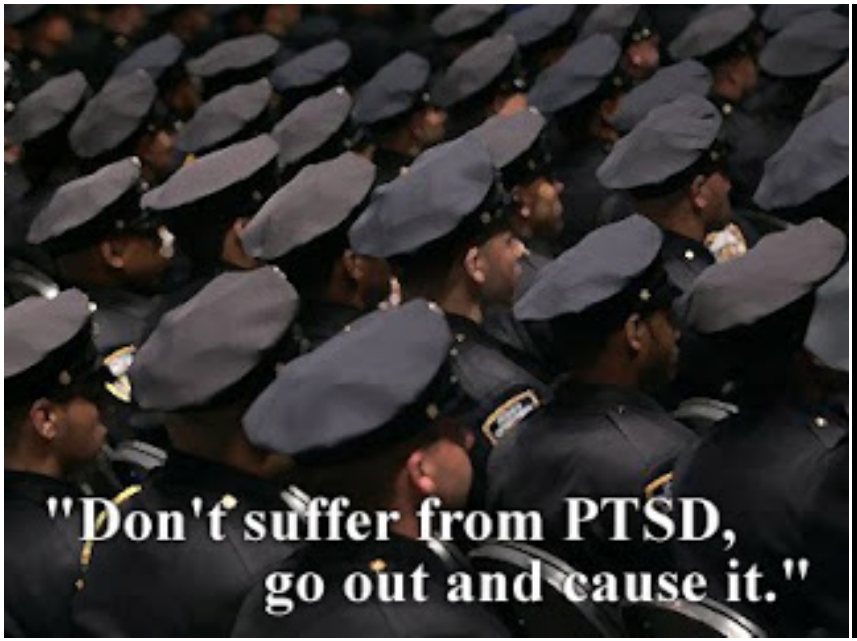
CULTURAL CONSIDERATIONS IN SUBCLINICAL PTSD IN LAW ENFORCEMENT OFFICERS



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- PLEASE STAND BY - WEBINAR WILL BEGIN AT 12:00 PM PST
- FOR AUDIO: CALL 866-740-1260/ACCESS CODE: 764-4915#

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I, Patrick Marius Koga, MD, hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.

Meeting Description

- Half of the traumatized OIF/OEF veterans fear that receiving treatment would harm their careers. Since few employers disclose up-front their policies regarding pre-existing mental conditions and thresholds for disqualification, veterans seeking employment after military service tend to hide their scars.

- The daily hazards of police work make this an occupation extremely vulnerable to PTSD especially in veterans with a subthreshold condition. This epidemic is not well researched, recognized, treated, or even admitted.

- Although screening tools exist to evaluate levels of PTSD severity, almost no law enforcement agency reports using one.

Learning Objectives

1. To understand the epidemiological magnitude of subclinical PTSD.
2. To become familiar with the cultural modulators of subclinical PTSD.
3. To use screening tools and cultural assessments to assess fitness for job and inform preventive and therapeutic interventions for law enforcement officers.

Introduction

I. Epidemiology

II. Studies

III. Traumatization of Police Officers

IV. Cultural Considerations

V. Organizational Stressors & Police Culture

VI. Recommendations

I. Epidemiological Considerations of PTSD in Law Enforcement

In her research with men who had committed violent crimes, MacManus (2011), discovered a pattern that involved men recently returned from combat in Afghanistan and Iraq.

Her study shows that one in eight Operation Iraqi Freedom/Operation Enduring Freedom soldiers has attacked someone after returning from war, with 30% of attacks involved family members and that veterans who have been combatants or exposed to combats have a twice as great likelihood to behave violently on their return from deployment.

In terms of occupational and organizational stress and trauma, law enforcement work is perhaps second only to soldiering in war zones (Kop & Euwema, 2001; Violanti & Aron, 1995).

Epidemiology- cont’d

- If civil unrest, riots, bomb threats, shooting, and hostage crises are rare, the most trivial daily tasks, such as responding to domestic violence calls, shoplifting, and automobile accidents, involve a daily exposure to dangerous situations with potentially fatal consequences both for the perpetrator and the officer.
- With an average of 165 line-of duty deaths each year, or one death every 53 hours, the risk one takes simply by being a law enforcement officer is a palpable reality. In 2010 alone, 56 of the 145 officers who died in the line of duty were feloniously slain.

Epidemiology- cont'd

- According to the National Law Enforcement Officers Memorial Fund, over the last decade, there have been 53,469 assaults against law enforcement each year, resulting in 15,833 injuries (Uniform Crime Reports, 2006). In 2009, by the estimates provided by the FBI's Uniform Crime Reporting Program (UCR), 1,318,398 violent crimes occurred nationwide, which equates to 429.4 violent crimes per 100,000 inhabitants.
- The cumulative math of facing such daily hazards makes police work an occupation extremely vulnerable to posttraumatic stress disorder (PTSD) with all its accompanying co-morbid ills.

II. Studies

RAND 2008 Study

- In 2008, the RAND Corporation, Center for Military Health Policy Research, conducted a population-based study investigating the prevalence of PTSD among previously deployed Operation Enduring Freedom and Operation Iraqi Freedom (Afghanistan and Iraq) service members (Tanielian & Jaycox, 2008). Among the 1,938 participants, the prevalence of current PTSD was 13.8%. Police work is not scoring much better than active military service: 3% – 17% of police officers, too, exhibit the full spectrum of this condition (Robinson, Sigman, & Wilson, 1997).

- Equally worrisome, 7 – 35% of all police officers are demonstrating at any given time some PTSD symptoms, or what it is called subclinical, or subthreshold PTSD.

Police officers: 100,000 cases of subclinical PTSD

- Since both PTSD stress disorder and subclinical PTSD have adverse impacts on police officers' abilities to carry out their duties, these occupational disorders may play a substantial part in officer misconduct, poor job performance, ethical violations of fiduciary duties, and personal family problems. In the United States, there are over 17,000 separate law enforcement agencies with 900,000 sworn officers serving in varying roles.

- This provides a conservative estimate rate of 50,000 cases of PTSD and another 100,000 cases of subclinical PTSD.

- This epidemic, while perhaps exceeded in magnitude only by that experienced by the United States Armed Forces, is not well researched, recognized, treated, or even admitted.

III. Traumatization of Police Officers

12 Incidents most likely to traumatize police officers

1. Witnessing the death of a law enforcement officer or viewing the body at the scene, especially when the victim was a friend or partner. Trauma is often increased if the officer believed he or she should have protected the person who died, or if the dead officer was temporarily serving in place of the officer;
2. An officer accidentally kills or wounds a bystander, especially if the victim is a child;
3. An officer fails to stop a perpetrator from injuring or killing someone after the initial encounter;
4. Killing or wounding a child or teenager, even if the life of the officer was threatened by the person injured or killed;
5. Particularly bloody or gruesome scenes. Horror of the crime and the suffering of the victims;

12 Incidents -Cont'd

6. Viewing the body of a child victim, particularly if the officer has children and even more so if the officer's child is the same age and sex as the victim or if the child victim is similar in some other way to the officer's child, such as appearance, clothing, toys, or school;
7. When a dead victim becomes personalized, rather than just an unknown body, through interaction with grieving family members or friends, or from information gained from the scene, news reports, or search warrants. Continued association with the pain of survivors through an investigation and trial (and often long after) also can personalize the dead victims;
8. The terror of being caught in a violent riot. Trauma may be increased when children are present in the crowd and the officer cannot use deadly force to defend him or herself for fear of hurting the children;

12 Incidents - Cont'd

9. Observing an event involving violence or murder, but not being able to intervene (i.e., "I watched him kill her. She was screaming for my help but there was nothing I could do.");
10. An undercover assignment in which the officer is constantly "on-guard" because of the likelihood of being hurt, killed, or discovered; and
11. When suspects who have been indicted, are being tried, or are incarcerated threaten the officer and/or the officer's family with violence and are deemed capable of carrying out these threats.
12. Killing a suspect who is from the same minority racial/cultural groups as the officer

The first study investigating the link between PTSD, alcohol use, and domestic violence within law enforcement officers

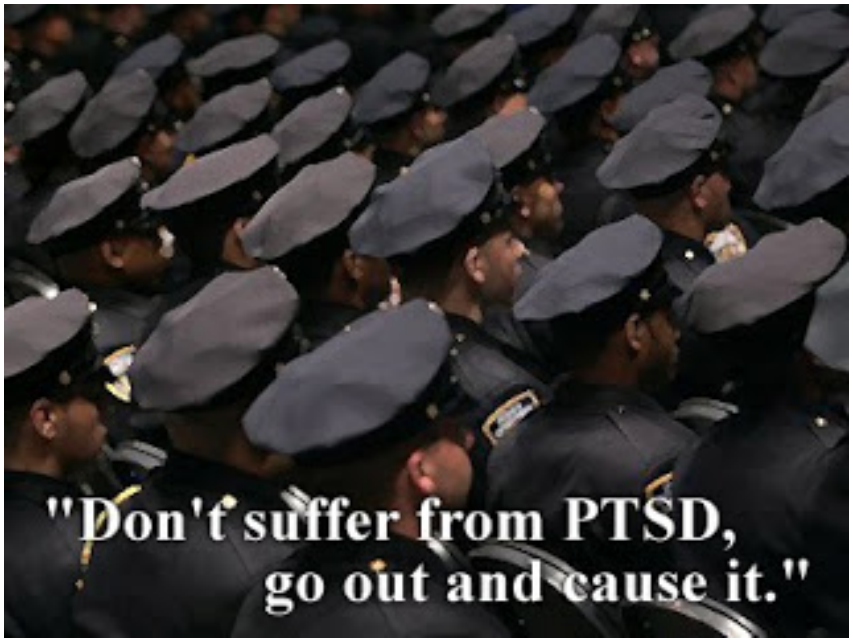
- In July 2012, a report by investigators at Florida State University, and University of Windsor, Ontario, Canada, explored how alcohol abuse and PTSD influence rates of self-reported domestic violence committed by law enforcement officers. The researchers used a cross-sectional design with multiple measures and instruments.

- A strong correlation was found: officers diagnosed with PTSD were four times more likely to report using physical violence; officers who reported hazardous drinking were four times more likely to report violence; and dependent drinkers were eight times more likely to report being physically violent with an intimate partner (Oehme, Donnelly, & Martin, 2012).

- The findings have resulted in new recommendations for training and policies to help police agencies and to reduce suffering and attrition in this population.

Idaho State Police Cadets' Slogan:

"Don't Suffer From PTSD, Go Out And Cause It."



ABC News, Wednesday, December 26, 2007

Each class at the Idaho Police Officer Standards and Training Academy is allowed to choose a slogan that is printed on its graduation programs, and [this year's] class of 43 graduates came up with "Don't suffer from PTSD, go out and cause it."

According to the Veterans Association, tens of thousands of U.S. soldiers suffer from PTSD, which causes nightmares, flashbacks and physical symptoms that make sufferers feel as if they are reliving trauma, even many years later. Crime, accidents and other trauma can cause it in civilians. Ada County Sheriff Gary Raney, who attended the Dec. 14 graduation, pointed out the slogan to the academy's director, Jeff Black, minutes before the ceremony began, Raney said. A photograph of the program was e-mailed anonymously to news outlets throughout the state.

IV. Organizational Stressors in Law Enforcement in the US and Abroad

- One of the early studies on police stress led by Kroes in Cincinnati (1974) asked 100 male police officers to identify major stressors in their job. They reported the courts, administration, inadequate equipment, community relations, and changing shift routines as the most bothersome aspects of their job.

- Surprisingly, crisis situations were the second most commonly reported stressor, only after administration.

Cont'd

- Brown and Campbell (1990) conducted a research study that looked at organizational stressors and police operational stressors, excluding critical incidents from the study.

- Nine-hundred fifty-four English constables participated and reported organizational stressors four times more often than police operational stressors.

- Staff shortages, shift work, time pressures and deadlines, lack of consultation, and communication comprised more than half of the organizational and management stressors reported by the subjects.

Organizational Stressors – cont'd

- The findings of an investigation of organizational and management stressors and operational stressors in a Scottish police force of 700 participants reported the primary sources of perceived stress as staff shortages, inadequate resources, time pressures, work overloads, and lack of communication (Biggam, Power, MacDonald, Carcary, & Moodie, 1997). Just like the Scots, the Dutch police officers investigated by Kop and Euwema (2001) reported organizational aspects of the police environment more often as stressors than the nature of their police work.

- The results of numerous studies suggest that routine occupation stress may be a greater risk factor for traumatic stress symptoms in law enforcement officers than the risks of the job itself.

Anger and Hostility

- A meta-analysis conducted by Orth and Wieland (2006) demonstrated a strong correlation among traumatized individuals between PTSD and anger as well as between PTSD and hostility. While anger is a diagnostic criterion for PTSD, the consistent correlation between anger and PTSD is not an artifact of measurement overlap and it may play a role in the formation and maintenance of PTSD because anger functions to facilitate emotional disengagement (Foa, 1995).

- The research findings of a study of more than 1,000 World Trade Center rescue and recovery workers suggests that disaster workers with high levels of anger may benefit from early intervention to prevent chronic PTSD (Jayasinghe N, Giosan C, Difede J, et al. 2008).

Subclinical PTSD

- The term subclinical or subthreshold PTSD applies to a disorder in which a traumatized patient has some PTSD symptoms but not severe enough to meet the DSM-IV criteria for a full PTSD diagnosis.
- The distress and the impairment are consistent with what is seen among individuals with a PTSD diagnosis but does not have the required number of re-experiencing, avoidance, and hyperarousal symptoms.

Cont'd

- Several studies on the psychological problems associated with active military duties have attempted to identify and measure factors that have an adverse impact on the mental health of veterans and the long-term consequences on military health care delivery systems (Asmundson et al., 2003; Martinez, Huffman, Castro, & Adler, 2000).

- These studies have helped military planners and health care providers in mapping the thresholds of traumatic experiences along the deployment-post-deployment spectrum.

Problem

- The problem when it comes to translating this to law enforcement is a paucity of empirical research looking at the taxonomic challenges of subclinical PTSD.

- When professionals rely strictly on a categorical model of psychiatric disorders than very attention is given to disability and impairment in individuals with insufficient PTSD symptom presentations.

- Subclinical PTSD may result from partial recovery from the full syndrome or from the onset of symptoms after a traumatic experience. Clinical trials and epidemiological studies rarely examine subclinical PTSD and data is often abandoned when it fails to meet diagnostic thresholds (Pincus et al., 1999).

Work impairment

- Several studies suggest that sub-clinical populations warrant closer examination given the multiple stressors and potentially threatening situations to which deployed military personnel or law enforcement officers are exposed (Asmundson, Wright, McCreary, & Pedlar, 2003).
- A report by the Department of Psychiatry and Human Behavior, Rhode Island Hospital, Brown University, examined the extent to which subclinical PTSD and full PTSD are associated with impairment or distress (Zlotnick C, Franklin CL, Zimmerman M., 2002). The findings suggest that subclinical PTSD is associated with levels of social and work impairment comparable to full PTSD.

Weill Cornell Study

- A 2010 study at Weill Cornell Medical College, Department of Psychiatry, investigated rates of subclinical PTSD and associated impairment in comparison to no PTSD and full PTSD and prospectively followed the course of subclinical symptoms over 3 years.

- Three-thousand three-hundred and sixty workers dispatched to the World Trade Center site following 9/11 completed clinician interviews and self-report measures at three points, each one year apart.

Weill Cornell Study-cont'd

- At Time 1, 9.7% of individuals met criteria for subclinical PTSD. The no PTSD, subclinical PTSD, and full PTSD groups exhibited significantly different levels of impairment, rates of current Major Depressive Disorder (MDD) diagnosis, and self-reported symptoms of depression.

- At Time 2, 29% of the initial sample with subclinical PTSD continued to meet criteria for subclinical or full PTSD;

- at Time 3, this was true for 24.5% of the initial sample.

Weill Cornell Study-cont'd

- The study lends credence to the clinical significance of subclinical PTSD and emphasizes that associated impairment may be significant and longstanding.

- It also confirms clinical differences between subclinical and full PTSD (Cukor, Wyka, Jayasinghe, & Difede, 2010).

WTC Study

- Another recent World Trade Center (WTC) study (Pietrzak et al., 2012) examined the prevalence, correlates, and perceived mental healthcare needs associated with subclinical PTSD in police officers who participated in rescue and recovery operation.

- The study, carried out by researchers at the New York/New Jersey WTC Clinical Consortium assessed nearly 8,466 police responders who sought services from 2002 through 2008 and who completed an interview/survey as part of the WTC Medical Monitoring and Treatment Program.

WTC Study-cont'd

- The findings show that past month prevalence of full and subclinical WTC-related PTSD was 5.4% and 15.4%, respectively; results comparable to those found in other studies of police responders.

- They also found a much higher rate of subclinical PTSD—not enough symptoms to meet the criteria for full PTSD—but which nevertheless was associated with a five times greater expressed need for mental health services, including individual counseling, stress management, or psychotropic medication, compared to those who didn't meet the criteria for full or subclinical PTSD.

WTC Study

- Police with full and subclinical PTSD were significantly more likely than controls to report needing mental healthcare (41.1% and 19.8%, respectively, versus 6.8% in trauma controls).

- These results underscore the importance of a more inclusive and dimensional conceptualization of PTSD, particularly in professions such as police, as operational definitions and conventional screening cut-points may underestimate the psychological burden for this population. Accordingly, psychiatric clinicians should assess for disaster-related subclinical PTSD symptoms in disaster response personnel.

Public health implications

- More worrisome is the fact that the higher the numbers of subclinical PTSD symptoms, the greater the impairment, comorbidity, and suicidal ideation.

- In several research studies, the presence of subclinical PTSD symptoms increased substantially the risk for suicidal ideation even after the investigators controlled for major depressive disorder (Pietrzak et al., 2012).

- Given the public health implications of these findings for law enforcement officers, more efforts are needed for a timely identification of symptoms of subclinical PTSD in police officers to allow for proper early preventions and interventions.

IV. Cultural Considerations

African Americans

- Bound by a number of characteristics, such as resilience, religious orientation, reliance on extended family networks, and maintenance of tight kinship bonds, and the experience of discrimination, African Americans are very sensitive to traumatic events affecting African American communities (e.g., Rodney King beating or the 2005 Hurricane Katrina).

- African Americans have been a substantial target of ethno racial PTSD research as they comprise 13.1% of the U.S. population, making them America's second largest minority group after Hispanics who make up 16.7% (U.S. Census Bureau, 2011).

African Americans-cont'd

- Most epidemiological studies have found that African Americans have lower rates of mood and substance use disorders than Caucasians (Kessler et al., 2005), but some have reported higher rates of a few anxiety disorders (e.g., simple phobia and agoraphobia) among African Americans (Zhang & Snowden, 1999).

- With regard to PTSD, which is also classified as an anxiety disorder, both clinical studies and epidemiological studies have reported that African Americans and Caucasians have similar rates of PTSD (Adams & Boscarino, 2005). However, a few studies have found higher rates of PTSD or PTSD symptoms among African Americans than their Caucasian counterparts.

The National Vietnam Veterans Readjustment Study

- The National Vietnam Veterans Readjustment Study (NVVRS), a nationally representative study of 1,173 Vietnam combat veterans, found that 20.6% of African American combat veterans had current PTSD as compared to 13.7% of Caucasians combat veterans (Kulka et al., 1990).

- African Americans may differ from others in their style of coping with trauma. In some African American groups, for example, spirituality and social support offered by churches appeared to be the preferred coping strategies (Taylor & Chatters, 1991).

Cont’

- Following the September 11 attacks on the United States, a nationally representative sample of African Americans were found to be more likely than Caucasians to cope with prayer, religion, or spirituality (Torabi & Seo, 2004).

- However, this coping style is not necessarily protective when it comes to PTSD. For example, in one study, spirituality did not moderate the effect of exposure on PTSD symptoms in African American women who had been victims of domestic abuse (Fowler & Hill, 2004). Under some circumstances, religion and spirituality may lead people to stay in dangerous situations longer than they might otherwise (e.g., maladaptive forgiveness of perpetrators) or to avoid directly confronting the problem (e.g., waiting for God to intervene). Yet, other evidence shows that African Americans favor directly confronting problems (Broman, 1996). Thus, it would be particularly interesting to clarify the roles of spirituality, social support, and coping style in future studies of African Americans with PTSD.

Hispanic officers

- Are Hispanic officers who have grown up in tough neighborhoods, more resilient than their sometimes more privileged Caucasian counterparts?

- A study of 655 urban police officers (21% female, 48% Caucasian, 24% African-American, and 28% Hispanic) looked at ethnic and gender differences in duty-related symptoms of PTSD. The investigators used self-report measures of PTSD symptoms, peritraumatic dissociation, exposure to duty-related critical incidents, general psychiatric symptoms, response bias due to social desirability, and demographic variables, such as education, total household income, marital status, age, and years of police service.

Hispanic officers- cont'd

- The investigators found that Hispanic officers demonstrated more PTSD symptoms than both Caucasian and African-American officers.

- Some of the putative factors were greater peritraumatic dissociation, lower social support, greater perceived racism, and greater self-blaming, perhaps related to a religion based sense of guilt (Marmar, McCaslin, & Metzler, 2006).

Hispanic officers- cont'd

- One possible explanation for the higher rate of post- 9/11 PTSD among Latinos involves a higher prevalence of disaster-related panic attacks in this ethnic group—13.4–16.8%, depending on the Latino group versus 5.5% among non-Latino Whites,—because the presence of panic attacks during or after the disaster is an independent risk factor for post-9/11 PTSD has been debated.

Hispanic officers- cont'd

- Endorsement of panic attack symptoms on research instruments may represent reports of *ataque de nervios* (attack of nerves), a cultural syndrome similar in phenomenology to panic attacks. *Ataques* are associated in Latino cultures with overwhelming stress, especially a sudden, unexpected event, such as a terrorist attack.

- The cultural availability of *ataque* as a way of expressing peritraumatic distress may inadvertently facilitate the emergence of PTSD after a mass trauma. This may be due to the fact that *ataque* severity is associated with elevated dissociative capacity and peritraumatic dissociation may be a risk factor for PTSD,[81] although this association between peritraumatic dissociation and PTSD

Hispanic officers- cont'd

- An alternative explanation for the role of *ataque de nervios* in increasing vulnerability to PTSD is the possible relationship in Latinos between fear of *ataque* and other catastrophic cognitions.

- According to this hypothesis, the concern that the trauma may predispose to *ataques*, in conjunction with the interpretation of fear and PTSD symptoms in terms of an *ataque*, may facilitate the emergence and continuation of PTSD by increasing arousal and the self-perception of vulnerability and disability.

Hispanic officers- cont'd

- Either explanation suggests that the conditional probability of PTSD is modified by the presence of a cultural syndrome; whether this facilitates the emergence of true PTSD or confounds the application of PTSD criteria remains unclear.

- Although other ethnic groups may endorse a cluster of symptoms that resemble *ataque* phenomenology, there is no research to date that suggests the widespread prevalence of a named *ataque*-like syndrome among majority Whites, or that links such an *ataque-<u>like</u>* cluster with elevated dissociative symptoms or specific catastrophic cognitions that may predispose to PTSD

Gender variables

- Contrary to expectation, and, in many ways counterintuitive, researchers found no substantial gender differences in PTSD symptoms. Such findings are of note because they replicated a previous finding of greater PTSD among Hispanic-American military personnel and they failed to replicate the well-established finding of greater PTSD symptoms among civilian women.

- Among police responders enrolled in the World Trade Center Health Registry (WTCHR), Post-traumatic Stress Disorder (PTSD) was almost twice as prevalent among women as men 2-3 years after the 9/11 attacks. A longitudinal study of 2,940 police responders enrolled in the WTC Health Registry found that prevalence of probable PTSD doubled from 7.8% in 2003/2004 to 16.5% in 2006/2007.

Cont'd

- Female police were significantly more likely than male police to report PTSD symptoms in the first survey, but this gender difference was no longer significant in the second survey, two years later; prevalence of PTSD symptoms increased and there was a substantial amount of co-morbidity with other mental health problems. (Bowler et al., 2012).

- The failure to find gender differences in PTSD symptoms was consistent with similar findings in military samples (Sutker et al., 1995). The reason may reside in the selection bias and the training common to both military and police work, which may have protected these women against the greater vulnerability to trauma found in civilian females.

V. Organizational Stress and Police culture

- Leadership and supervision showed a significant relationship with job stress and performance especially when having to work with supervisors with either inconsistent or autocratic management styles, which play favorites, or are overly critical and negative (Robinson H. M., Sigman, M. R., & Wilson, J. P. 1997).

- This appears to be the most important predictor of performance and may reflect the competing differences between line officers and supervisory or management staff.

Cont'd

- The police subculture also feels pressured and not valued by internal affairs investigators because, as representatives of management, they must breach the solidarity and sometimes the code of silence that binds officers. When officers are confronted with an internal investigation, they receive no guidance, emotional or moral support from their superior officers, and sometimes experience a sense of betrayal, which may widen the gap between line officers and management (Ruess-Ianni, 1984).

- If organizational stress continues to be a greater source of grief for officers than police operations, the usual stress reduction and employee assistance programs may actually miss the mark. With a focus mostly placed on police operations, they may not offer helpful suggestions about how to cope with the relentless pressure generated by the organization (Chapin, Brannen, Singer, & Walker, 2008).

Cont'd

- Urban and larger police departments may be likely to create impersonal environments that rely on negative discipline to elicit conformity and maximum efficiency and productivity than their smaller counterparts.

- When compared with the more democratic or participative management styles of smaller agencies, such bureaucracies may place a greater social distance between ranking officers and first-line officers. This may include autocratic management styles that are stressful in day-to-day operations, let alone when dealing with critical or traumatic incidents. When the organizational stress increases dramatically, the vulnerability of police officers to critical incidents increases as well (Leino, Selin, Summalam, & Virtanen, 2011).

- One source of organizational challenge for an officer is leadership and supervision. Subjective as it may be, the positive or negative impressions of supervisors regarding their subordinates reflect the organization’s level of support.

- Rather than being treated as valuable and productive members of a supportive organization, officers may perceive a lack of leadership and supervisory support, particular when the agency's management philosophy is autocratic and negative, increasing feelings of suspicion toward supervisors and administrators (Talarico & Swanson, 1983).

Using Bergen Burnout Indicator

- A large study conducted by the Police College of Finland, Tampere, Finland, of nearly 3,000 officers, using the Police Personnel Barometer (PPB), looked at police-specific stressors to investigate the effects of these factors on police officer burnout.

The four key stressors:

1. (defective leadership,
2. role conflicts,
3. threat of violence, and
4. time pressure)

emphasized by researchers, were all statistically significant.

Bergen Burnout Indicator- cont'd

- The study introduced a new measure of stress, the Bergen Burnout Indicator, to analyze police work.

- The Bergen Burnout Indicator has affected national policy changes as the police administration tries to reduce the vulnerability of its officers, the incidence of officer misconduct, and subsequently, the cost of medical care and disability.

Recommendations

- Police occupational health professionals can monitor burnout using either a **Maslach Burnout Inventory** – General Survey (MBI-GS) or the **Bergen Burnout Indicator 15** (BBI-15).

- Additionally, an **interview** would evaluate the present situation and recent changes in work and private life, demands and resources, plus a health status examination: exclusion of physical illnesses and mental disorders, and problems in private life (Leino, T. M., Selin. R., Summala, H., M. Virtanen. M., 2011).

Recommendations- cont'd

- Culture-bound syndromes known to be a risk factors for certain ethnic groups, such as *Ataque de nervios* in Latinos, should be identified and treated

Active conferencing

A conference between the employee, supervisor, and occupational health service representative would help to promote concrete changes, such as:

- admitting the problem and the need for change;
- strengthening resilience;
- letting go of impossible goals and, if necessary, temporarily letting go of work;
- critically evaluating individual health-promoting attitudes and strategies;
- planning changes to the work situation and implementing them.

Cont’d

- When the weight of an undetected subclinical PTSD lands on the fault lines of an existing severe burnout, or vice versa, the result is a disturbing synergy leading potentially to severe mental disorders, psychotic depression, pervasive hostility, and explosive anger with misconduct, and in extremis, suicide or homicide (Leino, T. M., Selin. R., Summala, H., M. Virtanen. M. 2011).

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