VIOLENCE RISK ASSESSMENT FOR THE PRACTICING PSYCHIATRIST

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CENTURY
16

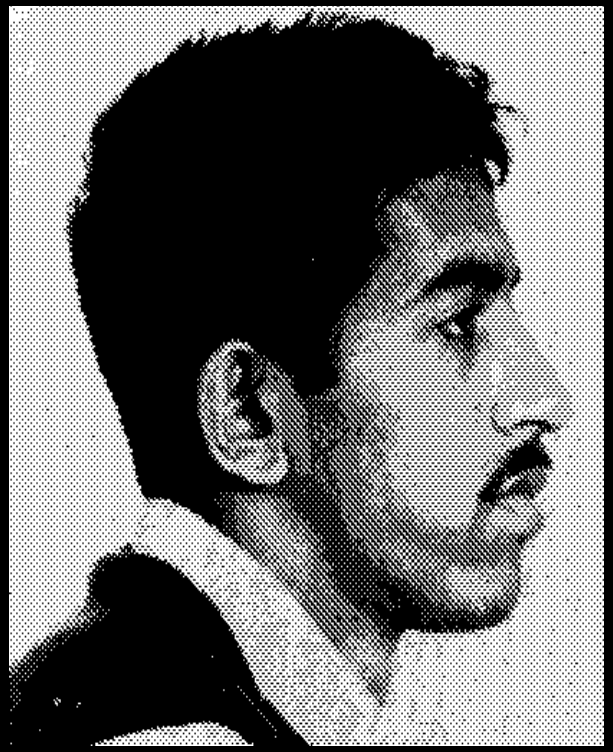

POLICE
E.R.T.


COMMUNITY COLLEGE SHOOTING
BREAKING NEWS
Sutherlin
Umpqua
Umpqua Community College
BREAKING NEWS
UMPQUA COMMUNITY COLLEGE SHOOTING
ROSEBURG

DANGEROUSNESS

TARASOFF

- Tatiana Tarasoff
- Prosenjit Poddar
- A kiss on New Year's Eve



TARASOFF

- 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

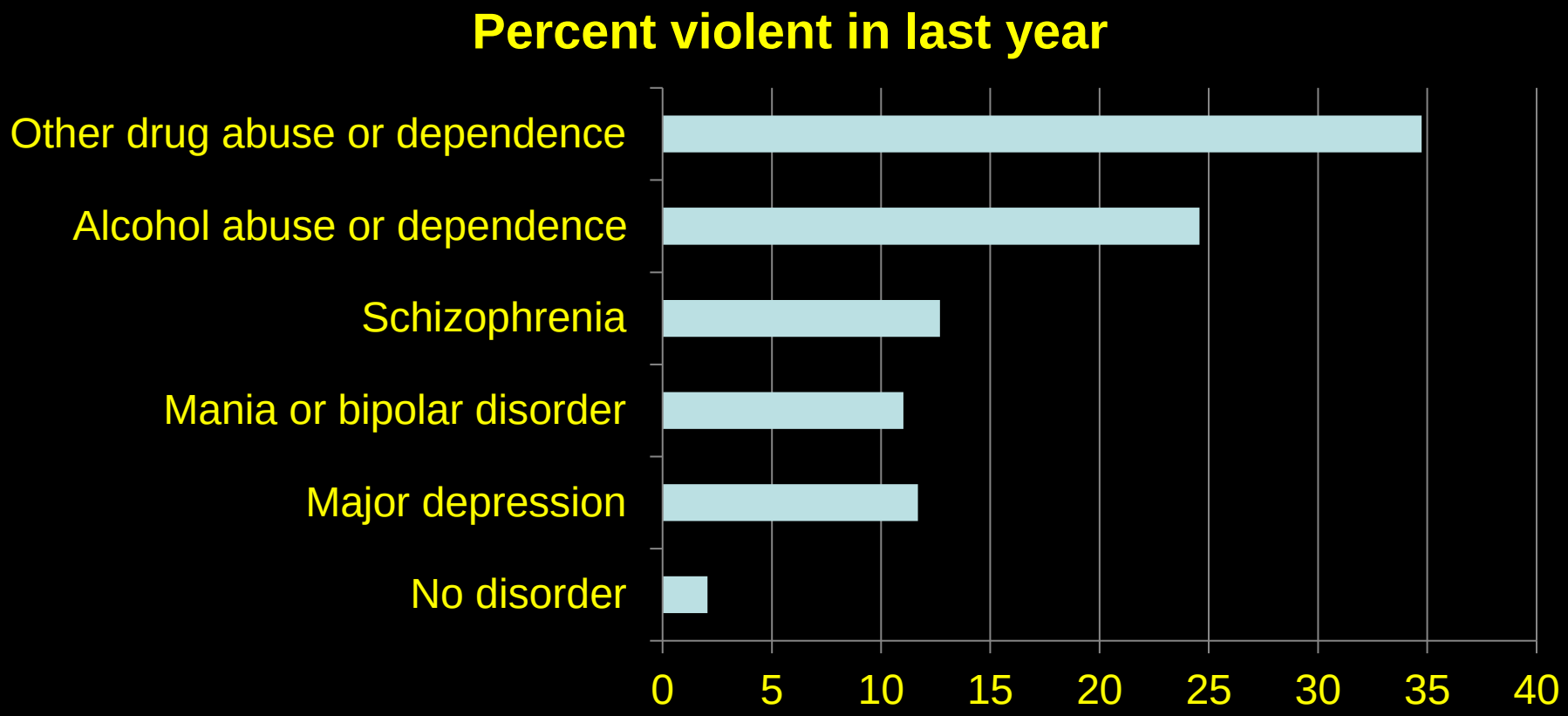
- Can it be predicted?
- What is a more appropriate term?
  - Foreseeable
- Are there any studies about this topic?

SWANSON ECA STUDY

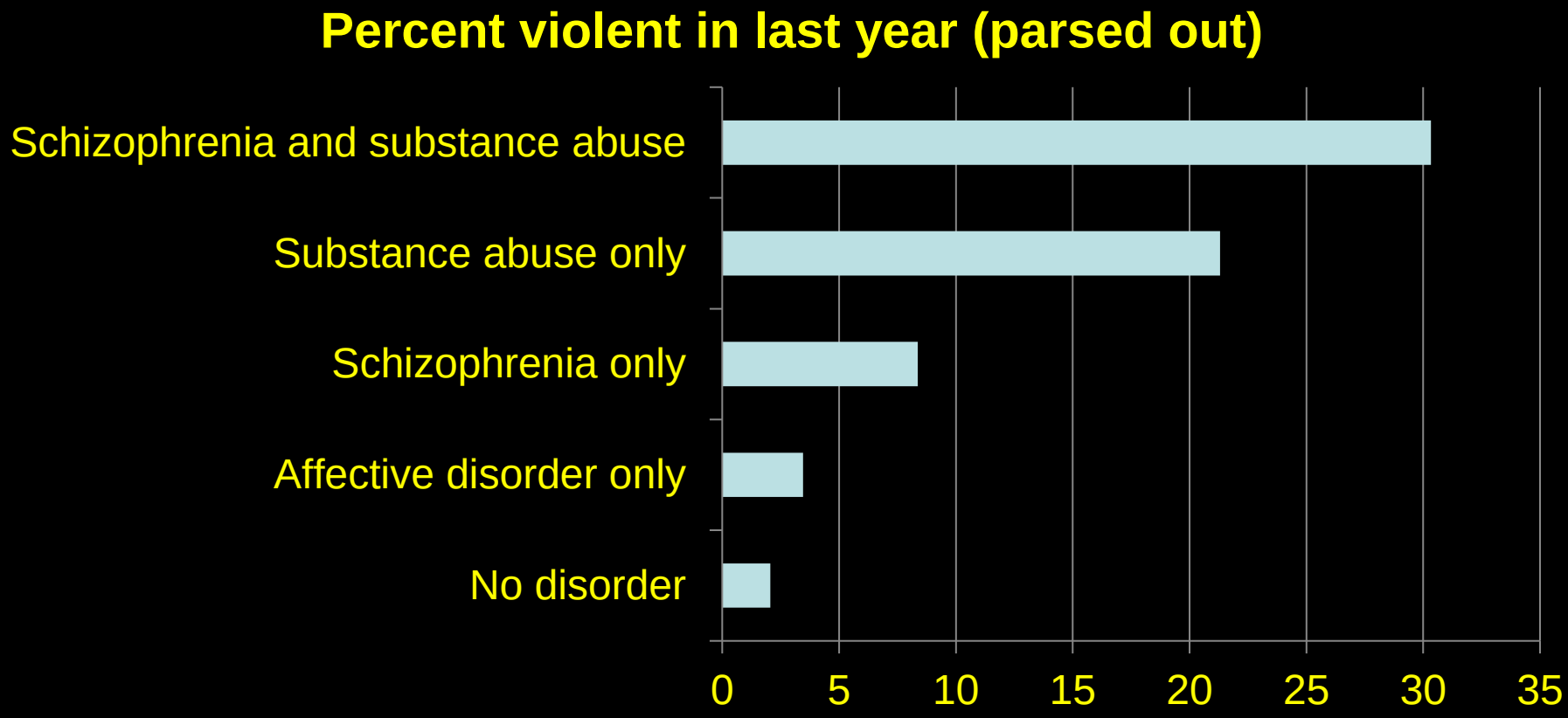
- Used data from the Epidemiologic Catchment Area survey
- Self-report about violence
- Young, male, and low socioeconomic status

DOES MENTAL ILLNESS INCREASE RISK FOR VIOLENCE?

SWANSON ECA STUDY



SWANSON ECA STUDY



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

CLINICAL 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

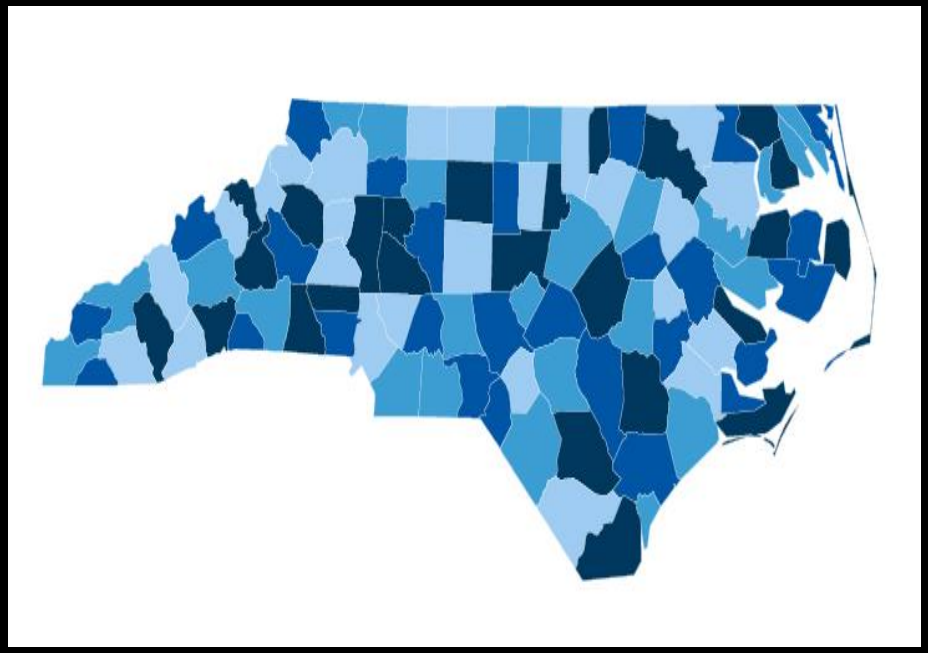
- Two main goals:
  - Decide if something needs to be done emergently
  - Factor the risk assessment into treatment

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

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QUESTIONS