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Safety and Violence Education: SAVE

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Safety

The door to safety swings on the hinges of common sense.

~Author unknown¹¹_{SEP}

To learn about eye protection, ask someone who has one.

~Author unknown¹¹_{SEP}

If you don't think it's safe, it probably isn't.

~Author unknown

Tupac was one of the biggest thugs I know, and he always wore his seat belt.

~Ice Cube, to Kevin Hart

Safety:



Purpose of SAVE Training:

Allow you all to be:

- More effective in your roles
- Safer and more prepared
- More efficient with challenging cases
- More satisfied with work
- Able to improve the environment for all!

State of Individual within Forensic Setting: *What is it?*

- Lack of awareness re: legal forum
- One down (or more) to staff
- On the defense
- Expect to be done wrong
- Underrepresented
- Fighting *the system*
- Nothing to lose

Need For Safety Training:

"I never got training, we need it before we ever start the job..."

"You need to recognize that sometimes you have to go in pairs and always have a phone. Sometimes it's not safe to do it on your own..."

"Some people are not on their medications, they are not following through and are having active symptoms of their illness."

ICM: University of Rochester Medical Center

Workplace Violence Includes:

- Beatings
- Stabbings
- Suicides
- Shootings
- Rapes
- Near-suicides
- Psychological traumas
- Threats or obscene phone calls
- Intimidation
- Harassment of any nature
- Being followed, sworn or shouted at

Economics of Workplace Violence

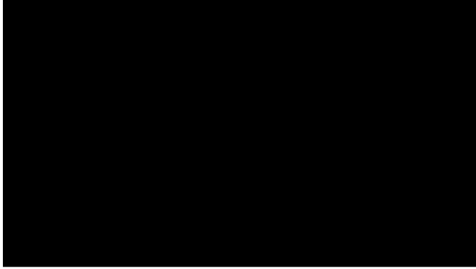
- Cost 500,000 employees 1,175,100 lost work days each year
- Lost wages: \$55 million annually
- Lost productivity, legal expenses, property damage, diminished public image, increased security: \$ billions \$



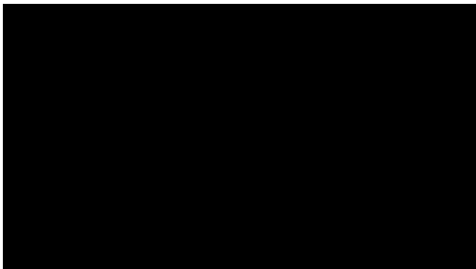
Training and Education

- Employees should understand concept of “Universal Precautions for Violence”
 - Violence should be expected but can be avoided or mitigated through proper preparation
 - “PPPPP”
 - limit physical interventions in workplace

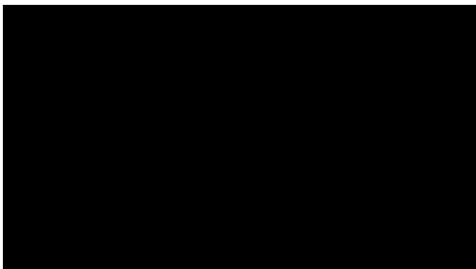
Waiting Room and Office 1



Waiting Room and Office 2



Waiting Room and Office:
Discussion



Why Safety Training?

- Violence towards providers by mentally ill individuals: *Infrequent*
- Inspires:
 - Reactive responses*
 - > *Stigmatization*
- Goals:
 - *Reduce* : Provider fears, patient stigma
 - *Improve* : Provider knowledge, work satisfaction and safety

ACCESS TO CARE FOR PATIENTS!

Mental Health Trends :

- Deinstitutionalization
- Reduced inpatient beds & L.O.S.
- > Substance use
- > Criminal Justice involvement

- *More acute patients with criminal justice involvement requiring community-based care*



Clients Requiring Outreach and Supportive Housing Resources

Characteristics:

- High levels of disability and/or symptoms
- Historically non-adherent to medications
- Historically have failed to engage in traditional treatment
- Multiple risk factors for violence
- Criminal justice involvement

Team Staff:

- Part of multidisciplinary teams
- Typically have more frequent direct client contact
- Have variable levels of formal training
- Tend to receive most “difficult” and challenging clients
- Often work in unfamiliar settings

Precursors



Incident



Consequences:



Prediction of Violence: *Mental Health Professionals*

Study

- 14 psychiatrist vs. 9 psychiatric nurses
 - Independently evaluated 308 patients admitted to hospital in Israel, for violence potential and the criteria used to predict violence

Results

- Predictive Value = 82% Psychiatrists, 83% Nurses
- No significant differences in accuracy of predictions
- No significant differences in criteria used to predict violence

Haim R. Rabinowitz J. et al., Psych Svcs 53:622-624, 2002

Risk Factors for Future Violence:
General Population

- Younger age groups
 - % of violent behavior reported (ECA Study)
 - 7.34% (ages 18 – 29 yrs)
 - 3.59% (ages 30 – 44 yrs)
 - 1.22% (ages 45 – 50 yrs)
 - < 1% (ages > 65 yrs)
- Males perpetrate violent acts 10X > Females
- Males have higher rates of violent offenses vs. females in the general population

Swanson et al., 1990
Tardiff and Swanson, 1980
Federal Bureau of Investigation, 1993

Risk Factors for Future Violence:
Financial Status?

- Socioeconomic status:
 - Violence is 3x > among individuals in lower income brackets
- Socioeconomic status:
 - less predictive of violent behavior than was concentrated poverty in the neighborhood

Borum et al., 1996
Silver et al., 1999

Risk Factors for Future Violence:
Mental Illness

- Studies examining the relationship of mental illness and violence yield mixed results
Link et al., 1992; Steadman et al., 1998; Swanson et al., 1990
- Most mentally ill individuals were not violent, but victims...
Monahan, 1997
- Social Environmental Context of Violence in SMI Individuals
Objectives. This study examined the prevalence and correlates of violent behavior by individuals with severe mental illness.
Methods. Participants (N = 802) were adults with psychotic or major mood disorders receiving inpatient or outpatient services in public mental health systems in 4 states.
Results. The 1-year prevalence of serious assaultive behavior was 13%.
Three variables—past violent victimization, violence in the surrounding environment, and substance abuse—showed a cumulative association with risk of violent behavior.
Swanson, Swartz, et al. 2002

Risk Factors for Future Violence:
Delusions

- Risk related to *emotions* generated by delusions:
 - Unhappiness, fear, anxiety or anger may lead subjects to act more aggressively
- A tendency to *act on delusions* in general has a significant association with a tendency to commit violent acts.

Appelbaum et al., 1999

Monahan et al., 2001

Risk Factors for Future Violence:
Hallucinations

- Hallucinations are not generally related to dangerous acts, but certain types may increase risk of violence.
- Schizophrenic patients:
 - More likely to be violent if *negative emotions* are generated (anger, sadness, anxiety), and if limited coping skills.

Zisook et al., 1995

Cheung et al., 1997

Risk Factors for Future Violence:
Intellectual Function and Education

- Violence risk increases for those with **lower intelligence and mild mental retardation**
- Commission of violent offenses:
 - Intellectually handicapped men = 5X
 - Intellectually handicapped women = 25X
- **Less education = higher rate of violence**

Borum et al., 1996; Quinsey and Maguire, 1986

Hodgins, 1992

Borum et al., 1996; Link et al., 1992

Risk Factors for Future Violence:
Past History

“Past history of violence is the single best predictor of future violent behavior”
– 25% - 30% of male psychiatric patients with a violent history become violent again within 1 year

Klassen and O’Conner, 1988, 1990

MacArthur Study:

- All measures of prior violence:
 - Self-report, arrest records and hospital records were strongly related to future violence.

MacArthur Foundation, 2001

Violence Risk Factors for SPMI/Co-occurring Individuals

- Treatment non-adherence
- Recent (6 months) history of violence
- Homelessness (survival mode)
- Active symptoms of mental disorder
- Limited coping skills
- Antisocial attitudes
- Substance use
- Limited intelligence

Risk Factors for Future Violence:
Past History

Violence History:

- Most violent thing done?
- Type of violent behavior?
- Why violence occurred?
- Who was involved?
- Presence of intoxication?
- Degree of injury?



Risk Factors

External

- Presence of:
 - Gang members, drug/alcohol abusers, distraught family/friends
 - Criminal/Forensic matters
 - End dates, new charges...
- Low staffing levels:
 - during times of increased activity such as in session or visiting times
 - Transporting/escorting individuals

Risk Factors for Future Violence:

Environmental Factors:

- Social supports
 - More support = less violence
 - Family as central support
- Employment
 - Negatively correlated with violence
- Domestic Violence
 - Common for mentally ill individuals
 - Uncertain as to perpetrator / victim

Estruff, 1994, Monahan et al 2000, Dvoskin, 1994

Risk Factors for Future Violence:

Life Events:

- Loss of significant others
 - Death, breakup, protective services
- Conditional Oversight/Controls
 - Parole, Probation, Release, CPS
 - *If not balanced with proper treatment!*
- Loss of stability
 - Legal status, job, residence, transportation
 - Entitlements or **finances**

Risk Factors for Future Violence:

Life Adjustments:

- Re-entry to community from
 - Incarceration
 - Hospital stay
- Moving
 - Alternative location
 - From family or supportive residence to independent living

Massaro et al. 2002, Rotter et al. 1999

Risk Factors for Future Violence:

Weapons History

- Do you own or have you owned a weapon?
- Have you recently moved the weapon?
 - Ominous for paranoid individual that transfers weapon closer to their person
- > psychotic fear = >greater risk
 - paranoid person to kill someone they misperceive as a persecutor.

Scott C, Resnick P, Psych Times 14:4, April, 2002

Risk Factors for Future Violence:

Dual Diagnosis

- Psychiatric patients:
 - comorbid substance abuse is strongly predictive of violence

MacArthur Foundation, 2001

Study:

- Comparing violence rates for discharged psychiatric patients vs. nonpatients in the community

Results -- Substance abuse

- Tripled rate of violence in non-patients
- Increased violence by discharged patients 5 fold

Steadman et al., 1998

Risk Factors for Future Violence:
Personality Disorders

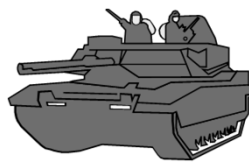
- Personality types:
 - Borderline and Sadistic PDs associated with increased violence
Tardiff, 1999; Tardiff, Swellam, 1980; Meloy, 1992
 - Antisocial
 - Most commonly associated with violence
MacArthur Foundation, 2001
 - Motivated by revenge or during periods of heavy drinking
 - Cold and calculated, lacking in emotionality
Williamson et al., 1987
 - Low I.Q. and Antisocial P.D. = Ominous combination
Helbrun, 1990

Risk Factors for Future Violence:
Depression

- Circumstances for violence:
 - Despair
 - Most common diagnosis in murder-suicide
Coid, 1983; Marzuk et al., 1992
 - Depressed or psychotic patient
 - Mothers who take the lives of their very young children
Resnick, 1969
 - Couples – feelings of jealousy and possessiveness
Rosenbaum, 1990
 - Homicide-suicide:
 - Individual cannot bear life without vital element, or others carrying on without them.

Risk Factors for Future Violence:
Military History

- Military:
- History of fights?
 - Awol?
 - Disciplinary measures?
 - Type of discharge?



Tips on Evaluating Dangerousness:

- All threats should be taken seriously
- All details should be elucidated
- Inform individual and assess his ability to appreciate the consequences
- Grudge lists
- Investigate fantasies of violence
- Assessment of future victim if identified
- Assess for suicidal risk in any homicidal patient
 - High correlation (attempts and ideation)
- *Your experience does not always save you!*
- *Each situation is new and unique!*

Proactive Team Approach:

- Roles of team staff
 - Who brings what to the team?
- Synergy:
 - Experience + Education = Proactive Collaboration
- Communication skills for safety
 - Team approach
 - **"Information must flow freely among ALL staff on team"**
- Unified front for Universal Violence Precautions
- Maintaining trust and boundaries

Team Approach: Communication



Team Approach to Assessment

Collaboration:

- Assess each person, each day, each situation
- Review behavior within context
 - Situation
 - Patterns
 - History
- Identify early signs of:
 - aggression or loss of control
- *Prevention and Early Intervention!*


Team Work:

- Can be used in new and difficult situations
- Team up with co-worker
- Team up with others
 - parole, probation, security, law enforcement
- Allow teammates the discretion to ask for assistance or to discontinue a visit



Scenario:
Outreach Preparation

Outreach Safety



Safety Guidelines During Outreach Visits:

- When approaching a residence look, listen and smell for anything that could compromise your safety
- Be alert to the presence of pets
- Stand to the side of the door when knocking or ringing the bell.
- Inquire if anybody else is around upon arrival
- Position yourself near the doorway you entered or a conspicuous window
- Never attempt to interview an intoxicated individual
- Avoid mediating a domestic quarrel
- Be careful to avoid invading personal space
- Avoid perceived threats to an individual or his family, and confront judiciously

Assessing the Situation:

A.W.A.R.E.

- Assess from a safe space / Approach with caution
 - Make first observation from a distance
 - Face to face
 - Maintain appropriate social space
 - Approach
 - Assessment informs approach
 - Rate
 - Proximity
 - Posture and body language

Assessing the Situation:

A.W.A.R.E.

- W' s: Where, What, Who, When?
 - Where are the exits?
 - Where is help?

 - What are potential weapons?
 - What is my relationship with this person?
 - What is the intensity of verbal/physical behaviors?

Assessing the Situation:

A.W.A.R.E.

- Who:
 - Else is there (friends and family...)?
 - Avoid being drawn into family issues
 - Needs to leave?
 - Removing instigators
 - Person involved with escalated behavior
 - Diminish stimulation

Assessing the Situation:
A.W.A.R.E.

- Ask
 - Ask for help
 - Plan ahead for sources of help (partner, supervisor...)
 - Ask yourself
 - Do I feel afraid?
 - Do I feel angry?
 - Should I enter the situation?

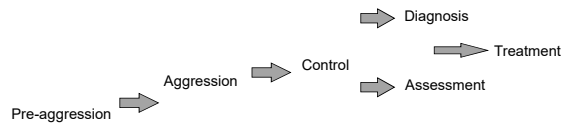
Assessing the Situation:
A.W.A.R.E.

- Respond
 - Use knowledge and skills
 - Safe space
 - Verbal defusing
 - Personal safety
 - Use Crisis Plans
 - Agency
 - Team
 - Individual
 - Use Self
 - Relationship
 - Respect

Assessing the Situation:
A.W.A.R.E.

- Evaluate
 - Damage
 - Property
 - Personal injury
 - Psychological injury
 - To whom
 - Staff, recipients, others
 - Skills
 - What went well?
 - What could have been done differently?
 - Do plans need reevaluation?
 - Restoration
 - Safety, health, control of arena (Court)?

Linear Aggression Sequence:



Maier, Stava, Morrow, et al (1987)

Preaggression:

- Most violence has a prodrome
- Not necessarily step wise
- Progression is usually obvious

OBSERVATION IS ESSENTIAL

Preaggression - Phase 1 (early)

- Tenseness of muscles
- Rigid posture
- Clenching of fists and teeth
- Statements of fear of losing control

Response:

Phase 1

- Utilize empathy

- Include the person's input

Preaggression - Phase 2

- Verbally abusive - **LOUD**

- Boasting of prior violence

- Makes a mess, scatters clothes or objects

- Engenders most negative staff reactions

Response:

Phase 2

- Safe Space
- Safe Place
- Limit setting / Directive Statement (cautious)
- Offer choices & consequences
- Include person's input

Preaggression - Phase 3

- Extreme hyperactivity (fight or flight)
 - Pacing -red flag of impending violence
- Threatening gestures
- Throws objects down, banging, kicking walls or furniture
- Vicious cursing
- Makes clear threats to others

Response: Phase 3

- *Crisis Plan*
- Exit strategy – Back off
- Call for assistance (911, local security...)
- Attempt to minimize collateral damage
- Do not attempt physical control or pursuit unless properly trained to do so!

COMMON MISTAKES:

- Arguing



- Lose Composure

- Resort to power



- Move in too closely

- Minimize potential for danger



Talking with person in crisis:

- Calm Approach
- Appear to be in control:
 - "Passive Control"
- Lower voice – Keep it S&S
- Comment on obvious neutral items:
 - empathy
- Provide adequate space
 - speak only to a sitting person
 - difficult in jail/forensic settings

Limit Setting: Strategy for deescalating behavior

- Polite Requests
 - "Please and thank you"
 - Avoid authoritative stances initially:
 - Parental responses may fuel or escalate situation
- Save Face
 - Allow person to do so if limits are being set
 - Avoid anger/arrogance that may impede this
- Communicate Respect
 - It's not about you
 - Avoid personalizing person's behavior
 - Back off and get assistance if necessary!!

Situational Awareness Model: *Chain of Events - Air force*

Interpreting Incoming Data

- Forward Posture
Flying ahead of the plane
- Spatial Orientation
Where am I in relation to what is important at this moment?



Talking with person in crisis:

- **Respect** patient and avoid direct eye contact at first
 - Challenging?
- **Listen** to person initially and avoid interpretations or interruptions.
- **NEVER PROMISE WHAT YOU CAN' T DELIVER**
 - \$, Housing, Special favors... It may come to haunt you.



“When in Doubt - Get Out and Shout!”



Safety Transport in the Field: