**OCD & Anxiety Lecture Series**
**Register today on Ethos**
**All dates: 9:00 am – 12:15 pm**

**Sessions III & IV - Friday, April 23, 2021**
**Session III:** Treating Pediatric Obsessive Compulsive - Aureen Pinto Wagner, PhD
**Session IV:** Working With Families and Treatment Refusal - C. Alec Pollard, PhD

**Sessions V & VI - Friday, May 21, 2021**
**Session V**: Inhibitory Learning Theory in Exposure-based Treatment of Obsessive Compulsive Disorder - Jonathan Abramowitz, PhD
**Session VI:** Disgust and Not Just Right Experiences in Obsessive Compulsive Disorder - Dean McKay, PhD

# Psychology  Workshops
# Register today on Ethos
# All dates: 9:00 am – 12:15 pm

**Friday, May 7, 2021, 9:00 am - 12:15 pm, Virtual Classroom**
*A Workshop on Motivational interviewing: Gaining Traction with Patients Who Feel Stuck*
Rachel Smolowitz, PhD

**Friday, June 5, 2021, 9:00 am – 12:15 pm, Virtual Classroom**
*Clinical Suicidology: Innovations in the Assessment and Treatment of Suicidal Risk*
David Jobes, PhD, ABPP

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# Paranoia and Violence


**Phillip J. Resnick, M.D.**
**Professor of Psychiatry**
**Cleveland, Ohio**



CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF MEDICINE

Holmes

Kaczynski

McVeigh

Dahmer

Mitchell/Smart

Castro

Susan Smith

Yates

Peterson

Casey Anthony

# Learning Objectives

- Employ strategies for improving risk assessment of paranoid patients.
- Identify motives and triggers for paranoid violence.
- Distinguish between making a threat and posing a threat.


Michigan
Lake Erie
N.Y.
Pa.
Youngstown
Indiana
Ohio
West
Virginia
Kentucky


ST. ELIZABETH


POLIC

# Steel Worker Exam

- To ER against his will
- Terrified of being killed
- No violence history
- No threats reported

**Did the psychiatrist fall below the standard of care by allowing the steelworker to go home?**

# Hindsight Bias

**The tendency to see events that have already occurred as being more predictable than they were before they took place.**

Hoffrage, U. and Pohl, R.: Hindsight Bias: Champlain, New York, Psychology Press (2003).

# Teaching Points

- A building crescendo of paranoid fear creates a high risk of violence
- A clinician should not surrender professional judgment to family.
- Posing a threat is different from making a threat

# Psychosis and Homicide

**The rate of homicide during first-episode psychosis is 15 times greater than the annual rate after treatment.**

Nielssen O. et al.: "Homicide of Strangers by People with a Psychotic Illness," Schizophrenia Bulletin, 2011 May; 37(3): 572–579. Published online 2009 October 12. doi: 10.1093/schbul/sbp112

# First Episode Psychosis

- **One third of patients commit violence before receiving treatment.**
- **The longer the symptoms are untreated, the more the serious violence.**

Large, MM and Nielssen, O: "Violence in First-Episode Psychosis: A Systematic Review and MetaAnalysis, Schizophrenia Research 125 (2011) 209-220.

# Overview

- Delusions and violence
- Paranoia and violence
- Motives for paranoid violence
- Paranoid safety behaviors
- Evaluation of violence risk

# Violent Behavior in the Last Year

| Diagnosis | Percent |
|---|---|
| No disorder | 2% |
| Major depression | 12 |
| Mania or bipolar disorder | 11 |
| Schizophrenia | 13 |
| Alcohol abuse or dependence | 25 |
| Other drug abuse or dependence | 35 |

Sariaslan, A. et al: Risk Subjection to Violence and Perception of Violence in Persons with Psychiatric Disorders in Sweden, JAMA Psychiatry, 77(4)359-367, 2020.

Swanson, J.W., Holzer, C.E., Ganju, V.K., and Jono, R.T., "Violence and Psychiatric Disorder in the Community: Evidence from the Epidemiologic Catchment Area Surveys," Hospital and Community Psychiatry, 4I:76I-770, I990.

# Violence in Psychosis

# Schizophrenia & Violence: CATIE

- Positive symptoms ↑ violence
- Negative symptoms ↓ violence
- Serious violence
  - –Persecution/suspiciousness
  - –Grandiosity
  - –Hallucinations

Swanson et al., Arch Gen Psychiatry 63:490-99, 2006

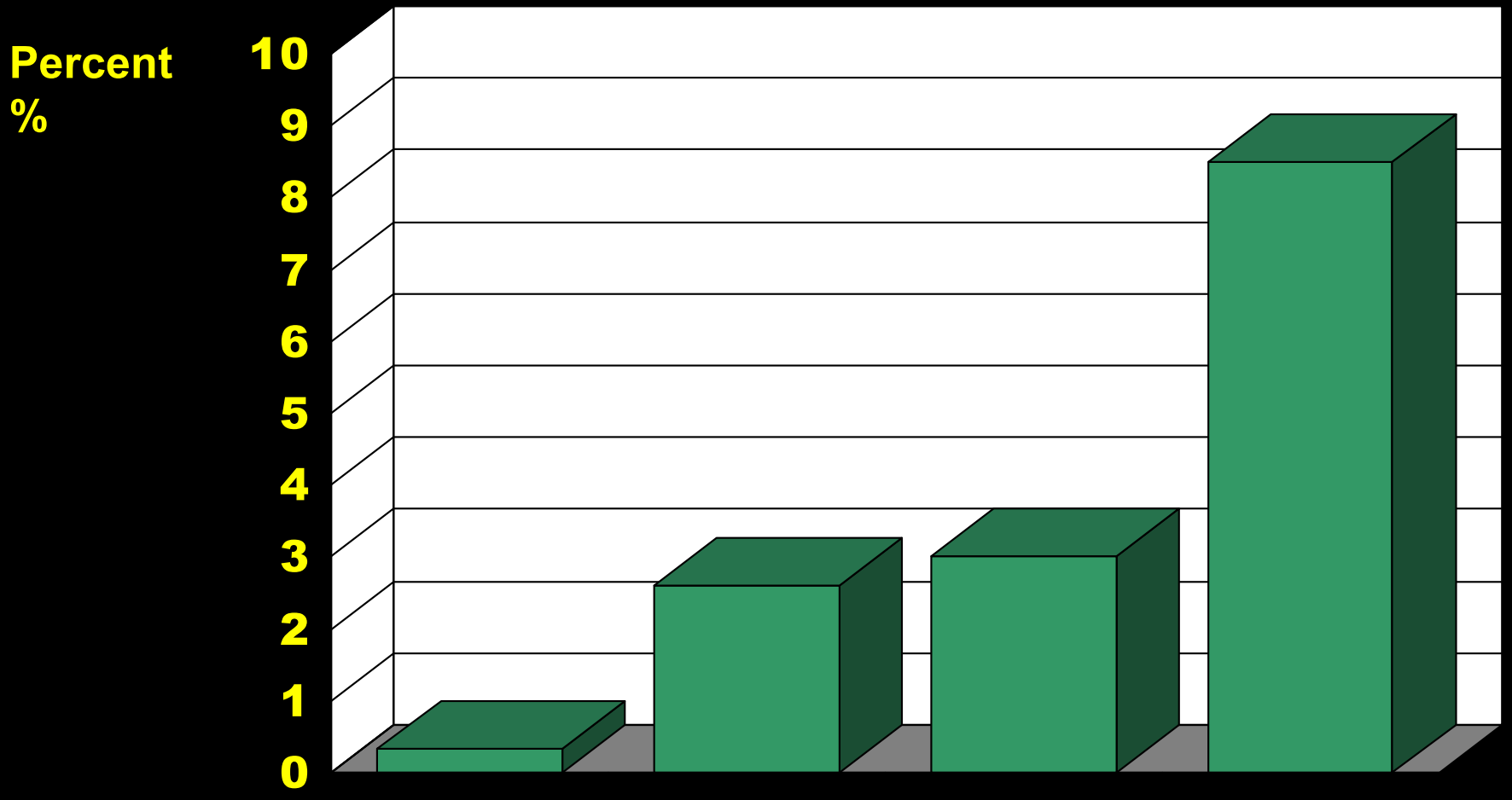
# Positive Symptoms

- Delusions
- Hallucinations
- Disorganization
- Grandiosity
- Suspiciousness

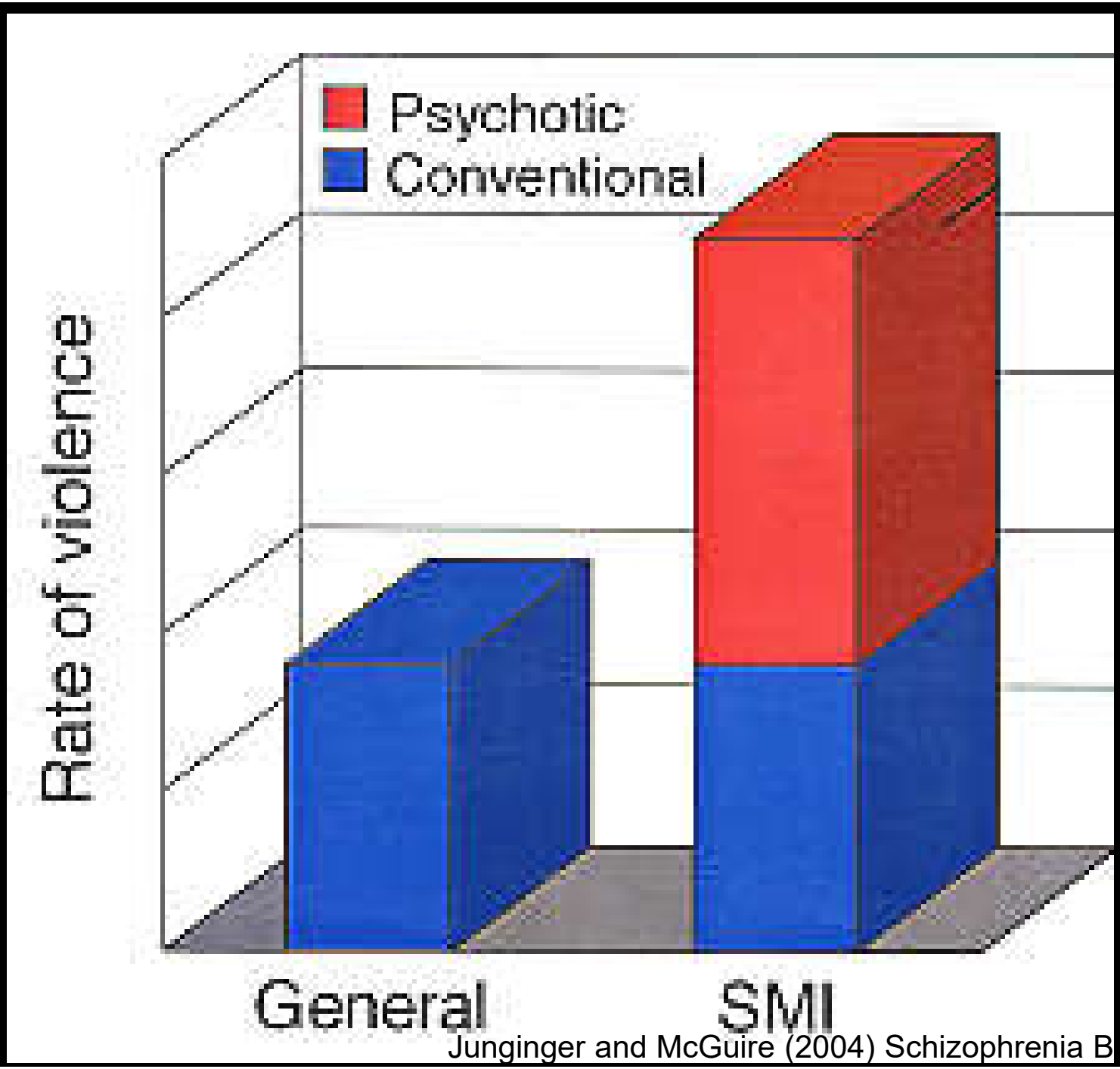
# Negative Symptoms

- Blunted affect
- Emotional withdrawal
- Poor rapport
- Apathy
- Lack of spontaneity
- Poor abstract thinking

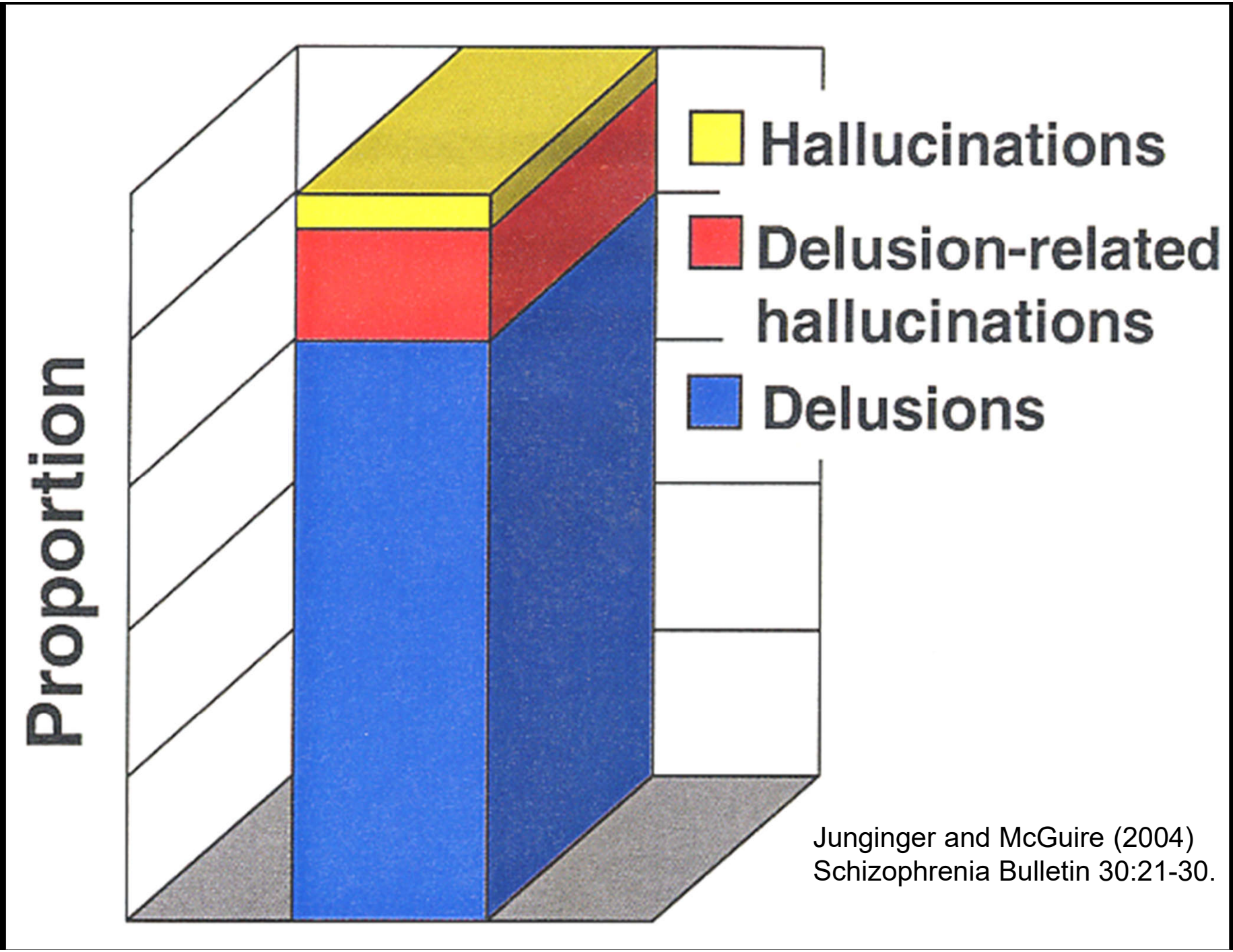
# Serious Violence in Schizophrenia




*Swanson, J.W., Swartz, M.S., Van Dorn, R.A. et al., Arch Gen Psychiatry, 63:490-499, 2006*




Junginger and McGuire (2004) Schizophrenia B




Junginger and McGuire (2004)
Schizophrenia Bulletin 30:21-30.

# Thomas Theorem

If people define situations as real, they are real in their consequences.

# Dangerous Delusions

- Erotomania
- Misidentification
- Threat control override
- Persecutory

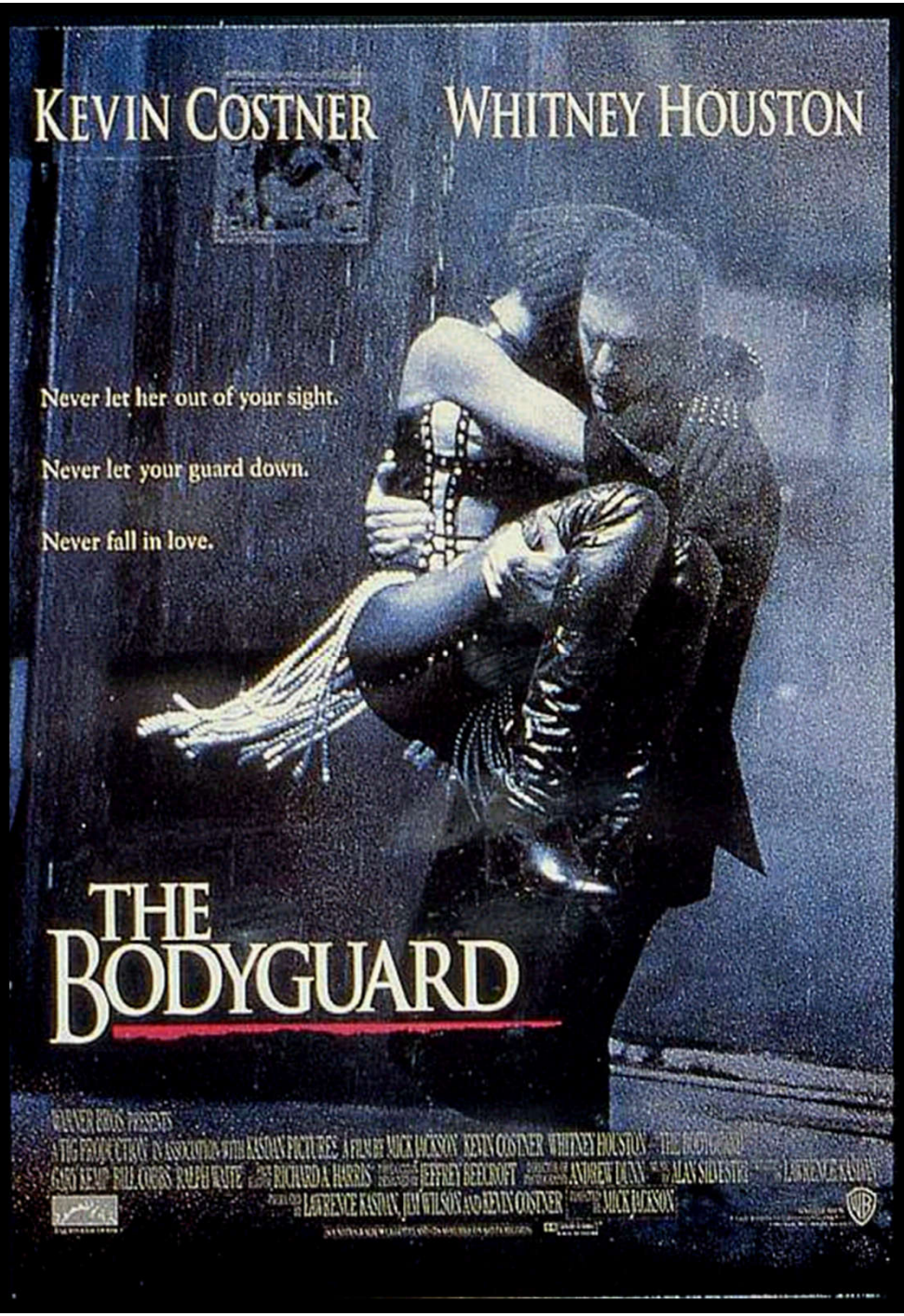

Jodie Foster

# Attempted Reagan Assassination

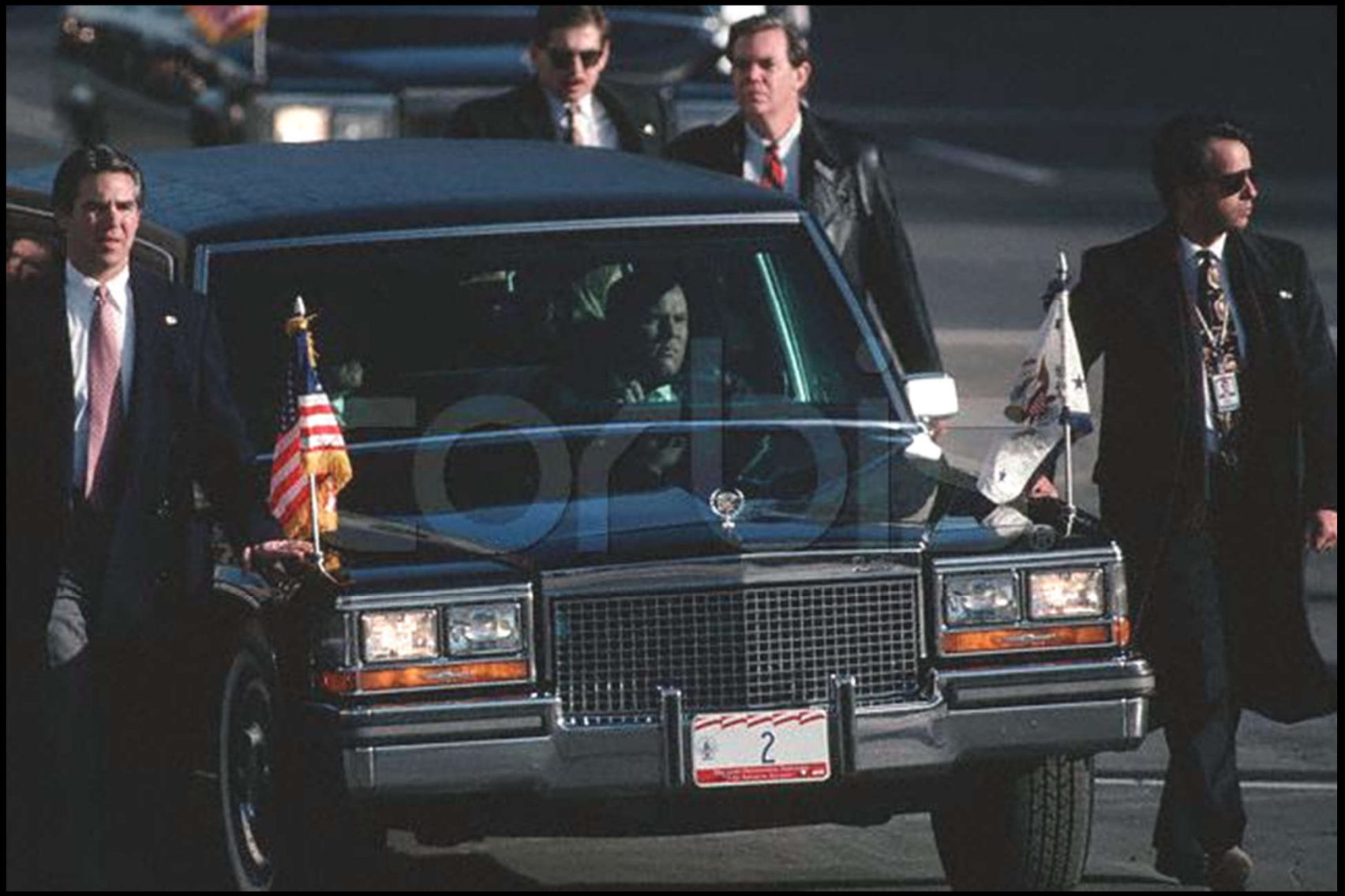
# Erotomania

- A delusional belief that one is loved
- It is usually toward a person of higher status
- Violence risk to love object and person seen standing in the way

Meloy, J.R.: Unrequited Love and the Wish to Kill: Diagnosis and Treatment of Borderline Erotomania," Bulletin of the Menninger Clinic, 53:477-492, 1989.


KEVIN COSTNER
WHITNEY HOUSTON
Never let her out of your sight.
Never let your guard down.
Never fall in love.
THE BODYGUARD

# United States Secret Service



# June and Ward Cleaver

# Misidentification Delusions

- Capgras syndrome
- Persons replaced by imposters
- Threat by imposter→violence

Junginger and McGuire (2004) Schizophrenia Bulletin 30:21-30.

# Threat and Control-override Symptoms

- Mind feels dominated by external forces
- Thoughts are being put into head
- Feeling that people wish you harm

Borum R, Swartz M, Swanson J: "Assessing and Managing Violence Risk in Clinical Practice," Jrnl Prac Psych and Behav Hlth, 205-215, 1996.

# Non-violent Delusions

- Feeling dead or not existing
- Thoughts are broadcast
- Thoughts are removed

# Paranoid Delusion

**The subject believes that someone…or some power is trying to harm him or to bring about his death.**

Wing, J.K., Cooper, J.E., & Sartorius, N.: The Measurement and Classification of Psychotic Symptoms, Vol. 9. Cambridge: Cambridge University Press, 1974, p. 170.

# Paranoid Delusions

- Schizophrenia 50%
- Psychotic depression 44%
- Dementia 31%
- Mania 28%

Freeman, Clinical Psychol Rev 27:425, 2007

# Delusions in Schizophrenia

- Median number 3
- Incidence of delusions 71%
- Persecutory delusions 84%

Appelbaum, P.S. et al: "Dimensional Approach to Delusions: Comparison Across Types and Diagnoses," Am J Psychiatry 156:12, 1999

# Backdrop for Persecutory Delusions

- Anxiety and/or depression
- Feelings of vulnerability, or
- Deserves to be harmed
- Anticipation of danger

Freeman, D. et al: "A Cognitive Model of Persecutory Delusions," British Journal of Clinical Psychology, 41:331-347, 2002.

# Threat Anticipation Model of Paranoia

- Patient attempts to make sense of odd feelings.
- Patient interprets ambiguous experiences negatively.
- Anxiety concerns about the anticipation of threats.
- Ideas become persecutory when attribute intention to perpetrators.

Freeman, D: Suspicious Minds: The Psychology of Persecutory Delusions, Clinical Psychology Review, 27:425-457, 2007.

# Paranoid Persons

- 20 times more likely to have a history of receiving threats.
- Excessive sensitivity to others' negative emotions.
- Attend selectively to threat stimuli

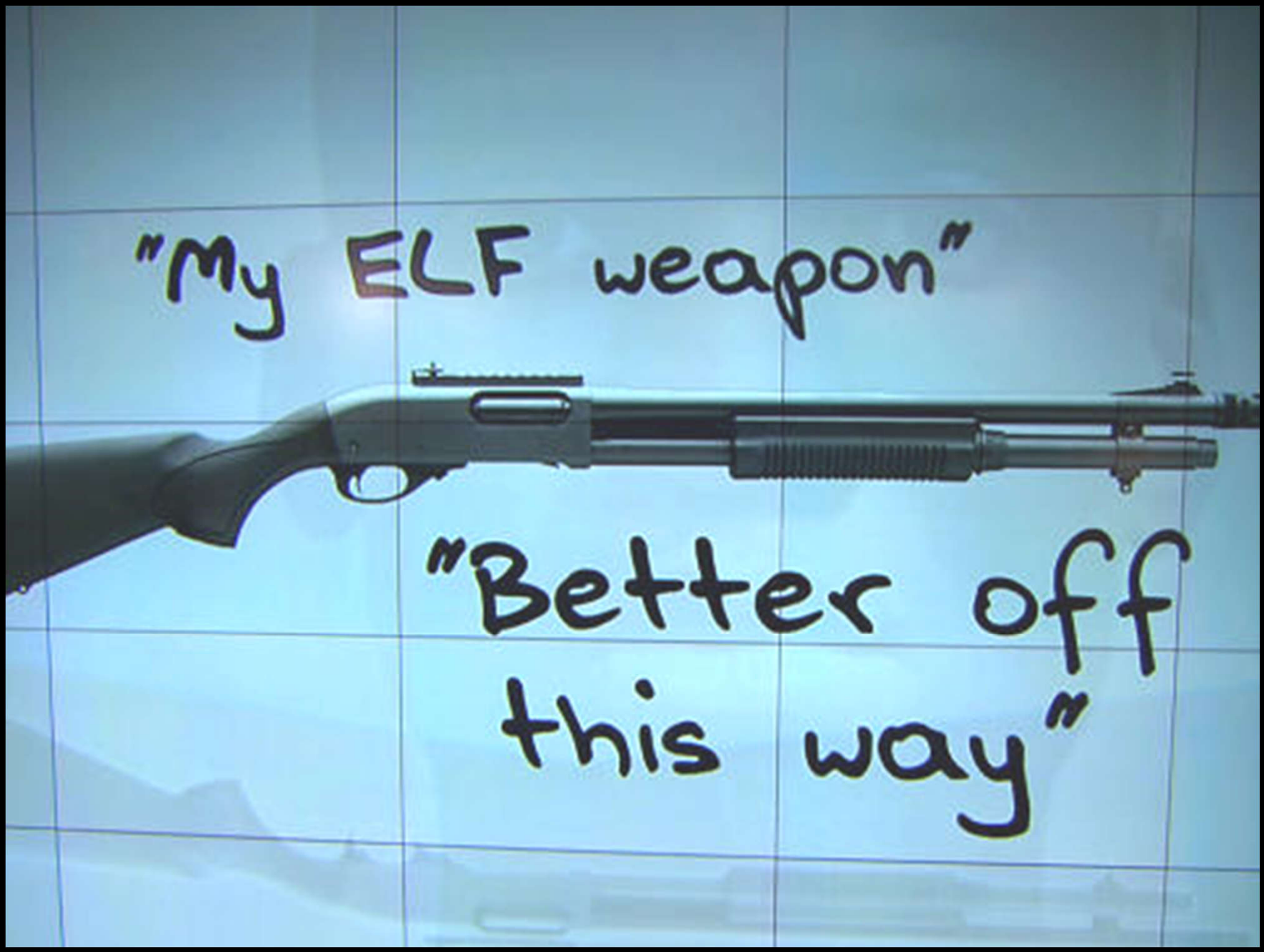
Harris T: Recent Developments in the Study of Life Events in Relation to Psychiatric and Physical Disorders," In B. Cooper (Ed.) Psychiatric Epidemiology: Progress and Prospects (pp. 81-102). London: Croom Helm, 1987.

Bental RP, Corcoran R, Howard R and Blackwood N: "Persecutory Delusions: A Review and Theoretical Integration," Clinical Psychology Review, 21:1143-1192, 2001.

Freedom from Covert
Harassment and Surveillance.

https://www.freedomfchs.net

Alexis


"My ELF weapon"
"Better off this way"

# Paranoid Ideation

- Causes more violence than other psychotic symptoms
- Causes more serious violence
- Causes more repetitive violence
- Causes more violence while intoxicated

Coid JW, Ullrich S, Kallis C, et al. The Relationship Between Delusions and Violence. *JAMA Psychiatry.* 2013;70(5):465–471

# Paranoid Delusions

- Most dangerous
- Well planned violence
- Usually pre-emptive strike
- Occasionally vengeance

Krakowski M, Volavka J, and Brizer D: Psychopathology and Violence: A Review of the Literature, Comprehensive Psychiatry 27:131-148, 1986.

# Gender Response to Threats

- Men respond with violence
  - -- "Fight or flight"
  - -- Become aggressive
- Women respond without violence
  - -- "Tend and befriend"
  - -- Seek nurturing relationships

Teasdale, B., Silver, E. And Monahan, J.: Gender, Threat/Control-Override Delusions and Violence, Law Hum Behav 30:649-658, 2006.

# Increased Violence in Paranoid Delusions

- Systematized delusions
- Anxiety and distress
- Anger and fear

Bjorkly, S.: Psychotic Symptoms and Violence Toward Others – A Literature Review of Some Preliminary Findings, Aggression and Violent Behavior, 7:617-631, 2002.

# Violence in Schizophrenia

- Untreated released schizophrenic prisoners were more violent.
- Violence was mediated by persecutory delusions.
- Violence was not associated with hallucinations or thought insertion.

Keers, R. et al.: "Association of Violence with Emergence of Persecutory Delusions in Untreated Schizophrenia," Am J Psychiatry, 171:3, March 2014.

# Delusions, Violence, and Anger

- Delusions of persecution
- Delusions of conspiracy
- Delusions of being spied on

Cold, J.W. et al: The Relationship Between Delusions and Violence, www.jamapsych.com on line 3/6/13

# Paranoid Violence

- Occurs when there is a high degree of perceived threat
- Mediated by anger
- Severe dysfunction impedes violence

Gardner W, Lidz CW, Mulvey EP and Shaw EC: Clinical vs. Actuarial Predictions of Violence in Patients with Mental Illness. Journal of Consulting and Clinical Psychology, 64:602-609, 1996.

Taylor JL: Violence and Persecutory Delusions, in (Freeman D and Bental R (Eds), Persecutory Delusions: Assessment, Theory, and Treatment, Oxford: Oxford University Press, 2008.

# Paranoid Violence Motives

- Self defense
- Defense of manhood
- Defense of children
- Defense of the world

Resnick, P.J.: "From Paranoid Fear to Completed Homicide," in *Pearls*, Current Psychiatry, p. 24, February 2016.

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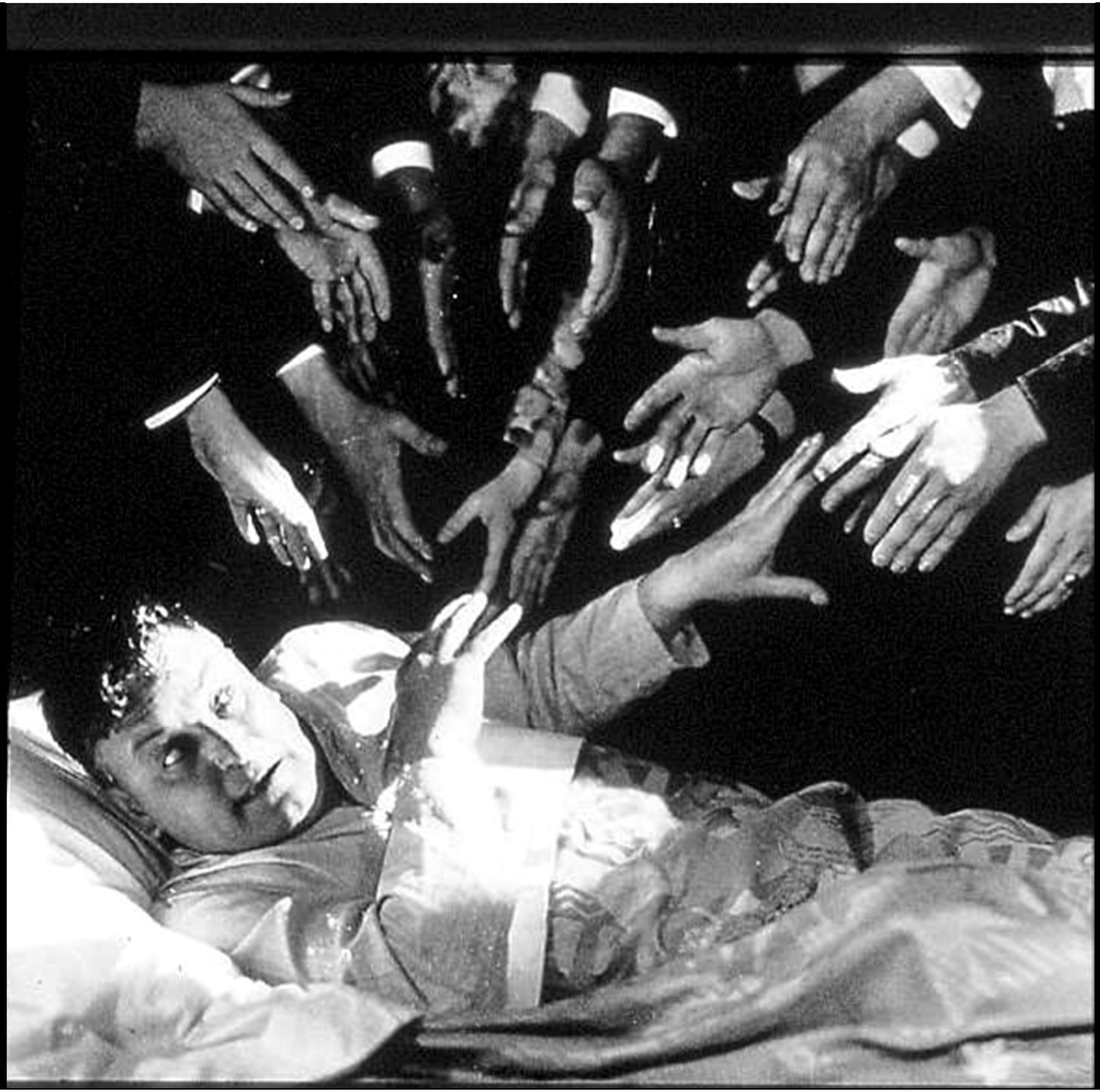

# Paranoia Formulation

**I love you.**

**I hate you.**

**You hate me.**

Freud, Sigmund, Webber, A. (translator), MacCabe, C. (contributor), The Schreber Case, 1911.


Minneapolis
Eau Claire
Wiscon
Rochester
La Crosse
x Falls
Madison
oux City
Waterloo
Rockfo
Iowa
Omaha
Cedar
Rapids
Des Moines
Davenpor
Peoria
Quincy
Illinois
Google
Map data ©2010 Google


AP


3698

# Paranoid Violence Motives

- Self defense
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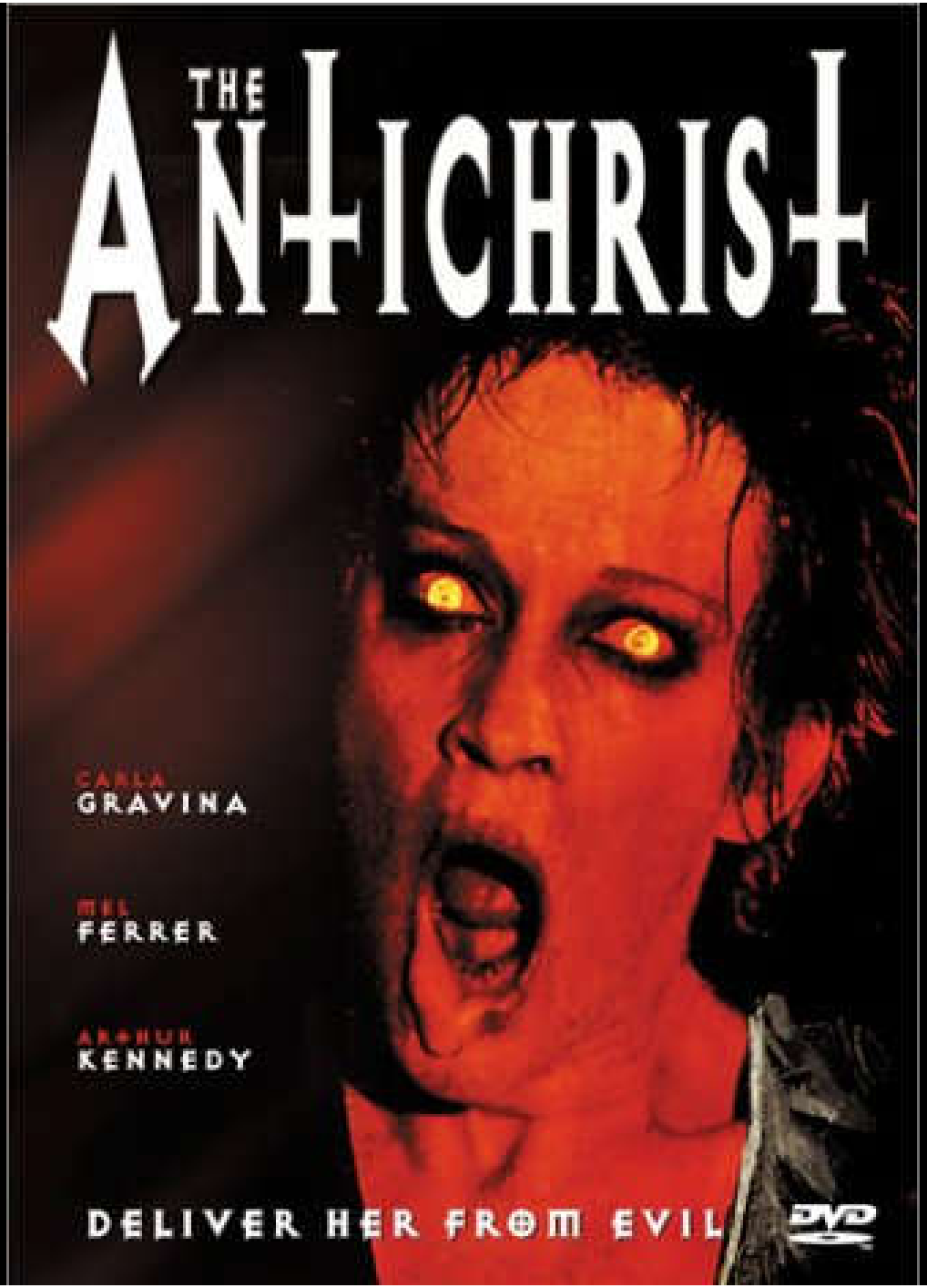
- Defense of children
- Defense of the world


THE ANTICHRIST
CARLA GRAVINA
MEL FERRER
ARTHUR KENNEDY
DELIVER HER FROM EVIL
DVD


666
REVEALED
TRUE STORIES OF REAL EVIL

**Men never do evil so completely and cheerfully as when they do it from a religious conviction.**

*Blaise Pascal*

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- Self defense
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Resnick, P.J.: "From Paranoid Fear to Completed Homicide," in *Pearls*, Current Psychiatry, p. 24, February 2016.

# Responses to Paranoid Fear

# Safety Behaviors

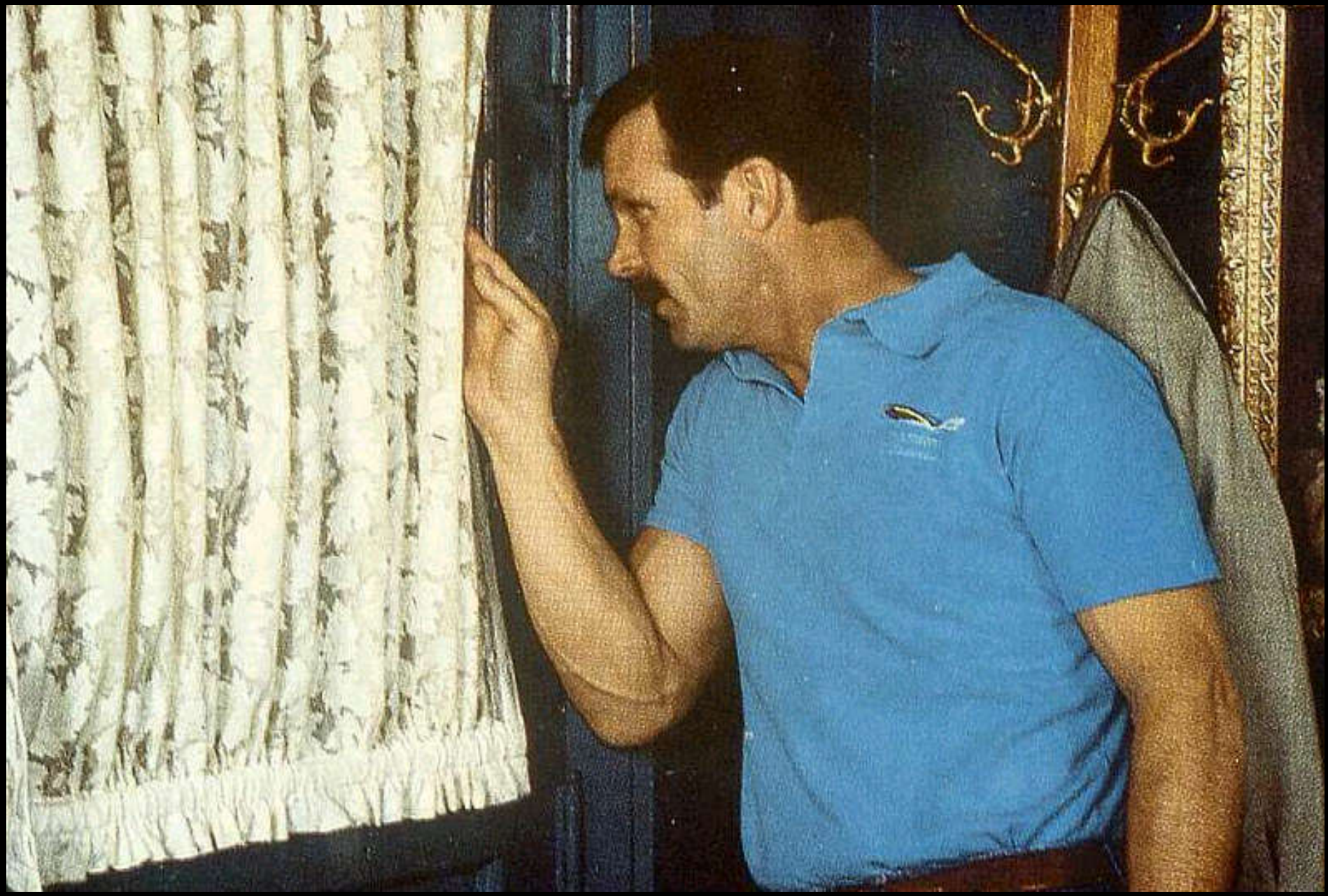
- Avoidance
- Protection
- Decrease visibility
- Enhance vigilance

Freeman D, Garety PA, Kuipers E, Fowler D, et al: “Acting on Persecutory Delusions: The Importance of Safety Seeking,” Behaviour Research and Therapy, 45:89-99, 2007.

# Impact of Going Outside on Patients with Persecutory Delusions

- Increased paranoia
- Increased anxiety
- Increased depression
- Increased negative view of others and self

Freeman, D., Emsley, R., Dunn, G. et al: "The Stress of the Street for Patients with Persecutory Delusions: A Test of the Symptomatic and Psychological Effects of Going Outside into a Busy Urban Area, Schizophrenia Bulletin, 41(4): 971-979, 2015.



# Evidence of Paranoid Fear

- Changes of residence
- Long trips to evade persecutors
- Barricading their rooms
- Carrying weapons for protection
- Asking police for protection

# Evaluation of the Paranoid Patient for Risk of Violence

# Strategies for Paranoid Patients

- Therapeutic alliance
- Hear full paranoid story
- Maintain some distance
- Be non-judgmental

Yang, S.: "Dangerously Paranoid? Overview Strategies for a Psychiatric Evaluation of a Highly Prevalent Syndrome," Psychiatric Times Vol. 25, No. 14, December 2008

# Assaults Against Residents

| | |
|---|---|
| Psychiatry | 54% |
| Surgery | 38% |
| Internal Medicine | 28% |
| Emergency Medicine | 26% |
| Pediatrics | 7% |

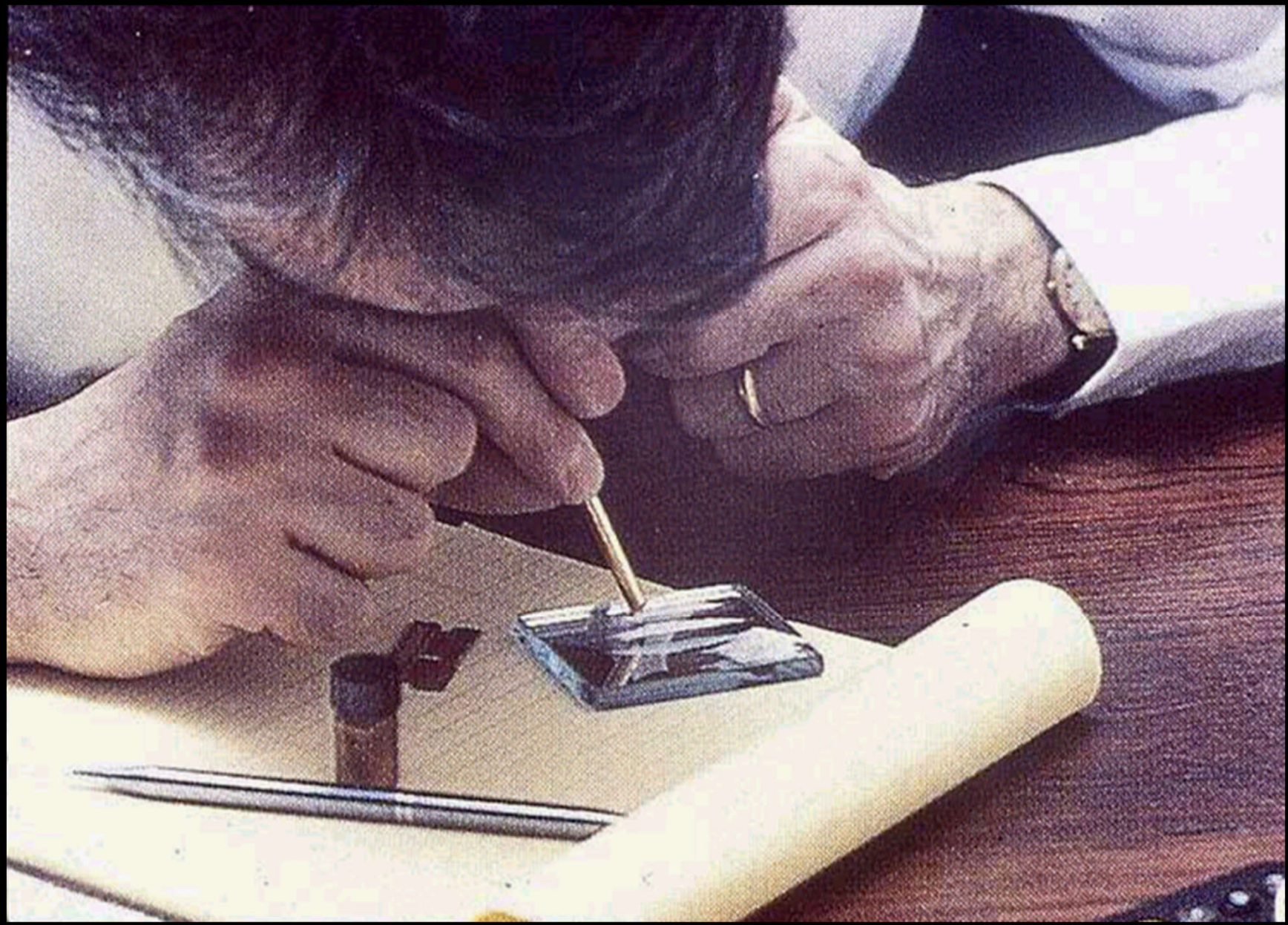
Kwok, S., Ostermeyer, B., and Coverdale, J.: A Systematic Review of the Prevalence of Patient Assaults Against Residents, Journal of Graduate Medical Education, Sept 2012.

# Violence Risk Assessment

- Confront with persecutor
- Perceived intentionality
- Substance abuse
- Weapons available

# Violent Crimes

- 41% intoxicated with alcohol
- 36% on illegal drugs



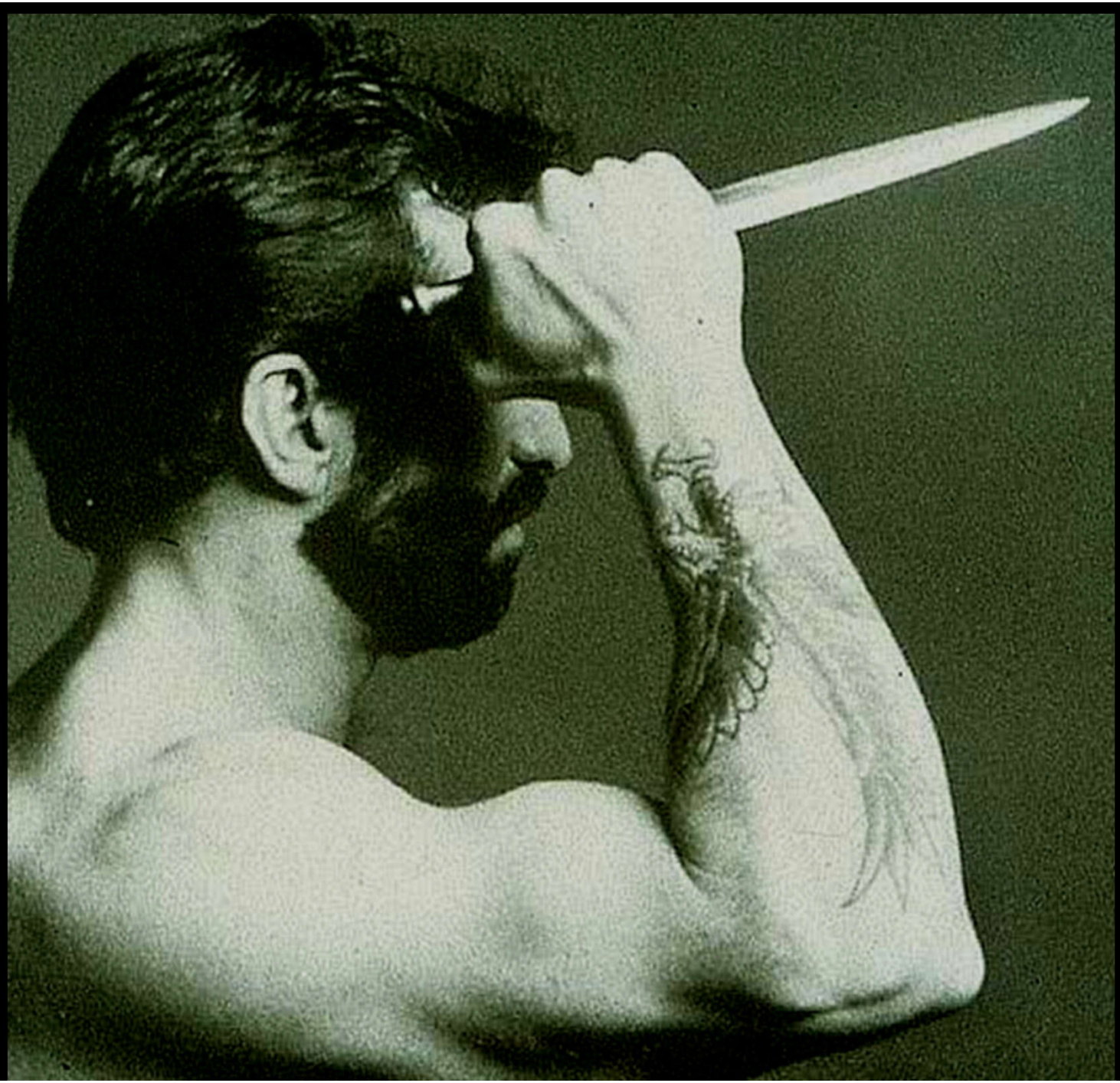
# Stimulants and Violence

- Disinhibition
- Grandiosity
- Paranoia

Brecher, M., Wang, B.W., Wong, H., and Morgan, J.P.: "Phencyclidine and Violence: Clinical and Legal Issues," Journal of Clinical Psychopharmacology, 8:397-401, 1988.

JON LEVY—GAMMA-LIAISON

**Equalizer:** *Is this a citizen taking his responsibility seriously?*



# Weapons Assessment

- Ownership of weapons
- Affect about weapons
- Threats with weapons
- Movement of weapons

# Evaluation of Threats

# Threats

The more intimate the relationship between the threatener and the victim, the more likely the threat is to be carried out.

# Threats and Intimacy

- Spouse
- Therapist
- Governor

# Increased Threat Risk

- Made face to face
- More specific
- Identity is revealed
- Introduced late in a controversy

deBecker, G: The Gift of Fear, New York: Dell Publishing, 1997

# Evaluation of Risk After Paranoid Violence

- Prodromal symptoms
- Warning behaviors
- Need for outreach
- Quickness of onset

# Timing of Violence

**The median length of time between the onset of an acute psychotic episode and violence is 30 days.**

Hodgins, S.: "Mental Disorder, Intellectual Deficiency, and Crime: Evidence from a Birth Cohort," Archives of General Psychiatry, 49:476-483, 1992.


POISON

# Summary

- Paranoia can lead to severe violence.
- Assess how the patient is responding to paranoia.
- Threats may or may not precede paranoid violence.