Forensic Risk Management with Dynamic Risk Tools at the Royal

Stephen Duffy RN, BSN, CPMHN(c)

Director, Integrated Forensic Program Transitions

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Objectives

- Risk management via dynamic risk tools at the Royal
- Administration use of risk tools to make decisions
- Challenges with team-based risk management (the Royal's experience)

Royal
Ottawa
Mental Health
Centre

186 bed state-of-the-art mental health facility

88 bed 24 recovery beds + 64 long term care beds facility

+ 7 community teams Carlingwood Mall

1st hospital in Canada to open under P3/AFP concept in 2006

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Brockville Mental Health Centre

163 inpatient **beds** 63 forensic 100 STU

167 **beds** homes for special care in the community

4 Forensic Intensive Treatment Team (FITT) beds

+ 2 community teams

A specialized psychiatric facility located in Brockville

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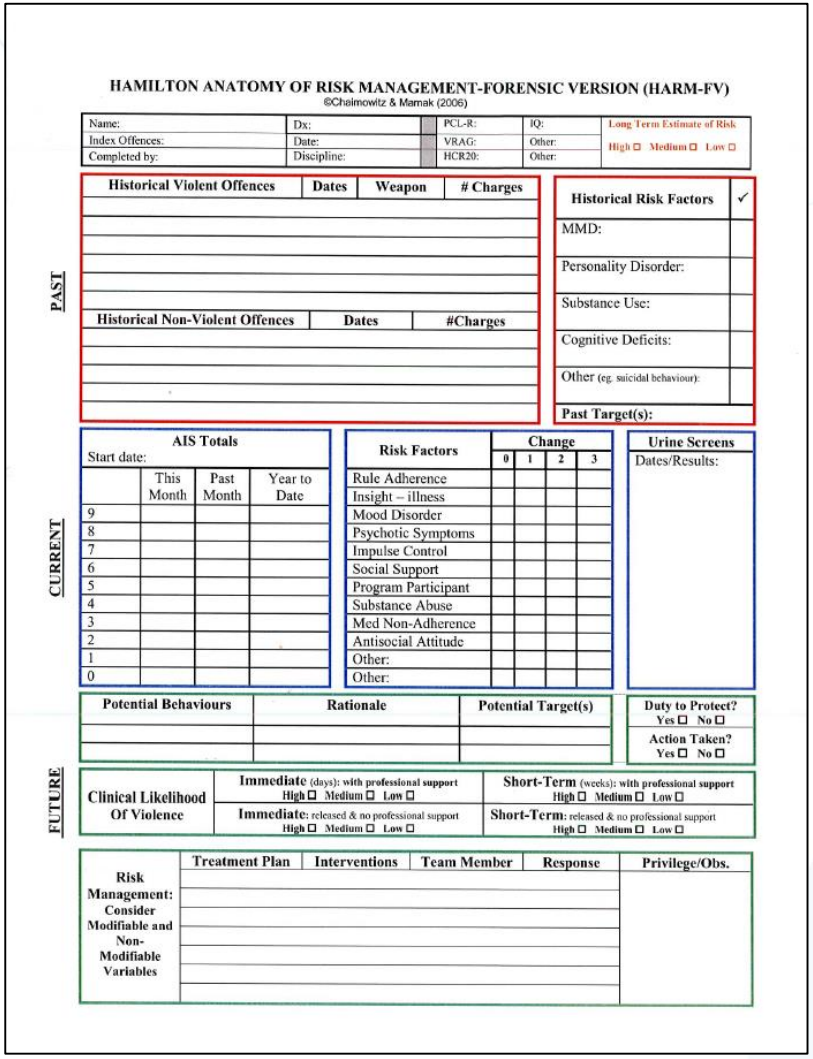
Risk Management Tools at the Royal



HAMILTON ANATOMY OF RISK MANAGEMENT-FORENSIC VERSION (HARM-FV)

©Chaimowitz & Mamak (2006)

Name:	Dx:		PCL-R:	IQ:	Long Term Estimate of Risk
Index Offences:	Date:		VRAG:	Other:	High ☐ Medium ☐ Low ☐
Completed by:	Discipline:		HCR20:	Other:	

PAST

Historical Violent Offences	Dates	Weapon	# Charges

Historical Non-Violent Offences	Dates	#Charges

Historical Risk Factors	✓
MMD:	
Personality Disorder:	
Substance Use:	
Cognitive Deficits:	
Other (eg. suicidal behaviour):	
Past Target(s):	

CURRENT

AIS Totals — Start date:

	This Month	Past Month	Year to Date
9			
8			
7			
6			
5			
4			
3			
2			
1			
0			

Risk Factors	Change 0	1	2	3
Rule Adherence				
Insight – illness				
Mood Disorder				
Psychotic Symptoms				
Impulse Control				
Social Support				
Program Participant				
Substance Abuse				
Med Non-Adherence				
Antisocial Attitude				
Other:				
Other:				

Urine Screens

Dates/Results:

FUTURE

Potential Behaviours	Rationale	Potential Target(s)

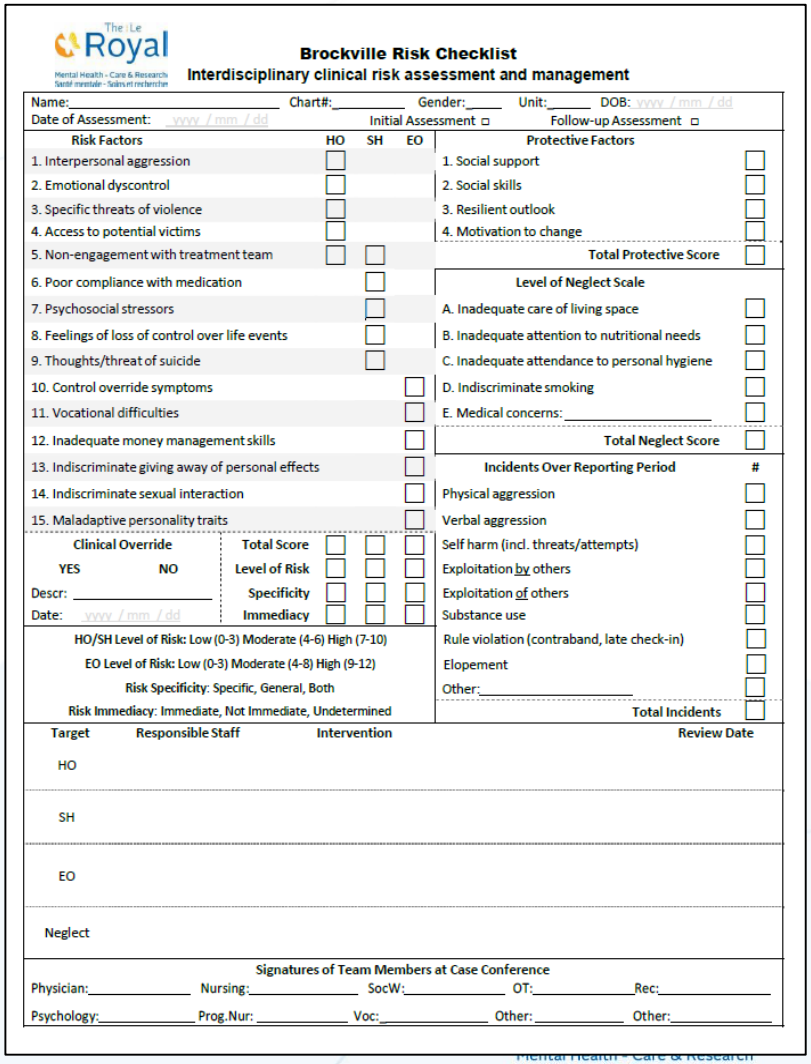
Duty to Protect? Yes ☐ No ☐

Action Taken? Yes ☐ No ☐

Clinical Likelihood Of Violence	Immediate (days): with professional support High ☐ Medium ☐ Low ☐	Short-Term (weeks): with professional support High ☐ Medium ☐ Low ☐
	Immediate: released & no professional support High ☐ Medium ☐ Low ☐	Short-Term: released & no professional support High ☐ Medium ☐ Low ☐

Risk Management: Consider Modifiable and Non-Modifiable Variables	Treatment Plan	Interventions	Team Member	Response	Privilege/Obs.

(Chaimowitz & Mamak, 2011)



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Brockville Risk Checklist

Interdisciplinary clinical risk assessment and management

Name:_____ Chart#:_____ Gender:____ Unit:_____ DOB: yyyy / mm / dd

Date of Assessment: yyyy / mm / dd Initial Assessment ☐ Follow-up Assessment ☐

Risk Factors	HO	SH	EO
1. Interpersonal aggression	☐		
2. Emotional dyscontrol	☐		
3. Specific threats of violence	☐		
4. Access to potential victims	☐		
5. Non-engagement with treatment team	☐	☐	
6. Poor compliance with medication		☐	
7. Psychosocial stressors		☐	
8. Feelings of loss of control over life events		☐	
9. Thoughts/threat of suicide		☐	
10. Control override symptoms			☐
11. Vocational difficulties			☐
12. Inadequate money management skills			☐
13. Indiscriminate giving away of personal effects			☐
14. Indiscriminate sexual interaction			☐
15. Maladaptive personality traits			☐
Total Score	☐	☐	☐
Level of Risk	☐	☐	☐
Specificity	☐	☐	☐
Immediacy	☐	☐	☐

Clinical Override YES NO

Descr: _____

Date: yyyy / mm / dd

HO/SH Level of Risk: Low (0-3) Moderate (4-6) High (7-10)

EO Level of Risk: Low (0-3) Moderate (4-8) High (9-12)

Risk Specificity: Specific, General, Both

Risk Immediacy: Immediate, Not Immediate, Undetermined

Protective Factors	
1. Social support	☐
2. Social skills	☐
3. Resilient outlook	☐
4. Motivation to change	☐
Total Protective Score	☐

Level of Neglect Scale	
A. Inadequate care of living space	☐
B. Inadequate attention to nutritional needs	☐
C. Inadequate attendance to personal hygiene	☐
D. Indiscriminate smoking	☐
E. Medical concerns: _____	☐
Total Neglect Score	☐

Incidents Over Reporting Period	#
Physical aggression	☐
Verbal aggression	☐
Self harm (incl. threats/attempts)	☐
Exploitation by others	☐
Exploitation of others	☐
Substance use	☐
Rule violation (contraband, late check-in)	☐
Elopement	☐
Other:_____	☐
Total Incidents	☐

Target	Responsible Staff	Intervention	Review Date
HO			
SH			
EO			
Neglect			

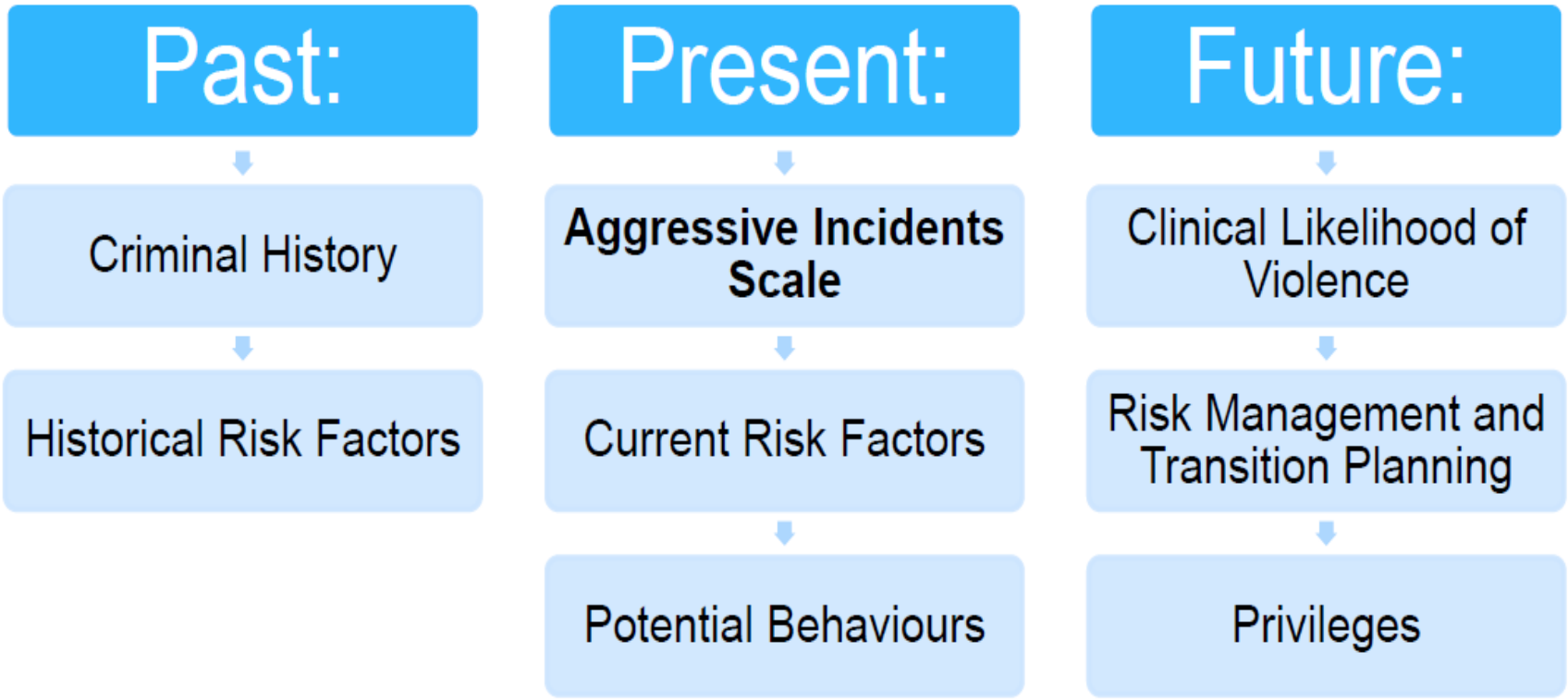
Signatures of Team Members at Case Conference

Physician:_____ Nursing:_____ SocW:_____ OT:_____ Rec:_____

Psychology:_____ Prog.Nur: _____ Voc:_____ Other:_____ Other:_____

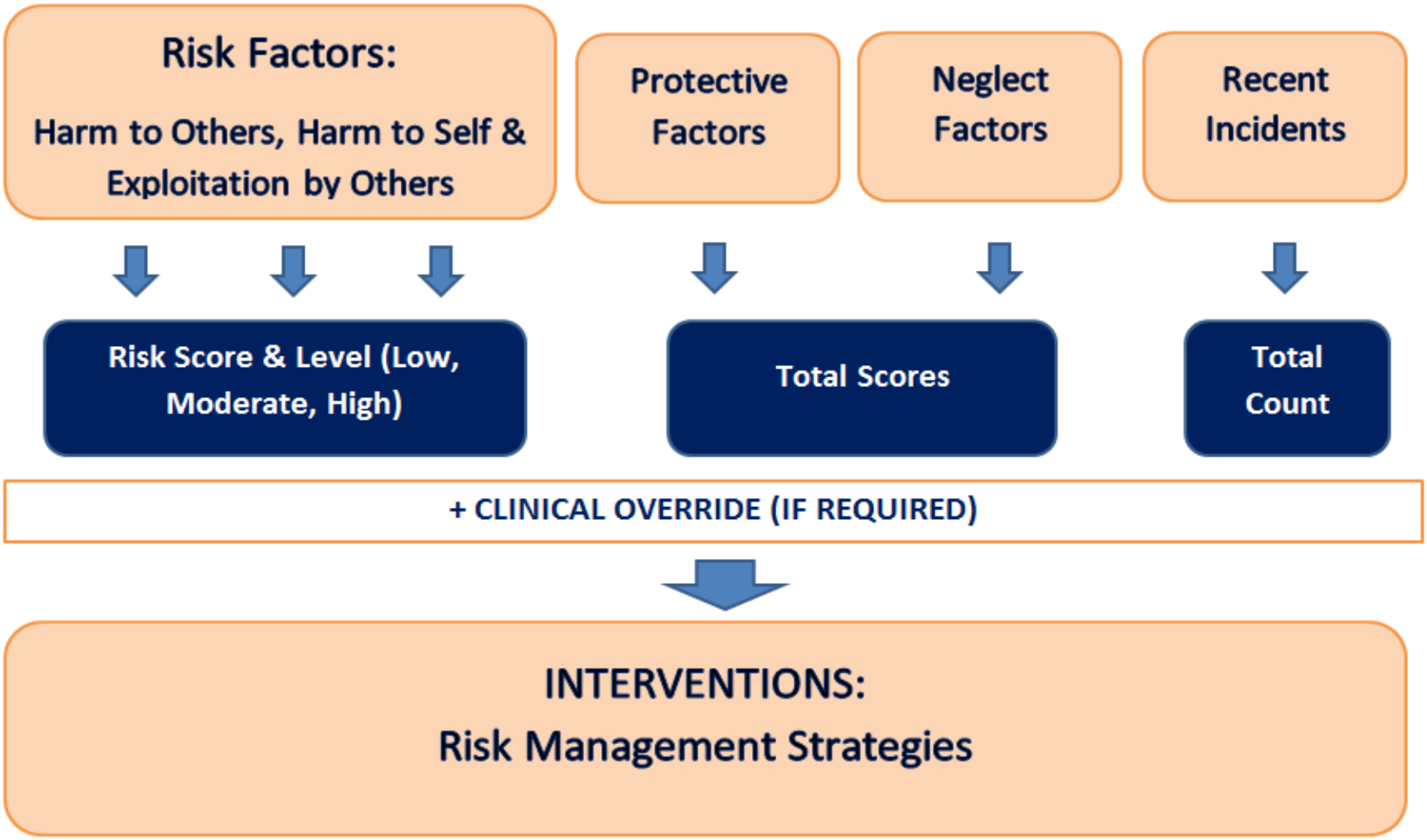
(Ahmed et al., 2012)

Hamilton Anatomy Risk Management



Messina, K., Mullally, K., Mamak, M., Chaimowitz, G., Moulden, H. (2017)

Brockville Risk Checklist 4



Published Literature

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Assessing Short-term, Dynamic Changes in Risk: The Predictive Validity of the Brockville Risk Checklist

Helen Chagigiorgis
Markham Stouffville Hospital, Markham, Ontario, Canada

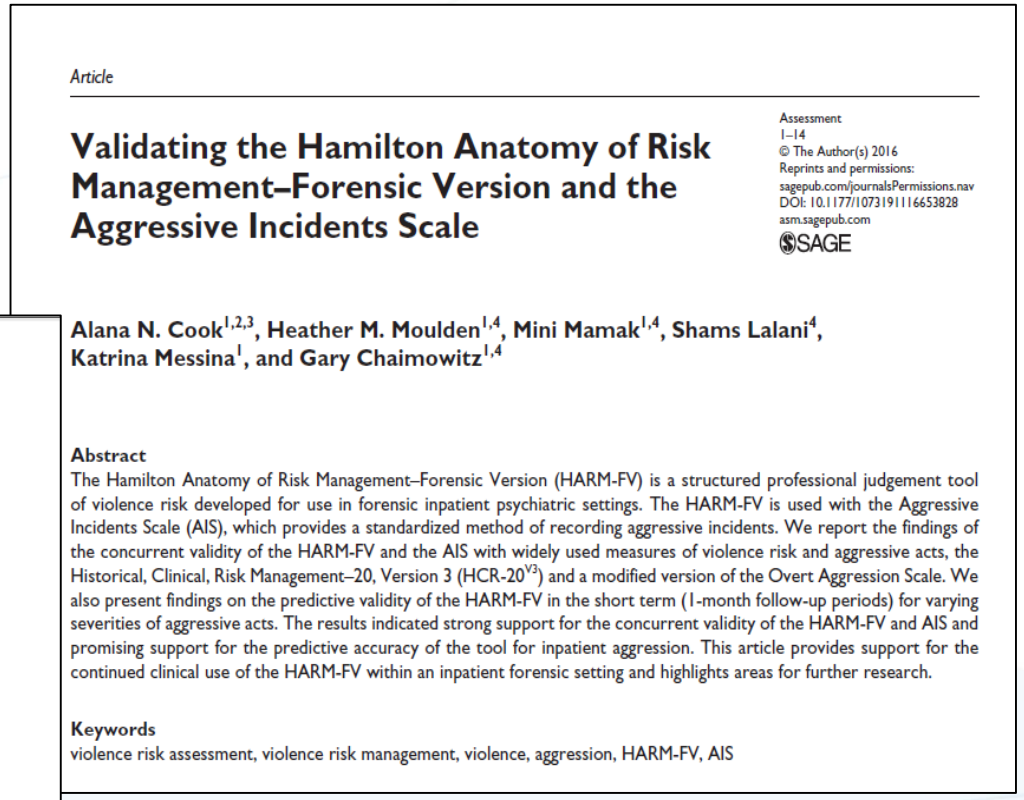
Steve F. Michel and Michael C. Seto
Royal Ottawa Health Care Group, Brockville, Ontario, Canada

Ken Laprade
Canadian Mental Health Association, Champlain East/Champlain Est, Brockville, Ontario, Canada

Adekunle G. Ahmed
Royal Ottawa Health Care Group, Brockville, Ontario, Canada

In the present study, we examined the predictive utility of the Brockville Risk Checklist (BRC), a structured assessment tool for clinical care planning, using a semi-parametric regression technique. We examined BRC scores and the frequency and type of incidents (aggression, noncompliance, etc.) over 13 assessments for 121 psychiatric patients at a medium-secure forensic unit. Most patients were male (95%), on average 40.9 (*SD* = 13.0) years old, and diagnosed with a psychotic disorder (78%). Generalized estimating equation (GEE; Liang & Zeger, 1986) modeling was used in this study to determine if changes in dynamic risk scores over time predicted outcomes (presence or absence of an incident) during the approximately six-week follow-up period. Results showed that scores on the Harm to Others scale assessed at one case conference significantly predicted changes in aggressive and total incidents recorded in the subsequent case conference. The BRC shows promise as a dynamic measure of inpatient aggression, predicting verbal or physical incidents an average of six weeks later.

Keywords: dynamic risk, risk assessment, aggression, psychiatric forensic inpatients, time series



Article

Validating the Hamilton Anatomy of Risk Management–Forensic Version and the Aggressive Incidents Scale

Assessment
1–14

DOI: 10.1177/1073191116653828
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Alana N. Cook[1,2,3], Heather M. Moulden[1,4], Mini Mamak[1,4], Shams Lalani[4], Katrina Messina[1], and Gary Chaimowitz[1,4]

Abstract
The Hamilton Anatomy of Risk Management–Forensic Version (HARM-FV) is a structured professional judgement tool of violence risk developed for use in forensic inpatient psychiatric settings. The HARM-FV is used with the Aggressive Incidents Scale (AIS), which provides a standardized method of recording aggressive incidents. We report the findings of the concurrent validity of the HARM-FV and the AIS with widely used measures of violence risk and aggressive acts, the Historical, Clinical, Risk Management–20, Version 3 (HCR-20^{V3}) and a modified version of the Overt Aggression Scale. We also present findings on the predictive validity of the HARM-FV in the short term (1-month follow-up periods) for varying severities of aggressive acts. The results indicated strong support for the concurrent validity of the HARM-FV and AIS and promising support for the predictive accuracy of the tool for inpatient aggression. This article provides support for the continued clinical use of the HARM-FV within an inpatient forensic setting and highlights areas for further research.

Keywords
violence risk assessment, violence risk management, violence, aggression, HARM-FV, AIS

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How the Royal uses the BRC4 & HARM

- Structured Professional Judgment tools
- Scored by a treatment team
- Foster risk discussion (risk management)
- Quick to complete
- Makes a final estimate of risk for patient
- Used on routine basis (~1-2 months/patient)
- Used by hospital administration to make treatment decisions

Why is risk management important to me?

- 1/5 in patients commit an act of physical violence as an inpatient (Meta-analysis; Iozzino et al., 2015)
- Elopement rates from a secure forensic psychiatric facility in Ontario is as high as 14.4% over 2 years (Wilkie et al., 2014)
- Overlap between factors associated with eloping from secure settings with violence risk (Quinsey et al., 1997)
  - E.g. active psychiatric symptoms, antisocial attitude
- **Balancing safety and liberties when making administrative decisions**

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Why is risk management important to me?

- The *Mental Health Act* defines "**Officer in Charge**" or "OIC" as "the officer who is responsible for the administration and management of a psychiatric facility".
- OIC is delegated the authority to direct that restrictions on a patient's liberty be increased or decreased within the limits set out in the Disposition Order.

Administration's use of Risk Tools

- Completed tools regularly reviewed by management
- Recent scores included in annual Review Board hospital report
- Accompany patient privilege requests
  - Decisions are directly impacted by the patient`s scores
- Assist in decisions to transition patient

Privileges for patients on Disposition Orders

- OIC can work within the parameters of the Disposition Order determined by Review Board
- May include access to hospital grounds or community under increasing levels of supervision
  - Escorted
  - Accompanied
  - Approved persons
  - Passes indirectly supervised

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Administration's use of Risk Tools: *Privilege Requests*

1. Team-scored BRC4 or HARM sent to hospital administration with patient privilege request
2. Hospital administration reviews request in junction with risk scores, recent incidents
3. Administration may request a risk mitigation strategy/cost-benefit explanation before approval
4. Support or recommend request delivered to team and patient

Aligns with validated approach to reducing elopement from a secure forensic facility (Simpson et al., 2015)

Summary of Recent Research Results on BRC4 & HARM (2014-2017)

Satisfactory relationship between similar items on each tool

(T_b = 0.282 to 0.589)

Risk items on both tools had **fair-moderate predictive abilities** on future incidents (e.g. aggression, rule violation)

(AUC = .70-.96)

Risk items more effective at **detecting patient with 4+ incidents** over short-term vs. patient with 1-3 incidents

Seto, M.C., Healey, L.V., Ahmed, A.G. (In Preparation)

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Summary of Recent Research Results on BRC4 & HARM (2014-2017)

- Qualitative results
  - Unplanned
  - Valuable
- Unbiased observations of team scoring
  - Between *treatment teams*
  - Between both *campuses*
- Highlighted **challenges** and **areas for improvement** with team-based, routine risk management at Royal

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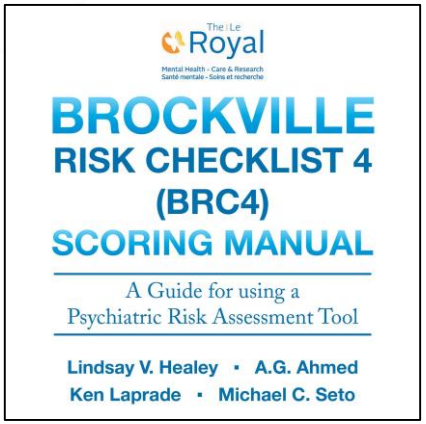
Challenges with Team-Based Risk Management

- Team buy-in
- Risk Coordinator at Royal campus
  - **Advantages**
  - **Disadvantages**
- Inconsistencies between different treatment teams at Brockville campus
  - No consistent Risk Coordinator (or other staff) present
  - Scoring habits become entrenched

Challenges can inhibit important upstream administrative decisions!

Outcomes of Evaluation and Next Steps



- Scoring manual for BRC4 (2016)
- Regularly referenced during scoring
- Enhances consistency
- Improved definitions based on feedback
- Ongoing research collaboration with SJHH (authors of HARM and recent eHARM)
  - Second validation study of both tools
- Pending program decisions about risk management at Royal
  - Empirically driven

Thank you – Questions?

steve.duffy@theroyal.ca

lindsay.healey@theroyal.ca
michael.seto@theroyal.ca
ag.ahmed@theroyal.ca

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