

CEDAR Clinical Brief

Center for Early Detection
Assessment and Response to Risk

Early Psychosis & Addressing Risk for Suicide and Violence

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How May Early Psychosis Relate to Risk for Harm?

Early psychosis may include both young people who are showing early signs of psychosis (“clinical high risk” or CHR), and young people who have recently had a first episode of psychosis (FEP). There are three ways early psychosis may relate to risk of harm: as a *risk factor*, as *content of psychosis spectrum symptoms* themselves, and as a *reaction to experiencing psychosis*. Many clinicians understandably experience anxiety about how to work with clients who describe both psychosis and risk for harm. The goal of this brief is to help you strike a balance between assessing for both psychosis symptoms and risk for harm, while avoiding the assumption that psychosis itself automatically represent a crisis or risk for harm.

As a Risk Factor

Some young people with early psychosis also present with risk factors for harm to self and others. Increasing this anxiety are the infrequent but highly publicized cases that link psychosis and extreme violence (e.g., the Aurora, CO theater shooting). The media coverage of these instances unhelpfully triggers public fear and stigma (e.g., inaccurate assumptions that all people with psychosis are dangerous and unpredictable). Although these cases overly link early psychosis with risk for harm, research suggests that both FEP and CHR for psychosis are associated with elevated rates of harm-related risk factors. This association highlights the importance of early intervention, as risk for harm may be higher for untreated psychosis (Large, Dall, & Niessen, 2014).

Examples in the literature of associations between early psychosis and risk for harm to self:

- 18% of a FEP sample attempted suicide prior to starting treatment (Challis et al., 2013)
- Suicidal ideation (SI) is common among those at CHR, including one study finding that 82.5% of females and 54.6% males endorsed SI (Lindgren et al., 2017)
- Another study found that 42.9% endorsed current SI, with its intensity related to negative symptoms & current functioning (Gill et al., 2015)
- A large study found that 34% of youth (age 13-16) with psychosis and other symptoms attempted suicide within a year of the assessment (Kelleher et al., 2013)

Examples in the literature of associations between early psychosis and risk for harm to others:

- In a FEP sample, 42.7% had a history of physical aggression and 61.5% had a history of verbal aggression (Spidel et al., 2010)
- In a CHR sample, 21% reported experiencing violent images/thoughts (Hutton et al., 2012)

As a Reaction to Experiencing Psychosis Spectrum Symptoms

Suicidality may be an aspect of a client's reaction to experiencing psychosis spectrum symptoms. The client's interpretation of psychotic symptoms (e.g., "these symptoms will get worse," "I won't be able to graduate"), negative social experiences (e.g., stigma, social disconnection, feeling like a burden), and feelings (e.g., hopelessness, numbness, loneliness), may increase a client's risk for suicidality.

Aggression (physical or verbal) towards others may also be an aspect of a client's reaction to psychosis spectrum symptoms. You may observe that the client's interpretation of symptoms (e.g., "I am in danger," or "I need to protect myself"), related social reactions (e.g., behaving in ways that confuse or encourage victimization by others), and feelings (e.g., irritability, anger) are associated with instances of aggression, or may increase the risk that the client may respond with aggression.

As suggested above, you may consider several important factors in providing treatment to clients with these experiences:

- Engage in collaborative treatment planning, using a warm, empathic, respectful, flexible, and direct but non-confrontational clinical style
- Restrict access to highly lethal means
- Highlight hope for improvement
- Assess risk (including risk factors present/absent, as well as strengths/coping strategies/resources)
- Enhance strengths (e.g., build strong connections to family, friends, community; reinforce cultural beliefs that discourage harm)
- Collaboratively identify and develop coping skills related to primary contributors to risk (e.g., distress tolerance, problem-solving, cognitive restructuring, conflict resolution)
- Enhance awareness of available resources/supports

As Content of Psychosis Spectrum Symptoms Themselves

Clients may describe to you psychotic symptoms that include violent (to self or others) content. These may include command hallucinations, violent visual images, and violent thought insertion experiences. One study found that violent content was fairly common in a CHR sample, such that 48% had some kind of violent content of psychosis spectrum symptoms, including 71% with self-directed violent experiences and 28% with other-directed violent experiences (Marshall et al., 2016).

If you encounter clients who experience psychosis symptoms with violent content, helpful initial interventions may include reinforcing the client for sharing these experiences with you, noting they are more common than often believed, and emphasizing hope. It is also essential to gather details. Considerations for assessment include taking advantage of existing violence/suicide assessment tools and models (used for non-psychotic violent thought content).

Follow-up questions to explore symptoms with violent content may include asking about the client's:

- Emotional reactions
- Interpretations (particularly beliefs involving the need to act)
- Details about previous actions in response to these symptoms
- Coping strategies
- Access to relevant means
- Available supports

Take Home Points

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You have likely observed ways in which both under-reaction and over-reaction to risk of harm has consequences – yet balancing these reaction tendencies is difficult. Risk tolerance varies across clinicians and contexts, so be mindful of your internal responses, communicate your limits, and identify sources of consultation and supervision. Although psychotic symptoms impact risk for harm, psychotic symptoms are not necessarily a crisis themselves – so it is important to specifically assess both. Engaging clients in treatment at this stage is essential, and risk management is an important aspect of appropriate treatment for clients who have psychotic symptoms and risk for harm.

- Under-reaction & over-reaction – both are unhelpful
- Psychotic symptoms themselves are not necessarily a crisis
- Engaging clients in treatment at this stage is key
- Essential to assess for suicide & violence risk factors in this population
- Directly target risk in treatment/risk management

Do *you* have questions that you would like us to address in future clinical briefs?

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For further information about specialized assessment or treatment for early psychosis, please see our [website \(www.cedarclinic.org\)](http://www.cedarclinic.org) or contact Megan Graham (617-754-1223, mgraham1@bidmc.harvard.edu)

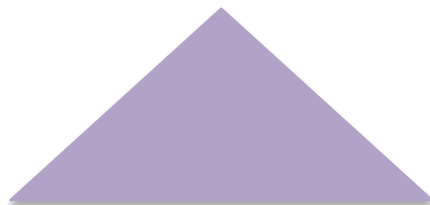


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