Engagement, Safety and Risk: An Assessment Framework

Assessing risk can be challenging because a client's perception of risk and safety can be subjective. Clients can become desensitized to risk and safety issues when these issues become commonplace in their surroundings. A counselor's top priority should always be the health and safety of those in our care however this can be a great challenge when working with clients who are participating in or associating themselves with high-risk behaviors, situations and circumstances. Engaging our clients and where possible, their families, to talk openly about risk and safety issues is an essential part of this ongoing process. Using a comprehensive risk assessment tool can aide in the process of assessing risk factors and safety issues.

An individual's housing situation and home environment also affects the assessment of risk as a stable supportive family environment is a huge protective factor when compared with a client who has unstable housing and limited support. All of these and many other factors are part of a client's assessed baseline level of functioning which directly impacts an accurate appraisal of risk. A client's history of risk behaviors, intent or reason for causing harm, as well as the proximity or availability of the means to harm self or others (such as access to weapons) also greatly impact one's risk level. Special attention should be given to how recent, how frequent and how intense each potential risk area is. (Obviously more intense issues and more recent issues are more significant than less intense issues or issues that occurred longer ago) One way to *categorize risk factors chronologically* is as follows:

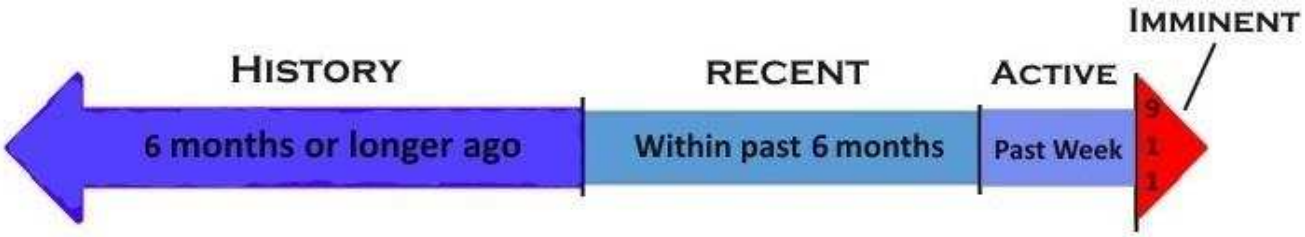
- ***History of***: In this category, the risk factor is not present recently or currently but has been present in the past. For example – *"Client, now age 25 denies any current suicidal ideations, plans or attempts, but had one suicide attempt and hospitalization at age 15 and no incidents since that time:".* Considering the risk factor being reviewed, a time limit (for instance > 6 months ago) can be set in order for something to be classified as "History of"

- ***Recent***: This category applies when a risk factor occurred more recently than the category of "History of" but it is not active or imminent. Again returning to a 25 year old client in the first example: "*Client expressing some intermittent suicidal ideations within the past 6 months, most recently 2 weeks ago, however she denies any currently at this time or for the past 2 weeks"* In this example the suicidal ideations would qualify as "Recent" because they occurred in the past 6 months or less even if the suicidal ideations are no currently active

- ***Active*****:** This category indicates the current, or very recent presence of a risk factor. An active risk factor should be considered as something to watch periodically until it is removed or reduced. *"Client is reporting some suicidal thoughts within the past 48 hours but she denies any plan or intent to act on them*" In this example the suicidal ideations would qualify as "Active" because they occurred in the past week.

- ***Imminent***: Anything in this category indicates an actual and current risk of harm to self or others requiring immediate intervention. Anything in this special category requires emergency assistance.

An example chronological timeline for these four categories of risk is:



Keep in mind that these categories are just a guideline for categorizing risk factors chronologically and these categories are not exclusive of one another. For example, there can be a risk factor that has a history (happened over 6 months ago) that is still recent (within the past 6 months) or even active (within the past week). A risk factor does not have to chronologically fall into just one category at a time.

The other key measures to consider when assessing risk are: ***Intensity*** and ***Frequency*** of each risk factor:

Intensity – When a risk factor is present, to what degree of danger or harm does it reach? For example, if the risk factor is self-harm (cutting), then to what degree of danger is the client practicing cutting? Consider three levels of intensity for this example:

- **Low Intensity** – Client is cutting forearms superficially. No serious scarring and no significant medical attention required
- **Moderate Intensity**- Clients cutting behavior at times requires medical attention (Client is breaking skin, drawing blood, requiring bandaging)
- **High Intensity** – Client cutting has required emergency room visits, stitches, or hospitalization. Significant scarring present

As one would expect, the measure for low, moderate and high intensity will differ for each risk factor based on clinical observations of danger and harm associated with that risk factor.

Frequency – How often does a risk factor occur?

- **Sporadic** – Occurring at irregular intervals or in isolated circumstances
- **Regular** – Occurring regularly at shorter intervals (For example, bi-monthly, weekly, every 2-3 days)
- **Recurrent** – Occurring often and repeatedly – Risk factor is present on more days than it is not present

Again, all of these categories are being discussed as a way to conceptualize risk. Obviously there is a degree clinical judgement needed to accurately assess risk. However, considering risk in terms of chronology, intensity and frequency of risk provides a framework for assessment, prioritization, discussion, intervention and planning with regard to risk factors and related safety concerns.

Some Key Risk Factors to Keep in Mind- The following is a brief list of risk factors to consider when working with clients with substance use issues, mental health and other coexisting issues. This list provides further guidelines for assessing risk however the list itself is not all-encompassing as there can be many risk factors to consider dependent upon the exact population being worked with as well as the treatment setting, level of care and overall environment.

Danger to Self:

- Past/recent/current suicidal ***ideations***, ***gestures***, ***plans***, and/or ***attempts***
- Expressed or implied ***intent*** to harm self or others
- Past/recent/current other ***self-harm*** (cutting and other self-mutilation)
- ***Intravenous*** drug use
- History of ***overdose*** and current overdose potential. (Intentional is often a much higher risk level than accidental overdose although both indicate high risk behavior)
- ***Withdrawal*** potential (Particularly seizure history or potential)
- Significant ***reckless behavior*** and/or dangerous ***poor judgment*** or hazardous ***impulsivity*** (For example going 150mph on motor cycle for a thrill, severely intoxicated driving during blackout, etc.)
- Substance use/abuse with ***serious medical condition*** (For example cocaine use after recent heart attack)
- Substance abuse related self-harm, suicidal thoughts/plans/attempts and hospitalizations
- Neglect of care for serious or potentially life threatening medical condition

Actual/Potential Danger to Others:

- Past/recent/current ***homicidal ideations, gestures, plans,*** and/or ***attempts***
- Past/recent/current ***aggressive behavior/threats***
- Past/recent/current ***domestic violence***
- Child ***abuse/neglect***
- ***Sexual assault/threat***
- ***Stalking***

Additional Psychiatric Risk Factors

- Multiple and/or recent ***psychiatric hospitalizations***
- Dangerous ***paranoia***
- ***Command hallucinations***
- ***Manic Episodes***

Situational Factors

- **Access to means** to harm others – (Guns, weapons, etc.)
- ***Access to means*** to harm self (Guns, rope, pills, bridge, train)
- Significantly dangerous living conditions or environment

Action/Intent

- Client has done **research** or looked into **obtaining materials** toward performing a harmful act (For example, client went on internet to learn about various ways to commit suicide or client has researched how to get a gun)
- Client has **taken direct or indirect action toward harming self or others**. For example, client stood on the bridge thinking about jumping, but didn't. Or, client stalked someone whom they say that they hate to see where he or she lives

- Client verbalizing or otherwise communicates **intent** (determination, resolution, preoccupation or purpose**)** to harm self or others at some point.

Protective Factors to Consider: These factors can reduce the prevalence and/or impact of risk factors when present

> ***"Protective factors*** are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities." – Taken from Wikipedia, "Protective Factor" - https://en.wikipedia.org/wiki/Protective_factor

Also, for more information on protective factors view:
https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/

Protective factors in substance abuse and mental health treatment. Below are some common, practical examples of protective factors that can lower risk level. (Keep in mind there can be many more protective factors)

- Ability and strategies to cope with stress
- Frustration tolerance
- Hopefulness/Future orientation
- Responsibility to others
- Religious beliefs
- Formal support
- Informal support
- Concrete needs met
- Willingness to restrict means/Family willingness to restrict means

In conclusion, considering risk and safety is an integral part of the engagement process. The Escalator method and related tools of engagement strategies outlined thus far emphasize being client-centered and allowing for realistic decision making in treatment even when faced with less than an ideal scenarios. However, safety and risk issues should always be accounted for and addressed first and foremost in all treatment decisions. Part of the engagement process is looking out for our client's best interests and therefore keeping our client's safety always in our focus is a top priority that we continually want to practice, implement and express during all phases of the change process. Including families when possible for safety and risk management is also a key issue whenever possible.

Similar Resources included on the Taking the Escalator Additional Resources & Links Page –

- **Suicide Risk Assessment and Interventions Powerpoint –** *Kevin J. Drab, MA, LPC, CAADC*
- **The Columbia Suicide Severity Rating Scale**
- **Suicide Prevention Resource Center**
- **Zero Suicide Toolkit**