



Effects of nurse-led child- and parent-focused violence intervention on mentally ill adult patients and victimized parents: A randomized controlled trial



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ARTICLE INFO

Article history:

Received 13 May 2015

Received in revised form 29 February 2016

Accepted 4 March 2016

Keywords:

Child-to-parent violence

Repetitive violence

Victimized parents

Nurse-led violence intervention

Mental illness

Randomized controlled trial

Nursing

ABSTRACT

Background: Child-to-parent violence is an often hidden serious problem for parental caregivers of mentally ill adult children who experience violence toward them. To date, the comprehensive dyadic parent–adult child intervention to manage child-to-parent violence is scarce.

Objective: To evaluate the effect of Child- and Parent-focused Violence Program, an adjunctive intervention involved with both violent adult children with mental illness and their victimized biological parent (parent–adult child dyads) on violence management.

Design: Open-label randomized controlled trial.

Setting: A psychiatric ward in a teaching hospital and two mental hospitals in Southern Taiwan.

Participants: Sixty-nine patients aged ≥ 20 years, with thought or mood disorders, having violent behavior in the past 6 months toward their biological parent of either gender were recruited. The violent patients' victimized biological parents who had a major and ongoing role in provision of care to these patients, living together with and being assaulted by their violent children were also recruited. The parent–adult child dyads were selected.

Methods: The intervention was carried out from 2011 to 2013. The parent–adult child dyads were randomly assigned to either the experimental group (36 dyads), which received Child- and Parent-focused Violence Intervention Program, or to the control group (33 dyads), which received only routine psychiatric care. The intervention included two individualized sessions for each patient and parent, separately, and 2 conjoint sessions for each parental–child dyad for a total of 6 sessions. Each session lasted for at least 60-min. Data collection was conducted at 3 different time frames: pre-treatment, post-treatment, and treatment follow-up (one month after the completion of the intervention).

Results: Occurrence of violence prior to intervention was comparable between two groups: 88.9% ($n = 32$) parents in the experimental group versus 93.9% ($n = 31$) in the control group experienced verbal attack, and 50% ($n = 18$) versus 48.5% ($n = 16$) received

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body attack and were injured. The intervention significantly reduced violence, improved impulsivity, changed patients' and parents' violence attributions, and fostering active coping processes in the experimental group as compared to the control group ($p < 0.05$). No significant reductions were found in verbal aggression, cognitive and social reactions in the parent's reactions to assault, attentional subscale of impulsivity and wishful thinking ($p > 0.05$).

Conclusions: Child- and Parent-focused Violence Intervention Program is effective on child-to-parent violence management in parent–adult child dyads. Thus, the intervention can be helpful for patients who have just been diagnosed with mental illness and had an episode of violence toward their parents within a narrow time frame.

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What is already known about the topic?

- Parents are among one of the most frequent victims of repetitive violence by their children diagnosed with mental illnesses, particularly if the violence is long-term, and the occurrence of violence is often unpredictable.
- Several empirically driven treatment have been developed to decrease child-to-parent violence or violence, such as parent-child interaction therapy for disruptive behavior in preschool-aged youth, non-violent resistance program, individual family support programs (family consultation), individual- or group-family groups and psychoeducation interventions.
- There is also a lack of data examining the complex dyadic effects in family therapy.

What this paper adds

- This is the first known randomized controlled trial of dyadic parent-adult child intervention to manage child-to-parent violence in patients with mental illnesses.
- This randomized clinical trial demonstrated the benefit of a nurse-led child- and parent-focused violence intervention on violent adult patients with mental illnesses and victimized parents in addition to usual care, on the primary prevention of repetitive violence.
- This study demonstrated that Child- and Parent-focused Violence Intervention Program, which targets child-to-parent violence concurrently for both patients and their parents, was an empirically effective adjunctive intervention for improving violence management, alleviating intensity of a parent assault victim's emotional and biophysiological reactions, managing impulsivity and violence attributions, and fostering active coping processes.

1. Introduction

Violence is becoming a major concern in mental health practice. Most studies appear to support a clear association between violence and mental illness (e.g., Fazel and Grann, 2006; Tiihonen et al., 1997). Flynn et al. (2014) have shown that 5% of the serious violent offenders had been in recent contact with mental health services, with 61% having previous convictions for violence. The most common psychotic disorders are schizophrenia, depression, and

bipolar disorder (Flynn et al., 2014; Tiihonen et al., 1997). For example, schizophrenia occurring during periods of active psychosis increased the risk of violent offenses (Buckley et al., 2003) by as much as 7-fold (Tiihonen et al., 1997) or 2 to 8-fold for both men and women compared with general population (Fazel and Grann, 2006). Fazel and Grann (2006) have also found that patients with severe mental illness commit one in 20 violent crimes. Violent patients with mental illness are at risk for relapses of violence even when undergoing pharmacotherapy. Repetitive violent acts are generally associated with coexisting cognitive impairment, patient's history of violence or disorganization with impaired reality testing (Chen et al., 2014; Volavka, 2013).

Family members are among the most frequent victims of violence by patients diagnosed with mental disorders (Volavka, 2013). In comparison with other family members, parents, as the major caregiver of their children, are more likely to be violently victimized (Hsu et al., 2014; Ibabe et al., 2014; Ibabe and Jaureguizar, 2010). Child-to-parent violence is an often hidden serious social problem. It describes violence or aggressive behavior committed by a child (either under 18 or an adult child) who intentionally uses physical force/power or aggressive/inappropriate language to threaten or actually cause physical or psychological harm, damage or pain or financial deprivation to a parent (Calvete et al., 2013; Coogan and Lauster, 2014). An earlier study has found that 18% of two-parent and 29% of single-parent families experience child-to-parent violence (Pelletier and Coutu, 1992). Walsh and Krienert (2009) found that biological parents were the most predominant victim relation to the aggressor, and 79% of parricides and 92% of child-to-parent violence incidents involved a biological parent. When the victims' gender was examined, 81–88% of the victims was biological mothers (Kethineni, 2004; Nock and Kazdin, 2002). Thus, parent-child relations are dynamic interactions, which are prone to conflict and turmoil (Walsh and Krienert, 2009).

This becomes an increasing concern for parental caregivers who experience violence from their mentally ill adult children (Hsu and Tu, 2014; Ibabe et al., 2014). As traumas of child-to-parent violence pose a serious threat, they can also cause various effects on parents' emotional, psychological, and physical well-being, particularly if the violence from their mentally ill children is long-term and

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