**Therapeutic intervention – an option in the case management**
AETAP Conference (Association of European Threat Assessment Professionals)
April 20-23, 2009, Berlin, Germany

Werner Tschan, M.D.
http.//www.threatmanagement.ch
PO Box 52 4012 Basel
werner.tschan@aetap.eu
fon +4161-331-6113

Abstract

Therapeutic intervention – an option in case management

Therapeutic interventions in violent and/or threatening behavior are based on a comprehensive assessment. The treatment offers an option for the (potential) offender and helps to overcome the "tunnel vision", that violence is the only solution. As a more long term consequence individual conflict resolving strategies and social skills are improved, which then contribute to non-violent behavior. In general, the earlier the intervention, the better the result. Based on case examples the speaker discusses possible strategies, limits and common problems.

*Using the cops to crack crime is like taking aspirin for a brain tumor*. Philip Marlowe, quoted in Gilligan, 2001.

This paper is an exploration of possible approaches in dealing with threatening offenders. The presented approach is not yet fully approved, rather it is a vision on how to handle a difficult subject, based on practical experiences (see Tschan 2009).

## Introduction

In most cases, a person on the path to violence is blinded by tunnel vision, that violence is the only option to solve their problems and/or to overcome their grievances. In these cases therapeutic interventions may contribute in expanding this tunnel vision by providing other options. However, therapeutic interventions should not be regarded as a last resort; e.g. when nothing else works, then finally one could try this approach; rather it should be used as early as possible and may then contribute in avoiding violent outbursts. The therapeutic approach should provide conflict solutions before violent incidents take place.

## Case vignette

A man in his forties was left by his wife. He found it difficult to cope with this situation. He felt that his only option was to kill his wife, his two children, and then himself. The same evening he talked with his brother and let slip his intentions. The brother insisted that he immediately goes to see a therapist.

Confronted with this issue the therapist should first reassure this man that he has made the right decision in coming to seek help. The next step is to negociate a contract between the therapist and the client on how to prevent a lethal outcome; e.g. by asking: “what do you expect from coming to see me?” This helps in establishing a cooperative approach. Often the biggest step in overcoming the tunnel vision by the simple decision to seek help.

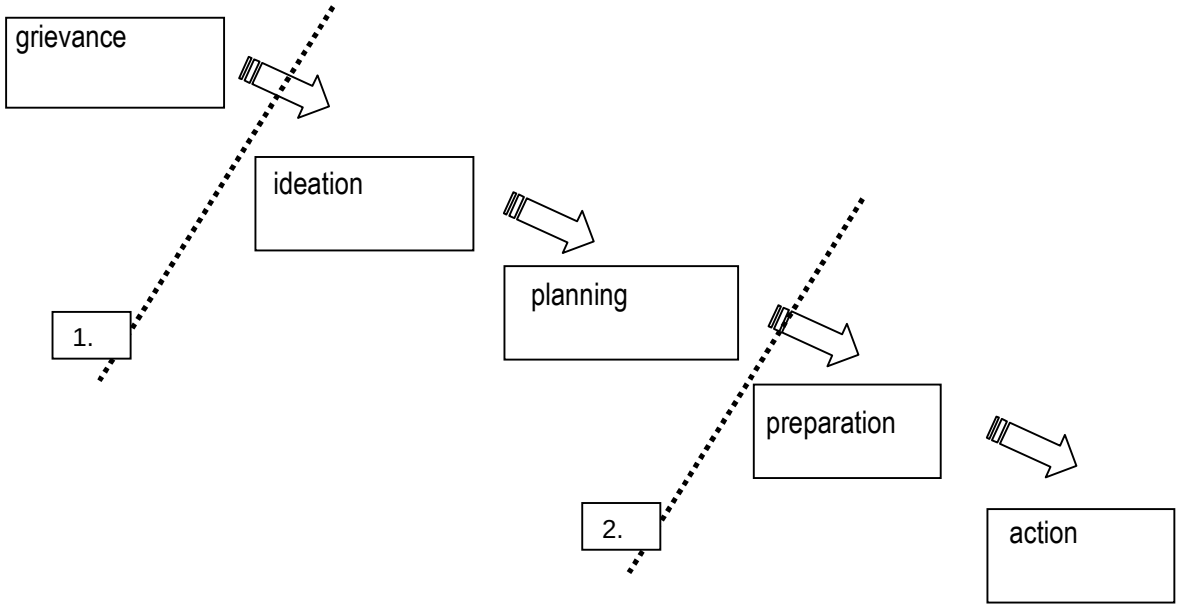
The main dilemma for the therapist is how to weigh up the potential danger of the client and security concerns of potential victims. The most straightforward way to tackle this problem is to receive the permission of the client to inform his potential targets (which is simultaneously a sign of how cooperative the client is).

Part of this first meeting is to establish the whereabouts of possible weapons and their removal to a secure place. The focus of this intervention is put on suicidal intentions rather than their potential to harm others, as this makes it easier to negociate a positive outcome. Another important issue at this stage is to provide a vision of the future based on the therapeutic alliance: it is possible to overcome these grievances and to regain a good quality of life.

**Assessment**

One of the first tasks during the therapeutic intervention is to decide whether someone is on the path to violence (see illustration below); and if so; at which stage that person is. It makes a huge difference, if someone has already purchased a gun or not. The path to violence is illustrated in the following figure.

The acting out process: the path to violence



The assessment is not primarily a finding of facts; rather it is carried out in a collaborative way to decide whether someone is cooperative or not in preventing violent acts. Therapists should keep in mind the limits of any therapeutic approach. Line number one indicates the area up to where therapeutic interventions are appropriate; as long as the person is within the "grievance" zone. The closer someone is on the path to "action", the more essential it becomes for law enforcement and security divisions to be involved. Line number two indicates, when someone crosses from "planning" to " preparation" the situation becomes very critical, where therapeutic interventions are no longer possible.

An involuntary hospitalization due to threat to oneself or to others may be indicated; but in any case law enforcement should be involved at this stage. The information of potential victims is also critical at this point – if the offender does not give permission to contact potential targets confidentiality should be overruled by contacting health care regulating authorities, which can give permission to health care professionals to inform third parties under such conditions.

Various tools are available for the practical risk assessment. Gold standard today is based on a structured interview using methods such as DyRiAS or WAVR-21.

**Treatment approach**

*Healthcare professionals offering treatment in* violent cases *require two different approaches – one is the traditional therapeutic intervention, the other is ongoing risk assessment* (Tschan 2009). The treatment approach is goal oriented. The first and most immediate intervention is the de-escalation of the current situation. The more professionals can achieve in establishing the therapeutic alliance the better the chance of a positive outcome.

*The clinical needs for* intervention in violent cases *are primarily defined by the fact that the goal of the clinical work is always directed towards the clients. Clinical interventions should help contribute to stopping any form of violence (primary prevention). They should also help prevent violent outbursts and minimize collateral effect of the violence experienced on health conditions and quality of life (secondary prevention)* (Tschan 2009). However, *threat management is often difficult to define, both in terms of the magnitude of violence that is to be expected and how individuals will be affected by this* (Tschan 2009).

Any therapeutic intervention leads to the "intervention dilemma", *which outlines the possibility that the intervention can increase the risk of violent outbursts dramatically* (Tschan 2009). Defensive intervention strategies focus on the victim's side; whereas offensive strategies focus on the offender's side.

**Limits and common problems**

The main limits are illustrated in the previous illustration – when the line between fantasy and reality is crossed the involvement of law enforcement is imperative. In case of threatening behavior therapeutic interventions are only possible as long as the client is cooperative. It must be clear, that therapeutic interventions cannot prevent all acts of violence. The cooperation between law enforcement, justice system, and therapeutic professionals is crucial; a common training is essential to overcome the single disciplinary view. It helps to clarify the various approaches and limits of each of the involved disciplines. The goal is, that all involved professionals are trained in using the same language: violence is not accepted as a conflict solution strategy.

## Conclusions

The goal is, that all involved professionals use the same language: violence is not accepted an accepted outcome in personal conflicts. Treatment offers new strategies to potential offenders and helps to overcome tunnel vision. Treatment should be carried out “with” the client, not against him, to be effective. Human attachment always plays an important role in all forms of interpersonal violence. Any commitment to close social bonding is considered as an important protective factor against violence. Therapeutic intervention and risk assessment go hand in hand in violent cases. The short term accuracy of clinical risk prediction is generally high and decreases over time. Therefore the risk assessment is more a process and not just a single event.

Case management always faces the intervention dilemma, where any form of intervention may lead to a dramatic escalation of violence. Defensive strategies are directed towards the victims, whereas offensive strategies are directed towards offenders. A path to violence always exists where interventions are possible. When you consider therapeutic intervention as an option in case management of violent and threatening behavior, you should compare this approach with avalanche prevention. You will then clearly realise that the earlier you intervene, the better the outcome will be. Then, therapeutic intervention are truely an option!

## References


- Dutton D.G.: Rethinking domestic violence. Vancouver, UBC Press, 2006.
- Gavaghan C.: A Tarasoff for Europe? A European Human Rights perspective on the duty to protect. International Journal of Law and Psychiatry, 2007;30:255-267.
- Gilligan J.: Preventing Violence. New York, Thames and Hudson, 2001.
- Miller W.R., Rollnick S.: Motivational Interviewing. Preparing People to Change Addictive Behavior. New York, Guilford, 1991.
- Tschan W.: Assessing the clinical needs for stalking and domestic violence. In: J.L. Ireland, C.A. Ireland, Ph. Birch (eds.): Violent and Sexual offenders. Assessment, treatment and management. Cullompton, Willan, 2009, pp. 132-149.
- Van der Hart O., Nijenhuis E., Steele K.: The Haunted Self. Structural Dissociation and the Treatment of Chronic Traumatization. New York, W.W. Norton, 2006.



Acknowledgement

I appreciate the work of native English speaking Clare Kenny who improved the style of this handout considerably.