Members Present

Kim Moore,* MD, Associate Chief Medical Director, CHI Franciscan (Chair)  
Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work  
Mary Ellen O’Keefe,* ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners  
Jeffrey Sung, MD, Member, Washington State Psychiatric Association

* By phone/web conference

Group viewed the Draft Recommendations Risk of Violence — Background and discussed:

- Removed “expands a provider’s duty to protect” due to a difference of opinion of whether the duty has been expanded by Volk v. DeMeerler
  - Changed to read: “specifies a mental health professional’s duty to protect”
  - Should specify it is a licensed and independent mental health professional
    - Change will be made pending confirmation
- Adding language regarding conflict and ambiguities
  - How the duty is discrepant with the current law
  - HIPPA concerns
  - Ethical concerns
  - Who is the duty to, when is it triggered
- In second paragraph of Background replaced “patients with homicidal ideation...” with “patients with risk of violence...”
- Changed “…clinicians can identify an individual’s risk factors and stratify based on those known risk factors.” to “Clinicians can identify and monitor an individual’s risk factors and make a reasonable assessment based on those known risk factors.” and moved to first sentence in paragraph

Group viewed Draft Recommendations Risk of Violence — Focus Areas and discussed:

- Retitled first focus area from “Identification of Increased Risk of Violence” to “Initial Screening”
  - Some screenings are population level screenings not related to risk of violence
- Some acts of violence may not be possible to prevent
  - Mitigating risk is more feasible
  - Distinguishing prediction and prevention from risk assessment and management
    - Risk can only be limited not eliminated
Action item: Proposals from group members for language that reflects the above conversation

- Craig Apperson, MS, LMHC, CCCJS, BAPC inquired about violence risk factors in various contexts (e.g. adolescents)
  - Scope of recommendations is limited to adults but language can be included

Action item: Mr. Apperson will write language explaining that risk of violence presents differently in children

- Mr. Apperson advised including loss of relationship as a risk factor (e.g. romantic, employment, life losses etc.)
- Adding language that expresses the difficulty of applying dangerous propensity to humans
- Requesting a legislative remedy in the recommendations

Action item: Group members will propose language requesting a legislative remedy

- Possibly quoting the writing of Jaclyn Greenberg, JD, LLM, Policy Director, Legal Affairs Washington State Hospital Association, on the subject
- The group added the following to Added to “risk and triggering factors” under “Further Assessment of Violence Risk”
  - Loss of relationship or job
  - Access to lethal means
- Group discussed removing or keeping universal screening
- Ms. Weir asked group members how common the use of risk stratification tools are
  - Mr. Apperson suggested the HCR-20 which focuses on violence trajectory, used in corrections

Action item: Mr. Apperson will send information on the HCR-20

- Majority of group expressed that tools are not used
  - Risk stratification instruments removed from first paragraph, added to bullet point with the addition of the phrase “if needed”
- In first paragraph under “Further Assessment”, “risk stratification” changed to “risk assessment”
  - “Stratification” implies a level of scientific accuracy that is not possible
- Group made the following additions to the section “Violence Risk Management”
  - Treating substance use or mental health disorders that may be contributing to the risk
  - Mr. Apperson suggested including creating a safety plan
  - Jeffrey Sung, MD, Member, Washington State Psychiatric Association, suggested including targeting emotional factors
    - Unsure of the language as it relates to the field
  - Possibly adding non-adherence to treatment
  - Possibly adding irrational jealousy
- Group agreed to communicate that absolute prevention is not reasonable

NEXT STEPS AND PUBLIC COMMENTS
Dr. Moore and Ms. Weir asked for public comments and thanked all for attending. The meeting adjourned.