

RISK ASSESSMENT - DANGER TO OTHERS

Risk Factors

- X Age 16-25**
- X Male**
- X Unemployed or underemployed**
- X Lack of housing; no stable permanent address**
- X History of personal violence toward others**
- X History of personal violence toward self**
- X History of being abused, particularly early in life**
- X Exposure to violence in childhood**
- X Signs/symptoms of major depression**
- X Presence of persecutory delusions and/or hallucinations**
- X Demonstrates antisocial personality traits**
- X Currently abuses alcohol, cannabis or drugs**
- X Presence of significant psychosocial stressors/losses**
- X Demonstrates poor impulse control**
- X Verbalizes clear intent to harm others**
- X Verbalizes organized plan to harm others**
- X Verbalizes access or has known access to weapons**

Violence toward others -

- ✓ Assess patterns of violence: “When were you violent against others?”, “When you were violent, what was going on?”, “What was your feeling state at the time?”, “Was it only when your mental illness flared up?”, “Was it only when you were drinking or using drugs?”
- ✓ Assess their motivation: Affective pattern - reactive, disorganized, scared, agitated, fight or flight response, “hot-blooded”
Predatory pattern - planned, disorganized, calculated, “cold- blooded”

(Predatory pattern is more dangerous.)
- ✓ Assess feelings: Is there any sense that the person has empathy for the victim?
Ego-dystonic: Has empathy for the victim, knows that the violence is wrong, feels guilty
Ego-syntonic: Has no empathy, justifies violence, blames it on others or doesn't care, experiences no guilt
(Ego-syntonic more dangerous.)
- ✓ Assess impulses: Under-controlled - impulsive
Over-controlled - explosive
(Over-controlled more dangerous.)
- ✓ Assess victims: What is their pattern in terms of victimology? Most people stick with the same pattern and repeat it over and over.
- ✓ Assess access to weapons: Do they have a weapon?
Are they skilled at using it?
Do they have access to the weapon?
Have they ever used a weapon in any violent way or in any violent situation?
- ✓ Assess stressors: Anything significant or serious going on?
- ✓ Assess history of violence: What kind of violence have they been exposed to or involved in?
Any history of violence puts them at risk - spouse abuse, child abuse, fights at work, military service, involvement in law enforcement (trained to use deadly-force weapons).
Is there a history of violence in the family?

ASSESSMENT FOR DANGEROUSNESS

Assess:

Intent: Have you had any thoughts of harming or killing yourself?

Have you ever thought about not being here?

Have you thought about how you might do it?

Do you have a specific plan?

What is the plan?

When are you going to carry out the plan?

SPECIFIC PLAN, MEANS AVAILABLE, TIMING SET = VERY HIGH DANGEROUSNESS.

Feelings: Usually three feelings involved - anger, fear and/or shame.

If you understand their feelings, you can develop a better distraction.

What need is not being met?

What message are they trying to communicate?

Thought: Is there anything preventing them from processing thoughts, identifying reality? Are they psychotic?

Is mental illness present?

Is there anything impairing the thinking process?

Are they intoxicated on drugs or alcohol? (Alcohol and cannabis are disinhibiting. Amphetamines create grandiosity and paranoia.)

Victim: Who is the intended victim?

In suicide, the primary victim is the self, but the impact on others may be more significant to the individual. ("My wife will be sorry")

Victims - pleading, placating or provocative

Pleading - "Please don't kill me"

Placating - "You are absolutely right and I agree with you"

Provocative - "Go ahead and do it", "You're too much of a coward to actually do it"

PROVOCATIVE VICTIMS ARE ASSOCIATED WITH MUCH HIGHER DANGEROUSNESS. SEPARATE THEM FROM THE POTENTIALLY DANGEROUS PERSON AS SOON AS POSSIBLE.

Role of mental illness -

- ✓ Substance abuse is more powerful predictor of violent behavior than mental illness.
- ✓ People with schizophrenia have a 10% rate of suicide.
- ✓ Of all mentally ill persons, 6% will be dangerous.
- ✓ Only acute episodes of illness will increase risk for violence, not the presence of a chronic, controlled condition.
- ✓ If mentally ill persons commit violence, it's usually toward a family member, not strangers.
- ✓ Schizophrenic males, particularly if they are paranoid, tend to target their mothers.
- ✓ Of persons with mental illness, those with schizophrenia will be at highest risk, particularly if they are paranoid. Danger increases with their level of organization. If delusional, persecutory delusions are most dangerous.
- ✓ Hallucinations are not necessarily dangerous unless they are command hallucinations (a voice telling them to do something). If command hallucinations are present, you must assess the following:
 - Who is the voice?
 - What relationship is the voice to you? (Familiarity of the voice will increase the likelihood that it will be obeyed.)
 - What is the voice commanding you to do?
 - Have you obeyed the voice in the past?
- ✓ If a person is psychotic, particularly with paranoid delusions and/or command hallucinations, they cannot be reasoned with or talked out of the dangerous behavior - must get help and get it soon.
- ✓ Persons experiencing mania are usually not dangerous, even though they make a lot of noise. They are not apt to commit violence unless:
 - you try to contain them
 - they are intoxicated
 - they have immediate access to weapons
- ✓ Persons with borderline personality disorder can escalate their self-destructive gestures under stress and commit suicide accidentally. Both suicidal gestures and attempts are important.

Risk Assessment - Draft

	Violence Toward Others	Violence Toward Self
	✓ if :	✓ if:
Age	<input type="checkbox"/> age 16-25	<input type="checkbox"/> younger than 19 or older than 45
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
Marital Status		<input type="checkbox"/> Unmarried
Social Support		<input type="checkbox"/> Lack of supportive, meaningful relationships
Employment	<input type="checkbox"/> Unemployed or underemployed	
Housing	<input type="checkbox"/> No stable, permanent address	
Violence History	<input type="checkbox"/> History of personal violence toward others <input type="checkbox"/> History of personal violence toward self <input type="checkbox"/> Exposure to violence in childhood	<input type="checkbox"/> History of suicide gesture or attempt <input type="checkbox"/> History of suicide in the family
Physical Illness		<input type="checkbox"/> Presence of chronic illness that is chronic, debilitating and/or causes significant pain
Depression	<input type="checkbox"/> S/S of major depression evident	<input type="checkbox"/> S/S of major depression evident
Psychosis	<input type="checkbox"/> S/S of persecutory delusions or hallucinations present <input type="checkbox"/> S/S of command hallucinations	<input type="checkbox"/> Impaired judgement evident <input type="checkbox"/> Diagnosis of schizophrenia
Substance Abuse	<input type="checkbox"/> Currently abuses alcohol, cannabis or other substances	<input type="checkbox"/> Currently abuses alcohol
Psychosocial Stressors	<input type="checkbox"/> Presence of significant psychosocial stressors/losses	<input type="checkbox"/> Presence of significant psychosocial stressors/losses
Intent	<input type="checkbox"/> Verbalizes clear intent to harm others	<input type="checkbox"/> Verbalizes clear intent to harm self
Organization	<input type="checkbox"/> Verbalizes organized plan to harm others	<input type="checkbox"/> Verbalizes organized plan to harm self
Impulsivity	<input type="checkbox"/> Demonstrates poor impulse control	<input type="checkbox"/> Demonstrates poor impulse control
Access to weapons	<input type="checkbox"/> Verbalizes access or has known access to weapons	<input type="checkbox"/> Verbalizes access or has known access to weapons

Number of checks/highlighted spaces: _____

Patient Plan: _____

Assessment of risk: High Moderate Low