Psychiatry Research 242 (2016) 61–66

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

The Violent Content in Attenuated Psychotic Symptoms

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ARTICLE INFO

Article history:
Received 18 September 2015
Received in revised form
4 April 2016
Accepted 5 May 2016
Available online 7 May 2016

Keywords:
Violent content
Clinical high risk
Attenuated psychotic symptoms

ABSTRACT

The relationship between psychosis and violence has typically focused on factors likely to predict who will commit violent acts. One unexplored area is violence in the content of subthreshold positive symptoms. The current aim was to conduct an exploratory analysis of violent content in the attenuated psychotic symptoms (APS) of those at clinical high risk of psychosis (CHR) who met criteria for attenuated psychotic symptom syndrome (APSS). The APS of 442 CHR individuals, determined by the Structured Interview for Prodromal Syndromes, were described in comprehensive vignettes. The content of these symptoms were coded using the Content of Attenuated Positive Symptoms Codebook. Other measures included clinical symptoms, functioning, beliefs and trauma. Individuals with violent content had significantly higher APS, greater negative beliefs about the self and others, and increased bullying. The same findings and higher ratings on anxiety symptoms were present when participants with self-directed violence were compared to participants with no violent content. Individuals reporting violent content differ in their clinical presentation compared to those who do not experience violent content. Adverse life events, like bullying, may impact the presence of violent content in APS symptoms. Future studies should explore violent content in relation to actual behavior.

1. Introduction

The majority of individuals who experience an episode of psychosis will never engage in any sort of violent behavior and in fact are more likely to be victims of violence (Walsh et al., 2003). However, a modest relationship has been found to exist between untreated psychosis and violence (Large and Nielssen, 2011). The majority of this work has been conducted with both hospitalized and out-patients and with forensic populations with schizophrenia spectrum disorders. Typically, the focus of this research has been to determine the risk factors for committing acts of violence. Many factors have been found to contribute to an increase in violent behavior such as active psychotic symptoms (Taylor, 1985), presence of anger (Coid et al., 2013; Reagu et al., 2013), trauma (Bosqui et al., 2014), and persecutory delusions in untreated patients (Keers et al., 2014). Finally, a recent meta-analysis demonstrated that in first-episode psychosis populations, correlates of violence included lower levels of education, younger age, and being male (Large and Nielssen, 2011). One criticism of past research is that the majority of the studies were conducted retrospectively, often with chronic schizophrenia populations after they had engaged in a violent act. Since various studies have suggested that the violence associated with psychosis is also related to specific psychotic symptoms, it has thus been recommended that an analysis of content and themes could be informative in identifying possible risk for violence (Junginger, 1996; Taylor, 1985).

While most of the work on symptom content has been

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http://dx.doi.org/10.1016/j.psychres.2016.05.005
0165-1781/

conducted in samples with established psychotic illnesses (Raune et al., 2006), more recently, a few studies have examined the content of attenuated psychotic symptoms in those who meet well-established criteria for being at clinical high risk (CHR) of psychosis (McGlashan et al., 2010). These studies focused on the impact of trauma on symptom content or the association of symptom content and conversion to psychosis (Falukozi and Addington, 2012; Thompson et al., 2013; Thompson et al., 2010; Thompson et al., 2009; Velthorst et al., 2013). The presence of violence in the content of attenuated psychotic symptoms has received little attention. One study reported that violent content was present in the attenuated psychotic symptoms of those at CHR (Marshall et al., 2014). A second study, (Hutton et al., 2012) explored the presence of violent content in a CHR population that was receiving routine clinical care. It was found that 21% of the sample disclosed experiencing violent images or thoughts to their treatment provider. However, one criticism of this study is the lack of distinction made between violence within the content of their symptoms compared to expressions of violence, such as uttering violent threats.

The first aim of this exploratory study was to determine if those CHR individuals who reported experiencing violent content differed in any way from those who did not in terms of demographics, clinical symptoms, functioning, schematic beliefs about self and others and experiences of trauma. The second aim was to compare those with others-directed violence to those with self-directed violence on the same domains mentioned above. We hypothesize that (1) those reporting violent content will have higher ratings on attenuated psychotic symptoms, and anxiety and depression, lower functioning, more negative beliefs about self and others, as well as more experiences of trauma, and (2) those with self-directed violence will have higher positive SOPS scores and depression and anxiety, more negative beliefs about the self, and more experiences of trauma.

2. Methods

2.1. Sample

The sample for this project consisted of 442 individuals at CHR for psychosis (male = 256, female = 186), the majority of which were Caucasian (n = 256). Average age was 18.75 (SD = 4.16; range = 12–35) years. All participants were recruited as part of the North American Longitudinal Prodrome Study 2 (NAPLS-2). Specific details about ascertainment and inclusion and exclusion criteria has been described in detail elsewhere (Addington et al., 2012). The inclusion criterion for this specific symptom content project was that all participants had to have met attenuated psychotic symptom syndrome (APSS) criteria of the Criteria of Prodromal States (COPS) based on the Structured Interview for Prodromal Syndromes (SIPS; McGlashan et al., 2010). APSS includes the onset or worsening of non-psychotic level experiences with unusual thought content, suspiciousness or persecutory ideation, grandiosity, perceptual abnormalities, and/or disorganized communication over the past year. Since this project only focused on those who presented with certain attenuated psychotic symptoms (discussed below), the sample for this project comprised a subset of the larger NAPLS-2 sample.

2.2. Measures

2.2.1. Clinical and functional rating scales

APSS criteria were evaluated using the SIPS and the positive, negative, disorganized, and general symptoms were assessed using the Scale of Prodromal Symptoms (SOPS; McGlashan et al., 2010). Depressive symptoms were measured using the Calgary Depression Scale for Schizophrenia (CDSS; Addington et al., 2014). The Self-Rating Anxiety Scale (SAS; Zung, 1971) was used to measure anxiety symptoms. Social and role functioning was measured using the clinician-rated Global Functioning: Social and Global Functioning: Role scales (Cornblatt et al., 2007) respectively. Schemata were evaluated using the Brief Core Schema Scales (BCSS; Addington and Tran, 2009). The BCSS is a 24-item self-report scale of the information processing structures that individuals use in rendering their cognitive appraisals of themselves and others. The scales are used widely within psychosis and psychosis-risk samples and several analyses report strong reliability and validity coefficients (Fowler et al., 2006). Finally, traumatic and bullying experiences that occurred prior to the age of 16 years were documented using the Abuse/Trauma Questionnaire (Janssen et al., 2004) which probes emotional neglect, psychological abuse, physical abuse, and sexual abuse as well as queries derived from Kelleher and colleagues (2008) work on both physical and psychological school age bullying. This composite instrument was administered in an interview format. A trauma score was created by totaling the number of 'Yes' responses an individual endorsed to emotional neglect, psychological abuse, physical abuse and sexual abuse. The range was from 0 – 4. A bullying score was created by totaling the number of 'Yes' responses to psychological and physical bullying. The range was from 0 – 2.

2.2.2. Case vignettes

Vignettes were developed for each participant at baseline and were used on the NAPLS multi-site consensus diagnostic call to determine entry criteria to the NAPLS 2 project. Each vignette was generated to contain detailed and content-rich descriptions of each of the five attenuated psychotic symptoms from the SOPS, including unusual thought content, suspicious ideas, grandiose ideas, perceptual abnormalities, and disorganized communication.

2.2.3. Content of Attenuated Positive Symptoms Codebook

The Content of Attenuated Positive Symptoms Codebook (CAPS; Marshall et al., 2011) was used to document participants' violent content expressed as part of their reported attenuated psychotic symptoms. The CAPS codebook was developed to systematically code the content of attenuated positive symptoms, as assessed by the SOPS, and covers four positive psychosis-risk symptoms: Unusual Thought Content (P1), Suspiciousness/Persecutory Ideas (P2), Grandiose Ideas (P3), and Perceptual Abnormalities (P4). The content analysis system of the CAPS does not include coverage of Disorganized Communication (P5) as this positive symptom is a behaviorally assessed index of disturbances in communication that varies in severity (i.e., extent of vocal communicative disorganization) but not content. The CAPS is arranged such that each of the four positive attenuated psychotic symptoms of the CAPS contains overarching categories and specific content items under each category. See Marshall et al., (2014) for full enumeration of the CAPS codebook structure and contents. CAPS codebook items are assigned a numeric code with items dichotomously coded as 0 (absent in the vignette) or 1 (present in the vignette). Using this coding scheme, a prior inter-rater reliability analysis (Marshall et al., 2014) reported 'acceptable' (Krippendorff, 2012), reliabilities for the majority (83.33%) of CAPS items with Krippendorff's alpha's ranging 0.09–1.00. Krippendorff's alpha was selected as the measure of reliability as it is able to handle any number of raters, data types, and sample sizes (Lombard et al., 2002; Krippendorff, 2004). The flexibility of Krippendorff's alpha allowed for a consistent measure to be used at different points in the study regardless of the number of raters involved in the coding.