

Insight in chronic psychotic offenders detained under hospital order

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Content

- Introduction
- Hypotheses
- Method
- Patients
- Measurement instruments
- Procedure
- Results
- Discussion



Treatment program

Lieberman modules:

- Medication management
- Symptom management
- Addiction management
- Finding and keeping a job
- Friendship and intimacy
- Recreation for leisure

Aggression Control Therapy-Short Version



Literature

Results of first two modules:

- Increased knowledge of symptom management and medication use;
- Application of acquired skills in daily practice;
- Prevention of relapse;
- No clear evidence for improvement in social functioning, quality of life, and psychopathology.

However:

- Patients need to be stimulated by staff;
- Information has to be repeated regularly.



Hypotheses

1. Insight predicts psychotic symptoms, hostility, aggression, and recidivism risk;
2. Insight predicts change in psychotic symptoms, hostility, aggression, and recidivism risk;
3. An increase of insight predicts a decrease of psychotic symptoms, hostility, aggression, and recidivism.



Patients

- 22 chronic chronically psychotic offenders, detained under hospital order, were measured twice. with an interval of one year. Their average age was 35.1 years ($SD = 9.6$, range: 24-60 years).
- Length of stay of these patients was during the first measurement 8.4 months.



Measures

- Insight: *Scale to assess Unawareness of Mental Disorder, Short Version* (SUMD-SV; Amador & Strauss, 1991);
- Psychotic symptoms: *Positive and Negative Syndrome Scale* (SCI-PANSS; Kay, Fiszbein, & Opler, 1987);
- Hostility: *Adapted Version of the Picture-Frustration Study* (PFS-AV; Hornsveld et al., 2007);
- Aggressive behavior: *Observation Scale for Aggressive Behavior* (OSAB; Hornsveld et al., 2007);
- Recidivism risk: *Historie-Klinisch-Toekomst-30* (Ministry of Justice, 2002).



Measures

Scale to assess Unawareness of Mental Disorder, Short Version (SUMD-SV; Amador & Strauss, 1991): semi-structured interview. Three items:

- Current understanding of a psychiatric disorder;
- Current understanding of medication effects;
- Current understanding of the social consequences of the psychiatric disorders.

Scores range from 1 to 5 with higher scores indicating poorer awareness.



Measures

The original SUMD consists of:

- Three general items: 1. awareness of mental disorder, 2. awareness of the effects of medication, and 3. awareness of the social consequences of having a mental disorder. Scores and include assessment of both *current* and *past time* periods.
- 17 items which assess awareness and attribution of specific signs and deficits associated with severe mental disorder. The items are scored on four aspects: 1. current awareness, 2. retrospective awareness, 3. current attribution, and 4. retrospective attribution.
- Scores range from 1 to 5 with higher scores indicating poorer awareness or attribution.



Measures

Positive and Negative Syndrome Scale (SCI-PANSS; Kay, Fiszbein, & Opler, 1987; Kay, Opler, & Lindenmayer, 1988): structured clinical interview. Three subscales:

- Positive symptoms (7 items)
- Negative symptoms (7 items)
- General psychopathology (16 items)



Measures

Adapted Version of the Picture-Frustration Study (PFS-AV; Hornsveld, Nijman, Hollin, & Kraaimaat, 2007): self-report questionnaire with twelve items. Items are scored on a seven-point scale ranging from 1 = not at all hostile to 7 = extreme hostile.

*Your girl friend
has invited me
for tonight.*



Measures

Observation Scale for Aggressive Behavior (OSAB; Hornsveld, Nijman, Hollin, & Kraaimaat, 2007): Six subscales:

- Irritation/anger: 4 items;
- Anxiety/gloominess: 5 items;
- Aggressive behavior: 10 items;
- Prosocial behavior: 12 items
- Antecedent: 6 items
- Sanction: 3 items

Staff scores the behavior of the inpatients in the preceding week on a four-point scale with 1 = no, 2 = seldom, 3 = occasionally, and 4 = frequently.



Measures

Recidivism risk: *History-Clinical-Future-30* (Ministry of Justice, 2002): checklist. Three subscales:

- History: 11 items
- Clinical: 13 items
- Future: 6 items



Procedure

- Scoring of SUMD-SF, PANSS, PFS-AV and OSAB in one week.
- Scoring of HKT-30 yearly.



Results

Regression analyses:

1. Insight predicts psychotic symptoms and recidivism risk, but not hostility and aggression;
2. Insight does not predict a decrease in psychotic symptoms, aggression, hostility, and recidivism risk;
3. An increase of insight predicts a decrease of aggression and recidivism, but not a decrease psychotic symptoms, hostility, and recidivism risk.



Discussion

- Insight in illness seems to be important for chronic psychotic patients;
- An increase in insight does result in a decrease of aggression and recidivism risk, but not in a decrease of psychotic symptoms;
- Limitations: small sample, only males, not controlled for use of medication, not controlled for duration of the treatment.

