AGGRESSION, VIOLENCE, & PSYCHOSIS FACTS & MISCONCEPTIONS

Rebecca N Preston PhD

EARLY PSYCHOSIS CARE CENTER MISSOURI

IDENTIFY | TREAT | RECOVER

AGGRESSION, VIOLENCE, & PSYCHOSIS

FACTS & MISCONCEPTIONS

- Review psychosis: signs, symptoms, & behaviors
- Discuss constructs of irritability, anger, and aggression & how they relate to externalizing behaviors
- Discuss factors that contribute to increased risk for aggressive and violent behavior during psychosis
- Provide an overview of verbal and non-verbal de-escalation techniques

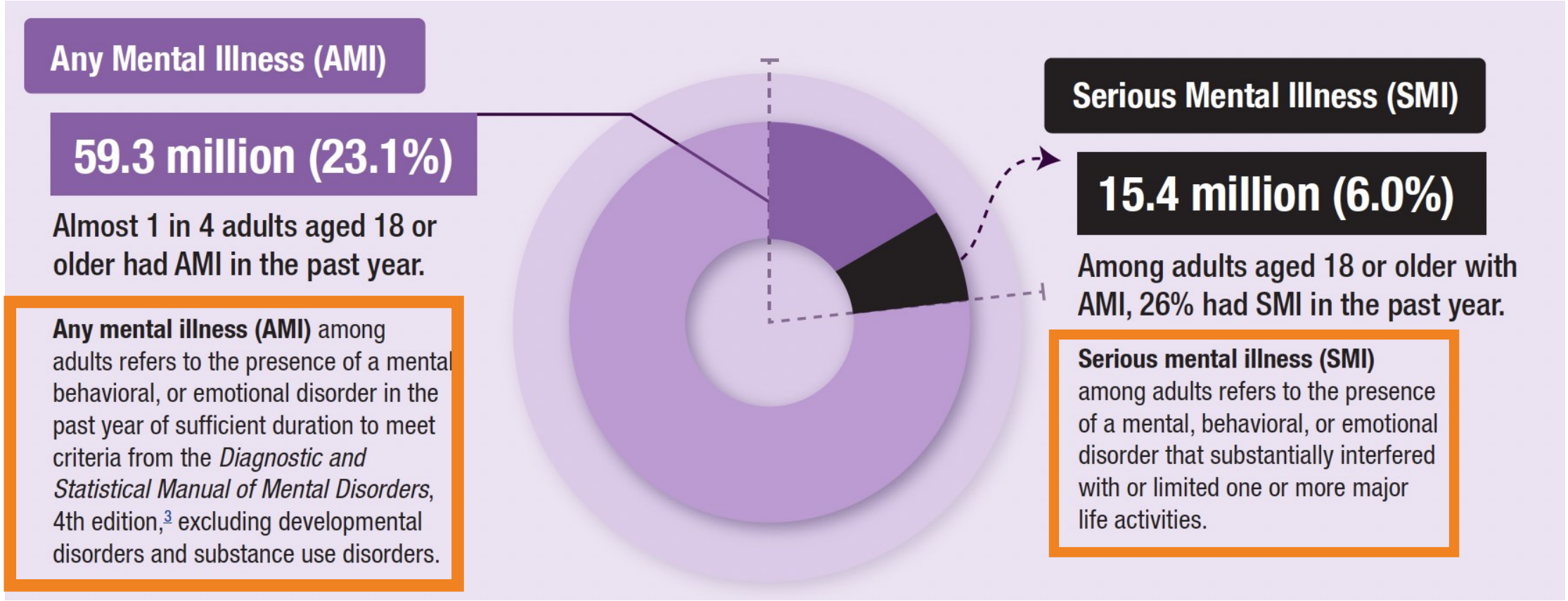
MYTHS *vs.* FACTS

MYTHS *vs.* FACTS

MYTHS *vs.* FACTS

MYTHS *vs.* FACTS

MENTAL ILLNESS



Substance Abuse and Mental Health Services Administration. (2023). *Results from the 2022 National Survey on Drug Use and Health: A companion infographic* (SAMHSA Publication No. PEP23-07-01-007). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-infographic

WHAT IS PSYCHOSIS

Psychosis is a **temporary** state marked by a ***loss of contact with reality***

A collection of experiences that may be distressing and/or inconsistent with dominant cultural norms

RISK FACTORS

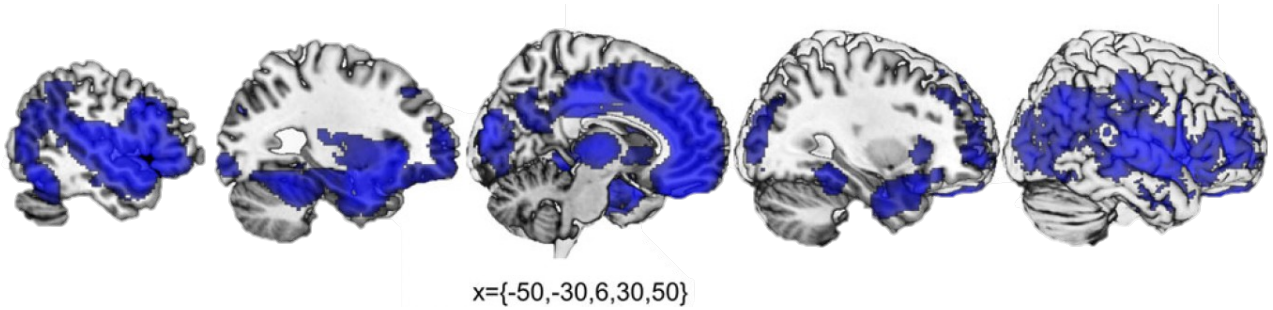
Temporary

- Going through a traumatic event
- Under extreme stress
- Sleep deprived
- Taking certain prescription medications
- Using substances (such as hallucinogens like LSD)

Other

- Traumatic brain injury, brain tumors
- Neurological conditions like epilepsy, MS
- Neurodegenerative conditions like Alzheimer's disease, Parkinson's Disease, Huntington's
- Other medical conditions such as HIV, Lyme Disease, neurosyphilis, stroke, normal pressure hydrocephalus

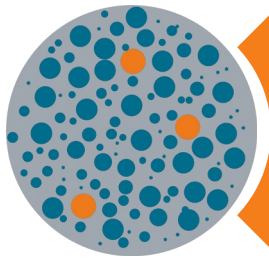
Brain abnormalities correlated with psychotic disorders
↓ GMV in prefrontal, superior, and medial temporal regions



Sullivan et al, 2020; NIMH. "RAISE Questions and Answers."; Perälä et al 2007; Picó-Pérez et al, 2022.

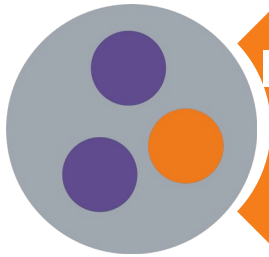
PSYCHOSIS QUICK FACTS

1 in 6 people report having a psychotic-like experience at some point during their life

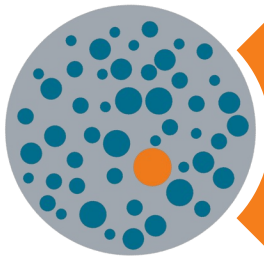


First episode psychosis (FEP) affects **3 in 100** people

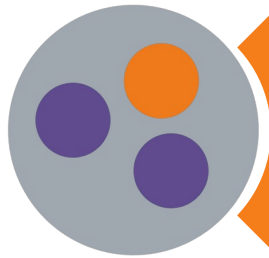
1 in 5 presenting for treatment at primary care centers report experiencing **one or more** psychotic symptoms



1 in 3 people experiencing FEP will develop a **schizophrenia spectrum disorder**



Lifetime prevalence of psychotic disorders is ~3%



Age of onset

Males < Females

Sullivan et al, 2020; NIMH. "RAISE Questions and Answers."; Perälä et al 2007; Addington et al., 2015; Heinssen, Goldstein, & Azrin, 2014; McGrath, Saha, Chant, et al., 2008

PSYCHOSIS & PSYCHOTIC LIKE EXPERIENCE

POSITIVE SYMPTOMS

Exaggerations in normal human experience
Hallucinations
Delusions (false beliefs)

NEGATIVE SYMPTOMS

Loss or withdrawal of qualities that make us emotionally connected and motivated
Five As

COGNTIVE SYMPTOMS

Something has changed in the mental processes involved in attention, learning, remembering, using knowledge

PSYCHOTIC LIKE EXPERIENCES

Similar or comparable to positive symptoms of psychosis
Not severe enough to warrant diagnosis on clinical presentation

ANOMALOUS SELF-EXPERIENCE

Disturbances in subjective experience of self

Hinterbuchinger B and Mossaheb N (2021) Psychotic-Like Experiences:A Challenge in Definition and Assessment. Front. Psychiatry 12:582392. doi: 10.3389/fpsyt.2021.582392

PRIMARY PSYCHOTIC DISORDERS

SCHIZOPHRENIA
Lifetime prevalence 0.3%-0.7%

2+ for at least one month: hallucinations, delusions, disorganized speech/behavior, negative symptoms
Impairment in one or more areas of function
Continuous sign of illness for at **least 6 months**

SCHIZOAFFECTIVE DISORDER
Lifetime prevalence 0.3%

Symptoms of sz with major mood episodes
Delusions/hallucinations for at **least 2 weeks when not having mood episode**
Mood episode symptoms present for over 1/2 of duration

SCHIZOPHRENIFORM DISORDER
Lifetime prevalence 0.3%-0.7%

Symptoms of schizophrenia, duration is **one to six months** – after six months becomes a diagnosis of schizophrenia

ATTENUATED PSYCHOTIC DISORDER
Lifetime prevalence unclear

Attenuated delusions, hallucinations, disorganized speech
Symptoms at **least 1/week for past month and started or gotten worse in past year**
Never met criteria for psychotic disorder

BRIEF PSYCHOTIC DISORDER
Lifetime prevalence unclear

Resemble the delusions, hallucinations, or other psychotic symptoms of schizophrenia
Duration from ***one day*** to ***one month***

DELUSIONAL DISORDER
Lifetime prevalence 0.2%

Presence of at least one delusion for at least one month
Never met criteria for schizophrenia

EPC

SUBTLE SIGNS

Disorganized thoughts and speech

Changes in mood
Anxiety, depression, irritability

Hallucinations
Seeing, hearing, smelling, tasting, & feeling things other people cannot

Changes in thinking
- Suspiciousness
- Lack of motivation
- Difficulty differentiating between what is real and what is not real

Lack of interest in caring for self
(changes in showering, eating, overall hygiene)

SUBTLE SIGNS

Overpersonalization
of events, songs, TV & social media
(e.g., special meaning directed at that person)

Changes in behavior
- Social withdrawal
- Sleep disturbance
- Change in the participation in usual activities/responsibilities

Changes in body movement
- Slow movements or lack of movement
- Sitting and staring blankly for long periods of time
- Restlessness or agitation

Changes in academic functioning
- Slower response time
- Decreased attendance
- Increased lateness
- Decreased participation
- Incomplete work
- Lower work quality

AGITATION, HOSTILITY, AGGRESSION, & VIOLENCE

- Agitation – state of increased arousal manifested by excessive motor or verbal activity; often distressing to the person
- Hostility – term with multiple meanings. In addition to overt aggression, it may include temper tantrums, irritability, refusal to cooperate, jealousy, suspicion, and many other attitudes and behaviors
- Aggression – defined as overt behavior involving intent to inflict noxious stimulation or to behave destructively, and can be verbal, against objects, against self, or against other persons
  - Serious aggression – physical violence or assault against another person
  - Any aggression – physical aggression against people, property, self, or animals
- Violence – violence (or violent crime) is more commonly used in criminology, sociology, law, and public policy

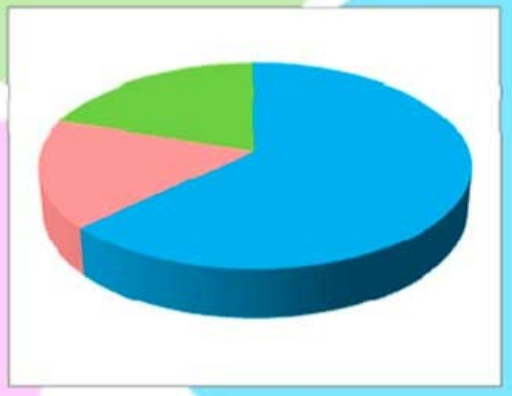
AGGRESSION, VIOLENCE, & EARLY PSYCHOSIS

Ostinelli EG, D'Agostino A, Shokraneh F, et al. Acute interventions for aggression and agitation in psychosis: study protocol for a systematic review and network meta-analysis. BMJ Open 2019;9:e032726. doi:10.1136/bmjopen-2019-032726

AGGRESSIVE BEHAVIOR

Psychotic
17%

Associated with positive symptoms of psychosis – typically command hallucinations and/or delusions



Impulsive
54%

Characterized by high levels of autonomic arousal

Precipitated by provocation

Associated with negative emotions, such as anger or fear

Usually represents response to perceived stress

Also called reactive, affective, or hostile aggression

Organized
29%

Planned behavior not typically associated with frustration or response to immediate threat

Might not be accompanied by autonomic arousal

Planned with clear goals in mind

Also called predatory, instrumental, proactive, or premeditated aggression

Stahl SM. Deconstructing violence as a medical syndrome: mapping psychotic, impulsive, and predatory subtypes to malfunctioning brain circuits. *CNS Spectrums*. 2014;19(5):357-365. doi:10.1017/S1092852914000522

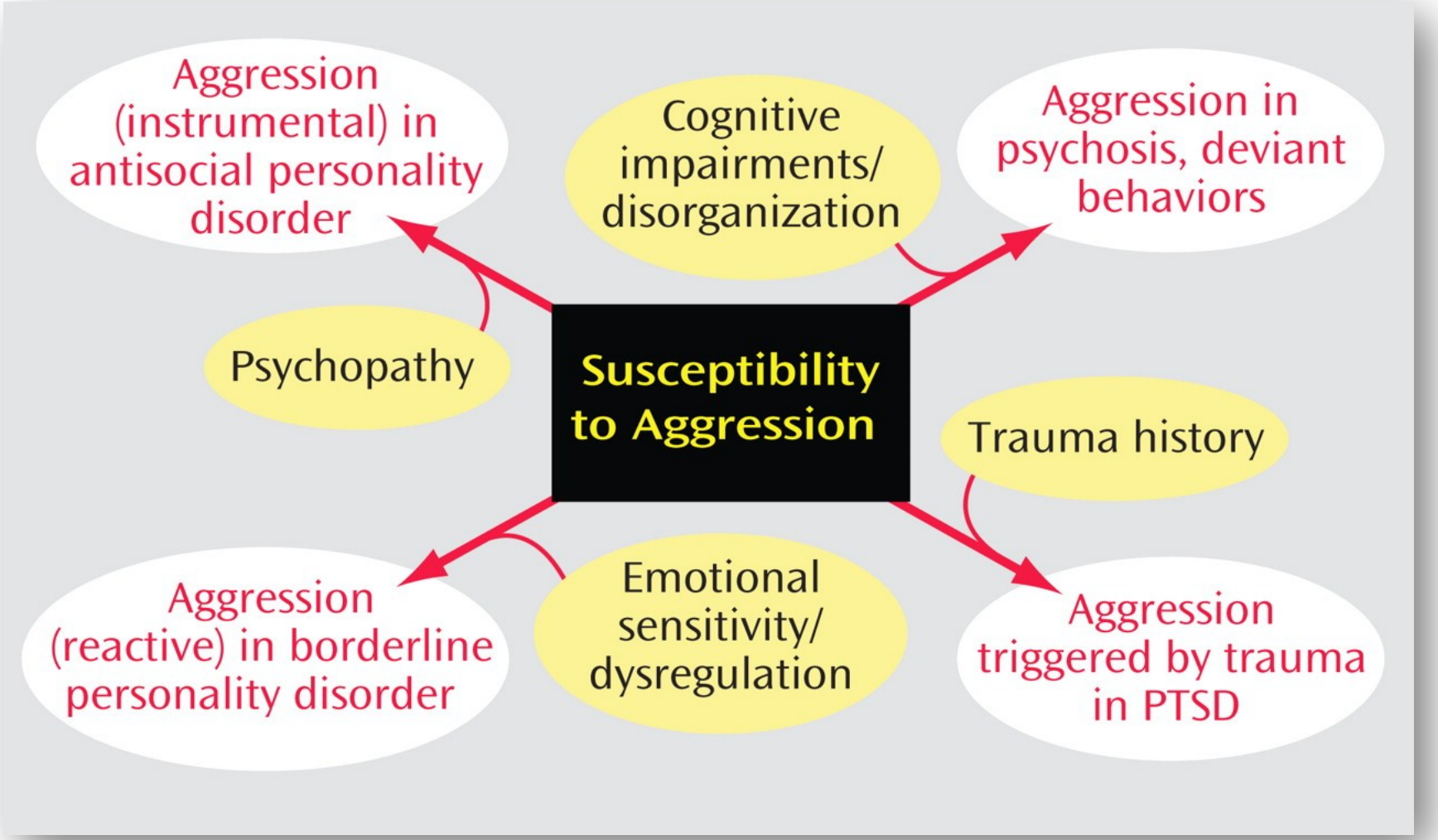
AGGRESSIVE BEHAVIOR

PREMEDITATED VIOLENCE

IMPULSIVEE AGGRESSIONN

Siever, 2008. American Journal of Psychiatry, 165(4) doi.org/10.1176/appi.ajp.2008.07111774

AGGRESSIVE BEHAVIOR



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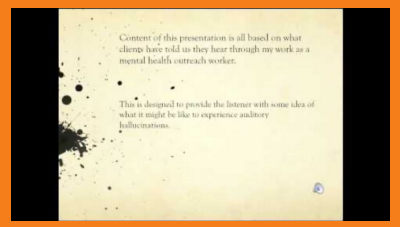
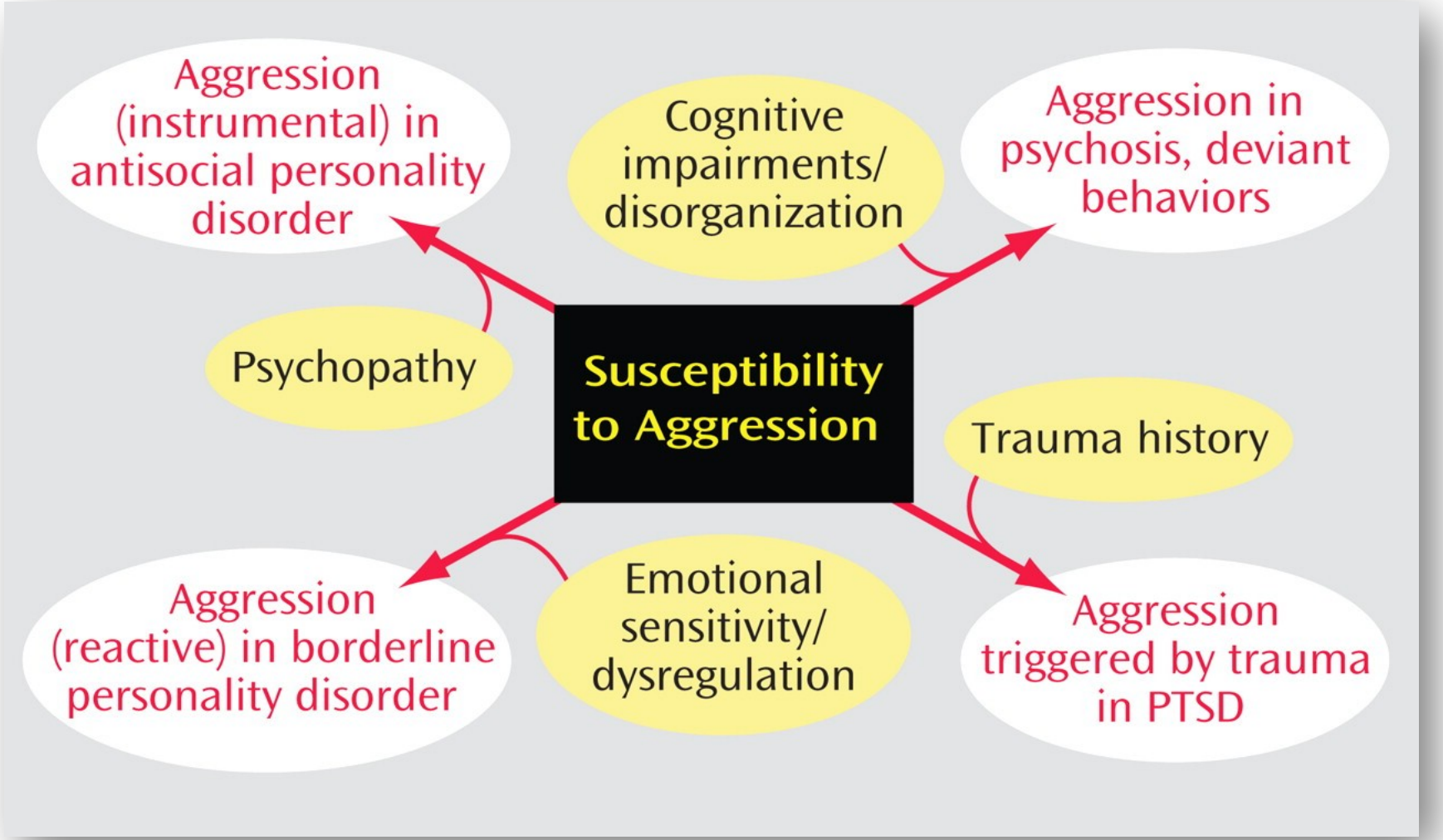
AGGRESSIVE BEHAVIOR



AGGRESSIVE BEHAVIOR



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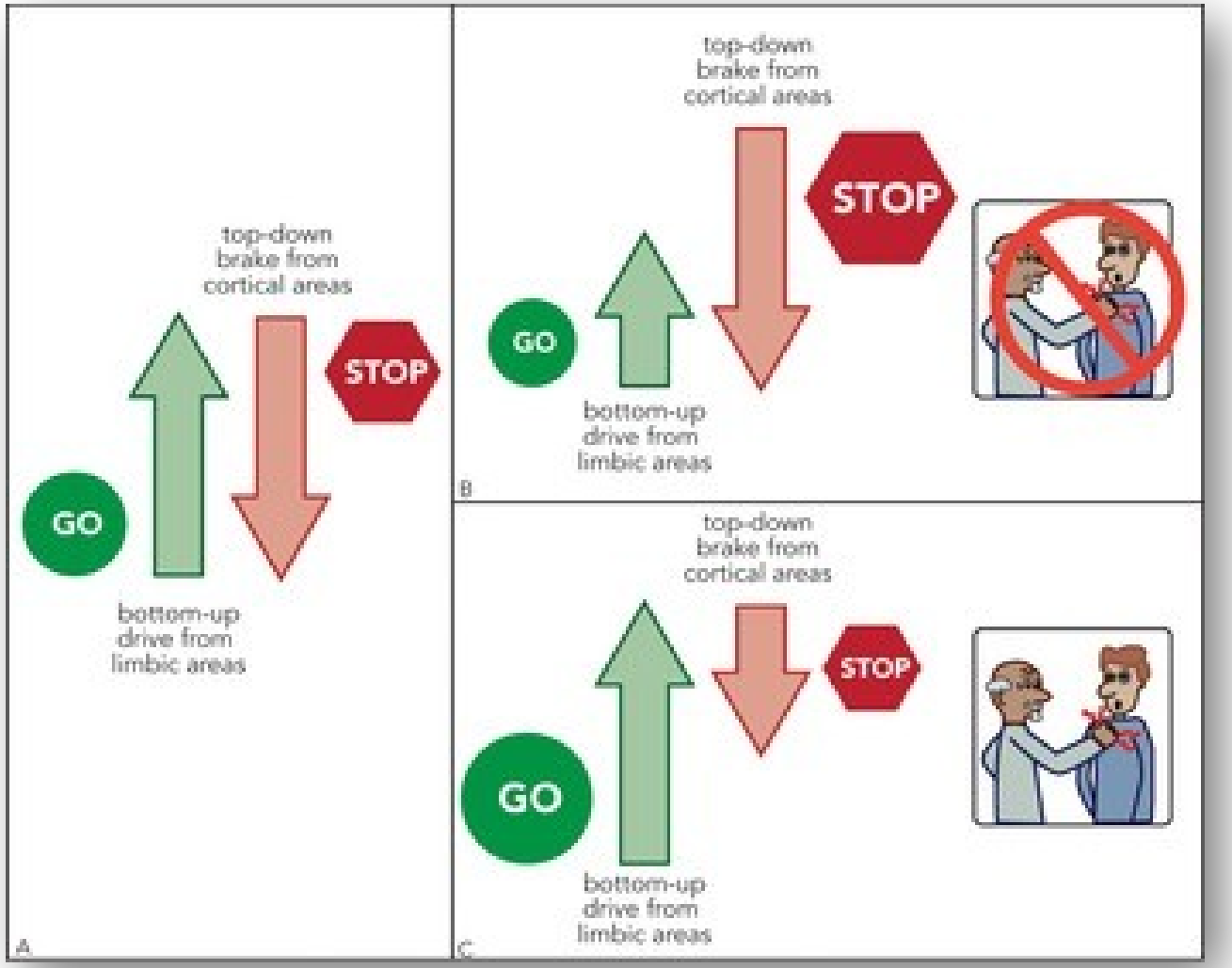
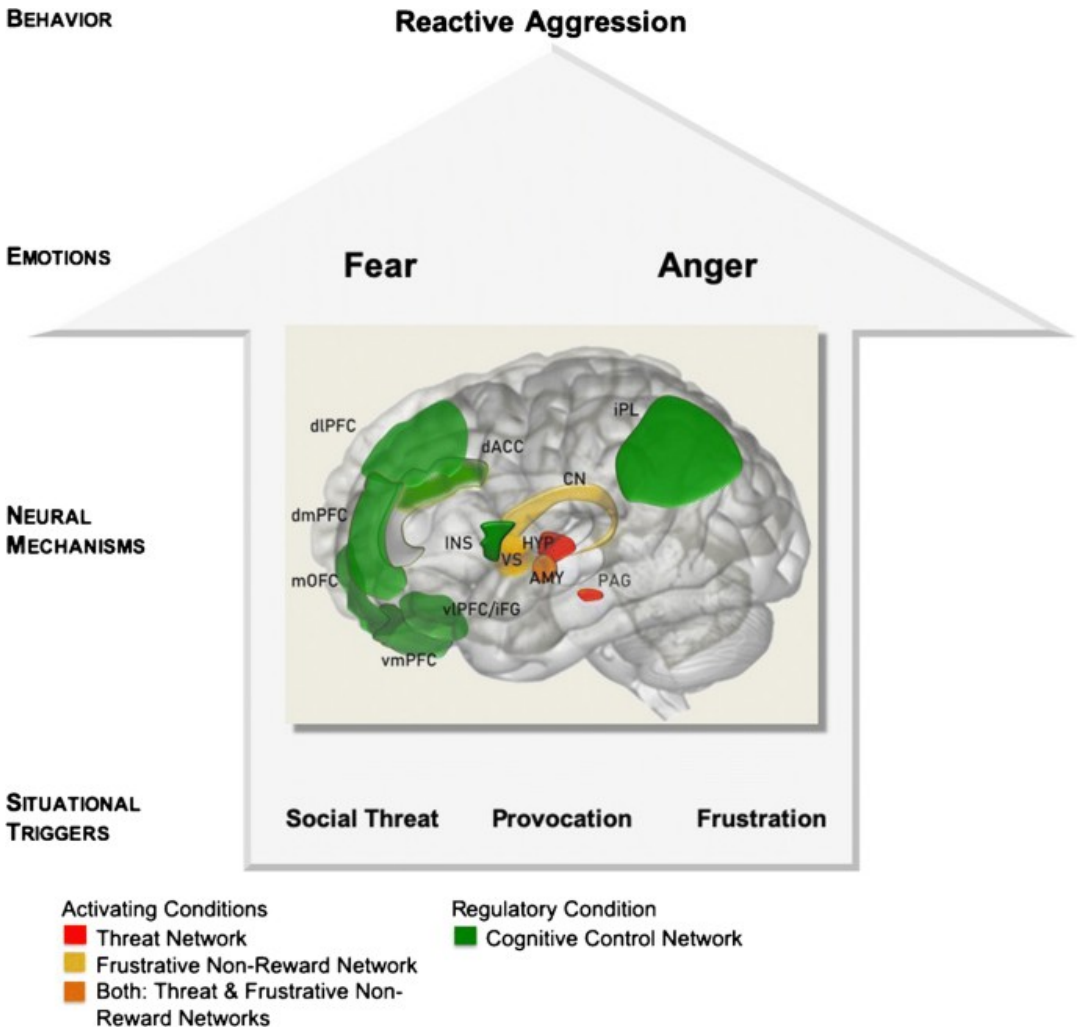
AGGRESSIVE BEHAVIOR





AGGRESSION, VIOLENCE, & EARLY PSYCHOSIS

- Early / first episode psychosis is a period of heightened risk for serious aggression, including homicide and also lesser forms of aggressive behavior
- Individuals presenting for treatment of first episode psychosis suggest that up to one-third of patients present with a history of aggressive or violent behavior
- Rates of serious violence among individuals with a first episode of psychosis are estimated to be around 15%
- Aggression can be triggered by many things including fear, misinterpretation of the intent of others (person thinks they are in danger), too much stimulation, and drugs and alcohol

Rolin, S.A., Scodes, J., Dambreville, R. *et al.* Feasibility and Utility of Different Approaches to Violence Risk Assessment for Young Adults Receiving Treatment for Early Psychosis. *Community Ment Health J* **58**, 1130–1140 (2022). https://doi.org/10.1007/s10597021-00922-6; Winsper et al *Acta Psychiatr Scand 2013: 128: 413–421*

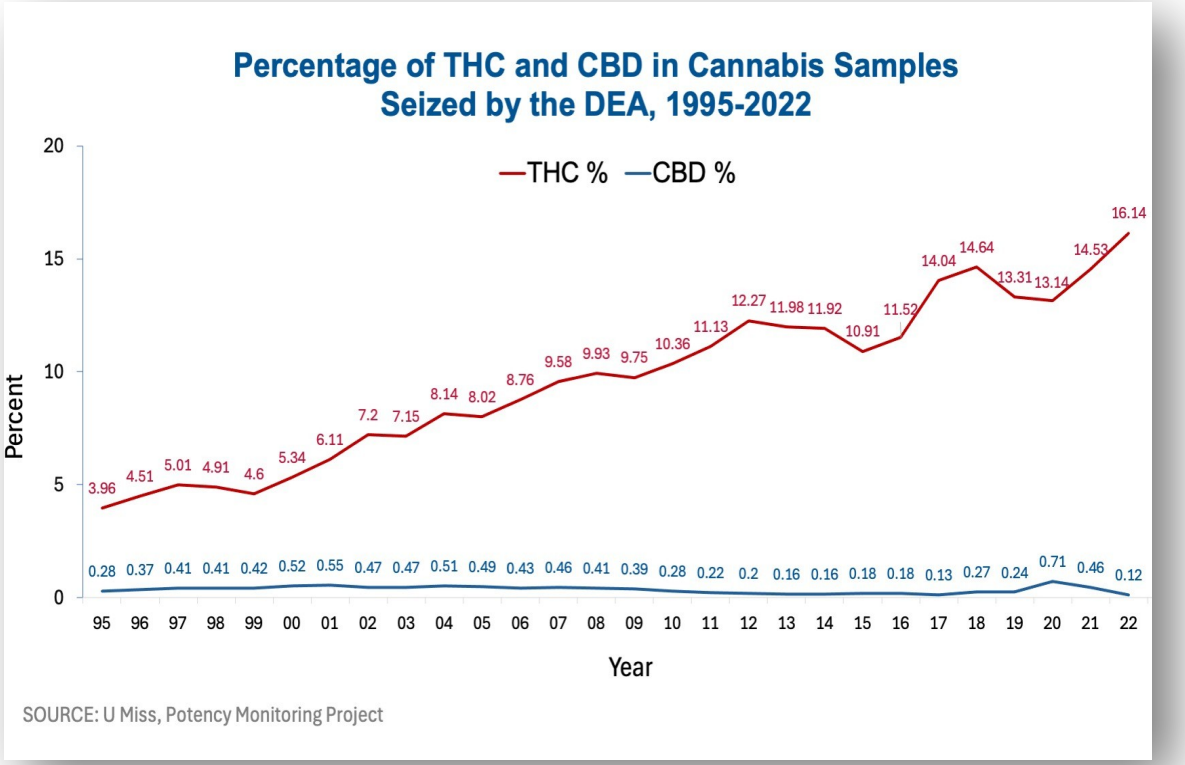
AGGRESSION, VIOLENCE, & EARLY PSYCHOSIS

- Violence in this population may precede diagnosis of psychosis
  - ~40% of young adults at ultra-high risk of developing psychosis had a history of violence
- Risk factors for violence among people with early psychosis include: hostile affect, criminal justice involvement, less education, being in treatment involuntarily, or substance use, patient characteristics (e.g. younger age), illness course (e.g. a pattern of positive symptoms increasing risk), lack of treatment (e.g. low insight prior to engagement with services), history of homelessness, victimization, male, minority status, low ses
  - Cannabis appears to be most closely associated with increased rates of violence, possibly through heightened paranoia or other positive symptoms

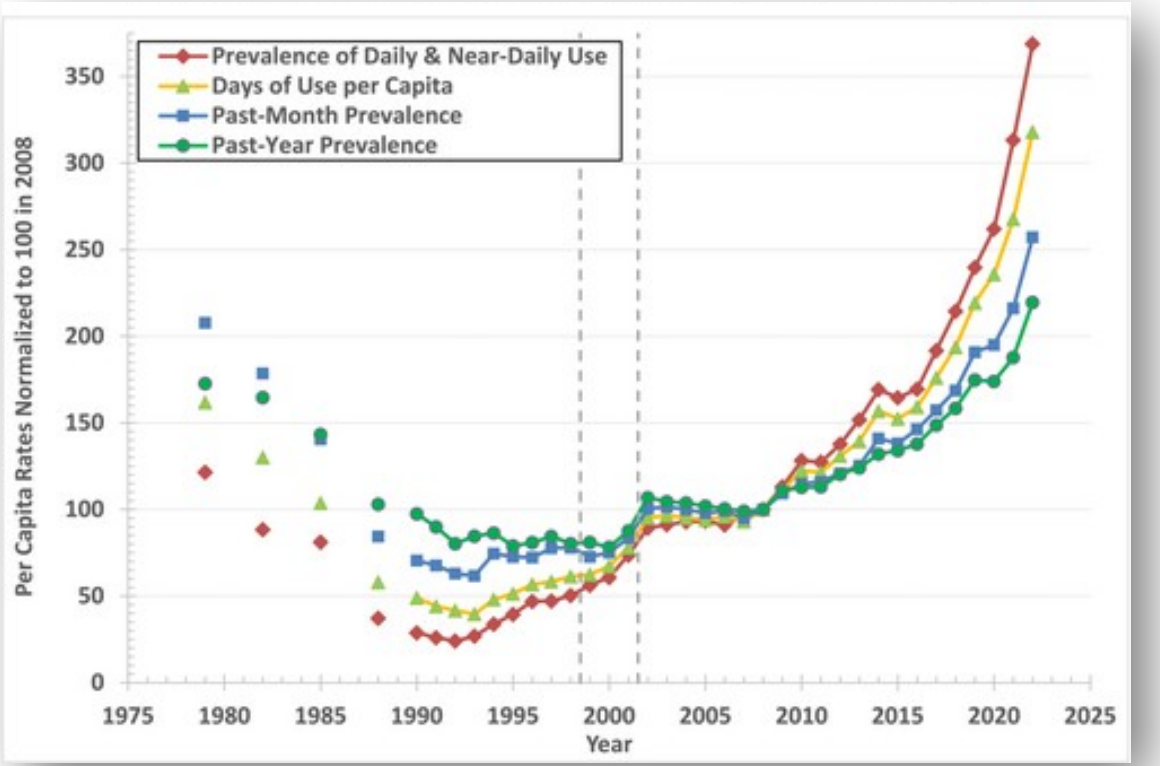
Rolin, S.A., Scodes, J., Dambreville, R. *et al.* Feasibility and Utility of Different Approaches to Violence Risk Assessment for Young Adults Receiving Treatment for Early Psychosis. *Community Ment Health J* **58**, 1130–1140 (2022). https://doi.org/10.1007/s10597021-00922-6;Winsper et al *Acta Psychiatr Scand 2013: 128: 413–421*

CANNABIS USE

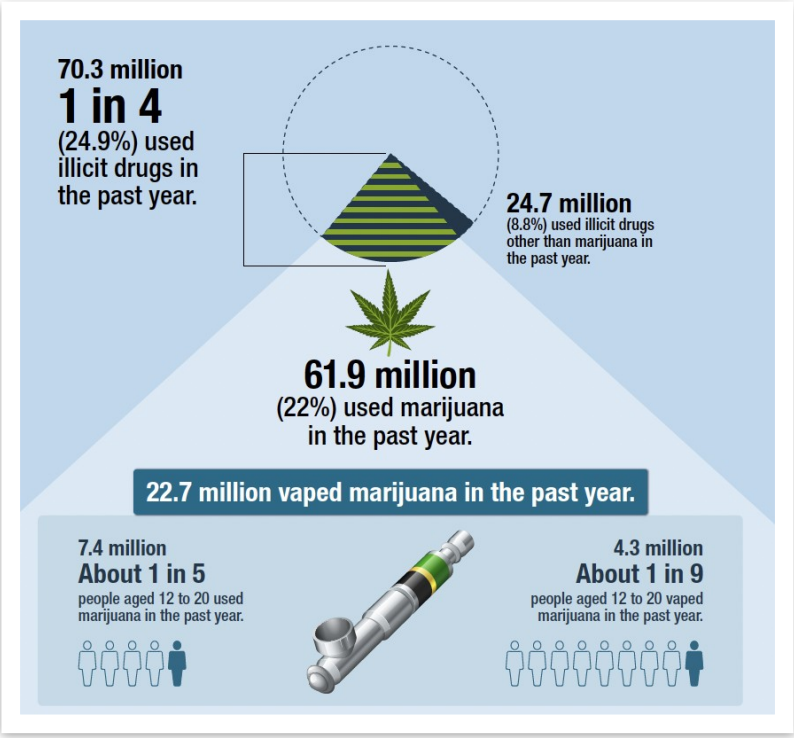
Delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD) Potency of Cannabis Samples Seized by the Drug Enforcement Administration (DEA), Percent Averages from 1995-2022



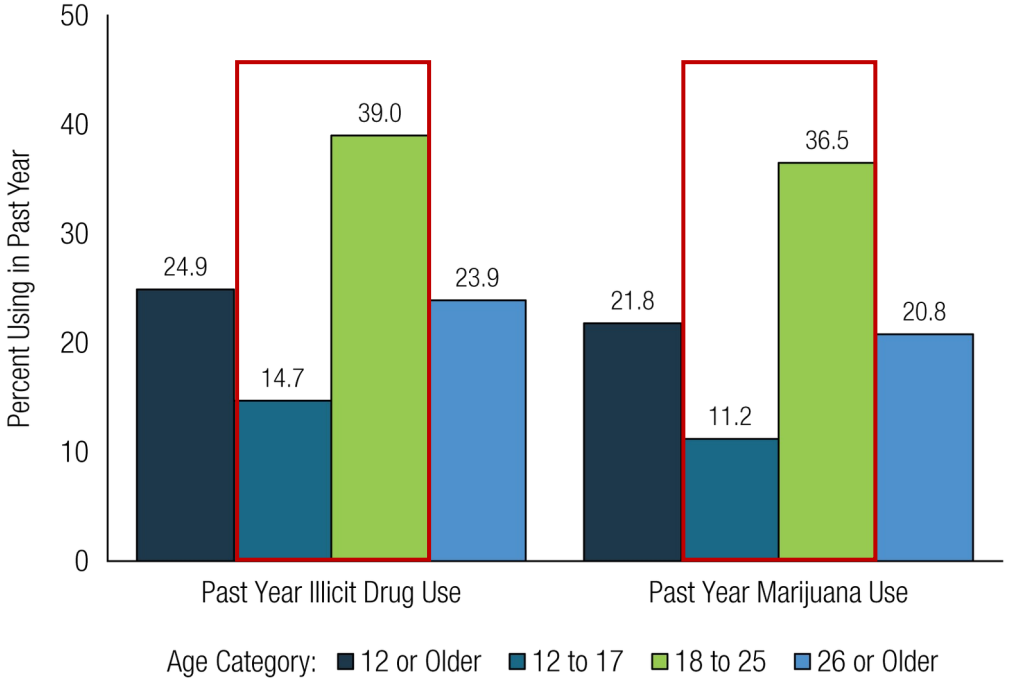
Rates of use reported to the US National Survey on Drug Use and Health and its predecessors are described, as are trends in days of use reported



CANNABIS USE



Adolescent cannabis use has increased ~245%, since 2000

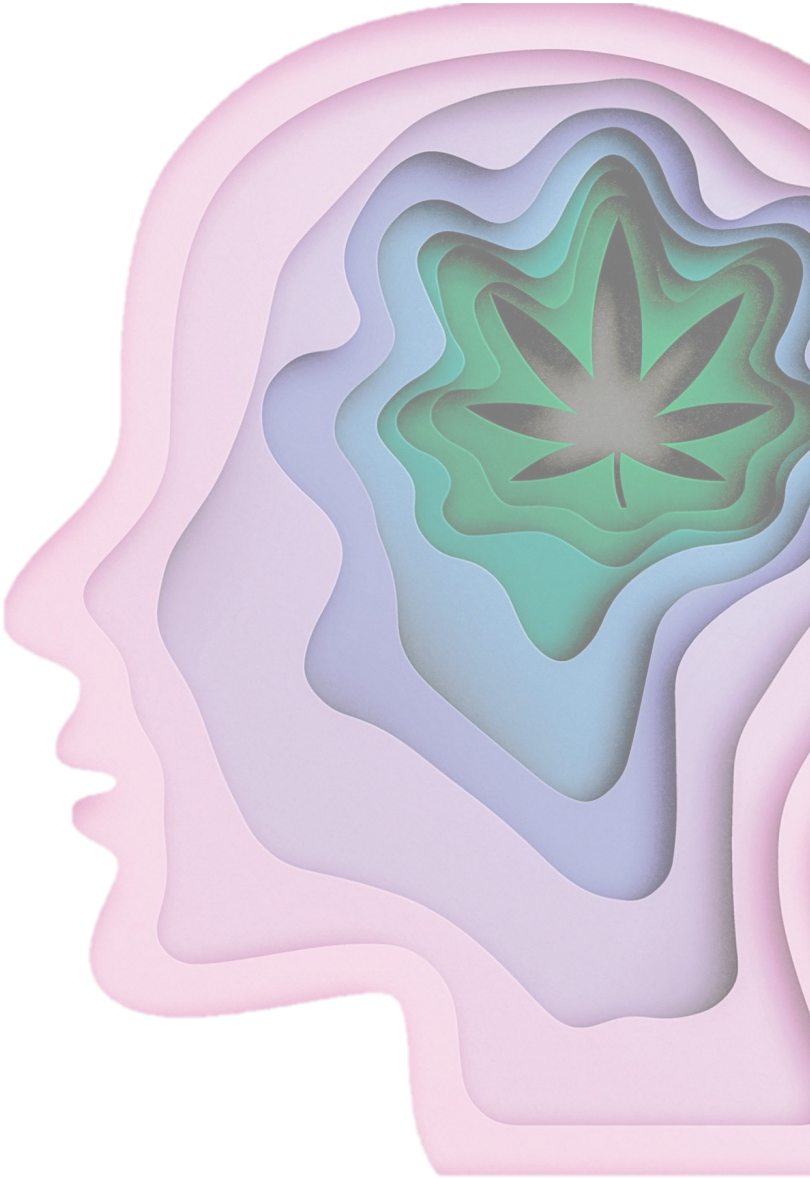


Regular cannabis use predicts an increased risk for schizophrenia and symptoms of psychosis

- Starting cannabis <15 associated with earlier psychosis onset
- Use of **higher potency cannabis**, compared with lower potency cannabis, is associated with an **increased risk and earlier onset of psychosis** (average 6yrs earlier)
- Higher potency cannabis use has also been associated with **more symptoms** of psychosis, an increased **risk of relapse** and poorer social function 5 years later

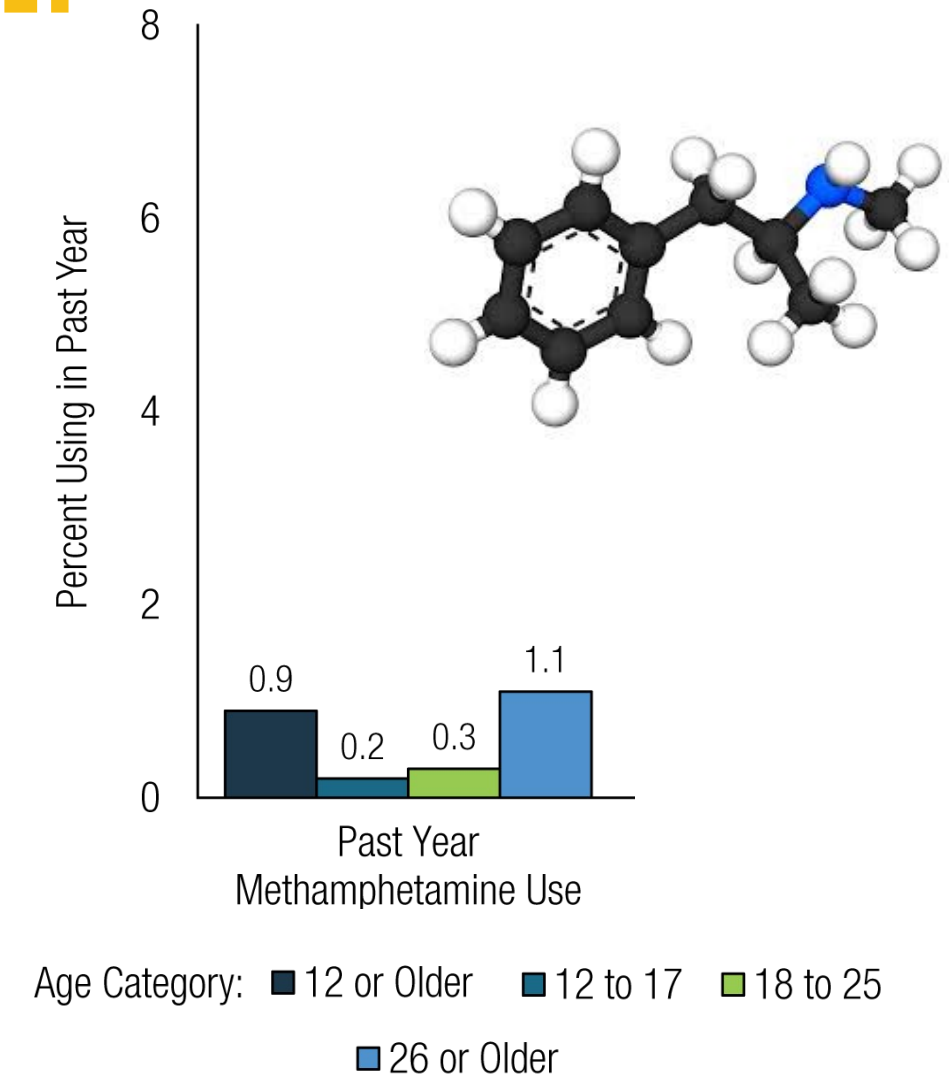
CANNABIS & AGGRESSIVE BEHAVIOR

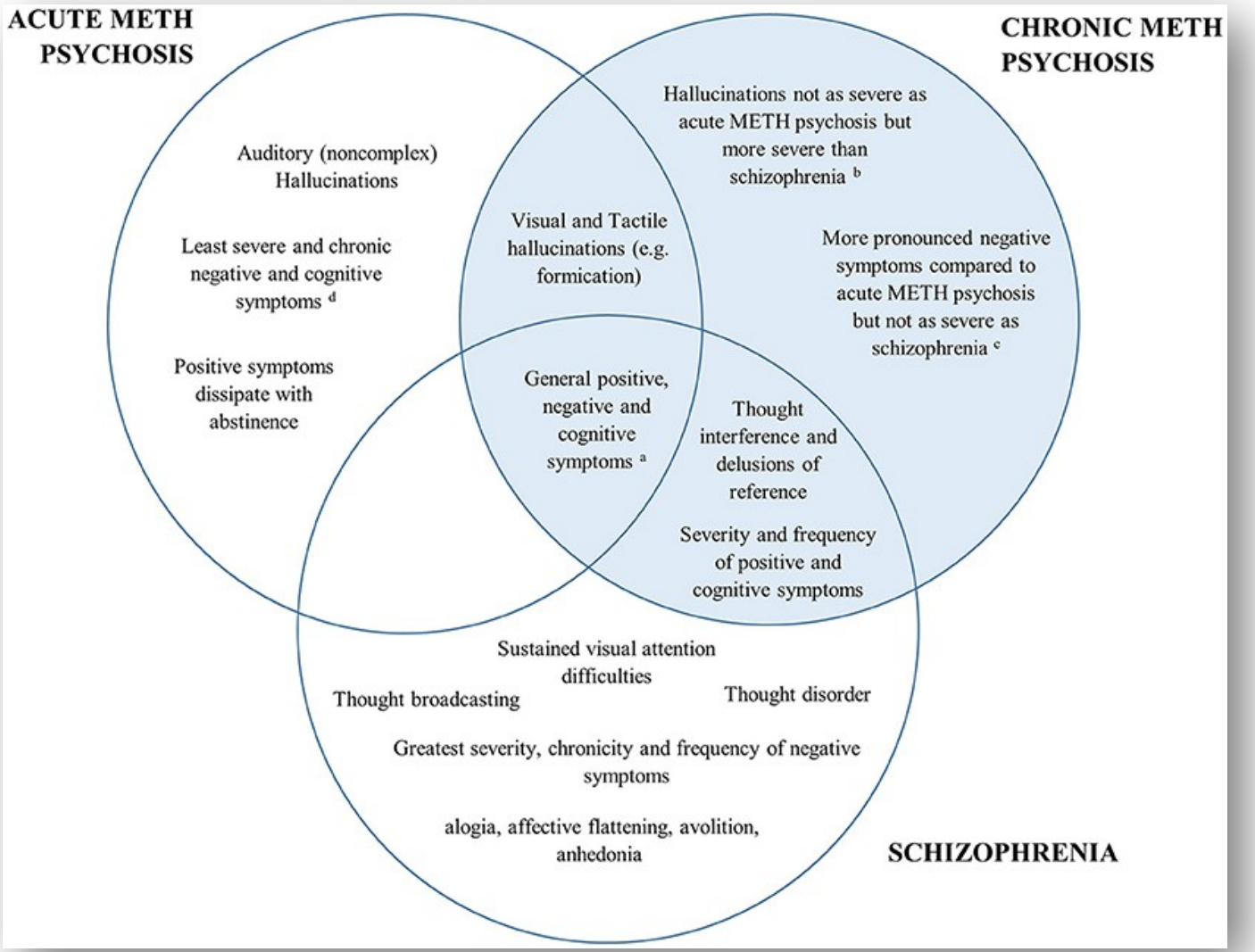
- Cannabis withdrawal can cause anger and lead to hostile behavior
- Increase in intimate partner aggression perpetration
- Association between cannabis and violence in psychotic spectrum disorders and other severe mental disorders with significant increase for frequent users or those with cannabis use disorder
- Moderate association between cannabis use in physical violence in youth and young adults (dose response)



Dellazizzo, Potvin, Athanassiou, Dumais. 2020. Violence and Cannabis Use: A Focused Review of a Forgotten Aspect in the Era of Liberalizing Cannabis. Frontiers in Psychiatry, 11. doi.10.3389/fpsyt.2020.567887

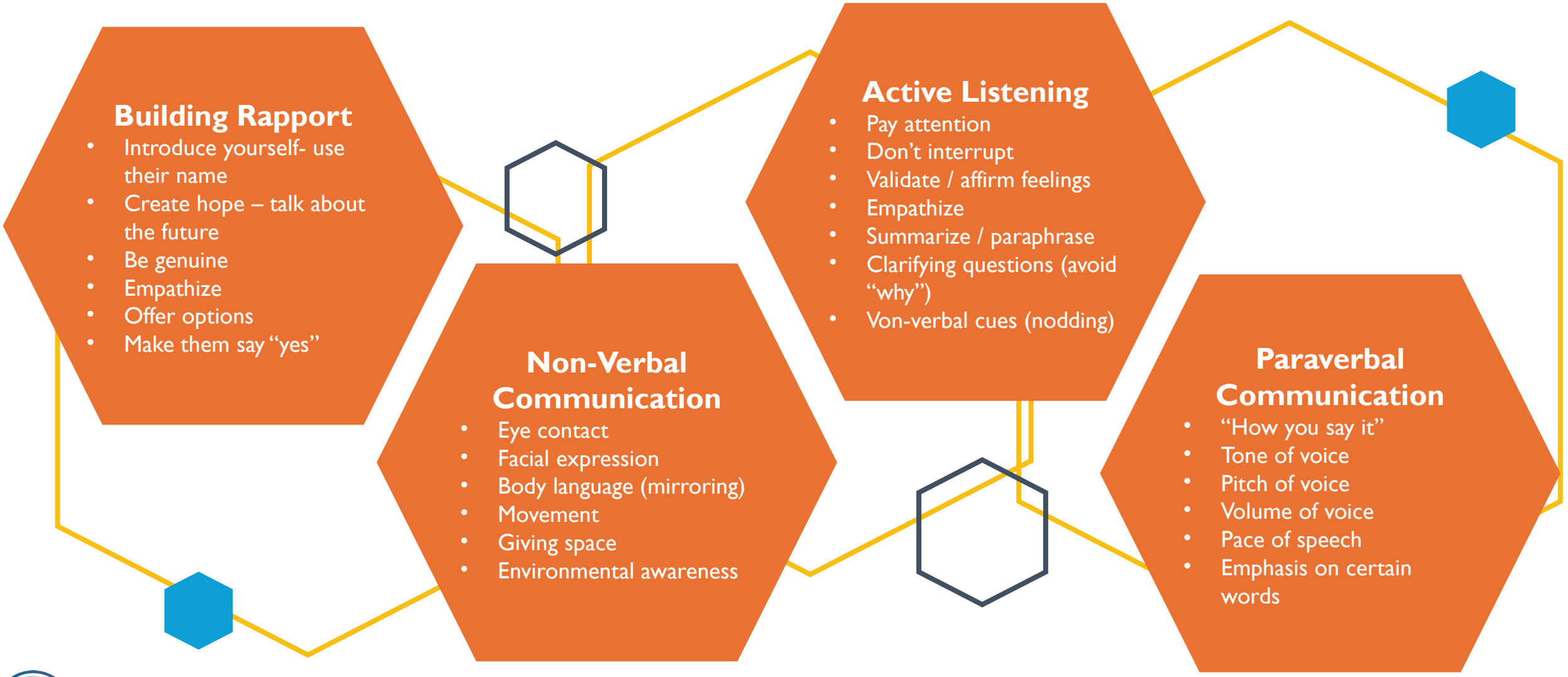
METHAMPHETAMINE & AGGRESSIVE BEHAVIOR



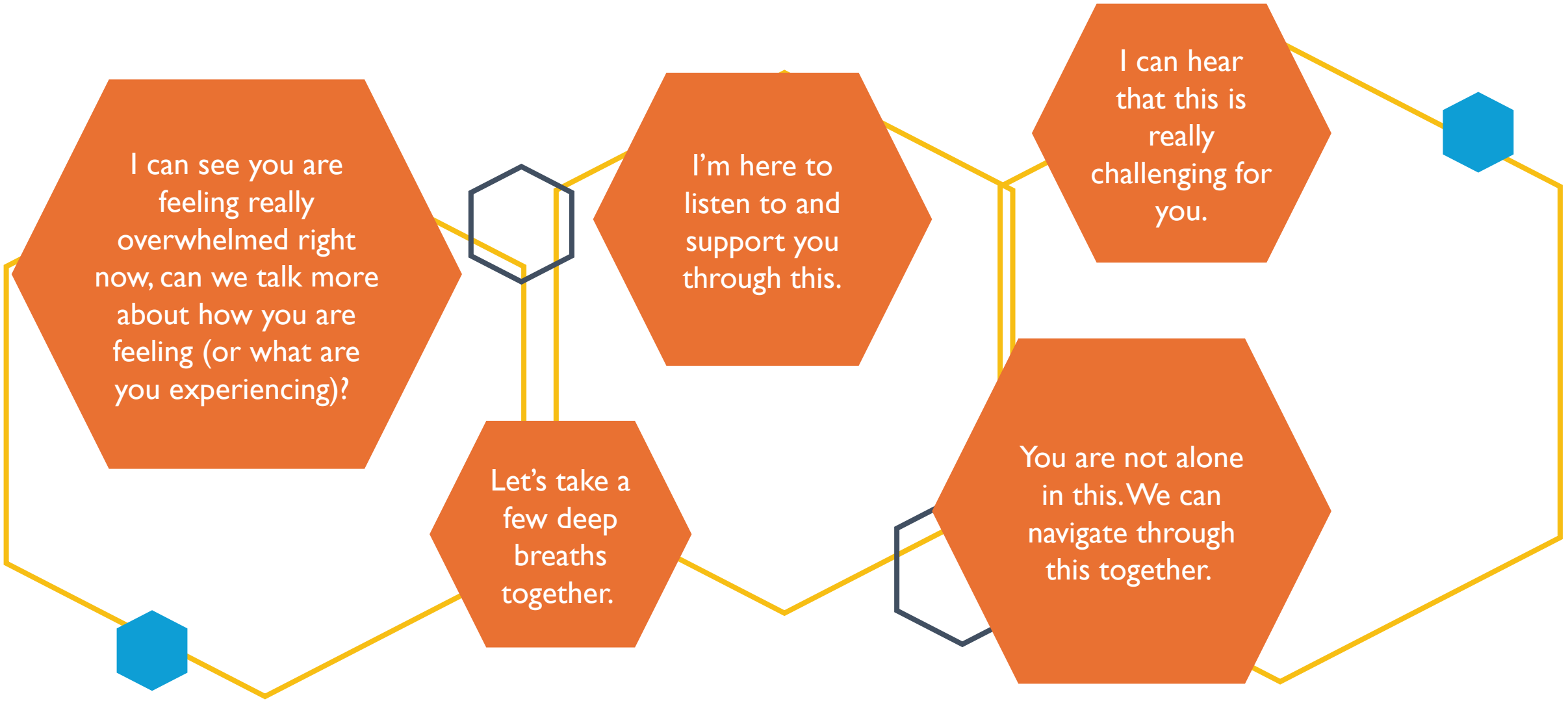


McKetin R, Lubman DI, Najman JM, Dawe S, Butterworth P, Baker AL. Does methamphetamine use increase violent behaviour? Evidence from a prospective longitudinal study. Addiction. 2014 May;109(5):798-806. doi: 10.1111/add.12474. Epub 2014 Feb 16. PMID: 24400972. Wearne & Cornish (2018). A comparison of methamphetamine-induced psychosis and schizophrenia: a review of positive, negative, and cognitive symptomatology. Front. Psychiatry, Sec. Addictive Disorders Volume 9 - 2018 | https://doi.org/10.3389/fpsyt.2018.00491

NAVIGATING A CRISIS



NAVIGATING A CRISIS



ASKING DIFFICULT QUESTIONS

- Do you feel a sense of hopelessness about the future?
- Are you contemplating harming yourself or others? Have you thought about hurting yourself?
- Can you tell me what you're feeling right now?
- Do you have a specific plan for self-harm or suicide? Have you been using alcohol or drugs since you have been having these feelings?
- Are there friends or family members who are aware of your current struggles?
- Are you presently in a safe environment?
- Your safety is important to me. Can we talk about what we can do to keep you safe right now?
- Have you thought about a way that you would hurt yourself?

LEGAL & FORENSIC IMPLICAITONS

PREDATORY PSYCHOPATIC AGGRESSION

IMPULSIVE AFFECTIVE AGGRESSION

PSYCHOTIC AGGRESSION

RISK ASSESSMENT & DUTY TO WARN

- Inpatient vs. correctional (near-future vs. long-term)
- Imminent risk or likelihood…
- Goal is to give objective wight to decision
- Reports of working with violent individuals **but** majority of individuals are not violent
- Structured assessments are better than unstructured – keep to fidelity
- The legal and forensic management of aggression is modulated by the type (impulsive/affective, predatory/psychopathic, psychotic) and severity of the violence
- The examiner should be clear about the questions to be addressed; this will guide the structured assessments to be used and the extent of the clinical assessment to be pursued
- Need to include assessment of suicide risk– there is high level of self-harm; suicidal ideation – not significantly associated with violence risk

Citrome & Volavka, Aggression in Primary Psychotic Disorders. In: aggression: clinical Features and Treatment Across the Diagnostic Spectrum. 2019 Coccaro and McCloskey EDS.

WHAT IS YOUR EXPERIENCE?

QUESTIONS?

THANK YOU

pretonrn@umsystem.edu

Psychosis 101

Free virtual events!

May 13, 2025
August 20, 2025
November 19, 2025
February 11, 2026
May 13, 2026

10AM – 11:30AM CST

LEARNING OBJECTIVES

- Identify symptoms of psychosis & review the screening process
- Describe the role of culture and trauma in psychosis
- Recognize the importance of early intervention and treatment
- Discuss best practices for communicating with program participants and families

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JOIN US

Assessment 101-A

Free virtual events!

April 30, 2025
July 23, 2025
October 27, 2025
January 28, 2026
April 29, 2026

10AM – 11AM CST

LEARNING OBJECTIVES

- Become familiar with early signs and symptoms of psychosis
- Understand the goal of early intervention
- Learn how to ask about early signs and symptoms of psychosis

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Assessment 101-B

Free virtual events!

May 7, 2025
July 28, 2025
October 29, 2025
February 4, 2026
May 6, 2026

10AM – 11AM CST

LEARNING OBJECTIVES

- Provide a description of staging model of psychosis
- Highlight the importance of an accurate diagnosis
- Discuss the weight of the label associated with diagnosis
- Understand the implications of the diagnosis of psychosis and how that diagnosis informs treatment planning

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EPCMISSOURI.ORG

Scan here to register!

Substance Use & Psychosis

Free virtual event. 1.5-hour training. CEUs available.

This training will provide an overview of the symptoms of psychosis, review the interplay between psychosis and substance use, discuss the differences between primary psychotic disorders vs. substance-induced psychosis vs. psychotic illness with comorbid substance use, highlight the association between cannabis use/misuse and psychosis risk, and briefly review intervention options for providers working with this complex presentation.

Substance Use & Psychosis

Free virtual events!

April 28, 2025*
May 28, 2025*
June 16, 2025*
September 17, 2025
January 7, 2026
April 8, 2026

****10:00AM – 11:30AM CST***
10:00AM – 12:00PM CST

LEARNING OBJECTIVES

- *Define positive and negative symptoms of psychosis*
- *Describe the ways psychosis and substance use interact*
- *Implement methods to differentiate between a primary psychotic disorder and an adverse mental state secondary to substance use*
- *Understand the importance of assessing cannabis in youth and young adults*

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Refer Now!

Is someone you know experiencing symptoms of psychosis?

Coordinated Specialty Care (CSC) teams in Missouri is accepting referrals!

For care in downtown Kansas City, please contact University Health at

Nathan.haywayd@uhkc.org

For care in Wentzville or Odessa, please contact Compass Health at

cscteams@compasshn.org

For care in St. Louis City, please contact Independence Center at

mabrams@independencecenter.org