

Violence in the Community: Assessing Risk

Robert Paul Cabaj, MD
Medical Director, San Mateo Behavioral Health
and Recovery Services

January 29, 2015

Presentation Outline

- Predicting Violence
- Assessing for Violence
- **On Your Handout:**
 - Factors looking at Violence and Crisis
 - Links with Violence & Behavioral Health Issues

January 30, 2015

2

Assessing for violence risk is very difficult—consider D.I.S.T.U.R.B.E.D.

- **Demographics:** Young, male, cognitive defects, unemployed, homeless, \$ trouble
- **Impulsivity:** Especially of diagnosed antisocial or borderline
- **Substance use:** alcohol, phencyclidine, steroids, meth, inhalants, cocaine, “bath salts”
- **Threats:** Vocal. If specific target = very high risk
- **Untreated psychosis:** recently admitted, paranoid delusions, highly disorganized
- **Repeat violence:** hx of violence best predictor—more violent, more risk
- **Behaviors:** punch walls, break things, tight facial muscles, clenched fists, pacing
- **Eagerness:** eager to commit an act of violence
- **Distress:** concerned about safety, fearful

Assessing for Violence w/ Prediction in Mind

- Reports of mass shooting increase support for **gun control** efforts:
 - But also exacerbate negative attitudes toward persons with serious mental illness
- **Self-perception** may be the best predictor in several studies
- Predictive risk factor prior to diagnosis: **drug use disorders, criminality, self-harm**
- Violent suicide attempts increase likelihood of future violence
- 91% of outpatients who attempted homicide attempted suicide
- 86% of patients with homicidal ideation report suicidal ideation
- Differentiate static from dynamic factors:
 - Demographics vs. access to weapons, psychosis, substance use, living setting

Types of situations

- Threats to others
- Threats to self
- Public spaces
 - Schools
 - offices/clinics
 - outdoors
- Private spaces
 - Home
 - treatment facilities

January 30, 2015

5

“Players” in a Situation

- Individuals
- Family
- Neighbors
- Colleagues/students
- Law Enforcement
- Dispatch & EMR’s
- Treatment providers
- Response teams:
 - crisis response oriented
 - behavioral health oriented

6

Goal: Safe outcome for all involved

- Unfortunate outcomes well known
- "Suicide by Cop"
- Harm/death for individuals posing a threat
- Family disruption
- Community disruption
- Fear/suspicion of law enforcement and care providers
- Political reactions that may be quite restrictive and potentially harmful
 - E.g: NY blocking guns to mentally ill

7

National Recommendations for Core Crisis Services: A Continuum

- 23-hour crisis stabilization/observation beds
- 24/7 crisis hotlines
- Warm lines
 - (limited experience)
- Psychiatric advance directive statements
 - (limited study and uncertain usefulness)
- Peer crisis services

8

