

# Violence Risk Assessment and Management Guide: Short Form Version 1 (King, 2023)

## Cite form as:

King, C. M. (2023). *Violence Risk Assessment and Management Guide Short Form* [Version 1, Unpublished work]. Psychology Department, Montclair State University.

## Usage notes:

This form-based and flexible guide, a short-form companion to the VRAM G<sup>v1</sup>, was heavily inspired by the *Linehan Risk Assessment & Management Protocol* (LRAMP; Linehan, 2016) and *Ask Suicide-Screening Questions (ASQ) Toolkit* (National Institute of Mental Health, n.d.). Other major sources of inspiration are provided in the reference list below. The short form of the VRAM G: SF<sup>v1</sup> reflects a general streamlining and significant abbreviation of the full VRAM G<sup>v1</sup>, including a reconceptualization of the violence risk management/reduction strategies. Accordingly, good familiarity with the usage notes and additional level of detail afforded by the full VRAM G<sup>v1</sup> is recommended before using the VRAM G: SF<sup>v1</sup>, as the short form generally calls for users to know about and narrate content that is more expressly prompted by the full guide. Like the full guide, the short form is most applicable to non-medical behavioral health providers, especially psychologists, and focuses on targeted threat scenarios rather than abuse and neglect and forensic evaluation scenarios. Both the short form and full guide are meant to serve as a synthesized resource for training purposes, with users referring to the below references and other sources for further professional guidance (see King et al., in press). Neither the VRAM G: SF<sup>v1</sup> nor the VRAM G<sup>v1</sup> are validated violence risk assessment or management tools. Contact Christopher M. King, JD, PhD, at [kingch@montclair.edu](mailto:kingch@montclair.edu) for permission to use.

## References:

- Almvik, R., Woods, P., & Rasmussen, K. (2000). The Brøset Violence Checklist: Sensitivity, specificity, and interrater reliability. *Journal of Interpersonal Violence, 15*(12), 1284–1296. <https://doi.org/10.1177/088626000015012003>
- American Psychological Association. (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- Borges, L. M., Barnes, S. M., Nazem, S., Gerard, G. R., McGarity, S., Clark, K., Matarazzo, B. B., Bahraini, N. H., & Wortzel, H. S. (2021). Therapeutic risk management for violence: Chain analysis of other-directed violent ideation and behavior. *Journal of Psychiatric Practice, 27*(3), 203–211. <https://doi.org/10.1097/PRA.0000000000000552>
- Borum, R., & Reddy, M. (2001). Assessing violence risk in *Tarasoff* situations: a fact-based model of inquiry. *Behavioral Sciences & the Law, 19*(3), 375–385. <https://doi.org/10.1002/bsl.447>
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20V3: Assessing risk of violence – User guide*. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.

- Eckhardt, C. I., Crane, C. A., & Sprunger, J. G. (2014). CBT for perpetrators of intimate partner violence: The “I3” approach. In R. C. Tafrate & D. Mitchell (Eds.), *Forensic CBT: A handbook for clinical practice* (pp. 187–210). John Wiley & Sons.
- Fazel, S., Smith, E. N., Chang, Z., & Geddes, J. R. (2018). Risk factors for interpersonal violence: an umbrella review of meta-analyses. *The British Journal of Psychiatry*, *213*(4), 609–614. <https://doi.org/10.1192/bjp.2018.145>
- Hallett, N., & Dickens, G. L. (2017). De-escalation of aggressive behaviour in healthcare settings: Concept analysis. *International Journal of Nursing Studies*, *75*, 10–20. <https://doi.org/10.1016/j.ijnurstu.2017.07.003>
- Hart, S. D., & Douglas, K. S. (2023). Violence risk assessment and management. In D. DeMatteo & K. Scherr (Eds.), *The Oxford handbook of psychology and law* (pp. 307–325). Oxford University Press.
- Heilbrun, K., Yasuhara, K., Shah, S., & Locklair, B. (2021). Approaches to violence risk assessment: Overview, critical analysis, and future directions. K. S. Douglas & R. K. Otto (Eds.), *Handbook of violence risk assessment* (2nd ed., pp. 3–27). Routledge.
- King, C. M., Murillo, M., Gabriel, E., & Willer, J. (in press). Behavioral health emergencies. In J. Willer (Ed.), *The beginning psychotherapist’s companion* (3rd ed.). Oxford University Press.
- King, C. M., Willer, J., Gonzalez, K., Hitchcock, S., Stratton, J., Matthews, S., & Ossai, C. (2023). *Violence risk assessment* [Unpublished manuscript]. Psychology Department, Montclair State University.
- King, C. M., Willer, J., Matthews, S., Ossai, C., Stratton, J., Hitchcock, S., & Gonzalez, K. (2023). *Violence risk management* [Unpublished manuscript]. Psychology Department, Montclair State University.
- Kleespies, P. M., Feinman, A., AhnAllen, C. G., Hausman, C., Thach, T., Woodruff, J., Loomis, S., & Bongar, B. (2023). A national survey of doctoral psychology education and training in suicide risk and violence risk assessment and management. *Suicide & Life-Threatening Behavior*. Advance online publication. <https://doi.org/10.1111/sltb.12972>
- Linehan, M. M. (2016). *Linehan Risk Assessment & Management Protocol (LRAMP)*. <http://depts.washington.edu/uwbtrc/wp-content/uploads/LSSN-LRAMP-v1.0.pdf>
- Mitchell, M., & Palk, G. (2016). Traversing the space between threats and violence: A review of threat assessment guidelines. *Psychiatry, Psychology and Law*, *23*(6), 863–871. <https://doi.org/10.1080/13218719.2016.1164638>
- Monahan, J., & Skeem, J. L. (2014). The evolution of violence risk assessment. *CNS Spectrums*, *19*(5), 419–424. <https://doi.org/10.1017/S1092852914000145>
- National Institute of Mental Health. (n.d.). *Ask Suicide-Screening Questions (ASQ) Toolkit*. <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>
- Otto, R. K. (2000). Assessing and managing violence risk in outpatient settings. *Journal of Clinical Psychology*, *56*(10), 1239–1262. [https://doi.org/10.1002/1097-4679\(200010\)56:10<1239::AID-JCLP2>3.0.CO;2-J](https://doi.org/10.1002/1097-4679(200010)56:10<1239::AID-JCLP2>3.0.CO;2-J)
- SAPROF International. (2018a). *Coding sheet SAPROF: Protective factors for violence risk*. <https://irp-cdn.multiscreensite.com/f430bf1b/DESKTOP/pdf/saprof+coding+sheet+2018.pdf>
- SAPROF International. (2018b). *Coding sheet SAPROF – Youth Version*. <https://irp-cdn.multiscreensite.com/f430bf1b/DESKTOP/pdf/coding+sheet+saprof-yv.pdf>

- Wortzel, H. S., Borges, L. M., Barnes, S. M., Nazem, S., McGarity, S., Clark, K., Bahraini, N. H., & Matarazzo, B. B. (2020). Therapeutic risk management for violence: Clinical risk assessment. *Journal of Psychiatric Practice*, 26(4), 313–319. <https://doi.org/10.1097/PRA.0000000000000481>
- Wortzel, H. S., Barnes, S. M., Gerard, G., Clark, K., Borges, L. M., McGarity, S., Nazem, S., Bahraini, N. H., & Matarazzo, B. B. (2020). Therapeutic risk management for violence: Stratifying risk and characterizing violence. *Journal of Psychiatric Practice*, 26(6), 503–509. <https://doi.org/10.1097/PRA.0000000000000510>
- Wortzel, H. S., Borges, L. M., McGarity, S., Nazem, S., Barnes, S. M., Bahraini, N. H., Clark, K., & Matarazzo, B. B. (2020). Therapeutic risk management for violence: Augmenting clinical risk assessment with structured instruments. *Journal of Psychiatric Practice*, 26(5), 405–410. <https://doi.org/10.1097/PRA.0000000000000495>

# VRAM G:SF<sup>v1</sup> (King, 2023)

Client: \_\_\_\_\_ Date of contact: \_\_\_\_\_

Completed by/signed: \_\_\_\_\_ Date completed: \_\_\_\_\_

## 1. Prompt

Thoughts, feelings/urges, actions, situations/events/circumstances

- History at intake or first/new report
- Recent increase
- Recent attempt/carried out
- Attempted/carried out during contact or ongoing
- Other:

## 2. Assessment

- Not conducted because:
- Conducted for \_\_\_\_\_ using \_\_\_\_\_

**Type:** Any, intimate partner, sexual, homicide, targeted, other (e.g., antisocial conduct)

**Approach:** SPJ, actuarial, anamnestic, clinical

**Risk Factor Domains:** E.g., biological; historical; family, social, and environmental; clinical conditions, symptoms, and stressors; attitudes and emotions; capacities (e.g., access to weapons and victims); planning; intent; non-responsiveness to services

**Protective Factor Domains:** E.g., internal traits and resilience; attitudes and motivation; social and other external supports/circumstances

## Scenarios

**Type(s):**

**Target(s):**

**Severity:**

**Probability:**

**Imminence:**

## 3. Management/Reduction

- Not necessary because:
- General prevention/personal safety awareness:
- Functional analysis (e.g., vulnerabilities, prompting event, links [see prompt section], target behavior):
- Safety planning and means restriction:
- Psychological treatment/pharmacotherapy and intensity/monitoring plan:
- De-escalation (non-verbal, verbal, involve others, other):
- Crisis management (assertiveness, distancing, other):
- Other:

## 4. Disposition

- Emergency protective actions are not currently necessary/appropriate to maintain at current level of care because:
- Second opinion needed from:
- Inpatient treatment infeasible/contraindicated because:
- Emergency protective actions needed (alerted others, arranged for observation, arranged for further or emergency evaluation, arranged for further management, other):

## Reevaluation (when, by whom):

- No referred or follow-up evaluation/intervention is currently necessary

## **5. Summary/Notes/Attachments**