Assessment of Dangerousness

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Mentally Ill, Defined.

- "Mentally ill means having a psychiatric disorder that involves a severe or substantial impairment of a person's thought processes, sensory input, mood balance, memory, or ability to reason which substantially interferes with such person's ability to meet the ordinary demands of living or interferes with the safety or well-being of others." (Section 71-907)

- Collection of symptoms, either behavioral or psychological, which cause an individual distress, disability, or an increased risk of suffering, pain, disability, death, or loss of freedom.

Substance Dependent, Defined.

- "Substance dependent means having a behavioral disorder that involves a maladaptive pattern of repeated use of controlled substances, illegal drugs, or alcohol, usually resulting in increased tolerance, withdrawal, and compulsive using behavior and including a cluster of cognitive, behavioral, and physiological symptoms involving the continued use of such substances despite significant adverse effects resulting from such use." (Section 71-913)

- Substance abuse, substance dependence, and co-occurring disorders

Mentally Ill & Dangerous, Defined.

"Mentally ill and dangerous person means a person who is mentally ill or substance dependent and **because** of such mental illness or substance dependence presents:

1) A *substantial risk* of *serious harm* to another person or persons within the *near future* as manifested by evidence of recent violent acts or threats of violence or by placing others in reasonable fear of such harm; or

2) A *substantial risk* of *serious harm* to himself or herself within the *near future* as manifested by evidence of recent attempts at, or threats of, suicide or serious bodily harm or evidence of *inability to provide for his or her basic human needs*, including food, clothing, shelter, essential medical care, or personal safety." (Section 71-908)

Dangerousness

<u>must be due to</u>

Mental Illness/
Substance Dependence.

Mental Illness and Violence

- Most people with mental illness are not violent
- Most acts of violence are not committed by people with mental illness
- People with mental illness are more likely to be victims
- Violence is more often self-directed
- Alcohol and drugs more likely associated with violence
- 38,000 suicides per year in the US, 90% by people with mental illnesses
- 14,000 homicides per year in the US, 5% by people with a mental illness

Mental Illness and Violence – continued

- People with untreated psychosis are at increased risk of irrational behavior, including violence, especially directed at family and friends and occurring at home.
- Usually happens at onset of illness and before diagnosis or treatment
- After treatment begins, there is no higher risk of violence than the general population

Virginia Tech in Context

- 32 dead by shooter
- 32 suicides a week on college campuses

Dangerousness

- Not a psychiatric diagnosis
- A legal judgment based on social policy
- An individual's propensity to commit dangerous acts
- Very difficult to predict with high accuracy
- Accuracy related to many factors, such as circumstances of the evaluation and length of time over which violence is predicated
- Relative infrequent events (homicide) more difficult to predict than more common events (domestic violence) because of a low base rate of occurrence
- Mass shootings are rare events

Components of Dangerousness

- Magnitude of harm
- Likelihood harm will take place
- Imminence of harm
- Frequency of aggressive behavior
- Situational factors associated with violence
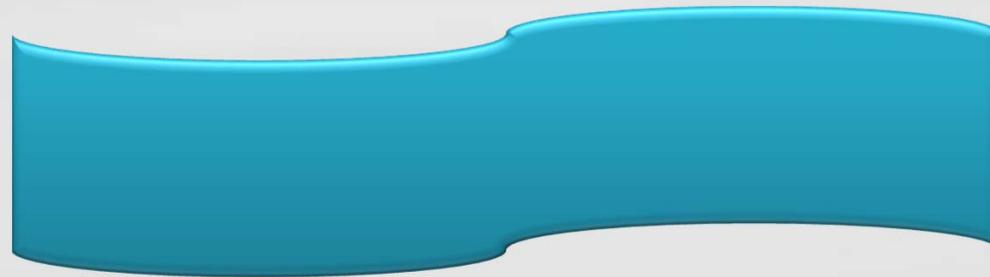
Demographic factors associated with violence

- Younger age
- Male gender (in non-mentally ill individuals)
- Lower socioeconomic status
- Concentrated poverty in neighborhood
- Lower intelligence and mild mental retardation
- Less education

Angry Young Men

- Pent up frustration and failures

- Socially isolated

- Vengeful, blaming others for their unhappiness

- Rage about feeling so marginalized

Risk Factors for Violence (APA)

- Past history – best predictor
- Prior violence
- Prior arrest
- Young age at time of first arrest
- Drug and/or alcohol abuse
- Cruelty to animals and people
- Fire setting
- Risk taking
- Behavior suggesting loss of control or impulsivity

Risk Factors for Violence (APA) – continued

- Present circumstances and mental state
- Male under 40 (with mental illness, M=F)
- Nonadherence with treatment
- Access to weapons
- Role of significant other and/or caretaker (either provocative or not protective)
- Sees self as victim
- Look of compassion/empathy
- Intention to harm
- Lack of concern over consequences of violent acts

Risk Factors for Violence (APA) – continued

- Early childhood adversity (ACEs)
- Exposure to trauma
- Family turmoil
- Community turmoil

Assessment

- Clinical interview and MSE
- Collateral information
  - Family and friends
  - Criminal and court records
  - Psychiatric records
  - Military history
  - Work history
- Structured violence risk assessment instruments – static vs. dynamic
- Past history of use of weapon

MacArthur Community Violence Interview: Definitions of Violence

Serious violence

- Any assault using a lethal weapon
- Any assault resulting in injury
- Any threat with a lethal weapon in hand
- Any sexual assault

Other aggressive acts (minor violence)

- Battery that did not result in injury

Evaluation of past history of violence

- What is the most aggressive act you have ever committed?

- What are triggers for your anger and violence?

- Have your targets of aggression been people, property, or both?

- Who are the victims of your aggression?

- What weapons have you used when violent?

- Were you under the influence of alcohol or another substance when you were aggressive?

- Were you experiencing any type of mental health symptom when violent?

Evaluation of past history of violence

- If you were on psychiatric medications, were you taking them when you became violent?
- What have been the legal consequences of your violence in the past?
- What have been the social consequences of your violence in the past?
- How do you feel about the violent acts you have committed?
- What factors have helped you control your aggression?

Diagnostic Issues

- ## Psychosis
  - o Delusions – Paranoid
  - o Hallucinations – Command
- ## Depression
  - o Most common diagnosis in murder-suicides
- ## Personality disorder
  - o Anti-social
  - o Psychopathy – highest risk factor
- ## Cognitive impairment
  - o TBI

Factors associated with delusionally driven violence

- Associated negative emotional states
  - Unhappiness
  - Fear
  - Anxiety
  - Anger

- Prior history of acting on delusional beliefs

Characteristics of impulsive, organized and psychotic assaults

Assault type	Impulsive	Organized	Psychotic
Triggering event	Stressor immediately precedes assault	Delay between triggering event and assault	Psychotic misperception of reality, resulting in sudden and unexpected assault
Behaviors preceding assault	Agitated, pacing, clenched jaw, yelling, verbally threatening	Calm, minimal signs of emotional escalation, controlled behavior, "surprise attack" on victims	Isolated, pacing, mumbling, disorganized speech, hallucinating, fearful, anxious
Motivation for assault	Impulsive reaction with no long-term motive or secondary gain	Clear motive or self-serving goal (e.g., extortion of goods, retaliation, dominance of others)	Psychotic motivation stemming from fear, paranoia, or misperceived need to act in self-defense
Insight regarding assaultive behavior	Remorseful and may recognize reaction was in excess of stressor	Limited insight or superficial expression of remorse and minimization of harm to others	Limited insight due to psychotic symptoms

# Dangerousness to Self

- Self Injury vs. Suicidality

	Self Injury	Suicidality
Primary Intent	Non-lethal	Lethal
	• Decreased painful emotions • Express anger • Self punishment • Interpersonal influence	• End painful emotions • Interpersonal influence

Violence Prevention

- Homicide and suicide are difficult to predict on the individual level

- Means restriction

- Treatment, especially for suicide

- Treatment alone doesn't eliminate risk of violence

Ethical and Legal Challenges

- Person's autonomy and Constitutional rights

- Personal and public safety
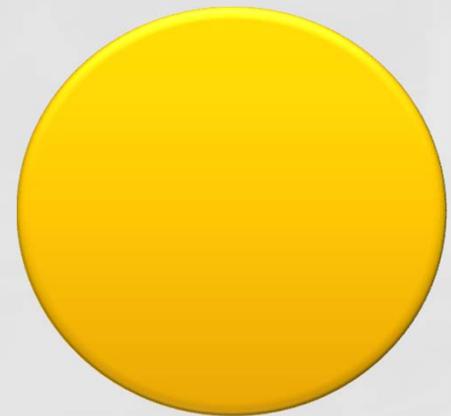
Key Points

- Best prediction of future violent behavior is a past history of violent behavior
- Paranoia and suspiciousness increase risk of violence
- Substance use is a major risk factor for future violent behavior
- Actuarial risk assessments can be useful to more accurately predict future violence
- Violence can be impulsive, planned or psychotic