From Risk Assessment to Risk Formulation:
Optimizing The Utility of The DASA-IV Within Acute Forensic Mental Health Care.

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Learning Outcomes

- Understand the need for early detection and prevention of violence
- Overview the current tool used to support early detection of risk
- Understand the gap in practice and how it relates to care
- Overview our QI project’s methods
- Discuss Key insights and the opportunity for change
- Observe how QI methods can be employed to identify areas of social significance for Behaviour Analysis to be used.
Clients & Care Setting

- Client’s we serve
  - Individuals living with MI
  - Have come into contact with the law
  - Found NCR or require fitness testing (to stand trial)

- Clinical Settings we deliver care in
  - Inpatient Units
  - Acute, General, Secure

- Broad Range of Service
  - Crisis (ER), Stabilization, assessment, rehabilitation, community inclusion & public safety.
  - Interprofessional and Recovery oriented
Caring *Around* Violence

- **Impact on caregivers**
  - Physical, emotional, psychological damage
  - Quality of work life
  - Burnout

- **Impact on clients**
  - Exposure to unsafe contexts
  - Experience undue restrictions

- **Incident Reporting**
  - Physical aggression towards others has doubled since 2009

- Need to identify risk and to individualize early detection
Being Vulnerable and Disabled

- Client Experience
  - Exposure to unsafe contexts
    - People, places, and things

- Without a safe and therapeutic environment
  - Experience undue restrictions
    - Restricted community and grounds passes
    - Physical, mechanical, and chemical restraint
    - Decrease in therapeutic rapport

- A need to identify risk
  - A need to individualize early detection

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What is the DASA-IV?

- The Dynamic Appraisal of Situational Aggression - Inpatient Version (DASA-IV) is a validated, structured assessment tool used to predict imminent aggression in a Forensic Mental Health inpatient setting.

- Uses a seven (7) items scale intended to predict aggression over a 24 hour period.
  - Irritability
  - Impulsivity
  - Unwilling to follow directions
  - Sensitivity to provocation
  - Easily angered when requests are denied,
  - Negative attitudes
  - Verbal threats
QI Project Design

- Adopts the Model for Improvement framework

- Comprised of:
  - 3 broad realms of inquiry
    - Inform, operationalization, impact
  - Plan Do, Study, Act (PDSA) cycle
QI Methods

- Literature review

- Current state assessment
  - Semi-structured discussions
    - Advanced Practice Staff & Nurse Educators of FMHIS
    - Developed process maps across FMHIS
  - External consults
    - Professional Practice Network of Ontario (PPNO), Ontario Shores Centre for Mental Health Services
  - FluidSurvey of current practice
  - Windshield survey
    - Team reviews, interprofessional rapid rounds, case conferences, shift report, etc.
  - Positive Deviance identification and elevating excellent practice
"[Evidence-based assessment of violence risk, may be defined as] the process of gathering information about people in a way that is consistent with and guided by the best available scientific and professional knowledge to (a) understand their potential for engaging in violence against others in the future and (b) determine what should be done to prevent this violence from occurring (Hart, 2009)."
Positive Deviance & Observation

- 100% of reports of violence contain unstructured discretionary event reviews.

- High performing staff report using event reviews as a means to get clinically relevant information to care plan for the prevention of aggression;
  - risky contexts, potential victims, early warning signs, and how to intervene early.
Pinpointing the Relevant Gaps

■ DASA’s Utility for Risk formulation
  ■ Structured, streamlined, standardized.
    ■ Risky contexts, potential victims, early warning signs (emotional, psychological, behavioural precursors), early intervention (antecedent control)
  ■ Initiated by the DASA

■ Delivery of Antecedent Control Procedures
  ■ An efficacious technology
  ■ Team implementation (whole environment)
The Opportunity for Change

- Transitioning culture and old practices
  - How do we transition our culture from “predicting” violence to actively “preventing” violence?
    - Delivering Antecedent Control Procedures
    - Provide a clear process for delivery
  - How do we elevate the practice of “story time” to be an evidence based structured risk formulation?
    - Give it structure, streamline and standardize it
    - DASA (enabler)
  - How do we shift the mindset from prevention being an individual assignment to a team approach?
    - Enabling all members of the team to be active in prevention, involved, and responsible.
    - Interprofessional Rapid Rounds (enabler)
Our Next steps

■ The impact on care
  ■ Phase 2; directly impacts care
    ■ Pilot change in practice using the PDSA cycle
    ■ Evaluate Change in practice, culture, and impact on care
    ■ Spread…

■ Proposing Change
  ■ Develop Proposal for implementation
    ■ Another QI proposal review
  ■ Aim to Pilot the change on our own units
  ■ Establish process, outcome, and balancing measures to

■ Research

■ More QI
Summary

- We used Quality Improvement methodology to explore the question
  - Why does the DASA alone impact overall incidence of violence minimally?
    - The DASA is used to anticipate violence
    - Minimal structure and standards for formulating risk and proactive interventions
  - How do we better utilize the DASA to decrease incidence of violence.
    - Enable frontline staff to observe risky contexts, and to be aware of vulnerable people, and be able to identify early warning signs
    - Employ antecedent control procedures as formal parts of the plan of care
    - Transition the team's culture of “anticipating” violence to actively preventing it
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