



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

4/26/2018

WELCOME!

Today's Topic:

Primer: Protection of Third Parties &
Assessment of Dangerousness

“What do I need to do when my patient makes a threat toward someone?”

Speaker: Jennifer Piel, MD

PANELISTS: MARK DUNCAN, MD, RICK RIES, MD, AND KARI STEPHENS, PHD





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**PRIMER:
PROTECTION OF THIRD PARTIES &
ASSESSMENT OF DANGEROUSNESS**

JENNIFER PIEL, MD, JD

VA PUGET SOUND HEALTH CARE SYSTEM

UNIVERSITY OF WASHINGTON



GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

SPEAKER DISCLOSURES

- ✓ Nothing to disclose

OBJECTIVES

1. Review legal and ethical obligations
2. Identify risk factors for violence
3. Develop techniques to assess dangerousness

PROVIDER REACTIONS



BALANCING ACT: FORCES IN CONFLICT

- Protect patient confidentiality
- Protect others from patient's violence
- Protect therapeutic alliance
- Difficulty with prediction of violence
- Treat in least restrictive environment
- Liability

NOMENCLATURE

- Confidentiality
 - Legal and ethical obligation
- Duty to warn
- Duty to protect
- Tarasoff-type duty
- Tarasoff limiting law

CASE EXAMPLE

- Patient is a middle-aged man with diagnosis of bipolar disorder
- Treatment relationship extending many years, intermittent compliance
- Homicidal thoughts against his ex-wife years prior, but never acted on them
- Intermittent suicidal thoughts, but never acted on them
- Disavowed thoughts of suicide at his last appointment
- No homicidal thoughts voiced at last appointment
- Plan: resume medication regimen
- Killed ex-girlfriend and one of her children, then killed himself

QUESTION

- Did the psychiatrist deviate from the standard of care in managing the patient?
 1. Yes
 2. No

TARASOFF RESPONSIBILITIES

- Tarasoff v UC (1976): Duty to Protect
 - When a therapist determines, or should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim from danger

OBLIGATIONS TO THIRD PARTIES IN WASHINGTON

- RCW 71.05.101

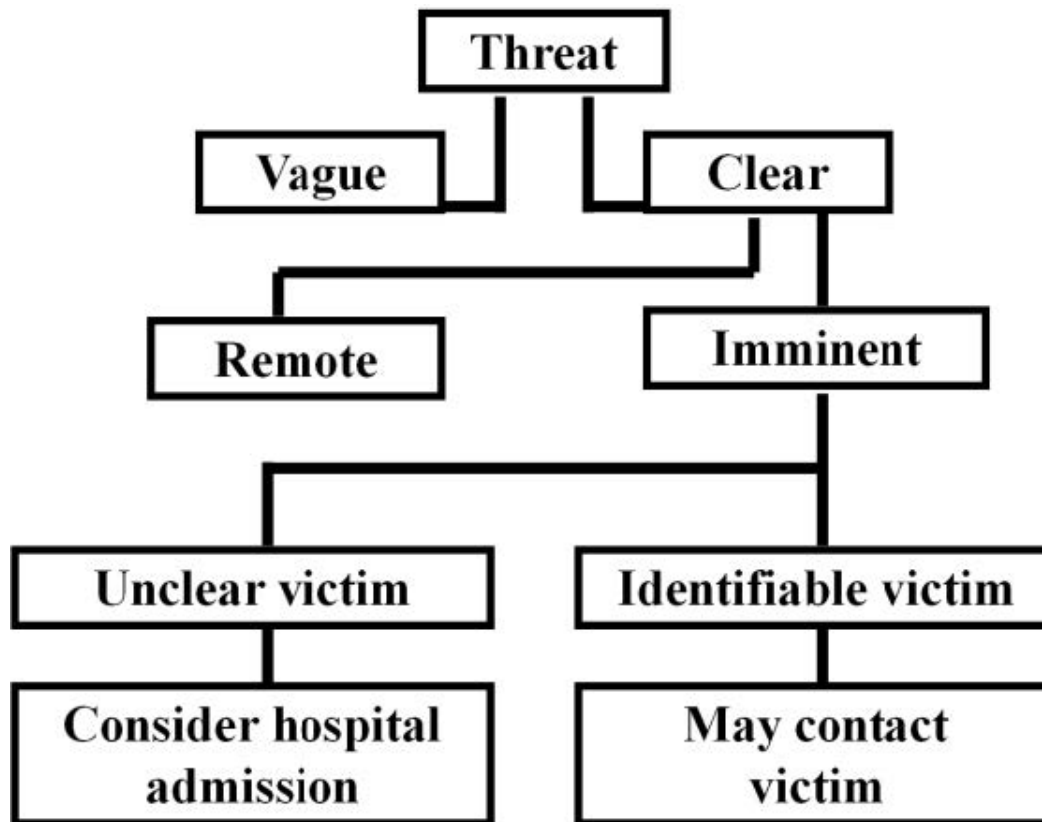
- ...the duty to warn or take reasonable measures to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims
- Discharge: warn victim and law enforcement
- Applies to multiple disciplines
- Case law clarification

OBLIGATIONS TO THIRD PARTIES IN WASHINGTON

- Case Law: Volk v. DeMeerleer (Wash. 2016)
 - A mental health professional is under a duty of reasonable care to act consistently with the standards of the mental health profession in order to protect the foreseeable victims of his or her patient.
 - Anticipate: similar reasoning extend to other disciplines

EXAMPLE: CLINICIAN RESPONSE

FROM RESNICK (2015)



REDUCING PROVIDER LIABILITY

- Don't panic!
- Standard of care
 - Dependent on profession
 - Assessment of violence, not prediction of violence
 - Plan reasonably addresses level or risk
- Gather relevant data
- Document reasoning
- Seek consultation

GATHERING DATA

Static:

- *History of violence*
- Age – late teen to early 20s
- Sex
 - 10x more common in males in general population
 - Equal among persons with serious mental illness
 - Underestimate risk in women with mental illness
- IQ - lower
- Social class – lower
- Lack of empathy

Dynamic:

- *Alcohol and substance use*
- Impulsivity
- Access to weapons (guns)
- Psychotic symptoms
- Recurrent homicidal ideas
- Stressors
 - Recent separation
 - Work provocation

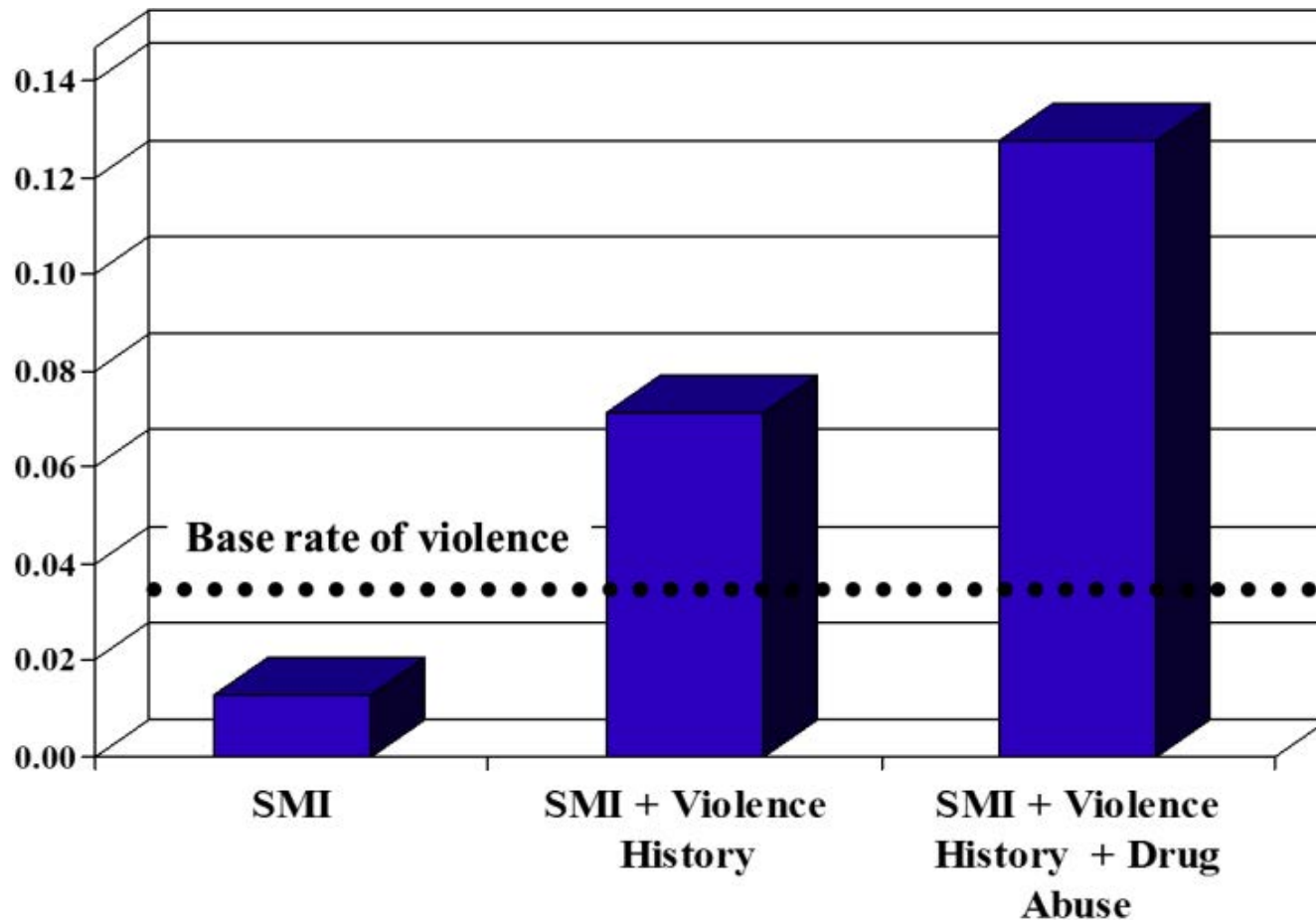
SMI AND VIOLENCE

- Patients with SMI are more likely to be victims of violence than perpetrators
- Link between any type of violence and SMI is relatively weak
 - 3-5% of violence attributed to SMI
 - 96% of violence occurs because of other risk factors besides SMI alone

Fazel and Grann, 2006; Van Dorn, Volavka, and Johnson, 2012; Swanson, McGungt, Fazel an Mays, 2014

PROBABILITY OF VIOLENCE

ADAPTED FROM SWANSON 1990



PSYCHOSIS AND VIOLENCE

- CATIE (Swanson et al, 2006)
 - Positive symptoms: increase violence
 - Negative symptoms: decrease violence
- First episode psychosis
- Obey harmful commands
 - Related to delusion
 - Benefit to patient
 - Familiar voice

INQUIRY INTO VIOLENT ACTS

- Past violence is best predictor of future violence
- Most violent act -What is the most violent thing you have ever done?
- Frequency of acts
- Assess each violent act - what occurred, substance use, degree of injury

ASSESSING DANGEROUSNESS

- Patterns of violence
- Use of drugs/alcohol
- Ownership and movement of weapons
- Criminal and court records
- Military history
- Sexual aggression history
- Collateral information

DOCUMENTING STEPS TO MITIGATE VIOLENCE

| Risk factor | Management/treatment | Status |
|-------------|----------------------|--------|
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| 4. | 4. | 4. |



ANNOUNCEMENTS

Ricky's Law

Involuntary Treatment Act for Substance Use Disorder

Effective 4/1/2018

- Changes in ITA for SUDs
 - Designated MHPs will become Designated Crisis Responders (DCRs).
 - Community members who are a danger to themselves or others, other's property, or gravely disabled due to a substance problem may be involuntarily detained to a secure withdrawal management and stabilization facility—also known as secure detox.

<https://www.dshs.wa.gov/bha/ricky%E2%80%99s-law-involuntary-treatment-act-substance-use-disorder>

ANNOUNCEMENTS

Ricky's Law

Involuntary Treatment Act for Substance Use Disorder

Effective 4/1/2018

- RCW 71.05.154
 - [if deemed at risk for imminent harm to self, others, or gravely disabled] the **designated crisis responder may take the person**, or cause by oral or written order the person to be taken, **into emergency custody** in a secure detoxification facility or approved substance use disorder treatment program for not more than seventy-two hours as described in RCW **71.05.180**. **if a secure detoxification facility or approved substance use disorder treatment program is available and has adequate space for the person.**

<http://app.leg.wa.gov/rcw/default.aspx?cite=71.05.153>

ANNOUNCEMENTS

The Expanding Role of Nurses in Whole Person Care

DoubleTree Hilton Spokane, WA

Tuesday, May 22, 2018

About: free, 1-day training designed for nurse care managers in integrated care settings learn key tools, principles, evidence, and skills for supporting whole-person care.

Training Tracks

- Overview of Nurse Care Manager Role Across Settings
- Role in Primary Care Settings
- Treating Opioid Use Disorders with Medications
- Role in Behavioral Health Settings

Registration: <https://nurses-in-whole-person-care.eventbrite.com>

Questions? Contact Juliann Salisbury, salisj2@uw.edu

ANNOUNCEMENTS

UW PACC Schedule

May 3: Medical Marijuana

May 10: New Psychoactive Substances

May 17: Suicide Prevention

Please continue to submit cases!

UW PACC REGISTRATION

Please be sure that you have completed the full UW PACC series registration.

If you have not yet registered, please email uwpacc@uw.edu so we can send you a link.