Violence Risk for Individuals with Mental Illness: Appraisal and Treatment

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Violence Risk in People with Mental Illness

- Guidelines for assessement
- Guidelines for intervention
- Guidelines for implementation

Generally

- Know the empirical and professional literature
  - Risk and protective factors for this population
  - Effective and unsupported interventions
  - Strategies for making it all work
- Use effective strategies for monitoring and decision-making (review board, conditional release)

Assessment

- Target violence risk reduction as important
- Use a specialized risk assessment measure (Otto & Douglas, 2009)
- Link assessment and treatment
- Assess at regular intervals

Intervention

- Intervene to reduce risk factors and strengthen protective factors
- Use a graduated, step-down, demonstration model
- Assess risk and risk-relevant status at regular intervals, and update status and progress

Implementation

- Link hospital and community through coordinated planning
- Use a boundary spanner
- Use existing technology to facilitate individual progress and monitor aggregate performance

Use scientific and professional literature as a guide

- Consider population (age, gender, racial/ethnic, behavioral health) to identify
  - Risk and protective factors for violence (defined broadly)
  - Supported and unsupported interventions
  - Contributions of behavioral health and criminogenic influences

Prioritize violence risk reduction as important

- Core aspect of mission
- Legal liability and professional obligations
- Training and ongoing CE with staff
- Development of structured procedures
- Monitoring through QA

Use a validated specialized risk assessment measure

- Suitable to population
- Facilitates
  - Accurate appraisal of risk
  - Identification of dynamic risk factors and protective factors
- Actuarial versus structured professional judgment
- See Otto & Douglas, *Handbook of Violence Risk Assessment* (2009)

Link assessment and intervention

- Identify applicable risk factors using both specialized measure and individualized (anamnestic) approach
- Provide intervention for each
- Persuade staff that these are treatment targets just as important as traditional clinical symptoms

Assess risk status regularly, updating changes and plan

- Focus on appraisal of identified risk factors/tx targets
  - Attendance and participation
  - Changes in thinking and behavior
- Integrate with improvements in clinical status
- Integrate with information from demonstration model

Intervene: reduce risk factors, strengthen protective factors

- Co-occurring substance abuse
- Anger, impulsivity, decision-making
- Job skills
- Trauma
- Family and social support
- Thinking that justifies violence and other antisocial behavior

Use a step-down demonstration model

- Gradually decreasing levels of security and monitoring achieved through periods of responsible behavior and symptom stability
- Include levels, units, community visits
- Carefully track performance

Link hospital and community through coordinated planning

- Regular communication and good professional relationships among representatives of community and hospital
- Clearly identify criteria and process leading to discharge
- Use review board and conditional release

Use boundary spanners

- Individuals familiar with multiple systems (Steadman)
- Examples: case managers, specialized parole/probation officers
- Facilitates service acquisition, provides encouragement and monitoring
- “Firm but fair” (Skeem)

Use existing technology to facilitate individual progress & monitor aggregate performance

- Apps, reminders, surveys, social media, GPS, texting
- Monitor aggregate risk reduction impact of programming through collection of process and outcome data

Assessment-intervention program building

- Review of relevant science and best practice literature
- Selection of specialized assessment measures
- Incorporation of motivational enhancement (feedback, perception of own risk and needs, development of working relationship)

Assessment-intervention program building (cont.)

- Implementation of specialized group therapy modules (12-13 sessions)
  - Life skills
  - Decision-making
  - Problem-solving
  - Self-care
  - Thinking
- Documentation in manual

Example: Drexel Reentry Project

- Services (evaluation, motivational enhancement, and modules) have been delivered to individuals returning to community from federal prison (STAR Program) for past 16 months
- Provided through Psychological Services Clinic in Department of Psychology
- Plan is to refine, research, and revise over 1-3 year period

- Thank you for your attention
- Questions and comments welcome
- Would be happy to share details of example by sending you the current manual documenting the project