
Bree Collaborative | Risk of Violence to Others Workgroup

April 25th, 2019 | 3:00-4:30

Foundation for Health Care Quality

Members Present

Kim Moore,* MD, Associate Chief Medical Director, CHI Franciscan (Chair)
G. Andrew Benjamin,* JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law, University of Washington
Jaclyn Greenberg, JD, LLM, Policy Director, Legal Affairs Washington State Hospital Association
Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work
Marianne Marlow,* MA, LMHC, Member, Washington Mental Health Counseling

Association
Mary Ellen O’Keefe,* ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners
Jennifer Piel,* MD, JD, Psychiatrist, Department of Psychiatry, University of Washington
Julie Rickard,* PhD, Program Director American Behavioral Health Systems – Parkside
Samantha Slaughter,* PsyD, Member, WA State Psychological Association
Adrian Tillery,* Harborview Mental Health and Addiction Services

Staff and Members of the Public

Alicia Parris, Bree Collaborative
Katerina LaMarche,* Washington State Medical Association

Joan Miller,* JD, Sr. Policy Analyst, Washington Council for Behavioral Health
Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

Kim Moore, MD, Associate Chief Medical Director, CHI Franciscan (Chair) and Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

Motion: Approve 3/14/2019 Minutes
Outcome: Passed with unanimous support.

REVIEW OF EXISTING LITERATURE

Group viewed the [Literature Review 2019](#) and [Washington State Institute for Public Policy’s ITA Investigations](#) and discussed:

- Page 3 of *Involuntary Treatment Investigations* doesn’t mention outpatient mental health providers
- Group expressed concern about severely mentally ill population being categorized as a violent population
 - Subgroups with alcohol and substance use put them at elevated risk of violence compared to the baseline risk
 - Severe mental illness alone constitutes a 2-3% increase in risk of violence
 - Alcohol and substance use in addition to a psychotic disorder increases the likelihood of violence by 50%
 - G. Andrew Benjamin, JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law, University of Washington advised extreme care be taken to examine the methodology of studies being used

- Jennifer Piel, MD, JD, Psychiatrist, Department of Psychiatry, University of Washington, asked about the scope of what the group would consider violence e.g. stalking, inappropriate texting etc.
 - Legislative ask was focused on physical violence
 - Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work, stated that violent speech and text messaging can be a prelude to violence and should be a red flag
 - Most studies are on physical violence, but other areas of abuse may warrant further assessment
- Possibility of recommending tools for assessing risk
 - Are there tools being used by members in practice?
 - Most validated tools are very lengthy and require special training such that would preclude use in regular practice
 - Possibility of using a less validated tool that is shorter and easier to administer
 - Dr. Benjamin expressed concern that there is risk of recommending poor assessments that may lead to unnecessary restriction of persons' rights
 - Suggested simply recommending use of a validated tool to allow for flexibility
- Should screening be expanded to include those without mental health issues, and providers outside of mental health providers?
 - Dr. Benjamin pointed out that physicians of all kinds will become more at risk for litigation
 - Ms. Groshong advised against universal screening. Should be in the context of someone with a mental health or substance use disorder
 - Group agreed not to recommend universal screening, but would like to create a protocol for assessing persons with certain risk factors
- Ms. Groshong emphasized that it is extremely difficult to predict violence reliably. Most literature says it cannot be done
 - Dr. Moore asked about literature supporting the difficulty of predicting violence
 - Ms. Weir stated the common understanding present in the literature that predicting violence is difficult but there are factors that are related to eventual violent acts e.g. diagnosis of bipolar disorder coupled with substance misuse
 - Ms. Groshong expressed the opinion that Volk as it is framed asks providers to predict violence in each patient that enters their practice, which all literature agrees is very difficult to do even when the threat is explicitly expressed
 - Samantha Slaughter, PsyD, Member, WA State Psychological Association, suggested stating the difficulty of predicting violence, stating evidence based and opinion informed risk factors, and stating best practices like consulting with physicians, liability insurance, law enforcement etc.
 - Consulting in every case is not possible
 - Best practices can be recommended but may not be achievable
 - The group may recommend a more clearly defined statute
 - The group may recommend best practices but also state that adherence to such recommendations would not discharge duty to protect
- Group discussed possible specific patient factors that may put a person at a higher risk
 - Severe mental illness in combination with substance use
 - Prior acts of violence
 - Poor adherence to treatment
 - Head trauma
 - Adverse childhood experiences
 - Unsecured weapons

- Domestic violence
- Victim risk factors
 - Existing conflictual relationships
 - A person who lives with someone who drinks alcohol excessively
- Inclusion of resiliencies that counterbalance risk factors
- Ms. Groshong brought up problem that the assessment of violence risk without the patient expressing their thoughts of violence or suicide, is an impossible standard
- Provider in Volk was not found liable
 - Documentation of the assessment and identification risk factors is important and will be a key part of recommendations
- Documenting assessment identifying risk factors for every mental health patient?
 - Ms. Groshong shared her opinion that asking all patients would be intrusive and interfere with ongoing treatment
 - Marianne Marlow, MA, LMHC, Member, Washington Mental Health Counseling, pointed out that almost all OBGYN appointments ask patients about safety in the home and domestic violence
 - Ms. Weir asked if existing guidelines about violent fantasies/thoughts as normative

Action Item: Group to consider what other risk factors for violence to add to current list

Ms. Weir asked the group if whether they were comfortable using the Suicide Care Report as a framework and the group discussed:

- Sometimes violence occurs that is unpredictable
- Violent fantasies are different from violent thoughts, plans, or intent
 - Commonly people voice their violent fantasies, should be addressed and distinguished in the report
 - Violent fantasies are a part of almost every treatment and do not necessarily lead to action
 - Should include examples where violent fantasies or thoughts are normative

Action Item: Dr. Piel will send reference and statistics on violent fantasies in college aged men and her paper on sexually violent fantasies

Action Item: Ms. Groshong will send related UW survey data

- Will be helpful to provide guidance for how distinguish between fantasy and intent

Group moved on to discuss risk management and treatment and group discussed:

- Giving an arsenal of various treatment modalities
 - Actual treatment will be dependent on the individual patient and the type of violence being exhibited
 - Will need to characterize the nature of the violence and behaviors before identifying treatments where possible
- Next steps will be to further develop the treatment pathway based on the Suicide Care Recommendations
 - Creating a “decision tree” to help clinicians in characterizing the nature of violence if necessary

Action Item: Group review draft recommendations and make edits and additions along with inclusions for the decision tree and send to Ms. Weir a week prior the May meeting

- Mary Ellen O’Keefe, ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners, suggested hearing a presentation from Designated Crisis Responders due to the focus of their work being evaluating violence risk
- Joan Miller, JD, Sr. Policy Analyst, Washington Council for Behavioral Health, suggested workgroup member Ian Harrel who is former president and agreed that hearing from a current member of the association could be beneficial
- Ms. Groshong reiterated the importance of distinguishing between those who are at risk of violence who might engage in those actions, those with violent fantasies, and those who may become homicidal for reasons that can’t be predicted
- Dr. Piel also agreed that clinicians cannot predict violence, only identify risk factors and stratify based on known risk factors
 - Should be included in the introduction

NEXT STEPS AND PUBLIC COMMENTS

Dr. Moore and Ms. Weir asked for public comments and thanked all for attending. The meeting adjourned.