INTRODUCTION

In the wake of highly publicized shootings at VA medical centers and other hospitals, concerns about patient-directed violence and disruptive behavior (such as harassment, stalking, and verbal aggression) are a focus of media and local attention. Although hospital shootings are rare, violence at medical centers is a common concern. More than 10% of hospital employees report at least one work-place assault per year. Patients are the most common assaulters (Hodgson et al., 2004).

It is policy of the Veteran's Health Administration (VHA) that all of its hospitals create Disruptive Behavior Committees (DBC) to identify and assess patients who pose elevated risk for violence at their facilities (38 C.F.R section 17.106). Also required at VHA facilities are the use of Patient Record Flags. Patient Record Flags (PRFs) are patient behavioral alerts that are incorporated into the secure reporting system in patient electronic medical records. The PRFs are used to alert VHA employees to patients whose behavior or characteristics may pose an immediate threat to the safety of the patient or others.

At most VHA facilities, the DBC is tasked with identifying and reviewing patients that have evidenced disruptive behaviors. Typically, the DBC assesses risk and makes recommendations regarding the appropriateness of behavioral PRFs by reviewing the veterans' medical charts.

The VA Puget Sound, Seattle, has created a novel Disruptive Behavior Evaluation Clinic for complex referrals from the DBC and other providers. The VA Puget Sound established the Disruptive Behavior Evaluation Clinic to improve violence risk assessments for persons at elevated risk of disruptive behavior at the facility. There are two primary routes of referral to the Disruptive Behavior Evaluation Clinic: (1) direct consultation from the DBC and (2) requests from clinicians seeking detailed risk assessments for their patients who pose elevated risk of violence. Clinicians from any service, not just Mental Health or Addictions, may request a consult

veteran. The interview is typically several hours in duration, includes the mental status examination, and makes use of relevant assessment tools. The Historical, Clinical, and Risk Management Scales (HCR-20) (Webster, Douglas, Eaves, & Hart, 1997), a violence assessment tool, is performed for all veterans referred to the clinic. Additional screening tools, such as the Partner Violence Screen (PVS) for interpersonal violence, are used when relevant. Occasionally, personality or intellectual testing is obtained to assist with the evaluation. The evaluator obtains collateral information from the evaluee's treating providers, and also obtains records from hospitalizations at outside facilities and legal records. The evaluator also contacts persons outside the hospital setting familiar with the veteran for additional collateral information. Participation by the veterans is voluntary and informed consent is obtained.

The Disruptive Behavior Evaluation Clinic evaluator prepares a clinical forensic risk assessment report that is entered in the veteran's medical chart. The report summarizes the clinical interview, prior treatment records, collateral records, and documents the results of any screening tools. The reports include a detailed opinion about the evaluee's risk for violence and basis for the opinion; an opinion as to the appropriateness and level of a PRF; and recommendations to reduce risk. The forensic evaluator communicates his/her risk assessment and risk modification recommendations to the DBC and clinical providers, when applicable (Figure 1).

The primary objective of this pilot feasibility study was to assess satisfaction with the newly established Disruptive Behavior Evaluation Clinic. Secondary objectives were to gather preliminary information on how the Disruptive Behavior Evaluation Clinic was being used and whether differences exist depending on the type of provider reviewing the assessments (members of DBC versus other clinical providers). What follows are results from a provider satisfaction survey after the first year of the utilizing the Disruptive Behavior Evaluation Clinic and its forensic risk assessments.

METHOD

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Table 1.
Assessment Utilization by the DBC and Mental Health Providers Familiar with Clinic (VA Puget Sound—Seattle).

Resource Utilized	Percent of DBC Respondents (n=8)	Percent of all Mental Health Providers (n=15)
Requested Clinical Violence Risk Assessment	100	35
Reviewed Risk Assessment Report	100	80
Determining Behavioral Flag	100	24
Support of Involuntary Hospitalization	0	5
Clinical Management of Veteran	100	60
Making Housing Decisions	33	10
Making Decisions about Duties to Warn Third Parties	66	20

Table 2.
Utility Rating of Risk Assessment by DBC and Mental Health Providers Familiar with Clinic (VA Puget Sound – Seattle).

Resource	DBC Respondents (n=8)	Mental Health Providers (n=15)
Detailed Risk Assessment	1	1
Diagnostic Impression	2	3
Risk Management Recommendations	1	1
Second Opinion for Clinical Judgment	1	2
Duties to Third Parties	3	6
Behavioral Flag	1	4
Comprehensive Mental Health Assessment in One Document	2	5

Satisfaction

Figure 2 summarizes respondent satisfaction with the risk assessment service by class of provider. All DBC member respondents recorded that they were "extremely" satisfed with the risk assessments. Mental health providers, generally, rated their interaction with the Disruptive Behavior Assessment Clinic as positive with 60% of respondents "extremely" satisfed and 40% "pretty" satisfed. No respondent selected an alternative lower category. Additionally, one hundred percent of respondents familiar with the assessment service (n=23) indicated that they would recommend the service to a colleague.

Providers were asked, in their perception, how helpful the risk assessments had been for individual clinical decision-making and how helpful the assessments had been, generally, for the VA Puget Sound Health Care Center (hospital), rated "not at all, "mildly," "somewhat," "very," or "extremely". Figure 3 shows the respondents' perceptions of usefulness for the hospital in general. Both the DBC respondents and other mental health provider respondents had the same percentage breakdown for individual decision-making. Of DBC respondents, 100% of respondents rated that the assessments as "extremely" useful to the *hospital*; 66% rated assessments as "extremely" useful and 33% "very" useful for *individual decision-making*, respectively. For other mental health providers, generally, 66% rated the assessments as "extremely" useful and 33% rated them as "very" useful for *individual decision-making*, but for the *hospital* they responded 55% "extremely," 36% "very" and 9% "somewhat" useful.

Recommendations

Survey respondents were asked to identify recommendations to improve the usefulness of the Disruptive Behavior Evaluation Clinic. The most common responses among all surveyed were to create a clinical consult request for the service through the facility's electronic record management system and to expand the clinic to provide assessments for veterans at other local-area VHA facilities. Table 3 lists recommendations for improvement. Where a number rank is shown more than once, it indicates a tie in number of responses for these categories.

DISCUSSION

Although this is a pilot study of a new clinic, survey results show general provider satisfaction with the Disruptive Behavior Evaluation Clinic and its clinical forensic risk assessments in assessing veterans with disruptive PRFs and disruptive behaviors at one VHA facility, the VA Puget Sound, Seattle division. Prior to the development of the Disruptive Behavior Evaluation Clinic, veterans with disruptive PRFs were assessed and monitored by the hospital's DBC primarily through chart review. The VA Puget Sound, Seattle, is unique in maintaining a Disruptive Behavior Evaluation Clinic to assist with this process. It also serves as a consulting clinic to clinical providers requesting further violence risk assessment for patients. As far as this writer is aware, this initial provider survey study is the frst to look at clinical provider satisfaction with dedicated forensic violence risk assessment resources for evaluating veterans with disruptive PRFs or evidence of other disruptive or violent behavior at VHA facilities.

Providers at the VA Puget Sound have come into contact with the Disruptive Behavior Evaluation Clinic and its forensic risk assessments by varying routes. Although any provider can request a consult from the Disruptive Behavior Evaluation Clinic, the initial focus has been to assist the DBC in evaluating veterans with PRFs and evidence of violence at the health care facility, against providers, or other veteran patrons. It is not surprising, then, that 100% of the DBC respondents had familiarity with the clinic. All DBC respondents had been involved in consulting the Disruptive Behavior Evaluation Clinic and reviewing its clinical forensic risk assessment reports.

In contrast, other mental health providers have had more varied contact with the clinic. Consistent with the consultation aspect of the clinic, some mental health providers will have directly consulted the clinic for a detailed risk assessment. Other providers may have become aware of the clinic and assessments after, for example, a colleague requested an evaluation for one of their mutual patients. Or, perhaps one of their patients had a disruptive PRF. Emergency Department and consultation providers may, similarly, identify a risk assessment report in the patient's chart when assessing the veteran for an urgent issue. The manner in which the assessment reports are utilized are likewise varied and likely refect the specifc clinical relationship that any given provider has with a veteran. For example, as illustrated in Table 1, mental health providers may utilize the assessment for care needs, such as to support an involuntary commitment petition, which is less likely to be relevant to members of the DBC. Table 2 refects anticipated use of the clinic and its assessments, and refects how the service could be used by different referring providers.

Although the sample size is small, the responses indicate overall provider satisfaction with the clinic to date. Members of the DBC