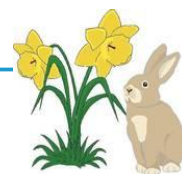


Pathway Press

NHS/NOMS Offender Personality Disorder Programme

Issue 15 – March 2017



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A large part of the work of offender personality disorder (OPD) pathway services is around **managing risk** – both to self and others. We believe that risk is best managed by taking a joint approach to risk management that involves criminal justice and health partners, with robust information-sharing processes in place to support the process; and that risk should be seen as part of a holistic view of the offender, informed by a case formulation that underpins a comprehensive pathway plan.

'Managing risk' is the theme of this 15th edition of the *Pathway Press*, and we are pleased to feature contributions looking at this theme from a number of different angles. Our 16th edition will be themed around transition into the community. If you would like to contribute, we'd love to hear from you at pd@noms.gsi.gov.uk. And don't forget that previous editions of the *Pathway Press* are available on Kahootz [here](#), on the NOMS/HMPPS intranet [here](#) and on the internet [here](#).

Latest programme news

- Four new PIPEs are due to go live shortly: a Progression PIPE at HMP Whitemoor (April); a Preparation PIPE at HMP Send (April); a Provision PIPE at HMP Eastwood Park (April); and a Preparation PIPE at HMP Long Lartin (mid-May)
- Following a joint decision by all parties, commissioners have reluctantly agreed to stop the clinical provision of a small OPD service supporting the Close Supervision Centre (CSC) at HMP Woodhill due to difficulties integrating the OPD model into the CSC set-up
- The national evaluation of the OPD pathway (NEON) continues to make good progress. Initial fieldwork is underway for the impact evaluation and a pilot run of the analysis of administrative datasets is planned for Spring 2017
- The OPD programme is jointly funding a PhD scholarship, looking at the validity, utility and value of case formulations in the OPD pathway. [Applications are now invited](#), with a deadline of 14th April 2017
- OPD pathway staff and services continue to collect a range of awards, and a new [Virtual Trophy Cabinet](#) logging all OPD-related awards has now been created on Kahootz (and already has a total of 22 entries!)
- **The criteria for the women's pathway are changing in April 2017.** The new criteria (shown below) are simpler and reflect the fact that nearly all women currently on the OPD pathway are managed by the NPS, so we do not expect this to significantly change the number of women on the pathway.

New OPD entry criteria for women

- Likely to have a severe personality disorder; and
- A clinically justifiable link between the personality disorder and offending; and
- The case is managed by the National Probation Service.

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Probation Service

PERS at Stanford Hill: managing risk in an open prison

By Claire Colquhoun-Flannery, Registered Forensic Psychologist and Clinical Lead, PERS, HMP Stanford Hill

PERS (Pathways Enhanced Resettlement Service) is a partnership between HMP Stanford Hill and London Pathways Partnership (LPP). We provide support to prisoners who may find the transition into open conditions and safe release into the community difficult. Our aim is to reduce the risk of return to closed conditions and encourage successful integration into Stanford Hill and then the community.

PERS provides support via an outreach service that involves regular meetings with the prisoner's key worker, a short psychologically informed group and practical workshops focused on topics linked to release. We mainly provide support in the 3-6 months upon arrival at Stanford Hill and the 3-6 months before release. However, we offer informal support throughout a prisoner's time at Stanford Hill. How this helps to support the prisoners we work with is best demonstrated by an account by one of our service users.

"I first arrived at Stanford Hill around 13 months ago and my first contact with the PERS team was when I was going through induction. My first thought was that I didn't want to have any more association with yet more courses and was all 'coursed out.' I was asked to enrol onto PERS and I agreed – although somewhat reluctantly – I thought, 'it's another box ticked.' The group went well and I had one-to-one sessions with PERS members.

"My risk areas are too numerous to mention but one of them is my lack of 'emotional management' and how I deal with certain situations when problems come into my life. When I encountered some teething problems, with the crossover from being in a lifer jail to the regime of open conditions, I surprised myself by staying on PERS. At one point I had packed all my 'prop' ready for a return to closed conditions. But I did my best to overcome some of the difficulties I found myself in. **The door to PERS was always open to me** and I used to 'go up the hill' and chat to staff when the need arose, which was often. Fast forward 12 months and I am more settled, more in control. I still have the odd issue to deal with, but **I try to look at the bigger picture and solve problems the right way**, whereas before I chose the wrong way. I still have contact with PERS members today and more than likely will do in the future."



Risk reduction as a side effect: medication to manage sexual arousal

By Professor Don Grubin, Emeritus Professor of Forensic Psychiatry, Newcastle University, & Psychiatric Consultant to the OPD pathway

In many countries, medication plays a central role in the management of high risk sex offenders, which in some cases can be made a compulsory condition of release to the community. The notion is that reducing sex drive in sex offenders lessens the likelihood of further sexual aggression. It may surprise some, therefore, that risk reduction is not the primary aim of the 'Medication to Manage Sexual Arousal' programme (MMSA) currently being rolled out by the OPD pathway.

One of the principles underlying the OPD pathway is that reoffending risk is best managed in the criminal justice system. Doctors, however, inhabit health systems where they treat patients who, except when capacity is lost or in some instances of mental illness, consent to the treatment they receive. This is as true for individuals with personality disorder as it is for anyone else.

MMSA is designed for sex offenders who seek help to manage their sexual arousal and who agree to take the medication prescribed for them. Unlike treatment protocols elsewhere which tend to be based on risk, with higher risk offenders prescribed more potent and intrusive medications, in MMSA medication is prescribed depending on the medical indication. Where sexual rumination and compulsive type urges are the issue, an SSRI may be prescribed (drugs like Prozac, which reduce the intensity of fantasy, urges and sexual enjoyment), even in high risk sadistic offenders. If high levels of arousal and drive are the problem, then an anti-androgen (sometimes referred to as 'chemical castration') may be indicated, even in a non-contact offender. The model is that **Offender Managers manage risk, doctors manage medical treatment, with medication being an adjunct in the management of offenders who are working with you. Risk reduction is a side effect of treatment.**

Although in MMSA doctors treat patients who are seeking help, for reasons that are unclear, many psychiatrists and health commissioners do not seem to understand this notion and do not want to become involved. The challenge is to convince them otherwise.

Further information about MMSA is available on Kahootz [here](#) or on request from pd@noms.gsi.gov.uk.

Managing risk in the community: Changing Lanes IIRMS

By Neville Green, Team Manager, Changing Lanes, East London NHS Foundation Trust

Changing Lanes is a community based Intensive Integrated Risk Management Service (IIRMS) working across North East London. At Changing Lanes we have a friendly team of workers who are passionate about helping service users to rebuild their lives in the community. We are from a broad range of backgrounds, all bringing different skills to our work as a team.

Our approach to risk management includes being **closely connected with other services and agencies in our area** for offenders with personality disorder – including the National Probation Service (London Division), Multi-Agency Public Protection Panels and the London Pathways Partnership (of which we are a member). Our risk management model is governed by best practice and incorporates a clinical interview, structured static and dynamic assessments of risk, and an assessment of personality disorder.

The assessments are developed into a formulation to enhance the risk management recommendations, which include interpersonal strategies for working with the service user, their likely response to restrictions and suggestions on their selection, environmental planning, victim safety, and treatment options.

A year into delivery of the service, we have found

...Stop Press...

Congratulations to Resettle, the original Intensive Integrated Risk Management Service (IIRMS) in Merseyside, which won the Public Protection category at the prestigious Confederation of European Probation Awards 2016. Sandra Oluonye collected the award on behalf of the Resettle team in Bucharest, Romania.



that the **psychological formulation supports us to form a secure attachment with clear, defining boundaries and the potential for a strong alliance.**

It can be difficult when you have spent a long time in hospital or prison to adjust to life on the outside. Comments from service users have included: "I feel you listen" and "You haven't given up on people." Offender Managers have welcomed the team's support in the management of complex cases, e.g. dual morbidity, personality disorder, functional mental illness and substance misuse.

You are welcome to contact Changing Lanes on 020 8510 4940 for any enquiries and to request a brochure about the service.

Therapeutic Communities and Risk Management

By Richard Shuker, Head of Clinical Services, HMP Grendon

Therapeutic Communities (TCs) have their origins in social psychiatry, and became established after World War II initially to treat traumatised servicemen. They have been used by the prison service for over half a century and are accredited as an intervention aimed at reducing risk of recidivism and enhancing psychological wellbeing. Treatment emphasises the importance of group processes and includes regular community meetings and small therapy groups.

TCs adopt certain values which emphasise the importance of the organisation and social climate in personal change. These values, which advocate **the importance of a culture of responsibility and participation, and relationships which are collaborative and empowering**, are now widely recognised as important in establishing the conditions for a healthy social climate. Where they are present, risk of harm to self and others is likely to be reduced.

TCs promote a safe working culture where risk of violence can be managed and contained. They emphasise the importance of staff and residents establishing shared goals and having opportunities for joint working. The social climate enables open communication, shared decision making and joint problem solving. Where these features of the social climate are present, a culture of collaboration and cooperation becomes established.

How do TCs provide the conditions for a safe environment for staff and residents where risk of harm to self and others can be effectively managed? **Shared goals promoting safety and an ethos of change allow trust to be built and**

authority respected. Where community rules and expectations are collectively agreed and jointly enforced, and structures are in place which provide avenues for accountability, the climate becomes cohesive and all become involved in supporting others in managing their behaviour and creating a safe environment.

One of the most potent features to the way TCs manage risk is how the therapeutic environment allows **offence paralleling behaviours** to emerge. Within a social climate where residents are given autonomy and responsibility, offence related patterns of behaviour almost inevitably become re-enacted. Where it is accepted that these behaviours will occur, but also provide opportunities for learning, risk can be effectively managed by the community. The strong mutual interest and concern which exists between members allows these behaviours to be observed and explored. So whether this is in the form of unhelpful belief about self and others, non-adherence to community rules or work commitments, problems with emotional management, or offence mirroring interpersonal dynamics, learning is derived from the interpersonal feedback between its members. In this context risk of harm can become effectively managed.

TCs offer an approach to containment which seeks to minimise harm and create safety. They demonstrate that if conditions are right within the social structures of a prison, people can cooperate and work together, and prisons can be safe places to live and work.

...Stop Press...

Congratulations to Kate Barker, Pathway Psychologist at Town Moor Approved Premises (AP), who has received a National Approved Premises Association award for Outstanding Innovative Practice. Kate's nomination referred to the usefulness of her oral and written formulations, the effectiveness of her personality disorder training, and also the excellent groups she runs: "Residents sat on the edge of their seats listening! This stuff should be taught at school."

And **congratulations too to the London Pathways Partnership (LPP)**, which won the 'Mental Health, Emergency Service and Criminal Justice' category at the annual Positive Practice in Mental Health Awards. There were 50 outstanding nominations in this category, so it was a great tribute to the work of LPP staff, and the OPD pathway in London and the South regions, to have been voted the winner.

MBT and managing risk: Offender Managers' views

By Nicky Howard, Implementation Project Manager, Tavistock & Portman NHS Foundation Trust

Mentalization Based Treatment (MBT) is a psychological therapy that has been developed for people with personality disorders. Sessions focus on identifying thoughts and feelings associated with impulses which may trigger aggressive or violent behaviour.

Dan Lockwood, Probation Officer in Somerset, explains that MBT can feel like a "different approach" for cases who have attended a number of programmes in prison. He is working with Alex,* an offender with a violent offending history, who has talked often about how he finds the MBT group and individual sessions supportive and helpful. Dan's supervision sessions with Alex have become longer and, he feels, more honest. This helps Dan develop a clearer understanding of the actual issues Alex is dealing with in his life.

David Bryan is a Probation Officer in London. Peter* was considered a high risk to staff, but David noticed Peter showed some concern about his chaotic behaviours and encouraged him to undertake treatment. Since attending MBT, Peter has told David about incidents where he has been provoked but has shown better decision-making, and been able to walk away. David thinks that, **as MBT offers Peter a chance to problem-solve with a supportive group of people, this helps manage his behaviour.** David said that, "from my perspective, MBT is working – Peter has been out of prison for over a year, and hasn't been arrested or even questioned in that time".

** Names have been changed*

MBT is part of a research trial, called MOAM, which is seeking referrals. For more information, please contact ProjectMOAM@ucl.ac.uk or 0203 108 3254.

M B T

Do you see the red mist?
Do you react with fists?

Do you want a safe place to share your problems?

Talk to your Offender Manager if you would like more information.

The Rivendell Service: managing women's risk to themselves

By Jayne L. Taylor (Clinical Lead) & Tracy Wilkinson (Custodial Manager), the Rivendell Service, HMP New Hall

The Rivendell service is a 16-bedded residential treatment service for women with significant personality difficulties, based at HMP New Hall. The service opened in October 2014, and December 2016 saw the first two women graduate from the two-year programme.

Self-injury is a common feature associated with personality difficulties and is one of the most widely cited clinical indicators in referrals to Rivendell. However, **data demonstrates significant improvements in the number of days that people were subject to the ACCT procedure** when compared with the six months period prior to admission to Rivendell. Although the numbers are small and therefore extrapolation from these data has to be undertaken with caution, these changes do appear to be clinically significant.

So what do we feel may be contributing to these changes? Essentially, the service offers an *individualised* approach. *Case formulation* is at the centre of understanding self-injury. The service makes no assumptions regarding the function of the behaviour. Instead, the **development of a collaborative understanding of its purpose is seen as essential to not just management of self-injury but also empowering the individual in developing other ways of coping, responding and communicating**. In this sense, self-injury is seen as sequelae of other complex difficulties, all of which are areas for therapeutic intervention.

The benefit of this approach is that it helps to avoid the re-enactment of experiences of shame or guilt, emotions which in themselves can trigger further acts. Compassion and containment are central to relationships between staff and residents. This is aided by the use of *Interpersonal Management Plans*, which help staff understand helpful responses to self-injury for each individual. **Supportive staff forums such as daily debriefs and monthly supervision encourage staff to reflect** on the factors underpinning behaviours they encounter, thereby fostering empathy and compassion.

This approach is embedded within the ACCT process on Rivendell, aiming to provide the nuanced therapeutic response that helps people avoid becoming entrenched in cycles of self-injury. Women on the service have commented that the ACCT process at Rivendell is more 'compassionate' and 'more therapeutic'.

Finally, the service acknowledges that change is a difficult and anxiety-provoking journey. The provision of an *environment* in which people feel safe in order to embark on that process has to be the first and most central aspect of the therapeutic programme from which all else can flow.

... Stop Press ...

Staff from the OPD pathway have again been recognised in the **annual Butler Trust awards**:

Donna Jones, Lorna Toner & Teresa Wright from HMP Drake Hall received a **Commendation** for having together inspired and driven Drake Hall to become the first prison to be awarded the Royal College of Psychiatrists' Enabling Environments Award for a whole establishment. Susan Williams, an Assessor at the Royal College, commented: "Magnificent, amazing, beautiful: you all deserve a pat on the back."



Donna and Lorna receive their commendation from HRH The Princess Royal on 9th March, in the State Rooms at St James's Palace

Emma Guthrie, Prison Officer at HMP Low Newton, was awarded a **Certificate** in recognition of the "high level of dedication, skill and creativity" that she brings to the PIPE.

Margaret Leach, Probation Officer with the AFFIRM (Advice and Forensic Formulation in Risk Management) West Midlands OPD community team, was also awarded a **Certificate**. Her nomination described her as "a passionate, energetic and positive individual whose belief in others and commitment to helping them every single step of the way is inspiring."

And last but not least, **Colin Scott**, Operational Lead, The Beacon, HMP Garth, was awarded a **Certificate** in recognition of his work setting up the Beacon service and working in partnership with other agencies.

The Butler Trust celebrates outstanding work across UK prisons, probation and youth justice. The Trust is named after reforming former Home Secretary "RAB" Butler.

And in other news...

The experience of facilitating joint training for three PIPE teams

By Dr Janet Swift (Clinical Lead for Bradshaw House PIPE), Lucy Merrick (Clinical Lead for HMP Wymott PIPE) and Dr Alison Walker (Clinical Lead for Stafford House PIPE)

Workforce development is one of the core components of the PIPE model. Staff training is one method of skilling up a workforce and ensuring there is a consistent knowledge base. Joint staff training was recently delivered to three PIPE sites in the North West region (two community-based, and one in a prison). The clinical leads for the sites developed and delivered the training.

Benefits for training facilitators

Facilitating the training jointly enabled the sharing of knowledge, ideas, workload and delivery, as well as allowing themes to be drawn in the applicability of content across the various PIPEs. Facilitators were able to learn from each other, discussing good practice and challenges, exploring methods through which the shared goals of the PIPEs were met. Links between the services were strengthened, as was awareness of the differences and similarities. Finally, it was helpful for consistent messages to be given by three clinical leads.

Benefits for training recipients

Feedback from training recipients highlighted the benefits of time with other PIPE teams. **The chance to share experiences was validating, normalising and encouraging.** Staff felt less isolated in their work and learnt from each other. There was a sense of achievement in discussing individuals who had successfully progressed through the PIPEs and were known by staff from different sites. Sharing stories increased applicability and facilitated the development of knowledge and skills.

Challenges

One challenge faced was facilitating attendance of staff. Short-staffing in the prison meant it was difficult to guarantee staff would be released. The community PIPEs faced significant costs in cover and overtime pay. There was some difficulty in negotiating budget for refreshments due to policy.

Conclusion

Effective and cost/time efficient staff training needs to be delivered in a way that equally benefits participants and services. The experience of both facilitators and participants of this joint training suggests the method has many benefits.

'A Prisoner's Tale'

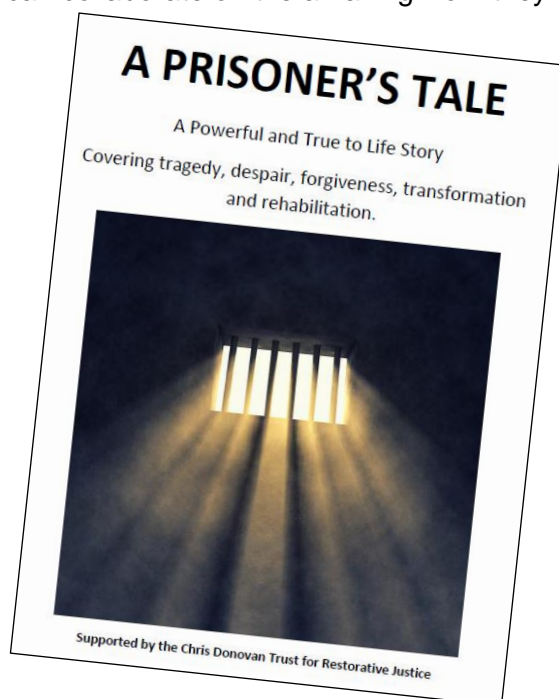
By John, London Pathways Service User Involvement / New Horizons

'A Prisoner's Tale' was first born when I was in Rochester prison and myself and a guy from Oxleas NHS and the prison sat down and spoke about putting together a piece of drama for the prison. With my background in drama, I put a skeleton script together. The prison supported the project and the play just grew with me directing it. We tweaked it as we went along and took on other people's contributions and we came up with a positive piece of drama. We put it on in front of an audience of prisoners, staff, governors, probation and mental health professionals.

On my release, I wanted to put the play on in the community for the general public. I wanted some input about what restorative justice entailed and so I met the Chris Donovan Trust. Chris Donovan was a young man who was murdered one night in London. I met with Ray and Vi (Chris's parents) for a coffee and chat, and told them about my plans. They were prepared to collaborate and give their input into the project.

St. John Divine Church in Richmond provided rehearsal and performance space, and all money raised went to the church. Guys from New Horizons (social forum for Pathways service users) became the actors in the play – alongside my old mentee from the Sycamore Tree course.

About 80 people arrived, a mixture of people from the prison, probation, New Horizons, Koestler, Pathways services and other service users. It has just won silver in the Koestler awards this year. Pathways Service User Involvement continues to support this work and will come with me to a meeting with the Chris Donovan Trust to see how we can collaborate on the amazing work they do.



Reflections from the OPD Interventions Workshop

By Johanne Rooney and Emma Dover, Resettle IIRMS

We attended the OPD Interventions workshop on 3rd November 2016 at Edgbaston Cricket Club. The day felt informal and relaxed and was almost like a celebration. We were able to understand and reflect on how far the pathway has progressed in recent years, and we were also given time to think about how we continue to move forward. We learned so much about the wide range of services that are currently available along the pathway, from the more solid and well established services, to relatively new services that are still in the early stages.

The workshop provided a forum for networking, sharing ideas and enhancing understanding of the key themes and principles across the pathway. Quality standards were explored and it was clear there was a consensus from across the pathway of the key ingredients required to inform and develop such standards. We were left with much food for thought and ideas we were both keen to share with the team.

The commitment and dedication to develop services was obvious and inspiring, and we were both enthused to hear how environments are continually being developed, both in a physical and emotional sense. **Already prisoners and those being released are receiving better outcomes as a result of the developments along the pathway.**

Towards the end of the day we spent some time thinking about where each of our services were up to and how we continue to move them forwards. We thought about Resettle and realised how we have evolved and grown over the past ten years and of the learning we continue to gain. We felt proud of the work we do at Resettle, how we support our men and each other. We will continue to grow and learn at Resettle and will undoubtedly utilise the learning we took from the day.

BIGSPD 2017

By Laura d'Cruz, OPD Team

It was great to see lots of OPD pathway colleagues attending and presenting at this year's BIGSPD (British & Irish Group for the Study of Personality Disorder) conference in Inverness. Three days of workshops, symposiums and lectures offered ample opportunities for learning, reflection and networking. Throughout, artist Tom Bailey was capturing the event with insightful and entertaining images and caricatures (left). BIGSPD co-Chair, Tom Mullen, opened the event with a haiku, which proved to be an accurate description of the enjoyable days ahead:

**BIGSPD Inverness
a fine Highland gathering
learning, laughter, life.**

Professor Peter Fonagy (University College London & Chief Investigator for the MBT MOAM trial; see p.4) was the first keynote speaker. Peter reflected on his growing dissatisfaction with the attachment model to describe complex psychological difficulties, and encouraged us, instead, to reconceptualise personality disorder as being about severe problems in people's ability to communicate, a lack of epistemic trust, and lack of expected resilience.

Likewise, Lucy Johnstone (consultant clinical psychologist) encouraged us to move away from the established thinking around personality disorder, with a radical suggestion to abandon the whole concept, due to it being unscientific, too disease-focused and blaming. It was encouraging that Lucy, instead, supported use of approaches already well-established within the OPD pathway: formulation-based and trauma-informed.

Jackie Craissati (consultant clinical and forensic psychologist, Psychological Approaches CIC, and formerly clinical director at Oxleas NHS Trust) closed the conference, with her reflections on DSPD and OPD, 2002 to 2020. Jackie made three main suggestions for the way forward: being more inclusive of sex offenders, improving our approach to service user involvement, and mobilising our ability to demonstrate value for money.

The conference was over-subscribed, so next year's event in Cardiff promises to be even bigger and better – be sure to book your place early!

