



Safety planning - violence risk

It's different than safety planning for
suicide risk



Notes?

- Copies of slides



The top 5 claims

- Sexual misconduct
- Suicide malpractice
- Violent acts
- Medication errors
- Employment practices

How do we know?

- 50 year database of claims
 - Negley Associates
 - Mental Health Risk Retention Group
 - Thousands of cases





Consultant

- Dr. Paul Appelbaum
 - Columbia University professor of psychiatry



Safety planning

- Suicide risk - the patient
- Violence risk – the patient & others



Suicide risk safety planning – Stanley & Brown

1. Recognizing warning signs
2. Employing internal coping strategies without needing to contact another person – identifying distractions
3. Socializing with others who may offer support as well as distraction from the crisis



Suicide risk safety planning – Stanley & Brown

4. Contacting family members or friends who may help resolve a crisis
5. Contacting mental health professionals or agencies
6. Reducing the potential for use of lethal means



Safety planning for violence risk

- Part 1 - Identify risks
- Part 2 - Plan for managing the risks identified (or should have identified)
 - Monitoring
 - Supervision (controls? restrictions?)
 - Treatment
 - Victim safety
 - Assign responsibilities



Structured risk assessment steps

- Steps in the process to guide the professional
 - Gather information
 - Determine risk factors
 - Determine relevance of risk factors
 - Formulate violence risk



Structured risk assessment steps

- Safety planning/risk management steps
 - Scenario planning
 - Management plan
 - Identify warning signs & reassessment schedule
 - Document and communicate



Safety planning for violence risk

- The point of any risk assessment is to manage and prevent violence
- When circumstances & risk change
 - management plans should also change



Is trying to predict violence worth the effort?

- We can...
 - Reliably place people in risk groups as low risk or high risk
 - A month to 2 or 3 months out
- But the real gold is.....
 - Identifying treatable risk factors
 - Enhanced planning



Structured assessment instruments

- Part one: identifying risk factors & overall risk
 - Identifying risk factors for special attention in the safety plan



2 big decisions

- Who presents a risk?
- What is the plan for identified risk?



A complex task

- Predicting the future
- About 130 identified risk factors
- Different contributions to risk



Deciding who presents a risk

- Who does these?
 - Identify valid risk factors
 - Evidence based
 - Measure risk factors
 - Combine risk factors
 - Estimate violence risk
- The evaluating professional or an instrument?



Clinical risk assessments

- The evaluating professional does all 4 components



Structured risk assessments

- "The... scientific literature is clear that structured risk assessment is superior to unstructured risk assessment in accurately predicting violent behavior."
 - Monahan, *Tarasoff at Thirty: How Developments in Science and Policy Shape the Law*, 75 Univ. of Cincinnati Law Review 497 (2007)



Structured risk assessments

- "...but all of... [the literature] suggests that only a minority of mental health professionals routinely employ structured risk assessment."
 - Monahan, *Tarasoff at Thirty: How Developments in Science and Policy Shape the Law*, 75 Univ. of Cincinnati Law Review 497 (2007)



Structured risk assessment instruments

- HCR-20
 - General violence risk
- SVR-20
 - Sexual violence risk
- SARA
 - Family violence risk
- SAVRY
 - Youth violence risk 12-18
- EARLs
 - 12 & younger



Structured risk assessments

- Sophisticated checklists
 - Researched risk factors
 - The right questions
 - Research backed steps in the assessment process



Hypothetical patient - John

- 27-year-old male patient
- Diagnosis
 - schizophrenia, paranoid type
 - Substance use disorder - ETOH



John

- Arrested at age 25 following a fight in a bar
 - Probation on condition that he complete rehab program
 - Probation revoked – 30 days jail



John

- Diagnosed at regional hospital emergency room at age 25
 - Hears voices
 - Prescription for risperidone



John

- Lives at home with his mother
- ER visit 6 months ago following intermittent compliance with medication
 - Brought to the emergency room by the police after a call from his sister
 - Mother called the sister & and told her not to call the police
 - The family home is a single-family residence



John

- Hit his mother after 2 weeks exhibiting the following symptoms:
 - Accused mother of
 - planning to kill him &
 - standing outside his bedroom door at night
 - Agitation
 - Insomnia
 - Slurring words



John

- Attack occurred 2 weeks after onset of symptoms
- Police found a shotgun in the home



John – now, six months after the incident

- Referred by primary care
 - Following de-compensation 2 weeks after intermittent compliance with medication
 - Accused mother of planning to kill him
 - Standing outside his bedroom door at night
 - Agitation, insomnia
 - Slurring words



John

- Brought to intake appointment by his sister
- Sister lives 10 miles from mother and John & she is worried that her mother is depressed



John

- John denies homicidal thoughts & intent and says he does not need medication
- No relationships or employment
- Abruptly leaves the interview room after 30 minutes



John

- What is the risk?
- What is the plan for managing the risk?
- How do we keep John & his mother safe?



HCR-20 V.3

- Advantages
 - Cost-effective
 - Demonstrated as reliable with substantial world wide research
 - Designed to guide a process that professionals already think they should complete



Is the HCR just for legal risk management?

- The HCR "...is designed to capture what everybody thinks should be done systematically across risk assessments."
 - Stephen Hart, PhD Lecture on Administration of HCR 20



HCR-20 V.3

- Time efficient
- "...you'll be able to incorporate these ideas into your practice, do it a little bit more systematically and it won't cost you much time. This should not be something that complicates your life or makes you spend a lot more time doing a risk assessment..."
 - Stephen Hart Ph.D. Talk on administration of HCR-20 (2013)



HCR-20 V.3

- For all adults, 18+, regardless of
 - History of violence
 - Mental disorder
- For older adolescents, 16-17, not dependent
- SAVRY for younger



HCR-20 V.3

- Steps in the process to guide the professional
 - Gather information
 - Determine risk factors
 - Determine relevance of risk factors
 - Formulate violence risk
 - Scenario planning
 - Management plan



Part 1 – identifying risk



Steps in the process

- Step 1 – gather information reasonably necessary to evaluate risk -
 - Patient interview & observation
 - Past victims
 - (John's mother, sister & bar fight)
 - Collateral sources – family & others
 - (police or court records for John?)



Steps in the process

- Step 1 – gather information reasonably necessary to evaluate risk
 - Criminal justice records
 - (John's probation records)
 - Health care records
 - (ER, rehab program & PCP – John)
 - Education, employment, social service records



Steps in the process

- Step 1 – gather information reasonably necessary to evaluate risk
 - Details of precipitants to violent event



Steps in the process

- Step 2 determine risk factors
 - Consider all 20.... plus others
 - A risk factor is a matter that influences decisions about violence
 - A risk factor is an “area of inquiry”
 - For example : schizophrenia with or without “threat/control override” or differences in substance use



Steps in the process

- Step 2 determine risk factors
 - H (historical) - past up to present
 - C (clinical) - recent 1-6 months
 - R (risk management) - future 6-12 months
 - Present – yes, no, partial, omit



Steps in the process

- Manual contains definitions, indicators & notes
 - ckeck boxes



Risk factors - H

- History of problems with:
 - Violence (John)
 - Other antisocial behavior
 - Relationships (John)
 - Employment (John)
 - Substance use (John)



Risk factors - H

- History of problems with:
 - Major mental disorder
 - (John's psychosis & alcohol dependence)
 - Personality disorder
 - Traumatic experiences
 - Violent attitudes
 - Treatment or supervision response (John)



Risk factors - C

- Recent problems with:
 - Insight
 - (John left abruptly)
 - Violent ideation or intent
 - Symptoms of major mental disorder (John)
 - Instability (John)
 - Serious emotional disturbance or turbulence
 - Treatment or supervision response (John)



Risk factors - R

- Future problems with:
 - Professional services and plans
 - Living situation
 - (John lives with his mother)
 - Personal support
 - Treatment or supervision response (John)
 - Stress or coping



Indicators – an example

- Problems with substance use
 - Started in adolescence or childhood
 - Multiple developmental periods
 - Multiple substances
 - Heavy use
 - Chronic use
 - Use of controlled settings
 - Involvement in drug trade
 - (what do we know about John?)



Indicators – an example

- Problems with substance use
 - Lead to dangerous behavior
 - Affected financial status
 - Interfered with education, vocation, relationships
 - Recent past
 - Problems have escalated
 - (what do we know about John?)



Steps in the process

- Step 3 Determine relevance of risk factor
 - Is the factor relevant to this patient's risk?
 - For example, psychosis may or may not increase risk of violence for a particular patient (control/threat)
 - Is it causal? Does it influence decisions?
 - Motivate (John self-defense?), destabilize (John?), disinhibitor?



Steps in the process

- Step 4 – Formulate violence risk
- Why?
 - Identify primary risk factors and describe their relevance
 - What function does violence serve?
 - Why was the patient violent against these people in these circumstances?



Part 2 - safety/risk management planning



Steps in the process

- Step 5 – Scenario planning
 - What worried about if.....
 - Plan



Steps in the process

- Step 5 – Scenario planning
 - Repeat scenario
 - Some change in scenario – evolve
 - Worst case
 - Improvement scenario
- (John scenarios?)



Steps in the process

- When considering the planning implications of risk factors
- Does a risk factor
 - Motivate?
 - e.g., perceived need for self-defense
 - Disinhibit?
 - e.g., substance use
 - Destabilize thinking?
 - e.g., psychosis



Steps in the process

- Special attention to risk factors which will likely influence decisions
 - Understand why a person (John) does something
 - John's alcohol use could disinhibit
 - His paranoid delusions could motivate
 - His psychosis could destabilize thinking



Steps in the process

- Step 6 –What management/safety plan for specific risks?
 - Monitoring – improvement or deterioration of risk factors
 - Treatment – take into account prior treatment effectiveness



Steps in the process

- Step 6 –What management for specific risks?
 - Supervision – restriction of freedom
 - Involve available supports
 - Victim safety planning
 - Duty to warn?
 - Plan for each identified risk



Monitoring

- Identify warning signs & what should be monitored
- Document warning signs in an easily accessible, conspicuous place
 - John: medication noncompliance, accusations and other indications of threat/control, agitation, insomnia



Monitoring

- Warning signs
- Deterioration in psychological functioning
 - Anger, mood, hopelessness, preoccupation
 - Violent, suicidal and unusual statements
- Social functioning
 - Finances, relationships, employment



Monitoring

- What type of contact with client and how often
 - Clients with more frequent visits to mental health centers have a reduced risk
 - Missed appointments with treatment providers can be a strong warning sign
 - Partial hospitalization
 - Group homes – supervised apartments



Monitoring tactics

- Contacts

- Face-to-face – telephone call – video conferences
- Client – victims – other relevant people
- Community visits
- Assertive community treatment
- Who does what?



Medication compliance monitoring plan

- Ask client
- Involve family or friends
- Review pill containers
- Long-acting injectables
- Increased appointments
- Watch the client take medication
- Blood tests to determine therapeutic levels
- Mandatory medication orders



Medication compliance monitoring plan

- Increase supervision – hospitalization
 - Imminent risk?
- Clear summary sheet to make it easy to determine when medication is missed
- What's the response if medication is missed?



Supervision options

- community treatment order
- assisted outpatient treatment order



Supervision

- Conditions
 - No contact
 - Activities



Treatment

- No comprehensive, broadly applicable approach to treatment planning
 - Target particular risk factors (e.g., psychosis, substance use, anger) one-by-one....



Treatment

- Address:
 - Mental health & substance use problems
 - Relationship risk factors
 - Employment risk factors
 - Attitudes that condone violence
 - Family functioning (conflict?)



Hypothetical risk management/safety plan

- Level of risk
 - Moderate to high?
- Imminence of risk
 - Moderate to high?



Hypothetical risk management/safety plan

- Scenario planning
 - Repeat scenario
 - Some change in scenario – evolve
 - Worst case
 - Improvement scenario
- (John scenarios?)



Hypothetical risk management/safety plan

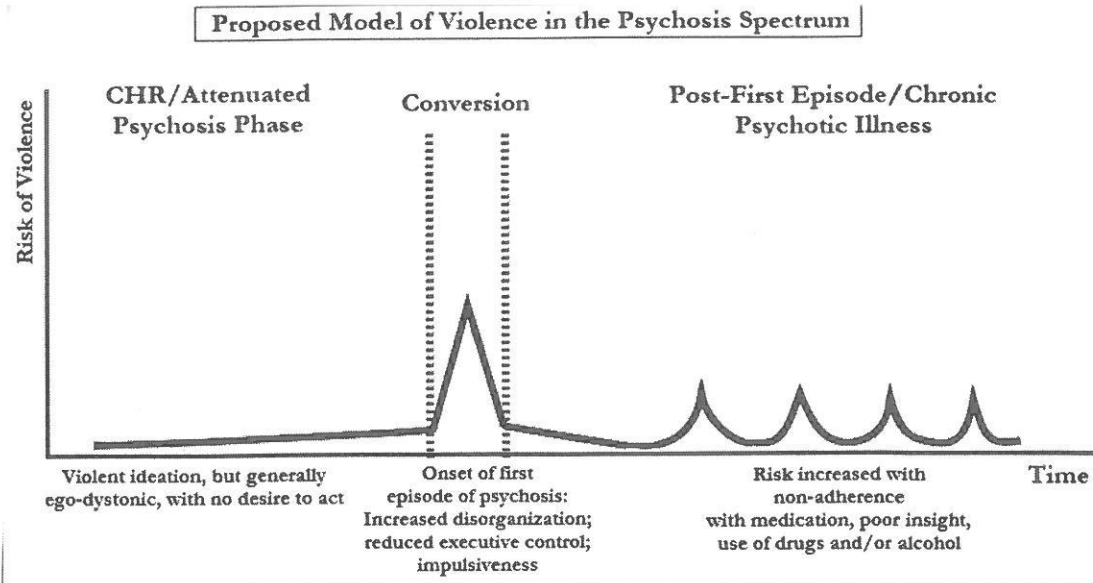
- Supervision
- Worst-case scenario
 - Hospitalization? (Plan for discharge?)
- Repeat or moderate evolution
 - Access to lethal means
 - Assisted outpatient treatment order?
 - Activity restrictions?



Hypothetical risk management/safety plan

- Circumstances will change

Proposed Model of Violence in the Psychosis Spectrum





Proposed Model of Violence in the Psychosis Spectrum

- Brucato et. al., *Prevalence and phenomenology of violent ideation and behavior among 200 young people at chronic high risk for psychosis: an emerging model of violence and psychotic illness*, Neuropsychopharmacology 0:1-8 (2019)



Hypothetical risk management/safety plan

- Monitoring for change
 - Placement
 - Group home?
 - Hospital?
 - Live with mother?
 - Day treatment?
 - Sheltered employment?
 - Frequency and type of contacts



Hypothetical risk management/safety plan

- Monitoring for change
 - Medication compliance & mental status
 - Mother? (counseling & instructions)
 - Sister?
 - Group home?
 - Day treatment program?
 - Hospital?
 - Appointment intervals?



Hypothetical risk management/safety plan

- Treatment
 - Schizophrenia & substance use?
 - Long-acting injectables?
 - Case management for unemployment?
 - Relationship development?
 - Sheltered employment?



Hypothetical risk management/safety plan

- When to reassess?
 - 3 months? 6 months?
 - Warning signs



Victim safety planning

- Confidentiality issues?



Victim safety planning

- Assess victim risk and develop a plan
 - Victim vulnerabilities
 - Available resources
- Potential victim instructions & assistance with monitoring
 - Help victim understand risk
 - Written instruction sheets



Victim safety planning

- Treatment
 - Deficits in coping skills that interfere with self protection



Victim vulnerability factors - 6

- Interact with potential targets for safety planning



Victim vulnerability factors - 6

- Barriers to security
 - Problems with safety related to residence, employment, transportation, or other activities ****(mother - 10 miles from sister – single-family residence)
 - e.g., target lives on the ground floor, workplace open to the general public, commutes to work on isolated roads



Victim vulnerability factors - 6

- Barriers to independence
 - Problems with safety related to the target's employment, finances, physical disability, responsibility for dependents



Victim vulnerability factors - 6

- Interpersonal resources
 - Problems with availability, accessibility, appropriateness, or responsiveness of interpersonal resources such as family, friends
 - e.g., little contact with others, conflictual relationships with others



Victim vulnerability factors - 6

- Community resources
 - Problems with availability, accessibility, appropriateness, or responsiveness of service providers such as law enforcement
 - e.g., target lives in a remote area, services are not offered in target's language



Victim vulnerability factors - 6

- Attitudes or behavior
 - Problems related to emotions, attitudes, or behaviors that interfere with the target's ability, opportunity, motivation for self protection *** (mother told the sister not to call police)
 - e.g., not reporting violence to police, culturally rooted beliefs that divorce is wrong



Victim vulnerability factors - 6

- Mental health

- Serious mental health or substance abuse which interferes with self protection
*** (sister worried that mother is depressed)
- e.g., target is hopeless and depressed about the future, symptoms of trauma or PTSD



Hypothetical mother safety planning

- Avoiding contact with John for a period of time
- Evaluate depression
- Evaluate reasons for not calling the police
- Increase social support



Hypothetical mother safety planning

- Instructions on medication compliance monitoring
- Instructions on monitoring John's mental status
- Treatment/Counseling for mother



Duty to warn/protect



Duty to warn/protect

- History of violent behavior is accepted by many as the best predictor of future violence risk in acutely ill
 - Violent episode in the week before hospitalization – 9 times more likely within two weeks of discharge
- Plan for risk after discharge



Duty to warn/protect

- January 15, 2013 letter from the Director of the Office for Civil Rights
- To Our Nation's Healthcare Providers
- In light of tragic and horrific events
 - Newtown, CT
 - Aurora, CO



Duty to warn/protect

- "...HIPAA...does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people."



Duty to warn/protect

- 45 CFR Section 164.512 (j)
- “A covered entity **may**... disclose protected health information, if the covered entity, in good faith, believes the use or disclosure... is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
- Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.” (emphasis added)



Imminent

- Is “imminent” the same as “immediate”?



Imminent

- "... in the near future, that is, in the coming hours to days, or days to weeks..." HCR-20 user manual
- "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote; RCW 71.05.020



Duty to warn/protect

- “HIPAA expressly defers to the professional judgment of health care professionals when they make determinations about the nature and severity of the threat to health or safety. See 45 CFR 164.512 (j) (4).”
(emphasis added)
 - OCR, Additional FAQs on Sharing Information Related to Treatment for Mental Health or Substance Use Disorder-Including Opioid Abuse, 12.19.17



The law varies

- Duty extends to
 - Identified, identifiable, zone of danger
- Reasonable care to protect options
 - Warn victim
 - Warn police
 - Hospitalization – voluntary/involuntary
 - Inform
 - Other



Duty to warn/protect

- What triggers the duty?
- To whom is the duty owed?
- How is the duty discharged?



Duty to warn/protect

- Common statute example
- States vary significantly



Example statute

- A mental health provider is not liable for damages in any civil action for failure to warn or protect a specific person or persons, including those identifiable by their association with a specific location or entity,except where the patient has communicated to the mental health provider a serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity



Example statute

- When there is a duty to warn and protect...the mental health provider shall make reasonable and timely efforts to notify the person or persons, or the person or persons responsible for a specific location or entity, that is specifically threatened, as well as to notify an appropriate law enforcement agency or to take other appropriate action, including but not limited to hospitalizing the patient.



Duty to warn/protect

- What triggers the duty?
 - Communication of a serious threat



Duty to warn/protect

- How is the duty discharged?
 - Notify potential victim,
 - Notify law enforcement, or
 - Seek involuntary hospitalization
 - Other appropriate action



Washington Supreme Court

- Finding the duty to protect applicable in the outpatient setting the court noted,
 - “Steps in the outpatient setting can include closer monitoring of compliance with medication and... the patient’s mental state, strong family involvement, and informing the patient that he faces involuntary hospitalization unless he remains compliant.”



Ohio Supreme Court

- Finding the duty to protect applicable in the outpatient setting:
 - “[the provider] should have taken aggressive action to persuade [the patient] to continue treatment and have his medication reinstated... Such action should have included, among other things, strong family involvement, making [the patient’s] participation in vocational therapy can contingent on continued treatment...”



But what if.....

- Patient diagnosed with schizophrenia attacked mother 6 months ago
 - Agitation
 - Slurred speech
 - Intermittent medication
 - Insomnia
 - Accused mother of controlling him
- Now you see the same symptoms...



Different concepts

- Duty to warn or protect
- Serious and imminent threat
 - The HIPAA exception can apply even if there is no duty to warn or protect



Questions & Comments

