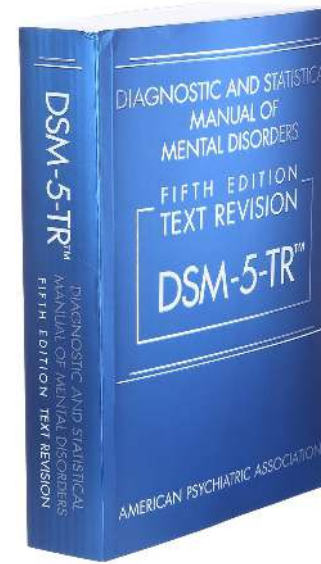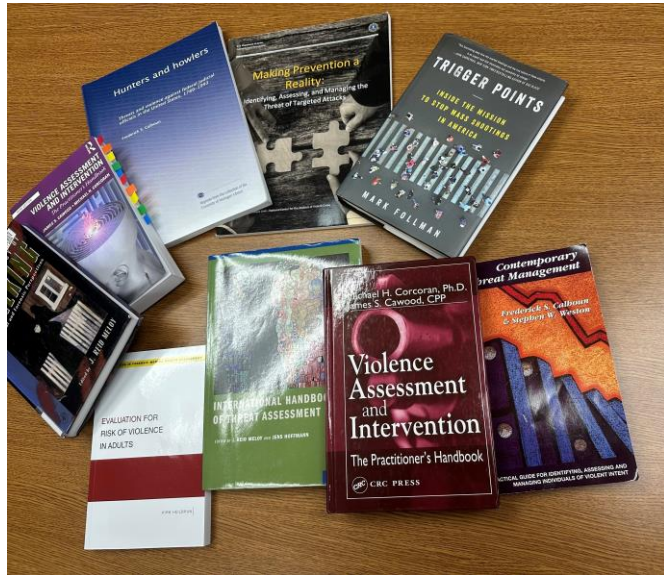# Mental Health and Violence Trends

Presented By: Dale R. Doty, Ph.D., CTM
Slides Available at:

- Isolation is Up

- Loneliness is Up

- Anxiety is Up, a Lot

- Depression is Up

- Social and Conflict Skills is on the Decline

- Adverse (Trauma) Childhood Exposure is Up (ACES)

- Smartphone, Internet Use, and Social Media Use is Up a Lot

- Use of Marijuana (THC) to "Treat" Anxiety is Up

- Domestic Violence is Up

- Domestic Violence Homicide is Up (DVFRB)

- Mental Health Calls to Police is Up (A Lot)

- Calls to Mental Health Facilities are Up

- Suicide is Up

Hate is In (Particularly Online):

- Polarization

- Villainization

- Extremism

- Radicalization

News Leading To Loss of Confidence in:

- Election Rhetoric
- Government
- Elected Officials
- Police
- Personal Safety

News of War, Violence, Threats

- Middle East War Escalation
- Replays of the Most Recent Mass Violence
- Acts of Terrorism
  - Bomb Threats
  - Swatting
- School Lockdowns, Active Shooter Drills

Number of Americans Struggling With Mental Health in the Last Year

34% struggled about the same as usual

29% struggled more than usual

25% do not struggle with mental health

10% struggled less than usual

2%   no opinion

Connection Map

Isolation ^

Anxiety ^^

Adverse Childhood Trauma

Loneliness ^^

Internet / Social Media Addiction ^^^

Depression ^

Poor Social and Conflict Resolution Skills

Discontent FOMO

Poor Sleep Habits

Polarization / Villainization ^^

Anger / Hate ^^

Extremism ^

Domestic Violence / Murder

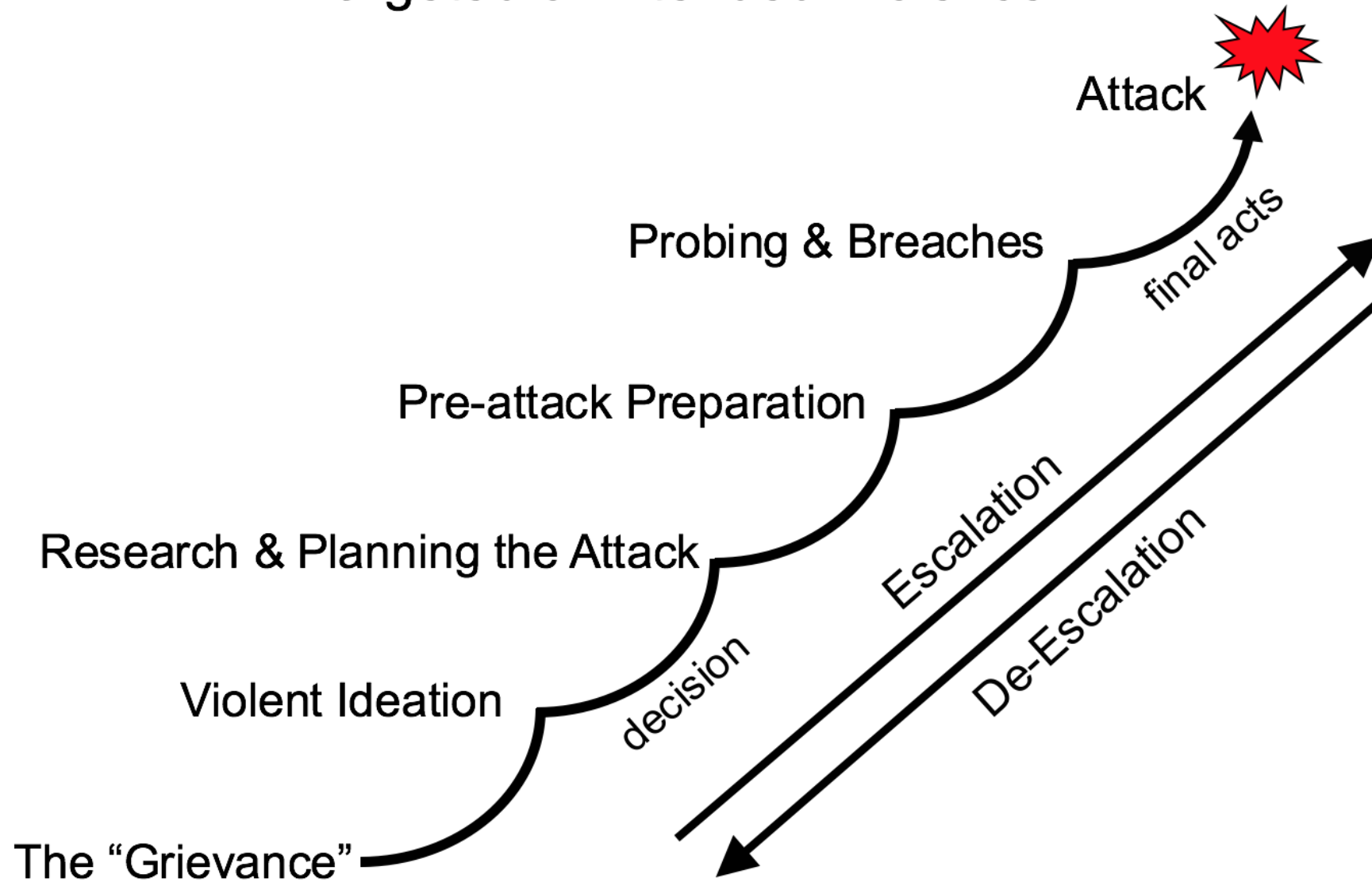Grievance ^

Suicide^

Pathway To Violence

Additional Concerning / Warning Behavior

- increased moodiness

- increased aggression / expressions of anger

- reports of recent loss of a loved one, grief, setback, financial loss

- being fired, demoted, received a critical performance review

- breakup, divorce, loss of custody

- a major health crisis, serious diagnosis

- suspicion of others, paranoid thinking

- preoccupation with an extremist point of view, ideology

- fixation with an offense(s)

- cut off from friends, family, church,

- signs and symptoms of declining mental health

Protective Factors:

- Optimism, Positive View of Life

- Faith, Meaning to Life

- Meaningful and Active Relationships with Family and Friends

- Emotional Stability Maintained Throughout Most of Life

- Coping Skills, Problem-Solving Skills

- Something to Look Forward To

- Being A Good Worker, Work Success, Accomplishment

- Good Intellect

Pathway to Workplace and Campus Targeted or Intended Violence

Attack

Probing & Breaches

final acts

Pre-attack Preparation

Research & Planning the Attack

Escalation

De-Escalation

Violent Ideation

decision

The "Grievance"

Recognition of Concerning Behavior

 - Training members of our community

See Something, Say Something

 - Overcoming "Mind your own business," "don't be a snitch"

- Saying Something is all of our business

- Violence Prevention is everyone's business

Recent Developments From Research

Dr. Thomas Joiner

- Suicidal Thoughts / Plans Precede Homicidal Thoughts / Plans

Dr. Peter Langman

- "Nobodies want to be somebodies"
- "you will know my name"

Reasons for Underestimating Psychopathology

- Increasing contradiction that of an old conclusion that mental illness is not a major factor in violence, or mass violence

- Problems with looking at DSM as the only classification of mental disorder

  - POC may meet some criterion for diagnosis but not all

  - DSM designed to identify disorders for treatment purposes

  - It is a political process, resulting in debate and disagreement

  - Sadism and Psychopathy are not included (political and legal reasons)

DIAGNOSTIC AND STATISTICAL MANUAL

OF MENTAL DISORDERS

American Psychiatric Association

- DSM (1) – 1952   145 pages

- DSM II – 1968   136 pages

- DSM III – 1980 507 pages

- DSM III R - 1987 608 pages

- DSM IV – 1994 886 pages

- DSM 4 TR - 2000   943 pages

- DSM-5 2013   970 pages

- DSM-5 TR 2022   1377 pages
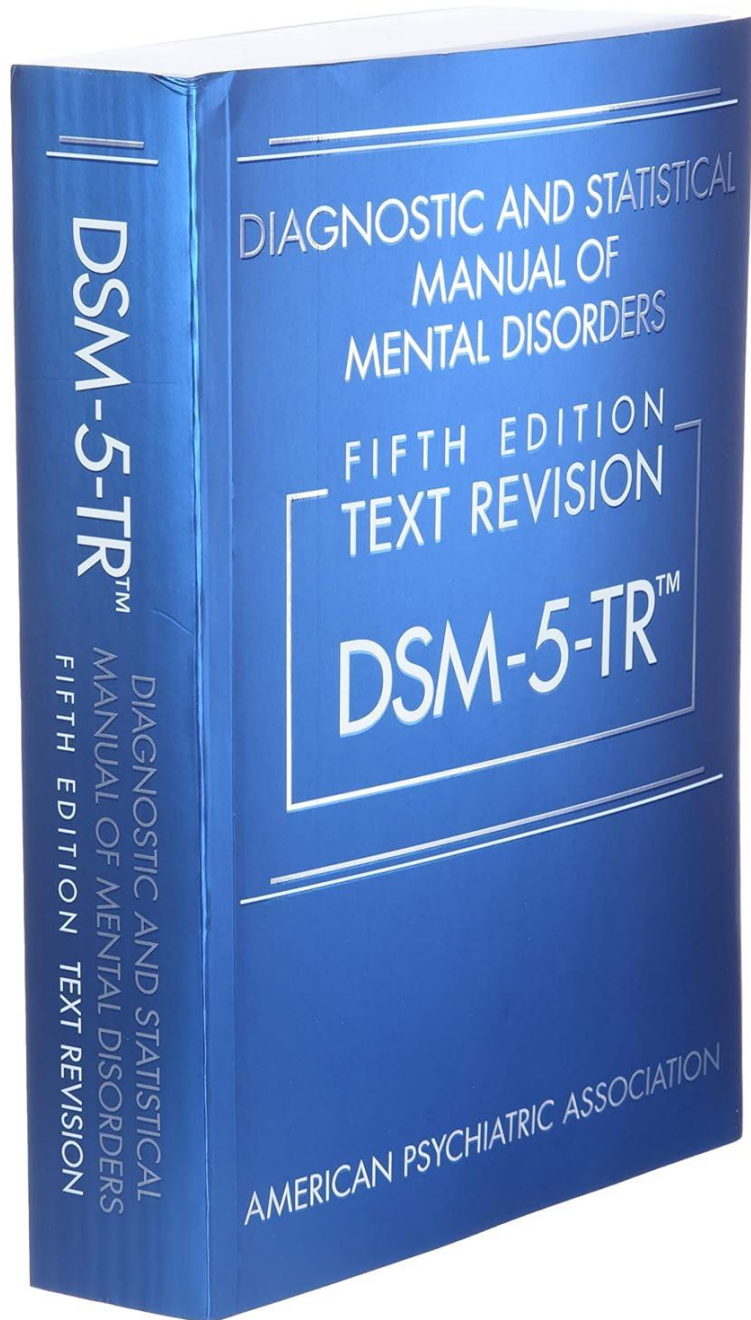
**"Diagnosis" Is Not Useful In the Initial Stages
of Threat Assessment**

- Identification of Behavioral / Observable Behavior Is

**Psychiatric Diagnosis IS USEFUL in Making a
Threat Management Plan**

- Most mental health professionals have NO training in assessing violence potential

- Most threat assessors are not trained in psychiatric diagnosis

- Mental health records are highly protected, and not reported to NICS

- Inpatient psychiatric hospitals have limited ability to hold potentially violent persons

Diagnosis of Mental Illness

o **Mental health professionals – differences**

o **Training in violence is rarely covered in depth – forensics**

- Psychiatrists

- Psychologists

- Licensed Professional Counselors

- Licensed Marital and Family Therapists

- Licensed Clinical Social Workers

- CEUs

The Diagnostic Process

- MHP must observe, perform a diagnostic interview, collect information

- Multi-System Assessment

  - Preferably multi-method

- Compare Data to Known Diagnostic Standards

  - DSM 5 TR

Mental Illness and Violence
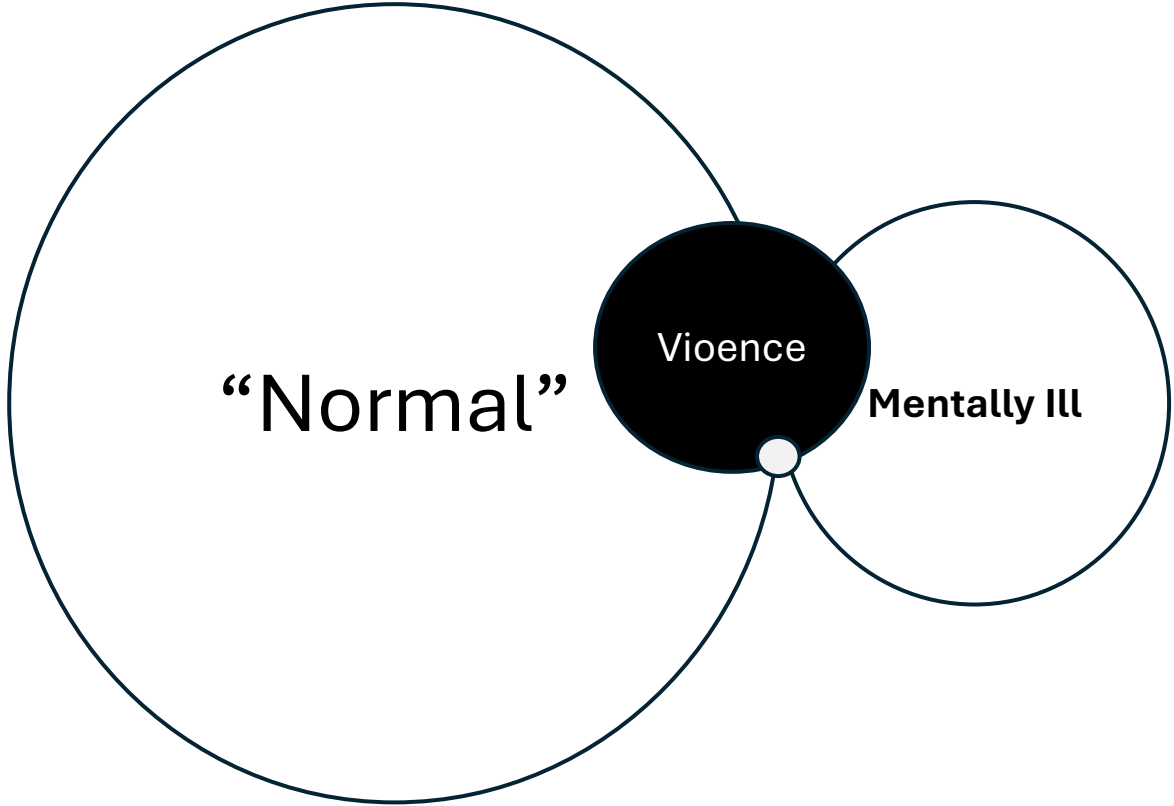
All Violence vs. Targeted Violence

Reactive, Impulsive Violence Far More Frequent

Mental Illness in The Wild

Mass Shooters have been studied at length, other targeted violence

Mental Disorders Not Included in DSM

     - Sadism

     - Psychopathy

DSM designed to identify disorders for treatment and billing purposes

Disorders Most Frequently Present in Targeted Violence

Psychosis:

      Schizophrenia Spectrum

      Delusional Disorder

      Brief Psychotic Disorder

Bipolar Disorder – Particularly in Manic Phase

Neurodevelopmental Disorders

      Autism Spectrum

Depressive Disorders

Disorders Most Frequently Present in Targeted Violence, 2

Personality Disorders

- **Paranoid Personality Disorder**

- **Antisocial Personality Disorder**

- **Borderline Personality Disorder**

- **Narcissistic Personality Disorder**

Neurocognitive Disorders

Substance Abuse

Remember JACA

Delusional Disorder (fixed, false beliefs, not shared)

- **Erotomanic**

- **Grandiose**

- **Paranoid**

Extreme Overvalued Beliefs (rigid, shared by subgroup)

- **Extremist Ideology**

- **Conspiracy Theories**

Substance Use and Dangerousness

- Co-Morbidity of Schizophrenia and Substance Use is 45%

- Co-Morbidity of Antisocial Personality Disorder and Substance
Use is 80%

- Co-Morbidity of Bipolar I and Substance Use is 60%

- Co-Morbidity of Unipolar Depression and Substance Use is 28%

Hallucinations and Violence

Hallucinations including anger, anxiety, and sadness are more likely to result in violence

- Command Hallucinations

  - To commit suicide 52%

  - Homicide 5%

  - Injury to self or others 12%

Delusions and Violence

The greater the complexity of the delusion, the greater the danger

Delusions are the most likely to be acted on when:
- Persecutory
- When including fear, anger, anxiety
- When accompanied by substance use
- When including infidelity

Personality Traits and Dangerousness

- Impulsivity

- Low frustration tolerance

- Repetitive anti-social acts

- Driving vehicles dangerously

- Egocentricity and entitlement

- Superficial relationships, dehumanizing others

- Suspiciousness of others

Making Prevention a Reality – FBI

Violence and Mental Illness

"Researchers have been exploring the relationship between mental illness and violence for the better part of four decades. On balance, studies show a <u>small but significant relationship between serious mental disorder, particularly psychotic disorders, and general violence risk.</u>"

Structured Professional Judgment (SPJ) Instruments Including Mental Health As A Significant Factor:

Historical Clinical Risk - HCR-20

Workplace Assessment of Violence Risk - WAVR-21

North Carolina BeTA Investigation Overview - NCBIO-25

Bolante Threat Assessment Guide - B-TAG (16)

James Cawood Assessment Grids - Cawood Grids

Suicide Assessment Five-Step Evaluation and Triage - SAFE-T

Short Term Assessment of Risk and Treatability - START

Stalking Assessment and Management - SAM

Sexual Assault Risk Assessment - SARA

Structured Interview for Violence Risk Assessment - SIVRA-35

Screening Assessment For Stalking and Harassment - STASH

Terrorist Radicalization Assessment Protocol - TRAP-18

Targeted violence and terrorism: **S**trengths, needs, and risk **A**ssessment &
Management - TSAM

Violence Risk Appraisal Guide - VRAG-R

Violence Risk Assessment of the Written Word - VRAW

Trends in Behavior Threat Assessment and Management

Increasing Number of States Mandating Threat Assessment in Schools - Nine states—Florida, Kentucky, Maryland, Ohio, Pennsylvania, Rhode Island, Texas, Virginia, and Washington state

Liability for Failure to Adhere to BTAM Policies and Procedures (Cleveland v Taft, Union CA school)

Liability (criminal and civil) for Parents for failing to secure weapons (6 cases, including Crumbly in Oxford, MI and Gray in GA)

Criminal prosecution of school administrators - Richneck Elementary School (Newport News) assistant principal Ebony Parker was charged

$27 Billion in lawsuits resulting from Uvalde school shooting

CA SB-553 requires nearly all employers have a detailed workplace violence program in place – policies and procedures require employee education, records of concerning behavior, procedures for investigation (threat assessment)

Ethical and Legal Obligations in Assessing Threats of Violence

- Mandatory Reporting of Abuse

- Confidentiality
  - HIPAA - Health Insurance Portability and Accountability Act of 1996
  - FARPA - Family Educational Rights and Privacy Act
    - Exceptions

Duty to Warn

- Tarasoff v University of California

  - I - 1974 & II - 1976

- Ewing v Goldstein (2004)

- Encoded in Licensing Laws Around the US

Managing Mentally Ill People

Monitor

Build a Relationship

Therapy

Compulsory Therapy

Involuntary Commitment –O.S. 43A, 5-206-209

Arkansas Code S 20-47-207 (2023)

Arrest

Work With Prosecution

Work With Probation

Convicted Sex Offender Model For Outpatient Treatment:

- Usual rules of probation
- Mandatory participation in outpatient treatment
    - Including both individual and group treatment
    - Participation requires homework assignments
    - Participant pays out of pocket for all treatment
- Regular reports to probation re: participation
- Immediate notification to probation of any non-compliance
- Regular polygraph
- Non-compliance results in incarceration to serve the remainder of their sentence

References:

ATAP Certification Program Body of Knowledge,, Association of Threat Assessment Professionals, Effective Date: January 1,2022, https://cdn.ymaws.com/www.atapworldwide.org/resource/resmgr/certification/BodyofKnowledgeCTM2022FINAL.pdf

DSM-5 TR Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision, American Psychiatric Association, 2022

Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks, U.S. Department of Justice, F.B.I., Behavioral Analysis Unit, NCAVC
https://www.fbi.gov/file-repository/making-prevention-a-reality.pdf/view

"Mass Shooters and Extremist Violence: Motives, Paths, and Prevention", Mark Rose, NeCE, 2022.

Mass Shootings' Relationship to Mental Illness, John Miller, **Psychiatric Times**, Vol 41, Issue 2, February 2024.

The Perversion of Virtue: Understanding Murder-Suicide, Thomas Joiner, 2014, Oxford University Press.

The Varieties of Suicidal Experience, Thomas Joiner, 2024, NYU Press.

Trigger Points: Inside the Mission to Stop Mass Shooters in America, Mark Follman, 2022, Harper Collins, N.Y.,

Warning Signs: Identifying School Shooters Before They Strike, Peter Langman, 2021, Langman Psychological Associates.

Contact Information:

Dale R. Doty, Ph.D., LCSW, LMFT, CTM

Christian Family Institute

Oklahoma Psychological Evaluations

6846 S. Canton Ave, 6th Floor

Office: 918-745-0095

Emergency Cell Contact: 918-810-9530

daledoty@cfitulsa.com

Slides: