VIOLENCE RISK ASSESSMENT FOR THE PRACTICING PSYCHIATRIST

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DANGEROUSNESS
TARASOFF

- Tatiana Tarasoff
- Prosenjit Poddar
- A kiss on New Year’s Eve
• Summer 1969
• Treatment with Dr. Lawrence Moore
• Paranoid schizophrenia
• Dangerous
TARASOFF

• Appeared to be rational
• Supervisor said to take no further action
• Tatiana returned in October 1969
• October, 27th 1969
  – Stabbed Tarasoff to death
TARASOFF

- Family sued various members of the University
- Case eventually was brought to the California Supreme Court
- Duty to warn initially
TARASOFF

• When a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger

• “The protective privilege ends where the public peril begins.”
DUTY

• Different states interpret the duty differently
• Identifiable person vs other person
• Professional standards
• Involuntary commitment
OLD PERMISSION

• Florida
• Actual threat to harm an identifiable victim or victims
• Clinical judgment that the patient has capability and is more likely than not that in the near future will carry out threat
• MAY disclose
NEW DUTY

• Patient has communicated a specific threat to cause serious bodily injury or death to an identified or readily available person;

• Determined that they have intent and ability to carry out imminently or immediately

• May warn victim, but MUST disclose to law enforcement
VIOLENCE

• Can it be predicted?
• What is a more appropriate term?
  – Foreseeable
• Are there any studies about this topic?
SWANSON ECA STUDY

• Used data from the Epidemiologic Catchment Area survey
• Self-report about violence
• Young, male, and low socioeconomic status
DOES MENTAL ILLNESS INCREASE RISK FOR VIOLENCE?
Percent violent in last year

- Other drug abuse or dependence: 35%
- Alcohol abuse or dependence: 25%
- Schizophrenia: 13%
- Mania or bipolar disorder: 11%
- Major depression: 11%
- No disorder: 2%
SWANSON ECA STUDY

• Take away:
  – Young, male, low socioeconomic status
  – Mental illness DOES increase risk for violence
    • Vast majority not violent!
  – Substance use has more impact on violence than other psychiatric disorders
MACARTHUR STUDY

• Admissions from acute civil inpatient facilities
• Interviews with patients, collateral individuals, and official sources of information about violence.
MACARTHUR STUDY

• Risk factors:
  – Men
  – Prior violence
  – Past physical abuse as a child
  – Psychopathy
MACARTHUR STUDY

- Major mental illness not as much of a factor
- Personality disorders and substance use far more important
VIOLENCE RISK ASSESSMENT

• Clinical judgment
• Actuarial instruments
• Structured professional judgment
• Past history of violence
• Substance abuse
• Male gender
• Economic instability
• Less education
• Psychosis (Persecutory delusions and command AH)
• Access to weapons
HOW GOOD IS IT?

• For males, better than a flip of a coin…but not by much
• For females, not better than chance
• Those identified as NOT violent were better predictions
ACTUARIAL INSTRUMENTS

• Compare past analysis of similar populations to risk level

• Usually address static risk factors
ACTUARIAL INSTRUMENTS

• Violence Risk Appraisal Guide (VRAG)
SPJ

• Structured professional judgment
• More focused on guiding evaluators to look at specific factors
• Can include static and dynamic
SPJ

• HCR-20
TAILORING THE ASSESSMENT

• Magnitude vs likelihood
• Static vs dynamic factors
• Find out more about a potential threat – Be curious!
TAILORING THE ASSESSMENT

• At least some assessment about thoughts to harm others

• If higher level of concern, higher level of evaluation

• “When was the last time you were violent?”
AT THE BEDSIDE

• Two main goals:
  – Decide if something needs to be done emergently
  – Factor the risk assessment into treatment
EMERGENCY MANAGEMENT

• Is there an imminent risk?
• **What has changed?**
• Statutes can be quite helpful with guidance!
COMMITMENT

- Mental illness
- Within the “relevant past”
- Inflicted, attempted to inflict, threatened to inflict serious bodily harm
- OR acted in a way to create a substantial risk of harm
- OR had engaged in extreme destruction of property
PERMISSION TO WARN

• No Tarasoff duty; however, discharging a dangerous patient can be a problem

• There is a permission to warn
A responsible professional may disclose confidential information...there is an imminent danger to the health or safety of the client or another individual or there is a likelihood of the commission of a felony or violent misdemeanor.
EMERGENCY MANAGEMENT

• In other words: Do I have grounds to hold the patient OR do I have grounds to warn others?
TREATMENT

- Focus on the dynamic risk factors!
  - Treat the illness
  - Modify the social issues that could contribute

- Sometimes it is not acutely treatable!
  - Antisocial personality disorder
VIOLENCE IN THE ROOM

- CDC recommends the STAMP:
  - Staring and eye contact
  - Tone and volume of voice
  - Anxiety
  - Mumbling
  - Pacing
SUMMARY

- Violence risk assessments are guided by the situation and specific case
- Young, male, and low socioeconomic status are general predictors of violence
SUMMARY

• Multiple ways to assess for violence, including clinical judgment, actuarial instruments, and SPJ

• Violence is increased in mentally ill; however, still very low overall
REFERENCES

- Williamson BZ. The Gunslinger to the Ivory Tower Came: Should Universities Have a Duty to Prevent Rampage Killings? Florida Law Review, 2008;60:895-914
QUESTIONS