

Another British First

— Gartree's Therapeutic Community for Lifers

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Following Gartree's removal from the Dispersal System in April 1992 we found ourselves with an under utilised discreet unit of 25 cells, which had previously been a Vulnerable Prisoner Unit (VPU). Mindful of the need to maximise the use of a accommodation yet minimise the use of human resources a project group was tasked with identifying options for the use of this unit. Many and varied ideas were put forward.

A population profile of 80 per cent life sentence prisoners had already been agreed, with a long term goal of becoming solely lifers and developing as a centre of excellence. Our experience of working with lifers on the wings of the VPU and indeed our segregation unit, had identified considerable expertise at getting alongside life sentence men, and helping them cope with the rigours of the life sentence, the early stages of which are particularly demanding.

The idea of a Therapeutic Community (TC) was very attractive. If we focused on work with lifers it would be unique. If it worked it would further enhance the role of the prison officer, and be a major force for good in pursuing the rehabilitative and public safety element of our statement of purpose.

It would be hard work and very demanding – it is. It would have its opponents – it does. It would change the lives of both staff and prisoners – it has. It could be highly rewarding and an example of excellence. It has been and is.

'The Gartree Therapeutic Community (GTC)¹ staff team deserve credit for the current success of this venture. From the rest of us there has been considerable support. It has been a real team effort'.

R. J. Perry, Governor of Gartree.

After all the politics are over, the decision to go ahead is made. After the staff selection, their training is taken to completion. After the first community members are chosen, the anticipation sets in. After the first group session, the relief takes over! Furniture begins to fly as the raw nerves of community members are touched when they probe each others feelings. Tears flow copiously as they begin to see the enormity of their past actions and the devastating effect that they have had on their own and other peoples lives. The staff team ask each other 'are we responsible for all that?' ... Life has suddenly come to a new therapeutic community.

Over recent years custodial policy has been changing. The old stand-point of, 'if a lifer prisoner behaves himself for a long enough period we'll let him go' has given way to a necessity for him to address various areas of offending behaviour and therefore reduce his risk factor before he is released; a sensible course of action if we are to expect that he will one day return into the community with a real chance of coping adaptively and without re-offending. This policy is all very well, but it is pointless pursuing it unless we provide the means by which a prisoner can address his areas of concern effectively. Short courses such as anger management and alcohol awareness can play a valuable part in the

¹ The GTC is a facility for mandatory and discretionary lifers.

If you would like to know more contact any of the staff team at Gartree Prison.

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rehabilitation of a lifer and prison staff may well help with a prisoner's first steps towards his greater awareness and his understanding that the way he behaves affects the lives of others. There is however a more powerful tool which can play a radical part in helping a prisoner who wishes to do so, overcome his behavioural problems... Group therapy in a community setting.

For the past 20 months, a new therapeutic community has been quietly working to establish itself.

The decision not to announce its opening was made deliberately in order that it could go about the business of founding itself as a working community without attracting attention.

New units often do attract attention and positive inquisitiveness, and the best intentioned visitors can get in the way of the environmental and culture building process. Staff and community members have to come to terms with many novel roles and emotional experiences in the new community. Chaos and confusion are frequent visitors and everyone needs the privacy to experience the newness and to make sense of it.

Our community is still young and still experiencing processes that are unique to it, but it has now shared enough crises to know that it can overcome difficulties. So, after 20 months of hard but rewarding work, the staff team feel confident that the new community is strong and viable and that it is now time to say hello to the rest of the world. It also affords us the opportunity to publicly thank all the people who have been so supportive of the infant community and the chance to shed some light on the enigma that we have become to others. Gartree has been well aware of us because we are integrated into the mainstream activities of the prison, but there is a perception of mystery surrounding our work.

For those of you who do not know what a therapeutic community is and have only heard the myths that surround Britain's largest and longest established therapeutic community, Grendon, let me briefly outline what happens in the GTC. The GTC is housed in a small two storey wing. The ground floor has a dining room in which community members must eat their meals, a servery, several store rooms and a group room. The first floor has cellular accommodation for 21 men, a quiet room, a television room and a pool room. The wing has its own exercise area in which the community members have refurbished and replanted a garden and built an aviary.

Each weekday is broadly split into three parts. Mornings are devoted to therapeutic activities, the most important of which are small

therapy group meetings and whole community meetings. The afternoons are spent by the community members in ordinary prison activities such as work or education and the evenings are free for the usual leisure activities which are available within the prison.

It is the therapy groups and the community meetings which provide the focus of the community, and which create and develop the atmosphere of trust, respect and honesty which is so important in allowing the therapeutic process to take effect. There are three small groups, each comprising of seven community members and one or two staff members from the multi-disciplinary team. In these groups the community members explore how they have become the people they are, and eventually evolve to the stage where they can examine the offences which led to them serving a sentence of life imprisonment. Group members are encouraged to talk about the way they feel towards themselves and others, openly and honestly in the group setting. Group meetings occur on three mornings each week and last for an hour, they are immediately followed by a short, full community meeting (feedback) which all members attend in order to outline the content of their groups to the rest of the community. This is not a forum for discussion, but affords the opportunity for each member to become aware of issues which have been discussed in the other groups.

The other two weekday mornings are given to full community meetings which are attended by all community members and staff. These are scheduled to last for one hour and are held to discuss various wing problems and to allow people to apply for vacant wing jobs to which they are elected by a community vote, but the duration of these meetings often exceeds the hour when community issues of great emotion or importance appear on the agenda. The meetings are chaired by an elected community member who holds the position for three months. Each chairman controls the meeting in his own style and therefore the format is constantly changing as each tries something different, or is forced to modify his technique because of the demands of the community.

Many of our lifers are in the early stages of their life sentences and many of them have killed people who they loved and who loved them.

The depth of grief and loss they experience combined with a confusion of feeling undeserving of grief and intense guilt is one of the issues that everyone in the community has had to wrestle with. Sometimes the emotions surrounding these

issues are so intense that individuals cannot hold onto them until the next scheduled group or community meetings are due. On these occasions community members may call informal meetings, either group or community, in which they can work through their feelings. As time has passed these 'informals' have become more and more frequent as an increasing number of issues and crises have arisen for the community members. In extreme situations of anger, community members can retreat to the 'Pink Room', a special room in which they may dissipate their anger on a punchbag until they can talk to their group. The combined effect of 'groups', community meetings and 'informals' has produced

an atmosphere of constant expectation and activity, sometimes tense, sometimes frightening and often very tiring, but always charged with excitement.

Staff time too is important if we are to operate effectively and understand what is going on. This is especially so when a new community is coming into being. An hour each morning is built in to the routine for us to meet in order to discuss the content of the groups and to talk over and make decisions on wing matters and policy. The last 20 months have proved to be very testing for us all. One of the unexpected phases in the development of the community was the intense amount of grief and loss that it experienced after about four to five months. As the community developed trust and began to work on personal issues, the grief of some of the members surfaced in a very powerful form. This triggered loss experiences in other members and the whole community collectively mourned and grieved for almost four months. The stress on all of us through this period was immense. One cannot sit in groups or work in a community that is experiencing this stage without one's own grief and loss issues being raised. Many of the staff feedback sessions and meetings were spent dealing with our own issues of loss. No matter how much our training had prepared us for our role, nothing had prepared us for our own past distresses to be reactivated. It is a depth of emotional feeling that no-one can appreciate until they experience the impact of it. We have all been taught a great deal about ourselves by the community

It is the willingness to learn with and from the community members that marks us out as staff who are able to work effectively in a therapeutic community. The team consists of a psychologist, a probation officer, two senior prison officers and six prison officers. Each of us were selected to join the team following a series of psychological tests

and an interview to determine our suitability. The team is headed by a principal psychologist (co-author) who acts as therapy manager and wing governor. From the onset, we viewed the creation of the community as a joint venture in which we would be learning from community members. In order to do this we had to let go of many of the traditional features of the staff role. The new emphasis was to deliberately push responsibility for as much as possible onto the community members.

We were looking to extend, as far as possible, the concept of power sharing and the introduction of democratic functioning, although we had to be quite clear about at which point we would draw the power boundaries of therapy and our prison officer roles. It took a great deal of courage on our behalf to stop 'looking after' prisoners, and to begin to allow them to make mistakes from which they could learn. Many of the early staff meetings were taken up by discussion as to which of us were doing things for the community members which they should be doing for themselves and by the team supporting each other as we watched the community struggle with their own, often bad, decisions.

The consternation caused to community members by our refusal to help with simple tasks such as 'guarding' the supper buns or shouting them for meals or exercise, and the insistence that the community sort these things out for themselves, was considerable.

It is incredible how such simple organisational skills are forgotten after a period of incarceration. The community now handles these minor issues with relative ease and are usually searching for the real issues which concern individuals. They have reached a stage where they can manage the daily trivia and delicate personal issues with skill and sensitivity. The major concerns that now face us during our meetings are those surrounding the understanding of the increasingly complex processes of the community. This is essential if we are to help the whole community, the therapy groups and individuals to make sense of the intensely interpersonal environment that they are in.

It may appear from what has been written so far that the community came into being without regard to theory or research, but nothing could be further from the truth. Following our selection, we spent considerable time researching and understanding what would be required to enable a new prison wing to develop into a mature and functioning therapeutic community. All of us

needed total commitment to the project and to each other. Anything less than this would have detracted from our credibility as role models and facilitators. We had to practice right from the start a policy of openness and honesty with each other if we were to expect that community members would do so.

We knew from research that the most potent therapeutic factor at the start of therapy was that of acceptance. In the light of this we took the deliberate stance of openly saying to community members that our expectation was that they would take their own time to decide to work. We also said openly that we did not expect trust, our message to them was that they would make up their own minds about whom they would trust and when. We did not expect respect and said this openly as well, we knew that we would have to earn that. One of our constant sayings was, and still is 'the truth will do'.

A few words about the role of uniformed staff within the therapeutic setting. Our role is that of arbiters of therapy and the maintainers of the community boundaries. In addition uniformed staff have to hold the boundaries of security and prison discipline and this dual role is crucial to the functioning of the community. From the outset the message given to the uniformed members of the team was that

their role as prison officers was as important as that of their role as group facilitators

in the therapy process. It was important that the uniformed staff felt that their complex role had a place within therapy, as any other position placed them in a very difficult situation. In effect it meant that they may have made moral judgements about their work being less 'therapeutic' or less 'caring' than that carried out by non-discipline staff members and they may have felt that anything other than a 'flopsy bunny' approach to prisoners was somehow less than what was required. To make staff feel like this undercuts them, de-skills them and insults them. The uniformed staff knew and understood that their role was valued and wanted in the therapeutic setting.

At this point it might be useful to give you a very brief profile of the GTC in terms of the numbers of people that it has dealt within its first year and a few basic figures about them.

We have had 51 people apply to join the GTC of whom 20 either withdrew or were not selected by the staff. Of the remaining 31, 20 have stayed in the GTC, 8 have chosen to leave the community and three have been required to leave following the relevant community process.

Of the 31 people who have spent time in the GTC in the first year, 16 have been found to have a psychiatric history and seven found to have a history of self injury.

Of our current population, 11 have been with us since the opening of the community and six of the eight who chose to leave us did so before the end of four months.

Currently the community is comprised of 18 people serving life for murder and two serving life for arson. Their average age is 29 with a range between 23 to 43 years old. The average tariff is 12.7 years with a range between four and 20 years.

It is too early in the community's history to start making claims for it, but a preliminary calculation of the average adjudications per month before, during and, where applicable, after being in the GTC show a decline from 0.18 pre GTC to 0.06 after the GTC. We are eagerly awaiting the opportunity to recalculate these figures as our sample size grows.

So,

we can help people put their life back into shape and develop behaviour which is more acceptable to others within prison and in the community, but what's in it for us?

This is not easy to answer. The rewards of a fresh daily challenge, the ongoing training which is interesting and produces tangible recompense in the form of useful skills and certificates, the acknowledgement by senior staff of our continued development of counselling and managerial abilities. Each of these contribute to the motivation of the team, but the real sense of achievement and direction within a tight knit group comes from seeing and measuring the changes in community members. Overall it gives a sense of job satisfaction which is difficult to describe.

Well, here we are then, 20 months old as a community, very experienced and yet very green. Confident that we understand what we are doing and yet still caught off balance occasionally. The way forward is our continued development, we do what we do well, but there is always room for improvement.

We have plans for the future of the community, which will contribute not only to prison establishments and society, but may encourage others to take a similar direction to ours and achieve something of benefit to everyone ■