Queensland Government

Mental Health Services Violence Risk Assessment and Management

Facility: Community CYMHS

Family name:

Given name(s): **Luke**

Address:

Date of birth: Sex: ☒ M ☐ F ☐ I

Mental Health Act status

☒ None	☐ Forensic order (mental health)	☐ Treatment support order	☐ Transfer recommendation
☐ Examination authority	☐ Forensic order (disability)	☐ Person AWA (interstate)	☐ Classified (involuntary)
☐ Examination/judicial order	☐ Forensic order (criminal code)	☐ Recommendation for assessment	☐ Classified (voluntary)
☐ Treatment authority			

Conditions of order:

☐ An interpreter was used

Purpose of assessment (note clinical rationale, referral reference, factors requiring action, and the goal of the assessment)

To identify the risk factors associated with recent serious physical violence at school, ongoing violence and aggression towards family members, as well as the strengths and protective factors which maintain stability for Luke.

Background summary

Provide relevant context (see Longitudinal Summary and update as needed). Consider:

- Age
- Diagnosis, symptoms and medication
- Psychiatric history
- Substance use
- Forensic history and current legal issues
- Risk history.

- 16-year-old male referred by school GO following most recent suspension for a physical assault on another student at school.
- Current diagnosis of PTSD but no current medication. 1 previous episode of care with CYMHS age 9-year-old, differential diagnosis of PTSD and other negative events in childhood and emotional neglect of child. Risperidone 1mg age 9-year-old (? When self-ceased) and fluoxetine 20mg for 10wks age 9-year-old, poor adherence to fluoxetine. Query about Autism Spectrum disorder (ASD) traits however conceptualised in context of neglect.
- Exposed to domestic violence prior to his father's death when Luke was 3-year-old, Notifications to Child Safety in the past.
- Believes violence was justified "didn't hit him (fellow student) that hard." History of suspensions for aggression, disruptiveness, truancy. School report concerns about anxiety, communication problems, difficulty demonstrating empathic responses.
- History of aggression towards intellectually disabled 14-year-old sister and towards mother. This resulted in Luke living with uncle for 6mths recently where exposed to illicit substances use and query trauma.
- History of cannabis and cannabis use. Currently drinks alcohol intermittently with friends outside home.

Consumer's previous violence/other problem behaviours and the context in which they occurred (note first known violence including domestic/family violence; problem behaviours e.g. stalking, fire setting and threats; any pattern; increasing frequency or severity of harm; evidence of weapon use; and details regarding previous victims)

Physical violence at school recently. This resulted in suspension pending consideration of exclusion. Luke approached a fellow student, Tyson, from behind (so that Tyson would be unaware of his presence), punched him in the back of the head, and kicked him several times in the stomach once he had fallen down. Luke then ran away before he thought any teachers would be able to catch him. Tyson was unable to stand after the attack and had to be taken to hospital to ensure no lasting injuries. Luke reports this act was in response to Tyson "looking at me funny" two days prior in the context of ongoing conflict/bullying. No remorse for actions.

Escalation in violence and aggression at school and home over past 6 months since return home from uncle's house, culminating in recent physical violence towards Tyson.

Ongoing reactive violence and aggression towards Jenny and Mindy. Jenny often required to intervene in altercations between Luke and Mindy, which can prompt aggression from Luke towards Jenny (including yelling and pushing/hitting). Luke viewed this as a reasonable response to "annoying" and "stupid" behaviour from others. Aggression also involved punching walls and slamming doors. Resulted in change to accommodation.

History of bullying towards sister. Would tease her, yell at her, and throw things at her / hit her if she did not do what he wanted. Luke viewed this as normal for sibling relationships. Jenny reports Mindy is often the target for Luke's aggression when frustrated with school or with Jenny.

History of ongoing bullying and intimidation of peers (especially vulnerable students and female peers), including verbal and physical aggression. Began in pre-school, escalated through primary school.

Suggestion from previous episode of care with CYMHS that Luke uses aggression to control his environment in order to manage anxiety.

Static/predisposing factors associated with previous violence

Consider:

- Violence
- Pro-violence attitudes
- Antisocial behaviour
- Relationships
- Employment
- Problematic substance use
- Personality disorder/s
- Other mental disorders (including cognitive impairment, brain injuries, learning disabilities)
- Traumatic experiences
- Treatment adherence and response to treatment

Child and youth also consider:

- Peer group/influences
- School achievement/engagement

- Disrupted attachment.
- Exposure to domestic and family violence (DFV) – emotional abuse, substance use, family history of DFV.
- Stressful current family situation (single parent, disabled sister etc).
- Poor interaction with peers.
- Interpreting others behaviour towards him as threatening on the background of him being victimised/bullied.
- High levels of anxiety. Managing this by using aggression to control the environment.
- Difficulty demonstrating empathic responses, lack of remorse, emerging attitudes supportive of violence.
- Communication problems, poor frustration tolerance, query ASD traits.
- History of impulsive and opportunistic (e.g. close proximity to Mindy) acts of violence and aggression.
- History of challenging behaviours including bullying, truancy, disruptiveness in class.
- Alcohol and other substance use.

Dynamic factors that precipitated previous violence

Consider:

- Insight
- Violent ideation
- Symptoms of major mental disorder (including cognitive impairment, brain injuries, learning disabilities, and dementia)
- Problematic substance use
- Treatment adherence and response to treatment
- Living situation
- Social situation
- Stress/coping
- Anger
- Impulsivity

Child and youth also consider:

- Peer influence.

- Difficulty with limit setting.
- Requests from others (e.g., Jenny asking Luke to do something).
- High levels of anxiety and managing this by using aggression to control the environment.
- Conflict with peers/social problem solving.
- Hypervigilance.
- Impulsivity, aggression can be triggered by Mindy saying, “stupid shit”.
- Availability of victim/opportunity (e.g. if student is isolated or Mindy being in close proximity/living together).

Dynamic factors that contribute to current and future risk of violence, including foreseeable changes that could quickly increase risk state

- Possible trauma reaction to incidents at uncle’s house.
- Possible modelling of dismissive/minimising attitude towards violence by Jenny.
- Jenny experiences difficulty implementing consistent behavioural consequences and boundaries. Increasing fear of Luke due to increasing strength and size.
- ?Numerous stressors detracting from Jenny’s resources to manage Luke’s behaviour (e.g., Jenny’s own mental health, Mindy’s intellectual impairment, pressure from school, family and financial stressors).
- Current alcohol use with peers. Approx. once weekly, approx. one third bottle of spirits. Denies drug use.
- Lack of remorse.
- Ongoing attitudes that support use of violence in certain situations.
- Lack of insight into triggers in escalation of own anger, and reactions of others in social situations.
- Lack of social problem solving (including emotion regulation and frustration tolerance).
- Hypervigilant to aggressive cues from others.
- Anxiety.
- Bullying by peers.
- Luke denied plan to harm others at school and intent to bring weapons to school, although acknowledged everyday items can be used as weapons.

Foreseeable changes

- Possible exclusion from school (currently suspended).
- Return to school from suspension and exposure to student he assaulted – possibility of exclusion if there is future violence.
- Potential breakdown in living situation/homelessness.

Specific inpatient dynamic risk factors

Consider:

- Confused/over-excited behaviour
- Irritable/sensitive to provocation
- Physically/verbally threatening/property damage
- Impulsivity
- Unwilling to follow directions/angered when requests are denied

- Luke is not an inpatient.

Protective factors and strengths

Consider:
- Treatment adherence and response to treatment
- Coping/social skills
- Stable living situation
- Stable mental/emotional state
- Relationships/supports
- Available resources (readily accessible)
- Insight/awareness of triggers
- Meaningful time use

Child and youth also consider:
- Peer relationships, supports and activities.

- Likes school.
- School referred/appropriately concerned.
- Intelligent and is able to achieve high academic results at school.
- Developmentally appropriate future focus (thinking about Uni, but not sure).
- Enjoys/attends gym and video games.
- Mother and Luke's engagement with VRAM and CYMHS.
- Remorseful about violence towards Mother.

Violence risk summary

Consider risk status (relative to others in a stated population) and risk state (relative to self at baseline or during previous significant periods) informed by static and dynamic factors:
- Specific population needs (e.g. general population, community settings, inpatient settings)
- Probable nature and imminence of future violence
- Most likely targets of violence (victims)
- Factors that mitigate risk
- Factors that could increase risk
- Potential high risk scenarios

Presenting problem

Physical violence towards students, mother and sister
Physically assaulted student (Tyson) recently in school yard when he was alone in the context of Luke being bullied/conflict two days prior. Tyson required hospital assessment.
Violence towards mother (Jenny) in the context of limit setting/him attempting to control the environment and 14-year-old sister (Mindy) with intellectual impairment in the context of her saying "stupid things".
Concerns over past 3 years, with violence at home and school escalating in frequency and severity over past 6 months.

Predisposing factors
- History of violence towards mother, sister and students.
- History running away from home and school bullying others and targeting vulnerable students and female students.
- Diagnosed with post-traumatic stress disorder (PTSD).
- Exposure to domestic and family violence and father deceased when 3 y/o.
- Disrupted attachments and managing aggressive behaviours at home.
- Family stressors (financial, Mindy's intellectual impairment, Jenny's mental health).
- ?Trauma at uncle's.
- Reported (?perceived) history of being the victim of bullying at school.
- Attitudes that violence is acceptable in certain contexts.
- Limited/underdeveloped social skills.
- Difficulty demonstrating empathic responses.
- History of poor frustration tolerance/emotion regulation.
- Hypervigilance to threat.

Precipitating factors
- Perceived slights against him (e.g. incident with Tyson).
- Opportunity/victim access.
- Poor frustration tolerance/emotional regulation.
- Bullying (against others and reported (?perceived) towards him).
- Need to control environment (heightened when feeling less in control his environment).
- Peer conflict.
- Requests to initiate or cease an action/limit setting.
- Sense of injustice (from others, towards himself).
- ?Alcohol use.
- ?Poor sleep.

Perpetuating factors
- Limited/underdeveloped social skills.
- Poor insight into aggressive behaviours.
- Attitudes around violence (Luke's and other family members).
- Limited emotional regulation skills.
- Stressors (incl conflictual home environment, possible trauma event and response, and hypervigilance to threat).
- Ongoing peer conflict.
- Alcohol use.
- Anxiety (currently untreated), hypervigilance, sleep disturbance.
- ?Poor sleep.

Protective Factors
- Intelligent and is able to achieve high academic results at school.
- Enjoys school.
- Developmentally appropriate future focus (thinking about Uni, but not sure).
- Enjoys/attends gym and enjoys video games.
- Luke and Mother (Jenny) engaged with CYMHS.
- Mother - attends to Luke's practical needs, displays concern and has a desire to support Luke.
- Remorseful about violence towards Mother.

High risk scenarios

- High risk scenarios for Luke at school: Luke perceiving or misperceiving that others are talking about him/bullying him, conflict with students and students being alone without the supervision of others.
- High risk scenarios for Luke towards mother: Future situations in which Jenny sets limits or makes decisions about big things in Luke's life (e.g. where he lives) without including him.
- High risk scenarios for Luke towards sister: Future situations in which Luke is under increased stress, his mother is not responsive to this, Luke perceives that Mindy is saying lots of things that he perceives as "stupid" and he is unable to manage his stress/frustration.

Early warning signs

Requires further assessment. Currently appears to include increased agitation, increased thoughts about perceptions of being mistreated, increased anxiety or sadness, and increased emotional arousal.

Foreseeable changes

- Expulsion from school (increase in personal and family stress).
- Return to school from suspension (increased access to victims, conflicts unresolved and bullying may continue).
- Less likely is a potential breakdown in living situation (homelessness) if violence to mother/sister continues.

Victim group

While Luke is suspended, his most likely victim is Mindy, followed closely by Jenny. Beyond this, upon return to school Tyson (if matters are not mediated) and other students who are perceived by Luke to be treating him unfairly have the potential to become victims.

Probable nature of future violence

Luke's most recent violent episode was severe in nature, resulting in his victim being unable to stand and requiring a physical assessment at hospital. While he denies any plan or intent to use a weapon, it is possible he may do this spontaneously. Additionally, Luke is large for his age and is physically strong. As such, he may be capable of inflicting serious damage in a physical altercation, especially to people smaller than him or females.

Imminence of future violence

Given Luke's access to potential victims (especially Mindy), the commonplace nature of his high-risk scenarios, and the current high-stress context (currently suspended with possibility of expulsion), his next episode of aggression may occur soon.

Risk status

Currently, Luke's risk of violence is higher than that of most consumers within the Child and Youth Mental Health Service, due to his recent severe violent episode, lack of remorse, emerging violent attitudes, and lack of insight into his violence; in combination with a stressful home environment that does not provide clear and consistent behavioural consequences and boundaries.
His risk of violence is lower than inpatients of an adolescent unit as he is not experiencing symptoms of psychosis and he does not have active plans to harm others.

Risk state

Luke's risk state currently appears to be slightly lower than when he attacked Tyson as he currently has reported no specific conflict with any peers and is suspended. However, his risk state is higher than when he commenced his stay with his uncle 12 months ago due to escalating aggression and likely trauma experienced during this stay.

Prevention oriented risk management plan

Identify what actions are required for **each** dynamic risk and protective factor, including safety planning with the consumer/carer/family/support networks/potential victims.
Risk management strategies must be incorporated into the consumer Care Plan.

Risk increasing factor	Clinical goal	Preventative strategies, interventions and involvement of other service providers
Absence of professional services	Ongoing close monitoring and co-ordination of services	Provide ongoing case management, adopting a trauma informed and compassionate based engagement approach with Luke and Jenny to promote long-term meaningful engagement in care. Maintain regular contact with Luke and family. Weekly face to face sessions, including serial risks screens and Mental State Examinations (MSE) with Principal Service Provider (PSP). Monthly medical/consultant reviews. Conduct regular stakeholder meetings (between CYMHS PSP, Luke, Jenny, school) to identify changes in risk profile, including foreseeable changes (e.g. return to school) and to agree management strategies. PSP to link school with Ed-LinQ co-ordinator to provide consultation liaison, mental health and wellbeing training and education to school staff and enhance and enable communication between school and CYMHS. PSP to maintain up to date CIMHA alerts.
Ongoing access to (previous victims) Tyson, Mindy and Jenny	Reduce risks to victims	Discuss with the domestic and family violence (DFV) Co-ordinator (Contacts and referrals | Queensland Health Intranet) to consider the need for referral as well as advice around victim safety planning for Mindy and Jenny. Monitor through regular reviews with Luke and ongoing collateral from Jenny Luke's early warning signs (EWS), triggers, stress/coping, foreseeable changes. Provide psychoeducation around EWS and triggers on an ongoing basis. If able to return to school: Luke, Jenny, PSP and Guidance Officer (GO) to develop a school EWS plan prior. Consider graduated return and a return to school plan generated by Luke, family, PSP and key school stakeholders that will include increased monitoring at start, victim safety planning/support for Tyson and if safe conflict resolution/mediation between Tyson/Luke.

Ongoing access to (previous victims) Tyson, Mindy and Jenny (Cont'd)	Reduce risks to victims (cont'd)	Work on strategies with Luke to manage crises with Mindy/Jenny. Develop a detailed victim safety plan with Jenny to ensure safety of herself and Mindy (e.g., early intervention, setting boundaries safely, calling the police if required) within 2 weeks. Discuss plan with Mindy (if appropriate or have Jenny discuss) re how to alert Jenny to threats to her safety. PSP to monitor for requirement for notification of concern to Child Safety.
Unclear diagnostic picture	Clarify diagnoses e.g. ASD, anxiety, PTSD	Luke, family and CYMHS treating team (including consultant psychiatrist, registrar and PSP) to undertake a broad diagnostic assessment, provide recommendations for care, discuss with Luke and incorporate into Care Plan.
Trauma reactions and emotional regulation	Enhance Luke's ability to tolerate anxiety, a sense of injustice and/or frustration when others behave in ways he finds triggering	Treating team to focus on building a trauma informed therapeutic alliance with Luke, provide psychoeducation to Luke around trauma, discuss and practice strategies for managing symptoms/trauma responses i.e. sensory strategies for anxiety. Establish a plan with Luke for self-managing conflict at school and home when triggered by anxiety/fear (e.g., identifying safe place to go, identifying safe person to talk to prior to becoming aggressive, sensory approaches to emotional regulation). Ensure this plan is also communicated with key school stakeholders.
Living situation/family relationships	Improve attachments and anxiety management by encouraging more structure in the home and support Jenny	Ongoing supportive counselling/problem-solving and psychoeducation with Jenny by PSP regarding how to deliver requests in a manner which is likely to maximise the chance of a positive response. Consider attachment-based therapy with Luke, family therapy and also parenting skills programs (Circle of Security, Triple P). PSP to provide information around same (within next 91 days) to support informed choice. Provide information for services to maintain Jenny's mental health (e.g., Arafmi (support for mental health carers), Mental Health Care Plan (MHCP)) and carer support services (esp. for Mindy) and financial planning support through Non-Government Organisations (NGOs).
Lack of insight into violence	Enhance insight	PSP to initially focus with Luke and family on rapport building, psychoeducation (e.g., shared collaborative formulation), work around early warning signs, triggers, what maintains behaviours (e.g. chain analysis) and adaptive coping responses.
Emerging violent attitudes	Work on emerging beliefs that violence is acceptable	PSP to commence cognitive behavioural therapy (CBT) and compassion focused therapy to foster victim empathy/perspective taking, cost/benefit analyses including discussing personal consequences of violence (e.g., legal, time, mental health, education, relationship impacts), target emerging core beliefs and identify strategies to manage self-talk around violence. PSP to consider CBT to further enhance insight/self-awareness if needed after above strategies under 'enhance insight' goal is implemented.
Social interaction/communication skills	Enhance social skills	PSP to explore with Luke referral to social skills groups (if available) within 1 month. Case management sessions to include interventions targeting communication and social problem solving.
Alcohol use	Minimise harms from alcohol	PSP to monitor substance use and to work with Luke using motivational interviewing, psychoeducation and identify cues and functions of alcohol use, and collaboratively plan strategies for harm minimisation.
Protective factors	**Clinical goal**	**Preventive strategies, interventions and involvement of other service providers**
Engaged in school	Maintain engagement at school	CYMHS to develop collaborative relationship between Luke and key school staff, collaborate with school to set up adaptive coping strategies for Luke (e.g., safe people and places to go to when he gets angry). PSP to link school with Ed-LinQ co-ordinator to support. See above under 'Ongoing close monitoring and co-ordination of services' clinical goal and strategies.
Engagement with CYMHS	Maintain engagement	Continue to provide assertive, trauma informed and person-centred care. Take into consideration Luke's preferences and strengths.
Good use of spare time (gym and video games)	Maintain physical health, establish adaptive and safe ways to regulate aggression	PSP to encourage continued engagement with gym, consider engagement with mentor who can teach Luke to express aggression safely and adaptively (e.g., martial arts teacher, football coach). If required, PSP to explore financially sustainable gym options for Luke. PSP to incorporate video games into plan for alternative coping strategies for managing violence risk.

Strong attachments and bonds	Maintain relationships with family/living situation	CYMHS treating team to work in a collaborative and supportive manner with mother, as well as provide linkage with professional supports as outlined throughout this plan.

This assessment is informed by (note engagement with consumer, and sources of collateral)

- Jenny (Mother).
- School guidance officer (Virginia).
- CIMHA – all clinical records.
- Interview with Luke.

Information provided to consumer/carer/family/support persons (detail the information provided to the consumer/carer/family/support networks regarding this risk assessment and management plan. Where applicable include obligations under the *Mental Health Act 2016*. Note the consumer/carer/family/support networks understanding of the assessment, risk management plan and clinical goals)

- The VRAM tool was developed with ongoing discussion and consultation with Luke's PSP and treating psychiatrist and formally presented at the Care Review Meeting on XX/XX/XX.
- The contents of the VRAM was explored with Luke and Jenny on XX/XX/XX.
- Consent was obtained for relevant information to be explored at the upcoming stakeholders meeting with Luke, Jenny and School on XX/XX/XX.
- The PSP has agreed to incorporate all relevant information in the Care Plan for Luke.