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RESEARCH ARTICLE (ORIGINAL)

Effectiveness of a nursing intervention in preventing violent behaviors among people with psychotic disorders in forensic settings

Eficácia de uma intervenção de enfermagem para prevenção de comportamentos violentos de doentes psicóticos em contexto forense

Eficacia de una intervención de enfermería para prevenir la conducta violenta en pacientes psicóticos en un contexto forense

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Abstract
Background: Psychosis is characterized by distortions of thinking and perception, as well as inappropriate emotions. In forensic settings, psychiatric mental health nurses are responsible for preventing violent behaviors through psychotherapeutic interventions.
Objective: To characterize participants' clinical situation based on the following variables: social performance, socially useful activities, personal and social relationships, disturbing and aggressive behavior, assertiveness, and early signs of aggression; and To assess the effectiveness of an intervention program for training social skills and reducing predictors of violence.
Methodology: Pre-experimental study with a one-group pretest-posttest design. The sample consisted of 15 patients admitted to forensic psychiatric wards.
Results: The intervention proved effective, with statistically significant changes in personal relationships, disturbing and aggressive behaviors, and early signs of aggression.
Conclusion: Training social skills and self-control improved participants' clinical indicators and psychosocial rehabilitation and contributed to better (re)integrating them into their families and communities.

Keywords: schizophrenia; psychosis; social skills; violence; forensic psychiatry

Resumo
Enquadramento: As psicoses são caraterizadas por distorções do pensamento, da perceção e emoções inadequadas. Em contexto forense, cabe ao enfermeiro especialista em saúde mental e psiquiátrica prevenir comportamentos violentos através de intervenções psicoterapêuticas.
Objetivo: Caraterizar a situação clínica dos participantes relativamente às variáveis: funcionamento social, atividades socialmente úteis, relações pessoais e sociais, comportamento perturbador e agressivo, assertividade e sinais precoces de agressão; avaliar a eficácia de um programa de intervenção para treino de competências sociais e diminuição de preditores de violência.
Metodologia: Estudo pré-experimental, com delineamento de pré e pós-teste com grupo único, cuja amostra foram 15 doentes internados em serviços de psiquiatria forense.
Resultados: O programa demonstrou-se eficaz, observando-se mudanças estatisticamente significativas a nível das relações pessoais, dos comportamentos perturbadores e agressivos e dos sinais precoces de agressão.
Conclusão: O treino de habilidades sociais e de autocontrolo traduziu-se na melhoria dos indicadores clínicos e na reabilitação psicossocial dos participantes, contribuindo para uma melhor (re)integração na família e na comunidade.

Palavras-chave: esquizofrenia; psicose; habilidades sociais; violência; psiquiatria forense

Resumen
Marco contextual: La psicosis se caracteriza por distorsiones del pensamiento, de la percepción y de las emociones inapropiadas. En el contexto forense, es responsabilidad del enfermero especialista en salud mental y psiquiátrica prevenir las conductas violentas mediante intervenciones psicoterapéuticas.
Objetivo: Caracterizar la situación clínica de los participantes en cuanto a las siguientes variables: funcionamiento social, actividades socialmente útiles, relaciones personales y sociales, comportamiento disruptivo y agresivo, asertividad y signos tempranos de agresión. Evaluar la eficacia de un programa de intervención para entrenar las competencias sociales y reducir los predictores de violencia.
Metodología: Estudio preexperimental, con diseño antes y después de la prueba con un único grupo, cuya muestra estaba compuesta por 15 pacientes ingresados en los servicios de psiquiatría forense.
Resultados: El programa demostró ser eficaz y se observaron cambios estadísticamente significativos en las relaciones personales, el comportamiento disruptivo y agresivo, y los primeros signos de agresión.
Conclusión: El entrenamiento de las competencias sociales y del autocontrol se tradujo en la mejora de los indicadores clínicos y en la rehabilitación psicosocial de los participantes, lo que contribuyó a una mejor (re)integración en la familia y la comunidad.

Palabras clave: esquizofrenia; psicosis; habilidades sociales; violencia; psiquiatría forense

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Introduction

Forensic psychiatry is a subspecialty of psychiatry whose intervention focuses on people with a mental illness who have committed a crime or are at risk of doing so (Völlm et al., 2018).

The Portuguese Criminal Code addresses the concept of exclusion of criminal responsibility in its article 20, "anyone who, due to a mental disorder, lacks the capacity, at the time of the act, to assess the illegality of the act or make a decision based on that assessment is excluded of criminal responsibility". Therefore, a mental illness constitutes grounds for excluding criminal responsibility for the illicit-typical act committed and, consequently, no punitive measures should be implemented. However, there may be grounds, along with proof of dangerousness, for applying a security measure (Ministério da Justiça, 1995). A security measure consists of hospitalization as a consequence of a crime under these conditions (Martins, 2015; Ministério da Justiça, 1995). The exclusion of criminal responsibility of a person with mental illness focuses on treatment and support to promote their well-being through dignity and humanization (Martins, 2015; Sampson et al., 2016).

Psychotic illnesses, particularly schizophrenia, are the clinical conditions most often associated with violent behaviors and the decision of excluding criminal responsibility (Almeida et al., 2016), namely due to the presence of positive psychotic symptoms and impulsivity aggravated by drug use and unfavorable social circumstances (Esbec & Echeburúa, 2016). However, violence is not a symptom of psychotic illness. Most of the scientific literature indicates that there is little relationship between mental illness and violence, especially when substance use is not involved and the condition is adequately treated.

Non-pharmacological interventions for preventing violence have been underexplored compared to pharmacological interventions. However, promising interventions based on social and cognitive skills training programs focused on reasoning, rehabilitation, and cognitive-behavioral therapies have been identified, but the evidence is inconclusive (Rampling et al., 2016).

In the treatment of people with this condition under a security measure, psychiatric mental health nurses (PMHNs) should develop and implement interventions for social skills and self-control training to promote socially appropriate behaviors (Gonçalves, 2018; Melo-Dias, 2015).

In view of the above, this study aims to characterize participants' clinical situation based on the variables of social performance, socially useful activities, personal and social relationships, disturbing and aggressive behaviors, assertiveness, and early signs of aggression, as well as to assess the effectiveness of an intervention program for training social skills and reducing predictors of violence.

Background

Violent behaviors by persons with a mental illness affect both victims and perpetrators, as they amplify public stigma and perpetuate fear of the person with a mental illness (Monahan et al., 2017).

Although violent behaviors cannot be considered a symptom of mental disorders, people with a psychotic illness (schizophrenia and other psychotic disorders) become more susceptible to developing violent behaviors than people with other psychiatric disorders due to the presence of persecutory, jealous, and referential delusions and auditory command hallucinations (Korkmaz et al., 2017).

Thus, the implementation of security measures and the treatment in adequate facilities are crucial resources for the treatment, recovery, and social-family rehabilitation of people with psychosis, as can be seen in articles 91, 104, and 105 of the Portuguese Criminal Code (Ministério da Justiça, 1995).

Forensic psychiatric wards meet the immediate purposes of the security measures and are the main resource for the social rehabilitation of individuals who are not criminally responsible. Thus, hospitalization in forensic psychiatric wards, with access to specialized care, reduces violent behaviors and criminal recidivism (Völlm et al., 2018).

It is, therefore, necessary to develop and implement programs for learning and training social skills, that is, the skills necessary to handle life in society, namely in terms of the behaviors to achieve a specific goal (Melo-Dias, 2015), as well as specific programs for preventing violent behaviors.

PMHNs should develop and implement differentiated interventions capable of improving care delivery, namely through psychoeducational strategies and simple psychological interventions (Ordem dos Enfermeiros, 2015; Völlm et al., 2018). Similarly, the World Health Organization (2010) suggests that, in addition to regular follow-up, the intervention aimed at people with psychosis should be based on psychoeducation and the promotion of rehabilitation in the community. Thus, interventions for learning and training social skills and preventing violent behaviors are essential for patients with psychosis because they impact the ability to manage stress and assess their own skills, leading to more adequate personal and social functioning (Melo-Dias, 2015; Olsson & Schön, 2016) and reducing the predictors of violence associated with psychotic events.

Predictors of violence are directly associated with the risk of developing aggressive behaviors. Most studies focus on individual predictors and risk factors, but aggression is contextual and relational. Moreover, the most important risk factors for clinical practice are causal and modifiable.

Overall, the scientific literature has identified socioeconomic and demographic factors (e.g., low socioeconomic status); behavioral disorders in childhood; substance use; lack of insight into the illness; the type of illness; lack of impulse control; stressful life events; family history of violence and/or abuse in childhood; personal factors (e. g., male gender, single, younger age, low intelligence quotient, history of head trauma or neurocognitive impairment); positive symptoms of psychosis; and non-adherence to treatment (Almeida et al., 2016; Girolamo et al., 2019; Korkmaz et al., 2017).

Hypotheses

H1: Participation in the "A Falar é Que a Gente se Entende" program improves the interpersonal skills of people with schizophrenia or other psychotic disorders in a forensic setting; H2: Participation in the "A Falar é Que a Gente se Entende" program reduces predictors of violence in people with schizophrenia or other psychotic disorders in forensic settings.

Methodology

This prescriptive, pre-experimental study had a one-group pretest-posttest design.

The nonprobability sample consisted of 15 patients admitted to a forensic psychiatric ward in central Portugal. Inclusion criteria were being subjected to a security measure in one of the wards selected for this study; knowing how to read and write Portuguese; having a diagnosis of schizophrenia or other psychotic disorder. Patients with positive symptoms or other manifestations that prevented them from learning or acquiring adequate social functioning strategies were excluded.

The study and the data collection instruments were approved by the Board of Directors of the Coimbra Hospital and University Center and the Ethics Committee of the Innovation and Development Unit of the same institution (Reference CHUC-108-19). All participants signed an informed consent form after the main researcher presented the program.

Statistical data were analyzed using IBM SPSS Statistics software, version 24.0. Summary statistics and absolute and percentage frequencies were calculated for the study variables before and after the implementation of the intervention program. Concerning hypothesis testing, the paired-sample *t*-test or the Wilcoxon signed-rank test were used for quantitative variables, depending on the normality of distribution verified through the Shapiro-Wilk Test, and McNemar's test was used for categorical variables. The test results were analyzed considering a type I error of 5%.

Data collection instrument and procedure

The data collection instrument consists of a section for sociodemographic and clinical characterization of the participants (e.g., age, gender, marital status, nationality, education level, time of diagnosis, length of hospital stay), two scales, and an inventory for the assessment of the variables under study. The evaluation moments were carried out immediately before the first session (baseline) and after the last session. The program was implemented through expository and interactive techniques (e.g., modeling and role-playing techniques).

The Personal and Social Performance scale (PSP; Brissos et al., 2012) assesses social functioning across specific domains. The scores are based on the assessment of four indicators of social functioning: socially useful activities (e.g., work or study), personal and social relationships, self-care, and disturbing and aggressive behaviors. Each domain is rated on a 6-point scale of severity (1 - *absent*; 6 - *very severe*). The lower the score in the various dimensions, the higher the total score, which is divided into four levels: 91-100 points – More than adequate functioning; 71-91 points - Mild difficulties; 31-70 points – Manifest disabilities of various degrees; 0-30 points - Poor functioning, requiring intensive support or supervision.

The Scale for Interpersonal Behavior (*Escala de Comportamento Interpessoal* [ECI]; Vagos & Pereira, 2010) is a measure of assertiveness consisting of two scales to assess emotional discomfort and assertive behavior in various social situations. Its 25 items are grouped into four dimensions or subscales: (1) Display of negative feelings; (2) Expression of and dealing with personal limitations; (3) Initiating assertiveness; and (4) Positive assertion. Discomfort was rated on a 5-point scale (1 - *not at all*; 5 - *extremely*) to measure the discomfort or anxiety that performing different assertive behaviors may bring to the individual. The frequency of behavior was rated on a scale from *I never do* (1) to *I always do* (5) to assess the frequency of enacting assertive behaviors. The total score is obtained separately for the two scales, resulting from the sum of the scores of all assertiveness domains. In the first component, the higher the score, the higher the level of discomfort. In the second component, the higher the score, the higher the frequency of assertive behaviors.

The Forensic Early Warning Signs of Aggression Inventory ([FESAI]; Fluttert et al., 2011) includes 45 items of early warning signs of aggression divided into 15 categories. It can be used not only prior to episodes of violence but also after their occurrence. Given that it is not an exhaustive list and may not include all signs for all people, it has an open category (item 45) entitled 'other early signs' to be used for a warning sign different from the other 44 items. The 45 early signs are assessed on a dichotomous scale (absent; present) and answered in collaboration between the patient and the nurse (Fluttert et al., 2011).

"A Falar é Que A Gente Se Entende" Intervention Program

"A Falar é Que A Gente Se Entende" is a structured program of psychoeducational conversation and social interaction sessions for learning and training social skills and reducing predictors of violence. It is adapted from the program of therapeutic occupation activities "Vamos Conversar!" (Melo-Dias et al., n.d.). It comprises six sessions, four of which are directed at training conversational skills and two at reducing predictors of violence: (1) Observing, listening to others, and nonverbal communication; (2) Active listening and listening comments; (3) Talking about a topic (initiating and maintaining a conversation); (4) Talking to a stranger ("unfamiliar person"); (5) Self-control and stress management; (6) Self-control and anger management.

The sessions were run by the main researcher, twice a week, with an average duration of 45 minutes. The themes were presented through an expository method, images were displayed, and social skills were trained using different techniques and procedures, such as modeling, role-playing, positive reinforcement, and feedback. At the end of

each session, complementary activities were developed to train the social skills addressed in each session.

Results

Sociodemographic and clinical characterization

Participants were aged 31 to 73 years (mean: 50.73 ± 11.36), mostly men (66.7%), Portuguese (86.7%), single (60.0%), retired (80.0%), lived with their parents (46.7%), and had completed primary education (66.6%). On average, they had been diagnosed for 204.80 ± 92.14 months and had a hospital stay of 67.53 ± 76.03 months. The majority (80%) had committed crimes against people.

Personal and social performance

In relation to personal and social performance, Table 1 shows that the results obtained in the dimension Socially useful activities improved after the intervention, although the differences were not statistically significant (Z = -1.642; p = 0.051). None of the participants perceived their degree of difficulty as 'very severe' after the intervention, with a similar trend in the remaining levels and the percentages decreasing in the 'marked' level and increasing in the 'mild' level (40.0%). In the dimension Personal and social relationships, the differences were statistically significant (Z = -1.702; p = 0.045). Most participants (66.7%) answered 'absent' and 'manifest', instead of 'marked', which was reported at baseline by 46.7% of the participants. In the Self-Care dimension, although the results show a significant increase in the proportion of participants who answered 'absent', increasing from 20.0% at baseline to 53.3% after the intervention, this difference being predominantly due to the change in the 'mild' and 'marked' levels, these differences were not statistically significant (Z = -1.153; p = 0.125). Finally, the most statistically significant changes were observed in the dimension Disturbing and Aggressive Behavior (Z = -2.116; p = 0.017), with approximately 90.0% of the participants no longer displaying disturbing or aggressive behaviors. The differences in the total PSP score were also statistically significant (Z = -1.876; p = 0.031).

Table 1

Absolute and percentage frequencies of the answers to the PSP dimensions: Before and after the intervention program (n = 15).

	Pre-Intervention		Post-Intervention			
Dimension	*n*	%	*n*	%	*Z*	*p*
Socially useful activities:						
Absent	4	26.7	2	13.3		
Mild	0	0.0	6	40.0		
Manifest	2	13.3	2	13.3		
Marked	5	33.3	2	13.3	-1.642	0.051
Severe	3	20.0	3	20.0		
Very severe	1	6.7	0	0.0		
Personal and social relationships:						
Absent	2	13.3	6	40.0		
Mild	3	20.0	2	13.3		
Manifest	3	20.0	4	26.7		
Marked	7	46.7	3	20.0	-1.702	0.045
Severe	0	0.0	0	0.0		
Very severe	0	0.0	0	0.0		
Self-care:						
Absent	3	20.0	8	53.3		
Mild	5	33.3	2	13.3		
Manifest	3	20.0	3	20.0		
Marked	4	26.7	0	0.0	-1.153	0.125
Severe	0	0.0	2	13.3		
Very severe	0	0.0	0	0.0		
Disturbing and aggressive behavior:						
Absent	6	40.0	13	86.7		
Mild	3	20.0	1	6.7		
Manifest	2	13.3	0	0.0		
Marked	2	13.3	1	6.7	-2.116	0.017
Severe	0	0.0	0	0.0		
Very severe	2	13.3	0	0.0		

Note. Z = Wilcoxon signed-rank test; p = Level of significance (one-sided).

Interpersonal behavior

As shown in Table 2, there was an increase in the mean discomfort score ($\bar{\chi}_{pre}$ = 48.73; ± 21.62; $\bar{\chi}_{post}$ = 50.53; ± 23.27), although this difference was not statistically significant ($t_{(14)}$ = - 0.312; p = 0.380). There was also an increase in the mean frequency score ($\bar{\chi}_{pre}$ = 85.40; ± 16.48; $\bar{\chi}_{post}$ = 86.67; ± 29.15), although this difference was also not statistically significant ($t_{(14)}$ = - 0.191; p = 0.426). Despite the lack of statistical significance, the changes demonstrate the effectiveness of the intervention program, given that there is an increase in the mean frequency with which participants display assertive behaviors, even though, paradoxically, the level of discomfort has increased.

Table 2

Summary statistics and results of the paired sample t-test: ECI total score (n = 15).

Component	Pre-intervention		Post-intervention			
	$\bar{\chi}$	*SD*	$\bar{\chi}$	*SD*	*t*	*p*
Discomfort	48.73	21.62	50.53	23.27	-0.312	0.380
Frequency	85.40	16.48	86.67	29.15	-0.191	0.426

Note. $\bar{\chi}$ = Sample mean; *SD* = standard deviation; *t* = Test statistic; *p* = Significance level.

Early signs of aggression

McNemar's test was used to assess the effectiveness of the program in reducing early signs of aggression. Individual analysis was performed for the 45 items of the FESAI, and the difference between proportions (evolution of results) was verified. Changes with statistical significance were observed in two items: 'decreased problem-solving skills' and 'increasingly breaking others' boundaries, humiliating and/or cynicism/sarcasm'. In the first case, the percentage of participants who showed decreased problem-solving skills reduced from 73.2% to 40.0%, with a statistically significant difference (p = 0.032. In the second case, the percentage of participants who displayed behaviors of increasingly breaking others' boundaries, humiliating and/or cynicism/sarcasm decreased from 53.3% to 6.7%, with a statistically significant difference (p = 0.008).

Discussion

The role of mental illness in violent behaviors has been studied over the last decades. Recent literature reviews (Oliveira & Valença, 2020) have concluded that, in addition to the characteristics of the mental illness and the severity of the symptoms, factors related to institutionalization and care with deprivation of liberty are major predictors of violence. Therefore, this study arises from the need to develop and validate nursing interventions for promoting interpersonal skills and preventing violent behaviors among people with schizophrenia or other types of psychotic disorders institutionalized in a forensic setting.

Overall, the results obtained from the implementation of the program corroborate the results of other studies with similar programs (Gonçalves, 2018; Melo-Dias, 2015). This study also addressed the predictors of violence.

There was an increase in social functioning and a significant decrease in disturbing and aggressive behaviors. Social functioning is characterized by the presence of interpersonal skills and the absence of violent behaviors. The results show that the program was effective in improving personal and social functioning, although none of the participants achieved excellent functioning. These changes improve social cognition and, consequently, facilitate integration into society. Through social skills training, people with severe mental illness increase their ability to assess their social skills and adapt their behavior to what is considered socially acceptable, since the higher the social cognition, the less likely they are to act violently (Girolamo et al., 2019; Melo-Dias, 2015; Olsson & Schön, 2016).

In inpatient settings, patients are not regularly involved in socially useful activities (e.g.., therapeutic occupation activities or participation in service tasks), which hinders the development of their relational/functional skills and decreases satisfaction and motivation, making them neglect the need for treatment (Almeida et al., 2016; Korkmaz et al., 2017).

In settings where care is provided with deprivation of liberty (e.g., forensic psychiatry), interventions should not be perceived as a punishment for the patient, but as a pathway to recovery and full reintegration into society (Almeida et al., 2016; Girolamo et al., 2019). The results obtained in terms of the reduction in the difficulty to perform socially useful activities may be related to the training carried out throughout the intervention based on active methodologies such as role-playing and achievable goals, which allow for the development of feelings of autonomy, usefulness, and personal satisfaction.

The social relationships of people with severe mental illness are often limited to the family, a scenario that changes in a hospital inpatient setting, where they have contact with individuals with very different personalities (Girolamo et al., 2019; Korkmaz et al., 2017). Maintaining healthy relationships and a stable emotional environment is a challenge, and social skills training is crucial for the development of satisfactory personal and social relationships

(Melo-Dias, 2015). The intervention allowed for the acquisition of social skills based on the reflection on relationships. It contributed to reducing the psychosocial deprivation of people not criminally responsible, who are often isolated or punished with greater restrictions for being considered 'dangerous', which reduces their levels of personal satisfaction and increases the likelihood of displaying disturbing and aggressive behaviors (Girolamo et al., 2019; Völlm et al., 2018).

Disturbing and aggressive behaviors are the variable of greatest theoretical relevance to this study, given that the main objective is to reduce the predictors of violence. The program proved to be effective in reducing this type of behavior. The results show that violent behaviors, rather than being symptoms or consequences of severe mental illness, reflect a maladjusted response to feelings of anger, frustration, or stress in the absence of the ability to use other responses (Fluttert et al., 2011). With social skills and self-control training, individuals can develop strategies appropriate to their specific social situations (Gonçalves, 2018; Melo-Dias, 2015).

There are several risk factors that constitute early signs of aggression in people with psychotic disorders. These signs - predictors - should be monitored because they allow adjusting the care approaches to different individuals, increasing their insight into their own illness. The intervention program reduced 22 of the 45 early signs of aggression (although only two in a statistically significant way), proving that social skills training is of utmost importance not only to improve personal relationships, as verified in other studies (Gonçalves, 2018; Melo-Dias, 2015), but also to reduce violent behaviors, whether physical or psychological.

Overall, these results allow concluding that the program is effective and corroborate the hypotheses formulated for this study, that is, there was an improvement in social functioning and interpersonal skills and a reduction of early signs of aggression in patients with schizophrenia or other psychotic disorders in forensic settings.

The validity of this study may be considered its main limitation because no control group was used and the nonprobability sample was small, suggesting the need for caution in generalizing the results. On the other hand, a follow-up assessment to check the temporal stability of the outcomes was not conducted due to pandemic-related restrictions.

Conclusion

The results of this study show that the intervention program "A Falar é Que a Gente Se Entende" improves social functioning and interpersonal skills, contributing significantly to reducing disturbing and aggressive behaviors. This study enhances the knowledge and the development of nursing as a science by providing a knowledge base for nurses to recognize early signs of aggression that may be used in clinical practice for social skills and self-control management training.

It is, therefore, essential to recognize the importance of the care provided to people with mental illness, namely those who are not criminally responsible, and improve their access to psychotherapeutic and psychoeducational interventions. PMHNs play a key role in this process, either through the therapeutic use of self or their skills, contributing to health gains and the social (re)integration of patients in the family and/or community.

Future studies should include a control group, larger sample sizes, and follow-up evaluations to assess the temporal stability of the outcomes.

Author contributions

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