Develop a Plan Based on Analysis of Risk Factors

1. **High risk** - If the patient is tense or on edge, attempt to de-escalate by using calming statements, calling upon the patient’s ability to cope and tolerate distress, taking a break, or having a colleague join you. If the patient is at imminent risk for loss of control, be prepared to use your options for safety (e.g., panic button, emergency code, exit room for assistance). Consider psychiatric hospitalization, civil commitment, police involvement.

2. **Moderate risk** - Consider a higher level of care with increased structure and/or observation. Based on patient needs, consider medication consultation, substance abuse treatment, anger management, improving the working alliance, referral to another clinician, etc.

3. **Low risk** - No special resource allocation is required.

**Document the risk assessment and risk management plans** (including rationale for decisions that were made).

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**Resources for Evaluating, Managing, and Coping With the Aftermath of Patient Violence**

**General Resources**


**Evaluation and Management**


**Coping With Risk to the Clinician**


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ACCA’s mission includes: 1) investigating the unique needs of psychologists for colleague assistance; (2) promoting the development of state-level colleague assistance programs, peer assistance networks, and self-care resources, and; (3) developing relationships between state psychology ethics committees, boards of examiners, and colleague assistance programs.

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Minimizing the Risk of Patient Violence in the Workplace

**A Clinical Primer**

This resource was developed by the American Psychological Association’s Advisory Committee on Colleague Assistance (ACCA) and Division 12, Section VII for Clinical Emergencies & Crises.

**Website:**

For more information on ACCA, please call (202) 336-5911
Make Your Sessions Safer

- Be alert to signs of tension in the patient’s behavior; (e.g., motoric restlessness, pacing, clenching fists)
- See if patient can receive feedback that he/she seems tense and can calm himself/herself
- Pay attention to “gut” feelings of threat or danger
- Avoid being isolated with a patient who seems at risk for loss of control
- Schedule “edgy” patients when others are around
- See if patient can receive feedback that his/her behavior (e.g., motoric restlessness, pacing) is about to slip into or slips into violence in the patient’s

Make Your Practice Safer

- Participate in continuing education activities to develop skills in managing potentially violent interactions with patients
- Keep up to date with literature on risk assessment for violence, including the availability of decision-support tools relevant to your setting
- Consult with a colleague or someone with expertise in managing violent patients when you have a higher-risk patient
- Patients at very high risk often can be served better by integrated systems of care (e.g., clinics, medical centers) than solo practitioners

Evaluate Risk of Violence

An evaluation for risk of violence is needed at the first contact with the patient, when violent thoughts are reported, and when there are pertinent clinical or behavioral changes. Remember the following important domains when evaluating for risk:

1. Past risk factors, including history of:
   - Impulsivity
   - Violence
   - Access/possession of firearms/other weapons
   - Substance abuse
   - Personality disorder (e.g., antisocial, borderline)
   - Serious mental illness
   - Cognitive impairment/brain damage
   - Unstable relationships
   - Poor compliance with treatment (e.g., discontinuing medication)
   - Violent behavior
   - Child/adolescent behavior problems
   - Peer support problems
   - Family member
   - Illness (e.g., loss of home, job)

2. Present risk factors
   - Behavior marked by anger, agitation, hostility, tension, suspiciousness, excitement, stress
   - Command hallucinations to harm others, paranoid delusions
   - Intoxication (slurred speech, unsteady gait, flushed face, dilated pupils, etc.)
   - Acute symptoms of mania, hypomania
   - Thoughts/threats of violence
   - Poor therapeutic alliance
   - Poor response to treatment
   - Access/possession of firearms/other weapons
   - Impulsive behavior

3. Future risk factors
   - Poor compliance with treatment
   - Unstable relationships
   - Poor access to treatment
   - Access to firearms
   - Subculture involvement
   - Experience stress
   - Other pertinent clinical factors
   - History of violence
   - History of substance use
   - History of prior violence
   - History of hospitalizations

Few Challenges Facing Psychology

- Other staff would hear of or see a disturbance
- If patient is known to have a history of violence, meet with others in the clinic to jointly develop a plan if you plan to interview the patient
- If you need help (e.g., panic button, emergency call buttons)
- Develop a method to communicate with others
- Exit if necessary
- Arrange seating so that you have access to an exit, or clear reach
- Make your office safer:
   - Place a panic button, emergency code or signal
   - Have access to a colleague or other staff

Prepare for possible patient violence

- By patients towards clinicians — being prepared for possible patient violence
- Education and training in the evaluation and management of potentially violent patients
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