
Bree Collaborative | Risk of Violence to Others Workgroup

March 14th, 2019 | 3:00-4:30

Foundation for Health Care Quality

Members Present

Kim Moore,* MD, Associate Chief Medical Director, CHI Franciscan (Chair)
G. Andrew Benjamin,* JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law, University of Washington
Jaclyn Greenberg, JD, LLM, Policy Director, Legal Affairs Washington State Hospital Association
Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work
Ian Harrel,* MSW, Chief Operating Officer, Behavioral Health Resources
Neetha Mony,* MSW, Statewide Suicide Prevention Plan Program Manager, Washington State Department of Health

Mary Ellen O'Keefe,* ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners
Andrea O'Malley Jones,* LICSW, JD, Suicide Prevention Coordinator, US Department of Veteran's Affairs
Jennifer Piel, MD, JD, Psychiatrist, Department of Psychiatry, University of Washington
Samantha Slaughter,* PsyD, Member, WA State Psychological Association
Jeffrey Sung, MD, Member, Washington State Psychiatric Association
Amira Whitehill, MFT, Member, Washington Association for Marriage and Family Therapists

Staff and Members of the Public

Bruce Crowe, PsyD, Senior Fellow, Military Suicide Research Consortium
Alicia Parris, Bree Collaborative

Jeb Shepard,* Washington State Medical Association
Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

Kim Moore, MD, Associate Chief Medical Director, CHI Franciscan (Chair) and Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

Motion: Approve 2/21/2019 Minutes
Outcome: Passed with unanimous support.

CONTINUED PRESENTATION BY JENNIFER PIEL: DUTY TO PROTECT

Jennifer Piel, MD, JD Assistant Professor, Associate Director, Psychiatry Residency Program, University of Washington continued her presentation "Duty to Protect: Historical Review and Current Considerations" and the group discussed:

- Terms left for clarification
 - Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work stated that a therapeutic alliance should constitute a special relationship, but under Volk prescribing medication or providing treatment may be considered a special relationship
 - "Special relationship"
 - Could a person have a special relationship with an institution?
 - Possibly
 - "Dangerous propensities"

- Mary Ellen O’Keefe,* ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners, pointed out that dangerousness is not black and white, it exists on a continuum
 - Possibility of using assessing likelihood of repeated acts in forensic psychology
 - Standard for “Foreseability”
 - How common law and statute work in parallel
 - Jeffrey Sung, MD, Member, Washington State Psychiatric Association, stated it may be impossible to make clinical recommendations due to ambiguity in terms
- Comparison between existing statute RCW 71.05.120 and Volk
- Amira Whitehill, MFT, Member, Washington Association for Marriage and Family Therapists, inquired about the evaluation of likelihood recidivism in forensic cases
 - Assessments cannot be done in a timely manner and require special training to administer
 - Ian Harrel, MSW, Chief Operating Officer, Behavioral Health Resources, mentioned a yearlong workgroup that determined there was no useable tool that can be used to determine violence risk

Action Item: Dr. Harrel will send above mentioned report

- Dr. Piel discussed consequences of the Volk decision
 - Washington state is an outlier
 - Potential patient privacy and HIPPA violations
 - Ms. Weir enquired if any specialty organizations have produced guidelines on when clinical pathways are appropriate
 - Ms. Groshong shared there is no way to completely eliminate risk as a mental health clinician
 - Contacting law enforcement may discharge duty but accomplishes nothing
 - Anecdotal evidence that clinicians will not see patients that are remotely violent
 - Quotes from clinicians within the UW report to that effect
 - Testimony to senate by Samantha Slaughter, PsyD, Member, WA State Psychological Association to that effect

REFINING CHARTER AND SCOPE OF WORK

Group reviewed *Draft Charter and Roster* and gave feedback:

- The bullet “assessing an individual’s risk for violence” may be setting the group up for failure due to the difficulty of that task
 - Group may determine that they are not able to do so
 - Lack of strong research results around the ability to predict violence
- Asked for definition of “discharging patients” bullet under *Purpose*
 - Terminating therapeutic relationship?
 - Providing written confirmation that person is no longer being seen for care would be problematic and potentially damaging
 - Pulled directly from legislative ask group agreed to clarify to read: “*Discharging patients based on treatment setting*”
- Dr. Sung pointed out the missing voice of a person with lived experience as included in suicide care e.g.
 - Clinicians are represented and best interests of the patients need to be represented as well
- Considering balancing risk of violence with providing treatment in the least restrictive environment
- Bullet under *Purpose* on confidentiality changed to read “*Reconciling the patient’s right to confidentiality, least restrictive environment and the provider’s duty to protect*”
- Bullet under *Purpose* regarding “*Actions to take...*” removed “*including treatment*”

DEVELOPING CLINICAL PATHWAYS

Group viewed the Suicide Care Report Summary:

- Example of a clinical pathway
- Format of Suicide Care Report could be used as a template

Action Item: Group to read the Bree Collaborative Suicide Care Report and Recommendations and consider how the Risk of Violence work could fit into such a format

NEXT STEPS AND PUBLIC COMMENTS

Dr. Moore and Ms. Weir asked for public comments and thanked all for attending. The meeting adjourned.