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Trends. Deep in the Heart of Texas: Threat of Violence and the Duty to Warn

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Many political psychologists would readily admit that their ability to predict violence on a case-by-case basis is extremely suspect. This appears to be so for predicting war, other military conflicts, and violent crime perpetrated by organizations, groups, and individuals. It is in this context that laws requiring a mental health practitioner to warn the target of a violent threat made by a patient--laws stemming from *Tarasoff vs. Regents of the University of California* (1974/1976)--is most curious.

The threat expressed by a patient through verbal and/or nonverbal communication may have many relationships with violent behavior--e.g., positive and negative correlations associated with or divorced from causality. A mental health practitioner who conveys the threat from a patient to a target may precipitate a chain of events that increases, decreases, or has no effect on the probability of violence by the patient against the target or others and by the target and others against the patient or still others. There are additional concerns on violations of a patient's confidentiality (through duty to warn) for that patient's therapeutic progress and for other factors modifying and moderating violent behavior. Still another concern is the effect of duty to warn legislation on a patient's choice to even seek mental health services, to remain throughout the course of these services--and the type, quantity, and quality of services offered.

How, then, does one evaluate a recent Texas State Supreme Court decision that a mental health care practitioner is not obligated to warn the target of a threat made by a patient? The decision may facilitate the obtaining of services for those who believe they need it and for those who are coerced--ironically through "threat to oneself and others" statutes--into "treatment." The decision also may alleviate suits against mental health providers who are accused of not being all-knowing even as to matters of what constitutes a threat in all cases. However, consequences for the incidence and prevalence of violent behavior are unknown. In fact, law on duty to warn may largely involve a political act that signifies control and predictability when little exists. Ground-breaking research on linkages between threat and violence remains to be accomplished before the law operates on anything more than a fragile artifice of assumptions, overgeneralizations, and anecdotes. (Anfang, S.A., & Appelbaum, P.S. (1996). Twenty years after Tarasoff: Reviewing the duty to protect. *Harvard Review of Psychiatry*, 4, 67-76; Balon, R., & Mufti, K. (1997). Tarasoff ruling and reporting to the authorities. *American Journal of Psychiatry*, 154, 1321; Binder, R., & McNiel, D. (1996). Application of the Tarasoff ruling and its effect on the victim and the therapeutic relationship. *Psychiatric Services*, 47, 1212-1215; Mason, T. (1998). Tarasoff liability: Its impact for working with patients who threaten others. *International Journal of Nursing Studies*, 35, 109-114; Vertuno, J. (September 27, 1999). Texas court decision quite different than California. PRACTICE@LISTS.APA.ORG.) (Keywords: Law, Reporting, Mental Health Practitioners, Violence.)