Violence and Mental Illness.....You Can’t Believe Everything You Hear, Read, or See!

Presented by:
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Objectives

- Participants will learn factual information about the rate of violence within the population of persons diagnosed with serious and persistent mental illness (SPMI).
- Participants will learn which factors may contribute to the possibility of violent behavior within the population of persons diagnosed with SPMI.
- Participants will be able to identify behaviors and symptoms that may signal the possibility of violent behavior within the population of persons diagnosed with SPMI.
- Participants will learn some de-escalation techniques to help negate or mitigate imminent violent behavior.
1. People diagnosed with SPMI are more violent than the general population - true or false?
2. People diagnosed with SPMI are more likely to be victims than perpetrators of violent crime - true or false?
3. 75% of Americans view persons with SPMI as violent - true or false?
4. 38% of Americans do not want to be friends with someone experiencing mental health issues - true or false?
5. The majority of violent crimes are committed by people diagnosed with SPMI - true or false?
6. Gender and ethnicity are better predictors of violence than psychiatric diagnosis - true or false?
1. People diagnosed with SPMI alone are more violent than the general population. **false - 2 / 2.5%**
2. People diagnosed with SPMI are more likely to be victims than perpetrators of violent crime. **true - 25% - 11.8 times higher than general pop.**
3. 75% of Americans view persons with SPMI as violent. **true**
4. 38% of Americans do not want to be friends with someone experiencing mental health issues. **true**
5. The majority of violent crimes are committed by people diagnosed with SPMI. **false - one study showed that persons with SPMI were responsible for 1 in 20 acts of violence committed in the US.**
6. Gender and ethnicity are better predictors of violence than psychiatric diagnosis - **true**
Facts that Contribute to Stigma and Fear

- **Columbine** - 4/20/99 - Eric Harris, 18; Dylan Klebold, 17. killed 15 (including perps.); injured 17.
- **Virginia Tech** - 4/16/07 - Cho Seung-Hui, 23. killed 32 (including perp.), injured 17.
- **Tucson** - 01/08/11 - Jared Lee Loughner, 22. killed 6; injured 18.
Facts that Contribute to Stigma and Fear

- Aurora, CO - 7/20/12 - James E. Holmes, 25. 12 killed. 58 injured.
- NewTown (Sandy Hook) 12/14/12- Adam Lanza, 20. 28 killed (including perp.); 2 injured.
- Ashley Hall - 02/08/13- Ashley Boland, 28. no deaths or injuries.
The Fiction...From Where Does It Originate?

- News
- Books
- Movies
- Imagination
- Folklore
- Fear
STIGMA!!!!

Stigma can prevent people from seeking/receiving needed care - care that could prevent future violence.
So, Who is Violent?
Predictive Factors of Violent Behavior (in Order of influence)

- Youth
- History of violence
- Male
- History of juvenile detention
- Divorced or Separated within last year
- History of physical abuse
- Parental criminal history
- Lower Socioeconomic status
- Unemployment
- Homelessness
- Lower IQ
- SPMI with Substance abuse
- Having been a victim of violence within the last year
In General, Who Might Perpetrate the Most Violence?

- A Young, poor, uneducated, unemployed, substance-abusing male who has been in juvenile detention, been a victim of physical abuse, has a history of violent behavior and has parents who have been incarcerated. (note - no mention of SPMI!)
Risk Rates Related Specifically to Those Diagnosed with SPMI

- SPMI only - 2.4%
- SPMI with Substance Abuse - 6.4%
- Schizophrenia only - 5.15%
- Schizophrenia with substance Abuse - 12.66%
Impact of Mental Illness and Violence (1990 Swanson, et al)

2% of general population has been violent.
11% OCD
12% Panic D/O
12% MDD
13% Schizophrenia
19% Marijuana
25% ETOH
35% Other Drug

A person with a combination of a violent history; schizophrenia, paranoid type; and substance abuse is at great risk for committing violent acts.
Behaviors & Symptoms that Could Signify Future Violence Toward Others

- Verbal threats
- Aggressive body language
- An increase in auditory hallucinations - particularly command hallucinations
- Paranoia
- Mania with irritability
- Drug Use
- Flashbacks
- Hypervigilance
Behaviors & Symptoms, cont’d.

- Pre-occupation with violence in the media, books, games, music, etc.
- Amassing of weapons
- Cruelty to animals or small children
- Bullying
- Lack of meaningful relationships

Always be aware of changes in behaviors
Note that all behaviors reside along a continuum of seriousness
Behaviors & Symptoms that Could Signify Future Violence Toward Self, I.E. Suicide

- Talking about wanting to die, about suicide
- Giving away precious items
- Isolating oneself
- Lack of purpose
- Hoarding pills; gathering other means
- Symptoms of depression - unintended change in weight; change in sleep patterns; pervasive sadness; lack of energy; loss of sexual desire; loss of enjoyment in hobbies; isolation.
- Hopelessness
Okay, You know What to Observe, Now What???
Decisions

- Is the danger imminent?
- Do you need 911? When in doubt, call!
- Danger is not imminent, so is there something you can do?
- To whom do you turn for guidance?
- Can you take immediate actions to protect self or others?
De-escalation...Where to Begin?

- **escalate**

  increase: to become or cause something to become greater, more serious, or more intense

  opposite: de-escalate

  For this workshop, de-escalation refers to verbal and non-verbal techniques to rapidly build rapport and trust with a person who is agitated, frustrated, angry, fearful, or intoxicated.
Principles of De-escalation
Stairway to Success

1) active listening
2) empathy
3) rapport
4) influence
5) change
What is Verbal De-Escalation?

- Non-physical skills used to prevent a potentially dangerous situation from escalating into a physical confrontation
- There are four main categories:
  - Preventing a potentially dangerous situation from escalating
  - Reducing the tension of a current situation
  - Reducing personal risk by assuring you can escape or avoid harm
  - Reducing the risk to other people (including the potentially violent person) or property
1. Decrease outside stimuli
2. Decrease confusion and disorganization
3. Get person alone
4. Don’t overstaff the situation
5. Have person sit down (soft chair)
6. Have one person do the talking
7. If emotional tell person what “to” do vs. what “not to” do
8. Be supportive of consumer. “Just want to talk”
9. Encourage their use of control
10. Avoid angry, punitive power struggle
11. Remember the person may be very frightened
12. Clear limit setting
13. Talk, Talk, Talk
14. Listen, Listen, Listen
15. Use Food
16. Lower your voice
16. Avoid moving too quickly—resolution. i.e. “Well just get a job!”
17. Selective use of silence can be powerful.
18. When silence is meaningful, use it. Don’t speak unless you can improve the silence.
19. Consequences—withdrawal of attention. Problems with negative consequences and when consequences do not work.
20. Promoting negative behavior is more likely when the only attention given is a result of negative behavior.
21. Use I statements and avoid demands. “You better sit yourself down now.”
22. Emotional labeling. What if you can’t identify their emotion? Identify your own. “I don’t know about you, but I am nervous”
23. As emotion decreases, rational thinking increases. What?
24. If you are worried about suicide, ask the question...use the “s” word!
It’s How You Say It

- Pitch - Refers to frequency and range of your voice. Pitch rises during stress. Lower tones are more often perceived as truthful.
- Intonation - Variations in the voice’s pitch. A level pitch is considered more assertive. A rise in pitch at the end of an otherwise strong statement can sabotage your message.
- Volume - Loudness. You seldom want to shout or yell as this may trigger escalation. If you raise the volume - keep a very steady pitch.
- Have only one person speaking at a time.
65% to 90% of communication is non-verbal
- Look for the non-verbal cues from the person who has potential to escalate.
- Praise positive signs of de-escalation.
- Is your body language threatening?
- Are you showing a willingness to become physical?
- Maintain eye contact-failure may suggest fear, lack of interest, rejection, or lying.
- Neutral facial expression-calm, attentive expression reduces hostility.
Relaxed an alert posture-stand or sit straight, feet spaced shoulder width.

Minimize body movements that indicated nervousness.

Breathe slowly, deeply.

Use positive affirmations and self talk- even if verbally challenged. Our thoughts trigger our emotions. Stay positive.
Barriers to successful De-Escalation

- Criticizing
- Minimizing
- Name Calling
- Arguing
- Power Struggles
- Not Listening
- Ordering
- Rigidity
- Threatening
- Telling client “I know how you feel”
- Power Struggles
- Lying
- Aggressive tone, Words, or Body Language
Know Your Environment

- Position yourself for safety - much depends upon level of escalation. Constantly Assess!
  - You may want to be two arm lengths away or
  - You may want furniture (couch, desk) between you
  - Evaluate offices
  - Know your escape route
  - Know how to signal others for help
  - Always be aware of your environment
In the event of an active shooter situation, the 5 minute video, “Run, Hide, Fight” offers excellent guidance and is endorsed by law-enforcement agencies nationwide.

References

1. Mental Illness Alone Doesn't Predict Violence, but Substance Abuse Increases Risk for Mentally Ill, Study Shows. Kathleen Doheny WebMD Health News


Questions?

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