A retrospective study on the Anger Management Program: Territory-wide Clinical Psychology Service since 2012

Effectiveness of a transdiagnostic group treatment on anger management in reducing the violent risk of adult psychiatric inpatients with violence propensity

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Clinical Psychologist
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上水60歳老翁涉用刀斬人被捕

2015年04-18

上水天平路安國新村發生傷人案，一對父子受刀傷，清醒送院。一名60歲的男子涉嫌傷人被捕。據報，事發下午約3時許，26歲的事主與母親途經上水天平路安國新村附近梯間，因瑣事問題與一名60歲的老翁發生爭執，期間事主被該名老翁用一把約10吋長的刀襲擊，隨後他逃回附近的住所，老翁尾隨進入單位，繼而襲擊單位內事主56歲的父親。警方接報到場，將涉嫌施襲的老翁拘捕。受襲的父子分別眼部和手部受傷，清醒送往北區醫院治理。警方暫將案件列作傷人案，交由大埔警區刑事調查隊第八隊跟進。由救護車送院治理。

減贍養費不果 男子法庭持剪刀自殘

2015年02月05日 00:00 香港商报

【香港商报訊】灣仔區域法院家事法庭昨早發生男子企圖以「絞剪割腹」自殘案。一名有精神病業中年漢與前妻就贍養費問題進行聆訊，向法庭申請調低贍養費金額但不獲批准，中年漢其後情緒激動，不但大聲責罵法官，之後更取出一柄絞剪置於腹部，企圖傷害自己。庭內書記隨即要求協助並報警，警員持盾牌到場將男子對峙近十分鐘，終勸服男子送往律敦治醫院治療。
Hospitalization for Violent Individuals

Purpose:

• **Protection**
  – Violent individual (harm to others / self-harm)
  – Targeted victim / Society

• **Treatment, rehabilitation, relapse prevention**
Violence of Patients in Psychiatric Hospitals

Once hospitalized, violent individuals may cause negative impacts:

- Physical
- Psychological

Estimates:

- 1/3 psychiatric in-pts exposed to violent/threatening behaviors
- 41% clinical staff & 80% nursing staff experienced aggressive behaviors
Violence of Patients in Psychiatric Hospitals

Drain of resources of Mental Health System due to assaults on staff

- Absence from work
- Ill health
- Decreased job satisfaction
- Decreased staff morale
Benefits of effective treatment

• Safe hospital environment for patients & staff

• Shorten the length of stay of violent patients

• Indirect benefits to health care resources / system

• Safety of the society after these patients are D/C
Anger Management for Violent Patients

Why target at ANGER in Rx?
Why target at ANGER?

1. Robust predictor of violence in psychiatric population

2. Also associated with self-directed violence
   – self-harm & suicidal attempts

2. Evidence-based psychological treatment of Anger is available – CBT
Why target at ANGER?

4. **Cost-effective group treatment** is feasible:-

5. Targeting the **common psychological processes** (ruminations, selective attention, reasoning biases) that underlies **anger** & various diagnostic conditions (**depression** & **anxiety**) may also improve **treatment outcomes** of these latter conditions.
# Content of AMP

<table>
<thead>
<tr>
<th>Tier</th>
<th>Module</th>
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<tbody>
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<td>Tier 2</td>
<td>Module 1: <strong>Behavioral Skills Training</strong></td>
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<td>Module 2: <strong>Communication Skills Training</strong></td>
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<td>Tier 3</td>
<td>Module 1: <strong>Problem Solving</strong> and <strong>Conflict Resolution</strong></td>
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<td></td>
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<td>Module 4: <strong>Stress Management &amp; Relapse Prevention</strong></td>
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Aim of the study

Examine the **effectiveness** of the anger management program in **reducing the risk** of violence in **adult psychiatric inpatients** with violence propensity
Methodology

Subjects
– 343 psychiatric in-patients (61.8% females; 38.2% males)
– 105 had violence propensity (59% females; 41% males)

Remark: Violence propensity = High T-Ang & High AX-O in CSTAXI-2

Outcome Measures
– Chinese version of the State-Trait Anger Expression Inventory – 2 (CSTAXI-2; Maxwell et al., 2009)
– Chinese version of the Depression Anxiety Stress Scales (CDASS-21; Taouk et al., 2001)
– Patient Satisfaction Questionnaire (PSQ)
Outcome explored ...

The following treatment outcomes were explored:-

1. Changes in various aspects of anger as reflected on the scales of CSTAXI-2
   - T-Ang & AX-O
   - especially patients with violence propensity

2. Change in the level of distress

3. Patient’s satisfaction with treatment
## Treatment Outcomes

### Table 1: Repeated measure ANOVA for all subjects (N=343)

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Pretest</th>
<th>Posttest</th>
<th>$F$</th>
<th>Sig.</th>
<th>$\eta^2_{partial}$</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>T-Ang</td>
<td>18.22</td>
<td>5.67</td>
<td>17.66</td>
<td>5.36</td>
<td>4.73</td>
</tr>
<tr>
<td>AX-O</td>
<td>15.51</td>
<td>4.30</td>
<td>14.99</td>
<td>4.36</td>
<td>5.87</td>
</tr>
<tr>
<td>CDASS-21</td>
<td>20.23</td>
<td>14.96</td>
<td>17.48</td>
<td>14.14</td>
<td>15.01</td>
</tr>
</tbody>
</table>

### Table 2: Repeated measure ANOVA for subjects with violence propensity (N=105)

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Pretest</th>
<th>Posttest</th>
<th>$F$</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>T-Ang</td>
<td>24.07</td>
<td>5.07</td>
<td>21.43</td>
<td>6.45</td>
<td>21.10</td>
</tr>
<tr>
<td>AX-O</td>
<td>19.86</td>
<td>3.73</td>
<td>17.69</td>
<td>5.59</td>
<td>18.33</td>
</tr>
<tr>
<td>CDASS-21</td>
<td>29.44</td>
<td>15.36</td>
<td>23.64</td>
<td>15.61</td>
<td>12.08</td>
</tr>
</tbody>
</table>
RESULTS: Patients with Violence Propensity

Change in Trait Anger

Pretest

Posttest
RESULTS: Patients with Violence Propensity

Change in Anger Expression-Out
RESULTS: Patients with Violence Propensity

Change in level of Distress

CDASS-21

Pretest

Posttest
RESULTS: Satisfaction ratings (N = 343)

PSQ: Helpful for managing my anger

- Strongly Agree: 27%
- Agree: 69%
- Disagree: 3%
- Strongly Disagree: 1%
RESULTS: Satisfaction ratings (N = 343)

PSQ: Satisfied with treatment

- Strongly Agree: 28%
- Agree: 68%
- Disagree: 3%
- Strongly Disagree: 1%
Limitations

• No direct measure of violence as outcome

• Most patients were discharged before completion of the program
Future directions

• Include direct measure of violence as outcome
• Streamline the content of the treatment protocol
• Provide continuation of treatment at OPD
Thank You