHS Act Every employer shall ensure (c) That none of the employer's workers are subjected to or participate in harassment or violence at the work site **(f)** That health and safety concerns raised... are resolved in a timely manner.

Alberta 4 Every Supervisor Shall: **a)** as far as it is reasonably practicable for the supervisor to do so, **b)** ensure that none of the workers under the supervisor's supervision are subjected to or participate in harassment or violence at the work site, **c)** report to the employer a concern about an unsafe or harmful work site act that occurs or has occurred or an unsafe or harmful work site condition that exists or has existed, **d)** cooperate with any person exercising a duty imposed by this Act, the regulations and the OHS code, and **e)** comply with this Act, the regulations and the OHS code.

Canadian Federal Law: January 1, 2021: According to Part II of the *Canada Labour Code* (the Code), harassment and violence means “any action, conduct or comment, including of a sexual nature, that can reasonably be expected to cause offence, humiliation or other physical or psychological injury or illness to an employee, including any prescribed action, conduct or comment.” <https://www.canada.ca/en/employment-social-development/programs/workplace-health-safety/harassment-violence-prevention.html#define>

Having experienced these gaps as a professional in 2008 with 22 years of social work experience, I was highly trained to navigate through these very systems for my clients. As a patient myself, I realized how this process was causing further injuries to injured employees. There were gaps in processes between each system causing additional fear, frustration, anxiety, insomnia, triggering traumatic memories, rumination, and delaying recovery time. This often adds more injury which is the opposite of what these resources are mandated to do. We need our medical teams, insurance companies, and unions trained to address these psychological injuries caused by workplace bullying, from a trauma informed perspective. With training and understanding, we will all manage these complex cases more effectively.

In 2010, I began developing a resource to assist employers, employees, and other workplace resources, with the complex issues and injury of workplace bullying. Over the past 10 years as a workplace trainer, speaker, and trauma therapist, I have observed these same gaps over and over again. I have supported many clients who are further impacted by these gaps. I have worked with well over 1000 employees harmed, including witnesses. I have also worked with many men and women identified for their bullying behaviors. These gaps need to be addressed and urgent changes need to be made. This is costing employers, our health system, taxpayers, and employees, multiple millions of dollars each year.

This article is about prevention, early intervention, repair, and recovery.

Having worked with hundreds of employers, thousands of employees, and numerous medical and insurance teams, I wear many professional hats to assist each service e.g., training, assessing, consulting, and coaching. In my private practice, I offer workers short-term counselling or long-term clinical therapy. With my personal experience as a worker targeted by a group of employees, combined with my extensive professional training, and hands on experience as a workplace bullying specialist, I offer insight and solutions to improve these services for your clients or employees. Especially for those who feel isolated and stressed while recovering from psychological harassment or violence. With this knowledge we will do better.

Injure Employee Quote:

“Applying for sick leave feels like I am walking a tight rope over a mind field”.

Life Before Bullying

Before the abuse begins, targets of bullying report feeling:

- Safe, secure, content, confident, eager to do good work.
- Successful and with no prior concerns on their professional file.
- Financially secure, relying on health benefits, and investing in their futures.
- Goal-oriented and motivated.
- Proud of their hard-earned reputation.
- Enjoyment of their work, relationships, and programs.

Life After Bullying

Imagine working for years without any insults, negative incidences, and you have all positive employee performance reports. Imagine that no one has ever given you constructive or offensive feedback about concerns with your performance. Then one day, out of nowhere, you are repeatedly blindsided by unexpected and unfamiliar negative behaviors. These actions are coming from someone you believed to be well respected and skilled. This is someone known for being a successful leader or colleague. In many cases (not all), this will be someone an employee has trusted and respected. Week after week, these unexpected shocks of humiliation, embarrassment, ridicule, insults, or threats continue. The impact of these negative behaviors over time, wears on the strongest. The targeted employee experiences confusion and dissolution. They feel threatened by the unpredictability of these complex situations. They feel powerless, unsafe, and without control. When we cannot make sense of what is happening to us, we will function in state of disbelief, high alert, or hyper-vigilance. In this condition, when things do not make sense, and employees fear that no one will believe them, how do they ask for help? These employees will need help. They need you to understand the dynamics that they will share with you. They need for you to be aware of how insidious and complex these cases can be. When a workplace resource lacks knowledge, and/or respond with doubt, judgment, disbelief, or offensive feedback (e.g., suck it up it's only bullying, or don't be so sensitive), the employee will experience a loss of psychological safety.

Workplace bullying is about the abuse of power. People who bully are attempting to take a person's power away from them. As helping professionals we must find ways to empower all employees.

Long Term Impact

When an employee experiences a variety of negative behaviors directed towards them over a period of three months to sometimes years, they will begin to experience signs and symptoms of e.g., insomnia, anxiety/nervousness, panic, loss of trust, loss of confidence and self-esteem. This is what an employee means when they say they do not feel safe.

No one is visibly hitting them, at least we hope not, but someone is psychologically harassing them. This is rarely obvious. A skilled bully will make sure you see them as a remarkable, skilled, and incredibly pleasant human beings. What you will see is the targeted employee isolating and silencing more and more. They will be avoiding the abusive employees' vicinity. The injured employee will also show signs of hyper-vigilance (working overtime, or weekends, not taking lunches or coffee breaks). They are attempting to do better so the bullying will stop. Unfortunately, this is incorrect. In fact, the better they do, the worse the bullying may become. Many perceive the problem to be about a flaw in them. This is often not the case.

With hypervigilance, the injured employee will begin to brace themselves for fear of being blindsided again. When confused and disoriented by these attacks, bracing for the next insult seems for them to be a rational act of self-protection. This is a natural coping mechanism to

help people under duress survive. Most people do not realize the impact that hyper-vigilance has on their nervous system. It is important to learn about this for over time, symptoms of body and mind fatigue will begin, and this has a domino effect of other medical concerns.

When we feel overwhelmed by long term stress, our sympathetic nervous system will help us survive by using one or more coping mechanisms: fight, flight, or freeze. Teach leaders and staff about the impact of stress so that the signs and symptoms of fight, flight, freeze can become recognized indicators. These signs and symptoms are often mistaken as “difficult employees”.

Early interventions can save lives.

If the psychological hazards e.g., humiliation, embarrassment, degrading behaviors, and the resulting high level of stress continues, even the strongest most resilient employees will eventually become ill. This impacts their ability to focus, concentrate, and function in the workplace. If left untreated, they are now at risk of developing a physical illness and even a psychological disorder. When in a state of overwhelm, fatigue, and stress, they are also at risk of making errors, accidents, and potentially harming someone else. This is an added burden we need to prevent. With the increasing numbers of attempted and or completed suicides related to workplace bullying today, we must take the prevention and early (appropriate) intervention of psychological injuries – very seriously.

Injured employees will suffer various symptoms i.e.:

- fatigue, insomnia, feeling drained,
- depression, suicidal ideation,
- anxiety and panic attacks,
- symptoms similar those of post-traumatic stress disorder (PTSD),
- symptoms similar to grief and loss,
- headaches, body pain,
- loss of appetite, weight loss/gain.
- gastrointestinal disorder (IBS, Ulcer, Gerd etc.),
- heart condition; and
- frequently ill with colds, flu, infections (weakened immune system) etc.

Due to the insidious nature of workplace psychological harassment or bullying, many employees are fully entrenched in the cycle of abuse and becoming physically and psychologically unwell before seeking help. Employees are fearful of losing their jobs, being blamed or shamed, and they fear making things worse for themselves. We need to make it safe to report this abuse. I recommend referring these employees to a resource like instituteofworkplacebullyingresources.ca and Pat Ferris Consulting, for we can teach, guide, coach, advocate, and provide short term counselling, or clinical therapy. One professional who can provide all of these services, rather than several services which will cause delays and more discomfort for the employee. This multi-tasking professional will offer safety, validation, build

awareness, confidence, refer to the appropriate medical resources, collaborate with their family, physician, and psychiatrist, and help stabilize the employee that decisions are with clarity and knowledge. This is a service that prevents further harm and expedites their recovery.

Bullying and Sick Leave

With medical support in the form of a letter from the family doctor, the process of applying for sick leave begins. Depending on the employer, HR, OHS, Regulatory Body, and Union's involvement, the policies, and procedures for applying, and decision making, will vary.

- 1) Employees complete numerous documents, and many questions are of a personal nature.
- 2) Employee receives regular phone calls from insurance asking more personal questions.
- 3) Some insurance companies do home visits, another stranger asking personal questions.
- 4) Some insurance companies come to the home to do treatment assessments e.g., ASEBP.

Employees report that this feels overwhelming, intimidating, and confusing. At times, an insurance case manager will advise the employee on sick leave that a representative will be coming to their home. For many this tends to feel intrusive. In fact, this impacts the 'well needed sense of safety' of their home. They feel fearful, powerless, and without a voice. If they say no to this, it could impact their monthly income and health benefits.

Going on sick leave is supposed to help them, yet many are feeling voiceless. To improve on this process, insurance case managers need training to develop a deeper understanding of the impact of psychological injuries. With this knowledge they can adjust their processes to enhance trust, empower their clients by giving them a voice, and a choice. The experience of support and safety from workplace resources, will enhance their recovery significantly.

Case managers need to collaborate with their treating professionals before sending anyone into an employee's home.

Employees on sick leave may begin to feel isolated and cut off from their supportive colleagues. Some employees on sick leave have described this process as "living in the unknown" or "a loss of control" over their lives. By offering training to insurance companies, medical teams, and unions, with the focus of removing the stigma of sick leave, understanding the psychological injury of workplace bullying, including the resulting shame, the learning will enhance empathy, offer better treatment planning, and very importantly, return to work planning. These changes will offer the employees on sick leave hope, increased support, build their strengths, improve motivation, and improve recovery time.

For example, case managers need to be mindful about the questions they are asking their clients. Wording and timing means everything. Professionals need to avoid ill time questions and comments like: "if it is only bullying you need to get back to work". We need to enhance the case managers communication skills by adding emotional intelligence to reduce their client's anxiety and prevent panic attacks or relapses. In meetings over speaker phone, I have heard case managers and their supervisors make these comments to my clients. As a therapist I am constantly supporting my clients through the aftermath of these phone calls as they experience a flood of fears and tears, panic attacks, and relapses. These employees are depressed and anxious due to the injury caused by psychological harassment.

We want to prevent them from ruminating about things like these:

- Will the insurance company believe me? Support me?
- What if they do not? What if they judge me?
- Do I appeal? How? This scares me.
- Do I apply for unemployment insurance? Welfare? Will I lose my home?
- This is so overwhelming! I can't focus. Will I lose my career?
- I'm so tired and confused, what if I say something wrong and make a mistake?
- What about my job? How will I pay for my children's school supplies?
- What about my spouse's cancer medications?

The worrying is endless, and the stress is heightened when workplace resources are unskilled, ill informed, or lack insight. This is counterproductive. Case managers need this specialized training.

An employee on sick leave stated: "It is a whole new stress and often gets in the way of my recovery, this is simply wrong! I left my work to heal from someone who abused me. Why is this system abusing me now? This is how it feels for me!"

We need to improve our policies, procedures, and training, in order to prevent long term sick leave. We need to improve the process and fully support recovery so employees can return to work and be successful, thus, the need to ensure that the process is fluent and continuous without gaps and proceeds smoothly. First, we must be willing to suspend judgement, assumptions, or bias, and open our minds to fully understand the problem.



Use the following model to gain even more insight into the experience for employees on sick leave. Imagine feeling depressed, anxious, exhausted, and with little confidence. Now walk this

line so you can continue to pay your bills and feed your family. Once we can empathize, we can effectively problem solve.

The “Mind Field” Experience

Employees with psychological injuries on sick leave often feel like they are walking a tightrope over a “mind field” when navigating the processes of their health insurance, medical systems, human resources, human rights, unions and legal.

As you can see in this diagram, the injured or wounded employee is simply trying to get through the processes to heal, survive, and thrive once again. They must walk a line over a mind field of systems that can instantly cost them significant harm and damage or help them heal by supporting them. They are acutely aware of the chaos one mistake by the service they seek, or themselves in a state of fatigue and fear, can make.

Income and medical benefits are a life support.

When you feel hopeless, lost, confused, fearful, and powerless, you desperately hang on especially to financially stability.

NAVIGATING THE SYSTEM IS LIKE WALKING A TIGHTROPE.....



- 1) It is stressful to complete these documents. Their ability to focus, remember, and manage the fatigue, as well as the memory triggers (emotions are draining), and

combined fear of being judged, shamed, vulnerable, denied, or not believed. This state can cause an innocent mistake.

- 2) When completing numerous documents and/or requirements for sick leave and/or short- or long-term disability, they will speak to many different professionals (strangers). They learn that one wrong answer could cost them their income, mortgage payment (home), food on the table, much needed medications, basic treatment, and more. With this ongoing worry their stress levels increase as this process unfolds. It also takes time for their cases to be evaluated. Waiting can be an excruciating experience.
- 3) There may be more forms from occupational health to complete. If the employee contacts their union, which they should, there will be yet more forms to fill out.
- 4) Each of the systems will have their own set of policies and guidelines for workplace bullying.
- 5) Each system will have different restrictions about i.e.: what information they can share with each other system. Navigating between them is left to the employee on sick leave. This can lead to a process that is not fluent or continuous and from the employees' point of view.

To prevent mistakes which cause disasters e.g., delayed payments, the task of navigating these systems is left to the recovering employee. Mainly due to the workplace services refusing to collaborate with one another i.e.: school boards and unions. The person on sick leave who is still symptomatic (fatigue, loss of focus, depression, anxiety, adjustment disorder, memory loss and isolation), knows that one error can start a domino effect of chaos and delays. To protect their financial stability, the employee will attempt to maintain communications and the paper flow between these systems. This is difficult with their illness!

Anyone suffering a psychological injury from workplace bullying would naturally prefer to 'avoid' this type of stress - at all costs. But this is their livelihood, is there a choice? Imagine if English was not their first language. What if they are not familiar with these systems and processes?

All aforementioned items result in a process that is not fluent or continuous and can be experienced as gaps in the system by the employee. How will this process support long-term sustainable recovery and a successful return to work?

Customizing Solutions

For targets, the stress of applying, the overwhelming amount of paperwork, the risks for delays, the lack of communication among organizations, the possibility for mistakes being made, the resulting isolation created by the system, as well as the additional factors of feeling judged, ashamed, and fearful of being seen, can create additional symptoms and problems. It is not

easy to talk about being abused. We need to decrease the number of times they must share their story.

We recognize that every case is unique. Unfortunately, there is no one size fits all explanation or solution for all cases, given the complexities outlined in this article. We offer training, assessments, consultations coaching, and counselling sessions. We work with leaders, and employees who are targeted, witnesses and perpetrators of bullying. Our support is offered throughout all stages of the workplace bullying process for anyone affected by bullying:

- difficult decision making.
- sick leave consideration.
- leave of absence consideration.
- return to work.
- duty to accommodate.

Our training includes to review return-to-work programs, duty to accommodates, and more. Call for a consult. We can assist employers, unions, insurance case managers, and medical teams with identifying and preventing gaps, creating solutions, and ultimately decreasing frustration, fears, anxiety, and isolation for targets of workplace bullying.

Linda Crockett MSW, RSW, SEP, CCPA

780-965-7480

lrmcrockett@gmail.com

www.instituteofworkplacebullyingresources.ca

Examples of Training Offered

Half Day/Full Day: Preventing the Psychological Hazards of Psychological Harassment (customized for the needs of each industry and including indigenous workplaces and communities). One for Leaders, one for staff.

Full Day: Workplace Psychological Harassment for Contact Professionals e.g., HR, Unions, Investigators, Medical, Insurance, Investigators, Social Workers

Full Day: Assessment, Diagnosis, Treatment: Psychological Injuries of Psychological Harassment. For treating professionals only.