Exploring the Impact of Suicide Prevention Research in the Criminal Justice System

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Meeting Orientation

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Moderator

Robert Canning, Ph.D.
Speaker

Marc Swogger, Ph.D.
Psychopathy and Other-Directed Violence: Relationships to Suicidal Behavior in Justice-Involved Individuals

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Acknowledgments

**Funding**: National Institute on Drug Abuse (NIDA)
UR Clinical and Translational Sciences Institute (CTSI)

**Community Partner**: Monroe County Pretrial Services Corporation
Director: Craig McNair

**Mentors**: Kenneth R. Conner, Psy.D., MPH; Eric D. Caine, MD; & Stephen A. Maisto, Ph.D.

**Coordinator**: Melissa Parkhurst

**Study Co-Therapist**: Nicole Trabold, Ph.D., LMSW
Incarceration as a Public Health Crisis

Incarcerated individuals have considerable physical and mental health burden, and jail and prison health care is well below community standards (Commission on Safety and Abuse in America’s Prisons, 2006; Dumont et al., 2012).

Not-even-close to exhaustive list of problems associated with incarceration:

- Higher risk of infectious disease
- Limited mental health care
- Exposure to violence, other trauma
- Negative effects on families
- Difficulty re-integrating following release
Racial Disparities in the Criminal Justice System

- African Americans account for 13% of regular drug users in the USA (Burton-Rose, 1998)
- African American drug users make up 35% of drug arrests, 55% of convictions, and 74% of people sent to prison for drug possession crimes (Human Rights Watch, 2010)
- Nationwide, African Americans are sent to state prisons for drug offenses 13 times more often than people of other races (Human Rights Watch, 2010)

![Incarceration Rates by Race & Ethnicity, 2010](image_url)

“Public health and medical practitioners [should] capitalize on the public health opportunities provided by correctional settings to reach medically underserved communities, while simultaneously advocating for fundamental system change to reduce unnecessary incarceration.” (Dumont et al., 2012).
Pretrial Jail Diversion Program: Demographics (n=267)

Male: 75%

African American: 51%

Caucasian: 30%

Hispanic: 11%

Other: 8%

Mean Age: 33.7 (SD=10.9)

High School Grads: 50%

At least one violent charge: 54%
Percentage Childhood Abuse (≤ 13 years old)

- Childhood Physical Abuse
- Childhood Sexual Abuse
Mental Disorders

(Psychiatric Diagnostic Screening Questionnaire; PDSQ; Zimmerman, 2001)
physical fights
never
once
2-3 times
4-9 times
10 or more

15
Common Underpinnings of Self-and Other-Directed Violence
(Braquehais et al., 2010; Conner et al., 2003; Geitl et al., 2007; Mann, 2003)

Early trauma and (partially) genetically determined biological mechanisms (e.g., low serotonergic activity) interact to create a diathesis for general impulsivity and violence. Depending on situational and other individual factors, this diathesis may promote self-or other-direct violence.
Childhood physical abuse, aggression, and suicide attempts among criminal offenders

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\section*{ARTICLE INFO}

\textbf{Article history:}
Received 8 January 2010
Received in revised form 7 June 2010
Accepted 24 July 2010

\textbf{Keywords:}
Child abuse
Aggression
Suicide
Violence
Offenders

\section*{ABSTRACT}

Childhood physical abuse (CPA) has numerous short and long-term negative effects. One of the most severe consequences of CPA is an increased risk for suicide attempts. Clarifying the mechanisms by which CPA increases risk for suicidal behavior may enhance preventive interventions. One potential mechanism is the tendency toward aggression. In a sample of 266 criminal offenders, ages 18–62, we examined relationships among CPA, lifetime aggression, and suicide attempts and tested lifetime history of aggression as a mediator of the relationship between CPA and suicide attempts. Results indicated that CPA and aggression were associated with suicide attempts. Consistent with our hypothesis, lifetime aggression mediated the CPA and suicide attempts relationship. Findings suggest that aggression may be an important mediator of the relationship between CPA and suicide attempts among criminal offenders, and are consistent with the possibility that treating aggression may reduce risk for suicide attempts.

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\section*{1. Introduction}

Childhood physical abuse (CPA) is common and its negative effects are numerous (Briere and Elliot, 2005). The short-term effects of CPA include disruptions in interpersonal relationships and psychological distress. The long-term effects of CPA include an increased risk for physical illness (Savitz et al., 2007), substance use disorders (CDC, 2007), and suicide attempts (Briere and Elliott, 2005). A history of CPA demonstrated a higher incidence of serious suicide attempts in those who were abused (Kroll et al., 1985). A study of female psychiatric patients found that CPA accounted for significant variance in suicide attempts (Bryer et al., 1987). The association between CPA and suicide attempts has since been replicated in a number of studies with varying sample characteristics (Kroll et al., 1985; Bryer et al., 1987; Podber et al., 1989; Yule et al., 1989; Swogger et al., 2011).
Our findings suggest that childhood physical abuse is significantly related to aggression (Yen et al., 2006), but constitutes, to our knowledge, the first demonstration of a direct effect on suicide attempts (Plutchik, 1980). Consequently, the relationship between aggressive behavior and suicide attempts at levels of aggression (Milanović et al., 2018) is due to the contributory role of aggression in the relationships among trauma (Yen et al., 2006) and trauma (Yen et al., 2006). Therefore, the CPA would be one of the wider life events that contribute to the comprehensive model of the CPA-SA relationship.

Our findings are consistent with our findings as a whole, where aggressive behavior has a significant role in suicide attempts.
- **Reactive (aka impulsive) violence**: occurs in response to a perceived threat or provocation and involves emotional arousal and rash responding.

- **Proactive (aka instrumental) violence**: is used to obtain a subsidiary goal; often premeditated, with minimal emotional arousal.
Outwardly directed aggression is associated with suicide attempts, but aggression is a heterogeneous construct. Increased specificity in our understanding of the link between aggression and suicide attempts can be attained by examining subtypes of aggression. We studied the relationships of reactive and proactive aggression to history of a suicide attempt among 96 criminal offenders in a pretrial supervision program. Consistent with prior findings in nonoffender samples, reactive aggression was associated with a history of suicide attempt after controlling for gender and depression. Proactive aggression was unrelated to suicide attempts. Results indicate that suicide risk assessments in forensic settings may be informed by the measurement of reactive aggression.

**Keywords:** proactive aggression; violence; suicide; aggression; reactive aggression
Joiner’s Interpersonal Model of Suicide Risk

Figure 1: Thomas Joiner’s model of suicide risk, 2006
Acquired capability: FEAR & PAIN

• To die by suicide, you must **lose some of the fear** associated with suicidal behaviors.
  – We aren’t born with the capability to stare down death.

□ To die by suicide, you must also be able to **tolerate the pain** involved in suicidal behavior.
  • repeated **practice** and **exposure**,
  • get used to the physically painful aspects of self-harm
The Relationship of Outwardly Directed Aggression to Suicidal Ideation and Suicide Attempts Across Two High-Risk Samples

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Objective: Although research has established some relationships between risk factors and specific suicide-related outcomes, in large part the extent to which suicidal ideation and attempts have different risk profiles is unclear. Using two theories of suicidal behavior to guide our hypotheses, we studied the relationship of outwardly directed aggression to suicidal ideation and attempts in two high-risk samples. Method: Participants in Study 1 were 271 criminal offenders in a pretrial diversion program. Participants in Study 2 were 892 psychiatric inpatients who participated in the MacArthur Violence Risk Assessment Study. Results: In both studies, after controlling for relevant covariates, outwardly directed aggression was associated with suicide attempts, but not ideation. Among psychiatric patients, further analyses revealed that outwardly directed aggression was associated with planned, but not unplanned, suicide attempts. Conclusions: That aggression is related to suicide attempts and not ideation is consistent with hypotheses based on both Joiner’s (2005; Why people die by suicide. Cambridge, MA: Harvard University Press) interpersonal theory of suicidal behavior and theories based on a diathesis toward behavioral dysregulation (e.g., Mann et al., 2009). That aggression was associated with planned suicide attempts is consistent with Joiner’s theory. Competing explanations for the results include a potential role of proactive aggression in suicide attempts, particularly planned attempts.

Keywords: aggression, suicide, suicide attempts, suicidal ideation, interpersonal theory

Approximately 5.6%–14.3% of the United States population considers suicide at some point in their lives, and a lower proportion—between 1.9 and 8.7%—attempt suicide (Nock et al., 2008). The
Psychopathy

A personality disorder characterized by superficial charm, deceitfulness and manipulation, lack of empathy and remorse, impulsivity and irresponsibility, and chronic and varied antisocial behavior.

Associated with:

- nonviolent recidivism
- violent recidivism (high psychopathy = 3X low psychopathy)
- deficits in facial and vocal affect recognition
- deficits in passive avoidance learning
- deficits in response to emotional material
- poor treatment response?

Assessed with the Psychopathy Checklist – Revised (PCL-R), that yields continuous scores based on a semi-structured interview and file review.
PSYCHOPATHY: 4-facet model

Interpersonal: glibness/superficial charm, grandiose sense of self-worth, pathological lying, conning/manipulative

Affective: lack of remorse or guilt, emotionally shallow, lack of empathy, failure to take responsibility

Lifestyle: need for stimulation/proneness to boredom, parasitic lifestyle, lack of realistic long-term goals, impulsivity, irresponsibility

Antisocial: poor behavioral controls and early, persistent, and varied criminality

*antisocial facet is the only to be consistently associated with suicide attempts (Douglas et al., 2006; Swogger et al., 2009)
Predicting self- and other-directed violence among discharged psychiatric patients: the roles of anger and psychopathic traits

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Background. We examined the extent to which trait anger and psychopathic traits predicted post-discharge self-directed violence (SDV) and other-directed violence (ODV) among psychiatric patients.

Method. Participants were 851 psychiatric patients sampled from in-patient hospitals for the MacArthur Violence Risk Assessment Study (MVRAS). Participants were administered baseline interviews at the hospital and five follow-up interviews in the community at approximately 10-week intervals. Psychopathy and trait anger were assessed with the Psychopathy Checklist: Screening Version (PSC:SV) and the Novaco Anger Scale (NAS) respectively. SDV was assessed during follow-ups with participants and ODV was assessed during interviews with participants and collateral informants. Psychopathy facets and anger were entered in logistic regression models to predict membership in one of four groups indicating violence status during follow-up: (1) SDV, (2) ODV, (3) co-occurring violence (COV), and (4) no violence.

Results. Anger predicted membership in all three violence groups relative to a non-violent reference group. In unadjusted models, all psychopathy facets predicted ODV and COV during follow-up. In adjusted models, interpersonal and antisocial traits of psychopathy predicted membership in the ODV group whereas only antisocial traits predicted membership in the COV group.

Conclusions. Although our results provide evidence for a broad role for trait anger in predicting SDV and ODV among discharged psychiatric patients, they suggest that unique patterns of psychopathic traits differentially predict violence.
interpersonal and antisocial facet scores, COV was predicted by antisocial facet scores only.\textsuperscript{2}

**cognitive, arousal and behavioral subscales using ANOVAs.** Tukey HSD post-hoc tests revealed the following group differences (p < 0.05): for the cognitive subscale, mean scores for COV (mean=32.94, SD=6.42) were significantly higher than for the other groups.
RCT

**Aim** To conduct a RCT for a brief substance use intervention and test the following hypotheses:

1) The intervention will decrease substance use during a 6-month follow-up period.

2) The intervention will decrease violent criminal recidivism during a one-year follow-up period.

3) Psychopathic traits will moderate intervention efficacy such that individuals with lower levels of core traits (e.g., lack of empathy, pathological lying) will benefit more from treatment.

![Diagram showing the relationship between Intervention, Substance Use, and Violent Recidivism]

PSYCHOPATHIC TRAITS
Intervention: Brief Negotiated Interview for Substance Use
(Bernstein et al., 2010)

1. Introduction

2. Provide feedback on:
   - mental health problems
   - substance use frequency
   - consequences of substance use

   Discuss connections between substance use, MH problems, substance use consequences

3. Exploration Pros and Cons of substance use

4. Assessment of readiness to change

5. Summary of session, discussion of next steps, fill out action plan

6. Provide with contact info for MH and substance abuse treatment providers
RCT Results

Screened: 549

Met criteria and enrolled in RCT: 105 (65% male)

6-month retention rate: 74%

Participant-driven goals: Range from “complete abstinence” to “not getting caught by RPD when I smoke crack.”

Participant feedback: Intervention acceptable to all participants, even “appreciated” by some

Recidivism: Of those who have completed the 1-year follow-up, approximately 1/3 have been re-incarcerated, and 14% of the sample have been charged with a new violent crime.
Results

Treatment vs. Control Groups on % Drug Use Days in people who are low vs. high on psychopathic traits
- Among justice involved individuals, high levels of other-directed violence may indicate risk for suicide attempts.

- Tendencies toward reactive violence may more powerfully predict suicide attempts than tendencies toward proactive violence.

- Psychopathy matters:
  
  a) “core” psychopathic traits are more likely elevated among individuals with other-directed violence, only
  
  b) Treatment for self-and other-directed aggression should take into account levels of psychopathic traits
Thanks!
Next webinar:
Exploring the Impact of Suicide Prevention Research in Social Media
Friday, August 14, 2:00 – 3:00 PM ET
Thomas Niederkrotenthaler, M.D., Ph.D., M.M.Sc.
Benedikt Till, D.Sc.
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