

Experience of Counselling

by SOTP Facilitators at HMP Acklington

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The Prison Service Sex Offender Treatment Programme (SOTP) was first piloted in 1991. It is a cognitive-behavioural treatment approach which is run with groups of eight or nine prisoners. Multi-disciplinary Prison Service staff are trained to 'facilitate' the programme which has now been developed to form five different types of course — Core, Booster, Extended, Rolling and Adapted¹. A lot of research has been conducted about the effects facilitators running the Sex Offender Treatment Programme (SOTP) may experience. Guidelines for selecting and evaluating facilitators who work with sex offenders include the ability to cope with stress and to seek support if required (McConnell *et al* 1990, Mann 1992).

It has been found that although facilitators report mainly positive effects of their work with sex offenders, they also cite a number of negative effects such as relationship difficulties and sexual problems (Turner 1992). Perhaps more disturbing is the possibility that facilitators may experience specific psychological problems which will effect their work performance significantly and also their general health. Fruedenburger and Robbins (1979) identified 'burnout' as a direct consequence of prolonged stress resulting from working with difficult populations. This is characterised by depression, boredom, cynicism, loss of compassion and discouragement. McCann and Pertman (1990) used the term 'vicarious traumatization' which they said occurred through hearing graphic, traumatic information and could permanently affect the facilitator's cognitive schemata, leading to problems with relationships and life in general. Due to findings such as these, compulsory support sessions (counselling) have been incorporated into the arrangements for running SOTP in prisons. The main reason the sessions are compulsory is so that facilitators who feel that

they need counselling are not stigmatised by being the only people to ask for 'help'.

Beech *et al* (1998) found that generally facilitators welcome their counselling sessions. However some have had negative experiences of their counselling, feeling that the counsellor was trying to be too intrusive — asking questions about their personal lives which they felt under pressure to answer. Some were wary about the confidentiality of issues discussed, particularly with regard to information being passed to management. These facilitators felt that admitting to 'problems' could lead to being removed from their groups. Others said they have experienced being told that they 'can't cope.' It was also found that most facilitators felt they would benefit from more support than they received. Although there are many studies which have outlined the effects of working with sex offenders, there are few studies which seek to highlight whether or not they feel that counselling actually helps them to deal with these effects. A study was conducted at HMP Acklington to discover facilitators' views about the counselling service which they receive, to ensure that needs were being met as well as possible and to suggest recommendations to improve this if necessary.

The prison, counselling and the research

HMP Acklington is a Category C prison situated in the North-East of England which holds determinate sentence sex and other offenders, and a number of life sentence prisoners. The SOTP has been running at HMP Acklington since 1994. Facilitators have mainly been involved in running the Core and Booster programmes, although one Extended programme and one Adapted

1. Further information on SOTP is available from the Offending Behaviour Programmes Unit in Abell House, John Islip Street, London SW1P 4LH.

programme have been completed and the Rolling programme is now offered. The organisation responsible for facilitator counselling at the prison is called 'Care First'.

Care First is part of General Healthcare Group Ltd which provides private acute and psychiatric care. Care First provides services to public and private sector organisations and specialises in workplace counselling and occupational health. The Service offers SOTP facilitators three counselling sessions throughout the duration of the SOTP they are running although facilitators can request additional sessions if necessary. Other services offered by Care First include free 24 hour telephone counselling, critical incident management and training. The counsellors adhere to the British Association of Counselling Code of Ethics and receive regular supervision.

All current SOTP facilitators (18 in total) were given a questionnaire which consisted of 19 questions relating to:

- ☐ general satisfaction about various aspects of the counselling process at HMP Acklington;
- ☐ level of awareness about relevant information related to the counselling process; and,
- ☐ any practical improvements which could be made.

Three facilitators (two men and one woman) were also interviewed using a semi-structured interview to gather qualitative data about their experiences of the counselling sessions. Completed questionnaires were received from 15 facilitators (eight female and seven male) who had run an average number of three programmes each (including all types of SOTP).

Findings

In general, satisfaction levels regarding counselling among the facilitators were fairly high. Individual responses about satisfaction included 'it has improved considerably over the past year since Care First took over', 'appointments are usually made at convenient times', and 'I was able to discuss a wide range of issues.' Interview responses included 'the counsellor is really helpful and easy to talk to' and 'she seems to know what she is doing unlike my previous counsellor.' There were no dissatisfied views expressed.

Overall, *male facilitators* were more satisfied with the counselling service than *female facilitators*. It was found that facilitators felt most comfortable discussing their SOTP group members with the counsellor and least comfortable about discussing their sex lives. In general, responses

given as to why facilitators would prefer not to discuss their sex-lives if they were having difficulties in this area included 'it is private', 'it would be embarrassing' and 'it is too personal.' Interview responses included 'it is difficult to talk about prison issues because I assume the counsellor does not know much about the Prison Service' and 'sometimes it is hard to talk about issues relating to my family because it takes too long to explain and she may have forgotten names of people by the next session.'

Regarding awareness about the confidential telephone service, comments included 'I don't have the phone number and would feel uncomfortable asking management team for it' and 'I have not been provided with details of this.' Some facilitators also reported that they would feel embarrassed to use this service or that they would feel as if they were wasting people's time. With reference to asking for additional counselling sessions comments included 'this would raise concerns among the management team. It feels like they are the ones who make a decision whether or not you continue. Therefore if I wanted to I would be unlikely to raise concerns' and 'any problems could wait until my next counselling session.'

Facilitators were also asked about their opinion of the counsellor reporting concerns to the Treatment Manager. In general there were more positive responses to this question than negative responses. Comments included 'I understand this if it relates to potential harm to self or others but only in those circumstances', 'it makes people more likely to be secretive', 'there should be complete confidentiality', 'looking out for the safety of the individual', 'duty of care.'

General comments on improvements to the service focused mainly upon providing a location outside the prison for counselling sessions, providing support to the families of facilitators if requested and also the feeling that the service was 'tokenistic' as it was provided simply to meet 'targets.'

Conclusions

The findings of this study are similar to those found by Beech *et al* (1998) in that although facilitators are generally happy with their counselling, some facilitators expressed concerns about issues such as confidentiality and the consequences of being perceived to have 'problems'. This may suggest that the prison environment is not conducive to acknowledging personal effects of working with sex offenders. It is likely that, as SOTP Staff Awareness Training continues to target an

increased population within the prison, this culture may change. Within facilitator teams, it could be that as people do not generally discuss how the work may affect them (for example during the debrief) that the perception is that no one is experiencing problems. Therefore there may still be a stigma attached to acknowledging any personal effects of the work. This suggests that a more effective use of the 'debrief' time at the end of each session should be utilised.

Skilled 'debriefers' should be used to 'tease out' how the session has personally impacted on the individuals. Also, it has been mentioned in the past at HMP Acklington that there may be a need for 'support groups' to operate which may provide staff with the forum to discuss specific concerns. Rather than specific groups, it may be a more time-effective suggestion to have on the agenda of every facilitators meeting an item in which facilitators might raise specific concerns. Should this prove difficult or impractical, another suggestion could be to have designated 'support facilitators' who can be approached by facilitators for an opportunity to discuss any issues which may be concerning them between counselling sessions. Ideally, 'support facilitators' should be experienced facilitators and there should be both male and female members of staff in this role. The role of these members of staff should be publicised within the SOTP Team and care should be taken to ensure they are not seen as an extension of the Management Team as this would affect their usefulness in this role.

One explanation to account for the gender difference could be that the specific counsellor working with facilitators was female. It could be that receivers of counselling respond more favourably to members of the opposite sex. A more concerning explanation is that female facilitators may have greater concerns to explore through counselling as a result of the nature of the offences they deal with. Perhaps the characteristic of 'gender' was not actually what influenced the results. The profession of the facilitators was not taken into account. Rather than a gender difference, results could be due to the male facilitators being mainly prison officers and the female facilitators being mainly probation or psychology staff. These differences could have influenced the results rather than gender. Future studies could test this hypothesis.

It was found that the issue least likely to be discussed with counsellors related to facilitators sex-lives. Although this is not surprising, it is concerning as research suggests that sexual difficulties

may commonly be experienced as a result of working with sex offenders. Denial of difficulties such as these could lead to greater problems in the long-term such as relationship difficulties. During the semi-structured interviews it was reported that the counselling is too infrequent to be able to build the level of trust required for such intimate disclosures and also that the location of the sessions meant that facilitators were worried about being overheard during counselling. An alternative venue for the sessions may help people to feel more at ease during counselling and this has been the main improvement to the service that facilitators have mentioned.

Some facilitators said they would feel more able to discuss issues relating to prison/SOTP management if the counsellor knew more about these issues in advance as too much time could be 'wasted' having to explain the mechanics of the structures. This could be overcome to some extent by inviting the counsellors to SOTP Staff Awareness Training and providing them with information packs about the Prison Service in general and HMP Acklington. Some facilitators felt that they should only use the sessions to discuss particular issues relating to SOTP rather than wider problems which may concern them. One facilitator said he was concerned about mentioning some topics in case the counsellor told him it was not relevant to the counselling session. This can be overcome by greater discussion about the role of counselling during facilitators meetings and the counsellor could be advised to let the facilitator know that they can use the time to discuss anything.

Although most facilitators were aware of the telephone service and additional counselling sessions, few said they would use these services. Regarding the telephone service, some facilitators did not have the number and felt uncomfortable asking for it. It would be useful to have this publicised in the general office of the Programmes Unit so that facilitators do not need to ask people for it. There were concerns expressed by some facilitators about requesting additional counselling because 'managers' would find out about this and questions would be asked about why the counselling was needed. A solution could be found through discussions at facilitators' meetings about the best way to ensure a level of confidentiality is maintained regarding this. Some of these worries were also expressed regarding the Treatment Manager being made aware of specific concerns by the counsellor.

There was an element of concern about the types of things that the counsellor would make

the Treatment Manager aware of and also what the reasons for this were. Also, the consequences of such disclosures were a cause for concern as some facilitators felt they would automatically be excluded from future groups if they were viewed as 'poor copers'. Anxieties about this may be allayed by the Treatment Manager using the facilitators meetings to clarify

this. Facilitators' satisfaction should be of primary importance to establishments as they are a major resource in terms of their training, skills and experience. This study has identified a number of improvements to the service offered at HMP Acklington which could be applied to other SOTP establishments. These are summarised below.

Recommendations

1. The role of the 'debriefers' should be developed so that specific time is given to facilitators at the end of each session by experienced SOTP facilitators.
2. 'Debriefers' should be trained in their roles so consistency across groups is maintained and to instil confidence in 'debriefers' and facilitators.
3. The need for specific 'support' roles should be investigated, whether these are support groups, support facilitators or simply a standing item at each facilitator meeting so facilitators can raise concerns within a designated forum.
4. An alternative venue for counselling sessions should be offered outside the establishment.
5. More information should be given to counsellors about prison management structures and SOTP management structures so there is no need for facilitators to have to explain this if they are discussing it in sessions. Prison managers could be invited to SOTP staff awareness sessions and provided with relevant information about prison service management structure in general.
6. Facilitators could be provided with a leaflet about their counselling service at the start of their first session for each group. This could include information such as the role of counselling and also make it clear that the time is for facilitators to use to discuss any issues which they feel relevant to them, not only SOTP related issues.
7. The telephone number of the free counselling service should be displayed so that facilitators have access to it without the need to ask somebody.

References

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