Medical Xpress

Simple tool may help inexperienced psychiatrists better predict violence risk in patients

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Inexperienced psychiatrists are less likely than their veteran peers to accurately predict violence by their patients, but a simple assessment checklist might help bridge that accuracy gap, according to new research from the University of Michigan.

Led by psychiatrist Alan Teo, M.D., a Robert Wood Johnson Foundation Clinical Scholar of the University of Michigan, researchers examined how accurate psychiatrists were at predicting assaults by acutely ill [patients](#) admitted to psychiatric units.

Their results found that inexperienced psychiatric resident doctors did no better than a coin flip, whereas veteran psychiatrists were 70 percent accurate in predicting risk of violence.

However, when a brief [risk assessment tool](#) was applied to the cases that the [junior doctors](#) evaluated, their level of accuracy jumped to 67 percent, or nearly as good as the more experienced psychiatrists. Results of the research were published online Sept. 1 in the journal [Psychiatric Services](#).

"The tool we used, called the HCR-20-C, is remarkably brief and straightforward. Like a checklist a pilot might use before takeoff, it has just five items that any trained mental health professional can assess," Teo says.

In light of recent [violent events](), such as the movie theater shooting in Aurora, Colo,, earlier this summer, Teo says predicting [violence risk]() in [psychiatric patients]() is an increasingly important topic.

"Given public concern about this issue, I think teaching our budding psychiatrists and others how to use a practical tool like this, and encouraging its use in high-risk settings is a no-brainer," he says.

In the study, researchers were able to assess doctors' accuracy by comparing patients who had assaulted hospital staff members with similar patients who had not been violent.

Because all patients received a threat assessment when admitted to the [psychiatric unit](), the researchers were able to compare a patient's predicted violence risk with whether they actually had a documented assault while in the hospital.

Incidents of physical aggression typically included punching, slapping, or throwing objects, as well as yelling, directed at staff members of the hospital. The patients studied had severe illnesses, often schizophrenia, and had been involuntarily admitted to the hospital.

Teo says this study is the first to compare the predictive success of violence assessment between experienced and inexperienced psychiatrists. The results, he says, highlight the importance of emphasizing violence risk assessment in clinical training programs.

"If trainees are indeed less able than trained and experienced clinicians to accurately perform risk assessments for violence, it's important to figure out a way to improve their accuracy," he says. "Our study shows that evidence-based structured tools might have the potential to augment training and improve risk assessment."

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