A proposal for therapeutic group work with personality disordered offenders in the community

The role of the Forensic Mental Health Practitioner

The Forensic Mental Health Practitioner Service was first commenced by the Mental Aftercare Association (MACA) in 1992. The creation of this service forms part of the Inner London Probation Service (ILPS)/MACA's response to the needs of mentally disordered offenders, following recommendations outlined in the Reed Report of 1992 and the Home Office circular 66/90. The initial aims were to provide the court with advice, support and counsel on mental health issues in partnership with the Inner London Probation Service. Seven years on MACA has developed posts in a number of London boroughs.

Each service has the same main fundamental aim:

- to facilitate appropriate disposals for offenders experiencing mental and personality difficulties, with accompanying complex needs.

Rationale

In 1997, in the Wandsworth area there appeared to be few outpatient personality disorder facilities, as compared to community mental health outpatient services. The personality disorders services that did exist did not seem to be tapping into the nucleus of manifestation, the main one being the criminal justice system. Quarterly statistics of case referrals from probation officers have reflected a clear need for further development in the area of personality disorder, but more specifically have revealed:

- the potentially high number of black male offenders with unidentified personality disorders;
- the common use of the label 'untreatable';
- the need to establish stronger links with community services, particularly those specialising in personality disorder;
- obstacles to engagement.

By the middle of 1998 it became obvious that in order to address the above identified areas, links with an organisation with significant expertise in the area of personality disorder needed to be forged. This link would facilitate working in partnership, an increase in engagement and working with clients holistically and would have significant reference to trans-cultural issues. This link would also initiate the development of an innovative group, aimed at engaging personality disordered offenders. Those who were particularly difficult to engage, were in danger of falling through the net of services and needed preparation for further therapy.

As a voluntary organisation MACA prides itself on its ability to change and adapt to the needs of its service users. MACA also strives to work with other agencies as necessary to achieve such goals. In the spirit of this concept, Dr Kingsley Norton, Consultant Psychotherapist and Medical Director of the Henderson Hospital was contacted. Liaison with Dr Norton has resulted in links being established with the Henderson Hospital Outreach Team and collaborative work in situ.

The Henderson Hospital and the Outreach Service Team

The Henderson Hospital is a residential democratic therapeutic community which has a 50 year history of treating adults suffering from moderate to severe personality disorders. Male and female residents between the ages of 17 to 45 years can stay for up to one year in the unit, where they take an active part in their own treatment and in the running of the therapeutic community. Treatment is entirely group-based and no psychotropic medication is used. Residents are expected to take responsibility for their actions and all interactions in the community are open to examination, both as to the effect they have on other people and in terms of underlying emotional issues. Containment is provided by the community and all residents are admitted on a voluntary basis.

In 1995, a limited Henderson Outreach Service Team (HOST) was set up in response to three factors. Firstly, the Reed Report (1994), commissioned by the Department of Health and the Home Office, recommended for people with severe personality disorder: a continuum of out-patient PD services, given the paucity of specialist in-patient and out-patients services; a need for more units such as Henderson Hospital, given that the therapeutic community (TC) treatment approach as practised there was the 'most promising and thoroughly evaluated' for PD; and a need for purchasing authorities to develop clearly identified treatment resources for PD patients. Secondly, an audit of Henderson Hospital service provision showed an unmet perceived need for continuity of after-care for ex-Henderson residents identified by themselves and referrers (Dolan and Murch, 1993). Thirdly, research on the efficacy of Henderson TC treatment has shown 'a dose response' effect for the length of Henderson Hospital stay reducing psychiatric re-admission and re-conviction rate (Copas, 1984), reduced borderline symptomatology (Dolan et al, 1997), and reduced neurotic symptomatology (Dolan et al, 1992). In addition, Menzies et al (1993) demonstrated a ten-fold reduction in usage of psychiatric and penal resource costs in the year post- compared with pre- Henderson admission. Cost savings occurred mainly through a reduced in-patient admission rate following treatment at Henderson, the study demonstrating a greater usage of out-patient treatment in the year post discharge.

Since central funding was achieved through the National Specialist Advisory Commissioning Group (NSCAG) in April 1998, for the development of two new Henderson Hospital type TCs and Outreach services in Birmingham and Salford, funding was also secured to expand Henderson Outreach Service Team attached to the Sutton site. However, the catchment area has increased to cover all South-East England and therefore outpatient treatment provision has been reduced to a preparation and follow-up service for Henderson residents. A greater emphasis on training and supervision for other professionals working with people with PD was seen as an effective way of improving the services provided for this client group. It is in this context that the joint MACA/Henderson group will run.

Aims of the group and research proposal

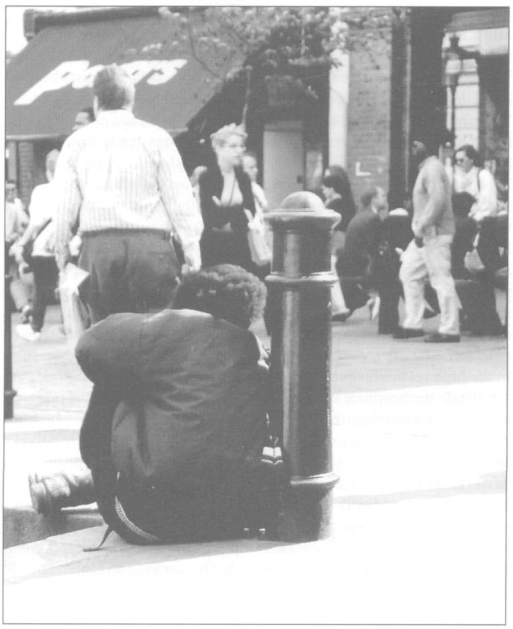
People with personality disorder are difficult to engage and maintain in treatment. Many go through the criminal justice system without taking up, or being offered, help to address their underlying emotional problems. Those on probation orders admitted to Henderson Hospital have a shorter mean length of stay than those not on probation orders. In addition, there is a higher rate of drop out in the first three months in those on probation orders compared with the non-probation group. HOST hopes to have a role in reducing the drop-out rate of all residents admitted to Henderson

Hospital, by helping the engagement process. The joint MACA/Henderson group will be targeting people on probation orders who are at a stage prior to being suitable for referral to Henderson Hospital or other services. It will aim to help participants begin the process of exploring thoughts and feelings behind their offending behaviour. As a short-term group, it will not aim to treat the underlying difficulties but to address issues that may prevent the client from engaging with services able to do this. Such issues may include difficulties in trusting others, in seeking appropriate help and feelings of powerlessness. The group culture will be one of enquiry and exchange, with group members being encouraged to participate in the understanding of their own and others maladaptive behaviours. Through this, it is envisaged that members will develop a greater sense of agency, enabling them to access further help if this is deemed appropriate. Clients will be male, aged between 17 to 43 years, on a probation order, reporting to a probation officer in London. They will have a diagnosis of personality disorder or show features consistent with this disorder. They need to have some wish to understand what lies behind their offending behaviour, some wish to change given the right environment and an ability to attend the group in a sober and drug-free state. The group will run as a pilot project and will be evaluated.

Rationale for the Probation Service involvement in this project

The Government consultation document is concentrating on dangerous people with severe personality disorder, but we in the Probation Service have considerable concerns about the large numbers of complex and chaotic offenders we have to work with who, although attracting a personality disorder classification, would not be included in this 'serious' category. The consultation document acknowledges in Annexe E, that these people are not new to services - they have exhibited anti-social behaviours from an early age and are likely to have had previous contact with health and criminal justice agencies, including the Probation Service.

As probation officers, we experience services and in particular psychiatric services retreating from engagement with these difficult and often less than pleasant individuals whose multiple and overlapping problems require careful management. But none of us can shelter in a 'nothing works' environment and ignore these types of problems and this proposal allows us in the ILPS to begin to think what 'might work' in a community context. In the probation service we need to find support for working in this arena as, unlike other professions, we often have no choice as to who we work with.



The probation pervice has had to face numerous changes in the last decade with the service now focusing on more serious offenders, having a primary task of public protection and working in partnership with other agencies. We also, like most public services, have to demonstrate the effectiveness of our practice and develop programmes of intervention based on research evidence of 'what works'. Probation Community Supervision will increasingly be delivered by accredited offender programmes aimed at the elimination, or at least a reduction of offending behaviour. This, coupled with the emphasis we need to place on the enforcement of orders, could create an environment least suited to successful working with offenders with personality disorder. Probation officers are no different to other professionals dealing with personality disordered offenders and find them difficult to engage on a long-term basis. Probation officers struggle with this type of offender's ability to subvert interventions and find them lurching from crisis to crisis with a complex range of needs which require intervention.

These difficulties in engagement attract us to this proposed programme since we need to consider how we address potential pitfalls in providing structured offending behaviour focused programmes This work with MACA and Henderson provides us with an opportunity to develop a programme which could be seen as providing motivational work to improve the engagement of the personality disorder offender in offending behaviour programmes and other appropriate services. The expectation of the probation service would be that this group will help the offender to develop a greater sense of agency and will provide interventions which focus on re-integration and begin to address indirect and associated offending issues, preparing the way for more structured intervention on direct offending issues and cognitive and skills intervention by probation officers and others. ■

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References:

Copas, J.B., O'Brien, M., Roberts, J. & Whiteley, S. (1984) Treatment outcome in personality disorder: The effect of social, psychological and behavioural variables. *Personality and Individual Differences* 5(5); 565-573.

Dolan, B., Evans, C. & WILSON J (1992) Neurotic symptomatology and length of stay in a therapeutic community. *Therapeutic Communities*. 13(3); 171-177.

Dolan, B., Warren, F., Norton, K. (1997) Change in borderline symptoms one year after therapeutic community treatment for severe personality disorder *British Journal of Psychiatry*, 171; 274-279.

Dolan, B. & Murch, L. (1993) *Internal Audit* (Unpublished)

Menzies, D., Dolan., B, & Norton, K. (1993) Are short term savings worth long terms costs? Funding treatment for personality disorders *Psychiatric Bulletin*, 17(2): 517-519.

Reed, J. (1994) *Review of services for mentally disordered offenders and others with similar needs* Home Office, London.