A systematic review of structured group interventions with mentally disordered offenders

Duncan EA, Nicol MM, Ager A, Dalgleish L

CRD summary
This review concluded that there is some evidence in support of structured group interventions for mentally disordered offenders, which focus on problem-solving and anger/aggression management. Due to the absence of reported review methods, the reliability of the authors’ conclusions is unclear.

Authors' objectives
To evaluate the effectiveness of structured group interventions for mentally disordered offenders.

Searching
CINAHL, EMBASE, MEDLINE, PsycINFO, the Cochrane Library and the National Research Register (all searched from 1980 to 2002), and grey literature held by the College of Occupational Therapists, were searched for relevant studies for the review; the search terms were reported. The reference lists from retrieved articles were screened, and the following journals handsearched: Criminal Behaviour and Mental Health, British Journal of Forensic Practice, Forensic Update and Journal of Forensic Psychiatry.

Study selection
Study designs of evaluations included in the review
There were no inclusion criteria for the study design.

Specific interventions included in the review
Studies of structured single-form, or complex group interventions were eligible for inclusion. The included interventions addressed problem-solving, anger/aggression management, deliberate self-harm, and others involving a range of cognitive-behavioural components. Where reported, the numbers of sessions ranged from 6 to 54, and were conducted on a weekly or bi-weekly basis, over a period of up to 18 months.

Participants included in the review
Studies of offenders with mental disorder were eligible for inclusion. The majority of studies focused on male participants. All of the studies were located in hospital settings, with half conducted in British high- and medium-security units. Mental disorders varied and, where stated, included axis I, personality disorders, psychopathic disorders, paedophilia and schizophrenia.

Outcomes assessed in the review
There were no inclusion criteria for the outcomes. A range of outcomes was assessed, including cognitive strategies, depression, dissociation, survival and coping, suicide, and other mental health indices. Various outcome measures were used, such as interview, self-report, observation, consumer evaluation and non-standardised assessments.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors reported on sample size, method of sampling and follow-up. They did not state how the validity assessment was performed.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. Data were extracted in order to calculate effect sizes (Cohen’s d) for each included study. Authors were contacted for additional information where necessary.

Methods of synthesis
How were the studies combined?
The studies were pooled and mean effect sizes calculated, along with standard deviations (SDs), for studies with a similar intervention focus. The method of pooling was not stated. The remaining studies were combined in a narrative.

How were differences between studies investigated?
Differences between the studies were explored in the tables and text.

Results of the review
Twenty studies (n=276) were included in the review: 8 controlled studies (n=176) and 12 employing a single cohort design (n=100).

Fourteen studies were reported to have used convenience sampling strategies, and only five included follow-up evaluations. The mean sample size was 14 (range: 4 to 40).

Four of the 7 studies of problem-solving interventions appeared to provide sufficient detail to calculate a mean pooled effect size of 0.93 (SD=0.40).

Two of the 4 studies of anger/aggression management interventions appeared to provide sufficient detail to calculate a mean pooled effect size of 1.30 (SD=0.74).

The mean pooled effect size from 2 studies of deliberate self-harm interventions was 0.78 (SD=0.80).

Mean group effect sizes were reported in the paper for six of the remaining 7 studies in the review. The interventions comprised various cognitive-behavioural interventions such as social-skills training, cognitive-behavioural therapy for psychosis, dysfunctional concepts of hyper-masculinity, and moral reasoning.

Authors’ conclusions
There is a moderate to high effect for structured group interventions, particularly for those focusing on problem-solving and anger/aggression management.

CRD commentary
The review addressed a broad question and only defined inclusion criteria for the participants and interventions. However, a comprehensive search strategy appears to have been conducted, which included attempts to retrieve unpublished material. The poor reporting of review methods makes it difficult to assess the potential for reviewer error and bias. Whilst there was no apparent formal or extensive assessment of study validity, the authors discussed some aspects of study design which were appropriate to the diverse study designs included in the review. The appropriateness of pooling the effect sizes was not clear given the apparent heterogeneity of the included studies. The authors acknowledged some of the methodological limitations of studies conducted in secure settings and provided some relevant recommendations for future research. Given the absence of reporting with regard to the review process, it is not possible to determine the reliability of the authors’ conclusions.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that more methodologically robust research is required, including appropriate comparisons, random allocation of participants where possible, and the use of standardised and statistically meaningful outcome measures.

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