



**Violence Risk for Individuals  
with Mental Illness: Appraisal  
and Treatment**

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**Violence Risk in People  
with Mental Illness**



- Guidelines for assesement
- Guidelines for intervention
- Guidelines for implementation

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### 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)**

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### Assessment



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

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### 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**

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### **Implementation**



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

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### **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

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### **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**

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**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)**

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**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**

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**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**

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**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

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**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

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**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

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### 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)**

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### 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**

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### 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)**

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**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**

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**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**

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- **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**



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