

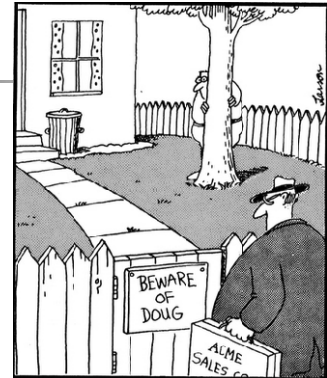
## Risky Work: assessing and managing violent challenging behaviour at the coal-face

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Melbourne, Australia

November 27, 2008

## Greetings!



## Why is this topic a keynote?

- First, a definitional issue.
- What's the difference between a "keynote" address and a "plenary" talk?
- Give up?

## Definition: "plenary"

- **ple-na-ry** □plɪnəri, □plɛnə-[plee-nuh-ree, plen-uh-ree]
- **adjective, noun, plural -ries.**
- **-adjective**
- 1. full; complete; entire; absolute; unqualified: *plenary powers.*
- 2. attended by all qualified members; fully constituted: *a plenary session of Congress.*
- **-noun**
- 3. a plenary session, meeting, or the like.
- **Origin:**  
1375-1425; < LL *plēnārius* (see *plenum*, *-ary*); r. late ME *plener* < AF < LL *plēnāris* (see *-ar* 1)

## Definition: "keynote"

- **keynote address**
- **noun.** An opening address, as at a political convention, that outlines the issues to be considered. Also called a *keynote speech*.

## The difference is, there is no difference.

- So, big important talks are really the same as large flatworms?
- In plain language, keynotes and plenary talks are (hopefully) useful talks that open conferences.
- The main purpose is outline the main issues of the conference for you.

### But seriously folks .....

- Main issues: "working well – on paper and in practice".
  - Quality systems; productive workload balance; maximizing quality of life.
- I'm going to introduce a few concepts related to these ideas:
  - a new assessment and management framework for you to think about and hopefully use.

### Why is our work at the coal-face "risky"?

- We love our clients, and they love us.
- But, sometimes they have a funny way of showing it.
- Violent challenging behaviour by our clients is rare? Occasional? Frequent?
- "Frequent" is the correct answer.

### What sorts of violent challenging behaviour do we see?

- How many DSWs are in the room?
- Everyone of us can come up with at least 49,876,000 examples  $\pm 10$ .
- There are sexually assaultive and other assaultive behaviours – plus, many verbal insults and assaults – most, if not all of which, we would not put up with outside of our work context.

### Is violent behaviour planned?

- Yes and No. Sometimes.
- We do what we learn.
- Violent challenging behaviour is learned through conditioning – no negative consequence is a reinforcement process and escape or protection from negative consequences is what we do for our clients.

### Violent challenging behaviour

- One example from my less-than stellar career in residential care.
  - Young offender
- What's wrong with this example?
  - It was not documented (nor was the preceding issues that "set up" the scene)
  - It was not appropriately consequenced
  - Risk to me and other staff was not reduced

### Managing risk: rocket science?

- What does it take to manage risk for violent challenging behaviour?
  - First, identify the triggers for the behaviour
  - Second, design intervention strategies for that behaviour
  - Third, don't presume that strategies that work for one person will work for the next
  - Fourth, document what works so the next person doesn't have to relearn what you did

## What are the triggers for violent challenging behaviour?

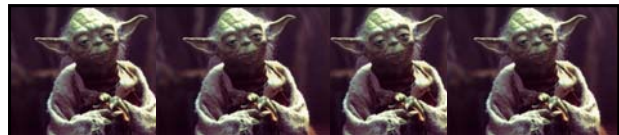
- Typical triggers?
  - Startling the client
  - Interrupting a conversation
  - Inappropriate accusations
  - Sudden changes in voice tone
  - Rushing a client
  - Telling the client someone whom he/she expected isn't coming for a visit

## Different clients, different triggers, different reactions



## Back to earlier example

- Young offender "BOB" (assault)
  - ID, 13, history of impulsive violence, caught stealing tyres by an off-duty police officer, attacked police officer with tyre-iron, 2 years open custody.
  - Assault on me triggered by my arrival into the group home, he welcomed me with a "oh f..., look who's here" and I ignored him. Unbeknownst to me, his parents had just cancelled a visit.



- Young offender example, continued
  - He called out again, "Hey you!!", I still ignored him. He blew up and jumped on my back.
  - Fortunately, with my Jedi powers, I easily evaded harm and flipped him over my back onto the floor, not harming him or myself in the process!

## Signs missed?

- Young offender example continued:
  - The file showed that Bob's parents were inconsistent visitors and that Bob got upset when they didn't show up. Bob's parents were also neglectful and frequent drinkers.
  - Bob's history also showed a history of impulsive violence.
  - Was ignoring Bob's rudeness an effective strategy for managing this behaviour?

## Other strategies?

- Bob was not involved in any active support – just sitting on his own, bored, and unhappy. He was rude, but I didn't correct him, nor did I engage him.
- "That's not very nice Bob – what's up?"
- "Bob, I'll just drop off my briefcase and we'll chat – just give me a moment".
- Extinction of misbehaviour is only one strategy, there are always others.

## A safe workplace means more than great policies

- Main issues: "working well – on paper and in practice".
  - Quality systems; productive workload balance; maximizing quality of life.
- So, I'd like to introduce you to a radical concept (no steak knives), but you do get a warm fuzzy hug if you want one from your neighbor – assuming you get consent, etc.

## The ARMIDILO

- The Assessment of Risk and Manageability of Intellectually Disabled Individuals who Offend



## The ARMIDILO

- Is a risk assessment procedure which provides a structure for risk management.
- The items in the test are divided into environment and client dynamic (or changeable) factors, some of which change slowly (are stable) and others that can change quickly (acute factors).

## What is "risk"?

- The hazards associated with a client behaving in a violent challenging manner.
  - Aspects of risk: severity, likelihood, frequency
  - Victims: himself, staff, other residents, members of the public
- We want to manage that risk so as to improve the client's life – and our own!

## What is "manageability"?

- The degree to which someone's risk is under control.
- It is largely the flipside of risk, but there is a complication here – some clients have a higher level of "statistical risk" that we have to think about.
- We can estimate that as well, but not today.

## Why would we want to use the ARMIDILO?

- To estimate risk of a client so as to manage his risk better.
- To identify risk issues that might not be documented at the moment.
- To document risk issues so that you don't get jumped by a young ID fellow too – consistent documentation is part of our protection against risk.

### Who can use this test?

- Anyone who is trained, including DSWs (not just the seagulls).
- Well, SHOW US THE TEST!
- But wait – there's more!!!
  - It slices, dices, rices, makes pudding too!

### CAVEAT #1: information only

- This session is an information session only about the ARMIDILO.
- We are still validating the test to make sure that its not just another piece of paper invented by some dork in an ivory tower.

### CAVEAT #2: requires training

- The ARMIDILO isn't easy to use.
- Each new assessment will require the assessor to determine which variables are of most relevance to their client and determine which items is or is not indicative of elevated risk for the client.

### CAVEAT #3: no offence intended

- The ARMIDILO includes both client and environment variables.
- WE are part of the environment.
- While most staff would be risk-reducing factors in a clients' life ... some staff, including psychologists and other alleged health professionals could be factors that elevate a client's risk (same with parents, siblings, other clients).

### Some examples of stable environmental factors

- 1. Attitude toward ID clients.
  - This item is assessed by interviewing the members of the ID person's treatment team and supervisory staff and assessing the overall attitude – supportive, problematic, informed, knowledgeable, optimistic, or opposite traits.

### Stable Items (environment)

- 2. Communication among supervisory staff.
  - This item examines the quality and nature of communication amongst the supervisory staff and looks at whether critical information is shared well or if there are gaps in the sharing process.

### Stable Items (environment)

- 3. Client-specific knowledge by supervisors.
  - To what degree does the supervisory staff know the client's crime cycle (if present), risk factors, and risk management plan? To what degree do staff monitor the client's risk factors or are aware of elevations?

### Stable Items (environment)

- 4. Consistency of supervision.
  - ID individual's are remarkably good at exploiting staff inconsistencies and react remarkably poorly to changes in supervision style or personnel. Getting ID clients used to the idea of change as a constant is a challenge, but necessary as things do change.

### Stable Items (environment)

- 5. Situational consistency.
  - The greater the level of ID, this factor becomes more important.
  - The greater the level of environmental consistency the greater the predictability of the client's behavior.
  - Also, the more therapeutic (and consistently therapeutic) the environment, the greater the risk reducing effect of the environment.

### Unique considerations item

- Each section of the ARMIDILO has a "unique considerations" item. This is because the ID person and his/her situation or mental health picture contains unique factors that need to be considered in any risk management assessment.

### Typical section scoring format:

Stable Items (Environment)	Presence -2 to +2	Recent Change (+, 0, -)	Critical Item?
1. Attitude towards intellectually disabled individuals			
2. Communication among supervisory staff			
3. Client specific knowledge by supervisory staff			
4. Consistency of supervision			
5. Situational consistency			
6. Unique considerations			
TOTAL SUB-SECTION SCORE:			

### Acute Items (environment; <3 months)

- 1. Changes in social relationships
- 2. Personnel or monitoring changes
- 3. Situational changes
- 4. Changes in victim access
- 5. Changes in access to intoxicants
- 6. Unique considerations

### Stable Items (clients)

- 1. Attitude toward and compliance with supervision.
  - Compliance with supervision is a well-known correlate of offensive behaviour and attitude toward supervision may be a good predictor that compliance is under threat.

### Stable Items (clients)

- 2. Attitude toward and compliance with treatment.
  - Treatment completion is correlated with reductions in offensive behaviour. Treatment dropout and non-completion, the opposite. Again, attitude towards treatment may be related to eventual compliance or dropout.

### Stable Items (clients)

- 3. Sexual behaviour.
  - This item looks at the client's behaviour in regard to and insight into his deviant and non-deviant sexual urges and fantasies. Related issues such as age and nature of consent for age-appropriate partners is of obvious importance.

### Stable Items (clients)

- 4. Inappropriate preoccupation.
  - A client may be preoccupied to greater or lesser degrees by inappropriate behaviours, such as sexual interactions, fighting, or fire-setting. This sort of behaviour may interfere with other activities, impede reintegration, and put others at risk.

### Other Stable Items (clients)

- 5. Victim selection and acquisition / grooming
- 6. Emotional coping ability
- 7. Self-efficacy
- 8. Relationship skills
- 9. Substance abuse
- 10. Impulsivity
- 11. Use of violence or threats towards self or others
- 12. Mental health and other unique considerations

### Acute Items (clients; <3 months)

- 1. Changes in attitude or behavior towards supervision or treatment.
  - Such changes can be positive or negative as such changes can be variously related to risk or risk manageability. If a negative change reveals a lapse of sorts, over-reaction by the supervisor is likely the client's expectation.

### Acute Items (clients; <3 months)

- 2. Changes in preoccupation.
  - A return to viewing or collecting material (e.g., pornography, store catalogs, TV programs) related to offending patterns. For example, changes in masturbatory patterns (e.g., frequency, or fantasy use), may be related to imminence of harming others in a sexual manner.

### Acute Items (clients; <3 months)

- 3. Changes in victim-related behaviours
- 4. Changes in emotional state or regulation
- 5. Changes in ability to use coping strategies
- 6. Changes to mental health status and other unique considerations (e.g., access to intoxicants)

### Item scoring

- Similar to other structured guidelines, items may be scored numerically for validation purposes or descriptively for clinical purposes:
  - "+2" (or "yes", definitely a problem);
  - "+1" (or "somewhat", may be a problem);
  - "0" (or "neutral" or irrelevant);
  - "-1" (or "somewhat", a possibly protective, risk-reducing factor);
  - "-2" (or "no", definitely a risk-reducing, or protective factor).

### Overall Risk & Risk Manageability Levels in the ARMIDILO

- Risk manageability is defined as the offender's ability to manage his dynamic risk issues, adjusted by the individual's structured clinical risk estimate, and actuarial risk baseline.
- With the ARMIDILO, the risk is defined in terms of treatment and supervision needs.

### My co-authors:

- Jim Haaven
- Bill Lindsay
- Keith McVilly
- Mel Smith
- J. Sakdalan
- And DR. Frank Lambrick

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