Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

• Call 877-820-7831 before 11:00 a.m.

• Enter passcode 107633#, when prompted.

• There are 200-600 participants. Please allow others a chance to ask questions.

• Questions may be asked, if time allows.

• To ask a question, press *6 on your phone to unmute yourself. *6 to remote.
The Dangerous Person

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Predicting Violence

• Risk assessment is a field of inquiry with a growing literature over the last 20 years. Predicting violence in potential offenders has been the “Holy Grail” of forensic psychiatry.

• Unfortunately, mental health professionals are only a little better than chance at predicting who will be dangerous.

• Research is being done to find biological markers that increase the likelihood of violence. They typically use findings from fMRI scans.
Brain Scan Data

• In the *Proceeds of the National Academy of Science* (Eklund, et al. June 27, 2016), the authors argue that due to a flaw in the commonly used statistical packages for fMRI analysis, 60% of scans show activity where there should be none, looking at previously known and reliable data. If so, more than 40,000 fMRI studies should be invalidated.
Actuarial Data

• Various actuarial instruments have been developed to try to assess violence risk (VRAG, LSI-R, HCR-20, etc..) Their accuracy is better than chance, but not good enough to be of practical use in a clinical setting.
Some Perspective at the Beginning

- In an analysis in the British Journal of Psychiatry (2014), the authors conclude “assigning predetermined probabilities to future violence risk on the basis of structured risk assessment is not supported by the current evidence base.”
Data About Dangerousness

• The best data show that patients with the most serious mental illnesses (schizophrenia, major depression, and bipolar disorder) are 2-3x more likely to be assaultive as the general population. (The lifetime prevalence of violence among the mentally ill is 16%, vs. 7% among the general population.)

• People who abuse alcohol and other drugs are 7x more likely to be assaultive.
Rates of Violence
(Fazel S, et al. *JAMA* May 20, 2009)
Violence Attributable to Mental Illness (ECA data)
Violence Attributable to Substance Use (ECA data)
10 Static Risk Factors for Violence

Carlat Psychiatry Report March 2013

- History of violence
- Male gender
- Late teens, early 20’s
- Below average IQ
- Low socioeconomic status
- Instability in housing or employment
- History of property destruction
- Substance abuse
- Mental illness
- Personality disorder (antisocial, borderline)
10 Dynamic Risk Factors for Violence

Carlat Psychiatry Report March 2013

- Intoxication
- Withdrawal
- Psychotic symptoms
- Command hallucinations
- Persecutory delusions
- Paranoia
- Physical agitation
- Verbal aggression
- Access to weapons
- Anger (in response to narcissistic injury)
The following are related to risk for subsequent violence, and are additive, i.e. combinations of factors have more predictive power. Subjects were followed for 1 year:

- Financial instability
- Combat experience (witnessing serious injury)
- Alcohol misuse
- History of noncombat violence or arrest for crime
- PTSD + past week irritability
A Risky Profile

• Young adults with severe mental illness, with trauma and violence in the past, substance abuse in the present, and no interest in treatment in the future.

• (In one small study, patient’s own assessment of their risk of becoming violent was a better predictor than two other assessment tools.)
The Gun Conversation

• The Personal Freedom Perspective
• The Public Health Perspective
• Personal Safety Perspective
The Freedom Perspective

• Guns are a long-standing right and tradition in the United States, protected by the Second Amendment to the Constitution. The vast majority of the 40 million gun owners are law abiding and should keep whatever guns they want.

• I also believe the data that guns in the home make the residents less safe, not more safe.
The Public Health Perspective

• Each year in the United States, there are 84,000 gun injuries, 11,200 gun homicides, 21,170 gun suicides, and 500 accidental gun deaths. This certainly constitutes a public health problem.
The Personal Safety Perspective

• Many gun owners believe having a gun at home makes them more safe. The data do not support this.

• 259 justifiable gun homicides vs. 33,801 accidents/deaths/suicide attempts

• 9 children are shot accidentally every day, 3285/year

• 8,400 gun homicides in the home. The homicide is usually committed using a handgun, by someone who knows the victim, by someone of the same race, during an argument, where drugs or alcohol is involved.
The American Psychiatric Association

- Gun violence is a public health issue (4 accidental shootings occur for every shooting in self-defense)
- Supports background checks and waiting periods
- Close gun show loopholes
- Supports product safety legislation, safe storage requirements
- Supports gun-free college campuses and hospitals
Homicide and Mental Illness

• The link between mental illness and homicide is so low, that even if we cured all mental illness overnight, the rate of gun homicide would essentially remain the same. (A study from Georgetown University showed only 5% of gun homicides were directly related to mental illness.)
Mental Illness + Guns = Suicide

• The strongest link between mental illness and guns is suicide, not homicide.

• The rate of gun suicide correlates with higher gun ownership. Suicide is mostly a rural phenomenon, where there are more guns.

• States with more restrictive gun ownership laws have lowered suicide rates: Suicide went down in Connecticut and Wash DC when laws were strengthened, up in Missouri when they were repealed.
Can we protect gun ownership, the public health, and improve public safety?

• A productive conversation about this does not seem possible at this time.
Risk Factors for Juvenile Violence

• In the early years, parenting factors are the most important risk factor. For teenagers, peer relationships are more important. Mental health problems turn out to be rather poor predictors of future violence.

• Conduct Disorder: Conduct disorder first appearing at 6 years old doubles the risk of criminal adult antisocial behavior (71%), compared to those children who first develop conduct disorder at 12 years old.
Risk Factors for Violence

• **Firearms** are the single greatest risk factor. 28% of families keep guns at home, 39% are unlocked or loaded or both.

• **Alcohol** - 40% of all 15-24 year old homicide victims are intoxicated.

• **Bullying/Standby Behavior** - 7-16% of schoolchildren are bullied in any given semester. Bullying is worst in rural schools. Bullies are 6x more likely to have a criminal conviction by 24, as well as AODA problems. Victims experience social and emotional isolation.
Risk Factors for Violence

• Mental illness: up to 60% are diagnosed. Also includes violent preoccupation, chronic humiliation, grandiosity, lack of empathy. ADHD is also linked to adult antisocial personality disorder and substance abuse, although not as strongly as conduct disorder. When combined with conduct disorder, ADHD becomes a more ominous predictor of bad outcome.

• Media: controversial, but especially influential in vulnerable children

• Families who are dismissive and permissive: too much privacy, parents are afraid of the child.
Risk Factors for Violence

• **Exposure to abuse**: 63% of children exposed to domestic violence don’t do well. Violence is related to emotional development (hypersensitivity to anger, difficulties recognizing emotions or complex social roles, less accurate attention to social cues, less ability to generate competent solutions to interpersonal problems), cognitive problems (lower IQ, poor memory and concentration) and children who end up blaming themselves for the violence.
Risk Factors for Violence

• **Peer relationships:** One of the most significant risk factors for violence is association with peers whose norms, values and practices are more permissive of criminal behavior. Alternatively, attachment to conventional others, involvement in conventional activities, and belief in the central value system of society hinders juveniles from engaging in delinquent behavior.
Reactive Aggression

- Reactive aggression is characterized by impulsive defensive responses to perceived provocation. Over-reaction to minor threats is also seen.
- Such children may selectively attend to negative social cues, fail to consider alternative explanations for behavior, fail to consider alternative responses, and fail to consider the consequences.
- Most reactive aggression is associated with anxiety and depression.
Treatment of Reactive Aggression

• These youth generally are poorly socialized and have difficulty with emotional modulation:
  • Deal with hostile-attributional biases and hypervigilance to hostility
  • Promote self-control mechanisms
  • Work with managing intense anger
  • Treat depression and anxiety
Instrumental Aggression

• In instrumental, or predatory, aggression, violence is used as a means to an end. These youth often show emotional detachment rather than emotional dysregulation.

• They do not focus on the negative effects of their behavior on others and resistant to punishment.

• Instrumental aggression in pre-adolescence predicts delinquency, violence, disruptive behavior during mid-adolescence, and criminal behavior with psychopathy in adults.

• Instrumental aggression is very difficult to treat.
Do Violent Video Games Create Violent Children?

Peek (2014)
What Is The Research?

• Television, movies, and video games have been extensively studied over the last several decades. Six prominent medical groups have commented upon the negative effects of violent media.

• What is the evidence?
History

• Video games were first developed in the 1970’s. Violent video games became popular in the 1990’s. These games have become increasingly realistic. As mentioned earlier, nearly every child plays video games, on average 65 minutes/day for 8-10 year olds.
Data

• Studies demonstrate that exposing a child to violent video games increases the likelihood that they will behave aggressively immediately after.

• Most studies find a correlation between the amount of time playing violent video games and the likelihood of getting into fights, arguing with teachers, and poor school performance.
Theory

- Social-cognitive models of behaviors point to priming (we are more likely to do what we see), arousal, and desensitization. This model posits that children eventually build aggression related schema in their view of the world. Each exposure to violent media is a learning trial, contributing to more and more aggressive behavior.
Theory

• Critics argue that the relationship between violent media and aggressive behavior is not causal. It does not take into account genetics, temperament, and family environment. These critics argue that violence is largely innate. Exposure to violent media modulates this tendency.

• Evidence for this point of view is based on studies that show that male gender, trait aggression, and family violence are better predictors of aggression than media exposure.
Conclusions

• All children are affected in some way by media violence. (Average effect – 30 minutes.) Some children are more susceptible than others.

• 90% of teen parents do not check ratings before purchasing video games.

• Adults are also affected by media: Annenberg Public Policy Center, 2014 – the more people watch violent crime TV dramas, and the more people watch TV local news, the greater their fear of crime.
Advice for Parents

• For children who are not doing well in school, or have other emotional problems, parents should minimize media in the bedroom. 20% of middle school students with media in the bedroom have problematic use. Girls may be especially vulnerable to maladaptive online relationships.

• Know what your child is playing. Watch them play. Join in if appropriate for a few rounds.

• Clarify limits and house rules. Many children benefit from specific limits.

• Info on games: www.commonsensemedia.org
Violence and Mental Illness

- Very few mentally ill are violent, but studies have demonstrated a small but increased risk of violence for some mental illness - notably, substance abuse, cluster B personality disorders, psychotic disorders.

- Characteristics that are associated with violence:
  - Impulse control
  - Affect regulation
  - Narcissism
  - Paranoid personality style
Targets of Violence

- Police
- Relative
- Other
Safety Recommendations

(Psychiatric Annals 2017)

- Assess danger level of clients
- Take special care with evening or weekend appointments
- Don’t see dangerous clients unaccompanied
- Use security barriers, sit behind a desk, have easy escape route
- Home visits to dangerous clients should be as a team
How Should We Act to Reduce Risk?

• Reasonable guidelines include:
  • Treat any active mental illness
  • Enforce compliance with medications
  • Consider a civil commitment
  • Address substance abuse
  • Manage individual modifiable risk factors in the client
  • Increase the frequency of sessions or check-ins
  • Change the focus of treatment to anger and impulse control
  • Include collateral treatments
  • Involve other people
  • Refer patient to specialist and follow-up
  • Contact police, contact potential victim
Psychotherapy

- Particular attention must be given to transference as manifested by humorous threats, a preoccupation with violence or weaponry, or change in demeanor of the client.
- Paranoid clients should be dealt with honestly.
- Multiple therapists can diffuse transference.
- Limit setting must be clear. The therapist should point out the behavior that is unacceptable and maladaptive, as well as the consequences of the behavior.
Documentation

• Documentation is usually poor because clinicians spend most of their time on the descriptive part of their note, and not enough on the assessment. Most of your note should be devoted to explaining your impressions, reasoning and conclusions so it is clear what you are thinking and why you did what you did.
Sample Violence Risk Assessment Note

• Context: Why is violence an issue for this client?
• Risk Factors: Static and Dynamic (see lists)
• Warning signs: what is the client doing that increases the likelihood of violence (drinking more, hanging out with bad friends, increased hallucinations, etc.)?
• Other destabilizing clinical or social factors: pain, recent divorce
Sample Violence Risk Assessment Note

• Strengths/support
• Assessment: Take your time. Be thoughtful
• Consultation: Don’t worry alone.
• Plan: make sure it is reasonable and that people can follow it. It should address weapons. It should consider if there is a Tarasoff duty that needs to be acted on. If so, explain how you are acting to protect. Communicate to relevant parties.
Sample Assessment Summary

• BT was referred by traffic court for substance abuse treatment. During the intake it became apparent that BT is intoxicated most days of the week and frequently is involved in fighting.

• BT has a number of static and dynamic risk factors for violence, including history of violence, young age (19), male gender, lack of permanent housing, active substance abuse.
Sample Assessment Summary

• His demeanor indicates a lack of interest in treatment, a history of poor adherence to previous treatment, and a high level of irritability.

• There are no apparent stabilizing forces in his life, other than a sister with whom he has sporadic contact. He seems bright and shows some insight into his situation at moments. There is no evidence of other mental illness.
Sample Assessment Summary

• Given the ambivalence of BT in taking this referral seriously, and given the potential dangerousness of his behavior, I am going to schedule him for a series of brief, daily appointments to try to establish some treatment connection and find some leverage through motivational interviewing. I will be talking to the court about the importance of maintaining legal control over BT until we can get him established in treatment. See treatment plan at the end of the intake.
Dr. Mays’ Approach to Risk Management:

Don’t Worry Alone.