

## ASSESSING & MANAGING VIOLENCE RISK

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## AGENDA

- Key principles of violence risk assessment and management
- Mistakes to avoid when assessing and managing violence risk
- Case study
- References

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## PRINCIPLES OF VIOLENCE RISK ASSESSMENT

- What is expected/required of professionals will vary as a function of the setting in which they work
  - Emergency room
  - State hospital or state prison
  - Workplace
- Professionals will generally be expected to make some effort to go beyond the simple self-report of the subject
- Professionals will be expected/required to structure their judgments

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PRINCIPLES OF  
VIOLENCE RISK ASSESSMENT

- Parameters of risk, its assessment, and management may well vary as a function of context, setting and task, e.g.,
  - Threat assessment
  - Violence risk assessment in outpatient settings
  - Fitness for duty in employment contexts

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PRINCIPLES OF  
VIOLENCE RISK ASSESSMENT

- Professionals should consider various parameters of violence, e.g.,
  - Type of violence
  - Likelihood
  - Imminence
- Professionals should distinguish between
  - Correlates of violence in groups
  - Causes of violence in groups
  - Causes of violence in individuals

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PRINCIPLES OF  
VIOLENCE RISK MANAGEMENT

- For identified causes of violent behavior, professionals should distinguish between static and dynamic factors
- Professionals should identify treatments/interventions for dynamic causes, and go beyond standard thinking when it comes to matters of treatment, prevention, and intervention
- Professionals should identify with specificity who has responsibility for monitoring, treatment, and other interventions

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### MISTAKES TO AVOID IN RISK ASSESSMENT & MANAGEMENT

- Reliance on non-factors
  - Conventional wisdom
  - Illusory correlations
  - Saliency
- Over-emphasis on person-factors and associated under-emphasis of environmental, contextual or situational variables
- Perceiving counseling and other interventions as elixirs

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### MISTAKES TO AVOID IN RISK ASSESSMENT & MANAGEMENT

- Non-specificity in treatment and intervention planning
- Focusing on the target of one's profession
- Failing to consider appropriate monitoring

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### MANAGING VIOLENCE RISK

- Violent behavior cannot be treated per se
  - Treatments can be focused on underlying disorders that are related to violent behavior
  - Other interventions can be aimed at modifying aspects of the subject, the "target" or the environment

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**MANAGING VIOLENCE RISK**

- Treatment of and associated interventions with the subject
  
- Actions on the environment
  
- Target hardening
  
- Incapacitation

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**A CASE STUDY**

- John Starkey
  - 43 year old, married, white male
  - Employed as a warehouse clerk referred for risk assessment evaluation in anticipation of sentencing after a plea of guilty to charges of criminal mischief, assault on a law enforcement officer, and unlawful discharge of a firearm
  - He vandalized a hotel room, called a co-worker and threatened to kill himself, threatened a law enforcement officer called to the scene, and fired a weapon

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**A CASE STUDY**

- Acknowledges....
  - Depression and past suicidal ideation
  - Marital discord
  - Regular alcohol and prescription drug use
  - Debts from gambling
  - Weapon access

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## CASE STUDY: TIMELINE

September 2010	Arrested for driving under the influence of alcohol
October 2010	Argues and hits spouse, checks into and vandalizes hotel room, and calls colleagues threatening to harm himself
December 2010	Sentencing evaluation and violence risk assessment in jail

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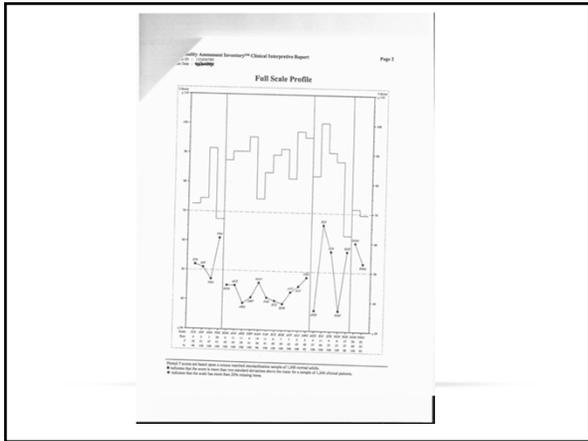
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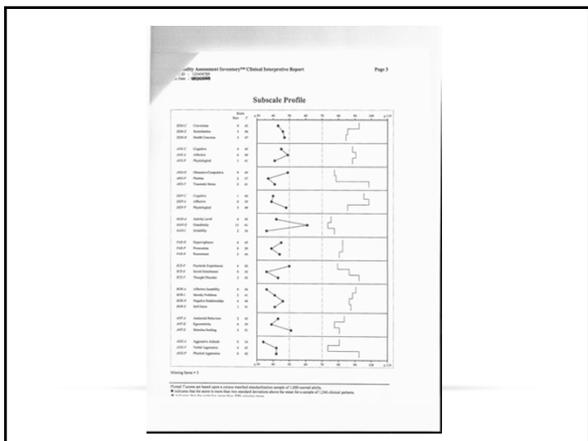
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Additional Profile Information

Supplemental FAI Indexes

Index	Value	T Score
Delinquency Index	8	64
Control Dysfunction Function	128.46	68
Malingering Index	0	44
Biogenic Dysfunctional Function	-1.77	43
Somatic Prevalent Index	0	42
Violence Prevalent Index	1	43
Treatment Prevalent Index	1	43
AAC Estimated Score	46	(45 Higher than 45%)
DMC Estimated Score	46	(27 Lower than 26%)
Mean Clinical Elevations	46	

Coefficients of Fit with Profiles of Known Clinical Groups

Business Profile	Coefficient of Fit
PMI Prevalent	0.607
Fake Good	0.576
Cluster 1	0.562
Not Pathological	0.048
All "Very True"	-0.040
Cluster 2	-0.207
Current malade	-0.228
Adjustment reaction	-0.326
Cluster 3	-0.212
Quasi-Pathological Disorder	-0.278
Cluster 4	-0.281
Spence domain	-0.288
Specific Anxiety	-0.382
All "Very True"	-0.314
Cluster 5	-0.157
All "Highly True"	-0.138

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Personality Data

SCALE	General Population			Personality Estimates			T Scores				
	T	SE	TRAD	T	SE	TRAD	1	2	3	4	5
1	50	10	50	50	10	50	50	50	50	50	50
2	50	10	50	50	10	50	50	50	50	50	50
3	50	10	50	50	10	50	50	50	50	50	50
4	50	10	50	50	10	50	50	50	50	50	50
5	50	10	50	50	10	50	50	50	50	50	50
6	50	10	50	50	10	50	50	50	50	50	50
7	50	10	50	50	10	50	50	50	50	50	50
8	50	10	50	50	10	50	50	50	50	50	50
9	50	10	50	50	10	50	50	50	50	50	50
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17	50	10	50	50	10	50	50	50	50	50	50
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47	50	10	50	50	10	50	50	50	50	50	50
48	50	10	50	50	10	50	50	50	50	50	50
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50	50	10	50	50	10	50	50	50	50	50	50

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### CASE STUDY: HCR-20 SCORING

Previous violence	Lack of insight	
Young age at first viol incident	Negative attitudes	
Relationship instability	Active symptoms of mental illness	
Employment problems	Impulsivity	
Substance use problems	Unresponsive to treatment	
Major mental illness	Plans lack feasibility	
Psychopathy	Exposure to destabilizers	
Early maladjustment	Lack of personal support	
Personality disorder	Noncompliance with remediation	
Prior supervision failure	Stress	

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## CASE STUDY: VRAG SCORING

VRAG Item	Score
Lived with bio parents until 16	
Elementary school maladjustment	
History of alcohol problems	
Marital status	
Criminal history	
Failure on conditional release	
Age at index offense	
Victim injury (index offense)	
Any female victims (index offense)	
Any DSM personality disorder	
DSM schizophrenia diagnosis	
PCL-R score	

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## CASE STUDY

- Risk?
- Interventions?
- Monitoring?

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## QUESTIONS

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