TYING IT TOGETHER: COMMONALITIES BETWEEN FREQUENTLY SUICIDAL AND FREQUENTLY VIOLENT PATIENTS

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HIGH VIOLENCE & HIGH SUICIDE RISK

- Traditional view of suicidal behavior=internalizing thoughts and feelings leading to depression and associated disorders.
- Studies have consistently shown that inmates with a history of violence are at 2-3 times the risk for suicide than inmates without a history of violence (e.g., Mumola, 2005)
- Ex: Inmates/Patients with externalizing behaviors (i.e. aggression, hostility, impulsivity) and personality disorders (ASPD, Borderline) also display suicidal behavior.

HIGH VIOLENCE & HIGH SUICIDE RISK

- What is the relationship between high violence risk and high suicide risk?
- Psychopathy is a predictor of high violence risk.

ASPD is correlated with suicidal behavior (r=.41-.83) , but also the antisocial, impulsive, and irresponsible traits of psychopathy (Verona et al, 2001).

What is the relationship between psychopathy and suicidal behavior?

ANTISOCIAL PERSONALITY DISORDER 1. failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest 2. deceiffulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure 3. impulsivity or failure to plan ahead 4. irritability and aggressiveness, as indicated by repeated physical fights or assaults 5. reckless disregard for safety of self or others 6. consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations 7. lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another (DSM-IV-R, 2000)

PSYCHOPATHY Psychopathy Checklist-Revised-Gold Standard Assessment for Psychopathy Factor I= Affective & Interpersonal Factor 2= Impulsivity & Irresponsibility Facet 3= Impulsivity & Facet 4= Antisocial Behavior Factor 2 has the strongest correlation with ASPD & Facet 3 has the strongest correlation with suicide attempts.

PCL-R FACTOR 1 Pathological Lying Lack of remorse or guilt Glibness/superficial charm Grandiose sense of self-worth Cunning/manipulative Emotionally shallow Callous/lack of empathy Failure to accept responsibility for own actions

PCL-R FACTOR 2 Need for stimulation/proneness to boredom Impulsiveness Irresponsibility Juvenile Delinquency Early behavioral problems Poor behavioral control Revocation of conditional release Parasitic lifestyle Promiscuous sexual behavior Lack of realistic, long-term goals

VERONA ET AL. (2001) & DOUGLAS ET. AL. (2008)

- Correlation between Factor 2 and suicidal behavior was weak (r= .11) and strongly related to ASPD (r= .83)
- However, temperament traits of low constraint and negative emotionality are mediators between ASPD, Psychopathy and suicidal behavior

PERSONALITY TRAITS IN HIGH RISK FOR VIOLENCE & SUICIDE PATIENTS * Negative Emotionality= Anxiousness, alienation, & hostility * Psychological level-susceptibility to negative mood * Neurological level-brain systems that promote survival through appetitive-approach & defense-withdrawal behaviors (Patrick, Tellegen, Curtin, 2002) * Ex: NE predicts how one will physiologically respond to stimuli (Tellegen, 1985; Tellegen & Waller, in press; Watson, 2000; see also Almagor & Ehrlich, 1990) * Ex: NE is also a core axes in child temperament theories

PERSONALITY TRAITS IN HIGH RISK FOR VIOLENCE & SUICIDE PATIENTS

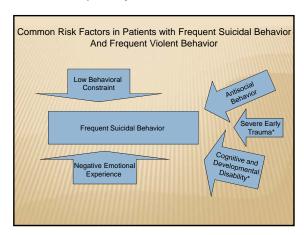
- Low constraint= impulsivity and sensation seeking (Patrick, Tellegen, & Curtin, 2004)
 - Psychological level-lack of behavioral control
 Neurological level-characterized a personality
 dimension called *impulsive unsocialized sensation*seeking in terms of low brain arousal and reduced
 conditionability (Zuckerman, 1991).

PSYCHOPATHY SUBTYPES ON MPQ

- Primary Psychopath: Emotionally stable psychopaths are high in Agency and low in Stress Reaction (Hicks et al, 2004).
- Secondary Psychopath: Aggressive psychopaths characterized by Negative emotionality, low constraint, and low communion (Hicks et al., 2004).
- Trait Aggression in and of itself is related to suicide attempts (Doihara et al., 2008)

MULTIPLE ATTEMPTERS AND EXTERNALIZING PSYCHOPATHOLOGY

- Studies of multiple attempters have found that many characteristics are similar to how secondary psychopathy is described (Forman et al., 2004).
 - i.e., severe psychopathology including negative emotionality, abuse history, low constraint, and cognitive/developmental deficits
 - The suicide study at DMH-VPP has found many of the same characteristics in its participants



NEUROPSYCHOLOGICAL PATHWAYS CORRELATED WITH HIGH RISK FOR SUICIDE AND VIOLENT BEHAVIOR

Frontal Lobe: damage to this region is indicative of traits associated with low constraint/negative emotionality, including impulsivity, irresponsibility, emotional disregard, disagreeableness, hostility, and stimulation seeking

The case of Phineas Gage (Harlow, 1848)

Temporal Lobe: damage to this region results in symptoms of aggression, impulsivity, poor behavioral control, lack of empathy, and emotional disregard

WHAT ROLE DO NEUROLOGICAL DEFICITS PLAY IN INDIVIDUALS AT HIGH RISK FOR VIOLENCE AND SUICIDE?

- + Hoptman et al (2002) found abnormal inferior frontal white matter to be associated with impulsivity and aggression in men
- Raine et al (1998) found that the impulsive behaviors of "affective murderers" was influenced by the interaction between prefrontal and subcortical functioning.
 - Specifically, prefrontal activity was lower while subcortical activity was higher than comparisons, specifically in the right hemisphere

WHAT ROLE DO NEUROLOGICAL DEFICITS PLAY IN INDIVIDUALS AT HIGH RISK FOR VIOLENCE AND SUICIDE? (CONT.)

+ Kiehl (2006) presented research that supported the influence of frontal and temporal regions in the presentation of symptoms that are consistent with the low-constraint/negative emotionality characteristics of Factor 2 found in those at high risk for both suicide and violence

SUICIDE IN A POPULATION AT HIGH RISK FOR VIOLENCE

- + Impulsivity
- + Sensation seeking
- + Difficulty with Socialization
- Psychoticism
- + Anxiousness
- Hostility
- Alienation

THE CONTRIBUTING FACTOR OF TRAUMATIC EXPERIENCES

- Early Life Trauma: Creates a predisposition for acting out behaviors against self and others
 - + Poor Identity Formation in Relation to Others
 - The development of self-identity is strongly influenced by our relationships with others. Negative early life experiences produces negative perception of self and others.
 - Symptoms Consistent with PTSD
 - × Blaauw, Arensman, Kraaij, Winkel, & Bout (2002)
 - In the current study at VPP, 50% of the participants in the violence risk study met criteria for PTSD

THE CONTRIBUTING FACTOR OF TRAUMATIC EXPERIENCES * Early Life Trauma Traumatic Events Result in an Enhanced Emotional Cuomo, Sarchiapone, Di Giannantonio, Mancini, & Roy Potentially Poor Engagement in Treatment Distrust in staff Assaultiveness Complex diagnostic cases CASE EXAMPLE-MR. H Mr. H: 47 year-old African American Male * History of Seizures, Head Injury, and Child Physical, Sexual, & Emotional Abuse Juvenile Delinquency 10 Suicide Attempts 2 Staff Assaults, 5 violent 115's Index Offense: Assault with a Deadly Weapon CASE EXAMPLE-MR. H Secondary Psychopath/ Trait Aggression * Higher Factor 2 score Low Constraint: Impulsive Negative Emotionality Neurological Deficits Trauma History

*Questions or Comments?	