ST2-FP-EPA1 – Violence risk assessment 2

Area of practice	Forensic psychiatry	***EPA identification***	ST2-FP-EPA1
Stage of training	Stage 2 – Proficient	***Version***	v0.6 (BOE-approved 04/05/12)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title	***Violence risk assessment and management 2.***			
Description Maximum 150 words	Develop a formulation, risk assessment and management plan for a patient with a remote and/or recent history of violence.			
Fellowship competencies	**ME**	1, 3, 4, 5, 7, 8	**HA**	2
	COM	2	**SCH**	
	COL	4	**PROF**	1, 2, 3
	MAN	4		

Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. **Ability to apply an adequate knowledge base** • Knowledge of evidence-based static and dynamic risk factors for violence. • Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, actuarial and structured professional judgment (SPJ) approaches. • Basic working knowledge of at least one actuarial and at least one SPJ violence risk assessment tool. • Basic knowledge of the construct of 'psychopathy' and its relevance to violence. • Basic knowledge of evidence base linking mental disorder to violence. **Skills** • Elicit from patient or obtain from other sources an appropriately detailed account of past violence. • Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of violence in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors. • Assessment of likelihood and gravity of future violence, including possible scenarios of elevated risk.

	• Development of appropriate management plan to minimise future risk of harm including a consideration of: - biological treatments - psychosocial interventions - victim-safety planning - legal issues. **Attitude** • Non-judgmental approach to the problem of violent behaviour, constructing violence as a problematic behaviour to be treated, rather than a moral failing to be condemned. • A diligent attitude to communicating information and plans where appropriate to carers and health workers involved. • Appropriate attitudes to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk. • Awareness of own limitations and willingness to seek other's opinion when required. • Awareness that risk in general can only be reduced, not eliminated, and that there is a necessary role for 'therapeutic risk taking' in psychiatric practice. • Appropriate level of diligence in documentation of assessment, decisions and reasoning. • Adherence to ethical framework that conceives risk assessment as systematically articulating and then striving to meet relevant clinical needs, not simply providing a predictive categorical label.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details *(These include, but are not limited to, WBAs)*	• Observed Clinical Activity (OCA) – of a previously unknown case. • Case-based discussion – includes review of collateral information and production of a written report (as for a consultation request). • Direct Observation of Procedural Skills (DOPS) – Observe interviews and oral evidence given by the trainee providing feedback.
References	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar