



**Violence Risk for Individuals
with Mental Illness:
Implementation Workshop**



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Workshop Process



- **Designed to elaborate on broader points made during keynote talk**
- **Core slides preserved for discussion, comment, and illustration through case and policy examples**
- **Areas not covered during workshop can be addressed if you contact me with follow-up**

Generally



- **Review the empirical and professional literature; trainees good**
 - 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)**

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



- **Training and ongoing CE with staff**
- **Use multiple disciplines (psychiatry, psychology, social work, nursing, rehabilitation therapists)**
- **Development of structured procedures; documentation helps with trainees**
- **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—make sure risk AND needs**
- **Don't use it rigidly**

Link assessment and intervention



- Identify applicable risk factors using both specialized measure and individualized (anamnestic) approach
(who/what/when/where/why for previous acts)
- Provide intervention for each risk factor
- Focus especially on behavioral

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 clinical status and behavior through tx team meetings**

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 approach



- 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**