Partner Policy: Risk Of Harm To Others

Introduction

Clinicians have a responsibility in the course of their engagement with participants to ascertain whether those participants have a probability of harming others. Where a risk is identified, the clinician is expected to specifically assess whether the danger appears to be imminent and directed toward a specific person or persons, or if the participant is at high risk in terms of general intent to harm others. Where there is imminent, clear, and present danger judged to exist, the clinician must implement a plan to protect the potential victim's safety. Under these circumstances, professional standards and the law allow for a breach of confidentiality (as appropriate), as part of an organized action. Immediate risk requires immediate action.

Policy

Clinicians will, during their engagement with participants, judge which cases carry a possibility/probability of harm to another. This assessment will, wherever possible, constitute part of the 'Good Conversation' the clinician holds with the participant and emerge naturally out of that conversation. The Clinician will specifically assess whether the danger appears to be imminent, or if the participant is at risk of harming another in the short-term.

Appropriate steps will be taken to preserve safety, including providing information to a third party (e.g. Emergency Services) when warranted.

Clinicians may have a 'duty to warn' when a participant is threatening harm to another. Clinicians may have a responsibility to warn a potential victim who is the target of the participant (where possible and in accordance with local law and professional ethical standards), in addition to notifying Emergency Services. All decisions to disclose must be taken in consultation with any available representative in partner Clinical Management.

The EAP will only breach confidentiality without participant consent when the risk of a participant harming another is assessed as Severe (Imminent).

The EAP will only disclose that a participant is at risk of harming another person(s) to an Employer on the rare occasion when it is considered that an Employer's intervention is the only option, due to the urgency of the situation or lack of information on which to base a timely response from the Emergency Services. The Employer can then contact Emergency Services (if the Employee is at work or the Employer has contact information not available to the EAP) and/or take the steps they need to take to mitigate the risk as appropriate.

The EAP takes any risk of terrorism very seriously; any threat must be escalated to WPO Clinical Management immediately. Following a case review, it will be agreed whether it is necessary to inform the Police and who will do so if required.

Clinical Practice

- Clinicians must stay mindful that participants who are threatening to harm another may be communicating strong emotions and may present with feelings of being out of control, angry, overwhelmed, and hopeless. Clinicians will be careful not to be overly drawn into, or impacted by, the participant's distress or anger, but rather attempt to maintain a healthy professional boundary and take control of the situation as appropriate. As always, a professional attitude will be coupled with compassion and sensitivity.

- A consistent approach will be used with all participants who present as a threat to others, allowing the clinician to stay organised and follow appropriate steps in gathering information and taking necessary action. Providing order for the participant is an important first step to mitigate the chaos or disorder the participant may be experiencing. Taking proactive and positive steps will enable participants, who look to the clinician to make a difference in their situation. They may feel hopeless, trapped, or desperate, with no foreseeable way out of their circumstances other than violence. They need the clinician to take control of the situation.

- Clinicians must remember to take a positive approach, reminding the participant that they are there to assist, that they expect things to improve, and that they will appreciate the participant cooperating with them in the process of getting the appropriate assistance. The participant's strengths and steps towards self-help will be acknowledged and a sense of cooperation in the process at hand fostered. Participants expect the clinician to make a difference in the situation. That's the reason they have contacted the service. Clinicians will proceed in the belief that they have unspoken permission to take control of the situation. That permission can be used to contract with the participant, or others who are with the person, to set the direction of events. The clinician acts as if the situation will improve, that there are positive options available, and that they expect the participant to cooperate in obtaining support. Statements acknowledging the participant's strengths, achievements, positive actions, positive intentions, and capabilities foster a partnership of success. Such statements also support the contracting process as an

interactive process of self-help rather than a rescue. Obtaining agreement as early in the contact with the participant as possible increases the likelihood of a collaborative safety plan.

- Identification of Risk

  Clinicians will establish whether a participant has any intent to hurt others during the clinical conversation. If risk is indicated, the clinician will work with the participant to establish whether;

  - These thoughts are one-time or recurrent.
  - There is any specific plan in place.
  - Lethal means (e.g. weapons such as a gun) are available to the participant.
  - There is a past history of violent or aggressive behaviours.
  - Any treatment for violent behaviour has been previously received.
  - The participant has ever been prosecuted for violent criminal behavior.
  - The participant is mindful of the repercussions of taking violent action.
  - The participant presents with obsessional and unhealthy behavior towards another person or group of people (e.g. stalking).
  - The participant presents as frustrated and wanting to 'right' a perceived 'wrong' that is focused toward a particular person or persons.
  - There is a significant level of stress or distress being presented.
  - The participant can contract for safety.

- Determining Overall Level of Risk and Intervening Accordingly

  Based on the answers to the questions above, the clinician will make a determination of Non-existent, Mild, Moderate (Non-imminent) or Severe (Imminent) risk. This determination must be recorded. A safety plan will be created based on this determination.

  Non-Existent

  Participant reports no current or historical thoughts of harming another.

Mild

Participant reports anger or resentment towards a specific person or persons and fleeting thought(s) of doing them physical harm but with no plan or availability of lethal means. No history of violent or aggressive bahaviours and is aware of the potential consequences of violent action. Appropriate action with the participant is not limited to but may include the following:

- Encourage follow-up with existing counselling services
- Offer EAP sessions if focus is short-term
- Discuss/explore ways to counteract harmful thoughts should they return
- Develop a plan for safety
- Remind participant of 24-hour availability of service
- A welfare check, to establish whether the participant has taken the steps agreed to prevent harm to other(s) and has engaged with appropriate services, may be scheduled within an appropriate timeframe (24 to 48 hours generally). Any second or subsequent welfare check can only be actioned with the agreement of partner Clinical Management following a case review.

Moderate (Non-imminent)

Frequent thoughts of harming another(s) are present with limited intensity and duration, some specific plans but no clear intent. Participant is mindful of the potential repercussions of taking violent action. Participant reports no immediate intention to act on thoughts but states they may do so in the future. Appropriate action with the participant is not limited to, but may include, the following:

- Obtain verbal contract for safety if possible. Having the participant verbally contract to a safety plan and verbally contract to 'do no harm to others' is an important part of a safety plan but should not be the determining factor. For participants who are intoxicated or vacillating between moods and thoughts or present any other high-risk factors contracting may not only be inappropriate but unreliable and Severe (or imminent) risk actions may need to be taken.
- Facilitate contact with local supports (e.g. Doctor)
- Assess whether the participant is willing to go to the Emergency Room of their own volition.
- Conference-call with the participant to relatives or friends and ask for their help. If a conference call is not workable, ask a supervisor or co-worker to make the call.
- Ensure that a follow-up call (welfare check) is initiated at an appropriate interval (this may be within an hour or it may be the following day), to establish whether the participant has taken the steps agreed to maintain safety and has engaged with appropriate services. Any second or subsequent welfare check can only be actioned with agreement of partner Clinical Management following a case review.

- Transitional Support may occasionally be appropriate to provide the participant with some containment and encouragement to process their options for support going forward. This will only be offered following review/agreement with partner Clinical Management

Severe (Imminent)

Frequent, intense and enduring thoughts of harming another(s), specific plans, stated intent, access to lethal means, evidence of poor self-control and severe distress. Does not appear to care about what the repercussions of taking violent action might be. The partner will take appropriate action to protect those being threatened. The Emergency Services will be called, and attempts made (where sufficient information has been provided) to warn the potential victim(s). In this situation, the clinician must follow the 'Partner Calling Emergency Services' Policy. Where possible, and in accordance with local law and professional ethical standards, the EAP upholds a duty to warn persons whose safety could be in imminent danger.

- Documenting in Case Record

As always, accurate documentation in the clinical record is a vital aspect of any counselling service. When ethical or legal liability is in question, decisions are based primarily on the extent to which mental health professionals gathered the necessary information to appropriately assess risk and did something to mitigate where necessary. The following must be documented:

- Evidence that a risk of harm to others assessment occurred and recognition of the level of risk. The clinician's assessment of the participant's risk of harm to others must be recorded and explained.
- Evidence that a reasonable intervention plan was formulated to contain, manage or mitigate the risk of harm to others. The level of care the participant received must be documented, along with details of the safety plan agreed, and any communication with family members and friends.
- Evidence that the plan was implemented competently and adjusted as needed. Contact and follow up with anyone to whom referrals were made or from whom additional information was obtained must be documented.
- Evidence of any follow up required.

The clinical rationale behind the decision to classify the risk as non-imminent as opposed to imminent must be documented as this will make clear why Emergency Services were, or were not, contacted.

- Self-Care and Debriefing with Supervisor/Colleagues

  Managing participants who are reporting being a potential risk to others can be stressful for clinicians; therefore, it is important that clinicians consult with their Clinical Management after engaging with these participants. In addition to reviewing the details and actions taken, it is an important aspect of clinical supervision and skill-building.

- Exceptions to this Policy

  Some EAPs may have their own specific requirements regarding how they wish participants at risk of harm to others to be handled; these are documented in the Case Management system and must be followed where they apply.

CHANGE HISTORY:

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