

THREAT OF VIOLENCE ACTION GRID

(Also applies to suspicion/report of child abuse and/or elder abuse)

Level	Risk Indicators	Clinician should...
1 – Threat of violence is assessed, but no indicators are apparent at this time.	<ul style="list-style-type: none"> No indicators 	<ul style="list-style-type: none"> Take no TOV-related action beyond normal consultation if EAP consultant. Normal counseling session if EAP provider.
2 – Possible threat is mentioned, but no current danger exists.	<ul style="list-style-type: none"> Isolated occurrence of rough physical contact, not life-threatening, not likely to recur. <p>OR</p> <ul style="list-style-type: none"> Occasional thoughts of self-injury or injury to others, but no prior gestures or attempts. No active thoughts, no specific plan or intention. Client responds negatively when asked directly about plan to end their life or life of others. <p>OR</p> <ul style="list-style-type: none"> Threat exists, but client is in the direct care of another behavioral health or professional agency (hospitalized, police custody, etc.). 	<ul style="list-style-type: none"> Carefully document clinical consultation, noting the rationale for assessing that no current danger exists. Follow up as clinically appropriate as ongoing part of therapy if you are the treating EAP provider. Update documentation in client record. Document in case notes.
3 – Threat has been made. A possibility of violent action exists.	<ul style="list-style-type: none"> Recent threats toward self or others, but clinician assesses risk as not imminent. No history of action on threats; no specific victim is named or identified. <p>OR</p> <ul style="list-style-type: none"> Some thoughts of self-injury or injury to 	<ul style="list-style-type: none"> If suspicion of threatened child/elder abuse, notify authorities in accordance with applicable law. Determine if duty to protect/warn exists (including disclosure to an employer) under applicable state law. If disclosure is needed without a signed authorization, treat the

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	<p>others, but no history or gestures or attempts.</p> <p>-----</p> <p>AND</p> <ul style="list-style-type: none"> • No definite plan or intention when client is asked directly. 	<p>TOV as a Level 5.</p> <ul style="list-style-type: none"> • EAP Consultant documents their decision and next steps based on above and staffs with supervisor as needed. • If treating EAP provider, continue to update documentation in case notes until TOV de-escalates to a Level 2. • Treating EAP provider marks case to designate it as a high-risk case. • Treating EAP provider follows up with the client as clinically appropriate.
<p>4 – Active threat of violence exists. Action needs to be taken to closely monitor client and to attempt to diminish the potential for violence.</p>	<ul style="list-style-type: none"> • Actively verbalizing generalized threat toward self or others. No specific names, plans or time frames are mentioned. <p>-----</p> <p>AND</p> <ul style="list-style-type: none"> • Circumstances exist that could provoke violent behavior; AND/OR • History of violent behavior/psychiatric illness; AND/OR • Prior suicide gestures and/or family history of suicide; AND/OR <p>Client has impaired judgment or diminished capacity due to intoxication, drug effect, disorientation, thought disorder, etc., or poor impulse control.</p>	<ul style="list-style-type: none"> • Seek client's consent to involve others as appropriate (supervisor/manager, family, friend, etc.). • Treat the TOV as a Level 5 if a duty to protect/warn exists (including disclosure to an employer) under applicable state law. • Document high-risk/threat information, your actions/response. Continue to update documentation until threat de-escalates to a Level 2 (this is done for both EAP consultants and EAP providers). • Mark case to designate it as a high-risk case. • Follow up with the client as clinically appropriate if you are an EAP provider.
<p>5 – Client is dangerous to self and/or others. Violence is likely to occur if</p>	<ul style="list-style-type: none"> • A specific threat and plan have been 	<ul style="list-style-type: none"> • Assess the immediacy of the danger. If you

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<p>preventive action is not taken. It appears necessary to disclose information without a signed authorization in order to avert the harm.</p>	<p>communicated.</p> <p>-----</p> <p>Aggravating factors include:</p> <ul style="list-style-type: none"> • Client has history of violence or psychiatric illness. • Client has made prior suicidal gestures and/or has a family history of suicide. • Client has diminished capacity for judgment due to intoxication, drug effect, disorientation, thought disorder, etc. • Client needs to be physically restrained to avoid violence. 	<p>determine that the danger is</p> <p>...IMMEDIATE (no time for consultation), notify police and/or potential victim(s) in accordance with applicable state law. After warning, proceed as outlined below.</p> <p>...NOT IMMEDIATE (there is time for consultation), you should consult with the clinical supervisor if you are an EAP consultant, as an EAP provider, take appropriate action (see below).</p> <p>Take appropriate clinical action. Appropriate clinical action may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • Notify police, potential victims, family protective services, etc., as appropriate and permitted/required by applicable state law. • Notify work site if there is IMMEDIATE danger of injury at the work site. Consider all channels of communication access, such as supervisor, security, medical department, etc., and refer to company-specific protocols where available. • Arrange to have client evaluated for hospitalization, when appropriate, accessing benefits as needed. • Continue to update documentation in case notes until threat de-escalates to a Level 2. Mark record to designate it as a
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		<p>high-risk case in client risk assessment.</p> <ul style="list-style-type: none">• Follow up with client and or/emergency services to ensure client has secured safe keeping. Document contacts on case notes. (When threat has de-escalated to a Level 2, indicate this in case notes).
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