

CONDUCTING A RISK ASSESSMENT INTERVIEW

This resource aims to provide a theoretical approach to risk assessment interviewing, in order that clinicians may enhance their utilisation of each component to maximise the depth and amount of information collected

The Risk Assessment Interview can be divided into four parts:

1. Planning the interview
2. Opening the interview
3. Interviewing for risk assessment
4. Closing the interview

1. PLANNING THE INTERVIEW	
Familiarise yourself with the consumer's history (including violence history), the recent events in their life and their mental state.	
Identify the crucial information you want to obtain and the gaps in the risk assessment you want to address.	
Be mindful of the following issues:	
SAFETY	It is imperative that you are safe and that the interview is conducted in a safe environment. Be familiar with occupational violence prevention strategies for ensuring the safety of your environment. For example: consider whether your clothes make you vulnerable if the consumer becomes violent (e.g., ties), locate and utilise the duress alarms, remove objects that might be used as a weapon, and consider whether another clinician needs to be present. Consider whether the consumer's intimate partner should be interviewed separately when gathering collateral, in the case of suspected risk of domestic and family violence.
CULTURAL ISSUES	It is important that you have an understanding of the cultural background of the consumer and adapt the interview to be culturally responsive. Engage an interpreter if needed or seek advice from the Transcultural Mental Health Service. Indigenous Mental Health Workers and the Cultural Information Gathering Tool are important resources when assessing Indigenous consumers.
GENDER AND SEXUALITY ISSUES	Be aware of gender identity and sexual orientation and the importance of interacting in a manner that is respectful and considerate. For more background information on the LGBTIQ+ community, click here .



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2. OPENING THE INTERVIEW

Establish rapport with the consumer at the outset of the interview. Explain the purpose of the interview, and inform the consumer about confidentiality (including the limits to confidentiality).

If at all possible, it is important to have a discussion that is not related to violence or clinical pathology. This can be a way to demonstrate that the clinician sees them as a whole person (as opposed to only as a 'violent person'), and can help the consumer to relax.

It is important to give the consumer the time and opportunity to talk about their history and recent events in their own terms. Demonstrating to the consumer that you are genuinely interested in their perspective is an important part of the risk assessment.

From the outset, interpersonal dynamics may occur that represent barriers to conducting a constructive interview. In such situations, it is important to remain calm to assist in responding to these challenges adaptively. Some of the possible difficulties or barriers that may be encountered are addressed in the "Interview Barriers and Strategies to Overcome them" section.

3. RISK ASSESSMENT COMPONENT

Use an interview technique that is comfortable for you and the consumer and will facilitate the collection of specific and detailed information. Some examples of interview techniques are listed below.

4. CLOSING THE INTERVIEW

Conclude the interview. Provide a brief summary.
Let the consumer know the next step in their recovery plan.



INTERVIEW TECHNIQUES

A range of interview techniques designed to assist in information gathering are presented below. You may like to consider incorporating one or more of these into your practice.

Screening

Ask about the overall presentation of the problem behaviour/s. For example:

- “How close have you come to hurting someone?”; “What is the most violent thing you have ever done?”.

Timeline

Use the ‘Timeline’ approach. Ask the consumer to talk about a particular point in their life and then move forward from that date. For example:

- “I want to hear your story from the beginning. Tell me about the first fight you ever had? Who was it with? Where? Why?”; “When was your next fight?”
- “When did you first have contact with police?”; “What happened?”; “Why were the police involved?”; “When was the next time the Police were involved with you and your partner?”
- “I’ve read through your medical records, it mentions that you were arrested in 2017, tell me about that incident?”
- “I know you don’t like talking about your history over and over, so I’d like to start with how things have been going since your last admission to hospital. What happened after you were discharged?”.

Funnel Down

The ‘Funnel Down’ approach involves asking broad questions about a topic, then asking more specific questions honing in on a particular situation until you have a good understanding of the violence / problem behaviour. Continue to ask more specific questions until you have an understanding of what contributed to a particular act of violence or a particular occurrence of the problem behaviour.

Chain Analysis

The chain analysis approach involves identifying one instance of the problem behaviour and the antecedents and consequences of the behaviour. For example:

- “How were things in your life in the month before you hit him?”
- “What were your stressors at the time?”
- “What were the changes in your life around that time?”

Ask about immediate triggers for the behaviour. For example:

- “Why did you punch him?”; “What made you punch him that day?”

Identify what happened after the problem behaviour. For example:

- “What happened after you hit him? How did you feel?”; “What were the repercussions of hitting him?”

Over-estimation

Ask the consumer to recall the behaviour. In your line of questioning suggest a large figure to arrive at a more accurate figure. For example:

- “Did you get into a couple of fights per day?”; “How often would you carry a knife? Every day?”; “Do you think about killing him every day?”

