

Dear Committee Members,

My name is Michael Wallace. I am a Licensed Professional Counselor and worked for years as the director of a team providing outpatient psychiatric services to a group of forensic clients as well as evaluation and recommendations for mentally ill offenders in court, on probation or parole and while incarcerated. Our clients ranged from seriously mentally ill offenders with minor charges and criminal histories to very dangerous individuals with serious mental illness. While creating and expanding this "forensic services team" over many years, I came to realize that this subset of clients required a unique form of treatment. The medications our psychiatrist used were mostly the same as with traditional clients but my team's management of clients was not the same as with the other teams.

First of all we recognized that, while our primary responsibility was to the client, we also had a responsibility to the public. In order to carry that responsibility out, and not breach confidentiality, we had to be very meticulous with our treatment planning process. I think many of these procedures should be standard for all clients.

I believe that it should be standard practice for all clients to have a risk screening done at the onset of treatment. This is a simple form that can be checked off. Items should include history of violence toward self or others, substance abuse history, criminal history or other items associated with violence. If nothing is flagged and there are no symptoms that lead the clinician to be concerned, then the form could be reviewed and signed off on by a licensed supervisor and done again, maybe yearly. If an item or combination of items are flagged, then it must be determined whether a risk assessment is indicated. For example, for someone with a history of violence and substance abuse a risk assessment may well be indicated. Other factors such as how recent, frequent or severe the violence was would be indicators. This is best evaluated by a clinician familiar with assessing risk. A formal risk assessment involves a standardized screening instrument of which there are several. This may be combined with additional assessments. If the client is tested as being a high risk then it is imperative that a plan for managing his or her risk be implemented as part of the treatment plan. This may involve meetings, apart from therapy, with the client, clinician and probation officer for example. This may sound very time consuming but people with mental illness, when treated, pose approximately the same danger as the rest of the population. Thus, most assessments would end with the initial screening checklist.

What I've talked about so far is what I believe should be standard practice in all agencies serving those persons with mental illness. But what about people who have not had contact with the mental health system? I think the answer is education.

Teachers at all levels should be educated about signs of disturbance and what can be done about it. Jared Loughner laughed loudly and inappropriately in his college classes and clenched his fists while posing inane questions to teachers and fellow students. Although classmates were afraid he would become violent, nothing was done to prevent his acts of murder in the theater. Teachers should be trained when and how to refer to school psychologists or local police. Local police should be trained in symptoms that require immediate evaluation by a doctor and how to document in order to legally get someone to an

ER and fully evaluated. All CT professionals should know about our "Firearms Safety Act" whereby weapons can be confiscated by the police on suspicion of danger to self or others. I'm not suggesting we read into every little action but most or all of the mass shootings have been committed by a person or persons who were deeply and obviously disturbed.

In closing, I recommend risk screening as standard practice for all mental health professionals, awareness by teachers and other professionals and education about the laws of their state as they pertain to mental health and violence.

Jared Loughner, Russell Weston (shot Capitol Police) and Andrea Yates, to name a few, would have all been identified prior to their crimes had the people that knew their symptoms acted.

Respectfully,

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