



Violence Risk Assessment in Clinical Practice

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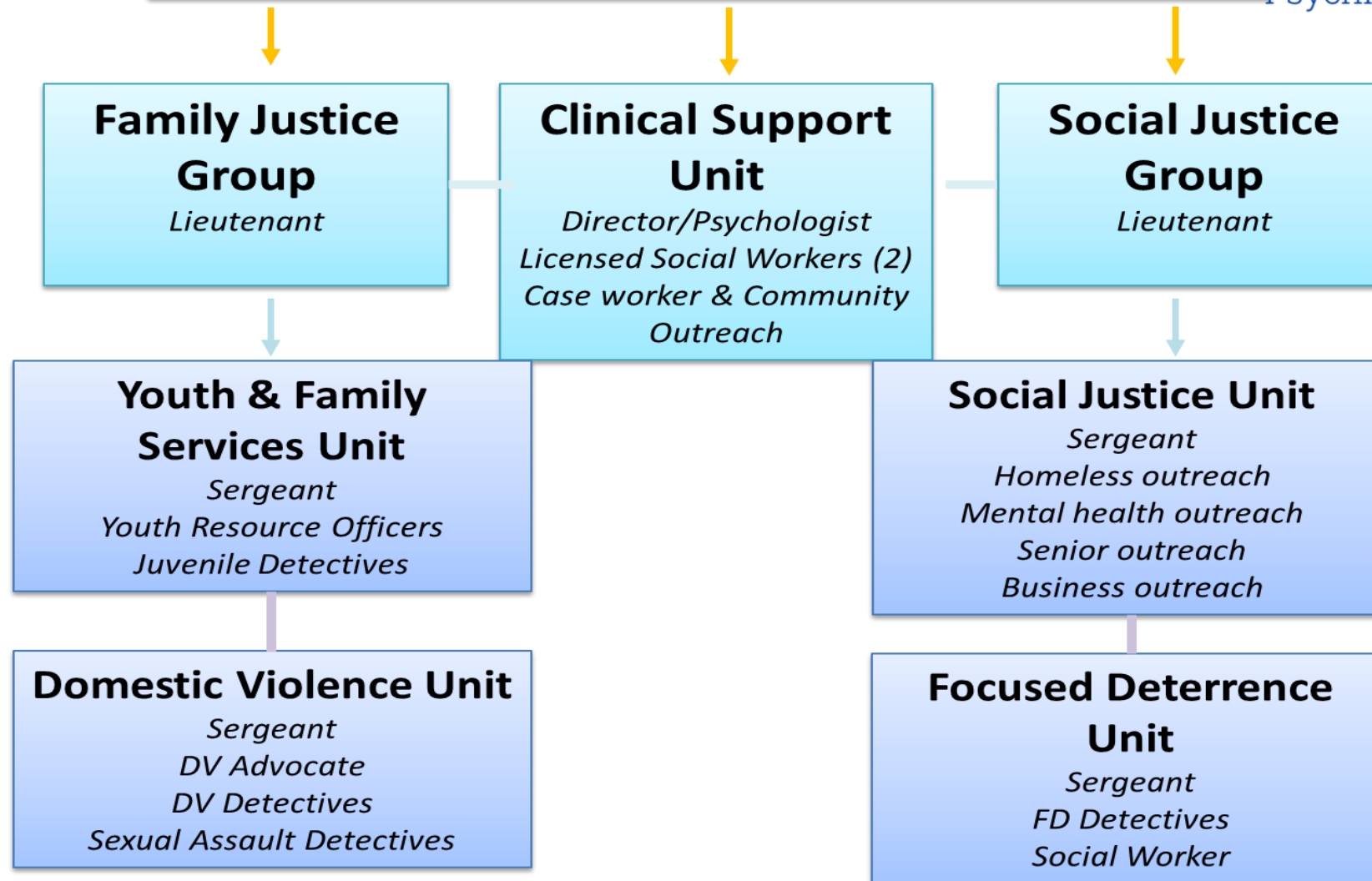
Superintendent Frederick Cabral

Support Services Section, Cambridge Police

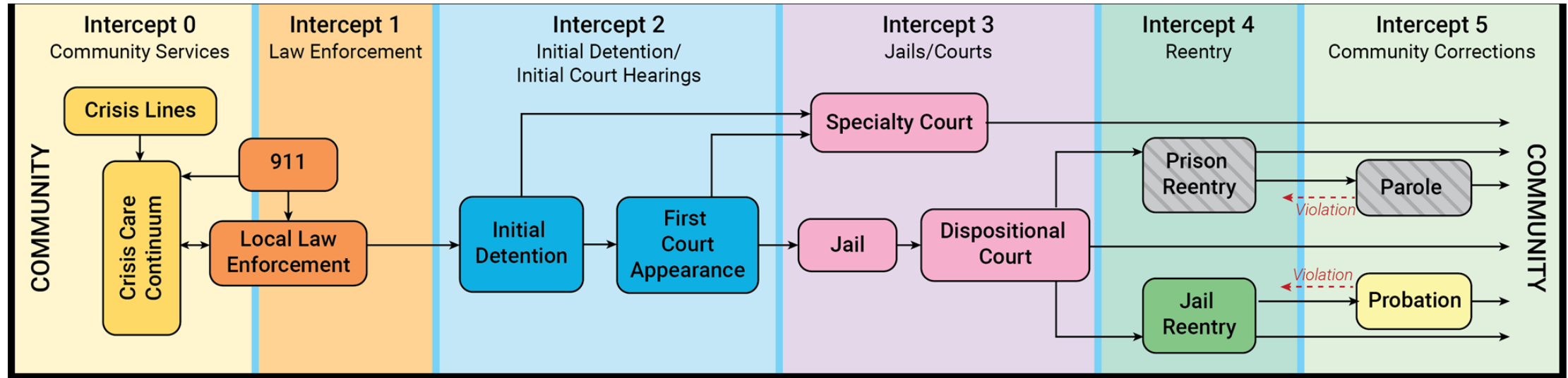
Disclosures

Neither speaker nor their spouses have a relevant financial relationship with a commercial interest to disclose.

Family and Social Justice Section



Sequential Intercept Model



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CSU & the Sequential Intercept Model

INTERCEPT 0	INTERCEPT 1	INTERCEPT 2	INTERCEPT 3	INTERCEPT 4	INTERCEPT 5
Community Services	Law Enforcement	Court Hearings	Jails/Court	Reentry	Community Corrections
• 911 calls • Section 12 • Medical emergencies	• Police Diversion • Criminal complaints involving mental health (both victim & reporting person)	• Section 35 substance abuse evaluations • Court clinic Evaluation • Court diversion	• Recovery Session (mental health) • Community Court (unhoused)	• ROCA case worker • Collaboration with jail clinics	• Focused Deterrence • Probation • Parole



Cambridge Police Integrated Co-Response and Case Management Model:



911 ECC: Social Worker

- Manage and triage calls where support can be offered over phone
- Follow up with frequent 911 callers to help stabilize with supports and services



Response to calls on street

CPD patrol response or FSJS response with co-responder clinician:

- Stabilize person on scene if possible
- Facilitate evaluation in ER via voluntary transport or section 12
- Take report of crime if indicated
- Document encounter in a report that can be assigned for follow up



Case management and follow up

- Clinical Support Unit social workers follow up and connect people to supports and services
- FSJS outreach officers follow up on criminal justice/safety issues
- Clinical Support Unit case manager tracks case assignments and outcomes



When legal charges are applicable

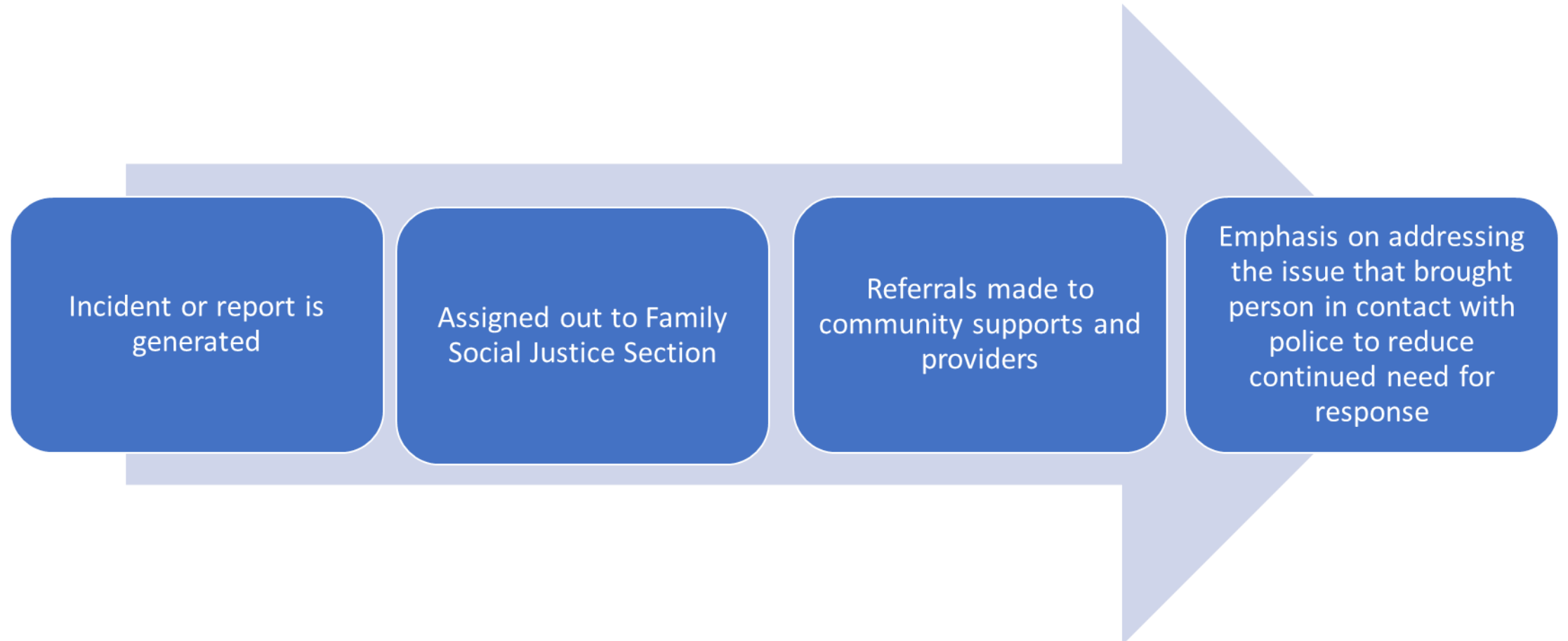
- Utilize diversion and deflection from court when possible
- Utilize specialized court sessions (Recovery and Community) when appropriate



Goals

- Reduce repeated calls for service
- Reduce arrests
- Reduce unnecessary ER trips
- Reduce deeper involvement in the criminal justice system

FSJS Case Management Process



Is this person safe...?



Two Major Types of Violence



REACTIVE VIOLENCE:
AFFECTIVELY CHARGED,
OFTEN RETALIATORY IN
NATURE



PROACTIVE OR TARGETED
VIOLENCE: PLANNED OR
CALCULATED, NOT
IMPULSIVE IN NATURE

3 Major Types of Violence Risk Assessment



UNSTRUCTURED CLINICAL
INTERVIEW

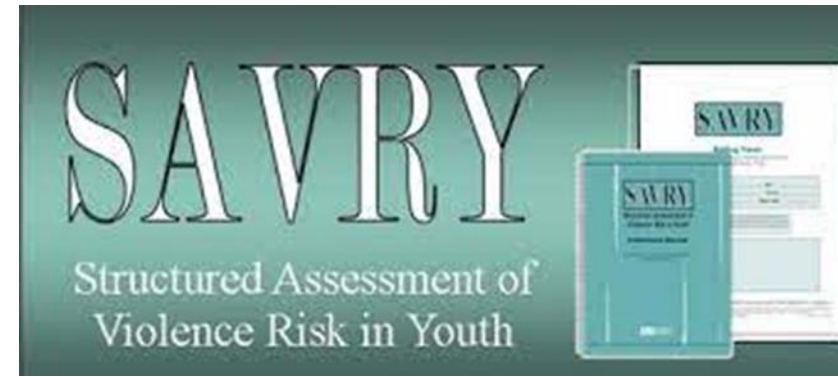
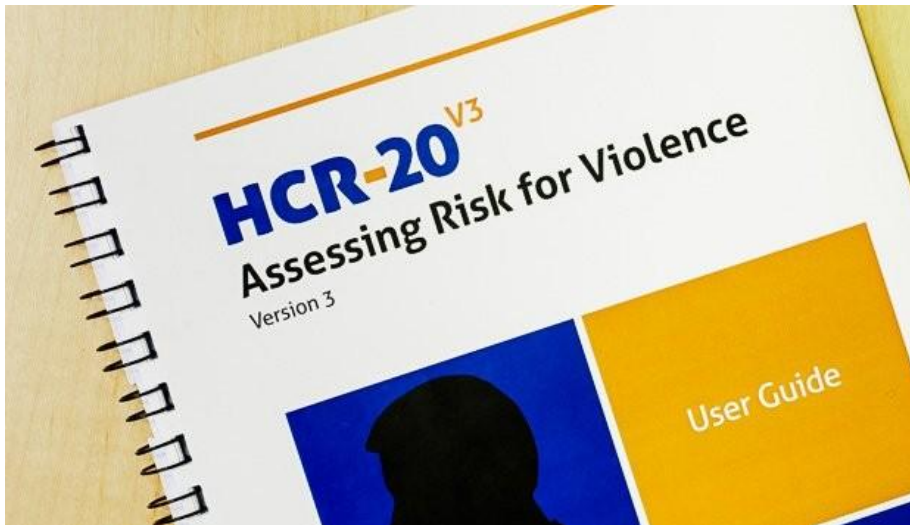


ACTUARIAL METHOD



STRUCTURED
PROFESSIONAL JUDGMENT

Structured Professional Judgment Tools





Mental Health and Violence Risk (APA, 2021)

- Relationship between mental illness and violence risk is complex
- “Diagnosis alone is never enough to tell you if someone is likely to be violent again in the future.”

Higher violence risk associated with...

- Persecutory delusions and “command hallucinations”
- Grandiosity, grandiose delusions, and mania
- Antisocial personality traits



Maladaptive thoughts, feelings and behaviors

- History of significant violence
- Grievance
- Belief that violence is a way to solve problems
- Justification of violence
- Escalating behaviors
- Access to weapons and capacity to harm



Risk Planning

- Often there are no easy solutions
- Must employ critical thinking
- Question your findings
- Have a plan to evaluate your management strategy



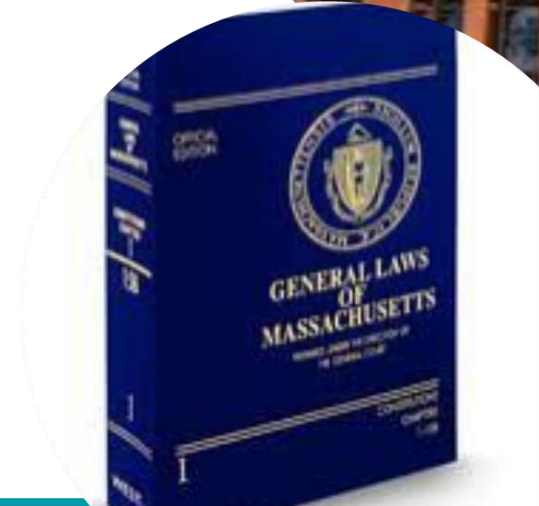
Cambridge Police Threat Assessment

- Gather all relevant data from our reports and local and national partners
- Establish a timeline if applicable
- Consider intervention pathways:
 1. Mental Health
 2. Forensic



Know your Sections

- Section 12: Involuntary transport to ER (3-day)
- Section 7&8: Involuntary inpatient commitment
- Section 18: Forensic evaluation from ER in custody
- Section 15: Competency evaluation
- Section 58: Dangerousness evaluation
- Section 35: Substance abuse



Mental Health Pathway

- Identify outpatient providers
- Assess for Section 12
- Potential inpatient stay
- Potential involuntary commitment



Forensic Pathway

- Criminal charge is required
- Potential for competency evaluation
- Could be held on a dangerousness evaluation
- May be able to leverage mental health or community court



Case Example 1

- Diagnosed history of paranoia and schizophrenia living in group home
- During a dinner with family, he made concerning statements about firearms in a storage locker in Maine, saying when he has the "money" he's going to Maine to retrieve three handguns and an AR 15 assault rifle.
- Stated he wanted to access his weapons for his protection from the voices in his head, and that he was going to sue the psychiatric hospital and shoot the hospital staff there.



Case Example 1

- Maine “yellow flag” laws prevented seizure of firearms
- FSJS outreach officer went to inpatient unit multiple times to speak with the person
- Officer was able to build rapport and get person talking about firearms and the command hallucinations
- Worked with inpatient team for both commitment and with Maine law enforcement and FBI to have firearms secured



Case Example 2

- High school student sent pictures to therapist of guns and threatened to shoot-up a Black Lives Matter march
- Therapist issued a section 12 but student was not at home and parents did not know where he was
- The Joint Terrorism Taskforce and Boston Regional Intelligence Center received the threats



Case Example 2

- YRO knew the student and his likely location at a friend's house
- The psychologist working with the case contacted CPD clinical support supervisor as JTTF was contacting police supervisor
- Able to get the section 12 served without use of force



Wrap Up

- Foster communication across all systems (police, mental health, courts, state agencies)
- Document and build a case
- Patience and persistence
- Flexibility and work with your team
- Challenge one another, look at all options
- Assess the effectiveness of your plan



Questions?



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