

Assessing Risk for Violence

Risk assessment for violent behavior in EAP clients or University employees includes a review of salient clinical factors and must include a comprehensive psychiatric history and thorough mental status examination. As part of routine assessments and during attempts to screen for violence in employees or clients seeking clinical services from the University EAP, practitioners should ask the following questions.

- Have you ever thought of harming another person?
- Have you ever seriously injured another person?
- What is the most violent act you have ever exhibited?

The prediction of violence is very difficult and becomes increasingly less accurate beyond a 24 – 48 hour window subsequent to the need for referral for clinical intervention. Practitioners should update risk assessments frequently. That is, a risk assessment conducted today is not specifically relevant next week.

Many factors contribute to violent behavior such as the presence of substance (alcohol and other) abuse, childhood aggression (e.g., behavioral problems, delinquent behavior, diagnosis of conduct disorder, history of fire setting or animal cruelty, or emotional, physical or sexual abuse during childhood), personality disorders (e.g., antisocial or borderline), factors associated with poverty (e.g., alienation, discrimination, or family breakdown), disturbed central nervous system functioning and brain injury or disorder (e.g., tumors, strokes, or seizure disorders). Clinical factors associated with violence are listed below.

- A history of violent acts
- Inability to control anger
- History of impulsive behavior (e.g., recklessness)
- Overt psychosis or paranoid ideation
- Deficient, lacking insight in employees or clients with psychiatric diagnoses
- The affirmed aspiration to harm or slay another person
- Command hallucinations in clients or employees with psychiatric diagnoses
- Existence of dementia, delirium or alcohol or drug intoxication
- Existence of acting-out behaviors associated with personality disorders (e.g., antisocial or borderline personality disorder)

Within the work-context and as part of EAP clinical interventions a violent client or employee represents an emergency scenario necessitating precise intercession. The University EAP is not designed or intended to engage in the ongoing, routine treatment of violent clients or employees. Rather, with regard to clinical or organizational scenarios involving a manifestation of violence, the EAP is a support apparatus to assist with accurate assessment and referral to settings designed to treat such behavior. Typically, a careful differential diagnosis is required to

properly care for violent individuals. The differential diagnosis will include employee or client clinical history, a mental status examination, and as necessary, laboratory findings. These activities are perhaps best conducted in facilities designed to provide such intervention.

Reference the following guidelines in scenarios where intervention is required to manage violent client or employee behavior.

- Contact University resources such as EAP, Health Care, Police and Human Resource Services to organize interventions
- Allow only those individuals trained in the management of violent behavior to approach the individual in need
- Approach the individual in need of support in a slow and tactful manner
- Use a soft, supportive voice and maintain a safe interpersonal distance
- Convey intent to help
- Ask the person in need what has disturbed them; why do they feel angry
- If no imminent risk is present allow the person in need to discuss their concerns
- Transfer the person in need to a medical facility
- If it is necessary to restrain the person in need, only those individuals trained in the management of violent behavior should intervene. In such an instance (this occurrence is rare, if ever), experienced personnel should each take a limb in a plan agreed upon beforehand, gently lower the person in need to the ground, with their head controlled to avoid injury and biting, and apply restraints. Experienced personnel should then transfer the individual in need by grasping their legs at the knees and their arms around the elbow with underarm support.