Preventing Inpatient Violence

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Think about Your Audience

What we say to dogs
Okay, Ginger! I've had it! You stay out of the garbage! Understand, Ginger? Stay out of the garbage, or else!

What they hear
blah blah GINGER blah blah blah blah blah blah GINGER blah blah blah blahblah...
America is a Very Violent Country

• Our favorite sport causes brain damage to a third of its players
• Our heroes solve problems with guns
• We lock up and execute more people than any other developed country
• We let our teenagers drink to excess on at least a weekly basis
• We have a raging meth epidemic
• So it should not be much a surprise that violence exists among hospital patients
Bad Cases Make Bad Policy

- Front page cases mislead us.
- Focus on spectacular violence blinds us to real, everyday risks.
- Spectacular violence is extremely rare.
- “Routine” violence is shockingly common.
- Spectacular cases are seized upon by special interests to focus on one “pet theory.”
The Costs of Inpatient Violence

- Patient Injuries
- Lawsuits
- Occupational Injury Leave
- Poor Morale
- (And if it’s really bad) Recruiting someone to take your place
MI and the Risk of Violence

- Modest relationship
- Moderated by treatment
- Worst for co-occurring MI/SA disorders
- Risk of victimization, especially for homeless
- However, selection bias suggests that rates in inpatient settings will be much higher
MacArthur Risk Study Data

Violence in First 10 Weeks by Patient Groups and Community Group

- Community-Pittsburgh: 4.6%
- Patients-Schizophrenia: 8.1%
- Patients-Bipolar: 15.5%
- Patients-Depression: 18.8%
- Patients-Personality Disorder: 22.7%
Have Reasonable Goals

• It is not possible to prevent all inpatient violence, but...
• ...that is our goal.
• Reducing violence enhances the therapeutic milieu, and...
• ...a therapeutic milieu reduces violence
Therapeutic Milieu

• We must strike a difficult balance between over control and under-control
• When the ward is over-controlled, hostility and fear build and eventually erupt
• When the ward is under-controlled, everyone is scared, and scared people hurt each other.
The Recovery Model

• What the recovery model is
  – Restoration of hope
  – Strength based
  – Respectful

• What the recovery model is not
  – License to hurt other people
  – A gift certificate to life
  – The absence of natural consequences
The Recovery Model

- Decisions, choices, responsibility
- The pretense of coercive control – You can’t punish people into responsible behavior
- Punishment does not teach pro-social skills
- But rewarding bad behavior or protecting people from its natural consequences prevents the acquisition of pro-social skills.
- Recovery is essential to public safety, because it recognizes rights and responsibilities.
The Worst Thing About Psychology and Psychiatry

- The Book of Insults
- Pathology versus identifying strengths
- Risk factors versus protective factors
- Why today?
- “I know an insult when I hear one!”
- Change the odds
“Compliance” (Eeeeewwww!!)

• The characteristic you’re proudest of?
• Headaches and remedies
• “Minor” side effects
• Strategies for getting people to take medication
• Alternatives
Partnering with Our Clients

• Recovery is possible
• Recovery is a process, with gains and losses
• Take an interest in the client as a whole person
• Ask them what they want, but remind them about Mick Jagger’s sage advice
• Value autonomy and choice
• Hope is the key to recovery
My Favorite Thing about forensic Mental Health

• We never give up on anybody.
Insight: How come they have to have it and we don’t?

- The definition of insight
- Respect for a good symptom
- Manipulation versus social skills
- “I know an insult when I hear one!”
Strategies for Assessing the Risk of Violence in an Individual

• Unstructured Clinical Assessments
• Actuarial Risk Assessments
• Structured Professional Judgment
• Anamnestic Assessments
Risk AND Protective Factors

• General risk factors
• Specific or idiosyncratic risk factors
• Situational risk factors
• Risk scenarios
• Plan for crises
• PROTECTIVE FACTORS!!!
Aspects of Risk

• Likelihood
• Severity
• Duration
• Imminence
The Nature of Risk

- Risk Status (traits) – difficult to change
- Risk state – changeable, fluctuating, varies daily, response to situation
- Hot off the presses! -- The Dvoskin method of immediate risk assessment

Violence, like all human behavior, is the result of an interaction between a person and a situation.

\[ V = P \times S \]
Dynamic Risk Factors


• Static and dynamic factors were coded on the basis of chart review using 2 structured measures of violence risk: Version 2 of the Historical–Clinical–Risk Management—20 (HCR–20) and Short-Term Assessment of Risk and Treatability (START)

• Changes in dynamic risk factors significantly predicted institutional violence, even after controlling for static risk factors.

• Provide clear and direct support for the utility of dynamic factors in the assessment of violence risk.
START and SAPROF (Abidin et al, 2013)

• The START and SAPROF are newly developed fourth generation structured professional judgement instruments assessing strengths and protective factors.

• Prospectively tested whether any of these instruments predict violence or self harm in a secure hospital setting.

• Results: SAPROF and START-strengths had strong inverse (negative) correlations with the HCR-20. SAPROF correlated strongly with GAF.

• SAPROF predicted absence of inpatient violence and self-harm

• START-strengths predicted absence of violence, but did not predict absence of self-harm.

• Conclusions: The START and SAPROF can be used to assess both reduced and increased risk of violence and self-harm in mentally ill in-patients in a secure setting.
Pathways to Violence

- Cognitive
- Affective/emotional

The special role of fear and anger
Affective States and Violence

- Fear
- Anger
- Humiliation
- Anxiety
- Despair
More about Anger (Barrett et al, 2013)

- Individuals with SUD have consistently report high levels of anger and violence perpetration.
- Heightened anger can increase risk for violence and also impede treatment for SUD.
- Comorbid mental health disorders are associated with anger and violence among individuals with SUD.
- Findings: Individuals with comorbid MH symptoms, esp. anxiety, are also likely to present with high levels of anger.
- A history of childhood trauma exposure and high levels of trait aggression were significantly associated with violence perpetration.
Changing People and Situations

• Changing people is possible, but it’s really hard work and it takes a long time, and they’re usually not all that excited about it.

• Changing situations is often pretty easy, especially if you do it early.

Early is good, and late is bad.
Risk-Based Treatment Planning

• Ideally, violence risk assessments and treatment plans should bear some resemblance to each other, but...
• They usually don’t.
Risk-Based Treatment Planning

• Ideally, treatment plans should include real, meaningful assessment of strengths, but...
• ...they usually don’t.
Risk-Based Treatment Planning

• Ideally, treatment plans should represent teamwork between the treatment team and the person being treated, but...
• ...they usually don’t.
• Improving the quality of treatment plans
• Plans must be simple enough to be understood by the patient and the staff at all levels
Assessing Patients

- Cross-sectional versus longitudinal – maybe we’re the “borderlines”
- Pay attention to histories and acknowledge hopeful futures
- Sometimes I think Meth was invented by Satan
Trauma and Violence

• Understanding a person’s history of trauma can teach you:
  – Triggers to their violent behavior.
  – How to avoid forcing them to relive their worst nightmare.
  – The meaning of violence and violation in their lives.
  – Why they choose such costly ways of meeting their needs.
There are strong links between childhood trauma and the risk of violence (Ford et al., 2007).

This study explored the association between a history of childhood trauma (abuse, neglect and conflict-related trauma) and the risk of violence in adults with psychotic disorders.

The strongest associations with the risk of violence were found for sexual abuse and the impact of community conflict.

An accumulative effect of trauma was found.
The Role of Psychopathy
(Laurell et al, 2014)

• Deceptive behavior and instrumental violence are well-known psychopathic features.

• Results: The PCL:SV, Part 1 (interpersonal/affective features), was positively related to the instrumentality of the violent crimes, but this association disappeared when the instrumentality was self-reported.

• However, the majority of the patients tended to exaggerate the reactivity of their violent crimes when it was self-reported, indicating that most offenders, independently of level of psychopathy, used deception when questioned about the characteristics of their past violent crimes.
Suicide and Interpersonal Violence

- Suicidality implies the absence of protective factors
- Suicide risk is often acute and impulsive
Schizophrenia, Suicide, and Violence
Witt et al 2014

• Analysis of the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) dataset.
• Suicide and violence often co-occur in the general population as well as in mentally ill individuals.
• Assessed the incremental predictive validity of suicidal behaviors for the prediction of violence risk among people with schizophrenia.
• Conclusions: Suicidal threats are independently associated with violence risk in both males and females with schizophrenia, and may improve violence risk prediction.
Meichenbaum on Behavior Change

- Individualized
- Strength-based
- Identify both unwanted and desired behaviors
- Systematically reinforce desired behaviors
- Respect the functional value of behaviors to obtain perceived desirable consequences or avoiding perceived undesirable consequences?
- Reinforcement is in the eye of the beholder
Meichenbaum on Behavior Change

• How and when punishment works (Aw, screw it: Punishment sucks)
• Psychoeducational: It’s about skills
• Pay attention to motivation
• Quality of relationship
• Evidence based
• Collaborative
Meichenbaum (cont.)

- Generalizable and transferable skills
- Training in self-regulation
- Don’t try to train people to obey
- Relapse prevention focus

MHP’s know how to change behavior for the better—We just don’t do it.
Veterans

- Action orientation
- Trained to solve problems with violence
- Trauma and its consequences
- Traumatic brain injury and impulse control
- Substance abuse
- High rates of suicide = nothing to lose
Facility Issues

• Balancing the rights of perpetrators with the rights of their victims
• Inadequate staffing
• Comingling
• The pros and cons of on ward police officers
• The pros and cons of forced medication
• Specialized programs
  – Social Learning Environments
  – Dialectic Behavioral Therapy
Managing Contingencies

• If you don’t remember anything else I say today, stop rewarding people for violent behavior.
• When seclusion is a reward
• Identify and reward pro-social behavior
• “Catch ‘em doing something right!”
Crowding

- Crowding versus perceived crowding
- Affect of crowding on staff behavior
- The importance of privacy
- More patients equals less:
  - Services
  - Programming
  - Attention
  - Time to eat meals
Overcrowding in psychiatric wards and physical assaults on staff – Virtanen et al (2011)

• Examined the association between ward overcrowding and violent physical assaults in 90 Finnish acute-care psychiatric inpatient wards.
• 46% of hospital staff were working in overcrowded wards, only 30% of hospital personnel were working in a ward with no crowding.
• Crowding was associated with violent assaults towards employees (odds ratio (OR) = 1.72).
• No association was found with assaults on property.
• Patient overcrowding is highly prevalent and may increase the risk of violence directed at staff.
Physical Plant Issues

• Blind spots
• When every psych tech is a “watcher”
• Program space
Training

• Your staff must have confidence in the training they receive.
• If you don’t understand and believe in your training program, replace it!
• The pros and cons of home-grown training
• Complicated training is a waste of time
• KISS – Training only changes behavior if skills are learned, remembered, and practiced
The Importance of Natural Leaders

• Take a good look at your most charismatic and influential staff members
• Whose side are they on?
• If you are afraid to confront toxic staff members, imagine how terrified the patients must be.
• Negative staff behavior – if you ignore it, you reinforce it.
• Turn ‘em around or fire ‘em.
Fear and Loathing

• Transference – why would they hate us?
• Counter-Transference -- Even your best staff get sick of some patients
• Insight – How come they have to have it and we don’t?
• The importance of respect and empathy
• Consider the possibility that they’re doing the best they can
Working with Unions

• Common ground – Unions should be concerned with the safety and working conditions of the hospital staff
• Better working conditions for the staff equals better living conditions for patients
• Nobody profits from a dangerous facility
Relapse Prevention

- Assessment of risks (Risk Scenarios)
- Identify risk-laden situations
- Assess skill deficits and strengths that relate to risk-laden situations
- Building on success
- Teach avoiding and escaping from risky situations

It’s all about skills
Relapse Prevention:

- Early trauma
- Victimization and perpetration
- The individual meaning of violence
- The individual consequences of violence
- Identification of patterns
- Strengths and skills
Relapse Prevention (cont.)

- Barriers to utilization of skills
- Identification of skill deficits
- Supports and scrutiny
- Feedback loops
- Housing
Addressing Criminogenic Needs and Risks

- If a criminal becomes mentally ill, and we successfully treat the mental illness, what do we have?
- Criminogenic needs are associated with criminal recidivism
- Some criminogenic factors can be changed
- Dynamic variables
Addressing Criminogenic Needs and Risks

- Employment/education domain
- Substance abuse domain
- Marital/family relations domain
- Associates and social interaction domain
- Community functioning domain
- Personal/emotional orientation domain
- Attitude domain
Violence & “Face”
Faith, Hope, and Charity

• “Believe in my possibilities; believe that I can recover.”
• “Restore my hope for a better future; help me to dream.”
• “Allow me to make choices and to fail, and help me to my feet when I stumble.”
• My despair is your enemy, and the only cure for despair is HOPE.
And the Worst Thing about Psychiatric Hospitals

• “Let me through; I’m a Doctor!”
• “Thank God you’re here. What kind of doctor are you?”
• “Art history.”

Being a mental health professional does not make you an expert in everything – (Sorry)