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LA FRONTERA VIOLENCE PREVENTION INITIATIVE

In 1998 a client with a long history of paranoid schizophrenia and intractable delusions shot and killed two people, hijacked a vehicle, was involved in a high-speed chase, and wounded several other people before being apprehended by police. This high-profile tragedy, coupled with other less media-intensive episodes of client violence, prompted La Frontera Center, Inc., to develop a multifaceted series of interventions with two interrelated goals: (1) improve identification of and interventions with clients at high risk of violence to others; and (2) increase staff confidence and competence in recognizing warning signs of potential aggression.

La Frontera Center, Inc., is the largest nonprofit community behavioral health care agency in southern Arizona. We serve a population of more than 7,000 people each year, the vast majority of whom are indigent and have significant psychiatric disorders and/or substance involvement. Like many other regions of the country, Pima County and Arizona have experienced a dramatic reduction in the number of clients who are institutionalized, particularly in the state hospital. Unfortunately, concomitant increases in funding for developing appropriate community-based residential service options have not followed. This has led to an escalating number of at-risk, potentially violent clients who are the responsibility of community behavioral health organizations such as La Frontera Center, Inc. At the same time, as jail facilities become overcrowded, there has been increasing reluctance to prosecute/incarcerate persons who commit criminal offenses if they have a history of mental illness and/or involvement in the behavioral health system.

Faced with these community realities, La Frontera Center recognized the need to take additional steps in risk prevention. Agency staff were particularly concerned about that subset of clients who are court ordered to treatment (i.e., involuntarily committed) and at high risk for engaging in a variety of behaviors of concern; harm to others is paramount on that list. We recognized, consistent with the literature on violence prevention, that it is impossible to accurately predict or prevent acts of harm in all cases; instead our goal was to institute a mechanism for identifying clients who might be prone to violence and proactively address historical behaviors of concern and/or risk factors. Additionally, we believed that some episodes of aggression are affected by staff response; de-escalation techniques, increased safety awareness, and enhanced knowledge of psychopathology all can play a role in the ultimate outcome of a potentially dangerous situation.

La Frontera Center's violence prevention initiative, as described below, is a multi-tiered set of interventions, developed and implemented over the past 18 months. Each component serves to address a different aspect of identifying and minimizing client violence potential, but considered as a whole, the initiative seeks to reduce the total number of incidents of client violence. The programs consists of the following six components:

I. Development of a client risk assessment tool and protocol

II. Implementation of safety plans for all identified high-risk clients

III. Targeted research study in the inpatient unit of precursors and diagnostic

indicators of episodes of client violent behaviors

IV. Development of a risk management seminar for all employees (including clerical and administrative), part of which focuses on management of the potentially violent client

V. Development of guidelines for conducting treatment services/case management in client residences

VI. Development and implementation of a modified critical incident stress debriefing protocol following any event that involves/affects staff

CLIENT RISK ASSESSMENT TOOL

A task force consisting of senior staff with expertise in identifying and treating violent clients was convened to review existing instruments that predict harm. The leader of this group was a psychologist who had worked in a California State locked facility for the criminally insane. This group developed the Client Risk Assessment *(Attachment A)* after failing to find a commercial instrument that met the criteria of (1) being easy to complete by paraprofessional case management staff; and (2) incorporating risk assessment of sexual violence and assault along with the more commonly found self-harm (suicide potential) items.

Protocol for implementation of the tool was to train clinicians in its use and then begin assessing all clients prior to placement in residential facilities. Additionally, intake clinicians now complete the assessment on any client presenting for outpatient services who is deemed potentially violent based on clinical interview/screening. The data obtained from the assessment are used to construct safety plans and guide appropriate treatment interventions/placements. In particular, decisions about placement in residential facilities are made with enhanced knowledge about violence history and/or perceived violence potential. *Attachment B* is the Referral for Residential Treatment form.

Initially, the agency wrestled with whether to mandate the use of the Client Risk Assessment with all persons presenting for intake. A task force determined that because the existing state Comprehensive Psychosocial Assessment form does screen for violence history, any positive responses or concerns on the part of the intake clinician would trigger the completion of the Client Risk Assessment. A recent review of our 1,200 clients with serious mental illness identified 34 clients who have potential for physical or sexual violence.

SAFETY PLANS

Information obtained through a new assessment tool is of little value if not used effectively. Clinical assessment, combined with the results of the Client Risk Assessment, are used to develop a safety plan for each high-risk client. The purpose of the plan is to outline interventions and strategies in place to address any risks/concerns identified using the Client Risk Assessment. An example of a safety plan is included as *Attachment C.*

INVESTIGATING PRECURSORS OF VIOLENCE IN INPATIENT SETTING

A vital component of La Frontera Center's continuum of care is a free-standing locked, 16-bed inpatient unit. The Psychiatric Health Facility (PHF) serves as the agency's network hospital for virtually all adults requiring this level of care. Lengths of stay are short (under a week), and the mission of the PHF is crisis stabilization for clients in the midst of a psychiatric emergency. The facility is small and minimal recreation and milieu therapy are provided, consistent with the goal of returning clients to their outpatient treatment team as soon as they are safe.

Given the prevalence of substance abuse and personality disorders in our population of adults with serious mental illness, the risk of violent behavior is high. Some violent incidents result from clients who are clearly so incapacitated that they are not responsible for their actions; others occur when clients with antisocial tendencies and/or poor frustration tolerance are required to accept limits/structure. Determining what factors predict violent behavior during hospitalization is the goal of this component of our Violence Prevention Initiative.

During fiscal year 1999-2000, data on frequency of violent behavior during and immediately before the inpatient episode of care are being collected for all patients admitted. Preliminary data for the first quarter indicate that 13 clients out of 78 (16.6%) committed some act of violence during their stay. Eight were diagnosed with thought disorder and *5* had affective disorders. Of the clients who committed violence in the 24 hours prior to admission, only 38% went on to be violent during hospitalization. Additional data are not yet available.

Identification of particular risk factors for violence will be used when completing treatment plans for patients, and may also result in specific program changes designed to minimize risk. *Attachment D* is the simple research measure used in this study.

TRAINING ALL STAFF TO BETTER MANAGE DIFFICULT CLIENTS/

DE-ESCALATE CRISES

This component of the initiative originated as an agency response to a rise in the number of referrals to the Risk Management Committee following allegations/occurrences of inappropriate staff behavior. The Risk Management Committee is charged with investigating allegations/occurrences of events that potentially expose the agency to litigation. Consequently the committee meets to deal with violations of confidentiality, ethical complaints, inappropriate client-staff contact, etc. In 1998, several instances of violent clients who were not managed optimally by staff were among the situations investigated by the committee.

A decision was made to develop a daylong risk management seminar to assist agency staff in increasing their knowledge and skills. The goal was to reduce the number of referrals to the Risk Management Committee. While topics in the seminar include confidentiality, safety, and preventing dual relationships, among others, of particular salience is the presentation on working with challenging clients. This part of the program focuses on teaching basic crisis de-escalation skills, at a level appropriate to all levels of staff, including clerical, administrative, and support staff (who typically have not had clinical training in managing clients who are demanding, hostile, out of control, psychotically aggressive, etc). The intent of this training is for staff to feel incrementally more able to defuse potentially violent clients. To date, more than *75%* of staff have participated in the seminar, which has received high satisfaction results. Attachment E presents the crisis prevention tips handout used in this part of the seminar.

PROTOCOL FOR OUT-OF-OFFICE SAFETY

An additional source of risk occurs every time a clinician delivers services in the field. Recent episodes of case managers conducting home visits in settings where unlocked guns were present precipitated the development of a protocol for out-of-office safety *(Attachment F).*

CRITICAL INCIDENT STRESS DEBRIEFING

When a dangerous or violent event occurs, the impact on affected staff can be significant, particularly around feelings of safety, guilt, and/or stress. Using accepted principles for prevention of acute stress disorder/post-traumatic stress disorder following trauma, a post-crisis debriefing protocol *(Attachment G)* was developed in spring 1999 to respond to crisis situations. Approximately five situations requiring its use have occurred since implementation, and each time the process has been ranked as useful and important by affected staff.

SUMMARY

The ultimate goal of the initiative is to significantly minimize the risk of harm to staff, clients, and the community. Obviously, prevention of all violent behavior is impossible. Instead, reduction in frequency of incidents of violence seems the most reasonable measure of success. For more than six years, La Frontera Center has tracked numbers of clients who engage in violent behaviors or who harm themselves. As can be seen from the table in Attachment H, episodes of client violence have declined, despite the agency's growth in total budget and number of clients served. Prorating January — September 1999 data for the entire year suggests that La Frontera will have its lowest number for client violence ever. (Note: the vast majority of incidents are mild aggressive threats, versus serious behaviors that result in injury; however, each year we have had at least three tragic situations such as a broken leg, client murder, significant domestic violence, etc.) Frequency of self-harm has declined by about 30% comparing 1998-99 to 1995-96 data, again despite significant growth in agency size.

We anticipate continued positive benefits to accrue from our ongoing efforts to focus on the potentially violent client. Even if one serious injury or death is prevented, the project should be deemed successful.

About the Center

La Frontera Center, Inc., a community-based nonprofit behavioral health center, has been serving residents of Pima County, Arizona, since 1968. Last year the agency served more than 7,000 clients, many of whom represent ethnic minority populations. The agency's current service continuum includes case management; assessment, evaluation, and diagnosis; outpatient mental health counseling for individuals, families, and groups; substance abuse identification and treatment (including outpatient, methadone maintenance), emergency/crisis, and residential services; latency day treatment (basic partial care); and SNI services, consisting of psychiatric acute care (Psychiatric Health Facility and crisis beds), long-term residential (group homes), and home-based counseling and supportive services. Other available services include outreach and referral, and education, prevention and early intervention.

La Fronter's CEO is Daniel J. Ranieri, PhD. Eric Schindler, PhD is Director of Clinical Services.

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