Treating Violent Individuals: Developmental Issues, Assessing Risk & Effective Treatment Planning

Lisa Firestone, Ph.D.

Voices of Violence 1.10, clip 40

Our Approach to Violence

Each person is divided:

•One part wants to live and is goal directed and life affirming.

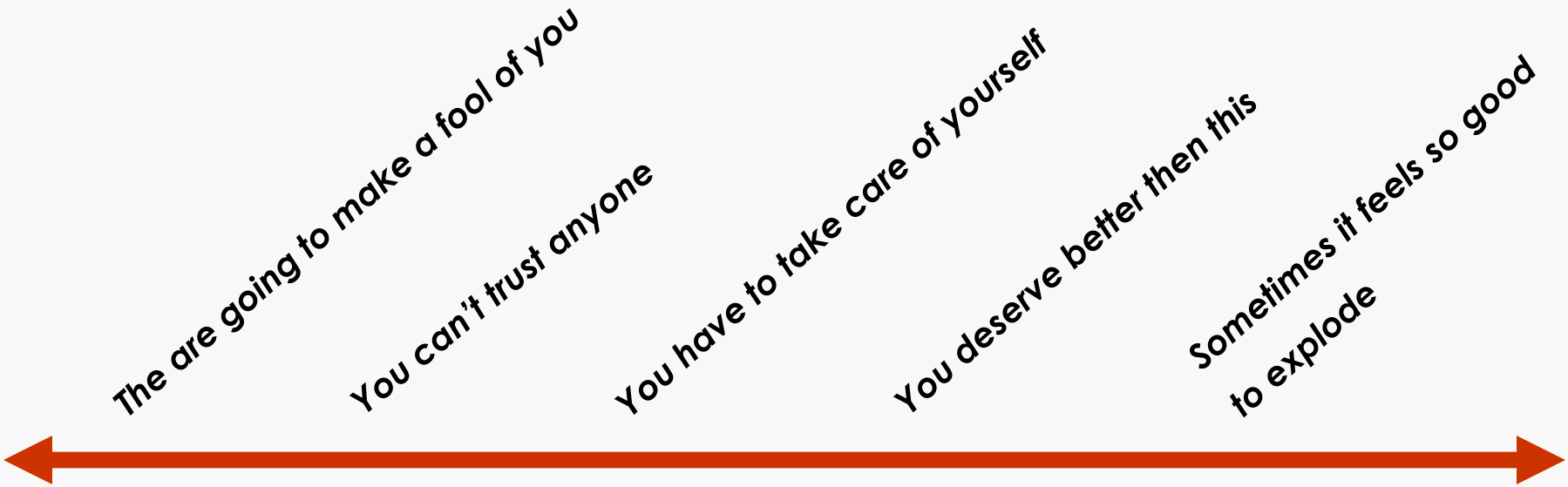
• And one part is self-critical and suspicious of others, self-hating and paranoid toward others, and at its ultimate end, destructive toward self and others. The nature and degree of this division varies for each individual.

Real Self - Positive

Anti-Self - Destruction

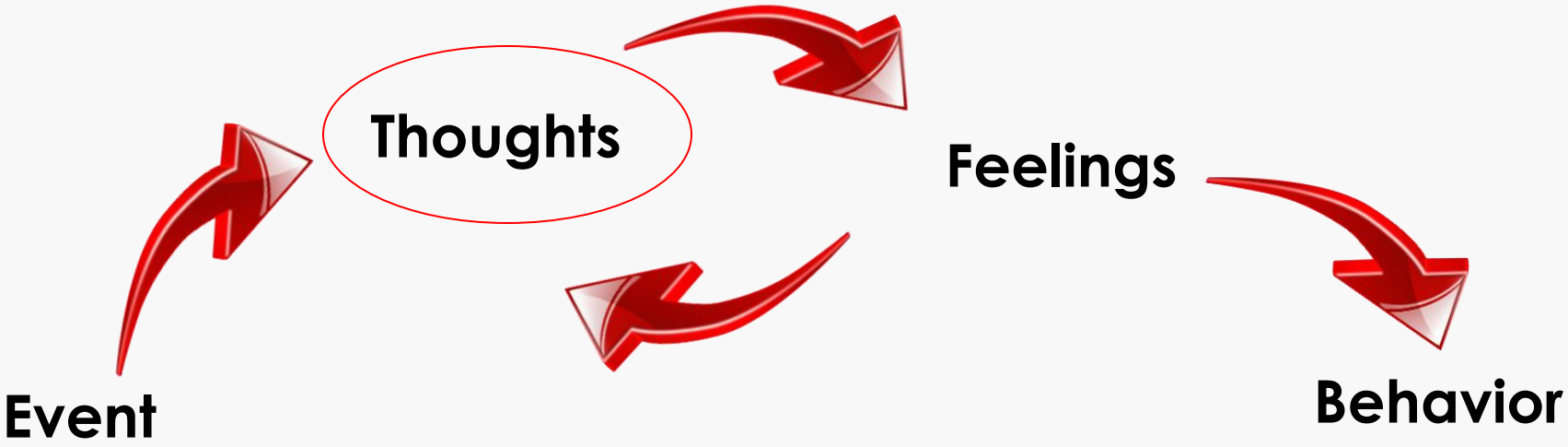
Our Approach to Violence

Destructive thoughts toward self and others contribute to violent behavior.



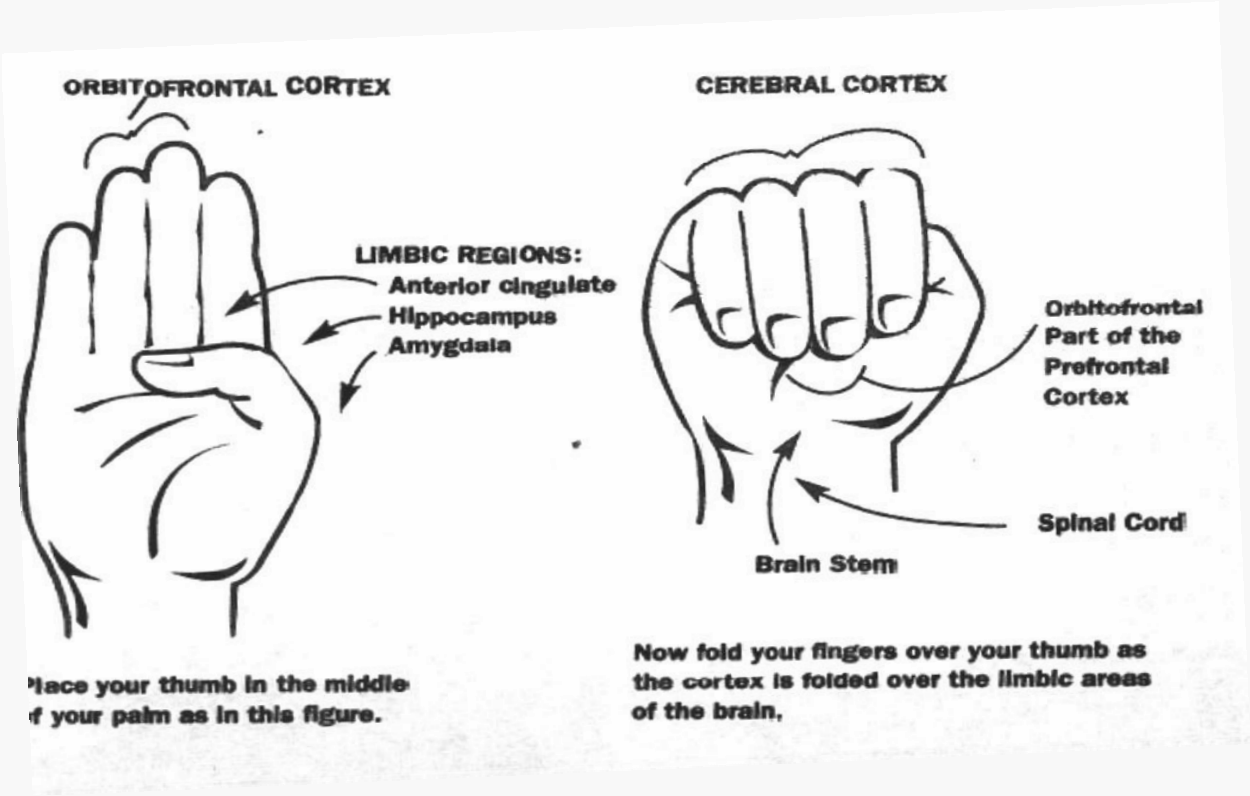
Our Approach to Violence

There is a direct relationship between how a person is thinking and how they are likely to behave.



The Brain in the Palm of Your Hand

Daniel Siegel, M.D. – Interpersonal Neurobiology



The Low Road: An Example of Dis-Integration

- Temporarily Disengaging the Prefrontal Cortex
- Dissolves the nine functions of the PFC

9 Important Functions of the Pre-Frontal Cortex

1. Body Regulation
2. Attunement
3. Emotional Balance
4. Response Flexibility
5. Empathy
6. Self-Knowing Awareness (Insight)
7. Fear Modulation
8. Intuition
9. Morality

Emotional Regulation

"Experiences in infancy which result in the child's *inability to regulate strong emotions* are too often the overlooked source of violence in children and adults."

(Brazelton, 1997)

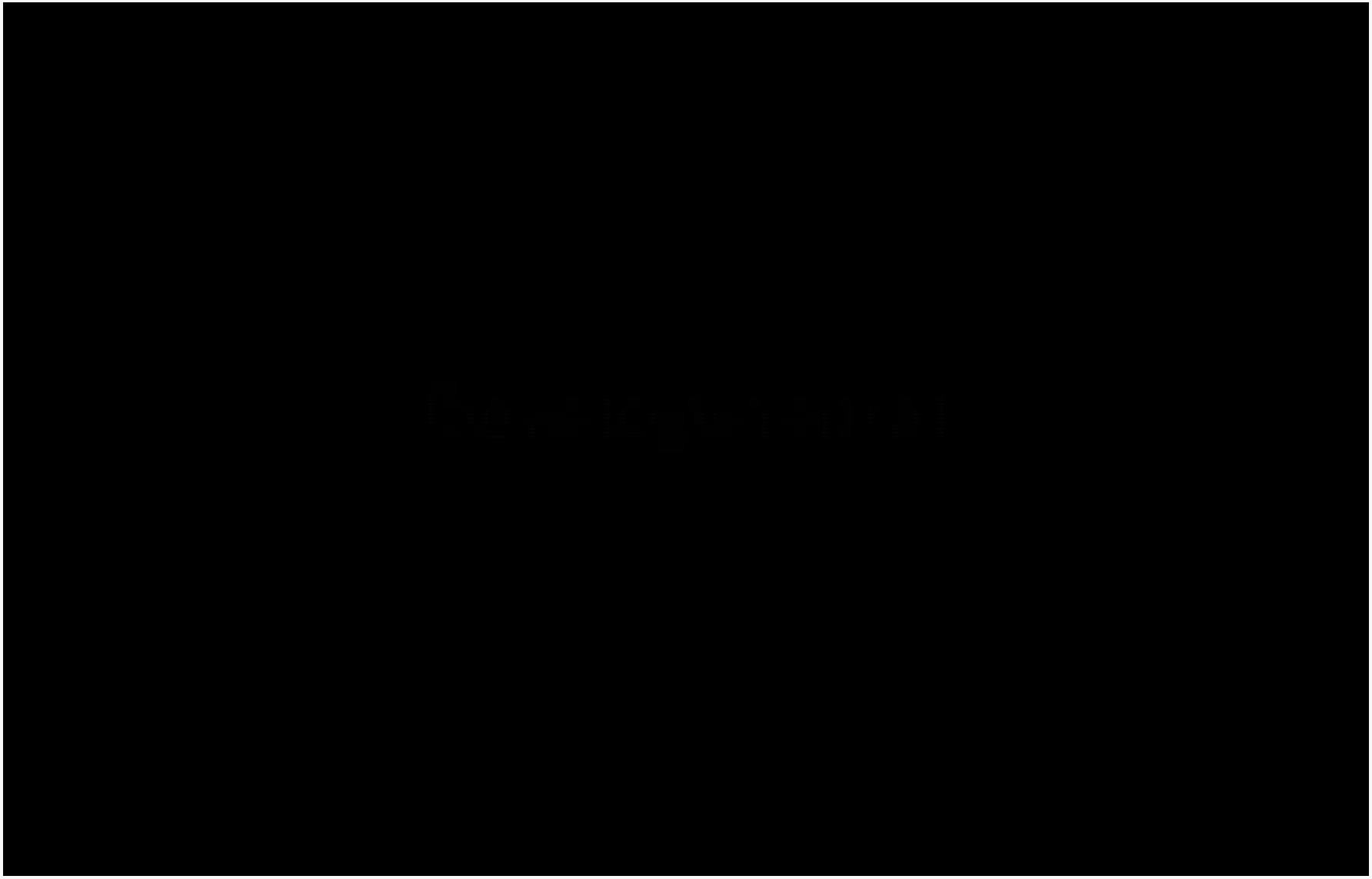
Abuse and Neglect

- Expose the immature infant to threatening experiences
- Deprive the developing brain/mind/body of interpersonal experiences necessary for developing a conscience

Neuro-cognitive Basis of 2 Types of Aggression

- Hostile/Reactive
  - Individual perceives a threat, reacts violently
  - Acquired sociopathy
  - Legions in the orbital frontal cortex
- Instrumental/Proactive
  - Individual sees violence as a means to obtain a desired goal
  - Developmental psychopathy
  - Amygdala malfunctions

Developmental 5.35, clip 95

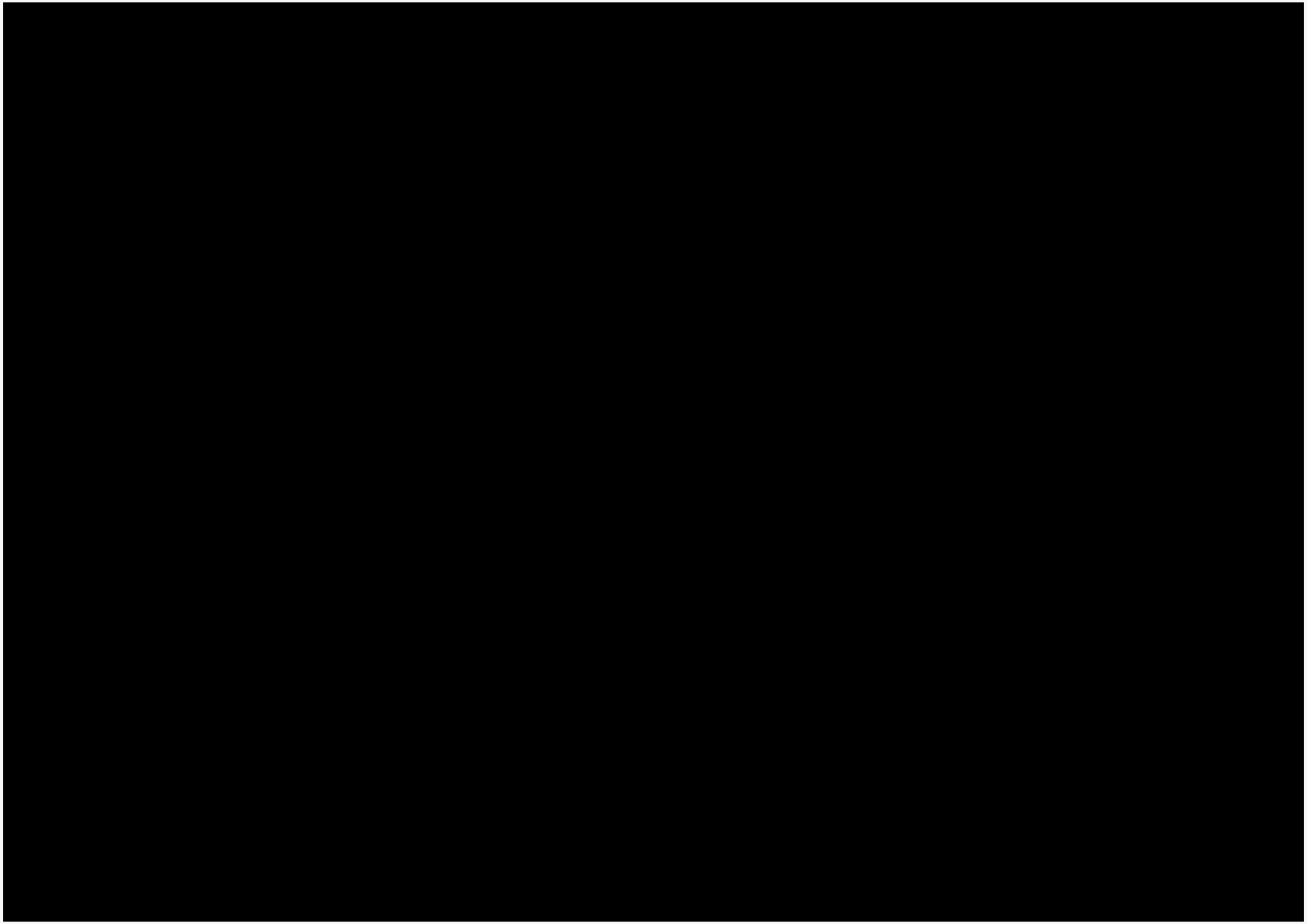


Separation Theory

Robert W. Firestone, Ph.D.

- Integrates psychoanalytic and existential systems of thought
- Two kinds of emotional pain:
  - Interpersonal
  - Existential
- The core conflict
- Defended versus undefended lifestyles
- The concept of the **Fantasy Bond**
- The concept of the **Critical Inner Voice**

Division of the Mind 2.08, clip 209



Division of the Mind

<u>Parental Ambivalence</u>

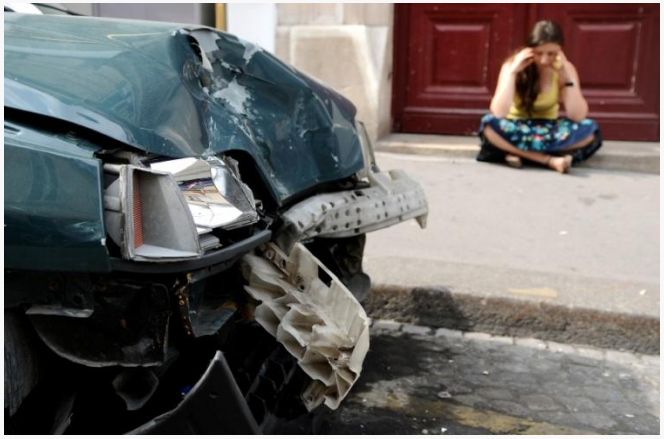
Parents both love and hate themselves and extend both reactions to their productions, i.e., their children.

Parental Nurturance

Parental Rejection, Neglect Hostility

Prenatal Influences

Disease Trauma



Substance Abuse/ Domestic Violence

Birth

Trauma

Baby

Genetic

Structure

Temperament

Physicality

Sex

Self-System
Parental Nurturance

Unique make-up of the individual (genetic predisposition and temperament); harmonious identification and incorporation of parent's positive attitudes and traits and parents positive behaviors: attunement, affection, control, nurturance; and the effect of other nurturing experience and education on the maturing self-system resulting in a sense of self and a greater degree of differentiation from parents and early caretakers.

Personal Attitudes/ Goals/Conscience

Realistic, Positive Attitudes Toward Self

Realistic evaluation of talents, abilities, etc…with generally positive/ compassionate attitude towards self and others.

Goals
Needs, wants, search for meaning in life

Moral Principles

Behavior

Ethical behavior towards self and others

Goal Directed Behavior

Acting with Integrity

Anti-Self System

Unique vulnerability: genetic predisposition and temperament

Destructive parental behavior: misattunement, lack of affection, rejection, neglect, hostility, over permissiveness

Other Factors: accidents, illnesses, traumatic separation, death anxiety

The Fantasy Bond (core defense) is a self-parenting process made up of two elements: the helpless, needy child, and the self-punishing, self-nurturing parent. Either aspect may be extended to relationships. The degree of defense is proportional to the amount of damage sustained while growing up.

Anti-Self System

Self-Punishing Voice Process

Voice Process	Behaviors	Source
1. Critical thoughts toward self 	Verbal self-attacks – a generally negative attitude toward self and others predisposing alienation.	Critical parental attitudes, projections, and unreasonable expectations.
2. Micro-suicidal injunctions 	Addictive patterns. Self-punitive thoughts after indulging.	Identification with parents defenses
3. Suicidal injunctions – suicidal ideation 	Actions that jeopardize, such as carelessness with one's body, physical attacks on the self, and actual suicide	Parents' covert and overt aggression (identification with the aggressor).

Anti–Self System

Self- Soothing Voice Process

	Voice Process	Behaviors	Source
	1. Self-soothing attitudes	Self-limiting or self-protective lifestyles, Inwardness	Parental over protection, imitation of parents' defenses
	2. Aggrandizing thoughts toward self	Verbal build up toward self	Parental build up
	3. Suspicious paranoid thoughts toward others.	Alienation from others, destructive behavior towards others.	Parental attitudes, child abuse, experienced victimization.
	4. Micro-suicidal injunctions	Addictive patterns. Thoughts luring the person into indulging.	Imitation of parents' defenses.
	5. Overtly violent thoughts	Aggressive actions, actual violence.	Parental neglect, parents' overt aggression (identification with the aggressor).

Fonagy clip 2.49, clip 96

Why Use Objective Measures? What Interferes with Clinical Judgment

- Anxiety
- Counter Transference
- Paranoid
- Research Minimizing
- Diverse Menu of Risk Factors

Problems with Clinical Judgment

Example:

Huss and Zeiss (2004) found that individual clinicians are unable to predict violence through clinical methods. Webster, Hucker, and Bloom (2002) also found that clinicians lack consensus for indentifying the presence of risk factors using the same vignette about a violent individual.

Professionals are frequently consulted to diagnose and predict human behavior; optimal treatment and planning often hinge on the consultant's judgmental accuracy. Research comparing these two approaches shows the actuarial method to be superior. Dawes, Faust, Meehl (1989)

On average, mechanical-prediction techniques were about 10% more accurate than clinical prediction. Grove, Zald, Lebow, Snitz, Nelson (2000)

Problems with Static Risk Factors Adolescent Murderers

- Less likely to be arrested previous
- Less likely to be placed in juvenile facilities prior
- Less likely to have a history of prior mental health treatment

Static and Dynamic Risk Factors

Static risk factors: factors that do not change over time or setting, i.e., age of first offense and demographic variables.

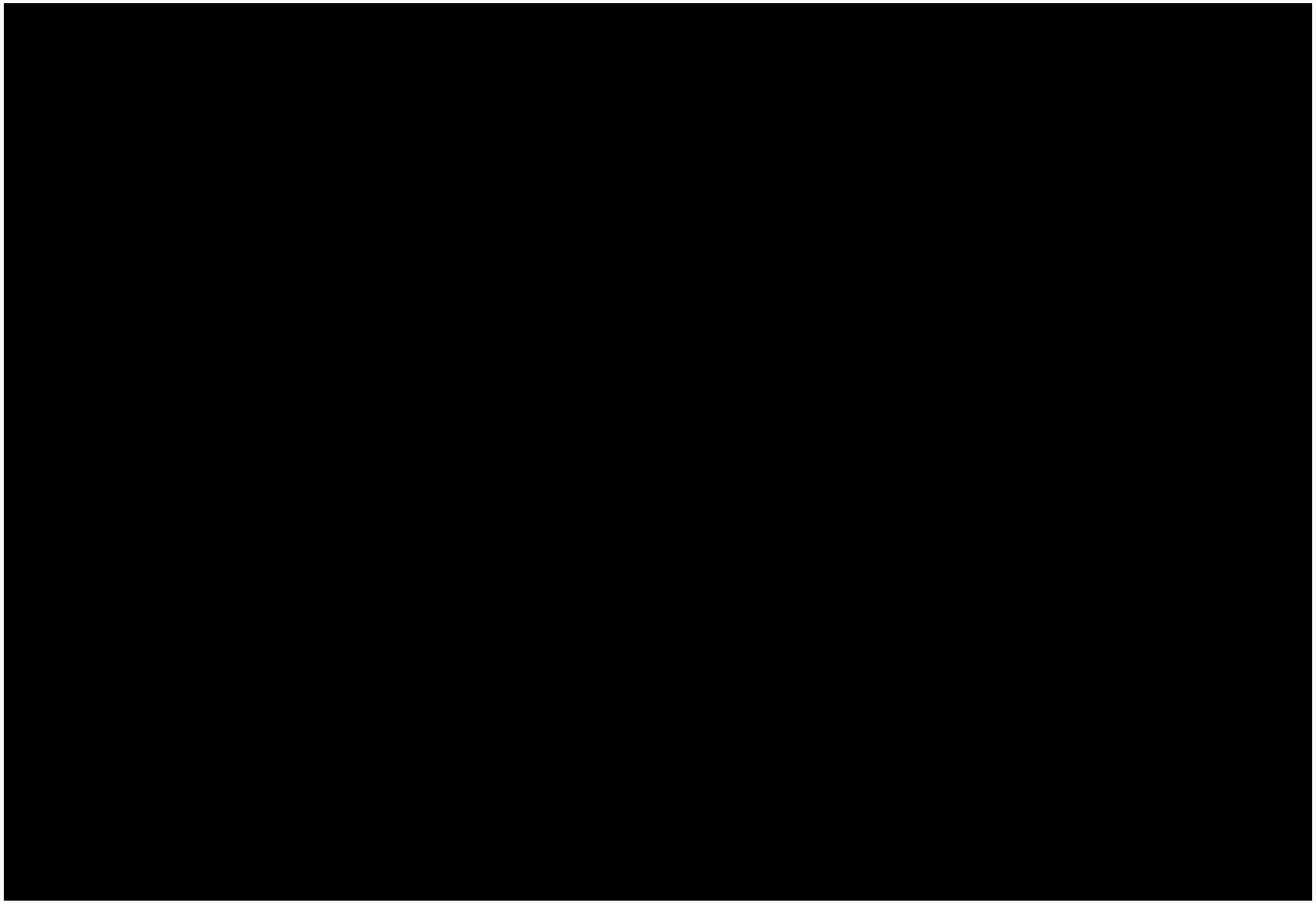
Dynamic Risk Factors: factors that change over time and setting, i.e., present clinical status and substance use.

Thoughts to Actions Quote

A. Beck and Pretzer (2005) stated the hypothesis of thoughts influence on behavior in this way:

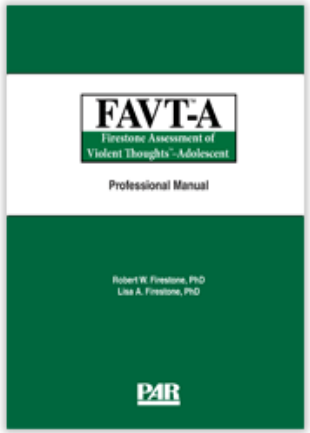
Our seminal insight was the observation that the content of individuals' thoughts influences their emotional and behavioral response…. Thoughts of being wronged or mistreated produce anger and an impulse to retaliate. (p. 68) …When the adversary is demonized (viewed as different, alien, subhuman, and evil), this intensifies the sense that violence is justified and reduces inhibitions about violence and killing. (p. 72) …The greater the extent to which additional cognitions legitimize a violent response, the greater the likelihood of violence. (p. 71)

Scales, 8.47, Clip 211



Our Measures

Based on Separation Theory developed by Robert W. Firestone, PhD. and represents a broadly based coherent system of concepts and hypothesis that integrates psychoanalytic and existential systems of thought. The theoretical approach focuses on internal negative thought processes. These thoughts (i.e. “voices”) actually direct behavior and, thus, are likely to predict how an individual will behave.



FAVT: Adult Version ©

Instructions

All people experience thoughts or *inner voices* that are critical and sometimes destructive towards themselves and others. For example when a person feels angry or hurt, he (she) might think to himself (herself): "*You've got to get even, Let them have it*." When a person is worried about his (her) job, he (she) might say to himself (herself)*: "They don't see that you are working hard, they're just taking advantage of you*."

Negative thoughts or inner voices are a part of everyone's day to day thinking. The following is a list of thoughts — voices that people may experience. Please read through each one and indicate, by circling the number that matches how frequently you experience this thought or voice.

Example:

	Rarely Almost Never	Sometimes	Frequently Almost Always
You've got to get even, let them have it.	**1**	**2**	**3**

		Rarely Almost Never	Sometimes	Frequently Almost Always
1.	Nobody understands you.	1	2	3
2.	You idiot! You were faithful to him (her). Now look at what he's (she's) done and everybody knows.	1	2	3
3.	How can he (she) talk to you like that.	1	2	3

Firestone Assessment of Violent Thoughts (FAVT)

Level 1: Paranoid/ Suspicious

“They are out to get you”

You can never trust a woman (man).

You can’t trust anyone.

Keep those immigrants out. They don’t deserve anything

Firestone Assessment of Violent Thoughts (FAVT)

Level 2: Persecuted Misfit

“They are going to make a fool of you”

How can they talk to you like that?

Nobody sees how much you contribute.

No one appreciates you. So just forget them

They’re just doing this to make you get upset.

Firestone Assessment of Violent Thoughts (FAVT)

Level 3: Self-Depreciating/Pseudo-Independent

"You have to take care of yourself"

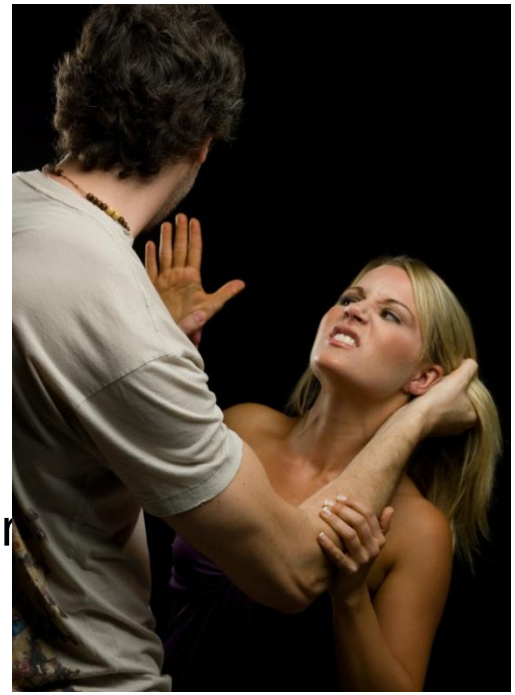
Nobody understands you.

You idiot! You were faithful to him (her).

Now look at what he's (she's) done

and everybody knows.

They shouldn't have done that to you. They knew better



Firestone Assessment of Violent Thoughts (FAVT)

Level 4: Overtly Aggressive

"Violence is the ticket"

Look at all these people here that you could hurt and blow away.

You're somebody if you have a gun. You have control. You get respect.

Sometime it feels so good just to explode.

Firestone Assessment of Violent Thoughts (FAVT)

Level 5: Self-Aggrandizing

"You are #1"

You deserve better than this!

You can do anything you set your mind to.

You're strong. You don't really need them in your life.

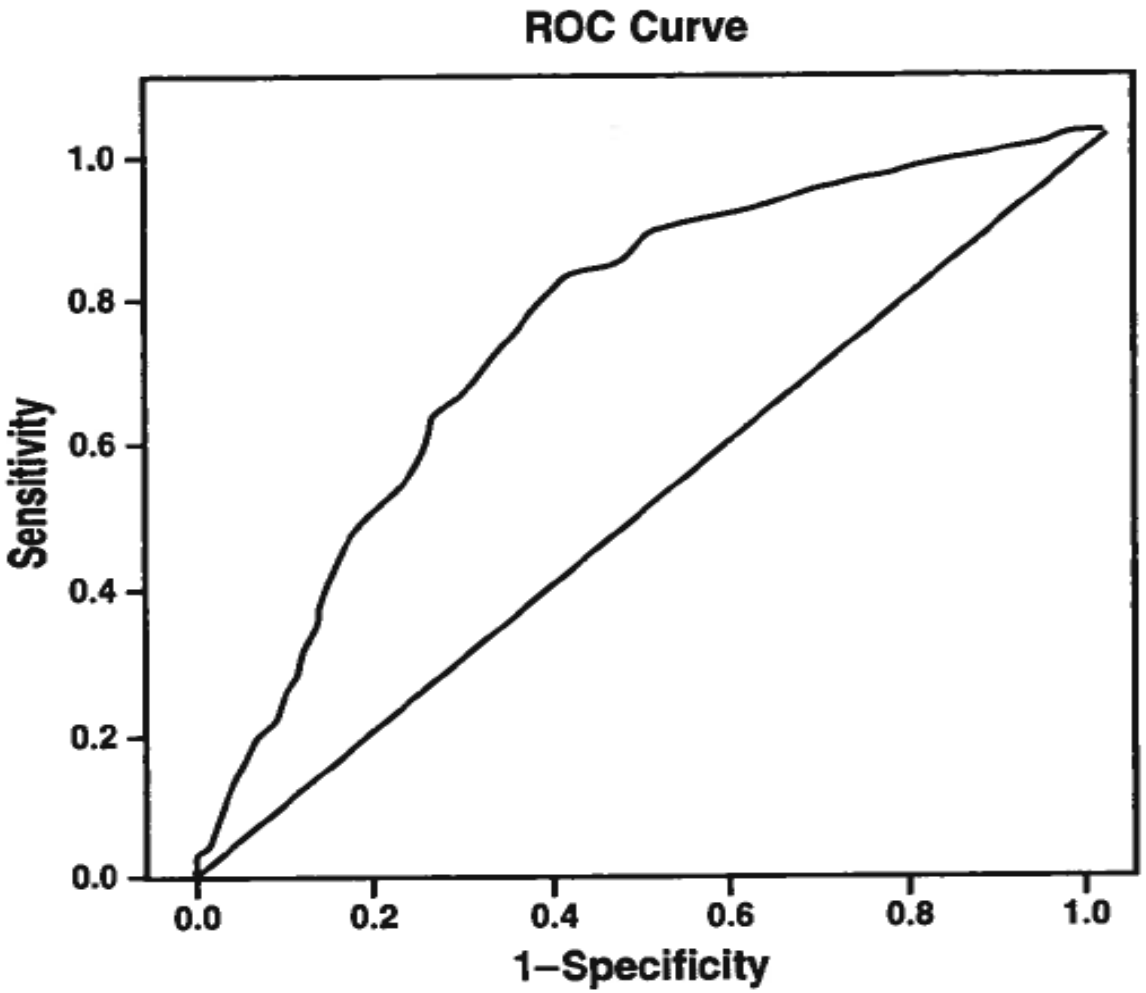


Figure 5.1. ROC curve using Total FAVT *T* scores to predict current anger management counseling. Diagonal segments are produced by ties.

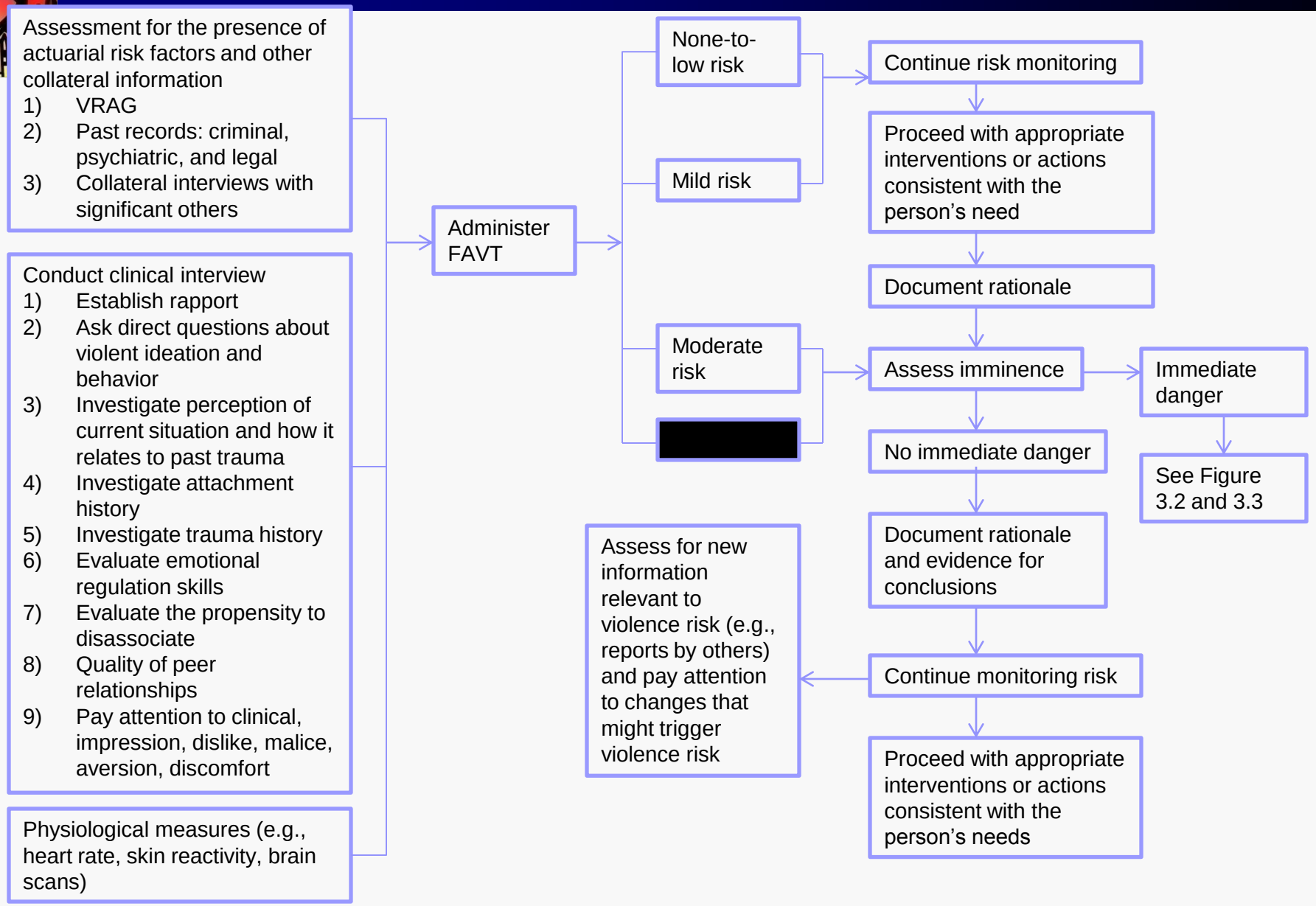


Figure 3.1. Flowchart: Assessment and management of potentially violent individuals (VRAG = Violence Risk Appraisal Guide [Harris, Rice, & Quinsey, 1993])

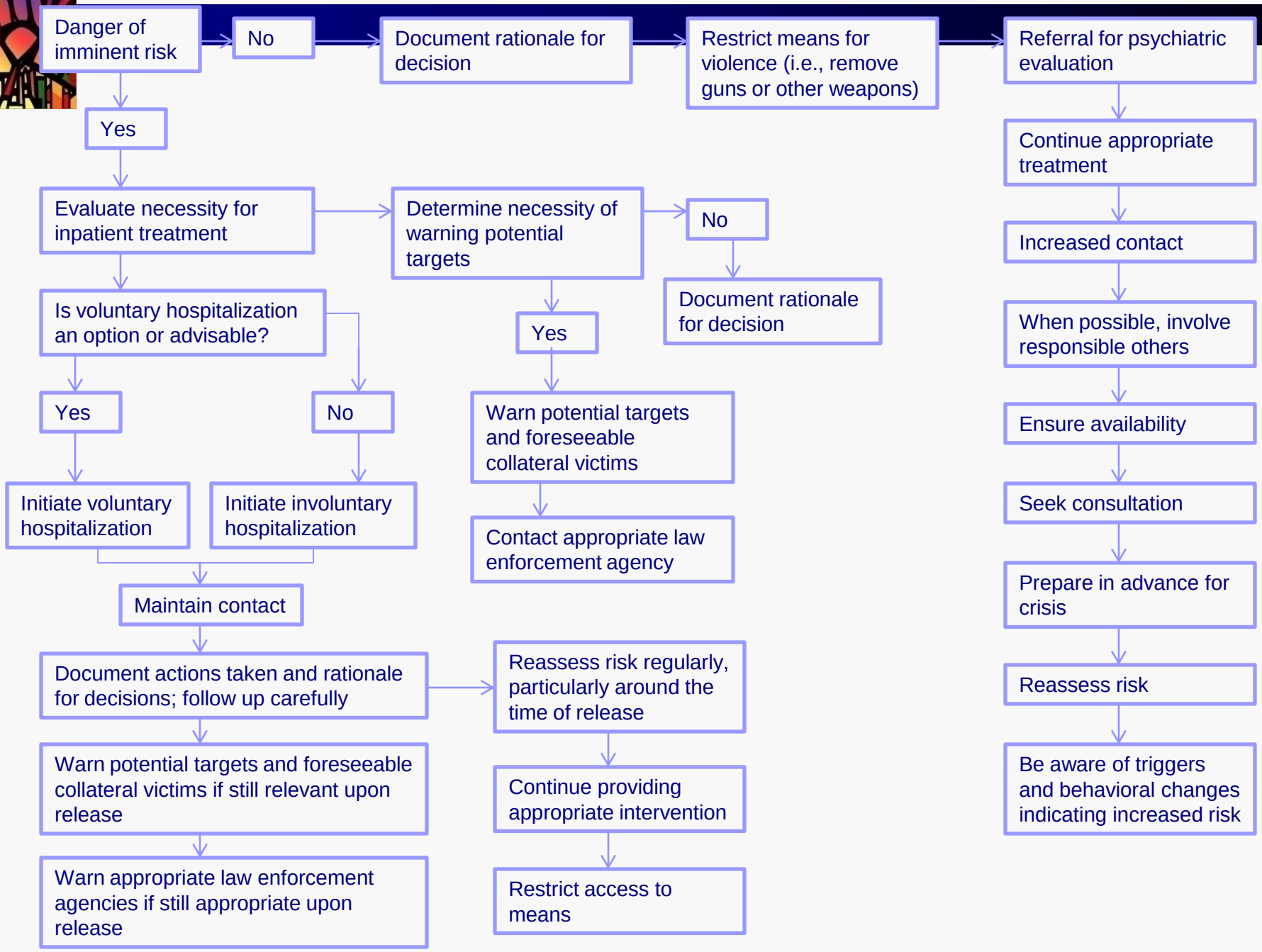


Figure 3.2 **Flowchart: Assessment and management of potentially violent individuals in nonrestrictive setting**

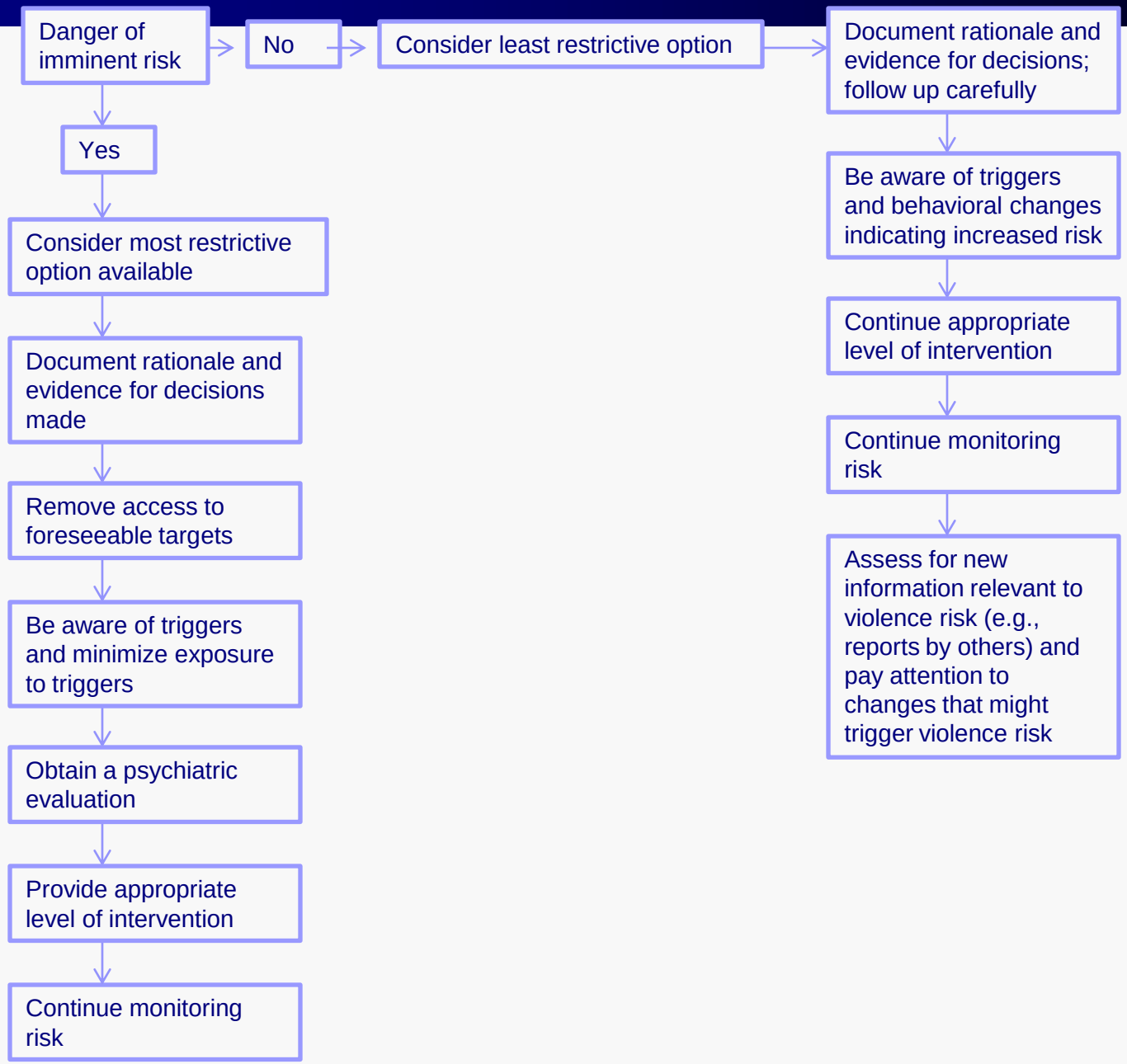


Figure 3.3 **Flowchart: Assessment and management of potentially violent individuals in restrictive settings.**

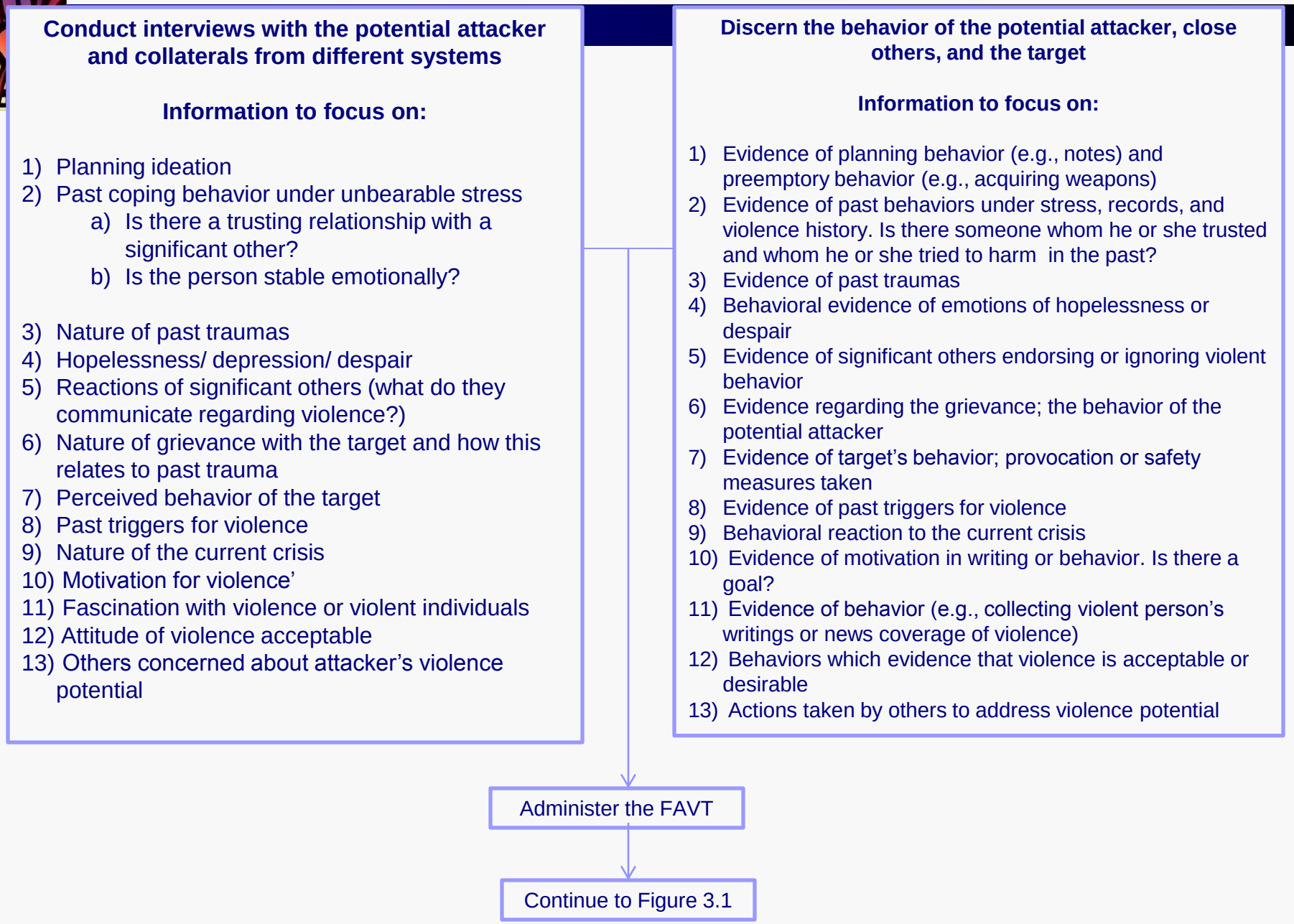


Figure 3.4 **Targeted violence model for threat assessment (instrumental).**

The Therapeutic Process in Voice Therapy

Step I

Identify the content of the person's negative thought process. The person is taught to articulate his or her self-attacks in the second person. The person is encouraged to say the attack as he or she hears it or experiences it. If the person is holding back feelings, he or she is encouraged to express them.

Step II

The person discusses insights and reactions to verbalizing the voice. The person attempts to understand the relationship between voice attacks and early life experience.

The Therapeutic Process in Voice Therapy

Step III

The person answers back to the voice attacks, which is often a cathartic experience. Afterwards, it is important for the person to make a rational statement about how he or she really is, how other people really are, what is true about his or her social world.

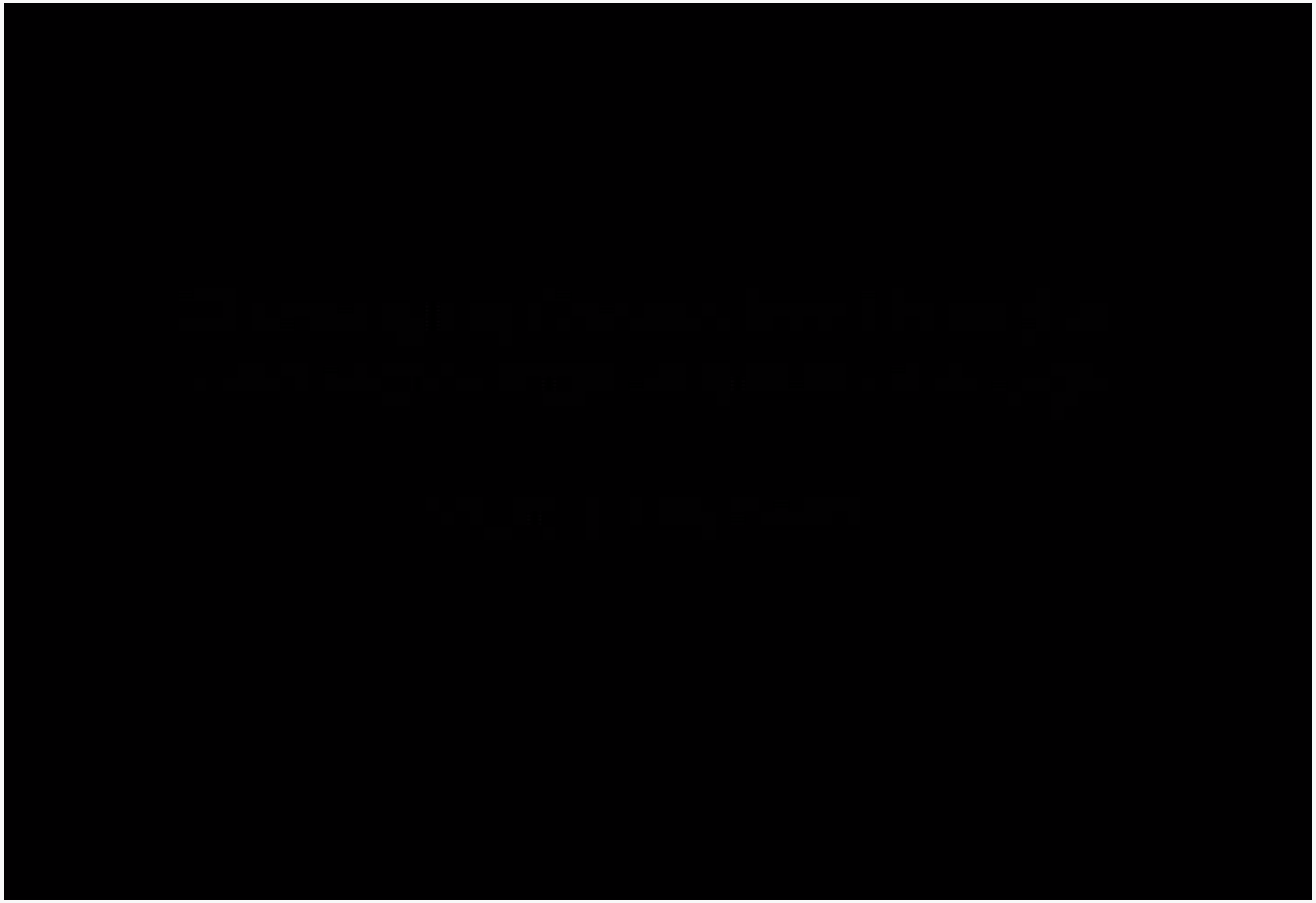
Step IV

The person develops insight about how the voice attacks are influencing his or her present-day behaviors.

Step V

The person then collaborates with the therapist to plan changes in these behaviors. The person is encouraged to not engage in self-destructive behavior dictated by his or her negative thoughts and to also increase the positive behaviors these negative thoughts discourage.

Voice Therapy 4.33, clip 97



Resolve to Stop the Violence Project (RSVP)

- Population
  - 62 bed open dormitory unit
  - Violent offenders
- Goals
  1. Change the culture of the male role belief system
  2. Change the violence-prone character structure
  3. Change violence-precipitating cognitions, emotions, and actions

RSVP-Treatment

- Intensive treatment 12 hours/day, 6 days/week
  - Group discussion, academic classes, theatrical enactments and role-play, counseling sessions, presentations and discussions with victims of crime
- Man Alive Groups
  - Cognitively-oriented small group meetings
  - 2 ½ hour groups, 3 times a day
  - Each session focuses on one man
  - Participants discuss their two identities: the “real self” and the “hit man”

Implementing Skills 1.11, clip 213

Grendon Prison, Oxford

- Population
  - Category B High Security Prison
  - All violent offenders
  - 50% have life sentence for murder
  - 25% Psychopathic
  - 5 units, 40 men each

Grendon Approach to Treatment

- Psychodynamic small group therapy every other morning
- Inmates play an active role
- Dynamic understanding of their crime
- Drama and Art therapy
- Twice a week unit meetings

Theory and Technique

- Traumatized patients – adults as well as children – develop *negative introjects.*
- Sufferers “resist” therapy by using predictable strategies to avoid their unconscious painful feelings.
- These true feelings are those of traumatized love
  - Pain/Shame (of Trauma)
  - Grief (Longing)
  - Anger (Person, Situation)
  - Guilt (Strongest for those whose anger is at caregiver)

Repairing the Attachment System

- The therapist is then perceived as a new attachment figure
- The therapist's mind wants to explore and understand and co-contain the patient's feelings
- Successful mastery of resistance causes internalization of the therapist as a secure figure
- A new working model of attachment is created (F5)

Ways to Change a Brain

- **Mechanisms** of Change:
  - Synaptogenesis
  - Neurogenesis
  - Myelinogenesis
  - Epigenesis
- **Strategies** of Change:
  - The Focus of Attention activates specific circuits
  - A Sense of Trust enhances receptive learning
  - Memory Retrieval as a Memory Modifier
  - Unlearning and Learning
  - Deep Practice and Skill Training

Brain Development: Inspire to Rewire

- Repeated Activation Creates, Strengthens and Maintains Connections:
  - “Neurons which FIRE together WIRE together”
- Development across the lifespan: plasticity, neural pathways and self-organization: Life-Long Learning!
- A simple idea: “Human connections shape neural connections”

Interpersonal Neurobiology

C urious

O pen

A ccepting

L oving

Integration, Psychotherapy and Neuroplasticity

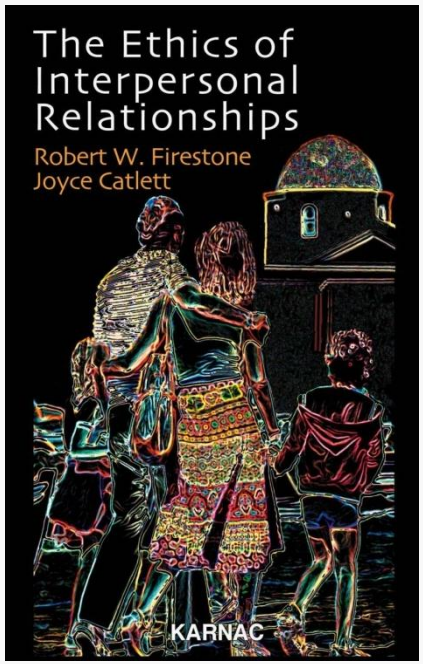
- “Effective Therapy Changes the Brain” can be restated as “Effective Therapy Integrates the Brain”
- Integration creates Harmony
- Regions are Differentiated and then Linked
- Impairments to Integration lead to Chaos and/or riglidity
- The Nine Domains of Integration
- Strategies for Enhancing Neuroplasticity

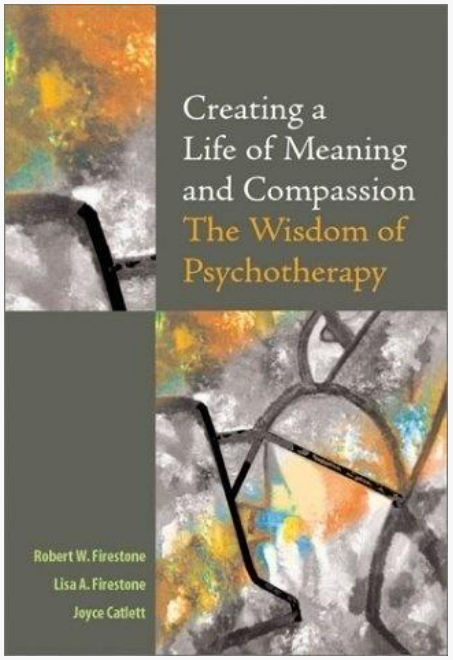
Nine Domains of Integration

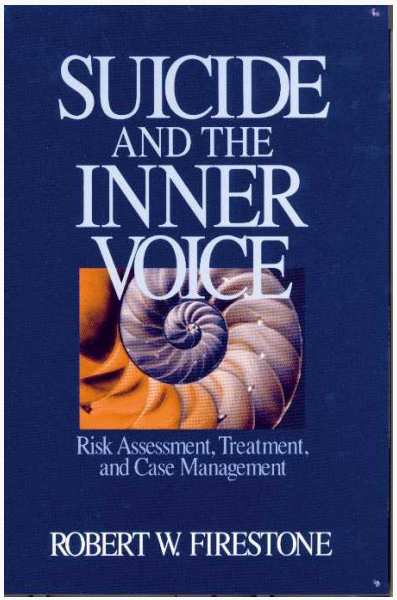
- Consciousness
- Bilateral
- Vertical
- Memory
- Narrative
- State
- Interpersonal
- Temporal
- Transpirational

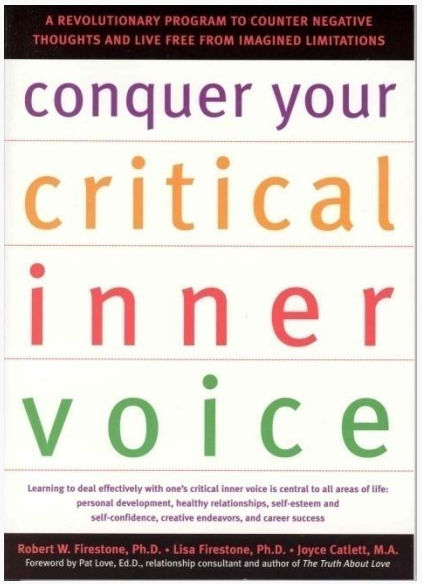
Assessment Instruments
FAVT and FAVT-A

Resources: Books









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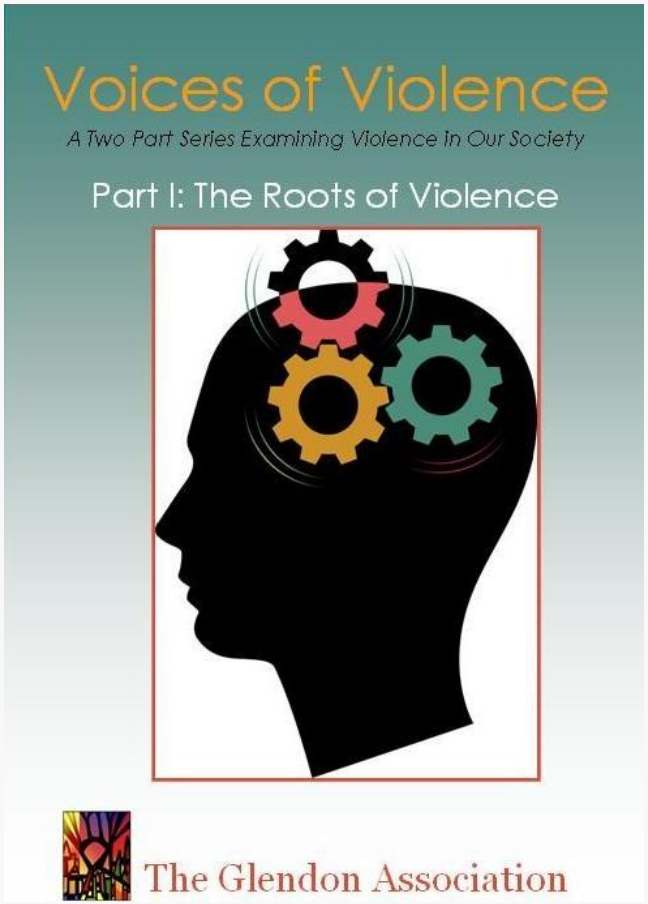
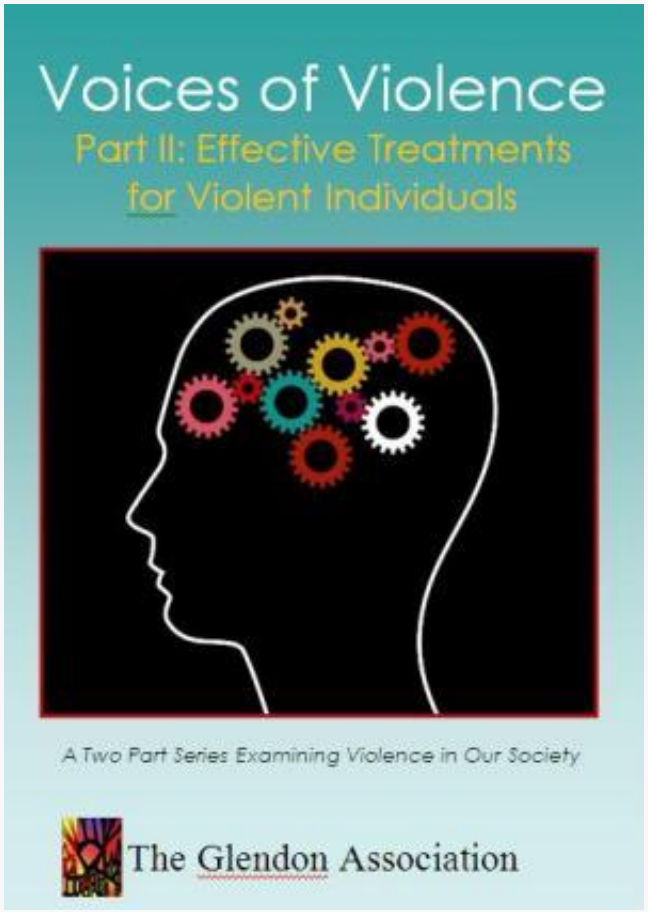
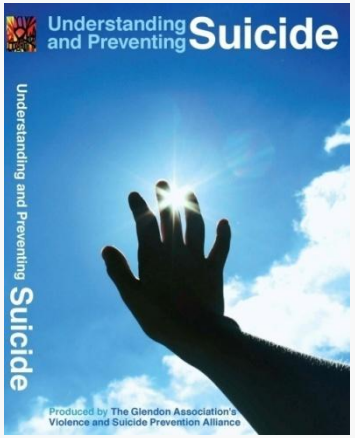
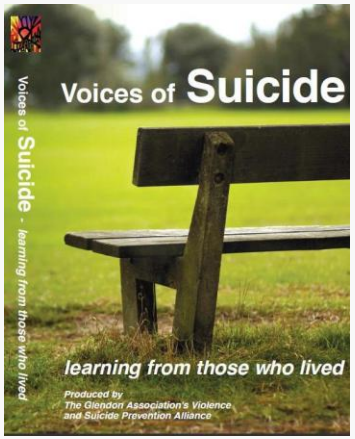
Resources: Films









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Presenter: Dr. Donna Rockwell
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FREE Webinar
Presenter: Dr. Lisa Firestone and Lena
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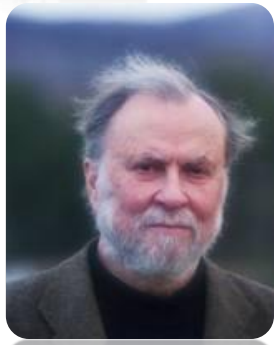

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