MANDATED ASSESSMENT & TREATMENT

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Acknowledgement

- Would like to acknowledge the work of Dr Brian Van Brunt

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Purpose

Addressing behaviour

Not targeting mental illness

• Aggression
• Threats intimidation
• Homicidality
• Frustration, anger and isolation that leads to an act of violence.

Mental illness are more likely to be the victims of violence, not perpetrators (Choe, Tepin, Abrams; 2008).
Definition of MA

Third party refers a student for a some number of individual sessions with a counselor, psychologist or therapist

Reason:

- Discipline
- Suicide threat
- Cutting behaviour
- Angry outburst
- Stalking behaviour
- Alcohol or drug misuse
- Sexual harassment and/or assault
Definition: Mandated Training/Coaching

Third-party requires a student to attend a group or workshop/seminar or course

These include:

• Drug or alcohol
• Policy violation
• Harassment
• Discrimination
• Cultural competencies
• Anger management
• Interpersonal skills training
• Other
**Definition: Mandated Treatment/Counseling**

Mandated treatment often follows the initial assessment and occurs in either a group or individual setting.

Students are referred by a third party to counseling:

- To meet certain requirements or
- To continue participating in an activity e.g. club, sport,
- To maintain enrollment in the university.
Mandated Referrals

- There is no assessment that will predict violence – most assessments are not designed to try

- The most useful assessment looks at situations rather than individuals and offers insight as to levels of concern.

- There is no treatment that will guarantee prevention of further acts of violence for any particular individual. Data indicates that treatment reduces the likelihood of future violence.
Mandated Referrals

• Referrals work better when there is an on-going positive relationship with the referral source.
• The best we can hope for with individuals is an “educated guess” at the level of risk and likelihood of threat and danger
• We base this on past behaviour, current symptoms, the student’s general attitude & compliance, and the situation surrounding the individual of concern
Mandated Concerns

- Some counsellors and psychologists are not comfortable with “mandated” anything when it comes to their clients.
- Client autonomy---that all clients must choose to enter treatment or assessment willingly.
- Mental Health professionals on a university campus need to take into account the greater good of the community.
• The counsellor must be primarily concerned with the dignity and welfare of the client.

• While there may be pressure from another source, the counsellor must “respect the legal rights and moral rights of others” and “advising clients that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them” and “what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures (APS: A.2.1. c; A.3.3. e , f ; IACS:4)
Ethics

• The counsellor must perform within the boundaries of their professional competence. (APS B1.2.)

• The counsellor cannot have a prior counselling relationship with the student. (ACA E.13.c)

• The counsellor should not be in the position of making decisions in a disciplinary or judicial case. They should consult, always providing services which respect the dignity and welfare of their client. (IACS: A)
Ethics

• Counsellor’s cannot release, obtain or exchange information without client’s permission. (APS, A.6,A.7)

• Psychological assessments (APS B13, IACS: 1.b)
  • Must be appropriate, reliable and valid
  • Counsellors must have training
  • Must take diversity/cultural issues into account
  • Only release raw data to qualified source
  • Must indicate limits of assessment techniques
Informed Consent

Develop a clearly worded informed consent spelling out for the student what will happen and how the results will be shared.

This must be done prior to the assessment.
• When thinking about assessment, remember the Saxe poem about the blind men and the elephant…
• And so these men of Indostan, disputed loud and long, each in his own opinion, exceeding stiff and strong, Though each was partly in the right, and all were in the wrong!

• So, oft in theologic wars, the disputants, I ween, tread on in utter ignorance, of what each other mean, and prate about the elephant, not one of them has seen!
4 different approaches to violence risk assessment:

- Clinical Assessment (poor reliability)
- Anamnestic Assessment (poor reliability)
- Guided or Structured Clinical Assessment (better reliability)
- Actuarial Assessment (high reliability) must consider cultural issues (validity??) PCL-R; MOSAIC; SIVRA 35; WAVR21; HCR-20; NaBITA etc

Assessment

HCR-20, Version 3 (2013)

Designed to assess risk for violence in those with mental or personality disorders

- Violence Risk
  - Historical
    - Past (Static) Documented (10 Items)
  - Clinical
    - Present (Dynamic) Observed (5 Items)
  - Risk Management
    - Future (Speculative) Projected (5 Items)
Assessment

The Aggression Continuum

1. Skilled interactions causing no harm
2. Rude, clumsy interactions causing mild offence or hurt feelings
3. Creepy or weird interactions causing uneasiness
4. Intimidating interactions: nonverbal dominance, yelling
5. Interactions that include instructions, demands, orders
6. Overtly rude interactions: swearing, name-calling, demeaning criticisms
7. Door-slamming, property damage
8. Threats to kill or harm self and/or others
9. Assault without injury: pushing, grabbing
10. Physical assault causing injury, sexual assault
11. Homicide

(REPEATED AGGRESSION: Bullying, Harassment, Stalking)

- Suicidal, Para-suicidal (cutting, eating disordered)
- Individual’s engaging in risk taking behaviours (e.g. substance abusing)
- Hostile, aggressive, relationally abusive
- Individual deficient in skills that regulate emotions, cognition, self, behaviour and relationships
- behaviourally disruptive, unusual and/or bizarre acting
- Destructive, apparently harmful to others
- Substance abusing
- Emotionally Troubled
- Individuals impacted by situational stressors and traumatic events
- May be psychiatrically symptomatic
ELEVATED
SEVERE
EXTREME
MODERATE
MILD

Distress
Dysregulation/ Psychiatric
Disturbance

NINE LEVELS OF AGGRESSION

LOSE/LOSE ATTACK
WIN/LOSE ATTACK
LIMITED DESTRUCTIVE BLOWS
THREAT STRATEGIES
FORCED LOSS OF FACE
IMAGE DESTRUCTION
ACTIONS VS. WORDS
HARMFUL DEBATE
HARDENING

TRIGGER PHASE

ESCALATION PHASE

CRISIS PHASE
Treatment Suggestions

When working with someone who is trying your patience, being hostile or being unmotivated---remember your goal.

Your goal should be to assist the person move towards a higher stage of change, maintain positive momentum or gain a better understanding (insight) of their current situation and their decision to make a change.
A connection is the start. It is the first step towards motivation, persuasion and compliance. It may be that the “going somewhere” is too big of a step to take all at once.

Consider the subtle move of “No, I’m not going to do that.” to “I’ll think about it”.

Let’s take the example of a client with a anger problem who isn’t ready to address it.
<table>
<thead>
<tr>
<th>Goal in Conversation</th>
<th>What to say…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validate their experience</td>
<td>You are here to talk about your anger, but you don’t think you have a problem.</td>
</tr>
<tr>
<td>Acknowledge their control</td>
<td>As much as I want you to better control your anger, the choice remains with you.</td>
</tr>
<tr>
<td>Give your opinion</td>
<td>It seems your anger has had a negative impact on your life. Tell me how you see it.</td>
</tr>
<tr>
<td>Acknowledge the pressure</td>
<td>This is a difficult discussion for you. You likely feel pressured to tell me what I want to hear.</td>
</tr>
<tr>
<td>Validate they are not ready</td>
<td>I understand you are not ready to address your anger.</td>
</tr>
<tr>
<td>Restate they must choose</td>
<td>Ultimately, it is up to you to choose to gain better control of your anger.</td>
</tr>
<tr>
<td>Reframe this discussion</td>
<td>This discussion is a starting place, let’s see it as a beginning rather than a final discussion.</td>
</tr>
</tbody>
</table>
Treatment Suggestions

Help an aggressive client understand why their current behaviour isn’t in their best interest.

Build a bridge between you and the aggressive client. Trust is not instinctual, it must be earned.
Treatment Suggestions

What have they got to gain?

What have they got to lose?

What can I use to persuade them away from aggression?
Resources

- https://nabita.org/
- https://www.mosaicmethod.com/
- https://www.mhs.com/MHS-Publicsafety?prodname=pcl-r2
- http://hcr-20.com/

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Thank you!
Any Questions?