



Anger Group

for patients with complex needs in a high secure forensic setting

Dr Katie Salucci¹, Dr Katy Mason², Dr Gwen Adshead³

Broadmoor Hospital, West London NHS Trust, UK

1-Core Trainee in Psychiatry, 2-Specialty Registrar in Forensics and Medical Psychotherapy, 3- Consultant Forensic Psychiatrist

INTRODUCTION

- The aggressive component of human nature has two sides: an instinctive drive for survival by gaining mastery over both one's internal and external world; the other side involving a more destructive hostility associated with transgressive behaviour.
- Forensic patients with severe personality disorder often inhabit unmanageable internal states of extreme emotional discomfort, which are defended against by projection through behavioural and psychological enactments.
- An important aspect of therapeutic work is providing a space where these conflicts and hostility can be explored and understood whereby a currency of words rather than action takes place to enable a sense of mastery over impulse to act. All of which aims to reduce the risk of violence in high secure setting.
- The new psychiatry curriculum advocates for the importance of a biopsychosocial approach and encourages creative ventures in psychotherapy.

AIMS AND OBJECTIVES

- Provide a reflective group space for male patients with severe personality disorders to explore their anger.
- Training opportunity for core and specialty psychiatry trainees in terms of group experience and working with complex psychopathology.

METHOD

- A non-mandatory group was established to explore anger for patients on a personality disorder rehabilitation ward in a high secure hospital.
- The group ran weekly for a total of 8 sessions between November 2020 – January 2021.
- This was facilitated by specialty trainee, core trainee and one member of nursing staff- overseen by forensic consultant.
- The sessions utilized a combination of psychoeducational material, space for open discussion and MBT principles to encourage reflection.

- The themes of anger explored included:

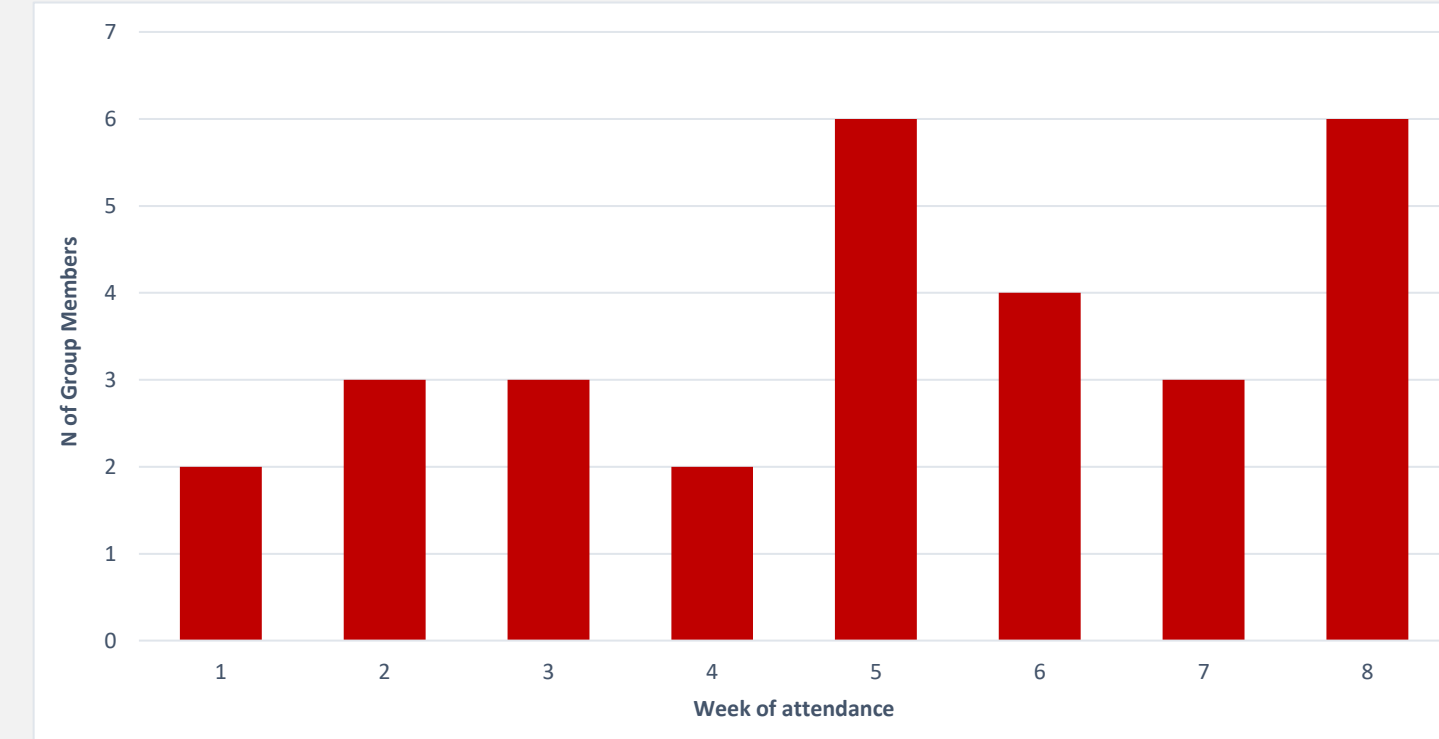
| Week | Theme |
|------|---------------------------------|
| 1 | Functions and Cost of Anger |
| 2 | Experience of Anger |
| 3 | Values and vulnerabilities |
| 4 | Empathy and Resentment |
| 5 | Perspective and thinking errors |
| 6 | Anger escalation |
| 7 | Relapse prevention |
| 8 | Consolidation & feedback |

- Patients were given a certificate for completing group, with total number of sessions attended.
- Results: i) Patient attendance recorded weekly ii) Group processes and themes captured iii) Feedback collected from patients in final session iv) Feedback collected of facilitators experience.

RESULTS

Patient Attendance

- Attendance ranged from 2-6 members with a general increase in trend over time and bimodal peak at weeks 5 and 8.



Group Themes and Processes



RESULTS..

Facilitator Feedback

'This was a fantastic learning experience of managing the psychodynamic administration of running a group and taking seriously the minds of those with severe psychopathology. Listening to perverse and traumatic content from group members could evoke painful affects but by focusing on the primary task of providing a containing setting for the group and implementing firm boundaries to maintain a safe therapeutic space helped hold disturbing feelings engendered, along with a deeper understanding of the unconscious communication and lives of the patients'
-Core Trainee

'This was an excellent training experience for gaining specialty trainee competencies: delivery of therapy, teaching and appraising junior colleagues, teamwork and communication and working with risk. My own personal analysis was helpful for managing the negative projections and gave me the confidence that a non-mandatory group could survive and withstand the anti-group forces at play. Working with another facilitator allowed two 'active minds' to share different perspectives about the group climate and allow the frame of the group to be upheld when organisational challenges impacted on availability'- Specialty Trainee

DISCUSSION

There was rejection and hostility from patients with the introduction of a group initially. Group attendance fluctuated, and our hypothesis was that two key factors may have influenced this:

- The negative perception that anger represents weakness was reflected by several attendees saying, 'I'm not an angry person'.
- Attachment styles in severely personality disordered patients can present as avoidance, ambivalence, or disorganised, resulting in erratic commitment.

Within the group, there were unconscious powerful forces at play attempting to threaten the therapeutic capacity including: destructive impulses, extreme envy, and perversion. This presented as attempting to derail the weekly topic; bringing highly perverse material and exhibiting verbal aggression to each other. The task of the facilitators was to continue to survive and withstand these dynamics.

This was a heterogenous group and patients took different stances: aggressive, perverse, reflective, passive and dissociated. Patients were able to relate to each other by actively helping, while at times reality testing each other and at other points attacking- creating a richness in the therapeutic milieu to explore a plethora of experiences and reactions to anger.

Survival was a key theme of anger that emerged, both for the internal mind and navigating different external landscapes, including hospital and prison institutions.

Patients gave feedback at the end of the group which did acknowledge some benefits but was also dismissive and denigratory in some regards. One possible hypothesis is that the ending connected the group with painful feelings of separation, which may have led to a wish to devalue the experience to defend against these primitive anxieties.

Unconscious institutional dynamics of denial and avoidance of unbearable hopelessness could have manifested by the ambivalent responses of a psychotherapeutic intervention and increasing demands away from the group.

CONCLUSION

- Understanding anger has the potential for improved self-regulation and survival both in the internal mind and external landscape of the institution for forensic patients.
- Running a group in high secure setting provided a unique psychotherapy training experience for learning about severe psychopathology, group psychological phenomena and the complex interplay with the institutional dynamics.

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Patient feedback

Reasons for attendance:

- 'Something to do, nothing else going on'*
- 'Don't know, I'm not angry'*
- 'Only way is Essex show finished, so might as well'*
- 'Bored out of my nut'*
- 'Munchies, coffee and good company'*

What was helpful:

- 'All in all good, not sure what particularly was though. It's a shame it's ending, just getting good'*
- 'Won't notice it's gone, forget when it's on half the time'*
- 'Brings up horrible feelings talking about the past and stuff'*
- 'Realising there was a lot of shame underneath all my anger'*

Future goals:

- 'Less angry with idiots'*
- 'Understand people more, never know what's going on in their heads'*
- 'Don't know'*

What could be improved:

- 'Don't really care, makes no difference to my life. Junior doctors come and go, groups only reinforce what you already know'*
- 'Discuss when the group runs as I missed the first half because The Only Way is Essex was on'*

Other comments:

- 'Having topics was helpful yeah, prefer that to just a rant'*
- 'Some people don't say what they really feel, they just dismiss everything, what's the point in that? Why will I bother open up and say what's going on, pointless eh'*