### Violence risk assessment and management 3.

**Description**
Develop a formulation, risk assessment and management plan for a complex mentally disordered offender with a history of serious violence.

#### Fellowship competencies
- **ME**: 1, 2, 3, 4, 5, 7, 8
- **COM**: 1, 2
- **COL**: 1, 4
- **PROF**: 1, 2, 3
- **MAN**: 4

#### Forensic competencies
- **ME**: a, b, c, d, e
- **COM**: a
- **COL**: a, b
- **PROF**: a
- **MAN**: b, c

#### Knowledge, skills and attitude required
Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

**Ability to apply an adequate knowledge base**
- Knowledge of evidence-based static and dynamic risk factors for violence.
- Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, anamnestic, actuarial and structured professional judgement (SPJ) approaches.
- Advanced knowledge of at least one actuarial (e.g. VRAG, PCL-R) and at least one SPJ (HCR-20, START, DASA) violence risk assessment tool.
• Advanced knowledge of the construct of psychopathy and its relevance to violence.
• Advanced knowledge of the evidence base linking mental disorder to violence.

Skills
• Elicit from patient and/or obtain from other sources an appropriately detailed account of past violence.
• Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of violence in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors.
• Assessment of likelihood and gravity of future violence, including possible scenarios of elevated risk.
• Development of appropriate management plan to minimise future risk of harm including a consideration of:
  – biological treatments
  – psychosocial interventions
  – victim safety planning
  – legal issues
  – placement and security issues
  – transfer of care
  – the recovery of the patient.
• Appropriate documentation of assessment, decisions and reasoning.

Attitude
• Non-judgemental approach to the problem of violent behaviour, constructing violence as a problematic behaviour to be managed rather than a moral failing to be condemned.
• A diligent attitude to communicating information and plans where appropriate to carers and health workers involved.
• Appropriate attitudes to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk.
• Awareness of own limitations and willingness to seek others’ opinion when required.
• Awareness that risk in general can only be managed, not eliminated, and that there is a necessary role for carefully considered ‘therapeutic risk taking’ in psychiatric practice.
• Adherence to an ethical framework that conceives risk assessment as a process that systematically articulates and then strives to meet relevant clinical needs, rather than simply the provision of a predictive categorical label.

Assessment method
Progressively assessed during individual and clinical supervision, including three appropriate WBAs on three different cases.
| **Suggested assessment method details** | • Observed Clinical Activity (OCA) – on a previously unknown patient.  
• Case-based discussion.  
• Professional presentation – a case discussion or case conference chaired by the trainee. |

**References**

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar