VIOLENCE PREVENTION IN MENTAL HEALTH SETTINGS

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Palm Beach Daily News

Boca-area man pleads guilty to attack on [illegible] in his home

Antigone Barton, Palm Beach Post

Updated Mon, May 20, 2024 at 9:39 AM EDT · 3 min read

Olathe man charged with aggravated assault after shooting into mental health center

Morning Headlines: Nov. 8

By Gabe Swartz

Published: Nov. 8, 2024 at 11:24 AM EST

Crime & Safety

Concord Cops Investigating Knife Threat Incident On Pleasant Street

Update: A man barricaded himself inside a Concord Coalition to End Homelessness apartment on Pleasant Street Monday after a threat incident.

Tony Schinella, Patch Staff

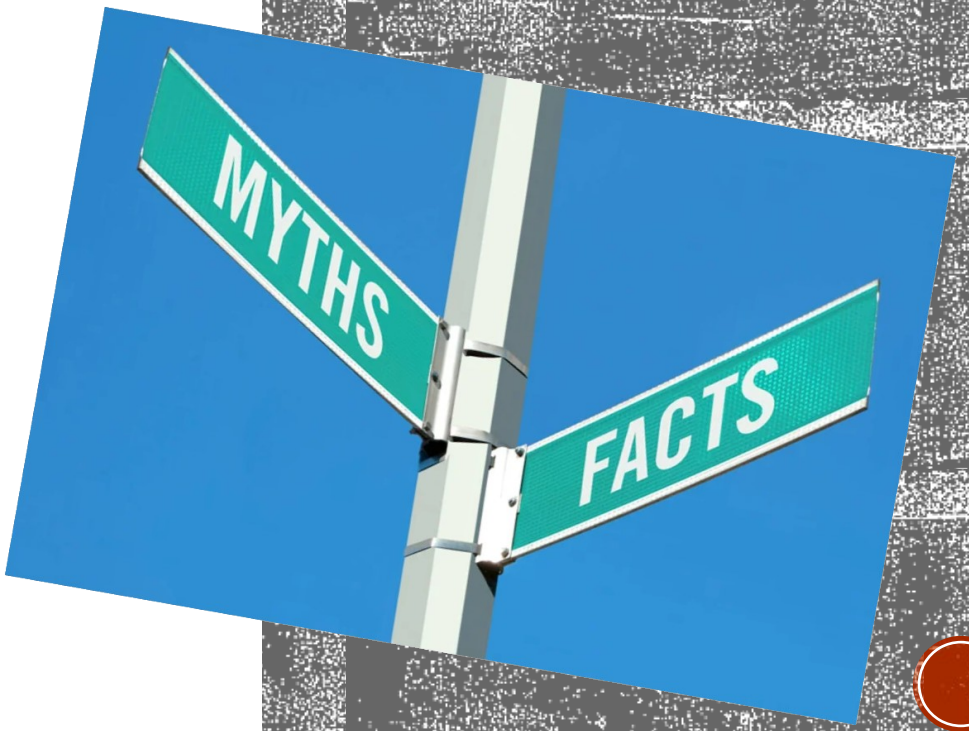
Posted Mon, Dec 2, 2024 at 11:58 am ET | Updated Mon, Dec 2, 2024 at 4:35 pm ET

Concord police are investigating a knife threat incident and a man barricaded inside an

PREVALENCE

- 2024 poll of emergency room physicians: 91% said that they or a colleague were a victim of violence in the past year
- 65% of staff members at inpatient psychiatric settings experienced violence, over half resulting in injury (Cunningham, 2003)
- Within substance abuse treatment settings, 20% of counselors experienced threats and 3% reported patient-initiated violence (Bride, 2015)
- 33% of Child welfare workers experienced threats and 34% experienced physical assault (Shin, 2011)
- Individual counseling?

Only a small proportion of societal violence can be attributable to individuals with mental disorders



Physical aggression, verbal aggression, threats, aggressive posturing

- Burnout
- Anger
- Fear

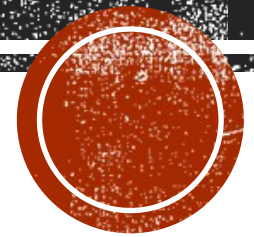
What strategies are used now?

- Lists
- Stickers
- Removal from services

All ‘after the fact’

What about prevention?

TWO KEY PRONGS:
1)PATIENT AND
2)ENVIRONMENT



PATIENT FACTORS

- What do you know about your patient?
  - Past violence
  - Current symptoms
  - Other risks; substance abuse, exposure to violence, poor problem solving
- Important to identify risks for violence as treatment targets
- Treatment should identify, measure, and mitigate the risk factors

For all patients!

AVAILABLE MEASURES

- V-Risk 10
- Broset Violence Checklist
- DASA
- Violence Screening Checklist

V-RISK 10

- *Substantial predictive validity for aggression in inpatient settings*
- *Takes 2 minutes to administer*
- *Available online*

McNiel DE, Binder RL. Predictive validity of judgments of dangerousness in emergency civil commitment. Am J Psychiatry. (1987) 144:197–200.

VIOLENCE RISK SCREENING - 10 (V-RISK 10)

Name:
Date of Birth:
SSN #:
Age:

The rater collects information about each of the ten risk factors on the V-RISK-10 checklist. Some examples of important scoring information are described under each item. Select the box to indicate the degree of likelihood that the risk factor applies to the patient in question:

No:	Does not apply to this patient
Maybe/Moderate:	Maybe applies/present to a moderately severe degree
Yes:	Definitely applies to a severe degree
Does Not Know:	Too little information to answer

Severe violence refers to physical attack (including with various weapons) towards another individual with intent to inflict severe physical harm. Yes: The individual in question must have committed at least 3 moderately violent aggressive acts or 1 severe violent act. Moderate or less severe aggressive acts such as kicks, blows, and shoving that does not cause severe harm to the victim is rate Maybe/Moderate.

Select One:
☐ **No** ☐ **Maybe/Moderate** ☐ **Yes** ☐ **Do Not Know**

Verbal: Statements, yelling, and the like, that involve threat of inflicting other individuals physical harms. Physical: Movements and gestures that warn physical attack

Select One:
☐ **No** ☐ **Maybe/Moderate** ☐ **Yes** ☐ **Do Not Know**

The patient has a history of abusing alcohol, medication, and/or other substances (e.g. amphetamine, heroin, cannabis). Abuse of solvents or glue should be included. To rate Yes, the patient must have and/or have had extensive abuse/dependence, with reduced occupational or educational functioning, reduced health and/or reduced participation in leisure activities.

Select One:
☐ **No** ☐ **Maybe/Moderate** ☐ **Yes** ☐ **Do Not Know**

Whether the patient has or has had a psychotic disorder (e.g. schizophrenia, delusional disorder, psychotic affective disorder). See item 5 to rate personality disorders.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

Of interest here are eccentric (schizoid, paranoid) and impulsive, uninhibited (emotionally unstable, antisocial) types.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

This refers to the degree to which the patient lacks insight in his/her mental illness, with regard to for instance need of medication, social consequences or behaviour related to illness or personality disorder.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

The patient expresses suspicion towards other individuals either verbally or nonverbally. The person in question appears to be "on guard" towards the environment.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

The patient appears emotionally cold and without sensitivity towards others' thoughts or emotional situation.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

This assesses to which degree the patient him/herself has unrealistic plans for the future (inside or outside the inpatient unit). Is for instance the patient him/herself realistic with regard to what he/she can expect of support from family and of professional and social network? It is important to assess whether the patient is cooperative and motivated with regard to following plans.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

This evaluates the possibility that the patient may be exposed to stress and stressful situations in the future and his/her ability to cope with stress. For example (in and outside inpatient unit): reduced ability to tolerate boundaries, physical proximity to possible victims of violence, substance use, homelessness, spending time in violent environment/association with violent environment, easy access to weapons etc.

Select One:

☐ No ☐ Maybe/Moderate ☐ Yes ☐ Do Not Know

OVERALL CLINICAL EVALUATION

How great do you think the violence risk is for this patient?

☐ Low ☐ Moderate ☐ High

Suggestion following overall clinical evaluation:

☐ No more detailed violence risk assessment

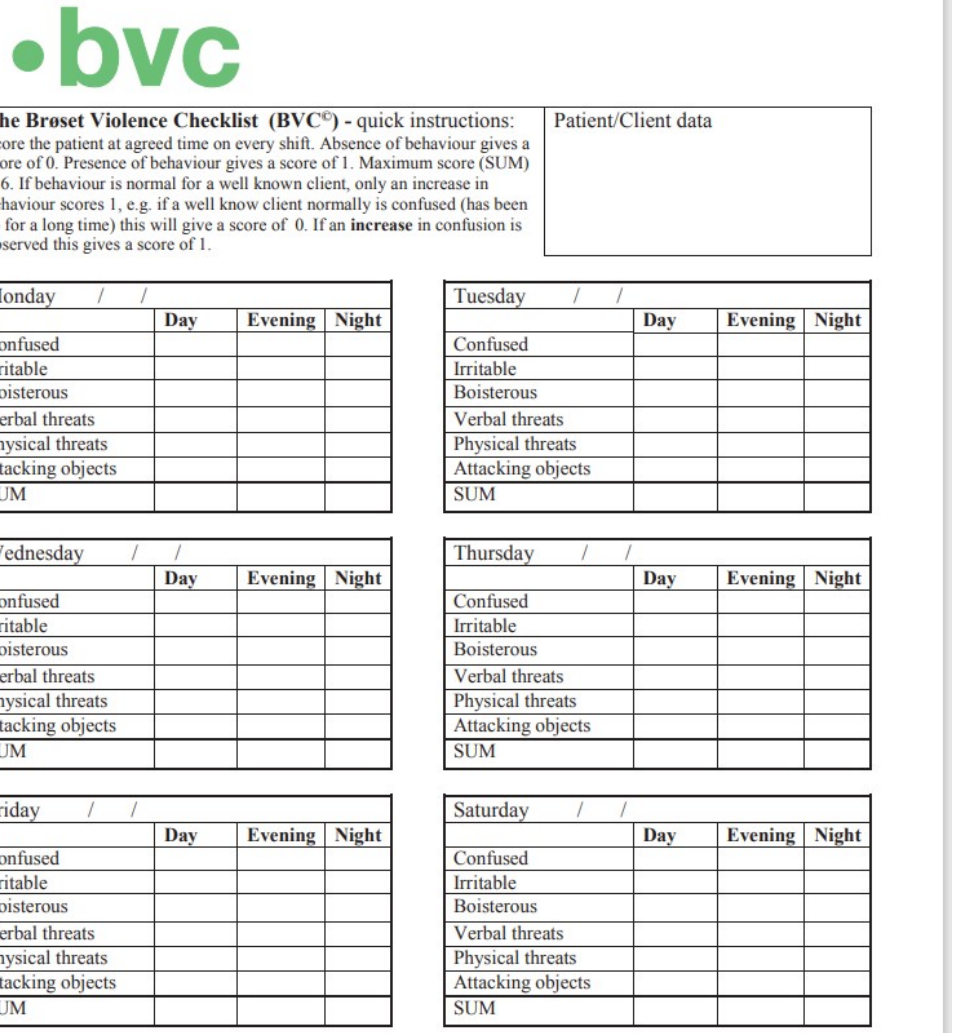
☐ More detailed violence risk assessment

☐ Implementation of preventive measures

BROSET VIOLENCE CHECKLIST

- Assessment of imminent aggressive behavior (24 hours)
- Cut off scores:
  - 0- risk is low
  - 1-2 risk is moderate
  - 3+ risk is high
- Good reliability in research

Almvik R, Woods P, Rasmussen K. The Brøset Violence Checklist: Sensitivity, specificity, and interrater reliability. J Interpers Violence. (2000) 15:1284–96.



•bvc

The Brøset Violence Checklist (BVC©) - quick instructions:
Score the patient at agreed time on every shift. Absence of behaviour gives a score of 0. Presence of behaviour gives a score of 1. Maximum score (SUM) is 6. If behaviour is normal for a well known client, only an increase in behaviour scores 1, e.g. if a well know client normally is confused (has been so for a long time) this will give a score of 0. If an **increase** in confusion is observed this gives a score of 1.

Patient/Client data

Monday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Atacking objects			
SUM			

Tuesday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Attacking objects			
SUM			

Wednesday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Atacking objects			
SUM			

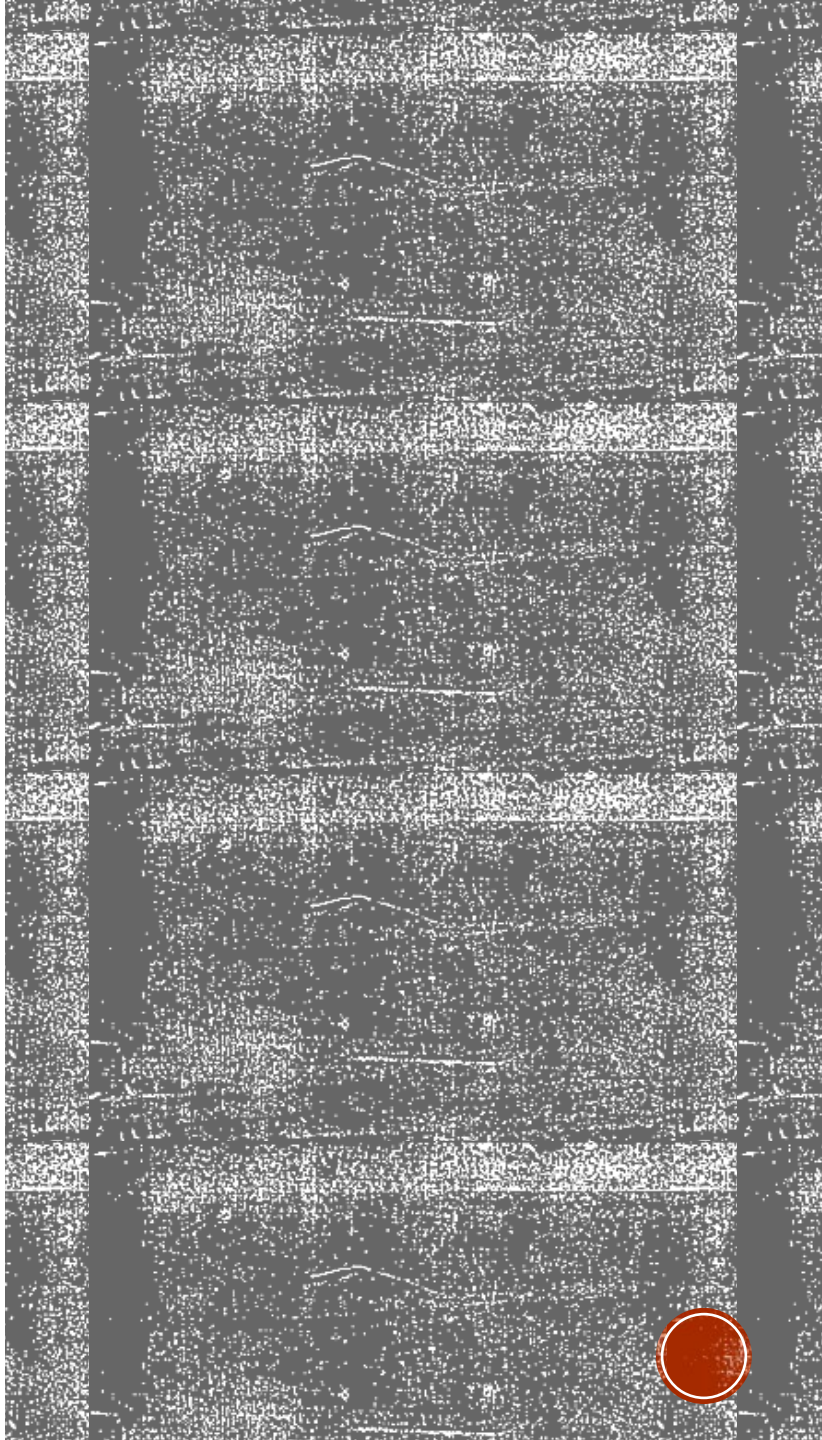
Thursday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Attacking objects			
SUM			

Friday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Atacking objects			
SUM			

Saturday / /	Day	Evening	Night
Confused			
Irritable			
Boisterous			
Verbal threats			
Physical threats			
Attacking objects			
SUM			

Operationalisation of behaviours/items:

Confused	Appears obviously confused and disorientated. May be unaware of time, place or person.
Irritable	Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous	Behaviour is overtly "loud" or noisy. For example slams doors, shouts out when talking etc.
Physically threatening	Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modelling of a head-butt directed at another.
Verbally threatening	A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
Attacking objects	An attack directed at an object and not an individual. For example the indiscriminate throwing of an object; banging or smashing windows; kicking, banging or head-butting an object; or the smashing of furniture.



DASA

DYNAMIC APPRAISAL OF SITUATIONAL AGGRESSION: INPATIENT VERSION

The following ratings are based on your knowledge and observations of the patient during the **PREVIOUS 24 HOURS**. Well known patients are scored a 1 for an increase in the behaviour described, the patient's usual behaviour while being non-violent is scored as 0.	Mon (circle one)	Tue (circle one)	Wed (circle one)	Thu (circle one)	Fri (circle one)	Sat (circle one)	Sun (circle one)
Irritability – the patient is easily annoyed or angered. The patient is unable to tolerate the presence of others	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Impulsivity – the patient displays behavioural and effective instability (i.e. dramatic fluctuations in mood, or general demeanour, inability to remain composed and directed)	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Unwillingness to follow directions – the patient tends to become angry or aggressive when they are asked to adhere to treatment or to the ward's routine.	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Sensitivity to perceived provocation – the patient tends to see other people's actions as deliberate and harmful: they may misinterpret other people's behaviour or respond with anger in a disproportionate manner to the extent of provocation	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Easily angered when requests are denied – the patient tends to be intolerant, or is easily angered when they make a request that is denied or when they are asked to wait	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Negative attitudes – the patient displays entrenched antisocial and negative attitudes and beliefs which may relate to violence and aggression	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Verbal threats – the patient displayed a verbal outburst, which is more than just aq raised voice, and where there is a definite intent to intimidate or threaten another person	0 1	0 1	0 1	0 1	0 1	0 1	0 1
Total							
Record of aggression – *during the previous 24 hours has the patient behaved aggressively in any of the following ways? (please mark with a cross in the appropriate box)*							
Physical aggression against OBJECTS – slams door, throws objects down, kicks furniture, breaks objects, smashes windows, sets fires, or throws objects dangerously							
Verbal aggression against PATIENTS – shouts angrily, insults, curses viciously, uses foul language in anger, or makes clear threats of violence towards others							
Verbal aggression against STAFF – shouts angrily, curses viciously, uses foul language in anger, or makes clear threats of violence towards others							
Physical aggression against PATIENTS – makes threatening gesture, swings at people, grabs at clothes, strikes, kicks, pushes, pulls hair, or attacks others.							
Physical aggression again STAFF – makes threatening gesture, swings at people, grabs at clothes, strikes, kicks, pushes, pulls hair, or attacks others.							

The Dynamic Appraisal of Situational Aggression

- Assesses imminent risk (24 hours)
- Takes 5 minutes to administer
- Measures change in behavior; a baseline risk is a 0 but an increase or new behavior is scored as a 1
- Developed for inpatient settings but can be adapted to outpatient care
- Available online
- 0-1 is low
- 3+ is a high risk

Barry-Walsh, J., & Daffern, M. (2010). The DASA, accuracy and risk assessment. *Australasian Psychiatry, 18*(6), 586-587.

TYPE OF BEHAVIOUR EXHIBITED	Yes / No	DESCRIPTORS
Uncooperative	❑ No ❑ Yes	*Easily annoyed or angered. Unable to tolerate the presence of others. Will not follow instructions.*
Verbal Abuse	❑ No ❑ Yes	*Verbal attacks, abuse, name calling, verbally neutral comments uttered in a snarling, aggressive manner*
Hostile/Attacking Objects	❑ No ❑ Yes	*Overtly loud or noisy, i.e. slams doors, shouts out when talking, etc. An attack directed at an object and NOT at an individual i.e. the indiscriminate throwing of of an object, banging or smashing windows, kicking, banging, head-banging, smashing of furniture*
Threats	❑ No ❑ Yes	*A verbal outburst which is more than just a raised voice; and where there is definite intent to intimidate or threaten another person. A definite intent to physically threaten another person, i.e. raising of arm/leg, aggressive stance, making a fist, etc.*
Assaultive/Combative	❑ No ❑ Yes	*An application of force or attack directed at an individual, i.e. kick, punch, spit, grabbing of clothing, use of a weapon or weapon of opportunity.*
Known risk factors/triggers		
Mitigation strategies for known risk factors/triggers		

BEHAVIOUR	Level of Risk	CURRENT RISK MITIGATIONSTRATEGIES/INTERVENTIONS
No observed behaviour	Low	
Uncoorperative OR verbal abuse/aggression	Moderate	
One or more of the above shaded Both of the non-shaded OR significant history of violence	High	

Print name: _____ Signature: _____

Date/Time received from Referral Source: _____

Update - Date/Time received from Referral Source: _____

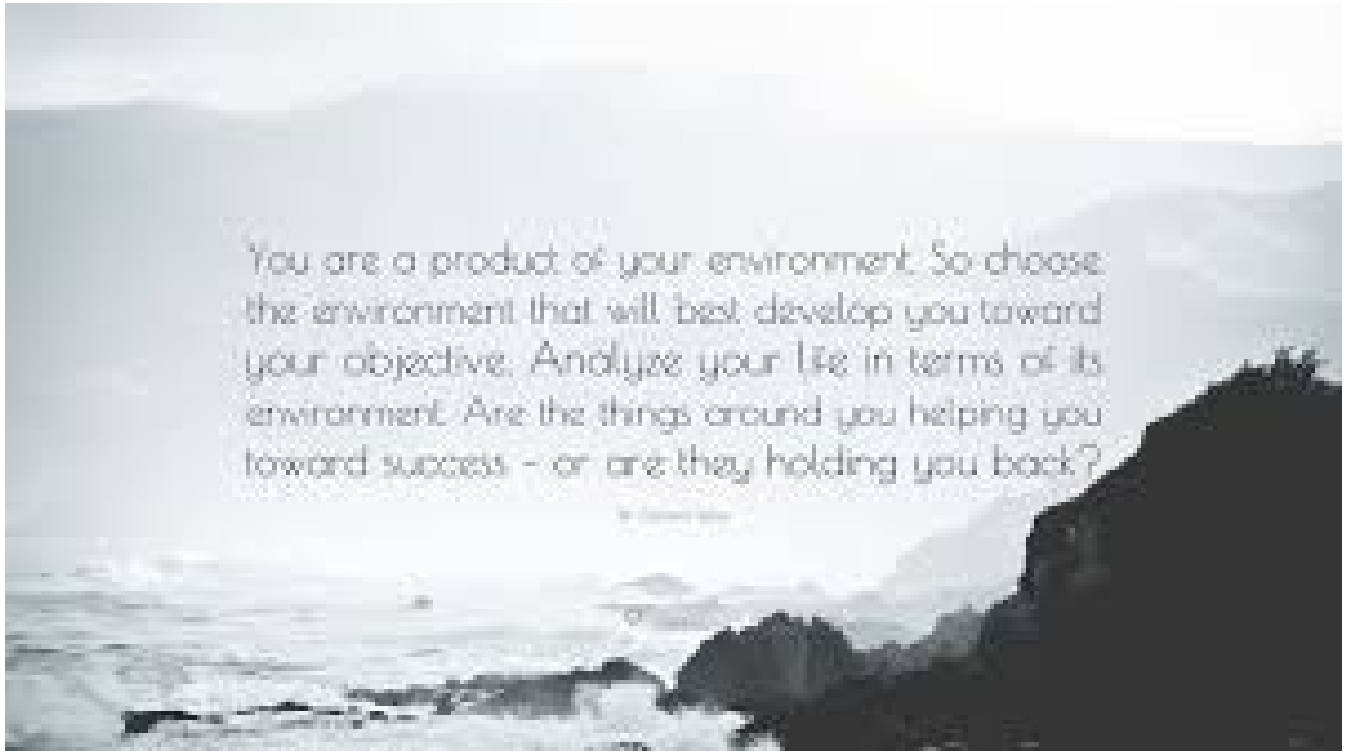
VIOLENCE SCREENING CHECKLIST

- Adapted from the Broset
- Simple to use
- Available online
- Strong reliability and validity in inpatient settings

McNiel, D.E., Binder, R.L. Screening for risk o inpatient violence. *Law Hum Behav* **18**, 579–586 (1994).

5 TOP TIPS-

1. Don't lead with criminal history
2. Mirror their language initially
3. Assess criminal history directly
4. Acknowledge victimization too
5. Boundaries, boundaries, boundaries


You are a product of your environment. So choose
the environment that will best develop you toward
your objective. Analyze your life in terms of its
environment. Are the things around you helping you
toward success – or are they holding you back?

ENVIRONMENTAL FACTORS

1) Use of therapeutic procedures
2) Physical surroundings
3) Effectiveness of clinical leadership
4) Staff factors

ENVIRONMENTAL FACTORS

Therapeutic Procedures:

- Trauma informed care
- Welcome
- Treatments

Physical Surroundings:

- Begins in the parking lot
- Signs clear?
- Noise level
- Options
- Security and personal alarms

ENVIRONMENTAL FACTORS

Clinical Leadership:

- Intolerance for violence
- Violence protocols
- Staff training

Staff Factors:

- Turnover
- Morale/fatigue
- Case loads

DOCUMENTATION

- Patient charting
  - Capture risk mitigation strategies
- What about facility documentation?
- How do all staff know about potential risks without jeopardizing confidentiality?
- Methods to ensure attention to both spheres of focus

  - patient information filed in medical chart

  - environmental information kept at program/departmental level

What is the documentation and process after an incident?

REGARDLESS OF SIZE…

- There is a role for violence prevention in every office
- Clinical leadership sets the tone
- Small incidents predict large incidents; document and have a protocol
- Identify violence related treatment targets
- Patient factors *and* environmental factors matter

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