**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**

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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

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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**

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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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