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Coping with Clinical Challenges of Risk-Assessment

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Coping with clinical challenges of Risk-Assessment

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Risk assessment

- **Conceptually the reader should be able to understand the followings:**
 - What are the factors known as ‘risks’?
 - What is the relative weighting & potential of these factors?

*what
we
want
to
know*

**What is the
independence of
individual factors in
relation to other
factors?**

**How do collectively these
factors operate to enhance the
risk?**

How can the risk be minimized?

**How do we carry out
this assessment?**

**How do we interpret the
findings and compile
the statement?**

Presentation will focus on
following aspects

- 1. Identify and discuss the
clinical challenges,**
- 2. Discuss the gaps between
assessment & outcome?**
- 3. Recognize complexity of risk
and assessment?**

- **4. Enlist risk assessment instruments and discuss merits and demerits**
- **5. Argue why a comprehensive risk assessment is necessary?**

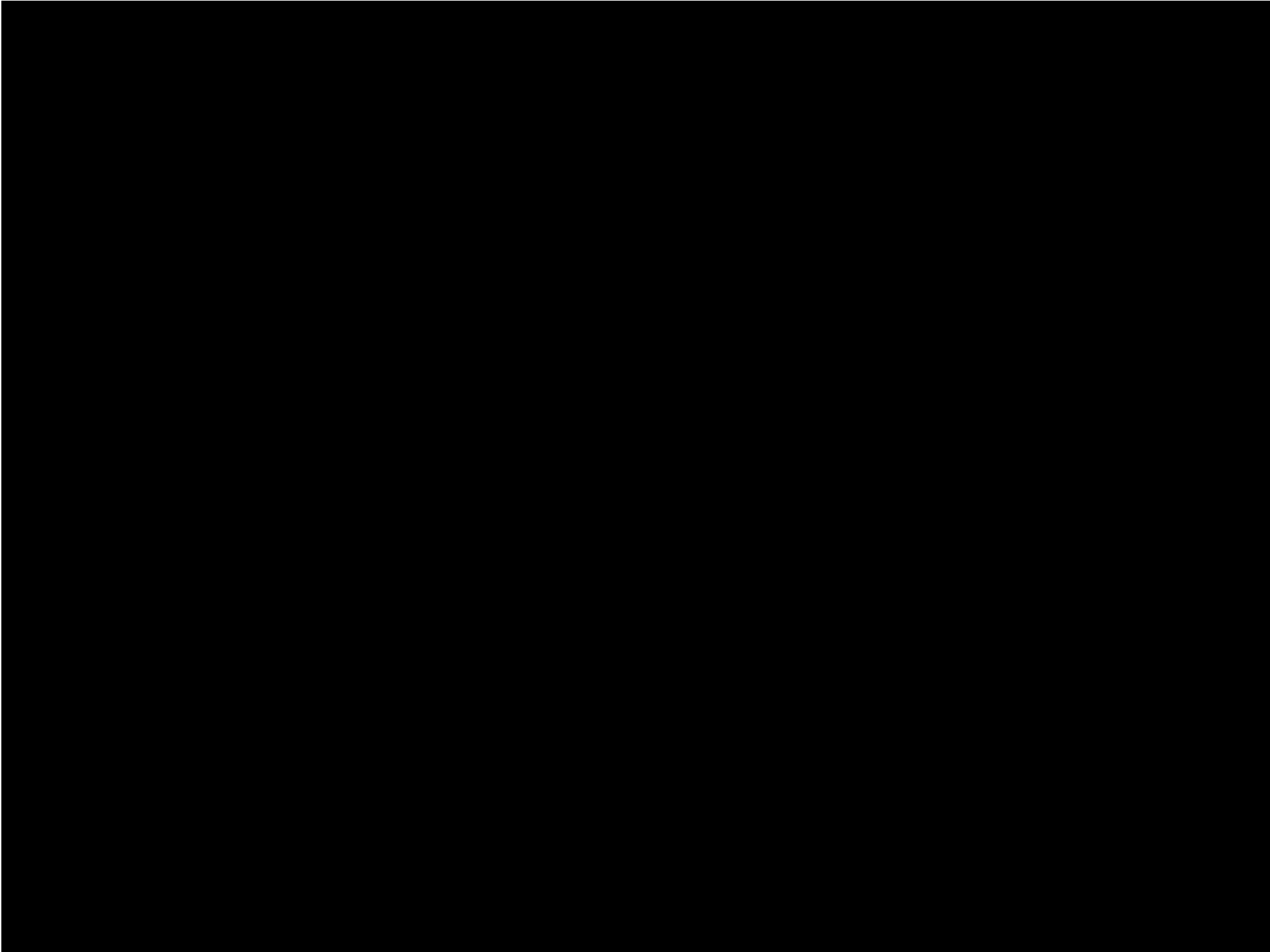
- **6. What measures need to be taken to avoid feeling of ‘shortcomings’**
- **7. What should be the structure of new risk assessment instrument**

8. Process of documentation

- **9. Risk planning**
- **10. Risk management**

- **Broad framework should be:**

- 1. What is risk?**
- 2. What is risk assessment?**
- 3. Why should it be done?**
- 4. When it is necessary to perform?**
- 5. Who should be doing it?**
- 6. How to maintain the**



Assessment for self harm

A physician's training workshop

Suicide behavior is
a window to
mental health

What do we mean by assessment?

- To be able to understand the ongoing risk-vulnerability,
- possibility of risk escalation and incident,
- be able to predict suicidality
- assess impact of ongoing crisis on individual's life
- Decide disposition (policy, Planing & administration)

**1. Collect information;
about???**

Narrative not, just data

**2. What is the impact of an
attempt, Global impact**

Failed \longleftrightarrow **Coping**

Mechanisms,

3. Why has the attempt been made, ---- Causes(S)

4. Why could it not be prevented:
mechanism

**5. What is the possibility of
next/another attempt--
Prediction**

**6. What should be done for the
'person' who has
attempted--Management**

What is the objective?

Depends who is the client.

- **Client who has attempted self-harm**
- **Client who is contemplating self-harm**
- **Clients wherein you want to know the possibility of self harm**

- **To assess possibility of another attempt in near future,
(Questionable/72 hours /7-15 days)**
- **To assess ‘impact’ of attempt and guide for**
- **A] precise ‘nature’ of problem,**
- **B] precise quantification of the problem,**

Possible disposals

1. For one who has ideation only, what next,
2. For the one who has attempted:
3. Hospitalize and use MHA
4. Hospitalize and not use MHA
5. Do not hospitalize
6. Have only community structure of surveillance and treatment
7. Use only clients' personal resources for community management
8. Use CTO? MHA?

9. Which component/ domain to handle

- A mental illness
- Only psychosocial situation
- Addiction
- Environmental issues
- All of the above

**10. What is the nature
of vulnerability?**

What is the method?

Skilled interview and examination

- Clinical, Medical,
- Psychiatric, Social,
- Cultural, Common sense

What are components/ domains of suicide, that needs evaluation?

- **Biological-- medical & psychiatric, illness,**
- **Psychological-- personality & coping,**
- **Social --- Stressors and Life, events,**
- **Environmental - antecedents and support system,**

Process of assessment.

- **Step 1: Rapport and background information**
- **Step 2: psychiatric history and examination**

- **Step 3. Exploring status of known risk factors in each domain.**
- **Step 4. Attempt of quantification**

- **Step 5.**
**Objective data,
Correlate & Cross
check key factors**
- **Step 6.**
**Comprehension / synthesis
& Report**

● **Step 7.** **Care plan.**

Rapport and background information

Psychiatric history and examination

**Exploring status of
known risk factors
in each domain.**

Attempt of Quantification

**Objective data,
Correlate & Cross
Check key factors**

Comprehension,

**Synthesis &
Report**

Care plan.

Risk factors

Ultra high, high, moderate, low

- **Pointers**
- **Have specificity**
- **Not markers or predictors**
- **Provide idea of psychopathology**
- **Helpful in prediction**
- **Usefulness is in management and relapse prevention and suicide prevention**

Biological Risk

Age and Gender

- **Current medication**
- **Medical illness**
-

- **Psychiatric illness :
in order of lethality;**

- **Mood Disorders,**
- **Bipolar depression,**
- **Psychosis, unipolar**
- **Depression,**
- **Chronic dysthymia,**
- **Double depression,**
- **Recurrent depression,**
- **Chronic schizophrenia,**
- **First episode psychosis,**

- **Personality disorder : Borderline, narcissistic, histrionic, Emotionally unstable**
- **Spectrum disorders**
- **Addictions**
- **co morbidity**
- **Neurological illness and organic mental disorders**

- **Family history of suicide**
- **Family history of attempted suicide.**

- **Family history of psychiatric illness**
- **Family history of addictions**
- **Family history of co morbidity**

- Past history of suicide,
- Psychiatric illness,
- Addictions,

Psychological Risk factors: current and previous

- Loss
- Guilt
- Hopelessness
- Depression
- Helplessness
- Worthlessness-
self worth
- Self esteem

- **Wish to die or**
- **wish to kill**
- **Ambivalence**

- **Post attempt emotions:**
 - **Regret attempt,**
 - **Flat,**
 - **Regret surviving,**
 - **Not sure.**

- **Pre-attempt emotion:**
 - **Suicide note,**
 - **Communicated,**
 - **Help-seeking initiatives,**
 - **Planning,**
 - **Impulsive**

Social risk factors:

- Social conflict,
- Relationship,
- Mortgage
- Existential issues,
- occupation/economic/housing
- Interpersonal
- Social environment, health care services, legal system,

Environmental risk factors

**Comprehension in a
meaningful way**

Attempts for quantification: rating scales and inventories

- Psychiatric morbidity
- Stressful factors
- Personality
- addictions
- Life events
- Suicide ideation
- Suicide risk?
- Level of social support

Disposition

Care plan

- Detailed
- Specific
- Goal directed
- Fix responsibility
- Plug the gaps
- Continuous from hospital to community
- Continuity of care
- Ensure follow up

**Multidisciplinary
approach.**

**Who is competent for
intervention?**

**Depends upon
therapeutic situation,**

Art of Networking

**Police, legal system,
physicians, psychiatrists,
psychologists, social
workers, therapists, DBT,
CBT, Counselors, marriage,
relationship, support
workers.....**