

# Social Services Outpatient Homicide Assessment Protocol *for Patients 18 Years Old and Over*

## **Purpose:**

The primary purpose of the violence assessment protocol is to provide a guideline in the assessment and disposition of patients who pose a substantial risk of physical harm to another person (s) in an outpatient setting.

## **Procedure:**

To evaluate the patient by following this violence assessment protocol, which consists of an assessment and disposition plan.

## **Violence Assessment:**

As with the suicidal patient, social workers may be in a situation with a patient who poses a potential threat to another person(s). Researchers (Asnis et al., 1994; Tardiff, 1992) have identified *persons who are paranoid, antisocial, substance abusers or people who are angry at someone in particular as being at higher risk* for violence.

Ask a patient about their intent to physically harm another person(s) if:

- The patient threatens to physically harm another person.
- The patient thinks that someone is going to physically harm him/her.
- The patient is involved in a situation that has the potential for violence such as domestic violence.
- Past violence or homicidal ideation is documented in the patient's chart.
- You are doing an outpatient initial diagnostic evaluation.

If the social worker determines that the patient may be violent, the social worker asks the patient *directly and clearly* if the patient is thinking of harming another person. Example of questions to ask:

- "Are you thinking now of physically harming someone?"
- "Have you ever felt like physically harming someone before?"
- "Have you ever physically harmed someone before?"

If the patient says, "Yes," determine if there are any protective factors that would prevent the patient from carrying through a potentially harmful plan. *Be direct, goal directed* and ask the patient:

- "Is there any reason why you would not act on the way you are feeling?"
- "Are you afraid of going to jail?"
- "Do you have a family? What impact do you think this would have on your family?"
- "Are you a religious person?"

If the patient indicates that he/she is homicidal and no protective factors are present, the patient is at ***HIGH RISK*** for physically harming someone. The social worker must then determine the patient's:

**Plan:**

- “How are you going to physically harm the person?”

**Access:**

- “Do you have a weapon?”
- “Do you know how to get a weapon?”
- “Do you know where to get a weapon?”

**Lethality:**

- Is the method chosen by the patient lethal?

**Severity of Intent:**

- “Do you plan to physically harm the person?”
- “Have you ever physically harmed a person before? “ If yes, ask:
  - “What did you do?”
  - “How long ago did this happen?”
  - “Were the authorities involved?”
  - “How do you feel about what you did?”

As you make your assessment, it is important to consider the following risk factors:

- Does the patient have a previous violent or criminal history?
- Is the patient using alcohol or drugs, or has he in the past?
- Is the patient paranoid or psychotic?

If the answer to any of these questions is “Yes,” *the risk is increased.*

Based on ALL the information gathered, the social worker determines the violence risk level that the patient presents. The more risk factors present, the higher the risk.

If the patient is ***HIGH RISK*** or the social worker feels the need for a consultation, it is *encouraged* that the social worker consults with his/her Clinical Director or any of her colleagues. If applicable, the social worker consults any other mental health providers involved in the care of the patient.

**Disposition:**

If the social worker determines that the patient is at risk of physically harming another person (s), immediate intervention is needed. The next step is to call MGH Police and Security at 617-726-2121 to request an escort to MGH Acute Psychiatric Services (APS) and to call APS at 617-726-2994 to give a brief summary of the situation.

Based on his/her clinical judgment, the social worker decides before/after MGH Police and Security arrives when to share with the patient that further evaluation by APS is required.

If the patient *agrees* to be seen by APS:

- The social worker waits for MGH Police and Security to arrive and to escort the social worker and the patient to APS.
- The social worker carries a blank Section 12 form in the event that the patient changes his/her mind.
- The social worker contacts potential victim(s) and warns of the potential violence, if he/she knows the identity of the potential victim(s) and knows how to reach the person(s).

If the patient *refuses* to be seen by APS:

- A Section 12 or “Pink Paper” is required. [NOTE: The Section 12 permits MGH Police and Security to involuntarily escort the patient to APS. A copy of the form can be found on the Social Service website.]
- An LICSW completes the Section 12 (LCSW consults with supervisor).
- The social worker contacts potential victim(s) and warns of the potential violence, if he/she knows the identity of the potential victim(s) and knows how to reach the person(s).

If the patient *refuses* to be seen by APS *and leaves* MGH before MGH Police and Security arrives, the social worker must allow the patient to leave since social workers are not licensed to restrain patients. If the patient leaves:

- The social worker calls APS and informs them that the patient has left.
- LICSW completes the Section 12 (LCSW consults with supervisor).
- LICSW will fax the Section 12 to the police department of the city where the patient lives or where the social worker thinks the patient is and call police to follow up.
- The social worker contacts potential victim(s) and warns of the potential violence, if he/she knows the identity of the potential victim(s) and knows how to reach the person(s).
- The social worker files a Safety Report which can be found under “Partners Applications, Safety Reporting MGH.” [NOTE: The Safety Report is *not* part of the patient’s medical chart, and it should *not* be documented on the medical chart that a Safety Report was filed.]

**Documentation:**

The social worker documents in the patient’s medical record the interaction with the patient and the reason for further evaluation. A “Clinical Social Work Homicide Assessment Note” template is available on LMR and on the Social Service website.

The documentation has to include:

- Reason for referral
- Patient’s presentation
- Patient’s plan
- Patient’s access to means/lethality of means
- The severity of patient’s intent

- Patient's history of previous harmful or violent behavior
- Patient's history of anti-social behavior
- Any evidence that the patient is currently under the influence of a substance
- Any evidence of paranoid thoughts
- Any demonstrated disorder of thought, mood, perception, orientation or memory to the extent that judgment, behavior, capacity to recognize reality, and/or ability to meet the ordinary demands of life are impaired, and
- Protective factors: what if anything keeps the patient from carrying out their threat

**Reporting:**

If the patient has other providers at MGH, the social worker informs:

- The referring provider, when applicable
- The patient's PCP
- Any mental health providers involved in the care of the patient, and
- The social worker forwards the note to his/her Clinical Director

**Important Numbers and Services:**

MGH Acute Psychiatric Services (APS): 617-726-2994

MGH Police and Security: 617-726-2121

MGH Office of General Counsel at 617-726-8625 is available for consultations

MGH Social Service Website: [www.mghsocialwork.org](http://www.mghsocialwork.org)