



REDUCING RISK OF CRIMINAL BEHAVIORS

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Violence Risk Assessment and Risk Management

- Routine part of clinical care and person-centered planning
- Incorporating individual goals in understanding the individual + knowing when there may be potential signs of trouble
- Illness Management and risk management may be lifelong
- Treatment can reduce risk of violence and arrest
 - Identification and linkages to available and appropriate treatment modalities specific to risk factors

Mental Illness and Violence: Examining the Science and the Data

- **Data regarding the association between violence and mental illness is complex**
- **Ongoing societal belief of a strong association between mental illness and violence is NOT substantiated**
- **Epidemiologic evidence indicates that major mental disorder accounts for, at most, 3% of the violence in American society.**

Relative Risk of Violence among Persons with Mental Disorders

- ECA Survey
- Diagnostic Interviews
- Self report scales about violent behavior within the past year
- 10,059 respondents

(Swanson et al, H& CP 1990)

ECA Surveys: Violence and Psychiatric Disorders in the Community (Swanson et al 1990)

Diagnosis	Percent Violent*
No Disorder	2
Panic d/o	12
Major Depression	12
Mania or Bipolar d/o	11
Schizophrenia	13
Cannabis Abuse/Dep	19
Alcohol Abuse/Dep	25
Other Drug Abuse/Dep	35

ECA STUDY

- Did you ever hit or throw things at your wife/husband/partner?
- Have you every spanked or hit a child, (yours on anyone else's) hard enough so that he or she had bruises or had to stay in bed or see a doctor?
- Since age 18, have you been in more than one fight that came to swapping blows, other than fights with your husband/wife/partner?
- Have you ever used a weapon like a stick, knife, or gun in a fight since you were 18?
- Have you ever gotten into physical fights while drinking?

Mental Illness and Violence: Subsequent Analyses

- Swanson et al's re-examination of ECA data looking at TCO symptoms (Swanson et al 1996)
 - Likelihood of persons with TCO symptoms to engage in assaultive behavior:
 - 2x more compared to other psychotic symptoms
 - 6x more likely than with no mental illness
 - 8-10x more likely than no disorder when TCO combined with SA

MacArthur Violence Risk Assessment Study (Steadman et al 1998)

- 1000 discharged civil patients
 - Three cities
 - Follow-up every 10 weeks for one year
 - Multiple sources of data
 - Agency records
 - Subject Report
 - Collateral sources
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MacArthur Violence Risk Assessment Study: Defining Violence

- Violence
 - Battery resulting in injury
 - Weapon use
 - Sexual assault
- Other aggressive acts
 - Battery without injury

(Steadman et al., 1998)

MacArthur Violence Risk Assessment Study (Steadman et al 1998)

- Mental Illness Defined
 - Major Mental Disorder (MMD) ± Substance Abuse
 - Other Mental Disorder (OMD) ± Substance Abuse
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MacArthur Violence Risk Assessment Study (Steadman et al 1998)

Source of Info	% Violence by Source	Cumulative % with Violence
Agency Records	4.5	4.5
Subject	22.4	23.7
Collateral Informant	12.7	27.5

MacArthur Violence Risk Assessment Study (Steadman et al 1998)

- One year aggregate prevalence of violence

MMD/ -SA: 17.9%

MMD/ +SA: 31.1%

OMD/ +SA: 43.0%

Total Pt Sample: 27.5%

MacArthur Violence Risk Assessment Study (Steadman et al 1998)

- Rate of violence varied across follow-ups
 - Time before and just after discharge greatest risk
 - Co-occurring SA major risk factor
 - Family members more likely to be targets
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Association of Delusions, TCO Symptoms and Violence Revisited

(Appelbaum, Robbins, Monahan, 2000)

- Re-analysis of the MacArthur Data
- No clear general association of delusions or TCO symptoms and violence
- Individual cases with these symptoms may be associated with violence
- Methodology may have been one factor in the differential findings across studies

Association of Delusions, TCO Symptoms and Violence Revisited

(Appelbaum, Robbins, Monahan, 2000)

- Variables associated with violence but not necessarily limited to delusional patients
 - violence may be more associated with suspiciousness and associated anger and impulsiveness

Association of Delusions, TCO Symptoms and Violence Revisited

(Appelbaum, Robbins, Monahan, 2000)

- These findings “do not disprove the clinical wisdom that holds that persons who have acted violently in the past on the basis of delusions, may well do so again.”
- More research needed

Mental Illness and Violence: More Recent Data

- Swartz et al 1998
 - Combination of treatment nonadherence and SA strong predictor of violent behavior
 - Silver, Mulvey, Monahan 1999
 - Violence 2.7x more likely in patients discharged to neighborhoods of significant poverty
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National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

Elbogen and Johnson 2009

- 34,653 subjects
- Incidence of violence higher for people with mental illness, but only significantly higher for those with co-occurring substance use disorders
- Other factors associated with violence
 - Historical (past violence, juvenile detention, history physical abuse, parental arrest record)
 - Clinical (substance abuse, perceived threats)
 - Dispositional (age, sex, income)
 - Contextual (recent divorce, unemployment, victimization)
- Persons with mental illness report these other factors more –i.e., MI puts them at risk for other factors which are related to violence

DOUGLAS, GUY, AND HART (2009)

- **RELATIONSHIP BETWEEN PSYCHOSIS AND VIOLENCE?**
 - **PSYCHOSIS INCREASES RISK RELATIVE TO COMMUNITY POPULATION**
 - **NOT CORRELATED WITH INCREASED RISK RELATIVE TO “EXTERNALIZING” POPULATION (SUBSTANCE ABUSERS, PERSONALITY DISORDERED, PRISONERS)**
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Mental Illness and Violence: More Recent Data

■ Swanson, et al. (2008)

- Two groups of individuals with Schizophrenia: one group had history of childhood conduct disorder, the other did not.
 - For latter, medication adherence reduced violence, but not for former
 - For former – treatment planning should focus on factors other than symptoms of MI
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Criminogenic Factors

- For the most part, persons with mental illness are violent for the same reasons that persons without mental illness are violent
 - Criminogenic factors
 - Anti-social values and behaviors
 - Negative influences (peers, neighborhoods)
 - Low self-control
 - Dysfunctional family ties
 - Substance abuse
 - Economic factors
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Mental Illness and Violence

- There is a small relationship between violence and mental illness
 - Most persons with mental illness not violent
 - Most violence not caused by persons with mental illness
 - Substance abuse is a major risk factor for violence
 - IMPORTANT TO DISTINGUISH BETWEEN ROLE OF SYMPTOMS AND OTHER FACTORS
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NON-VIOLENT CRIMINAL BEHAVIORS

- MANY OF THE SAME FACTORS THAT RELATE TO VIOLENCE WITHIN MI POPULATION ALSO APPLY TO OTHER CRIMES

 - AGAIN, IMPORTANT TO FOCUS ON CRIMINOGENIC FACTORS
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Violence History

- Past violence is one of the strongest predictors of future violence
 - Historical risk factors
 - Age at first offense
 - Pattern and frequency of violence
 - Severity of violence
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Historical Factors Related to Violence

- Childhood abuse/neglect
 - Conduct Disorder in childhood
 - Employment problems
 - Relationship problems
 - Psychopathic traits
 - Other “externalizing” Personality Disorders
 - Substance Abuse
 - AWA, Violation of Probation, Parole
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CURRENT CLINICAL STATUS

- **CURRENT ACTIVE SYMPTOMS?**
 - **LACK OF INSIGHT INTO FACTORS THAT INCREASE VIOLENCE**
 - **POOR ANGER CONTROL/EASILY TRIGGERED**
 - **LACK OF ADHERENCE TO TREATMENT**
 - **ATTITUDES THAT FOSTER ANTISOCIAL BEHAVIORS**
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CONTEXT FACTORS

- IS THE ACTION PLAN FEASIBLE?
 - IS THE INDIVIDUAL LIKELY TO ADHERE TO IT?
 - DOES THE INDIVIDUAL HAVE A SUPPORT SYSTEM?
 - EXPOSURE TO DESTABILIZERS?
 - STRESS?
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PUTTING IT ALL TOGETHER

- **NON-JUDGMENTAL**
 - **UNDERSTAND HOW CRIMINAL BEHAVIOR CAN HAVE DELETERIOUS EFFECT ON RECOVERY**
 - **RESULTS IN CRIMINAL JUSTICE INVOLVEMENT**
 - **JAIL IS NOT A THERAPEUTIC ENVIRONMENT**
 - **EVEN PROBATION: COERCIVE, NOT PERSON-CENTERED**
 - **HARDER TO FIND EMPLOYMENT, HOUSING**
 - **DESTRUCTIVE SPIRAL**
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PUTTING IT ALL TOGETHER

- UNDERSTAND HOW CRIMINAL BEHAVIOR AFFECTS OTHERS
 - FAMILY AND OTHER SUPPORT ARE OFTEN THE VICTIMS
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PUTTING IT ALL TOGETHER

- ACTION PLAN SHOULD BE SENSITIVE TO RISK FACTORS IDENTIFIED
 - HOW ARE THESE ADDRESSED?
 - SHOULD BE INDIVIDUALIZED
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