STRATEGIES FOR MANAGING VIOLENCE RISK FACTORS

The table below contains strategies that may be useful to consider when creating a plan to manage violence risk factors identified through the V-RAM

RISK FACTOR	COMMON RISK MANAGEMENT STRATEGIES
ALL RISK FACTORS	• Increase contact with the consumer. • Communicate concerns with other staff and relevant stakeholders. • Increase positive prosocial events in the consumer's life. • Increase ratio of staff to consumer during assessments (e.g. 2 person home visits). • Place alerts on CIMHA. • Complete and upload the Police and Ambulance Intervention Plan (PAIP) and the Acute Management Plan (AMP). • Consider need for Involuntary Patient and Voluntary High Risk Patient Summary to be completed
ACTIVE SYMPTOMS OF MENTAL ILLNESS	• Admit consumer to hospital. • Review medication, increase medication or augment medication. • Provide skills training in recognising and managing symptoms. • Refer for long term therapeutic intervention and relevant skills training groups – e.g. CBT for psychosis. • Monitor for presence or increase in symptoms.
NON ADHERENCE WITH TREATMENT	• Complete a Treatment Authority. • Administer medication by depot. • Monitor serum levels, if available. • Admit to hospital. • Provide psychoeducation about illness and the need for treatment. • Build Rapport. • Involve the consumer in their recovery and risk management planning. • Investigate and address side effects of medication. • Consider referral to the Queensland Civil and Administrative Tribunal (QCAT) for the appointment of a Public Guardian for decision making.
SUBSTANCE USE	• Begin urine drug testing. • Conduct motivational interviewing about substance use. • Provide psychoeducation about the impact of substance use on mental health symptoms. • Refer to a Drug and Alcohol Service for support. • Investigate motivation behind drug using and attempt to find adaptive ways of achieving similar goals • Attempt to reduce contact with drug using social contacts; and build connections with non-drug using friends.

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POOR INSIGHT INTO ILLNESS	• Provide psychoeducation about illness and the need for treatment. • Use normalisation to reduce stigma. • Treat aspects of illness impacting insight (e.g., delusions), if relevant
VIOLENT IDEATION, PRO-VIOLENCE ATTITUDES, ONGOING VIOLENCE	• Conduct motivational interview about the pros and cons of violence. • Conduct a chain analysis of violent behaviour to better understand precursors to violence. • Develop a Relapse Prevention Plan with the consumer in relation to violence. • Create safety plans with identified individuals at risk of violence from the consumer • Build on non-violent coping strategies.
COMPLEX AND/ OR CHALLENGING CASE WHERE RISK MANAGEMENT STRATEGIES ARE INSUFFICIENT	• Refer the case to the Assessment and Risk Management Committee (ARMC) for discussion. • Conduct a complex case review meeting. • Consider involving the Forensic Liaison Officer • Organise a stakeholder meeting to discuss the case with all services involved. • Write a referral to another organisation for additional support. • Consultation with a forensic service or referral for Tier 3 risk assessment
ANGER	• Use de-escalation in the first instance. • Provide validation of feelings. • Conduct skills training as part of case management or refer to another service/ professional for this assistance. • Provide positive reinforcement of adaptive behaviour / coping. • Begin therapy aimed at enhancing empathy and perspective-taking
POOR RESPONSE TO TREATMENT	• Ensure coordinated medical and psychosocial interventions • Change, increase or augment medication. • Change focus of psychological therapies (in collaboration with the consumer). • Investigate the consumer's perception of the therapeutic alliance, and attempt to improve this • Obtain a second opinion regarding treatment options. • Involve the consumer in treatment planning/recovery planning • Consultation with a more specialised service (e.g., CYFOS/CFOS)

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POOR RESPONSE TO MENTAL HEALTH SERVICES	• Focus on rapport building. • Involve the consumer in their recovery planning. • Investigate the consumer's goals and make explicit efforts to align with these • Engage in psychoeducation about how psychosocial intervention can improve important aspects of the consumer's life • Work to eliminate any dynamics in which the mental health service is associated with punishment or shame inclusive of cross cultural practice • Maintain a consistent approach within and between the treating team(s). • Consider the impact of possible countertransference on the consumer's desire to engage with mental health services
ACCESS TO WEAPONS	• Conduct a weapons licensing notification. • Ask the consumer to remove weapons. Seek collateral information to determine if they have removed their weapons. • Recruit a third party (e.g., parent, spouse, carer) to remove the weapon, if safe to do so • Use motivational interviewing techniques to identify the pros and cons of having weapons. • (if required) Contact police to request that they remove a weapon from the consumer's person or home.
ACCESS TO POTENTIAL VICTIMS	• Liaise with Victim Support Services, DV Connect, or local services. • Consider whether the potential victim needs to be notified (duty to warn). • Change LCT conditions regarding accommodation. • Provide psychoeducation about "high risk" scenarios that lead to violence and hence could lead to negative consequences for the consumer. • Recruit a third party who is not a potential victim to monitor the consumer and limit their access to potential victims, if safe to do so. • Contact the Child Safety Officer to discuss placement concerns (if relevant, for a young person)
POOR LIVING SITUATION	• Write a referral to alternative accommodation. • Liaise with accommodation providers about concerns. • Involve an NGO service to increase home support. • Involve support people (family, friends) to identify alternative accommodation options

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CHILD AND YOUTH CONSIDERATIONS	
ANTISOCIAL PEER INFLUENCES	• Encourage parents to limit set around a young person's association with antisocial peers including communication via the internet. • Engage in psychoeducation and behavioural forecasting with the consumer to attempt to increase insight into peer influences • Engage in motivational interviewing to encourage behaviour change • Involve the consumer in exploring a referral to recreation and support groups • Discuss with the consumer other options for more prosocial peer contact that can meet their need for connectedness.
LACK OF CONNECTION WITH EDUCATION	• Involve the young person in a referral to alternative learning/training programs • Consultation with the Ed-LinQ co-ordinator within Child and Youth Mental Health